News & Views

A Publication of the American Public Health Association Student Assembly

Spring 2006

Editing and Layout By: Kristyn Caetano and Olivia Wackowski

APHA 133rd Annual Meeting & Exposition Philadelphia, PA: Highlights from the Student Assembly

By: Kristy A. Siegel, MPH, CHES and Mariza Luna,
Programming co-chairs

Despite the change of location and date due to the devastating event of Hurricane Katrina, the APHA-Student Assembly members showed a great presence at the APHA 133rd Annual Meeting and Exposition. The events sponsored by APHA-SA allowed students to network among their peers and new professionals, as well as learn what APHA-SA has to offer them. Students had the opportunity to attend career sessions to listen to top professionals from a variety of fields, visit the APHA-SA booth in the Expo hall to gather information about APHA-SA while supporting many deserving charities, and even had the occasion to walk over for the APHA-SA Student Social at the Independence Brew Pub for some fun and a chance to win some great door prizes! Along with all these great events, many students were introduced to how they can become involved in the Student Assembly and the APHA-SA Meeting Supplement was distributed with helpful meeting information (including a guide on how to write the accepted abstract)! The Programming Committee for the APHA 133rd Annual Meeting and Exposition were so excited to see students involved in the APHA-SA events and would like to thank all the student members for their great enthusiasm and presence in Philadelphia. More specific details on some of the mentioned events are below.

The APHA-Student Assembly hosted two successful career sessions during the meeting. At the "Launching Your Career in Public Health" session, it was standing-room only to hear Richard T. Patton, MPH, CHES of Florida International University, Stempel School of Public Health, Director of Office of Student and Alumni Services; Elizabeth H. Howze, ScD, CHES of the Centers for Disease Control and Prevention (CDC), Coordinating Center for Environmental Health & Injury Prevention, Workforce & Career Development Officer; Jay M. Bernhardt, PhD, MPH of CDC, Director of National Center for Health Marketing; and James S. Marks, MD, MPH of The Robert Wood Johnson Foundation, Senior Vice president and Director - Health Group.

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Inside This Issue

President's Pen

Meredith Masel, Chair APHA-SA

Dear Students,

This is an exciting time for the student assembly. The online National Mentoring Program is active, the Programming and Student Meeting committees have been soliciting abstracts and planning for the annual meeting in Boston in November, and National Public Health Week is happening. To learn more about these programs visit www.apha.org and www.aphastudents.org. If you are interested in being a member of any of the student assembly committees so that you can contribute to these projects, see the end of this note for contact information.

In the last APHA SA newsletter, you were challenged to remind yourself why you chose a career in public health. This spring I would like to suggest that one reason you chose whatever field you did is because of a personal reason…either it suits your personality or some other personal factor led you to this choice. Am I right? If so, are you allowing that personality to show in your day to day work? Can you successfully capture a professional use of self?

"Professional use of self" is allowing your personality, that thing that brought you to this field in the first place, to be woven through your professional persona. Try it one day. Are you usually the funny, clever, or handy one at home? Why not show that side of yourself in the workplace or at school? The truth is, if you can bring that into your work you will be more effective and your workplace will be a more enjoyable place for you to be every day. There is a fine line between being too open and personal at work, and most of us are afraid of crossing that line, but if you completely banish your personality at the classroom or office door, you and people with whom you interact lose so much.

I would also like to take this time to announce the names and positions of the Student Assembly Board during the 2006 year. We have had a large number of new board members elected. Please go to the "Contact Us" section of our web page to learn more about the Board of Directors:

Chair: Meredith Masel chair@aphastudents.org
Chair-Elect: Darren Mays chair-elect@aphastudents.org
Past Chair: George Karageorgiou past-chair@aphastudents.org
Secretary: Ava Joubert secretary@aphastudents.org
Secretary-Elect: Jacqueline Johnston secretary-elect@aphastudents.org
Treasurer: Ying Li treasurer@aphastudents.org
Treasurer-Elect: Christian Lanphere treasurer-elect@aphastudents.org

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Campus Liaison Committee: Lenette Golding
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Diversity Committee: Andrea Rubin and Sabrina Robinson
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Development Committee: Ryan Estaris and Haroun Habib
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Membership Committee: Dana Bowie and Jason Almonte
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Mentoring Committee: Pam Gundrum and Joy Gamble-George
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Nominations Committee: Ruth Long
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Programming Committee: Kristy Siegel and Mariza Luna
programming@aphastudents.org
Student Meeting Director: Tamar Klaiman
studentmeeting@aphastudents.org
Website Committee: David Huang
website@aphastudents.org

APHA-SA Campus Liaisons Needed!

Campus liaisons serve as their school's representative to the Student Assembly (SA) of the American Public Health Association (APHA). Becoming a campus liaison is a great way for a student to get involved in the SA and, in doing so, develop leadership skills and foster relationships with other public health students. This position will also provide students with a unique opportunity to become more cognizant of national student initiatives within the APHA. A liaison plays a key role in SA by helping recruit new members and disseminating information about SA and APHA to students, faculty and administrators at colleges and universities across the country. It does not take a significant amount of time to serve as a liaison.

As the APHA-SA Campus Liaison Sub-committee Chair, my goal is to have at least one campus liaison per public health related school in the country. The only requirement is that you are a member of APHA.

If you are interested in becoming a liaison, or would like more information please contact:
Lenette Golding, MPH
Campus Liaison Sub-committee Chair 2006

Currently the following schools have liaisons:

Atlantic State University
Boston University
California State University - Long Beach
Florida International University
George Washington University
Harvard University
Johns Hopkins University
Mercer University
Morehouse College
Oklahoma City University
Pennsylvania State University
San Francisco State University
St. Louis University
Southern Connecticut State University
Tulane University
University of Alabama
University of Illinois
University of Maryland, College
University of Pennsylvania Matthew Thomas
University of South Carolina
University of South Florida
University of Texas, San Antonio

Public Health Students Step Up to Help Hurricane Katrina Victims

Written by two APHA –SA members:
Cara J. Hausler
Campus Liaison, AHPA-SA
Administrative Director, Univ. Texas -SPH, San Antonio Regional Campus and
Howaida Werfelli
Projects Director, Univ. Texas -SPH, San Antonio Regional Campus

As news spread of Hurricane Katrina evacuees' arrival in San Antonio, Public Health students at the University of Texas, School of Public Health, Regional Campus in San Antonio, began searching for ways to apply their public health knowledge and experience towards the betterment of San Antonio's newest residents.

Public Health in Action

The time had come to develop and implement a plan of action for student involvement in the Hurricane Katrina Relief Effort. Two faculty members, Dr. John Herbold and Dr. Frank Moore, informed the Student Association of opportunities awaiting us. We were about to play a participatory role in the assessment of the needs and mental health status of the hurricane evacuees.

The Texas Department of State Health Services, Region 8 office, initially requested the SPH student assistance. Under the direction of Trudi Nekomoto, an Epidemiologist, sixteen SPH students entered data for over 2000 evacuees. The DSHS survey focused on gathering self-reported medical histories of acute, chronic, and mental health, providing a "snapshot" for areas of need. This was an enlightening experience for those of us studying the forms and inputting the data. The patient pool included transplant, diabetic and HIV patients without medication, and individuals suffering from wounds, rashes and coughs. The presence of transplant patients in the patient pool struck home with many of us because one of the SPH's own students is a transplant recipient, and through her other students have come to understand the importance medication plays in preventing rejection and maintaining the proper function of a transplanted organ.

We also participated in the administration of a survey by the Epidemiologic Intelligence Service from the CDC and MetroHealth. The survey collected data to assist the City of San Antonio with the allocation of resources for current evacuees. We captured data centered on medical, counseling and housing issues. Ten students surveyed shelter residents at the four main shelters: KellyUSA Buildings 171 and 1536, Windsor Park Mall, and Levi Strauss. Students approached heads of households as they waited in line either to receive housing appointments from the San Antonio Housing Authority and/or Red Cross monetary assistance. Many of the evacuees we surveyed did not plan to return to New Orleans and were looking forward to settling permanently in San Antonio.

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Two students had the opportunity to work with the RAND Corporation in conducting a health survey assessing physical and mental health status and needs. The survey was the first part of a two-part survey. A large number of the individuals we encountered were looking to tell a story. These students got the impression that many of the individuals approached agreed to answer questions with the hopes of gaining the opportunity to vent their fears, anger, and frustrations. One of the evacuees, Terrence Greene, a former Marine, served as a model for The Three Servicemen Statue that is part of the Vietnam Veterans Memorial in Washington D.C.

Independent Efforts

SPH student involvement was not limited to the opportunities listed above. Many students took their own initiatives, signed up as Red Cross Volunteers, and made themselves available in plenty of ways beyond those engaged in as a student in the School of Public Health. Student efforts ranged from the distribution of goods as evacuees first set up at the shelter to the folding of laundry.

Some students volunteered their help with various local faith based organizations and helped with the acquisition of monetary and nonperishable donations. Two students are currently collaborating with the Muslim Organizations of San Antonio to host a "Feed the Refugees" event within the coming weeks.

In Summary

The majority of individuals were happy to have the opportunity to move out of the shelter and into a private retreat. One and two bedroom apartments ran out quickly and some individuals were told to return later. One student encountered a gentleman at the Levi Strauss shelter who was so upset he was shaking, because he felt that his family of five was being "kicked out."

Many students had mixed feelings about the provision of a place of your own so quickly vs. the disruption of community and networks between fellow evacuees and the loss of easy access to services.

The expression of gratitude among those surveyed was abundant. Many individuals took the opportunity to share their warm feelings for those who have assisted them during their time of need. Sentiments about the kindness of the volunteers and the outpouring of help and support from the residents of the City of San Antonio have made many of the shelter occupants hopeful.

NEWS & VIEWS

Have Something to Share?

We Want to Hear From You!

Email Submissions for the Newsletter to:

newsletter@phsc.org

MEDICARE PART D—
THE MEDICARE MODERNIZATION ACT:
ENLIGHTENED POLICY OR MIDDLE CLASS WOE?

By: Paul J. Flaer, Ed.D., MPH
Doctoral Student, Stempel School of Public Health
Florida International University

The Medicare Prescription Drug, Improvement, and Modernization Act (Public Law 108-173) was signed into law by President George W. Bush on December 8, 2003[1]. According to the Department of Health & Human Services, the new prescription drug program (entitled Medicare Part D) makes it easier for recipients to obtain medications needed to maintain optimum health[2]. Medicare Part D is prescription drug coverage for those with Medicaid or Medicare Part A recipients enrolled in Medicare Part B. The basic options for Medicare recipients invoke the following conditions:

1) With the implementation of the new program, many employers will drop insurance coverage for their employees. Other private insurance plans should not be affected
2) The Medicare Advantage Plan (i.e. HMO managed care plan) includes Medicare Part D coverage. Most Medicare recipients will choose this option
3) A freestanding prescription drug plan consisting of Medicare Part D alone[1] (also administered under a managed care program). The enrollment period ends May 15, 2006 (Medicare will charge a substantial penalty to those who enroll in the prescription drug plan after this date)[3].

At the time of Medicare's inception in the late 1960s, few drugs were available for treatment of chronic diseases[4]. However, today's drug therapies are effective for a wide range of chronic diseases. As a result, today's Medicare recipient uses more medications over a longer period of time. The resultant higher demand for prescription drugs and ever-present cost containment led Congress to come forward with this new program.

Patients affected by Medicare drug policy modernization may have difficulty obtaining their medications and subsequently may not adhere to their treatment regimens[3]. Seniors and disabled patients with very limited resources may be eligible for the low-income subsidy program of the Social Security Administration to help defray the costs of Medicare Part D prescription coverage[5, 6]. The subsidy program eliminates the deductible, lowers the copayments, and decreases or eliminates other out-of-pocket expenses[5]. Most Medicare recipients and those with supplanted employee-based coverage will generally have higher out-of-pocket expenses for their existing prescription regimens[2, 5]. This is due to higher premiums, the deductible, coverage caps, major coverage gaps (called doughnut holes), coinsurance and copayments[7]. Some choice is built into the program, i.e. people will tend to get their prescriptions from their usual pharmacies, only the insurance will be different[2] (and a lot more complicated).

The poorest beneficiaries will lose Medicaid and be automatically enrolled in a Medicare Part D plan to obtain prescription coverage[6]. This group is unusually vulnerable to inconsistencies in coverage due to dehabilitating mental or physical disabilities. Many reside in long-term care facilities such as hospices or hospitals.

The Medicare Modernization Act will result in increased paperwork and red tape to a Medicare system already mired in legalities[8]. Under managed care, a contracting provider receives the same monthly capitation payment per insured patient no matter what services are provided. This "something for nothing" arrangement is prone to abuse under managed care. More cost-containment mechanisms will be used

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Southern Connecticut State University college students' perceptions about tobacco use and prevalence

By Jessica Brown, M.P.H. Candidate 2006

A common misperception among college students is that most college students smoke cigarettes on a daily basis. A recent survey at Southern Connecticut State University (SCSU) found that only 10% of students surveyed (n=609) smoked daily and only 15% had used cigarettes within the past 30 days (ACHA, 2005). Yet, more then half (56%) of students surveyed believed that their peers smoked every day. College can be a very stressful and influential time in a young person's life. Freshmen who are trying to fit in or those with low confidence and self-esteem may be influenced by the perception of what "others" are doing and may mistakenly initiate smoking because they believe "everyone else is doing it". This misperception surrounding the tobacco prevalence among college students is similar to the myth that most students binge drink. While the majority of college students do not binge drink, this perception may be propagated by specific media attention given to binge drinking episodes. At SCSU, inflated perceptions of smoking prevalence may be influenced by the campus wide smoking ban. Since the ban prohibits smoking inside buildings, offices and residence halls, smokers may commonly be seen smoking outside, often times in congregated groups.

Tobacco prevention efforts are critical at the college level because even young adults who come to college as non-smokers may become susceptible to smoking initiation, and become addicted before they realize it. A person can become addicted by smoking as few as four cigarettes (www.tobaccofreeu.org, 2006). Given that 70% of smokers want to quit, yet only 5% quit successfully for three months or longer, it is imperative to stop smoking initiation among college students before they have a chance to become addicted (American Legacy Foundation, 2006).

The issue of college smoking is further compounded by the fact that many college students believe occasional smoking to be acceptable and that they will "quit before they graduate". As we've seen, it doesn't take much to become addicted to cigarettes, and once addicted quitting is extremely difficult. Therefore, preventing college students from smoking should be a top priority among health professionals working in college health.

SCSU has taken the lead in tobacco control by making its campus smoke-free. The sale of tobacco products is prohibited on campus and smoking is not permitted in classrooms, office buildings or residence halls. The only area where smoking is allowed is in outside designated smoking areas. The University Health Services has also initiated a campus wide comprehensive tobacco control program which includes providing tobacco awareness and prevention information at health fairs and on-campus programs, conducting tobacco prevention workshops using the social norms theory to dispel myths about tobacco use on campus, disseminating smoking prevention and cessation information around campus and conducting a free smoking cessation workshop series open to all students, faculty and staff.

Since 18-24 year olds have the highest smoking prevalence in the nation, it is essential that we focus our health promotion efforts on this age group and begin to dispel the myth that most college students smoke cigarettes.

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Tobacco Free University. (2002). *Facts and figures.* Retrieved March 7, 2006. http://www.tobaccofreeu.org/facts_figures/index.asp

Join the Asian Pacific islander Caucus

Aloha kākou! My name is Jared Lane Maeda, MPH and I am the 2005-2006 Student Representative to the Asian Pacific Islander Caucus (APIC), as recognized by APHA. I am from the island of Maui, Hawai`i, and a first year PhD student in Health Policy & Administration at the University of Illinois School of Public Health.

What is the APIC?
The APIC's mission is to address public health issues facing Asian and Pacific Islanders in the United States and associated jurisdictions. This year, our caucus is hosting six oral presentation sessions, three poster sessions, a business meeting, and an award ceremony/reception at the APHA meeting in Boston. APIC members get information on jobs, internships, and advocacy opportunities in our communities.

Did you know the APIC offers many exciting opportunities for students?
You could be a winner! From among abstracts received, we will select the winner of our fourth annual Best Student Abstract Award. Past student winners include Shaun Rao and Ajay Balasubramanyam (2005) and Joshua Yang (2004). APIC is also in the process of creating a mentoring program for students. This fall, we will elect our next Student Representative. And, come February 2007, we'll be looking to nominate students to serve on APHA Leadership Committees and Boards.

We would like to extend a warm invitation to all students interested in joining our caucus. Membership is FREE and you can obtain more information and an application through our website. Get involved today!
www.apicaucus.org

AmeriCorps Positions Available At Public Health Departments in Illinois Public Health Association

The Illinois Public Health Association (IPHA) will begin recruitment of candidates for its 2006-07 AmeriCorps program year on May 1, 2006. Through AmeriCorps, IPHA places 20 fulltime members at local health departments throughout the state to participate in an 11-month term of service. AmeriCorps members take part in a variety of activities including after-school programming, emergency preparedness, health education, environmental health inspections, HIV/STD counseling, volunteer coordination, maternal and child health projects, and professional development trainings.

Since its inception in 2003, IPHA has placed 60 individuals at 27 different local health departments in Illinois through the AmeriCorps program. IPHA AmeriCorps members have completed 70,496 hours of service to Illinois communities, benefiting over 63,470 state residents. They have recruited nearly 2,000 community volunteers for service projects in both rural and urban communities.

Individuals interested in applying to the IPHA AmeriCorps program should visit www.ipha.com/americorps.php to review a list of host site agencies, available positions and to download an application form beginning May 1st. The deadline for applying is June 23, 2006. Interviews will be conducted during the month of July, and final candidate selections will be made the first week of August. The 2006-07 program is set to begin on September 5, 2006 and run through August 3, 2007. Members must be 17 years of age by September 1, 2006; be a U.S. citizen or lawful permanent resident; and have a high school diploma or GED by September 1, 2006.

Individuals with questions regarding the program may contact program director, Kristen Ball, at (217) 522-5687 or kball@ipha.com. Those interested in the program are encouraged to visit www.americorps.org and www.ipha.com/americorps.php to find out more about AmeriCorps and the Illinois Public Health Association AmeriCorps program.

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Equally full was the "Exploring Careers in International Health" session with the following speakers: Jeannine Coreil, PhD of University of South Florida, Professor and Chair of Department of Community and Family Health; Ray Martin, MPH of Christian Connections for International Health, Executive Director; and Philip A. May, PhD of University of New Mexico, CASAA. At both sessions, these public health professionals offered invaluable career advice to the students and new professionals in attendance.

At the Student Assembly Expo booth, board members were raffling off 6 gift baskets that they donated to the SA with all proceeds being donated to the charities of their choice. Basket donors, designated charities, and basket winners are as follows: George Karageorgiou (*Chair, 2005*), National Youth Advocacy Group – Katrina LGBTQ Relief, Andrea Taylor; Meredith Masel (*Chair-elect, 2005*), Habitat for Humanity, Meg Watson; Kristy A. Siegel (*Programming co-chair*), the American Society for the Prevention of Cruelty to Animals – Hurricane Relief, Charlotte Moser; Kristy A. Siegel (*Programming co-chair*), the Humane Society of the United States – Hurricane Relief, George Karageorgiou; Kristy A. Siegel (*Programming co-chair*), The Cat Network, Inc. (of Florida), Ava Joubert; and Mariza Luna (*Programming co-chair*), Operation Ensuring Christmas, Dr. Chris Morssink. Darren Mays (*Treasurer, 2005*) donated $60 to be distributed amongst th e designated charities. Also, student member Eric Griffin donated a gift basket that benefited the CDC Foundation Emergency Preparedness & Response Fund (winner Shannon Turner). Thank you to all those that participated in the raffle!

We would also like to thank the following people and organizations that donated to the Student Assembly: Jay Bernhardt, PhD, MPH; Alan Hinman, MD; Barry S. Levy, MD, MPH; Dr. Kyriakos Markides; Max Michael III, MD; Mary Cheryl B. Nacionales; Dr. Billy Philips; Emory University Rollins School of Public Health; APHA Public Health Education & Health Promotion Section; APHA Occupational Health and Safety Section; TraumaLink Research Center at The Children's Hospital of Philadelphia; and Washington State Public Health Association.

For more information on how you can become involved in the APHA- Student Assembly planning of the APHA 134th Annual Meeting and Exposition in Boston, MA, please email the Programming Committee at programming@aphastudents.org.

Congratulations

to the all

May 2006 Graduates!

You did it!!!

Improving Community Health through School-Based Health Centers

By: Cindy Marti, Tufts University

School based health centers (SBHC) are a community health resource that people may have little awareness of. Located directly in schools or on school property, these health centers provide primary preventative and early intervention care to children of all grade levels (NASHC). As I completed my Tufts' Community Health Internship with the Lynn Community Health Center in Lynn, Massachusetts, I was offered a chance to learn first-hand about the many community benefits of having a school-based health center. As the new community organizer for a health center in one of Lynn's elementary schools, I quickly grew to appreciate the important services it can provide.

School-based health centers vary between schools, depending on financial resources and developmental differences between the students. With parental consent, every student attending the elementary school I work in can receive comprehensive physical and emotional health care during their school day at our SBHC, regardless of their ability to pay. Some examples of services provided are physical exams, immunizations, prescriptions, health education, and counseling (MCSCHa). This elementary school SBHC serves many transient minorities, whom may be less aware of available preventative health and insurance programs, and are at a higher risk for experiencing health disparities (MCSCHb). In addition to improving children's health, SBHCs also decrease absenteeism and the number of emergency room visits (MCSCHb). Having a health center located in the school provides parents with more opportunities to stay at work, while also fostering communication between students, their families, and school staff by working as a liaison between families and additionally needed services. Overall, these services are important for keeping the children in the Lynn community healthy through continuous, preventative care.

As I became more aware of how essential these services are for families, I grew concerned that these services could terminate someday due to financial instability. In Massachusetts, there were once 83 SBHCs, but this year, only 68 remain open due to budget cuts on school health programs in 2004. Out of the 68 SBHCs, 6 of them are located in Lynn. These SBHCs are sponsored by the Lynn Community Health Center and receive some funds from the Department of Public Health, but SBHCs need more sustainable funding to continue providing the care children need. My role as Community Organizer, a position funded through a W.K. Kellogg Foundation grant, is to help Lynn obtain that funding goal.

Initially, I worked to inform families about the vast services available at our School-Based Health Center to increase utilization rates and the community's support. As I have helped to increase awareness of the services available and the need to protect them, I have begun to mobilize the community. On February 7th 2006, a group of 20 people, including students, parents, and SBHC personnel for Lynn, traveled to the Massachusetts State House to join the Massachusetts Coalition for SBHCs in requesting that $4 million be restored to the School Health Line Item (4590-0250) for school health. If policymakers agree to include the change in the fiscal year 2007, this will provide essential funding for both school nurses and school-based health centers to continue providing much needed health services. I am looking forward to continuing making progress in improving Lynn's community health and achieving more sustainable funding for SBHCs. I would like to thank the Community Health Program at Tufts University for fostering my progress during my internship, which led to this great opportunity to continue my passion for improving children's health.

For more information about school-based health centers or if you want to get involved, visit the Massachusetts Coalition for SBHCS at http://mcsbhc.org/ or the National Assembly of SBHC at http://nasbhc.org/.

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Massachusetts Coalition of School-Based Health Centers (MCSCHa). *School-Based Health Centers: A Fact Sheet.* Feb 26, 2006. <http://mcsbhc.org/>

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Living Public Health in New Orleans

By Catherine Tridico

During my undergraduate studies at Louisiana State University (LSU) in Baton Rouge, I began a project related to psychiatric epidemiology. After graduation in December of 2004 with a degree in psychology, I continued to work on this project, and reached out to an epidemiologist at the LSU Health Sciences Center in New Orleans for assistance. Through this contact, I learned about the MPH program at the then 1-year-old School of Public Health at LSU. The school was recruiting students, but since I was intending to do research and apply to clinical psychology doctoral programs, I had not considered pursuing a degree in public health. However, I soon understood the connection between the two fields of mental health and public health, and realized that a Master's Degree in public health could give me the solid base in research methods and statistics that I would need. I applied to the LSU School of Public Health and was accepted into the Epidemiology track in August 2005.

By the end of my first week of the MPH program, I felt like my decision to apply to this program was the right one. But, as I left school that Friday, I had no idea that it would be the last time that I would see the inside of our Public Health building on Canal Street - a few days later the first floor would be filled with the flooding water of Hurricane Katrina.

I evacuated to my hometown in Southwest Louisiana to wait out what I thought would be another regular storm. That weekend I watched television reports of Katrina's movement towards Louisiana while I continued to work on my class homework, naively assuming that I would be back the following week to turn it in.

Hurricane Katrina hit New Orleans on Monday, August 29, 2005 at 6:10am. I watched in disbelief as reports came in of the city filling with water and was stunned by the later images of the deteriorating conditions in the Superdome. Shelters in my hometown began to fill up. Suddenly, public health education had a new meaning for me as I became involved in efforts to help with the disaster. I worked in shelters collecting and organizing supplies, helped cook meals, sorted through clothes to donate to victims, and even worked on organizing a recreational day for displaced children living in shelters.

In the weeks that followed I had virtually forgotten about books and homework. Instead, I heard kids talk about rising water, helicopter rides, fires, and dead family members. I listened as people expressed their fear of going back and finding no home left, a reality which, as we know, many victims have suffered. I saw images of a city that I could barely recognize as New Orleans, and heard reports about the potential for disease outbreak upon return of the population. The experience created a passion for public health in me to a level that I'm not sure an academic program could have.

The storm had wiped out the school's communication system and for some time, we had no idea what had happened to our building, faculty, or other students. It seemed it would be impossible to recover from this disaster, but somehow the fall semester began again on September 26th, two days before Hurricane Rita devastated Southwest Louisiana. Since we had no place to have class, classes were conducted online, and I completed the entire semester never having met my Biostatisics professor until our final exam. Overall, we made the best of the situation and were glad to have some sense of normalcy back in our lives.

Once people were allowed to come back to the city, I began volunteering for the Population Estimate Project, a project initiated by the city of New Orleans which worked to continually assess the number of people in the city to determine what kind of emergency services were needed. I went to randomly selected houses to determine if they were inhabited, and surveyed residents about their needs. Two of the leaders of this project were students from other public health schools in New Orleans. Without the collaboration and effort of many different entities, the project would not have come to fruition.

In January, courses moved back to the classroom (although to a different campus and building than where we had started the program). I continued to be a part of the population estimate, but in addition became involved in

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Youth & Dental Care in Correctional Institutions: Standards, Policy, Economics & Reality

Submitted by Athena Bettger

Dental care guidelines for inmates of correctional institutions, including screenings and treatment, have been proposed by the American Public Health Association and the National Commission on Correctional Health Care (APHA 2003 & NCCHC 2004). This article will describe how the issue of correctional facility dental care has been addressed in the Juvenile Detention Hall (JDH) of Portland, Oregon. JDH is a detention center in Portland with a fluctuating population of approximately 120 youths who are serving terms or awaiting sentencing through the juvenile justice system.

Before January 2005, dental treatment in Portland's JDH was limited to emergency dental referrals. In these cases, youth were taken in shackles to a dental office outside of the facility by two escorts. This system required expenditures for the movement and escorting of inmates and failed to provide needed routine dental care.

An alternative system for providing dental care was proposed – to provide dental treatment "in house" at the facility. Budgeted supplies and clinical staff were used from the adult program. A dentist from the adult facility was scheduled to provide dental screenings for the JDC youth one half day per month and instruments and a dental patient chair were donated from the adult institution. A report was completed which discussed the needed items for a fully functioning dental suite, such as plumbing for the dental suite and additional instruments and supplies.

Dental screenings for the JDH youths were completed according to the NCCHC guidelines. Screenings were completed by a licensed dentist and included a visual dental screening, head and neck exam and a full mouth periodontal probing. Observations showed a wide variety of dental problems such as dental decay and calculus build-up (tartar), as well as the need for procedures such as dental extractions and dental fillings. Overall, clinical observation showed about one-third of the screened youth had a complaint related to their oral health and required some dental procedure.

Multiple budget proposals included the development of a JDH dental suite, but cuts in the Corrections Health budget have prevented such a project from moving forward. As a result, different funding models have been proposed which include seeking grant and private foundation funds. In the meantime, dental screenings for the youths of JDH in Portland, Oregon will follow existing adult policy standards which are similar to NCCHC guidelines and Oregon Medicaid guidelines (NCCHC 2004, DHS Oct 2005 & DHS Dental Services Rulebook).

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such as caps in program usage, deductibles, co-payments, prior authorizations, and therapeutic substitutions of drugs with the same effect[9] (e.g., substitute the cheaper drug *Nexium* for the more expensive *Protonix*). In addition, pharmacies may use formularies that restrict which drugs they dispense[9].

It is impossible to discuss just allocation of health care without the public viewing it as a scarce resource[10]. Doctors may prescribe and pharmacists dispense more generic drugs with the pharmaceutical industry producing fewer *new* generics[1].

Conclusion

Hailed by politicians as long-awaited help for seniors with the costs of prescription drugs, the legislation creating Medicare Part D may in actuality help only those below the poverty level or with very limited resources. Others on Medicare generally will pay more for their prescriptions in an atmosphere of cost containment and reduced service. The poverty level patient, with the additional Social Security subsidy, no deductible, and no caps or holes in coverage will receive significant savings from Medicare Part D but must deal with a bureaucratic nightmare to sign up and use the program. Under Medicare Part D, most seniors will have significant deductibles, coverage caps and holes, more red tape, and less service from the pharmacies. The Medicare Modernization Act, as implemented, demonstrates the precarious situation of the middle class and a deepening rift in today's economically and politically polarized society.

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A Physician's Perspective of Public Health

By Amar Kanekar MBBS, MPH (candidate)

As a physician by training originally from western India, I have only recently become exposed to and involved in the field of public health. The more I learn about the various dynamics involved in public health such as health communication, human interaction, community beliefs, leadership skills, effective programming and evaluation, the more I get drawn into this intriguing and expanding field.

Currently I am training in the area of health education, and I am learning that health education truly serves as an adjunct and interlinked component of clinical care. In an era where effective physician-patient communication is becoming a rarity, knowledge and practice of health education principles and techniques comes as a welcome relief. These principles and their creative application to better the health of societies fascinates me, and I can recall several examples where I found my medical knowledge taking a back seat to basic health communication techniques.

I had the opportunity to be a part of a community screening program in Kentucky, where I am currently studying. During this time, I was able to learn about the application of behavioral skills and about the psycho-social aspects of dealing with community problems. It was a unique and an altogether different experience for me, during which I was able to work together with students from various backgrounds such as dentistry, social work, public health and nursing, and which helped me to improve my overall team interaction and communication skills.

My experiences thus far have both increased my awareness and appreciation for the field of public health, and I am continuing to be as involved as possible. Currently, I am working as a graduate assistant in the public health department of my university researching and learning about different aspects of the field. I am also actively involved in the work of the Kentucky Public Health Association, for which I hold a position as vice-president. In addition, I am trying to improve my leadership abilities by being an integral part of the Dynamic Leadership Institute of Western Kentucky University, which trains individuals in team building and team work.

As I learn more about the importance of public health, I hope to some day also be involved in public health efforts in developing countries, where lack of personnel and adequate funding to run community and population health programs are chronic problems. I hope that as both a physician and a health education specialist, I will be able to contribute in some way to the public health needs both here and abroad.

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with a flexible start date, competitive salary ($28,000 to $35,000 depending on experience), comprehensive benefits package, moving costs (up to $2,500), and excellent resources for career development. The position may be renewed for a second year contingent on funding and performance. The fellowship can be tailored to suit the individual's training requirements with potential opportunities for gaining teaching experience and clinical work. Support is also available for conference travel and relevant training experiences.

The Health Research Group is composed of a dynamic group of faculty in the UMKC School of Medicine representing clinical health psychology, statistics and methodology, epidemiology, and cardiology, and has close ties with the Truman Medical Center, and the Mid America Heart Institute at Saint Luke's Hospital. In addition, our faculty has affiliations and collaborations with investigators at a number of local institutions including the UMKC School of Dentistry, the Kansas City University of Medicine and Biosciences, and the University of Kansas Medical School Department of Preventive Medicine. UMKC is a research intensive university with a wide range of undergraduate, graduate, and professional programs including the Schools of Medicine, Dentistry, Biological Sciences, Law, the Bloch School of Business and Public Administration, and a doctoral program in Clinical Health Psychology. In addition, UMKC is served by three full-service, tertiary care medical centers (i.e., Truman Medical Center, Saint Luke's Hospital, and Children's Mercy Hospital) which provide a stimulating academic environment.

Applicants should have an earned doctoral degree (PhD, ScD, MD, DrPH, DO) or be ABD, strong research training in behavioral medicine/health psychology, epidemiology, or health promotion, and an interest in pursuing a career in tobacco control research. Review of applications will begin immediately and continue until the position is filled. Members of underrepresented groups are especially urged to apply. Please send a letter of interest, CV, and names of three referees to:

Amy Gilmore
University of Missouri-Kansas City, School of Medicine Business Office
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COVER THE UNINSURED WEEK 2006 - YOU CAN HELP

During May 1–7, thousands of individuals and organizations from many sectors of society will join together to tell our nation's leaders that health care coverage must be their top priority. *Cover the Uninsured Week* 2006 will highlight the fact that nearly 46 million Americans—including more than 8 million children—are uninsured and will provide ways that everyone can help get America covered. As part of this year's effort, there are three action steps anyone can take to get involved.

Visit www.CoverTheUninsured.org to:

1. *Tell Congress* that health coverage must be their top priority.
2. *Spread the word*: send a *Cover the Uninsured Week* e-mail to your friends asking them to help get America covered.
3. *Get involved in Cover the Uninsured Week activities* and show your support.

Thousands of activities will take place in all 50 states and the District of Columbia as part of the *Week*, including press conferences, health and enrollment fairs, business events, campus activities, and interfaith events. Learn more about events taking place by viewing a state-by-state map at www.CoverTheUninsured.org/events. Event planners are also encouraged to download and order free planning guides and materials at www.CoverTheUninsured.org/materials.

The American Public Health Association Student Assembly encourages our members to get involved in *Cover the Uninsured Week.* There are many ways to show your concern, from sending an e-mail to your members of Congress to planning or participating in activities in your community. We hope that you will do your part to help get America covered.

Cover the Uninsured Week 2006 builds on a tremendous record of activity. In 2005, more than 2,200 events were held during the *Week*, supported by nearly 200 national organizations and more than 2,500 local organizations in all 50 states and D.C. More than 150 elected officials representing both political parties marked the *Week* with speeches on Capitol Hill, letters to the editor, proclamations, community forums and more.

Visit www.CoverTheUninsured.org for more information and updates on the *Week*.

Unconvincing Science:
Why I question a science career.
Response to Michael Specter's article in *The New Yorker* "Political Science" (March 13, 2006)

By: Rebecca Tave Gluskin
Prospective MSc. Environmental Health
New York University School of Medicine
APHA Student Liaison Environmental Health Section

"…we need to encourage children to take more math and science" President Bush announced in his 2006 State of the Union . A statement I fully agree with, since there seems to be a downward trend of U.S. students graduating with science degrees. Unfortunately government actions speak louder than their speeches; the past few years have been laden with countless examples of the current administration brushing science aside, especially in the area of public health. An article by Michael Specter in the March 13th issue of *The New Yorker* titled "Political Science" outlines some of the most recent offenses by the U.S. federal government on the scientific community.

Specter mentions numerous examples of data censorship and growing frustration among scientific advisory panels. In the public health field, NIH scientists were reportedly restricted from attending an international AIDS conference and requiring written permission to advise the WHO. Morale is low at research agencies like NOAA and the U.S. Fish and Wildlife Service according to surveys conducted by the Union of Concerned Scientists. It is no wonder why young undergraduates choosing their careers would bypass a science degree; it doesn't sound like very good working conditions.

As a student myself, articles like this provoke many questions about my future career. Should I dedicate my life's work to scientific research when the government could misinterpret, censor and even rewrite it? Is this what it would be like to work for a federal research agency and are these sort of conditions beneficial to novel research? Before the current administration attempts to encourage students to pursue the sciences, we need to be shown evidence of a government in which science is respected and right now the data is not very convincing.

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another project. I assisted in the efforts of a group of researchers and public health students from New York who were working on a project to determine health needs of displaced victims and their children in transitional living situations. During the 10-day effort, I sat in FEMA trailers with victims and took down their information, and learned about the human stories behind every survey. The accounts of what these people went through and were continuing to experience so long after the storm was both heartbreaking and inspiring. Sitting down to collect data and to hear the story of their own personal tragedies gave the study a personal dimension that I have found to be a driving force in public health.

We lost 12% of our student body after Katrina and more failed to return for the spring semester, but our small school has somehow managed to survive and continue. And for those of us who have been fortunate enough to remain in the program, we are truly learning and experience what public health is all about everyday in New Orleans.

About Our Organization

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

Check us out on the web!
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Student Assembly

SA

APHA

American Public Health Association's
Student Assembly
Attn: Frances Atkinson
800 I St. NW
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Mission Statement

APHA-SA is a student-led international organization within APHA representing students of public health and other health-related disciplines. We are dedicated to enhancing students' educational experiences and professional development by providing information, resources, and opportunities through communication, advocacy, and networking.