**JLN Professional Services**

**Management/Policy Short Course for Physicians and Nurses**

Dr. Nitzkin was the lead investigator and prime author on behalf of the American Association of Public Health Physicians (AAPHP) of the CDC-Funded Preventive Services ToolKit (PSTK) curriculum to train doctors, nurses and other health professionals in management and policy/political skills for the purpose of expanding and enhancing preventive and public health services. The preferred format was seven to eight hours of contact time over two half days.

Based on this curriculum, Dr. Nitzkin still offers a half-day (3.5 to 4 hour) short course to teach doctors and nurses a rapid protocol to develop preliminary outline advocacy plans and feasibility studies that can be developed in an hour or two considering scientific, management and stakeholder concerns. This highly interactive short course will include consideration of one or two proposals of interest to the host organization. In practice, most of these have been complete enough to eliminate the need for an outside consultant.

Issues addressed to date have included disease/demand management, maternal and child health initiatives, communicable and disease control initiatives, health education, environmental and injury control policy and programming, disaster preparedness, contraceptive policy and (for and against) proposed agency re-organization and budget cuts.

Costs are limited to direct expenses plus a $500 honorarium, which is split with AAPHP, the owner of this curriculum, to help advance their advocacy agenda. The cost includes up to three follow-up telephone or video conferences relative to the course and the host issues discussed therein.

**Tobacco Harm Reduction (THR)**

All of the commonly referenced addiction, illness, death and healthcare cost data attributable to “tobacco” in the USA, are due to a single tobacco product – the combustible cigarette. E-cigarettes and smokeless products present well under 5% the risk posed by cigarettes. While risks due to cigars, pipes, hookahs, etc. are higher, the risks are still so low that no federal agency tracks addiction, illness and death data from any of these other products.

THR means promotion of e-cigarettes and smokeless products as low-risk alternatives to cigarettes. When properly done, with a sensible mix of regulation and health education, these benefits can be secured at remarkably low cost by having the smokers themselves, manufacturers and vendors pick up almost all the cost. The opposition to THR and e-cigarettes is based tradition, not science or fact. For decades they have used the terms “smoking” and “tobacco use” as if they were synonymous, due to the dominance of cigarettes in the American tobacco marketplace. Then never considered the possibility that there might be nicotine delivery products that could satisfy the urge to smoke while being far less addictive and presenting almost no risk of potentially fatal cancer, heart, lung or other disease.

Current e-cigarette and smokeless products on the American Market meet these qualifications. The allegation that American smokeless products (chewing tobacco and snuff) pose a significant risk of oropharyngeal cancer is based on “international” rather than American data and reflect the risk posed by products not on the American market. The allegation that e-cigarettes represent a “gateway” to smoking for teens is likewise demonstrably false and is based on limited and biased interpretation of study data from studies whose data could equally be used to justify the opposite conclusion – that e-cigarettes drive teens away from smoking and away from any form of long-term tobacco product use. Please feel free to contact Dr. Nitzkin at [jlnitzkin@gmail.com](mailto:jlnitzkin@gmail.com) for the evidence supporting the allegations noted above.

Dr. Nitzkin is available for grand-round-type presentations and discussions for and against e-cigarettes and smokeless tobacco-related products.

**Food Poisoning and Community-Acquired and Facility-acquired (“nosocomial”)Infections**

Dr. Nitzkin began his public health career as an Epidemic Intelligence Service (EIS) Officer, a branch of the US Public Health Service based at the Centers for Disease Control (CDC) This group of physicians and other health professionals were trained by CDC in communicable disease control and related disaster response, and, for the two-year tour of duty were on 24/7 call for outbreaks anywhere on the globe. For decades, CDC was his second professional home. He has continued this work, in one way or another, for the duration of his career. Dr. Nitzkin’s current work is related to policy development, program evaluation and expert witness work that may be on behalf of either plaintiff or defendant.

**Quality of care in prisons, jails, and long-term care facilities**

While serving as County Epidemiologist for the Dade County (Miami, Florida) health department in the early 1970’s, Dr. Nitzkin had the opportunity to investigate outbreaks in a jail, a nursing home, and a hospital. These investigations pointed out severe deficiencies in the quality of care and infection control in all three. Dr. Nitzkin then followed through, working with the AMA and others in the early development of what are now well-established regulations and quality control guidelines for all three sets of facilities. He has continued this work, in one way or another, for his entire career. Dr. Nitzkin’s current work relates to policy development, program evaluation and expert witness work that may be on behalf of either plaintiff or defendant.

**Disaster preparedness and response**

Dr. Nitzkin’s involvement began with his training as an EIS Officer, continued with development and implementation of anti-terrorist protocols to protect the Democrat and Republican national conventions in Miami Beach Florida in 1972, and continued with disaster plans related to both natural and man-made nuclear disasters in Florida, New York, and hurricane-related preparations and Katrina response in Louisiana. Dr. Nitzkin’s current work in this arena is related to policy development, program evaluation and expert witness work that may be on behalf of either plaintiff or defendant.