

News & Views

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Spring 2004—The Election Issue



The Battle on the Homefront

By Steve C. Chiu

With cuts in funding sustained by many of California's public health efforts and national attention and resources devoted to war efforts abroad, many public programs have come to hard times – along with the populations they serve. One such program is that sponsored by the Ocean Park Community Center's Daybreak Shelter. The very vulnerable population they serve consists of the homeless and often mentally ill women of Santa Monica.

Contrasting the \$87 billion that our government recently dedicated to the Iraqi conflict with only \$1 billion in shared money that was given to the many homeless programs across the nation this past year, it is easy to see why the programs have had to seek out support from sources other than the government. One of these sources of support lies in our public health students' community. Fortunately, the UCLA School of Public Health's Public Health Student Association (PHSA) heard the call.

PHSA's Community Outreach Committee recently chose the Ocean Park Com-

\$87 Billion dedicated to the Iraqi conflict...only \$1 billion in shared money given to homeless programs across the nation...

munity Center as the recipient of its time and efforts. In the winter, the students of PHSA's Community Outreach Committee put together a Warm Winter Drive with help from the UCLA Schools of Law, Business, and Public Policy. The net gain in warm clothing and supplies for the homeless could only be measured by the truckload, to the delight of OPCC's directors and clientele. Perhaps more importantly, the network formed between the different schools has made it possible to pursue even more ambitious projects. PHSA is currently leading an effort to put on a health education fair and to draw up a business plan for a Daybreak

Shelter project, with help from student organizations across campus. This effort will culminate in a day that has been named "Empowerment Day" by OPCC's directors and has been slated for the first week of April 2004.

As PHSA members continue to work on Empowerment Day, we as public health students must recognize the responsibility and opportunity we have to support the public health programs in our communities. In these times of war and strife, a new day is not a certainty for the individuals that rely on these programs, nor for the programs themselves. One of the only certainties that I have been able to witness lies in the joy that comes from both sides when students and communities come together.

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Make Sure You Check Out:

- What the candidates are saying about healthcare in this year's election, and how their proposals will affect you!
- Report from the PHSC Section Liaison Program
- New info about the "Cover the Uninsured Week"!

Report from the Section Liaison Initiative

By Amy Carroll, MPH

PHSC's newest initiative, the Section Liaison Program, was enacted last year to increase student representation within APHA's 25 discipline-based Sections. As the first PHSC Liaison to the Community Health Planning and Policy Development (CHPPD) Section, I'd like to take a bit of space to report about the first 3 months on the job.

I am actually not new to APHA or to the CHPPD Section. I have been a member of APHA since 1995, when I originally belonged to the Maternal and Child Health (MCH) Section. While getting an MPH at UC Berkeley I was nominated and elected to serve as a student representative to the MCH Section Council in 1997. That experience demonstrated to me the benefits of belonging to and getting involved with a primary APHA Section, as the Maternal and Child Health Section provided a "home" for me at annual meetings, with faces I knew and new professional networks I was able to utilize. I also enjoyed learning how APHA and the Sections functioned and came to its organizational policy decisions.

Since earning my MPH, I came to realize that most of the abstracts I submitted to APHA fit more naturally with the CHPPD Section, due to my work with a public health consulting firm focusing on community-based research, program evaluation and policy development. As a result, I switched my primary Section membership and got involved by serving as an abstract reviewer, organizing an invited session, and presenting most of my submitted papers in sessions sponsored by CHPPD.

This past fall, I entered the UCLA School of Public Health as a doctoral student in the department of Community Health Sciences, and became a student member of APHA again. My focus is on the impact of health policy, neighborhood conditions, and grassroots mobilization on the health and well-being of underserved communities. Since my interests are very much aligned with those of the leadership, members, and sessions within the CHPPD Section, I felt it would be important for my education and professional development to get more involved in the Section. The PHSC Section Liaison Program was the perfect fit.

The CHPPD Section very much embraced my involvement as a PHSC Section Liaison, as they saw the benefits to their Section to get new input, energy and participation from a student representative. They immediately included me in their quarterly Section leadership teleconference calls, and asked me to report what I will bring to the Section. I told them my goals as PHSC Section Liaison will be to: 1) represent the student perspective and PHSC within the CHPPD Section, 2) represent the CHPPD experience and activities to PHSC, 3) advocate for student opportunities within the Section, and 4) build a stronger collaborative partnership between the PHSC membership and the CHPPD Section.

During the first teleconference call, the Section chair nominated me for Section Councilor, to serve as one of 8 CHPPD Section Councilors for the 2004-2005 annual meetings. They also asked me to write a regular piece in the Section's quarterly newsletter, intro-

ducing myself and discussing the work I will be doing as the PHSC Section Liaison to the CHPPD Section. Besides the very important opportunity to include my voice as a student in Section Council activities, my liaison work will mainly entail looking for ways to reach out to new and unaffiliated student members through the CHPPD Section Membership and Nominations committee.

Within this new role, I would like to take this moment to encourage PHSC members to contact me with any questions about the CHPPD Section, how to get involved in CHPPD

Section committees and activities, and the potential benefits of affiliating and getting involved with a primary APHA Section while in school. I would also like to recommend for any PHSC members looking for ways to get more involved with APHA leadership to contact PHSC and join the PHSC Section Liaison program. Together we can shape these partnerships to create lasting opportunities for student leadership and sustainable input of student voices within the Sections of the American Public Health Association.

I felt it would be important for my education and professional development to get more involved in the Section...

Amy Carroll can be reached at amycarr@ucla.edu



President's Page

2004: A Year For Action

As public health students and young professionals, we are often called on to take action – community health education and promotion, state and national health policy. The year 2004 is no exception.

We are in the heart of an election year. Democratic Presidential hopefuls shout their health care agendas to the masses across the country, and President Bush has already begun the fight for his return to the White House. As Americans, we must educate ourselves to the issues. As public health students and young professionals, we must determine the plan each candidate has for improving the health of this country. In this issue of *News & Views*, you will read a synopsis of each candidate's strategy for mending our nation's health and health care system.

As the nation's largest organization for students in public health, we are mobilizing our members to take action in two key events this spring. National Public Health Week (NPHW), sponsored by the American Public Health Association (APHA) is April 5th – 11th. The theme for NPHW 2004 is "Eliminating Health Disparities: Communities Moving from Statistics to Solutions." APHA has supplied a tool kit and planner's guide on the NPHW website at <http://www.apha.org/nphw/>. PHSC is supporting this important event by providing examples of student-led projects and activities to celebrate NPHW. PHSC Action Committee Co-Chairs Jay Bhatt and Mary Alexander worked closely with APHA to include a set of examples in the NPHW tool kit and on our website at www.phsc.org. PHSC is also compiling student-led activities and programs for campus and community health education and promotion and disease prevention into a PHSC Project Idea Book to

be maintained on our website. Please support this initiative by submitting examples to the Action Committee via e-mail at action1@phsc.org.

On the heels of NPHW is a national event to educate Americans about the millions without health coverage. Cover the Uninsured Week www.covertheuninsuredweek.org, sponsored in part by the Robert Wood Johnson Foundation, is the result of a collaborative effort to make the issue of the uninsured a focus of national discussion. This year more than 1000 events will be held in communities across the country May 10th – 16th. However, Cover the Uninsured Week organizers and sponsors are calling on students in schools of medicine, nursing, public health, and others to build interest prior to its official kick-off on May 5th. PHSC, as a member of the Student Health Alliance (SHA), is encouraging its members to organize and/or take part in activities during this time to raise awareness about the nearly 44 million Americans living without health coverage.

At the 2nd Annual National Leadership Conference for Students in Healthcare, the 13 participating organizations of the SHA identified Cover the Uninsured Week as an activity that we could collaborate on to impact health and would promote interdisciplinary efforts among our members to recognize this significant event. As public health students, we can work with students from other health disciplines on our campuses to educate others about this important issue in our country.

PHSC has 24 leaders who have answered the call to take action. Throughout the year our Board will be striving to create and improve opportunities for our members to be suc-

cessful students and future public health professionals. You will be hearing from them in this and future issues of *News & Views* and e-mails to you via our listserv. I encourage you to consider how you can take action as a member of Public Health Student Caucus and the American Public Health Association. As the future of public health, we have a call to advocate for the health of our communities. What is your response?

Toni R. Leeth, M.P.H.
President

*Public Health Student Caucus
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**And now it's your time
to act...**



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

Election 2004



In his January 2004 State of the Union address, President Bush outlined his plan to make health care more affordable. He presented Association Health Plans (AHPs) to the American public as a means to provide assistance for small businesses to make health insurance coverage available to their employees at an affordable rate. During his tenure as the 43rd President of the United States of America, George W. Bush signed into law legislation to make prescription drug coverage available to 40 million seniors and people with disabilities, available January 2006. The Medicare Act also affords Medicare recipients more choices and better benefits. Health Savings Accounts (HSAs), created in the Medicare Act, will help families who purchase high-deductible health insurance coverage save for future health care needs in a tax-exempt, portable account. The President's proposed new health insurance deductions and refundable tax credits would make health insurance more affordable for low-income

George Bush

Americans. President Bush declared medical liability reform is needed to reduce the number of frivolous legal proceedings against health care providers with litigation reform and the adoption of proven standards to make the medical liability system more fair, predictable and timely.

The President has addressed funding for research and public health. President Bush doubled the National Institutes of Health (NIH) budget, increasing medical research funded by the NIH. Since the creation of the Department of Homeland Security, the President has increased funding for bio-defense preparedness to nearly \$4.5 billion to states, local governments and hospitals, strengthening our homeland security and enhancing public health surveillance. In January 2003, President Bush signed legislation launching a five-year, \$15 billion initiative for combating the global HIV/AIDS pandemic.

President Bush has recognized the dramatic increase in obesity in the U.S. To encourage Americans to adopt a healthier lifestyle, the President's *Healthier US* Initiative alerts Americans to the vital health benefits of simple and modest improvements in individual physical activity, nutrition and behavior. This initiative encourages tobacco cessation, preventive medicine such as diabetes and high blood pressure screenings, increasing vegetable and fruit consumption as promoted in the National 5 A Day Program, and incorporating physical activity into daily life.

-submitted by Toni Leeth, MPH, PHSC President

Wesley Clark

Wesley is a decorated veteran and career military officer with distinguished service in the Army. His education includes graduating first in his class from West Point and attending Oxford University as a Rhodes Scholar, receiving a Master's degree in politics, philosophy and economics. He does not, however, have experience as an elected government official.

According to *On The Issues* (www.issues2000.org/2004), Wesley Clark does not support Bush's plan for a prescription drug benefit for the elderly. He feels that government should have the power to negotiate for bulk discounts on popular drugs, people should have the right to purchase drugs from Canada and that the current bill undermines, rather than strengthens, Medicare. From the same source, Clark has indicated that he is interested in expanding insurance coverage for Americans as well as improving the quality of coverage. He has highlighted developing comprehensive preventive medicine citing a program called 'executive fitness' used in the Army. He has stated that he does not support a single-payer healthcare system.

Wesley Clark is pro-choice. He has indicated that he would likely support the ban on partial birth abortion, provided that exceptions were included for women's health. He has stated that he believes that the issue of abortion is between a woman and her family, her god and her doctor. Clark's platform is in support of complete information and access for all women for birth control and reproductive choice.

On Clark's official website (www.clark04.com), he outlines his plan for health care reform. His plan has three main points which include grounding health care in prevention and management, universal coverage for children and more affordable access for all Americans, and extra assistance to vulnerable populations.

-submitted by Amy Harley, PHSC Secretary

Howard Dean

Presidential candidate Howard Dean

has addressed many burgeoning health care issues. In an attempt to meet the Healthy People 2010 goal of ending racial health disparities, Dean pledges to pass the Healthcare Equality and Accountability Act of 2003 sponsored by the Congressional Black, Hispanic, Asian Pacific American and Native American Caucuses and create the post of an Assistant Secretary for Minority Health within the Department of Health and Human Services. He also plans to extend health insurance to all Americans through four thrusts: covering children, expanding to families, supporting small businesses and supporting large companies. A unique aspect of his healthcare goals include the training of a new generation of minority health care professionals and expanding research on minority health. To increase the diversity of health care professionals, he is committed to recruiting more minority faculty, increasing financial aid for minority students, including monetary support for Historically Black College/Universities and other minority serving institutions, *(continued next page)*

Health Care Agendas

“Senator Kerry for President!” Recently, these chants have been quite abundant through the various primaries across the nation. The question is why Senator Kerry is trying to earn the Democratic nomination and is well on his way. Kerry is a nineteen year veteran of the Senate. Below are snapshots of John Kerry’s views on healthcare issues.

Has a plan that expands existing public programs to cover most children to age 18 and many low-income adults. Creates a mechanism to lower cost of private insurance for everyone by 10 percent. Creates a new national plan modeled after the federal employees health plan to provide more affordable coverage to small businesses, the self-employed, and individuals.

Federal government “reinsurance pool” reduces health insurance costs by approximately 10 percent, allowing 2.1 million members of working families to get coverage. Pool pays for high-cost, catastrophic claims each year. To be eligible, employers must offer coverage to all their workers.

Senator Kerry supports the multi-payer system with the creation of a new Congressional Health Plan that allows for any person to purchase from a variety of health plans and benefits. Federal assistance would be available to those who qualify based on income as well as small business employees. Furthermore, Kerry calls for the expansion of small businesses into premium rebate pools to add options. His plan also includes tax credits for COBRA premiums as well as automatic enrollment of uninsured children. The thought is that Senator Kerry's health plan will cost \$895 billion over ten years.

The Kerry campaign suggests policy that his plan will save \$175 billion per year through modernization of technology and reduced administrative costs. Additionally, Kerry calls for the restructuring of federal funds for Medicaid and State CHIP, yet the effect remains unclear. Of the uninsured, 27 million of the 41 million (2001) would become insured, thus failing to achieve universal health coverage.

Senator Kerry is the author of the most comprehensive HIV/AIDS bill ever to pass the Senate and a proven fighter to expand funding for US bilateral and global AIDS programs. He understands that the HIV/AIDS epidemic has implications for the life and death of millions of men, women and children across the globe as well as for global security.

Strengths of the Kerry plan include his consideration of parity of mental health services as well as specific measures to reform medical malpractice and prescription drug costs and availability.

Sources: www.johnkerry.com, www.apha.org, www.ama-mssn.org



John Kerry

-submitted by Jay Bhatt, Action Committee Co-Chair

and requiring that all new physicians be trained for cultural competency certifications and fluency in a language other than English. To expand research on minority health, he will make all available health data report race/ethnicity information, expand funding for minority health initiatives and Ryan White programs to further the domestic war on HIV/AIDS, pass the "Immigrant Children’s Health Improvement Act" (ICHIA), which will allow states the option of allowing legal immigrant children and pregnant women to apply for Medicaid and SCHIP and lastly, significantly increase funding for the Indian Health Service. For more detailed information on Dean’s approach to end racial disparities, please visit:

http://www.deanforamerica.com/site/cg/index.html?type=page&pagename=policy_statement_health_racialdisparities

-submitted by Maranda Ward, Diversity Committee Co-Chair

John Edwards

In 1998, John Edwards began his career in politics by running for United States Senate and winning. In Congress, Senator Edwards quickly emerged as a champion for the issues that make a difference to American families: quality health care, better schools, protecting civil liberties, preserving the environment, saving Social Security and Medicare, and reforming the ways campaigns are financed. If elected as President of the United States in the 2004 election, Edwards proposes the following changes to the nation’s health care system.

- **Cover Every Child:** Edwards will make it affordable and easy for parents to get health insurance with refundable tax credits and automatic enrollment. In return, parents will have a responsibility to insure their children.
- **Help the Individuals and Businesses Struggling Most:** Edwards will offer targeted help to two-thirds of uninsured adults and to small businesses, the unemployed, adults under age 25, and ages 55-64.
- **Cut Costs and Improve Quality for Every American:** Edwards offers a detailed plan to lower costs and improve quality that includes bringing down drug costs; reining in abusive insurers and frivolous lawsuits to lower malpractice premiums; shifting to computerized medical records; and empowering consumers to make choices based on quality.
- **Strengthen the Safety Net:** Edwards will transform health clinics by doubling their resources, strengthening public hospitals, and securing Medicaid.

The Edwards Plan covers approximately 21 million Americans at a cost of about \$53 billion per year. His cost containment measures will save roughly \$17 billion per year.

-submitted by George Karageorgiou, Advancement Committee Co-Chair

Call for Student Abstracts!!!

The **PUBLIC HEALTH EDUCATION AND HEALTH PROMOTION** section of the American Public Health Association announces a call for abstracts for a poster session dedicated to the work of students in the field. Submissions are intended to show an individual (or group of) student's work in relevant research or practice. This student poster session will be offered as an official part of the APHA Annual Meeting to be held in Washington, DC, November 6-10, 2004. Students are encouraged to submit abstracts that relate to the meeting's theme, "Public Health and the Environment," as well as other themes related to public health education, health promotion, health communication, and worksite health.

Community Health Fairs-Going Where the People Are

One of the two overarching Healthy People 2010 goals is to eliminate health disparities among minority segments of the population. The health disparities include the poorer health status of racial and ethnic minority populations and the inadequate access to health care services. The complex interaction among genetics, environment, and lifestyle is believed to contribute to these disparities. Underlying factors that account for these health disparities among minority groups include income, education, and health insurance status. Moreover, minority groups may encounter personal barriers such as communication, cultural or spiritual differences, lack of information, and concerns about confidentiality or discrimination. Health related research on minority groups such as African Americans and Asians does not explain well the health disparities experienced by these groups as compared to Caucasians in the United States. The goal of this Community-based Health Fair (CHF) project is to provide community based health education and basic health screenings to underserved urban minority groups in the Hampton Roads Region of Virginia.

Since 2001, the students and faculty from the College of Health Sciences at Old Dominion University (ODU) have conducted six CHF's and over 600 people have been reached. Evaluations indicate CHF's are indeed effective as health promotion intervention strategies thus far. The CHF's were advertised in the sponsors' newspaper, on a local cable access channel, and fliers were hand-delivered to each household in the surrounding community. At the CHF's, participants received free blood pressure, blood cholesterol, blood glucose, sickle cell anemia, dental, and prostate screenings. In addition, participants also received free health literature, incentives, and refreshments. Brief surveys were given to each participant to collect information on their background and health needs.



All together, six CHF's have been hosted semi-annually since 2001. The first four CHF's were held in the Lambert's Point Community between 2001 and 2003. The fifth location was a Missionary Baptist church in April 2003 targeting African Americans. The most recent one was held in November 2003 targeting Chinese Americans. The major co-sponsoring organization for Lambert's Point CHF was the Norfolk United Methodist Church in the community.

The co-sponsoring organizations for the April CHF were the Health Services Branch of the National Association for the Advancement of Colored People (NAACP), the Omega Chapter of Chi Eta Phi, Sorority, Incorporated, and Lakeview Missionary Baptist Church. The November CHF was co-sponsored by the Tidewater Chinese Weekend School and Sentara Healthcare.

Lambert's Point CHF's targeted the residents in the ODU neighborhood. More than 400 people have been served. Pre-existing health conditions reported by participants included diabetes (10%), hypertension (34%) and elevated cholesterol levels (34%). Blood tests conducted at the fair indicated that 15% had high blood glucose and 12% had elevated blood cholesterol. The Lakeview CHF targeting African Americans was open to the residents of the City of Suffolk, but the targeted audience was the residents of the surrounding Saratoga community. Sixty-seven people attended this CHF. Of those screened, 64% had high blood pressure, 11% high blood glucose, 18% high cholesterol. More than half of the 41 participants receiving dental examinations were in need of urgent dental care.

The Chinese CHF targeting Chinese Americans was opened to Chinese-Americans who resided predominantly in Norfolk, Chesapeake, and Virginia Beach. Overall 123 attended. All 61 adults were invited to participate in a self-administered survey, 38 Chinese-Americans and 15 other Americans completed the survey. Few (5%) reported having chronic health conditions such as diabetes, high blood pressure, heart condition, and some (16%) having high cholesterol. The actual screening results showed that around 50% of participants had an elevated cholesterol level.

We recommend such community health fairs in medically underserved low-income areas. We believe health fairs can provide a foundation to establish health information centers and programs that can appropriately address the needs of underserved populations. This service-learning project allows us to contribute to the long-term health needs of the community. We strive to continue providing comprehensive health fairs to other minority groups in the Hampton Roads Region.

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**Old Dominion University, College of Health Sciences,
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Epidemiology Section Engages Students in APHA Governing Council “Shadow” Program

By Resa M. Jones, MPH

During the 2003 APHA Annual Meeting in San Francisco, the APHA Epidemiology Section involved students in APHA’s Governing Council affairs in a unique way. The Section selected three students to “shadow” its Governing Councilors and gain firsthand experience on the internal workings and process of the APHA’s “Congress-like” body, which, among other things, debates and enacts policy resolutions that guide the APHA’s policy activities.

Under the leadership of Linda Hazlett, MPH, the Section’s Student Liaison, the Shadow Program was established to engage students who wanted to: 1) get involved in the APHA, 2) see public health and epidemiology in action, 3) learn about the APHA Governance and the APHA Epidemiology Section, and 4) participate in the translation of epidemiologic and other scientific studies to public health policy.

The selected students were: Celestine A. Buyu from the University of Michigan, Jodi P-Juan Clark from the Florida International University, and Arpi Terzian from the Johns Hopkins School of Public Health. These women were paired with a Governing Councilor and not only observed but became engaged immediately in the intense and focused activities of the Governing Council. In addition to covering the students’ meeting registration fee, the Section agreed to let these individuals have the first option to run for a 2004 Governing Councilor slot representing the Section.

All Epidemiology Section Governing Councilors expressed a great deal of satisfaction regarding their work with the selected students. Similarly, the “shadows” were very grateful for the opportunities and spoke very highly of their experience.

Arpi Terzian’s reflects on her participation in the Shadow Program:

“My participation as a student shadow in [the 2003] APHA meeting proved to be an enriching and exciting learning experience. I had the unique opportunity to explore the interface between epidemiology, its public health applications, and public health policy, by attending Governing Council meetings with my mentor, Dr. James Gaudino, and engaging with Epidemiology Section members in energetic business meetings. Through participation in the shadow program, I discovered that this meeting is jam packed with all sorts of scientific, philosophical, political, and social interactions. Here are some memorable highlights:

In addition to listening to candidates as they campaigned for positions on the Executive Board, and observing the general activities of the Governing Council, I especially enjoyed the open hearings on APHA policies. As a participant of Group D [policy resolutions are divided into groups for more efficient review], I had the opportunity to review policies with social and other relevance. The collection of policies relating to food marketing, assault weapons, sudden infant death syndrome, maternal and child health, global epidemic of HIV/AIDS, war, and the independence of public health while responding to terrorism, impressed me for its breadth and depth of information.

That there was a group of committed scientists ready to discuss and deliberate on these resolutions astounded me. What a great way to see public health in action. I was energized by shadowing so many people who shared a common vision for achieving health equity for all. If anyone is interested in the interface between epidemiology and policy, I highly recommend this incredible experience!”

HIV/AIDS STUDENT LEADERS NEEDED!!!

The HIV/AIDS Section is actively seeking students with an interest in the field of HIV disease to become involved with the Section. Positions are available on a number of committees and we hope to involve more students in the active management of the Section. Currently, the Section has several graduate students and post-doctoral fellows in leadership roles, including Secretary, Secretary-elect, Membership Committee Chair, Web Committee Chair, International Health Workgroup Chair, Student Representative, and Annual Meeting Booth Coordinator. We encourage more students to step up to the plate and get involved! Our immediate need is for persons to assist with the planning and implementation of our social events for the Annual Meeting in Washington, D.C. If you live in the Metro D.C. area and are interested, please contact our Student Representative, *France Nguyen* <fnguyen@ucla.edu> or Section Chair, *Susan Fulmer*, at <sfulmer@gwm.sc.edu>. We look forward to having you work with us!

The Significance of Public Health in Optometry; The Concept of: *Healthy Eyes, Healthy People*

Many topics discussed in the *Healthy Eyes, Healthy People* objective of *Healthy People 2010* are very important to us as optometry students and as future primary eye care providers. *Healthy People 2010* is the blue print for action for federal, state, and local health planning for the next 10 years. This is the first time that 10 vision care objectives have been recognized and included in this plan, along with 400 other health care objectives. *Healthy Eyes, Healthy People* advocates the importance of vision health as a vital factor in overall public health. Optometry now has a true opportunity for visibility in public health programs and to provide services via *HP 2010*. Here are some of the main points discussed by the objective and areas where you can become involved:

- As our population continues to live longer, the challenge of maintaining good vision is increasing. A report in "Vision Problems in the USA" found that 1 million people over the age of 40 are blind, and 2.4 million are visually impaired. This report expects these numbers to DOUBLE in the next 30 years.
- The prevalence of eye diseases is alarming: a NEL/PBA report finds 5.3 million people have Diabetic Retinopathy, 1.6 million aged 60 and over have ARMD, and 2.2 million are diagnosed with Glaucoma, with another 2 million not even diagnosed!
- Accidents involving the eye are greatly preventable with an increased knowledge of safety and prevention. 40,000 eye injuries are sports related each year. More than 2,000 injuries occur each year from fireworks, and 1,000 eye injuries occur EACH DAY in the workplace.
- Children's educational advancement is greatly deterred by vision problems. Only 14% of kids entering first grade have ever had an eye exam. Most parents and educators do not recognize that vision disorders are the #1 cause of handicapping conditions in children!



So, how can we achieve good health and optimum vision health for all people? The **first** step is to support and help implement the goals of *Healthy People 2010*. For example, participating in a vision screening of *Head Start* children will help meet one of the 10 vision objectives. The **next** action we can take is to reach farther into our communities. Become involved with your State Optometric Association's *Healthy Eyes, Healthy People* program. **Another**, and perhaps most important, route we can take to support vision health and public health is by enhancing health care delivery and by designing and implementing new health care policies.

As primary eye care providers, we are educators, advocates, facilitators, and spokespersons. We must utilize our role and ability to make a greater impact on the vision health of our patients. By doing this, we are in turn enhancing their overall health, and therefore promoting public health within our communities and profession. This is the first time vision health has been placed "at the table of public health," and this is your opportunity to get involved and make an important difference!

ABOUT OUR ORGANIZATION

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

Public Health Student Caucus

Public Health Student Caucus
c/o American Public
Health Association
Attn: Frances Atkinson
800 I St. NW
Washington, DC 20001-3710

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

OUR MISSION

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