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American Association of Public Health Physicians

E- Bulletin

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The Voice of Public Health Physicians-Guardians of the Public's Health

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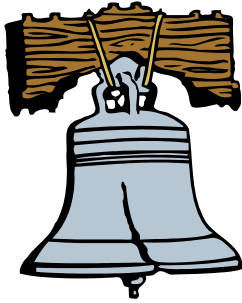
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**Mark Your
Calendars**

AAPHP

**meets
in
Philadelphia**

**November
2009**



1. AAPHP Meeting in Philadelphia, November 8, 2009

Your AAPHP annual program meeting will be held in Philadelphia in conjunction with the American Public Health Association from 2:00-5:30 PM on Sunday, November 8th, Marriott, Room Franklin 4. Our keynote speaker will be nationally known expert on health disparities, Dr. Rodney G. Hood, MD, a practicing Internist from San Diego. Dr. Hood is also a past president of the National Medical Association. Dr. Hood will begin speaking at 4 PM. At the time of this writing, AAPHP is exploring options for CME credits for the meeting with the University of Pittsburgh. Dr. Hood also holds an appointment at the University of Pittsburgh and serves on the board of the National Center on Health Disparities affiliated with Pitt. For more information on the meeting go to the AAPHP website and download information and or the APHA website where you may also register for the APHA meeting. We Hope to see all of you there!

2. AMA Resolutions

AAPHP has a total of **4 resolutions** for consideration at the next AMA meeting in Houston starting Nov 7. 2009. This is an "Advocacy only" meeting per AMA rules. There is no guarantee that each of these resolutions will be accepted for debate at this meeting. If that happens, AAPHP may have to appeal and get a 2/3rd vote of the House of Delegates for consideration or wait until the Annual Meeting in June, 2010.

All AAPHP members who are able to attend the meeting in Houston are welcome to testify before the Reference Committees on Sunday, November 8. If you have any questions about the AMA meeting, the following resolutions, or wish to make suggestions or submit resolutions for AAPHP review and sponsorship, please contact Dr. Arvind K. Goyal, AMA Delegate for AAPHP, at arvindkgoyal@aol.com.

Resolution #1 - Correctional Physician Recognition Program to Enhance Health Care Delivery to Incarcerated Populations

Whereas, The American Medical Association exists to improve the health of individuals and the public; and

Whereas, In 1976 the AMA's Jail Project developed the nation's first set of correctional health care standards and an accreditation program for correctional institutions that met those standards; and

Whereas, The AMA assisted in the foundation of the National Commission on Correctional Health Care (NCCHC) in 1983 to carry on the work of the AMA's Jail Project; and

Whereas, The AMA has been a member of the NCCHC Board of Directors along with 37 other national organizations similarly committed to improving health care in correctional facilities; and

Whereas, NCCHC has regularly advised the AMA on issues of health care and health services delivery to incarcerated populations and participates as an observer in the AMA's House of Delegates; and

Whereas, NCCHC has become the preeminent American organization promoting professionalism in correctional health care through its Certified Correctional Health Professional (CCHP) program for licensed physicians and other health professionals of all disciplines; and

Whereas, As part of the CCHP program, physicians who have a proven understanding of the AMA-NCCHC standards will be particularly recognized; now therefore be it

Resolved, that our AMA support the efforts of the National Commission on Correctional Health Care to expand and advance its multidisciplinary recognition program for licensed physicians working in correctional facilities that would enhance delivery of appropriate and high quality medical care to our incarcerated populations across the nation in the highest tradition of our AMA.

Resolution #2 - Dietary Intake of Incarcerated Populations

Whereas, The American Association of Public Health Physicians is dedicated to improving health services to all people including some of our most vulnerable who are confined in prisons, jails and juvenile correctional facilities; and

Whereas, The Dietary Reference Intake values that were established by the United States Department of Agriculture (USDA) for the prevention of nutritional deficiencies and diseases in the non-incarcerated population are not adequate to meet the unique needs of special populations such as incarcerated sedentary adults or physically developing incarcerated adolescent populations, and

Whereas, The goal of correctional physicians and dietitians has been to implement menus that are nutritionally adequate based on nationally recognized standards and would not subject our currently incarcerated population to various health risks now and in the future; therefore, be it

Resolved, That the AMA Council on Science and Public Health collaborate with the United States Department of Agriculture to establish appropriate standards for institutional menus for incarcerated adult and adolescent populations as recommended by the National Commission on Correctional Health Care and other such organizations advocating for optimal health care in correctional facilities, with report back at the A-2010 meeting of the AMA House of Delegates...

Resolution #3 - Preventing Spread of Novel H1N1 Flu Virus & Spreading the Word

Whereas, The United States Government has declared a public health emergency in response to the H1N1 outbreak in all states except Vermont, and

Whereas, The World Health Organization has declared a pandemic due to the Novel H1N1, and

Whereas, The US Government, the CDC and other public health agencies have done much to provide timely guidance and leadership in providing pertinent information, H1N1 vaccination, testing and treatment guidelines, and

Whereas, many healthcare organizations, hospitals, physician practices, school districts, and businesses have developed and implemented strategies to protect their respective populations, there are other entities and places where massive groups of people of all ages come in close proximity thus facilitating the spread of the Novel H1N1 Flu Virus, be it therefore Resolved, That the AMA create and cause wide dissemination of a press release asking the entertainment, food and travel industry, spectator sports outfits, places of worship and other such places where massive groups of people come together to develop their own H1N1 Flu Disaster Plans consistent with the CDC and respective State Health Department recommendations; and which would include recommendations to stay home when sick, avoiding gatherings and canceling events and meetings when appropriate, covering the cough with tissue or elbow, and frequent cleaning of hands with soap and water or gel, and be it further Resolved, that until the current Novel H1N1 Flu outbreak subsides, the AMA include in all its communications with outside entities, a statement under the signature line as a constant reminder: **Cover the Cough, Clean the Hands, and Contain the Flu Germs.**

Resolution # 4 - Mandatory H1N1 Vaccine for Healthcare Workers?

Whereas, The United States Government has declared a public health emergency in response to the H1N1 outbreak in all states except Vermont, and the World Health Organization has declared a pandemic due to the Novel H1N1, and

Whereas, The Novel H1N1 Vaccine has recently become available for high risk groups including healthcare workers after efficient field trials and reports of only minor side effects, and

Whereas, the CDC is on record as saying, "the Vaccine is perfectly safe" and the Director of the Institute of Allergy and Infectious Diseases is quoted as saying that, " the rationale for healthcare workers getting vaccinated is quite sound" and

Whereas, the head of CDC told a congressional hearing that, "the evidence is clear that many patients get the flu from healthcare workers. And, so, the responsibility is there on healthcare workers to protect their patients", and

Whereas, some physicians, nurses and other healthcare workers have expressed concerns, and remain reluctant to get themselves or recommend even to their high risk patients, the Novel H1N1 Vaccine, frequently arguing, "that the vaccine has been rushed to market and not fully tested, and

Whereas, there is evidence that the H1N1 Flu Virus is highly transmissible and could mutate creating additional challenges, and

Whereas, the State of New York has seen protests over its new law requiring medical professionals to get seasonal and swine-flu vaccines as a condition of keeping their jobs, and several other states are considering such legislation with no opt out provisions, and

Whereas, all of our ethics and oaths point to our agreed upon goal, "First do no harm"; our professional edicts also dictate that we make the best clinical decisions after weighing the available scientific evidence, and

Whereas, our AMA has a unique opportunity to provide timely guidance to the profession in helping resolve the scientific and ethical conflicts for America's physicians, as well as allay the fears of the patients and the communities we serve, in the middle of this pandemic and others that undoubtedly will inflict us in the future, be it therefore,

Resolved, that our AMA ask its Council on Science and Public Health to come together with Council on Ethical and Judicial Affairs and after an expeditious joint study of the available evidence, issue the AMA's position on mandatory H1N1 Vaccination to the membership, with a report back and opportunity for further debate and decision at the A-2010 meeting of the AMA HOD.



3. CDC H1 N1 Guidance and Resources Updated

H1 N1

UPDATED

[Updated: Questions & Answers Novel H1N1 Influenza Vaccine](#)

New question added: What will be the recommended interval between the first and second dose for children 9 years of age and under? ... What will be the recommended interval between the first and second dose for children 9 years of age and under?

[H1N1 Flu \(Swine Flu\): Preparedness Tools for Professionals](#)

This page provides resources to help hospital administrators and state and local health officials respond to the H1N1 flu pandemic.

[Update: Questions & Answers: Antiviral Drugs, 2009-2010 Flu Season](#)

On September 22, 2009 CDC updated its recommendations for the use of influenza antiviral medicines to provide additional guidance for clinicians in prescribing antiviral medicines for treatment and prevention (chemoprophylaxis) of influenza during the 2009-2010 flu season.

[CDC Launches H1N1 Flu Mobile Texting Pilot](#)

Sign up now to have important CDC information about H1N1 flu and other topics delivered directly to your mobile phone!

[Brochure: "2009 H1N1 Flu and You"](#)

How does 2009 H1N1 flu spread? How long can a sick person spread 2009 H1N1 flu to others? How severe is illness associated with this 2009 H1N1 flu virus? and more...

[2009-2010 Influenza Season: Information for Pharmacists](#)

As of September 18, 2009 influenza activity is increasing in most of the United States with 21 states reporting widespread influenza activity.

[Updated Interim Recommendations for the Use of Antiviral Medications in the Treatment and Prevention of Influenza for the 2009-2010 Season](#)

Includes updated guidance on the use of antiviral agents for treatment and chemoprophylaxis of influenza including 2009 H1N1 influenza infection and seasonal influenza.

[H1N1 Clinicians Questions and Answers](#)

Who is recommended to receive the 2009 H1N1 flu vaccine? How should providers prioritize among the initial target groups recommended by ACIP? How will the 2009 H1N1 vaccine flow from manufacturers to providers? and more...

[UPDATED What To Do If You Get Sick: 2009 H1N1 and Seasonal Flu](#)

How do I know if I have the flu? What should I do if I get sick? What are the emergency warning signs? and more...

[UPDATED CDC Novel H1N1 Vaccination Planning Q&A](#)

When will the decision to administer vaccine be made? When will vaccine shipping begin? How many manufacturers are producing vaccine? and more...

[UPDATE 2009 H1N1 Influenza Vaccine and Pregnant Women](#)

Questions and Answers about 2009 H1N1 Influenza Vaccine and Pregnant Women

CDC Surveillance Data Update:

<http://www.cdc.gov/flu/weekly/>

[NATIONAL](#)

CDC H1N1 Swine Flu Site: View updates at any time at CDC's "What's New on the H1N1 Flu" site:

<http://www.cdc.gov/h1n1flu/whatsnew.htm>

Disease Status Update:

[2009 H1N1 Flu: U.S. Situation Update](#)

[2009 H1N1 Flu: International Situation Update](#)

CDC Guidance and Resource Update:

[Updated Interim Recommendations for Obstetric Health Care Providers Related to Use of Antiviral Medications in the Treatment and Prevention of Influenza for the 2009-2010 Season](#)

[Planning for 2009 H1N1 Influenza: A Preparedness Guide for Small Business](#)

Small businesses play a key role in protecting employees health and safety as well as limiting the impact to the economy and society during an influenza pandemic.

[Asthma Information for Patients and Parents of Patients](#)

Anyone with asthma is at higher risk for flu-related complications, such as pneumonia.

[General Questions and Answers on Guillain-Barre syndrome \(GBS\)](#)

What is GBS? What causes GBS? What happened in 1976 with GBS and the swine flu vaccine? Why did some people develop GBS after they received the 1976 swine flu vaccine? More...

[General Questions and Answers on 2009 H1N1 Influenza A Vaccine Safety](#)

Will the 2009 H1N1 influenza vaccines be safe? Are there any side effects to the 2009 H1N1 influenza vaccine? More...

[General Questions and Answers on Thimerosal](#)

What is thimerosal? Will the 2009 H1N1 influenza vaccine contain thimerosal? Is thimerosal safe when used as a preservative in vaccines? More...

[2009 Influenza \(H1N1\) monovalent vaccine: Vaccine Provider Agreement Q&A](#)

The purpose of this document is to answer questions pertaining to the 2009 Influenza (H1N1) monovalent vaccine Vaccine Provider Agreement.

[School-Located Vaccination Planning Materials and Templates](#)

The targeted audience for these materials is primarily state and local public health department immunization and preparedness staff who are responsible for carrying out 2009 H1N1 influenza vaccination, but also education officials, school nurses, and others who are interested in planning and carrying out such activities.

[Questions and Answers: Monitoring Influenza Activity, Including 2009 H1N1](#)

How are influenza hospitalizations and deaths going to be tracked and reported this season? More...

CDC Surveillance/Data Update:

<http://www.cdc.gov/flu/weekly/>

The Food and Drug Administration (FDA) announced this week its approval of a vaccine for the H1N1 influenza virus: <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm182399.htm>

<http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm181950.htm>

An additional Website that has a report on the single dose vaccines and other good information is the **Center for Biosecurity – Clinicians’ Biosecurity Network Report** at www.upmc-biosecurity.org:80/website/biosecurity_briefing/index.html

4. Renew Your 2010 AAPHP Dues Today

Go to www.aaphp.org/Membership/membership.htm and download the form and mail, email or fax it to Sandra Magyar. Secure credit card information can be done via phone or mail. Sandra Magyar is located in Green Cove Springs, FL and directs membership services. We look forward to rapidly receiving your 2010 membership dues. It helps AAPHP with transaction costs if we can do this electronically. By downloading the form you are helping us save costs. Email any questions to Sandy at magyarsf@bellsouth.net Remember, renewal of your dues, membership, and updated information for AAPHP is vital!

*It is time to
renew
dues
and
membership*

5. Experimental AIDS Vaccine Unexpected Efficacy in Trial

The 9/24 edition of the [Washington Post](#) (Brown) has an article report on an experiment in Thailand involving 16,000 men and women which demonstrated for the first time a small but measurable protective effect of the AIDS RV 144 vaccine. The Post noted that the results were statistically barely significant and unanticipated by most researchers, but these were the first positive results for an AIDS vaccine after two decades of experimentation. It is seen as a milestone in AIDS research. The study was funded by the US Army along with the NIAD and NIH. For more details see the article.

6. From the AMA Morning Rounds

The following information is summarized and taken from the AMA Morning Rounds. For more in depth information go to www.ama-assn.org. H1N1 nasal spray vaccine expected to be available in October. The first doses will be shipped on Sept. 30 and have greatest efficacy for children age 2-6 according the New England Journal of Medicine article of the week of Sept. 24th. On the AMA website you will find information reported by ABC World News, CBS Evening News, NBC Nightly News, the Washington Post, the Los Angeles Times, and the New York Times

In the [New York Times](#) (9/21, A18, McNeil, Zraick) reports, "Across the country, federal health officials say, only about 42 percent of all healthcare workers get an annual flu shot,." New York is the only state to have a regulation that mandates all health workers must get a seasonal and swine flu vaccination. And the Unions, while not opposed to vaccinations, they do oppose making them mandatory. The New York Committee for Occupational Safety is debating suing to stop this requirement. CDC experts "said there was just too much confusion this year," with getting both seasonal and H1N1 vaccinations "to workers and the fact that the swine flu vaccine is still being tested, to risk a fight over the issue now." Modern Healthcare (9/21, Zigmond) adds that Jay Butler, director of the H1N1 Vaccine Task Force, CDC, said at a recent CDC weekly news conference said "the agency is encouraging workers to get vaccinated to decrease "the chances that they will transmit an infectious agent to at-risk patients." Admittedly, he added, there "will be healthcare providers who will decline the vaccine. And I don't know what proportion that will be."

The Washington Post (8/21, Stein) reported that HHS report finds communities not fully ready to handle H1N1 surge after an analysis by their Office of Inspector General on pandemic preparations in five states and 10 municipalities. "The report was critical of communities for failing to recruit volunteers to help manage an influx of patients, as well as failing to identify guidelines "for adjusting their triage, admissions and care to handle a rush of patients in a crisis."

The Wall Street Journ(9/19, R5, McKay) also reported that normally older Americans are given priority with respect to flu shots but not in the case of the swine flu. However, CDC data showed that while there is a lower infection rate among seniors, a higher number die from the swine flu. "Charlotte Yeh, chief medical officer for AARP Services, Inc., noted people who have been infected with swine flu tend to have an increased risk, and that multiple chronic conditions among seniors further compromise their immune system."

In September, HHS Secretary Kathleen Sebelius reported that the FDA has approved H1N1 vaccines made by Novartis AG, a unit of Sanofi-Aventis SA, CSL, Ltd., and Medimmune, and AstraZeneca PLC unit. She announced the FDA approval at a hearing of the House Energy and Commerce Committee, noting some vaccine should arrive as early as the first week in October.

7. AAPHP Leaders Respond to Article in Buffalo News



Joel Nitzkin MD, MPH, DPA, published a letter to the editor of the Buffalo News which argues that the FDA should not move against smokeless tobacco products with its new regulatory powers, since the epidemiologic data points to a very low death rate when compared to conventional smoking of cigarettes. AAPHP in turn advocates a policy of harm reduction for current smokers who cannot quit to have alternative forms of obtaining nicotine, and including those involving tobacco products.

The following was published in the Buffalo News

Smokeless Tobacco is Safer than Cigarettes

September 24, 2009

This note is in response to the Sept. 15 article by Dr. Rallie McAllister alleging that smokeless tobacco is as hazardous as cigarettes.

McAllister is dead wrong when asserting that chewing tobacco is no safer than smoking. She may have her chemistry right, but her public health implications are all wrong.

About 98 percent of the deaths from smoking cigarettes are due to direct inhalation of toxic products of combustion other than the chemicals referenced by McAllister. The carcinogens referenced account for less than 2 percent of the deaths from smoking cigarettes.

The possibility now exists to save the lives of 4 million of the 8 million adult American smokers who will otherwise die of a cigarette-related illness over the next 20 years. For those unwilling or otherwise unable to quit smoking, informing them that they could reduce their risk of tobacco-related illness or death by 99 percent by switching to snuff or electronic cigarettes would induce many to switch.

The evidence in support of these conclusions can be found in a series of papers on the Tobacco Issues page on our Web site: www.aaphp.org.

Joel L. Nitzkin, M. D.

Chairman, Tobacco Control Task Force

Kevin Sherin, M. D.

President, American Association of Public Health Physicians

8. AAPHP to Join Forces with NCCHC at Orlando. <http://www.ncchc.org>

AAPHP President-elect, Tim Barth, MD, MPH and AAPHP current President, Kevin Sherin, MD, MPH joined forces to staff a booth at the annual meeting of the National Commission for Correctional Health Care in Orlando, October 17th-21st. AAPHP has always been a voice for NCCHC in the AMA House of Delegates and a number of our current board members are also longstanding members of NCCHC. Correctional Health Care and Health Care Equity need to be placed at the forefront of the nation's health reform efforts.

9. The Food and Drug Administration (FDA) is Requesting Nominations for Members to Serve on the Tobacco Products Scientific Advisory Committee

The Food and Drug Administration (FDA) is requesting nominations for members to serve on the Tobacco Products Scientific Advisory Committee in the Office of Science, Center for Tobacco Products. The Committee advises the Commissioner or designee in discharging responsibilities as they relate to the regulation of tobacco.

More detailed information about the Tobacco Products Scientific Advisory Committee, including the Federal Register notice establishing this committee, is available on the FDA Web site at <http://www.fda.gov/AdvisoryCommittees/CommitteesMeetingMaterials/TobaccoProductsScientificAdvisoryCommittee/default.htm>

This request for nominations for the Tobacco Products Scientific Advisory Committee was announced in the *Federal Register* issued on Wednesday, August 26, 2009, Docket FDA-2009-N-0394 and is available at <http://edocket.access.gpo.gov/2009/pdf/E9-20487.pdf>

As noted in the *Federal Register* notice, the committee shall consist of 12 members including the Chair. Members and the Chair are selected by the Commissioner or designee from among individuals knowledgeable in the fields of medicine, medical ethics, science, or technology involving the manufacture, evaluation, or use of tobacco products. Almost all non-Federal members of this committee serve as Special Government Employees.

The committee shall include nine technically qualified voting members, selected by the Commissioner or designee. The nine voting members shall be physicians, dentists, scientists, or health care professionals practicing in the area of oncology, pulmonology, cardiology, toxicology, pharmacology, addiction, or any other relevant specialty. One member shall be an officer or employee of a State or local government or of the Federal Government. The final voting member shall be a representative of the general public.

Nominations for voting members received on or before Tuesday, October 13, 2009, will be given first consideration of membership on the Tobacco Products Scientific Advisory Committee. Nominations received after October 13, 2009, will be considered for nomination to the Tobacco Products Scientific Advisory Committee should nominees still be needed.

10. FDA Extends Comment Period on Tobacco Regs



The period for comments on the implementation of the Family Smoking Prevention and Tobacco Control Act has been extended until December 28, 2009 to allow interested persons additional time to submit comments.

- a. Submit a Comment
- b. Federal Notice Extending Comment Period
- c. Tobacco Products at FDA

11. AAPHP Members in the News

Laura Kahn, MD, MPH, MPP

Research scholar
Program on Science and Global Security
Woodrow Wilson School of Public and International Affairs
Princeton University

Last months E News had an article at the Florida One Health Newsletter regarding enhancing the integration of animal, human and environmental health services. Dr. Kahn and her colleagues, Drs. Bruce Kaplan, Tom Monath, Jack Woodall, run a website that provides national information of this issue and you will find numerous articles, links and their monthly newsletter. <http://www.onehealthinitiative.com/>

Dr. Kahn also has a book just released.

Who's In Charge?
Leadership during Epidemics, Bioterror Attacks, and Other Public Health Crises
Series: Praeger Security International

You can access the book at <http://www.praeger.com/books/printFlyer.aspx?sku=C9485>

Virginia Dato, MD, MPH

University of Pittsburgh

Ginny Dato is a residency trained-board certified public health physician with the Pennsylvania Department of Health, but she is also an adjunct Associate Professor of Behavioral and Community Health Sciences at the University of Pittsburgh, Graduate School of Public Health. Below is information and links to a Supercourse she has developed. To paraphrase her reasons for developing this Supercourse:

“I began teaching the course - Core Principles of Public Health - The Mission, Core Functions and Ten Essentials Services - because a needs assessment completed as part of the Northeast Public Health Workforce Training Program determined that public health workers needed and wanted training in the basic principles of public health. This was a logical subject for me to teach since as a generalist public health physician, I have at one point or another in my career performed all 10 Essential Services of Public Health.”

There are two parts -
<http://www.pitt.edu/~super1/lecture/lec1971/index.htm> and
<http://www.pitt.edu/~super1/lecture/lec1981/index.htm>

Someone also translated the course into Chinese

<http://www.pitt.edu/~super1/lecture/lec26181/002.htm> !

Another unusual activity as an adjunct faculty member was Ginny's work toward making a simple respiratory mask out of a T-Shirt. <http://www.cdc.gov/ncidod/EID/vol12no06/05-1468.htm#Figure>

Dr. Dato started this during the SARS outbreak and it was selected as a promising pandemic practice.

<http://www.pandemicpractices.org/practices/resource.do?resource-id=87&state-id=44>

12. AAPHP Job Market Initiative

Are you looking for a public health focused job? Do you need a public health physician? Go to the AAPHP website link, http://www.aapHP.org/jobmarket/php_positions.asp . Your being a member of AAPHP allows us to keep this site active for members. It is just one of the benefits of AAPHP.

13. Upcoming Meetings and Conferences



AAPHP Meeting (in conjunction with APHA)

November 8, 2009

2:00—5:30 PM

Mariott – Room: Franklin 4

Philadelphia, Pennsylvania

Speaker: Rodney G. Hood, MD

“Health Equity & disparities Part II”

4:00 - 5:30 PM

www.aaphp.org

National Conference on Correctional Health Care

October 17-21, 2009 · Orlando, Florida

Since its inception in 1977, this conference has been the must-attend event of the year. With its exceptional lineup of educational sessions, abundant networking opportunities and the best commercial exhibition in this field, this Fall conference attracts thousands of dedicated professionals.

The Physician Consortium for Performance Improvement

Convened by the American Medical Association

October 22-23, 2009

L'Enfant Plaza Hotel

Washington, DC

Chinese Drywall

Technical Symposium on Corrosive Imported Drywall

November 5-6, 2009

Mainsail Suites Hotel and Conference Center

Tampa, FL

This technical symposium is the first of its kind in the US and will bring together researchers from the primary state and federal agencies conducting studies on corrosive drywall and invite others conducting analyses to present their findings.

www.drywallsymposium.com

Strategies for Local and State Health Departments to Reduce the Negative Impacts of a Distressed Economy

This is an interactive learning institute that will be conducted on Sunday November 8, 2009 during the APHA Annual Meeting. Primary objectives of the session are to give public health leaders valuable tools and strategies to implement proactive financial management strategies to reduce risk; best practices in comparative analysis and financial management; and methods to improve sustainability. [A limited # of partial registration scholarships \(\\$150\) are provided through funding from the Robert Wood Johnson Foundation.](#)

Access this site for additional information:

<http://www.publichealthsystems.org/media/file/APHA2009LIFlyer.pdf>.

Contact "Snow" Wang with scholarship or other questions xueyuan.wang@msdh.state.ms.us (601-576-7772)

American Public Health Association Annual Meeting

"Water and Public Health, The 21st Century Challenge

November 7-11, 2009

Philadelphia, Pennsylvania

Pennsylvania Convention Center

www.apha.org/meetings

World Response Conference on Global Outbreak

(WRCGGO – 2009: H5N1 + H1N1 Flu)

November 12th – 13th, 2009

Monte Carlo Hotel, Las Vegas, Nevada

Updates in Correctional Health Care

April 24 - 27, 2010 • Nashville, Tennessee

With a theme of Partners in Public Health, the conference intent is to share innovative developments, practices and research findings, thus enabling attendees to augment their knowledge and skills and to improve health care in their organizations.

While covering a broad range of correctional health topics, the program will emphasize the intertwining roles of public health and correctional health. Corrections presents a tremendous opportunity for interventions that lead to reduced illness rates, financial savings, improved public safety and better use of health care systems and resources. This conference will focus on how to design and implement a comprehensive approach that includes early detection and assessment, health education, prevention, treatment and continuity of care. Program Information – <http://www.ncchc.org> Call for proposals – <http://www.ncchc.org/education/CFP.html>

18th Annual NALBOH Conference: Call for Presentations

Journey to the Future: Facing Public Health Challenges Today for a Healthier Tomorrow

August 5-7, 2010

Omaha, Nebraska

14. Funding Opportunities

National Cancer Institute - Effect of Racial and Ethnic Discrimination/Bias on Health Care Delivery

NCI supports research that proposes to: improve measurement of racial/ethnic discrimination in health care delivery systems; enhance understanding of the influence of racial/ethnic discrimination in health care delivery and its association with disparities in disease incidence, treatment, and outcomes among disadvantaged racial/ethnic minority groups; and reduce prevalence of racial/ethnic health disparities. Application guidelines are available at <http://grants.nih.gov/grants/guide/pa-files/PA-08-083.html>.

Deadlines: October 5; February 5; June 5

15. Video for Children to Help Protect Against Influenza



The PDI, Protect! Don't Infect! video is on You Tube

Here is the link. <http://www.youtube.com/orchdept>. Help teach children in your community to protect and not infect with influenza! Call 407-858-1400 to order copies.

16. Please let AAPHP Help You

AAPHP is the voice of public health physicians and welcomes all physicians who are committed to the public's health.

AAPHP accomplishes its work with a maximum of volunteer labor and a minimum of cash expense. We are proud to make the E-Bulletin and other AAPHP materials available without charge to physicians and medical students interested in public health.

If you haven't done so already, please download **AAPHP's 2010 Membership Form** right away at <http://www.aapgh.org/Membership/membership.htm> and send it to us by fax or postal mail. Please make your 2010 membership as generous as you can. Consider "Supporting" or "Sustaining" membership for 2010 if you are able to do so. **AAPHP** is a 501(c) (6) professional membership organization that informs and represents Public Health Physicians. AAPHP dues may be deductible as an "ordinary and necessary" business expense under the Internal Revenue Code. Tax details may vary based on your individual tax situation.

AAPHP dues can be paid by credit card -- either by faxing the membership form to 904-529-7761 or by calling the AAPHP Membership Director at 904-860-9208. Please also tell your friends and colleagues about AAPHP's representation of Public Health Physicians. E-Bulletin subscriptions are still free, on request, to any interested physician or medical student. We welcome new subscribers and members. Thank you for your support!

Kevin Sherin, MD, MPH (ksherin@yahoo.com)

AAPHP President-elect and E-Bulletin Editor

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