

Communiqué

SEPTEMBER 2010



Public Health
Prevent. Promote. Protect.

Calendar of Events

September 23-24
Annual Conference
Stoney Creek Inn, Columbia

November 6-10
APHA Annual Meeting

2011
January 19
Board Meeting, Jefferson City

April 13
Board Meeting, Jefferson City

July 13
Board Meeting, Jefferson City

September 7
Board Meeting, Jefferson City

September 22- 23
Joint Annual Public Health
Conference



PRESIDENT'S MESSAGE

Denise Strehlow LaBardi, RD, LD, MPH, MSW

What happened to the lazy days of summer? Summer 2010 has been a busy one! It's certainly been HOT!

As the 2010 MPHA annual meeting draws near, so does the end of my presidency. Many thanks to everyone who works diligently to promote public health across Missouri and the nation. Public health professionals are the best!

Take a few minutes to review the articles in this newsletter to catch-up on all that your public health colleagues have worked on since Spring. Here's some of the highlights of the recent few months:

- Advocacy for public health
- Annual meeting
- Student Job Forum
- School of Public Health collaborations
- Tobacco Free Missouri collaboration
- Cessation Summit planning
- Affiliate Capacity Building Grant

The annual conference, September 23 and 24 in Columbia, MO, highlights some of what is happening in public health. If you have not already done so, please sign up to attend the annual meeting and renew your membership so MPHA may continue to be a voice for public health. For questions about the conference or membership or to work on a project, call Sandy at 573-634-7977 or e-mail us at sboeckman@mopha.org.

See you at the annual conference. Thank you for all that you do in your community, state and nation for public health! Please feel free to contact me at dstrehla@hotmail.com.

Enjoy the rest of your summer!

Sincerely,

- Denise



2010-11 Missouri Public Health Association Board Roster

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 NOTE: *The Executive Committee is made up of the President, President-Elect, Immediate Past President, Vice President, Secretary, Treasurer and the ARGC Rep.*

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Affiliate Representative to the Governing Council Announces Candidates

Patricia D. Parker, MSPH, Affiliate Representative to the Governing Council (for Missouri)

Your ARGC participated in the APHA Governing Council meeting via conference call in June; attended the APHA Nominations Committee meeting in Washington, DC in May and the APHA Committee on Affiliates (COA) meeting in Washington, DC in June. The Governing Council conducts three face-to-face meeting during the Annual Meeting and one mid-year conference call. The Nominations Committee, on to which your ARGC was voted at the 2009 APHA Annual Meeting, is a committee of the Governing Council. There were four conference calls and numerous assignments prior to the one face-to-face Nominations Committee meeting. The Committee on Affiliates conducts six - eight conference call meetings per year in addition to three face-to-face meetings during the APHA Annual meeting.

APHA Nominations Committee

APHA has announced the 2010 candidates for its top elected membership positions, as selected by the Association's Nominating Committee. Two members are vying for the position of Association president-elect, while six candidates are up for slots on the APHA Executive Board. In addition, the APHA treasurer and speaker of the Governing Council are up for election.

In the presidential race, José Cordero, MD, MPH, dean of the Graduate School of Public Health at the University of Puerto Rico, is facing off against Mel Shipp, OD, DrPH, MPH, dean of the Ohio State University College of Optometry.

Cordero has served as a member of the Executive Board, Governing Council and as chair of the Epidemiology Section, among other positions. Cordero is a former employee of the Centers for Disease Control and Prevention, where he



served as founding director of the National Center on Birth Defects and Developmental Disabilities and as assistant U.S. surgeon general.

Shipp has served as APHA treasurer, as a Governing Council member and as a Vision Care Section councilor, among other positions. Shipp is a former member of the faculty and administration at the University of Alabama at Birmingham School of Optometry and has served as a consultant, panelist and grant reviewer for the FDA, HRSA, and National Institutes of Health.

The candidate elected as APHA president will become president-elect at the close of the 2010 APHA Annual Meeting and assume the presidency at the close of the 2011 Annual Meeting.

In the Executive Board race, six candidates are running for three positions:

- Diane Downing, PhD, RN, public health program specialist with the Arlington (Virginia) Department of Human Services and an adjunct faculty member at Georgetown University;
- Joyce Gaufin, executive director of the Great Basin Public Health Leadership Institute in Salt Lake City;
- Maggie Huff-Rouselle, PhD, MBA, MA, president of Social Sectors Development Strategies in Boston;
- Stephen Keener, MD, MPH, medical director of the

Mecklenburg County Health Department in Charlotte, N.C.;

- Thomas Quade, MPH, MA, CPH, interim director of the Akron City Health Department in Akron, Ohio;
- Ciro Sumaya, MD, MPHTM, professor of health policy and management and Cox-endowed chair of medicine at the School of Rural Public Health at Texas A&M.

In both the treasurer and speaker of the Governing Council elections, incumbents are running unopposed. Richard J. Cohen, PhD, FACHE, president and CEO of Public Health Management Corporation in Philadelphia, is running for treasurer, while Barbara E. Giloth, DrPH, vice president for program development at the Advocate Charitable Foundation in Park Ridge, Ill., is running for speaker of the Governing Council.

Three candidates are running unopposed for APHA's honorary vice president positions:

- Mr. Corey Neudorf, MD, MHSc, FRCPC, chief medical health officer, Saskatoon Health Region, Canada, is nominated as vice president for Canada;
- Mr. Jon Kim Andrus, MD, deputy director of the Pan American Health Organization, is nominated as vice president for Latin America and the Caribbean; and
- Ms. Shiriki Kumanyika PhD, MPH, an epidemiology professor and associate dean for health promotion and disease prevention at the University of Pennsylvania School of Medicine, is nominated as vice president for the United States.

Elections will be held at APHA's 138th Annual Meeting, which will be held in Denver Nov. 6–10. Only APHA Governing Council members may vote.

Committee on Affiliates (CoA) Mid-Year Report

Patricia D. Parker, MSPH,

Affiliate Representative to the Governing Council (for Missouri)

We began the meeting with a roll call and approval of minutes from the May 2010 conference call. We also had updates from CoA members on other committees, including the Nominating Committee, Action Board, Executive Board, and Student Assembly. As always, the Student Assembly is very active and continues to grow as a valuable partner for Affiliates and a vital part of APHA.

- Some affiliates provide a one-year free membership to each public health program in their state
- Some affiliates have a student and a faculty representative on their board from each public health program in their state.
- Need volunteers for poster sessions. Contact bakirkwood@gmail.com



be looking for deserving candidates to honor. Tom Quade is in charge of fundraising efforts for the reception this year, and all Affiliates should receive requests soon regarding sponsoring the reception. We need to encourage all Affiliates to donate what they can to help cover the costs for this event. Include a letter attached to the

November 11.

Joint Session with ISC Steering Committee

- *Candidate's Forum*: Same basic format as last year: two panels on Monday morning. We will work to better publicize the Candidate's Forum to increase attendance over last year's 70 or 80 attendees.

Since this is held during one of the CoA Business Meeting time slots, changing the time is not an option. In addition, the CoA needs some time following the forum to discuss. More information on the forum is pending.

- *Representation on Executive Board*: The current chairpersons of the CoA, the ISC-SC, the Education Board and the Action Board serve as non-voting

Annual Meeting 2010

- *Scientific Sessions*: The CoA sponsors three Scientific Sessions at the annual meeting each year.
 - ◇ *Community Gardening*: Moderator, Jim Dale
 - ◇ *Age-Friendly Cities*: Moderator, David Corbin
 - ◇ *National Public Health Week*: Moderators Marc Hiller and Gerald Ohta
- *CoA Reception and Awards*: Each year the CoA also hands out several awards at the CoA Reception to recognize Affiliates and Affiliate leaders. Lynn Abrahamson will send out nomination forms. Affiliates should

check which specifically states that the money is to be used for the CoA Reception at the Annual Meeting to assure you are counted! As always, we'll give recognition to those Affiliates and individuals who make financial contributions.

- *Affiliate Day*: The bulk of the day will be devoted to a session led by National Council of State Legislatures (NCSL) to help us improve our advocacy work at the state and local level. A prize from each affiliate is needed for the Affiliate Day icebreaker
- *Candidate's Forum/Business Meeting*: The APHA Candidates Forum will take place Monday morning, November 8.
- Our final CoA Business Meeting will be held Wednesday morning,

members on the APHA Executive Board. Each group has been asked to consider if the current chair is the appropriate person for that representation. The group was split on the idea of current chair vs. past chair. Any change would require amended by-laws by the Governing Council, we agreed to table the discussion until conferring with the other groups.

- *CoA/ISC Joint Meeting in Denver*: Identify appropriate topics and format later.

APHA Executive Director Update

Dr. Georges Benjamin joined the CoA and ISC-SC joint session to update us on the implementation of the Patient Protection and Affordable

(Continued on page 5)

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Care Act (ACA). He also discussed APHA’s one-day Summit on Health Care Reform to be held Saturday, November 6 prior to the official start of the Annual Meeting. This forum carries an additional fee and will conflict with several functions, including Affiliate Day and the first Governing Council meetings. However, he stated that the timing was appropriate and necessary for APHA to hold this meeting. A 2011 mid-year summit will continue the topic, and strengthen APHA’s position as a leader in health care reform.

Strategic Planning

We had planned to create a new strategic plan aligned with the APHA strategic plan. However, APHA’s is still in draft, so we focused on overarching areas. The four areas and corresponding goals follow.

- Students/Education/Mentoring [Tom Quade (chair), Marc Hiller,

Michelle Cravetz, Brenda Kirkwood]

1. Draft a Best Practices plan for facilitating student memberships

2. Draft a Best Practices plan to encourage liaisons between Affiliates and Public Health Schools and Programs.

- Membership [Gerald Ohta (chair), Kala Ladenheim, Elise Eyer, and Jim Dale]

1. Adopt and implement one strategy from the APHA Membership Committee report

2. Review the report on the APHA-Affiliate dual membership program, analyze the data, and report at the Annual Meeting.

- Sustainability [Terri Sasser (chair), Lynn Abrahamson, Elsie Eyer, Aisha Moore, Kala Ladenheim, and Nancy Shapiro]

1. Work with APHA to submit a new grant to the Kellogg Foundation for continued support

2. Develop additional strategies to

support grant writing, grant seeking and collaboration among Affiliates in time to present at the Annual Meeting.

- Advocacy [Pat Parker (chair), Elaine Schwartz, Catherine Cooksley]

1. Present existing advocacy surveys data at the Annual Meeting

2. Work with regional reps to distribute a link regarding info on how to sign up for APHA advocacy alerts to Affiliates..

Affiliate Sustainability

The CoA talked at length about options for sustainability.

Next Meeting

In August

APHA Marks 45th Anniversary of Medicare and Medicaid

Statement from Georges C. Benjamin, MD, FACP, FACEP (E), Executive Director, American Public Health Association

Washington, D.C., July 30, 2010 “Today, the public health community recognizes the 45th anniversary of the Medicare and Medicaid program, a significant milestone in the nation’s health system that offers affordable health coverage to Americans over 65 and others on disability as well as low income eligible beneficiaries.

“Since the Medicare and Medicaid Bill of 1965 was first signed into law, these vital programs has been instrumental in shaping our health care system. This anniversary is particularly noteworthy because the Affordable Care Act presents the nation with a new opportunity to improve care for millions of older Americans and their families.



“Under the new health reform law, Medicare will offer guaranteed no-cost preventive screening services such as mammograms and colonoscopies to beneficiaries, provide free annual wellness check-ups and, take steps to close the so-called “donut-hole” in prescription drug coverage for seniors. Additionally, it will expand Medicaid to all low income Americans and is expected to cover an additional 16 million people by 2019.

“APHA will continue to advocate strongly to strengthen the safety-net of both Medicare and Medicaid programs and ensure all beneficiaries stay informed about the changes and improvements to the quality, affordable coverage they deserve.”

NACCHO Recommendations for Allocation of the Prevention and Public Health Fund Fiscal Years 2010-2011

The National Association of County and City Health Officials (NACCHO) represents the nation's 2800 local health departments. These city, county, metropolitan, district and tribal departments work every day to ensure the conditions that promote health and equity, combat diseases, and improve the quality and length of all lives for all people in their communities through public health policies and services.

The following recommendations for spending in the first two years of the Prevention and Public Health Fund established by the Patient Protection and Affordable Care Act reflect the fact that the nation's governmental public health system underpins efforts to improve the nation's health. Local health departments in particular have unique roles and responsibilities in the larger health system and within every community. They are the only local entities that focus on the health and well being of every person in their communities. They work from a population-wide perspective. They have statutory powers that enable their role and enshrine a duty to serve every person and household in their jurisdiction.

Local health departments organize community partnerships and facilitate community conversations to create the conditions in which people can be healthy. In partnership with the private and non-profit sectors in their localities, they devise, execute, and evaluate programs and policies to prevent disease, promote health, and address the causes of inequities in health status.

Local health departments organize community partnerships and facilitate community conversations to create the conditions in which people can be healthy. In partnership with the private and non-profit sectors in their localities, they devise, execute, and evaluate programs and policies to prevent disease, promote health, and address the causes of inequities in health status.

In order to fulfill these distinctive

responsibilities effectively and achieve measurable improvements in people's health, local health departments need core capacity and resources – trained professionals and equipment-- working in efficient systems (no different than the military, fire fighters, or police). Among the trained professionals needed are epidemiologists, public health informatics, administrators, health educators and communicators. In addition, people are needed who are skilled in the implementation and

categories. A table showing proposed funding amounts based on this approach is attached.

Core Public Health Infrastructure for State, Local and Tribal Health Departments.

NACCHO recommends a novel approach to beginning the process of improving core state and local public health infrastructure that will help fulfill both short-term and longer-term needs. The first objective should be to establish a national cadre of

trained public health professionals working in health departments to support the national agenda for achieving better health outcomes through prevention. Such a cadre might be called a Public

Health Extension Service. This approach recognizes the realities that population-based prevention is a labor-intensive activity and that, without new personnel, health departments lack the resources to take on added responsibilities to address important national priorities that the National Prevention Strategy will identify.

Each state, local and tribal health department should be funded to employ such persons, who would augment existing technical capabilities and would be charged to focus on the same high priority, such as obesity reduction or teen pregnancy prevention, with allowance for some flexibility based on the health status of the local population. These individuals would be convened regularly to receive consistent

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enforcement of state and local laws and regulations. These laws and regulations keep people healthy and safe and make health the default choice for personal decision making.

The Prevention and Public Health Fund provides an opportunity to build and sustain the core capacities of the governmental public health system. These capacities must be in place to monitor a community's health status and marshal the public and private resources of the community to practice population-based prevention. The essential building blocks for improving population-based public health and prevention are reflected in the five categories of funding identified in the House-passed analog of the Prevention and Public Health Fund. NACCHO recommends allocation of the initial resources of the Fund according to these

(Continued from page 6)

training, messaging, and technical and scientific support from the Centers for Disease Control and Prevention. Employed locally, they would be sensitive to local mores, cultures, priorities, and politics. Measuring outcomes would be a necessary component of their work. However, they would be permanently rooted in their respective communities so that they could leverage their local knowledge and partnerships to achieve a common national objective.

Funds to employ members of this cadre would be allocated among local and tribal health departments on the basis of population served. It would be expected that smaller health departments serving low-density populations would share a single employee. Funds could be available to the central offices of state health departments in a manner proportional to the size of their workforce, compared to the size of the local and tribal public health workforce in the state. The most expeditious of existing federal-state mechanisms to distribute funds should be used for this purpose.

Delivery of Community Preventive and Wellness Services.

The Communities Putting Prevention to Work (CPPW) program supported

by Recovery Act funds is the best place to start in expanding community prevention. A portion of the Prevention and Public Health Fund should be allocated to continue and expand the program by funding additional unfunded but high-quality applications. In the future, the program should be amplified as contemplated by the Community Transformation Grant program authorized by the new law. As it grows, that program can be extended to rural and smaller jurisdictions that are now ineligible for CPPW in a way that encourages regional collaboration and sharing of resources.

Prevention Task Forces

NACCHO fully supports the work of the Clinical and Community Prevention Task Forces. Local health departments rely on their guidance concerning evidence-based practice. Continuing and strengthening their capabilities to assess preventive interventions will assure that science is the basis for expenditures.

Prevention and Wellness Research

As the nation expands community-based and population-based prevention, it is essential to support and build the nascent field of public health systems and services research. NACCHO recommends that the top priority for funds allocated to

such research should be to assess what resources, capacities, services, and systems are needed in order to assure that every person in the United States is served by a governmental health department that meets accreditation standards and continuously improves its operational capacities.

Core Public Health Infrastructure and Activities for CDC

The nation’s local health departments are consistently challenged by new and unexpected health threats. Addressing newly recognized public health problems or threats requires them to stretch existing resources and sometimes to suspend more routine activities. When that occurs, they look directly to CDC to provide guidance based on the best available science and evidence. NACCHO believes that CDC also requires assured, sustainable new resources to support their state and local governmental public health partners. Initial funding should be used to enhance CDC’s capacities to provide scientific and technical assistance to state and local health departments in the same areas of highest priority that are identified to guide the work of the new Public Health Extension Service professionals.

Recommended Initial Prevention and Public Health Fund Allocations
(In millions)

Funding Category	FY2010	FY2011	Percent of Total
Core public health infrastructure for state, local and tribal health departments	\$190	\$281	38%
Community preventive and wellness services	\$222	\$332	44%
Prevention task forces	\$ 6	\$ 8	approx 1%
Prevention and wellness research	\$ 32	\$ 54	approx 7%
CDC infrastructure	\$ 50	\$ 75	10%
TOTAL	\$500	\$750	

Kansas City Health Commission Letter in Support of NACCHO Recommendations for 2010-2011

*The Honorable Kathleen Sebelius
Secretary, U.S. Department of Health
and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW –
Room 120F
Washington, DC 20201*

Dear Secretary Sebelius:

On behalf of the residents of Kansas City, MO, we thank you for your leadership in helping to make comprehensive health reform a reality. The Kansas City Health Commission serves as a health advocate for the 480,000 residents of Kansas City, MO. The Health Commission is responsible for creating Kansas City's Community Health Improvement Plan and providing recommendations on the expenditure of local health levy funds. This Health Commission has advocated for meaningful, sustainable public health, wellness, and prevention provisions, which we feel will transform our health system into one that promotes health, not just disease treatment. In September 2009, the Health Commission passed a resolution supporting health reform principles and successfully obtained support from the City Council. As you begin to work on implementation of the law, we would like to share our vision for ensuring the prevention provisions, particularly the Prevention and Public Health Fund allocations for fiscal years 2010-2011, achieve the largest possible impact on disease prevention and health.

While supportive of recommendations from the National Association of County and City Health Officials (NACCHO), the National Association of Local Boards of Health (NALBOH), the Trust for America's Health and other national public health associations, we encourage the application of the following principles

to direct spending in the first two years of the Prevention and Public Health Fund:

- Move away from a stove-piped, disease-by-disease approach to one that addresses the root causes of disease & health disparities and the social determinants of health;
- Support capacity building for the nation's public health infrastructure at the federal, state and local levels. (This should include support for national, public health accreditation activities.);
- Ensure these grants are supplemental to and not supplanting existing funding so that maximum benefit will be achieved, with particular attention to those who are underserved;
- There should be flexibility built into the Fund so that innovative, cross-cutting, local initiatives can be funded; and
- Support a broad range of diverse community groups and schools committed to working in conjunction with local health departments to transform the nation's health and the broader public health system.

The Health Commission also supports NACCHO recommendations for spending in the first two years of the Prevention and Public Health Fund. Those recommendations reflect the fact that the nation's governmental public health system underpins efforts to improve the nation's health. Local health departments in particular have unique roles in the larger health system and within every community. They are the only local entities that focus, all of the time on a continuing basis, on the health and well being of every person in their communities. They work from a population-wide perspective. They have statutory powers that enable

their role and enshrine a duty to serve every person and household in their jurisdiction.

The overarching goal should be to optimize the health of everyone by creating healthier, safer and more resilient communities through policy, systems, organizational and environmental change. Investments from the Fund should be science-informed or evidence-based, have measurable health outcomes and policy goals, promote innovation, focus on the determinants of health and health equity, and have a significant level of accountability.

We believe the National Prevention Strategy contained in the statute should become the basis for defining goals of a transformed public health system. We believe in identifying gaps in the current system, and how the Fund could be used to help close these gaps. The Strategy should have a strong focus on how public health investments can work to compliment reform of the health care system so that health departments and local public health systems have greater capacity to impact the reform process.

Failure to take advantage of this opportunity to advance our public health capacity as part of health reform will undoubtedly have long-term negative consequences on the health of everyone in this nation.

Sincerely,

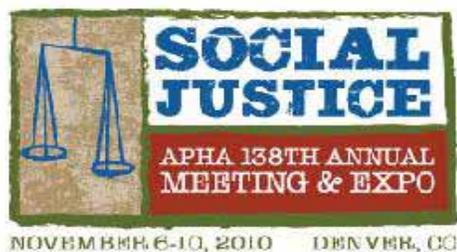
Councilwoman Cathy Jolly, Health Commission Co-Chair

Landon Rowland, Health Commission Co-Chair

Rex Archer, MD MPH, Director of Health, Commission Ex-Officio Co-Chair

APHA Annual Meeting & Exposition News

Mark Your Calendar for the APHA 138th Annual Meeting & Exposition (Nov. 6-10, 2010) in Denver



The APHA Annual Meeting & Exposition is the premier Public Health Educational Forum! Learn from the experts in the field, hear about cutting edge research and exceptional best practices, discover the latest public health products and services, and share your public health experience with your peers. The world of public health is in continual motion, and there is no better way to stay abreast of the research and learn about emerging issues.

The APHA Annual Meeting & Exposition is the oldest and largest gathering of public health professionals in the world, attracting more than 13,000 national and international physicians, administrators, nurses, educators, researchers, epidemiologists, and related health specialists. APHA's meeting program addresses current and emerging health science, policy, and practice issues in an effort to prevent disease and promote health. APHA has a world of public health in store for you.

APHA Summit on Health Reform

Join Public Health practitioners, administrators and clinicians at this groundbreaking daylong summit designed to prepare and equip public health officials and agencies on the implementation of the important provisions of the new health law. Colorado Convention Center, Saturday, November 6, 8:30 am to 4:30 pm.

Opening General Session

Dr. Cornel West and Dr. Bill Jenkins will share their insights on race, class

and social justice and its effect on public health in America. Colorado Convention Center, Sunday, November 7, 12:00 noon to 2:00 pm.

Closing General Session

The passage and signing of the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 were historic moments. The closing session will focus on the new laws and their implications for the current health system at the local, state and federal level. Colorado Convention Center, Wednesday, November 10, 2:30 pm to 4:00 pm.

Scientific Sessions

The Annual Meeting consists of more than 1,000 scientific sessions, roundtables, poster sessions, institutes and panel discussions at which over 4,000 scientific papers will be presented.

Live in Concert! Aaron Neville and his Quintet featuring Charles Neville

On Sunday, November 7 beginning at 6:30pm, join your colleagues for an evening of pure entertainment. Four-time Grammy award winner, Aaron Neville will perform his classic hits and more in a show you won't want to miss.

Public Health Awards Reception and Ceremony

Join your colleagues on Tuesday, November 9 to recognize this year's recipients of APHA's prestigious awards.

APHA Learning Institutes

Full and half-day educational programs designed to provide an in-depth learning experience in the latest public health trends and topics. They are held on Saturday and Sunday (Nov. 6-7, 2010) prior to the start of the Annual Meeting & Exposition (additional fees apply).

Continuing Education Credits

Earn credit for attending the APHA Annual Meeting (minimal fee required for access to online program).

Essential Learning

Online scientific session presentation recordings.

Mix & Mingle Lounge

The perfect place to meet up with friends and colleagues, check e-mail or grab a snack in a comfortable and calming environment with free wireless internet.

APHA Public Health Exposition

Discover 700 booths of the latest products and services at the APHA Public Health Exposition. Access poster sessions and the Electronic Information Center. Visit Everything APHA and the Exhibitor Theater for in-depth information.

Everything APHA

Located in the center of the Public Health Expo is your complete source for APHA information, publications, Public Health CareerMart, Career Coaching and more.

Virtual Expo

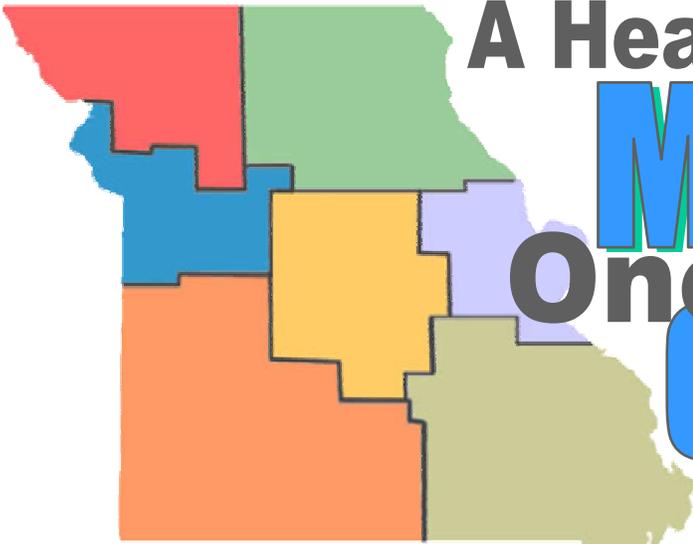
The Virtual Expo is an online interface that gives registrants the ability to browse the Public Health Expo floor plan, search for exhibitors by company name, product/service category and key word.

 Follow APHA and the Annual Meeting on the APHA Facebook Page at www.facebook.com/AmericanPublicHealthAssociation.

 Keep track of the latest deadlines, news and highlights. Follow APHA at www.twitter.com/APHAAnnualMtg. Share your thoughts on the Annual Meeting by using the meeting hashtag #apha10.



presents

A map of the state of Missouri is shown, divided into several colored regions: red in the northwest, green in the north, blue in the west, orange in the southwest, yellow in the central, purple in the east, and olive green in the southeast. The text "A Healthier Missouri One Community At a Time" is overlaid on the map. "A Healthier" is in a bold, black, sans-serif font. "Missouri" is in a large, blue, bold, sans-serif font with a green outline. "One" is in a smaller, black, bold, sans-serif font. "Community" is in a large, blue, bold, sans-serif font with a green outline. "At a Time" is in a bold, black, sans-serif font.

A Healthier Missouri One Community At a Time

September 23-24, 2010 ■ Stoney Creek Inn, Columbia, MO

General Session Speakers:

Judy Baker, Regional Director, United States Department of Health and Human Services, Region VII, Kansas City

CAPT Jose Belardo, JD, MSW, Acting Regional Health Administrator, US Department of Health and Human Services, Region VII, Kansas City

Ross Brownson, PhD, Professor, Washington University and co-Director of Prevention Research Center in St. Louis

William Riley, Ph.D., Associate Dean, School of Public Health, University of Minnesota and President of Public Health Accreditation Board (PHAB)

Conference Objectives:

Education – Provide information for public health professionals and governing body members, and partnership efforts to enhance the coordination of health and human services for Missourians.

Networking – Provide an environment for information exchange among individuals involved in and impacted by the provision, support, and use of public health services.

Involvement – Increase individuals involvement in associations with a commitment to improving the health of all Missourians.

Conference Agenda, Time Schedules and Locations of Activities

Wednesday, September 22, 2010 **Rooms**

1:00 pm	MoALPHA session for new administrators	Meadows
4:00 pm	MPHA Board Meeting	Pines
6:00 pm	MICH Mini Collaborative with Dinner	Pines

Thursday, September 23, 2010 **Rooms**

7:00 a.m	Exhibitor Set up and Continental Breakfast	Salon B & C
8:00-10 am	Registration	Foyer
8:00 am	MoALPHA Board Meeting	Pines

10:00 am **WELCOME** Salon A

OPENING GENERAL SESSION Salon A

An Overview of the Affordable Care Act by Judy Baker, Regional Director,
United States Department of Health and Human Services, Region VII, Kansas City

11:30 am Awards Luncheon and Poster Competition Salon B & C
Awards Include:

- Public Health Nursing Award and Public Health Nursing Leadership Award
- MICH Accreditation awards
- MPHA media awards, and MoALPHA

1:00 pm **BREAKOUT WORKSHOPS #1**

Session 1: Asthma and Air Quality by James Francisco, Ph.D. Salon A
Asthma is a pervasive and costly health problem that affects the lives of children, adults and their families. This session will provide an update on the disease, and the latest information about effective prevention and control.

Session 2: GIS and Public Health by Jun Luo, Ph.D.,
Missouri State University, Springfield Lewis & Clark
The presentation will introduce you the Geographic Information Systems (GIS) and its uses for public health. The components, structure and functionalities of GIS will be first discussed. The general uses of GIS for mapping and spatial analysis will be presented. Especially, the uses of GIS for public health will be emphasized. The speaker will present how various aspects of GIS applications for public health such as health data integration with GIS, spatial analysis of health information and etc. New advancements of GIS, which may have big impact on the application for public health, will be highlighted such as Web GIS used for public health issues.

Session 3: Toward Cultural Competence: Developing an Educational Program for LPHA Staff by Monica Clonts, MSN, RN, Phelps/Maries County Health Department Columbia Room
As the United States population grows increasingly diverse the need to be culturally competent becomes ever more important. Laws, regulations, and standards are written to address cultural competence in the health care field and many accrediting bodies are now requiring evidence of on-going cultural competence training for staff members of an organization. A learning needs assessment of all members of the organization may identify the fact that a cultural competency

education program is needed by local public health agency (LPHA) staff. This session follows the development of a cultural competence education program from the needs assessment to implementation and evaluation of learning. This is just a beginning as the road to cultural competence never ends.

- 2:30 pm **Break in Exhibit Hall sponsored by the St. Louis Dairy Council and the Midwest Dairy Council** Salon B & C
Poster Competition Judging

- 3:15 pm **GENERAL SESSION** Salon A
Operation Unified Response: The Public Health Crisis in Haiti, CAPT
Jose Belardo, JD, MSW, Acting Regional Health Administrator, US Department of Health and Human Services, Region VII, Kansas City

- 4:45 pm MPHA General Membership Meeting Salon A
- 5:15 pm MoALPHA General Membership Meeting Salon A
- 5:15 pm **Student Job Forum** Salon B & C
- 6:00 p.m. MALBOH General Membership Meeting Salon A
- 6:30 pm MICH Board Meeting with Dinner Pines

Friday, September 24, 2010

Rooms

- 7:30 am Continental Breakfast sponsored by **Midwest Public Risk, Mike Kelly** Salon B & C
National Health Care Reform, What does it Mean for Employers, What are the Options for Employee Coverage by Terry W. Norwood, CEO, Midwest Public Risk.

- 8:30 am **BREAKOUT WORKSHOPS #2**

Session 1: The National Perspective and MICH: How Will We Work

Together by William Riley, Ph.D., and Janet Canavese Salon A
 In 2011, the Public Health Accreditation Board is launching the national voluntary accreditation program for state, local and tribal health departments. William Riley, President of the PHAB board will update us on the standards beta test, the planned rollout of the standards and how quality improvement interfaces with the standards. Janet Canavese, Associate Director of the Missouri Institute for Community Health, will give the Missouri perspective and update us about what MICH will be doing next year.

Session 2: Human Trafficking in Missouri: Public Health Implications

by Deborah Hume, Ph.D., Robin Bowman, and Julie Brunner Pines
 Human trafficking is a modern-day form of slavery that is surprisingly common. This session will provide an overview of human trafficking, how victims might be identified and served, the extent of the problem and the response in Missouri. Through lecture, discussion, case study, and handouts, the focus will be on the potential consequences of human trafficking for individual and public health.

Session 3: Bullying: Child’s Play or Violence by Glenn A. Berry, Ed.D.,

Former Director of the Missouri Center for Safe Schools Columbia
 Children who bully others can turn into antisocial adults and are far more likely than others to commit crimes, batter their spouses, abuse their children, and produce another generation of children who bully. This session will increase the participant’ awareness of the bullying/ cyberbullying problem and how it relates to school violence. Strategies and resources to help communities to address this problem will be provided.

Session 3: Bullying: Child’s Play or Violence by Glenn A. Berry, Ed.D.,
Former Director of the Missouri Center for Safe Schools **Columbia**
Children who bully others can turn into antisocial adults and are far more likely than others to commit crimes, batter their spouses, abuse their children, and produce another generation of children who bully. This session will increase the participant’s awareness of the bullying/cyberbullying problem and how it relates to school violence. Strategies and resources to help communities to address this problem will be provided.

10:00 am Break with Exhibitors **Salon B & C**

10:30 am **GENERAL SESSION** **Salon A**
Community Based Obesity Programs and Policies, Ross Brownson, PhD,
Professor, Washington University and co-Director of Prevention Research Center in St. Louis

Obesity is one of the most important public health issues in Missouri, in the United States and internationally, due to its contribution to premature mortality and economic costs (e.g., medical costs, lost productivity). Increasingly, links are being identified between obesity and various environments, programs, and policies. The presentation will describe what we know about the obesity epidemic and ways of slowing rates of youth and adult obesity.

11:30 am **BREAKOUT WORKSHOPS #3**

Session 1: Addressing the Nouveau Poor by Darin Preis, CCAP, MPA, Central
Missouri Community Action **Salon A**
Today’s economy is creating a new kind of economic instability that middle class families of this generation have not experienced. This session will address some of the issues with today’s nouveau poverty and consider ways of approach to assist families.

Session 2: Boards and Administrators - Conflicts with Personnel: Who should do what? By Steve M. Cohen, Ed.D. **Pines**
The role of the Board member of a local public health center is very different than the role of the Administrator. There are legal, ethical, and operational problems that arise when the roles are blurred or misconstrued. Personnel matters are replete with legal land mines. When employee’s rights are violated there are serious consequences. This program will assist the Administrator and Board member in understanding their roles in dealing with problem employees and employee’s problems.

Session 3: Signs of Suicide – QPR & ACT Teen Suicide Prevention by Kathleen
Welton, Health Educator II, Clay County Health Department **Columbia**
Teen suicide is the third leading cause of death among youths aged 15-19 years old nationwide. In Missouri, suicide has risen to the second leading cause of death supplanting homicide/violence. The strongest risk factors for suicide in youth are depression, substance abuse and aggressive behavior. QPR stands for Question, Persuade, and Refer - three simple steps that anyone can learn to help save a life from suicide. Just as people trained in CPR and the Heimlich Maneuver help save thousands of lives each year, people trained in QPR learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help. SOS: Get into the ACT video helps create a supportive and responsible atmosphere for those youth who may be at risk for depression, suicide or self-injury by empowering them to recognize the warning signs and seek help. The main help-seeking message of the video is ACT: Acknowledge, Care, Tell.

12:30 pm **LUNCH AND CLOSING GENERAL SESSION** **Salon B & C**
Using QI to Improve Health Outcomes, William Riley, PhD, Associate
Dean, School of Public Health, University of Minnesota and President of Public Health
Accreditation Board (PHAB)

The outbreak of H1N1 last year may have changed how we do business in public health forever. Did your flu pandemic plan work? How effective were your processes in providing timely immunizations? Did you meet the needs and expectations of your customers? These are a few of

the questions to ask to make your programs more effective. Quality improvement principles and tools are now being applied to public health programs, and one of the best places to start using these tools is with your pandemic plan. William Riley from the University of Minnesota School of Public Health will explain the use of quality improvement in improving health outcomes.

2:00 p.m. Adjournal

CONFERENCE INFORMATION AND ACTIVITIES

HOTEL ACCOMMODATIONS: The Stoney Creek Inn is the site for the 2010 Joint Conference. A room rate of \$85.00 for single or double occupancy is available until September 1, 2010 by calling 573-442-6400.



EXHIBITS: Exhibiting at the Conference is a great way to target hundreds of professionals interested in your products and services. The exhibit hall will be open throughout the show and several breaks are scheduled with the exhibitors. Booth space is \$275 for profit and \$150 non profit groups, and can be reserved by calling MPHA at 573-634-7977. Deadline for this application is September 1, 2010.



CANCELLATIONS POLICY: A participant may cancel a registration up to two weeks before the Conference date and receive a 90% refund. Fifty percent of a fee can be refunded if a cancellation is made in the one week prior to the Conference date. **NO FEES ARE REFUNDED THE DAY OF THE CONFERENCE but substitutions are welcome.**

CONTINUING EDUCATION CREDITS will be available upon request.

DEADLINE: Registration and payment must be received before September 1, 2010. Please mail registration with payment to **Missouri Public Health Association, PO Box 126, Jefferson City, MO 65102.**

CONFERENCE ATTIRE: *The dress for the conference is business casual. Men's business casual: jacket; optional, casual pants (khakis) with a collared shirt or golf shirt; Women's business casual: slacks, skirts, dress shorts or capris with coordinating top or jacket. Meeting rooms tend to be cool, so bring a jacket or a sweater to ensure your comfort.*

CONFERENCE REGISTRATION FORM

“A Healthier Missouri, One Community at a Time”

Name: _____

Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Note: Two day registration includes 2 breakfasts, 2 lunches, breaks and conference materials. In order to receive pre-registration rates, registration form must be received at the MPHA office by September 1, 2010.

	Before 9/1/10	After 9/1/10
<input type="checkbox"/> Member - Two Days	\$150	\$160
<input type="checkbox"/> Non-Member - Two Days	\$300	\$320
<input type="checkbox"/> Member - Thursday	\$ 80	\$ 90
<input type="checkbox"/> Member - Friday	\$ 80	\$ 90
<input type="checkbox"/> Non-Member - Thursday	\$160	\$170
<input type="checkbox"/> Non-Member - Friday	\$160	\$170
<input type="checkbox"/> Student Member - Two Days	\$ 50*	\$ 50*
<input type="checkbox"/> Retiree Rate - Two Days	\$ 50**	\$ 50**
<input type="checkbox"/> Check enclosed for \$ _____		

Credit Card Payment Option:

Charge my... Mastercard
 Discover
 Visa

Credit Card # _____
 Name on card _____
 Address for card _____
 Zip _____ Expiration date _____

Please complete a registration form for each individual.

*Must be full-time student currently enrolled in a Missouri institution of higher education. – **Must be retired.

**Please mail registration form with payment to: MPHA, PO Box 126, Jefferson City, MO 65102
 Or Fax to 573-635-7823. If you have questions call 573-634-7977 or 573-474-2195.**

Please check the sessions you will be attending:

Thursday, Sept. 23 - Breakout Workshop #1

- Asthma and Air Quality
- Introduction to GIS
- Toward Cultural Competence

Friday, Sept. 24 - Breakout Workshop #2

- The National Perspective and MICH
- Human Trafficking in Missouri
- Bullying

Friday, Sept. 24 - Breakout Workshop #3

- Addressing the Nouveau Poor
- Boards and Administrators
- Signs of Suicide

I AM CURRENTLY A MEMBER OF (check all that apply):

- Mo. Association of Local Public Health Agencies (MoALPHA)
- Missouri Public Health Assn. (MPHA)
- Missouri Institute for Community Health (MICH)
- Council for Public Health Nursing

Please send me membership information for:

Student Job Forum

Joint Annual Public Health Conference
A Healthy Missouri, One Community at a Time

The Missouri Public Health Association (MPHA) invites you to network at its first **Student Job Forum** during the Joint Annual Public Health Conference.

Please join us in Salon B&C (the exhibit hall) immediately following the 5:15 p.m. MPHA membership meeting on Thursday, September 23, 2010.

Please share this information with your colleagues and friends who plan to attend this year's conference.

See you at the Student Job Forum!



For more information on the Public Health Conference visit: <http://www.mopha.org>

During the Student Job Forum, we will have:

- ❖ working professionals to share information about:
 - their public health career
 - employment opportunities
 - internship opportunities
- ❖ human resource professionals to talk about job hunting skills and techniques
- ❖ light refreshments
- ❖ social networking

September 23-24, 2010 Stoney Creek Inn Columbia, Mo.

Missouri Public Health Association
 Missouri Association of Local Boards of Health
 Missouri Association of Local Public Health Agencies
 Missouri Institute for Community Health
 Council for Public Health Nursing

APHA Legislative Update



Senate Budget Committee Approves Budget Resolution

On April 22nd, the Senate Budget Committee approved its FY 2011 budget resolution by a vote of 12-10, along party lines, with one Democrat, Sen. Feingold (Wisc.) voting against the measure. The proposal would freeze non-defense discretionary spending for the next three years.

Overall, the budget resolution provides a modest increase to \$59.8 billion for discretionary spending for federal health programs (function 550) for FY 2011, about \$7.3 billion less than the \$67.1 billion APHA and other health advocates are proposing. Additionally, the proposal calls for additional cuts to federal discretionary health spending through FY 2013. The Senate proposal also cuts global health activities funded through USAID and PEPFAR by \$4 billion, down to \$54.8 billion.

While the Chairman's mark for the Senate budget resolution identifies a number of increases for health-related issues, including community health centers, the State Access Health Program and the National Health Service Corps, it will ultimately be the Appropriations Committee which sets spending levels for specific agencies and programs based on the budget allocations

provided them by the Budget Committee.

APHA is particularly troubled with the resolution's emphasis on achieving savings and deficit reduction by targeting non-defense discretionary spending (which comprises only one-eighth of federal spending) with more than \$4 billion in cuts. These discretionary health programs provide funding for many of the critical health services American's depend on in tough economic times.

It is unclear whether the House of Representatives will move forward with a budget resolution this year or whether they will adopt a so-called "deeming resolution" to set caps on discretionary spending for the 12 annual appropriations bills.

Additionally they could try to move the appropriations bills without any form of budget guidance legislation. House Democrats are trying to reconcile the desire for spending cuts from more fiscally conservative members of their caucus and rank-and-file Democrats who fear that such cuts could have too great of a negative impact on domestic programs such as health, education and other Democratic priorities.

APHA has been actively advocating for increased funding for federal public health spending as well as for specific increases for the Centers for Disease Control and Prevention and the Health Resources and Services Administration, our testimony to the Senate and House Appropriations Subcommittees on Labor, Health and Human Services and Education is available online.

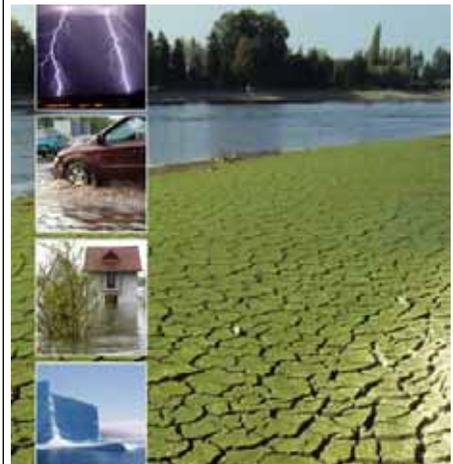
You can send a message to your Representative and Senators urging them to provide strong funding for CDC and HRSA by visiting APHA's Take Action page online.

Waiting on the Senate: Climate Change and Food Safety

As the Senate slowly moves forward with Wall Street Reform legislation on

the floor, action on two of APHA's top legislative priorities continue to be delayed. With reports suggesting that the current debate over Wall Street Reform could take until the Memorial Day weekend, a Senate floor vote on food safety reform (S. 510) may not take place until June. APHA continues to monitor proposed amendments that would threaten our food safety reform priorities.

Visit the APHA's website for more information on APHA's food safety priorities and send a letter to your Senators urging them to support food safety reform encouraging a floor vote.



APHA has been reaching out to various key Senate offices to encourage Senators involved in the negotiations to develop a new climate change proposal to ensure the public health funding in the House-passed climate bill is included in any proposal considered by the Senate. An earlier Senate bill introduced by Senators John Kerry (D-Mass) and Barbara Boxer (D-Calif.) included language nearly identical to that in the House-passed bill. Senators Kerry, Lieberman (I-Conn.) and Graham (R-S.C.) had been working to develop a new proposal, but Sen. Graham has since dropped out of the negotiations due to a dispute with the White House and Senate Democratic

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leaders over immigration reform leaving the fate of a bipartisan compromise unclear.

You can read APHA's most recent climate change legislation correspondence with the Senate online and send a message to your Senators urging the inclusion of strong public health provisions in any climate change proposal considered by the Senate.



Senate Committee Moves Forward on Child Nutrition Legislation

In late March, the Senate Agriculture

Committee unanimously passed the Healthy, Hunger-Free Kids Act of 2010, legislation to reauthorize federal child nutrition programs. The legislation would provide an additional \$4.5 billion dollars for the programs over the next 10 years. Some of the provisions included in the legislation would strengthen the nutritional quality of foods sold outside of the school lunch program, including vending machines and school stores, provide schools with a performance-based increase in school meal reimbursement rates and would require that WIC food packages be updated at least every 10 years.

Visit the APHA website to read APHA's letter in support of the bill and send a message to Congress urging them to pass strong child nutrition reauthorization legislation.

Congressional Budget Prospects Still Uncertain

With the Senate Budget Committee having passed out a budget resolution in early April, consideration of the proposal by the full Senate remains uncertain. Overall, the budget resolution passed by the Committee provides a modest increase to \$59.8 billion for discretionary spending for federal health programs (function

550) for FY 2011, about \$7.3 billion less than the \$67.1 billion APHA and other health advocates are proposing. Additionally, the proposal calls for additional cuts to federal discretionary health spending through FY 2013. The Senate proposal also cuts global health activities funded through USAID and PEPFAR by \$4 billion, down to \$54.8 billion. Should the Senate not bring a budget resolution to the full Senate, it could consider adopting a so-called "deeming resolution" to set caps on discretionary spending for the 12 annual appropriations bills.

It is also unclear whether the House of Representatives will move forward with a budget resolution this year or move forward with a deeming resolution to set the state for House Appropriators.

Please take the time to send a message to your Senators and Representative urging them to include the highest possible funding levels for public health programs as they move into to the appropriations process this spring.



House Drops COBRA and Medicaid Help in Tax Bill, Blocks Medicare Cut

The House of Representatives passed "tax extenders" legislation that did not include the \$31 billion worth of Medicaid assistance to the states and or an extension of federal COBRA health care subsidies for the unemployed workers that had been included in earlier versions of the legislation. APHA strongly backed the inclusion of these provisions in the bill. The provisions were rescinded after conservative Blue Dog Democrats balked at supporting a bill

that contained spending that added to the deficit. The bill did include an extension of the long-term unemployment benefits included in last year's "stimulus" legislation through November 30. While the House passed the bill, the Senate did not take it up before adjourning for the Memorial Day recess – meaning that the current unemployment benefits will expire before the Senate returns from the recess to take up the bill.

The House also passed legislation to block a 21 percent Medicare physician payment cut that is scheduled to take effect on June 1. The bill instead would grant physicians a 2.2 percent increase for the rest of this year and an additional 1 percent increase in 2011. The Senate will also have to take up the bill when it returns from the Memorial Day recess.



Kerry/Lieberman Climate Bill Fails to Include Public Health Fund

On May 12, Senators John Kerry (D-Mass) and Joseph Lieberman (I-Conn.) introduced the Clean Power Act, legislation to address energy independence and climate change.

While the measure would seek to cut carbon pollution 17 percent by 2020 and 80 percent by 2050, by providing a variety of incentives to the energy industry, the bill omits key public health provisions included in the House-passed climate bill and the first climate bill introduced by Kerry and Senator Barbara Boxer (D-Calif.). The omitted provisions would require the Department of Health and Human Services to develop a national strategic action plan to assist health professionals in preparing for and responding to the impacts of climate change on public health. The provisions would also establish a

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Climate Change Health Protection and Promotion Fund to provide funding for the public health response to climate change. Both provisions are widely supported by the public health community. APHA will continue to work with Senators Kerry and Lieberman and others to ensure that the provisions are included in the new bill as it moves forward through the process.

You can read APHA's most recent climate change legislation correspondence with the Senate online and send a message to your Senators urging the inclusion of strong public health provisions in any climate change proposal considered by the Senate.



Murkowski Measure Blocking EPA Ruling on Senate Agenda
Senator Lisa Murkowski (R-Alaska) reached a deal with Senate

Democratic leaders to bring her resolution to block the Environmental Protection Agency's (EPA) endangerment finding, which would allow it to regulate greenhouse gases, to the Senate floor. The endangerment finding which relates to six key greenhouse gases which contribute to climate change – carbon dioxide, methane, nitrous oxide, hydrofluorocarbons, perfluorocarbons, and sulfur hexafluoride in the atmosphere – finds that current and future concentrations of these gases threaten the public health and welfare of Americans. The health effects of climate change include: increased likelihood of more frequent and intense heat waves, more wildfires, degraded air quality, more flooding, increased drought, more intense storms, harm to water resources and harm to agriculture. An April 2007 Supreme Court decision required EPA to make a determination of whether there was compelling scientific evidence that greenhouse

gases threatened public health and welfare. The resolution introduced by Senator Murkowski would effectively block the EPA from regulating greenhouse gases under the Clean Air Act.

Led by APHA, twelve health organizations joined together in February in sending a letter to all members of the United States Senate urging Senators to oppose Murkowski's resolution. The letter was recently resent to all Senate offices leading up to the upcoming vote.

We urge you to send a message to your Senators urging them to oppose the Murkowski resolution when it comes to the Senate floor the week of June 7, 2010.

You can view the letter spearheaded by APHA as well as APHA's most recent press release regarding the resolution and the health groups' letter.



Timing Still Uncertain on Food Safety Reform Vote in Senate

With the Memorial Day holiday behind us and now several days into June, the timing is still unknown as to when a Senate floor vote can be expected on food safety reform. We hope for a vote within the next four weeks prior to the Fourth of July recess, but that will largely depend on how much pressure the Senate and its leadership receive from their constituents – including APHA members – to schedule a floor vote on S. 510, the FDA Food Modernization Act. APHA will continue to monitor proposed amendments that would threaten food safety reform priorities and continue to update our Take Action page to reflect the latest changes to the legislation.

Visit the APHA's website for more

information on APHA's food safety priorities and send a letter to your Senators urging them to support food safety reform encouraging a floor vote



Update on the Congressional Budget Process

The House of Representatives will not take up a regular five-year budget resolution this year. Instead, the House will consider a one-year budget

enforcement or "deeming" resolution that will set limits on discretionary program spending for the 12 annual appropriations bills for the coming year. On Thursday evening, June 30, 2010, the House of Representatives passed its version of the Supplemental Spending Bill, which included the budget "deeming" resolution capping the FY 2011 discretionary spending at \$7 billion below the President's budget request.

While the Senate Budget Committee passed a five-year budget resolution earlier this spring, Senate Budget Committee Chairman Kent Conrad (D-N.D.) has signaled the Senate will likely follow the House and move forward with a one-year plan as well. Differences between the House and Senate supplemental bills will need to be resolved before the appropriations process can move forward in earnest as issues could arise in the future if there is no agreement on the overall amount for discretionary spending for FY 2011.

House Democrats have tried for weeks to reconcile the desire for spending cuts from more fiscally conservative members of their caucus and rank-and-file Democrats who fear that such cuts could have too great of a negative impact on domestic programs such as health, education and other Democratic priorities.

APHA has been actively advocating for increased funding for federal

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public health spending as well as for specific increases for the Centers for Disease Control and Prevention and the Health Resources and Services Administration, our testimony to the Senate and House Appropriations Subcommittees on Labor, Health and Human Services and Education is available online. You can send a message to your Representative and Senators urging them to provide strong funding for CDC and HRSA by visiting APHA's Take Action page online.



Senate Rejects Effort to Restrict EPA Greenhouse Gas Regulations

On June 10, 2010, the U.S. Senate voted 47-53 against proceeding to consideration of a resolution sponsored by Senator Lisa Murkowski (R-Alaska) that would have overturned the EPA's finding that greenhouse gases (GHG) are hazardous to human health. The so-called "endangerment finding" by EPA relates to six key greenhouse gases which contribute to climate change – carbon dioxide, methane, nitrous oxide, hydrofluorocarbons, perfluorocarbons, and sulfur hexafluoride in the atmosphere. The EPA decision finds that current and future concentrations of these gases threaten the public health and welfare of Americans. The health effects of climate change include: increased likelihood of more frequent and intense heat waves, more wildfires, degraded air quality, more flooding, increased drought, more intense storms, harm to water resources and harm to agriculture. An April 2007

Supreme Court decision required EPA to make a determination of whether there was compelling scientific evidence that greenhouse gases threatened public health and welfare. The resolution introduced by Senator Murkowski would effectively block the EPA from regulating greenhouse gases under the Clean Air Act.

Led by APHA, twelve health organizations joined together in February in sending a letter to all members of the United States Senate urging Senators to oppose Murkowski's resolution. The letter was resent to all Senate offices leading up to the June 10 vote.

You can view the letter opposing the resolution spearheaded by APHA as well as APHA's press release applauding the Senate for rejecting the resolution.

Control Act, which gives the Food and Drug Administration (FDA) the authority to effectively regulate the manufacturing, marketing, and sales of tobacco products. The implementation date marks the one year anniversary of the enactment of this historic public health legislation. APHA and numerous other health and child advocacy organizations spent years advocating for passage of the legislation.

Key provisions that will be implemented under the new law include:

- Use of the words "light," "low," and "mild," that mislead consumers into believing that certain cigarettes are safer are prohibited.
- Larger, stronger warning labels are now required on all smokeless tobacco packages.



(Photo by Mark Wilson/Getty Images North America)

Surrounded by members of Congress and other guests US President Barack Obama signs the Family Smoking Prevention and Tobacco Control Act during a ceremony in the Rose Garden at the White House last year in Washington, DC. The bill allows the Food and Drug Administration to more heavily regulate tobacco products.

FDA Begins Implementation of Tobacco Regulations

On Tuesday, June 22, 2010, the U.S. Food and Drug Administration (FDA) began implementation of the Family Smoking Prevention and Tobacco

- Vending machines will no longer sell cigarettes or smokeless tobacco products except in adult-only facilities.

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- Outdoor advertising of cigarettes within 1,000 feet of schools, parks, or playgrounds is prohibited.
- The distribution of free samples of cigarettes is no longer permitted.
- Tobacco companies must now disclose the contents and health effects of tobacco products.
- Candy and fruit-flavored cigarettes are now banned.
- Advertising must be black text on a white background only, and audio ads may not include sound effects or music, except in adult-only facilities.
- No branded products, such as t-shirts, will be sold in conjunction with cigarette purchases.
- Marketing and sales to youth will be more strongly regulated.
- Sponsorship of any athletic, musical or other social or cultural events by a tobacco brand name is no longer allowed.



Congress Investigating the Public Health Consequences of Gulf Oil Leak

During the week of June 14, 2010, hearings on the health effects of the BP oil spill in the Gulf were held in the House and Senate. The Senate Health, Education, Labor, and Pensions Committee (HELP) and the House Energy and Commerce Committee (E&C) hearings focused on the long term effects of the disaster in the Gulf. Witnesses included representatives from government agencies ranging from the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), the National Institutes of Health (NIH), and other representatives from the Department

of Health and Human Services (HHS). Citing the lack of information available relating to worker health consequences due to clean-up efforts after the attacks of September 11, 2001, members called for an extensive and thorough study to be conducted on the health impacts on the workers involved in the Gulf oil clean-up efforts.

During the Senate HELP Committee hearing, Chairman Harkin (D-Iowa) and Ranking Member Enzi (R-Wyo.) called for officials to make known what is and is not a risk to the American public; to reopen fisheries safely and efficiently; and to closely monitor the health of workers. Since the hearings, reports indicate that BP has been more responsive to CDC requests for worker information.

FMAP Extension Efforts Fail

After a failed third attempt on June 24, 2010, to advance legislation extending unemployment benefits through November toward passage on the Senate floor, options for extending Federal Medical Assistance Percentage (FMAP) funding, which was included in the legislation, appear to have stalled.

APHA supported the FMAP funding extension and encouraged its members to write to their Senators to support the extension in the hopes of preventing severe cuts to state Medicaid programs, which ultimately limits access to quality, affordable health services for millions of Americans.

The Senate was three votes shy of the necessary 60 votes to end debate and move the bill to final vote, with Senator Ben Nelson (D-Neb.) joining the Republicans in opposition.

APHA Sponsors Climate and Health Briefing

On June 24, 2010, APHA and the Consortium for Ocean Leadership cosponsored House and Senate staff briefings regarding a newly released report that outlines the research needs on the human health effects of climate change titled “A Human Health Perspective On Climate



Change.” The report was released by the Interagency Working Group on Climate Change and Health. The report was published by Environmental Health Perspectives and the National Institute of Environmental Health Sciences.

Participants in the briefing included: Dr. Christopher Portier, National Institute of Environmental Health Sciences, Dr. George Luber, Centers for Disease Control and Prevention, Ms. Juli Trtanj, National Oceanic and Atmospheric Administration and Dr. Charles L. Walthall, United States Department of Agriculture.

Representative Lois Capps (D-Calif.) and Senator Tom Udall (D-N.M.), two Congressional champions on the issue of climate change and health, served as honorary hosts of the event.

You can view the report and the Interagency report and the PowerPoint presentations from the briefing on APHA’s newly launched Environmental Public Health website.

APHA and Partner Efforts to Include Public Health Employees in Jobs Bill

In 2008–2009, state and local health departments lost 25,500 jobs – approximately 15 percent of their workforce. Tens of thousands of other public health professionals have been forced to work reduced hours, at a time when demands on the public health sector are increasing.

APHA has been working with the National Association of County and City Health Officials (NACCHO), the Association of State and Territorial Health Officials (ASTHO), and Trust for America’s Health (TFAH) to

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encourage the inclusion of state and local health department employees among other public sector and public safety employees who would be put back to work through jobs legislation crafted by Congress.

On June 30, 2010, NACCHO sponsored a Congressional briefing on the need to save public health jobs across the nation in order to promote and protect the health of America. APHA Executive Director, Georges C. Benjamin, joined a panel of public health leaders speaking to the critical role state and local health department employees play in securing the public health protections for our nation's communities.

Other speakers at the briefing included: Congressman Robert E. Andrews (D-NJ), Chair of the Health, Employment, Labor and Pensions Subcommittee of the U.S. House Committee on Education and Labor; Robert M. Pestronk, Executive Director, NACCHO (Moderator); Terrance Allan, Health Commissioner, Cuyahoga County Board of Health, OH; and Peter L. Beilenson, MD, Health Officer, Howard County, MD.

You can write to your Senators encouraging them to support the inclusion of state and local health department employees as part of jobs legislation by visiting APHA's Take Action page online.



APHA 2010 Public Health ACTION Campaign (PHACT)

Members of Congress will be in their home states and Congressional districts Aug. 9 – Sept. 10 during their annual summer recess. This is the perfect time to educate them on the policies that help build and maintain healthy communities. Take the first step toward showing your support for these policies by signing our PHACT Campaign Pledge!

APHA has developed a PHACT Campaign toolkit to make it easy to put your pledge showing support for important public health policies into action. It includes information and resources on different strategies for engaging in grassroots advocacy – making a phone call, attending a face-to-face meeting with your representative or writing an op-ed – everything you need to become a Healthy Community Leader. Visit the PHACT Campaign homepage for the toolkit and other helpful materials. Whether you're passionate about public health funding, transportation, climate change, child nutrition or all of the above, APHA wants to help you become a Healthy Community Leader!



National Prevention, Health Promotion and Public Health Council 2010 Annual Status Report

The National Prevention, Health Promotion and Public Health Council created by the Affordable Care Act, released its 2010 Annual Status Report on June 30. The report was transmitted to Congress. The Council is chaired by Surgeon General Regina Benjamin and includes representatives from a number of federal agencies including the Departments of Health and Human Services, Agriculture, Labor, Transportation and others. The Council will also include an Advisory group of 25 non-federal members from the public and private sectors who are engaged in prevention and wellness programs and activities. The report is an update on the Council's work to date and their future efforts to develop the National Prevention and Health Promotion Strategy. You can read the report on the HHS website.

FY 2011 Budget Update

Last week the Senate Appropriations Committee completed its work on the FY 2011 Labor, Health and Human Services, and Education spending package allocating \$732 billion, \$5.9 more than appropriated in FY 2010. Of the \$732 billion, the Centers for Disease Control and Prevention (CDC) receives \$6.906 billion – compared to the \$6.750 appropriated in FY10 and the \$6.611 billion requested by the president; the Health Resources and Services Administration (HRSA) receives \$7.516 billion – compared to the \$7.517 billion appropriated in FY10 and the \$7.636 billion requested by the president. Additionally, \$663 million from the Prevention and Public Health Fund, established by the Affordable Care Act, is directed to CDC and \$30 million is directed to Community Health Centers.

For more information on where the Committee directed the funds, view and/or download the bill report at: <http://frwebgate.access.gpo.gov/>

While the House Labor, Health and Human Services, and Education Appropriations Subcommittee approved its draft spending bill earlier last month, the full House Appropriations Committee has yet to adopt its spending package for the Labor-HHS-Ed bill. The Subcommittee's draft bill would provide \$738.7 billion for FY 2011, with \$6.782 billion for CDC and \$7.616 billion for HRSA; the House Appropriations Committee still has to adopt the Labor-HHS-Ed spending package prior to it going to the full body of the House.

The Appropriation Committees' Labor-HHS-Ed bills in both bodies still need to progress to a floor vote - where particularly in the Senate the spending levels may change due to discretionary spending caps that are reportedly being negotiated by Democratic and Republican leadership – before the differences between the Senate and House budgets can be addressed.

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Health Reform Update

Since the passage of the Affordable Care Act earlier this year, federal health agencies have been and will continue to provide opportunities for organizations and individuals to comment on various proposed regulations that were authorized under the new law.

Additional information about the Affordable Care Act can be found at the Healthcare.gov website. In addition visit APHA's health reform resources page for APHA actions and resources, as well as third party reports and polling information related to the Affordable Care Act.



APHA Urges Senate to Oppose Effort to Divert Prevention Funds

On Tuesday, August 3, APHA sent a letter to all members of the

U.S. Senate urging them to oppose efforts to use the Prevention and Public Health Fund, which was created with the enactment of the Affordable Care Act, as an offset for an amendment by Senator Mike Johanns (R-Neb.) to the Small Business Jobs and Credit Act. APHA advocated for the inclusion of the fund in the health reform legislation signed earlier this year by President Obama which will be used to implement evidence-based community health promotion and prevention activities to address chronic disease rates that will measurably improve the health of the nation and control costs.

This year, the Prevention and Public Health Fund is being put to use in communities across the country to address key public health issues such as tobacco cessation and efforts to reduce obesity by encouraging better nutrition and increased physical activity. In all, the fund provides \$15 billion over 10 years for prevention and public health activities.



Child Nutrition Reauthorization on Senate Pre-Recess Agenda

On August 2, Majority Leader Harry Reid (D-N.V.) filed a unanimous consent request to move to full Senate consideration of S. 3307, the Healthy, Hunger-Free Kids Act. The bill was passed unanimously by the Senate Agriculture Committee earlier this spring. APHA has been actively advocating for Congress, particularly the U.S. Senate to bring the legislation to the floor for consideration prior to adjourning for the August recess. In the House of Representatives, the House Education and Labor Committee approved H.R. 5504, the Improving Nutrition for America's Children Act, legislation to reauthorize federal child nutrition and wellness policies on July 15. While the House did not consider the legislation before leaving for its summer break should the Senate move the bill prior to adjourning for the summer recess, the outlook for the bill to move in the House in September is quite good.

APHA has endorsed both the House and Senate bills which would: update the nutrition standards of school meals; limit the sale of junk food in schools; provide greater reimbursement and more training to schools so they can serve more nutritious meals; improve and simplify the application process; increase the use of foods from local and regional sources and support improved school nutrition and physical activity wellness policies.

You can contact your members of Congress and urge them to pass these bills before the programs expire

at the end of September by visiting APHA's advocacy website. You can also download a copy of APHA's Child Nutrition Reauthorization fact sheet on APHA's website.

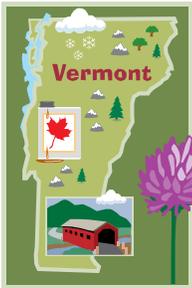


Climate Change Legislation on Hold in Senate

With legislation to cap carbon emissions having been removed from the Senate's agenda prior to the November elections, chances are slim for comprehensive climate legislation to be considered this year in the U.S. Senate. Instead the Senate will move to consideration of a more narrowly focused energy bill that would also contain provisions to address the oil spill in the Gulf of Mexico when it returns in early September from its summer recess.

The House of Representatives passed the American Clean Energy and Security Act in June 2009. That bill contained provisions advocated for by APHA that would require the Department of Health and Human Services to develop a national strategic action plan to assist health professionals in preparing for and responding to the impacts of climate change on public health. The provisions would also establish a Climate Change Health Protection and Promotion Fund to provide funding for the public health response to climate change. APHA had been working closely with the authors of the Senate climate legislation to include similar provisions prior to the bill being pulled from the agenda. APHA will continue to advocate for the inclusion of these important public health provisions

Policy Watch



Vermont Becomes the 21st State to Pass E-waste Recycling Law.

Vermont Governor Jim Douglas signed Senate Bill 77 into law on April 19th 2010 making Vermont the 21st

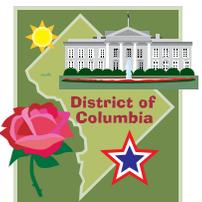
state to pass statewide e-waste recycling legislation. The bill is intended to increase the collection and recycling of electronic devices by requiring manufactures of certain electronics to implement and fund a product take back program and in doing so placing the burden of paying for the electronic waste on manufactures. Additionally, it will help to reduce toxic waste and increase state wide recycling of electronic waste by providing free e-waste removal to residents, schools, small businesses and nonprofits.



Iowa Strengthens Nursing Workforce

Iowa Senate File 2384, legislation

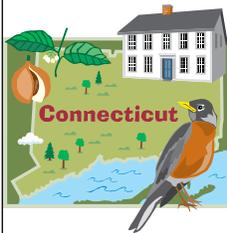
that will help recruit new nurses, strengthen the nursing workforce, and reduce the nurse shortage currently experienced in the state was signed into law by Governor Chet Culver (D) on Wednesday, April 21, 2010. The new law established the Iowa Needs Nurses Now Initiative which is intended to create new funding opportunities for training, recruitment, and retention of nurses in the state. Senate File 2384 also provides funding for the Nurse Residency Training Program meant to put nurses and nursing student into the Iowan nurse workforce.



D.C. City Council Approves 'Soda Tax' to Fund Healthy Schools Act

On May 26th, 2010, the D.C. City Council

voted to approve a six percent sales tax on all soft drinks to fund the D.C. Healthy Schools Act. The tax on artificially and sugar-sweetened beverages – exempting milk, coffee, and juice – is projected to generate \$7.92 million annually and is dedicated funding for educational programs fostering increased access to healthier food options and promotion of healthy eating behaviors among D.C youth.



Connecticut Becomes the 1st State to Expand its Medicaid Program Under the Affordable Care Act

The Center for

Medicare and Medicaid Services approved Connecticut's proposal to expand its Medicaid program under the Affordable Care Act on June 21, 2010. The Affordable Care Act, signed into law by President Obama on March 23, 2010, permits states to receive federal funding for providing Medicaid coverage to adults with incomes up to 133 percent of the federal poverty level, or \$14,400 for an individual in 2010. Under the Affordable Care Act, states are required to expand their Medicaid program in 2014 but have the option to apply for early expansion. Connecticut estimates that it will be able to cover 45,000 adults under this new expanded Medicaid program. Heath and Human Services Secretary Kathleen Sebelius commended both Governor M. Jodi Rell and the Center for Medicare and Medicaid Services for their commitment and "speedy action" to expanding coverage.



Health Care Freedom Act Passes in Missouri

The Health Care Freedom Act (Proposition C) passed with 71

percent of the vote in Missouri on

August 3, 2010. The proposition allows Missouri residents to challenge the requirement that all Americans buy health insurance beginning in 2014. Missouri Lt. Governor Peter Kinder (R) who supported the measure has filed a lawsuit against the federal government, calling the Patient Protection and Affordable Care Act (which includes an individual mandate to purchase health insurance or pay a penalty) unconstitutional. Missouri Attorney General Chris Koster (D) has asked the court to either dismiss the case or force Kinder to clarify that he is suing on behalf of himself and not the State of Missouri. In addition to Missouri, three other states, Arizona, Florida, and Oklahoma will have the chance to vote on similar referendums in the coming months.

Virginia Health Care Reform Lawsuit Moves Forward



In what is considered an early legal test of the new health care law, Federal

Judge Henry Hudson refused to dismiss Virginia's lawsuit challenging the individual insurance mandate included in the Affordable Care Act, thus allowing the lawsuit to move to a full hearing of the legal challenge. The lawsuit has been largely championed by Virginia's Attorney General Kenneth Cuccinelli (R), and the decision made by Judge Hudson could lead to a larger legal battle over the law for the Obama administration. Opponents of the lawsuit have claimed that it is a frivolous attempt to politicize the new law.



Massachusetts Passes School Nutrition Bill

Massachusetts Governor Deval Patrick (D) signed into law the "School Nutrition Bill," on July 30, which establishes

Tobacco Free Missouri Coalition Update

by Linda Cooperstock

New tobacco control policies can be found in:

- Clayton, July 1
- Fontbonne University July 1
- Washington University-St. Louis July 1
- Westminster College, Fulton – July 1
- Wichita, KS (bars exempted) – July 1
- Wisconsin smokefree – July 5
- Springfield’s mayor is proposing a smokefree ordinance

States to increase cigarette taxes between May and July

New York, \$1.60 increase to \$4.35 per pack; Hawai’i, 40 cents to \$3 per pack; New Mexico, 75 cents to \$1.66 per pack; South Carolina, 50 cents to 57 cents per pack; and Utah, \$1 to \$1.70 per pack. On May 1, Washington increased its cigarette tax by \$1 to \$3.025 per pack.

Coalition news

- Alliance for Justice training “Worry-Free nonprofit Advocacy” sponsored by MFH, Aug 24 (St. Louis and Aug 25 (Jeff City).

- American Lung Association published report “Smoking out a Deadly Threat: Tobacco Use in the LGBT Community”



- DHSS reports that tobacco use among middle and high school students is declining.

- Comments can be submitted on a proposed measure to expand coverage for evidence-based tobacco cessation counseling to all Medicare recipients. <http://www.cms.gov/mcd/viewdraftdecisionmemo.asp?id=242>

- TFM met in June to develop a legislative plan
- Grassroots coordinator position was filled
- St. Louis County received \$7.5 million in stimulus funds.
- Dealbreaker document was signed by all members.

(Continued from page 24)

standards for food sold outside of the regular meals at Massachusetts public schools. The bill, which was unanimously passed in the state Senate, attempts to combat the 25 percent of high school students who are overweight or obese in the state, with minorities representing an unequal share of that percentage. Currently, many MA communities have no standards in place for the foods sold in school stores or vending machines, but the new law will ban the sale of salty and sugary snacks, along with high-calorie sodas and deep fried foods. Taking effect in the 2012 – 2013 school year, the law will also require schools to offer drinking water, fruits, and vegetables anywhere food is being sold.

Massachusetts is just one of more than 10 states to pass nutrition laws for schools in the past year. As for the next step towards nutrition in Massachusetts, the legislature is currently considering the enactment of the “Statewide Food Policy Council Bill,” which would create a food system that addresses health food access inequities and also attempts to benefit local agriculture.



Judge Issues Injunction on Arizona Immigration Law

On July 28, Judge Susan Bolton issued a preliminary injunction

against several provisions in Arizona law S1070 in response to a legal challenge from the U.S. Department of Justice. The blocked provisions would have required police in Arizona to determine the immigrant status of people they both detain and suspect the status of, and would have made it a crime to be in the United States illegally. Governor Jan Brewer’s (R) filed an appeal with the U.S. 9th Circuit Court of Appeals the next day, asking that the law be allowed to go forward while the federal government waits for a ruling on the injunction. The state has requested that the appellate court hear oral arguments on September 13, 2010.

Reprint of Letter to State Senator Shields

By Bernard R. Malone

5 May 2010

The Honorable Charles W. Shields, Senator
Missouri State Capitol, Room 326
Jefferson City, MO 65101

Dear Senator Shields:

I am writing to you as the Immediate Past President of the Missouri Public Health Association (MPHA), the largest public health organization in Missouri. The Association is made up of over 450 health professionals from a variety of specific disciplines, including medicine, nursing, social work, among others, but all with a single focus on prevention and assuring healthy communities. The purpose of this letter is to voice the opinion of the Association's Board regarding the proposed reorganization of public health service delivery into a massive social service agency.

As you may know, the MPHA took a strong lead in the mid-1980's to promote the need, and demonstrate the required justification for a single public health organization for the state of Missouri. Those efforts were fraught with considerable challenges to create a single, independent organization, but resulted in success in 1986 when the MO General Assembly acted affirmatively and Governor Ashcroft signed a bill to establish the Missouri Department of Health. As you know, in 2002, Governor Wilson signed an executive order to merge the Division of Aging into this organization and created what remains today as the Missouri Department of Health and Senior Services.

Elevating the former Division of Health into a separate cabinet-level agency has had many positive outcomes, both administrative, but more importantly in health improvements since the creation of a cabinet position for this Department. As an organization that has witnessed the transition and the evolution of this agency, we have seen the Department grow in influence, in capacity and in commitment to the ideals of public health goals and prevention. Since 1986, the Department has been instrumental in reshaping the focus of public health to prevention and away from the direct provision of care when that health care is available through other resources. The Department has led in the planning and implementation for emergency response in a host of natural disasters befalling the state in that time. The agency has been credited with being a leader among states in emergency preparedness and protecting our residents against bioterrorism and weapons of mass destruction. The Department has led the charge in reducing the incidence of cardiovascular disease, the state and nation's leading killer, through policy approaches to smoking prevention and tobacco control. All of these accomplishments and related health outcomes have been achieved by having an agency that has direct access to the highest leaders of government and in the political arena. Subjugating that through a variety of different layers of a super bureaucracy is short-sighted and, frankly, puts at significant risk, the accomplishments that have already been reached.

I urge you and your colleagues to seriously consider the reasons that this Department was created in the first place, to revisit the testimony and hearings that were conducted on this proposed action in 1985 and 1986, and to seriously consider the motto of our Great State which says: *Salus Populi Suprema Lex Esto*, literally the Health/Welfare of our People is the Supreme Law. The MPHA Board asks you: Can that supreme distinction be maintained if relegated to a position with little voice or direct access to policy makers?

I continue to appreciate the leadership that you have shown and look forward to talking with you or any member of your staff regarding this issue and I thank you for your consideration.

Very Sincerely

Bernard R. (Bert) Malone
Immediate Past President

Cc: Board members

Missouri Public Health Association Education Foundation 2010 Report

Established in 1995, the MPHA Education Foundation receives funds in honor of Missouri public health leaders. In addition to giving scholarships, the Foundation supports awards to public health professionals and students, as well as educational programs to promote quality public health for Missouri.

Currently the MPHA Education Foundation has three scholarship funds: the Edna Dell Weinel, Jackie Liesemeyer and the Health Professions. All require the applicant to be a MPHA member in good standing. The Weinel scholarship is open to any practicing public health professional and supports participation in educational meetings/ continuing education programs or traditional academic course work. The Jackie Liesemeyer scholarship is for registered nurses who are working for a Baccalaureate or Master's degree in Nursing or a Masters degree in Public Health. The Health Professional scholarship supports the completion of an undergraduate or graduate degree in public health (administration, epidemiology, health education, health promotion, nursing, etc.).

The Luethen-Brunner Local Public Health Agency scholarship grant will be added fall 2011 to assist local health agencies towards voluntary accreditation. Guidelines are attached.

There are three applications for individual scholarships in 2010; they will be awarded at the annual meeting. Also Edna Dell Weinel award of \$500 was used to underwrite Council of Public Health Nursing speaker expenses for 2010 MPHA Annual meeting.

MPHA Education Foundation is now providing CHES for health educators through NECH. The Foundation received approximately \$4,460 when

the Missouri Chapter of SOPHE disbanded in 2006. This money is earmarked for health education programs in the foundation budget as MOSOPHE. The MOSOPHE fund was used for application fees (\$150) for three trainings in 2010 HIV/STD Conference (Region 7) for 13.5 CECHS, MPHA-MoALPHA 2010 Conference for 8.5 CECHs, and pending Coordinated School Health Conference (DHSS, December 2010) for 8 CECHS. Income from the first conference was limited -\$85; application fee is \$50. Cost is \$2 per CECHs to participants.

MPHA Foundation Board members (2009-2010) were Kathleen Welton, President; Sandy Boeckman, Secretary; and Tricia Schlechte, MPHA President, Past President and APHA delegate are automatically MPHA representatives on the Foundation Board. New MPHA Foundation officers for 2010-2011 will be solicited at MPHA Annual Meeting.

Leuthen – Brunner Local Public Health Agency Scholarship Grant

Leuthen – Brunner Local Public Health Agency scholarship grant honors Ron Leuthen and Phil Brunner, former MPHA members who worked tirelessly to advance local public health in Missouri. This award is designed to assist local public health agencies towards voluntary accreditation through Missouri Institute for Community Health or National Public Health Accreditation Board. It may be used for educational meetings, seminars, continuing education, specific certifications or testing, and traditional academic course work in areas of Performance, Infrastructure or Workforce Standards.

This is a one-time grant for local public health agencies. The first maximum \$750 scholarship will be awarded at the 2011 MPHA Annual

Meeting and then annually. The grant may be divided among multiple applicants up to a total of \$750.

Eligibility Criteria:

- Administrator or local public health agency must be a current MPHA member in good standing (dues paid).
- Applicants must indicate how seminar, continuing education, certification, test or course work will assist local public health agency towards voluntary accreditation of Missouri Institute for Community Health or National Public Health Accreditation Board through specific Performance, Infrastructure or Workforce Standards.
- Demonstrated need for the financial assistance the scholarship offers.

Requirements for Application:

- Applicants must submit the following items by the deadline indicated in the cover letter of the application packet.
- Completed Scholarship Grant Application form included in the application packet.
- One reference from local board of health or county commission. Reference forms are provided in the application packet.
- Description of educational meeting, seminar, continuing education, specific certification, tests or course work and how it falls within guidelines of MICH or NPHAB accreditation. Budget of expenses must be included.

Submit a final report of how grant facilitated accreditation goals, status of accreditation process and total expense accounting to MPHA Foundation Board within two weeks of next annual meeting.

Communiqué



P.O. Box 126 ■ Jefferson City, MO

Visit us on the Web:
www.mopha.org

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Pat Morgester
Kansas City Health Department
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MPHA Membership



I want to help fulfill MPHA's mission to promote health in the State of Missouri

Regular Membership \$50.00 Full-time Student/Retiree \$25.00

I'd like to make a donation to the MPHA Educational Foundation \$ _____

Name: _____
Agency: _____
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Fax: _____
E-mail: _____

Area of Professional Interest: *(check one)*

- | | |
|---|--|
| <input type="checkbox"/> Citizen Health Involvement | <input type="checkbox"/> Public Health Nursing |
| <input type="checkbox"/> Health Promotion | <input type="checkbox"/> Health Care |
| <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> Support Services |
| <input type="checkbox"/> Health Official | <input type="checkbox"/> Food and Nutrition |
| <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Chronic Diseases |
| <input type="checkbox"/> Other: _____ | |

I'd like to serve on the following committee(s):

- Education
- Membership
- Annual Meeting
- Resolutions & Bylaws
- Advocacy & Public Policy
- Public Health Week
- History

Payment Options:

Check enclosed Bill my credit card ___ MC ___ VISA _____ exp. _____
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*Please mail with payment to: MPHA, P.O. Box 126
Jefferson City, MO 65102. For questions call: 573.634.7977*