

Communiqué



PRESIDENT'S MESSAGE

November 2013

*Dalen Duitsman, Ozark Public Health Institute and
Professor in Public Health, Missouri State University*

Dear Colleagues,

I hope this correspondence finds you all doing well and that you have had the chance to enjoy the gorgeous fall colors. We had another exceptional annual conference with excellent sessions and a record number of poster presentations! I huge thanks to Executive Director, Sandy Boeckman and her staff for all their work in organizing and implementing the conference! Also, thank you to Mahree Skala for spearheading the development of the session topics and speakers. Finally, thank you very much to the conference planning committees for both MPHA and MoALPHA. Conference attendance continues to expand and we look forward to next year's meeting.

I would like to extend a warm welcome to all our new members! We have a large number of new members who have joined MPHA this quarter. The new members are listed on page 10 of the newsletter. Thank you to Denise Strehlow LaBardi for taking the lead in contacting Public Health Professionals in the state. Her efforts, and those who assisted her, contributed significantly to our increased membership.

MPHA owes a tremendous debt of gratitude to Pat Parker for serving as the Affiliate Representative to the APHA Governing Council (ARGC) on behalf of MPHA for the last 12 years!! She has done an absolutely tremendous job of representing MPHA at national meetings and in keeping the MPHA membership apprised of national issues through her very professional and thorough reports. Pat has been the ARGC rep for my entire involvement with MPHA so it feels like an end of an era. We wish Pat the very best and hope to continue to see her at our annual meetings. Denise Strehlow LaBardi was elected to be our new ARGC rep. We were very honest with Denise that this was at least a 12 year commitment with strict penalties for early retirement (kidding). Thank you again Pat for all your service!!

One of the perks of being a member of MPHA is the available scholarships and awards. This year we were privileged to provide scholarships and awards to some very deserving recipients. Please take a few minutes to review this year's winners and please send them a congratulatory word if you know them. I would like to extend my personal congratulations to all the award winners! Normally I would not single out any one awardee, but I would like to make an exception. My reasoning for making the exception is that not only was Jim Berry awarded the most prestigious MPHA award at this year's conference, but he is retiring from being the Administrator of the Taney County Health Department (TCHD) next month. Jim has been an outstanding Administrator serving as the guiding force for TCHD becoming one of the most progressive and capable Health Departments in the state. He has also been very involved with the Missouri Institute of Community Health (MICH), Local Public Health Agency (LPHA) accreditation program, from the beginning. TCHD was one of the first LPHAs to be MICH accredited. His contributions to MICH helped make it the exemplary program that it is, and ultimately it being used as a template for national accreditation. His leadership and contributions at the state and local level will be greatly missed, but we wish him well in his retirement. We encourage you to review the scholarship requirements and apply for any for which you qualify and to please share them with your colleagues.



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A big congratulations to the Kansas City Health Department for being the first local Public

(Continued on page 4)

APHA Legislative Update

November 2013



Congress passes legislation to reopen government; suspend debt limit

On Oct. 16, after 16 days of a partial government shutdown that led to the furlough of 800,000 federal employees and significant disruptions in federal programs including disease surveillance and food safety activities at the Centers for Disease Control and Prevention, the U.S. Senate and the U.S. House of Representatives overwhelmingly passed H.R. 2775, legislation to reopen the federal government and suspend the debt limit. After weeks of back and forth between the House and Senate with the Senate blocking numerous attempts by the House to attach “poison pill” provisions to delay and defund various parts of the Affordable Care Act, a “clean” continuing resolution bill passed by both houses and signed by President Barack Obama without any provisions that would negatively impact ACA implementation. The bill will keep the federal government funded through Jan. 15 and suspends the debt limit allowing the Treasury Department to continue borrowing until Feb. 7 to pay the country’s obligations and avoid default.

APHA and other advocates called on Congress to pass a clean bill to reopen the government and lift the debt limit. In addition, more than 4,400 messages were sent to Capitol Hill by APHA and other public health advocates urging members of Congress to end the shutdown and restore the ability of

our federal public health agencies to protect the American public from disease outbreaks and other public health threats. APHA also sent a letter of thanks to all members of the House and Senate who voted for the clean CR to reopen the government, urging them also to work to finalize the FY 2014 budget and eliminate the automatic spending cuts over the next several years, known as sequestration.

In addition APHA sent a letter to House and Senate budget conferees who have been tasked with coming up with a FY 2014 budget agreement by Dec. 15. APHA members are encouraged to send a letter to their members of Congress urging them to provide adequate funding for public health programs in any final FY 2014 budget agreement.

Senate Foreign Relations Committee prepares to consider disabilities treaty

The Senate Foreign Relations Committee has scheduled the first of two committee hearings for Nov. 5 on the Convention of the Rights of Persons with Disabilities, a human rights treaty inspired by the Americans with Disabilities Act. Last year the treaty fell five votes short of the super-majority, or two-thirds, required to pass the full Senate. APHA sent a letter urging the committee to once again move the treaty forward and allow the U.S. to join the other 138 nations that have ratified the treaty.

U.S. ratification of the treaty would help accelerate the progress of ensuring that the estimated 1 billion people with disabilities around the world have access to health care, education, transportation and employment opportunities vital to fully participating in all aspects of life. Ratification would allow the U.S. to fully engage with other States Parties who have ratified the treaty to

collaborate in the development and implementation of programs and policies to improve the lives of persons living with disabilities across the globe. This strategic action would benefit people with disabilities worldwide, their families and caregivers by contributing to equitable societal inclusion, human rights and economic growth.

APHA hosted a briefing with the U.S. State Department, Department of Health and Human Services and public health organizations to discuss the impact ratification of the treaty would have on the U.S. and people with disabilities worldwide.



Farm bill conferees hold first public meeting

House and Senate farm bill conferees met officially for the first time on Oct. 30 to begin formal discussions to try to work out the significant differences between the farm bill reauthorization bills passed by each chamber. The Nutrition Reform and Work Opportunity Act, H.R. 3102, passed by the House in September and strongly opposed by APHA and other public health and anti-hunger organizations, would slash nutrition programs, including the Supplemental Nutrition Assistance Program, by \$38 billion over 10 years, and it would double the cuts contained in the original farm bill approved by the House Agriculture Committee, which was defeated on the House floor in June. The U.S. Senate passed its own farm bill reauthorization in June that contains

(Continued on page 3)

APHA Legislative Update (continued)

roughly \$4.5 billion in cuts to nutrition programs, including SNAP, over the same time.

House conferees include 12 Democrats who all voted against the House version of the bill that passed mostly along party lines in September. In addition, the 17 House Republicans appointed to the conference all voted in favor of the House bill. Senate conferees include seven Democrats who all voted in favor of the Senate bill in June and five Republicans, four who voted for the Senate bill and one who opposed.

Take the time to send a message to your members of Congress urging them to protect nutrition programs such as SNAP and SNAP nutrition education in the final farm bill conference report.



Tobacco control negotiations under trade agreement continue

The U.S. continues to negotiate the Trans-Pacific Partnership, a proposed free trade agreement, with 11 other countries. In May 2012, the U.S. Trade Representative announced a proposal that would protect a nation's sovereignty in carrying out tobacco control efforts and would recognize the unique, harmful effects of tobacco. This proposal has since been abandoned. Instead, the new USTR proposal would leave the administration's commitment to reduce tobacco use and ability to implement the Family Smoking Prevention and Tobacco Control Act vulnerable to international trade challenges. Additionally, the new proposal would undermine the Framework Convention on Tobacco Control, the world's only public health treaty, and threaten the global

health effort to reduce tobacco use worldwide. APHA sent a letter to USTR Ambassador Michael Froman calling for the strongest possible tobacco control measures to protect the public's health in the trade agreement.

Advocacy track at APHA's 141st Annual Meeting and Exposition
 APHA's Government Relations and Communications Departments will host a series of advocacy-focused sessions at the Association's Annual Meeting in Boston Nov. 4.

Monday, Nov. 4, 10:30 a.m.-noon
Media advocacy: Breaking through the crowded news cycle: This session will offer tips on how to work effectively with the news media to deliver public health messages to journalists, decision-makers and other target audiences. A panel of journalists will share inside strategies for pitching stories to media outlets and other tips for generating news coverage.

Monday, Nov. 4, 12:30 p.m.-2 p.m.
The who, what and how of advocacy: This session will feature a discussion about the restrictions surrounding lobbying and advocacy and highlight advocacy resources available through APHA.

Monday, Nov. 4, 2:30 p.m.-4 p.m.
Mobilizing a public health campaign: This session will feature a panel discussion on effective ways to engage the public, lawmakers, the media and partners in support of public health issues.

Calendar of Events

January 16, 2014
Board Meeting
 MPHA Office
 Jefferson City, MO

April 10, 2013
Board Meeting
 MPHA Office
 Jefferson City, MO

July 17, 2013
Board Meeting
 MPHA Office
 Jefferson City, MO

September 23-25, 2014
Board Meeting & Joint Annual Conference
 Stoney Creek Inn
 Columbia, MO

November 15-19, 2014
APHA 142nd Annual Meeting
 New Orleans, LA

2015
APHA 143rd Annual Meeting
 Chicago, IL

2016
APHA 144th Annual Meeting
 Denver, CO

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Policy Watch: State and International Updates

November 2013



Lincoln Charter School's healthy initiatives

With the support of a Safe Routes to School mini-grant, more than 750 students from Pennsylvania's Lincoln Charter School participated in the International Walk to School Day. The event also served as a reminder to students about ongoing health initiatives, such as the Hope Street Garden. The Hope Street Garden is a collaboration between five schools that have created an outdoor learning space complete with a greenhouse. The STRS mini-grant will also be used to create a bike education program in an effort to encourage more physical activity among students. State Secretary of Health Michael Wolf commended Lincoln Charter School for its health initiatives and said he hopes to expand these efforts statewide.

New mental health plan in Maryland

Following a number of mass shootings, several states have responded by tightening gun-control laws and increasing funding for mental health issues in an effort to prevent gun violence. Maryland's Center for Excellence on Early Intervention for Serious Mental Illness has been appropriated \$1.2 million by the state to strengthen existing programs, support treatment clinics and collaborate with communities. Instead of tackling one disease at a time, the initiative will focus on raising public awareness and early diagnosis of and care for psychosis, a common symptom of several mental illnesses. Although the majority of people who suffer from psychosis do not commit acts of violence, those afflicted are at an elevated risk of alcohol and substance abuse, experiencing trauma and engaging in violent behaviors.



UN initiative to eliminate mercury in medical devices by 2020

The United Nations World Health Organization and Health Care Without Harm launched an initiative to eliminate mercury in all medical measuring devices, such as fever thermometers and blood pressure devices by 2020. Mercury exposure can cause various health problems, including severe damage to the brain, kidneys and digestive system. According to WHO, the phasing-out of mercury-containing medical devices will be accomplished by ending the manufacturing and trade of these devices and supporting the development of safer, affordable, mercury-free devices. The initiative is tied to the Minamata Convention on Mercury, an international treaty to curb the use of mercury in many products and industries, adopted on Oct. 10. Additionally, the World Health Organization will work with health partners to decrease the use of mercury in

skin-lightening cosmetics, mining and dental amalgam while raising awareness of the effects of mercury exposure.

Letter from the President continued

Health Agency in the state to be nationally accredited by the Public Health Accreditation Board (PHAB)! PHAB accreditation represents a great deal of work by many people. I also want congratulate Dr. Rex Archer, Director of the Kansas City Health Department, for being awarded the Milton and Ruth Roemer Prize for Creative Public Health Work at the American Public Health Association conference this month. It is great to see one of our own receive national recognition for their contributions to Public Health!

Lastly, we are very fortunate to have such talented and dedicated people like Pat Morgester and Abi Padgett who put together our newsletter. Thank you so much Pat and Abi and to all the newsletter contributors!

Our next newsletter will not be until spring, so I wish you all a wonderful Thanksgiving, a blessed Christmas and a Happy New Year!!

-Dalen

Tobacco Free Missouri

Linda Cooperstock, MPH

Tobacco Free Missouri (TFM) will work statewide to reduce tobacco use and eliminate secondhand smoke for all Missourians through education and policy change.

Celebrating Missouri's Smokefree Communities. TFM in partnership with the American Lung Association, American Cancer Society Action Network, and the American Heart Association recently hosted a reception celebrating Missouri's smokefree cities. The event was held in conjunction with the 2013 Missouri Municipal League Conference in Branson, Missouri. There are currently 25 Missouri communities that have comprehensive smokefree laws protecting employees and patrons from secondhand smoke.



Missouri to Lose Millions A recent decision from a three-judge panel between the tobacco companies and the states means an estimated \$70 million loss for Missouri. Missouri has the lowest tobacco tax in the nation, and according to data from the Missouri Department of Health and Senior Services, 25 percent of Missouri adults and over 18 percent of high school students smoke.

Under the Master Settlement Agreement in 1988, Missouri has received more than \$130 million each year since 2002. Attorney General Chris Koster appealed to state legislators to pass legislation that would address a loophole in the agreement, but the legislature did not act on these requests. In September, a three-judge panel ruled that Missouri failed to "diligently enforce tobacco laws in 2003" and the state will lose an estimated \$70 million. Read more at <http://www.tobaccofreemo.org/missouri-to-lose-millions>

Electronic Cigarettes only help maintain addiction: In a recently published article in the Gainesville Sun, pediatrician Barry Hummel had these reasons the Food and Drug Administration should regulate e-cigarettes at least as aggressively as other tobacco products:

- The tobacco companies' term Tobacco Harm Reduction (THR) is a marketing strategy, not a public health policy, as they suggest.
- Physicians should not endorse e-cigs for the same reasons that physicians did not endorse filters, "light" and "low tar" cigarettes, or spit tobacco (safer because it does not create secondhand smoke).
- Previous THR provided tobacco users reasons to not quit: "I should quit, but I can smoke filtered cigarettes instead." Shouldn't smoke around my kids, so I will use spit tobacco instead."
- No company that sells an addictive chemical for profit would be interested in having you quit.
- None of the e-cigarette benefit claims are based in science.
- Great impact on youth. Flavored e-cigarettes are youth-friendly and lack age restrictions at the state or federal level.
- In Florida, e-cigarettes are the only product that showed significant usage in middle and high school students in the 2013 Youth Tobacco Survey. Other tobacco products all showed declines in use.
- Tobacco is a recreational drug. Society has no obligation to accommodate public use of any recreational drug.

Barry Hummel Jr. is the founder and board member of Tobacco Prevention Network of Florida.

TFM will have its Annual Meeting on November 8, 2013. A report of that meeting will appear in the next MHPA newsletter.

Affiliate Representative to the APHA Governing Council (ARGC)

Pat Parker, Missouri ARGC, MSPH, patparkerargc@aol.com

ARGC Report on the 141st Annual Meeting of APHA
 Think Global Act Local: Best Practices Around the World
 November 3-6, 2013
 Boston, MA



There was much excitement in the air as we arrived in Boston to celebrations of the new World Series championship. Recognizing that for the second consecutive year,

the annual meeting was held in the home of the World Series champion, Georges Benjamin, MD, APHA Executive Director, admitted that this would not likely become a trend as we travel in 2014 and 2015 to New Orleans and Chicago, respectively. The Boston Convention and Exhibit Center (BCBE) undoubtedly set some records regarding its size and “high-tech” features. Boston is a wonderfully cosmopolitan city with charming historic New England neighborhoods. Thankfully, an earlier trip to Boston this year allowed this writer to experience much of its charm, culture, and historic appeal.

The Opening Session included three wonderful keynote speakers. Outgoing, long-term Boston Mayor Thomas Menino, along with other Boston and Massachusetts officials, welcomed APHA to Boston. Sarah Weddington, attorney and spokesperson on leadership and public issues, discussed the experience of, at age 26, arguing and winning *Roe v Wade* before the Supreme Court. Internationally acclaimed epidemiologist Sir Michael Marmot gave inspiring data on the value of public health.

Dr. Benjamin reported that there were over 12,700 conference registrants, 1,000 cutting edge scientific sessions,

and 583 exhibit booths. APHA attendees bought out all hotel rooms while in Boston. APHA went “green” with its mobile app and allowed attendees to opt out of receiving the conference Program Book. There were many innovations to the annual meeting this year. Some included the APHA Public Health History Trail, Interactive Whiteboards, & Map; digital media (tower, wall, plasma screens); Affordable Care Act (ACA) sign-up; free Wi-Fi everywhere in BCBE, social media lab, social media meet up. A pre session “codethon” allowed developers, designers, coders, public health professionals, students, and others to create apps, platforms, visualizations, and other innovations to support public health agencies and organizations in implementing the ACA. APHA continued its commitment to become more accessible to all people with disabilities whether it is physical, auditory, or visual. Closed captions were on all videos. A constructional consultant has looked at ways to improve the APHA headquarters and the meeting for the disabled.

The APHA launched its new brand that reflects its historic past and more strategically positions the organization for the future. The “new APHA” features a call to join a movement to improve public health along with an updated logo and a new tag line: For science. For action. For health. The new logo and tag line emerged following nearly 12 months of listening to APHA members and partners. Five core values, which reflect those research findings, now articulate the central tenets guiding the organization’s work: community; science and evidence-based decision-making; health equity; prevention and

wellness; and real progress in improving health. APHA’s new framework will chart a renewed path for the Association with a new strategic plan, a new website and more planned for 2014.

The 2014 theme for National Public Health Week is Public Health: Start Here. This theme builds on the concept that public health is everywhere. The theme for the 142nd Annual Meeting in New Orleans is: *Where You Live, Work and Play Impacts Your Health and Wellbeing*. Newly Elected officers for 2014 include Presidential-elect: Shiriki Kumanyika; Treasurer: Richard Cohen; and Executive Board members: Gail Bellamy (GA); (Ella Greene-Moton (MI); José Ramón Fernández-Peña (CA), and Barbara Levin (TN). Region VII affiliates, Missouri, Iowa, Nebraska, and Kansas (MINK) were not successful in getting their candidate on the Executive Board but are committed to trying again next year.

17 policy statements adopted by the Governing council on Nov. 5, 2013. Upon finalization and copyediting, full policy statements will be available at www.apha.org/advocacy/policy in early 2014.

During the Public Health Awards Program on November 5, 2013, Rex D. Archer, MD, MPH, Director, Kansas City Health Department, won the Milton and Ruth Roemer Prize for Creative Public Health Work.

ARGC continued



This writer along with the incoming ARGC Denise Strehlow-Labardi and Dr. Benjamin were on hand to congratulate Dr. Archer.

The 2013 Annual Meeting concluded on Wednesday, November 6, 2013

with a Closing Session that focused on the health of Native people along with strides health advocates are making in Canada's Aboriginal population. Keynote speaker, Evan Tlesla Adams is a Canadian actor, playwright, and medical doctor. He is best known for his roles in the films of Sherman Alexie, as Thomas Builds-the-Fire in the 1998 film *Smoke Signals* and Seymour Polatkin in the 2002 film, *The Business of Fancydancing*. Dr. Adams shared his experience as British Columbia's first-ever aboriginal health physician advisor and discussed that interventions are closing in.

This is my last submission to the Communiqué as the ARGC. I have enjoyed my three terms and learned so much about APHA which I have endeavored to share with MPHA members. Thank-you for the opportunity to serve in this position. I confidently turn over the position to a committed and competent public health professional, Denise Strehlow-Labardi, and look forward to working with her and the Council of Affiliates in my new role as Chair-elect.

North West Chapter Report

The North West Chapter of Missouri Public Health Association has been very active since it reorganized last spring. The Executive Board met on May 30, 2013 to review policies and bylaws. All the current officers will remain onboard until 2014. The Chapter will meet the 2nd Tuesday of January, April, July & October starting at 11 AM at the Ennovation Center (former Independence Regional Health Center), 201 North Forest Avenue #130, Independence, MO 64050.

Officers 2014

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2013 Program topics were in March "The Affordable Care Act – Expansion of Medicaid" with Dr Bridget McCandless, Medical Director, Share Care Free Health Clinic and Brian Colby, Director of Outreach & Communications, Missouri Health Advocacy Alliance and in July "Smoke n' Mirrors: Dispelling the Myths of Marijuana – Vicky Ward, Manager of Prevention Services, Tri-County Mental Health Services, Inc.

October meeting was a roundtable discussion by local health department and by-laws. Final by-laws will be presented at January 2014 meeting.

The 2013 Annual APHA Meeting

Louise Lex, PhD, MS

Iowa Affiliate Representative to the Governing Council

If someone asked you to describe public health in one word, what would it be? This was a task for those who decided that the American Public Health Association (APHA) needed to be rebranded to capture the very essence of who we are, what we do, and how we are perceived. APHA reached out to nearly every group inside and outside public health in a conversation to reshape what we are doing and at the same time, to continue what does not need changing. The results of these discussions were unveiled at the annual meeting held in Boston in November.

Boston was a fitting locale for recharging the organization. It was in Boston in 1799 that the first board of health was organized with Paul Revere as president. Of course, it was the same Paul Revere who alerted communities surrounding Boston of the imminent military threat to their freedom. As a community organizer, he knew who needed to be alerted to organize resistance. His collaborative spirit was central to the American Revolution. Just 16 years after the peace treaty was signed with England,

he again used his skills to help organize public health.

When it comes to health, most of us don't need to be warned about a crisis. The annual meeting took APHA one major step beyond raising awareness; that step was a call to start another kind of movement addressing the crisis beyond the usual scope of public health—income inequity, poverty, and racism, to cite a few examples. And the key words selected to carry the new brand and define APHA are these:

Community—we are a “home” for people who share a commitment to population health. We believe we have a greater potential for impact when we create community to solve problems, share new ideas, and explore different perspectives.

Science and evidence-based decision-making-- The best policies and practices are ones based on research, with evidence that demonstrates effectiveness. The best innovations come from rigorous testing of new ideas and approaches.

Health equity—we believe in healthy people and communities; that means ALL people and all communities.

Prevention and wellness— Preventing disease and injury, mitigating the impact of disasters through preparedness, and working to ensure that the healthy choice is the easy choice are worthwhile investments that lead to an overall improved human condition.

Real progress in improving health—our effort must result in forward movement in health impact. Sometimes that is a leap forward and other times incremental, but always is real progress.

The goal is making the United States the healthiest nation in one generation. And the movement to reach the goal lies within our reach. It's not too wild a dream!

The following video highlights the issues, the branding, and the goal: <http://www.apha.org/about/>



**THINK
GLOBAL
ACT
LOCAL**

BEST PRACTICES AROUND THE WORLD

Kansas City Health Department One of the First in the Nation to Receive National Accreditation

August 26, 2013



The City of Kansas City, Mo., Health Department is one of the first in the U.S. to receive accreditation, and the first in the four-state region of Missouri, Kansas, Iowa and Nebraska.

The City's Health Department was accredited by the Public Health Accreditation Board (PHAB) and was one of 20 to be awarded this new distinction out of hundreds of health departments across the country that are preparing to seek accreditation. The accreditation board sets standard goals for more than 3,000 public health departments, requiring a strict, multi-faceted peer-reviewed process. The Health Department spent about three years working on improvements and gathering documentation to earn the distinction.

"Our accreditation demonstrates increased accountability, quality of performance and credibility to the public, funders, elected officials and our partners," said Rex Archer, MD, MPH, Health Department director. "When you see our seal of accreditation, you will know the Kansas City, Mo., Health Department has been rigorously examined and meets or exceeds national standards, ensuring that we meet the public health needs of those we serve as effectively as possible."

Kansas City Mayor Sly James also commented on the news. "I am very proud, but not surprised, to hear about this designation for our City's health department," he said. "Our City's public health programming, and the staff who implement those programs, are top notch. I'm happy that the department is publicly recognized in this manner and appreciate the dedication of each employee who make it the tremendous resource that it is."

PHAB is jointly supported by the Centers for Disease Control and Prevention and the Robert Wood Johnson Foundation. PHAB sets standards against which the nation's more than 3,000 governmental public health departments can continuously improve the quality of their services.



NEW MPHA MEMBERS

- Nola Martz, Missouri Department of Health & Senior Services, August 2013*
Missouri State University-Master of Public Health Program, August 2013
Angela Klocke, Washington University, August 2013
Dlasunkanmi Aromaye, University of Missouri-Columbia, August 2013
Sheila Reed, Missouri Department of Health & Senior Services, August 2013
Lisa Eastman, Missouri Department of Health & Senior Services, August 2013
James Deshotels, RECON, August 2013
Angela Ford, Stone County Health Department, August 2013
Tine Crowe, Missouri Department of Health & Senior Services, August 2013
Kristi Campbell, Missouri Department of Health & Senior Services, August 2013
Eric Hueste, Missouri Department of Health & Senior Services, August 2013
Tonya Short, Saint Louis University, August 2013
Lisa Saffran, MU-MPH Program, September 2013
Avinav Batra, Missouri State University, September 2013
Rebecca Chitima-Matsiga, Missouri Department of Health & Senior Services, September 2013
DHSS/DCPH/EPHP, September 2013
Samar Muzaffar, MD, MPH, Missouri Department of Health & Senior Services, September 2013
Lynelle Phillips, MU-MPH Program, September 2013
Kathy Hadlock, Missouri Department of Health & Senior Services, September 2013
Shannon Canfield, Center for Health Policy, September 2013
Alicia Wodika, Truman State University, September 2013
Mark Jenkerson, Missouri Department of Health & Senior Services, October 2013
Deborah Gerhart, University of Missouri-Columbia, November 2013

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

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

If you are interested in membership in MPHA, please contact Denise Strehlow LaBardi at dsl9171@bjc.org, 314-286-0504 or complete the attached membership form and return to the MPHA office.

Joint Annual Conference

September 23, 2014

Stoney Creek Inn - Columbia, MO



MoALPHA
 MISSOURI ASSOCIATION OF LOCAL PUBLIC HEALTH AGENCIES

MICH
 Missouri Institute for Community Health
 Partners for Better Health

 Missouri Association of
 Local Boards of Health

2013 Joint Annual Conference



MPHA Education Foundation Report

*Cindy Leuthen
November 2013*

The MPHA Education Foundation provides annual scholarships to public health professionals and students for continuing education as well as educational programs to promote quality public health for Missouri. Specific information for each of these scholarships can be found at the Missouri Public Health Association website: www.mopha.org.

The following scholarships, each for \$750, were presented to recipients at the annual Public Health Conference in Columbia on September 25th during the awards luncheon:

Edna Dell Weinel – Elizabeth Griffith, Health Educator and Adult/Older Adult Program Manager, with Clay County Public Health Center is pursuing certification as a wellness coach.

Jackie Liesemeyer – Corrie Courtney, BSN, RN is enrolled at Missouri State University pursuing a Masters in Public Health. She is an Epidemiology Specialist with Clay County Public Health Center.

Health Professional – Jenna Jordon is enrolled at University of Missouri, Columbia pursuing a PhD in Health Education and Promotion.

Leuthen-Brunner – Columbia-Boone County Department of Public Health and Human Services. Scott Clardy, Assistant Director, will attend Open Forum Meeting for Quality Improvement in Public Health in November. This meeting will provide opportunities to learn best practices for Public Health Accreditation Board (PHAB) accreditation.

A 50/50 raffle was held during the conference to raise additional funds for the scholarships. Thanks to all who participated by purchasing raffle tickets totaling \$332.00. A special thank you goes out to Ross McKinstry, Administrator with Randolph County Health Department. Ross won the drawing and donated his 50% of the proceeds back to the scholarship funds!

We are approaching the end of the year, so this is a great opportunity to make a tax-deductible donation to the MPHA Education Foundation Scholarships. For questions please call the MPHA office at 573-634-7977.



Clay County scholarship winners – Elizabeth Griffith (left) for Edna Dell Weinel Scholarship 2013 and Corrie Courtney (right) for Jackie Liesemeyer Nursing Scholarship 2013.



Congratulations to Columbia/Boone County Department of Public Health for receiving the Leuthen-Brunner Local Public Health Agency Scholarship 2013.

MPHA Foundation Scholarships

Established in 1995, the Education Foundation receives funds that promote a higher awareness and knowledge of public health, to educate public health professionals, community leaders, and communities about public health issues, and to honor Missouri public health leaders by awarding scholarships in their name. 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.



Edna Dell Weinel Scholarship

Edna Dell Weinel Scholarship provides the opportunity for practicing public health professionals to participate in this lifelong learning process. This scholarship, the value of which is dependent upon the request and need of the applicant (s), not to exceed \$750, is available for public health workers to develop in their profession through educational meetings, professional credentialing, seminars or through traditional academic course work.

Jackie Liesemeyer Nursing Scholarship

Jackie Liesemeyer was a Community Health Nurse who worked for more than 20 years in various positions in the Central District Office of the Missouri Department of Health. Jackie’s spirit of independence and self-reliance was reflected in her approach to her clients, individuals, program representatives and local health units. She provided the information, support and encouragement that fostered growth and the ability to do for oneself all that was possible in the spirit of community health nursing. Jackie is honored with a \$750 nursing scholarship in her name that will enable others to enhance public health in Missouri. One scholarship is awarded at the MPHA Annual Meeting, usually held in the Fall.

Health Professional Scholarship

The \$750 Health Professional Scholarship is available for a MPHA member who is working on an undergraduate or graduate degree in a public health related field which will further their career. Examples of fields of study include: administration, epidemiology, health education, nursing, health promotion, etc.

Leuthen – Brunner Local Public Health Agency Scholarship

Leuthen–Brunner Local Public Health Agency Scholarship grant honors Ron Leuthen and Phil Brunner, former MPHA members who worked tirelessly to advance local public health in Missouri. This award is designed to assist local public health agencies towards voluntary accreditation through Missouri Institute for Community Health or National Public Health Accreditation Board. This is a one-time grant for local public health agencies. The \$750 scholarship will be awarded at the annual MPHA Meeting.



Applicants may apply an unlimited number of times for each of our scholarships providing they qualify under the established requirements and have not been a previous recipient. More detailed information can be found on the MPHA website at <http://www.mopha.org/>

Health Professional Scholarship 2013 winner Jenna Jordon.

**Missouri Public Health Association
Resolution Re: Lead Poisoning Prevention**

- WHEREAS, lead poisoning has serious health effects that persist throughout life; and
- WHEREAS, most lead poisoning in children results from deteriorating paint in residential housing; and
- WHEREAS, decreasing lead paint hazards created by unsafe renovation practices will help protect children from lead poisoning; and
- WHEREAS, a recently adopted rule by the Environmental Protection Agency (EPA) on Renovation, Repair and Painting requirements that will ensure safer working conditions and less lead hazards; and
- WHEREAS, most other states in the region including KS, IA and OK have already adopted such legislation;

NOW THEREFORE BE IT RESOLVED that the Missouri Public Health Association will support legislation in the Missouri General Assembly that expands enforcement of the EPA's Renovation Repair and Painting Rule by state and local health agencies.

Submitted: Bert Malone, Vice President and Chair, Public Policy and Advocacy Committee

Certified: Dalen Duitsman, Ph.D.
President

**Missouri Public Health Association
Resolution Re: Medicaid Expansion**

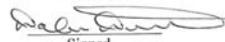
- WHEREAS, Thousands of Missourians with very serious health care needs today rely on Medicaid; and
- WHEREAS, Expanding Medicaid eligibility will make it possible for more Missourians to get the care that they need; and
- WHEREAS, For Missouri's children receiving health care will mean better performance in school and greater success later in life; and
- WHEREAS, For all persons adequate health care coverage means a chance at leading a longer more productive life; and

NOW THEREFORE BE IT RESOLVED that the Association will work with local partners throughout the state with a goal that the State of Missouri's General Assembly will restore the funding level of FY12 funding for aid to local public health essential services (\$4.8 million in FY15); and

BE IT FURTHER RESOLVED that the General Assembly should direct that general revenue and federal funds be distributed to local agencies in a formula that is fair and equitable.

Submitted: Bert Malone, Vice President and Chair, Public Policy and Advocacy Committee

Certified: Dalen Duitsman, Ph.D.
President


Signed

9-25-13
Date

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: Bert Malone, Vice President and Chair, Public Policy and Advocacy Committee

Certified: Dalen Duitsman, Ph.D.
President

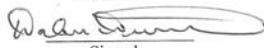
**Missouri Public Health Association
Resolution Re: Improving Access to Health Services**

- WHEREAS, Missouri ranks 26th among states of the nation in the percentage of its residents with insurance coverage for health care; and
- WHEREAS, More than 14% of Missouri's population lacks adequate insurance protection; and
- WHEREAS, Close to 140,000 of Missouri's most vulnerable population, its children, lack coverage; and
- WHEREAS: The Centers for Disease Control and Prevention (CDC) ranks Missouri 47th in access to oral health care; and
- WHEREAS: The Pew Charitable Trusts gives Missouri a "C" for children's oral health; and
- WHEREAS: Only 30% of children enrolled in Medicaid in Missouri are getting adequate oral health care; and
- 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; and

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.

Submitted: Bert Malone, Vice President and Chair, Public Policy and Advocacy Committee

Certified: Dalen Duitsman, Ph.D.
President


Signed

9-25-13
Date

MPHA Resolutions

Resolutions are also available on the MPHA website, www.mopha.org

**Missouri Public Health Association
Resolution Re: Aid to Local Public Health Funding**

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; and

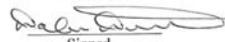
- WHEREAS, Homeland security and infectious disease outbreaks are critical public health issues for the nation; and
- WHEREAS, The Centers for Disease Control and Prevention (CDC) and the State of Missouri have significantly reduced support to local agencies; and
- WHEREAS, Adequate funds are needed 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; and
- 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 \$30.09 per capita, resulting in a ranking of 50th in the nation; and
- WHEREAS, Missouri general revenue funding for local public health has been reduced by more than 60% since FY 2001; and

NOW THEREFORE BE IT RESOLVED that the Association will work with local partners throughout the state with a goal that the State of Missouri's General Assembly will restore the funding level of FY12 funding for aid to local public health essential services (\$4.8 million in FY15); and

BE IT FURTHER RESOLVED that the General Assembly should direct that general revenue and federal funds be distributed to local agencies in a formula that is fair and equitable.

Submitted: Bert Malone, Vice President and Chair, Public Policy and Advocacy Committee

Certified: Dalen Duitsman, Ph.D.
President


Signed

9-25-13
Date

**Missouri Public Health Association
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; and
- WHEREAS, Prevention programs help our nation address the exploding growth in healthcare treatment costs in Medicaid, Medicare, and private health care; and
- 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; and
- WHEREAS, For every dollar spent on childhood immunizations, \$16 is saved in cost to treat vaccine-preventable illness; and
- WHEREAS, Investing in prevention and public health not only saves lives, but it also yields a significant return on investment; and
- 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; and

NOW THEREFORE BE IT RESOLVED that the MPHA 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: Bert Malone, Vice President and Chair, Public Policy and Advocacy Committee

Certified: Dalen Duitsman, Ph.D.
President


Signed

9-25-13
Date

MPHA Resolutions

Resolutions are also available on the MPHA website, www.mopha.org

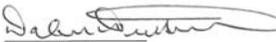
Missouri Public Health Association Resolution Re: Social Determinants of Health

- **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; and
- **WHEREAS**, It is known that many such factors influence disease risk; and
- **WHEREAS**, Factors such as socio-economic and demographic indicators of race, income, geographic location among others have a significant predictive value of risk; and
- **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; and
- **WHEREAS**, Enactment of mandatory foreclosure mediation prior to actions to evict individuals will reduce risk for economic ruin and health impacts; and

NOW THEREFORE BE IT RESOLVED that the MPHA 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: Bert Malone, Vice President and Chair, Public Policy and Advocacy Committee

Certified: Dalen Duitsman, Ph.D.
President

 7-25-13

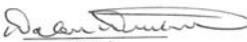
Missouri Public Health Association Resolution Re: Tax Proposals

- **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; and
- **WHEREAS**, Implementation of a so-called Fair Tax would cause a \$2.5 billion cut in general revenue; and
- **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; and
- **WHEREAS**, An expanded tax would significantly compromise the ability of Missouri to fund critical services including education, health care and infrastructure; and
- **WHEREAS**, Missourians will be taxed at a much higher rate on nearly everything they purchase including child care, rent, food and prescription drugs; and
- **WHEREAS**, Lower-income households will suffer the most when purchasing these products that all persons need, regardless of their income; and

NOW THEREFORE BE IT RESOLVED that the MPHA 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: Bert Malone, Vice President and Chair, Public Policy and Advocacy Committee

Certified: Dalen Duitsman, Ph.D.
President

 7-25-13

Missouri Public Health Association 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; and
- **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; and
- **WHEREAS**, An increased risk of cross contamination is more likely in a private home or uninspected establishment due to a lack of proper training in regard to food handling, safety and storage; and
- **WHEREAS**, A private home or uninspected establishment lacks the proper equipment, such as a commercial dishwasher, which ensures potentially hazardous foods are prepared sanitarly and safely to protect consumers; and
- **WHEREAS**, Sales or consumption of potentially hazardous foods and their sources must be able to be tracked in the event of a foodborne outbreak; and
- **WHEREAS**, Government agencies are responsible for setting food safety standards, conducting inspections, and ensuring that standards are met; and
- **WHEREAS**, Food safety is an important public health priority for the protection of the public and their health; and
- **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; and

NOW THEREFORE BE IT RESOLVED that the MPHA will oppose any effort 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 in the next session of the Missouri General Assembly.

Submitted: Bert Malone, Vice President and Chair, Public Policy and Advocacy Committee

Certified: Dalen Duitsman, Ph.D.
President

 7-25-13

Missouri Public Health Association 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; and
- **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; and
- **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 23.9% in 2012; and
- **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; and
- **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; and
- **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; and
- **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; and

NOW THEREFORE BE IT RESOLVED that the MPHA supports communities in their efforts to adopt tobacco control legislation and support a comprehensive statewide clean indoor air law; and

BE IT FURTHER RESOLVED that the MPHA resolves to oppose any efforts by the General Assembly to pre-empt current or future local ordinances related to tobacco.

Submitted: Bert Malone, Vice President and Chair, Public Policy and Advocacy Committee

Certified: Dalen Duitsman, Ph.D.
President

 7-25-13

N A C C H O Exchange

Volume 12, Issue 3
 Summer 2013
 Public Health Law



Promoting Effective Local Public Health Practice

Advancing Public Health Policy without Violating Federal Lobbying Restrictions

By Marice Ashe, JD, MPH, Chief Executive Officer & Founder, ChangeLab Solutions, and Keith Nagayama, JD, Staff Attorney & Contracts Manager, ChangeLab Solutions

What's Inside...

- 5 Administrative Preparedness
- 10 President's Column
- 12 Executive Director's Column
- 14 The Role of Local Health Departments in Education, Law, and Policy to Reduce Sugar-Sweetened Beverage Consumption
- 17 Keeping Kids Strong through The Arizona Partnership for Immunization



Local health departments (LHDs) know there is no one-size-fits-all strategy to achieve their goals. From childhood obesity prevention to immunizations, every effort requires active partnerships with voluntary health organizations and community-based advocacy groups to do the following:

- Research, analyze, and report on policies that can improve health outcomes;
- Educate the public, collaborators, and government entities about evidence-based strategies; and
- Implement these strategies and policies to benefit the public's health.

LHDs are prohibited from using federal funds to lobby pursuant to federal law and related rules, including the Centers for Disease Control and Prevention (CDC) Additional Requirement #12 (AR-12) and Office of Management and Budget (OMB) Circulars A-87 and A-122. In December 2011, Congress amended Section 503 of the Consolidated Appropriations Act of 2012 (Section 503), which further restricted the use of federal funds for lobbying activities at the local government level (similar to AR-12) and the executive branch of governments.¹

These changes in federal law, combined with recent allegations of improper lobbying by CDC grantees, have created confusion in the field about using federal funding in evidence-based policy environments. In fact, at the request of Congress, the CDC's Communities Putting Prevention to Work (CPPW) grant program was investigated by the Government Accountability Office (GAO).² Under CPPW, the CDC awarded a total of \$559.2 million to LHDs and non-profit organizations, yet the GAO found only two small instances of unallowable costs related to lobbying, which were remedied.³



Advancing Public Health Policy without Violating Federal Lobbying Restrictions

continued from page 1

Myriad federal laws, lobbying allegations, Congressional investigations, and distinctions between lobbying and policy work can be confusing for LHDs. Many LHDs remain concerned that engaging in any policy work violates federal law. These concerns are misplaced.

As the GAO report confirmed, most efforts to improve public health policy remain completely allowable. Organizations *can* use federal funding for policy work without lobbying, and organizations *can* educate and inform both elected officials and the public about evidence-based policy or strategy options that will improve health outcomes. Nonpartisan education, information, or research is (and has always been) allowable with CDC funding.



The following Q&A provides the basic rules and key practices LHDs need to engage in policy work while avoiding lobbying activities.

What is the difference between “policy work” and “lobbying”?

Many times, these two terms are used interchangeably—and that is not correct. The CDC defines “policy” as a law, regulation, procedure, administrative action, incentive, or voluntary practice of governments and other institutions.⁴ Policies can solve problems, improve systems, or foster innovation. Thus, policy work broadly comprises research, analysis, and communication to develop, assess, or reassess problems and solutions.

Some policy work does involve legislation and lobbying, but often that is not the case. While every law seems to define lobbying somewhat differently, there are in general two types of lobbying activities:

- **Direct Lobbying:** Any communication with any government official or employee for the purpose of influencing deliberations or actions by federal, state, or local legislative or executive branches. This generally includes trying to affect a politician’s view on a specific measure.
- **Grassroots Lobbying:** Any communication, including advertising, flyers, letters to the editor, or other statements in the media, asking members of the public to contact their elected representatives to urge the support of or opposition to specific government actions.

In general, LHDs are prohibited from using federal grants for direct and grassroots lobbying.⁵ For example, an LHD may not use federal funding for advertisements urging the public to contact their representative to vote for the Farm Bill. Similarly, they may not use federal funding to send e-mails or letters urging members of Congress to vote for the Farm Bill. Lobbying activities are related to pending legislation, specific legislative proposals, or other formal government actions.

Another layer of complexity is the different legal definitions of lobbying under Section 503, OMB Circulars, and IRS Rules. LHDs must be cognizant of their various funding sources and the applicable rules for each source.

Organizations can use federal funding for policy work without lobbying, and organizations can educate and inform both elected officials and the public about evidence-based policy or strategy options that will improve health outcomes

(Continued on page 18)



Advancing Public Health Policy without Violating Federal Lobbying Restrictions

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What type of policy work is allowable?

In a revised AR-12 issued in July 2012, the CDC set forth several examples of allowable policy work for state and local governments and non-profit organizations.⁶ Nevertheless, questions persist about what type of policy work is allowable. Here are some common questions:

■ ***Are LHDs allowed to participate in coalitions?***

Yes. LHDs may participate in coalitions formed to address public health issues such as obesity, unhealthy housing, or exposure to secondhand smoke. Coalitions share information, research, best practices, success stories, policies, and any other content that may help their members solve a particular issue using evidence-based strategies. In fact, coalitions serve an important purpose to examine policy options, debate the merits of proposed solutions, and build consensus about public health issues. LHDs, however, must track and allocate staff time appropriately. Staff time paid by federal funding should not be allocated for participating in coalitions formed for the sole purpose of passing legislation or when, at times, a coalition conducts some direct or grassroots lobbying.

■ ***Can LHD employees use federal funds to comment on pending legislation?***

It depends. State and local health departments may comment on pending legislation in three distinct ways, provided that commenting on legislation is within the scope of their grant or contract:

1. In the case of legislation in a jurisdiction, the LHD may be able to comment as part of the normal and recognized “executive-legislative relationship” with the legislative body.
2. If a legislative committee or similar government body invites the LHD in writing to testify or submit comments on pending legislation, it may do so.
3. The LHD may comment in the form of nonpartisan analysis and education, evidence-based policy options for a legislative body to consider, or broad education to the public.

■ ***Does the executive-legislative relationship exception apply to an LHD providing services to another jurisdiction (different county/city) that does not have its own health department?***

This is unclear, and each LHD should analyze its particular situation. Section 503, unfortunately, does not take into account unique state and local relationships and does not further define a “normal and recognized executive-legislative relationship.” Official CDC guidance states that “state and local health agencies funded by the CDC are permitted to work directly on policy-related matters across their equivalent branches of state or local government” based on normal and recognized executive-legislative relationships. Further, health departments may work “with their own state or local government’s legislative body on policy approaches to health issues, as part of normal executive-legislative relationships.”





Advancing Public Health Policy without Violating Federal Lobbying Restrictions

continued from page 3

However, many LHDs provide services, including evidence-based policy work, to other jurisdictions based on historic relationships or through multi-jurisdiction arrangements. Each health department will need to assess whether that relationship is a “normal and recognized executive-legislative relationship.”

Because each situation will vary, LHDs should ask themselves the following:

1. Does state or local law form an executive-legislative relationship between the health department and other jurisdictions?

2. Is there a law, agreement, or other document creating a legal duty for the health department to provide public health services to the other jurisdiction?

How do LHDs ensure they are not lobbying?

Here are a few tips for using federal funding for appropriate policy work:

■ **Read and reread the grant documents.**

The most important thing is to make sure the activities are permitted by the grant itself. Federal law requires LHDs only to demonstrate that federal funds were spent on allowable activities under the grant. In one case, the CDC found that a grantee’s testimony before a legislative committee was not permitted under the terms of the grant, regardless of any anti-lobbying rules. In that instance, the grantee should have used non-federal funds for such testimony.

■ **Allocate time and effort appropriately.**

LHDs must clearly and accurately report their activities to the CDC. LHDs should develop a cost allocation plan, use a time tracking system, and assist staff with articulating activities and health outcomes. This will allow LHDs to allocate federal funding properly to allowable activities but allocate other types of funding (non-federal) for unallowed activities (such as lobbying). Reports should not include jargon or vague statements that could be misconstrued as an unallowable cost.

■ **Consult with legal counsel and other organizations.**

LHDs should consult with their legal counsel about interpretations of law and application to the specific grant and related activities. However, if legal counsel is not available, LHDs should consult with other public health organizations and resources (see sidebar). ■

References

1. Section 503 of Division F, Title V, of the FY 2012 Consolidated Appropriations Act (Public Law 112-74).
2. Centers for Disease Control and Prevention. Lobbying policies and monitoring for program to reduce obesity and tobacco use, GAO-13-477R, April 30. Retrieved June 20, 2013, from <http://www.gao.gov/products/gao-13-477r>
3. Ibid. Page 6.
4. Centers for Disease Control and Prevention. Policy at CDC. Retrieved June 20, 2013, from <http://www.cdc.gov/stltpublichealth/policy/>
5. Non-profit, tax exempt organizations must also comply with the Internal Revenue Code and related regulations pertaining to restrictions on lobbying activities. This article considers anti-lobbying rules only under federal grant awards.
6. Centers for Disease Control and Prevention. Anti-lobbying restrictions for CDC grantees. Retrieved June 20, 2013, from <http://www.cdc.gov/obesity/downloads/anti-lobbying-restrictions-for-cdc-grantees-july2012-508.pdf>

ADDITIONAL RESOURCES ON SPECIFIC RULES/LAWS

- ChangeLab Solutions’ website includes a free legal memorandum and webinar on anti-lobbying rules presented by Edward (Ted) Waters and Susannah Vance of Feldesman Tucker Leifer Fidell LLP <http://changelabsolutions.org/publications/complying-anti-lobbying-rules>

- Official CDC Guidance and AR-12 www.cdc.gov/obesity/downloads/anti-lobbying-restrictions-for-cdc-grantees-july2012-508.pdf

- OMB Circular A-21 “Cost Principals for Educational Institutions” http://www.whitehouse.gov/omb/circulars_a021_2004

- OMB Circular A-87 “Cost Principals for State, Local and Tribal Indian Governments” www.whitehouse.gov/omb/circulars_a087_2004

- OMB Circular A-122 “Cost Principals for Non-Profit Organizations” www.whitehouse.gov/omb/circulars_a122_2004/

MPHA Board Roster

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