



American Association of Public Health Physicians

E - Bulletin September/October, 2010

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

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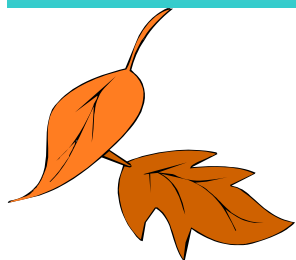
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Meeting

in

Denver



1. AAPHP Upcoming Meeting at APHP November 7, 2010, 2:30—5:30 PM

AAPHP will hold its fall General Membership meeting on Sunday, November 7, 2010, 2:30 - 5:00 PM, MT, during the APHA Annual Conference being held in Denver, CO. AAPHP will meet in the **Hyatt Regency, Room Granite C**. Join us for the opportunity to network with your fellow public health physicians, meet AAPHP members from around the country, discuss public health issues and trends, learn what is new in AAPHP, and hear an excellent presentation. We hope you will join us.

AAPHP Meeting 2:30—5:30 PM Mountain Time

Guest Speaker, 4:00 – 5:00 PM:

*“Changes in Preventive Medicine”
Mark B. Johnson, MD, MPH, Executive Director
Jefferson County Public Health
Golden, Colorado*

2. AAPHP Membership Fees

After actuarial analysis of the membership fees, the Board has reviewed the annual, special circumstance and lifetime membership dues and will submit for approval the following changes to be approved at the General Membership meeting in Denver as required by the Bylaws (Section X).

"No changes in the annual membership dues for full membership, residents, medical students and associate memberships.

"The following changes have been proposed to make lifetime membership more actuarially sound:

Lifetime Membership

Age 55 and older: \$1,500

Less than age 55: \$1,800

3. Proposed By-Laws Amendment

***** DRAFT – PROPOSED BY-LAWS AMENDMENT
IF APPROVED, WOULD REPLACE CURRENT ARTICLE III.B *****

B. Honorary Membership:

Physicians who are not current members of AAPHP, but who are pre-eminent in public health or preventive medicine or have achieved outstanding public health accomplishments, may be considered for honorary membership.

[Keeps current wording, but would now stand alone as its own section III.B]

C. Lifetime Membership:

Any regular or retired member may become a lifetime member by a one-time payment in an amount that has been set by the general membership. The Lifetime Member dues amount will be decided annually at the regular time for determining dues (see Article X). The General Membership may require members to pay different amounts for Lifetime Member dues, based on members' ages.

[Revised wording, which would be a new section inserted between the existing III.B and the existing III.C.]

D. General Membership Meetings:

1. The Annual General Membership Meeting shall take place in conjunction with a meeting of the American Medical Association (AMA).
2. The Interim General Membership Meeting shall take place in conjunction with the annual meeting of the American Public Health Association (APHA) or another public health meeting selected by the Board and approximately five months apart from the Annual General Membership Meeting.
3. Additional special meetings of the General Membership may be held at the discretion of the Board of Trustees with a specific purpose clearly specified in the meeting notice which will be sent to all members with at least 30 days notice.
4. A General Membership Meeting shall be considered to have a quorum when not less than five percent (5%) of the membership is in attendance.

[Minor revisions for clarity, and relettering from III.C to III.D because of insertion.]

***** END OF DRAFT *****

4. AAPHP Proposed Resolutions to AMA

The following Resolutions have been submitted by AAPHP to be voted on at the AMA Interim Meeting being held on November 6 until November 10, 2010 in San Diego. 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, 2011.

We hope many of you will be present at the AMA meeting on Sunday, Nov 7 in San Diego to testify on these resolutions; as you know all AMA members are welcome to speak. The more people express their support, greater the chances we will succeed.

Your delegates, **Dr. Arvind K. Goyal and Dr. Joseph L. Murphy** appreciate your confidence in their abilities to represent you at the AMA. They would appreciate a call (Phone: 847-921-3683) or e mail (arvindkgoyal@aol.com) for your questions and suggestions any time.

#1. Subject: Recommendation for Routine HIV AIDS Testing

Submitted by: The American Association of Public Health Physicians

Whereas, The CDC estimates 1.1 million adults and adolescents in 2006 were living in the United States with diagnosed or undiagnosed HIV AIDS with prevalence rate of 448 per 100,000 population, a quarter of those over the age of 50 and that African Americans, Hispanics and men having sex with men had significantly higher rates; and

Whereas, an estimated 54,000+ new HIV infections occurred in 2006, 46% of those in African Americans; and

Whereas, HIV infection has significant morbidity and mortality risk which can be diagnosed early with relatively inexpensive and reliable screening blood tests usually well accepted by the patients and on an average 8-11 years before any symptoms become evident; and

Whereas, an awareness of HIV infection early on may reduce further transmission and use of Highly Active Anti-Retroviral Therapy (HAART) which is now available dramatically reduces death and secondary infections and significantly increases quality and quantity of life after diagnosis; and

Whereas, much current morbidity exists in those who entered late in the therapy, most often due to late diagnosis of those infected; and

Whereas, HIV testing based on identified risk factors only or clinical presentation is likely to result in missed or late diagnosis in 50% of those found to have positive HIV test on routine testing; and

Whereas, The AMA policy currently recommends routine HIV testing in pregnant women; and

Whereas, the current CDC recommendations have been expanded to include routine HIV screening of adolescents and adults ages 13-64 years and adults over 65 if sexually active and have a partner at risk for HIV transmission; and

Whereas, the available evidence indicates that routine testing for HIV in average risk populations where the prevalence exceeds 0.1% could save lives and reduce transmission; be it, therefore

Resolved, That our AMA support HIV screening policies consistent with CDC recommendations which include:

- Routine HIV screening of adolescents and adults ages 13-64 and sexually active adults over 65
- Patients to receive a rapid HIV test as a part of General Medical Consent for medical care with option to specifically decline the test
- Patients who test positive for HIV receive prompt counseling and treatment as a vital part of screening; be it further

Resolved, That the frequency of repeat HIV screening frequency be determined based on physician clinical judgment and consideration of identified risks and prevalent community experience; and be it further

Resolved, That our AMA publicize its newly adopted HIV screening policies via its existing professional electronic and print publications and to the public via news releases and commentaries to major media outlets; and be it further

Resolved, That our AMA formally request all public and private insurance plans to pay the cost of routine HIV screening testing of all insured individuals who receive routine HIV testing in accordance with new recommendations.

#2. Subject: National Health Service Corps: Stronger AMA Representation In Decision Making Process

Submitted by: The American Association of Public Health Physicians

Whereas, The National Health Service Corps (NHSC) scholarship program exists to provide scholarships to health professional students in return for a commitment to provide primary health services in a Health Professional Shortage Area (HPSA) within the United States; and

Whereas, For each school year or partial scholarship support, there is a required minimum 2 year and a maximum 4 year commitment to provide full time primary health care services in a NHSC approved site in a HPSA of greatest need, with the hope that many physicians will stay and practice in those same communities; and

Whereas, The Bureau of Clinician Recruitment and Service, a division in HRSA is charged with the administration of the NHSC program with input from an appointed National Advisory Council with limited medical professional representation; and

Whereas, the AMA has numerous policies supporting the NHSC scholarship program as one of the solutions to the problem of rising medical school debt and as a way to deal with increasing primary care and public health physician workforce needs of many of our communities; and

Whereas, the Patient Protection and Affordable Care Act passed in March 2010 supports expansion of the NHSC by \$1.5 billion over the next 5 years; and

Whereas, thousands of medical students have received the NHSC scholarships over the years and served many underserved populations, only 458 medical students applied for the NHSC in 2009; therefore, be it

Resolved, That our AMA work to enhance public health and other specialty physician, medical school and medical student representation in the decision making process of the NHSC with the goals of increasing popularity and efficiency of the program in accordance with existing policies adopted by the AMA's House of Delegates; and be it further

Resolved, That our AMA give a report back on the progress of its efforts at our A-2011 AMA House of Delegates meeting.



5. Know Your Officers



Ellen Alkon, MD, MPH
AAPHP Vice President

Ellen Alkon, MD, MPH, is transitioning into retirement after almost half a century as a physician. Her education was at Stanford (BA in history), University of Chicago, now called Prizker Medical School (MD) and the University of California School of Public Health (MPH and certificate in care of handicapped children). She moved from pediatric positions into public health. She has done hospital and clinic pediatrics, been a diagnostician for handicapped children, and had a succession of public health positions in three local health departments (Minneapolis, Anne Arundel County, Maryland and Los Angeles County. Her leadership positions have included being Commissioner of Health in Minneapolis and Medical Director for Public Health in Los Angeles. She continues part-time in the Los Angeles County Department of Public Health as Director of Public Health Education in Medicine. She is an adjunct professor in the UCLA School of Public Health.

Dr. Alkon has been active in professional organizations. At the local level she was president of the Minnesota Public Health Association, the Southern California Public Health Association (twice), the California Academy of Preventive Medicine (twice), the California Conference of Local Health Officers and the California Center for Public Health Advocacy. At the national level she has been involved with the American College of Preventive Medicine (West Regent and chair of Constitution and Bylaws Committee), and the American Public Health Association (governing board member for Health administration section). She joined AAPHP late in her career and is currently vice-president. She is particularly interested in public health education.

6. Membership Recruitment



General Membership Categories: Every AAPHP active member is urged to recruit one new member ASAP. That is an achievable goal. Share the gift of AAPHP with a colleague today!. Full active membership dues are still only \$95 per year for active practicing physicians. Membership forms can be located at www.aaphp.org . See #5 for on-line applications, renewals and payments .

Lifetime Memberships: Ten of our highly committed members are urged to become LIFETIME members. That is an investment of 10 times the annual dues. The return on investment is that you never have to pay dues again for your lifetime. If you are a young physician, Your \$950 commitment can pay enormous lifetime benefits. Some organizations can eat up this membership fee in a year or two! This will buy you membership in AAPHP for a lifetime. Consider this a long term investment for your future and your career as a public health physician! **NB***The board is revisiting the lifetime membership category and the by-laws committee will make NEW recommendations for rates at the upcoming general membership meeting in Denver. So take advantage of this while there is still time!**

7. Online Membership Applications and Payment Now Available

If you have colleagues who are interested in joining AAPHP, it just got much easier. Your colleagues simply need to go to <http://www.aaphp.memberlodge.org/application>. The Board has voted and agreed that members who join after October 1st will have their membership entered through December of 2011. There has never been an easier and better time to join.

8. New Website Dedicated to AAPHP Members

<http://www.aaphp.memberlodge.org>

A new membership benefit is being tested at <http://www.aaphp.memberlodge.org>. All members are invited to go to the site and check it out. In order to create a password for the first time, go to the site, put in your current email address and click forgot password. You will get an email that allows you to create a new password of your choice. Once you log in you will be able participate in the online forums, and have access to suggestions when looking for a job. You can also go to your profile and enter your preferences and correct any errors. An online member only membership directory is also under development. Please send any questions, problems suggestions and concerns about this new feature to our President-elect - Ginny Dato - vmdato@gmail.com.



9. Board Member Vacancy

We have a vacancy on the Board to fill. If you or another member you know is willing and able to help guide AAPHP as a board member, please advise the Chair of the Nominating Committee - Virginia Dato MD MPH - vmdato@gmail.com

ALL Members are encouraged to consider and forward nominations of long term dedicated members of AAPHP.

10. Job Market Initiative Report October, 2010

Please Note that the very valuable JMI service is being downgraded. The board has decided that there are simply insufficient funds to support this valuable value added membership service at this time. Though hundreds of hits were received and hundreds of listings were made each month, no one was willing to pay for this valuable service. Therefore we will only offer derivative services from Federal listings.

If Members are interested in more services in the future, it is possible that these may be offered as fee based services at some future time, provided there is sufficient interest and resources

Historical Background from Previous Monthly Reports: Again, as historical perspective on the JMI – it began in 2001, steadily grew through 2005. Then, having lost the volunteer manpower to abstract ads and do more than minimal maintenance of the site – it languished for more than three years before we secured new funding from AAPHP to reinstate the abstraction of ads. This began in June of this year, and is now growing nicely.

Public Health and Preventive Medicine – fields that substantially overlap, but are not identical – have a unique problem among medical specialties. That problem, from an employment perspective, relates to the fact that public health and preventive medicine are nowhere listed as medical specialties on employment pages or web sites. While many physician jobs could benefit from these skills – they are almost always listed under clinical specialties, or as non-physician jobs. For this reason, we initiated the JMI to pull together such jobs for the benefit of both PH/PM applicants and potential employers. For additional background information, please go to the www.aaphp.org web site, click on “Jobs,” and explore the 2005 “Job Market Initiative Plan” referenced on the bottom of that web page.

Abstraction of ads was discontinued again, mid-August, 2010 due to an AAPHP budget cut. Therefore the numbers of posted ads will continue to rapidly decline over the next several months. Hits to the site are still running above the levels of last year at this time.

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Joel L. Nitzkin, MD, MPH, DPA, FACPM

Chair, Job Market Initiative

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11. Articles of Interest

Below are links or locations to several recent articles you may find of interest.

Legionellosis Outbreak Associated with Asphalt Paving Machine, Spain 2009

Printed in Emerging Infectious Diseases • www.cdc.gov/eid • Vol. 16, No. 9, September 2010

(Beginning Summary) From 1999 through 2005 in Alcoi, Spain, incidence of legionellosis was continually high. Over the next 4 years, incidence was lower, but an increase in July 2009 led health authorities to declare an epidemic outbreak. A molecular epidemiology investigation showed that the allelic profiles for all *Legionella pneumophila* samples from the 2009 outbreak patients were the same, thus pointing to a common genetic origin for their infections, and that they were identical to that of the organism that had caused the previous outbreaks. Spatial-temporal and sequence-based typing analyses indicated a milling machine used in street asphalt repaving and its water tank as the most likely sources. As opposed to other machines used for street cleaning, the responsible milling machine used water from a natural spring. When the operation of this machine was prohibited and cleaning measures were adopted, infections ceased.

John Bartlett's Postmortem on 2009 H1N1 (Influenza A): 10 Valuable Lessons

John G. Bartlett, MD

Posted: 06/15/2010

From [Medscape Infectious Diseases](#)

Medscape Infectious Diseases © 2010 WebMD, LLC

Human Clinical Trial of NIH-Developed Dengue Vaccine Begins

U.S. Department of Health and Human Services NATIONAL INSTITUTES OF HEALTH NIH

News National Institute of Allergy and Infectious Diseases (NIAID) <<http://www.niaid.nih.gov/>>

For Immediate Release: Monday, August 9, 2010

CONTACT: Nalini Padmanabhan, 301-402-1663, <e-mail: padmanabhanm@niaid.nih.gov>

More research suggests prenatal, early exposure to thimerosal does not increase autism risk.

The [Los Angeles Times](#) (9/13, Healy)

Precursor to H.I.V. Was in Monkeys for Millennia

By [DONALD G. McNEIL Jr.](#)

From September 16, 2010 NY Times

12. Information About the E- Bulletin

***** About the AAPHP E-Bulletin *****

This message is an electronic update from the American Association of Public Health Physicians (AAPHP) to public health physicians.

More information about AAPHP is at <http://www.aaphp.org>.

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