NMPHA

Association News

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The XDR TB Case and Lessons Learned*

by Leah Ingraham, PhD

Gosh, what a story: Attractive couple, romance and honeymoon, international pursuit, life threatening disease! I suppose that all NMPHA members have been following the details of the recent XDR-TB* front page news. Setting aside most of the Department of Homeland Security aspects of the story, there are numerous possible public health lessons pertaining to human reactions, technology, policy, epidemiology, and urgent needs.

The human aspects show how even explicit public health messages become meaningless. The patient was zigging and zagging around the world. Somehow he couldn't respond to the directive to avoid commercial air travel but knew he was in eminent danger and had to get out of Europe and back to the US: " . . . I had one shot, and that was going to be in Denver"[1]. And once the passport alert was initiated, the Canada/US border guard responded to the passport flag by allowing entry because the guy didn't look sick[2]. With respect to the patient's fear about being stranded in Italy without recourse to a perceived high quality treatment, the public health communication about XDR-TB apparently did not emphasize that help would be provided: The patient believed he would be ". . . stuck in an Italian hospital indefinitely, where I could die.[1]" If the patient were confident that safe transport back to the US, the passengers and crew on Czech Air 0104, Prague to Montreal, would have been protected and there would be some 30 fewer persons to be tracked down and tested. With respect to the glitch at the border, the lay person needs to know that a person with a serious illness can appear healthy and still be a possible source of infection to others.

What about technology and policy? How long does it take for an XDR-TB finding? CDC's lab needs about a month to test 11 drugs on *M. tuberculosis* grown on Middlebrook 7H10 agar[3]. Add to this the time for confirmed diagnosis of human TB. With respect to policy, how quickly can an airline manifest be made available to public health authorities? CDC is working on new rules to allow timely access to electronic passenger manifest[4].

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* XDR TB = Extensively Drug Resistant Tuberculosis. An isolate of *M tuberculosis* resistant to INH (isoniazid) and rifampin (ribamycin) that is also resistant to a fluoroquionolone and to one or more of three injectable anti-tuberculosis drugs (capareomycin, kanamycin, and amikacin).

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The XDR TB Case and Lessons Learned*

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Considering epidemiology, did you wonder why the CDC wanted to track down only the transatlantic passengers who were two rows in front and in back of the person with XDR TB diagnosis? What about all those other flights? A literature review takes you back to 1994 and subsequent articles describing transmission of *M tuberculosis* in an aircraft[5].

Results showed that nearby passengers on long (i.e. 8 hours or more) flights along with cabin crew were most at risk. The key data came from a situation with an index patient who was symptomatic with MDR- TB. Out of 249 passengers and crew members, six persons had newly converted TB skin tests with no other known risk factor except the concurrent flight and nearby contact with the index patient.

In the present case, during the initial suspicion of TB in March, was the patient's travel history to Southeast Asia[6] given serious consideration? The occurrence of XDR-TB is well documented in that region[7] and that knowledge might have led to serious discussion between provider and patient about the possibility of resistant TB and the time frame necessary for confirmation. A time frame incidentally that might have led to a change of wedding and travel plans before they became imminent.

So what are the **urgent needs** for effective control in an age of XDR-TB? A recent article on the worldwide emergence of XDR TB gives an excellent overview[7]. Summarizing the results of resistance patterns detected by the Supernational Reference Laboratories (SRLs) the authors show all world regions have detected XDR TB cases. Key to effective control are the following: robust surveillance and "New Tools" for 1) rapid diagnosis with standardized susceptibility testing, and 2) effective treatment (i.e., appropriate drugs and directly observed regimen)[8]. Currently there are three bills in the 110th Congress addressing TB. These include US participation in the worldwide efforts against TB (S. 968 and H.R. 156) as well as creation of a companion US program "Stop Tuberculosis Now". Directly addressed are the needs for research to provide the two "New Tools" listed above. The bills together would appropriate approximately one billion dollars to support these programs. However, in reviewing the language of the bills, I failed to find an explicit allocation for the isolation retrofitting of the CDC plane enabling transport of patients with respiratory disease, a capability so eloquently requested by Director Julie Gerberding in her CSPAN testimony[4].

References:
1. Patient interview on "Good Morning America, June 1, 2007.
2. Altman, LK. "TB patient Identified as Lawyer: Border Agent, Aware, Let Him In". *New York Times*. June 1, 2007.
3. Information on CDC web site at www.cdc.gov/tb/laboratory_Services/Drug testing.htm.
4. Hearing testimony for the House Homeland Security Committee, CSPAN, June 6, 2007.
5. Kenyon TA et al. "Transmission of Multidrug-Resistant Mycobacterium tuberculosis during a Long Airplane Flight". *N Engl J Med* 334:933. 1996.
6. Conant E. and Wingert P. "A long, Strange Trip". *Newsweek*, June 11, 2007.
7. Shah NS et al. "Worldwide Emergence of Extensively Drug-resistant Tuberculosis." *Emerg Infect Dis*. March 2007 (http://www.cdc.gov/EID/content/content/13/3/380.htm
8. Kawamura LM. "Have Germs, Will Travel" *New York Times*. June 2, 2007.

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.

HERO Seeks Participants for Study

The UNM Health Evaluation and Research Office (HERO) is recruiting women, ages 18-60, who can read and write English to help test an innovative survey that assesses HPV and cervical cancer health literacy. We welcome women who speak English as a second language or who have not finished school.

This computer-based survey is confidential and takes about 2 hours to complete. Each participant will receive a $25 gift card for her time. If interested, call 505-272-1601 for more information. The study (HRRC#05-330) was started in June 2007 and will continue through August 31, 2007.

HERO would greatly appreciate NMPHA members letting their clients know of this opportunity. If you would like more information, please call 505-272-1601 and ask for Christine.

Third Annual Health Policy Legislative Forum Set Tone for a Busy and Productive Session

by Cheryl Ferguson and Lydia Pendley

Six months ago on a snowy November day, a group of 125 hearty advocates braved inclement weather to learn about and discuss a wide range of health policy issues for the 2007 Session. The day's events were passionate, compelling and motivating. More than 30 policy issues were presented to the assembled group ranging from climate change to farmers' markets to increased funding for Medicaid.

At the Forum, participants heard two guest speakers. Senator Jerry Ortiz y Pino offered his perspectives on the key issues facing the 2007 Legislature and discussed the challenges facing the state regarding providing health care to all New Mexicans. Rachel DeGolia, Organizing and Operations Director from the Universal Health Care Action Network (UHCAN) of Cleveland, Ohio provided a national perspective on what is being done to improve health care access across the country and how states are stepping up to the plate to take action.

Special thanks for supporting this year's Forum goes to our very special sponsors: W.K. Kellogg Foundation's Community Voices New Mexico project at the University of New Mexico's Center for Community Partnerships, New Mexicans Concerned About Tobacco, the New Mexico Department of Health's Diabetes Prevention and Control Program, the Con Alma Health Foundation, Inc. and the McCune Charitable Foundation.

After the general sessions, participants attended either more in-depth policy roundtables to discuss the key topics or attended a training on policy advocacy. The topics and facilitators were as follows: Medicaid (Facilitator: Ruth Hoffman); Health Insurance/Health Care Access (Facilitator: Jerry Montoya and Rachel DeGolia); Public Health Infrastructure (Facilitator: Kristine Suozzi); Environmental Health and Justice (Facilitator: Mallery Downs); Tax Reform and Social Justice Issues (Facilitators: Ona Porter and Gerry Bradley) and Smoke Free Places/Tobacco Policy Issues (Facilitator: Cynthia Serna). Policy Advocacy 101 was conducted by Cheryl Ferguson.

Enjoy the rest of the photos and the Final Report on NMPHA's Legislative Agenda on following pages . . .

Each of the organizations that presented at the Forum asked NMPHA to endorse their issue and to make it part of our legislative activity for the 2007 Session. This very broad list of bills kept our lobbyist, Lydia Pendley and legislative intern, Christopher Downs, quite busy over the 60-day Session. The Board of Directors prioritized these issues into two tiers. Tier 1 items were NMPHA's priority issues. This meant that we devoted significant time in advocating for the issue. Tier 2 issues were those that we supported but we were not the lead advocates for the issue – when possible we would testify or take other actions in support of the legislation.

We had several major victories on our list this year and we were really able to raise the organization's profile around legislative advocacy and collaboration. The following is a list of all the issues we were tracking and their final outcome at the conclusion of the 2007 Regular Session. Many thanks to all of you for helping make this year so active and successful. Your voice was heard on so many issues and your efforts to make the call or send the email or attend the hearing really did make a difference. As we move into the Interim Committee work of the summer and fall, it is critical that we maintain our voice – especially as key decisions regarding health care access and coverage will be debated and decided in the months to come. Onward!

Joan Lamunyon-Sanford of the NM Religious Coalition for Reproductive Choice responds to a question while Reena Szczepanski of the Drug Policy Alliance of New Mexico looks on.

Third Annual Health NMPHA Policy Legislative Forum

Participants enjoy a moment to chat between a full day of presentations and sharing of legislative priorities.

Rachel DeGolia of the Universal Health Care Action Network (UHCAN) briefed the group on what other states are doing around improving access to health care and how they can get involved.

Senator Jerry Ortiz y Pino offers his thoughts on how health care can be improved in New Mexico

Final Report: NMPHA's Legislative Agenda For the 2007 Session

Visit the NM State Legislature website for more information on the legislation listed below: http://legis.state.nm.us

Priority (Tier 1) Legislation

- **Statewide Clean Indoor Air Act** (HB 283, Park) Status: passed the House and Senate and was signed by the Governor. Effective June 15, 2007, for nearly all workplaces and public places, including restaurants and bars. (www.smokefreeNM.com)
- **Expanding Medicaid coverage and benefits for low-income adults up to 100% FPL, while maintaining other current coverage and benefit levels** Status: HB 2 contains funding to maintain current benefits and eligibility and $12.9 million to expand Medicaid to adults up to 100% of the federal poverty level.
- **Increase the state minimum wage (SB 324, Altamirano)** Status: SB 324 passed the Senate and the House and was signed by the Governor
- The bill increases NM's minimum wage to $6.50 on January 1, 2008 and to $7.50 on January 1, 2009. It does not include cost of living increases and restricts local government's right to increase wages at the local level until 2010. While it would have been better to have annual cost of living increases, many low-income New Mexicans will benefit from this increase in our state's minimum wage.
- **Pay Day Lending Reform -** Status: (**HB 92 Lundstrom)** was significantly amended and passed the House and Senate and was signed by the Governor. This bill in its amended form was supported by advocates for pay day lending reform.
- **Mercury Exposure Reduction Plan (HB16, Wirth)** Status: $100,000 ($200,000 requested) is in the budget.

Endorsed (Tier 2) Legislation

Access to Health Care

- **Cardiac Arrest Aid Liability (HB 639, Sandoval)**; Passed and signed.
- **Funding for Developmental Disabilities Services** - $5 million increase and $2.5 million for provider rate increases
- State Employee Health Insurance for non-profit contractors with fewer than 500 employees
- Increase health professional loan repayment and WICHE budgets and new loan repayment program for NM trained specialists
- Support development of 10 community-based Health Extension Rural Offices
- **Law Enforcement Stress Management Training (HB 133, Trujillo)** – did not pass
- **Aid for Women Veteran's and Their Families (HB 134, Trujillo)** – did not pass
- **Drug Reform Policies** (www.drugpolicy.org)**:**
  - **Lynn and Erin Compassionate Use Act (Medical Marijuana) (SB 523, Robinson)** – passed Senate and House and was signed by the Governor
  - **Inmate Opiate Replacement Therapy (HB 528, Stewart)** – passed House and Senate and was pocket vetoed by the Governor
  - **Immunity for Assistance for Overdoses (SB 200, Richard C. Martinez)** – passed and signed by the Governor
  - **Medicaid Substance Abuse Rehabilitation Services (HM 75, Miera and SM 72, Bernadette Sanchez)** – passed; did not need Governor's signature
  - **Substance Abuse and Crime Prevention Act (SB 620, Richard C. Martinez)** – passed Senate but not House
- **Parental Notification (SB 442, Cravens and HB 239, Larranaga)** – SB 442 passed Senate; did not pass the House**;** HB 239 tabled in House Consumer and Public Affairs. NMPHA opposed this legislation.
- **Breast Pump Use in Workplaces (HB 613, Picraux)** – passed and signed by the Governor.

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Environmental Health and Justice

- **Climate Change Legislation** – see the Citizens for Clean and Affordable Energy website: www.cfcae.org/Legislature_07/index.htm
- **NM Environmental Health Act (SB 880, Lopez)** – would required community impact assessments for certain actions taken by the NMED; did not pass
- **Pesticide notification legislation was not introduced**
- **Mercury Reduction Bills:**
  - **Power Plan Mercury Emissions Control (HB 318, Wirth)** – passed and signed by the Governor
  - **Dental Amalgam Removal Act, HB 481, Wirth)** – did not pass
- **Water Quality Control Commission Members (to add DOH to the WQCC) (SB1170, Lovejoy)** – passed the legislature; pocket vetoed by the Governor

Social Determinants of Health

- **Nutrition/Hunger-related Legislation** (www.statefoodpolicy.org; NM Food and Agriculture Policy Council website)
  - **NM Grown Fresh Fruits and Vegetables for School Lunches (HB 264, Gonzales; SB 90, Feldman)** - $1.44 million requested; $85,000 appropriated for the Valley high school cluster in the Albuquerque Public Schools
  - **Farmer's Market Nutrition Enhancement Program (HB 86, Tripp – requested $250,000)** - $110,00 appropriated to NM Department of Agriculture
  - **New Mexico Food Bank System (HB 723, Varela)** – out of $1.1 million requested, $599,600 appropriated (in Department of Finance and Administration and Human Services Department budgets)
  - **Senior Food Stamp Supplement Program (HB 76, A. Lujan)** - $1.2 million requested; $600,000 appropriated.
  - **Elementary School Breakfast** – $2.45 million appropriated (to the Public Education Department)
  - **Food for School** - $500,000 appropriated for transportation and storage for school meal foods and food bank foods (to the Public Education Department)
  - **Create Food Gap Task Force (HJM 10, Herrera, Ortiz y Pino)** – passed

- **Early Childhood Continuum:**
  - **Childcare assistance eligibility and programs to increase the quality of child care assistance** - $5.85 million appropriated to increase eligibility for child care assistance to 165% of the federal poverty level, increase reimbursement rate for child care providers and for programs to help build the quality of child care assistance
  - **Foster Care Rate Increases** - $926,000 appropriated to raise foster care rates by $50/month
  - **Pre-K Funding** - $6 million appropriated to continue the phase in of pre-k in NM communities
  - **Voluntary Universal Home Visiting (HB 168, Picraux)** – charges state agencies to develop a plan for statewide home visiting system that builds on existing infrastructure and programs; $35,000 appropriated ($50,000 requested)
  - **Early Intervention System (SB 549, Komadina)** – implementation of family, infant, toddler rate study recommendation to reimburse providers for services rendered without compensation and to expand services to eligible children; $1.1 million for expansion ($4.3 million total)
  - **Early Childhood Mental Health Institute (HB 281, Swisstack)** – Early childhood provider training in new infant mental health practices through Early Childhood Mental Health Training Institute; $145,000 appropriated ($500,000 requested)
  - **Voluntary Universal Home Visiting (HB 168, Picraux)** – charges state agencies to develop a plan for statewide home visiting system that builds on existing infrastructure and programs; $35,000 appropriated ($50,000 requested)

- **Native American Center for Independent Living (HB 72, Madalena)** - $250,000 for operating expenses did not pass, but $250,000 put in capital outlay budget for building construction and equipment for a Native American Center for Independent Living.
- **Working Families Tax Credit (HB 436, B. Lujan)** – creates a state Working Families Tax Credit that provides a tax credit for low-income families at 8% of the federal Earned Income Tax Credit. It allows eligible families to receive both this tax credit and the already-existing NM Low Income Comprehensive Tax Rebate (LICTR). Passed and signed by the Governor. See www.nmvoices.org
- **Repeal of the Death Penalty (HB 190, Chasey)** – passed the House and failed in Senate Judiciary.

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- Creation of an Inter-agency Task Force on Human Trafficking **– did not pass. See NM Religious Coalition for Reproductive Choice website: www.altrue.net**
- **Housing Trust Fund** - $2 million appropriated ($15 million requested).

Prevention and Public Health Services

- **NMDOH Statewide Tobacco Use Prevention and Control Program Funding** - $9.1 million appropriated
- **Department of Indian Affairs Tribal Tobacco Use Prevention Program** – $500,000 appropriated
- **Adolescent Pregnancy Prevention** - $525,000 appropriated to NM Department of Health ($2.6 million requested in SB 124 – Lopez)

Other Legislation of interest

- **Child Safety Helmet Act (SB 397, Lopez)** – passed and signed
- **Insurance coverage required for HPV vaccine, colon cancer, hearing aids for children**
- **Mandated Community Treatment ("Kendra's Law")** – failed
- **Domestic Partner Health Care Coverage (HB 15, Wirth)** – did not pass
- **Domestic Partner Rights and Responsibilities (HB 603, Stewart)** – did not pass either regular or special session
- **South Valley Male Involvement Program (SM 14, Lopez)** – passed and signed
- **Comprehensive Strategic Health Plan Changes (SB 409, Lopez)** – passed and signed by Governor
- **Small Employer Health Coverage Wait Period (SB 428, Feldman)** – passed and signed by Governor

THE CHILD HELMET SAFETY ACT – A NEW LAW IN NEW MEXICO

by John McPhee

It is estimated that this law will approximately double the number of children wearing helmets and reduce by half the number of head injuries and deaths associated with these vehicles among children. Among all recreational sports, bicycling injuries are the leading cause of emergency room visits for children and adolescents, according to the American Academy of Pediatrics. In 2004, the number of bicycle crash head injuries resulting in hospitalization was more than eight times higher than those caused by either baseball or football.

T**he Child Helmet Safety Act of 2007 requires helmets for all minors under age 18 riding on bicycles, skateboards, scooters, skates and tricycles**. New Mexico has now succeeded in establishing parity in helmet law for all recreational transportation statewide. It is consistent with the Off Highway Vehicle Safety Bill of 2005, which requires helmets on all minors under age 18 riding on all terrain vehicles, off-road motorcycles, snowmobiles, and miniature "pocket bike" motorcycles. Both laws are also consistent with the on-road motorcycle helmet law amendment of 1978, which requires all minors under the age of 18 to comply as well.

The purpose of having such a comprehensive law is multi-faceted. Requiring helmets on bicycle riders, but not on scooter, skateboard, skate riders would be discriminatory, confusing and difficult to enforce. The purpose of including tricycles is to protect our most vulnerable population, 2-5 year olds, riding on the most unstable recreational vehicles, tricycles. Three wheel ATV's were banned from manufacture in the US some years ago because of their instability, yet, ironically, we retain this three wheel concept for the smallest children. The end result is not particularly surprising. Many pediatricians claim that there are a disproportionately high number of head injuries among children on tricycles, falling on driveways, sidewalks, and off the curb onto the pavement. This is, in addition, of course, to the fact that children on tricycles have such a low visual profile.

22 states, as well as over 140 municipalities, have helmet laws for some or all minors, covering about 60 percent of the United States' population of youth. 7 state laws apply to children under the age of 12 to under the age of 15, 13 of the state laws and for the District of Columbia apply to children under the age of 16, and California and New Mexico have the only state laws requiring helmets for all minors under the age of 18.

The Child Helmet Safety Act is very similar to existing state laws in that it does not require helmet use by adults, nor is there any intention to emphasize enforcement or punishment**.**

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Thoughts from Marsha McMurray-Avila, NMPHA Executive Director

Dear NMPHA Members…

Time is doing its proverbial flying and it's already June! Seems like there's never time to rest between major events and activities, but I must say the work of NMPHA has me so energized that I hardly notice.

There are many things that have happened in the last three months. Here are a couple of quick highlights:

- The Annual Conference was a huge success. We had 237 people registered, 25 on scholarship. The breakout sessions received great evaluations and we had some dynamic plenary sessions. Hopefully, most of you had the chance to experience what many have said was one of the best conferences we've had. Big thanks again to Cynthia Serna, the conference chair, and the wonderful Conference Committee that worked so hard.
- We finally completed our annual elections. Despite a false start, we feel much better having decided to be true to our integrity as an organization and hold new elections in compliance with our by-laws. We have an excellent group of leaders to guide us through the upcoming year.
- We're in the process of reviewing applications for the Rosenblatt Scholarship Award, given to an MPH student at UNM and one at NMSU. The Silent Auction at the Conference raised enough for us to increase our award this year to $1,000 per student.
- As members of the Health Care for All campaign we're gearing up for Community Forums around the state this summer to report on the results of the Mathematica study of three health care reform models, carried out for the Governor's Health Coverage Committee. During late summer and early fall, NMPHA will be holding workshops on policy advocacy and media advocacy to further support the movement toward universal health care access and coverage.

Even with all this activity, probably what I'm most excited about right now is the possibility of NMPHA establishing a **Community Leadership Institute for Public Health Advocacy**. There's so much to say about this project, perhaps the easiest way to fill everyone in is to excerpt parts of our recent initial grant proposals to the Con Alma Health Foundation and the Robert Wood Johnson Foundation.

We'll find out later in June whether we'll be writing full proposals for either or both of these. In the meantime, here's a little bit of what we're envisioning…

> *The New Mexico Public Health Association – in partnership with the UNM Institute for Public Health, the NMSU College of Health and Social Services/ Southwest Institute for Health Disparities Research, and the New Mexico Department of Health – is proposing the development of a statewide Community Leadership Institute for Public Health Advocacy (CLIPHA) to increase the number of highly-skilled community-based leaders who are effective public health advocates.*
>
> *CLIPHA will be based on the format of leadership programs that invest in a select group of people to participate in a year-long experience of monthly training sessions. Unlike general leadership programs (e.g., Leadership Albuquerque), our focus will be public health and the social determinants that impact health. And, unlike numerous public health leadership institutes, our participants will be grassroots leaders/advocates learning to change the system, rather than public health professionals learning to manage it.*
>
> *Through a nomination process to be determined by an Advisory Group, 20 participants will be selected from diverse NM communities who reflect the demographics of those communities and who are already recognized as leaders or potential leaders working with community coalitions, health councils, local public health offices, community health worker or* promotora *organizations and other non-profit organizations. The focus will be on identifying people who are ready to engage in public health advocacy, but who would benefit from additional training and support to be more effective in their efforts.*

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Thoughts from Marsha McMurray-Avila

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Each year's class will be involved in monthly training encounters addressing a different topic related to public health leadership with a special focus on health disparities and vulnerable populations in their own communities. Incorporating what is being learned, small groups will develop special projects during the year, culminating in actual public health policy campaigns or actions. As each class graduates, they will join a pool of Advocate Mentors to work with those in subsequent classes, cultivating a continually growing network of ongoing support. Expertise in the following training topics, among others to be determined, will be drawn from communities, contracted consultants, the Department of Health, UNM, NMSU and other educational institutions:

Leadership Skills: Active listening, building consensus, ethical decision-making, facilitation of meetings, negotiation/conflict resolution, organization/time management, public speaking, strategic planning, team-building, working collaboratively

Leadership/Advocacy Tools: Coalition-building, community assessment skills, community assets mapping, community-based participatory research/evaluation, media advocacy, media literacy, policy advocacy/legislative process

Public Health Issues: Border health/immigration, behavioral health, chronic/infectious diseases, emergency preparedness, environmental health and justice, health disparities, issues of power/marginalization, racism/historical trauma, social determinants of health, tribal health issues, universal health access/coverage

In summary, the main goal of CLIPHA will be to increase the number of skilled, effective community-based leaders in public health advocacy who reflect the demographics of underserved communities in New Mexico.

The primary objectives are for CLIPHA participants to:

- experience an increase in self-efficacy as public health leaders and advocates;
- develop or strengthen local coalitions or collaborations engaged in advocacy; and
- initiate advocacy actions or campaigns to address public health issues that will improve the health of their communities, and ultimately of all New Mexico.

Some additional objectives specific to NMPHA membership will include using this work to expand and diversify our membership to all areas of the state, in the process of developing strong leaders for ongoing NMPHA advocacy endeavors. In addition to the possibilities for some members to participate or to nominate participants, there will also be opportunities to work with committees to develop curricula and assist with training.

We'll be keeping everyone posted on the progress of this exciting project that promises to propel NMPHA into a whole new era. Feel free to send me your ideas and comments as we more forward.

In peace and health,

Marsha McMurray-Avila

NMPHA Association News Submission Guidelines

2007 Publication Schedule

Autumn
Call for submissions: 8.27.07
Deadline for submission: 9.10.07
Distribution: 9.24.07

Winter
Call for submissions: 12.3.07
Deadline for submission: 12.17.07
Distribution: 1.7.08

Submit articles to Suzanne.marks@ihs.gov

In Memoriam

NMPHA and APHA member William Kane, PhD, CHES died March 7 in Red Lodge, Montana of pancreatic cancer. He was 59.

Called a "tireless advocate" for health equity and social justice, Kane was a professor of health education at the University of New Mexico, where he had served on the faculty since 1991.

Kane's professional positions included serving as director of school health programs for ETR Associates in Scotts Valley, CA; vice president of the American Alliance for Health, Physical Education and Dance in Reston, VA; executive director of the American Association for Health Education in Reston, VA; and executive director of the American College of Preventive Medicine in Washington, DC.

Kane also headed and served on many non-profit boards including Domestic and Sexual Violence Services in Carbon County, MT, the American Association for Health Education and the National School Health Coalition. He also worked with former President Jimmy Carter and former first lady Rosalyn Carter on issues related to global health and world peace at the Carter Center in Atlanta.

Born in Emmetsburg, Iowa, Kane earned a Doctorate degree in educational policy and management from the University of Oregon in 1977, and a Masters degree in health education from the University of Utah in 1970. He began his teaching career in public schools in New York and Arizona, continuing as a professor in universities in Wisconsin, San Diego, Washington, DC, and New Mexico.

Kane, a member of APHA's Public Health Education and Health Promotion Section, was the author of many health education textbooks and curricula used in US classrooms.

Source: The Nation's Health, June/July 2007

THE CHILD HELMET SAFETY ACT – A New Law in New Mexico *(continued from page 7)*

Five existing state laws have no provision for enforcement or require verbal warnings only, while all the other states allow for small fines, usually no more that $25 - $50 that typically can be waived with proof of helmet purchase.

New Mexico will have a maximum of a civil fine (no record) of $10 that can be waived with proof of purchase of a helmet, and a municipal option of "verbal warnings only". The intent of the bill is to protect and educate children and their parents, not punish them. Primary enforcement is intended to be implemented by parents, teachers and recreational supervisors, not law enforcement. We have included the option of "verbal warnings only" as a permanent option for municipalities, as we want to emphasize that this bill is primarily educational, with primary enforcement coming from parents, educators, mentors and recreational supervisors.

Data clearly demonstrates repeatedly that programs are NOT effective without a state law. Regardless of incentives and the distribution of free helmets, the public will not engage in helmet use over a long term without the existence of a law. Conversely, a law is relatively ineffective without comprehensive education and programs, including free or discounted helmet distribution in low income communities, for which the cost of the helmet can be a real deterrent to compliance.

One of the most critical studies regarding the impact of helmet legislation was by GB Rodgers, published in Injury Prevention magazine in 2002, the study indicates an average improvement in helmet use among minors of 18.4% in all states with helmet laws as of 2002, and generally the existing laws are NOT rigorously enforced. For New Mexico, 18.4% would translate into approximately 92,000 more children in helmets. The American Academy of Pediatrics estimates that states without helmet laws average 15% helmet use among the general public.

94.7% of bicycle fatalities from 1994-2003 were without helmets; two-thirds were as a result of traumatic brain injuries, and HALF of those fatalities are to children under the age of 15. The **compilation of the three points indicates that 31.25% of fatalities for this decade long time period nationwide on bicycles only were to children under 15 who sustained brain injuries while not wearing helmets at the time of the crash - Bicycle Helmet Safety Institute.**

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The Child Safety Helmet Act

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The New Mexico SAFE KIDS network of 12 community organizations will enlist the support of law enforcement to maintain a stock of helmets in their vehicles to distribute to children as needed, as a positive point of contact with the community. Non-profits, public agencies, corporations and the general public will be solicited statewide to contribute labor and funding to the effort of purchasing, distributing, and fitting children with helmets, in addition to providing training regarding traffic safety in general**. Contact John McPhee if you wish to contribute labor and/or funding for SAFE KIDS activities in your community.**

John McPhee is the Childhood Injury Prevention Coordinator for the Department of Health, NM SAFE KIDS Coalition Coordinator, and a NM Consumer Product Safety Commission Designee.
He can be reached at 505-476-7858
john.mcphee@state.nm.us

Ingenious Tools Serve Basic Needs

By Corazon Halasan

The world of public health seems so deep and wide that it can hard to feel that we're making headway in improving our communities' health. When I found an article about simple tools for basic needs of the majority of our planet's people for whom basic living is a daily struggle, it felt encouraging and refreshing. I want to share that sense of encouragement. The article was about a current exhibition at the Smithsonian's National Design Museum called "Design for the Other 90%." "If superior design has historically been in the service of the wealthy—think of couture clothing, high-end architecture—the exhibition, Design for the Other 90%, presents products that address the needs of the 90 percent of the world's population who are poor."

The exhibition showcases tools in shelter, health, water, education, energy and transport and is, as curator Cynthia Smith says, a call to action to encourage design professionals to look for affordable solutions to benefit a larger range of people and to provide solutions for poverty. The exhibition website makes this clear. This site includes briefs and photos of these tools, a short video clip about the exhibition's larger intent, a blog and encouragement to join the worldwide discussion. Check it out at http://www.peoplesdesignaward.org/design_for_the_other_90/about/.

Here, then, is a brief description of some tools, with heavy debt to the article & exhibition website. I have included urls, separate from the exhibition site, to these tools. I've included briefs about other innovations I found on the internet (not part of the exhibition but are in the same spirit). I hope it offers a tiny window to efforts that offer promise to communities throughout our world.

Ingenious Tools Serve Basic Needs

As a young man in a family of Nigerian pot makers, Mohammed Bah Abba wondered about a problem that plagues poor people in hot climates: how to keep food from spoiling without refrigeration. Then he hit upon a solution. Placing one earthenware pot inside another, he filled the space between them with wet sand, put produce in the smaller pot, and covered it with a damp cloth. Evaporation cooled the inner pot, and now an eggplant that normally spoiled after three days would stay fresh for weeks. Abba's Pot-in-Pot Cooler and more than 30 other low-cost inventions comprise a new exhibition at the Smithsonian's Cooper-Hewitt, National Design Museum, in New York City, from May 4 to September 23. Pot-in-Pot. Details: www.rolexawards.com/laureates/laureate-6-bah_abba.html

More than a billion people worldwide lack access to clean water, and waterborne diseases kill 6,000 people a day, most of them children. LifeStraw® is a portable water purification tool that cleanses surface water and makes it safe for human consumption.

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The LifeStraw®, developed in 2005 by Swiss-based firm Vestergaard Frandsen, consists of a one- by ten-inch plastic tube with an activated charcoal interior that can filter parasites and bacteria from contaminated water, rendering it potable. The device, costing as little as a few dollars, is being distributed by charitable groups and individual donors. LifeStraw can be carried very easily and allows people to drink water at whatever water source they find. It is just 10 inches long and 11inches in diameter and can be hung around the neck, requires no electrical power or spare parts and filters up to 700 liters of water. It effectively removes most of the micro organisms responsible for causing waterborne diseases.
Details:, www.vestergaard-frandsen.com, www.lifestraw.com, www.lifestraw.com/en/low/faq_low.asp#1

Some dirt-poor farmers in Africa are flourishing thanks to the Super MoneyMaker Pump, a $35 leg-powered water pump sold by a San Francisco-based organization, KickStart. In many areas of the world, small-scale commercial farming can create profitable businesses - but it's difficult without irrigation. These very small and inexpensive leg-operated pumps use human power and were engineered so that an average person could operate them for long times without getting over tired. They have a phenomenal success rate. Super MoneyMaker came as a response to a demand by Kenyan farmers for a pump that could push water uphill as well as just pulling it up from the source. Thousands of people now use it to pump water from hand-dug wells, rivers, streams, lakes and ponds. It is ideal for sprinkler irrigation, filling overhead water tanks, or for use with nozzles and sprays attached to the end of the delivery hose. This powerful pump can draw water up from 23 feet and has a total pumping head of 46 feet. It can irrigate up to 2 acres of land. (Hmmm…makes me wonder if we can use this here in some places in NM!)
Details:
www.thesustainablevillage.com/servlet/display/product/detail/32901/

Another low-cost irrigation pump is the Bamboo Treadle Pump. It is easily portable and can pump large volumes of water. The pump, which consists of two metal cylinders with pistons that are operated by a natural walking motion on two treadles, can be manufactured locally by metalworking shops. The treadles and support structure are made of bamboo or other inexpensive, locally available materials. The device, designed by Gunnar Barnes of International Development Enterprises, is easy enough for younger family members to use, and its low cost makes it a viable technology for very poor farmers. The Bamboo Treadle Pump allows poor farmers to access groundwater during the dry season and thus decreases the risks of farming and lost income. It is now in use in Bangladesh, Nepal, India, Myanmar, Cambodia and Zambia. Over 1.7 million have been sold in Bangladesh and elsewhere, generating $1.4 billion in net farmer income in Bangladesh alone.
Details: www.ide-india.org/ide/pt/photo_gallery/treadlepump/bambootreadlepump/btp.shtml

If you've ever visited any poor country, you will see that transportation of goods and people is often under-powered and overloaded. There is little if any breathing space in resource, quite literally, and some modes of transport are people-powered. The Big Boda load-carrying bicycle is able to carry hundreds of pounds of cargo or two additional passengers easily, at a substantially lower cost than other forms of human-powered utility vehicles.

It was designed to transport goods to and from market for entrepreneurs and consumers in developing countries. The designers, WorldBike, originally designed a low-cost frame extension called the Longtail to be compatible with the low-cost Chinese-made single-speeds ubiquitous in East Africa. In 2005, it was redesigned to be more suitable with the Western Kenyan Boda Boda bicycle-taxi operators and for easier manufacturing in small workshops. The bicycle is made of mild steel and the passenger seat is a woven papyrus cushion. (Really, it's a must-look at the photo on the exhibition site!)

Many of you know about telemedicine efforts in rural areas of the US. This innovation has also been happening in Cambodia, Rwanda, India, Costa Rica and Paraguay. In Cambodia it is known as the Internet Village Motoman Network; network partners include American Assistance for Cambodia, Operation Village Heath, Boston's Massachusetts General Hospital/ Harvard Medical School, and Sihanouk Hospital Center of Hope. The Internet Village Motoman was launched for fifteen solar-powered village schools, telemedicine clinics, and the governor's office in Ratanakiri, a remote province of Cambodia, using five Honda motorcycles equipped with mobile access points and a satellite uplink.

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Surgeon General to Visit New Mexico

The United States Surgeon General has selected New Mexico as one of 8 States he will visit to discuss his recently released "**Call to Action on Preventing Underage Drinking**."

At the request of NM First Lady, Mrs. Barbara Richardson, he will be speaking

- in Santa Fe, the evening of Tuesday, Sept. 25
- in Albuquerque, the morning of Wednesday, Sept. 26

More details will be available later in the summer.

For additional information, contact Glenn Wieringa at Glenn.Wieringa@state.nm.us

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

Photo credit: US Department of Health & Human Services

Ingenious Tools Serve Basic Needs

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Each village school can send and receive email and browse the Internet using a non-real-time search engine. The network was implemented for American Assistance for Cambodia, which operates over 200 rural schools. Telemedicine clinics, held in remote areas of Cambodia by Operation Village Health, give patients access to physicians in Boston. A visiting nurse from Phnom Penh makes the six-hour trip by truck to each village to interview, examine, and digitally photograph patients, then transmits the information by satellite to physicians in Boston using a solar-powered computer. Within hours, the physicians respond with medical opinions and treatment recommendations. A nurse from Sihanouk Hospital Center of HOPE exams a chest x-ray film of a patient during a monthly telemedicine consultation at Rovieng District Health Center located in the village of Backdaong, Cambodia.

Electricity is, in most of the US, a given. However electricity reaches only a limited portion of the world's population. More than 1.6 billion people (over one-quarter of the planet's people) worldwide lack connection to an electrical network. Even when available, it may only be intermittently available. Candles and kerosene and oil lamps are still some of the most common options for basic lighting, with dry cells and automotive batteries used to power radios, televisions, and small appliances. These sources are low-quality, cumbersome, expensive, and, in the case of kerosene lamps and candles, can be dangerous; but they are the only available options to rural families, small farmers, businesses, and institutions. Now there is another option. The Solar Home Lighting System, a wireless solar power system originally designed for rural and peri-urban customers by SELCO-India, enables families to improve their productivity by allowing them to pursue income-generating activities in the evening while their children can have better light for studying. This system is in use in India, Sri Lanka, Vietnam and Bhutan. In fact, who couldn't use some version of this throughout the US?

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