At my work place, the Centers for Disease Control and Prevention Division of Adolescent and School Health, we talk about building a culture of gratitude. Such a culture is created through intentional acts, large and small. For example, the weekly meetings I lead for our branch staff begin with a round of “kudos.” Staff members share contributions that others made to their work during the previous week. This practice takes only five minutes or so of our 90-minute meeting, but its effect on our team is substantial.

I have had the extraordinary pleasure to work with a talented group of professionals during the past three years while I have served you as regional president. They are all volunteers, and they all offer their service to IUHPE and NARO in addition to their regular work. Their contributions have been substantial and certainly deserving of kudos. I will have the pleasure of recognizing them at the global conference in Curitiba, but I want to take this opportunity to share a snapshot of their contributions with all of you. What you see below is not even close to the entirety of their personal contributions. However, it represents some of their important contributions that I valued, large and small.

Kudos and thanks to our regional committee, in no particular order:

First, Marti Rice, the previous regional president, for her wisdom and continued sage guidance. Her experience with IUHPE-NARO and thoughtful approach to our current work continues to be vital to advancing IUHPE and our profession.

Deb Deatrick, my monthly partner in reviewing our finances, serves you as our treasurer. I appreciate her role in maintaining accountability with our funds and strategizing on financial issues.

Emily Fisher Hennessy, for keeping young professionals at the forefront of our thinking.

Dan Laitsch, for his assistance with scientific matters and strategic thinking about professional development. The recent assessment of members was part of his contributions.

Hope Corbin, for her work in advancing membership issues. Her connection to the larger membership work of IUHPE and work to establish a more trustworthy directory of academic health promotion programs is helping to advance this important area.

Brian Hyndman, for his kind approach and able guidance of our nominations committee this past year. The elections process was informed by Brian’s work with his team.

Larry Olsen, for his continued dedication to IUHPE, as evidenced by his regular nudges to improve processes and procedures.

Continued on page 2
VICE PRESIDENT’S MESSAGE

Keiko Sakagami, for her continued service to IUHPE and NARO as one of our representatives to the United Nations, and especially her work with the Working Group on Girls.

Sean Slade, for his global outlook and advocacy, translated well beyond his professional role of advancing education. His bridging of the fields of public health and education advances health promotion at large.

Doug McCall, who likewise bridges public health and education. Doug has also brought connections and expertise related to Canadian public health systems and connected us to important leadership groups.

Desmalee Nevins, who served as our Caribbean trustee, for her kindness and continual efforts to integrate IUHPE-NARO work into the Caribbean region.

Bojana Beric, who handled a significant amount of work as our communications chair. These newsletters and other communications efforts such as our enhanced web site have been her work. She has also served as an IUHPE-NARO representative to the United Nations and supervised our interns.

Our interns, most recently Divya Shah and Vinessa Gordon, for handling minutes of our bimonthly NARO committee calls, publishing newsletters such as this one, gathering resources for our Navigator, and numerous other tasks.

I especially want to thank two people who have provided extraordinary assistance as our regional directors. Their work is critical to advancing IUHPE and NARO. They also serve in volunteer, unpaid roles:

Elinor Wilson, who has served during this term as regional director for Canada. Her calm, professional approach and understanding of Canadian systems has broadened our work and built our presence in Canada.

Elaine Auld, who has served IUHPE-NARO for as long as I can recall as regional director for the United States. Elaine’s support and that of the Society for Public Health Education has been vital to keeping IUHPE-NARO moving. She also has personally provided support dozens of times to extend our reach. Her wisdom and guidance has been extraordinary and a reflection of her dedication to our field.

As I end my three-year term as your regional president, I am thankful to these partners and many others who have advanced our work. While reading this, I hope you will reflect about those who continue to advance your work each day. Many thanks to each of you for the opportunity to serve our region in this role. I will look forward to continuing to work with you to advance IUHPE and NARO in future years.

SCHOOL HEALTH

Enumeration, a Blessing or Curse
By Vinessa Gordon

There are several factors that affect the way students academically perform in school, life at home, housing, nutrition can all be factors that influences student outcomes. Bullying has become a growing concern, bullying is defined as repeated unwanted aggressive behavior. Some students are bullied more than others because of their sexual orientation, religion, socioeconomic status, or race. The Youth Risk Behavior Survey found that 20% of High School Student were bullied on school property and another 15% were bullied electronically. All states in the United States have anti-bullying policies and local school districts have additional policies. Enumerated policies are anti-bullying laws that “refers to policies that list the traits or characteristics of students who have been targets of bullying”. Enumeration is listed as a key component of the anti-bullying campaigns however there are some backlash. Many believe that enumerated policies will delay legislation. Another issue with enumeration is that characteristic or traits that motive bullies often change over time.

There is limited research data on the effectiveness of enumeration, however there are studies that demonstrate the relationship between enumeration and bullying outcomes. Studies that focused on the outcome of students who identified as LGBT youth, were less likely to attempt suicide if they lived in areas that had enumerated anti-bullying polices. School or Educational Institutions can support enumerated policies by training and educating staff, students and families on the effect of bullying. Institutions should also have counseling services of victims and violence prevention programs.

Students spend most of their days in school it is important for them to feel safe in this environment. To find more information on Enumeration click here. To earn Continuing Education credits (CHES and CPH) click here.
CIVIL SOCIETY

Celebrating Health Promotion in Canada in 2016
By Irving Rootman

The Ottawa Charter for Health Promotion was released on November 6, 1986 at the First International Conference on Health Promotion in Ottawa and since then, it has had a significant impact on research and practice of health promotion throughout the world including in Canada. We are celebrating this Anniversary in Canada throughout this year, with several events taking place from now until the end of the year. I am aware of four such events.

The first is a Symposium on the future of Health Promotion in Canada entitled Passing the Torch, taking place at the Annual Conference of the Canadian Public Health Association in Toronto from June 13-16. This symposium emerged from a remark made by Dr. Trevor Hancock in a panel at a Canadian Public Health Association conference five years ago celebrating the 25th Anniversary of the Ottawa Charter. He suggested that although the Charter has stood the test of time, "the time has not yet really come". Given the latter, his message to the next generation of public health professionals was: "Here, catch! It's yours, and do a better job than we have in realizing the ideals of the Ottawa Charter over the next 25 five years." At the upcoming Symposium, we will be looking at what has happened in Canada since Trevor issued his challenge and will be discussing ways in which we can hasten and support the transition to the next generation of health promotion researchers and practitioners in Canada. To facilitate this transition, most of the panel responding to the challenge will consist of practitioners and researchers from the next generation. In addition to this symposium, there will be many other presentations on aspects of health promotion at the Conference.

The second event will be the 6th Global Forum on Health Promotion taking place in Charlottetown, Prince Edward Island on October 16 and 17. Sponsored by the Global Alliance on Health Promotion, the Government of Prince Edward Island and several other organizations, the Forum will celebrate the 30th Anniversary of the Ottawa Charter by welcoming participants and speakers worldwide and focusing on identifying and highlighting the ways in which Health Promotion and Civil Society can contribute to the achievement of the UN Sustainable Development Goals. The program will feature plenary workshops, concurrent workshops, a roundtable, oral and electronic presentations and opportunities for networking. The Forum will develop and adopt a Civil Society Declaration on Health Promotion and Sustainable Development. In addition to celebrating the impact of the Ottawa Charter, the Forum will also focus on the leadership of the new generation of health promoters and awakening the health promoter within all of us.

The third event will be the official launch of Health Promotion Canada. Health Promotion Canada is the result of a national project to develop the Pan-Canadian Health Promoter Competencies (released earlier this year), and will be a national consortium to advance the practice of health promotion in Canadian academic institutions and in the workforce. Directly linked into the Global Forum, networking events will be scheduled across Canada to mark this significant milestone for health promotion practice in Canada. Immediately following the Forum on October 17 and 18, Health Promotion Ontario will hold it's annual Conference in Toronto. It is the intent of the organizers is to “complement and build on the Global Forum by celebrating 30 years of the Ottawa Charter.”

The fourth and final event that I am aware of is the Annual Conference of the Public Health Association of British Columbia (PHABC) that will take place in Vancouver in late November or early December. A significant part of this conference will focus on Health Promotion as a follow up to the conference organized by PHABC five years ago that celebrated the 25th Anniversary of the Ottawa Charter. Although the program has not as yet been finalized, it will likely feature presentations by authors of the 4th Edition of Health Promotion in Canada that will be released in September 2017.

Thus, 2016 promises to be a year of review, renewal and re-awakening of Health Promotion in Canada and hopefully mark the arrival of "it’s time" here and elsewhere throughout the world.

CONFERENCES, TRAININGS, AND EVENTS

24th International Conference on Health Promoting Hospitals & Health Services
June 8-10, 2016 | Yale University, Connecticut

8th Nordic Health Promotion Research Conference
June 20-22, 2016 | Jyvaskyla, Finland

61st Annual CARPHA Health Research Conference
June 23-25, 2016 | Turks and Caicos Island

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Public Health and the Law
*By Jordayna Francois*

There are several reasons why the public health system and the law can exist in perfect harmony with one another or in a less metaphorical way, why these two concepts are not so different from each other. To understand why the public health system and the law are quite similar, we must define the terms.

What is public health or what is the public health system? According to the CDC foundation, Public health is defined as “the science of protecting and improving the health of families and communities through promotion of healthy lifestyles, research for disease and injury prevention and detection and control of infectious diseases. Overall, public health is concerned with protecting the health of entire populations” (CDC Foundation, 2016). The public health system is not much different in the definition, it can be referred to as “all organized measures (whether public or private) to prevent disease, promote health, and prolong life among the population as a whole.” (WHO, 2016). Now that we have all our terms, let’s go back to the original thesis: how is the law and public health system similar? And the answer is quite simple and does not require strenuous amounts of research.

To grasp the correlations between the two terms, there needs to be a clear and direct comprehension that the public health system is usually within the government’s jurisdiction, and that means there are laws and regulations in place that need to be abided; meaning institutions that are working to implement policy changes to benefit the public’s health must go through an approval period. This goes for public or private institutions, no one is able to wiggle their way out of being checked. This makes the public health systems accountable and responsible for their research while giving the institutions the space to operate and deliver appropriate health policies within their given jurisdiction.

I have had the opportunity to serve as President of the club, Law Society that is based in CUNY's John Jay College of Criminal Justice. The club, Law Society was created in the late 2000s (around 2006-2008) for the student body, to provide them with internal and external resources and opportunities to further assist them with the law school process. The mission statement for the club is extraordinary and as the president, I had to abide by the club’s purpose. But as I spoke to students like myself, in our general meetings some individuals were not sure what they wanted to do within the law field or if they even wanted to stay the this career field. This bothered me and I noticed they did not have or were not given much options. To address this issues in 2014 my team and I hosted the Careers in law Panels. The main purpose of the panel was to give students of the college further insight of varying fields within the law. At this time I also had an internship with the Arthur Ashe Institute for Urban Health and the Brooklyn Health Disparities Center, I realized that my supervisor should be on this panel to express how the work she does in the community and law are related. On the day of the panel she spoke about the research she oversees and projects the Institute collaborates with other organizations like the National Library of Medicine (NLM) on topics that concern neighborhoods in Brooklyn. The agenda of the Institute, according to my supervisor, was to provide information about health care, diseases that were prevalent within the areas and preventing decreasing the numbers of the diseases within the areas.

Working within an organization that has partnerships with other influential institutes helps provide policy changes when needed. This ultimately affects the public, this is where some student should consider as a part of their careers. The entwining of the health and law field, produces the public health system. The skills we learn here in John Jay can be useful, both in and outside a courtroom.

* Ms. Francois is currently a senior at John Jay College of Criminal Justice pursuing her Bachelors degree in International Criminal Justice and English.

AT YOUR FINGERTIPS

*By Vinessa Gordon*

There are about 3.5 million people unknowingly living with hepatitis C, this report is reflective of those born between 1945 to 1965 who were infected via injection or blood transfusion. When left untreated, individuals who have been living with this disease often develop liver disease or liver cancer, and continue to transmit hepatitis C to others. Hepatitis C is a treatable and preventable disease, which makes it even more alarming to note that in 2013 the number of deaths related to hepatitis C surpassed the total combined number of deaths of 60 other infectious diseases. For more information click here

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RESOURCES AND FUNDING OPPORTUNITIES

Funding Opportunities

- Building Capacity of the Public System – deadline July 3, 2016
- Improving Access to Care: Using Community Health Workers to Improve Linkage and Retention in HIV Care – deadline July 12, 2016
- Planning Grants for Pragmatic Research in Healthcare Settings to improve Diabetes and Obesity Prevention and Care – deadline November 1, 2016

Toolkit

- AHRQ Health Literacy Universal Precautions Toolkit
- Stop Bullying Community Action Toolkit
- Zika Virus Digital Press Kit
- Preventing Child Abuse and Neglect: A Technical Package for Policy, Norm, and Programmatic Activities
- Stop SV: A Technical Package to Prevent Sexual Violence
- Reducing Teen Substance Misuse: What Really Works

Webinars

- Inter-professional Global Health Competencies: Exploring Consensus and Controversies
- The Impact of Racism on the Health and Well-Being of the Nation - Expires December 31, 2016

Internships

- Geospatial Intern—deadline July 5, 2016
- Injury and Violence Prevention – Open until filled
- Learning and Professional Development Internship – Open until filled
- Get Ready Campaign– Open until filled
- Component Affairs Internship– Open until filled

Jobs

- Health Communication Specialist - open until June 29th, 2016
- Epidemiologist—open until November 2, 2016

Fellowship

- Multilateral Advisor—deadline July 5, 2016
- Senior HIV/AIDS Surveillance Advisor—deadline July 7, 2016
- Uniquely Skilled Senior Anti-Microbial resistance Technical Advisor—deadline August 31, 2016
NEWS AND ANNOUNCEMENTS

6th Global Forum on Health Promotion
By Irv Rootman

Register now for the 6th Global Forum on Health Promotion!
Registration is now live for the 6th Global Forum on Health Promotion, taking place October 17-18, in Charlottetown, Prince Edward Island, Canada. Please visit here to register and take advantage of early bird rates! Student rates are also available for a limited time.

The theme for the two-day event is Health Promotion ~ At the Very Heart of Sustainability. The event will celebrate the 30th anniversary of the Ottawa Charter for Health Promotion and highlight the contributions of civil society and health promotion initiatives to sustainable development. The 6th Global Forum will be presented in Canada’s two official languages, with simultaneous translation available in French and English.

The 6th Global Forum on Health Promotion will highlight the ways in which Health Promotion and Civil Society can contribute to the achievement of the United Nations Sustainable Development Goals. These 17 goals were adopted by world leaders during the United Nations Sustainable Development Summit in 2015 as a means to end poverty, fight inequality and injustice, and tackle climate change by 2030. In this period of global transition, health promotion is integral to creating the new sustainability paradigm. The Forum will focus on how health promotion activities can support the achievement of the Sustainable Development Goals over the next 14 years, revealing how communities and organizations around the world are creating change for local, national and global impact.

Registration can be completed online through our website or can be paid by invoice by contacting The Quaich at registration@thequaich.pe.ca or +1-902-894-3399. All prices are in Canadian Dollars.

At Your Fingertips

By Vinessa Gordon

National Infertility Awareness week was April 25th, it brought light to the struggles many couples face when trying to conceive a child. Infertility is defined as not being able to get pregnant after one year of unprotected sex. This issue is not only limited to women, it is estimated that 3.3–4.7 million men reported seeing a fertility doctor of this amount 18% were diagnosed with male-related infertility problems. There are several treatment options available to couples they include, hormones, intrauterine insemination, surrogacy assisted reproductive technology (In vitro fertilization), or a gestational carrier. To learn more about Infertility and treatment options please click here.

Hookah smoking is on the rise and so are the health effects. Hookah is another method of smoking tobacco; this tobacco comes in a variety of flavors such as apple, mint, cherry, chocolate, coconut, watermelon, licorice and cappuccino. This flavored tobacco brings the misconception that it is less harmful however hookah has many carcinogen and toxic chemicals known to cause lung, bladder and oral cancers. Although these are similar health effects for individuals who smoke cigarettes, hookah is more harmful because more smoke is inhaled and absorbed by the body; in a typical hookah session 90,000ml of smoke is inhaled compare to 500-600ml when smoking cigarettes. Hookah smoking can lead to heart disease, low birth weight and respiratory disease in infants who were born to mother who smoked while pregnant. For more information on the health effects of hookah smoke click here.
NARO News
North American Regional Office

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Ches Credits

NARO will no longer be offering continuing education (CE) credits. To supplement this please use the links below to obtain CE credits:

CDC Learning Connection
SOPHE Continuing Education
NCHEC Continuing Education Credit Activities

Conferences, Trainings, and Events, Continued

2nd Singapore International Public Health Conference & 11th Singapore Public Health & Occupational Medicine Conference
September 29-30, 2016 | Singapore

SOPHE 18th Annual Health Education Advocacy Summit
October 15-17, 2016 | Washington, DC

9th European Public Health Conference
November 9-12, 2016 | ACV, Vienna, Austria

9th Annual Global Conference on Health Promotion
November 21-25, 2016 | Shanghai, China

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