

# News & Views

**A Publication of the  
American Public Health Association  
Student Assembly**

**SPRING 2005**

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## **A Weekly Start to a Healthier America: Public Health Students Develop Meatless Monday Health Communications Campaigns**

Rebecca Love, a graduate student at George Washington University, has been awarded a \$5,000 grant by The Meatless Monday Campaign, Inc., to bring the Meatless Monday message to two children's health centers in Washington, DC. Rebecca is one of six graduate public health students selected by Meatless Monday, a non-profit organization in association with Johns Hopkins Bloomberg School of Public Health, to implement local communication programs to help increase public participation in the campaign.

Meatless Monday is a national public health campaign to help Americans prevent heart disease, stroke, and cancer – the three leading causes of death in America. The campaign emphasizes taking one step each week to increasing fruit and vegetable intake and decreasing saturated fat consumption, by encouraging the public not to eat highly saturated fat meat and meat products once a week.

"Through this grant, I hope to increase awareness of childhood obesity and promote family dietary change targeting families at two Washington, DC children's health centers," said Rebecca. "Obesity disproportionately affects minority populations and the prevalence of obesity in Washington, DC has risen from 15.2% to 19.9% between 1991 and 2001. Furthermore, 12.3% of low-income children in federally funded maternal and child health programs in DC are overweight."

Rebecca's project focuses on using health centers as an outlet for educating families about Meatless Monday and healthier eating. Through this project, Rebecca will inform the health center staff about the Meatless Monday approach to reducing saturated fat intake and regularly visit the health centers to share meatless recipes and provide health information. "I hope to increase family awareness of healthy diets and provide families with tools and educational materials, such as healthy eating coloring books, recipes, websites, and lists of local Farmer's Markets to promote consumption of fruits and vegetables among children."

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Meeting in  
New Orleans**





# President's Pen

## George Karageorgiou, Chair APHA-SA

Exams are finished. School is out. Many of us are taking summer classes, researching for dissertations, starting internships and residencies, or taking a MUCH needed vacation. For those of you graduating, CONGRATULATIONS!!! It is a time of celebration and starting down new pathways and continuing toward your career goals. Please remember that as your membership may expire soon, you are eligible for the new APHA transitional member price, which is at a reduced rate for those who have just completed school. This new membership category will be available for APHA student members entering the workforce within a few months.

It has also been a busy spring for the APHA Student Assembly. Based on our official change in APHA's constitution, we have created a new set of bylaws which were voted on by you. The APHA-SA board also met in late April for a strategic planning retreat where we revisited our mission, vision, and strategic goals for the next three years. The goals created centered on increasing our funding programs, communication, national student representation and external visibility, and strengthening APHA-SA's current programs. Increasing value to your membership continues to be the main focus of APHA-SA's goals.

The month of May also brings the 2005-2006 elections of APHA and APHA-SA leadership. Beginning in mid-May and continuing through June, you will be able to vote online for the APHA-SA Chair Elect, Secretary, Secretary Elect, Treasurer, and Treasurer Elect. Two of these positions, Secretary Elect and Treasurer Elect, were added as part of the new bylaws. These positions will be "in-training" positions, and where in the second year, they will become Secretary and Treasurer, respectively. The Treasurer Elect will help compile and maintain a funder directory and help the Development Committee in writing and reviewing grants and operating fundraisers. The Secretary Elect position will focus on public relations and marketing and help compile and maintain website information when a Website Subcommittee Chair is not present. With these new positions, APHA-SA will be able to better support our growing number of programs and membership needs. So please remember to vote on the candidate who best can represent your needs.

This summer will also bring continued change for the APHA Student Assembly. We hope to "go live" with our new website, which will be fully updated and include many new features. Also, the National Mentoring Program website, with APHA's help, should go live in conjunction with the new APHA-SA website. Both of these tools will better enhance your membership. Be on the lookout for further communication which will announce these great new websites!

On June 1<sup>st</sup>, registration begins for the APHA 133<sup>rd</sup> Annual Meeting in New Orleans, Louisiana from November 5-9, 2005. This year also marks the first student meeting, which will be held on Saturday, November 4<sup>th</sup>, prior to the start of the Annual Meeting. This student-specific conference, *Beyond the Classroom: Training the Next Generation of Public Health Professionals to Eliminate Health Disparities*, will focus on health disparities and opportunities for students to work toward eliminating these problems. As registration is free and limited to 150 students, I encourage all of you to apply, as soon as possible. The leadership at APHA Student Assembly has been listening to our members, and trying to create programs which you will utilize.

Please help to ensure the continued success of our organization, as we continue to grow and evolve into the premier national public health student organization. Your membership support is necessary in driving us toward our future achievements.

## **SOPHE Student Award Opportunities: A Boost for Emerging Public Health Professionals**

**By: Anna Torrens Salemi, MPH, CHES**

As a full-time student nearing the end of a graduate program, I think of myself as an “emerging” public health professional. I find myself in the throws of finding time, beyond research, teaching, and working on a dissertation, to engage in my own professional development. How *does* one find time to engage in activities beyond those required within graduate programs? How do you muster the extra energy (and lose the extra sleep) to write additional essays, papers, submit articles for publication, or apply for awards? The challenge lies in the realization that the hard work and extra hours fuel the very initiatives that we as public health professionals believe in and rely on in promoting and developing our work; leadership, collaboration, advocacy, and continuing education. This is what keeps our work, hope, and inspiration thriving.

As a new public health education professional entering the last year of my doctoral program, I perceive my role in such initiatives as just beginning. This explains the main impetus for writing this very article. Last year I had the honor of receiving the Vivian Drenckhahn Award from the Society for Public Health Education (SOPHE). As part of my essay, I indicated that as I move forward my goal is not solely the development of my career as a single individual, but the level of contribution I can make, along with others in the field. I made a commitment to be a voice for public health education and promotion and have since been offered the opportunity to do so as a member of the SOPHE Awards Committee.

If you are not familiar with SOPHE, it is an independent, international organization made up of a diverse membership of health education professionals and students. The Society’s mission is to provide leadership to the profession of health education promotion to contribute to the health of all people through advances in health education theory and research, excellence in practice, and the promotion of public policies conducive to health. Likewise within its mission, SOPHE seeks to provide leadership through a code of ethics, standard for professional preparation, research, and practice; professional development; and public outreach.

As part of its dedication to professional development, specifically for students, SOPHE offers a number of opportunities, in the form of funding, for full-time students pursuing a degree in health education. As a past award recipient, and now a member of the SOPHE awards committee, I could not pass up the chance to motivate other students to apply. There are four unique award opportunities offered, including the **Graduate Student Research Paper**, the **SOPHE/CDC Student Fellowship in Unintentional Injury Prevention**, the **SOPHE/ATSDR Student Fellowship in Environmental Health Promotion**, and the **Vivian Drenckhahn Scholarship**.

The purpose of the *Graduate Student Research Paper* is to foster quality graduate student research and provide a mechanism by which to recognize outstanding graduate students for creative and innovative research.

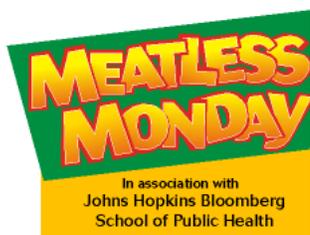
The *SOPHE/CDC Student Fellowship in Unintentional Injury Prevention*, funded by the CDC’s National Center for Injury Prevention and Control, is a one-year fellowship designed to recognize, assist and train graduate students working on research or practice-based unintentional injury prevention or violence prevention projects from the perspective of health education or behavioral sciences.

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The *SOPHE/ATSDR Student Fellowship in Environmental Health Promotion* is designed to recognize, assist, and train students working on research or practice-based projects in environmental health education/health promotion or environmental justice from the perspective of health education or the behavioral sciences. Last, but not at all least, the *Vivian Drenckhahn Student Scholarship* provides support to both undergraduate and graduate level full-time students in pursuit of the a degree in health education. It recognizes students demonstrating a commitment to addressing the public’s health through a career in health education and academic excellence.

All of these award opportunities offer a stipend or scholarship award. Students are also provided with complimentary registration at the SOPHE Annual Meeting (in New Orleans, LA this year), as well as recognition at the awards dinner, on SOPHE’s website, and in their newsletter, “News and Views.”

It is an honor to be considered for any of these awards and a learning experience to just apply. If you are interested, feel motivated, and want to go above and beyond, go online and visit SOPHE at [www.sophe.org](http://www.sophe.org), go to “Member Area”, and you can access the details of each award application process by clicking on “Awards and Scholarships.” Take advantage and apply; the deadline is July 31. You will boost your motivation and open doors for your future.



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For the Meatless Monday Health Communications scholar program, students were asked to submit written proposals for desired projects to increase public participation in the Meatless Monday campaign. The competition was open to graduate students from schools of public health in the U.S.

Other grant recipients included students from:Drexel University, University of Alabama, University of California at Berkeley, George Washington University and the University of Medicine and Dentistry of New Jersey.

“We were impressed by the creativity, expansive thinking and intellectual curiosity these students demonstrated in seeking to explore this particular health and nutritional challenge at the grassroots level,” explains Sid Lerner, chairman of The Meatless Monday Campaign. “Bringing these inspired ideas to life will help increase awareness of better health and nutritional practices and mobilize community support for the campaign.”

Advocating moderation, Meatless Monday’s goal is to reduce American consumption of saturated fat by 15 percent by 2010. The Meatless Monday Campaign follows the recommendations of the dietary guidelines of the U.S. Department of Health and Human Services, the U.S. Department of Agriculture and the American Heart Association. Twenty-eight public health schools, including Columbia University’s Mailman School of Public Health, support The Meatless Monday Campaign.

The campaign provides tools and resources to help Americans cut saturated fat from their diet one day a week. Beyond Monday, Meatless Monday helps Americans make other healthy lifestyle choices too.

To find out more about Meatless Monday, visit <http://www.meatlessmonday.com/>.

## **Public Health Students: Critical Members of the Interdisciplinary International Health Team**

by **Helena J. Chapman, BS, MPH-c**

Whoever said that international research was easy? This Spring Break 2005, ten University of Florida public health students had the unique opportunity to participate in five international health outreach trips to the Dominican Republic, Ecuador, Haiti and Mexico.

Calling ourselves, Team Office of Global Health – Master of Public Health, or for short, Team OGH-MPH, we initiated our pre-trip planning and team selection in September 2004. Little did we know that this inaugural journey would change our lives and impact our public health perspective forever.

First- and second-year public health students collaborated to define our public health function in respect to these medical clinics and care to community members. In previous years, the medical model predominated the clinic setting. Now, with medical, nursing, pharmacy and public health students, an integrated interdisciplinary model was utilized to improve long-term health outcomes.

Five intense months followed with weekly meetings and constant team communication. Basic literature searches and communication with in-country health professionals described endemic health conditions, from which we developed educational interventions for tuberculosis, diarrheal diseases, sanitation and improved hygiene, and sexually-and mosquito-transmitted diseases.

We decided to serve an epidemiologic and health educator purpose, so Team OGH-MPH divided into assessment and education groups. First, we created 17-question baseline assessments on knowledge and perspectives of tuberculosis symptomology and disease process. Second, we designed health pamphlets with large pictures and few words to distribute to our target population. Both interventions were translated and back-translated into three Spanish dialects and Creole as well as pre-tested in-country.

Since not all students were proficient in Spanish or Creole, we provided tutoring in Spanish and Creole pronunciation so that they could truly appreciate the culture and ability to conduct surveys in the native language during intervention protocol.

Spring Break approached, and our fingers were crossed as our team dispersed into respective health professional teams for one week. These trips, we would find, had something to teach us beyond our textbooks.

Our project preparation proved to be successful, even though our intervention protocols did not proceed as planned. We used professional judgment on participant selection for assessments and interactive educational sessions for crowded and noisy clinics. First, our baseline surveys were effective to provide demographic statistics as well as patient understanding of endemic tuberculosis. Semi-structured interviews with community key informants raised critical concerns of the present situation of public health within the community. Team OGH-MPH distributed incentives (patient “goodie bags”) to those selected individuals who agreed to participate in our assessment. Second, education differed in intervention style, but varied between one-on-one and small to large group sessions with the target population. Public health students interacted and educated approximately 2,500 community members during clinic.

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In my eyes, our most important achievements have little to do with tangible data to analyze and disseminate. Utilizing key public health skills, Team OGH-MPH demonstrated the role of public health in the community clinic setting. Dedicated project planning and teamwork effectively enhanced our impact in the field to our medical team members and clinic population.

One valuable lesson learned was that international research requires collaborative teamwork, but may not always follow the exact protocol. This interdisciplinary model allowed team participants to understand the critical role of each team member and overall contribution to health outcomes. A second key lesson was the significance of cultural competence and how the role of cultural cues and body language influenced personal interactions with our target population.

Our public health students have opened their eyes to a new world of science and together with human compassion may lead to a positive and healthy community outlook.

**Helena J. Chapman, Coordinator of Team OGH-MPH, is a graduate student at the University of Florida in public health epidemiology, focusing her health interests in vector-borne disease in Hispanic communities and chronic disease in the geriatric population. She can be contacted at [hchapman@phhp.ufl.edu](mailto:hchapman@phhp.ufl.edu).**

## **Painting Smiles Across Los Angeles County**

**By Iris Han, UCLA School of Dentistry Class of 2006**

Nothing shows a child's joy quite like a smile spread from ear to ear. A beaming smile is a marker of one's personality and outlook on life and in addition can affect the lives of surrounding peers by creating a positive atmosphere. Los Angeles is well-known across the nation as a prime location of celebrities who visit their dentist for full mouth veneers and tooth whitening. Often undisclosed to the public are the needs of the other side of Los Angeles, the citizens who do not have access to care. Obstacles that prevent access to care include barriers such as lack of income, transportation, and the inability to take time off work to bring their children to health care providers.

The UCLA Saturday Children's Venice Clinic has been addressing this issue for the past thirty years. This work is done under the supervision of eleven student directors, who in addition to organizing clinics, donate their time to organize other site visits in Los Angeles. School visits are the first step in the ladder to Venice Clinic. A group of fifteen dental students, armed with brightly colored puppets with monstrous teeth and enormous toothbrushes, drive to elementary schools on afternoons to teach children the importance of proper oral hygiene. Dental volunteers work in pairs in classrooms as their little pupils sit on the rug in their designated colored squares, with anxious eyes waiting to see what their visitors have to say.

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Students instantly raise their hands to answer questions, with responses such as “I brush my teeth 100 times a day,” bringing a laugh to volunteers faces as they continue to teach them how imperative it is to brush their teeth and visit their dentist to get rid of the “sugar bugs.” These little toddlers also teach volunteers of their own knowledge of what crowns are for and that their older sibling has braces to straighten teeth. How much children know now about dentistry is appalling, but the limitations in access to care continue to be an issue that needs to be addressed.

Dental Health Fairs are the second step in the ladder to Venice Clinic. These are site visits where the dental care is brought to a neighborhood elementary school, and addresses the issue of lack of transportation. Portable dental equipment is set up to replicate a clinic, and treatment such as oral screenings, preventive dental sealants, topical fluoride and fluoride varnish are rendered at no cost to the family. Each health fair brings through approximately 100 children, many of which are referred to our Venice Clinic for comprehensive care.

Venice Clinic is a location where dental students have an opportunity to reach out to underprivileged children who otherwise would not receive dental care. Directors put a tremendous amount of effort organizing these clinics, pre-clinical work including dental supply purchase, recruitment of dental assistants and pediatric dental residents, and patient appointment booking and confirmation. Treatments range from simple cleanings and fillings to stainless steel crowns and pulp therapy, all provided at a parent-friendly price of \$15 per visit on Saturday mornings. Each clinic treats an average of sixteen patients, with an average of twenty-five volunteers waking up shortly after sunrise to drive to the heart of Venice to provide much needed care. Whether a rookie or a seasoned veteran, volunteers work up a storm to provide care to Los Angeles’ little citizens.

In a school where students work vigorously to complete their graduation requirements and research is held at high esteem, the Saturday Children’s Venice Clinic is a way for students to stay grounded and provides an opportunity for them to reach out to underserved communities. In addition to providing much needed care, organization directors also wish to build their dental volunteers into well-rounded professionals who can empathize with their young patients and continue to serve the underprivileged throughout their lifetime. UCLA dental students have helped approximately 5000 children in Los Angeles through school visits, health fairs and the Saturday Children’s Venice Clinic, surpassing last year’s record of 3000 students. UCLA School of Dentistry continues to work its way towards bridging the gap in access to care, and hopes that one day every child’s needs are met by leaders willing to open their hearts to those in their community.



## **Building the Bridge: Unique Experiences From Bridging the Gap Between Public Health and Medicine**

**By: Lena T. Williams**

**University of Texas Health Science Center at Houston- School of Public Health**

*“Service is not as much about good actions, as it is about good feelings; creating them in others, and experiencing them within. It is not so much about ‘doing’, as it is about ‘being’; being one’s best, being one’s higher self. Love, is the only true doer. Good deeds, like good works, are but priceless opportunities to experience and share our being’s deepest nature: Joy”- Author Anonymous*

In the area of public health we are committed to the pursuit of knowledge through opportunities that serve to enhance both the theory and practice of public health. We are encouraged to support and engage in research directed toward such activities as health promotion, environmental health, disease control, and health care delivery in order to ensure a greater quality of life for people and their communities. Medicine, referred to as the practical science of preventing and curing diseases, encompasses both knowledge and the application of that knowledge (Wikipedia, 2005). The profession of medicine refers to the social structure of the group of people formally trained to apply that knowledge to treat disease, while the science of medicine is the knowledge of body systems and diseases (Wikipedia, 2005).

Why then is it necessary to build a bridge between two parallel yet different practices? Improving the quality of life for individuals at a personal and community level has been my experience volunteering at the Houston Outreach Medicine Education and Social Services (H.O.M.E.S.) Clinic in Houston, Texas. Unique in its operation, the H.O.M.E.S. Clinic is an inter-disciplinary student-run clinic where students from University of Texas at Houston Medical School and School of Public Health, Baylor College of Medicine, and University of Houston College of Pharmacy work together to deliver care to the medically underserved homeless population in Houston, Texas. H.O.M.E.S., operating under a blanket of collaborations with community organizations in Houston, provides quality, accessible healthcare and social services to the homeless, while providing a unique learning experience for students from the different disciplines. The intrinsic reward that I have received from the delivery of health education, health promotion, providing social service and medical referrals and playing a role in the delivery medical care to the patients we serve at the clinic is ineffable.

Each Sunday, students come to the clinic and are placed in a role outside of their normal roles as students; they become leaders, health educators, and health professionals. Being able to experience the teaching variability’s from the medical and pharmacy disciplines has not only helped me to understand but also refine the content of future interventions I wish to develop later in my career. From a public health to medical standpoint, students from the different disciplines learn what the social, behavioral and environmental determinants of health are and how the interplay between the three can affect both mental and physical health. This is what I often see presented at the H.O.M.E.S. Clinic, and the medical and pharmacy students have provided insight to better help me to understand their frustrations, barriers and contributions to healthcare deliver. In turn, these take away experience are what I will take into consideration when planning programs, developing interventions and solving certain behavioral public health problems such as chronic disease prevention and management. The equation of delivery of care includes an understanding of the individual, the environment, and the provider. Subtracting or excluding one from the equation could result in a less than favorable amount of delivery of care, however including all of these components may account for a greater delivery of care.

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When then should we build this bridge? My experiences and appreciation for the H.O.M.E.S. Clinic and its purpose, has led me to believe that the first stones should be laid at the student level. We will all remain students forever since we will continue to learn new things as we prosper throughout our respective careers; therefore it's never to late to begin this new construction. Whether being in public health or medicine, if we wish to improve the lives of those who we have vowed to serve, then we must envision ourselves as the catalyst for change and begin to build that bridge.

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## **Addressing Tobacco Point-of-Purchase Advertising In Asian American Communities: The Tobacco-Not-Tolerated Tobacco Advertising Restrictions Campaign**

**By: Bonnie Lai, MPH Candidate, Mailman School of Public Health Columbia University**

Tobacco point-of-purchase (POP) advertising has a pervasive presence in Asian American and Pacific Islander (AAPI) communities (1,2). The New York Asian American Network for Cancer Awareness, Research, and Training (NY AANCART), based at the Mailman School of Public Health, initiated the Tobacco-Not-Tolerated [TNT] Tobacco Advertising Restrictions Campaign, a community-based advocacy project, which sought to reduce tobacco POP advertising in AAPI neighborhoods in Queens, New York.

### **BACKGROUND**

NY AANCART collaborated with Korean Community Services of Metropolitan NY, Inc. (KCS) to develop the TNT program. In 2002, teens from KCS surveyed 161 tobacco retailers in ten neighborhoods in Queens. The study revealed that 78% of the stores surveyed displayed exterior tobacco advertising; 87% displayed interior tobacco ads; 21% had tobacco ads within two feet of candy displays; and 23% had ads located three feet or lower from the ground (eye-level of a child). The most common ads displayed were for Marlboro, Camel, and menthol brands such as Newport and Kool, the brands most preferred by AAPI youth (4). The study also revealed that the amount of tobacco advertising in these Queens neighborhoods exceeded the amount found in a national study (3).

### **PROGRAM DESCRIPTION**

In response to the study findings, NY AANCART developed a set of voluntary restrictions aimed at reducing tobacco advertising in Queens. The proposed restrictions asked storeowners to: (1) Keep exterior tobacco advertising to a minimum by ensuring that tobacco ads do not cover more than 30% of a store's exterior; (2) Maintain a limit of no more than four ads and promotional items per tobacco brand on the inside and outside of stores; (3) Remove tobacco ads located three feet or lower from the ground; (4) Eliminate tobacco ads near child-oriented products (i.e., candy and toys) with a suggested distance of one to two feet away; and (5) For every two tobacco ads, place at least one sign or promotional item indicating that the store does not sell tobacco products to minors.

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Research has shown that storeowners receive incentives from tobacco companies to display cigarette advertisements (5,6), rendering adherence to voluntary advertising restrictions tremendously challenging. NY AANCART developed a strategic plan that involved garnering support from community-based organizations (CBOs), small business associations (SBAs), and elected officials. Because storeowners would not have clear incentives to follow the restrictions, community pressure would be the driving force behind implementing the restrictions successfully.

Beginning in June of 2004, 54 CBOs and SBAs were contacted. Of these, 25 agreed to sign a petition indicating their support for the restrictions. Supporters were primarily CBOs that focused on youth, health issues, AAPIs, tobacco use, or a combination of these.

NY AANCART also collaborated with New York City Council Member John C. Liu to introduce legislation in the NYC Council. Council Member Liu's bill prohibited tobacco ads placed lower than three feet from the ground and tobacco ads placed within two feet of candy or toy displays. The Council, however, could not pursue the bill further due to similar legislation that was put forward in Massachusetts and struck down by the U.S. Supreme Court in 2001. The Court's decision stated that such laws were pre-empted by the Federal Cigarette Labeling and Advertising Act (FCLAA), which established laws regarding cigarette package labeling (i.e., requiring the Surgeon General's warning on cigarette packages) and banned the use of television ads to sell tobacco products. By establishing these federal laws, local governments relinquished their right to regulate tobacco advertising (7). Following the discovery that the Council could not pursue formal legislation, Council-Member Liu and colleagues held an oversight hearing to discuss possible future solutions. At this hearing, the Council vowed to pass a resolution appealing to Congress to allow local governments to regulate tobacco POP advertising.

Despite the inability to pass formal legislation, NY AANCART proceeded with the original campaign plan of conducting outreach to retail establishments. In the course of one afternoon, youth volunteers visited 29 stores in six Queens neighborhoods. 14 (48%) store clerks accepted informational materials about the campaign; three (10%) allowed the youth to remove one or more tobacco ads from their store exteriors; 17 (59%) took at least one TNT poster or sticker to display; and three clerks (10%) signed the petition supporting the proposed restrictions.

## **CONCLUSIONS**

The TNT project demonstrates how community-based advocacy campaigns can successfully produce political responsiveness and community awareness in reducing tobacco POP advertising. Although community outreach is an important component of such campaigns, future initiatives to modify federal laws are essential for enacting widespread reductions in tobacco POP advertising.

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## **Innovative Attempts by the States to Obtain Affordable Pharmaceuticals**

**By: Jane Zara, Georgetown University Law Center**

Drug prices in the U.S. have been increasing at three to four times the rate of inflation.<sup>1</sup> Public health institution sponsors attempt to control drug spending through an array of means, including tiered cost-sharing, formularies and prior authorization.<sup>2</sup> Proponents of price restrictions argue that pharmaceutical companies operate in an unregulated market, free to charge whatever price the market will bear.<sup>3</sup> The top ten pharmaceutical manufacturers in the Fortune 500 had profits (17%) that exceeded the profits of all of the other 490 Fortune 500 Companies combined (3.1 %). (e.g. Pfizer had a 28% rate of return, two times greater than General Electric, nine times greater than Walmart, thirty-one times greater than General Motors). The pharmaceutical industry insists that these large profits are justified because this revenue must be invested in research and development (R & D) to discover new life saving medicines. But such assumptions are being challenged by public interest advocates.

In the past ten years, for instance, pharmaceutical industry spending on consumer directed ads has increased over tenfold while R & D has declined significantly.<sup>4</sup> Brand name drug makers in the U.S. employ 81% more people in marketing than in research and development (R & D), and marketing staffs increased by 59 % between 1995-2000, while at this time research staffs declined by 2%.<sup>5</sup> And as R & D is decreasing, fewer new drugs are actually developed. In the past six years, of the 487 drugs that entered the market, 78% were classified by the FDA as likely to be no better than drugs already on the market. Sixty-eight percent of these were reformulations of old compounds. In 2002, of 78 drugs that entered the market, only seven were new chemical compounds. And not one of seven was made at the top ten American pharmaceutical companies.<sup>6</sup>

Among the many and varied attempts to provide life-saving medicines to their underserved residents, various states and the District of Columbia are drafting and introducing legislation that would require the compulsory licensing of brand name pharmaceuticals by generic manufacturers for reasonable costs.<sup>7</sup>

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[1] Spending on drugs in the U.S. has increased from \$87 billion to \$224 billion between 1998 and 2005.

[2] Health Care Financing Review, Summer 2004, Vol. 25, No. 4, p. 160-161.

[3] Harris, A., Recent Congressional Responses to Demands for Affordable Pharmaceuticals, 16 Loy. Consumer L. Rev. 219, 226, n.44, citing Davis, W., The Medicine Equity and Drug Safety Act of 2000: Releasing Gray Market Pharmaceuticals, 9 Tul. J. Int'l & Comp. L. 483, 505 (2001).

[4] Meredith B. Rosenthal, et al, Demand Effects of Recent Changes in Prescription drug Promotion (Washington: Kaiser family Foundation, June 2003); see also Meredith B. Rosenthal, et al. Promotion of Prescription Drugs to Consumers, New Engl. J. Med., Vol. 346, No. 7 (Feb. 14, 2002), 498-505.

[5] Alan Sager & Deborah Socolar, Drug Industry Marketing Staff Soars While Research Staff Stagnates, (Boston: Health Reform Program, Boston Univ. School of Public Health, Dec. 6, 2001).

[6] See generally Marcia Angell, The Truth About Drug Companies at 21-114, Random House (2004).

[7] See e.g. B16-0114, Prescription Drug Compulsory Manufacture License Act of 2005, Washington, D.C.; S.162, An Act Relating To Compulsory Licensing of Pharmaceutical Drugs, 2005, Vermont.

The source of State power is grounded in previous Supreme Court (and lower court) rulings, where the Court has held that States are immune from patent infringement if due process is provided.<sup>8</sup> This power can also be exercised as a remedy to anticompetitive actions by drug companies<sup>9</sup>, to support negotiations for lower drug prices when the State is a purchaser<sup>10</sup>, or as a method to produce low cost generic drugs if negotiations fail<sup>11</sup>. To satisfy the standards of due process, the State must pass a statute providing for compulsory licensure of patented pharmaceuticals. This notice, as well as providing due compensation<sup>12</sup>, gives adequate due process to the patent owner. Actual production of the drugs could be undertaken by a private company selected by the State. Unlike Canadian imports, these drugs will be produced in FDA-inspected, generic drug manufacturing facilities. The drugs will be approved under the FDA Hatch-Waxman process for Abbreviated New Drug Applications with a paragraph IV certification of non-infringement, based upon the State license. These drugs will be fully FDA approved and will not require any amendments to Federal law.

[8] *See e.g.* City of Milwaukee v. Activated Sludge, Inc., 69 F.2d 577 (7<sup>th</sup> Cir.), cert denied, 293 U.S. 576 (1934); *see also* Florida Prepaid Postsecondary Education Expense Board v. College Savings Band, 527 U.S. 627 (1999) (holding that the Patent Remedy Act cannot be sustained as a legitimate congressional use of the Fourteenth Amendment to enforce the Due Process Clause); Seminole Tribe of Florida v. Florida, 517 U.S. 44 (1996) (stating that Congress may not abrogate State sovereign immunity under its Article I powers of the Commerce Clause of the Patent Clause); City of Boerne v. Flores, 521 U.S. 507 (1997) (determining appropriate Congressional use of § 5 of the Fourteenth Amendment to be legislation identifying conduct violating the Amendment's provision - in cases of "widespread and persisting deprivation of constitutional rights.").

[9] Antitrust orders by the FTC have generated compulsory licenses as remedies for patent misuse, price fixing, market concentration schemes and entry restricting cartels. *See e.g.* In re: Am. Cyanamid Co., 63 F.T.C. 1747 (1963) (concerning antibiotic price fixing schemes involving American Cyanamid, Pfizer and others); *see generally* Federal Trade Commission, Generic Drug Entry Prior to Patent Expiration (2002) available at <http://www.ftc.gov/os/2002/07/genericdrugstudy.pdf>.

[10] *See* Carter-Wallace, Inc. v. U.S., 496 F.2d 535 (Ct.Cl. 1974) (where the government has deliberately infringed patents and licensed the manufacture of drugs such as antibiotics for public health purposes); *see also* Press Release, U.S. Dept. of Health and Human Services, *HHS, Bayer Agree to Cipro Purchase* (Oct. 24, 2001), available at <http://www.hhs.gov/news/press/2001pres/20011024.html> (HHS Secretary Tommy Thompson threatened to break the patent on Cipro, and its manufacturer,

[11] Bayer AG, in turn reduced the price of Cipro by nearly half).

The expectation here is that the government entity will use this process only when "an arm's length transaction is not possible."

[12] A 4% royalty rate of the State's acquisition costs will be the default figure for compensation. Pharmaceutical companies are able to present evidence under oath at the due process hearing, however, to support a higher royalty.

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## Graphical Imaging Systems

**Submitted by: Eric Griffin**  
**Evaluation Coordinator, Urban Nutrition Initiative**

During the summer of 2005, the Urban Nutrition Initiative (UNI) ([www.urbannutrition.org](http://www.urbannutrition.org)) a school based healthy life style and nutrition education program in West Philadelphia will begin to develop a high school computer curriculum around Graphical Imaging Systems, GIS. The UNI's overall program goal aims to reduce obesity among youth in West Philadelphia by integrating hands-on health education and healthy lifestyles into the curriculum and day to day activities of school. Eric Griffin, a UNI employee and part time graduate student in the Graduate Program for Public Health Studies at the University of Pennsylvania, is spearheading the project to engage youth in mapping food availability in their community this summer. Through the exploration, with GIS, of issues in food disparities and of nutrition in the urban environment, UNI aims to raise the awareness of youth to issues related to the obesity epidemic and set the stage for long term community change.

In June of 2005, the University of Pennsylvania will host a GIS summit on cartographic modeling. Eric hopes that the summit will provide a basis to be used to develop, in collaboration with the computer teacher at University City High school, his students, and University of Pennsylvania faculty, a problem solving learning curriculum. The curriculum will teach students about the GIS technology and will raise youth awareness to the issue of food access in their community. The project, however, is more than just developing a new curriculum. Eric hopes that these student experiences in GIS have meaning beyond the classroom too. The students' projects could inform the decisions of community groups, such as local School-based Health Action Councils, and provide an outlet for the engaged student to make a difference in their community. Both of these when joined provides, according to Eric, "a great opportunity for positive long-term change."

The goal of the summer is to develop the curriculum and scope of the mapping project, which will be implemented in the fall of 2005 at University City High School. Eric explains "GIS, has a variety of applications in nutrition and food access, that can provide rich hands on educational experiences year after year." Though GIS has largely been used by public health and other large organizations, the idea here is to explore ways that mapping can engage students in their own education and be useful to community groups addressing health issues, like obesity, in their communities.

## NEWS & VIEWS

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## **Lesbians and Health ~A Human Rights Matter~**

**Submitted by: Robin Brennan, Drexel University School of Public Health**

It is admirably stated in Article One of the Universal Declaration of Human Rights (UDHR) that all individuals are born free and entitled to certain rights and dignities simply by virtue of being human. Regarding health, the most important human right can be found in Article 25 of the UDHR which states that everyone has the right to adequate health and wellbeing. Moreover, Article Two of the UDHR emphasizes that there should be no discrimination of any kind on the basis of race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Yet in many nations, certain individuals are denied basic rights such as access to healthcare simply because of their sexual orientation. Without the inclusion of sexual orientation in the Declaration, gays and lesbians around the world are held to a separate, unequal, standard and often struggle to earn basic human rights.

The term “lesbian” includes not only the sexual orientation of a woman but also the identity she creates based on variables such as psychological responses, cultural values, and societal expectations (Dibble & Roberts, 2002). Solarz (1999) states that lesbians range from 2 to 10 percent of the United States population but they exist in every region, country, religion, culture, race, age group, class, and part of society. While it is true, regardless of sexual orientation, that all women are susceptible to human rights violations, epidemiological data supports the assertion that lesbians have a higher risk because of the probability for certain types of health problems than heterosexual women.

Many argue that because lesbians are women, they are already in a protected group with rights concerning the welfare of women. All too often, women’s rights focus solely on sexual and reproductive concerns. By linking sexual rights to heterosexual reproductive rights, lesbians are often excluded. While lesbians may have reproductive health concerns, connecting one to the other does not address the most significant health concerns for lesbians such as breast and cervical cancer.

Population based research suggests that patterns of health for homosexual women may differ significantly when compared to those of heterosexual women even though there are no known biological differences between lesbians and heterosexual women (Aaron, Markovic, Danielson, Honnold, Janosky, & Schmidt, 2001). Rather, lesbians have a higher probability of developing breast and cervical cancer because of common risk factors that exist in the lesbian community (Cochran, Mays, Bowen, Gage, Bybee, Goldstein, Robinson, Rankow, & White 2001; Rankow and Tessaro, 1998; Burnett, Steakley, Slack, Roth, & Lerman, 1999). These risk factors include unhealthy styles of living such as poor nutrition and exercise, excessive tobacco, alcohol and drug use. In addition, other factors include the age when women bear children, breast-feed and the frequency of doctor visits, which often ensure preventative education (Rankow, 1995).

Preventative behaviors are necessary because early detection of health problems can reduce or halt the onset of disease however lesbians are less likely to visit healthcare providers than their heterosexual counterparts. In one study, 84% of lesbians reported strong hesitancy in returning to visit the gynecologist (Valanis, Bowen, Bassford, Whitlock, Charney, and Carter, 2000). Without access to healthcare, information about health promotion and disease prevention is often jeopardized.

(Continued on the Next Page)

Numerous factors determine whether or not lesbians actively seek access to healthcare. Studies show that due to a lack of health insurance, lesbians often do not seek medical attention. An analysis from the National Lesbian Health Care Survey (NLHS) reveals a correlation between being lesbian and not having health insurance. In addition to the financial barriers, lesbians face communication barriers with healthcare providers (Appleby and Anastas, 1998). Past negative experiences with medical providers often discourage lesbians from seeking healthcare services, and when they do, lesbians often are not open about their sexual orientation, identity, and behavior (Saulnier, 2002). Further, it seems the healthcare providers are not properly trained to ask questions regarding sexual orientation. Ignorance of risk factors is another reason lesbians do not pursue medical attention unless it is an emergency. Roberts and Sorensen (1999) assert that most lesbians utilize healthcare services only when deemed absolutely necessary.

Lack of access to healthcare infringes upon a basic human right to which all people are entitled. Not only are homosexual women disregarded within the healthcare system, they are also less likely than heterosexual women to seek out preventative strategies. Given the importance of early detection and the heightened risk factors, it is critical that lesbians seek annual medical attention. And without inclusion for lesbians and human rights, the poor health of lesbians is accepted. Only by guaranteeing human rights to all people, regardless of sexual orientation, in the Universal Declaration of Human Rights, we can begin to break down the barriers to healthcare for lesbians.

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## **VERB - It's What You Do**

**By: Andre Blackman**

If you haven't heard about the obesity epidemic occurring in the United States for the past several years, you have been living under a rock! In recent years, agencies under the Department of Health and Human Services have been scrambling to address this growing problem (no pun intended) and to save the health of millions of Americans. One aim of the Centers for Disease Control and Prevention (CDC) is to start with the younger generation so that they will grow up to be health conscious citizens. With this in mind, the CDC was given over 100 million dollars to develop a national media campaign to address health behavior change in children.<sup>1</sup> Thus, the VERB campaign was born. The multiethnic campaign was launched in June of 2002 to increase and maintain physical activity among "tweens," children aged 9 to 13 years. These children are *between* the phases of childhood and adolescence, a highly impressionable stage where they are beginning to make their own lifestyle decisions. The VERB campaign applies sophisticated commercial marketing techniques to address the public health problem of sedentary American children using the social marketing principles of product, price, place and promotion. Apart from the children, parents, especially mothers ages 29 to 46 and other sources of tween influence such as teachers, coaches, and program leaders, are the secondary audiences for the VERB initiative.

When it comes to social marketing of this magnitude and importance, the message must be further tailored so that it can reach a diverse audience. It's quite obvious that there is not just one type of child living in the United States. The CDC realizes this and does an excellent job communicating VERB and its message to various ethnic audiences to address the specific parenting priorities of parents influential to the tweens as well as the backgrounds of the target audience. In this manner, the children can identify what they see in the ads with their own lives. A Partnership Inc, G&G Advertising, Garcia 360 and PFI Marketing are media contractors that cater to the Asian American/Pacific Islander, American Indian/Alaska Native, Hispanic and African American communities, respectively.

As a student intern at Westat, a research company in Rockville, MD, I am involved in the evaluation research for the VERB campaign, within the Health Communication group. The CDC chose Westat as the evaluation contractor for the media campaign, working closely with the project from the beginning. From the campaign's inception until the present, vigorous multi-year evaluation has taken place to determine the program effectiveness in motivating the target audience to become more active. Working with Westat, the CDC developed a longitudinal survey called the Youth Media Campaign Longitudinal Survey, to measure beliefs, attitudes and behaviors related to physical activity among youth and their parents and to monitor youth exposure to the VERB campaign. Before the campaign was launched, a baseline survey was conducted in the spring of 2002. Two follow up surveys were conducted, one in 2003 and another more recently in 2004, in order to measure the effectiveness of the campaign. We are currently preparing to go out into the field in mid-April for our third followup. I feel it is very necessary in the public health world to continue supporting and developing programs such as VERB in order to effectively change how we view health and well being in the coming years.

### *Source*

Wong F, Huhman M, Heitzler C, Asbury L, Bretthauer-Mueller R, McCarthy S, et al. VERB™ - a social marketing campaign to increase physical activity among youth. *Prev Chronic Dis* [serial online] 2004 Jul [2005 April 5] Available from: URL : [http://www.cdc.gov/pcd/issues/2004/jul/04\\_0043.htm](http://www.cdc.gov/pcd/issues/2004/jul/04_0043.htm)



## Meet the Candidates



**\*Voting Begins Online in June\***

### THE SLATE

Chair Elect

Darren Mays and Daphne C Watkins

Secretary

Ava Joubert and Thao Nguyen

Secretary Elect

Jacqueline Hampton and Jacqueline Johnston

Treasurer

Ying Li and Joan Marc

Treasurer Elect

Christian Lanphere

**We asked the candidates running for the upcoming election to respond to the following questions:**

1. What do you see as the role of APHA-SA in APHA, and how would you ensure that APHA addresses student concerns?
2. What would you do to increase student educational and professional development opportunities such as student publications in the *American Journal of Public Health*?
3. Some student members experience a lag time of months between when they complete their paperwork for renewal and when they are renewed in the system, regardless of whether they completed their renewal online or by mail. How would you modify the current membership renewal method to ensure that everyone's membership remains active without interruption?
4. How would you encourage mentoring and other activities to bring students and professional members together, both in the APHA setting and on your local/school level?
5. How will you approach APHA recruitment and retention, and encourage public health students and professionals to remain in the field?

## **The Following are the Responses that were Submitted:**

### **Darren Mays, Candidate for Chair-Elect**

1. The Student Assembly (SA) represents the future of APHA. The SA currently has over 4,300 student members and represents one of the largest groups within APHA. The SA is a crucial building block to develop the next generation of APHA leaders, and I believe the role of the SA is to prepare these future leaders to contribute to the field of public health. Through the work of our current and past boards, student representation has increased within APHA and we have fostered a solid relationship with the APHA staff. In my experience as Treasurer, I worked directly with some of the APHA leaders, and they are supportive of the SA and very encouraging. I believe that if the future SA boards are able to maintain and strengthen this relationship, as well as communicate effectively with APHA's leadership, the concerns of students will be addressed.
2. To increase educational and professional development opportunities for students, enhancing and promoting our existing programs is essential. The National Mentoring Program (NMP) and the Public Health Student Opportunities (PHSO) program are existing resources that can be improved to increase the benefits for our members. By continued evaluation, development, and promotion of these programs, the SA will be working to improve the educational and professional development of our membership. The SA board can take advantage of existing channels of communication in our website, email lists, and campus liaisons, to promote the SA programs to our members. The new SA website will be launched this summer, and implementation of new web resources will streamline communication within our board, and make information about the SA accessible to our members. Advocating for student publications in the *American Journal of Public Health* is also a must, and having a student representative on the *AJPH* editorial board is critical to this process.
3. I have personally experienced delay in membership issues; however, the current application and renewal system can be streamlined to avoid such delays. The SA's Membership Co-chairs have worked to develop a strong relationship with the APHA Membership staff, and through this relationship the SA will be able to voice the concerns of students regarding membership issues. Improvements to the current membership system may include launching a more efficient online application and renewal process, and an expeditious handling of membership renewal and changes of personal information to avoid delays in mailings and updating membership information.
4. I believe that mentoring is an important component of the educational and professional development of students. It is a goal of the SA to have the NMP fully operational online to increase accessibility and utility of the program for our members. Following these improvements, programs such as the NMP and PHSO will provide students with the opportunity to develop under the mentorship of an established professional by linking them with mentors and providing information on internship and employment opportunities. It is also important to emphasize that students should contact professionals within their schools and at local organizations with whom they share similar interests. The SA can encourage students to do this in a number of ways including providing information through our campus liaisons and our website.
5. The current and past SA leadership have devoted much effort to achieving significant steps in restructuring the organization. The next steps for the SA board are to become more effective in communicating with our members and to reach the thousands of public health students who are not SA members. By promoting the SA and our programs we can increase our membership and retain members from across the country. By marketing the benefits of our programs, coordinating events for students throughout the year, and contacting individual campuses, we can reach a great body of students in public health and other health related disciplines. By promoting the SA to other groups of students such as undergraduate and high school students, and by marketing the field of public health to these students, the assembly can promote growth in the public health workforce. By emphasizing the job opportunities that are open in public health fields, the necessity for public health now and in the future, and the value of public health in so many areas, the SA can encourage both public health and other students outside of public health to join us!

## Ying Li, Candidate for Treasurer

1. I believe that APHA-SA helps APHA reach out to students in this field, which serves as the mechanism of attracting future members. It helps bring the students and professionals together. It also provides students excellent opportunities to voice their opinions, share experience, and smooth their transition from being a student to a professional. To ensure that APHA addresses student concerns, communication is the key. APHA-SA should function like a bridge that connect students and APHA. Specifically, I suggest following strategies: participate in Governing Council's monthly phone conference and/or face-to-face meeting, include council members in the APHA-SA listserv, encourage student members to participate in the annual meeting to present studies, create/revise APHA-SA forum to receive student member's concerns and voice for them..

2. Professional development opportunities are very important and beneficial to students. What APHA-SA can do is to make students aware of the existing opportunities and help them to take full advantage of the opportunities. I noticed that many organizations and government agencies provide professional training programs, internship, fellowship and thesis/dissertation funding. If APHA-SA collects information and share with its members, that would be tremendously helpful to the students. I would also voice for students to the editorial board and request at least one article from student members published bimonthly in *American Journal of Public Health*.

3. Provide more options for membership renewal can reduce the lag time in membership. Besides online and mail renewal, APHA can provide on site renewal at the registration desk in APHA conference. We could also provide multiple years membership. Specifically, we can allow our members or potential members to pay for their 2, 5, or even lifetime membership fees at one time with certain discount. This option can save our members both time and money in renewing their membership.

4. Professional members were students. I believe they understand what it is like to be a student and how important the mentoring relationship to their growth. This makes me believe that the professional members are willing to help students. What we need to do better is to improve the mechanism that brings them together. There are several things we can do. First, students should be encouraged to take the initiation. A simple inquire about what they can do for the mentors can make a big difference. Second, a research interest-matching mechanism can facilitate the interaction between mentors and students. Third, the mentoring efforts should be acknowledged and awarded both in APHA setting and at local level. We can set an award like "mentor of the year" to appreciate professional members' efforts and time in mentoring. The award can also boost the moral value of mentoring. APHA-SA may provide information about using computer communication technology such as instant messaging program from MSN, Yahoo, AOL, and/or other programs to facilitate mentoring relationship.

5. Constantly reflecting and emphasizing what we can do for our members is crucial to the member recruitment and retention. For example, how can we make the membership renewal more convenient for our members, how can we keep our members updated about the trends of public health, how can we ensure our members have the sense of ownership, etc. From students' standpoints, we can provide more information in following topics: survival in school, career development, job preparation, and trend of employment. Besides the concrete activities for our members, APHA should make its members proud of being part of it. APHA should commit to the public and involve more in politics. Use the power of politic to help the public head to productive and healthy life. APHA should also speak for underserved citizens and help them to meet their basic health care right.

## **Thao Nguyen, Candidate for Secretary**

1. The role of the student assembly within APHA includes “providing information, resources, and opportunities through communication, advocacy, and networking” for the development of educational experiences and professional endeavors of student members. As a candidate for the position of secretary, I would ensure that student concerns are addressed by thoroughly documenting meetings, making it transparent and available for the entire member body to be aware of the panel’s priorities, and providing a forum for which student concerns can be addressed, both at the annual meeting and throughout the year via email/telephone/letter communications. It would be a main concern to make sure every member was aware all the avenues available for voicing concerns, including contact information in all communications.

2. Having had personal experience in this area, the first thing I would encourage among students is to present their public health work at APHA’s annual meeting. Students in the field of public health often have incredible experiences both in research and in organizational participation which would add to enrich the annual meeting. They will find that the APHA is very receptive to student involvement, from posters to full caucus presentations, and the purpose of APHA-SA, in part, is to enable this interaction. What student members will gain from presenting includes greater networking among colleagues and professors to share and exchange ideas, even improve upon their research for later publication in the *American Journal of Public Health*. Beyond that, career opportunities unfold, future research projects planned and networks with other professionals and schools made. Students will learn about the most recent research done in the fields of their interest while at the same time honing their own communication and research skills. I think student involvement with research presentation is an invaluable tool for students in the field of public health, to enhance both their educational and professional development, and the student assembly can work hard to facilitate this process; Something as simple as a “how to” guide on presenting at the APHA annual meeting could be done by the APHA-SA to direct students, making the process less intimidating and daunting, making it a more accessible resource for students in public health. Student input is essential to the APHA, as we will form the workforce in the future. It is important for students to get as much as is possible from their membership because their participation improves the discipline of public health, both academically and professionally.

3. Currently, the process of renewing membership belongs under the purview of APHA. If APHA-SA worked with APHA to take care of student renewals, the whole process perhaps would be made more efficient, taking some of the burden away from APHA. This could be facilitated by having proof of student status emailed (eg. a current student schedule) rather than having a formal transcript sent through the mail or faxed. Encouraging online applications could also reduce some of the paperwork and filing which may be involved with the delay of renewing membership status.

4. Encouraging student presentations and participation at the APHA annual meeting would definitely bring students and professionals together, facilitating exchange of information and research. At the university level, I would reach out to the undergraduates at Tulane, having public health graduate students, professors and undergraduates work together towards the same end through APHA, increasing interaction and mentoring between the three and improving the presence of public health as a discipline throughout the university.

5. I think one major concern with public health as a profession is the dearth of upcoming public health professionals to fill the shoes of those retiring from the field. This is a problem that specifically concerns APHA-SA and warrants our keen attention as a priority. A two-pronged approach could help to alleviate this dilemma. First, I feel that public health has a small presence in undergraduate education in general. I feel many many students would be interested in the discipline, be it through international policy, anthropology, epidemiology, etc. as it pertains to health if they were more aware of the opportunities available in public health. We must work harder as an organization to recruit to have a greater presence on college campuses, but the task is made easier because of the inherent interdisciplinary nature of public health and the enthusiasm of undergraduates. The earlier we introduce public health to students, the more they can learn about it and integrate it into their future goals as a career and profession. Second, when these students have graduated, it is essential to offer them the opportunities they need to build a strong career and passion. APHA-SA has a job-listing database and a national mentoring program which can be incredible resources so long as students are made aware of the resource and are compelled to participate. If we could make these assets part of the forefront of APHA-SA, we would be working towards organization’s role of improving development resources, creating and promoting opportunities for student involvement, sustaining communication and improving relationships between students and professionals.

## **Jacqueline Leondra Hampton, Candidate for Secretary Elect**

1. For over 125 years now APHA has been on the forefront of several activities and policies. This organization brings people from all over the world with different beliefs, ethnic backgrounds and expertise to promote a healthier society. I see the role of APHA-SA as a voice for students in public health and other health related disciplines. It gives students a chance to meet and team build with other student's worldwide that share the same interest of health care. Students get the opportunity to publicize the astonishing things they are doing on an individual and school level to promote continual learning for the future generations to come. Best of all APHA-SA's constant feedback would be a first-class way to ensure student concerns are addressed. It will give students a chance to say what they feel needs to be done to make certain that this future caucus meets its goals and mission to uphold the organization for another century.

2. Encouraging students to do and present their research at the annual conference is one way for students to display their educational and professional development. This can open doors to future publications within the journal. Committees can team up and present more student lead workshops at the conference. Each committee serves a purpose and when they all come together an assortment of things can be done and improved. Collaboration with other health related organizations would be excellent. This gives the student assembly a chance to see what others are doing. Then come together and exhibit creativity innovation in the areas of education and professional development

3. In any organization people like to know that their outlook and voice count. Contact is one of the best ways to show that and make members feel important. Current members can be contacted by mail or email to see if they plan to renew membership for the upcoming year. Ask how their experiences were for the current year and encourage them to renew. Let them know of any upcoming events they may want to take advantage of and ask them what suggestions they might have. This can be done by sending out surveys six months prior to their renewal. Being an APHA member, remind them of the benefits obtainable through the website and make sure they know how to access things such as newsletters, journals, APHA books, and the career mart.

4. On the website there is a National Mentoring Program in Public Health. That is the best opportunity to encourage mentoring. Endorse the program at the annual conference and advertise it more on the website and newsletters. Interested candidates can post their educational backgrounds, goals, careers, research interest and even hobbies for students and professionals to view. Focus on vision, strategic thinking, continual learning and most importantly teambuilding. This is something that can be implemented at local schools through any student organizations.

5. There is a younger generation out there soon to enter high school, college and the working world. We need to set a charge for ourselves as professionals now to seek out those generations. They are in fact where the future of not just public health but health in general lies. Getting students involved and keeping them driven ultimately is the key. Show that there is a need for public health by educating people on what public health is. APHA puts health as its main priority and we see this through its legislation advocacy. They have influenced a lot of policies and made some issues priorities like children's health. Articulate the benefits of being a part of an association that has and does an assortment of things to promote a healthier society.

## Jacqueline Johnston, Candidate for Secretary Elect

1. As the next generation of public health professionals, it is the duty of the APHA-SA to carry on the 'legacy,' so to speak, of the current APHA leadership. We must be faithful listeners and observers as well as collaborators, creators and unifiers. While great divisions exist among the citizens of our society, these divisions must not exist among the APHA-SA and the APHA. In addition, we must conduct ourselves accordingly as up-and-coming professionals, bringing integrity to the public health profession. In a likewise manner, we must communicate to our 'mentors' in the APHA our concerns and ideas. A line of honest and wise communication must remain open among 'the new' and 'the experienced.' I view the maintenance of this 'line' as the sole purpose of the APHA-SA. More specifically, when an issue arises, every effort should be made to acquire as much feedback as possible from as many PHSC members as possible. A summary of this feedback, contained in a formal memo, should be sent to the appropriate party or parties from the PHSC President on behalf of all PHSC members. As a wise professor once told me, "Just do a little survey. People love self-tests!"
2. Firstly, I am not completely convinced that all public health students understand the complexity, importance and personal satisfaction that goes along with getting an article or brief report published in a professional journal such as the *AJPH*. And secondly, for those who do understand these concepts, the whole process is very intimidating, not to mention highly competitive. Initially, I would like to address these issues through increased awareness of the process, perhaps through PHSC newsletters or general e-mails, etc. The *AJPH*'s 'On the Other Hand' section might be a good place to start. We might also encourage professors to encourage the submission of student papers that they deem worthy of publication – or even somehow integrate the formatting process into their course syllabus as a requirement for certain term or final papers. In terms of increasing the submission of manuscripts to scholarly journals, the PHSC could include 'Tips' for submissions in a PHSC Newsletter. Or, we could hold a contest to see who can best edit an ill-written, ill-formatted manuscript (according to the *AJPH* submission guidelines, of course.) One final effort, which might be a bit of a long shot, would be to petition to the *AJPH* to have an annual Student Special Issue of the *AJPH* – to be published as a Supplement of course – which would include editorials, research articles, brief reports, field experience testimonials or even book reviews that are written strictly by students. This would allow students to get a better idea of the amount of work that is required to submit a manuscript and then, hopefully, just how rewarding it is to see it published.
3. Honestly, this question is difficult to answer as I am currently unaware as to why this lag time exists – especially with the online renewal. The actual factors associated with these delays may be unavoidable. Nonetheless, I believe that all *renewals* should be handled online (only) and renewal notices should be sent out by e-mail, rather than 'snail mail,' at least 6 weeks prior to the membership expiration. Designating specific renewal periods might also cut back on the delays.
4. At the local college or school level, I would like to see a greater interaction among current students and faculty with incoming students during orientation time – a 'Public Health Rush Week,' for example. The organization and planning of meetings and events among the various departments in a given College during at least the first two weeks of classes, would help students to feel that they are entering an environment that strongly supports professional development. This also allows for the interaction of professionals and students on the local level, so the student might get a better sense of the public health community around them. Finally, follow-up 'Rush' activities could be held during National Public Health Week to re-emphasize certain concepts and activities. Perhaps an award could be given to the College/School with the "Best" Public Health Rush Week project or fundraiser.
5. In any organization, club, or society, members often leave or discontinue their support and participation if they feel that their voice is not being heard or if they feel that they are a minority – a sheep amongst the wolves, if you will. Each of us has chosen to pursue a career in the field of public health because, in general, we are truly passionate about 'our issues.' Open discussion of these issues amongst like-minded peers, and other disciplines, allows for the maturation of ideas surrounding these issues. In short, by maintaining the 'passion' of public health will encourage public health students to remain in the field and, more importantly, gets the creative juices flowing.



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## **USF researcher explores link between stress and Black women's higher risk for premature deliveries**

**Tampa, FL (Feb. 17, 2005)** -- University of South Florida researchers want to know whether helping Black pregnant women cope with psychological and social stresses will decrease their disproportionately higher rates of premature birth.

"Pre-term birth is a very serious problem in the United States – the leading cause of death among infants born without congenital defects. And, premature infants who survive face a high risk of lifelong disabilities," said perinatal epidemiologist Wendy Nembhard, PhD, MPH, an assistant professor at the USF College of Public Health. "We're interested in determining whether we can decrease the higher incidence of pre-term deliveries among Black women."

Dr. Nembhard is the lead investigator for *Pride & Joy: The Tampa Pregnancy and Health Study*, a community-based study sponsored by the Centers for Disease Control and Prevention and the Association of Teachers of Preventive Medicine. The study seeks to enroll 200 Hillsborough County Black women, ages 18 to 44, who are 8 to 21 weeks pregnant.

*The Tampa Pregnancy and Health Study* is funded by two CDC grants totaling more than \$1.1 million.

Infants born to Black women are more than twice as likely to be too small (less than 3-1/2 pounds) and one-and-a-half times more likely to be delivered too early, Dr. Nembhard said. This disparity in birth outcomes between Black and white women remains even when studies take into account the socioeconomic status, education and prenatal care of the mothers, she added. "The gap is not improving, and the increased risk for Black women has not been explained."

The USF researchers will explore the role of psychosocial stress in premature births. Their goal is to find a way to predict, and possibly help reduce, prematurity.

Dr. Nembhard and her colleagues will compare the rates of premature births for women who attend a 13-week comprehensive stress management program during pregnancy to those who do not. The program, led by a stress management therapist, will be conducted in small-group sessions and incorporate a variety of techniques such as muscle relaxation, breathing and imagery exercises, massage, and cognitive therapies like anger management and worry control. Women who do not attend the program will receive health information in the mail.

At the beginning and end of the study, all participants will complete an extensive questionnaire on the sources of psychological stresses in their everyday environment and how they are reacting to them. Such stressors may include decreased physical well-being, inadequate social support networks, perceptions of racism and discrimination, economic and housing concerns, work-related anxiety and unsatisfactory experiences with health care delivery, Dr. Nembhard said. "It's designed to be a highly interactive program in a nurturing environment. The idea is to help the women identify recurrent stresses in their lives and find the tools that work best for them in alleviating the stress," Dr. Nembhard said. "Some stresses can be avoided and others cannot, but the individual's reaction to stress can be managed."

The USF study will also examine the link between premature birth and stress-related hormones, including corticotropin-releasing hormone (CRH). The amount of CRH rises rapidly in the bloodstream just before normal labor, preparing a woman for full-term delivery. Research suggests that if CRH is chronically elevated too early in the pregnancy, it may trigger premature delivery. "We want to determine whether women as a result of the stress management program actually do have lower levels of these stress-related hormones, and if the lower hormone levels are associated with lower rates of pre-term pregnancy," Dr. Nembhard said. If the research confirms the connection, she said "we may be able to lower the risk of pre-term delivery with interventions to reduce stress during pregnancy."

**For more information about the program, please call 813-974-8608, or e-mail [prideandjoy@hsc.usf.edu](mailto:prideandjoy@hsc.usf.edu).**

### **Local and State Statistics**

In Hillsborough County, the preterm delivery rate among Black women is 18.7 percent compared to 12 percent for white women. The rate of low-birth-weight infants delivered by Black women is 14 percent compared to slightly over 7 percent for white women.

In Florida, the preterm delivery rate among black women is nearly 18 percent compared to 11.2 percent for white women. The rate of low-birth-weight infants delivered by Black women is 12.6 percent compared to slightly over 7 percent among infants born to white women. In addition, the infant mortality rate among Blacks in Florida is two times higher than the rate among whites.

- USF -

*First lady praises classroom intervention*

## **USF tracks program's success in curbing aggressive behavior**

**Tampa, FL (Feb. 16, 2005)** -- When Laura Bush visited an inner city Baltimore classroom earlier this month, she observed first-grade students playing a game that promotes good behavior as they worked on a reading assignment. The first lady's words of praise for the "Good Behavior Game" shined the national spotlight on a classroom management technique little known outside academic circles.

Turns out the game works -- keeping the students from violent behavior long into adolescence.

For more than a decade, researchers at the University of South Florida College of Public Health have tested this program's effectiveness in discouraging disruptive behaviors and increasing academic achievement. USF's C. Hendricks Brown, PhD, codirected the randomized study of the first-grade preventive intervention, collaborating with the American Institutes for Research (Sheppard Kellam), the City of Baltimore Public School System, and the Oregon Social Learning Center.

Dr. Brown and his colleagues found that the Good Behavior Game dramatically reduced aggressive behavior and helped children stay on task in the classroom, particularly boys who had begun first grade as highly aggressive.

In the "Good Behavior Game" students motivate their teammates to follow class rules and are rewarded with incentives like a little extra time at recess or verbal praise from the teacher. Rather than separating children who are disruptive from the rest of the class, Dr. Brown said, the teacher draws on the powerful influence of a students' peers to collectively reinforce positive behavior.

"The intervention also was effective over the long term for the boys at highest risk -- their rate of aggression was much lower in middle school, and even as far as young adulthood 14 years later," said Dr. Brown, a professor of epidemiology and biostatistics whose research focuses on preventing mental health problems in youth. "Their rates of criminal activity, delinquency and antisocial behaviors were much lower compared to aggressive boys who did not receive the intervention ... The Good Behavior Game also increases the likelihood that these high-risk males will complete high school.

"The experiment is unique because its rigorous scientific design was developed in partnership with the Baltimore schools and communities, and it demonstrates long-term benefit into adulthood of an intervention begun in first grade. It shows helping all children in a classroom benefits those at most risk, without labeling or isolating the high-risk students."

Dr. Brown said he hoped national attention drawn to the Good Behavior Game would spur other school districts across the country to adopt the program.

In the meantime, the USF team continues to develop advanced statistical methods to evaluate the long-term effects of other community-based prevention programs. Known as the Prevention Science and Methodology Group (PSMG), the researchers are currently testing several different approaches to reducing suicides in youth and examining the impact of school-based drug prevention programs in rural communities. The goal is to identify preventive strategies with a track record of improving the educational success and mental health of children and encourage wider use of these programs.

Dr. Brown, who came to USF from Johns Hopkins in 1990, has been funded for 18 years by the National Institutes of Mental Health and the National Institute on Drug Abuse. The other PSMG members are Getachew Dagne, Joe Brinales, Wei Wang, Sandeep Kasat, Rich Newel, Terri Singer, Peter Toyinbo, Sruthi Botha, Jing Guo and Frank Wang.

## **Student Spotlight: People Helping People**

**By: Paula Miller, MPH Candidate 2005**

Volunteering in the Health and Nutrition class seemed like the right thing to do for Paula Miller. She showed her classmates how to live better healthier lives. The class project of nutrition and exercise was a success – she was twenty pounds lighter. Paula, a life-long valley resident, working in cancer management in a hospital, saw the devastation of illness. She also noticed it when both of her parents came down with heart disease.

Miller gladly volunteered for the American Cancer Society. She implemented Generation Fit, a series of programs for students, to help provide an interest in making a lifestyle change. She implemented the program in eighteen different facilities. Students that participate in Generation Fit respond positively when they see that they get results from the program.

Graduating Cum Laude in Health Education at the university was rewarding. However, Paula realized she had more to contribute in the field of health education. She returned to the university to pursue the public health degree. Developing a research project to study exercise behavior of university students was a challenge. She developed a thirty-eight question student survey. Paula also administered the survey to undergraduate and graduate students enrolled in the different schools within the university. In the campus study, 974 respondents participated. The average age of the students was twenty-six. The project included all ethnic groups. A conceptual framework for the research included the independent variables of gender, ethnicity, age, and marital status, as they relate to the dependent variables of self-esteem and exercise behavior of the university students. The comprehensive report provided support for the implementation of physical activity programs at the university. The college student respondents displayed a high rate of decline in regular physical activity. The plan: “People Helping People” could promote exercise throughout the campus. This plan allows students to begin a program of fitness, develop a fitness routine with other students, and log their progress. While strategic marketing plans could attract students to fitness centers, students at the university have many opportunities to help each other.

The Los Angeles County Department of Health Services, Health Education Department offered Miller a volunteer internship. Miller says it was more valuable to her because she had the opportunity to see the positive aspects of education. She has developed grant opportunities for schools to implement fitness for kids. Promoting a lifestyle change for students is in the public’s interest.

While there are many programs available for health and wellness, people often need to have assistance getting started. It has been rewarding to help people learn to help themselves. The Health Educator can develop programs in health and wellness, as well as evaluate the results. Together, students can provide opportunities to increase their participation of physical activities in an effort to become more physically fit. A dream will come true for Paula, as an honor student, when she will be graduating with a Master of Public Health Degree in Health Education.

## **About Our Organization**

The American Public Health Association's Student Assembly 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. APHA-SA 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.

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

## **Student Assembly**



**American Public Health Association's  
Student Assembly  
Attn: Frances Atkinson  
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Washington, DC 20001-3710**

## **Mission Statement**

APHA-SA is a student-led international organization within 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.