News & Views

A Publication of the

Public Health Student Caucus

Editing & Layout: Olatokunbo Famakinwa

Public Health, From Every Angle

By Tracy Casey

The bookstore had lines at least an hour long. The front lawn was filled with Frisbees, volleyballs, and sun-baked study sessions. A new year on the hilltop at Georgetown University had begun. One of the classes offered jointly to undergraduates and graduate students this semester is a seminar on the politics of international health, a class designed primarily for students in the School of Foreign Service pursuing a degree in Science, Technology and International Affairs with a focus on World Health. However, as I sat through the first twenty minutes of the seminar, late on a Wednesday evening, it became clear that those interested in health care come from every major, degree and interest. It often seems that they have little other than their interest in health care in common. It seems that those going into public health are as varied and dynamic as the field itself.

When we had all taken our seats in the circle of desks the professor asked us to introduce ourselves and briefly explain why we had enrolled in the course and what we hoped to do once we had completed our education. As an undergraduate political science major, I assumed that I would be the black sheep of a group composed primarily of World Health, Health Studies, or Nursing majors. As it turns out, there were not any black sheep to be found. There were not any sheep at all.

There is the undergraduate senior from New York who is majoring in English and Spanish. Throughout her undergraduate career she has taken several health policy related classes and hopes to become a journalist and novelist in South America, writing exclusively on health related topics in order to raise awareness back in the United States. Her goal is to give a voice to the silent so that we might all hear. There is a young woman from Maryland beginning her graduate degree in Security Studies. Her focus is health as a non-traditional threat to security, and she is investigating foreign policy reforms that promote health and welfare in the third world. Several desks down sits a gentleman from Colorado who is finishing his graduate work in Biotechnology. When he has completed his degree he hopes to work with pharmaceutical companies to develop higher ethical standards in the third world. From Houston comes the second year doctoral candidate in the Government department. He is focusing on Comparative Politics, writing his dissertation on the results of various government responses to AIDS in Eastern Europe, hoping to design a model for responsible government programs. Next is the third year law student who is focusing on health care advocacy and reform who wants to gain a global perspective from the course. Here, I thought, sits the future of health care: from every angle

As I glanced around the classroom I saw a generation of students whose ability was matched only by their enthusiasm. I saw a generation of individuals ready to devote their lives to public health and the international community. I saw a generation of students ready to use their unique talents and passions to develop a specific place for themselves in the world of health care. Here is a generation of students as multifaceted as public health itself.

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Make Sure You Check Out:

- **How the finances of the Public Health Student Caucus work!**
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The Ron Spadola Lymphoma Foundation: From Personal Tragedy to Life Mission

By Jenny Spadola

Many people have several reasons why they chose Public health as a career. However, this was never was a choice for me. It is more of my destiny and life long mission.

My dad, Ron Spadola, dedicated his life to inspiring young minds. He was the Athletic Director and P.E. teacher at Seminole Middle School where everyone referred to him as "coach". He was an active 55-year-old man looking ahead toward his retirement years with my mom. That all changed in the year 2000.

My dad was diagnosed in March with Non-Hodgkin T-Cell Lymphoma. As we received that diagnosis from the doctors, my entire life flashed in front me. At age 19, all I could think about was losing my dad before I got married, before I graduate from college, and before I have kids of my own. After three surgeries on his large intestine and six chemotherapy treatments, he lost his battle to this horrific disease on November 9, 2000, just 8 months from his initial diagnosis. I watched my dad and mentor to so many others struggle with this disease as it ravished his body. Before he passed away, he was in a coma, the cancer spreading rapidly throughout his body. As I sat by his bed day after day, I would whisper in his ear that I would never let his memory fade away. I made a promise to him that he will never be forgotten. During his last hours alive, my mom and I held his hand and watched our best friend fade away from us. I could not believe that this disease was taking another life.

Burying my dad was the hardest thing I have ever gone through. While my friends worried about what their weekend plans were, I made funeral arrangements with my mom. My dad tried to prepare me for his death, talking to me about life and my future without him. He even helped with his own eulogy. All I wanted to do was save my dad. I would have given my own life to save his.

In the dark days that followed his death, I reminisced about his life and how much of an impact his had on people. That is when the picture became clear. I immediately went to work, researching foundations and non-profit organizations. I was going to start a foundation in my dad's memory. Some people had their doubts that it could be done, since I was still in college and only 20 years old. However, I had a drive in me that no one could stop.

Three years after the Ron Spadola Lymphoma Foundation was formed, we have raised over $10,000.00 for Lymphoma Research. Because of the rarity of the type of lymphoma my dad was diagnosed with, there were limited amounts of research and resources to help him. Since my dad was an alum at the University of Miami and I myself now a graduate student there, I have set up a fund in my dad's memory, at Sylvester Comprehensive Cancer Center. We just had our second annual Ron Spadola Lymphoma Memorial Golf Tournament on June 12. People from New York, New Jersey and all over Florida came down to participate in this tournament. It was a great success and enjoyed by all. More than golf and good times, however, this tournament was about taking a stand against cancer and becoming the voices of those who no longer can be heard. Through advocacy efforts and participation in charity events like this golf tournament, I believe that we can and will win the war against cancer.

While it has been a challenge to run a foundation and be a full time graduate student, I would not want it any other way. Every day I am giving back to my dad. Our foundation is giving hope to people suffering from this disease. If you would like to get involved or learn more about the foundation, you can visit www.geocities.com/lymphomafoundation. **We can make a difference together.**

President's Page

New Beginnings!

Welcome new and returning students!

It is a time of new beginnings. Incoming students are overwhelmed during new student orientation with the vast array of opportunities for leadership and camaraderie. Returning students are faced with new challenges for academic achievement and mentoring a newer class of students. However, both I ncoming and returning students should consider new opportunities for involvement on campus, in the community, and in the Public Health Student Caucus (PHSC).

Students in small groups or as part of larger student organizations can provide an atmosphere for social and scholastic activities on their own campuses. The Public Health Student Association (PHSA) at the University of Alabama at Birmingham (UAB) School of Public Health regularly hosts "Film Forums." These evening movie nights highlight a particular public health issue through film and discussion by a panel of experts. Films previously shown during this event are *Miss Evers' Boys* regarding the 1932 Tuskegee Syphilis Experiments, *And the Band Played On* about the discovery of HIV/AIDS and the epidemic in the U.S., and *Erin Brockovich* recounting the events of industrial contamination of a community water supply. The University of Minnesota School of Public Health Student Senate launched an outreach program for students to encourage and facilitate student involvement in their community. Through this program students have donated time and supplies to Habitat for Humanity and staffed an American Heart Association conference. They are choosing to be advocates for a healthier community and creating opportunities for involvement.

In addition to local opportunities for involvement, the Public Health Student Caucus (PHSC) offers its members many different ways to be involved in the Caucus, depending on your desired level of commitment. The Campus Liaison Program, featured in this issue of *News & Views* is an ideal way to be involved on your campus and in PHSC at the same time. Campus Liaisons are representatives of PHSC to their fellow students and school administrators but are also the representatives of PHSC's membership to its leadership. For more information about the Campus Liaison Program, see the article in this newsletter. In addition to this program, PHSC is comprised of 11 Committees and 4 Sub-Committees, each with different opportunities for participation as a member. Take a moment to visit PHSC's website at www.phsc.org. Each Committee has its own page on the web; as an introduction, visit the "About Us" page (follow the links on the front page) and download the PowerPoint presentation.

If you are looking for a higher level of involvement and leadership, PHSC is seeking nominations for its 2005 Executive Officers - President-Elect, Secretary and Treasurer. PHSC is looking for a slate of strong, dedicated national leaders who stand ready to help strengthen the national voice of all public health students through PHSC and increase the number of opportunities and benefits we have to offer to all student members of APHA. Generally the role of the President-Elect is to chair the Executive Board in the absence of the President and oversee all Committees and internal Caucus operations. The Secretary chairs the Communications Committee and is responsible for all administration and communication. The Treasurer chairs the Finance Committee and oversees the budget, fundraising, and accounts. Information about nominations and officer elections is on our website.

Whether you are a new or returning student, consider how you can better represent public health on your campus and in your community. As future public health professionals, we should be advocates for public health and start now networking and collaborating with our fellow students and future colleagues.

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The Financial Development of PHSC…

How does it work? What does it entail? And of course:

What does it mean to you?

By Joshua Paul Garoon

Whether viewed from within APHA or seen from a perspective outside of our parent organization, PHSC is a unique organization. In one respect, however, we are no different than any other organization: the continuation and expansion of our activities are inextricably linked to the maintenance of a strong, fluid financial base. Given our organization's current fiscal situation, the PHSC Board is eager to actively explore opportunities to expand PHSC's capacity and flexibility by increasing available funds and, as a result, our budget. Although a detailed description of PHSC's financial and logistical operations is beyond the scope of this article, the long and short of it is that, at least for the foreseeable future, we must become proactive in seeking out sources of funding if we wish to ensure a steady stream of innovative activities effectively serving our membership.

It was with this goal in mind that the Board charged the Development Committee with the task of creating a specific, conscientious development policy that would guide our efforts to explore various sources of financial and material support. To that end, a membership-wide survey was designed and implemented, including a variety of questions aimed at ascertaining the ideas and opinions of PHSC's members regarding solicitation and acceptance of funds.

The data that emerged from this survey were somewhat mixed, but some critical themes rose to the surface. Close to 90 percent of respondents somewhat or strongly agreed that PHSC should pursue funding opportunities with government organizations, private groups such as Robert Wood Johnson or the Ford Foundation, and other private associations such as APHA or the Association of Schools of Public Health. This number dropped steeply when the same question was raised regarding support from businesses, with about half of all respondents supporting efforts to garner such backing, a quarter remaining neutral on the issue, and a quarter dissenting to some degree. The most severe dissent was in response to a prompt asking whether "PHSC should actively solicit funds from any and all businesses" with more than 50% either somewhat or strongly disagreeing. When asked to list businesses that might be objectionable, respondents generate a diverse group of industries, with tobacco companies serving as the mode. Alcohol manufacturers and distributors and pharmaceutical companies were also commonly cited. Most respondents agreed that, no matter what the source of support, PHSC should retain control of all funds and materials raised or donated.

In terms of PHSC's current financial structure, nearly 70 percent of those who responded were neutral or had no opinion on whether "PHSC currently receives adequate funding support from APHA." (Like any of the caucuses, PHSC does not, in fact, currently receive financial support from APHA.) Opinion was quite divided on whether members would be willing to pay more in annual dues than the existing $50. While 41 percent of respondents agreed they'd be willing to do so, 48 percent objected, and 11 percent had no opinion. Most of those who responded positively suggested that between $5-10 dollars would be an acceptable increase.

The PHSC Board wants to thank all those who participated in the survey. In response to this highly valued feedback, and after extended conversation of all of these important issues raised by our membership, the Development Committee drafted a proposed development policy and presented it to the Board. After several minor revisions, the following was adopted by the Board as the official development policy of PHSC:

PHSC Development Policy

As an organization dedicated to serving the needs of its members, the Public Health Student Caucus (PHSC) recognizes the importance of the financial independence and flexibility made possible via developmental activities including but not limited to grant-seeking, direct giving, and solicitation of funds. As such, PHSC relies on the Development Committee and its Co-Chairs, in coordination

and collaboration with the Board, its Executive Board, and the General Membership, to identify and pursue such opportunities in line with the following philosophy, principles, and guidelines.

PHSC, like its parent organization the American Public Health Association (APHA), will focus on purposes consistent with its strategic priorities and comply with the following "Guidelines for Support or Donations" in accepting and/or soliciting all financial and/or material contributions to the organization.

“Financial and/or other material contributions” are defined herein as the transfer of any and all monetary (including grants or gifts of cash, bonds, stock, *etc.*) as well as in-kind considerations to PHSC. “Contributing sources” are defined herein as any and all commercial/for-profit as well as all noncommercial/not-for-profit organizations and individuals that provide financial and/or other material support for PHSC and/or its projects and activities.

These Guidelines will be discussed with all potential contributing sources during the early stages of any arrangements for financial and/or material contributions. In cases where such instruments are not already stipulated, PHSC will draft a letter of understanding specifying adherence to the following Guidelines, and provide it to the contributing source. Said letter must be signed by duly designated representatives of both PHSC and the contributing source before any financial and/or material contributions may be disbursed and/or accepted.

Guidelines for Support or Donations

1. PHSC will at all times maintain an independent position on public health issues and concerns.

2. PHSC will solicit and accept financial and/or material contributions only for projects and activities that are consistent with the Caucus' Mission and that abide by any and all relevant PHSC constitutional provisions, by-laws, guidelines, and other policies governing such projects and activities.

3. PHSC will maintain complete control of all financial and/or material contributions for all its projects and activities.

4. PHSC will accept financial and/or material contributions for projects and activities only when the content, planning, administration, and other aspects of each project and activity are to be determined by PHSC and/or an independent body of public health professionals designated by PHSC and/or APHA, beyond the appropriate administrative review, which will include a summary report and/or other predetermined instrument that PHSC will provide to the contributing source.

5. Recognition of financial and/or material contributions by a contributing source will be limited to publication of contributor name, logos or slogans which are an "established part of the contributor's identity," and trade names only, and information about the project cannot be used in commercial advertising by the contributing source.

6. It is the policy of PHSC not to provide product or service endorsements.

7. No PHSC project should directly generate sales of products of a contributing source. If appropriate, information will be provided to the participants and public that there is no commercial obligation implied by the support of a contributing source.

8. PHSC’s intangible intellectual assets, including the Caucus's name and logo, and those of its parent organization APHA, will be protected at all times. Contributing sources will not be permitted to use the names and/or logos of PHSC and/or APHA for any commercial purpose or in connection with the promotion of any product.

9. PHSC will be vigilant at all times to avoid any real or apparent conflict of interest in accepting contributions of any type or kind.

10. PHSC will publish, on a yearly basis, a list of its current sources of financial and/or material contributions from all contributing sources, which will be available from PHSC upon request.

PHSC acknowledges that many contributing sources may generate controversy among and/or objections from the General Membership. In such cases, any member of PHSC can bring the situation to the attention of the Executive Board via written notification (email or hard-copy). The Executive Board will then discuss the issue and determine the final course of action. Alternatively, the Executive Board can elect to review the situation without presentation of such a petition, and again, will discuss the issue and determine the final course of action.

Additionally, any situation that may be an exception to these Guidelines will be reviewed by the Executive Board. The Executive Board will determine the final course of action.

The "For Real" Program:
Providing Education about the Perils of Alcohol Abuse

By Jennifer Miranda, Peer Health Coordinator, CSU Hayward

Some individuals equate the college experience with friends, parties, and binge drinking. To dispel these myths, California State University Hayward (CSUH) is reaching out to students to stay ahead of the game. The Health Promotions department of Student Health Services has a Peer Advocates for Wellness program (PAW), to help students learn about maintenance of healthy lifestyles. Peer educators work on-campus through annual outreach events and weekly counseling sessions in the student health center. Promotion of alcohol free events, as well as lifestyle management techniques helps reinforce positive behaviors of CSUH students. Outreach education is provided to students free of cost about potential dangers from drinking and driving under the influence of alcohol.

Drinking patterns may become established prior to entering college, especially if alcohol consumption is frequent during Middle and High school years. In an attempt to curb drinking levels at a University level, the PAW program provides additional alcohol prevention outreach to the local community. Current funding from the Office of Traffic Safety and Alcohol Beverage Control has allowed Jennifer Miranda, Peer Health Coordinator, to develop a peer education alcohol prevention curriculum for Hayward youth in Middle and High schools. The "For Real" program targets students from the Hayward Unified School District (HUSD) in grades 7-12 who attend schools that are local feeders for CSUH.

To try to decrease rates of alcohol abuse and rates of alcohol impaired driving, the "For Real" program provides alcohol information "For Real" life, touching on "For Real" issues. Students who receive the intervention learn alcohol related facts, as well as immediate and long-term consequences from alcohol consumption. They gain techniques for enhancing their decision making skills, and the benefits from building a social support system.

This interactive curriculum consists of presenting bio-psycho-social dimensions of alcohol use and abuse. Acting out scenarios, playing alcohol jeopardy, incorporating CSUH social norm messages, using visual aids, discussing the media's role in alcohol advertising, and encouraging an open dialogue are all components which provide students with knowledge and skill-building opportunities.

To date, the "For Real" program made 677 student contacts through intervention sessions and comparison data collection outreach sessions. An additional 190 student contacts were made during outreach events at conferences, the Oakland Unified School District, and CSU Hayward.

Due to the success of the program, training components for the "For Real" program are incorporated into the PAW training class at CSUH. The "For Real" curriculum also includes a "train the trainer" aspect of program for HUSD classrooms. CSUH peer educators train high school peer educators on alcohol education and prevention strategies. Through the training process, individual school sites can continue to practice the alcohol education curriculum internally with their own peer education students.

Evaluation aspects are incorporated into the "For Real" curriculum. Pre-and Post-test evaluations are conducted for each intervention group. The data collected is compared with a comparison group to evaluate change in student knowledge about drinking alcohol. To evaluate behavior change, both CSUH and HUSD implement bi-annual health assessments. The data allows for the "For Real" program to evaluate any change in the frequency of alcohol consumption. The "For Real" program can evaluate long-term changes from data from local law enforcement in regards to local DUI citations and accidents.

To date, outcomes for the "For Real" program include an increase in health-promoting behaviors, as well as decrease in risky behaviors associated with alcohol misuse. After completing both intervention sessions, most students demonstrated an increase in knowledge about binge drinking and maintaining sobriety.

The "For Real" program is expanding to address issues such as nutrition, stress management, communication skills, and body image. Content areas address the current needs of Hayward youth, and are also contributing factors that might influence students' alcohol use. Through topic discussions, students learn effective lifestyle management techniques, such as engagement in physical activity, stress reduction, and positive self-perception, that serve as alternatives to alcohol and substance abuse.

Student response to the program has been tremendous. A peer educator from Tennyson High School commented, "It helped me understand more about alcohol, and what was appealing was the way it was done because they were also around the same age range as us, so it was like talking to your peers."

My Accomplishments as a Hispanic MPH Intern at the CDC

By Lilian Barahona

Tulane University School of Public Health and Tropical Medicine

Thanks to the Hispanic Serving Health Professions Schools Inc. (HSHPS) and the Centers for Disease Control and Prevention (CDC), I was able to enjoy a summer internship at CDC. The purpose of this internship is to provide practical public experience for Hispanic medical and public health students, and increase the numbers who will pursue a career in public health. Students must be enrolled and in good academic standing in one of the HSHPS member institutions. However, upon my initial application I was rejected because Tulane University's School of Public Health and Tropical Medicine was not an HSHPS member institution. Tulane became a HSHPS member institution in 2004 after I had lengthy discussions about the value of HSHPS internships with the Dean of my school and others. I am proud that I helped open the door for Tulane students to participate in the HSHPS/CDC internship.

In the summer of 2004, I became the first student from Tulane University to be awarded an internship with HSHPS/CDC. The internship began with a two-day orientation of the US Department of Health & Human Services, including its history, mission, and organizational structure. Weekly seminars addressed important public health issues as well as discussions on how to communicate with your mentor, and other topics that concentrated on helping us to develop the skills necessary to become public health professionals. However, the majority of time was spent with our mentors and our individual projects. I was assigned to work in the Epidemiology Program Office/Division of Applied Public Health Training/Preventive Medicine Residency (PMR) in Atlanta, Georgia. This is one of the nation's largest residencies in Public Health and General Preventive Medicine. My project was to review and assess the current PMR evaluation tools used to measure the resident's performance. My first order of business was to conduct a literature review on evaluation methods. This review provided data to improve the program's evaluation tools. Next, I designed a tracking tool using Excel to list relevant scientific publications. The tracking system included: the article title, authors' names, source, an abstract or summary, and the format of the article (electronic link and/or paper). I systematically reviewed the articles and wrote a summary of the findings. I then proposed to the PMR director recommendations for improvement of the program's current evaluation tools. Improvement of the evaluation tools will allow the PMR program to focus on the evaluation of the residents' educational outcomes, not just process.

This was an excellent experience and I would recommend it to any student interested in public health. I had the opportunity to meet other Hispanic students from all over the nation. Working with them, all of us struggling and focusing to succeed in our own way, was a great motivation for me. After my experience at CDC, I feel energized and believe I can contribute to public health. I can be an asset to programs which foster the well being of those who can not help themselves. I am a fervent advocate for those who do not have a public voice and/or access to health, especially the Hispanic and other minority communities. I was able to finish the MPH degree, a two-year program, in only ten months, and with an excellent GPA. This accomplishment proves to me that I am very committed to my personal and professional goals, when I know what I want in life. In the near future, I would like to serve in the Epidemic Intelligence Service at CDC, a post graduate applied epidemiology fellowship, and/or continue with my education by pursuing a doctorate degree in public health. I highly recommend the HSHPS/CDC internship to anyone who is interested in public health and the health of their community. I know that you will not regret it. Applications can be found at http://www.hshps.com/.

References: HSHPS: http://www.hshps.com/**, CDC/PMR:** http://www.cdc.gov/epo/dapht/pmr/pmr.htm

The Public Health Preparedness Workforce Development Act of 2004 Could Pay for Your Education!

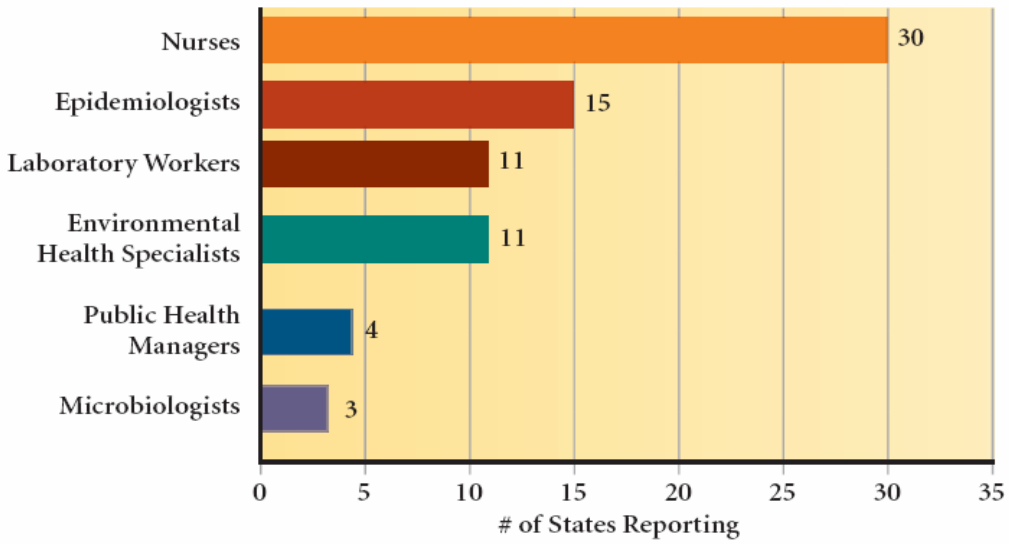
By Kate Maggioncalda

Co-Chair Action Committee

This July, Senators Chuck Hagel (R-NE) and Senator Dick Durbin (D-IL) co-sponsored the Public Health Preparedness Workforce Development Act of 2004, (PHPWD) S2613. This act if passed, will provide for scholarships and loan repayments for public health students (http://www.astho.org/pubs/HagelDurbinnewsrelease.pdf).

The PHPWD is in response to forecasted shortages of available public health workers who work at the federal, state or local level, due to individuals leaving jobs for higher pay, retirement, or new careers altogether, particularly in the fields of epidemiology, laboratory science, and public health nursing (http://www.astho.org/pubs/WorkforceShortageReportFinal.pdf p. 2, 7).

The report went on to highlight that the severest shortages will be at the state level, and drastically affect our country's preparedness for public health emergencies by 2006. In 2002, 13 states did not employ properly trained scientists to head labs, while 23 employed 1; 2 are needed for "emergency readiness" (http://www.astho.org/pubs/WorkforceShortageReportFinal.pdf p9). The following (http://www.astho.org/pubs/WorkforceShortageReportFinal.pdf p. 8) shows the areas with the largest cuts at the state level:



Forty two percent of state employed epidemiologists were not academically trained, and (http://www.astho.org/pubs/WorkforceShortageReportFinal.pdf p. 2) furthermore, the participation of environmental health professionals is vital when the U.S. faces major threats like cryptosporidium, hantavirus, West Nile virus, SARS, and bio/agro-terrorism (http://www.astho.org/pubs/WorkforceShortageReportFinal.pdf p10).

The ASTHO, the Association of State and Territorial Health Officials reported the following factors as causes of this shortage: "rapidly aging public health workforce

and shrinking labor pool; high percentage of the public health workforce is eligible for retirement; chronic shortages in areas like public health nursing, epidemiology, laboratory science and environmental health; and high turnover rates in states (http://www.astho.org/pubs/WorkforceShortageReportFinal.pdf p4). The ASTHO further reported half of all states who responded indicated shortages due to lack of qualifications, and unwillingness to relocate (http://www.astho.org/pubs/WorkforceShortageReportFinal.pdf p. 2). Jobs in the public sector are not known to be high paying, and the Association of Public Health laboratories maintain that major barrier is unwillingness to work in the public sector (http://www.astho.org/pubs/WorkforceShortageReportFinal.pdf p9), and those working at state levels face low pay and little chance for advancement (http://www.astho.org/pubs/WorkforceShortageReportFinal.pdf p10).

Earlier Congress granted $146 million to provide pay for lab staff working at state levels. However states maintain applicants are not trained properly, and the incentive failed (http://www.astho.org/pubs/WorkforceShortageReportFinal.pdf p9). To help, various states are trying to provide incentives like increasing pay and benefits; offering flexible work schedules and telecommuting opportunities; and provide professional training (http://www.astho.org/pubs/WorkforceShortageReportFinal.pdf p10). These incentives sound good, but in light of the fact that 45 states are dealing with budget crises it is difficult to imagine them providing increased pay and benefits without federal assistance (http://www.astho.org/pubs/WorkforceShortageReportFinal.pdf p10).

In light of these difficulties, Congress might take action again, this time, with the PHPWD Act of 2004. If passed, it will provide scholarships for students pursuing public health careers, and provide for loan repayments in exchange for serving in an underserved area (http://www.astho.org/pubs/HagelDurbinnewsrelease.pdf). Specifically, the Act will provide $35 million per year for scholarships, and $195 million per year for loan repayments.

(http://www.astho.org/pubs/HagelDurbinnewsrelease.pdf). Eighty percent will be directed to encourage people to work at the local and state levels; and allows for bonus payments for those who will serve in underserved areas for three years (http://www.astho.org/pubs/HagelDurbinnewsrelease.pdf, http://www.astho.org/pubs/WorkforcebillS2613.pdf p. 6).

Students who are eligible for scholarships must be US citizens (both part time/full time students are eligible), the school must be accredited, and the degree or certificate earned must be for a health profession: laboratory sciences, epidemiology, environmental health, health communications, information sciences, and public administration (http://www.astho.org/pubs/FactSheetwithDearColleague.pdf).

Those who qualify for loan repayments can either be full/part time students, but must be in their final year of study, and have arranged to work at a federal, state or local level public health facility. Those who have graduated in the last decade and are also employed by a public health facility at the federal, state or local level are eligible (http://www.astho.org/pubs/FactSheetwithDearColleague.pdf). The program will cover up to $35,000 or for those whose loans are less than $105,000 the program will cover up to one third of the balance per year (http://www.astho.org/pubs/WorkforcebillS2613.pdf p. 7). I urge you to ask your legislators to support this bill!

Public Health Students Team Up to END Childhood Obesity in the Latino Community

By Lissa M. Knudsen, MPH Candidate, California State University, Northridge

The National Institutes of Health estimates that nearly two-thirds of all American adults are overweight or obese, and roughly 15 percent of children are overweight. In Los Angeles County, 81% of 5th graders did not pass California state fitness standards and 24% of children ages 3-17 whose families are above 300% of poverty level ate fast food in the past 24 hours.

At California State University, Northridge community health education students are collaborating across disciplines to make a difference in this epidemic health problem. Five Master of Public Health candidates have teamed up with 4 Kinesiology, 3 Nutrition, and 2 Nursing students in planning, implementing, and evaluating a multi-level intervention targeted at low-income Latino community members.

The students work directly with the owners and workers at El Clasificado, a Los Angeles based free weekly Spanish-language publication and American Apparel, a t-shirt manufacturing plant known nationwide for its progressive employee friendly practices. The team also has an intervention site at Langdon Avenue Elementary School where they work with the children, parents, and school staff to develop better eating and activity habits.

The project, dubbed Exercise and Nutrition Defeat (END) Childhood Obesity, capitalizes on the individual expertise of the students. The Public Health students are integral in consultation on the planning process and ensuring the involvement of the community, the Kinesiology students bring credibility and innovation to the fitness aspects of the implementation, and the Nutrition students are highly skilled in cooking demonstrations and education regarding portion size and the creative incorporation of whole fresh vegetables into everyday dietary behaviors.

The team members agree that cultural competency and community organization theories are key aspects of the project. Throughout the spring END members worked with the projects sites to facilitate focus groups, surveys, and key informant interviews. Over the summer the education programs and materials were designed and implemented incorporating concepts such as readability and language. The evaluation and reporting phase is scheduled for this fall with sustainability the end goal.

Once the project results have been analyzed the team hopes to promote the END model to other university campuses throughout the state and nation.

PHSC Campus Liaisons

By Annette Summers, Chair, Campus Liaison Committee

The campus liaison program is an integral component of the Public Health Student Caucus. This program was created a few years ago in order to provide a means for students involved in public health disciplines to network and share information among one another and with their fellow peers.

Beginning in late June, PHSC began recruiting campus liaisons from each public health or health-related program across the nation. Through an e-mail sent out to the Deans of Student Affairs and student APHA members, students were presented with this unique leadership opportunity. When stepping up to take on this role, the liaisons were asked to commit to three main responsibilities: 1) Serve as their school's representative to PHSC, 2) Disseminate information about PHSC to students, faculty, and administration, and 3) Facilitate a sustained dialogue between these schools and the PHSC through active listservs and monthly conference calls with other liaisons. The response to this recruitment effort has been overwhelmingly positive thus far.

Currently, there are 44 liaisons representing some 37 programs across the states. The recruitment effort will remain on-going throughout the year until all public health related programs are represented. If your school does not have a representative and you would like to get involved please e-mail Annette Summers, Campus Liaison Sub-Committee Chair at RachelRZBK@yahoo.com.

The following is the list of the campus liaisons for the 2004-2005 school year. We truly appreciate their leadership and commitment toward advancing the PHSC mission!

Liaison Name	School or Program
Darnell Thomas	Benedictine University
Bahby Banks	Boston University School of Public Health
Sheetal Monga	California State University- Long Beach
Teresa Baker	California State University- San Bernadino
Kimberly Pierce	Emory University Rollins SPH
Han-Ick Park	Emory University
Lauren Kramberg	George Washington University School of Public Health and Health Services
Tara Smith	Howard University- School of Pharmacy
Denise Norton	James Madison University
Amanda Slagle	Johns Hopkins Bloomberg School of Public Health
Raghavendran Srinivasan	Johns Hopkins Bloomberg School of Public Health
Evonne Nwankwo	Morgan State University
Christa Nevin	New York University- Steinhardt School of Public Health
Takeia J. Locke	NOVA Southeastern University
Megan Lutz	Ohio State University School of Public Health
Ann Marie Kopitzke	Old Dominion University
Holly Beard	Old Dominion University
Dan McCarthy	Oregon State University Department of Public Health Undergrad
Megan Patton	Oregon State University Department of Public Health
Christine Scott	Rutgers University
Mark Graves	Saint Louis University School of Public Health
Jenny Chu	San Diego State SPH
Jessica Brown	Southern Connecticut State University
Rebecca Francis	Tufts University
Teresa Hsu	University of Alabama School of Optometry
Angela Vanker	University of Albany SUNY School of Public Health
Gabrielle Foley	University of Buffalo
Shahram Ahari	University of California- Berkeley
Phuoc Pham Van	University of California at Los Angeles School of Public Health
Omid Toloui	University of California at Los Angeles School of Public Health
Christine Garcia	University of Illinois-Chicago School of Public Health
Katie Skeen-Morris	University of Kentucky SPH
LaTonia Peters	University of Louisville School of Public Health and Information Sciences
Mona Bormet	University of Minnesota
Emily Piltch	University of North Carolina -Chapel Hill
Mayra Alvarez	University of North Carolina -Chapel Hill
Daniel Santibanez	University of North Florida
Mario C. Browne	University of Pittsburgh Graduate School of Public Health
Tom Berlin	University of Pittsburgh Graduate School of Public Health
Adrienne Nevola	University of Texas Health Science Center- Houston
Chandini Kumar	University of Texas School of Public Health-Dallas
Louise P. King	University of Texas Southwestern Medical School
Anthony Crest	University of Washington
ManSoo Yu	Washington University- St. Louis: George Warren Brown School of Social Work
Erica Warner	Yale University
Annette Summers	Chair, Campus Liaison Subcommittee

Accreditation Awareness

By Leora Vegosen, *Staff Writer*

Some schools have what it takes. Certain jobs and government-sponsored internships and fellowships require that you come from such a school. Attending an accredited school of public health can have many benefits such as increased employment opportunities. Accreditation "provides assurance that the school or program has been evaluated and has met accepted standards established by and with the profession," according to the Council on Education for Public Health (CEPH).

CEPH is the "independent agency recognized by the US Department of Education to accredit schools of public health and certain public health programs offered in settings other than schools of public health." In order to know whether a school or program that you are thinking of applying to, or that you currently attend, is accredited, you can look at CEPH's website at http://www.ceph.org. CEPH was established in 1974 by the American Public Health Association (APHA) and the Association of Schools of Public Health (ASPH).

ASPH "is the only national organization representing the deans, faculty and students of the accredited member schools of public health and other programs seeking accreditation as schools of public health." At http://www.asph.org/ you can find information for prospective students as well as information on job opportunities and internships and fellowships. ASPH points out several benefits of attending an accredited school or program, including assurance of certain educational standards, a well-rounded graduate education, advanced degree opportunities, assistance in the transfer of credits between institutions or degree programs, and access to student assistance resources.

The criteria for accreditation of a school of public health relate to the school's mission, goals and objectives, organizational setting, governance, resources, instructional programs, research, service, faculty, students, and evaluation and planning. Among the instructional programs criteria, the school must offer master's programs in "at least the five areas of knowledge basic to public health": biostatistics, epidemiology, environmental health sciences, health services administration, and the social and behavioral sciences. There are different criteria for the accreditation of programs in Community Health Education and Community Health & Preventive Medicine.

Whether you are interested in attending a large school of public health or a focused program in community health, you will have several accredited programs to choose from. There are currently 36 accredited schools of public health, 16 accredited graduate programs in community health education, and 41 accredited graduate programs in community health/preventive medicine.

If you already attend a school or program that is not accredited, your institution can begin the accreditation process by submitting a written request to CEPH summarizing its ability to meet the accreditation criteria. The entire accreditation process can take 16 to 29 months and includes a self-study process by the school, consultation and review of preliminary documents by CEPH, an on-site visit to the school by CEPH, a draft report by CEPH, and an accreditation decision by CEPH.

Even if your institution or program is already accredited, it periodically needs to go through the accreditation process again. Accreditation can be valid "for terms up to but not exceeding seven years, except that schools and programs seeking initial accreditation are eligible for a maximum term of five years."

In addition to granting or denying accreditation, there are some other possible CEPH decisions. The University of Arkansas for Medical Sciences College of Public Health and Drexel University School of Public Health have recently received pre-accreditation status, meaning that these schools have demonstrated "reasonable assurance" that they "will be able to meet all criteria for full accreditation within one to two years." Time limits are sometimes extended by one year, in the form of continued pre-accreditation status or an extension of term. An accredited school or program can be placed in probationary accreditation status if it fails to meet certain requirements and accreditation status can also be revoked. Before an adverse decision is made public, a school or program has 30 days to appeal the action.

Attending an accredited school is clearly beneficial for students, but the standards of accreditation also set a level of excellence that benefits the entire field of public health and those who are impacted by the field, including employers, funding agencies, schools and their faculty, and most importantly, the public. CEPH recognizes that accreditation "promotes the health, safety and welfare of society by assuring competent public health professionals." Thus, accreditation can increase our personal achievement as students and our career advancement as professionals while serving the greater purpose of helping us to achieve our goal of protecting the health and well-being of the public.

HeRMES Clinic

HElping Revitalize Medical Education through Service

By Dipesh Navsaria, MPH, MS, PA–C
Medical Student, University of Illinois College of Medicine at Urbana
Founder and Steering Committee Chair, HeRMES Clinic

When medical students at the University of Illinois College of Medicine at Urbana found opportunities for clinical work with the uninsured limited within both their curriculum and in existing projects in the community, they took it upon themselves to establish a unique partnership with a local free clinic one year ago.

This student-run free clinic, termed HeRMES (HElping Revitalize Medical Education through Service), was founded by medical students, who are responsible for the administrative operation of the clinic as well as the primary contacts for medical care. It serves as a "clinic-within-a-clinic".

The clinic arose as a solution to meet overlapping needs between UICOM-Urbana medical students and the Vermilion Area Community Health Center, located 35 miles east of Urbana in the small city of Danville, a community plagued by chronically high unemployment and poverty. The VACHC has found the limiting factor in meeting the needs of patients is provider availability. Meanwhile, UICOM medical students found that their exposure to the medically uninsured in outpatient settings was limited; UICOM-Urbana is a small medical school consisting of only 30 students per class that go through a full four years of training in Urbana. Additionally, as a community-based medical school, the lack of a faculty practice plan or university hospital makes projects of this nature less likely to occur. A service learning partnership to meet these mutual needs was the outcome.

A volunteer attending physician provides direct medical supervision; the small clinic staff provide support services, freeing the students from having to obtain equipment and supplies. Pre-existing arrangements between the VACHC and community health institutions such as laboratories and pharmacies provide the necessary services. Three clinical students are the primary providers for patients, with each encounter cleared by the supervising physician before the patient leaves. A preclinical student works with the nursing staff to reinforce their experience with recording vitals and basic history taking, which is a valuable "refresher" for Urbana's large cohort of MD/PhD students who may be on research hiatus during their medical school careers.

> "...for free clinics which are reliant on volunteer providers, HeRMES provides an ideal solution..."

The independence of the clinic also provides students with valuable opportunities to gain experience with working with community organizations as well as dealing with the realities of medical care in a contemporary legal, social and economic environment. While the clinic has only recently begun operations, plans for expansion are already underway. In the first four months, the clinic cared for 45 patients, even though it operated only on a one evening a month basis.

In many ways, HeRMES is similar to a physician staffing group; for free clinics which are reliant on volunteer providers, HeRMES provides an ideal solution. The clinics provide the means of access for the patients, and HeRMES provides the clinical staff to provide the actual care necessary. This means that HeRMES can easily extend their operations to partner with other free clinics and even ephemeral events such as health fairs and the like. By providing the infrastructure to recruit, screen and train volunteers in a manner sensitive to the needs and schedules of busy medical students, HeRMES allows outside organizations to concentrate on what they are most familiar with rather than juggling many volunteers on an individual basis.

HeRMES has been recognized already for the innovative model it uses; it was the recipient of a 2004 Alpha Omega Alpha Service Project Award.

An Indian Summer

By Yogi Samant

There is an important lesson to be learnt with 28 cases of Polio being detected in India this year (2004) and as it moves toward the goal of eradication –one should remember that Polio in India was on brink of eradication in 2001 but instead there was a explosion of cases the following year. What does the past tells us? What do our earlier lapses point toward?

Here is some anecdotal evidence that I collated first hand that suggest factors, which could have lead to the sextuplet rise of Polio cases in India from 268 in 2001 to 1556 cases in 2003 (based on CDC estimates). The position of most experts has been that it was a result of India's cut down on the vaccination program after its soaring success in preceding years, because the program was a huge financial burden for the developing countries economy. This is the fact, but in addition there are some issues at the micro level of the polio eradication program in year 2001 that might have caused this explosion of cases in the following years.

This narrative from the Indian summer of 2001 when I traveled the pastoral terrain of the dacoit heartland in small district of central India sheds light on some pertinent issues with the Polio eradication efforts.

The polio vaccine requires a certain temperature to be maintained in order to maintain its efficacy. It seemed at the time that the government of India and the WHO were doing a fantastic job in administration of the vaccine based on the governmental records, which showed 100% coverage within this area. Although, I had my doubts, which were confirmed by my field visits to isolated villages in the district I was touring. I visited some Primary Health Centers and found them to be closed on a pre-scheduled immunization day, and then some other centers where the vaccine administrators were not able to reach under the pretext that they lacked transportation.

The local health officials informed that the vaccine administrators had been provided with mopeds which was an effort of the UNICEF/Rotary and WHO to address the transportation needs of vaccine administrators to reach the isolated villages so that they don't have to rely on public transportation, however number of workers used these mopeds for personal exploits, one instance being where the moped was given away in dowry an unacceptable practice in India by law but rampant among dominant communities of central India.

Thus vaccine coverage may have been part of the problem or may be still is, but I chose to focus on the mechanical aspects of vaccine delivery, which was maintenance of the "cold chain", in other words, optimum temperature (8 degrees centigrade) for the vaccine is required to be maintained from the time it is manufactured at a central location, through its transportation to the time it is stored in district hospital and health centers and finally when it is administered to the children in isolated rural villages.

I was skeptical that the cold chain was not as effective as was desired or reported to be and although vaccine coverage was rated at 100 % it still did not mean the vaccine administered was efficacious. Thus if the vaccine is not efficacious the children are at risk of getting the disease and the vaccine coverage does not imply immunity from the Poliovirus.

One of the procedures that enable us to check for efficacy of the vaccine is a little patch on each vaccine vial called the VVM (vaccine vial monitor). Essentially it is a white patch, which would change its color to black if the vaccine is exposed to a temperature of more than 8 degrees centigrade rendering it ineffective.

Maintaining the cold chain is tough, especially when the vaccine reaches smaller isolated districts and villages where power failures are frequent and long. My quest was to follow a batch of vaccine from one of the bigger cities in that state, where UNICEF stored the vaccine in "walk-in state of the art" refrigerators to small isolated villages where the vaccines were stored in sometimes inadequate conditions; to when the vaccine was administered to children in villages, with calibrated portable thermometer to gauge the temperature of the refrigerators or other cold storage devices used to maintain the temperature of the vaccine.

It was not surprising to find that the higher I was in the cold chain the better were the temperature maintenance techniques the farther down I went the chain; to the district (county) and then to the villages worse patterns of maintenance and implementation of the cold chain emerged.

At the lower levels in the cold chain the electrical supply dwindled too often; the generators were out of work, there were logistical issues related to who would pay for the diesel required for the generator, only if there was generator. Because monitoring was not a high priority there were instances of UNICEF and WHO refrigerators, provided for vaccine storage being utilized for personal use, such as storage of ice creams and lunch boxes by the health officials.

Worse was yet to come. I found at least one case in point where a vaccine with a VVM that had turned black was administered and on polite questioning there was at least one vaccine administrator who understood the significance of the VVM but still administered the vaccine and rationalized his action by saying **"inefficient vaccine is better than no vaccine".** Well, this anecdote explains possibly one of the reasons of failure to eradicate Polio in 2001 when eradication seemed imminent.

The explosion of Polio cases in India in late 2001 early 2002 could partly be attributed to above-mentioned factors that deal with lack of accountability, lack of training, lack of planning and monitoring and if I may cautiously say some degree of corruption. Thus, if India wants to consolidate the gains that they have made in last 2 years post 2002 explosion of Polio cases here are few prescriptions for a better delivery of Polio vaccines in India:

Accountability log for the cold chain maintenance and implementation

Develop protocol for crisis situations (power failures) at every level in the cold chain

Making officials in charge accountable to all the equipment provided for maintenance and implementation of the cold chain

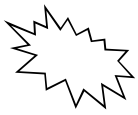
Ensuring transportation of vaccine to isolated villages with appropriate cold boxes or equipment to maintain temperature of the vaccine

Quality control checks by the government of India as well as WHO & UNICEF through independent task force

Addressing issues of logistics pertaining to functioning and maintenance of the cold chain equipment toward the lower end of the cold chain

Training and retraining of vaccine administrators with timely evaluation of there vaccine handling and administration practices

This may be a part of the bigger picture but is an important issue that program officials need to emphasize and incorporate. We need to break this viscous cycle of relapse of Polio cases and the above prescriptions are just a few measures that would help the eradication program consolidate its gains and make a rapid progress toward eradication.



Got An Interesting Story to Share???

Well Tell Us About It!!

The Newsletter Committee of the PHSC wants to hear from you!!!

Write 750 words or less detailing your education, current projects, and/or your personal experiences in the field of public health. You can email to

newsletter@phsc.org

University of Arizona College of Medicine

International Health, Clinical and Community Care Summer Course

Program Description: The University of Arizona summer course, begun in 1982 and revised annually, is a small group, problem-solving course preparing third and fourth year (North American) medical students and primary care residents for health care experiences in developing countries. This is a full-time (80 class hours), intensive, interactive course. Faculty are all experienced clinicians from several departments. Visiting medical students receive three weeks'/one month's elective credit at their home school (which must also arrange the actual overseas preceptorship).

Enrollment limited to 24 participants; this allows case-based teaching in 3 groups of 8 students.

Requirements/Procedures: Course designed for students actively planning for a student or professional experience in a developing country. Should be able to document acceptance (pending or final) by appropriate clinical or community health facility in a developing nation.

Contact Dr. Pust's office for application and course outline/schedule (see below)

Open to medical students in years 3-4 and primary care (or selected other) residents.

Program Dates: Three weeks in July each year: July 11 through 29, 2005

Deadlines: Applications due by May 15 (apply during third year for July course before fourth year).

Cost: 1) No tuition or fees are charged; extensive syllabus is free; 2) books $85; 3) transportation to Tucson; 4) Housing (we help arrange low-cost shared one-month rentals in Tucson)

Comments: Also open to primary care clinicians-in-training or graduates – if space is available. Other health professionals with clinical experience in any medical or public health field may apply as well.

Student Contact:

Ronald Pust, MD or Tracy Carroll, MPH, RPT
University of Arizona College of Medicine
Dept. of Family and Community Medicine
P.O. Box 245052
Tucson AZ 85724
Phone: (520) 626-7962 (administrative assistant)
Fax: (520) 626-6134
Email: aheimann@u.arizona.edu
Web: http://www.globalhealth.arizona.edu

ABOUT OUR ORGANIZATION

The Public Health Student Caucus (PHSC) is the nation's largest student-led organization dedicated to furthering the development of students, the next generation of professionals in public health and health-related disciplines. PHSC represents and serves students of public health and other health-related disciplines by connecting individuals who are interested in working together on public health and student-related issues

Public Health Student Caucus

Public Health Student Caucus
c/o American Public

Health Association
Attn: Frances Atkinson
800 I St. NW
Washington, DC 20001-3710

Check us out on the web!http://www.phsc.org

OUR MISSION

PHSC is a student-led international organization within the American Public Health Association (APHA) representing students of public health and other health-related disciplines. We are dedicated to enhancing students' educational experiences and professional development by providing information, resources, and opportunities through communication, advocacy, and networking. According to Physic's Strategic Plan, PHSC supports the development of the next generation of public health professionals by:

-Increasing student representation in APHA

-Developing & disseminating educational/professional development resources

-Creating & promoting opportunities for student involvement within PHSC, APHA, and other health-related organizations

-Providing and sustaining vehicles for communication
-Advocating for student issues and public and health-related policy

-Facilitating networking among students and professionals