



Association News

An Affiliate of the American Public Health Association

Autumn 2007

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A Message from Cynthia Serna, NMPHA President

2007 has been a great year for me so far. Up to this point, I've enjoyed good health and am still working in a job that's personally fulfilling. My children are doing well - in fact, the oldest of my four beautiful daughters graduated from college this year and is now a first year law student at Yale, making her sisters and me extremely proud. In April I was pleased and gratified that the months of hard work invested by a terrific conference planning committee to present a meaningful and fun annual conference for NMPHA members had paid off in an excellent convening of public health folks that many felt was one of the best NMPHA conferences they'd ever attended. And in May, I was honored to become the current President of NMPHA, after a year as President-Elect being mentored by the wisdom of Corazon Halasan and an awesome Board of Directors.

With so many blessings to count, perhaps the most amazing thing that's happened for me this year is the realization of a long-

time dream. **On June 15, 2007, New Mexico officially became the nation's 17th smoke-free state.** The Dee Johnson Clean Indoor Air Act, enacted by the Governor and our state legislators in March, protects New Mexico residents and visitors from the serious health effects of secondhand smoke in nearly all indoor public places and workplaces across the state, including restaurants and bars. For the past 11 years, I've worked as a public health and tobacco control advocate, the last six of those years at the American Cancer Society as Director of a statewide advocacy coalition called New Mexicans Concerned About Tobacco. During that time I've watched the rapid growth of a solid body of research and knowledge, expansion of a small chorus of voices into a true movement, and met a lot of committed, impassioned people. It was an emotional moment, standing side by side on the fourth floor of the



state capitol with Lydia Pendley, Cheryl Ferguson, and other tireless public health advocates, after Governor Richardson signed the Dee Johnson Clean Indoor Air Act into law on a windy day back in March.

The statewide smoke-free law has been in effect now for three months, and yet every time I drive past that huge billboard that says "New Mexico is Smoke Free" I still get a thrill. One of these days this is probably something I won't even think about and will just take for granted, as people do when norms change. But for now I'm still remembering all the thousands of people who helped make this dream come true and who share responsibility and my deepest gratitude for

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President's Message

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helping make our state a safer, healthier place to live, raise children, and grow old.

For a wealth of information about the Dee Johnson Clean Indoor Air Act, including answers to Frequently Asked Questions, signs and other materials you can download or request for free, and phone numbers to call to report a violation, visit www.smokefreeNM.com. Compliance with the law has been amazingly high - thanks to the excellent cooperation of enforcement personnel (primarily local police, fire and sheriff), business owners, and members of the public. I've personally had conversations with and responded to dozens of phone calls and emails from business owners and customers who have expressed their appreciation and embracing of the smoke-free policy. Despite all the past controversy, I've yet to receive one angry, harassing phone call or email.

There are also lots of things you can do as a public health advocate to help support implementation of the law. Here are a few ideas:

- Encourage people to call the toll-free information number, 1-877-4-SFNMAIR (1-877-473-6624), or visit www.smokefreeNM.com.
- Distribute free signs to local businesses letting their customers know the establishment is now smoke-free as of June 15, 2007. Let them know they can download or request other free materials, including business owner guides, table tents, and coasters, as well as answers to Frequently Asked Questions, and a summary or full text of the Dee Johnson Clean Indoor Air Act, from www.smokefreeNM.com. *(Call 262-6024 to request free signs, wallet-size information cards, and other materials you can help distribute.)*
- Distribute information materials on the Dee Johnson Clean Indoor Air Act at local health fairs, meetings, and other events in which you are participating.
- Send cards to your local legislators thanking them for prioritizing the health of their constituents in passing the Dee Johnson Clean Indoor Air Act.
- Promote 1-800-QUIT-NOW, New Mexico's free tobacco cessation help line, which is offering free Nicotine Replacement Therapy (NRT) products, while supplies last, to callers who enroll in the "Quit for Life" program.
- Submit positive letters-to-the-editors of local newspapers, focusing on the message that New Mexicans deserve safe, healthy places to work, play and conduct business, and the Dee Johnson Clean Indoor Air Act is good for business and good for health. If you have personal stories about how the new law has positively affected you, please include them in your letter.
- Make a point of visiting newly smoke-free businesses and letting them know how happy you are about the smoke-free environment!

I hope each of you had an opportunity over the summer to take some time for yourself and relax, take a few deep breaths, and reflect on your own blessings this year. For all you do to help make life better for your fellow New Mexicans, you deserve to be rewarded.

Gratefully,

Cynthia



Health Care Reform Update

by Lydia Pendley

NMPHA is a co-sponsor of 15 Health Care for All Campaign community forums being held July through October (with more in the works). Over 600 people have attended the forums held to date. The community forums are informing the people of New Mexico about the current, rapidly evolving status of health care reform in New Mexico, with a particular focus on the recent results of the Mathematica Policy Research, Inc., cost study comparing three proposed universal health care models with the current system. The forums are also presenting the recommendations that were made to the Governor and Legislature by the Health Coverage for New Mexicans Committee that oversaw the Mathematica study; the Governor's proposed health care reform legislation; and the work of the Interim Health and Human Services Committee that has made health care reform a priority for its statewide meetings and deliberations this summer and fall. Most importantly, the community forums provide information and motivation about how to get involved with advocacy for universal access to health care and health care reform.

October community forums will be held in

Moriarty/Torrance County, October 3, 12-2 pm
 Valencia County/UNM Campus, October 3, 5:30-8 pm
 Gallup/McKinley County, October 4, 6:30-8:30 pm
 Alamogordo/Otero County, October 24, 2 pm and 8 pm

Look for NMPHA e-mails with further details or go to the Health Action NM website (www.healthactionnm.org)

We encourage NMPHA members to use the following summary of current health care reform activity and the Health Care for All Campaign's goal and action points to talk about the need for universal access to health care and real health care reform in New Mexico and to get others in their communities involved in this campaign. A petition calling on the Governor and Legislature to take action is available on the Health Action NM/Health Care for All Campaign website (www.healthactionnm.org). We intend to take 10,000 signatures to the 2008 legislature. Every voice is needed!!

Health Care for All Campaign Goal: achieve universal access to health care for all people living in New Mexico by 2009

Reasons to Act

- 432,000 New Mexicans under 65 are currently uninsured all or part of the year – we are 2nd in our uninsured rate only to Texas; we are number one in our rate of uninsured children.
- Every family with an insurance plan in NM pays \$1,875 more each year for their premium to cover uncompensated care.
- Many people are denied health coverage because of pre-existing conditions.
- People who lose or change jobs have to switch insurers or can't afford to pay for health insurance while they are unemployed.
- Businesses, especially smaller ones, are struggling to meet the rising cost of health insurance and to keep their competitive edge.
- Health care is taking up a rising and inordinate amount of our country's (and state's) resources.

Action toward Health Care Reform in New Mexico

- In 2006 Gov. Richardson appointed the Health Coverage for New Mexicans Committee with members representing providers, advocates, consumers, unions, and the insurance industry. It was charged with carrying out a cost comparison of several health care models and comparing their costs with the current system (doing nothing). Mathematica Policy Research, Inc., conducted the study and submitted its final report in June 2007.
- Health Coverage for New Mexicans Committee submitted its recommendations for health care reform to the Governor and Legislature following review of the Mathematica study in June 2007.
- The Interim Health and Human Services Committee has made health care reform its priority for the 2007 interim period (summer/fall 2007), is holding meetings throughout the state and will probably propose legislation for the 2008 legislative session.
- Gov. Richardson is developing legislation for the 2008 session that would create a "Universal Health Coverage Authority" charged with creating a single point of accountability for public health coverage programs (Medicaid and others), conducting further health issues analyses, providing health coverage pooling, and setting standards (including regulating health insurance benefits, administrative costs, etc.)

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- The Health Care for All Campaign is co-sponsoring with local communities community forums around the state to inform the public about health care reform and get people involved as advocates.

Mathematica Policy Research, Inc., Cost Study

The study covered only New Mexicans under 65, and also excluded federal employees/retirees, veterans, active military, and the institutionalized population. All models were costed based on a comprehensive benefit package similar to what state employees currently receive. The study did not look at transition or implementation costs for any of the models. Three models (approaches) to providing health coverage for all people living in New Mexico were studied all of which maximize use of Medicaid and other public coverage programs:

- Health Security Plan – a single plan for all New Mexicans administered by a single commission.
- NM Health Choices (2 versions) – creates a single actuarial pool for all eligible persons and uses a voucher system for payment.
- Health Coverage Plan – would expand Medicaid, other public programs, and private coverage, and require individuals to purchase insurance.

The study also determined the cost of the current system (doing nothing).

Study Findings

- 42% of New Mexicans have employer-sponsored insurance; 2% have private insurance; 30% have public insurance (Medicaid, SCHIP, SEI, TRICARE); and the remainder are uninsured six months or more during the year.
- 52% of uninsured are eligible for public programs but are not enrolled.
- 50% of workers in private sector firms that offer insurance actually enroll.
- Most of the uninsured are poor.
- 12% of those uninsured all year are children, but 70% of children lose coverage at some time during the year.
- Total health care costs currently are \$6.24 billion with 432,000 (under 65) uninsured.
- Costs for the three models ranged from \$6.03 b. (Health Security) to \$6.7 b. (NM Health Choices, version 2) with everyone insured.
- By 2011 the current system would cost \$8.765 b. with 472,000 (under 65) uninsured.

- By 2011 costs for the three models would range from \$7.878 b. (Health Security Act) to \$9.148 b. (NM Health Choices, version 2) with everyone insured.

MAJOR CONCLUSION: For about the same cost as doing nothing, **EVERYONE** in New Mexico could have health care coverage.

Recommendations from the Health Coverage for New Mexicans Committee and the Governor:

establish a “Universal Health Care Authority” to oversee and implement changes in public and private insurance that will lead to universal access to health care for all people living in New Mexico.

The Health Care for All Campaign calls for legislation that:

- Covers all people living in New Mexico
- Becomes de-linked from employment and moves with the individual (portability)
- Creates a governance body (Health Care Authority) that consolidates government programs, regulates and oversees insurance; is independent and publicly accountable
- Creates consolidated actuarial pools (for greater shared risk)
- Has clear cost-containment measures and is sustainable
- Offers affordable premiums with comprehensive benefit packages (including mental health parity, vision, and dental care)
- Emphasizes and monitors quality of care
- Simplifies administration
- Allows system-wide data to be obtained to measure outcomes and success

You can act now to help New Mexico achieve *real* health care reform and assure that all people living in New Mexico have access to quality health care:

- Join the Health Care for All Campaign (www.healthactionnm.org)
- Talk to your senators/representatives and the governor about the need for real health care reform in 2008 that includes the HCFA action points (above)
- Write a letter to the editor or an editorial; speak out at meetings; appear on radio, TV
- Sign the HCFA petition and take petitions with you for others to sign
- Respond to upcoming requests from the HCFA Campaign.

TOGETHER WE CAN!

It's all about choices...

**By Teresa Wagner, MS, RD/LD, Director
of Dairy Confidence and Medical
Outreach, Dairy Max Incorporated**



Formerly adult onset, degenerative diseases such as osteoporosis, diabetes, and heart problems are striking our children at increasingly younger ages due to their being both overweight and undernourished. This generation is said to be the first with a life expectancy not to exceed that of their parents. Therefore, it becomes imperative that children learn healthy eating behaviors and lifestyles early in life.

A report recently released by the American Academy of Pediatrics on bone health and calcium intake stressed the importance of parental role modeling and calls for children to consume three age-appropriate servings of dairy foods per day (4 servings for adolescents). The AAP noted that enjoying calcium-rich dairy foods such as milk, cheese, and yogurt during childhood and adolescence will help build strong bones and reduce the risk of fractures and osteoporosis later in life. The report additionally emphasized the importance of physical activity in building peak bone mass.

This report comes at a critical time, with USDA data indicating that 7 out of 10 teen boys and 9 out of 10 teen girls are not getting the calcium they need. In fact, 77% of children ages 9-19 are not getting the calcium they need, and the incidence of fractures and osteoporosis rising.

The goal of health professionals and school officials as well as policy makers has become to make our schools an environment where children learn not only reading, writing, and arithmetic but also a healthy lifestyle to carry them into adulthood. A cornerstone of that goal is offering plain and flavored milk in schools, according to the AAP. In 2004, the AAP issued a policy statement recommending only low-fat plain and flavored milk, 100% fruit juices and water be served or vended in schools. It has taken more than two years for schools to implement that advice.

Seventy-two percent of dietary calcium in the U.S. food supply comes from milk and other dairy foods. In addition to calcium, milk is the number one source of several key nutrients in the American diet, including potassium, phosphorus and magnesium. In fact, the 2005 Dietary Guidelines Committee recognized that children who consume more dairy foods have better overall diets, consume more nutrients, and are more likely to achieve peak bone mass. Not surprisingly, research has shown that children who regularly avoid milk have lower bone mineral density and more bone fractures. Most of the studies on children and weight management are observational and cannot prove a cause and effect relationship. Despite this fact, in general, weight management studies in children suggest that increasing dietary calcium/dairy intake to recommended levels may play a role in promoting a healthy body weight, lowering the percentage of body fat, and preventing an unhealthy weight gain in children and adolescents.

There are a variety of ways to interest kids in drinking the amounts of milk as recommended by the AAP. Flavored milks are nutrient-rich and provide the exact same nutrients and benefits as unflavored milk. According to a study published in the Journal of the American Dietetic Association, kids who drink flavored milk have higher calcium intakes without increasing their total fat and added sugar intakes compared with children who do not drink flavored milk. They are less likely to indulge in the candy bar or soda they may have otherwise chosen.

Schools in our country are now offering flavored milks in new packaging called the New Look of School Milk. These resealable, kid-appealing packages and flavors stay colder, are easier to open, and entice kids to drink 37% more milk, according to recent research. Milk based beverages are taking the place of soda in many vending machines.

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It's all about choices...

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An improvement over what has been in the school vending machines, they are a healthy alternative to sodas and high calorie sport drinks and they provide a greater variety of milk products from which kids can choose. However, some may not be 100% milk. Many schools have adopted for milk vending machines or 3-A-Day vending machines that offer 100% milk (low-fat white or flavored) as well as other nutritious options including cheese and yogurt. All of these choices must fit the criteria outlined by the new federally mandated Wellness Policy which had to be in place by the beginning of the 2006 school year.

The overall goal of our schools in wellness should be to teach children in an environment that models a healthy lifestyle. Opportunities for physical activity and nutrition education are part of the equation. The most recent Dietary Guidelines list low-fat and non-fat dairy foods as "Food Groups to Encourage" (along with fruits, vegetables, and whole grains). Offering nutritious products in order to model appropriate food choices throughout the school food system is key. These offerings should include options that help kids get their three servings of dairy a day.

Health professionals today can help bring kids back to milk by learning about the wellness policies in your area, advocating for appealing packaging with the foodservice directors and principles, attending PTA meetings, and serving on the School Health Advisory Councils to discuss why milk and other healthy options are necessary for children's health. Only 3 out of 10 school-age children consume the recommended milk group servings needed each day to meet calcium requirements and only 2% of children meet the requirements of the Food Guide Pyramid for all food groups.

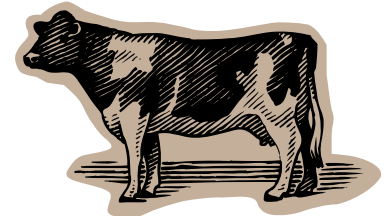
Helpful Websites:

www.3aday.org

www.nutritionexplorations.org

www.nationaldairycouncil.org

www.mypyramid.gov



September 8 was... What?

by Leah M. Ingraham, PhD

Here I am at my computer on September 8, 2007, writing about . . . World Rabies^a Day (WRD)! By the time you read this you may find you have missed the opportunity to celebrate this event, and maybe you are saying to yourself: "Self, so what's the big deal about rabies?" After all, it has been a while since Berton Roueché penned his 1956 "The Incurable Wound."¹ But wait . . . on October 7, 2006, a severely ill 10-year-old girl was transferred from a community hospital to a tertiary-care pediatric hospital where she received a diagnosis of rabies.² She died on November 2nd. Epidemiological investigation helped the family members remember that in June the child had awakened with what was deemed a nightmare about a bird or a bat that had bitten her. Yep, it was a bat.

So what do experts say that might prevent such an occurrence? Sleeping quarters should have screened windows. Of course WRD features several other helpful suggestions about protecting humans from rabies including the provision of vaccination for animals in frequent contact with humans. In the U.S. we enjoy this protection, and CDC has taken the occasion of WRD to announce the elimination of dog rabies in the U.S.³ Given this success, it is easy to see the above case as a tragic but infrequent occurrence. Throughout the world, however, rabies is a significant threat to humans, with the World Health Organization estimating 55,000 human deaths in 2004.⁴

Leah Ingraham is a member of NMPHA and is currently volunteering with the New Mexico Medical Reserve Corps after a career in public health as a consultant for emergency public health preparedness in Indiana.

Countries with occurrence of human rabies exposure are as diverse as Brazil, Belarus, Canada, Colombia, Georgia, Indonesia, Japan, Morocco, Panama, Peru, Philippines, South Africa, Russia, Ukraine, United Kingdom and the U.S. The greatest burden is found in Africa and Asia.⁴

Consider China. We are becoming increasingly aware of China's difficulties with public health. The Chinese themselves are exposed to significant pollution and tainted food.⁵ In addition Chinese exported products include contaminated food for both pets and humans⁶, adulterated tooth paste⁷, defective tires⁸, and lead-painted toys.⁹ With respect to rabies, both human and animals cases abound. The control measures have horrified dog lovers, since "culling" of dogs by the tens of thousands has been introduced in some parts of China as the most effective approach to protecting humans.¹⁰

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Thoughts from Marsha McMurray-Avila, NMPHA Executive Director

Dear NMPHA members...

I certainly hope everyone has had an absolutely wonderful summer with plenty of time off for vacationing and connecting with friends and/or family. And now it's that time of year when the leftover childhood memories of back-to-school bring that little memory shiver of "time to start something new again." Or maybe it's the shiver remembered from those early chilly mornings at the school bus stop. Anyway – enough of the nostalgia. Autumn always feels like the time to start something new again, even if the "something" isn't really new, but rather maybe a new way of seeing or working on something you already have right in front of you.

Our summer here at NMPHA has been filled with planning and gearing up for lots of new "somethings." We won't know what all those "somethings" will be until sometime in October when we get notified of the results of some pending grant awards. We still have plenty to keep us busy in the meantime – strategic planning with our new Board of Directors, planning and organizing advocacy training workshops around the state for October and November (keep your eye on the listserv for more information on those...) and thinking about new and better ways to get all our members involved and excited about NMPHA. This last topic is the one on which I would like to spend some time reflecting with you. What keeps you excited about being a part of NMPHA? What are the benefits of being an NMPHA member? Why belong?

I won't go into the traditional list of benefits as presented in our membership brochure: it's all true and all important. (Hey – you can check out the list of benefits at <http://www.nmpaha.org/about%20us.html> on our newly-designed website!)

Instead, I'd like to focus on the simple act of "belonging" to something larger than ourselves. We know that the sense of connection to others has numerous benefits, as has been demonstrated in all the research related to the positive influence of "social capital." In his book, *Bowling Alone: The Collapse and Revival of American Community*, Robert D. Putnam defines social capital as the "connections among individuals – social networks and the norms of reciprocity and trustworthiness that arise from them."



From the book...

"In recent decades public health researchers have extended this initial insight to virtually all aspects of health, physical as well as psychological. Dozens of painstaking studies from Alameda (California) to Tecumseh (Michigan) have established beyond reasonable doubt that social connectedness is one of the most powerful determinants of our well-being. The more integrated we are with our community, the less likely we are to experience colds, heart attacks, strokes, cancer, depression, and premature death of all sorts. Such protective effects have been confirmed for close family ties, for friendship networks, for participation in social events, and even for simple affiliation with religious and other civic associations."

It's very common for us all in the public health field to talk about "building social capital" in our grant proposals and programs for community-building to promote health. But what about our own social capital? What about the role that belonging and connecting play in our own lives?

So now I want to add another membership benefit to the list. I would like to make the simple argument that belonging to NMPHA – if you get involved and connect with others – is **good for your health!**

As part of that strategic planning process mentioned earlier, the NMPHA Board is looking at ways to re-energize our committees and sections. Now more than ever, the health of New Mexico depends on addressing the issues around Social Determinants of Health, which are intricately intertwined with Environmental Health & Justice, with everyone affected overall by Universal Access to Health Care, as well as ongoing development of strong effective Health Policy. Committees are already starting to form to begin planning for our Annual Conference next April.

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Thoughts from Marsha McMurray-Avila

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And the health of our organization depends on strong Membership, development of Leadership, effective Communications and, of course, robust Resource Development. So, when you joined or renewed your membership, if you marked one of those little boxes with your preference for section or committee work in one of the above areas, expect to get a call or email from someone soon. And when you get that email or call, before you respond with the traditional lament of "But I don't have time!" think about how nice it would be to do something outside of your daily work grind that could have a bigger social impact, how much fun you could have connecting with other like-minded folks and increasing your own social capital, and how maybe, just maybe, you might end up with one less cold this winter!

In peace and health,

Marsha McMurray-Avila

Contributions to the *Association News* from NMPHA members are welcome, but the right is reserved to select material to be published and/or to edit material for length and clarity.

Unless otherwise specified, publication of any announcement or statement is not deemed to be an endorsement by the New Mexico Public Health Association of the views expressed therein, nor shall publication of any advertisement be considered an endorsement by the New Mexico Public Health Association of the product or service involved. Articles are not necessarily the opinion of the New Mexico Public Health Association nor its Executive Board. Submissions are not verified for accuracy.

All authors wishing to submit their manuscripts must do so electronically in Word format. Hardcopy submissions cannot be accepted. Submissions should be no more than 1,000 words in length.

Include the submitter's name and phone number in the event of questions. Include the submitter's/author's organizational affiliation if it should be included in publication.

Requests for reprints should be addressed to the editor who is responsible for coordinating such requests with the submitter/author.

NMPHA Association News Submission Guidelines

2008 Publication Schedule

Winter

Call for submissions: 12.3.07

Deadline for submission: 12.17.07

Distribution: 1.7.08

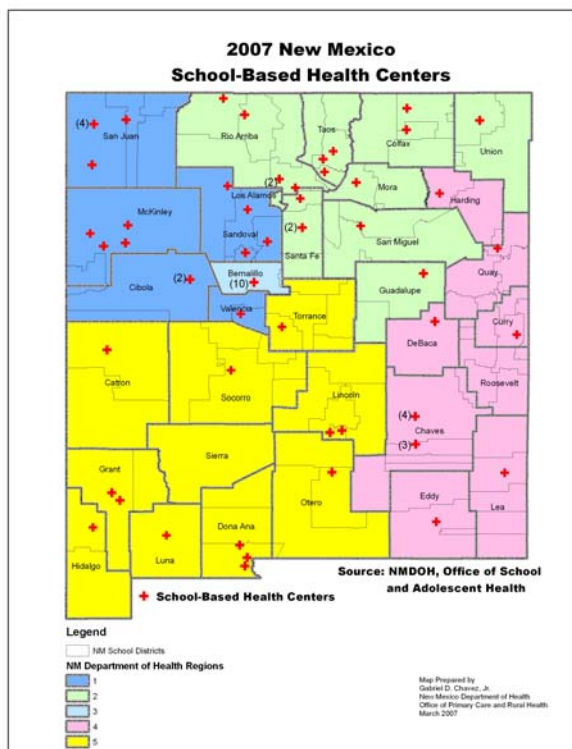
Spring

Call for submissions: 2.25.08

Deadline for submission: 3.10.08

Distribution: 3.24.08

Submit articles to Suzanne.marks@ihs.gov



School-based Health Centers – Bringing Healthcare to New Mexico's Young People

**By Howard Spiegelman, Executive Director, and
Nissa Patterson, SBHC Consultant, NM Assembly
on School-based Health Care**

Young people ten to 18 years old in America have the lowest utilization of health care of any other age group. Their lack of utilization, however, does not mean that they do not need health care. They have changing needs and relationships, and they need models of care that are easily accessible to them. Although adolescents are generally healthy, they are establishing life-long health behaviors and they need the gentle guidance of a public health approach. One of the best models for providing adolescents physical health, mental health, and prevention services is through school-based health centers (SBHCs).

School-based health centers offer medical care in the school where the students are. They provide basic, quality physical, mental, oral, and preventive health services by multidisciplinary teams. In New Mexico, the Centers are sponsored by a wide range of entities including: school districts, Federally Qualified Health Centers, public health offices, the Indian Health Services, universities, and local private providers. Some are located in school buildings, others in a freestanding building on campus, and sometimes they are located near the school. Inside the center, it looks like a doctor's office - professional, quality care right in the school. Some centers also have a youth center feel and provide space for youth to gather in a positive, youth-friendly environment. Most important, school-based health centers are about access to care - for all students, regardless of their ability to pay. SBHCs give students medical attention when they need it, often catching problems early on, and preventing bigger problems later.

Research on school-based health centers has shown positive impacts, including:

- ☞ Fewer hospitalizations
- ☞ Reduced number of inappropriate emergency room visits
- ☞ Increased use of primary care
- ☞ Reduced Medicaid expenditures
- ☞ Emergency room visits for asthma cut by half

This model of care has taken off in New Mexico, where there currently are 86 SBHCs. The number has more than doubled since 2005, when Governor Richardson supported an initiative, spearheaded by the Department of Health/Office of School and Adolescent Health, to double the number of centers. SBHCs are primarily in middle and high schools, but a few are in elementary schools. In rural counties, they not only provide an important source of health care, but also have the potential to make a lasting public health impact. In some rural New Mexico counties, with only one or two high schools, every adolescent potentially could have access to quality preventive health care. Our young people deserve no less.

Fortunately, communities from Des Moines to Anthony are committed to supporting this model of care. So is the NM Assembly on School-based Health Care. The NM Assembly, as part of a national movement, is the advocacy organization for SBHCs in New Mexico. It seeks to ensure that SBHCs in NM are in every community that wants them, and they are well funded, provide quality care, and are supported by community and government leaders.

Wilhelm F. Rosenblatt Scholarship – 2007 Awards Announced

By Marsha McMurray -Avila



Bonnie Young,
2007 Wilhelm F. Rosenblatt Scholarship Recipient

In 2005 the New Mexico Public Health Association established a scholarship fund in memory of **Wilhelm F. Rosenblatt, MD**, in recognition of his outstanding contributions to public health in New Mexico. In order to appreciate the true meaning of this award, it helps to know a bit about Dr. Rosenblatt. *(The following information is from the Wilhelm F. Rosenblatt Oral History Collection, New Mexico Health Historical Collection, UNM Health Sciences Library and Informatics Center.)*

Dr. Rosenblatt emigrated to the U.S. from Germany in 1953, settling with his family in New Mexico in 1966. He spent the rest of his life as a champion in the campaign against tuberculosis and chronic disease in New Mexico, including serving as chief of the Chronic Disease Control Bureau of the Public Health Division of the NM Department of Health. Dr. Rosenblatt “retired” in 1983, but continued to be involved with tuberculosis and public health by becoming an adjunct professor at the University of New Mexico School of Medicine and as an advocate for public health improvement and universal access to free, quality medical care. He also was an active member of the United States-Mexico Border Health Association and the Physicians for Social Responsibility. Dr. Rosenblatt died in 2004.

The Wilhelm F. Rosenblatt Scholarship is now awarded each year to one Masters in Public Health Student at the University of New Mexico and one at New Mexico State University. Students are selected who best exemplify what Dr. Rosenblatt represented, specifically those who are working toward a public health career in international health, border health, chronic disease prevention and control, or infectious disease prevention and control. Donations are accepted all year long for the Rosenblatt fund, but a major contributor is the Silent Auction held every year at the Annual Conference. The Silent Auction at this year’s Annual Conference in April was so successful that we were able to increase the 2007 awards to \$1,000 each.

NMPHA is pleased to announce the 2007-08 recipients as Bonnie N. Young from UNM and Heather Frankland from NMSU. We’d like to tell you a bit about Bonnie in this newsletter. Heather, who is currently doing volunteer health work in Panama, will be profiled in the spring 2008 newsletter.

Bonnie Young is originally from Reno, Nevada. She received her Bachelors of Science in Anthropology and a Bachelors of Science in Environmental Studies in June 2003 from Santa Clara University in Santa Clara, California, with a specialization in applied anthropology. In August 2005 she began her Ph.D. program at UNM in Biological Anthropology and the following year in August 2006 began also working on her Masters in Public Health. Her future career plans are to combine her Ph.D. in Biological Anthropology with her MPH to conduct research among indigenous groups throughout the Americas, specifically looking at the biological and cultural influences of discrepancies in emerging infectious diseases.



Bonnie during her fieldwork among the Aché, an indigenous group in eastern Paraguay

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Wilhelm F. Rosenblatt Scholarship

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Bonnie taking measurements for fluctuating asymmetry data

Ultimately, she would like to split her time between a university and a national or international health organization, such as the Centers for Disease Control or the World Health Organization. She hopes to be able to teach, research, and also work outside of academia in a health-related field. Bonnie is already on her way to an exciting career as a public health professional and anthropologist, having written three papers in the past two years that she is preparing for publication: *Globalizing TB: How Globalization Is Influencing the Resurgence of Mycobacterium Tuberculosis*; *Fluctuating Asymmetry among the Aché and Inter-Population Variability*; and *Dental Fluctuating Asymmetry in Pottery Mound*.

Congratulations to Bonnie on being a recipient of the 2007 Wilhelm F. Rosenblatt Scholarship!

September 8 was... What?

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You may ask why there is not an effort to use dog vaccination. According to one report, a vaccination costs 4,500 yuan (which is more than \$500 US).¹⁰ We can guess that many families whose members help produce those bargains for us, simply do not have the wherewithal to take this step to protect their pets.

The Humane Society of the United States (HSUS) has offered \$100,000 to the Chinese government to help establish an effective rabies control program in the most affected provinces, conditional on the termination of mass dog killings.¹¹ HSUS is currently working in India, Nepal, and Indonesia to help develop humane animal control programs.

In New Mexico we have reports of various animal rabies cases (e.g. in 2006 and 2007 combined: seven bats, five foxes, four skunks, one dog, one horse and one bovine).¹² Added to this list, based on data from other states, would be raccoons and coyotes. We know to be cautious about wild animals or domestic animals exhibiting unusual symptoms. However, if you are planning trips abroad, recognize the potential risk from pet animals.

One point that emerges from a review of rabies threat is the importance of partnerships between human and veterinarian medicine as the basis for effective public health measures against zoonoses. Recently CDC proudly announced the contributions of veterinarians to the agency, pointing out that since 1951 more than 200 veterinarians had served in the Epidemic Intelligence Service.¹³ In April of this year, the American Veterinary Medical Association created a taskforce to recommend collaboration between human and animal medicine, and the American Medical Association has developed a resolution to strengthen ties between schools of medicine and veterinary science.¹⁴ It isn't only rabies that affects both humans and animals.

^aRabies = Acute viral encephalomyelitis. Almost all mammals are susceptible and usually are infected by contamination from virus-containing saliva in the bites of rabid animals. Post Exposure Prophylaxis before symptoms become apparent is necessary to prevent fatal disease.

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September 8 was... What?

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School-based Health Centers

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The NM Assembly also is being supported by the W.K. Kellogg Foundation to implement a project, "4 Youth - Reaching Native American Youth through School-Based Health Care." This project's focus is to help Native American communities advocate for positive health policy changes at the local, tribal, state, and federal levels of government. Specific goals include the following: addressing policy and regulation barriers to providing and improving health care in SBHCs in Native communities in New Mexico; securing adequate funding for Native American SBHC operations in New Mexico; and advocating for culturally competent care that serves the primary care and behavioral health needs of Native American youth. As part of this project, part-time community organizers in the Pueblos of Laguna and Acoma and the Navajo communities of Shiprock and To'Hajiilee engage and mentor youth in policy development that supports SBHCs. Youth Advisory Groups (YAGs) and School Health Advisory Councils (SHACs) meet regularly in these communities to discuss health-related issues and to strategize about how to best address health- and education-related policies that affect Native youth.

School-based health care is a strong model of care in New Mexico and is essential to safeguarding the health of our young people. If you would like to know more about SBHCs in NM or the NM Assembly, visit:

www.nmassembly.org

**Part 1 of a 3-part article . . . watch for part 2 in the Winter Issue of the
NMPHA Association News**

NMPHA Board of Directors – Executive Committee

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New Mexico Public Health Association

MEMBERSHIP APPLICATION

☐ NEW MEMBER☐ RENEWAL*Please print clearly*

Name: _____

Organization and Job Title: _____

Preferred address for mailings:

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Street: _____

Home _____ Cell _____

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State: _____ County: _____

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☐ Organizational Membership - \$100 (Allows 3 members of the organization to attend the Annual Conference at member rate)☐ Friend of NMPHA - \$50-100☐ Regular* - \$40 (*Membership is \$30 annually for those who earn \$25,000 or less per year. No proof of income is needed.)☐ Full-time College Student - \$10☐ High School Student - \$2☐ Promotor(a)/Community Outreach Worker - \$10☐ Retired - \$15**Donations to NMPHA:**

\$_____ Pressman Fund (in memory of Ann Pressman, MD, supporting training for public health workers/students)

\$_____ Rosenblatt Fund (in memory of Wilhelm Rosenblatt, MD, for students studying for public health career)

\$_____ NMPHA (donation to further NMPHA's public health activities)

Total enclosed \$_____ (check or money order only)***Please indicate in which of the sections you have the most interest. If you are interested in more than one section, rank them in order of preference, with "1" being the section of greatest interest. Also include any area of interest not listed.***☐ Social Determinants of Health

Other _____

☐ Environmental Justice/Equity☐ Universal Access to Health Care*Please indicate in which committees you are willing to participate:*☐ Membership☐ Annual Conference☐ Association News☐ Policy☐ Awards and ScholarshipsAre you a member of the American Public Health Association (APHA)? ☐ Yes ☐ NoDo you want to be added to the NMPHA electronic mailing list? ☐ Yes ☐ No ☐ Already on*Please note the names of your State senator and representative, and your senate and house district numbers:*

Senator: _____

District Number: _____

Representative: _____

District Number: _____

*Please mail completed application and dues to:***NMPHA, PO Box 26433, Albuquerque, NM 87125**www.nmpa.org



Announcements

Surgeon General to Visit New Mexico

The United States Surgeon General has selected New Mexico as one of eight States he will visit to discuss his recently released "**Call to Action on Preventing Underage Drinking.**"

In Santa Fe, Tuesday, September 25, 7 to 9 pm, at the Lensic Theater on San Francisco. Event is free but call the Lensic at 988.1234 to reserve tickets.

In Albuquerque, Wednesday, September 26, 10 to 12 noon, at the Marriott Pyramid, west of I-25, south of the Paseo del Norte exit.



Rear Admiral Kenneth P. Moritsugu, Acting Surgeon General since 2006

Photo credit: US Department of Health & Human Services

American Medical Student Association Health Policy Lecture Series

An introductory curriculum in health policy and universal health care

For all health professionals

All lectures at Domenici Center at UNM, Room 2112

12-1pm

Lunch provided from local AMSA funds

9/26 - Saverio Sava, MD: How Did We Get Here and Where Are We Going? Dr. Sava is the Medical Director of First Choice community health care clinics and an expert in American medical history. He will talk about how the American health care system has developed and where it is going. Please join AMSA for this informative lecture as part of our basic health policy curriculum. Lunch provided.

10/2 - Andru Ziwasimon, MD: Practicing Universal Health Care at a Clinic Level All too often our health care system isolates patients, the very people we are supposed to serve. Dr. Ziwasimon created a new model for providing health care to poor and uninsured in a way that is fair and just. He is well known around the country for his creative approach to providing health in a broken system, as well as his down-to-earth approach to life. Dr. Ziwasimon is a dynamic, creative family physician that practices medicine in the South Valley.



Please mark your calendar for **Thursday, December 6th** for the annual **Health Policy Legislative Forum and Advocacy Training**.

This day-long event will feature key legislative presentations as well as another opportunity for folks to learn about the legislative budget process. The budget training session was extremely popular two years ago and is likely to fill up quickly!

The Forum will be held at the Workforce Training Center in Albuquerque.

Watch for more information regarding the Forum -- including a registration form -- to be sent out very soon!!