



American
Public Health
Association

Forum Application Form

Prior to completing this application, please read the attached document, "Process for Consideration of Proposal to Create a Forum".

General Information

Name of Potential Forum:

Author's Name/Submitted by: Jody Platt Garcia

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Email: jeplatt@umich.edu

APHA Member Number: 9835430

A. LEADERSHIP

All questions must be completed in order to be considered to become a Forum.

▪ **What positions constitute leadership of the potential Forum?**

In the early stages of the Genomics Forum, prior to the first Business Meeting at APHA 2007, the leadership of the Forum will consist of an interdisciplinary group of individuals that is working to define and actualize the Forum for which University of Michigan staff members are providing coordination and March of Dimes is providing telephone support. After the first business meeting at APHA 2007, a more formalized structure will be developed whereby the Forum will be led by a Steering Committee with a Chair and a Vice-Chair. A Secretary will also be appointed.

▪ **How are those leadership positions to be filled?**

At the first Business Meeting at APHA 2007, a set of work groups will be formed based on the interests and areas of expertise of the Forum membership. Possible work groups include membership development; presentations/publications; policy papers and advocacy. Each work group will select a Facilitator, Co-Facilitator, and Secretary. The Co-Facilitator and Secretary position will be filled annually. The Co-Facilitator from the previous year will become the Facilitator.

The Facilitators and Co-Facilitators of the various work groups will constitute the Steering Committee of the Forum and will designate the Chair, Vice-Chair, and Secretary of the Steering Committee. The Vice-Chair and Secretary positions will be filled annually. The Vice-Chair from the previous year will become the Chair. The Chair from the previous year will become the Past-Chair. Approximately one month prior to the annual Business Meeting at APHA the designated Co-facilitator will ask members for nominations to fill the Vice-Chair and Secretary

positions. Officers shall be installed at the conclusion of the annual Business Meeting and their terms of office shall begin immediately.

The Steering Committee will seek to ensure representation in the leadership structure by people representing diverse types of organizations and geographic regions (e.g. CBOs; health departments; academia; advocacy groups; health care organizations).

- **What responsibilities and terms of office align with each leadership position?**

The Chair and Vice-Chair will serve one-year terms before rotating into their new roles (from Vice-Chair to Chair; from Chair to Past-Chair). The Chair will preside over all Steering Committee meetings as well as the annual Business Meeting at APHA and will assist in coordinating the duties of the Vice-Chair. The Vice-Chair acts as the Chair in the absence of the Chair. The Past-Chair is a member of the Steering Committee and presides over meetings if the Chair and the Vice-Chair are unable to do so.

- **What plans, if any exist to pursue Forum membership beyond the 75 mandatory members existing at the time of the request for creation of the Forum?**

We will rely on referrals and outreach to APHA components to expand membership. To facilitate this process, we have developed a website for the Forum with an online sign-up and a downloadable form for those who prefer to fax/email membership information (See <http://www.APHAGenomicsForum.org>). In addition, we have developed a draft email that has been sent to people who might be interested in participating in or being members of the Forum, and is available on the website for ongoing use. This email can be customized and sent out to individuals and organizations with whom the individuals organizing the Forum connect. Lastly, a one-page description of the Forum has been developed which will be housed on the website and shared with potential members.

At APHA 2007, we will work to recruit new members through the circulation of flyers on event bulletin boards and at key sessions that we feel will attract interested parties. We will also use the Business Meeting that we will hold at APHA 2007 to advertise the Forum and to attract new members. Since this Forum will fill a unique niche that is not currently represented in APHA, we feel that this will attract non-members to become members of APHA. The intersection of Public Health and Genomics will interest a number of people who, in the past, would not have seen a good fit between their work and APHA.

- **What process will be followed to fill vacancies in Forum leadership positions for the 3-year life of the Forum?**

Chair vacancies will be filled by the Vice-Chair. Vice-Chair vacancies will be filled by the Steering Committee as described above.

Please provide all leaders' (i.e., Secretary, Program Planner, Communication Chair, etc.) names, contact information (the format may be similar to the below Chair and Chair-Elect information) and APHA member number.

Acting Chair Name: Jody Platt Garcia
Phone: 734-647-4571
Email: jeplatt@umich.edu

APHA Member #: 9835430

Acting Chair Name: Emylou S. Rodriguez

Phone: 914-997-4543

Email: erodriguez@marchofdimes.com

APHA Member #: 9979323

Acting Secretary Name: Elizabeth Levy

Phone: 404-498-1422

Email: ejk9@cdc.gov

APHA Member #: 9813984

B. STATEMENT OF INTENT

Please provide a brief discussion that should not exceed 3-5 pages (single space). The statement of intent should include an explanation of:

- **The focal point that prompted the group to create the proposed Forum;**

The proposed forum was prompted by an interdisciplinary group of individuals, focused on different aspects of public health, realizing the growing influence that genetic/genomic technologies are exerting on everyday life in America and the need for the American Public Health Association to play a key role in deciding how genetics/genomics will affect the health of populations. The predictive nature of genetics/genomics can contribute to the preventive health goals of public health agencies throughout the nation. However, many engaged in public health are not aware of how genetics/genomics can be used as a tool to improve population health. There is a great need to educate the current and future public health workforce to understand the basics of genetics/genomics and the implications of this field, provide communities with appropriately designed information that will promote good health in the context of genetic information, prevent the misuse of information and technology in a way that would devalue and stigmatize vulnerable populations, and make sure that genetic information is used to decrease and not increase health disparities of all types (income, education, ethnicity, etc.). The proposed forum will focus on the relationship of genomics to public health and allow APHA to show a firm commitment to assuring that public health principles are incorporated into genomics practice and research. For example, multiple government agencies are placing substantial funds into clinical applications such as pharmacogenomics (i.e. personalized medicine) without assessing this agenda from a public health perspective and its relative impact on individual rights and community health. To ensure that personalized medicine means public medicine, APHA must be at the forefront of conversations about how genetics/genomics will be used in relationship to population health in America and worldwide. This Forum will contribute to the realization of that goal.

- **How the proposed focal point occupies a strategic position in public health;**

The relationship between genetics and public health has bittersweet roots. However, given the mission of public health as “what we do collectively to assure the conditions in which people can be healthy” (IOM 1988), and the expansion of genetics to include genomics, study of the entire human genome, genome-wide and gene-environment interactions, there is renewed promise for a symbiosis that could lead to improvements in health for all. On the other hand, without careful cultivation, scientific advances in genomics are sure to work antagonistically to the goals of public health. Some of the

benefits and risks of incorporating genetics into public health and vice versa can be seen in past experience. Newborn Screening Programs, first implemented in the 1960s, detected relatively rare metabolic disorders and led to the prevention of debilitating health outcomes, including death (Therrell, 2001). However, the attempt to use genetics in public health also led to a eugenics movement attempting to breed “better” humans in which tens of thousands of people were involuntarily sterilized. Additionally, programs screening for sickle cell in the 1970s conflated race and ancestry (still a common misconception today), increased genetic discrimination, and stimulated the creation of marriage laws in two-thirds of the United States. These policies served to propagate a history of discrimination rather than to improve health. Our genes play various roles in prescribing our current or future health and happiness, but rarely act alone. They often contribute to risk in addition to the environmental and social determinants of health. It is now inexorably clear that the “conditions” or environments in which people live, work, and play, whether they are physical, chemical, ancestral, or psycho-social, affect our genomes, the expression of genes, and ultimately our health individually and collectively. Public health has a renewed opportunity and obligation to reconcile this knowledge with the practice of public health’s core functions and essential services.

The Core Functions of Public Health

Assessment and Surveillance

From the original Broad Street Pump investigation¹ to today, one of the cornerstones of public health is its role in assessment and surveillance of health and disease. In this capacity, public health “identifies problems, provides data to assist in decisions about appropriate actions, and monitors progress” (IOM 1988, p. 113). Advances in genetics and genomics offer innovative opportunities in epidemiology, surveillance, and research methodology. Genetic epidemiology, molecular epidemiology, and Human Genome Epidemiology (HuGE) are each examples of how the “essential science of public health” can be used to study the role of genetics in the occurrence of disease in groups and in the population, to use biological markers to monitor the presence of disease, and to apply epidemiologic methods to population studies of the impact of genetic variation on health and disease (Khoury, et al., Chapter 1). Genetics and genomics can also be used to better monitor and understand susceptibility and virulence of chronic diseases (e.g., cancer), and communicable or emerging diseases such as HIV, avian flu, or drug resistant bacteria (e.g., MDRTB, MRSA). Newborn Screening Programs have been expanding rapidly, as have the questions about informed consent, community involvement, disclosure of information, and privacy. Their use as biobanks or biotrusts for population-based research is currently being explored by federal agencies and state public health programs such as California, Connecticut, and Michigan.

Policy Development

¹ Considered the first epidemiological investigation, John Snow pinpointed a communal water pump at the center of a cholera epidemic which swept London in 1854; he convinced the city to disable the pump, slowing the epidemic. It was later shown that the well had been dug too close to a cesspit, resulting in leakage that tainted the water.

Because of the values embedded in genetics research and its applications, which have ballooned since the initial work of the Human Genome Project, the role of public health in policy development is increasingly vital. Public health can assure that genetics policy is crafted and implemented in the interest of promoting “healthy people in healthy communities” (Public Health Functions Steering Committee, 1995). In order to practice policy development which is “the means by which problem identification, technical knowledge of possible solutions and societal values join to set a course of action” (IOM 1988), genetics education, analysis of the options for and impact of genetic policy, and the discernment of values that should guide research and development needs to catch up with the science. For example, large population studies costing billions of dollars are now being pursued by NIH to better understand the role of environment on the expression of genes. Given the scale of such projects, community partnership and education is critical if the implementation and results of the studies are to prevent harm and promote equity in health. Genetics research should be an impetus for a review of informed consent from a public health perspective, and the role of communities in shaping genetics research agendas should be considered. Predictive genetic testing raises questions about issues such as access to tests and related services, protection of genetic information, genetic exceptionalism, direct-to-consumer marketing, and rights of women, children, and people with disabilities. Current genetic policy could benefit from the view through a public health historical lens, especially in light of eugenic practices that could be repeated without active prevention efforts.

Assurance of Access to the Benefits of Public Health

As genomics becomes more relevant to public health research, policy, and practice, the public health community has a role in assuring that “genetic information is used appropriately and that genetic tests and services meet agreed-upon goals for effectiveness, accessibility, and quality” (Beskow, et. al, 2001). This includes assessing genomics applications through the lens of the Public Health Code of Ethics (Thomas, et al., 2005), delivering appropriate messages to populations about available services and their limitations, sharing culturally competent educational resources, provision of services, enforcement of regulations, and evaluation (Kaye, et al, ed. 2001). Assurance of access to genomics services and technology comes at all stages and requires action to promote the benefits and reduce the harms of these applications across society. For example, public health also has a role in assuring that genetics is used to reduce, and not to widen, health disparities. Health disparities may be exacerbated directly or indirectly if a) the benefits of genomic research are limited to the affluent; b) research is limited to medical treatment of rare diseases, c) messages communicating genomic information are distorted and suggest inferiority of certain groups of people; d) genomic information is used to discriminate or stigmatize; or, e) genomic information is used to promote the image of physical ideals or demote physical or mental “disabilities” (Royal and Dunston, 2004). Several of these concerns have been exemplified in the promotion of race-based medicine (e.g. BiDil) which increases stigmatization of groups and promotes misconceptions about the biological basis for race. In conjunction with assuring that genomics is not used to widen health disparities, it does hold the promise of being used for the reduction of health disparities if a) research focuses on common complex diseases among the least healthy, b) research illuminates information on the

causes of health disparities; c) the benefits are shared across society, including with vulnerable populations; and d) messages are used to value human variation (Royal and Dunston, 2004).

The Ten Essential Services

With consensus over public health's core functions of assessment, policy development, and assurance, the Core Public Health Functions Steering Committee developed the framework for the Essential Services in 1994

(<http://www.cdc.gov/od/ocphp/nphpsp/EssentialPHServices.htm>). Here too, genomics occupies an important niche for which public health professionals should be competent. This framework also urges genomics professionals to recognize their role in keeping the public healthy (See Attachment 1). Attachment 2 demonstrates the interest areas of some of the current Forum participants as they relate to the Core Functions of Public Health and Ten Essential Services.

Actors in the Public Health System

Revisiting and building on the 1988 Report, the IOM's "The Future of the Public's Health in the 21st Century" (2003) highlighted the importance of engaging multiple public and private agencies in assuring the conditions in which people can be healthy through delivery of services. These sectors include: 1) Governmental public health agencies, 2) the Health care delivery system; 3) Public health and health sciences academia; 4) Communities; 5) Business and employers; and 6) the Media. Each of these entities is considered an actor in the public health system because of its influence on or generation of the multiple determinants of health. The capacity of the public health system to be competent in applying genomics to its plans and actions is essential. Public health professionals working in the system have been defined as people "educated in public health or a related discipline [who are] employed to improve health through a population focus," (IOM 2003, *Who will keep the public healthy?*) Because of recent advances in understanding the role of family history in the leading causes of morbidity and mortality, a basic knowledge of genomics is essential to current and future public health professionals.

Genomics has been identified as one of eight new content areas relevant to traditional core public health areas, i.e., epidemiology, biostatistics, environmental health, health services administration, and social and behavioral sciences. Both the CDC and the National Coalition for Health Professional Education in Genetics have identified sets of core competencies for the public health workforce; additional competencies have been developed for particular types of professionals such as administrators, epidemiologists, educators, and environmental health specialists. Despite the need for at least a basic understanding of the importance of genomics to public health and the ability to apply genomics to public health sciences, only a few schools of public health have developed full genomics curricula, and training for the current workforce is sporadic at best (IOM 2003 *Who will keep the public healthy?*). In addressing a cross-cutting issue like genomics, the Forum will help build the capacity of APHA members in all sectors of public health who work in the diversity of areas covered by existing Sections and SPIGs.

- **How the proposed Forum efforts are not covered (or duplicated) by the APHA's existing Sections and SPIGS;**

Genomics, as a part of genetic science, is the study of the genome and genome-environment interactions. There has been a paradigm shift from genetics to genomics by establishing that the dogma “one gene, one protein” was simplistic. Previously there was a focus on rare diseases with the focus of public health on newborn screening, reproductive health, and genetic services; these areas have been addressed frequently by APHA's Sections, (Maternal and Child Health Genetics and Bioethics, Community Health Planning and Policy Development), Caucuses, (Women's Caucus), and SPIGs, (Ethics Forum). Public health issues have shifted to include common chronic and infectious diseases, environmental health, HuGE, and behavioral health. A Genomics Forum can provide the leadership and expertise for genomics planning, resource capacity building, and coordination of collaborative partnerships to integrate genomics into the three core public health functions and ten essential services.

Genomics is a quickly progressing field that will require public health professionals to gain and/ or maintain an expertise in a wide spectrum of health disciplines. The proposed Genomics Forum can provide guidance in identifying a balance between individual rights, societal concerns, and population based epidemiology to ensure that the focus on genomics in society incorporates principles of social justice. “Genetics and Public Health in the 21st Century” lists five overarching ELSI categories which address the translation of genomics research into practice: informed consent in public health genetic research, legal issues for public health genetics programs, population access to clinical and preventive services, privacy concerns in population-based surveillance programs, and group stigmatization. These issues are not currently addressed systematically by any single Section or SPIG.

The coordination of collaborative partnerships to fulfill the integration of genomics into public health is also a critical issue for the Genomics Forum to address. The proposed Forum, even at the planning stage, serves as a structural umbrella for a wide spectrum of interests, including gene, environment, and behavioral influences, with one common trajectory. Our group directory/membership consists of an interdisciplinary group of 175 individuals (including 90 APHA members) with affiliations and network contacts inclusive of federal, state, and local agencies; public and private sectors; public health, medicine, and academic sectors; and various community and consumer involvement.

- **How the proposed issue strengthens interdisciplinary work of the APHA;**

Genomics is an inherently interdisciplinary science. Not only does the application of genetics and genomics cover a myriad of health concerns, from cardiovascular disease to cancer to single gene disorders, but it is also relevant to crosscutting and population specific research studies and disease surveillance. As large population studies increasingly inform the interplay of genetics, disease, and environment, the value of genomics to standard patient care becomes undeniable. This trend is mirrored in the current medical community where genetics professionals often act in a supportive role to other specialties and have expanded beyond their traditional focus on Mendelian

conditions and reproductive health.

Perhaps the most compelling way in which genomics promises to strengthen the interdisciplinary work of APHA lies in its ability to revolutionize health care delivery. The concept of personalized medicine requires the dissolution of old models of disconnected patient care and necessitates the linking of all the information in a patient's medical record. The integration of genetic technologies into standard medical care removes availability of information as a limiting factor, but simultaneously puts a greater burden on the health care system to determine the credibility of that information and put it in a useful format for providers. The size and complexity of managing this diverse and valuable set of data requires attention from all areas of public health.

Like many other public health disciplines, genomic research covers a variety of social, ethical, and legal issues. As stated earlier, significant work is currently being done on genetics education, genetic privacy, classification based upon ancestry or race, and access to emerging technologies. Research in these areas must be tied into similar ethical, legal, and social issues in public health in order to present effective solutions. Maintaining a separate status for genetics will only lead to onerous regulation and improper usage of genetic information and technologies. Genetics and genomics play an integral role in our health and thus must play an integral role in all areas of public health.

- **The estimated impact of the proposed Forum on membership of existing Sections and SPIGs;**

The creation of a Genomics Forum is likely to boost the membership of existing Sections and SPIGs, and further capacitate existing members. Currently, many involved in genetics and genomics do not consider themselves public health professionals; similarly, many in public health do not consider genomics to be relevant. In a recent survey of public health genomics knowledge and attitudes among public health educators, most had negative attitudes and limited genetic knowledge, though training appeared to affect both (Lei-Shih and Goodson, *submitted*). The proposed Genomics Forum would bring new membership to APHA and existing Sections and SPIGs by reaching out to those who do not see a place for themselves in public health, for example, genetic counselors and medical geneticists. For those already associated with existing Sections and SPIGs, the Forum will improve competency in genomics through co-sponsorship of scientific sessions and other collaborative efforts. In fact, one of the goals of the Forum to have its membership and partnerships reflect the intersectoral public health system, as well as membership of all Sections and SPIGs.

- **How the proposed Forum supports APHA's mission and goals.**

The Mission of APHA

Improving the public's health

The proposed Genomics Forum brings an expanded ecological view of public health that spans biological, behavioral, and social determinants of health. Recent publications and emerging models demonstrate the complex interactions between and across the factors contributing to differences in population health. (See Payne PW Jr,

Royal C, Kardia S., *in press.*) As these models are translated for use in public health practice such as those described in this application, **the Genomics Forum will serve as a center for dissemination, education, assessment, advocacy, and other roles for the public health community and, ultimately, for the public's health.**

Promoting the scientific and professional foundation of public health practice and policy

By creating a diverse genomics community within APHA with expertise in ELSI, research, and practice, the proposed forum will reach out to the larger public health community and will strengthen relationships between public health genomics professionals. We will serve as a bridge to people and communities building capacity and opportunities for critical input into genomics policies that impact disparities in health, research and funding agendas, access to services, and other public health issues. This Forum will also work toward the empowerment of disenfranchised communities to prevent the repetition of past mistakes in genetics and public health policy. (See Thomas et al., 2005.) **In sponsoring, co-sponsoring, and promoting scientific sessions at the intersection of genomics and public health, the Forum will build upon existing knowledge foundations and create opportunities for expanded, transdisciplinary discovery of the relationships between the social, behavioral, and genetic environments** (See IOM 2006).

Advocating the conditions for a healthy society

With the membership of the Genomics Forum representing multiple sectors of the public health system, as well as the range of APHA Sections and SPIGs, **the Forum will be able to develop and inform policies and advocacy efforts in genomics and public health, broadly defined, to include multiple perspectives from the scientific to the social justice. Additionally, the Forum will serve a translation function bringing research to practice and communities.**

Emphasizing prevention and enhancing the ability of members to promote and protect environmental and community health

As a resource to the public health community, the Genomics Forum will inform our collective understanding of environmental health and the interactions between environments and health. The pathways between social, behavioral, psychological, historical, physical, and genetic risk factors for disease are complex and interrelated. Genetics is necessary but rarely (if ever) sufficient for predicting specific disease outcomes; **the Genomics Forum will work within its membership to create networking opportunities for interdisciplinary collaboration to better understand these multiple factors for disease prevention and protection of health.**

The Goals of APHA

The Human Genome Project was the first NIH project to allocate funds to examine the social implications of its findings. While the ethical, legal, and social issues have been well articulated, the policies and assurances that the science is used for the public good have lagged far behind. Genetics often slips through the current regulatory framework. Bans on discrimination based on genetic information in health insurance and employment vary state-to-state and there is no guidance on this from the Federal

government (though there is a bill pending in Congress); genetic tests are not well regulated for quality or validity. Questions related to the patenting of genetic “discoveries” lead to a confusing and burdensome intellectual property system both within the U.S. and internationally.

Through its multiple roles in policy development and advocacy, research, networking, education, and dissemination, the Genomics Forum has the opportunity to support and work toward the American Public Health Association’s goals of: 1) building a collective voice for public health; 2) working to ensure access to health care; 3) protecting funding for core public health services; and 4) eliminating health disparities. This will be accomplished through 1) facilitating communication across existing Sections and SPIGs by addressing this crosscutting area; 2) working on policies that promote access and equitability to the benefits of genetics and related technologies, reduce (and not widen) health disparities, and prevent applications of genetics from being used to discriminate, denigrate, or devalue individuals or communities; 3) advocacy and support of efforts led by colleagues within the APHA; and 4) interdisciplinary collaboration that illuminates the complex interrelatedness of multiple determinants of health that give rise to differences in health including the social, behavioral, and genetic.

C. MEMBERSHIP

- Please include/attach a roster of 75 individuals (members of APHA Sections or SPIGs) who constitute the proposed Forum’s initial membership.

Section/ SPIG	Name
1. Alcohol, Tobacco, and Other Drugs	Ryan O'Mara
2. Community Health Planning and Policy Development	Apryl Brown
3. Community Health Planning and Policy Development	Emylou Rodriguez
4. Community Health Planning and Policy Development	James O'Leary
5. Community Health Planning and Policy Development	Janine Payne
6. Community Health Planning and Policy Development	Jody Platt
7. Community Health Planning and Policy Development	Julie Harris
8. Community Health Planning and Policy Development	Krysta Shutske
9. Community Health Planning and Policy Development	Mei Ding
10. Community Health Planning and Policy Development	Sandra Good
11. Community Health Planning and Policy Development	Sandra Suther
12. Environment	H Dean Hosgood
13. Environment	Marlene Linders
14. Environment	Noel Brewer
15. Environment	William Toscano Ph.D.
16. Epidemiology	Abha Aggarwal
17. Epidemiology	Carol Stone
18. Epidemiology	David Jackson
19. Epidemiology	David Reese

20. Epidemiology	Dina Paltoo
21. Epidemiology	Eduardo Velasco
22. Epidemiology	Hila Berger
23. Epidemiology	Janice Espinola
24. Epidemiology	Judith Klein
25. Epidemiology	Krista Mevoli
26. Epidemiology	Mindy L. Columbus
27. Epidemiology	Nelson Atehortua
28. Epidemiology	Nicole Dowling
29. Ethics Forum	Betty Woder Levin
30. Ethics Forum	Stephen Sodeke
31. Ethics Forum	Emmelyn Kim
32. Ethics Forum	Jeffrey Kahn
33. Ethics Forum	Julia Slutsman
34. Ethics Forum	Lisa Lehmann
35. Ethics Forum	Mary Leinhos
36. Ethics Forum	Sarah Gollust
37. Ethics Forum	Sarah Hartley
38. Ethics Forum	Scott Roberts
39. Ethics Forum	Yvonne Bombard
40. Gerontological Health	Sato Ashida
41. Health Administration	Eric Jamoom
42. Health Administration	Marianne Horn
43. Health Administration	Tammy Lee
44. Health Administration	Tricia Wong
45. International Health	Annie M. Dude
46. International Health	Padmini Ranasinghe
47. International Health	Srikanth Krishnamurthy
48. Maternal and Child Health	Alexandria Meyer
49. Maternal and Child Health	Debeshi Maitra
50. Maternal and Child Health	Ellie Mulcahy
51. Maternal and Child Health	Emily Galpern
52. Maternal and Child Health	Jamie Kim
53. Maternal and Child Health	Jelili Ojodu
54. Maternal and Child Health	Kimberly Noble Piper
55. Maternal and Child Health	Kishena Wadhwani
56. Maternal and Child Health	Penny Kyler
57. Maternal and Child Health	Richard David
58. Maternal and Child Health	Robert Bowman
59. Maternal and Child Health	Sylvia Au
60. Medical Care	Toby Citrin

61. Medical Care	Chanita Hughes Halbert
62. Medical Care	Grace Wang
63. Medical Care	Vickie M. Mays
64. Mental Health	Carol Somkin
65. Mental Health	Laurie Stein
66. Oral Health	Amit Chattopadhyay
67. Oral Health	Pankaj Anand
68. Population, Family Planning & Reproductive Health	Aline Gubrium
69. Population, Family Planning & Reproductive Health	Deborah Heine
70. Public Health Education and Health Promotion	Adebola Odunlami
71. Public Health Education and Health Promotion	Darlene Perkins
72. Public Health Education and Health Promotion	Edna Isiorho
73. Public Health Education and Health Promotion	Elda Railey
74. Public Health Education and Health Promotion	Elizabeth Gettig
75. Public Health Education and Health Promotion	Fanny Figueroa
76. Public Health Education and Health Promotion	Heather H. Honore
77. Public Health Education and Health Promotion	Ilana S Mittman
78. Public Health Education and Health Promotion	Irene Prabhu Das
79. Public Health Education and Health Promotion	Jean Cummiskey
80. Public Health Education and Health Promotion	Jenny Everist
81. Public Health Education and Health Promotion	Johanna Loewenstein
82. Public Health Education and Health Promotion	Khaled Bouri
83. Public Health Education and Health Promotion	Lei-Shih Chen
84. Public Health Education and Health Promotion	Linda Pescatello
85. Public Health Education and Health Promotion	Marian Morris
86. Public Health Education and Health Promotion	Marie Godfrey
87. Public Health Education and Health Promotion	Melanie Myers
88. Public Health Education and Health Promotion	Sharon Terry
89. Public Health Education and Health Promotion	Susan Peterson
90. School Health Education and Services	Patricia Goodson

D. LETTERS OF SUPPORT

Letters of support must come from at least two existing Sections' or SPIG standing Chairs. If the two letters of support are not attached, the application will be returned as incomplete.

Name of Section

Maternal and Child Health

Name of Chair

Barbara Levin

Community Health Planning and Policy Dev.

Sue Myers

If there is any missing information, the application will be sent back to the author. The date of receipt will be when the **completed** application is submitted to the ISC Chair and the Director of Component Affairs.

The application should be sent by mail or electronically to:

2007 ISC Chair

Diana Conti
309 Via Recodo
Mill Valley, CA 94941-4709
Email: dianac@parca.org

AND

Director of Component Affairs

Frances Atkinson
APHA
800 I Street, NW
Washington, DC 20001
Phone: 202-777-2483
Fax: 202-777-2533
Email: frances.atkinson@apha.org

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Date of Proposal Receipt _____

Date Proposal Shared with ISC
& SPIG Members _____

ISC Response(s)

Date of ISC/SC Review _____

ISC Approval

Accepted

Rejected

Explanation:

Date sent to Executive Board _____

Date of Executive Board Review _____

Executive Board Approval

Accepted

Rejected

Explanation:

**Attachment 1 Relationship between 10 Essential Services and the role of genomics
(Adapted from Walker. ACGM, 2007)**

<i>10 Essential Public Health Services</i>	<i>Role of Genomics</i>
1. Monitor health status to identify community health problems	Include genetic factors in the monitoring of health problems
2. Diagnose and investigate health problems and health hazards in the community	Investigate the distribution of genetic and modifiable risk factors within the community to determine their contribution to identified health problems resulting in improved health outcomes
3. Inform, educate, and empower people about health issues	Facilitate communication and education about the integration of genetic information into health promotion and disease prevention programs
4. Mobilize community partnerships to identify and solve health problems	Foster collaboration among public and private agencies and constituent groups to promote effective and efficient policy making about genetics.
5. Develop policies and plans that support individual and community health efforts	Establish policies and guidelines for when and how genetic information should be applied to promote health and prevent disease.
6. Enforce laws and regulations that protect health and ensure safety	Promote the enforcement of policies and standards enacted to ensure the appropriate use of genetic information, and the effectiveness, accessibility, and quality of genetic tests and services.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable	Ensure the availability and accessibility of intervention strategies that incorporate genetic information to improve health and prevent disease
8. Assure a competent public health and personal health care workforce	Ensure that present and future health professionals have training and skills in the appropriate use of genetic information to promote health and prevent disease
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services	Evaluate the impact of genetic information, and the effectiveness, accessibility, and quality of genetic tests and services.
10. Research for new insights and innovative solutions to health problems	Research = a systematic investigation designed to develop or contribute generalizable knowledge of the impact of human genetic variation on health and disease.

ATTACHMENT 2. Relationship between the Genomics Forum Interest Areas and Public Health Core Functions and Essential Services				Key	Public Health Core Functions	10 Essential Services	Interest Areas	
Assessment and Surveillance		Policy Development			Assurance of Access			
Monitor health status to identify community health problems	Diagnose and investigate health problems and health hazards in the community	Inform, educate, and empower people about health issues	Mobilize community partnerships to identify and solve health problems	Develop policies and plans that support individual and community health efforts	Enforce laws and regulations that protect health and ensure safety	Link people to needed personal health services and assure the provision of health care when otherwise unavailable	Assure a competent public health and personal health care workforce	Evaluate effectiveness, accessibility, and quality of personal and population-based health services
<ul style="list-style-type: none"> Assessment and outreach to underserved communities Biobanks, Biotrusts Family health history Integration of health-related databases with PRAMS and biobanks Newborn screening Population-based screening and testing Utility and validity of family health history as a universal screening tool Interventions based upon genetic risk factors Nutritional genomics Social factors in infant mortality rate disparities Gene-environment interactions in health conditions Genetic factors in alcoholism/drug addiction 		<ul style="list-style-type: none"> Community partnerships in genomics research, practice, and policy Consumer involvement Education <ul style="list-style-type: none"> Credible genetics resources Public awareness of genomics and its link to health Translational genetics Genetic literacy Raising public awareness of clinical and basic research Eugenics Genetics policy Genetic privacy and non-discrimination Use of genetic information Genetic testing regulation Informed consent LGBTQI rights Disability rights Reproductive rights NIH funding Rare disease funding Impact of religious beliefs on individual and community attitude toward genetics Bioethics Interaction of genetics with social and behavioral sciences Gene patenting Public policy for pandemic outbreak Networking and information sharing 			<ul style="list-style-type: none"> Dissemination of educational material Health care provider education Public health preparedness for population-based biobanks Gene therapy Health disparities Medically underserved communities Personalized medicine Race-based medicine Women's health Access to genetic technologies and services Access to genetic counseling for those undergoing genetic testing, their families, and communities Direct-to-consumer genetic testing Communication and decision-making on health care issues Bridging the 'information gap' between doctors and patients Translating research advances into health care advances 			
Research								
<ul style="list-style-type: none"> Molecular genetics research (understanding how genetic variation impacts disease risk, drug response and treatment outcomes) 		<ul style="list-style-type: none"> Single gene disorders Stem cell research 		<ul style="list-style-type: none"> Genetics of common diseases- cancer/diabetes/obesity etc Chronic disease research 		<ul style="list-style-type: none"> Pharmacogenomics Participation in research 		

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July 6, 2007

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RE: Genomics Forum

Ladies:

As chair of the Maternal and Child Health Section, I am writing to support the development of a Genomics Forum within the APHA structure. We in MCH have had an ongoing interest in this area: however, we have not been able to provide enough support for activities of this nature. The proposed Genomics Forum will encourage improved programming at APHA for these concerns and also seek solutions to these critical research issues.

The Maternal and Child Health Section would like to see the formation of a separate Genomics Forum, and will work with Jody Platt Garcia and her group in achieving that goal. We would hope that individuals involved in this project might seek dual membership with MCH as that becomes more easily available.

If you have any questions in this regard, please feel free to contact me through my office, 1-800-815-4530, or on my cell phone, 423-227-1147. Thank you for your time and consideration in this matter.

Sincerely yours,

Barbara Levin, MPH, MD
Chair
Maternal and Child Health Section



**American Public Health Association
Community Health Planning and
Policy Development (CHPPD) Section**

July 3, 2007

Jody Platt Garcia
Assistant Director
Life Sciences & Society Program
University of Michigan School of Public Health
611 Church Street, Room 250
Ann Arbor, Michigan 48104-3028

Dear Ms. Platt Garcia:

The Community Health Planning and Policy Development (CHPPD) Section of APHA expresses its support for the proposed Genomics Forum of APHA.

We recognize that there is a critical need to educate the current and future public health workforce to understand the basics of genetics/genomics and the implications of this field, provide communities with appropriately designed information that will promote good health in the context of genetic information, and make sure that genetic information is used to decrease and not increase health disparities of all types (income, education, ethnicity, etc.). However, most public health agencies are not aware of how genetics/genomics can be used as a tool to improve population health. The proposed forum will focus on the constructive integration of genomics into public health practice.

This forum will also allow APHA to show a firm commitment to assuring that public health principles are integrated into genomics policy and community development. For example, large population studies costing billions of dollars are now being pursued by NIH to better understand the role of environment on the expression of genes. Given the scale of such projects, community partnership and education is critical if the implementation and results of the studies are to prevent harm and promote equities in health. Genetics research should be an impetus for a review of informed consent from a public health perspective, and the role of communities in shaping genetics research agendas should be considered. This forum will contribute to ensuring that this is the case in the future.

In addition to the collaborative opportunities between the proposed Forum and the CHPPD Section, the Genomics Forum will provide expertise on a cross-cutting issue of importance to all Sections and SPIGs.

Sincerely,

Susan M. Myers, MA, MPH

Chair, Community Health Planning and Policy Development Section