

In Official Relations with the American Public Health Association <u>Public Health Student Caucus</u>

News & Views

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Why public health students should be involved in public affairs

By Christopher Atchison, MPA and Lawrence Prybil, PhD The University of Iowa College of Public Health

n 1988, the Institute of Medicine (IOM), in their landmark report, The Future of Public Health, observed that public health, as a social enterprise, was doing a poor job of marshalling support for identifying and addressing critical health problems. The IOM noted that this ought not be the case, that in fact public health had much to commend itself to general public support. Demonstrated public health successes such as the virtual elimination of small pox should be powerful tools to demonstrate that public health programs ought to be employed and supported by policymakers. Unfortunately, such was not often the case.

The public health issue of the 1980s was AIDS and history shows the uneven response of the nation's public policy to that disease. Indeed, through much of the 1980s legislation responded as much to fear as fact in the addressing of HIV/AIDS. It can be argued that it is only recently that the most effective and proven public health interventions have begun to be used widely to identify and intervene in the course of this disease.

The lessons of the past and the challenge in the IOM report resonate across the public health practice community, but are we better off? Perhaps no topic in public policy suggests not than the debate over how the tobacco settlement funds should be spent.

Clearly, tobacco use is a public health issue of long standing. It was in 1964 that Surgeon General Luther Terry sounded the first official alarm about the hazards of smoking. Over the intervening thirty five years a range of personal and population based interventions were engaged to reduce the prevalence of tobacco use in the United States. By the early 1990s, conclusions had been well formed that smoking was injurious to health. Drs. Michael McGinnis and William Foege concluded that, in fact, tobacco use was the number one cause of otherwise preventable deaths. In some ways this pronouncement represented the initiation of a new phase in the effort to reduce tobacco usage. Within several years the Clinton Administration proposed that FDA directly regulate tobacco activities. Additionally, the nation's attorneys general initiated suits to recapture state Medicaid dollars expended in the treatment of what were now demonstrated preventable conditions.

That the attorneys general were successful in their efforts may have been surprising but what is chilling is the failure of the public health community to exert the influence necessary to sup-

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The role of students in public health

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port an allocation of these settlement dollars to fully effective tobacco policies and, beyond that, to expand the message of the tobacco settlement to other equally beneficial population health interventions.

Why is public health thwarted? Frankly, because for too long, as the IOM stated more than a decade ago, public health leaders have not been actively engaged in political activities.

As students of public health, you must be dedicated to fully developing the science skills necessary for public health practice. But you must also be committed to being the best at influencing the course of public policy toward support of the programs you believe will make a difference. And where must this effort begin? Many years ago the former Speaker of the U.S. House of Representatives, Congressman Thomas P. (Tip) O'Neill Jr. was quoted as saying, "All politics is local." This means, start where you live! With the current development of community based projects around Healthy People 2010 there is a natural platform for bringing to the attention of local officials important public health objectives. Healthy People can provide both the goals and measures by which you can judge the effectiveness of your political engagement.

If HIV/AIDS and tobacco have taught us anything, it is that public health science must compete in the forum of ideas that make up our political process. Unless we are willing to offer our ideas in those forums, where contrary opinions now reign, we will continue to be stymied in our efforts to improve the health of the public and eliminate health disparity.

First Monday 2000: Gun violence prevention

By Arinn Dixon, MPM Associate Director of Policy for Violence Prevention Physicians for Social Responsibility

Physicians for Social Responsibility (PSR) is announcing a new gun violence prevention activism project called First Monday 2000. First Monday is a national project that inspires medical students and students of public health to become active in social justice issues while in school and to continue to be active after they enter their professions.

Launched on the first Monday of October, the annual opening day of the Supreme Court, First Monday is a year-long campaign of social activism that educates students on a certain policy issue, offers a forum for discussion, and proposes methods of advocacy on an individual and community level.

First Monday's focus in 2000 is on the issue of gun violence. Gun violence represents a nationwide public health crisis that kills more than 32,000 Americans each year, 4,000 of whom are children. Only cancer, heart disease, and motor vehicle accidents cause more deaths in this country. These statistics highlight the severe public health implications of gun violence – and force us to see firearms as the inherently dangerous products they are.

Endorsed by the American Public Health Associa-

tion and the American Medical Student Association, First Monday will be a "call to action" for students to get involved in gun violence prevention. PSR believes that physicians and public health professionals have a unique role in the gun violence prevention debate because they witness firsthand the tragic epidemiological effects of gun violence. First Monday will serve to make medical students aware of the severity of the gun violence problem while they are still in school and motivate them to remain involved in violence prevention throughout their medical careers.

First Monday will include:

- a short film, entitled "Justice Under Fire," that will serve as an anchor for events held on campuses that educate students on the issue of gun violence;
- non-partisan voter education and voter participation activities for students; and
- student groups working with community leaders and civic groups on local violence prevention efforts.

For more information about the First Monday program, please contact Andrew Kessler, First Monday 2000 Project Coordinator, at (202) 898-0150 ext. 240. You may also contact *akessler@psr.org* or consult our Web site at *www.psr.org*.

President's Corner...

As we enter the new millenium, many great things are in store. The Public Health Student Caucus (PHSC) is off to a strong start with our newly appointed officers. As we continually prepare for the Annual Meeting in Boston, we hope to keep you informed through the 2000 Annual Meeting Information link located on our homepage (www.phsc.org). This will be updated with any

new information throughout the year, so please check back with us as the time nears the meeting in the coming months.

I plan to lead the Caucus into playing a more active role in the American

Public Health Association (APHA) and within the field

of public health. This will entail the following goals for the year:

- becoming more visible within APHA;
- developing the student movement of the Medicine and Public Health Initiative:
- distributing a quarterly newsletter;
- expanding the National Mentorship Program;
- maintaining an up-to-date Web site; and
- recruiting more student members locally through campus liaisons.

We need your participation and input at all these levels. All of the officers are at your disposal, so please do not hesitate to contact us. I strongly encourage you to browse our Web site to acquaint yourself with the Caucus and the 1999-2000 officers!

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The NMPPH: Bringing the present and the future together

NEWS & VIEWS

In virtually every profession imaginable, a mentoring relationship is considered an excellent route toward ensuring not only the vitality of a profession, but the growth of the workers within that profession. Mentoring is a personalized approach to learning based on a personal and professional relationship between a learner, a mentee, and a teacher, a mentor. The National Mentoring Program in Public Health (NMPPH) is a project of the Public Health Student Caucus, which is in official relations with the American Public Health Association. The goals of the program are to: improve the relevancy of the academic training that public health students receive, increase the professional success and productivity of public health students and professionals, and help strengthen the field of public health through the retention and growth of strong and committed leaders.

The NMPPH began with a pilot project, the National Public Health Student-Mentor Program, in 1998. The initial pilot program matched 52 graduate-level public health students with 52 health professionals who shared similar interests. The initial results from an evaluation of the pilot program, completed via e-mail by 62 percent of the participants, were promising. Approximately 71 percent of respondents felt they met their own personal objectives for the program. Furthermore, the majority of mentees (76 percent) stated their mentor had helped them strengthen their interest in their chosen field. Based on these results the Public Health Student Caucus

felt it was critical to establish an ongoing and permanent NMPPH.

The 1999-2000 NMPPH matched 45 public health students and recent graduates with 45 public health professionals. Participants represent 31 U.S. states and territories, three countries including the U.S., five race/ ethnicities and seven general areas of interest within public health. Mentees were matched to mentors based on the following criteria: (1) general area of interest, (2) specific area of interest, (3) three rank-ordered mentoring objectives, and (4) vision of an ideal match. The NMPPH had a kick-off event at the APHA annual meeting in Chicago this past November in order to welcome and orient matched participants. Informative material entitled A Guide to Building Effective Mentoring Relationships was distributed to participants. Mentees and mentors in attendance had the opportunity to meet one another and begin establishing their mentoring relationship that will run until June 2000. Stay tuned for information on how you can become involved in the NMPPH as well as the latest results from the 1999-2000 program evaluation.

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For a community to be whole and healthy, it must be based on people's love and concern for each other. - Millard Fuller

National Public Health Week April 3-9, 2000



Mark your calendars...

The 128th Annual Meeting will be held in Boston, Massachusetts, on November 12-16, 2000. The theme for the meet-

ing is "Eliminating Health Disparities." For more information on student activities held during the event, check out the 2000 Annual Meeting Information link on our homepage www.phsc.org. Students are invited to attend welcome sessions, listen to guest speakers, and visit research presentations. Make arrangements now to join us in Boston!

Join the PHSC

Caucus membership is available to all APHA members. To join PHSC, please print off and complete this form. Along with your \$5 dues, mail your application to **Public Health Student Caucus, P.O. Box 55445, Birmingham, AL 35255.** If you are NOT a member of APHA, you need to join before you can join the Caucus. Students receive a 60 percent discount off the APHA membership price. All APHA student members receive subscriptions to the *American Journal of Public Health* and *The Nation's Health*, as well as discounted registration fees to the Annual Meeting for only \$50 a year. For APHA membership information, visit their Web site at *http://www.APHA.org* or e-mail the organization at *membership.mail@apha.org*.

	E-mail:
City:	State/Province:
Postal Code:	APHA Member #:
I would like to be incl	:

PHSC membership: Small...yet, diverse

Since the PHSC was officially recognized by the APHA Executive Board in 1996, 1255 students have joined our caucus. Currently, there are 380 members which is an extremely small portion of the 4,639 active student members registered with APHA. Despite the small size, the PHSC is made up of individuals from various backgrounds, regions, and disciplines.

There are approximately 114 American and international (Canada, Puerto Rico, and Scotland) institutions represented in our membership. The following are universities that are wellrepresented:

- 1. University of North Carolina, Chapel Hill
- 2. University of Illinois, Chicago
- 3. University of Alabama, Birmingham
- 4. Johns Hopkins University

- 5. George Washington University
- 6. University of Minnesota
- 7. San Diego State University
- 8. Boston University
- 9. University of South Florida
- 10. Emory University

Our members live in one of the 42 states, Canada, and Puerto Rico. We are students seeking a bachelor's (BA, BS, BSPH), master's (MA, MBA, MHS, MPH, MS, MSPH, SM), or doctoral (DrPH, MD, PhD) degree.

We represent fourteen APHA Sections or Special Interests Groups. The Public Health Education and Health Promotion (PHEHP), Epidemiology (EPI), and Health Administration (HA) sections make up the largest groups. We also have members from:

- Alcohol, Tobacco, and Other Drugs
- Bioethics Forum

- Community Health Planning & Policy Development
- Environment
- HIV/AIDS
- Injury Control & Emergency Health Services
- International Health
- Maternal and Child Health
- Medical Care
- Public Health Nursing
- Population, Family Planning & Reproductive Health

There is definitely room to expand our PHSC membership. If you are a member already, please encourage your peers to join our caucus. For you non-members refer to our Web site *www.phsc.org* to learn more about PHSC and we hope you will become a member!

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