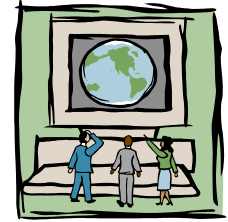


# NEWS & VIEWS

Summer 2004

Public Health Student Caucus

Editing & Layout:  
Olatokunbo Famakinwa  
Michelle Snyder



## Connecting Public Health Students Across the Nation

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## George Washington University Advocacy: Taking Full Advantage of Our Location in the Nation's Capital

**Submitted by**  
**David M. Escobar**  
**M.P.H. Candidate –**  
**Epidemiology**  
**Treasurer, GW**  
**Public Health**  
**Student Association**  
**Member, GW Advocacy**  
**Committee**  
**descobar@gwu.edu**

A new, grassroots student advocacy organization has sprung to life at the George Washington University School of Public Health and Health Services in Washington, D.C. A recent committee addition to the school's Public Health Student Association, the GW Advocacy Committee was born this past spring semester, and consists of public health students who are legislative advocates for public health issues. The committee was first formed when the Global Health Council requested student participation in a legislative advocacy day. Several GW students joined colleagues from the Johns Hopkins University and the University of Maryland to advocate for global health legislation on Capitol Hill in

March 2004. Teams of graduate students met with several congressional staff members of both the U.S. Senate and House of Representatives, and from this day of action and enthusiastic participation, the committee was born.



Any student at GW is welcome to join the committee, and we often collaborate with similar organizations at other area universities. It is the committee's intention to provide our members with the unique opportunities to a) interact with members of Congress and their staff members, b) become active citizens in the public health community and c) to familiarize ourselves with contemporary public health issues. Its current goals are to serve as a politically active public health stu-

dent advocacy group by continuing to work with the Global Health Council and other non-profit and/or non-governmental organizations. For the future, the GW Advocacy Committee will seek to expand its membership and activity base, and promote active political participation by our fellow students with regard to global and domestic health care issues.

For our latest venture, some of our members recently sent a letter to the editor of the *Washington Post*, in response to the Bush administration's recent decision to withhold funds from the Global Health Council's June conference (*Washington Post* article dated April 27, 2004, by Ceci Connolly, titled "HHS Withholds Funds for Global Health Meeting"). While not published, this letter serves as an example of how the committee can be active in a variety of ways. Committee members will be active during the Summer of 2004 with the Global Health Council and Save the Children, and we look forward to further endeavors and experiences in the coming 2004-2005 school year.

Any questions, comments or suggestions may be directed to the author.

## Special points of interest:

- Find out what other public health students are doing in their communities
- Find out what special programs may be of interest at the upcoming APHA Annual Meeting
- Find out what opportunities are available for further involvement within PHSC

# PHSC Opportunities at the Upcoming APHA Annual Meeting

Submitted by Naomi Hall and Andrea Hoberman, PHSC Programming Co-Chairs

Come join the Public Health Student Caucus in Washington, DC for the 132<sup>nd</sup> annual APHA meeting, November 6<sup>th</sup>-10<sup>th</sup>, 2004! This year, the PHSC Programming Committee has been working on some exciting new additions to our student sessions, including a student oral session and interactive student orientation. PHSC will also host our two popular career sessions offering excellent speakers on both international and domestic public

**Sunday, Nov. 7<sup>th</sup>**

4:00 – 5:30 PM

PHSC Business Meeting I

**Monday, Nov. 8<sup>th</sup>**

8:30 – 10:00 AM

PHSC Poster Session I

PHSC Poster Session II

12:30 – 2:00 PM

Student Welcome and Orientation

**Tuesday, Nov. 9<sup>th</sup>**

2:30 – 4:00 PM

Exploring Careers in International Health

12:30 – 2:00 PM

Launching Your Career in Public Health

**Wednesday, Nov. 10<sup>th</sup>**

8:30 – 10:00 AM

Public Health and the Environment – Student Oral Session

6:30 – 8:00 PM

PHSC Business Meeting II

health careers. Our annual meeting schedule is as follows: The APHA meeting can be daunting for anyone, in particular for newcomers, many of who are students. Fortunately, PHSC's Student Welcome and Orientation session is *the* place for students to learn how to navigate APHA. This year the orientation will include a

brief tutorial on using the program book, as well as an interactive component for students to meet one another and speak with PHSC board members regarding student concerns within APHA.

Our first ever PHSC student oral session is shaping up to be a success, incorporating five student presentations on both biological and sociological environmental health concerns. Please come support your fellow students at this session, and gain some first hand knowledge if you are considering presenting at an oral session in the future. Many quality student abstracts were submitted this year to PHSC – 20 of which will be presented as posters during our PHSC Poster Sessions I and II. Many of the posters directly relate to student issues in public health education. Although this session takes place before our official Welcome session, we encourage everyone to come discover the research being conducted by your colleagues.

For new, current, and graduating students, PHSC offers two career sessions that are always very well attended – come early to get a seat! Speakers are in the process of being confirmed, however we plan to have a variety of public health sectors represented. We intend to draw speakers from nonprofit, government, academic, research, and corporate settings. Some issues that will be addressed in these sessions include up-and-coming areas within public health, and the best way to prepare as a student for a career in public health.

PHSC will be hosting its annual social event for all public health students who are attending the meeting as well as those in the DC area at a local school of public health. This year, we have two schools of public health situated near the annual meeting location - George Washington University and Johns Hopkins. In addition, Howard University is in the process of start-

ing a new public health program, and American University has a strong interest in supporting PHSC at APHA. With all of these universities nearby, we are planning for a large turnout and a fun-filled night of food, drink, and networking. The location and time for our social will be announced on the PHSC website prior to the Fall and advertised at APHA, so keep an eye out for more details. If anyone is local to the Washington, DC area and is interested in helping the Programming committee organize this event, please contact Naomi and Andrea at [programming@phsc.org](mailto:programming@phsc.org).

Finally, many students are unaware that business meetings are open to all members of sections and caucuses, not only the executive and general board members. PHSC would love to have a large turnout of student members at each of our business meetings. Even if you are new to APHA or PHSC or are not currently involved, the business meetings are still relevant to you. Come learn more about PHSC and our



activities that have gone on throughout the year, as well as what we plan to do for students in the future. PHSC is here to support all students in public health and your suggestions and questions will be very welcome at our business meetings.

Don't forget to stop by and say hello at the APHA Exposition, where the PHSC booth will be located next to the Student Connection (booths 136 and 137).

**Hope to see you all there!**

# President's Pen: The Future Public Health Workforce

By Toni Rhodes Leeth  
PHSC President

The recent Association of State and Territorial Health Officers\* (ASTHO) report "State Public Health Employee Worker Shortage Report: A Civil Service Recruitment and Retention Crisis" indicates that "retirement rates in public health can be as high as 45 percent in some states over the next five years, and job vacancy rates are as high as 20 percent in some parts of the country." This is important news for you, the next generation of professionals in public health. The good news is that jobs are available and more are being created due to the significant new challenges and focus on public health. The bad news is the shortage could adversely affect the state and local public health agencies and their ability to meet the health needs of our communities. There is a grave need for public health graduates to consider careers in the governmental public health workforce, especially at the local and state levels. These agencies are beginning to implement stronger recruitment efforts to fill these vacancies with qualified public health graduates like you.

To prepare you for these vacancies and your career in public health, PHSC endeavors to "enhance students' professional development by providing information, resources, and opportunities through communication, advocacy, and networking." The Opportunities Committee of the PHSC manages an extensive list of employers and useful websites on our website at <http://www.phsc.org/Opportunities.htm> to aid your search for your first job as a public health professional. The Opportunities Committee also manages an e-mail listserv for job and internship announcements, sent to you as soon as

they are published. Employers as large as the World Health Organization and as small as a county health department send vacancy listings to PHSC to forward to you via the Public Health Student Opportunities (PHSO) listserv. If you would like to subscribe to this listserv, visit us online at <http://www.phsc.org/listservs.htm>.

The American Public Health Association (APHA) also recognizes the importance of preparing the next generation of public health professionals and has committed resources specifically to this task. APHA's Public Health CareerMart offers a vast array of services and job listings. Career development resources provided by CareerMart such as professional resume writing services and a career knowledge database can support your preparation for entering the public health job market. As an APHA member, you can register for free, post your resume and review job listings by category and location. Those who attend the APHA annual meeting in D.C. this November will be able to meet with employer representatives and potentially interview for available positions. However, to take advantage of this service, you need to register and post your resume online with CareerMart prior to the meeting. To register or find out more about APHA's Public Health CareerMart, go to [www.apha.org/career/](http://www.apha.org/career/).

In addition to CareerMart, continued involvement in APHA as a young professional affords networking and professional collaboration. APHA Sections foster opportunities for networking with other professionals in your area of interest. Some Sections have specific committees, awards and leadership roles for students and young

professionals. Contact your Section leadership to find out how you can learn more about the opportunities available in your Section. Go to <http://www.apha.org/sections/sectchr.htm> to find out who are your Section's leaders. For current students, the PHSC Section Liaison Program offers an opportunity to serve your Section and PHSC by helping to advocate for the development and promotion of student involvement, recognition, and leadership in your Section. This Program is an excellent networking tool, putting you in touch with the leaders in your public health field of interest. To learn more about the PHSC Section Liaison Program, go to [http://www.phsc.org/section\\_liaisons.htm](http://www.phsc.org/section_liaisons.htm) or e-mail the Advancement Committee Co-Chairs at [advancement@phsc.org](mailto:advancement@phsc.org).

Congratulations to the graduates of 2004! Whether you are interested in public health practice, academics or working in the private sector, the possibilities for careers in public health are endless. If you have not already secured your first job in the field, consider using these and other resources for career development and public health job listings.

Toni Rhodes Leeth, MPH  
President  
Public Health Student Caucus  
American Public Health Association  
[president@phsc.org](mailto:president@phsc.org)  
[www.phsc.org](http://www.phsc.org)

\*The ASTHO report "State Public Health Employee Worker Shortage Report: A Civil Service Recruitment and Retention Crisis" is available online at [www.astho.org](http://www.astho.org).

# The Road to Involvement in APHA: A Student Member's Success Story

**Submitted by Sandie Beebe, RDH, PhD**  
**2004 Planning Chair Oral Health APHA-**  
**Clinical Instructor Dental Hygiene**  
**Health Care Professions, ASA, MC6615**  
**Southern Illinois University Carbondale**  
**sbeebe@siu.edu**

How does one become involved in APHA? Well, for me it was just a coincidence. As a beginning doctorate student in health education, an instructor briefly announced a February abstract deadline for the 2000 Boston conference for the following November. My ears perked up and the gears started grinding. Maybe I would be selected to present an abstract at a national conference as a beginning graduate student. This would be quite impressive on my resume.

Since an abstract was due shortly, in fact the next day, I frantically wrote. Because of my experience in the dental field for over 20 years, I chose "Access to Care." After editing, the abstract was submitted and accepted.

Attending the Boston conference, listening to various sessions, interacting with people nationwide; I thought about what I needed to do in order to have several abstracts accepted for Atlanta. I managed to collaborate with several professional associates on learning and developing research methods. After working with my mentors for a year, several collaborative abstracts were accepted.

In Atlanta, an associate began grooming me for an oral health position. I was invited to become the co-chair committee planner for 2001-2002. The current chair introduced me to other oral health members as the new co-chair. At the business meeting I formerly accepted the co-chair planning committee position. This was my formal introduction into APHA.

The co-chair position had limited activities

because of the current chair's expertise. After Philadelphia 2002, the true involvement began for becoming a committee chair. Attending the business meeting introduced me to PPE (people, politics, and encouragement). It was a positive and motivating time! A planning session was held to orientate chairs on their new positions. We were now "engaged." A course was provided on how to access and input your agenda online. Staff and associates shared their enthusiasm every step of the way.

Once home, I hit the road running as the oral health planner for 2003, San Francisco. A "Call for Papers" were sent to journals, websites, and schools. Files were devised for membership and data collected. Communications began occurring cross-country. The beginnings were initiated for learning a new road of communications on the APHA Internet site. This was a new experience for a computer novice, but greatly facilitated by the excellent APHA personnel with whom directions flowed continuously.

Having the past chair's assistance was an exceptional experience due to his expertise and bi-monthly meetings for guidance. My hands were constantly busy with APHA activities. Deadline dates were keeping everything on course.

San Francisco 2003 was my first national conference chaired; it was a very positive experience. Days were filled non-stop with sessions, business meetings, social functions, and all the other components that mark a successful conference.

In planning for 2004, modifications were made to expand the bi-monthly telephone committee meetings. Procedures were completed in a timely fashion since tasks were easier from knowledge and experiences. Each year, APHA continues to update and

modify the program so input becomes easier for everyone involved. We are currently wrapping up abstract submissions for 2004.

So what has APHA done for me? It has been a challenge and an excellent learning module. I developed self-discipline skills in order to complete all the tasks involved in my life. APHA has helped expand communications between many oral health professionals nationwide. My involvement has allowed me to develop further computer skills, and teach self-discipline for completing tasks—an indispensable skill for anyone deeply involved with their family, job, schooling, and professional careers. The university health education courses had further drawn me into the direction of geriatric public health. I viewed dental topics with a much broader basis creating a totally new perspective. Healthy People 2000 and 2010 were being applied to oral health!

After gaining exposure to nationwide oral health experts, I utilized an APHA Panel of Experts for my dissertation focus group questions culminating in a Philosophy of Education in Health Education, 2003. I continue to expand my public health career serving as vice-president/president of the dental hygiene component, local health programs, state rural health planning committee, and Illinois Dental Hygiene Smoking Cessation Liaison. APHA has helped to open the doors for me. At the beginning I looked at only dental oral care but now I look at the whole picture--what are we doing, where are we going, and where will we end up. We need to see APHA incorporating the dental health facet into all areas of public health because they belong hand in hand.

**Thank you APHA for everything!**

## Opportunities for Public Health Students: Resources at your Fingertips

**Submitted by: Robyn R. Wheatley,**  
**PHSC Opportunities**  
**Committee Co-Chair**

The APHA Public Health Student Caucus of (PHSC) Opportunities Committee facilitates student access to public health-related jobs, internships, awards and scholarships and fellowships. Specific foci of the PHSC Opportunities Committee for 2004 include career building, education, conferences, popular listservs, public health-related pursuits and

hobbies, as well as both domestic and international public health employers and organizations. For a current listing of the updated resources and listings see the Committee's website at <http://www.phsc.org/PHSO.htm>. In addition to categorical listings of resources directed at public health students and new public health graduates, there also exists the "opportunity" for APHA student members (PHSC membership is included in APHA student membership) to

subscribe to the Public Health Student Opportunities (PHSO) listserv. Any subscriber to the listserv may submit and review postings to the PHSO listserv. Recent postings have included national, regional and minority fellowships, as well as job announcements and postings for individual positions. The PHSC website is: <http://www.phsc.org>. To subscribe to the PHSO listserv visit <http://www.phsc.org>, click on "resources" and then click on "listserv".



# THE IMPORTANCE OF PROFESSIONAL DEVELOPMENT

Submitted by Rachel A. Chase,  
Membership Committee Co-Chair

Think you don't need professional development? Think again! Even the Centers for Disease Control and Prevention (CDC), one of the most prestigious health institutions in the world overseeing the brightest and most skilled public health professionals has a current professional development plan for their employees. But if wanting to run with the big dogs doesn't convince you, take a second look at this sometimes nebulous catch-phrase, *consider your entry into the professional world*. Potential employers will be looking for individuals who are eager and capable of delving into new skill areas and building upon what they know with applications to the field. The time to begin professional development training is now while you are in your academic training—not when you start looking for a job, not when you have two, three, or four years of experience behind you and are bored to tears with your daily routine, but NOW. Because I guarantee you that if you make professional development a standing order in your career plan, you will never have a daily routine, and you will never be bored. It is the only way to get to the



cutting edge of your profession, and stay there.

So what is professional development? Professional development is any action or activity that increases your knowledge or skill in your chosen profession. A professional development plan should begin with a personal needs assessment. What are your hopes and dreams? Writing down your dreams and the objectives that fuel those dreams puts hope into action and helps make dreams come true. If you have yet to establish your long-term goals, start by including some key professionals and people you trust into your planning process. One great way to do this is to par-

ticipate in the Public Health Student Caucus's National Mentoring Program which links interested professionals with students who want to improve the relevance of their academic training and increase their exposure in the field. In 2003, the National Mentoring Program successfully matched 90 mentor-mentee pairs.

Strategically planning how to get where you are going can take any number of hundreds of paths. The first step is to identify the specific strategies that will support your long-term objectives. Take a hard look at what you are doing. Your current choice of extra-curricular activities may or may not be worth investing in depending upon your available time and energy resources. If the activities you partici-

pate in don't expose you to new ideas, people and challenges, you are likely not making the best use of your precious time. Mentors can help you with these steps, but it is not the only way to get the skills and resources you need.

One suggestion is to start by reviewing the CDC's list of 10 Essential Public Health Services provided below, and then think creatively on how you can contribute to these goals. Visit: <http://www.phppo.cdc.gov/owpp/workforcedev.asp>.

- Monitor health status to identify community health problems
- Diagnose and investigate health problems and health hazards in the community
- Inform, educate, and empower people about health issues
- Mobilize community partnerships to identify and solve health problems

- Develop policies and plans that support individual and community health efforts
- Enforce laws and regulations that protect health and ensure safety
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable
- Assure a competent public health and personal health care workforce
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services
- Research for new insights and innovative solutions to health problems

Which one of the above are you actively involved in? What small steps can you take to move in these directions? A practical guide to planning your professional development is to remember that all goals and objectives should be SMART: Specific, Measurable, Appropriate, Realistic, and Timely. Plans that meet all of the SMART requirements have a better chance of success than those that do not.

If you are already well on your way to establishing the essential public health services in your own professional development plan, consider leadership development; an often neglected area of professional development. The Ohio State University's Leadership Center provides weekly *Leadership Moments* from respected publications and professionals via their list serve. You can check out archived *Leadership Moments* and subscribe to their mailing list via: [http://leadershipcenter.osu.edu/publications/Leadership\\_moments/leadership\\_moments.htm](http://leadershipcenter.osu.edu/publications/Leadership_moments/leadership_moments.htm).

Your local student association, state public health association, and the Public Health Student Caucus are other forums ripe with leadership opportunities. Go ahead, check them out today, the world is your oyster, just don't eat it raw!

**“BE SMART:  
Specific, Measurable,  
Appropriate,  
Realistic,  
Timely.”**

# PRACTICING WHAT WE PREACH: A CALL FOR INTERNAL PROACTIVENESS

Submitted by Arvind Bhimaraj

Who would have thought that a casual conversation with a high school student would dawn public health nirvana on me? In a recent conversation with a high school student, his interest in the population perspective of public health with a reciprocity of enthusiastic information from my side lead the both of us into discussion of community interventions that educate and advocate health behaviors like quitting cigarette smoking. A simple innocent question of his left me perplexed. The question was: "So, everyone at the medical center where you work does not smoke, right?"



Public health professionals spend enormous amount of resources and effort into devising effective interventions aiming at changing behaviors of individuals and communities at large. In such relentless efforts towards providing a healthier America, we seem to be ignoring and segregating individuals working in the healthcare industry as aliens.

Public health schools and departments throughout the nation are wombs giving birth to professionals commissioned as messiahs for creating a healthier world. Nevertheless, they seem to be selfless enough to ignore their own peers, colleagues and co-workers in the healthcare settings. How many of us, during our course of education in Public Health, have ever analyzed if there are health issues in our own institutional settings?



## Designated smoking areas in healthcare institutions: An oxymoron situation

It is a known fact that the health of Americans is being immensely affected by the use of tobacco.<sup>1</sup> Discussions of such an impact and interventions ranging from behavioral to policy changes would be an integral part of every public health program. Yet, how many public health schools or their associated hospitals have an effective policy or intervention that promotes smoking cessation? A survey done by Longo et al showed that 96% of hospitals complied with JCAHO (Joint commission on Accreditation of Healthcare organization) standards for smoking restrictions.<sup>2</sup> Nevertheless, these standards only call for the existence of a smoking policy that bans smoking in the hospitals except in 'special circumstances'. There is no data available on outdoor smoking bans in hospitals. State laws that allow smoking in designated areas quite evidently reinforce the smoking behavior of individuals while hospitals, though legally correct, seem to be ignoring evidence that shows that employees quit smoking many fold more often with a total ban compared to partial restrictions.<sup>3</sup>

We, the students in Public health, as the next generation of public health professionals need to realize the concept of 'internal pro-activeness'. How proactive are we to our environment which though external to us as individuals is internal to us as a community of future public health people? While devising interventions for communities at large, we seem to be overlooking the community of employees within our own institutions.

We, the MPH students at the University of Kansas Medical Center, Kansas City are organized into an organization named MPH SO (MPH Students organization). We have recognized the importance of 'practicing what we preach' and are presently engaged in a student initiative (named 'Tobacco free KUMED') to intervene within the Medical Center to promote smoking ces-

sation. The intervention is innovative in it being a first student led initiative. The initiation will be marked by the formation of a coalition with representatives from all the student organizations on the campus and will include activities ranging from behavioral interventions to educational to advocacy. The aim is to make the medical center a totally Tobacco free institution. At present individuals are allowed to smoke in designated smoking areas which are all outdoors. Yet, the enforcement is not even close to complete. Moreover, with less evidence available on lethal adverse health effects of environmental tobacco smoke exposure in the outdoors, it is a challenging issue to enforce. Nevertheless, improvement of quit rates of employees and patients, a decrease of passerby complaints of tobacco smoke exposure and a healthier message to the community is envisioned.

An appeal to the entire public health student community is to get internally proactive and apply all the public health skills learned within the institutional/ departmental community prior to going in search of health issues in the world outside of your schools. Especially for policy issues like enforcing a total smoking ban in hospitals, we as public health students need to realize our potential and responsibility to work for such a change.

1. CDC. Smoking-attributable mortality and years of potential life lost. *Morbidity and Mortality Weekly Report*. 1993;42(33):645-648.
2. Longo DR, Brownson RC, Kruse RL. Smoking bans in US hospitals. Results of a national survey. *JAMA*. Aug 9 1995;274(6):488-491.
3. Longo DR, Johnson JC, Kruse RL, Brownson RC, Hewett JE. A prospective investigation of the impact of smoking bans on tobacco cessation and relapse. *Tob Control*. Sep 2001;10(3):267-272.



## James Madison University Students Fight War on AIDS

Submitted by Kira McGroarty  
Health Science major  
at James Madison University

This May, a group of students in James Madison University's Health Science department will be traveling to Trinidad and Tobago to perform HIV/AIDS Prevention Education programs.

AIDS has become a prevalent problem in both nations, and these students will develop and present programs to prevent the transmission of the syndrome. With the largest percentage of people diagnosed with AIDS in Trinidad and Tobago being between the ages of 18 and 24, the JMU students will be targeting primarily college students at the University of the West Indies. The programs presented will focus on the

ways HIV/AIDS is transmitted, and how to prevent transmission.

Along with presenting programs, the JMU students have put together fact sheets of HIV/AIDS in Trinidad and Tobago that will be hung on bathroom stall doors at the university. They will also be bringing over a thousand of prevention and education materials to distribute.

The JMU students hope to increase the knowledge of the people of Trinidad and Tobago on the issue of HIV/AIDS so that risky behaviors that lead to transmission of HIV will decrease and they, too, can fight the war against AIDS.



## Got a Story to Share???

The PHSC Newsletter is looking for articles from YOU!! Tell us about the projects and initiatives you are involved, or just sound off about any current healthcare topic. Got ideas or suggestions about what you want to see? Let us know! We can be reached by email: [newsletter@phsc.org](mailto:newsletter@phsc.org). We look forward to hearing from you!!

## WALK THE HILL FOR PUBLIC HEALTH!

SAVE THE DATE  
during the annual meeting:  
November 9, 2004

Approximately 8:30 am –12:00 pm

On November 9, 2004, you are invited to walk the halls of Capitol Hill with hundreds of other public health professionals to advocate on issues important to public health.

APHA anticipates hundreds of people advocating on this day; therefore, APHA will be arranging all Hill visits. Participants will be meeting with their legislators in groups. As a group you will have time to prepare for your meeting at the briefing.

Join the Student Caucus in rallying for public health. Each Section/Caucus/SPIG will be represented with signs at the rally. Don't let the Student Caucus go unnoticed.

Stay tuned to hear more information from APHA. We look forward to walking the halls of Capitol Hill with you in November!

-submitted by France Nguyen

## INTERESTED IN SHOWCASING YOUR WRITING TALENTS? WANT TO COLLABORATE WITH PUBLIC HEALTH STUDENTS FROM OTHER UNIVERSITIES?

The Public Health Student Caucus (PHSC) is seeking members for the PHSC Newsletter Subcommittee, which coordinates the production of our quarterly newsletter, News and Views. PHSC needs your creativity and expertise in generating interesting articles for our student members, designing newsletter layouts, and planning future issues.

Responsibilities for Newsletter Subcommittee members include:

- Write 2 articles pertaining to the topic of public health per each edition of the newsletter;
- Contribute approximately 3 hours a month (outside of article writing) to the overall newsletter production process (editing and layout);
- Participate in monthly conference calls with Committee members, Chairs and the Executive Board liaison;
- Collaborate with Committee Chairs on newsletter planning.

**If you are interested in becoming a PHSC News and Views committee member, please submit a 750 word maximum excerpt writing sample (it can come from a previously written sample) with the attached application to [secretary@phsc.org](mailto:secretary@phsc.org) by June 30, 2004, no later than midnight EST.**

# Mental Health Parity: Who Really Wins?

Submitted by Vallerie H. Propper B.S.  
Division of Public Health, Department  
of Epidemiology and Biostatistics,  
Case Western Reserve University,  
Cleveland, OH

Within the last decade a movement toward increasing mental healthcare for health maintenance organizations (HMO's) recipients has been a heated debate. Currently, HMO's will only cover a set number of inpatient and outpatient services for mental health related problems. The decision to set mental healthcare benefit limitations was supported by insurers who believed an individual with a mental illness would require an extensive amount of treatment (Surgeon General 1999). Because of this known need for long-term care, insurers began to limit the number of visits allotted to a patient for mental health services. Consumers would have to pay out-of-pocket for any services, which extended the allotted visits for mental illness.

Like general healthcare, insurers set a lifetime dollar limit on mental healthcare coverage. General healthcare however, has a high lifetime dollar limit in an attempt to help with catastrophic care, while mental healthcare has a very low lifetime dollar limit. Insurers cite two main reasons for adopting a low lifetime limit for mental healthcare: 1. Moral Hazard. Consumers of healthcare will increase service utilization as the insurer absorbs more of the burden of cost. Thus, unless a consumer is forced to share costs (i.e. deductibles and co-payments) a patient will never entirely value healthcare. 2. Adverse Selection. Consumers of healthcare will choose a plan that gives the most coverage for a disease or disorder the patient will need in the future. This unfairly distributes the burden of cost to those managed care units willing to take said costs. And, in turn suggests these HMO's would be the most attractive to individuals already afflicted with a disorder. To combat adverse selection and decrease the enrollment of the severely mentally ill in managed care settings, insurers decided to limit mental health benefits (Surgeon

General, 1999).

Limiting mental health coverage is successful at reducing cost for insurers; the limit placed on benefits does not encourage mentally ill consumers to seek the adequate care needed for their disorder (Bloom et. al., 1998). Not only do the limitations restrict the number of allotted outpatient visits for mental health services, a restriction is also placed on the provider eligibility for coverage through a specific HMO. These restrictions place more barriers between the patient and treatment.

In 1994 the Clinton Administration attempted to shift the burden from the consumer back to either the public or private insurer sectors by introducing a mental health parity law (Surgeon General 1999). The proposal never made it to fruition but was instrumental in a trend toward mental health parity.

In 1996 the Mental Health Parity Act was enacted to maintain and increase patients' rights to equal mental health coverage. The law prevents insurers from setting lifetime dollar limits on mental health benefits (CMS, 2002). Insurance companies reacted to this mandate by imposing inpatient and outpatient visit restrictions (NCSL, 2003). A consumer of mental health services may demand long-term treatment but will be restricted to 30 covered visits regardless of cost (NCSL, 2003). With no lifetime or annual limit on dollars spent for coverage but a limitation on the amount of services accessible there is by default a cap on spending.

Not only do visit restrictions decrease patient utilization of services, they increase the potential for harm to the patient. Despite a diagnosis of mental illness an individual is still only allotted a specific number of outpatient or inpatient visitation days. The provider must stop treatment for the patient if he cannot continue to pay out-of-pocket for care, the decision to discontinue treatment determined by a managed care system, not a physician. Perina (2002) most accurately portrays what is occurring in the managed care system. "...After 30 days as an inpatient at Porter Adventist Hospital in Denver, Hochalter's behavioral

managed-care provider, PacifiCare, ruled hospitalization no longer medically necessary, forcing her into a partial-treatment program. One week after her inpatient discharge, Hochalter entered a gun shop, asked for a pistol, loaded the weapon and killed herself on the spot." In an attempt to lower costs by denying extended care, the managed care system, in this case PacifiCare may have been responsible for Hochalter's death.

There is no guarantee if Mental Health Parity was accepted by all states and visit restrictions were eliminated. With the rising costs of healthcare, even fewer individuals will be able to pay out-of-pocket for needed extended mental health treatments. It is imperative that something is done to ensure equal coverage for those with mental illness and general healthcare needs.

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# How I Helped Make a Difference: “Dump that Plump”

**Submitted by Maria Applewhite,  
APHA Student Member  
School Nurse, Cleveland Municipal  
School District, Nursing Supervisor,  
Cuyahoga County Juvenile  
Detention Center**

For four years I have worked as the school nurse at one of the larger municipal elementary schools (PS-5<sup>th</sup> grade) in Ohio. The weight of the faculty and staff has consistently seemed to mirror the national average, with roughly 60% appearing overweight, or in fact, obese. During a discussion with some colleagues about physical fitness programs, one of the office administrators suggested that she could start a "Step Contest" to see which floor could walk the most number of steps in the last 8 weeks of the school year. Over a third of the school's faculty and staff agreed to purchase their own pedometers and to participate in this "contest." The only real rule was that that only steps taken during the school day would count. Though no prizes were offered, the 4 floors of the building quickly organized themselves into teams, people urging fellow staff members on their respective floors to participate. Their steps were self-recorded on a poster each day on the bulletin board outside of the main office.

It was easy to spot which staff members sported pedometers on their hips. They could be seen working together, measuring and comparing different routes to walk outside the school. They joined one another on walks during their lunch periods. Some took their students on quick walks during the school day. On one rainy day I watched a teacher with 27 4<sup>th</sup> graders in tow, walk her students at a good pace inside the school. Up they went, three flights to the 3<sup>rd</sup> floor, to the end of one hall and then down 4 flights to the basement, and then back up to their second floor homeroom. Students struggled to keep up with their motivated, pedometer-wearing teacher. Some participants started wearing t-shirts with the words, "All I know is that you're behind me!" printed on the back. Teachers, including the Principal and

Vice-Principal walked in place while talking to parents or colleagues in the hall.

Motivated by this collective movement, as the school nurse, I decided to come up with a weight-monitoring program. I named it, "Dump-That-Pump." Its object was simple: Lose a greater percentage of your weight than any of your colleagues, and come away



with a cash prize. The initiation fee was \$10. Each participant would get half of this money back on the last day of the program provided that he or she did not gain any weight on any of the 8 weeks. The participants weigh and record each other weekly - a buddy system - and note cumulative pounds gained or lost on their index cards. On the last day of the program (two weeks from this writing), each participant will get \$5 of their initiation fee back minus \$1 for each pound gained on any one week. He or she will also have to pay a \$5 "fine" for any week he or she failed to show up to be weighed. Yes, some participants might even end up *owing* money on that last day. Whatever cash is left goes to the winner.

Twenty-nine staff members signed up for Dump-That-Plump. Both the mean and median weights of the participants were just shy of 200 pounds. All of the participants were women but one. So far, five weeks into the program, the group's weight loss has averaged 32 pounds/week. This weekly loss has been balanced by an average weekly weight *gain* of 9 pounds per week. This pro-

duces a mean group weight loss of 23 pounds/week, or a little less than 1 pound/week individually.

Wondering if this program was at all successful, at the end of Week Five, I sent out a brief Likert questionnaire. There were 5 questions. Answers choices were "Extremely," "Very," "Somewhat," "Not too much" or "Not at all." I received a 90% response rate. Over 80% of the participants stated that they were "extremely" glad they were participating in this program. Ninety per cent stated they would be "extremely" likely to participate in a similar program next year. Seventy-five % stated that this program was "very" successful in getting them to think about healthy food choices and in creating a change in their eating habits. When asked how motivated they had become to do some sort of exercise because of this program, the numbers were split evenly between "extremely," "very" and "somewhat."

When asked what they liked best, most participants commented on the sense of camaraderie and the building of new relationships with co-workers. The few negative comments focused on the program being too short, and the fact that they hadn't lost very much, or had simply maintained their weight.

So why, when relatively little weight was collectively lost, were so Plump-Dumpers "extremely" glad to take part? Perhaps the answer is we all laugh a lot and are making new friends. Along with keeping any of us from *gaining* weight cumulatively, Dump-That-Plump and the "Step Program" have at least succeeded in providing a welcome and healthy break from the daily grind of the regular workday.

**Have you made a  
difference in the field of  
public health? Tell us all  
about it!  
E-mail us at:  
newsletter@phsc.org**

# Report: PHSC Diversity

Submitted by Maranda Ward and Michelle Silverio, PHSC Diversity Committee Co-Chairs

## *Impetus for Development of the Diversity Committee*

The nation's health plan, Healthy People 2010, recognizes the consistently disproportionate health outcomes of the American public, mainly among underrepresented and underserved communities of color. Because public health professionals create, design and implement the health programs and policies that directly affect these groups, it is imperative that these public health professionals represent the diverse populations they serve. *Leave No One Behind: Eliminate Racial and Ethnic Disparities in Health and Life Expectancy* is one of APHA's 2004 legislative priority issues. The PHSC Diversity committee is key to this aim.

*Increasing the numbers of minorities and males in the public health workforce is not only of great concern to this committee but also to the public health workforce.*

The chief purpose of the Diversity Committee is to ensure that the PHSC puts forth a concerted effort toward increasing the diversity among professionals in our field. The strategies necessary to accomplish this goal include, but not limited to the following:

1. Recruiting and facilitation of the ongoing, active involvement of a diverse PHSC student membership; and
2. Development and implementation of programs, initiatives and activities that address the multicultural competencies needed by aspiring public health professionals.

For a detailed outline of the objectives and strategies to attain these goals, visit <http://www.phsc.org/> and click on *Diversity Committee*. While the Diversity Committee Co-Chairs and PHSC Board members, as representatives of

the APHA student population, could determine how to address diversity in our organization, member involvement is vital. A one page survey was sent to the PHSC membership via the listserv to 1) introduce the addition of the Diversity Committee to the PHSC, 2) obtain feedback from the membership on ways to increase and maintain diversity and 3) outline a strategic plan to get the Diversity committee off the ground and running. A total of 198 surveys were collected over the course of two weeks.

## *Survey Demographics*

Forty-five percent (n=89) of survey respondents identified themselves as White, 17% (n=34) as Other, 13% (n=25) as Asian/Pacific Islander, 11% (n=22) as Black, 10% (n=19) as Hispanic and 5% (n=1) as American Indian/Alaskan Native. Seventy-five percent (n=150) of respondents were female, and 16% (n=32) were male. It is unknown if these racial/ethnic and gender disparities are truly indicative of the PHSC membership – of PHSC's more than 4,000 members, approximately 5% of the membership responded to the survey; however, we do know that this percentage reflects nationwide racial/ethnic and gender trends in the public health field. Increasing the numbers of minorities and males in the PHSC membership is not only of great concern to this committee but also reflects a change needed in the public health workforce.

Other student demographics and trends reflected in the survey include: 78% (n=155) of the respondents are full-time students, 9% (n=19) are part-time and 3% (n=6) have graduated; 83% percent (n=165) now attend or previously attended accredited schools of public health and/or public health programs, and 3% (n=6) stated that their school's accreditation was pending at the time of the survey. There were a total of 51 departments represented from 82 different schools/programs across the nation. Of the 14-degree

programs represented, 50% (n=99) of respondents are enrolled in a MPH program, 22% (n=44) in a PhD program, 5% (n=9) in a dual degree program, 4% (n=8) in a DrPh program and 3% (n=7) in a BA/BS undergraduate program. This number of undergraduate respondents indicates that the PHSC should work to include more undergraduate students in our efforts. Targeting undergraduates is actually a very important step toward increasing the number of students who are aware of the public health sciences, and may subsequently enroll in graduate programs in public health.

## *Diversity Campaign*

Prior to the development of this survey, the Diversity Committee began to envision a blueprint of the first campaign. The campaign would include contacting student public health organizations urging them to encourage their members to 1) become a student member of APHA and 2) become involved in the PHSC. Each of these organizations would be:

- Provided with the PHSC's mission, vision and current programs, including a list of PHSC committees and chairperson(s) contact information
- Invited to forward the campaign message to any public health listservs to which they subscribe (student- and/or organization-affiliated).
- Invited to contact PHSC leadership and work together to write an article or provide other PHSC/APHA information for the organization's newsletter.
- Asked to add the PHSC link ([www.phsc.org](http://www.phsc.org)) to their current website(s).

The survey results also indicate that another mechanism for increasing student diversity in PHSC is to engage faculty. Forty-three respondents suggest that the committee send information to faculty members to increase visibility of the PHSC Diversity Committee.

# Committee 2004 Survey Results

While 70 respondents state that they heard of the PHSC Diversity Committee on either the PHSC or APHA website, 73 respondents suggested the PHSC Diversity Committee post additional information on the APHA website. The Diversity Committee is in agreement with the PHSC Board in maintaining a strong student information component on the APHA website but also plans to increase awareness of the committee via public health listservs and promotion of PHSC activities via the PHSC Campus Liaison Program. The PHSC Campus Liaison Program identifies student leaders at schools and programs of public health and health-related disciplines across the nation to be representatives of PHSC on their campuses. Facilitating communication between campus liaisons and local student organizations could increase the number of organizations that begin collaborating with PHSC. Once students are aware of the PHSC, we believe they will join and become actively involved.

The Diversity Committee is particularly interested in enhancing the visibility of the PHSC website, particularly because 69 respondents stated that they had never heard of the PHSC Diversity Committee and would like more information. This response confirms the need for an active outreach campaign to students and student organizations. When asked the best way to increase visibility of the PHSC Diversity Committee, 75 survey respondents suggested that PHSC should post a web link on student organization websites in Schools of Public Health.

## **Diversity Committee Work**

110 survey respondents stated that the best way to increase the diversity of the PHSC membership would be to promote PHSC through other professional organizations and associations. Not only does this finding give more credence to the previously mentioned

campaign, but also to current efforts underway. The Diversity Committee leadership recently drafted a letter to all APHA Affiliates requesting their assistance in promoting PHSC and APHA to their student members.

A key finding of the survey, advocated by the majority of survey respondents (n=112), is that PHSC could best increase diversity by offering programs/initiatives that truly celebrate diversity. Before the Diversity Committee can be responsive to this suggestion from our membership, the aspects of diversity most important to the membership must be identified. The two most frequently stated areas of diversity that respondents would like to see addressed by PHSC include culture (n=137) and ethnicity (n=135); 102 respondents suggest that the PHSC increase its visibility at Historically Black Colleges/Universities (HBCUs), Hispanic Serving Institutions (HSIs) and Tribal Colleges/Universities (TCUs) The Diversity Committee has initiated contact with the APHA Black Young Public Health Network (the Network) to access their detailed list of HBCU public health student organizations. Collaboration between our two organizations continues. The Diversity Committee will also be contact HSIs and TCUs in the coming months. The PHSC Diversity Campaign has also been sent to all 16 APHA Caucuses and the Society of Public Health Education (SOPHE) student listserv.

*44 members stated their interest in serving on the Diversity Committee!*

As the newest addition to the PHSC, the Diversity Committee provides leadership, coordination, and member involvement to a new generation of public health students, who will take their place in the diverse public health field of tomorrow. Because this committee not only strives to increase and maintain a diverse membership but also a

diverse board of leaders, the PHSC Diversity Committee cannot work in isolation from the other PHSC committees. Much of the work of this Committee overlaps with that of the PHSC Membership Committee and PHSC Campus Liaison Program. Five survey respondents suggested that other PHSC Committees incorporate diversity in their efforts, and 28 state that current PHSC materials/website should be more culturally relevant and appropriate. The Diversity Committee is committed to realizing a more visible connection between all PHSC Committees in areas of diversity and to enhancing the cultural relevance of all PHSC materials and web information. The Diversity Committee is also assembling an ad-hoc committee of PHSC Board members to facilitate internal collaboration.

Perhaps the most exciting result of our survey was a response from 44 members stating their interest in serving on the Diversity Committee. All those who expressed an interest have been personally contacted by Committee leadership and invited to work together to turn the challenges identified in this survey into opportunities for growth.

*THANKS* to all of our members who took the time to complete and return the survey. Your active involvement demonstrates your interest and commitment to addressing, increasing and sustaining the diversity of this national student organization. The Committee welcomes your feedback and suggestions; for more information about the PHSC Diversity Committee and how to join, contact [diversity@phsc.org](mailto:diversity@phsc.org) today!

Please see [www.phsc.org](http://www.phsc.org) for the full survey results, complete with graphs and charts!

# Introducing a New Pilot Program-- APHA Student Chapter of the University of Iowa



In October of 2003, student leaders from the University of Iowa College of Public Health contacted the Public Health Student Caucus with the idea to create an American Public Health Association Student Chapter for their campus. As a young College of Public Health, established in July of 1999, there were no university-wide student organization in place, only department student groups. After speaking with Chris Day, Toni Leeth, and the Advancement Committee, the University of Iowa College of Public Health was allowed to start a pilot program on their campus.

A result of student leaders wanting to create a sense of community within the College of Public Health, the APHA Student Chapter of the University of Iowa was charged with filling the void and organizing students from all disciplines to work together to target health disparities and public health issues in their community and throughout the state. With remaining GEICO funds, which were given to APHA to increase student membership, APHA provided 30 free student memberships to members of this pilot program in December 2003.

With this new avenue to break from a purely academic setting and to gain professional insight and experience, the APHA Student Chapter has 39 members out of a school of about 150 students. The organization is led by students from each public health discipline, along with the university's campus liaison, Matt Levi. The first meeting, which was held at the beginning of the spring semester, allowed the group to create a mission, vision, and clear set of goals that will carry them through the upcoming years.

Since its inception, the APHA Student Chapter has been busy with community outreach activities. Working collaboratively with the medical, dental, and nursing students in a mobile clinic, the chapter has been helping students volunteer as clinic coordinators who perform administrative tasks and vital signs. This mobile clinic moves throughout special needs communities around the University of Iowa, providing medical and dental care. As an upcoming project, some members of the APHA Student Chapter will be doing a needs assessment within the communities to better serve the various populations who utilize the mobile clinic.

Other activities the Student Chapter has been involved with are health fairs, networking potlucks, and events planned around National Public Health Week. Members also participated in a forum discussing issues around state legislation that banned smoking in public places. As a result on this forum, a letter representing both sides of the argument was drafted and sent to state legislatures.

In the next year, the APHA Student Chapter hopes to focus more on the mobile clinic. The group would like to organize a conference where other mobile clinics from around the state can get together to share ideas and learn from each other in their attempts to best serve their local communities. In addition, the Student Chapter hopes to help organize a career fair for the spring of 2005, bringing in potential employers from across the nation to help students build networking skills and ultimately find employment.

Matt Levi, the Campus Liaison for the University of Iowa, stated that the biggest struggle of the year was "finding a way to make the APHA Student Chapter college wide and to include all of the public health disciplines. Each discipline has it's own personality, and sometimes it's challenging to bring them all together. It is hard for some departments to see themselves in a school-wide group."

Even though the struggle stands, Levi also explained that, "The biggest achievement of the year has been allowing a lot of students to share a vision of unification, and bringing students of different disciplines together to accomplish goals. With a small student body and lots of [student] groups it is helpful to have a large group to pool our resources and be more effective. Before our APHA Student Chapter, students didn't recognize this was a possibility or that something was lacking from their student experience."

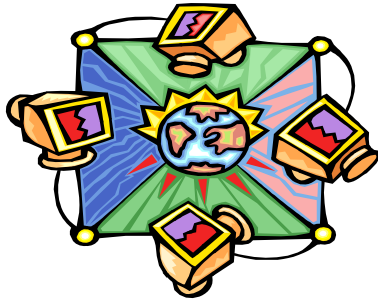
In the next year, the APHA Student Chapter plans to work on formalizing its structure, by creating working committees and further establishing its bylaws and budget process. Working collaboratively with the Public Health Student Caucus, there remains a hope that the APHA Student Chapter at the University of Iowa will provide a template for PHSC to present to other campuses across the nation. This is one example of how the Public Health Student Caucus is expanding in order to meet the needs and interests of students in public health.

*-Submitted by George Karageorgiou, Advancement Committee Co-Chair*



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>

**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.

**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 PHSC'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

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