

Communiqué



PRESIDENT'S MESSAGE

Andrew Warlen

Mid America Regional Council

February 2020

Dear Colleagues,

I hope everyone's 2020 is off to a great start. As I write this, it is Fat Tuesday. I always remember when Fat Tuesday is... it's the day before "Diet Wednesday".

On a more serious note, Public Health is in the news and that is almost always cause for concern. The Coronavirus Disease 2019 (COVID-19) outbreak is making headlines worldwide. In the U.S., Federal, State, and Local Public Health Agencies are working to reduce the spread and the impact of the virus. Currently, the immediate risk of this new virus to the American public is believed to be low. However, this outbreak certainly points out the importance of Public Health's role in preventing outbreaks. It also points out that our nation's public health systems are underfunded in accomplishing that mission. I applaud my Public Health colleagues who work tirelessly to protect the populations we serve with scarce resources.

Speaking of Public Health funding and capacity, #HealthierMO work continues to move forward swiftly. The Foundational Public Health Services (FPHS) Model for Missouri has been completed, approved and released. Work is currently being done to finalize the FPHS capacity assessment. #HealthierMO will be working with the Missouri Department of Health and Senior Services (DHSS) to perform the capacity assessment in conjunction with DHSS's routine infrastructure survey that is sent out to all local public health agencies. This combined approach will greatly assist in getting a high response rate to the capacity assessment and is a tremendous example of a great partnership. This is just one of the many situations where I have been able to witness partnerships enhanced through the #HealthierMO initiative. For more information on the #HealthierMO initiative visit www.healthiermo.org.

I hope you enjoy the newsletter. As always, please give us your comments and suggestions and we always welcome submissions. We are all interested in the public health advances you are making in your community.

Best Regards,



Andrew Warlen, MPH

President, Missouri Public Health Association



Calendar of Events

April 2, 2020

Board Meeting

Jefferson City, MO

July 16, 2020

Board Meeting

Jefferson City, MO

September 22-24, 2020

Joint Annual Conference

Holiday Inn Executive Center

Columbia, MO

October 24-28, 2020

APHA Annual Meeting

San Francisco, CA

November 2020

Education Workshop

Location TBD

Annual Public Health Conference

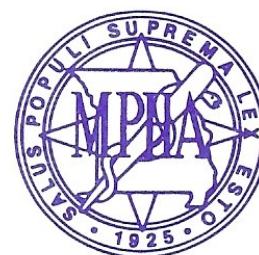
“20/20 Vision for a Healthier Missouri”

Mark Your Calendars

September 22-24, 2020

Holiday Inn Executive Center

Columbia, MO



PublicHealth
Prevent. Promote. Protect.

**Missouri Center for
Public Health Excellence**

MoALPHA

MISSOURI ASSOCIATION OF LOCAL PUBLIC HEALTH AGENCIES

MICH

Missouri Institute for Community Health

Partners for Better Health

Northwest Chapter Report

Erin Sanders, MPH

The Northwest Chapter of the Missouri Public Health Association met on January 14, 2020. The group discussed topics that impacted public health in 2019, including medical marijuana, vaping, mental health, emergency preparedness, immunization exemptions, public health funding, and the lack of a statewide prescription drug monitoring program. Based on this conversation, the group identified several potential speakers who could address some of these issues at meetings in the upcoming year.

The next meeting of the Northwest Chapter is scheduled at **11:30 AM on Tuesday, April 14, 2020 at Mid-America Regional Council in Kansas City (Heartland Room)**. All interested parties are encouraged to attend.

CURRENT OFFICERS OF THE NORTHWEST CHAPTER

- ⇒ **President, Marty Galutia**, Kansas City Health Department
2400 Troost Ave., Kansas City, MO 64108, marty.galutia@kcmo.org
- ⇒ **Vice President, Nola Martz**, University of Missouri
802 Lewis Hall, Columbia, MO 65211, martzn@health.missouri.edu
- ⇒ **Secretary, Erin Sanders**, Platte County Health Department
212 Marshall Road, Platte City, MO 64079, erin.sanders@plattehealth.com
- ⇒ **Treasurer, MaryAnna Henggeler**, Jackson County Health Department
313 South Liberty, Independence, MO 64050, mary.henggeler@tmcmcd.org
- ⇒ **Past President, Bridgette Shaffer**, Jackson County Health Department
313 South Liberty, Independence, MO 64050, bridgette.shaffer@tmcmcd.org

Are you a member of APHA but not currently a member of MPHA? We need your membership to further the message of public health in Missouri.

The benefits of being a member of MPHA include:

- Three newsletters a year filled with up-to-date information
- Legislative updates on Missouri issues as well as national topics impacting Missourians
- Annual meeting with other public health professionals
- Statewide network of public health professionals



If you are interested in membership in MPHA, please contact Dan Luebbert, Platte County Health Department, 816-858-2412, Dan.luebbert@plattehealth.com or complete the membership form on the back page and return it to the MPHA office.

NEW MPHA MEMBERS

Julie Kapp, University of Missouri-School of Medicine

Alexandra Duello

Hannah Henze

Yolanda West

Kat Robnett, Platte County Health Department

Barbara Spaw, MODHSS

Lynette Lartey

Missouri's Affiliate Representative to Governing Council

Denise Strehlow, RD, LD, MPH, MSW

BJC School Outreach and Youth Development

Missouri Affiliate Rep. to the Governing Council (MO ARGC)



National Public Health Week -April 6-12, 2020

The theme for NPHW @25: Looking Back, Moving Forward. The week is designed to promote public health with daily themes:

- **Monday: Mental Health** - advocate for and promote emotional well-being
- **Tuesday: Maternal and Child Health** - ensure the health of mothers and babies throughout the lifespan
- **Wednesday: Violence Prevention** — reduce personal and community violence to improve health
- **Thursday: Environmental Health** — help protect and maintain a healthy planet
- **Friday: Education** — advocate for quality education and schools
- **Saturday: Healthy Housing** — ensure access to affordable and safe housing
- **Sunday: Economics** — advocate for economic empowerment as the key to a healthy life

NPHW an opportunity to join organizations across the country to bring attention to public health.

- Become a NPHW partner at www.nphw.org and linking to the site
- Visit www.nphw.org to download materials and find out more about this year's daily themes and activities

MINK (Region VII) Updates

- The representatives from each state met at the 2019 APHA Annual Meeting and Conference in Philadelphia to participate in the Governing Council sessions, APHA Affiliate Day and APHA Regional meetings. Nebraska is the next scheduled location for the MINK Regional Conference. Judy Martin, Nebraska ARGC will discuss the potential for a MINK 2020 conference or the possibility of partnering with another organization in 2020 to combine efforts.
- The January conference call will highlight potential opportunities for the region. The new Regional Health Administrator, Region VII Cather Satterwhite reached out and will be invited to join the regular conference calls.

10/24/19
Poster judging team of MPH A,

Thank you so much
for selecting our poster,
Rural Ecuadorian Community
Health Assessment, as this years
winner. We are grateful for
the opportunity to share what
we learned and appreciate the
recognition of our hard work.

Kati Dettmewanger

Advocacy Day

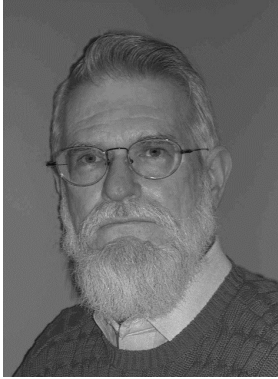
February 20, 2020

Members of the Missouri Public Health Association, the Missouri Association of Local Public Agencies and the Public Health Organizations of Missouri descended on the Capitol on February 20 to discuss with their legislators important legislation. Two members, Andrew Warlen (Cass Co. HD) and Kristi Campbell (Cole Co. HD) were introduced on the floor of the House of Representatives. Other members had an information booth on the 3rd floor rotunda with legislation that is being pushed by the public health community. Pictured (left to right) are Kristi Ressel, Sandra Boeckman, Andrew Warlen, Kristi Campbell and Scott Clardy.



Public Health Spotlight

Dr. William Kincaid



The Missouri Public Health Association is fortunate to have a member and a contributor of the caliber of Dr. William Kincaid. Although he will soon be a permanent resident of the Washington DC area, he has left a strong impact on the Show Me State and specifically on the health of the communities of

our state.

Born and raised in St. Louis, Dr. Kincaid had the opportunity to live in several areas of the country during his graduate and medical training. He graduated from Washington University and attended St. Louis University School of Medicine. After completing his training in Internal Medicine in Baltimore, he began a fellowship in Clinical Immunology and Arthritis at the University of Texas Health Science Center in San Antonio. During his clinical training, it became clear to him that the problems of the U.S. health care system were complex and the system was sorely lacking in areas of management and administration. Most expenditures were on treatment and too little attention was paid to preventing the very problems seen in clinical practice. While in San Antonio he obtained an MPH degree. The addition of this degree clearly changed his career path. Each day of classes reinforced his commitment to prevention, sound administration, and public health.

Freshly armed with the MPH degree he took a position at the University of Michigan and was the acting director of Ambulatory Care at the VA Hospital. These years reinforced his belief that the health and public health systems needed better training and more focused management.

Dr. Kincaid returned to his home in 1989 to accept a position as the Director of Health and Hospitals for the City of St. Louis, serving from November 1989 to March 1995. When the State of Missouri changed its

Medicaid program in 1995, he took a position as medical director with United Healthcare to run GenCare MC+, one of the state's inaugural Medicaid Managed Care plans. He remained with United until 2004. In 2005 he returned for a second time to the City of St. Louis Department of Health where he remained until 2007.

Dr. Kincaid has maintained strong support for community-based not-for-profit organizations partnering with public health departments to improve population health. He has served as a board member of the STL Diabetes Coalition, the STL Regional Asthma Coalition, and the Maternal, Child and Family Health Coalition. He has been a strong supporter of MPHA initiatives and professional development and has provided strong financial support for the MPHA Scholarship Fund for health professionals.

During a recent interview with Dr. Kincaid, when asked of his current activities, he shared that he is "retired, not deceased"! He maintains a strong interest in public health practice at all levels of government as well as in the private sector.

When asked about his most significant accomplishments serving in public health practice, Dr. Kincaid at first demurred. When pressed, he pointed out that he had two achievements for which he would like to be remembered. Both had to do with his role as Director of Health and Hospitals in St. Louis and his success with obtaining federal Medicaid matching funds for care provided at St. Louis Regional Hospital, the safety net hospital for the medically indigent in St. Louis City and County. Up to the point of his involvement, the hospital was spending millions of dollars in providing costly medical care with little commensurate reimbursement. Under the original 1965 Medicaid law, local governments could receive matching dollars for funds they spent on medical care for the indigent. Neither the City, nor the County, nor the state had ever done so. At his urging, he and

(Continued on page 7)

Public Health Spotlight

Dr. William Kincaid

administrators at the City and County worked to get Medicaid matching dollars.

In the first year, they obtained a combined total of \$20 million of what is known as Intergovernmental Transfer and Disproportionate Share Funds, commonly called IGT and DISH funds. These funds allowed the hospital to remain open for a number of additional years, thereby serving the medically indigent in the St. Louis region.

The other achievement of which Dr. Kincaid is justly proud, is his effort, along with those of others, to assure the St. Louis community would be eligible for Ryan White program funding for persons with HIV/AIDS as early as possible. A specific threshold number of reported cases was needed in order to qualify for Ryan White dollars. The HIV/AIDS cases were expanding so rapidly that the federal government was going to raise the threshold to qualify for the next round of funding. The St. Louis Region was fewer than a hundred cases short of being able to qualify for funding. The new threshold would put the possibility of funding out of reach for several years. At that time many people were concerned about privacy issues of HIV test results; and many practitioners were testing but not reporting cases to the City, County, or the State Health Departments. Ken Baldwin, the county health director, and Dr. Kincaid met routinely with groups around the region in late evenings and weekend conferences, to encourage reporting of this communicable condition. They also met with several

practitioners known to have large HIV/AIDS practice make sure they understood the importance of reporting positive tests. The failure to do so would deny the region much needed resources for housing, food, social support, and treatment. Within weeks there was a rush of new reports and the region qualified to the Ryan White program and was grandfathered into the next round of funding.

Dr. Kincaid strongly believes that Public Health is vastly underfunded at all levels of government. As practitioners, he suggests we continually develop partnerships in our communities to help encourage funders, including foundations, government elected officials, and private industry to better understand what we do and why we do it to gain a clear understanding of public health practice and its role in society as impacted by the social determinants of poverty and social dislocation.

Dr. Bill Kincaid is a strong supporter of the Missouri Public Health Association and we are proud to have him as a resource in our public health practice efforts. This is no more evident than in his recent generous financial contribution to the Association's Professional Development Scholarship fund. As an Association, we extend our heartfelt gratitude to this public health leader and practitioner.

Thank you, Dr. Bill Kincaid.



Question: Why So Much Time, Disease, and Death to Recognize a Toxic Substance?

John C. Hagan, III, MD, FACS, FAAO



Answer: Addiction and Profit

QUESTION: What do these deadly poisons have in common: arsenic, radium, mercury, thallium, cyanide?

ANSWER: At one time they were all considered by physicians and

the public as useful medications and/or healthy supplements. They were taken in a wide variety of lotions, potions, notions, tinctures, tonics, and pills. These poisons were recommended, sold, and prescribed freely by physicians.¹ It took thousands of deaths and many decades before the harmful nature of these substances was perceived by physicians and the general public.

QUESTION: What disease causing carcinogenic substance was once widely used and recommended by physicians for coughs, sore throats, nervousness, and believed by the public to be harmless or salubrious?

ANSWER: Tobacco. More than half of physicians in 1940s smoked cigarettes and many recommended them to patients.² Smoking was considered by the public as socially sophisticated. They believed the doctors and dentists who told them tobacco was good for health. It took millions of deaths and many decades before the harmful nature of nicotine was widely perceived by physicians and the general public.

QUESTION: What class of drugs was widely touted by segments of the pharmaceutical industry and 'thought-leaders,' like Russell Portenoy, MD, in the late 1980s and early 1990s as a non-addicting panacea for pain? Physicians were told by these often industry-paid pain experts that if they did not prescribe these drugs they were not meeting the standard of care, subject to malpractice claims and perhaps committing a felony. Physicians responded

by writing prescriptions for billions of these pain pills.

ANSWER: Opioids. It took hundreds of thousands of deaths and over a decade before the harmful nature of opioids was perceived by physicians and the general public. Dr. Portenoy, 'The Evangelist of the Opioid Epidemic,' is under a mountain of litigation, and now testifying against the opioid companies that paid him handsomely for his endorsement of their products.³ The opioid epidemic is one of our largest contemporary health care problems.

LAST QUESTION: What chemical substance is widely perceived by the public as medically useful or at worse, a relatively innocuous intoxicant? It's called "a medicine" in many states, and in others is as legal and available as wine, beer, and liquor? This substance is freely prescribed by a disappointing number of physicians to anyone with the cash to purchase a green, leafy 'medical' card?

LAST ANSWER: Cannabis. Sham 'medical' marijuana at its core is all about the euphoria, high producing, and habituating THC (tetrahydrocannabinol) molecule (Figure 1). Unlike the aforementioned health destroying chemicals, evidently not enough time has passed or deaths occurred for it to be obvious to physicians, the general public, law makers and product liability lawyers how devastating this exploding public health cannabis epidemic is becoming. As I write this editorial, millions of dollars and scores of paid activists are flowing like a noxious green river from its Big Weed source into Missouri to get recreational marijuana on our state November ballot. "'Big Weed' is the derisive name for the unseemly and avaricious conglomerate of cannabis growers, processors, distributors, dealers, Mexican drug cartels, users/abusers, investors, and other hangers-on bent on making billions on medical, and inevitably recreational, marijuana."⁴

You don't have to be an ophthalmologist to know

(Continued on page 9)

Question: Why So Much Time, Disease, and Death to Recognize a Toxic Substance?

John C. Hagan, III, MD, FACS, FAAO

that ‘hind-sight’ is the clearest of all types of vision. We now ask how erstwhile physicians and back-in-the-day public could have been so ignorant as to believe that deadly poisons and noxious substances and habituating cancer causing nicotine would be good for them. But most of us were in practice when the purveyors of opioids for everything and everyone where enticing physicians to prescribe opioids and threatening us if we did not. Still it happened then; it’s happening now. We must look at the pronouncements of physician thought-leaders much more critically as well as consider who is paying them money.⁵ When was the last time you heard an industry-sponsored thought-leader say anything critical about the drug that supplements their income? Me neither!

Missouri Medicine has chronicled and published as many scientific and social perspective articles on the detrimental effects of cannabis/THC products as any state medical journal in the United States. This began in earnest in the March/April 2012 issue (Figure 2). I will not reference all articles but many are posted on msma.org/marijuana-education-resources and also in the index of previous issues available at msma.org/missouri-medicine-library. Our Journal has referenced the social, legal, educational, domestic, and law enforcement devastation that medical/recreational marijuana has wreaked in once healthy Colorado. While legal marijuana taxes have only generated 0.9 of 1% of the Centennial State’s annual budget, cannabis has created far in excess of that amount in added Colorado expenses, taxes, and social costs. See rmhidta.org/files/D2DF/FINAL-Volume6.pdf.

Physicians can write prescriptions for three FDA approved cannabidiol-based (CBD) pure drugs with individual indications for nausea and vomiting of chemotherapy, or childhood seizures or weight loss/poor appetite (Marinol®, Epidolex®, and Cesamet®) All of Missouri’s major physician organizations opposed uncontrolled sham medical marijuana but supported legitimate true-science research on

cannabis in the 2018 state elections. The introduction of medications by legislation and public referenda outside of FDA mandated pathways is unprecedented, unlawful, unscientific and frankly frightening.

The country is going to pot. We are losing the battle in Missouri and the United States. Our profession, the media, and the public are failing to note the parallels between rising violent crime and suicide in youth and the corresponding escalating use of cannabis products it largely reflects.⁶ The tsunami of money from both legal and illegally sold cannabis by Big Weed and the advocacy of growing numbers of users both habituated, addicted, or the scientifically misinformed is guaranteeing that cannabis will be the next and perhaps among the largest and most devastating public health crises in our nation’s history.

I don’t have any answers or easy solutions. Likely this will also take decades and hundreds of thousands of deaths before the public, legislators and healthcare professionals ‘get it.’ There will be little satisfaction and no solace in retrospectively saying, “I told you so.”

References

1. Deborah Blum. *The Poisoner’s Handbook*. Penguin Press, First edition, February, 2010
2. <https://www.healio.com/hematology-oncology/news/print/hemonc-today/%7B241d62a7-fe6e-4c5b-9fed-a33cc6e4bd7c%7D/cigarettes-were-once-physician-tested-approved>
3. <https://www.theguardian.com/us-news/2019/apr/10/purdue-opioids-crisis-doctor-testify-against-drugmaker>
4. Hagan JC III. Big Tobacco, Big Opioid, Big Weed: The Successful Commercialization of Habituation & Addiction. *Missouri Medicine*. 2019;115:476-480
5. Gale AH. Drug Company Compensated Physicians Role in Causing America’s Deadly Opioid Epidemic: When Will We Learn? *Missouri Medicine*. 2016;113:244-246
6. <https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2723657>

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#HealthierMO

Jaci McReynolds, MHA

Communications Coordinator, Transforming the Future of Public Health in Missouri

#HealthierMO, Missouri's grassroots initiative to transform its public health system, achieves a major milestone. In December 2019, the initiative's Executive Committee approved a new Foundational Public Health Services (FPHS) model for Missouri. The model was informed by the national model and work completed in other states, but it is unique to Missouri, developed with input from Missouri's public health system stakeholders. The model builds on the 10 Essential Services and Core Public Health Functions to create a simplified operational framework that describes a minimum set of fundamental public health services and capabilities that must be available in every community in order to have a functional public health system.

Missouri's FPHS model defines seven cross-cutting skills required to assure the delivery of foundational public health services and achieve equitable health outcomes. It also identifies six interconnected areas of public health expertise best provided by governmental public health agencies. Missouri's model highlights Health Equity and Social Determinants of Health as a lens through which all public health programs and services should be provided, and it includes room for Local Responsive Programs and Services that may not be foundational statewide, but are vital to meet identified needs in specific communities.

Under each capability and area of expertise, the model lists a minimum set of truly essential capacities. These capacities will be self-assessed in 2020 through the Infrastructure and Capacity Assessment Survey. They can then be attached to a measurable cost for delivery.

#HealthierMO's FPHS Workgroup now begins work drafting an adoption and implementation plan for the FPHS model. Using the plan as a blueprint, each public health agency may determine the best strategy to assure the capacities in their own jurisdiction. Resource sharing, collaborative partnerships, and innovative solutions are some of the effective tools already being used by Missouri public health agencies to assure foundational public health capacities.

#HealthierMO also continues its collaborative work with the Public Health Professional Organizations of Missouri. The group promotes a unified voice for public health in Missouri through its support of #HealthierMO and its work in advocacy, communication, collaboration, and workforce development.

To learn more about the new FPHS Model and the #HealthierMO initiative, visit HealthierMO.org. You can also follow #HealthierMO on social media, and join the grassroots initiative!



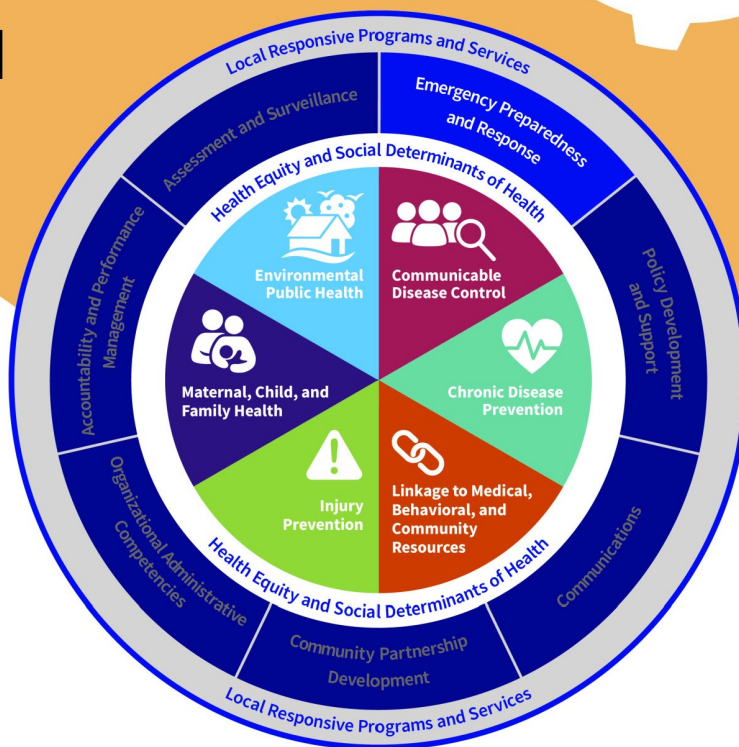


Missouri's Foundational Public Health Services MODEL

Emergency Preparedness and Response

SPECS

Natural disasters, emerging infectious diseases, and the potential for rapid spread of communicable diseases require that public health agencies maintain a high level of preparedness for emergency response. All public health agencies should have the ability to lead their local public health emergency response and assure communication among all Emergency Support Function 8 - Public Health and Medical organizations. Agencies should be able to issue and enforce emergency health orders, share key information with partners and the general public, and promote ongoing community resilience and preparedness.



Foundational Capabilities



Foundational Areas

DISCUSSION

1. How can we build competency among our employees in emergency preparedness planning and response capabilities?
2. What steps can we take to develop stronger ESF-8 collaboration?
3. What are our priority emergency response planning needs?
4. To what degree do employees understand their role in emergency response?

APPLICATION

1. Work as a group to complete the training, [Tornado Warning: Four Roles for Social Change](#). Ask each person to identify the role they are most likely to assume.
2. Complete a [Hazard and Vulnerability Analysis](#) for your community, in partnership with your local Emergency Management Director and community partners.

RESOURCES

- 📄 Public Health Preparedness and Response Capabilities, CDC
- 📄 Public Health Preparedness, NACCHO
- 📄 ESF-8: The Big Picture, South Central Kansas
- 📄 PHEP Stories from the Field: Joplin Tornado, CDC

#HealthierMO is a grassroots initiative to transform Missouri's public health system into a stronger, more sustainable, culturally relevant and responsive system that can offer every Missourian the fair opportunity for health. #HealthierMO is a project of the Missouri Public Health Association, with support from Missouri State University. Funding is provided by Missouri Foundation for Health and Health Forward Foundation.

Tobacco 21 in Missouri

Two Tobacco 21 bills have been filed so far in Missouri. HB 1730 and SB 829. These bills differ significantly.

HB 1730: During the prefilings period for the current legislative session, a tobacco industry friendly Tobacco 21 bill was filed. HB 1730 by Rep. Dan Shaul (R-113, Imperial) is a preemption bill that would take away the ability of local government to regulate the sale of tobacco products, while raising the minimum sale age to 21 without changing existing PUP provisions or weak enforcement.

House Bill 1730 includes language that is damaging for public health causes across the state:

407.930. The state preempts the field of regulating the sale of tobacco products, alternative nicotine products, and vapor products, and the provisions of sections 407.924 to 407.934 shall supercede any local laws, ordinances, orders, rules, or regulations enacted by a county, municipality, or other political subdivision to regulate the sale of tobacco products, alternative nicotine products, or vapor products. However, this section shall not prohibit a county, municipality, or other political subdivision from taxing the sale of tobacco products, alternative nicotine products, or vapor products under other law

Preemption measures like this remove the ability of local governments to pass best practice public health policy. This is a major threat to public health in Missouri because of the following:

1. **Low cost education efforts will disappear.** Campaigns for local ordinances often results in the public and media having an honest discussion about tobacco and its effects on youth.
2. **Effective local compliance will be lost.** By providing local enforcement and community education, local tobacco control ordinances benefit from higher compliance rates than state led efforts. If local policy is replaced with a weak, poorly enforced state law, compliance will drop and tobacco and nicotine products will be more accessible to youth.

3. **Health standards will be weakened.** In the case of HB 1730, the enforcement standards are weaker than local measures already passed by over 25 Missouri localities; may nullify existing local tobacco retailer license ordinances; and prevent progressive tobacco marketing policies such as restrictions on the sale of flavored tobacco products. Preemption would result in the elimination of more stringent local ordinances across the state and allow more youth access to tobacco.

Missouri is currently experiencing a public health crisis and a youth vaping epidemic. The proposals offered by HB 1730 would take the state in the wrong direction by removing local control from communities that are effectively working to tackle this public health crisis.

Missouri's 2020 legislative session began Wednesday, January 8th. Since session began, a second Tobacco 21 bill was filed by Sen. Lincoln Hough (R-30, Springfield). SB 829 simply raises the age to 21 and adds e-cigarettes into the state's current Clean Indoor Air Law.

Throughout the session, we will continue to send updates on the status of HB 1730 & SB 829 as well as other statewide Tobacco 21 legislation that is introduced.

Get involved.

Find your legislator and tell them why HB 1730 is bad.

Attend Act Missouri's Prevention Advocacy Day at the State Capitol on January 22nd.

Tobacco Free Missouri

Jenna Wintemberg

Tobacco Free Missouri Launches the Missouri Vape-Free Schools Toolkit

The Missouri Vape-Free Schools Toolkit was created by the Springfield-Greene County Health Department in coordination with Tobacco Free Missouri as a guide to help your school or school district enhance your current tobacco policy to reflect the growing use of electronic nicotine delivery systems (ENDS). The use of ENDS, also known as vapes, e-cigarettes and JUUL, by middle school and high school students is a major health concern in both Missouri and the United States. The toolkit contains information and resources, as well as recommendations, to help your school effectively implement, clearly communicate, enforce and support a comprehensive tobacco-free plan that includes prohibiting the use of e-cigarettes. Through these recommendations, it is our goal to reduce the use of tobacco and e-cigarettes among youth and ultimately reduce the negative effects of tobacco and e-cigarette use.

Access this free, evidence-based resource on the Tobacco Free Missouri homepage at tobaccofreemo.org.

Robert Dale Hudson

August 24, 1967 - January 14, 2020



Robert Dale Hudson, 52, of Poplar Bluff, died Tuesday, January 14, 2020. He was born August 24, 1967 in Poplar Bluff to the late Bobby Gene Hudson and Verna Dean (Osborn) Hudson.

Robert attended University of Missouri where he received a Bachelor's of Science in Nursing. He continued his education at Vanderbilt University and obtained a Master's in Healthcare Administration.

Robert had worked as a nurse in the ICU of Children's Hospital of Little Rock, AR as well as Bone Marrow Transplant Coordinator at Vanderbilt University Hospital. He was the Administrator of the Butler County Health Department for over 22 years.

The union of Robert and his wife, Julie Scobey produced two wonderful children. Robert embraced life. He enjoyed traveling and restoring old cars with his son. He was well known for his grilling skills and hockey puck burgers.

Survivors include his daughter Grace Modell Hudson and son Garrett Noah Hudson, both of Poplar Bluff; a brother, Greg Clanahan, of Poplar Bluff; three sisters, Lisa Killen, of Cape Girardeau, MO, Mary Hudson of Oklahoma City, OK and Cathy Schotzhauer of Columbia, MO. Robert was preceded in death by his parents.

Visitation was from 11:00 A.M. to noon, Saturday, January 18th at the New Covenant Fellowship Church in Poplar Bluff, followed by the memorial service. Pastor Jerry Moore officiated. Memorials may be made to the Sarcoma Foundation of America.

Call for Articles

As a member of the Missouri Public Health Association, you are invited to submit articles for our newsletter. We welcome submissions on any public health related topic.

Please include the following information with your article submission:

- Name
- Professional Affiliation or Academic Institution (if a student)
- Title of Article
- Reference List
- A Headshot or Photo of You Doing Public Health Work

Please keep your article within 300-500 words. Articles from members will be reviewed by the Missouri Public Health Association Board and the Newsletter Editor. Please email your articles and any questions to Lisa Marshall at lisa.marshall@lpha.mo.gov or Sandy Boeckman at sboeckman@mopha.org.

2020 NEWSLETTER SCHEDULE

FEBRUARY NEWSLETTER ~ Article submissions are due by February 1, 2020

JUNE NEWSLETTER ~ Article submissions are due by June 1, 2020

OCTOBER NEWSLETTER ~ Article submissions are due by October 1, 2020

MPHA Members,

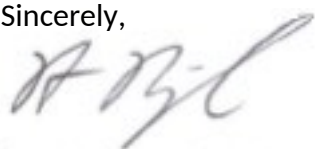
Now in existence since 1925, the Missouri Public Health Association (MPHA) continues to strive to expand our services to meet the needs of public health across Missouri. We hope that you took part in one or more of the many events that we offered this past year.

It is our mission to be the voice of public health in Missouri through advocacy, membership services and our Education Foundation. In order to meet our mission and provide services in our state, MPHA relies on the generosity of individuals and organizations for support. Without the investment of members like you, MPHA wouldn't be able to continue to be the voice for public health across Missouri.

We are asking you to help us continue the public health message by a donation to MPHA Education Foundation. Every dollar counts in the advancement of public health. If each member would make a donation, imagine the progress and impact we could make in Missouri. Your generosity will make a difference in the future of MPHA by allowing us to continue in our work advancing public health in Missouri. **The MPHA Education Foundation is a 501(c)3 corporation which means that donations to the Foundation are tax deductible.**

Thank you in advance for your generosity.

Sincerely,



Robert Niezgoda, MPH
MPHA Foundation Chair

Donating is easier now more than ever. Visit www.mopha.org and click on the Scholarship/Awards tab. Your generous donations will help support educational opportunities for public health professionals and students and promote quality public health for Missouri.



MPHA Board of Directors

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☐ Chronic Diseases

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☐ Advocacy & Public Policy

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