



Missouri Public Health Association



Public Health

Resolution Re: Aid to Local Public Health Funding

- **WHEREAS**, the State of Missouri, through general revenues and with funding from the Centers for Disease Control (CDC) provides support to local public health for a broad array of program and services, including: environmental health, communicable disease and bio-terrorism surveillance and response.
- **WHEREAS**, homeland security and infectious disease outbreaks are critical public health issues for the nation.
- **WHEREAS**, the Centers for Disease Control and Prevention (CDC) and the State of Missouri have significantly reduced support to local agencies.
- **WHEREAS**, Missouri is ranked 36th in overall performance among all states in key public health indicators: Adult obesity- 29th; Adult diabetes- 35th; drug deaths-37th; adult smoking -38th; cancer deaths- 40th; cardiovascular deaths- 41st; adolescent immunization 43rd; and poor physical health days- 39th.
- **WHEREAS**, Investments in public health not only contribute to healthier neighborhoods, workplaces, and schools, but also save our state approximately \$5.60 for every \$1 spent.
- **WHEREAS**, in 2016 27% of Local health departments lost staff, due to attrition or layoffs and Missouri needs a well-prepared and trained public health workforce which is the foundation of a healthy community.
- **WHEREAS**, adequate funds are needed at the local level to support the identification and containment of disease outbreak, the protection of the public through environmental inspection of food and lodging establishments, and the engagement of community partners to identify and address community health priorities.
- **WHEREAS**, according to the most recent assessment conducted by Trust For America's Health, Missouri spends \$5.90 per capita on health services for its residents, far below the national median of \$33.71 per capita, resulting in a ranking of dead last, i.e., 50th in the nation.
- **WHEREAS**, Missouri general revenue funding for local public health has been reduced by more than 67% since FY 2002.

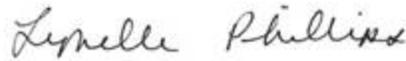
Now, therefore, be it resolved that the Association will work with local partners throughout the state with goal to advocate for the State of Missouri's General Assembly to restore the funding level for aid to local public health essential services to that of \$7.2 million.

Be it further resolved that the Association resolve to oppose any efforts by the General Assembly to reduce funding to local health departments.

Be it further resolved that the Association continue to encourage and support collaboration between public-private partners to increase the focus on disease prevention.

Be it further resolved that the Association will continue to work collaboratively to increase Federal investment in public health research including best practices, data collection pertaining to health outcomes and workforce issues, address complex problems like social determinants of health, focus on prevention, and assist in the development of accountability measures.

Be it further resolved that the General Assembly should direct that general revenue and any federal funds available for public health be distributed to local agencies in a formula that is fair and equitable.

Submitted:  Date: September 25, 2019
Lynelle Phillips, R.N., M.P.H., Chair, Advocacy and Public Policy Committee

Approved:  Date: September 25, 2019
Andrew Warlen, M.P.H, President

Sources:

<http://nacchoprofilestudy.org/wp-content/uploads/2017/01/Figure5-14.jpg>



Missouri Public Health Association



Resolution Re: Climate Change

- **WHEREAS**, our state, country and world are experiencing climate change that impacts health.
- **WHEREAS**, extreme heat is among the deadliest weather hazards in the United States, and more than 170,000 people in Missouri are especially vulnerable to extreme heat.
- **WHEREAS**, Missouri currently averages 15 days a year with temperatures reaching extreme and dangerous levels. By 2050, the state is projected to see more than 60 such days a year.
- **WHEREAS**, annual total precipitation (rain and snow) has increased over the last few decades in Missouri, resulting in devastating flooding. Missouri experienced the wettest May on record in 2019.
- **WHEREAS**, severe flooding in 2019 resulted in a Declaration of Disaster for the State of Missouri by our governor.
- **WHEREAS**, warmer weather and increased precipitation lead to increased risk of heat-related illness such as heat stroke, heat exhaustion, or even death, and greater incidence of both known and emerging vector-borne diseases.
- **WHEREAS**, populations that are already particularly vulnerable such as communities of color, the elderly, young children, and low-income populations, will bear an increased burden of negative health impacts of climate change.
- **WHEREAS**, the prevention approach of public health is crucial to assuring that we limit impact on public health and safety and prepare communities to be resilient in the face of climate change.

Now, therefore, be it resolved that the Missouri Public Health Association will support any evidence based effort to mitigate the effects of climate change including scientific research, direct policy action, and preparedness efforts.

Sources:

<https://statesatrisk.org/missouri/all>

Union of Concerned Scientists Extreme Heat in Missouri's 4th District Fact Sheet
Illinois Public Health Association Resolution

Submitted: Lynelle Phillips Date: September 25, 2019
Lynelle Phillips, R.N., M.P.H., Chair, Advocacy and Public Policy Committee

Approved: Andrew Warlen Date: September 25, 2019
Andrew Warlen, M.P.H., President



Missouri Public Health Association



Public Health

Resolution Re: Eliminating Non-Medical Exemptions For School-Required Vaccinations

- **WHEREAS**, Vaccine-preventable diseases had, until the 20th century, been the leading causes of death.
- **WHEREAS**, with the introduction and expanded use of vaccines, many of these diseases have largely been eliminated or controlled within the United States and much of the world.
- **WHEREAS**, from 2011 – 2020, it is estimated that vaccinations will have prevented more than 23 million deaths worldwide.
- **WHEREAS**, in 1920, there were just under 470,000 cases of measles reported in the US—7,575 resulted in death. The measles vaccine was licensed in 1963 and by 1998, there were only 98 cases reported.⁸ However, between 2010 and 2018, the average number of cases in the U.S. increased by 113%. Currently, there are multiple measles outbreaks within the United States.
- **WHEREAS**, the positive impact of vaccines on the health of the population is clear; however, the success has not been maintained. A primary cause has been the ability of parents to opt out of vaccinating their children.
- **WHEREAS**, many current parents of young children are unfamiliar with the devastating effects of vaccine-preventable diseases like smallpox, polio, and measles leading some parents to opt out of vaccines for personal reasons.
- **WHEREAS**, opting out of vaccines and other factors have resulted in vaccine-preventable disease outbreaks.
- **WHEREAS**, no federal laws mandate immunizations; states can and do have immunization laws in place. These laws help protect communities throughout a state from outbreaks of vaccine-preventable diseases.
- **WHEREAS**, Missouri's current vaccination laws allow parents to opt out of required vaccinations for medically necessary, religious and personal (non-medical) reasons.
- **WHEREAS**, in Missouri, kindergarten immunization rates have been on the decline between the 2009-2010 school year (97.3% fully immunized) and the 2017-2018 school year (95.2% fully immunized).
- **WHEREAS**, to further protect children from unnecessary exposure to vaccine-preventable diseases the elimination of religious and personal exemptions is recommended.
- **WHEREAS**, Missouri would not be the only state law closing the loophole to prevent non-medical exemptions three other states, California, Mississippi, and West Virginia do not allow religious or personal exemptions.
- **WHEREAS**, for every dollar spent on childhood immunizations, \$16 is saved in cost to treat vaccine preventable illness.
Source: resolution on prevention and public health fund

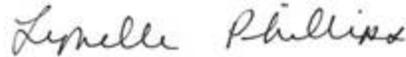
Now, therefore, be it resolved that the State of Missouri modify its immunization law to only allow medically- necessary exclusions from the current CDC recommended childhood immunization schedule.

Be it further resolved unvaccinated children be prohibited from attending a school and/or daycare in the event of a vaccine-preventable outbreak.

Be it further resolved to hold harmless the State of Missouri and local health departments, if the parent chooses to exclude their child/children from current CDC recommended childhood immunization schedule and the outbreak results in incompleteness of school assignments that adversely affects the child's successful completion of required grade tasks for occurrence an extended duration of a vaccine-preventable outbreak.

Be it further resolved to hold harmless the State of Missouri and local health departments, if the parents lose wages or employment or experience undue financial hardships resulting from the exclusion of their child or children from school and/or daycares because of the occurrence or an extended duration of an outbreak of a vaccine-preventable childhood disease.

Be it further resolved to hold harmless the State of Missouri and local health departments, from school districts and or daycares for lost reimbursable attendance-related funds resulting from the exclusion of a child or children from school and/or daycare because of the occurrence or extended duration of an outbreak of a vaccine-preventable childhood disease.

Submitted:  Date: September 25, 2019
Lynelle Phillips, R.N., M.P.H., Chair, Advocacy and Public Policy Committee

Approved:  Date: September 25, 2019
Andrew Warlen, M.P.H, President



Missouri Public Health Association



Public Health

Resolution re: EPA's Proposed "Safer Affordable Fuel-Efficient Vehicles Rule for Model Years 2021-2026 Passenger Cars and Light Trucks"

- **WHEREAS**, EPA's proposal will rollback car and light truck emissions standards and reverse progress towards reducing harmful carbon dioxide emissions.
- **WHEREAS**, regulations on tailpipe emissions, have been immensely successful in improving air quality, providing both health and economic benefits. Modern cars are now considered 99 percent less polluting in comparison to cars on the road in the 1970s.
- **WHEREAS**, for every one dollar spent on policies to reduce vehicle emissions, Americans gain nine dollars in health and environment benefits.
- **WHEREAS**, St. Louis in particular needs policies to improve air quality, the American Lung Association rated them with an F due to ground-level ozone and smog pollution.
- **WHEREAS**, the transportation sector is now the leading source of greenhouse gas emissions in the United States.
- **WHEREAS**, by 2030, estimates indicate that efforts to decrease transportation emissions will lower the region's global warming pollution by 8.7 million metric tons per year.
- **WHEREAS**, this proposed policy also threatens Missouri's legal ability to develop our own stricter emissions standards to protect our own citizens.

Now, therefore, be it resolved that the Missouri Public Health Association states their opposition to the EPA's proposed rollback of clean air emissions standards. We urge the EPA to maintain the current standards to safeguard the health of Missourians.

Be it further resolved that the Missouri Public Health Association is committed to providing our resolution directly to the EPA during the comment period for this resolution.

Submitted: Lynelle Phillips Date: September 25, 2019
Lynelle Phillips, R.N., M.P.H., Chair, Advocacy and Public Policy Committee

Approved: Andrew Warlen Date: September 25, 2019
Andrew Warlen, M.P.H., President



Missouri Public Health Association



Public Health

Resolution Re: Food Safety and Supply

- **WHEREAS**, potentially hazardous foods prepared in an uninspected establishment or private home may lead to public harm due to a foodborne illness outbreak.
- **WHEREAS**, food prepared for public consumption or sale may represent a potentially hazardous situation due to cross contamination, unsanitary conditions and unverified food sources when not regulated by the local public health department or authority.
- **WHEREAS**, an increased risk of cross contamination is more likely in a private home or uninspected establishment due to a lack of proper training regarding food handling, safety and storage.
- **WHEREAS**, a private home or uninspected establishment lacks the proper equipment, such as a commercial dishwasher, which ensures potentially hazardous foods are prepared sanitarily and safely to protect consumers.
- **WHEREAS**, sales or consumption of potentially hazardous foods and their sources must be able to be tracked in the event of a foodborne outbreak.
- **WHEREAS**, government agencies are responsible for setting food safety standards, conducting inspections, and ensuring that standards are met.
- **WHEREAS**, food safety is an important public health priority for the protection of the public and their health.
- **WHEREAS**, the Centers for Disease Control and Prevention (CDC) estimates each year 48 million people get sick, 128,000 are hospitalized, and 3,000 die of foodborne diseases.

- **WHEREAS**, food safety incidents cost the U.S. economy \$7 billion annually.

Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5302274>

Now, therefore, be it resolved that the Missouri Public Health Association will oppose any effort by the General Assembly to amend the Missouri law to reduce or limit the state's current food safety guidelines and replace it with an inadequate ability to ensure a safe food supply.

Submitted: *Lynelle Phillips* Date: September 25, 2019
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Missouri Public Health Association



Public Health

Resolution Re: Gun Violence

- WHEREAS, nurses, physicians and other public health professionals recognize that firearm related injury and death is a public health epidemic in the United States and must move toward developing primary prevention strategies that interrupt the transmission of violence.
- WHEREAS, nationally, the annual costs of firearm injuries are \$27.3 billion including direct medical care and lost productivity; 85% of this is due to lost productivity. With psychological costs and the value of quality of life the estimate which becomes \$155 billion, or 2.3% of GDP.
- WHEREAS, the direct annual cost of gun violence to Missouri taxpayers is over \$384 million. Much of the tab is picked up by tax payers because up to 85% of gunshot victims are either uninsured or on some form of publicly funded insurance. (see Gifford's doc attached)
- WHEREAS, Missouri has some of the least restrictive firearm laws in the country.
- WHEREAS, Missouri has the seventh highest gun death rate among the states. 3 of the top 12 most dangerous cities in America are in Missouri. (see Gifford's doc attached)
- WHEREAS, women are particularly at risk for firearm violence. In Missouri women are killed with firearms by intimate partners at high numbers.
- WHEREAS, nearly 1,300 children in the United States die from firearm-related injuries every year.
- WHEREAS, nearly 1.7 million children (1 in 3) live with an unlocked and loaded firearm, and almost 40% of households have at least one gun. Lack of child access prevention laws contribute to the nine children and teens who are shot unintentionally each day in the US.
- WHEREAS, children in Missouri die from firearm violence at rates that are among the highest in the nation.
- WHEREAS, compared to many other states including Texas, Missouri has weak child access prevention laws regarding firearms.
- WHEREAS, child access prevention laws may decrease unintentional firearm injuries and deaths among children.
- WHEREAS, firearm injuries to children are preventable, and safe firearm storage and usage can reduce the risk of youth suicide and unintentional firearm injuries.

Now, therefore, be it resolved that the Missouri Public Health Association will support any evidence- based effort to reduce the already high levels of gun violence in the state, particularly laws that will protect children from firearm injury and violence. Missouri Public Health Association also supports policies that advocate for counseling, advice and education for healthcare professionals and parents to keep children safe from firearm injury and death.

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Lynelle Phillips, R.N., M.P.H., Chair, Advocacy and Public Policy Committee

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Missouri Public Health Association



Resolution: Human Papilloma Virus (HPV) Vaccination

- **WHEREAS**, the human papilloma virus (HPV) is responsible for approximately 500 preventable cervical and head and neck cancers in women and men every year in Missouri.
- **WHEREAS**, Missouri is among states with the highest rates of HPV-associated cancers with a rate of 13.57 (CDC, 2018).
- **WHEREAS**, the HPV vaccine is highly effective in preventing cervical and head/neck cancers.
- **WHEREAS**, in Missouri, 2 out of 5 girls and half of all boys in Missouri have not received even one dose of HPV vaccine.
- **WHEREAS**, Center for Disease Control recommends HPV vaccination for girls and boys at ages 11 or 12 years to protect against cancers caused by HPV infections.
- **WHEREAS**, Missouri saved \$21,000 in health care costs in 2010 due to HPV vaccination.
Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4266172/#!po=80.2083>

Now, therefore, be it resolved that the Missouri Public Health Association supports efforts in the Missouri General Assembly to add HPV to the Missouri School Immunization Requirements for 11 - 12-year-olds.

Source of immunization data - <https://www.cdc.gov/mmwr/volumes/65/wr/mm6533a4.htm>

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Missouri Public Health Association



Public Health

Resolution Re: Improving Access to Health Services

- **WHEREAS**, Missouri ranks 34th among states of the nation in the percentage of its residents with insurance coverage for health care (US News List, 2018).
- **WHEREAS**, more than 15% of Missouri's population lacks adequate insurance protection (US News List, 2018).
- **WHEREAS**, close to 140,000 of Missouri's most vulnerable population, its children, lack coverage.
- **WHEREAS**, the Centers for Disease Control and Prevention (CDC) ranks Missouri 47th in access to oral health care; and 39th in overall healthcare (US News List, 2018).
- **WHEREAS**, the Pew Charitable Trusts gives Missouri a "C" for children's oral health.
- **WHEREAS**, only 30% of children enrolled in Medicaid in Missouri are getting adequate oral health care.
- **WHEREAS**, there is need to expand Medicaid eligibility and state funding for public and preventive health services, oral and mental health coverage and health related programs for vulnerable populations in order to help contain health care costs and reduce cost shifting.
- **WHEREAS**, by lifting restrictions on Advance-Practice Registered Nurses (APRNs), Missouri could save \$1.2 billion over 10 years.

Source: Missouri Foundation for Health

Now, therefore, be it resolved that the Missouri Public Health Association supports full implementation of the Affordable Care Act and any other access-related legislation and coverage; and will support and advocate for such issues if brought before the Missouri General Assembly.

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Missouri Public Health Association



Public Health

Resolution Re: Lead Removal

- **WHEREAS**, lead poisoning has serious health effects that persist throughout life and may cause learning disabilities and behavioral problems; lead levels beyond 5 micrograms per deciliter of blood can also cause seizures, coma, and even death.
- **WHEREAS**, most lead poisoning in children results from deteriorating paint in residential housing.
- **WHEREAS**, the Environmental Protection Agency estimates there are 1.3 million housing units in Missouri with lead-based paint (Missouri Department of Health and Senior Services, Lead Licensing, 2018).
- **WHEREAS**, lead poisoning frequently goes unrecognized because it often occurs with no obvious symptoms.
- **WHEREAS**, decreasing lead paint hazards created by unsafe renovation practices will help protect children from lead poisoning.
- **WHEREAS**, most other states in the region including Kansas, Iowa, and Oklahoma have already adopted such legislation.
- **WHEREAS**, each dollar invested in lead paint hazard control results in a return of \$17-\$221 or a net savings of \$181-269 billion.

Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2717145/>

Now, therefore, be it resolved that the Missouri Public Health Association will support efforts to expand legislation and enforcement of the Environmental Protection Agency's Renovation Repair and Painting Rule.

Submitted: Lynelle Phillips Date: September 25, 2019
Lynelle Phillips, R.N., M.P.H., Chair, Advocacy and Public Policy Committee

Approved: Andrew Warlen Date: September 25, 2019
Andrew Warlen, M.P.H., President



Missouri Public Health Association



Public Health

Resolution: Local Public Health Authority

- **WHEREAS**, county health center boards in Missouri have the authority to adopt health-related rules and regulations within their jurisdiction.
- **WHEREAS**, the adoption by County Commissions of local ordinances related to protection of the public's health has been a longstanding practice.
- **WHEREAS**, an Andrew County Circuit Court cited 192.300 RSMo and ruled that the county health center board did not have the authority to adopt local orders and ordinances.
- **WHEREAS**, other judicial challenges to ordinances adopted by county health center boards may occur.
- **WHEREAS**, the office of former Attorney General Chris Koster issued an opinion in 2006 and 2009 that County Health Center Boards, made up of duly elected officials, are largely independent of the County Commission. As stated in the opinion, 192.300 RSMo gives power to local boards of health to establish fees and carry out their rules and regulations and that the County Commission has no discretion over the county health center board's fees.
- **WHEREAS**, there is no penalty listed for violating rules or regulations made by the county health center boards and enforcement of rules or regulations therefore requires the filing of a civil suit by the county health center boards against the defendant.
- **WHEREAS**, the filing of a civil suit by the county health center boards is costly and time-consuming.

Now, therefore, be it resolved that the Missouri Public Health Association seeks rapid and complete legislative modification to grant authority to local health departments to adopt local ordinances to protect the health of the public within its jurisdiction.

Be it further resolved that the Missouri Public Health Association work to assure such authority through the initiation of advocacy efforts.

Submitted: *Lynelle Phillips* Date: September 25, 2019
Lynelle Phillips, R.N., M.P.H., Chair, Advocacy and Public Policy Committee

Approved: *Andrew Warlen* Date: September 25, 2019
Andrew Warlen, M.P.H, President



Missouri Public Health Association



Public Health

Resolution Re: Medicaid Expansion

- **WHEREAS**, thousands of Missourians with very serious health care needs today rely on Medicaid.
- **WHEREAS**, expanding Medicaid eligibility will make it possible for more Missourians to get the care that they need; 450,000 additional people would be covered if Medicaid Expanded (healthinsurance.org, 2018).
- **WHEREAS**, for Missouri's children receiving health care will mean better performance in school and greater success later in life.
- **WHEREAS**, for all person's adequate health care coverage means a chance at leading a longer, more productive life.
- **WHEREAS**, if Medicaid is expanded in Missouri, the state would save about \$39 million in 2020.
Source: <https://publichealth.wustl.edu/wp-content/uploads/2019/02/Analysis-of-the-Fiscal-Impact-of-Medicaid-Expansion-in-Missouri-IPH.pdf>

Now, therefore, be it resolved that the Missouri Public Health Association supports efforts in the Missouri General Assembly to expand Medicaid coverage to all persons earning up to 138% of the federal poverty level.

Submitted: *Lynelle Phillips* Date: September 25, 2019
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Missouri Public Health Association



Public Health

Resolution Re: Mental Health and Suicide Interventions

- **WHEREAS**, Missouri is ranked 13th highest in the nation with a suicide rate of 18.27 (per 100,000, age-adjusted) in 2016. This compares to the national rate of 13.42; and
- **WHEREAS**, in Missouri, approximately 230,000 adults (5.1%) of those 18 or older in 2013-2014 had a serious mental illness within the year prior to being surveyed. This compares to the U.S average of 4.2%; and
- **WHEREAS**, in Missouri, it was estimated that almost half a million adults (487,875) experienced serious psychological distress within the past 12 months; and
- **WHEREAS**, in Missouri, the depression rate is 20.6 %, compared to the rate of 17.5% for the U.S; and
- **WHEREAS**, in Missouri, from 2006 to 2015 hospital utilization for mental diseases and disorders increased by 28% for Missouri patients - a 17 percent increase in inpatient hospitalizations, and a 42% increase in emergency department visits
- **WHEREAS**, in Missouri, from 2006 to 2015 hospital visits for substance abuse or induced mental disorders grew by 68% - a 46% increase in hospitalizations and a 79% increase in ED visits
- **WHEREAS**, in Missouri, from 2006 to 2015 hospital utilization for mental health-related issues exceeded the growth rate for all other hospital utilizations combined by a factor of 2.3 to 1
- **WHEREAS**, in 2017 24% of male high school students (9-12) reported they felt sad or hopeless almost every day for 2 or more weeks in a row so that they stopped doing some usual activities (during the 12 months before the survey) compared to the U.S average of 21%.

- **WHEREAS**, across the U.S. economy, serious mental illness causes \$193.2 billion in lost earnings each year.

Source: <https://www.nami.org/learn-more/mental-health-by-the-numbers>

Now, therefore, be it resolved that the Missouri Public Health Association supports a comprehensive, statewide effort that facilitates multisectoral collaboration in the development and implementation of programs, interventions and systems that effectively impact the pervasive mental health and suicide issue in Missouri.

Submitted: *Lynelle Phillips* Date: September 25, 2019
Lynelle Phillips, R.N., M.P.H., Chair, Advocacy and Public Policy Committee

Approved: *Andrew Warlen* Date: September 25, 2019
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Missouri Public Health Association

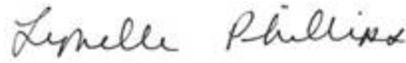


Public Health

Resolution Re: Prescription Drug Monitoring Program

- **WHEREAS**, Prescription Drug Monitoring Program (PDMP) is a tool to improve patient care and safety, and to reduce the abuse and diversion of prescription drugs, specifically regarding opioids and other pain reducing pharmacological agents;
- **WHEREAS**, According to the National Alliance for Model State Drug Laws (NAMSDL), a PDMP is a *statewide* electronic database which collects designated data on substances dispensed in the state. The PDMP is housed by a specified statewide regulatory, administrative or law enforcement agency. The housing agency distributes data from the database to individuals who are authorized under state law to receive the information for purposes of their profession.
- **WHEREAS**, Missouri is the only state in the United States that does not have a Prescription Drug Monitoring Program (PDMP).
- **WHEREAS**, Prescription drug abuse is not something to take lightly. The Medicine Abuse Project shows that 1 in 4 teens report having misused or abused a prescription drug at least once in their lifetime.
- **WHEREAS**, Studies in Kentucky, Nevada, Wyoming and Utah have shown that when PDMPs are created and used the correct way, prescription drug abuse decreases. Opponents to a PDMP point to privacy concerns, while proponents argue that 49 other states have found a way to make it safe.
- **WHEREAS**, the benefits of PDMP are:
 - Support access to legitimate medical use of controlled substances
 - Identify and deter or prevent drug abuse and diversion
 - Facilitate and encourage the identification, intervention with and treatment of persons addicted to prescription drugs
 - Inform public health initiatives through outlining the use and abuse trends
 - Educate the public and all health care providers about PDMP and the use, abuse and diversion of and addiction to prescription drugs.
- **WHEREAS**, the opioid abuse crisis is costing Missouri about \$1.4 million an hour, as of 2018.
Source: <https://www.kansascity.com/news/business/health-care/article195464299.html>

Now, therefore, be it resolved that Missouri Public Health Association supports a state wide Prescription Drug Monitoring Program, that includes access to data for local public health agencies.

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Approved:  Date: September 25, 2019
Andrew Warlen, M.P.H, President



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Public Health

Resolution Re: Prevention and Public Health Fund

- **WHEREAS**, of more than \$1.7 trillion in healthcare spent nationally each year, less than four cents out of every dollar is spent on prevention and public health.
- **WHEREAS**, prevention programs help our nation address the exploding growth in healthcare treatment costs in Medicaid, Medicare, and private health care.
- **WHEREAS**, every dollar spent on pre-conception care programs for women with diabetes, \$5.19 is saved by preventing costly complications in both mothers and babies.
- **WHEREAS**, for every dollar spent on childhood immunizations, \$16 is saved in cost to treat vaccine preventable illness.
- **WHEREAS**, investing in prevention and public health not only saves lives, but it also yields a significant return on investment.
- **WHEREAS**, the Prevention and Public Health Fund has already improved the nation's health care status by supporting essential and proven prevention activities, such as immunization and tobacco cessation.

Now, therefore, be it resolved that the Missouri Public Health Association will strongly oppose any efforts to decrease the federal commitment to prevention and public health. Support for this fund holds great promise to improve the capacities of state and local health departments to protect their communities from health threats and increase the numbers of highly skilled scientists and public health professionals.

Submitted: Lynelle Phillips Date: September 25, 2019
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Approved: Andrew Warlen Date: September 25, 2019
Andrew Warlen, M.P.H, President



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Public Health

Resolution Re: Reduce Marijuana-related Problems

- **WHEREAS**, long-term marijuana abuse can lead to addiction. In 2016, there were 33,406 drug treatment admissions with marijuana identified as a “primary drug” abused. Average age of first use was 18.8 years old. (2017 Status Report on Missouri’s Substance Abuse and Mental Health Problems).
- **WHEREAS**, current research has demonstrated the earlier marijuana use begins, the more likely the user will become dependent on it or other types of drugs later in life. Regular marijuana users have a 40% chance of becoming addicted. (National Institute on Drug Abuse).
- **WHEREAS**, the age of first marijuana use in Missouri is 14.6 years and nationally it is 13.91 years. (2017 Status Report on Missouri's Substance Use and Mental Health).
- **WHEREAS**, 16.2% of the Missouri youth that reported marijuana use were daily users. (2017 Status Report on Missouri's Substance Use and Mental Health).
- **WHEREAS**, marijuana impairs the brain’s effectiveness, ability to concentrate, coordination and ability to retain information by changing the way sensory information reaches and is processed by the brain. Compared to nonsmoking peers, students who smoke marijuana tend to get lower grades and are more likely to drop out of high school. Students who use marijuana before age 15 are three times more likely to have left school by age 16. (CADCA 2010 Drug and Alcohol Use and Academic Performance Report).
- **WHEREAS**, in 2009, Colorado marijuana-related traffic deaths involving drivers testing positive for marijuana represented 9 percent of all traffic deaths. By 2016, that number has more than doubled to 21 percent. Marijuana-related traffic deaths increased 66 percent in the four-year average (2013-2016) since Colorado legalized recreational marijuana compared to the four-year average (2009-2012) prior to legalization. (Rocky Mountain HIDTA 2017).
- **WHEREAS**, federal excise taxes collected on alcohol in 2015 totaled around \$9.6 billion; states collected around \$5.5 billion. Combined, these amounts are less than 10 percent of the estimated \$185 billion in alcohol-related costs to health care, criminal justice, and the workplace in lost productivity. It’s estimated that taxing marijuana would produce the same gap in tax revenue vs. marijuana related costs (health care, criminal justice, workplace, etc.). (Project SAM, 2013).

Now, therefore, be it resolved that the Missouri Public Health Association is against the legalization of marijuana for recreational purposes.

Be it further resolved that the Missouri Public Health Association will educate its members and, if possible, the public of its endorsement of this Resolution and educate the Governor and members of the state legislature of its endorsement of this Resolution, to the extent permitted by law, and urge its members to do the same.

Submitted: *Lynelle Phillips* Date: September 25, 2019
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Approved: *Andrew Warlen* Date: September 25, 2019
Andrew Warlen, M.P.H, President



Missouri Public Health Association



Public Health

Resolution Re: Social Determinants of Health

- **WHEREAS**, the social determinants of health are the circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness. In turn, these circumstances are shaped by a wider set of forces: economics, social policies, and politics.
- **WHEREAS**, it is known that many such factors influence disease risk.
- **WHEREAS**, factors such as socio-economic and demographic indicators of race, income, geographic location among others have a significant predictive value of risk.
- **WHEREAS**, curtailment of predatory lending by setting a reasonable rate cap for payday, title and refund-anticipation and other short term loans will improve the economic and health status of vulnerable populations.
- **WHEREAS**, enactment of mandatory foreclosure mediation prior to actions to evict individuals will reduce risk for economic ruin and health impacts.
- **WHEREAS**, the average loan amount in Missouri is \$315, and a lender can charge up to 1950% APR on that amount and the use of payday loans in Missouri is twice the national average.

Source: <https://humanimpact.org/hiprojects/when-poverty-makes-you-sick-the-intersection-of-health-and-predatory-lending-in-missouri>

Now, therefore, be it resolved that the Missouri Public Health Association will advocate and actively support legislation in the Missouri General Assembly that is aimed at reducing predatory lending and the enactment of mandatory foreclosure mediation.

Submitted: *Lynelle Phillips* Date: September 25, 2019
Lynelle Phillips, R.N., M.P.H., Chair, Advocacy and Public Policy Committee

Approved: *Andrew Warlen* Date: September 25, 2019
Andrew Warlen, M.P.H, President



Missouri Public Health Association



Public Health

Resolution Re: Statewide Comprehensive E-Cigarette Control

- **WHEREAS**, e-cigarettes are manufactured without regulatory oversight or quality control.
- **WHEREAS**, e-cigarettes have not been thoroughly studied for health impact.
- **WHEREAS**, e-cigarettes may contain twenty times as much nicotine as cigarettes.
- **WHEREAS**, more than a quarter-million youth who had never used cigarettes used e-cigarettes.
- **WHEREAS**, 11% of Missouri high school students smoked e-cigarettes in 2017 (truthinitiative.org, 2018).
- **WHEREAS**, young adults who use e-cigarettes are more than four times as likely to begin smoking tobacco cigarettes within 18 months as their peers who do not vape. Smoking-related illness costs the United States more than \$300 billion a year.

Sources: <https://truthinitiative.org/research-resources/emerging-tobacco-products/using-e-cigarettes-increases-likelihood-using>, and

https://www.cdc.gov/tobacco/data_statistics/fact_sheets/economics/econ_facts/index.htm

Now, therefore, be it resolved that the Missouri Public Health Association supports communities in their efforts to adopt e-cigarette control legislation.

Be it further resolved that the Missouri Public Health Association resolves to oppose any efforts by the General Assembly to pre-empt current or future local ordinances related to e-cigarettes.

Submitted: *Lynelle Phillips* Date: September 25, 2019
Lynelle Phillips, R.N., M.P.H., Chair, Advocacy and Public Policy Committee

Approved: *Andrew Warlen* Date: September 25, 2019
Andrew Warlen, M.P.H, President



Missouri Public Health Association



Public Health

Resolution Re: Statewide Comprehensive Tobacco Control

- **WHEREAS**, tobacco use accounts for at least 30% of all cancer deaths, 87% of lung cancer deaths, and 32% of deaths attributable to cardiovascular disease in the U.S. About 10,000 Missourians die from tobacco-related diseases every year.
- **WHEREAS**, secondhand smoke is classified as a "known human carcinogen" and causes 1,100 deaths in Missouri annually. Furthermore, tobacco smoke contains more than 4,000 chemical compounds. More than 60 of these are known or suspected to cause cancer.
- **WHEREAS**, in the U.S. about 21.5% of men and 17.3% of women still smoked cigarettes in 2010, with almost 80% of these people smoking daily. The Missouri adult smoking rate was 22.1% in 2016 (truthinitiative.org, 2018).
- **WHEREAS**, the economic cost of smoking and related illness to Missouri is \$4.75 billion, yet fiscal year 2013 funding for state tobacco cessation was \$2.3 million.
- **WHEREAS**, the smoking rate among Missouri high school students is 18% and more than 90% of adult smokers began the habit before they were 18 years old.
- **WHEREAS**, each day in the United States, approximately 3,900 young people between 12 and 17 years of age smoke their first cigarette, and an estimated 1,000 youth become daily cigarette smokers; 9% smoke daily (truthinitiative.org).
- **WHEREAS**, 73% of Missouri adults would support local laws making all indoor workplaces smoke free and 65% would support a change in Missouri law state-wide that makes all indoor workplaces smoke-free, including restaurants, bars and casinos.

Now, therefore, be it resolved that the Missouri Public Health Association supports communities in their efforts to adopt tobacco control legislation and support a comprehensive statewide clean indoor air law.

Be it further resolved that the Missouri Public Health Association resolves to oppose any efforts by the General Assembly to pre-empt current or future local ordinances related to tobacco.

Be it further resolved that the Missouri Public Health Association encourages funding for nicotine replacement therapy (NRT) be included in any bill related to tobacco control. The Association believes that such treatment should be available and easily accessible.

Submitted: Lynelle Phillips Date: September 25, 2019
Lynelle Phillips, R.N., M.P.H., Chair, Advocacy and Public Policy Committee

Approved: Andrew Warlen Date: September 25, 2019
Andrew Warlen, M.P.H., President



Missouri Public Health Association



Public Health

Resolution Re: Support of Violence Prevention

- **WHEREAS**, intentional injuries (i.e., suicide, homicide, assault) are significant threats to public health because of their impact on communities, including physical and emotional trauma, premature death and disability, poor mental health, lost productivity, and the burden placed on the healthcare system.
- **WHEREAS**, violence is among the leading causes of mortality, disability, and morbidity in Missouri and throughout the United States.
- **WHEREAS**, more than 5,100 deaths of Missourians were attributed to violent assaults between 2005 and 2017.
- **WHEREAS**, more than 257,400 hospitalizations and emergency room visits in Missouri were attributed to violent assaults between 2005 and 2015.
- **WHEREAS**, more than 10,400 Missourians died as a result of self-inflicted injuries between 2007 and the year 2017.
- **WHEREAS**, in 2017, over 18,000 Americans were victims of homicide and over 47,000 died by suicide. Millions of more Americans are injured and survive, only to cope with lifelong mental, physical, and financial problems.
- **WHEREAS**, the prevalence of trauma and Adverse Childhood Experiences (i.e., poverty, observing domestic violence, growing up in a home with a parent who abuses drugs, etc.) negatively impacts the physical and mental health of both individuals and their communities, leading to despair and hopelessness.
- **WHEREAS** the prevention of trauma and violence leads to improved health and well-being in all members of the community.
- **WHEREAS** effective violence prevention strategies include fostering safe, stable, nurturing relationships and environments, changing social norms about the acceptability of violence, improving problem-solving skills, and enacting policies to address the social and economic conditions that give rise to social isolation and hopelessness.
- **WHEREAS**, violence is predictable and preventable, and as public health professionals we must be proactive in our solutions to reduce their occurrence.
- **WHEREAS**, local health departments are responsible for creating and maintaining conditions and partnerships that keep people healthy, including the prevention of injuries and violence.
- **WHEREAS**, the impacts of Adverse Childhood Experiences cost US businesses over \$300 billion annually.

Source: [The health and social impact of growing up with adverse childhood experiences: The human and economic costs of the status quo](#)

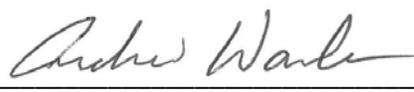
Now, therefore, be it resolved that the Missouri Public Health Association will work with local partners to recognize that intentional injuries (i.e., violence including but not limited to: suicide, homicide, assault, etc.) are a public health threat and requires a strategic, long-term, and comprehensive cross systems approach to prevent the loss of lives and countless traumas each year.

Be it further resolved that the Missouri Public Health Association urges the General Assembly of the State of Missouri to support efforts that will significantly reduce intentional injuries in Missouri, including the following:

- Ensuring that state-funded social service organizations adopt a trauma-informed care approach
- Encourage the exploration and adoption of evidence-based and practice-based strategies to address the root causes of violence, including those factors that impact where we live, work and play, especially in communities identified with the highest need for interventions

- Ensuring that state-funded contracts are monitored for achievement of workforce goals, especially within communities that have low access to economic development and mobility
- Pursuing state and local policies that create and protect affordable housing resources
- Ensuring that vulnerable children can access physical and mental health services through Medicaid
- Exploring additional opportunities for Medicaid coverage of services (e.g., community health workers) that support the health and wellbeing of individuals and their families
- Reviewing agency practices that discourage family stability and marriage, including means-tested income eligibility requirements that may inadvertently penalize marriage among working low-income individuals
- Equipping employers with knowledge and resources needed to hire and retain ex-offenders
- Examining and adopting policies and practices that incorporate a restorative justice approach to meeting the needs of individuals served by state-funded agencies

Submitted:  Date: September 25, 2019
Lynelle Phillips, R.N., M.P.H., Chair, Advocacy and Public Policy Committee

Approved:  Date: September 25, 2019
Andrew Warlen, M.P.H, President



Missouri Public Health Association



Resolution Re: Urging Support of Single-Payer Healthcare

Public Health

- **WHEREAS**, approximately 48 million Americans lacked health insurance in 2015 and an estimated 31 million Americans will remain uninsured in 2023.
 - **WHEREAS**, the Patient Protection & Affordable Care Act of 2010 (ACA) expanded health coverage to 20 million people but left millions of people uninsured and failed to control costs.
 - **WHEREAS**, there is an active bill in the United States Senate (Sens. Sanders et al), that would provide health coverage for all U.S. residents at considerably lower cost.
- WHEREAS**, a single-payer health care bill has been introduced in the United States Senate.
- **WHEREAS**, recent public opinion polls find support for such a plan to be well above 50% among all voters (81% among Democrats, 43% of Republicans).
 - **WHEREAS**, the public outcry against the recently proposed “American Health Care Act” (AHCA) and recognition that the ACA needs revision, now is the time to promote full universal single-payer health care coverage in the U.S.
 - **WHEREAS**, private insurance companies consume, on average, 13% of premiums in overhead, compared to fee-for-service Medicare’s overhead of under 2%.
 - **WHEREAS**, providers are forced to spend tens of billions more dealing with insurers’ billing and documentation requirements, bringing total administrative costs to 31% of US health spending, compared to 16.7% in Canada.
 - **WHEREAS**, medical bills contribute to 62% of all personal bankruptcies.
 - **WHEREAS**, other resolutions adopted by the Missouri Public Health Association have supported an affordable universal single-payer system to provide the most equitable and effective health care, serving both individual and public health needs...”

Now, therefore, be it resolved that the Missouri Public Health Association requests our entire state Congressional delegation to support universal single-payer health care bills and initiatives, and we thank Senator Bernie Sanders for co-sponsoring universal single-payer health care bills and initiatives in Congress.

Be it further resolved that we urge Senators Josh Hawley and Roy Blunt to advocate for a universal single-payer health-care bill.

Be it finally resolved that the membership of the Missouri Public Health Association request the above-mentioned elected officials to respond upon receipt of this resolution.

Submitted: *Lynelle Phillips* Date: September 25, 2019
Lynelle Phillips, R.N., M.P.H., Chair, Advocacy and Public Policy Committee

Approved: *Andrew Warlen* Date: September 25, 2019
Andrew Warlen, M.P.H., President



Missouri Public Health Association



Public Health

Resolution Re: Tax Proposals

- **WHEREAS**, proposals to eliminate the state's income tax to be replaced by a so-called Fair Tax are expected to be introduced in the Missouri General Assembly as a House and Senate joint resolution.
- **WHEREAS**, implementation of a so-called Fair Tax would cause a \$2.5 billion cut in general revenue.
- **WHEREAS**, Fair Tax would cut funding for public schools by \$868 million, social services and Medicaid by \$466 million, higher education by \$291 million, and public safety, prisons and courts would lose nearly \$272 million. Programs for senior services, health and mental health would be cut nearly \$263 million. State Departments of Transportation and Agriculture would lose about one-third of their general revenue funding.
- **WHEREAS**, an expanded tax would significantly compromise the ability of Missouri to fund critical services including education, health care and infrastructure.
- **WHEREAS**, Missourians will be taxed at a much higher rate on nearly everything they purchase including child care, rent, food and prescription drugs.
- **WHEREAS**, lower-income households will suffer the most when purchasing these products that all persons need, regardless of their income.

Now, therefore, be it resolved that the Missouri Public Health Association will oppose any effort to amend the Missouri Constitution to eliminate the State's current general revenue tax structure and replace it with a greatly expanded sales tax in the next session of the Missouri General Assembly.

Submitted: Lynelle Phillips Date: September 25, 2019
Lynelle Phillips, R.N., M.P.H., Chair, Advocacy and Public Policy Committee

Approved: Andrew Warlen Date: September 25, 2019
Andrew Warlen, M.P.H, President