

ACTION NEWSLETTER

NPHW THEMES

MONDAY-Addressing the unique needs of mother with children in the household

TUESDAY-Addressing the unique needs of local food banks

WEDNESDAY-Addressing the unique needs of hourly-wage workers and employers

THURSDAY-Addressing the unique needs of schools serving children in kindergarten through 12th grade

FRIDAY- Addressing the unique needs of individuals with chronic health conditions, with a focus on diabetes, asthma, cancer and high blood pressure



National Public Health Week

April 2-8, 2007



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Health Week**

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As you may know by now, National Public Health Week is right around the corner. Between April 2-8, the public health community will highlight the need to Take The First Step, this year's theme for national public health week. The American Public Health Association-Student Assembly (APHA-SA) will be focusing on a host of activities to mark the occasion and promote awareness for Preparedness and Public Health Threats.

In a short time, the Action Committee will be sending out its annual NPHW toolkit, intended to assist individuals, schools, and community groups with their advocacy initiatives. In addition, APHA, along with the Student Assembly, is hosting a video contest focusing on preparing for public health emergencies.

For official rules and details about the contest, please check the APHA website:

<http://www.nphw.org/2007/>



Also, be sure to keep track of your school's activities during NPHW. For the next Action Committee Newsletter, we plan to highlight the efforts and activities of universities and public health schools during the NPHW campaign. We will be contacting you for submission later this spring.

Good Luck with your NPHW Events!

We want to hear about them!

Can you make films?

APHA and the Student Assembly are looking for compelling viral videos that spread the word about preparing for public health emergencies.

WHO: Submissions will be accepted from high school, college, and graduate-level students in all disciplines. Undergraduate and graduate students must be enrolled in a degree-granting program at a University or college at the time of submission.

WHAT: Videos must be 2-5 minutes in length and must be originally produced for this contest.

WHEN: All entries must be submitted by March 25, 2007, 11:59 pm EST.

From the pen of our APHA-SA Students..



Views expressed within these articles are strictly those of each author and are not supported or endorsed by APHA

Ensuring that Medicaid Beneficiaries Receive Quality Foot and Ankle Care

Evguenia Gonzalez

Barry University Foot and Ankle Surgery Program

Podiatric Political Action Committee is a nonprofit, bipartisan, fundraising committee through which podiatrists support federal candidates who champion Podiatric Medicine's issues before the US Congress. The podiatric community is in need for support of H.R. 699/S.440, this provision would amend the definition of physician in the Medicaid statute to include podiatric physicians, and would align Medicaid with Medicare, which has long recognized that a doctor of podiatric medicine is a physician. The provision would guarantee access to quality foot and ankle care for Medicaid patients. Podiatric physicians are the primary providers for foot and ankle care both in Medicare and private insurance plans. Podiatric physicians play an important role in the recognition of systemic diseases like diabetes, as well as in the recognition and treatment of peripheral neuropathy, a frequent cause of diabetic foot wounds that can lead to lower extremity amputations if untreated. A high percentage of Medicaid beneficiaries are at risk for diabetes and related complications, including preventable amputations. Quality foot care increases mobility, prevents amputations, improves quality of life and avoids unnecessary costs. Under the Medicaid statute, foot and ankle care provided by a medical doctor (MD) or doctor of osteopathy (DO) is covered as a "physician service". However, since podiatric physicians are not included in the Medicaid definition of "physician", Medicaid beneficiaries may be prevented from seeking care from a podiatric physician. This is unfortunate because podiatric physicians are trained to play a crucial role in our health care system. They complete four years of post-graduate medical training, followed by at least two years in a residency program, often side by side with medical and osteopathic residents. They are licensed to provide physician services within their scopes of practice in all 50 states and District of Columbia and, when treating the foot and ankle, they perform the same physician services as medical or osteopathic. In summation, as describes above, it is imperative that the community of public health get involved and support this provision. This provision can help eliminate health disparities and reduce the cost of health care by preventing amputation and educating our patients with proper, well qualified podiatrists.

The Tremé Table Project

Paul Kadetz, MPH candidate at Tulane University SPHTM

Tulane University is involved in more community projects than can be listed on this page. The aftermath of Katrina and the subsequent flooding has kept Tulane volunteers rather busy. One new project, The Tremé Table Project, is quite noteworthy in its creative approach to invigorate a neglected New Orleans' neighborhood and promote health.

The New Orleans neighborhood of Tremé is one of unusually rich cultural heritage. Originally a French-speaking, Creole of color community and known as America's oldest black neighborhood, it evolved into one of the first multiracial districts in the early 19th century. It is remarkable for an era in which America was still immersed in slavery, for freed slaves to acquire, purchase or own property. Among other noteworthy firsts, the Tremé is known to be the home of: the first African-American newspaper, the first literary salons (at a time in this country when teaching blacks to read was illegal), and the first anthology of African-American poetry, as well as the home of a cornucopia of famous Jazz musicians. However, in spite of this rich history, Tremé is also characterized by the poverty which has prevailed there since the 1960's. This neighborhood suffers more than many in Post-Katrina New Orleans, by virtue of its pre-storm vulnerabilities.

Several schools and departments of Tulane, including the School of Architecture, the Department of Sociology and the School of Public Health & Tropical Medicine have committed to addressing the needs of this neighborhood. Dr. Nancy Mock, a professor in The School of Public Health, has been particularly involved with projects in this community including surveillance of community needs and a community food pantry which aided more than 3000 families in need. Needs assessments point to interventions which engender sustainable solutions. To this end, Dr. Mock has developed The Tremé Table Project. The objective of the project is to improve the health and nutrition of Tremé families and strengthen the cultural heritage of its members, thereby empowering the community and mobilizing community involvement.

The project is proposed in several phases. Phase 1 is the compilation of a "cookbook" of Tremé residents' healthy recipes and oral histories. In Phase 2 proceeds from the book will be applied to a Community Café project at St. Augustine's Church in Tremé. Musical events and cooking classes will also be held at St. Augustine's. Phase 3 will include workshops on preventative health care and nutrition at The Community Café, thereby promoting future health.

Mining for strengths within a population, in order to perpetuate strength and engender empowerment & pride is a well understood Positive Deviance approach that facilitates sustainability. I am assisting Dr. Mock in this project and I look forward to reporting to you about its successes.

The project has received initial funding from the French Consulate and in-kind support from Tulane University. Other partners include the New Orleans Musicians Clinic, and the Food and Beverage Museum of New Orleans.

National Initiative to Raise Awareness of Emergency Contraception Turns Six

Written by Hannah Simons

After years of delay and debate, the Federal Drug Administration (FDA) finally approved over-the-counter (OTC) sales of Plan B, an emergency contraceptive medication, for adult women in the fall of 2006. The FDA maintained the prescription requirement for minors. The FDA created an unprecedented 'dual label' system in which Plan B is sold as an over-the-counter product to women 18 and older and a prescription product to women younger than 18.

While the FDA's decision is a critical step toward expanding access to emergency contraception, it is an incomplete victory. Health advocates and public health experts still have deep concerns that access to emergency contraception will remain hampered, especially for those under 18. The FDA's decision to maintain the prescription requirement for minors is contrary to the recommendations put forth by its own advisory committee as well as leading medical and public health organizations, including American Academy of Pediatrics. Numerous studies have demonstrated that emergency contraception is a safe medication for women of all ages and does not lead teens to partake in risky sexual behavior. The prescription requirement for minors may delay or even prevent young women from obtaining the medication within the limited time frame in which it is most effective.

Emergency contraception has enormous potential to reduce the country's high rate of unintended pregnancy, especially among teenagers. The Guttmacher Institute, a leading research organization focused on reproductive health, estimates the use of emergency contraception prevented over 100,000 unintended pregnancies in 2000, half-of which would have ended in abortion. The United States has the highest rates of teen pregnancy and birth in the western industrialized world. Teen pregnancy costs the United States at least \$9 billion annually.

Intensive public education and outreach is necessary to ensure that all women, regardless of age, have the tools and information they need to prevent unintended pregnancy with emergency contraception. Since its founding in 1999, the *Back Up Your Birth Control* Campaign has led a national initiative to raise awareness of emergency contraception through public education, media and policy advocacy, and grassroots activism.

The *Back Up Your Birth Control* Campaign is mobilizing thousands of activists around the country to educate the media and medical community and host *Back Up Your Birth Control* education activities on college campuses, with legislators, and for public health officials. This year, the Campaign's efforts will focus on the new dual label environment and on issues affecting teenagers. On March 20, the sixth annual *Back Up Your Birth Control* Day of Action, a coalition of more than 100 women's health and medical organizations will undertake dozens of educational activities nationwide to send an important message: teenagers should back up their birth control with emergency contraception.

"Teens have effectively been denied timely access to EC," said Christina Tenuta, Director of the Back Up Your Birth Control Campaign at the Institute for Reproductive Health Access. "Maintaining the medically unnecessary prescription requirement for teens will lead to delays, potentially causing them to miss the window of opportunity to avoid an unintended pregnancy."

At the beginning of February, Back Up Your Birth Control launched two websites to mark the commencement of its 2007 Campaign. To complement the 2007 teen focus, the Campaign has created a website specifically for teenagers (www.IneedEC.info). This website offers information on how to obtain emergency contraception and advice on how teens can talk to their friends and providers about EC. The general campaign website (www.backupyourbirthcontrol.org) contains numerous educational tools and ideas for activists to adapt and implement. The Campaign encourages activists to target outreach activities towards teens and teen health educators as well as to educate all women about how to obtain emergency contraception in the new dual-label environment. Over the last six years, campus activities have been central to the Campaign's success. Students have conducted outreach to their fellow students by distributing EC fact sheets and materials. Other student groups have investigated their college health centers' policies on EC and advocated for expanded access to emergency contraception through training EC advocates.

For more information about the Back Up Your Birth Control Campaign activities or to join the Campaign, contact Christina Tenuta, Campaign Director, at ctenuta@prochoiceny.org and 212-343-0114 x3523.

WE WANT TO HEAR FROM YOU!

Is your school or an organization working to advocate for an public health issues?

Have you been involved with efforts to let the world know about public health issues that need attention?

Write us and let us know!

Email us at action@aphastudents.org for rules on submissions and deadlines

University of Florida in International Public Health

Written by: Jennifer E. Davies

The College of Public Health and Health Professions at the University of Florida is involved in many new and exciting projects for the year of 2007. Public Health students interested in International Health collaborated with the second year medical students at UF to help sponsor a visit from Dr. Portonoy, the President and CEO of internationally-renowned Doctors Without Borders and fundraise to give a substantial donation to the organization. Dr. Portonoy will speak at the University of Florida in March on important issues in international health, and the role of their organization in public health.

UF's public health program is also happy to report that this year marks the initiation of The Public Health Student Organization's G.I.P.H.T.S (Gators in International Public Health Training and Service) Project. Our goal is to address global health issues of communities in need and provide UF students international public health experience. This year, ten students from the University of Florida College of Public Health and Health Professions will travel to El Salvador in March of 2007 to conduct an interdisciplinary needs assessment in the town of Perquín in the department of Morazán.

The focus of this initial needs assessment is on maternal and child health and the control of preventable infectious diseases. Other goals of the G.I.P.H.T.S Project include establishing academic outreach partnerships and exchange programs with the University of El Salvador, The Ministry of Health and local Non-Governmental Organizations working in impoverished rural communities. Our dedicated students and faculty members at the University of Florida are working hard to make the G.I.P.H.T.S project a successful health outreach trip

Bicycle facilities for all populations: A review of policy, regulations, and design guidelines

Written By: Anne Lusk

In the United States, the primary bicycle design guideline is the American Association of State and Highway Transportation Officials (AASHTO) Guide for the Development of Bicycle Facilities which includes engineering specifications for bicycling on the road, on a white painted bicycle lane, or on distant recreation paths. Individuals who are comfortable bicycling on the road use the road while individuals who are not comfortable bicycling on the road and who have leisure time bicycle on the recreation paths. Departments of Transportation are proposing to connect recreation paths with on road white painted bike lanes to create bicycle networks but the default users will be the small minority of individuals comfortable bicycling in the road.

In contrast in The Netherlands and Denmark, design guidelines include specifications for roads and paths but also for European cycle tracks or protected bike lanes that run alongside roads but are separated from car traffic by low islands and parallel parked cars. As a result of these facilities and supporting programs, in cities such as Odense, Denmark, 50 percent of all city center journeys and 24 to 73 percent of all school journeys are by bike.

The facilities in Denmark were the result of the oil crisis in the 1970's but also because Denmark had the highest death rate of children from traffic accidents. In the United States, the high rates of obesity are sufficient justification to have forceful policies for bicycle facilities and more responsive bicycle design guidelines that include cycle tracks.

AGENT ORANGE AND PUBLIC HEALTH

Written by: Susan Schnall

It has been about thirty years since the United States pulled its military troops out of Vietnam. Although we would like to believe that the damage from the American War to Vietnam and the Vietnamese people has ended, please take time to read this article and understand that it has not and that both American veterans of the Vietnam War and the Vietnamese continue to suffer the effects of our government's Agent Orange spraying. It is estimated that between 1961 and 1971 about 77 million litres of herbicides, including 49.3 million litres of Agent Orange containing more than 360 kg of dioxin contaminated defoliants was sprayed multiple times over 2.6 million acres in south Vietnam. Studies continue to be conducted by the scientific community, and to date there is agreement regarding sufficient evidence of association between exposure to the herbicides and the following health outcomes: chronic lymphocytic leukemia, soft tissue sarcoma, non-Hodgkins Disease, and Choroacne. Strong evidence exists linking exposure to respiratory cancers, prostate cancer, multiple myeloma, Type 2 Diabetes, and spina bifida and congenital malformations in children of exposed individuals.

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Action Alert!

URGE YOUR SENATOR TO COSPONSOR AND SUPPORT S. 805, THE AFRICAN HEALTH CAPACITY INVESTMENT ACT, AND HELP AFRICAN COUNTRIES DEVELOP STABLE HEALTH INFRASTRUCTURES TO BETTER ADDRESS THEIR HEALTH CRISES!

The World Health Organization has identified 57 countries, included 36 in Africa, where the current level of health workers make it "very unlikely" to achieve health-related Millennium Development Goals, internationally agreed upon goals on reversing the spread of AIDS, malaria, and other major disease, and significantly reducing child and maternal mortality. A recent estimate of the funds needed to double the health workforce in sub-Saharan Africa placed the cost at an additional \$2 billion in the first year, and more in ensuing years.

CALL YOUR SENATORS AND REPRESENTATIVE AND TELL THEM TO REAUTHORIZE AND FULLY FUND THE STATE CHILDREN'S HEALTH INSUREANCE PROGRAM (SCHIP)!

The State Children's Health Insurance Program (SCHIP) is scheduled to be reauthorized this year. SCHIP successfully provided health insurance coverage to 6 million low-income children in families with incomes too high to qualify for Medicaid, thereby improving their health status and outcomes. Despite this success, the future of the program is now in jeopardy as current funding levels are insufficient even to maintain the coverage of children currently enrolled. Ultimately, if fully funded and improved, SCHIP has the potential, along with Medicaid, to cover roughly 75 percent of the 9 million children in the country who are uninsured. To make this happen, Congress need to allocate \$60 million in new federal funds over the next five years. Tell your senators and representatives to make children's health coverage a priority!

URGE YOUR MEMBERS OF CONGRESS TO PROVIDE THE FUNDING AND LEADERSHIP TO PROTECT AMERICANS FROM A FLU PANDEMIC!

On May 3, 2006, a pandemic flu preparedness and response plan was unveiled. It is an important step in building our national preparedness, acknowledging that every individual and every sector of business would be impacted by a pandemic outbreak, and must take measures to be prepared in case one does hit. The basis of the plan depends on individuals, families and their communities to have flu preparedness plans and stockpile necessary goods. The federal pandemic plan is a blueprint that requires sufficient funding and resources, and specific, accountable implementation steps in order to become a reality. Our nation's public health workers and institutions must be able to rapidly scale-up their efforts to respond to pandemic flu.

REQUEST INCREASED FUNDING FOR HEALTH PROGRAM IN 2007

As House and Senate leaders continue to negotiate on the year-long continuing resolution to fund the unfinished appropriations bills through the end of the fiscal year on September 30, 2007, latest word is that programs under the Labor-HHS-Education appropriations bill are likely slated to receive increases over their FY 06 levels. More than \$7 billion is available in the CR to increase funding for priorities such as health and education. Please contact your Representative and Senators immediately to urge them to support efforts to increase funding for health programs over their 2006 levels.

CONTINUED FROM PREVIOUS PAGE: AGENT ORANGE AND PUBLIC HEALTH

The Vietnam Agent Orange Relief and Responsibility Campaign includes US veterans and Vietnamese who are working to obtain just compensation for the Vietnamese who suffered and continue to suffer from the use of these defoliants. We feel that our government and those companies that produced these defoliants have a moral and legal obligation under international law to recompense the people of Vietnam for the devastating impact of Agent Orange.

We are putting together a tour for Dr. Nguyen Thi Ngoc Phuong, the internationally known physician and director of the Tu Du Hospital in Ho Chi Minh City to speak to the public health community about the long lasting impact on the health and well being of the Vietnamese from the spraying of the herbicides. If you would be interested in having Dr. Phuong speak to your organization or at your school, please contact: Susan Schnall at susanschnall@msn.com.

Please check out our website at: www.vn-agentorange.org for additional information

Students Work Together to Bring Sense into Healthcare Policy

Written By: Lindsey L. Cook

An employed young man with asthma does not know how he will pay out-of-pocket for a \$12,000 hospital visit. His employer could not afford health insurance for their employees. Cancer treatments for an accomplished art director and mother are covered by her insurance plan; however the plan is followed up by unaffordable increases in her monthly premiums. After having to drop her coverage, she is unable to find alternative insurance because of the preexisting condition. Personal experiences with the failings of the current system are becoming far too universal.

The majority of Americans believe the United States has the best health care system in the world. More individuals, however, are unpredictably experiencing frustrating and helpless situations similar to those above. The truth is that while the United States pays twice as much per capita for health care as any other nation, measures of public health rank the health care system 37th, behind Canada and other industrialized countries. The extraneous expenses compensate for inefficiency, overhead, and profit that result from an employer-base healthcare system.

Exasperating stories like those above epitomize the adverse outcomes of the nation's outdated healthcare system. With the shared vision that health care is a universal right and that the future of public health lies in the necessity for change, a group of students at Indiana University is mobilizing to advocate for universal health care. The organization is called Students for a Commonsense Health Plan (SCHP) and their driving force is the creation of a universal health plan that provides healthcare to all individuals in Indiana. The mechanism for the plan is a single-payer system, similar to Medicare, in which money is collected into a single pot, and out of that same pot expenses are paid to public or private health care providers.

The brainchild of two Indiana University-Bloomington graduate students involved with the community-based mother organization, Hoosiers for a Commonsense Health Plan (HCHP), SCHP established itself as a campus-based organization in December of 2006. SCHP's mission is to provide students of Indiana University a venue for social action by raising awareness of the possibility of universal healthcare, sponsoring panel discussions and debates, attending campus and community health fairs, and contacting local and state legislators with their support of a single-payer healthcare system for Indiana. Their objective is to educate students so that they are empowered to advocate and take action.

At its inaugural meeting, interested students from a surprising variety of ages and academic disciplines attended. While sharing stirring personal stories similar to those above, they also shared an interest to learn how they can promote change. The abounding energy promises a bright future for SCHP. With the help from new members, SCHP is hosting a fundraising concert in April during the National Cover the Uninsured Week, to raise awareness of SCHP's mission. SCHP's planned "writing parties" will serve to educate students in how to properly write letters to the editors of their local newspapers about healthcare in Indiana. The writing will also educate students in how to contact Indiana state and local legislators.

The trend that SCHP and its partner organization, HCHP, is discovering, is that although the road to healthcare reform is a long one, it is one that is absolutely necessary for the future of the United States' health, economy and integrity. SCHP is also discovering that once educated, students are joining the initiative with enthusiasm and fresh ideas while learning, educating and being empowered to be their own trailblazers. For more information, please contact Lindsey Cook at lilcook@indiana.edu.



Cover the Uninsured Week

April 23-29



This year, Covered the Uninsured Week, will promote the importance of children's health coverage and demonstrate broad support for the reauthorization of the State Children's Health Insurance Program. Before and during the week there will be many activities in all 50 states and the District of Columbia to highlight the success of SCHIP, demonstrate the need for children's health coverage programs, and continue to press for coverage for all uninsured Americas. Activities will include press conferences, community forums, health and enrollment fairs, seminars for small businesses, campus events, faith-based activities and more.

There are many ways you can get involved!!

Visit www.CoverTheUninsured.org to learn more

Student Assembly



THE STUDENT ASSEMBLY ACTION COMMITTEE

The Action Committee promotes public health advocacy by keeping APHA-SA member informed about major public health policy issues as they arise and facilitating transmission of APHA-SA opinions to appropriate decision-makers/legislators. Our primary role is to provide both advocacy training and advocacy opportunities for students involved in APHA-SA. We are looking for students interest in becoming a part of the Action Committee and help APHA-SA train its membership and other students to be better advocated, communicate about advocacy, and advocating on important public health and student issues. Please email us at action@aphastudents.org for more information on how you can be involved.

www.aphastudents.org

Mariza Luna-Hardin

Co-Chair

Denise Burke

Co-Chair
