

# Communiqué

July 2012



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

## Calendar of Events

**September 27-28, 2012**

Annual Conference  
Stoney Creek Inn  
Columbia, MO

October 27-33, 2012  
APHA Annual Meeting  
Moscone Center  
San Francisco, CA



722 E. Capitol Avenue  
Jefferson City, MO 65101  
573-634-7977  
www.mopha.org



### **PRESIDENT'S MESSAGE**

Pat Morgester, Kansas City Health Department

Greetings all!!!! Spring is in the rear view mirror and the long road to a hot, hot summer is before us. I hope you had a chance to plant your tomatoes and herb gardens because we're getting our fair share of tomatoes right about now. Please be safe.

In the last issue of the Communiqué I opened my comments announcing the second year anniversary of the Affordable Care Act (ACA) that was signed into law by President Barack Obama. In this issue I am opening with the ACA again because the U.S. Supreme Court handed down a landmark decision on June 28, 2012 stating the Affordable Care Act is constitutional. So, what does this mean to Missouri? Since 2010, Missouri has received \$11.6 million in grants from the Prevention and Public Health Fund created by the ACA. The estimated number of young adults (19-25) gaining health insurance due to the ACA through 2011 is 55,000. Look for a very informative article with website links on page 16 from Healthcare.gov for detailed information.

During the APHA Midyear meeting, "The New Public Health: Rewiring for the Future", in Charlotte NC, I met with several colleagues from across the state and nation. Look for a thoughtful article on the Midyear meeting from Sarah Worthington on page 15. This meeting took place while the Court rendered its decision on June 28<sup>th</sup>. We met in a large ball room to watch the play-by-play SCOTUSblog (trusted site for immediate summaries of decisions and quick-hitting analysis) on the big screen. When the definitive statement came from the Court, the blog instantly typed the assenting ruling and a tremendous cheer arose from the nearly capacity crowd. I've never seen such a reaction at a professional conference before, it was like a high school pep rally. This really is a victory for public health in many ways.

Thanks to all who sent in articles and pictures of their National Public Health Week event. Look for pictures and articles later in this edition of the Communiqué. Look for an informative article from Pat Parker, our Affiliate Representative to the Governing Council (ARGC), on the mid-year Governing Council meeting. As of June 18<sup>th</sup>, CoA has now been renamed from Committee on Affiliates to **Council of Affiliates** (CoA). A hearty thank you goes to Bert Malone who guided us through another state General Assembly session. Look for a legislative summary in the next edition of our newsletter. And a special thanks to Dr. Louis Lex for her report on the Region VII (MINK) Annual meeting.

Finally, as always, thank you for your commitment to MPHA. The hard work that you do makes this one of the great Associations in the country. As always, if I can be of assistance please feel free to contact me at any time.

*Pat*

## APHA Legislative Update

July 2012



### Supreme Court upholds Affordable Care Act

On June 28, in 5-4 decision, the U.S. Supreme Court ruled that the Affordable Care Act is constitutional. The majority opinion was authored by Chief Justice John Roberts and was joined by Justices Elena Kagan, Ruth Bader Ginsburg, Stephen Breyer and Sonia Sotomayor. The ruling represents a major victory for public health advocates who worked tirelessly over the past two years in support of the law.

Specifically, the court upheld the individual mandate requirement of the law, ruling that Congress can impose a penalty on individuals who fail to purchase insurance through its authority to tax.

The court also upheld the act's expansion of coverage through the Medicaid program; however, it limits the Secretary of Health and Human Services' enforcement powers by ruling that the federal government cannot withhold states' existing federal Medicaid payments in an effort to require states to participate in the expansion of Medicaid coverage to new beneficiaries as outlined in the law.

"Today's historic ruling by the nation's highest court marks a significant milestone in our national efforts to improve the delivery and

financing of health services in the U.S. and to promote health and wellness rather than disease treatment," said Georges C. Benjamin, MD, FACP, FACEP (E), executive director of APHA in a statement released by the Association following the court's decision.

Since its enactment, the ACA has already provided many new benefits, and additional benefits will continue to take effect over the next several years. Among the benefits:

- 31 million Americans are projected to gain health coverage by 2019 due to critical upcoming reforms, including the exchanges, exchange subsidies, minimum coverage provision and Medicaid expansion;
- 54 million U.S. families have additional benefits, including greater access to preventive health care services recommended by the U.S. Preventive Services Task Force, such as vaccines and preventive care and screenings for women;
- 2.5 million young adults up to age 26 are able to stay on their parents' health insurance plans;
- nearly 18 million children with pre-existing conditions are protected from insurance coverage denials;
- 3.6 million seniors received 50 percent discounts on their drugs in 2011 as an initial step in closing the "donut hole;" and
- nearly 33 million seniors accessed preventive services now available without cost-sharing through Medicare.

For additional information about the court's decision, visit the Supreme Court's website or SCOTUSblog.

For background on key provisions in the ACA, including the Prevention and Public Health Fund, visit APHA's health reform website. For an overview of the law as well as state-specific fact sheets on how your state is benefiting from the ACA, visit the Healthcare.gov website.



### Senate passes farm bill reauthorization

On June 25, the U.S. Senate passed S. 3240, Agriculture Reform, Food, and Jobs Act of 2012, legislation to reauthorize federal farm programs over the next five years, by a vote of 64-35. The bill makes a number of changes to current farm programs. The biggest disappointment for many public health advocates was the bill's reduction in the Supplemental Nutrition Assistance Program, commonly known as food stamps, by \$4.5 billion over the next 10 years. An amendment by Sen. Kirsten Gillibrand, D-N.Y., supported by APHA and other advocates, to restore the cuts was defeated by a vote of 33-66.

The Senate also rejected a number of amendments that would have made additional reductions to the SNAP program, including an amendment by Sen. Rand Paul, R-Ky., that would have turned the SNAP program into a block grant to states and would have cut the program by \$322 billion over 10 years. Also rejected by a

*(Continued on page 3)*

## APHA Legislative Update (continued)

vote of 43-56, was an amendment by Sen. Jeff Sessions, R-Ala., that would have restricted categorical eligibility for SNAP to recipients of cash assistance under other state and federal aid programs.

The House Agriculture Committee released its draft of the bill earlier this week. The proposal would cut the SNAP program by more than \$16 billion over 10 years, more than three times the cuts contained in the Senate-passed bill. The Committee is scheduled to take up the bill on July 11. APHA members are encouraged to send a message to their representative urging them to protect important nutrition and other public health-related provisions in the House version of the bill.

### **Congress passes transportation reauthorization legislation**

In late June, the House and Senate passed the conference agreement on H.R. 4348, the Moving Ahead for Progress in the 21st Century Act, also known as MAP-21. The legislation reauthorizes federal transportation programs mostly at current levels through Sept. 30, 2014.

Unfortunately, the final conference report failed to include several provisions that APHA and other public health groups had advocated for. The final bill eliminates the Transportation Enhancements, Safe Routes, Recreational Trails and Scenic Byways programs and establishes a new Transportation Alternatives program – which cuts funding compared to these programs by one-third. While the bill does include the so-called “Cardin-Cochran” language allowing for local control of Transportation Alternatives funding, it does so at a reduced level of funding. The

agreement fails to provide dedicated funding for repairing roads and bridges. Finally, the bill does not include any provisions to encourage the inclusion of health impact assessments into proposed transportation policies, plans and projects.

Visit APHA’s transportation and health webpage for additional information about the links between transportation policy and public health.

### **Senate Appropriations Committee passes FY 2013 Labor-HHS-Education Appropriations bill**

One June 14, the Senate Appropriations Committee approved S. 3295, the FY 2013 Labor-HHS-Education appropriations bill, which would provide a \$1.4 billion increase over fiscal year 2012 levels. The bill would provide an increase of \$32 million over the FY 2012 program level for the Health Resources and Services Administration and a \$61 million increase for the Centers for Disease Control and Prevention. The bill would provide \$1 billion for the Prevention and Public Health Fund, including \$280 million for the Community Transformation Grant Program, a \$54 million increase over FY 2012 and a \$135 million increase over the president’s budget. The detailed committee report can be found here. The bill will now be reported to the full Senate for its consideration. The House has proposed about \$8 billion less than the Senate’s level for the fiscal year 2013 Labor-HHS-Education allocation in its budget resolution. The House Appropriations Committee has yet to schedule a markup of its version of the bill.



### **Environmental Protection Agency proposes stronger protections against soot**

On June 15, the Environmental Protection Agency proposed new national air quality standards for fine particulate matter that would reduce dangerous pollution in communities and save thousands of lives. Overwhelming evidence now shows that there are negative health impacts at lower levels of pollution than previously thought. Fine particulate matter, or PM2.5, one of the most dangerous forms of air pollution, can penetrate deep into the lungs and possibly cause premature death, heart attacks, strokes and childhood asthma. EPA’s proposal would strengthen the annual standard for PM2.5 to a range of 13 micrograms per cubic meter to 12 micrograms per cubic meter. The current annual standard is 15 micrograms per cubic meter. Recent Clean Air Act rules that cut pollution are projected to meet these new proposed standards without taking additional action in 99 percent of U.S. counties.

APHA applauded EPA for taking a step in the right direction to reduce particulate matter exposure and safeguard public health, and the Association looks forward to the agency setting strong final standards to protect people from this dangerous pollution.

(Continued on page 4)



## APHA Legislative Update (continued)

### Senate votes to uphold mercury and air toxics rule

In another major victory for public health, the U.S. Senate on Jun 20 voted 53-46 to block a resolution by Sen. James Inhofe, R-Okla., to reverse the U.S. Environmental Protection Agency's Mercury and Air Toxics Standards for power plants. The resolution would not only nullify these lifesaving standards, but would permanently block EPA from issuing any "substantially similar" mercury and air toxics protections in the future without express congressional authorization.

The new standards will dramatically reduce more than 80 toxic air pollutants from the more than 600 coal- or oil-fired power plants operating in the United States. EPA estimates that this vital public health protection will have enormous health benefits, preventing up to 11,000 premature deaths, 130,000 asthma attacks, 4,700 heart attacks and 5,700 hospital visits each year starting in 2016. According to EPA, these new standards will eliminate more than 90 percent of mercury emissions from power plants — a significant step forward in protecting public health from the debilitating effects of mercury, especially in unborn children. Consumption by pregnant women of food containing mercury — even at low levels — can impact fetal neurodevelopment causing delays, learning disabilities and birth defects. Power plants are the largest industrial source of mercury found in the United States.

APHA and other public health and medical advocates have actively lobbied against the resolutions since its introduction.



### Comprehensive dental reform bill introduced in Senate

On June 7, Sen. Bernie Sanders, I-Vt., introduced S. 3272, the Comprehensive Dental Reform Act of 2012. APHA sent a letter in support of the legislation, saying that it would improve access to safe and high-quality oral health care for vulnerable and underserved populations. In addition to expanding coverage by creating new access points and enhancing the workforce, the bill would fund new research and raise the public's awareness of the importance of oral health.

### APHA summer advocacy campaign underway

In May, APHA launched its annual Public Health Action (PHACT) Campaign to mobilize its members, affiliates and other advocates to educate their members of Congress on important public health issues that help to build and maintain healthy communities. During August (Aug. 4-Sept. 9) congressional recess, we are asking APHA members and affiliates to reach out to their congressional delegation in their states to express support for increasing critical funding for public health agencies and protecting the Prevention and Public Health Fund.

The PHACT Campaign toolkit offers sample questions for town hall meetings, sample emails and scripts

for sending messages to or calling congressional offices, tips for setting up meetings with congressional district staff and tips for using social media to publicize your advocacy activities. Advocates can also send a message to their members of Congress expressing the importance of public health funding. The PHACT website will be updated throughout the summer with a list of town hall meetings in your community, information on public health funding and other helpful resources to use in advocacy efforts. APHA is also requesting that advocates and APHA affiliates share success stories about how public health funding is effecting their state or community by emailing us at [phact@apha.org](mailto:phact@apha.org).



### Registration now open for APHA's Annual Meeting

Registration is open for APHA's 140th Annual Meeting and Exposition, "Prevention and Wellness Across the Life Span," to be held Oct. 27-31 in San Francisco. The meeting will present an opportunity to discuss the impact prevention and wellness have on health, both physical and mental, at all ages. Register by Aug. 16 to receive special savings. Visit APHA's website for more information.

## Policy Watch: Updates from the States

July 2012



### New York proposes ban on the sale of large sodas

On May 30, New York City Mayor Michael Bloomberg's (I) administration introduced a proposal that would ban the sale of large sodas and sugary beverages at movie theaters, restaurants, street carts and sports arenas. Under the proposed ban, the sale of sweetened drinks in cups or bottles larger than 16-fluid ounces would be prohibited. Sugary beverages ranging from energy drinks to pre-sweetened teas would be included, but the ban would not apply to fruit juices, dairy-based drinks, diet sodas, alcoholic beverages, or other drinks with fewer than 25 calories per 8-fluid ounce. Beverages sold in grocery stores and vending machines would not be regulated, nor would the ban restrict the purchase of additional drinks or free refills. This initiative follows 30 years of rising obesity rates, which is partly attributed to one-third of New Yorkers consuming one or more sugary drinks per day. The proposal is pending approval by the city's board of health.

### California voters reject tobacco tax

In June, California voters rejected a measure that would have added a \$1 tax on a pack of cigarettes. Known as Proposition 29, it was estimated the measure would bring in \$735 million in new tax revenue to be directed toward tobacco-related disease research and tobacco prevention and control programs. Despite efforts by the American Cancer Society and cancer survivor Lance Armstrong the proposition was narrowly defeated by a vote of 50.3 percent. Public support for the measure fell significantly after the tobacco industry spent \$47 million on an ad campaign that cast doubts on how the new revenue would be spent. Health groups supporting the proposal spent \$12 million. The proposition mirrored a 2006 attempt at increasing the tobacco tax, which also failed after an industry-sponsored ad campaign.



### Kansas hospitals launch quality initiative

As part of a federal campaign to reduce rates of hospital-acquired infections and injuries, the Kansas Healthcare Collaborative launched its own initiative calling for best practices and the development of standards for quality care. Federally, a goal has been set to reduce hospital infections by 40 percent and lower hospital readmissions by 20 percent by the end of 2013. A report from the Centers for Disease Control and Prevention found that 1.7 million patients acquired an infection while hospitalized in 2002, leading to 98,987 deaths.

Nationwide, these infections cost hospitals \$45 billion a year. Founded by the Kansas Medical Society and Kansas Hospital Association, and with the leadership of 100 nurses, physicians and hospital administrators, the collaborative will strive to reduce 10 common hospital-acquired conditions. These include surgical site infections, injuries from falls, catheter-associated urinary tract infections and adverse drug events to name a few. More than 70 percent of Kansas state hospitals are participating in the initiative.

# Lafayette County Health Department Public Health Week Activities

During National Public Health Week (April 2<sup>nd</sup> – 8<sup>th</sup>) the Lafayette County Health Department engaged in several efforts to raise awareness about the importance of local public health's work to prevent disease and promote health. Activities included:

- Issuing a press release focusing on public health involvement in disease prevention and health promotion
- radio public service announcements
- a live radio interview giving the history of the annual observance to highlight public health contributions
- sponsoring a coloring contest for first graders across the county to promote the healthy habit of good hand washing
- A door prize drawing was also held with an adult winner receiving a gift bag containing a book on gardening, garden gloves and water bottle and the winner in the kids drawing receiving an alphabet game

Winning students in the coloring contest received a movie pass for themselves and a parent. The tickets were provided to LCHD by the local theaters at a discount. Photos of the winning entries were printed with articles highlighting the week's activities in at least two local newspapers.

Submitted by Nola Martz, MSN RN -Administrator



Top Row (left to right): Jaylynn Davis, Concordia Elementary, Mrs. Singleton; Cooper Wood, Trinity (Alma), Mrs. Boyle  
Bottom Row: Chantel Richardson, Santa Fe Elem., Mrs. Shields, Charlee Jo Mansell, Wellington-Napoleon, Mrs. Waterworth

Top Row (left to right): Molley Hutchings, Leslie Bell Elem., Mrs. Smith; Madison Wallace, Grandview Elem (Higginsville), Mrs. Bennett.  
Bottom Row: Lily Scott, McQuerry Elem (Odessa), Mrs. Adamec; Marissa Heins, St. Paul (Concordia), Mrs. Roepe



## *Dental Clinic Transition Improves Access to Dental Care Samuel U. Rodgers and Clay County Public Health Center Promote “A Healthier Clay County Beings April 2nd, 2012”*

In celebration of **National Public Health Week (April 2<sup>nd</sup> – 8<sup>th</sup>)**, the Clay County Public Health Center and Samuel U. Rodgers Health Center hosted an Open House at the Clay County Public Health Center located at 800 Haines Drive in Liberty from 2:00 - 3:30 pm on April 5<sup>th</sup>. Dr. Mike Jurkovich, DDS, Dental Director for Samuel U. Rodgers Health Center and Gary E. Zaborac, Director of Public Health for Clay County announced the transition of the Clay County Public Health Center dental clinic services to Samuel U. Rodgers Health Center, a Federally Qualified Health Center (FQHC). This new partnership will provide comprehensive dental clinic services for children and adults in the Northland. The dental clinic services will remain located at the Clay County Public Health Center, 800 Haines Drive, Liberty.

In 1955 Clay County Public Health Center began providing dental services for children of school age only. This new and expanded dental clinic under Samuel U. Rodgers' direction will see patients of all ages. The dental clinic will accept Medicaid, Medicare, and most insurance. For the uninsured, fees for dental care will be on a sliding scale.

“Improving access to dental care for people of all ages including the uninsured and underinsured is a key towards improving overall health outcomes for the people and communities in the Northland. It has been consistently identified as a need since the completion of the very first community health assessment, Vision North 2000. We are extremely grateful to Samuel U. Rodgers for their willingness to partner with us and excited for the new opportunities this provides to the people of Clay County.” said Gary E. Zaborac. Dr. Mike Jurkovich, DDS added “We know there's generally a large demand for dental services in the community, especially for adults. We hope to help fill that void by providing gentle, quality oral health care to patients in need in the Northland.”

The open house served as part of the American Public Health Association's annual celebration of **National Public Health Week** and the role of local public health in Clay County communities. Since 1995, communities around the country have celebrated NPHW each April to draw attention to the need to help protect and improve the nation's health. **National Public Health Week** helps educate Americans about ways to live healthier lives.



**Clay County Public Health Center**  
**800 Haines Drive**  
**Liberty, MO 64068**  
**Phone: 816.595.4200**  
**FAX: 816.595.4201**  
**Website: [www.clayhealth.com](http://www.clayhealth.com)**



L to R: Mike Jurkovich, DDS, Dental Director and Director of Business Operations ; Kay Kong, DDS: Mary King, Dental Practice Manager; Shonda Close, Dental Assistant: Darlene Melton, Receptionist and Gary E. Zaborac, Director of Public Health, Clay County Public Health Center.

# KANSAS CITY HEALTH DEPARTMENT CELEBRATES NATIONAL PUBLIC HEALTH WEEK



Left:  
Volunteer,  
Nancy Kwak,  
mans the  
Carbon  
Monoxide  
display and  
raffle table



Above: Checking out the healthy homes education table



Above: Paula Macaitis presents raffle winner Dr. JinWen Cai a HEPA vacuum

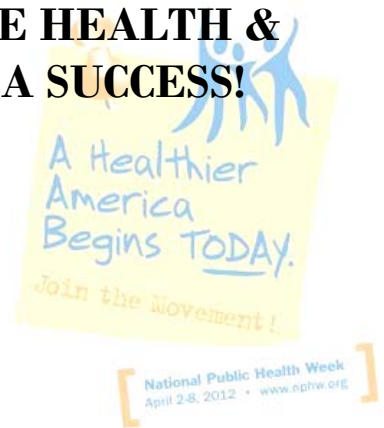


Above: Happy winner of the HEPA vacuum drawing

Left: Toni Harris and Gina Savage ready the lead poisoning prevention/ healthy homes information table



## PIKE COUNTY HEALTH DEPARTMENT HOME HEALTH & HOSPICE MARKS PUBLIC HEALTH WEEK A SUCCESS!



*Pictured: (left picture) Shannon Henderson, Louisiana Head Start and Lisa Thomas, Bowling Green Head Start held a booth at the Public Health Resource Fair. (right picture) Dr. Eric Gearing with Chiropractic Health Center speaks with a fair participant.*

Pike County Health Department, Home Health & Hospice held a series of seminars the first week in April celebrating Public Health Week. The week ended with a Public Health Resource Fair on Thursday, April 5<sup>th</sup> with outside resources.

"As a Health Department our goal is to assist our residents in taking an active role in their health by educating and supporting them in taking steps to becoming a healthier individual. As we take steps to help ourselves in these areas we are showing examples to our children, families, and friends in our community that living a healthy life is important, thus realizing the effects it plays on the community as well. Our focus this year was "A healthier America begins with mental and emotional well being". So many are affected by these challenges, and feel there is a lack of knowledge of the resources available to help them. This was one reason we held the resource health fair. Early identification and treatment of mental health and emotional disorders can help prevent the onset of disease, decrease rates of chronic disease and help people lead longer, healthier lives," states Rhonda Stumbaugh, Community Health Coordinator/D.O.N., Pike County Health Department, Home Health & Hospice.

### From Nation's Health Article

A coalition of University of Missouri public health students from various health organizations across the campus in Columbia, Mo., hosted National Public Health Week events in coordination with campus resources. Monday, representatives from the Relationship and Sexual Violence Prevention Center provided information about sexual assault awareness. Tuesday's focus was health literacy, with members of the Student Health Literacy Coalition, Health Professionals for Quality Care and other groups conducting patient simulations, an Easter egg hunt with facts and myths and an evening panel with practitioners and researchers. The importance of mental health was featured on Wednesday with a yoga lesson, breathing and stress management classes, a Qigong demonstration and suicide awareness and prevention tips. Thursday's activities highlighted nutrition and physical activity. Wellness Center representatives, a dietitian and public health students engaged students during the day, and a group of Public Health Graduate Student Association members and public health students volunteered at the local food bank that evening, where they assembled packs of food. A food drive was held on campus all week. On Friday, peer educators from the Wellness Resource Center taught students about substance abuse, students distributed condoms with the Columbia Health Department's Youth Advisory Committee at downtown bars and the inaugural members of the Delta Omega Honorary Society in Public Health, Gamma Eta Chapter, were inducted.



The second annual MINK, or Missouri, Iowa, Nebraska and Kansas, Conference rounded out National Public Health Week in Omaha, Neb. Held in cooperation with the University of Nebraska Medical Center's College of Public Health and the Great Plains Public Health Training Center, the conference brought representatives from all four states together to attend presentations and panel discussions about advocacy, workforce development, membership recruitment, Public Health Accreditation Board certification and substance abuse and mental health.

*A conference in Omaha brought together public health workers from four states: Missouri, Iowa, Nebraska and Kansas.*



## *A Primer on Preemption*

Linda Cooperstock, MPH

The mission of Tobacco Free Missouri (TFM) is to work statewide to reduce tobacco use and eliminate secondhand smoke for all Missourians through education and policy change. Part of their due diligence is to ensure that proposed state laws don't cripple the effect of existing local ordinances that communities have worked very hard to enact. This "crippling" tactic is called preemption. Literally,

preempt means to "displace a local law when it conflicts with (is stronger than) a state law."

In Missouri, local jurisdictions are permitted to have ordinances stronger than state laws.

Case in point: several communities throughout Missouri have worked 3, 4, even 5 years to secure comprehensive smoke free ordinances that cover restaurants, bars, businesses, even parks and some outdoor areas. These communities have taken a giant leap to protect their workers and citizens from secondhand smoke. During the 2011-2012 legislative session HB 2103 was introduced prohibiting political subdivisions from 1) enacting ordinances which ban electronic cigarettes; and 2) applying smokefree ordinances to businesses which derive at least 60% of their retail sales from alcohol, tobacco products, and entertainment.

*"When you have 95,000 local units of government in this country, and you have a finite amount of resources, then the smart thing to do is to try to limit the potential for mischief [i.e. seek preemption]."*

— Walker Merryman, Tobacco Institute

This type of bill would destroy the efforts and health improvement intentions of those communities. The bill did not get voted out of committee. TFM anticipates this bill to be introduced again at the beginning of the next legislative session. If that happens, Missouri Public Health Association, as a member of TFM will send an alert to let you know to send the message to your legislator NOT to allow local autonomy to be relinquished. Preemption is a strategy of the tobacco industry. TFM is constantly on the alert to prevent this from usurping the authority of local governments in Missouri.

Why is this important now? It becomes extremely important for us to be vigilant because of the pressure of a similar bill with preemption wording being introduced at the beginning of the next legislative session. This permanently affects all future local smokefree ordinances.

## *A Healthier Missouri Begins Today - Join the Movement*

**Joint Annual Conference**

**September 27-28, 2012**

**Stoney Creek Inn - Columbia, MO**

**KEEP READING FOR FURTHER DETAILS**



Public Health Nursing  
prepare | inform | assist



Missouri Association of  
Local Boards of Health

**MICH**  
Missouri Institute for Community Health  
Partners for Better Health

**MoALPHA**  
MISSOURI ASSOCIATION OF LOCAL PUBLIC HEALTH AGENCIES

## ***APHA Midyear Meeting***

### ***“The New Public Health - Rewiring for the Future”***

*June 26-28, 2012  
Charlotte, North Carolina*

The Supreme Court ruling regarding constitutionality of the Affordable Care Act was expected during the same week in July that the APHA's Midyear Meeting took place in Charlotte, NC. While this was not intentional on the part of planners, the timing could not have been better. It is probably safe to say that most of the attendees work in sectors of public health that could theoretically be eliminated or saved altogether by the ruling. So, one might say there was a slight sense of anticipation for the impending, pivotal announcement.

Actually, the anticipation was nearly palpable, and the future of the ACA was a common theme throughout the meeting- from the opening address, to the special evening session, to the panel discussions, to conversations with fellow conference-goers. There was a great deal of speculation and legal analysis exploring the possible rulings and what those implications would be for the many facets of public health. In my perception it felt like the overall mood shifted from cautious optimism, praise and recognition for having come this far—to gloom-and-doom moments of considering the possibilities of a negative ruling.

The final decision, it was learned, would be announced on the final morning of the conference. The SCOTUSblog was projected on a huge screen in the large banquet hall where we gathered to wait after the morning session. Once the announcement was made, there were cheers and hugs all around. Then, the party was on like donkey kong! Just kidding, there was a bit more meeting to be done, a few more experts left to speak. It was, however, an incredibly cathartic moment for all (or most) of us to breathe a deep sigh of relief.

*Sarah Worthington, MPH RD is a Public Health Policy Specialist for the Kansas City Health Department and works on the CDC-funded Community Transformation Grant to promote healthy eating and active living.*

### **NEW MPHA MEMBERS**

Janet Canavase, Missouri Institute for Community Health, January 2012

Grace Poertner, February 2012

Melody Goodman, Washington University School of Medicine, February 2012

Coco Bopp, Washington University School of Medicine, February 2012

Edna Perez-Koury, Children's Mercy Hospital, February 2012

Emily Bullard, UMKC, February 2012

Ellen Dorshow-Gordon, Jackson County Health Department, March 2012

Renata Slayton, St. Louis University, April 2012

Michelle Teti, University of Missouri, April 2012

Julie Louk, Harvesters - The Community Food Network, April 2012

Craig Ward, MODHSS - Bureau of Vital Statistics, May 2012

Catherine Satterwhite, Kansas City Health Department, May 2012

Becky Hutchings, DHSS - CLPHS, June 2012

Jodi Daniel, Springfield-Green County Health Department, June 2012

Ashley Meyer, June 2012

Amanda Grodie, Jackson County Health Department, July 2012

Dianna Englander, July 2012

Kristi Eftink, University of Missouri-Columbia, July 2012



# *How the Health Care Law is Making a Difference for the People of Missouri*

July 12, 2012

For too long, too many hardworking Americans paid the price for policies that handed free rein to insurance companies and put barriers between patients and their doctors. The Affordable Care Act gives hardworking families in Missouri the security they deserve. The new health care law forces insurance companies to play by the rules, prohibiting them from dropping your coverage if you get sick, billing you into bankruptcy because of an annual or lifetime limit, or, soon, discriminating against anyone with a pre-existing condition.

All Americans will have the security of knowing that they don't have to worry about losing coverage if they're laid off or change jobs. And insurance companies now have to cover your preventive care like mammograms and other cancer screenings. The new law also makes a significant investment in State and community-based efforts that promote public health, prevent disease and protect against public health emergencies.

Health reform is already making a difference for the people of Missouri by:

## [Providing new coverage options for young adults](#)

Health plans are now required to allow parents to keep their children under age 26 without job-based coverage on their family coverage, and, thanks to this provision, 3.1 million young people have gained coverage nationwide. As of December 2011, 55,000 young adults in Missouri gained insurance coverage as a result of the health care law. *For more details on these numbers, visit [here](#).*

## [Making prescription drugs affordable for seniors](#)

Thanks to the new health care law, 83,274 people with Medicare in Missouri received a \$250 rebate to help cover the cost of their prescription drugs when they hit the donut hole in 2010. Since the law was enacted, Missouri residents with Medicare have saved a total of \$78,454,108 on their prescription drugs. In the first five months of 2012, 13,876 people with Medicare received a 50 percent discount on their covered brand-name prescription drugs when they hit the donut hole. This discount has resulted in an average savings of \$598 per person, and a total savings of \$8,302,911 in Missouri. By 2020, the law will close the donut hole.

## [Covering preventive services with no deductible or co-pay](#)

In 2011, 729,809 people with Medicare in Missouri received free preventive services – such as mammograms and colonoscopies – or a free annual wellness visit with their doctor. And in the first five months of 2012, 307,360 people with Medicare received free preventive services. Because of the law, 54 million Americans with private health insurance gained [preventive service coverage with no cost-sharing](#), including 1,102,000 in Missouri.

## [Providing better value for your premium dollar through the 80/20 Rule](#)

Under the new health care law, insurance companies must provide consumers greater value by spending generally at least 80 percent of premium dollars on health care and quality improvements instead of overhead, executive salaries or marketing. If they don't, they must provide consumers a rebate or reduce premiums. This means that 587,654 Missouri residents with private insurance coverage will benefit from \$60,664,564 in [rebates](#) from insurance companies this summer. These rebates will average \$173 for the 351,000 families in Missouri covered by a policy.

## [Scrutinizing unreasonable premium increases](#)

In every State and for the first time under Federal law, insurance companies are required to publicly justify their actions if they want to raise rates by 10 percent or more. Missouri has received \$1 million under the new law to help fight unreasonable premium increases.

## [Removing lifetime limits on health benefits](#)

The law bans insurance companies from imposing lifetime dollar limits on health benefits – freeing cancer patients and individuals suffering from other chronic diseases from having to worry about going without treatment because of their lifetime limits. Already, 2,148,000 residents, including 792,000 women and 581,000 children, are free from worrying about lifetime limits on coverage. The law also restricts the use of annual limits and bans them completely in 2014.

(Continued on page 13)

## Health Care Law continued

### [Creating new coverage options for individuals with pre-existing conditions](#)

As of April 2012, 1,367 previously uninsured residents of Missouri who were locked out of the coverage system because of a pre-existing condition are now insured through a new Pre-Existing Condition Insurance Plan that was created under the new health reform law. To learn more about the plan available in Missouri, check [here](#).

### [Supporting Missouri's work on Affordable Insurance Exchanges](#)

Missouri has received \$21.8 million in grants for research, planning, information technology development, and implementation of Affordable Insurance Exchanges.

**\$1 million in Planning Grants:** This grant provides Missouri the resources needed to conduct the research and planning necessary to build a better health insurance marketplace and determine how its exchange will be operated and governed. Learn how the funds are being used in Missouri [here](#).

**\$20.8 million in Exchange Establishment Grants:** These grants are helping States continue their work to implement key provisions of the Affordable Care Act. Learn how the funds are being used in Missouri [here](#).

### [Preventing illness and promoting health](#)

Since 2010, Missouri has received \$11.6 million in grants from the Prevention and Public Health Fund created by the Affordable Care Act. This new fund was created to support effective policies in Missouri, its communities, and nationwide so that all Americans can lead longer, more productive lives.

### [Increasing support for community health centers](#)

The Affordable Care Act increases the funding available to community health centers in all 50 states, including the 186 existing community health centers in Missouri. Health centers in Missouri have received \$61.2 million to create new health center sites in medically underserved areas, enable health centers to increase the number of patients served, expand preventive and primary health care services, and/or support major construction and renovation projects.

### [Strengthening partnerships with Missouri](#)

The law gives states support for their work to build the health care workforce, crack down on fraud, and support public health. Examples of Affordable Care Act grants to Missouri not outlined above include:

- **\$150,000 to support the [National Health Service Corps](#)**, by assisting Missouri in repaying educational loans of health care professionals in return for their practice in health professional shortage areas.
  - **\$2 million for [health professions workforce demonstration projects](#)**, which will help low income individuals receive training and enter health care professions that face shortages.
  - **\$3 million to help Missouri reduce [health care fraud](#)** by identifying efficient and effective procedures for long-term care facilities to conduct background checks on prospective employees, thereby protecting its residents
  - **\$743,000 for [school-based health centers](#)**, to help clinics expand and provide more health care services such as screenings to students.
  - **\$380,000 to [support outreach to eligible Medicare beneficiaries](#)** about their benefits.
  - **\$280,700 for [Family-to-Family Health Information Centers](#)**, organizations run by and for families with children with special health care needs.
  - **\$3.7 million for [Maternal, Infant, and Early Childhood Home Visiting Programs](#)**. These programs bring health professionals to meet with at-risk families in their homes and connect families to the kinds of help that can make a real difference in a child's health, development, and ability to learn - such as health care, early education, parenting skills, child abuse prevention, and nutrition.
-

## *Affiliate Representative to the Governing Council (ARGC)*

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



### **GOVERNING COUNCIL**

The mid-year meeting of the Governing Council (GC) took place by conference call. (What a feat for APHA! There are 198 voting governing councilors; it takes 50% for a quorum, and there were 142 participants on the call.) Highlights of the meeting included the following.

Bylaws Committee reported three sets of changes to the bylaws. Two of the three involved the CoA as follows:

1. Executive Board (EB) Requests the expansion of EB and GC voting members to make the ISC, CoA, and Student Assembly chairs EB and GC voting members, and staggered the terms of the Treasurer with the Speaker.
2. Change name of "Committee on Affiliates" to "Council of Affiliates"

### **April 2012 Financial Status**

APHA's performance through April 2012 (83% of the fiscal year) is a surplus from Operations (including investment appreciation) of \$2,026,167. Revenues are \$16,065,639 (91% of budget); over projection by \$363,759. Expenses are \$14,181,107 (80% of budget) and under projection by \$600,661. **Expenses always lag behind revenue, but we anticipate the fiscal year to end in the black.**

**Membership** – Membership dues are under projection by 9%. The shortfalls are from primarily regular, student, retired, affiliates, agency and transitional membership dues. The Association ended the month with 20,130 current individual active members. The revenue recognized year-to-date reflects the amount earned out of the dues paid which was spread over the benefit period of 12 months.

**Convention** – The Convention Department is under its planned budget by \$11,126. Year-to-date Mid-Year meeting revenue is under by \$174,403. The associated expenses are under budget by \$222,343 for the Annual Meeting. The category also includes continuing education and learning institute revenue and expenses.

**Publications** – This Department includes subscriptions and royalties, books and advertising. Subscription, royalties and book sales are over budget while advertising revenues are under budget. We will not meet advertising revenue projected for the year. The partner's Standard Method profit/loss allocation for the first quarter of 2012 is included in revenue.

**Grants** - We are on track with grants and contracts activities. We also anticipate some carryover of funds to the following fiscal year.

### **FY 2013 Approved Budget**

At the May 2012 meeting, the Executive Board approved the fiscal 2013 budget with revenues at \$18,364,140 and expenses at \$18,364,140 (3.46% increase compared to FY 12) for a balanced budget as required by our bank covenants. The FY 2013 budget includes \$1,546,150 of revenue and expenses associated with Kellogg Affiliate Infrastructure and School-Based activities, \$2,550,560 of existing CDC cooperative agreements (out of which we have received notice of awards for \$1,126,656 (as of the time of this report) and AJPH supplement revenue of \$125,000. In addition, revenues and expenses of \$238,800 were included for a 2013 Mid-Year Meeting. The approved balanced budget will continue to require hard work and discipline to accomplish as we recognize external activities that may hinder this plan. The Association relies on four major revenue sources -- Membership dues, Conventions, Publications, and Grants. Of these sources, grant revenues have increased over 300% and we plan to continue to grow all of the other sources of revenues. The Governing Council approved dues CPI adjustment at the November 2010 meeting. That adjustment has not been included in this budget because the

*(Continued on page 15)*



## ARGC continued

increase was immaterial in FY 2013 and because it followed the recommendation regarding the membership assessment.

### Changes Approved by the Executive Board (May 2012)

**Member types/definitions:** The number of member types was reduced from five to four. Special Health Workers become Regular members with discounted dues.

**Member benefits:** Several major changes will occur to the current benefits package. Moving forward, APHA will continue to research additional benefits for all members as well as the specific member types.

1. Second Section/SPIG: APHA membership would now include two Sections/SPIGs at no additional cost. This change would apply to all member types. Members could still purchase a third Section/SPIG at the reduced cost of \$15/unit.
2. Green Discount: Members receiving a print copy of AJPH (Regular, Retired and Early Career Professional) could opt out (of the print copy) and switch to online only. Individuals selecting this green discount save \$20 off the cost of membership. Student members could continue to purchase an AJPH print subscription at a reduced rate of \$20 (currently \$30). Finally, Special Health Workers will now be able to purchase a print subscription at the reduced rate of \$20 (a new benefit).

The new membership model will launch January 2013.

### NOMINATING COMMITTEE

The slate of candidates running for national offices in 2012 are listed in alphabetical order.

President-Elect (vote for one):

Joyce Gaufin

J. Henry Montes

Executive Board (vote for four\*):

Pamela Aaltonen

Lynn Bethel

Ayman El-Mohandes

Maggie Huff-Rousselle

Frank Goldsmith

Barbara Levin

Ella Greene-Moton

Patricia Sweeney

\* Candidates receiving the highest three vote totals will be elected to four-year terms. The candidate receiving the fourth highest vote total will be offered the final year remaining in the term vacated when Adewale Troutman was elected President-Elect.

Candidate information will be added to the APHA website (pictures and bios) at the end of June and the slate will also be published in the August issue of *The Nation's Health*.

*(Ayman El-Mohandes is the dean of Nebraska's School of Public Health and a great supporter of MINK's 2012 Spring Meeting)*

### COUNCIL OF AFFILIATES

**CoA is now the acronym for the *Council of Affiliates*.** The final step of the approval process to change the name from *Committee on Affiliates* occurred on June 18. (See Governing Council report below.) The name change was necessitated by the belief that the CoA has outgrown its designation as a Committee as it has a membership of over 52 elected members and represents some 20,000 public health workers from throughout the United States and its Territories. The CoA has standing committees and all are fully functioning committees, e.g. Nominating, Awards, Membership, etc. In all things, the focus of the CoA is to represent the interest of the affiliates.

Plans for the **October 27 to 31, 2012 APHA 140th Annual Meeting and Exposition** (*Prevention and Wellness*)

*(Continued on page 16)*

## ARGC continued

*across the Lifespan*) in **San Francisco, CA include pre-conference activities by the CoA starting on Saturday, October 26 with** Affiliate Day. This day of activities is open to any affiliate member and starts at 8:00 a.m. with reports, presentations and discussions centered around the impact of the economy on public health and policy processes, and leadership training. CoA is also interested in affiliates telling their success stories about their policy and advocacy process. The day ends with a reception to acknowledge movers and shakers at the affiliate level as well as on the CoA. The CoA will have its “must attend” Candidates Forum in collaboration with the Intersectional Committee (ISC); conduct poster sessions and three scientific sessions; and select candidates to nominate to the Governing Council’s Nominating Committee and Action Board.

In January, APHA issued a survey around technical assistance. The top technical needs indentified were: membership best practices, educating policy makers and constituents on public health issues and public health funding. APHA is building resources, including webinars, to address these gaps. The next webinars will be on July 19, August 16 and September 27. A session will also be provided at the Annual Meeting

### APHA Center for School, Health & Education

They would like affiliate leaders to become ambassadors for school-based health center (SNHC) programs by making connection to the school-based health center leaders; help school leaders understand the connection between successful school performance and health; and advocate for SBHC operations in FY’14 budgets.

### Disability Competencies for the Public Health Workforce

They would like to see more awareness and emphasis on working with people with disabilities by the public health system.

### Student Assembly

CoA approved a proposal submitted by the Student Assembly to have a student liaison join the CoA. Recommendations *for affiliates* to engage students included: appointing a student to be a point of contact for the APHA Student Assembly; working with universities to involve students in reviewing proposed policies and policies recommended for archiving; mentoring students about careers in public health. MPHA was recognized as one of less than a dozen affiliates who have agreed to accept the transfer of student memberships.

## MINK SPRING MEETING

*(Excerpted from the report of the Louise Lex, Region VII Representative)*

Region VII’s APHA affiliate members (Missouri, Iowa, Nebraska, and Kansas—MINK) met in Omaha at the University of Nebraska Medical Center, College of Public Health for their second annual 2 –day meeting. Panel members from the four states presented information on the following topics: “Advocacy Tricks of the Trade,” and “Leadership Institutes/Workforce Development.” In a third presentation, “Public Health: Out of Sight, Out of Mind, Out of Budget”, Rex Archer, MD, Director, Kansas City Missouri Health Department discussed how to increase public health’s visibility. The second day opened with a presentation by Sara Miller, APHA Membership Development Director. Following an overview of accreditation by Dr. Archer, representatives from all four states reported on the progress their states were making in the accreditation process. HHS Region VII’s Captain Jose H. Belardo, Regional Health Administrator; Jay Angoff, Acting Region VII Director; and Laura Howard, Regional Administrator for the Substance Abuse and Mental Health Services Administration concluded the morning’s agenda.

Participants reported that they planned to apply what they had learned to: 1. Advance membership recruitment 2. Identify ways to engage members in association activities 3. Evaluate the association’s marketing skills 4. Improve the association’s online presence and visibility 5. Begin an assessment of the benefits of membership. 5. Use boards of health more effectively. Region VII participants agreed to pursue the following projects in the coming year: assist in developing a summer institute for the region; develop a resource of experts who would be willing to come to another state to testify at legislative hearings; and offer a webinar designed to increase the effectiveness of boards of health.

## ***Report to APHA and Region VII Affiliates on Region VII Annual Meeting***

*April 5-6, 2012*

*Louise Lex, PhD, Region VII Affiliate Representative*

Members of the APHA Region VII (Missouri, Iowa, Nebraska, and Kansas—MINK) met in Omaha on April 5 and 6, 2012 at the University of Nebraska Medical Center, College of Public Health for their second annual meeting. As part of the meeting, participants toured the new College of Public Health facility, the Harold M. and Beverly Maurer Center for Public Health. Dr. Ayman El-Mohandes, dean of the college, led the tour. The building itself is enhanced by art especially created for the college by Nebraska sculptors and painters.

The meeting was structured so that the first day participants could spend time sharing resources and discussing affiliate-related issues. Panel members from the four states presented information on the following topics: “Advocacy Tricks of the Trade,” and “Leadership Institutes/Workforce Development.” In a third presentation, “Public Health: Out of Sight, Out of Mind, Out of Budget” Rex Archer, Director of the Kansas City, Missouri Health Department discussed how to increase public health’s visibility. An evening meal rounded the day’s activities.

The second day opened with a presentation by Sara Miller, APHA Membership Development Director. Following an overview of accreditation by Director Archer, representatives from all four states reported on the progress their states were making in the accreditation process. Three federal officials from HHS Region VII, Captain Jose H. Belardo, Regional Health Administrator; Jay Angoff, Acting Region VII Director; and Laura Howard, Regional Administrator for the Substance Abuse and Mental Health Services Administration concluded the morning’s agenda.

Participants reported that they planned to apply what they had learned to: 1. Advance membership recruitment 2. Identify ways to engage members in association activities 3. Evaluate the association’s marketing skills 4. Improve the association’s online presence and visibility 5. Begin an assessment of the benefits of membership. 5. Use boards of health more effectively.

Region VII participants agreed to pursue the following projects in the coming year: assist in developing a summer institute for the region; develop a resource of experts who would be willing to come to another state to testify at legislative hearings; and offer a webinar designed to increase the effectiveness of boards of health.

Beyond the progress that was made, the lessons learned, and the plans in the making was the camaraderie that developed among participants. As one of them observed, “Sometimes I am amazed at the passion of folks who work in this field! It is always a pleasure to be among public health professionals.”

Special thanks go to the Nebraska Affiliate and especially to the executive director, Rita Parris, for much of the conference planning and logistics.

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## ***APHA 140th Annual Meeting and Exposition*** **San Francisco, CA - October 27-31, 2012**





## *Missouri Association of Area Agencies Announces 2012 Show Me Summit on Aging and Health*



The Missouri Association of Area Agencies on Aging (MA4) today announced details of the 9<sup>th</sup> Annual Show Me Summit on Aging and Health that will be held in Jefferson City, Missouri on August 22-24, 2012. The Show Me Summit is the largest forum on aging in the State of Missouri, attracting more than 350 participants, sponsors and exhibitors each year. The theme of this year's summit is "Aging, Awareness and Advocacy: Let's Stand Together".

The Summit is designed to serve as a unique forum for civic leaders, nonprofit providers, members of the business community, caregivers and interested citizens to meet and discuss the challenges facing Missouri's aging population.

According to Mary Schaefer, President of ma4, a new feature this year will be the AARP "You've Earned a Say" interactive session on Social Security and Medicare. This session will be open to the community and is featured Friday morning. "We are very pleased to partner with AARP on this important initiative and we applaud AARP for their innovative approach to these critical topics."

This year ma4 will continue pre-conference training on the issue of elder abuse and exploitation, an issue that has become the focus of national attention.

The Summit will also feature specific training tracks relating to advocacy, senior center management, chronic disease management, exercise, falls prevention, stroke rehabilitation, resource development and care transition topics. AIRS Certification and testing will be offered during the Summit, and nursing home administrators and social work continuing education credits and certifications will be offered.

The three-day event will kick-off with a keynote address from Martha Roherty, Executive Director of the National Association of States United for Aging and Disabilities (NASUAD). NASUAD is responsible for educating Congress, the Administration, other state executive branch organizations, advocacy groups, and the general public on health and social policy issues of special concern to state officials administering programs for long-term care services.

Workshops will continue throughout the conference, and special mobile workshops will be offered Thursday afternoon with tours of the Capitol and the Governor's Mansion.

The Show Me Summit on Aging and Health will be held at the Capitol Plaza Hotel, August 22-24, 2012. The opening session of the Summit is scheduled for 1:00 PM on Wednesday, August 22, 2012.

Registration for the conference can be completed online by going to: <http://www.ma4web.org/missouri-registration-form>

A complete program and list of events can be found at: <http://www.ma4web.org/wp-content/uploads/2012/02/Attendee-Mailer.pdf>.

*(Continued on page 19)*

## *Missouri Association of Area Agencies continued*

General information about the entire conference including exhibit and sponsorship information, is available on the website or by email at [cedwards@ma4web.org](mailto:cedwards@ma4web.org).

### **About The Missouri Association of Area Agencies on Aging (MA4)**

The Missouri Association of Area Agencies on Aging (MA4) was founded in 1973 to serve as a statewide advocate and resource for older Missourians. MA4 is comprised of the state's 10 Area Agencies on Aging (AAA), which were created under the 1973 amendments to the Older American's Act of 1965. For more than 38 years, these local agencies have been providing vital services, programs and information to millions of Missourians and their caregivers, including legal services, home-delivered meals, disease prevention and health promotion, transportation, public benefits counseling, senior center services and activities and in-home services. The 10 Area Agencies on Aging (AAA) provide a coordinated network of care in implementing statewide initiatives, which are designed to help older Missourians maintain their independence and give them a voice in articulating their concerns and changing needs.

As the official statewide association of these agencies, MA4 is dedicated to carrying out its mission of service, information and advocacy to improve the lives of older Missourians and to plan for the changes that will take place as the aging population grows in number and importance in the next decade.

For more information contact: Catherine Edwards, Executive Director, MA4, 573-619-6185, [cedwards@ma4web.org](mailto:cedwards@ma4web.org)

### ***John R. Bagby, Jr.***

***March 3, 1919 - June 11, 2012***



Dr. John R. Bagby Jr., 93, of Columbia, South Carolina, formerly of Jefferson City, died Monday, June 11, 2012, in Columbia, S.C. He was born on March 3, 1919, in Aurora, Mo., the son of the late John Roscoe Bagby Sr., and Grace Elizabeth Seburn Bagby. He was united in marriage on October 17, 1943, in Aurora, Mo., to Billie Hudson who preceded him in death on May 25, 2009. Dr. Bagby attended Aurora High School graduating in 1935, University of Arkansas graduating in 1953, with a bachelors degree and a Masters degree in 1956, and finally earned his PhD from Emory University in 1962. Dr. Bagby was a United States Army Air Corps veteran serving during World War II from 1941-1945. He then served in the commissioned corps of the United States Public Health Service from 1946-1969. From 1956-1969, he was a scientist and administrator at the Centers for Disease Control and Prevention, serving as Deputy Director from 1964-69. He directed the CDC program that eradicated malaria in the United States and initiated smallpox eradication programs in Africa, Asia, and Europe. For 30 years he served as a consultant to the National Aeronautics and Space Administration, designing biological containment systems for trips to and from the moon and Mars exploration. Dr. Bagby also served as Chairman and advisor for Energy-Related Epidemiologic Research, chairing a team of scientists who traveled to Chernobyl to study biological effects. In 1969, Dr. Bagby joined the microbiology department of Colorado State

University as director of the Institute of Rural and Environmental Health, newly established by the Kellogg Foundation. He served as chair of the microbiology department until 1974. Dr. Bagby served as director of the Missouri Department of Health for seven years before retiring March 31, 1993. Dr. Bagby was a member of the American Public Health Association, Armed Forces Epidemiologic Board which he chaired, Missouri Public Health Association, National Environmental Health Association, Sigma XI, and the Elks Club. Survivors include: daughter and son-in-law, Caroline and Turner Whitson of Columbia, S.C.; son and daughter-in-law, John and Donna Bagby, Edmonds, Wash.; son Tom Bagby, Columbia, S.C. He had six grandchildren, Heather Whitson, Durham, N.C.; Caitlin Bagby, New York, N.Y.; Jillian Bagby, Columbia, S.C.; Colin Bagby, Atlanta, Ga.; Troy Greenfield, Bainbridge Island, Wash.; and Brad Greenfield, Mukilteo, Wash. He also had six great-grandchildren; two siblings; a sister, Betty Ash, Newton, Kan.; and brother and sister-in-law, Richard and Shirley Bagby, Lake Ozark, Mo. A memorial service with military honors will be 2 p.m. Friday, July 27, 2012, at Dulle-Trimble Funeral Home. Visitation will be 1-2 p.m. Friday at Dulle-Trimble Funeral Home. Memorials may be sent to the John Bagby Memorial Scholarship at Colorado State University. Those wishing to email tributes or condolences to the family may do so at the [www.dulletrimble.com](http://www.dulletrimble.com) website.

# MPHA Board Roster

## **OFFICERS**

### *President (2011-2012)*

Patrick Morgester, MPH  
Kansas City Health Department  
2400 Troost Suite 3000  
Kansas City, MO 64108  
816-513-6200  
Fax 816-513-6290  
[pat.morgester@kcmo.org](mailto:pat.morgester@kcmo.org)

### *President-Elect (2011-2012)*

Dr. Dalen Duitsman  
Director - Ozarks Public Health  
Institute  
901 S. National Avenue  
Springfield, MO 65897  
417-836-5550  
Fax: 417-836-3171  
[DalenDuitsman@missouristate.edu](mailto:DalenDuitsman@missouristate.edu)

### *Vice President (2011-2013)*

Bert Malone, MPA  
Kansas City Health Dept.  
2400 Troost Suite 2300  
Kansas City, MO 64108  
816-513-6166  
Fax: 816-513-6290  
[bert.malone@kcmo.org](mailto:bert.malone@kcmo.org)

### *Secretary (2010-2012)*

Linda Cooperstock  
Columbia/Boone Co. Health Dept.  
1005 W. Worley  
Columbia, MO 65203  
573-817-6403  
[lrcooper@GoColumbiaMo.com](mailto:lrcooper@GoColumbiaMo.com)

### *Treasurer (2011-2013)*

Patti Van Tuinen  
MoDHSS  
930 Wildwood, PO Box 570  
Jefferson City, MO 65102-0570  
573-751-6188  
[patti.vantuinen@dhss.mo.gov](mailto:patti.vantuinen@dhss.mo.gov)

### *Imm. Past President (2011-2012)*

Denise Strehlow LaBardi, RD, LD,  
MPH, MSW  
BJC School Outreach and Youth  
Development  
4901 Forest Park Avenue, Ste. 1021  
St. Louis, MO 63108  
314-286-0504  
Fax: 314-747-8644  
Cell: 314-580-8713  
[dsl9171@bjc.org](mailto:dsl9171@bjc.org)

## **ARGC TO THE APHA GOVERNING COUNCIL (2011-2013)**

Patricia Parker  
OPR/HRSA/DHHS  
601 E. 12th St., Rm. 1728  
Kansas City, MO 64106  
816-426-5207  
[patparkerargc@aol.com](mailto:patparkerargc@aol.com)

## **BOARD MEMBERS AT LARGE**

Deborah Sandarciero (2010-2012)  
Administrator  
Carter County Health Center  
1611 Health Center Rd, PO Box 70  
Van Buren, MO 63965  
573-323-4413  
[sandad@lpha.mopublic.org](mailto:sandad@lpha.mopublic.org)

Andrew Warlen, MPH (2011-2013)  
Independence Health Dept.  
515 S. Liberty  
Independence, MO 64050  
816-325-7187  
[awarlen@indepmmo.org](mailto:awarlen@indepmmo.org)

### *Jodee Fredrick (2011-2013)*

Clay County Public Health Center  
800 Haines Drive  
Liberty, MO 64068  
816-595-4234  
Fax: 816-255-4824  
[jfredrick@clayhealth.com](mailto:jfredrick@clayhealth.com)  
Anne Locke (2010-2012)  
718 Hobbs Road  
Jefferson City, MO 65109  
573-635-5669  
[anne.locke718@gmail.com](mailto:anne.locke718@gmail.com)

## **NOMINATING COMMITTEE**

Judy Alexiou (2011-2013)  
219 Schumate Chapel Rd.  
Jefferson City, MO 65109  
573-893-2256  
[judia2007@gmail.com](mailto:judia2007@gmail.com)

Jodee Fredrick (2011-2013)  
Clay County Public Health Center  
800 Haines Drive  
Liberty, MO 64068  
816-595-4234  
Fax: 816-255-4824  
[jfredrick@clayhealth.com](mailto:jfredrick@clayhealth.com)

## **EXECUTIVE DIRECTOR**

Sandra C. Boeckman  
722 E. Capitol Avenue  
PO Box 126  
Jefferson City, MO 65102  
573-634-7977  
Fax: 573-635-7823  
E-mail: [sboeckman@mopha.org](mailto:sboeckman@mopha.org)

## **MPHA FOUNDATION**

Kathleen Welton  
Clay Co. Health Dept.  
800 Haines Dr.  
Liberty, MO 64068  
816-595-4235  
Fax: 816-792-1285  
Email: [kwelton@clayhealth.com](mailto:kwelton@clayhealth.com)



# A Healthier Missouri Begins Today - Join the Movement

*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 26-28, 2012  
Stoney Creek Inn  
Columbia, MO

## CONFERENCE INFORMATION

### General Session Speakers:

Jon Wiesman, MPH, President of NACCHO  
Monte Roulier, Community Initiatives Network  
Peggy Honore, DHA, US DHSS  
Jay Angoff, HHS Region VII

### Conference Objectives:

- Education—Provide information for public health professionals and governing body members, and partnership efforts to enhance the coordination of health and human services for Missourians.
- Networking—Provide an environment for information exchange among individuals involved in and impacted by the provision, support and use of public health services.
- Involvement—Increase individuals' involvement in associations with a commitment to improving the health of all Missourians.

# CONFERENCE AGENDA

## Wednesday, September 26, 2012

12:00 noon

Registration

1:00 - 4:30 pm

### PRE-CONFERENCE

#### Health Literacy: Better Communication for Better Health

##### CLEAR UNDERSTANDINGS: HEALTH LITERACY 101

*Speaker: Nick Butler, Director, Community Outreach and Engagement, Health Literacy Missouri*

##### PUTTING HEALTH LITERACY PRINCIPLES INTO ACTION

*Speaker: Michelle Riefe, Health Educator, Columbia/Boone County Department of Public Health and Human Services*

##### IMPROVING HEALTH LITERACY THROUGH THE MEDIA

*Speaker: Jon Stemmler, Associate Director, Health Communication Research Center, MU School of Journalism*

1:00 pm

MoALPHA session for new administrators

5:00 pm

MPHA Board Meeting

## Thursday, September 27, 2012

7:00 am

Exhibitor Set-Up and Continental Breakfast

8:00 am

MICH Advisory Council Meeting

8:00 - 10:00 am

Registration and Poster Set-Up

8:00 am

MoALPHA Board Meeting

9:00 am

MPHA General Membership Meeting

10:00 am

WELCOME

*Speaker: Margaret Donnelly, Director of DHSS*

### OPENING GENERAL SESSION

#### “OUR FUTURE...WHAT WILL WE MAKE OF IT?”

This presentation will assess the strategic leadership and policy issues local public health faces over the next year, in the context of the economic and political uncertainties of the year. Consideration will be given to workforce challenges as our employees age toward retirement and our practice requires different skills from employees. The presentation will conclude with a look at our leadership and how we can shape our future.

*Speaker: Jon Wiesman, MPH, President of the National Association of City and County Health Officials (NACCHO) and Director of Clark County, Washington Public Health*

# CONFERENCE AGENDA

11:30 am Awards Luncheon and Poster Competition

1:00 - 2:30 pm

## **BREAKOUT WORKSHOPS #1**

### **Session 1: COMMUNITY PROGRAMS FOR HEALTHY WEIGHT**

Panelists will discuss programs being implemented in their communities to increase the number of people who maintain a healthy weight. Effective interventions for children, families, youth and adults will be featured.

*Speakers: Deborah Markenson, KC Childhood Obesity Collaboration; Deborah Haller, Johnson County Community Health Services; Jon Mooney, Childhood Obesity Action Group, Springfield MO; and Jon Stemmler, MU School of Journalism*

### **Session 2: FOOD SAFETY ON THE GO - FARMERS' MARKETS, MOBILE FOOD VENDORS, TEMPORARY EVENTS**

Innovative programs to address the challenges of assuring food safety in non-traditional settings will be discussed. How can we identify and work with mobile food vendors, farmers markets and temporary events to implement the necessary policies and procedures? Online permit applications, tool kits and checklists, and ways to gain buy-in from communities will be covered.

*Speakers: Steve Sikes, Jefferson County Health Department; Kala Gunier, Columbia/Boone County Department of Public Health and Human Services; and St. Charles County Health Department; Ryan Tilley, St. Charles County Health Department*

### **Session 3: MENTAL HEALTH ISSUES ROUNDTABLE**

Mental Health is a major and ever emerging public health issue. It has been reported that half of all Americans have a mental health issue at some point in their lives, and an estimated 25% of U.S. adults have a mental illness. In addition to its economic burden, mental illness is associated with chronic conditions such as cardiovascular disease, diabetes, and obesity.

*Speaker: Dr. Joseph Hulgus, Missouri State University*

### **Session 4: WORKING WITH SCHOOLS TO PROMOTE HEALTHY BEHAVIORS**

*Speakers: Mary Telthorst, Nursing Supervisor, Cole County Health Department; Sherrie Kisker, Health Educator, Platte County Health Department; JoAnn Martin, MSN, RN, CPNP, Administrator, Pettis County Health Center; Pat Sturges, RN, Sedalia School District*

2:30 pm

Break in Exhibit Hall

## **POSTER COMPETITION JUDGING**

3:15 pm

## **GENERAL SESSION**

### **"Community Transformation: Patterns That Work"**

Communities across the nation are facing unprecedented challenges to the health and well-being of their residents. Communities that are most successfully addressing challenges are rediscovering the importance of "place." This talk will highlight how effective community improvement efforts are shaping the settings and places that lead to health.

*Speaker: Monte Roulier, Community Initiatives Network*

4:30 pm

MoALPHA and MALBOH Membership Meeting

# CONFERENCE AGENDA

- 5:15 pm Student Job Forum
- 6:30 pm MICH Board Meeting with Dinner

## Friday, September , 28, 2012

- 7:30 am Continental Breakfast

- 7:30 am MICH PBRN Breakfast

### 8:30 am GENERAL SESSION

#### **“WORKING SMARTER WITH LESS - USING QUALITY IMPROVEMENT TOOLS AND RESOURCES TO PROVIDE MORE EFFICIENT AND EFFECTIVE SERVICES TO YOUR COMMUNITY.”**

The US Department of Health and Human Services (HHS) defines Public Health Quality as “the degree to which policies, services, and research for the population increase desired health outcomes and conditions in which the population can be healthy.” Quality public health practice requires efficient and effective use of resources. This presentation will introduce the audience to the HHS concepts for quality in the public health system and quantitative analytical tools for financial management in public health agencies. Case studies will demonstrate how the tools can be used to turn around the financial and operational performance of LPHAs.

*Speaker: Peggy Honore, DHA, Director, Public Health System, Finance and Quality Program in the Office of Healthcare Quality, Office of the Assistant Secretary for Health, US DHHS*

- 9:45 am Break with Exhibitors

### 10:15 - 11:15 am BREAKOUT WORKSHOPS #2

#### **Session 1: OUT OF SIGHT, OUT OF MIND, OUT OF BUDGET**

Why are many health departments experiencing lower budgets while a few are getting increased levels of support? A few local health departments are the only governmental agencies to not only not be cut but actually have received additional funding and community support. Learn how your LHD can become one of these departments: Recognized for saving lives, protecting people from health threats, and saving money thru prevention?

*Speaker: Rex Archer, MD, MPH, Director, Kansas City Health Department*

#### **Session 2: PREPARING FOR NATIONAL ACCREDITATION: HOW YOUR LOCAL PUBLIC HEALTH INSTITUTE CAN SUPPORT YOUR ACTIVITIES**

The Missouri Institute for Community Health, using the recently awarded NACCHO Accreditation Support Initiative grant, is positioned to provide technical assistance to LHDs as they prepare for national accreditation. MICH has worked with two Missouri- accredited LPHAs and two non-accredited LPHAs as they prepare for national accreditation. As a result of this work, MICH is developing technical assistance tracks for accreditation and performance management systems.

*Speakers: Kathleen Wojciehowski, Director, Missouri Institute for Community Health; Janet Canavese, Associate Director, Missouri Institute for Community Health*



# CONFERENCE AGENDA

## **Session 3: HOW PUBLIC HEALTH AGENCIES CAN WORK WITH UNIVERSITIES TO IMPROVE PUBLIC HEALTH**

*Speakers: Lynelle Phillips, RN, MPH; Dalen Duitsman, HSD*

## **Session 4: MORE RECREATIONAL TRAILS FOR PUBLIC HEALTH**

*Speakers: Dr. Mark Woods, Ozark Family Clinic, Ozark, and Member of Christian County Health Department Boards of Trustees; Robert Crampton, President and Founder of Volunteers for Outdoor Missouri; Ann Books-Crampton, Vice President, Education, Volunteers for Outdoor Missouri*

11:15 am

BREAK

11:30 - 12:30 pm

## **BREAKOUT WORKSHOPS #3**

### **Session 1: COMMUNITY GARDENS FOR BETTER HEALTH**

Community gardening and urban agriculture are growing trends, but they are not new developments. Home gardening, community gardening, urban farms and urban orchards have a long history and some exciting new applications. Gardening can improve both health and social capital.

*Speaker: Adam Saunders, Columbia Center for Urban Agriculture; City of Independence Health Department; Jennifer Grabner, Southern Boone County Learning Garden*

### **Session 2: PROMOTING HEALTHY RELATIONSHIPS, ENDING DATING AND SEXUAL VIOLENCE**

Promoting Healthy Relationships is a primary prevention curriculum developed for high school students, which focuses on healthy and unhealthy relationships, positive role-modeling, respect and communication, abuse, power and control. The Reynolds County Health Center, through a unique contract with MO DHSS and in collaboration with local partners, is now using it in 18 schools in six rural counties.

*Speakers: Frances Parson-Vermillion, Reynolds County Health Center; Emily Pogue, Whole Health Outreach*

### **Session 3: OUT OF SIGHT, OUT OF MIND, OUT OF BUDGET**

Repeat from breakout workshop #2, session 1.

*Speaker: Rex Archer, MD, MPH, Director, Kansas City Health Department*

### **Session 4: BECOMING A TOBACCO FREE COMMUNITY**

*Speakers: Michelle Morris, Administrator, Polk County Health Center; Jefferson County Health Department; Cassandra Miller, Tobacco Control Coordinator, Jefferson County Health Department*

12:30 pm

LUNCHEON

## **CLOSING GENERAL SESSION**

### **“Status of Health Care Reform in the US”**

*Speaker: Jay Angoff, Acting Regional Director for HHS Region VII and Senior Advisor to the HHS Office of Intergovernmental and External Affairs*

2:00 pm

Adjourn

# CONFERENCE INFORMATION AND ACTIVITIES



## HOTEL ACCOMMODATIONS

The Stoney Creek Inn is the site for the 2012 Joint Conference. A room rate of \$85.00 for single or double occupancy is available until August 25, 2012 by calling 800-659-2220. Stoney Creek Inn, 2601 S Providence Road, Columbia, MO 65203.

## CONTINUING EDUCATION

Continuing Education will be available for Health Educators.

### DEADLINE

Registration and payment must be received before September 1, 2012.

Please mail registration with payment to  
Missouri Public Health Association,  
722 E Capitol Avenue, PO Box 126, Jefferson City, MO 65102.

## CONFERENCE ATTIRE

The dress for the conference is business casual.

- Men's business casual: jacket optional, casual pants (khakis) with a collared shirt or golf shirt.
  - Women's business casual: slacks, skirts, dress shorts or Capri's with coordinating top or jacket.
- Meeting rooms tend to be cool, so bring a jacket or a sweater to ensure your comfort.

## EXHIBITS

Exhibiting at the Conference is a great way to target hundreds of professionals interested in your products and services. The exhibit hall will be open throughout the show and several breaks are scheduled with the exhibitors. Booth space is \$275 for a for-profit and \$150 for a non-profit groups, and can be reserved by calling MPHA at 573-634-7977. Deadline for this application is September 1, 2012. Space is limited so apply early to ensure your exhibit area.

## CANCELLATIONS POLICY

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

# REGISTRATION FORM

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

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

*Note: Two day registration includes 2 breakfasts, 2 lunches, breaks and conference materials. In order to receive pre-registration rates, registration form must be received at the MPHA office by September 1, 2012.*

	Before 9/1/12	After 9/1/12
<input type="checkbox"/> Pre-Conference - Wednesday	\$30	\$30
<input type="checkbox"/> Member - Two Days (9/27-28)	\$150	\$160
<input type="checkbox"/> Non-Member - Two Days (9/27-28)	\$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"/> Full Time Student Member - Two Days	\$50*	\$50*
<input type="checkbox"/> Retiree - Two Days	\$75**	\$75**
<input type="checkbox"/> Total \$ _____		

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

## Payment Options

Charge my... ☐ Mastercard

☐ Discover

☐ Visa

Credit Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

☐ Check Enclosed for \$ \_\_\_\_\_

## Breakout Sessions

*(check the ones you will be attending)*

### Thursday, September 27 - Breakout Workshop #1

- ☐ Community Programs
- ☐ Food Safety/Farmer's Market
- ☐ Mental Health Issues Roundtables
- ☐ Working with Schools

### Friday, September 28 - Breakout Workshop #2

- ☐ Out of Sight, Out of Mind, Out of Budget
- ☐ Preparing for National Accreditation
- ☐ Public Health Agencies and Universities
- ☐ More Recreational Trails

### Friday, September 28 - Breakout Workshop #3

- ☐ Community Gardens for Better Health
- ☐ Promoting Healthy Relationships
- ☐ Out of Sight, Out of Mind, Out of Budget
- ☐ Becoming a Tobacco Free Community

## I am/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: \_\_\_\_\_

**Please complete a registration form for each individual.**

**Mail registration form with payment to:  
MPHA, PO Box 126, Jefferson City, MO 65102  
or fax: 573-635-7823.**

**For questions call: 573-634-7977 or 573-474-2195.**



PO Box 126 - Jefferson City, MO 65101

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)

**YES**



## MPHA MEMBERSHIP

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

☐ Regular Membership \$50.00

☐ Full-Time Student/Retiree \$25.00

I'd Like to make a donation to the MPHA Educational Foundation \$ \_\_\_\_\_

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

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Areas of Professional Interest:  
(check one)

☐ Citizen Health Involvement

☐ Health Promotion

☐ Infectious Disease

☐ Health Official

☐ Environmental Health

☐ Other: \_\_\_\_\_

☐ Public Health Nursing

☐ Health Care

☐ Support Services

☐ Food and Nutrition

☐ Chronic Diseases

I'd like to serve on the following committees:

☐ Education

☐ Membership

☐ Annual Meeting

☐ Resolutions & Bylaws

☐ Advocacy & Public Policy

☐ Public Health Week

☐ History

**Payment Options:**

☐ Check enclosed ☐ Invoice my organization: PO# \_\_\_\_\_

☐ Bill my credit card \_\_\_\_\_ MC \_\_\_\_\_ VISA # \_\_\_\_\_ Exp: \_\_\_\_\_

*Mail completed form to MPHA, PO Box 126, Jefferson City, MO 65102. If you have questions call 573-634-7977.*