



UPCOMING EVENTS

MdPHA Board Meetings

Monday, April 11, 2005

*Maryland Association of Non-Profits
190 West Ostend Street, Baltimore*

Monday, May 9, 2005

Monday, June 13, 2005

American Heart Association

415 N. Charles Street, Baltimore

*Board meetings are held from 5:30 –
7:00 pm, and are open to everyone.*

Public Health Week

April 4 – 10, 2005

Theme: “*Empowering Americans to Live
Stronger, Longer: Prevent, Protect and
Plan*”.

Various Events Planned.

2005 MdPHA Annual Meeting

Friday, June 3, 2005

The Pearlstone Center

5425 Mt. Gilead Road

Reisterstown, MD

Theme: “*Eliminating Health
Disparities*”.

SAVE THESE DATES

MdPHA Members: Please Renew Now!

As of 4/5/05: Only 71 members have renewed:

We have gained 8 new members

We have 1 lifetime member,

49 Student members through 9/05,

14 members paid through 2006.

**That means about 160 2004
members have not yet renewed!**

NOTES FROM THE PRESIDENT

You can tell its Spring! Birds are flying south, daffodils and crocuses are blooming and warmer days are getting more and more frequent. As I write this, between soccer games at a tournament in Richmond I am taking advantage of blue skies and a warm sun to be outdoors. Everyone seems to have the same idea; get outside and do something! The soccer teams are obviously being active, some parents have run or taken walks between games, and the park is filled with people biking, walking the trails, or practicing other sports. Driving through the small community, we see families pushing strollers, shoppers walking between the quaint antique stores, and people washing cars. Everyone is enjoying the break in the unpredictable spring weather. Days like today make it easier to do a little more physical activity. And isn't that what it's all about? Doing a little more activity than we are doing now?

In this issue, we will bring you up to date on our legislative efforts, the MdPHA Legislative Reception, our membership drive (please renew your membership!), and the activities of our Board and Sections. We have also updated our website (Thanks Gillian!) and it is now on a new server/host. We will continue to make improvements but would love to find a volunteer to do regular updates! Roger Harrell, President-Elect and Program Chair, has been working hard on planning our June 3rd Annual Meeting at The Pearlstone Center in Reisterstown.

I would be remiss if I did not thank Sherry McCammon, Legislative Committee Chair, for all her hard work in preparing written testimony, testifying or arranging MdPHA testimony, and updating the membership on the status of our health-related bills. Sherry did a fabulous job of planning our Legislative Reception. A big thank you also goes to Roger Sorensen, Secretary, for putting together such high quality newsletters. I have gotten a lot of positive feedback on our latest issues!

So, enjoy this newest issue of *The Record* – maybe outside on your lunch break or with a great view of Spring!

Ruth Maiorana, President



MdPHA Board Members

President, Ruth Maiorana
Past-President, Gillian Silver
President-Elect, Roger Harrell
Treasurer, Francoise Pradel
Secretary, Roger Sorensen

ARGC, Michaeline Fedder

At-Large Members,
 Ingrid Connerney
 Dianne Crews
 Ayanna Fewes
 Sonia Fierro-Luperini
 Gerald Gallucci
 Sherry Livick McCammon

Student Representative,
 Sapna Eknath

Committee Chairs

Program, Roger Harrell
Legislative, Sherry Livick McCammon
 (co-Chair)
 vacant (co-Chair)
Membership, vacant

Section Chairs

Health Education,
 Angela Deal (co-Chair)
 Leslie Hoglelund (co-Chair)
Nursing, Dianne Crews (co-Chair)
 Shirish Shah (co-Chair)
Student, Sapna Eknath
Latino Caucus, Sonia Fierro-Luperini
Black Caucus, vacant

The Maryland Public Health Association
 624 North Broadway, Room 325
 Baltimore, MD 21205

phone:(410) 955-3660; fax:(410) 614-7642
 email: mpa@jhsph.edu
 web: <http://www.mdpaha.org> **NEWLY
 UPDATED!**



PROMOTING BREASTFEEDING IN PUBLIC HEALTH

With the release of the 2005 guidelines on infant nutrition by the American Academy of Pediatrics, public health should consider whether we have been vocal enough in support of breast-feeding. The American Academy of Pediatrics in its' policy statement, 'Breastfeeding and the Use of Human Milk', recommends exclusive breastfeeding for the first six months and continuation of breastfeeding for at least a year¹. They cite good evidence that human milk has benefits that artificial formula simply cannot replicate, for infants, their mothers and for society. The National Institute of Health reports that breastfeeding lowers post-neonatal infant mortality². Breastfeeding reduces breast cancer risk even for women with high genetic predisposition^{3,4}. Breastfed children are less likely to be obese⁵.

Obstacles to breastfeeding include poor support from the health care system¹ with hospital policies that interfere with breastfeeding success, lack of appropriate follow up and widespread promotion of formula via hospital discharge packets. Cultural factors are also critical in decisions about infant feeding. Glossy advertising, embarrassment and ignorance, can be more influential than science. Yet, with all the current evidence that breastfeeding is safer for most babies and their mothers there is no more excuse for reluctance to advise women on infant feeding choices. Telling mothers that 'either choice is fine' is not adequate risk communication anymore.

Many Marylanders born since the 1950s were bottle-fed and do not have knowledge or experience on lactation. All health professionals need to learn how to counsel and support women who are making infant feeding choices. Women look to public health and health care professionals for clear, credible guidance and it is our responsibility to communicate the current scientific knowledge on infant feeding and advocate for system/societal changes that support women in their choice to breastfeed.

Public health has been fearless in taking positions about far more controversial issues and we are generally not shy. We advocate safe sex, monthly breast examinations, condoms and seat belts. We discuss taboo body parts like colons, tell people what to eat, how much to stay in the sun, sleep, drink or exercise, not to mention where people are allowed to smoke. We take unpopular stands on issues like needle exchange, choice of vehicles and the place of guns in society. We were among the first to talk publicly about breast cancer. When evidence was clear we advised putting babies on their back to sleep despite long held traditions to the contrary. So any reticence on the subject of infant feeding is hard to comprehend.

(Continued on page 3)

For the sake of the next generation and for a multitude of good public health reasons, let's start improving breastfeeding rates in Maryland.

Hanan Aboumatar, MD, MPH, is Preventive Medicine Resident, Johns Hopkins Bloomberg School of Public Health & Katherine Farrell, MD, MPH, is Deputy Health Officer, Anne Arundel County

References:

1. Breastfeeding and the Use of Human Milk. Pediatrics Vol. 115 No. 2. Feb, 2005, pp. 496-506
2. Chen A, Rogan W. Breastfeeding and the risk of post-neonatal death in the United States. Pediatrics 2004;113: 435-439
3. Collaborative Group on Hormonal Factors in Breast Cancer. Breast Cancer and Breastfeeding: collaborative reanalysis of individual data from 47 epidemiologic studies in 30 countries, including 50302 women with breast cancer and 96973 women without the disease. Lancet.2002; 360:187-195
4. Jernstrom H, Lubinski J, Lynch HT, et al. Breastfeeding and the risk of breast cancer in BRCA1 and BRCA2 mutation carriers. J Nat'l Cancer Inst. 2004;96:1094-1098
5. Arenz S, Ruckerl R, Koletzko B, Von Kries R. Breastfeeding and childhood obesity-a systematic review. Int J Obes Relat Metab Disord. 2004;28:1247-1256

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Frequent eating of fast-food is associated with increased bodyweight and risk for type 2 diabetes

The frequency of obesity in the United States has been rising at an alarming rate. The prevalence of obesity, defined as a body-mass index (BMI) greater than 30¹, was 30.5% in 1999-2000 as compared to 22.9% in 1994. Furthermore, data reported by the Centers for Disease Control and Prevention (CDC) lists *poor diet and physical inactivity* as the second leading cause of death in the USA, just below smoking². A recent study has now shown that frequent eating at fast-food restaurants is associated with greater weight gain and greater increase in insulin resistance, a risk for developing type 2 diabetes³.

This study followed the dietary habits of young (18-30 years old at the start of the study) black and white adults for 15 years, and found that those who ate at fast-food restaurants more than 2 times each week had gained an extra 10 pounds and had a 2-fold
(Continued on page 4)

Dietary Guidelines

The Dietary Guidelines Advisory Committee, appointed by the Secretaries of the U.S. Department of Health and Human Services and the U.S. Department of Agriculture, has recently released its report, *Dietary Guidelines for Americans (Dietary Guidelines)*⁺. In a change from previous versions, the recommendations listed in the new *Dietary Guidelines* report are not meant for the general public, but meant for use by policymakers, nutrition educators, nutritionists and healthcare providers in encouraging Americans to eat fewer calories, be more active, and make wiser food choices. The recommendations are meant to be integrated and implemented as a whole, allowing professionals to tailor their advice to the habits and cultures of individuals. With that in mind, some of the recommendations are the following:

- Consume a variety of nutrient-dense foods and beverages within the basic food groups while choosing foods that limit the intake of saturated and trans fats, cholesterol, added sugars and alcohol.
- Maintain body weight in a healthy range. Balance calories from foods and beverages with calories expended.
- Engage in regular physical activity and reduce sedentary activities.
- Consume a sufficient amount of fruits and vegetables while staying within energy needs.
- Choose a variety of fruits and vegetables from all five vegetable subgroups (dark green, orange, legumes, starchy vegetables, and other vegetables).
- Consume 3 or more ounce-equivalents of whole-grain products per day with the rest of the recommended grains coming from both enriched and whole-grain products.
- Consume 3 cups per day of fat-free or low-fat milk or equivalent milk products.
- Consume less than 10% of calories from saturated fatty acids and less than 300 mg/day of cholesterol, and keep trans fatty acid consumption as low as possible.
- Keep total fat intake between 20 – 35% of calories, with most fats coming from sources of polyunsaturated and monounsaturated fatty acids.
- Choose fiber-rich fruits, vegetables and whole-grains often.

+ see www.healthierus.gov/dietaryguidelines

increase in insulin resistance when compared to those who ate at fast-food restaurants less than once per week. During this study, men visited fast-food restaurants more frequently than women and blacks more frequently than whites.

However, the frequency of eating fast-food was directly associated with increased bodyweight and insulin resistance for both blacks and whites.

This study shows that it is extremely difficult to eat in a healthy manner at fast-food restaurants. Although strides are being made in fast-food offerings, these menus still tend to offer foods high in fat, sugar and calories, and low in fiber and nutrients. It's possible that a single fast-food meal can contain enough calories to satisfy an individual's daily caloric requirement. If you have the urge for fast-food, keep the portion size small, and ask for

high fat sauces and condiments "on the side" so that these can be

used sparingly.

References:

1. Calculate your BMI:
<http://nhlbisupport.com/bmi/bmi-m.htm>
2. Mokdad, AH, Marks, JS, Stroup, DS and Gerberding, JL (2004) Actual causes of death in the United States, 2000. JAMA 291: 1238-1245.
3. Pereira, MA, Kartashov, AI, Ebbeling CB, Van Horn, L, Slattery, ML, Jacobs, DR, Jr, and Ludwig DS (2005) Fast-food habits, weight gain, and insulin resistance (the CARDIA study): 15-year prospective analysis. Lancet 365: 36-42.

IN PUBLIC HEALTH HISTORY

1975

Inclusion of Nutrition Consultation as a Reimbursable Expense Under Federal Health Programs

Whereas, nutrition consultation is a critical factor in the promotion of health, the prevention of disease, and in recovery and rehabilitation from illness or injury.

Therefore, Be It Resolved that Congress be urged to pass legislation which clearly identifies nutrition services as a reimbursable expense in Medicare, Medicaid, Health Maintenance Organizations and other federally financed health insurance programs. --**APHA Policy Statement 7504**

1977 Adoption of National Dietary Goals

Assuming our obligation as health professionals with expertise in nutrition to establish sound dietary principles for guiding nutrition policy and education and to provide the individual consumer with a practical guide for making food choices which will maximize his/her health; and

Recognizing that dental caries, diabetes, obesity, stroke, and heart disease are among the most widespread health problems in the United States; and

Noting that these and other health problems are related to the typical American diet which is high in fat, cholesterol, refined sugar, and refined grains; and

Noting that the Senate Select Committee on Nutrition and Human Needs recommends that the United States adopt and institute national nutrition goals that would maintain health and help prevent disease; and

Recognizing that, although controversial, these "goals" indicate that desired direction in which changes in the diet of Americans should be recommended:

1. In cooperation with other professional, scientific, and governmental groups knowledgeable in nutritional needs as they relate to health, work toward the implementation and

refinement of the dietary goals.

2. Urges members of APHA to reaffirm their commitment to prevention through improved nutrition by assessing and strengthening the nutritional care component of the health care programs for which they are responsible. --**APHA Policy Statement 7722**

1982 Breastfeeding

Recognizing that breast milk is the best food choice for most infants due to its nutritional and immunologic benefits and the value of breastfeeding in enhancing the development of strong emotional bonds between infants and their mothers; and Realizing that education of health professionals and health workers can increase the success of breastfeeding; and Recognizing that education of clients/patients can improve the incidence and duration of breastfeeding; and

Realizing consistent support persons giving personalized teaching is important component of breastfeeding education; & Recognizing that changes in hospital practices including rooming in demand feeding, no supplementary bottles, and immediate postpartum breastfeeding can encourage breastfeeding; and

Realizing that discharge packs containing breast milk substitutes from the hospital may adversely affect the duration of breastfeeding; therefore

1. Calls for the all pertinent government agencies to develop a national campaign to promote breastfeeding in the hospitals and health centers within their jurisdiction,
2. Calls for the US Department of Agriculture to promote sound infant feeding practices in the Women, Infants, and Children Supplementary Feeding Program by encouraging breastfeeding, utilizing lactation counseling, and giving instruction on the proper use of formula; and
3. Calls for the Food and Drug Administration to encourage labeling of infant formulas which clearly instructs the user in proper preparation through instructions especially designed for the consumer who is not literate in English (such as explicit pictograms and bilingual instructions) and permits easy consumer differentiation between ready-to-feed and concentrate formula. – **APHA Policy Statement 8226**

MdPHA Community Activities

“Thank You for Calling the Healthy Connections Phone Bank”

Callers to the January 20th Healthy Connections MPT program may have reached our very own Sonia Fierro-Luperini (Chair, Latino Caucus) or Ruth Maiorana (President) for advice on nutrition related issues. Through grant funding, MPT had been able to air a series of health-related programs in 2004. The programs on nutrition, obesity and supplements were the last in the series. During the program, the audience was encouraged to call in with questions. Phones were answered by dietitians and other health experts until 11 p.m. Ruth and Sonia were kept busy answering questions about specific diets and providing referrals to local programs. Sonia was also able to provide support for Spanish speaking callers.

Ruth Maiorana is current President of MdPHA.

IMPORTANT: 2005 Membership Drive

If you have not yet renewed your membership with MdPHA, (and many of you haven't – see page 1!) please do not forget to do so! Your membership supports the MdPHA programs and benefits. If you have any questions about your membership, please contact Ruth Maiorana at 410-638-8498 or rmaiorana@cheerful.com.

Baltimore City Homeless Census 2005

After being snowed out the previous Sunday, the Baltimore City Homeless Census was conducted successfully on January 31, 2005. The survey is a biannual requirement for cities receiving funding from the U.S. Department of Housing and Urban Development (HUD). This year's survey was a joint effort of Baltimore Homeless Services, Inc. and the Center for Poverty Solutions. Volunteers canvassed streets and shelters in three shifts from 10 AM to 10 PM. In addition to counting individuals, homeless individuals were asked to complete a survey, the purpose of which is to provide information on both the local and national

levels for development of appropriate programs and services for the homeless.

According to an editorial in the Baltimore Sun (2/7/2005), the city counted 2600 homeless in 2003 (advocates believe the number is higher, and may now be 3-4000); there are approximately 50,000 homeless statewide. Results from this year's census will be available in about two months.

On the heels of this survey, city and federal officials announced that Baltimore City received a \$15 million HUD grant to address homeless issues: \$8 million will be used toward subsidies for rent, in an effort to provide permanent housing for the homeless, and the rest will go towards transitional housing, shelters, and services to keep people off the streets (e.g., eviction prevention) (Michael Hoffman, Baltimore Sun, 2/1/2005).

While this is positive news, it unfortunately will make a small dent in the situation. MdPHA held an educational session on the topics of homelessness and hunger in February 2004 and the association will continue to keep public health professionals in the state apprised of ways to be involved in working toward solving this problem.

Gillian Silver is Immediate Past President, 2004-2006, of MdPHA.



SAVE THE DATE

**The 2005 MdPHA ANNUAL MEETING WILL BE HELD
Friday, June 3, 2005!**

This Year's theme is: “Eliminating Health Disparities”. See you there.



2005 Legislative Report- Update- March 29, 2005

Clean Indoor Act of 2005

[SENATE BILL 332](#) and [HOUSE BILL 428](#)

Unfortunately, these bills were defeated this year in both the Senate Finance Committee and the House Health and Government Operations Committee. These bills would have prohibited a person from smoking tobacco products in indoor areas open to the public and places of employment including bars and restaurants.

Public-Private Partnership for Health Coverage for All Marylanders

[HOUSE BILL 1144](#)

Unfortunately, this bill received an unfavorable report from the House Health and Government Operations Committee. This bill would have expanded the eligibility under the Maryland Medical Assistance Program to parents at or below a specified income subject to specified limitations including uninsured individuals in the Maryland Pharmacy Discount Program and all individuals under the age of 19 years in the Maryland Children's Health Program (MCHP). To continue to support health care legislation, please visit www.healthcareforall.com website.

Physical Education Bill

[SENATE BILL 233](#) and [HOUSE BILL 525](#)

The Senate passed SB 233 and the House Ways and Means Committee passed HB 525 with amendments. Both bills crossed over and will now be heard on the opposite side. The amended HB 525 bill requires the State Department of Education to employ a full-time director of physical education to assist the county boards of education in developing and implementing plans to meet the minimum requirements.

School Nutrition Program

[SENATE BILL 609](#) and [HOUSE BILL 521](#)

HB 521 died in the House Ways and Means Committee. Its companion bill, SB 609, is on hold in the Senate Education, Health and Environmental Affairs Committee. This bill will need amendments to be heard again on the house side. The initial bill

would establish a School Nutrition Program requiring local school systems to serve specified required foods that follow specified requirements regarding portion sizes, sodium content, and method of preparation and prohibiting specified beverages and unhealthy foods from being served in public schools between the hours of 12:01 a.m. and the end of the last lunch period.

Student Health Promotion Act of 2005

[SENATE BILL 473](#)

SB 473 passed the Senate Education, Health and Environmental Affairs Committee and is now in the House Ways and Means Committee. If this bill passes, it will require each county board of education to include the importance of physical activity as part of instruction in health education and require each county board to establish a nutrition policy on or before January 31, 2006 that applies to all foods and beverages made available to students during the school day. It will also require the nutrition policy to be implemented by the start of the 2006-2007 school year.

For up-to-date information, please visit www.mlis.state.md.us.

Sherry Livick McCammon is current co-Chair of the Legislative Committee.

COMMITTEE, SECTION, CAUCUS UPDATES

Legislative Committee

MdPHA held their Annual Legislative Reception co-sponsored by the Maryland Healthy Schools Coalition on March 8, 2005 at Harry Browne's Restaurant in Annapolis. The event had a great turnout from MdPHA members and legislators as well as from future public health leaders from Morgan State.

Our members especially enjoyed hearing from Delegate Barbara Frush on HB 428- Clean Indoor Air Act of 2005 and Delegate Joan Stern on HB 521 and 525 regarding Nutrition and Physical Education in Schools. Our very own Glenn Schneider, from *Health Care For All* filled in

(Continued on page 7)

at the last minute to talk about HB 1144 - Access to Health Care and about Health Care For All's agenda. Thank you Glenn!

Special thanks goes out to Beth Marshall, Maryland Healthy Schools Coalition, Secretary for handling registration and to Michaeline Fedder - APHA Legislative Liaison for her "Advocacy 101" presentation and letter writing campaign for HB 428.

For more information about MdPHA's 2005 legislative agenda, please visit www.mdpha.org and click on Advocacy.

Public Health Nursing Section

The Public Health Nursing Section is soliciting nominations for four nursing awards to be presented at the Annual Meeting on June 3, 2005:

- The Ruth Freeman Award - for outstanding service in public health nursing.
- The M. Frances Etchberger Award - for outstanding service to mothers and children.
- The Community/Public Health Nursing Student Award - for outstanding contributions to the health of an at-risk population or community.
- The Special Recognition Award: Parish Nursing - for outstanding service in this emerging area of specialized nursing practice.

This is an opportunity to honor those nurses who are carrying out the mission of our organization in the community. Please go to the web site: <http://www.mdpha.org/MDPHA/phn-awards.html>, for a detailed description of the awards, the criteria for selection and the appropriate application information. **The deadline for receiving applications is May 1, 2005. Submit nominations to MdPHA, 624 N. Broadway, Room 325, Baltimore, MD 21205, ATT: Dianne Crews or by email: dmackcrn@aol.com.**

Health Education Section

The Spring meeting was held on March 4th at the Calvert County Health Department. One new person joined MdPHA - welcome Mr. Storm! - and 22 people were in attendance. The members discussed activities planned for Public Health Week, upcoming events and programs, and the DHMH Community Health Educator classification series. Currently, the requirements are changing for the Community Health Educator I, eliminating the year of experience requirement! Patricia Naedel, a Nutrition Educator from the Maryland Cooperative Extension Service, gave a lively presentation on nutrition for the group. To bring home the message on portion sizes, participants were asked to

measure out a family serving size of pasta and restaurant serving sizes. According to the measurements by participants, a typical family portion was equal to 5 1/2 servings of pasta and the restaurant serving was 15! The recommended portion of pasta is 1/2 cup! Patricia recommended asking for a to go container to put aside at least half of the normal serving when you order pasta or other entrees. She also assigned each of the participants a food item from a fast food establishment. Then, members were asked to arrange themselves from highest calorie to lowest calorie items. After a number of surprising changes were made to the order, the exercise was repeated with fat levels. The highest calorie item, the Mandarin Orange Chicken salad from Wendy's remained the highest calorie and highest fat item but everything else changed. This was a great exercise to get people talking about choices and perceptions. If health educators couldn't get the orders exactly right, how can we expect the general public to understand all of the nutritional guidelines!

The Section is working on expanding the membership. We would really like to recruit members that are not only Health Department Educators, but from all areas of Health Education.

The Health Education Section is looking to co-sponsor events during Public Health Week across the state. If you would like additional information, please call Co-Chairs Angela Deal at (301) 609-6838 or Leslie Hoglund at (301) 752-7989.

Program Committee

The MdPHA Annual Meeting Planning Committee has been doing a fantastic job in organizing this year's event. This year's theme is "Eliminating Health Disparities", and the program will cover a range of issues the address health disparities and public health. The MdPHA Sections and Caucuses are planning special breakout sessions to allow further discussion on these topics. If you would like to further assist the Planning Committee for this year's meeting, please contact Roger Harrell, MdPHA President-Elect and Program Chair, at rharrell@shore.intercom.net.

Membership Committee

The Membership Committee is looking for a motivated volunteer to serve as chair of this committee. Duties would include maintaining the MdPHA membership list database, monitoring all new/renewal memberships, and revising the membership application form as necessary. If you are interested, or would like further information, please contact Ruth Maiorana, MdPHA President, at rmaiorana@cheerful.com

Upcoming MdPHA Activities

Don't miss the programs planned for you in the next few months, leading up to the 2005 Annual Meeting! Most programs are FREE to MdPHA members, one of the benefits you receive as a member!

2005 MdPHA Annual Meeting Friday, June 3, 2005

The Pearlstone Center
5425 Mt. Gilead Road
Reisterstown, MD

This year's theme is, "*Eliminating Health Disparities*". The program will address several areas of public health concern including rural health, mental health, and substance abuse, as well as health issues affecting race, ethnicity, access and socioeconomic status. Dr. Walter Tsou, MD, MPH, President of APHA, will give the keynote address. Registration information coming soon.

Other Events

2005 Metropolitan Washington Public Health Association Annual Meeting

April 5, 2005
Washington, DC

"The Impact of Social Injustice on Health Disparities"

- * Learn about the impact of social determinants on health disparities
- * Explore social determinants of health from research, government and community perspectives
- * Learn about programs working to reduce social and health inequalities
- * Develop an action plan using popular education to end health disparities

Cosponsored by SOPHE, Howard University, George Washington University, and MidAtlantic Public Health Training Center.

The Tenth National HIPAA Summit

April 6 - 8, 2005
Baltimore Waterfront Marriott
Baltimore, MD

The HIPAA Summit is the Leading Forum on Healthcare EDI, Privacy, Confidentiality, Data Security and HIPAA Compliance.
www.HIPAAsummit.com.

NALBOH's 6th Annual Ned E. Baker Lecture in Public Health

Friday, April 8, 2005
1:00 p.m. – 2:00 p.m. Eastern
Bowling Green State University,
Bowling Green, Ohio

"Working with Local Elected Officials to Improve Public Health"

Vaughn Mamlin Upshaw, DrPH, EdD,
Lecturer in Public Administration and Government, University of North Carolina at Chapel Hill

View the lecture via Webcast, at <http://wbgu.org/baker/index.html>. For more information, visit www.nalboh.org or contact nalboh@nalboh.org.

SOPHE Midyear Meeting

April 13-16, 2005
Marriott Copley Place, Boston, MA
Organized by SOPHE in collaboration with the Society for Behavioral Medicine

American Occupational Health Conference (AOHC)

Spring Scientific Meeting – Occupational and Environmental Medicine
April 29 – May 6, 2005
Renaissance Hotel, Washington, DC
Attendees: Physicians (+MPH, Residents/Students), Nurses, Health Executives, Safety Engineers, Public Health Officers
CME: 37+
www.aoem.org
(847) 818-1800, X Registration,
JoAnn Szyska

Cover The Uninsured Week

May 1 – 8, 2005
Former Presidents Gerald Ford and Jimmy Carter are serving as Honorary Co-Chairs. For more information, visit <http://covertheuninsuredweek.org>.

Maryland Health Promotion Conference

May 4, 2005

Sheraton Columbia Hotel
Columbia, MD
The Maryland Partnership for Prevention (MPP) announces an upcoming conference, *Points Across II: Health Promotion Strategies for Lasting Success*. Participants will enhance their ability to implement successful health promotion campaigns through sessions led by experts in the fields of social marketing, health literacy, program evaluation, and events planning. For more information: www.mdhealthcoalitions.org/MPP%2002005%20Points%20Across%20Conf%20Brochure.pdf

2005 National Injury Prevention and Control Conference

May 9 - 11, 2005
Denver, Colorado
Theme: "Injury and Violence in America: Meeting Challenges, Sharing Solutions". Sponsored by CDC, NCIPC, NAICRC, STIPDA,

NALBOH's 13th Annual Conference

August 10-13, 2005
Nashville, TN
The theme of the conference is, "*Local Boards of Health: Responding to Our Community Needs*". For information, see www.nalboh.org.

2005 APHA Annual Meeting

November 5-9, 2005
New Orleans
This year's theme is, "*Evidence-Based Policy and Practice*". For information, see www.apha.org.

Special Thanks

Contributing Members

A special thank you goes to the following MdPHA sponsoring members who gave above their membership dues:

- Alan Baker
- Michaeline Fedder
- Kimberly Koelbel (new member)
- Attila Lorincz
- Roscoe Moore, Jr.
- Jane Talbott

MdPHA Presidents (1955 – 2004)

<u>Assumed Office</u>	<u>Name</u>	<u>Assumed Office</u>	<u>Name</u>
1955	Philip E. Sartwell, M.D.	1983	Michaeline Silverstein
1956	William H.F. Warten, M.D.	1984	Susan Radius
1957	Alice M. Sunderberg, R.N.	1985	Richard Sniadach
1958	William J. Peebles, M.D.	1986	Carol Lewis
1959	Ferdinand A. Korff	1987	Carol Lewis
1960	J. Howard Beard, M.D.	1988	Deitra Wengert
1961	Frank T. Jones	1989	James F. Fite
1962	William Robbins	1990	Darralyn Alexander
1963	William Robbins		
1964	Clemens W. Gaines		<u>MdPHA Became Incorporated 1991</u>
1965	Timothy D. Baker, M.D.		<u>July 1 – June 30th Fiscal Year</u>
1966	C. Murray Wylie, M.D.		
1967	H. Berton McCauley, D.D.S.	1991	Darralyn Alexander
1968	James E. Carson, M.D.	1992	Michaeline R. Fedder, M.A. (AHA, Md.)
1969	Emma Jane Hanks	1993	Pam Snashell
1970	Emma Jane Hanks (Mrs. Fletcher Hanks)	1994	Beth Cooper (AM Heart Assn, Md.)
1971	Emma Jane Hanks	1995	Donald O. Fedder, Dr.P.H., M.P.H.
1972	Richard G. Ballard	1996	Stephen Havas, M.D., M.P.H., M.S.
1973	Louis P. Hellman, Sc.D.	1997	Katherine M. Marconi, Ph.D.
1974	Louis P. Hellman, Sc.D.	1998	Julie Magno Zito (Resigned 1 July 1999)
1975	N. Singh Dhillon	1999	Donald O. Fedder (Completed Zito term)
1976	N. Singh Dhillon	2000	Katherine Farrell, M.D., M.P.H.
1977	Thomas D. McKewen	2001	Katherine Farrell, M.D., M.P.H.
1978	Robert B. Mancke	2002	Gillian Beth Silver, M.P.H.
1979	Bernadette G. Greene, R.N.	2003	Gillian Beth Silver, M.P.H.
1980	John B. Dutrow	2004	Ruth Maiorana
1981	Richard L. Miller		
1982	JoAnne Ivory, R.D.H.		

Courtesy of: H. Berton McCauley, D.D.S., MdPHA President, 1967, with additional input from Michaeline Fedder, Katherine Farrell and Susan Radius.

Maryland Public Health Association
624 North Broadway, Room 325
Baltimore, Maryland 21205

ADDRESS CORRECTION REQUESTED

Email: mdpha@jhsph.edu

Website: <http://www.mdpha.org>

Seeking Nominations

The Nominations and Awards Committee is seeking nominations for up to three At-Large Directors for the MdPHA Board for 2005-2006. Terms are for two years.

The Nominations and Awards Committee is also seeking nominations for the following awards;

- Legislator of the Year, and
- Media Representative of the Year.

All nominations should be sent to the attention of Gillian Silver, Immediate Past-President and Chair, Nominations and Awards Committee, at gbsilver@gmail.com, or 410-955-3986.

**Moving? Please let
us know.**

Don't forget to send MdPHA
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don't want to lose you.

**What would you like to see in the
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