

Communiqué

December 2011



Public Health
Prevent. Promote. Protect.

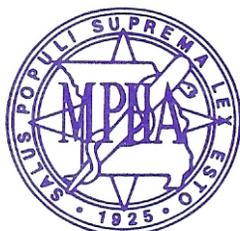
Calendar of Events

January 18, 2012
Board Meeting
Jefferson City, MO

April 11, 2012
Board Meeting
Jefferson City, MO

July 11, 2012
Board Meeting
Jefferson City, MO

September 27-28, 2012
Annual Conference
Stoney Creek Inn
Columbia, MO



Pat Morgester, Kansas City Health Department

PRESIDENT'S MESSAGE

Greetings everyone and happy holidays!!

It was about a year ago when I wrote my inaugural President's letter for the December 2010 Communiqué. It seems like it was just a few months ago...a lot has happened over the past twelve months and there are many things that I am very thankful for:

- Membership is holding steady at around 350 dues paying members and 36 organizations,
- Grateful for strong advocacy presence in Jefferson City and Washington. Our Vice President, Bert Malone, testified on behalf of the Association in opposition to HB 690. This bill would have gutted the states authority to issue rules and regulations on immunizations. Thankfully, the bill failed. Bert also penned a letter to the Missouri Congressional delegation regarding public health funding cuts. (Letter enclosed in this issue of the Communiqué)
- Thankful for MDHSS Director, Margaret Donnelly's, involvement in our Association as witnessed by her thoughtful speech during the opening ceremony at our annual joint conference. She was in full support of the governors proclamation declaring April 4-10 National Public Health Week in Missouri. The Director joined over a dozen MPHA members at the photo opportunity in the governor's office. By the way, NPHW is scheduled for April 2-8, 2012. (www.nphw2012.org).
- Finally, I am ever so grateful to our Executive Director, Sandy Boeckman, and her dedicated staff for all their hard work and dedication to the success of our Association. At the annual conference, I was pleased to surprise Sandy with the President's Award as a token of our appreciation.

Our annual joint conference was a fantastic success. One hundred percent of the evaluations stated that the conference was beneficial, would attend again next year, and would recommend the conference again. National speakers, APHA President Dr. Linda Murray and Michael Dames' "Bridges out of Poverty/Bridges into Health", received high marks. We are committed to improve the conference by providing healthier food options, identify ways to better engage student conference attendees, and provide presentation handouts when possible. Mark your calendars; we have reserved the Stoney Creek Inn for September 26-28, 2012. See you there!!

As the year comes to a close, I'd like to wish everyone a Happy New Year. Thank you again for your commitment to Missouri's oldest public health organization. Your hard work and dedication at the state and local levels makes this a great organization. As always, if I can be of assistance please feel free to contact me at any time.

Pat

APHA Legislative Update, November 2011



Congressional Super Committee Fails to Develop a Deficit Reduction Plan

The Joint Select Committee on Deficit Reduction, or the Super Committee, announced on November 21, 2011 that they were unable to reach an agreement on \$1.2 trillion in deficit reduction. The Super Committee was created in the debt ceiling legislation, the Budget Control Act, and was tasked with presenting a deficit reduction plan to Congress by November 23, 2011. The

Budget Control Act then provided Congress a month to act on the legislation. Because the Super Committee failed to produce a plan, sequestration – or across-the-board cuts – of \$1.2 trillion are scheduled to begin in January 2013. The 2013 cuts are split between defense spending and non-defense spending. Non-defense programs, including both discretionary and mandatory spending, will face cuts of nearly \$55 billion per year from 2013 to 2021. The mandatory cuts include up to a two percent reduction in spending on Medicare provider payments. The Prevention and Public Health Fund could also face cuts under mandatory spending. Non-defense discretionary programs, which include many public health programs, could face cuts of about \$38.6 billion, or nearly eight percent, in 2013.

However, because these cuts do not go into effect until 2013, Congress has a year to develop a plan to reduce the federal deficit through spending reductions and/or by raising additional revenues without the sequester occurring.

Already some members of Congress are floating proposals to remove or reduce the defense spending cuts from the sequester. If this is to occur, non-defense discretionary programs could be left to shoulder the burden for a majority of the spending cuts. However, President Obama has repeatedly stated that he would veto any bill that seeks to repeal the planned sequestration. APHA continues to meet with members of Congress and their staff to discuss the importance of public health funding.

Congress Continues Work on FY2012 Spending Bills

More than two months into Fiscal Year 2012, Congress has not yet approved spending measures for the federal government. The government is currently being funded under a Continuing Resolution that is set to expire on December 16, 2011. House and Senate conferees met yesterday to begin discussion on a package of the remaining nine appropriations bills – three were passed earlier this fall – in a so-called ‘megabus’ spending package. Included in

(Continued on page 3)



APHA Legislative Update (continued)

this package is the Labor-Health and Human Services – Education spending bill, which funds many public health programs, including those at CDC and HRSA. Also included are the Interior-EPA Appropriations bill and the State-Foreign Operations Appropriations bill (which funds international health programs). Currently the House and Senate versions of the Labor-HHS-Education bill vary widely. The House version includes many controversial policy riders, including defunding much of the Affordable Care Act and blocking environmental protection regulations, that are unlikely to pass the Senate. If appropriators are unable to reach an agreement on the Labor-HHS-Education and Interior-EPA bills, the bills may end up being attached to the “megabus” package as yearlong Continuing Resolutions that would fund these programs at FY2011 levels. The appropriations bills must meet new overall caps on federal spending (\$1.043 trillion for discretionary programs) that were included in the Budget Control Act, the debt ceiling legislation, earlier this year.

Capps Introduces Climate Change Health Promotion and Protection Act

On November 3, 2011, Representative Lois Capps (D-Calif.) and Representative Edward Markey (D-Mass.) joined APHA’s Dr. Georges

Benjamin and other public health advocates at a Capitol Hill press conference to introduce the Climate Change Protection and Health Promotion Act (H.R. 3314). The legislation would strengthen the public health response to climate change. The bill passed the House of Representatives in 2009 when it was included as part of the larger American Clean Energy and Security Act at the request of Capps and public health advocates.



The bill would require the Department of Health and Human Services to develop a national strategic action plan for addressing the impacts of climate change on public health. It would also enhance the current level of research on the health impacts of climate change. The bill would prioritize climate change preparedness planning, surveillance, education and training in order to ensure that our already overburdened state and local health systems can adequately address the health impacts of climate change while continuing to respond to other ongoing challenges. Finally, the legislation would allow for the

development of programs to educate public health and health care professionals and the public about the health impacts of climate change.

APHA has long advocated for increased funding to expand research into the health impacts of climate change and to provide resources for capacity building and workforce training at the state and local levels.

House Passes Balance Budget Amendment

On November 18, 2011, the U.S. House of Representatives rejected a balanced budget amendment to the U.S. Constitution. The amendment would have required that total federal outlays in any given year not exceed the total amount of revenue taken in unless Congress votes with a three-fifths majority to allow it. The bill, which needed a 2/3 majority to pass, was defeated by a vote of 261-165.

APHA opposed passage of the amendment that would likely require significant cuts to discretionary public health programs and Medicare and Medicaid in future years. Discretionary public health programs have already undergone major budget cuts in recent years, and requiring an annual balanced budget would further hinder the abilities of these programs. Additionally, the requirement

(Continued on page 4)

APHA Legislative Update (continued)

of a three-fifths majority for passage of a debt limit increase would damage the stability of the United State economy and the public health programs it supports.

The U.S. Senate is expected to consider two versions of the balance budget amendment in the coming weeks.

Reauthorization of Disaster Preparedness Bill Moves Forward in Congress

On Tuesday, December 6, the House of Representatives passed the reauthorization of the Pandemic and All-Hazards Preparedness Act (PAHPA), H.R. 2405. The legislation



provides guidance and resources to programs that prepare for and respond to public health disasters, including bioterrorism and natural disasters. The reauthorization bill includes important improvements on

issues such as reassigning staff to assist during a disaster. In July, APHA sent a letter to the Chair and Ranking Member of the Committee on Energy and Commerce, which drafted the legislation, recommending improvements to the bill. The Senate version, S. 1855, has been referred to the Committee on Health, Education, Labor, and Pensions (HELP) and will likely be considered in the coming weeks. APHA continues to work with partner organizations to ensure the bill includes necessary resources and guidance to carry out these important measures.



On November 14, 2011 MPHA was contacted by Angela Goodiel, a Regional Ambassador for the Environmental Defense Fund and senior at Washington University in St. Louis, to sign a non-binding Clean Air Promise. The purpose of the promise is to inform and engage Americans on the issue of clean air and to demonstrate to elected officials that Americans care about clean air legislation.

The promise is as follows:

I promise to protect America's children and families from dangerous air pollution. Because toxics and pollutants such as mercury, smog, carbon, and soot cause thousands of hospital visits, asthma attacks, and even deaths, I will support clean air policies and other protections that scientists and public health experts have recommended to the EPA to safeguard our air quality.

As I'm sure you're aware, many public officials are trying to undermine the Clean Air Act and dismantle existing clean air standards that limit emissions of dangerous toxins. In fact, the American Public Health Association is one of the signatories on a letter opposing S.J. Res. 27, a resolution by Senator Rand Paul that would reverse the EPA's final Cross-State Air Pollution Rule (CSAPR). We hope that letters like these, along with Clean Air Promises, will serve as proof that Americans support policies that promote clean air.

I am proud to report that the MPHA Board of Directors has voted in support of this clean air initiative. As President and your representative, I will include my signature in support of the Clean Air Promise.

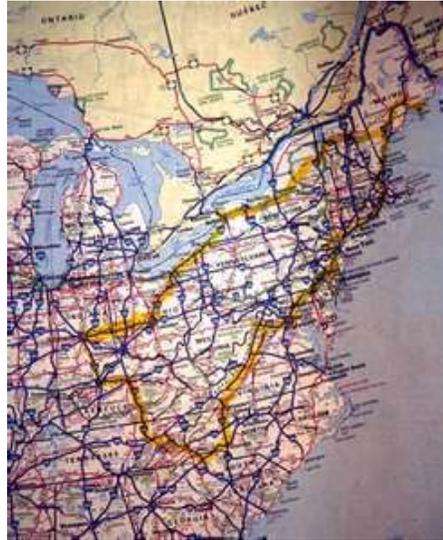


Policy Watch: Updates from the States

Boston Increases Regulation on Tobacco Products

The Boston Public Health Commission voted on November 30, 2011 to ban the use of e-cigarettes in the workplace and restrict their sale to adults only, and to ban the sale of individual cigars (rather than those sold in packages). E-cigarettes are mostly unregulated and are often used as a nicotine replacement for smokers trying to quit. Stores in Boston selling e-cigarettes must now apply for a permit and must keep the product behind the store's counter. The data on the health impact of e-cigarettes is somewhat inconclusive; however, the Food and Drug Administration (FDA) has proposed regulating the product in the same way tobacco products are regulated. Cigars must now be sold in a packaging of at least four. Individual cigars have been increasingly popular with teenagers, due to their low cost (some around 50 cents),

and their availability. This regulation takes effect on January 31, 2012, and the e-cigarette regulation goes into effect immediately.



New York City Health Chief Looks to Start HIV Drug Treatment Earlier

The New York City health commissioner, Dr. Thomas Farley, is trying to change policy in order to provide HIV patients anti-viral drugs immediately following diagnosis. Currently, patients don't start a drug regimen until their T-cell counts fall to

500 or below, the national guideline. Dr. Farley believes that starting anti-viral drugs immediately could end new HIV infections in New York City in the coming decades. A federal panel looking at antiviral drug recommendations has been divided on immediate treatment policy. To back-up the new policy, Dr. Farley cites recent studies that have shown immediate anti-viral treatment has "led to longer, healthier lives, and that it was 96 percent effective in cutting H.I.V. transmission from an infected partner to an uninfected partner." The new policy in New York City is similar to one started in San Francisco in 2010. The new recommendation was sent to New York City doctors on December 1st.

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2012-2013

- | | |
|--------------------|--|
| January 5, 2012 | Session Begins at 12:00 pm |
| April 1, 2012 | Last Day for Introduction of Bills |
| May 6, 2012 | Appropriate Bills must be Truly Agreed and Finally Passed by 6:00 pm |
| May 13, 2012 | Session Ends at 6:00 pm |
| May 30, 2012 | Adjournment per Constitution |
| September 14, 2012 | Veto Session |

Missouri Public Health Association Education Foundation

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 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 Leuthen-Brunner Local Public Health Agency scholarship grant will be awarded in September 2012 to assist local health agencies towards voluntary accreditation. Information about scholarship will be added to MOPHA website.

No scholarships were awarded in 2011, there was one applicant but did not meet the public health worker requirement. The one year MPHA membership requirement will be dropped from the scholarship

application and words “must be a MPHA member in good standing” added.

MPHA Education Foundation is now providing CHES for health educators through NECH using the MOSOPHE line item. This money is earmarked for health education programs and trainings. The MOSOPHE fund was used for application fees (\$150) for three trainings in 2011 HIV/STD Conference (Region 7) for 15 CECHS, MPHA-MoALPHA 2011 Conference & Pre-Conference for 14 CECHS, and a Teen Pregnancy & Prevention Partnership conference for 5.5 CECHS. Pending trainings are Preconception Workshop (DHSS, Nov. 2011) and Coordinated School Health Conference (DHSS, December 2011). Application fee is \$50. Cost is \$2 per CECHS to participants. The MOSOPHE funds also underwrote speaker costs for the Council for Public Health Nursing for Joint Conference 2011 and student poster awards.



MPHA Foundation Board members (2010-2012) are Kathleen Welton, President; Patti Van Tuinen, Treasurer; Sandy Boeckman, Secretary; Tricia Schlechte, Judy Alexiou, and Cindy Luethen. MPHA President, Past President and APHA delegate are automatically MPHA representatives on the Foundation Board. New MPHA Foundation

officers for 2013-15 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 (MICH) or National Public Health Accreditation Board (NPHAB). 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 grant will be awarded at the 2012 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

(Continued on page 7)

Education Foundation (continued)

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.

Scholarship Grant Application will be modeled after Edna Dell Weinel form.

1st page: LPHA's name, address, phone, administrator or contact person, emails, and MPHA membership status. A letter of commitment from local board of health or county commission for this scholarship grant is required.

2nd page: Description of current LPHA's status on voluntary accreditation through MICH or NPHAB. Provide a detailed needs assessment and strategy plan using Performance, Infrastructure or Workforce Standards to advance to

the next or final level of accreditation.

3rd page: List coursework, event, continued education meetings, seminars, conferences, trainings, certifications and testing needed to meet strategy plan. Describe specifically how scholarship grant will benefit your LPHA in advancement toward voluntary accreditation and enhance your contribution to the public health field. Provide an action plan indicating staff with timeline and budget.

4th page: Final report on how scholarship grant facilitated accreditation goals, status of accreditation process and total expense accounting to MPHA Foundation Board within two weeks of next annual meeting.

APHA 140TH ANNUAL MEETING AND EXPOSITION San Francisco, CA - October 27-31, 2012



Challenging Times for America’s Public Health Officials

By Adrienne DeWeese, Reporter, *The Examiner - Independence, Missouri*

Adrienne.deweese@examiner.net



Adrienne DeWeese, Reporter
The Examiner - Independence, Missouri

The United States needs to go back to its basic understanding of social conditions in its greater battle of improving health care, the president of the American Public Health Association said Thursday to public health officials from across Missouri.

“The history of public health is really of the history of the arguments we have as a nation,” said Dr. Linda Rae Murray, a Chicago-based public health physician who has spent her entire medical career serving the underserved and who has been a voice for social justice and health care as a basic human right for 40 years, “and when we understand the history of the arguments we have as a nation, then we can understand what goes on in our field.”

Murray gave the keynote address at the opening session of “Moving Public Health Practice to the Next Level in Challenging Times,” a two-day conference presented by the

Missouri Public Health Association, Missouri Association of Public Health Agencies, Missouri Association of Local Boards of Health, Missouri Institute for Community Health and the Council for Public Health Nursing.

“I’ve been in public health a long time,” Independence Health Department Director Larry Jones said prior to the opening general session, “and these are definitely challenging times.”

Murray referenced the World Health Organization Commission on Social Determinants of Health and its conclusion that health disparities within and among countries is due to “a toxic combination of poor social policies and programs, unfair economic arrangements and bad politics.”

“We have to be willing to say that. You may want to use different words that someone might be willing to hear, but we know that that’s true,” Murray said. “The real message here is not that there is a difference between the health of poor people and rich people ... The real message is that there is a social gradient of health that affects everyone in this country.”

Safe, secure, well-paid jobs with benefits, Murray said, hold the key to solving a significant amount of underlying health conditions in the U.S. Unemployment is the most prevalent occupational “disease,”

she said.

But as a physician in public health, Murray said education is one of the most powerful tools in improving the health and wellness status of Americans. The pre-conference session Wednesday focused on bullying among children and youth, aiming to educate public health officials about the bullying and cyber bullying problem facing today’s youth and how those issues relate to school violence.

“The challenges we face are not just limited to the financing of public health,” said Margaret Donnelly, a former representative in the Missouri House who has served as director of the Department of Health and Senior Services – the state’s top public health official – since January 2009. “...I don’t know that 20 years ago we would have had a discussion of the population-based approach to issues of violence on an agenda of an organization such as this.”

Those threats in the classroom are threatening the future of public health, Murray said. In some Chicago neighborhoods, for every 100 black boys who start kindergarten, only 3 will earn a bachelor’s degree by age 25, she said.

“If I could fix one thing with the wave of a hand – one thing – it wouldn’t be the medical system,”

(Continued on page 9)

Challenging Times (continued)

Murray said. “If I could fix one thing, it would be education.”

Many health organizations like the Centers for Disease Control tell Americans to practice general health behaviors, such as brushing their teeth regularly and covering their mouths when they cough, and to eat healthy foods. Public health, however, is more than just focusing on these details and other technical issues, Murray said.

She referenced the historical public health “battle” in the 1890s in which priorities focused on eliminating slums and closing open sewer systems to prevent disease.

“We misunderstand what the real important battles are,” said Murray, adding that public health

workers cannot be “shuffled into politically safe endeavors.”

In understanding the “real battles,” Murray said as an example, the U.S. “lucked out” with the H1N1 flu pandemic of 2009. Different health departments across the country took different approaches in battling the pandemic, but the same messages of “cover your cough,” “wash your hands” and “stay home from work” were relayed – yet the message should have been stronger, Murray said.

“Thank God the mortality rate wasn’t higher,” she said. “We lost a teachable moment. Most people who work in this country don’t have paid sick days – when they stay home from work, they lose money, if they’re lucky, because

often if they stay home a second day, they lose their job. Is this a public health message that makes sense? Where were our public health leaders calling for mandatory sick days?”

Improving public health is a form of social justice, Murray said, and without that justice, healthy people, communities or a nation cannot exist.

“We have to do this because it’s the right thing to do,” she said. “In the words of the World Health Organization: ‘Because social injustice is killing millions of people.’”

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Mark Your Calendar!

Joint Annual Conference

September 27, 2012

Stoney Creek Inn - Columbia, MO



Public Health Nursing
prepare | inform | assist

MoALPHA
MISSOURI ASSOCIATION OF LOCAL PUBLIC HEALTH AGENCIES



Missouri Association of
Local Boards of Health

MICH
Missouri Institute for Community Health
Partners for Better Health

JOINT ANNUAL MEETING AWARD WINNERS

MEDIA AWARDS

Newspaper

Adrienne DeWeese, Independence Examiner
Jodie Jackson Jr., Columbia Daily Tribune
Blythe Bernhard, St. Louis Post Dispatch

Television

Sloane Heller, KSHB, NBC Action News

W. SCOTT JOHNSON AWARD

Bert Malone - Winner

GROUP MERIT AWARD

Signs of Suicide, Teen Suicide Prevention program, Clay County Public Health Center
Lesha Dennis, Kansas City Health Department Outreach Team
Nurses for Newborns Foundation



Annual Conference Poster Session Entries



Moving Public Health Practice to the Next Level in Challenging Times

Joint Annual Public Health Conference



Missouri Ranks 40th Compared with the Overall Health of Other States

MPHA is critically concerned about this declining position for Missouri in the national rankings and encourages members of the Association to bring these facts to the attention of their legislators both in Jefferson City and Washington DC.

United Health Foundation in collaboration with the American Public Health Association and Partnership for Prevention, finds that troubling nationwide increases in obesity, diabetes and children in poverty are offsetting improvements in smoking cessation, premature deaths, preventable hospitalizations and cardiovascular deaths. The report finds that the country’s overall health did not improve between 2010 and 2011 – a drop from the 0.5 percent average annual rate of improvement between 2000 and 2010 and the 1.6 percent average annual rate of improvement seen in the 1990s.



According to the 22nd Edition of America’s Health Rankings, Missouri is 40th this year compared to 39th in 2010 when compared with the health of other states. This year’s report finds that, just like every other state, Missouri has its share of strengths and challenges.

Missouri’s Strengths

- High rate of high school graduation – 11th (82.4 percent of incoming 9th graders graduate within four years)
- High use of early prenatal care – 10th (85.8 percent with visit during first trimester)

Missouri’s Challenges

- High incidence of diabetes — 32nd (9.4 percent of adult population)
- High prevalence of smoking — 40th (21.1 percent of the adult population)
- High preventable hospitalizations — 39th (75 per 1,000 Medicare enrollees)
- High incidence of infectious disease — 45th (17.3 cases per 100,000 population)
- Low immunization coverage — 42nd (87.5 percent of children ages 19 to 35 months)
- Low public health funding — 43rd (\$47 per person)

<http://americashealthrankings.org/>

MISSOURI

Ranking: Missouri is 40th this year; it was 39th in 2010.

Highlights:

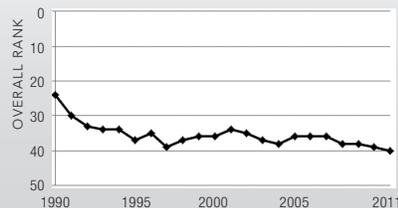
- In the past ten years, smoking decreased from 27.2 percent to 21.1 percent of the adult population; however, there are still 963,000 adults in Missouri who smoke.
- In the past year, the percentage of children in poverty decreased from 23.8 percent to 20.5 percent of persons under age 18. Children in poverty was 10.6 percent in 2001.
- In the past year, diabetes increased from 7.9 percent to 9.4 percent of the adult population; 429,000 adults now have diabetes.
- In the past five years, obesity increased from 26.9 percent to 31.4 percent of the adult population. There are now more than 1.4 million obese adults in the state.
- The rate of deaths from cardiovascular disease has decreased by 21 percent in the last ten years, from 381.1 to 301.9 deaths per 100,000 population.

Health Disparities:

In Missouri, obesity is more prevalent among non-Hispanic blacks at 38.2 percent than non-Hispanic whites at 29.5 percent and Hispanics at 29.0 percent. Diabetes also varies by race and ethnicity in the state; 13.2 percent of non-Hispanic blacks have diabetes compared to 8.3 percent of non-Hispanic whites and 7.0 percent of Hispanics.

State Health Department Web Site: www.dhss.mo.gov

Overall Rank: 40



Change: ▼ 1

Determinants Rank: 40

Outcomes Rank: 39

Strengths:

- High rate of high school graduation
- High use of early prenatal care

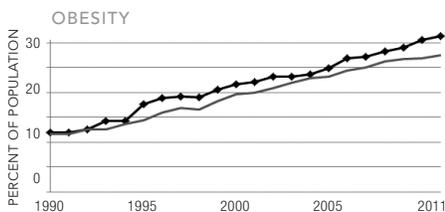
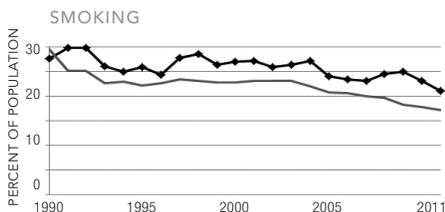
Challenges:

- High prevalence of smoking
- High incidence of infectious disease
- High preventable hospitalizations
- Low immunization coverage

MISSOURI

ECONOMIC ENVIRONMENT	MO	U.S.
Unemployment Rate (Aug 2011)	8.8%	8.3%
Underemployment Rate (2010)	15.8%	16.7%
Median Household Income (2010)	\$46,184	\$49,445

MEASURE	ADULT POPULATION AFFECTED		
	2001	2011	10-YR CHANGE
Smoking	1,134,000	963,000	-171,000
Obesity	921,000	1,433,000	512,000
Diabetes	279,000	429,000	150,000



STATE ◆ NATION —



For a more detailed look at this data, visit www.americashealthrankings.org/MO

DETERMINANTS	2011		NO. 1 STATE
	VALUE	RANK	
BEHAVIORS			
Smoking (Percent of adult population)	21.1	40	9.1
Binge Drinking (Percent of adult population)	16.4	33	6.7
Obesity (Percent of adult population)	31.4	41	21.4
High School Graduation (Percent of incoming ninth graders)	82.4	11	89.6
COMMUNITY & ENVIRONMENT			
Violent Crime (Offenses per 100,000 population)	455	37	122
Occupational Fatalities (Deaths per 100,000 workers)	4.8	29	2.5
Infectious Disease (Cases per 100,000 population)	17.3	45	2.3
Children in Poverty (Percent of persons under age 18)	20.5	28	6.2
Air Pollution (Micrograms of fine particles per cubic meter)	10.9	36	5.2
PUBLIC & HEALTH POLICIES			
Lack of Health Insurance (Percent without health insurance)	14.3	26	5.0
Public Health Funding (Dollars per person)	\$47	43	\$244
Immunization Coverage (Percent of children ages 19 to 35 months)	87.5	42	96.0
CLINICAL CARE			
Early Prenatal Care (Percent with visit during first trimester)	85.8*	10	—
Primary Care Physicians (per 100,000 population)	106.8	33	191.9
Preventable Hospitalizations (Number per 1,000 Medicare enrollees)	75.0	39	25.6
ALL DETERMINANTS			
	-0.29	40	0.90
OUTCOMES			
Diabetes (Percent of adult population)	9.4	32	5.3
Poor Mental Health Days (Days in previous 30 days)	4.0	45	2.3
Poor Physical Health Days (Days in previous 30 days)	3.6	26	2.6
Geographic Disparity (Relative standard deviation)	11.5	26	4.8
Infant Mortality (Deaths per 1,000 live births)	7.4	33	4.7
Cardiovascular Deaths (Deaths per 100,000 population)	301.9	41	197.2
Cancer Deaths (Deaths per 100,000 population)	204.2	38	137.4
Premature Death (Years lost per 100,000 population)	8,258	40	5481
ALL OUTCOMES			
	-0.06	39	0.32
OVERALL			
	-0.34	40	1.20

— indicates data not available. * See measure description for full details.

Annual Meeting Exhibitors

Council for Public Health Nursing
 Department of Health and Senior Services

GlaxoSmithKline

HealthCare USA—Missouri

Horizon Healthware, Inc.

Lyme Association of Greater Kansas City, Inc.

MedImmune

Missouri Cancer Registry

Missouri Dept. of Health & Senior Services, Bureau of Genetics and
 Health Childhood

Missouri Dept. of Health & Senior Services, Bureau of HIV, STD & Hepatitis

Missouri Dept. of Health & Senior Services, Bureau of Environmental
 Epidemiology, Healthy Indoor Environments

Missouri Dept. of Health & Senior Services, Office of Veterinary Public Health

MSU Master of Public Health Program

National Network Libraries of Medicine

Sanofi Pasteur



North West Chapter Report

The North West Chapter of Missouri Public Health Association meets two – three times a year. Independence City Health Department will host the first 2012 meeting and recognize local MPHA Media, Newspaper, Group Merit, and Scott Johnson Award winners. Local public health agencies rotate hosting or planning meetings.

It met twice this past year. First meeting was to recognize MPHA Award winners with lunch at Cascone's in North Kansas City.

Winners were:

- Smoke Free Liberty for the Robert R. Northcutt Award for advancing legislation to improve the public health of the citizens of Missouri – Anna Marie Martin & Harold Phillips
- A Matter of Balance for Group Merit Award, which recognizes



an agency or group making a significant contribution to public health in Missouri within the past five years – Elizabeth Jackson, Christy Vogt and volunteer Vangie Webb

- Publication Award of “Excess Hispanic Fetal Infant Mortality in a Midwestern Community”, Public Health Reports, 2009 - Dr. Gerald Hoff and Dr. Jinwen Cai

Second meeting was hosted by Independence, MO Health Department with a catered BBQ lunch from Elena's. Speakers were Dr. Sarah Hampl, Children's Mercy Hospital, on “Childhood Obesity”, Shawna Jackson and Larry Jones, Independence City Health Department, on “Immunization Updates” and Dr. Ximena Somoza, Clay County Public Health Center on “Vaccine Quality Assurance”.

Jodee Fredrick and Bert Malone have formed a nominating committee for new officers for 2012.

Nursing News from the Council for Public Health Nursing

*By Louise Bigley, MSN, RN
Secretary for Council for Public Health Nursing
DHSS/Center for Local Public Health Services
SW MCH District Nurse Consultant*

The Council for Public Health Nursing (CPHN) is gearing up for a great 2012! A new membership drive just concluded to fill the outgoing membership positions. The Council holds an active membership of public health nurses from local public health agencies, Missouri Department of Health and Senior Services (DHSS), nursing educators, and professional nursing organizations from around the state. According to the by-laws, two-thirds of the general membership, chairperson and the chair-elect must be represented from local public health agencies. An Executive Board, which is appointed by the general membership, includes the chairperson, chair-elect, secretary, member-at-large, and the appointed DHSS ex-officio, and serves to review member applications, guide committees, and lead the quarterly meeting.

Reviewing CPHN membership applications can be a difficult process, because Missouri hosts a strong base of highly qualified, talented, and dedicated public

health nurses. The 2012 new members will be introduced at the CPHN January meeting and begin their leadership journey. Members of the CPHN serve as the voice of public health nursing across the



state to address issues that impact nursing within the public health system. Overall, the CPHN strives to provide leadership, expertise, and advocacy related to public health nursing practice, standards, and issues.

During 2012, the CPHN will also pilot local nurses meetings in the southeast and northwest regions of the state. These local meetings will

provide an avenue to improve communication related to public health programs, regional resources and partners, as well as bring educational opportunities geared toward public health nursing. Preliminary feedback concerning these upcoming meetings has been outstanding, and we are looking forward to these events. We are eagerly continuing our support of the Missouri Public Health Association annual conference during 2012 and look forward to the opportunity to provide public health nursing focused educational opportunities. Additionally, the CPHN will have the privilege to announce the 2012 CPHN nursing awards

during the fall conference. Nominations information for the public health nursing and leadership awards will be accepted starting late spring and will be available through the DHSS Friday Facts or by contacting a CPHN member. The Council for Public Health Nursing is looking forward to a wonderful 2012 and wishes everyone a happy, healthy, and safe New Year.



By Linda Cooperstock, Board Member of Tobacco Free Missouri

Tobacco Free Missouri was very busy this year working to increase membership, providing technical support for community smoke-free ordinances, and laying groundwork for a tobacco tax statewide initiative. TFM resubmitted a Missouri Foundation for Health policy change grant that will help TFM continue to provide technical assistance and support to Missouri Communities.

The Department of Health and Senior Services has provided great support to the TFM Statewide Coalition.

American Cancer Society, American Lung Association, and the American Heart Association, and CASE (Campus-Community Alliances for

Smokefree Environments) worked with community coalitions on an earned media training.

TFM created a news service that is disseminated to community coalition members so that the local coalitions can send out well-written and timely news releases to their local papers.

The tobacco tax initiative was refiled as a proposal to ask for 73-cents/pack of cigarettes (above the current 17 cents), and 25% of other tobacco products. Coalition members will have to collect signatures to get the item on the ballot and then all coalition members and members' memberships will have to work to educate the voting public to approve the tax.

Tobacco Free Missouri is ever vigilant for preemption

wording in any proposed legislation. Preemption prevents a local government from enacting an ordinance stronger than the state law.

The following chart depicts the current smoke-free local laws in Missouri.

Check out the TFM website for lots of great information!
<http://tobaccofreemo.org/resources/>



Annual Meeting Sponsors

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Letter to Congressional Delegation

November 2011

Dear Senator McCaskill:

I currently serve as Legislative Committee Chair for the Missouri Public Health Association. It is on behalf of this Committee and the entire organization that I write to you today with very deep and abiding concerns regarding proposed actions being considered for public health funding and the resultant impact on the health of your constituents.

With a membership of over 450 health professionals and private citizens from around the entire state, MPHA is the largest voluntary public health organization in the Missouri. Since 1927, MPHA has served the State and been the stalwart advocate for improving the health of the public. The Association takes, as part of its mission, the same motto as the great State of Missouri, "Salus Populi Suprema Lex Esto", i.e., "The Health (Welfare) of the People is the Supreme Law."

It is with growing concern for the health and welfare of our residents that I write regarding the proposed cuts in public health funding. According to Trust for America's Health, a national organization that serves to assess the overall investments from the federal, state and local governments being made in essential health services, **MO ranks 50th in the nation in state public health funding and 45th in receipt of federal dollars to support public health initiatives**. The combined facts result in some of the poorest health indicators in the nation.

The loss of federal funding at risk in Congressional debate at this time would seriously compromise the health of the constituents that you represent. There are particularly troubling proposals currently being considered in both the House and Senate. These include:

Senate Appropriations Bill:

- Eliminates the Preventive Health and Health Services Block Grant;
- Eliminates Advanced Practice Centers for Preparedness;
- Moves Healthy Homes currently at CDC to HRSA but with no dedicated funding;
- Reduces the Maternal and Child Health Block Grant by \$50 million; and
- Provides new funding for Community Transformation Grants, but with no eligibility for local or state health departments;

The draft House Bill:

- Provides \$100 million for the PHHS Block Grant;
- Rescinds all funding for the Affordable Care Act which totals more than \$8.6 billion, including a rescission of \$1 billion authorized for the Prevention and Public Health Fund in 2012;
- Cuts CDC funding by \$863 million;
- Cuts Public Health and Preventive Medicine Training Programs by \$26 million;
- Deeply cuts Public Health Training Centers; and
- Eliminates the Title X Family Planning Program;

The potential loss of these funds will cause very deep, and troubling reductions in the health outcomes as well as in the workforce and capacity of this state and many of its local partners to preserve and protect the public's health.

(Continued on page 17)

Letter to Congressional continued

MPHA urges you to:

- **Restore PHHS Block Grant funding to its current level;** these are the only federal funds coming to state health agencies, and ultimately local agencies that allow grantees to direct needed resources to priority programs in an individual state or community;
- **Maintain level funding for Maternal and Child Health Block Grants;** programs aimed at young mothers and mothers-to-be, their children and families are targeted to the most vulnerable in our communities and have proven efficacy in achieving adequate health standards and likewise assure that children are healthy and ready to learn when they enter school;
- **Promote provisions of the Affordable Care Act and the authorization for the Prevention Fund in 2012** in order to assure protection and needed services for the most vulnerable among your constituents;
- **Assure funding for the Title X Family Planning Program** providing young families in Missouri with education and clinical services to assure each family in MO can anticipate and attain their desired number of children, as well as the timing and spacing of their births.
- **Maintain and assure continued funding for the nation's premier prevention agency, the CDC and work to assure that prevention training centers are continued;** without the expertise of the CDC and the scholars being trained at the training centers, the state would not be served by a competent workforce and have access to trained and effective prevention specialists. A recent example of the direct involvement of the CDC in MO is seen in the recent assignment of critically needed epidemiologists in the recent outbreak of *E.coli* contamination of food in the St. Louis community.
- **Invest in preparedness;** proposed cuts in emergency response or preparedness funding would leave the state even more vulnerable to threats of bioterrorism and at risk for tragic consequence if an attack is made;

MPHA readily acknowledges the critical economic challenges facing our nation today. To balance the budget, however, on the backs of public health programs that have proven efficacy and efficiency is ill-advised. The Association urges you to consider each of the proposed reductions in terms of what impact it will have on the lives and health of the constituents you serve.

Thank you for your commitment and dedicated service. The Association stands ready to advise and assist you during the budget negotiations if you or a member of your staff should have questions.

Sincerely,

Bert

Bert Malone, M.P.A.,
Chair
MPHA Legislative and Advocacy Committee

Cc: Board of Directors
Sandra Boeckman, Executive Director

Healthy Communities Promote Healthy Minds and Bodies

*American Public Health Association’s 139th Annual Meeting and Exposition
Saturday, October 29 - November 2, 2011
Washington, DC*

The American Public Health Association concluded its 139th Annual Meeting and Exposition on November 2, 2011 in Washington, D.C., where more than 13,000 public health professionals from around the world met to address leading public health challenges.

The business of your Affiliate Representative to the Governing Council (ARGC) started at 7 am on Saturday, October 29 with the Committee on Affiliates (CoA) meeting and continued through 1 PM. This was a very informative meeting where CoA leaders updated Affiliate leaders on affiliate affairs as well as on the progress of APHA since the 2010 Annual Meeting.

Governing Council conducted its first session from 3:00 – 6:00 p.m. on Saturday, October 29 and was convened by Linda Rae Murray, MD, MPH, President of the APHA for 2011 (who provided MPHA a rousing address during its annual meeting in September 2011). The meeting provided the opportunity for reports from four officers, five boards and eight committees; a forum of the eight candidates who ran for the offices of president–elect, treasurer,

speaker, and three executive board positions; and the reports of the President, Governing Council Chair, and the Treasurer. The Nominating Committee accepted nominations from the floor for three new members. Two additional meetings of the Governing Council occurred on Sunday, October 30, 9:00 – 11:00 AM and on Tuesday, November 1, 9:00 AM – 5:00 PM.

Consumer Price Index as the framework to guide such changes. With this option, all membership categories receive equivalent change to their annual dues. The newly-voted dues structure will go into effect January 2012. The Executive Board also voted to approve a balanced budget for FY 2012, proposed at \$17,749,280, with an eight percent growth in revenue and expenses.

Increased revenue is expected from membership dues, subscription fees and royalties, advertising, convention, professional development, and contracts and grants. Decreases are anticipated from book sales, interest income and miscellaneous (label sales, packing fees, contributions, administrative).



From left to right, Region VII counterparts: Kansas (Shirley Orr and Eldonna Chestnut), Nebraska (David Corbin) Iowa (Louise Lex) and Missouri (Patricia D. Parker). MPHA Past President Denise Strehlow-Labardi is positioned between David and Louise.

With support and guidance from Treasurer, Richard Cohen, the Executive Director, and the Association’s Chief Financial Officer, Kemi Oluwafemi, the Governing Council approved a dues increase consistent with the

The Annual Meeting officially kicked off on October 30 with the opening session that featured former Senate Majority Leader Tom Daschle; National Park Service Director Jonathan Jarvis; and administrator of the Substance Abuse and Mental Health Services Administration Pamela Hyde. Video of opening session speakers is available on APHA’s YouTube Channel.

(Continued on page 19)

Healthy Communities continued

Centered on the theme “Healthy Communities Promote Healthy Minds and Bodies,” the meeting explored the role communities play in our health and what public health practitioners can do to build healthier, more sustainable communities across the country.

The meeting provided a forum to address a broad range of significant public health issues, including climate change and health, health disparities, disease prevention, emergency preparedness and more. New research on youth violence, chronic disease among U.S. immigrants, occupational health and safety of construction workers and sugary drink marketing to youth was released at the meeting. Also during the week, the U.S. Department of Health and Human Services unveiled the “National Release of 2020 Leading Health Indicators.” High school graduation and oral health were new additions to this list of public health metrics. An HHS mobile-device application contest was also launched during Annual Meeting to encourage public health professionals to design mobile software programs that reduce the threat of chronic disease and other health challenges.

More than 1,000 scientific sessions showcased the emerging public health research and leading advocacy efforts reflecting the

broad impact of the field on the lives of U.S. families.

Annual Meeting marked the beginning of the one-year term of APHA president Melvin Shipp, OD, MPH, DrPH, dean of the College of Optometry at the Ohio State University. Additionally, several new distinguished leaders and officers were elected to guide the meaningful work of the Association, including Adewale Troutman, MD, MPH, MA, as president-elect and Durrell Fox; Lisa Carlson, MPH, MCHES; and Paul Meissner, MSPH, as new Executive Board members. Dr. Troutman spoke at a MPHA’s Annual meeting a few years ago when we held them at the Four Seasons at the Lake of the Ozark where he discussed his film the nationally acclaimed documentary “Unnatural Causes: Is Inequality Making US Sick”? International VPs were selected as follows: USA: Dr. Jose Cordero; Canada: Dr. Erica Di Ruggiero; and Latin America & the Caribbean: Dr. Ruiz Matus.



Adewale Troutman, MD, MPH, MA

The 2011 Annual Meeting concluded with a closing session that explored the events surrounding the Triangle Shirtwaist Factory Fire 100 years ago and discussed the connection that occupational health has with all efforts to promote and protect public health for all. Speakers included Linda Rae Murray, MD, MPH, president of APHA and chief medical officer of Cook County Department of Public Health; David Michaels, PhD, MPH, the assistant secretary of Labor for Occupational Safety and Health Administration; and Leo W. Gerard, the international president of the United Steelworkers.

April 2-8, 2012 National Public Health Week: *A Healthier America Begins Today*

June 26-28, 2012 APHA Midyear Meeting: *The New Public Health: Rewiring the Future* Charlotte, NC

October 27 to 31, 2012 APHA 140th Annual Meeting and Exposition: *Prevention and Wellness across the Lifespan* San Francisco, CA. For more information about the 2012 Annual Meeting of the American Public Health Association, please visit www.apha.org

Respectfully submitted

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

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