

# Communiqué

MAY 2011



**Public Health**  
Prevent. Promote. Protect.

## Calendar of Events

**July 13**

Board Meeting, Jefferson City

**September 7**

Board Meeting, Jefferson City

**September 29- 30**

Joint Annual Public Health  
Conference

**October 29-November 2,**

APHA Annual Meeting,  
Washington, DC (139th  
Meeting)



## PRESIDENT'S MESSAGE

**Pat Morgester, Kansas City Health Department**

I hope everyone had an enjoyable Easter. The weather is beginning to feel a lot like spring, finally. Flowers are blooming; my wife is in the garden up to her hands and knees, and teaching our son how to get his hands dirty and plant in the garden.

The Association celebrated the National Public Health Week by drafting a proclamation for the Governor's signature. You will see the proclamation and a photo a couple of pages in to the newsletter. The Missouri Department of Health and Senior Service Director, Margaret Donnelly, was appreciative to be a part of the MPHA draft proclamation.

I have to thank the Board members who put in the extra work on the by-law revisions. It will tighten up the laws and keep things clear. We also have had the Joint Annual Public Health Conference Committee working hard to prepare for the annual meeting. The committee has been doing an exemplary job and have lined up great sponsors and speakers.

A special thanks goes out to Vice President Bert Malone for representing the Association. Bert reported that he will have a summary of legislative activities later in the newsletter. Bert tells me one of the issues he testified on was HB 690 which would have gutted the state's authority to issue rules and regulations on immunizations.

MPHA participated and Kansas City hosted a unique meeting of approximately 40 leaders from Region VII also known as Missouri, Iowa, Nebraska, and Kansas (MINK). State leadership from the four states gathered to plan and discuss the future of MINK. We were fortunate to hear CAPT Jose Belardo who is recently assigned the position of Regional Health Administrator.

APHA has extended generosity sending your MPHA President to the Mid-year Conference, June 23-25 in Chicago. The three day meeting will primarily cover health care reform. I will be with Pat Parker and our other MINK leaders.

Finally, a bit of a bombshell occurred a couple of weeks ago when citizens of Webb City agreed to prohibit smoking in public places. Well, the shocker came when the Webb City Council reversed the vote and allowed smoking. At this moment I do not know what the advocates and Tobacco Free Missouri will do next, but I do know that I will support them to my fullest extent. Please stay tuned.

*Pat*





*Front row, Left to right: Kristi Campbell, Anne Lock, Patti Vantuinen, Pat Morgester, Gov. Jeremiah "Jay" Nixon, Margaret Donnelly, Andrea Kearns, Mary Glassburner, Praveena Ambati. Second row, left to right: Tuck Vandyne, Melissa, Owsley, Celesta Hartgraves, Jeannie Ruth, Jennifer Farmer and Janice Wilde.*

## Governor Nixon Signs Proclamation in Honor of Public Health Week

Representatives from the Missouri Public Health Association, Missouri Department of Health and Senior Services, and Missouri Safe Kids were on hand March 15 at the State Capitol to participate in Governor Nixon's proclamation signing declaring April 4-10 Public Health Week.

National Public Health Week, created by the American Public Health Association (APHA), is a program that helps to educate Americans. APHA mobilizes its members, affiliates and other advocates to educate legislators about the need to include strong public health and

prevention provisions and a public plan in health reform legislation.

The 2011 theme was "**Safety is No Accident**". Public Health representatives worked together to can help Americans live injury-free in all areas of life: at work, at home, at play, in thier community and anywhere people are on the move.



**Safety is NO Accident:**  
**Live Injury-Free**

National Public Health Week  
April 4-10, 2011 • [www.nphw.org](http://www.nphw.org)

Office of the Governor  
State of Missouri

# Proclamation

**WHEREAS**, the week of April 4-10, is National Public Health Week, and the theme is “Safety is No Accident: Live Injury-Free”; and

**WHEREAS**, since 1995, the American Public Health Association, through its sponsorship of National Public Health Week, has educated the public, policy-makers, and public health professionals about issues important to improving the public’s health; and

**WHEREAS**, each year, nearly 150,000 people die from injuries, and almost 30 million people are injured seriously enough to go to the emergency room; and

**WHEREAS**, unintentional injuries, such as motor vehicle crashes, poisonings and burns, rank among the top 10 causes of death for people ages 1 – 44; and

**WHEREAS**, the financial costs of injuries are staggering, accounting for 12 percent of annual medical care spending and totaling as much as \$69 billion per year; and

**WHEREAS**, injuries, unexpected events and violence affect people at home, at work, in their communities, on the move and even at play; and

**WHEREAS**, many injuries and associated costs can be proactively prevented by taking actions such as wearing a seatbelt, properly installing smoke alarms, correctly installing and using child safety seats, wearing a helmet, storing cleaning supplies in locked cabinets, and educating the community about violence and maltreatment towards children, seniors and other vulnerable populations.

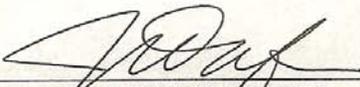
**NOW THEREFORE**, I, Jeremiah W. (Jay) Nixon, GOVERNOR OF THE STATE OF MISSOURI, do hereby proclaim April 4 – 10, 2011, to be

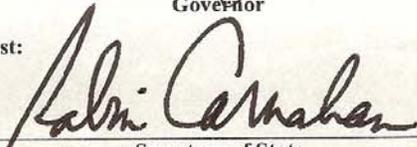
## PUBLIC HEALTH WEEK

in Missouri, and urge all citizens to observe this month by helping families, friends, neighbors, co-workers and leaders better understand the importance of public health to a successful health system in light of this year’s theme, “Safety is No Accident: Live Injury-Free.”

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson, this 15<sup>th</sup> day of March, 2011.



  
Jeremiah W. (Jay) Nixon  
Governor

Attest:  
  
Secretary of State

# NBPHE Releases Results of 2011 Certified in Public Health Exam

The National Board of Public Health Examiners (NBPHE) released the results of its fourth annual Certified in Public Health (CPH) exam. The CPH exam was offered from February 4 – 26, 2011. The overall pass rate for the exam was 86%. The more than 350 successful examinees

from the 2011 CPH exam will now join more than 1,500 CPH professionals in the United States and abroad.

"This latest success rate illustrates how the certification exam has moved from the pilot to the professional platform as an essential component of the public health education process. By achieving this certification these professionals are to be commended for their accomplishment and leadership in setting such a high standard for the field," said Dr. Terry L. Dwelle, chair of NBPHE and State Health Officer for the North Dakota Department of Public Health. "CPH professionals work for all of us, assuring the communities that they protect of their mastery of the core domains of public health, as well as their ongoing commitment to the best evidence-based interventions."

Examinees were notified last week of their scores via their personal National Board of Public Health Examiners' portal. Earlier this week, the NBPHE sent score data via postal mail to deans and directors with more than ten alumni or any students who completed the 2011 CPH exam.

Public health professionals work to improve the conditions and behaviors that affect the health of the nation. They work to reduce the incidence of

preventable disease, minimize the consequences of catastrophic events, and provide the basics of sanitation, safe food, and water.



CPH professionals are required to complete a re-assessment experience and are required to obtain and document 50 hours of continuing education every two years.

Employers hiring Certified in Public Health professionals will be assured that these candidates have a fundamental breadth and depth of core public health knowledge.

Candidates interested in learning more about the CPH process can visit the NBPHE website at [www.publichealthexam.org](http://www.publichealthexam.org)

- Becoming a Certified Public Health Professional Has Multiple Benefits:
- Sets a standard of knowledge and skills in public health
- Encourages life-long learning
- Adds credibility to public health profession
- Increasing public health awareness
- Fosters environment of a professional community

The exam is rooted in the five basic core competencies of public health to reflect the nature of the field and the way one area of knowledge blends into another. The certification exam is administered to graduates of CEPH-accredited schools and programs of public health.

The next exam is set for February 2-27, 2012.

## About the National Board of Public Health Examiners (NBPHE)

Incorporated in 2005, the charge to the NBPHE is to develop, prepare, administer, and evaluate a voluntary certification examination for graduates from Council on Education for Public Health

(CEPH) -accredited schools and programs of public health. The NBPHE is comprised of distinguished representatives from the Association for Prevention Teaching and Research (APTR), the Association of State and Territorial Health Officials (ASTHO), the National Association of County and City Health Officials (NACCHO), private sector public health, as well as the American Public Health Association (APHA) and the Association of Schools of Public Health (ASPH).





# 2011 Public Health Preparedness Conference June 28 & 29 at Holiday Inn, Columbia

Join your colleagues at the 2011 Public Health Preparedness Conference set for June 28-29, 2011 at the Holiday Inn Executive Center in Columbia, Missouri. The theme for this year's conference is "Call to Action: Planning for Threats and Responses." The conference offers informative, educational sessions, dynamic speakers and excellent opportunities to network with colleagues. You will hear experts address lessons learned from recent emergencies and how they impacted public health.

Exhibit opportunities are offered as well. The expanded exhibit hall will allow attendees a look at the latest in technology, products, programs and services specifically designed to meet the needs of public health professionals. During lunches, breaks and breakfast, visit

demonstrations and resources that showcase some of the best practices and innovations in Missouri's public health preparedness system.

Go on-line to <http://health.mo.gov/emergencies/ert/phpconference.php> by June 18, 2010 to register for these events. If you have questions, please E-mail [certreg@dhss.mo.gov](mailto:certreg@dhss.mo.gov) or call 573.526.4768.

There is no registration fee to attend the Public Health Preparedness Conference and space is limited to the first 400 individuals registering.

Please share this with your partners. We look forward to seeing you at the 2011 Public Health Preparedness Conference.

## CONFERENCE AT A GLANCE

### TUESDAY, JUNE 28, 2011

8:15 a.m.	REGISTRATION
9:15 a.m. – 9:30 a.m.	INTRODUCTION & WELCOME
9:30 a.m. – 9:45 a.m.	OPENING REMARKS
9:45 a.m. – 10:45 a.m.	KEYNOTE ADDRESS
10:45 a.m. – 11:00 a.m.	BREAK / VISIT EXHIBITS
11:00 a.m. – 12:00 p.m.	GENERAL SESSION
12:00 p.m. – 1:15 p.m.	LUNCH / VISIT EXHIBITS
1:15 p.m. – 2:30 p.m.	BREAKOUT SESSIONS
2:30 p.m. – 3:00 p.m.	BREAK / VISIT EXHIBITS
3:00 p.m. – 4:15 p.m.	BREAKOUT SESSIONS
4:15 p.m.	ADJOURN

### WEDNESDAY, JUNE 29, 2011

7:00 a.m. - 8:30 a.m.	BREAKFAST / VISIT EXHIBITS
8:30 a.m. - 9:30 a.m.	GENERAL SESSION
9:30 a.m. – 9:45 a.m.	BREAK / VISIT EXHIBITS
9:45 a.m. – 11:00 a.m.	BREAKOUT SESSIONS
11:00 a.m. – 11:15 a.m.	BREAK / VISIT EXHIBITS
11:15 a.m. – 12:30 p.m.	BREAKOUT SESSIONS
12:30 p.m. – 1:30 p.m.	LUNCH / VISIT EXHIBITS
1:30 p.m. - 2:30 p.m.	GENERAL SESSION
2:30 p.m.	ADJOURN



## Smokefree Air Challenge Award

Congratulations again to the smokefree community advocates who accepted the ANR Smokefree Air Challenge award on Friday, April 8th. Americans for Non Smokers Rights announced that Missouri came in second nationally among states passing the most smokefree ordinances in the past year. Representatives from Jefferson City, Kansas City, Columbia, Marysville, Liberty, Tobacco Free Missouri, Missouri Department of Health and other tobacco control organizations accepted the award at a breakfast celebration held in Liberty, Missouri.

# Missouri General Assembly 2011 Mid-Session Review

By Bert Malone, Vice President

*This information is updated from reports of MOALPHA Legislative Committee and its governmental affairs partner. Many thanks to Scott Marrs and Ross McKinstry.*



## Jobless Benefits

The Senate recently did pass legislation to extend federal jobless benefits to thousands of people cut off from payments earlier this month. The bill would reduce jobless benefits in Missouri from 26 weeks to 20 weeks.

Several Republican Senators led by Senator Lembke successfully stopped the legislation until an agreement was reached to reduce the acceptance of federal stimulus money by \$250 million dollars out of \$500 million slated to come to Missouri. Without passage the state would lose \$115 million dollars in benefits.

They seek to send a message to

Washington, D.C. that federal spending to out of control. The unemployment benefits if not approved would have been sent to other states.

House Speaker Tilley has not agreed to send the \$250 million back to the federal government. Missouri would be the only state to return the federal money paid for by Missouri taxpayers.

The cuts of \$250 million have yet to be decided. In fact House and Senate staffers are “scrambling” to find out how much has been spent and remains of the federal money.

The Missouri Senate is now debating the proposed redistricting plan approved by the House. In addition, the Senate is also discussing the plan to charge customers for the costs of seeking and winning a U.S. Nuclear Regulatory Commission early site permit.

Missouri Attorney General Chris Koster, after months of silence, joined the federal appeals court document in support of lawsuit brought by Florida and 25 other state challenging the constitutionality of the federal health care law signed by President Obama.

It appears that Koster bowed to pressure by the Missouri Republican controlled House and Senate who passed resolutions against the measure. In addition, Missouri voters overwhelmingly passed a measure barring the government from requiring people to have health insurance.

## Specific bills of interest in the General Assembly include

### House-Workforce Development and Workplace Safety

The House Workforce Development and Workplace Safety Committee on Monday. A public hearing was held for Senate Bill 8, sponsored by Sen. Jack Goodman.

**SB 8** Restricts co-employee liability in workers' compensation cases.

Sen. Goodman's legislation makes three changes to Missouri's workers' compensation system. First, it requires all occupational diseases to continue to be covered by workers' compensation, which had been state law until recent court interpretations allowed employees to sue employers in civil court for occupational diseases. In an amendment added to SB 8 during Senate debate denies subrogation when the occupational disease relates to toxic exposure and is caused by the employer. Finally, SB 8 would restrict co-employee liability in workers' compensation cases.

Speaking in favor of the legislation were: Associated Industries of Missouri; United Steelworkers District 11 and the Missouri AFL-CIO; Missouri Chamber of Commerce and Industry; CertainTeed Corporation; American Insurance Association and Missouri Insurance Coalition; Associated Builders and Contractors; NFIB; Missouri Restaurant Association; and Greater Kansas City Chamber of Commerce.

The bill then was voted DO PASS in committee.



## Fair Tax

HJR 8 “Mega Tax” received considerable debate last week and was eventually “laid over” for future debate.

The bill will be stalled in the Senate

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so this effort may be for more exposure prior to the initiative petition to be filed.

**Public Health Agency budget for core funding**

As you will recall the House Budget Committee (Flanigan) restored the Governor's cut of \$1.3 million to the county health departments.

The Senate had planned to close with the House recommendation.

However, Tuesday afternoon they went with the Governor's cut. The Senate has now (20 April 2011) passed the budget with the Governor's withhold sustained. The Conference Cte soon to be established will have to work out the difference.

The recommendation will go to conference and the committees will be contacted.



**Senate-Health/Mental Health/ Seniors & Families**

The Senate Health/Mental Health/ Seniors and Families Committee met on Tuesday. Several pieces of legislation approved by the House were presented before committee members.

[HB 423](#) Authorizes Missouri to adopt the provisions of the Health Care Compact to improve health care policy by returning the authority to regulate health care to the state legislatures.

House Bill 423, Rep. Burlison's last bill before the committee, would authorize Missouri to adopt the

provisions of the Health Care Compact to improve health care policy by returning the authority to regulate health care to the state legislatures. Burlison described this legislation not as health care policy reform, but rather governance reform." He said that a number of compacts already exist in the state, and this would operate similarly to those. Burlison is working with many other states implementing the same policy.

Speaking in favor of HB 423 was John Putman, a Carthage resident and member of Health Care Compact Missouri.

[HB 73](#) Requires certain recipients of Temporary Assistance for Needy Families Program benefits to be tested for the illegal use of controlled substances.

The final piece of legislation heard during the meeting was House Bill 73, sponsored by Rep. Ellen Brandom, R-Sikeston. Her bill would require certain recipients of Temporary Assistance for Needy Families Program benefits to be tested for the illegal use of controlled substances. Supporters of this legislation say that taxpayer dollars should not be used to fund drug addictions. Opponents argue that the cost of issuing the drug tests would be extreme.

Two witnesses spoke in opposition to HB 73: Colleen Coble, Missouri Coalition Against Domestic Violence; and Pat Dougherty, Catholic Charities Archdiocese of St. Louis.

The committee then entered into executive session. Though a quorum of four senators was present, the approved legislation is still open for additional votes.

[HB 270](#) Requires the state health insurance plan to provide coverage that is substantially similar to Medicare to participants eligible for and covered by Medicare and those eligible but not covered by Medicare. - Reported Do Pass

[HB 388](#) Requires the attending physician, instead of the Department

of Health and Senior Services, to provide a breast implantation patient with information on the advantages, disadvantages, and risks. - Reported Do Pass

[HB 423](#) Authorizes Missouri to adopt the provisions of the Health Care Compact to improve health care policy by returning the authority to regulate health care to the state legislatures. - Reported Do Pass



**HB 690 Immunizations**

The House Health Care Policy Committee met to hear HB 690 (Bahr).

The bill allows the Department of Health and Senior Services to develop rules and regulations changing the manner and frequency, including zero frequency, of certain immunizations for school children. However, the department cannot require immunizations for diseases other than those allowed by statute. Currently, a student must provide satisfactory evidence of an immunization to attend school. The bill allows a student to provide evidence of acquired immunity as an alternative.

The bill also changes the requirements for immunizations in order to enroll in any day care, preschool, or nursery school for 10 or more children. Currently, the required immunizations are those specified by the department in accordance with the recommendations of its Immunization Practices Advisory Committee. The bill requires these children to receive the same immunizations that are required for school children and

*(Continued on page 9)*

allows the department to change the manner and frequency, including zero frequency, of the specified immunizations.

Representative Bahr actually believes legislators should make the decision on whether immunizations are necessary rather than a panel of experts such as doctors, nurses, pharmacists, public health, etc. Bahr is a protégé of ex Representative Cynthia Davis.

Bert Malone of MPHA, the NEA, the State Medical Assn and others testified against. The Missouri Family Network testified in favor of the bill. The Committee has taken no action on this proposal.



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make political contributions from dues of public employees without each employee's written authorization.

**Health Care Related Bills**

Additional bills also were addressed:

- A House committee reviewed [House Bill 838](#), which would add

resulting in an abortion and will be immune from liability for their refusal to do so. The bill moves to the Senate.

- A Senate committee approved [Senate Bill 428](#), which would allow a sheriff to be reimbursed for the cost of transporting a patient to and from a mental health facility.

**TABOR "Light" Passes Committee**

The Senate Ways and Means and Fiscal Oversight Committee passed [Senate Joint Resolution 8](#), a proposal for a constitutional amendment that would establish a revenue lid for the state. The amendment, if passed by voters, would require the state to provide refunds to

**Preparing to Care**

The Senate Appropriations committee cut the "Preparing to Care" budget \$12 million dollars. The program trains future health care workers.

**Unions**

The Senate gave final approval to the [Senate Substitute for Senate Bill 202](#) and sent the measure to the House. Subject to voter approval, it would prohibit use of wage withholding to collect union dues or fees from public employees. Also, unions could not

pulse oximetry screening to the Missouri Department of Health and Senior Services' list of newborn screening requirements. The change would be contingent on state appropriations to perform the tests.

- The House of Representatives gave final approval to [House Bill 28](#), which governs the regulation of abortion-inducing drugs. Also, pharmacies may not be compelled to offer or provide a service

taxpayers if revenue increased by more than five percent over the previous fiscal year. Like other TABOR revenue lids, the bill is problematic because it permanently locks the state into the current revenue crisis and threatens the ability of future legislatures to respond to the state's changing needs and adequately fund basic state services.

# Volunteer Form

Email to [sboeckman@mopha.org](mailto:sboeckman@mopha.org) or fax to 573.635.7823



Please volunteer for one of the following committees:

- Education
- Annual Meeting
- Advocacy and Public Policy
- Membership
- Public Health Science and Practice

Name: \_\_\_\_\_

Contact Info \_\_\_\_\_

Email: \_\_\_\_\_

# APHA Legislative Update



## House Passes Continuing Resolution with Major Cuts to Public Health

On February 19, the U.S. House of Representatives passed H.R. 1, a Continuing Resolution (CR) that would fund the government for the remainder of the 2011 fiscal year. The CR contains significant cuts to a several key public health agencies including the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA) and the Environmental Protection Agency (EPA) among others. CDC's funding, for instance, would be cut by approximately \$1.4 billion dollars below FY2010 levels. The legislation also uses the \$750 million available this year for the Prevention and Public Health Fund to backfill about half of the cuts made to CDC's budget (more information below). APHA sent a letter to all members of the House and issued a press statement in opposition to the legislation. [Click here](#) to see how your Representative voted. In addition to the significant cuts made to public health agencies and programs, the legislation contains a number of other anti-public health "riders" that would block implementation of the Affordable Care Act, restrict EPA's ability to address air pollution, and

restrict access to reproductive health services. These issues are discussed in more detail below:

### *H.R. 1 would block funding to implement the Affordable Care Act.*

A number of amendments were adopted that would block the Department of Health and Human Services from implementing various parts of the Affordable Care Act. The most notable was the adoption of an amendment by Rep. Denny Rehberg (R-Mont.) that would which would bar the use of federal funds to pay the salaries of HHS employees, officers or contractors to implement the law. It was adopted 239-187. This amendment would likely restrict the \$750 million from the PPHF that was transferred to CDC to backfill the core funding cuts to CDC in the base bill as prepared by House Appropriations Committee Republicans, bringing total CDC funding for the year to just below \$5 billion dollars, a major reduction from the \$6.467 billion CDC received for FY 2010. Other Republican amendments adopted that would block ACA implementation included:

- an amendment by Rep. Steve King (R-Iowa) to bar the use of funding by any federal agency to implement the law (adopted 237-191)
- an amendment by Rep. Jo Ann Emerson (R-Mo.) to block IRS funding for implementing or enforcing the law's individual mandate that Americans purchase health insurance (adopted 246-182)
- an amendment by Rep. Cory Gardner (R-Colo.) to bar funding for creation of the state health insurance exchanges (adopted 241-184)
- an amendment by Rep. Joseph Pitts (R-Pa.) to bar funding for the development of rules defining the essential benefits all health plans must include (adopted 239-183)
- an amendment by Rep. Tom Price

(R-Ga.) to block funding for rules that require insurers to spend a minimum percentage of their premium revenues on medical care (adopted 241-185).

### *H.R. 1 would block EPA health protections for air pollution*

The bill also contains a number of restrictions on EPA's ability to protect public health from air pollution. The base bill contained language blocking EPA's ability to address dangerous carbon pollution and other greenhouse gases and included budget cuts that would cripple critical programs to protect public health. Additionally, several amendments were passed that would prevent EPA from carrying out its mission to protect the air we breathe:

- an amendment by Rep. John Carter (R-Texas) would prevent the EPA from enforcing new standards to cut mercury and other toxic air pollutants from cement plants (adopted 250-177).
- an amendment by Rep. Ted Poe (R-Texas), would prevent the EPA from setting any limits on emissions of carbon dioxide, methane, nitrous oxide, sulfur hexafluoride, hydrofluorocarbons, or perfluorocarbons (adopted 249-177).
- an amendment by Rep. Mike Pompeo (R-Kansas) would prevent EPA from collecting basic data from large emitters on how much carbon dioxide and other greenhouse gas pollutants are being released into the air (adopted 239-185).

### *H.R. 1 restricts access to reproductive health services*

The House-passed CR includes specific language aimed at restricting access to reproductive health care services. The underlying bill eliminates Title X, the federal program providing family planning assistance to low-income individuals.

*(Continued on page 11)*

(Continued from page 10)

The CR also drastically reduces and eliminates many evidence-based teen pregnancy prevention programs, and cuts funding for the Maternal and Child Health Block Grant. Additionally, an amendment offered by Rep. Mike Pence (R- Ind.) banning Planned Parenthood from receiving any federal funding was included in the overall bill (adopted 240-185). The Pence amendment would prevent Planned Parenthood for receiving federal funds, including Medicaid, to provide services including HIV/AIDS screenings, contraception, breast and cervical cancer screenings, and annual exams. The Hyde Amendment, passed in 1973, already bans any federal funds from paying for abortions. This amendment goes significantly further and could cause millions of women to lose access to their primary source of preventive health care services.

House and Senate Democrats have denounced the proposal and according to press reports, Senate Democrats are moving forward with an alternate proposal that would fund the government for the remainder of the 2011 fiscal year and would also cut spending below current levels, but few details are known about the proposal. APHA sent a letter to all members of the Senate strongly opposing H.R. 1. Ultimately, House and Senate leaders will have to negotiate on a final bill or risk a potential government shutdown. As a stop-gap measure to allow for negotiations between the House and the Senate, Congress passed a 2-week CR (that would kick in after the current CR expires on March 4) to fund the government until March 18. Senate Democrats had proposed a month-long CR at current spending levels, but that proposal was rejected by House Republicans.

**President Obama Releases FY2012 Budget Proposal**

President Obama released his Fiscal Year 2012 budget proposal on February 14th. Overall, the budget freezes all non-security discretionary spending for five years. The budget



proposal includes several encouraging increases in investment in public health priorities, including community health centers, the health care workforce, HIV/AIDS prevention and treatment programs, and vaccine programs. The proposal also includes funding for the Food and Drug Administration to implement the recent modernization of the nation's food safety system, a law APHA strongly supported.

However, the budget proposal also makes unfortunate cuts to key preventive health programs at the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA). The cuts at CDC include the Preventive Health and Health Services Block Grant and the Public Health Emergency Preparedness Grant Program. Environmental health programs at CDC also take a hit as the budget would combine the Asthma, Lead, and Healthy Homes programs at CDC and cut the cumulative budget for the three programs in half as well as eliminate the Built Environment program. At HRSA, the Graduate Medical Education program for children's hospitals, state health access grants, rural health programs, and others were targeted for budget cuts. The CDC's overall budget would fall from \$6.5 billion in FY2010 to \$5.8 billion in FY2012 and HRSA's budget would fall from \$7.5 billion in FY2010 to \$6.8 billion in FY2012. Click here to read more detail about the President's budget proposal here. APHA continues to advocate for robust funding for both the CDC and HRSA and will be monitoring the FY2012 budget process as it moves forward.

**FY2011 Allocations for Prevention and Public Health Fund Released**

The Department of Health and Human Services released the allocations for the 2011 Prevention and Public Health Fund. The \$750 million for FY2011 builds on the \$500 million allocated in FY2010. The FY2011 funds will be used for a variety of public health efforts, and will support the work of the Centers for Disease Control and Prevention (CDC) and the Health Resources and

Services Administration (HRSA). Specifically, the FY2011 funds will go to Community Prevention programs (\$222 million) to enhance preventive health programs at the local community level, including tobacco cessation, obesity prevention, and disease-specific efforts; Clinical Prevention (\$182 million) to expand awareness of clinical preventive services and benefits; Public Health Infrastructure and Training (\$137 million) to bolster public health infrastructure at the state and local level and increase training capacity for the health care workforce; and Research and Tracking (\$133 million) to increase and expand data collection on public health services nationwide. APHA was a strong advocate for the Prevention and Public Health Fund during the debate on the Affordable Care Act. A detailed chart showing how the funds were distributed is available on APHA's website.



**APHA Testifies Opposing Restrictions on Clean Air Standards for Greenhouse Gases**

On February 9, Dr. Lynn Goldman testified on behalf of APHA at a hearing before the

(Continued on page 12)

(Continued from page 11)

House Subcommittee on Energy and Power on the so-called “Energy Tax Prevention Act of 2011.” Dr. Goldman is the Dean of the George Washington University School and a long-time APHA member. The draft legislation would block the EPA’s authority to regulate carbon dioxide and other greenhouse gas emissions under the Clean Air Act. APHA strongly opposes the bill and any legislation that would seek to block EPA from moving forward with the strongest health protective standards based on the best available science. For 40 years, the Clean Air Act has safeguarded the health of all Americans, including our most vulnerable. By EPA’s estimate, the first 20 years of the Clean Air Act has prevented more than 200,000 premature deaths, 672,000 cases of chronic bronchitis, 843,000 asthma

attacks, and 189,000 cardiovascular hospitalizations, making it one of the most successful public health laws of our time.

APHA also recently hosted a press briefing on the health implications of greenhouse gases and streaming audio and a transcript of the event are available on the APHA website.



**One Year Anniversary of the Affordable Care Act on March 23**

The one year anniversary of the passage of the Affordable Care Act is

on March 23, 2011. In its first year, the law has provided American families with benefits including greater access to preventive health care services, allowing young adults up to age 26 to stay on their parents’ health insurance plans, preventing insurance companies from denying kids access to insurance coverage because of a preexisting condition, and many more. As we prepare for the one year anniversary, APHA wants to hear how these provisions in the Affordable Care Act have benefited you and your family. Send us an email at [healthreform@apha.org](mailto:healthreform@apha.org) and share your story. In the coming weeks we will be providing additional information about the various ways APHA members can get involved in recognizing the one year anniversary of this historic law.

## North West Chapter of MPHA Meets and Recognizes Award Winners

*Kathleen Welton, Clay County Public Health Center*

The North West Chapter of Missouri Public Health Association (MPHA) has meet twice in 2011.

The first meeting was to recognize MPHA Award winners at a luncheon at Cascone’s on Feb.7. Public Health Week activities were also discussed. Recognized 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
- 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

The second meeting was on March 22 at Independence City Health Department. 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”.

A summer meeting is planned focusing on “Adolescent Health” with Dr. Daryl Lynch, Children’s Mercy Hospital. Bert Malone and Jodee Fredrick are to nominate a slate of officers soon. Please send any nominations to them.



**Dr. Lynch** holds the position of Vice Chair of Ambulatory Medicine for the Department of Pediatrics at Children’s Mercy Hospital. Dr. Lynch also serves as Section Chief of the Adolescent Medicine. As Section Chief, he provides oversight for a very active provider group at the Teen Clinic as well as numerous community locations in the Kansas City area

# NACCHO Government Affairs Staff Actively Influencing US House & Senate

*The National Association of City and County Health Officials has shared the following update regarding legislative and budget actions undertaken in Washington at the federal level.*

The House and Senate have passed on a bipartisan basis HR 1473, which funds the federal government through the end of September providing \$1.055 trillion in discretionary funding for FY 2011 and reducing federal agency budgets by more than \$38 billion. The bill provides \$158 billion in discretionary funding for programs in the Labor-Health and Human Services (HHS)-Education funding bill, which is \$5.5 billion (3%) less than the FY 2010 levels. President Obama will sign the measure into law by midnight Friday in order to avert a government shutdown.

The bill is different from previous years where Congress would provide great detail on the cuts and directive language to the agencies. HR 1473 provides an overall number for the agencies giving great discretion to the executive branch in determining how to distribute the cuts. The Administration must submit a spending plan to Congress within 30 days on how they plan to allocate the large general reductions. Programs that are proposed for cuts or terminations in the President's FY12 budget proposal may be particularly vulnerable during the next 30-day decision period.

The Centers for Disease Control and Prevention (CDC) was cut by \$730 million, of which approximately \$380 million is unspecified or "unallocated."

\$100 million of the unallocated amount is assumed to come from "administrative savings" internal to CDC. Since the bill is silent as to how the remaining \$280 million of cuts should be allocated, the decision will



be left to CDC and HHS. There is also a .2 percent across the board cut to all non-defense agencies.

One bright note is that the \$750 million in the Prevention and Public Health Fund remains intact leaving it to HHS to determine how it should be directed. HHS did release details in February of how they would distribute the fund in FY11. However, HHS does have the option to use the Fund to supplant the FY2011 cuts to discretionary funding. CDC received \$192 million from the Fund in 2010, and is expected to receive \$611 million in 2011 (an increase of \$419 million). In light of the large cuts to CDC, it is quite possible this allocation will be revisited in 2011. Details of CDC's decision won't be known until May 15th when they report to Congress.

NACCHO, in collaboration with the Association of State and Territorial Health Officials (ASTHO), has continued to advocate that drastic cuts to public health programs are short-sighted and would harm the public's health.

## FY12 Funding and Beyond

The House of Representatives passed their Fiscal Year 2012 Budget Resolution. This is the first step of the FY12 funding process and is the development of the non-binding spending blueprint for the year and beyond known as the budget resolution. The resolution proposes to reduce spending by \$5.8 trillion over the next

decade, and includes the following:

- Holds overall domestic discretionary spending below 2008 levels and holds this category of funding to a five year freeze. The budget also proposes a binding cap on total spending as a percentage of the economy.
- Repeals the Affordable Care Act (ACA) (The plan keeps Medicare cuts but repeals the remainder of the law.)
- Converts the federal share of Medicaid spending into a block grant indexed for inflation and population growth. In addition to creating a block grant the budget proposal rolls back the Medicaid expansion authorized by the ACA.

The budget resolution will shape the

*(Continued on page 14)*

(Continued from page 13)

FY12 allocations that are received by the Appropriations subcommittees. The Senate budget resolution currently being drafted by Senate Budget Chairman Kent Conrad (D-ND) is not expected to include such draconian cuts as the House budget resolution. The House and Senate do not need to agree on a budget resolution; however, if their overall appropriations numbers for FY12 are widely divergent, they will need to agree on funding levels for final appropriations bills to be passed and sent to the President.

Complicating the FY12 funding process is the matter of raising the debt ceiling. Many members of Congress want a plan for reducing the deficit before voting to raise the debt ceiling. The House Budget Resolution is one proposal. On April 14, President Obama laid out his proposal. The President proposes to cut \$4 trillion over the next 12 years. Building on the cuts in FY 2011, the President proposes to cut non-security discretionary spending by \$770 billion by 2023, as recommended by his Fiscal Commission. The President would cut security spending—defense, homeland security, and veterans affairs—by \$400 billion in the same timeframe. The White House has produced a fact sheet with the particulars of the plan.

NACCHO Government Affairs staff are continuing to follow up with offices that were met with on March 16 by NACCHO leaders and State Associations of County and City Health Officials representatives and to meet with staff representing the members of the Labor-HHS-Education Appropriations and Agriculture-Rural Development-Food and Drug Administration Appropriations subcommittees in the House and the Senate.

**Prevention and Public Health Fund**

On April 13, the House of Representatives passed HR 1217 to permanently repeal the Prevention and Public Health Fund by a vote of 236-183. Four Democrats supported the bill: Representatives Altmire (PA), Boren (OK), McIntyre (NC), and Peterson (MN). The Senate is not expected to bring this bill up for a vote at this time. The White House sent a Statement of Administrative Policy opposing the bill saying "If the President is presented with legislation that would eliminate funding or repeal the Prevention and Public Health Fund, his senior advisors would recommend that he veto it.

**CONFERENCE INFORMATION**

Moving Public Health Practice to the Next Level in Challenging Times

**Presented by**

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

**September 29-30, 2011**

**Stoney Creek Inn, Columbia, MO**

**General Session Speakers:**

**Dr. Linda Rae Murray, APHA President**  
**Kaye Bender, PhD, RN, FAAN**  
**Francesca Holme, MPH**  
**Terri Dreussi-Smith**

**Conference Objectives:**

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

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

**Involvement**—Increase individuals' involvement in associations with

# REGISTRATION FORM

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 Agency: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Note:** Two day registration includes 2 breakfasts, 2 lunches, breaks and conference materials. In order to receive pre-registration rates, registration form must be received at the MPHA office by September 1, 2011.

	Before 9/1/11	After 9/1/11
<input type="checkbox"/> Pre-Conference - Wednesday	\$30	\$30
<input type="checkbox"/> Member - Two Days (9/29-30)	\$150	\$160
<input type="checkbox"/> Non-Member - Two Days (9/29-30)	\$300	\$320
<input type="checkbox"/> Member - Thursday	\$80	\$90
<input type="checkbox"/> Member - Friday	\$80	\$90
<input type="checkbox"/> Non-Member - Thursday	\$160	\$170
<input type="checkbox"/> Non-Member - Friday	\$160	\$170
<input type="checkbox"/> <b>Full Time</b> Student Member - Two Days	\$50*	\$50*
<input type="checkbox"/> Retiree - Two Days	\$75**	\$75**

Check Enclosed for \$ \_\_\_\_\_

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Credit Card # \_\_\_\_\_  
 Name on Card: \_\_\_\_\_  
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 City, State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Individual Membership in MPHA is \$50.00**

Please complete a registration form for each individual.

\*Must be a FULL-TIME student currently enrolled in a Missouri Institution of higher education. ~ \*\*Must be retired

Please check the sessions you will be attending

**Thursday, September 29 - Breakout Workshop #1**

- Food Policy
- Spectrum of Prevention
- PH Agencies and FQHC's
- Evidence-Based PH Programs

**Friday, September 30 - Breakout Workshop #2**

- Bridges Out of Poverty
- Tale of Two Health Depts.
- Taney County Substance Abuse
- Multistate Learning Collaborative

**Friday, September 30 - Breakout Workshop #3**

- Bridges Out of Poverty
- Health Literacy
- MALBOH Session
- Social Media to Promote PH

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

**I AM or MY AGENCY IS CURRENTLY A MEMBER OF**  
 (check all that apply)

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

Please send me membership information for: \_\_\_\_\_

# Policy Watch

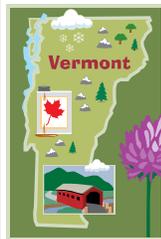


## State Health Plan for Low-Income Adults Terminated in Pennsylvania

Pennsylvania is cancelling its adult Basic program, a state-funded health insurance plan for low-income adults who do not qualify for Medicaid. The program has existed since 2001 and insures nearly 42,000 people in the state at monthly premiums as low as \$40 a month. It is funded by money from the state's tobacco settlement and donations from Blue Cross and Blue Shield insurance companies. Individuals who lose health insurance coverage as a result of the program ending will be eligible for either subsidized private insurance or for coverage under the Medicaid expansion in the health care reform law. However, these provisions do not take effect until 2014. Participants in the program will have a few options for new coverage, albeit with far higher monthly premiums. Blue Cross is allowing adultBasic subscribers to join an existing plan for low-income adults, but premiums could be as high as \$192 a month. The new high risk insurance pool created in the health reform law is also an option for some, however individuals must go without insurance for six months before joining the pool and could see premiums as much as \$283 a month.

thousands of dollars a month for lifesaving medications. The state has seen an increase of 14 percent in ADAP participation in the past year. The state has not yet begun a waiting list for patients, a step at least 10 other states have been forced to take, leading to more than 6,000 patients on a waiting list nationwide. Illinois also allows individuals with income levels of up to 500 percent of the federal poverty level to enroll in ADAP. Patients are required to re-enroll in the program every six months.

Extension have created a Nutrition Environment Measures Survey to evaluate the nutritional value of vending machine foods and beverages. Items in machines located in state buildings, public parks and rest areas will be rated as either "red" for unhealthy, "yellow" for meeting dietary guidelines, or "green" for healthy. Under the menu labeling provision in the Affordable Care Act, vendors with more than 20 machines will be required to display calorie information for each item in the machine.



## Vermont Proposes Single-Payer Health Care Plan

Vermont Governor Peter Shumlin (D) has proposed a state single-payer health insurance plan that would cover residents under a publicly-funded insurance pool. The plan, which is still awaiting many details on funding options, would allow state residents to receive health insurance paid for by the state regardless of employment status or income level. The health care reform law includes a provision that allows states to opt out of its mandates, if the state can prove it can achieve the same coverage level. States cannot apply for a waiver to do so until 2017, although President Obama has expressed support to move this deadline up. Governor Shumlin has said he will use federal funding to create a payment mechanism that would be converted to support a single-payer health insurance program.



## Budget Cuts in Illinois Could Impact Low-income HIV/AIDS Patients

In response to a state budget crisis, Illinois has taken steps to reduce the list of medications available to HIV patients enrolled in the AIDS Drug Assistance Program (ADAP), the state-run program that pays for medicines for low-income individuals. Removing drugs from the ADAP coverage list could be cause patients to pay



## Vending Machines Provide Nutritional Information in Iowa

The Iowa Department of Public Health and the Iowa State University

# Group Merit Award Winner: A Matter of Balance Trainers & Lay Leaders

*Elizabeth Jackson, BS, CHES, Clay County Public Health Center*

**What it is:**

Matter of Balance is a program designed to reduce the fear of falling and increase the activity levels of older adults who have this concern. It is based upon research conducted by the Roybal Center for Enhancement of Late-Life Function at Boston University. A Matter of Balance is a structured group intervention, which utilizes a variety of activities to address physical, social, and cognitive factors affecting fear of falling and to learn fall prevention strategies.

The activities include group discussion, problem-solving, skill building, assertiveness training, videotapes, sharing practical solutions and exercise training. During the class, participants learn to:

- view falls and fear of falling as controllable (involves changing behavior with a focus on building falls self-efficacy, i.e. the belief that one can engage in an activity without falling),
- set realistic goals for increasing activity (by instilling adaptive beliefs such as greater perceived control, greater confidence in one's abilities, and more realistic assessment of failures),
- change their environment to reduce fall risk factors (use a home safety evaluation and action planner to reduce fall risk hazards in the home and community), and
- promote exercise to increase strength and balance.

Each of the eight sessions is two hours in length. Early sessions focus on changing attitudes and self-efficacy before attempting changes in



*Kathleen Welton presents the Group Merit Award to Elizabeth Jackson, Christy Vogt and volunteer Vangie Webb representing A Matter of Balance*

actual behavior. The exercise component is incorporated into each session starting in the third and continuing through the eighth. In addition, since opportunities for physical activity are abundant, referral to a Senior Exercise Resource Guide, developed by the Senior Falls Prevention Coalition of Clay and Platte Counties (Falls Coalition) is provided to each student to promote continued participation in community programs and physical activity efforts even after the Matter of Balance course ends.

This program follows the lay-leader model, meaning that interested community members are trained to become certified instructors for the program. This allows the program to be more accessible to the growing number of older adults.

**How we started:**

In Clay County during 2009, 50 % of seniors of seniors surveyed experienced a fall and 33% reported being injured according to the Clay County Senior Survey. As our aging population increases annually the

need for programs to reduce the burden of falls among those 65 and older is becoming even more of a necessity. To address this issue, Clay County Public Health Center sent two staff members to receive the Master Trainer certification for this program so that it could be implemented locally. Since the first coaches' training held in June 2009, 25 coaches have been trained. Thirteen classes have been held at 8 different sites by these coaches, and 142 people have participated in the Matter of Balance class to date and these numbers continue to grow. In the fall of

2009 the Clay-Platte Falls Coalition selected this award-winning program as the program of choice for the coalition to fund. This allowed trainings and classes to be expanded into Platte County.

**Where we are today:**

Matter of Balance maintains its status as an evidence-based program through several evaluations conducted in each course held. The first session survey (pre-test) and the last session survey (post-test) contains items that address confidence in one's ability to reduce falls, increase strength and other attitudinal-and-behavioral items. Statistical analysis between these two surveys supports that the MOB curriculum is effective at increasing participant's confidence that they can get up from a fall, reduce falls, protect themselves from a fall, increase physical strength, and become steadier on their feet. By the end of the course, participants show a significant increase in their participation in walking and exercise.

# Robert L. Northcutt Award Winner: Clean Air Liberty

I wish to nominate Clean Air Liberty for the Robert L. Northcutt Award for their advocacy for clean air in Liberty, MO. This grassroots organization of local business persons, health agencies, physicians, parents and students would not settle for a limited smoking ban in Liberty, they orchestrated a signature drive for a ballot issue and campaigned for its passage.

In March, 2009, Liberty City Council passed a limited smoking ban - allows smoking in bars, smaller restaurants, bowling alleys and billiard parlors licensed by the city to sell liquor by the drink with certain restrictions. By May 2009, Clean Air Liberty under the direction of local business owners, Clay Lozier, Anna Marie Martin and councilperson Harold Phillips had collected more than 1,000 signatures to put a measure calling for a stricter city smoking ban on the November 2009 ballot.



*Kathleen Welton presents the Robert R. Northcutt Award to Anna Marie Martin representing Clean Air Liberty*

The proposed issue restricts smoking in almost all enclosed areas open to the public, including bars and restaurants. There are some exceptions, though. Smoking could be allowed in 25 percent of hotel and motel rooms, on outdoor patios and in

designated areas of city parks. The proposed issue restricts smoking in almost all enclosed areas open to the public, including bars and restaurants. There are some exceptions, though. Smoking could be allowed in 25 percent of hotel and motel rooms, on outdoor patios and in designated areas of city parks. It would take effect 60 days after approval.

To gain for support for the ballot issue, Clean Air Liberty with support of Smoke-free KC, American Cancer Society and American Heart Association had a kick-off at The Dish restaurant with speakers, supplied yard signs, had two neighborhood walks to distribute door hanger, and an information booth at Liberty Fall Festival besides letters to the editors in local paper. The efforts paid off. Liberty voters overwhelming passed the stricter smoking ban with more than 70% of the vote, 8,023 to 3,303.



## Dr. Hoff and Dr. Cai Presented MPHA Publication Award

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

# Report from M-I-N-K Regional Meeting

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

With financial support from UniCare, the University of Kansas Medical Center, Kansas University Public Health Program, and Novartis, the four public health association in Region VII (Missouri, Iowa, Nebraska and Kansas) convened at the Kansas City (MO) Health Department to deliberate on establishing a coalition.

David Corbin, PhD (NE), the Region VII representative to APHA's Committee of Affiliates, presided over the two-day meeting of the Affiliate Representatives to the Governing Council (ARGC) (of APHA) and board members of the four affiliates on the afternoon of April 14 through the morning of April 15, 2011. He elaborated on the potential of a coalition--to enhance visibility and collaboration, to leverage funding opportunities, network, and identify shared advocacy opportunities and best practices.

The meeting was inspired by the accomplishments of the Great Lakes Coalition (GLC) of public health associations in Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin.

After an hour of sharing activities and accomplishments of each Region VII affiliate, U.S. Department of Health and Human Services' Regional Health Administrator Jose Belardo, JD, MSW presented information about the Affordable Care Act and Public Health to about forty attendees. The afternoon ended with Ed Schneider, president of the National Association of Local Boards of Health (NALBOH), conducting a presentation on its priorities and partnerships.

The next morning's meeting commenced with a teleconference presentation about the GLC by the Chief Executive Officer of Illinois and

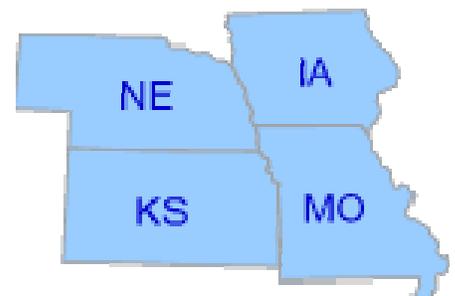
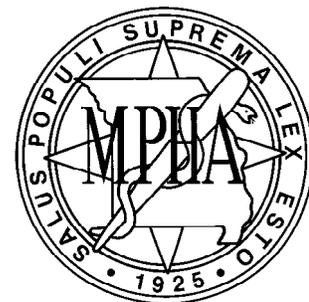
Indiana public health associations, Jim Nelson and Jerry King, respectively. Following the presentation, the meeting of approximately twenty-five attendees turned to discussing the pros and cons, concluding that we should take "baby steps" before deciding to formalize our coalition.

Our first unanimous decision is to have a similar gathering next year. The Public Health Association of Nebraska offered to host the meeting in Omaha. The 2012 spring date for the meeting will be decided later.

The second unanimous decision was for the ARGCs to serve as the Steering Committee to develop a Memorandum of Understanding regarding the purpose and goals for a coalition of the four public health associations in Region VII.

The third and final decision was to request the Missouri Public Health Association to continue to hold the donated funds. The proceeds after expenses will be used as seed money for next year's meeting. President Pat Morgester, President Elect Dalen Duitsman, Vice-President Bert Malone, and ARGC Pat Parker agreed that MPHA could continue to hold the funds.

In addition to the abovementioned MPHA officers, Jodee Frederick and Rex Archer, MD, director of the Kansas City (MO) Health Department were in attendance on Day 1. A special thanks to Dr. Archer and his staff for allowing and accommodating the meeting at their well-equipped, modern facility. The attendees commented that they had never seen such a beautiful local public health department! Due to Bert's attention to details, everything went off without a snag.



**Communiqué**



P.O. Box 126 ■ Jefferson City, MO

Visit us on the Web:  
[www.mopha.org](http://www.mopha.org)

**COMMUNIQUE' Editor**  
**Pat Morgester**  
**Kansas City Health Department**  
Send comments and/or articles to:  
[pat\\_morgester@kcmo.org](mailto:pat_morgester@kcmo.org)

**MPHA Membership**



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

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

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| <input type="checkbox"/> Other: _____               |  |

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