

Communiqué



Public Health
Prevent. Promote. Protect.

Calendar of Events

April 1-7, 2013
National Public Health
Week

April 10, 2013
Board Meeting
Jefferson City, MO

July 10, 2013
Board Meeting
Jefferson City, MO

Sept. 24-26, 2013
Board Meeting and
Annual Meeting
Stoney Creek Inn
Columbia, MO

November 2013
APHA Annual Meeting



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



Dear Colleagues,

A lot of things have happened since our last newsletter. As I write this it is almost 60 degrees and sunny. A drastic and welcomed change from the sleet and freezing rain we had in the south and large snow accumulations in the north just a few short weeks ago. The Universities are very reluctant to close, but the weather was severe enough to where many closed during the storm and some for more than one day. Happy we got through it without losing our electricity and hope you all fared the same!

On December 11th MPHA conducted a workshop on how the Affordable Care Act (ACA) will potentially impact Public Health. The workshop was very well received with almost 100 in attendance. This was very encouraging given the short time we had to get everything in place. At this workshop we distributed a survey to solicit ideas about future workshops. This information has been compiled and we will be using it to offer other workshops in the near future. So, stay tuned! On a similar note, the regional APHA affiliates for Region 7 have, for the last two years, held a regional annual conference. For those who are unfamiliar with Region 7, it is made up of Missouri, Iowa, Nebraska and Kansas, affectionately referred to as MINK. The annual MINK meeting for this year will be in Kansas City, Kansas at the Kansas Medical College on April 4th and 5th. There will be further discussion concerning the ACA as well as other affiliate successes and challenges. These conferences have proved to be very helpful and productive in the past, and we hope to see you there.

I would like to take a moment to extend a special word of thanks to Bert Malone for tirelessly keeping the membership abreast of the latest legislative issues and for taking the lead in authoring letters of advocacy on behalf of MPHA! It is a very time consuming job that is very much appreciated! One issue that was addressed that was particularly timely was gun violence. Before reacting, MPHA took the time to poll the MPHA membership to determine their feelings and wishes. The resultant advocacy letter truly represented the MPHA membership independent of the stance of any other organizations. Personally, I am very gratified how professional and thoroughly that was handled. A testament to our membership!

Missouri continues to make strides on the tobacco front. Another community has successfully passed a comprehensive smoke free policy and the University of Missouri is joining a growing number of Universities in Missouri that are going tobacco free.

Lastly, April 1st to 7th is National Public Health Week. There are some activities discussed in the Newsletter, but more will be posted on the MPHA web page as they become available. Please check in occasionally, and also send us what you are doing for National Public Health Week so we can post it.

These items and much more are included in this installment of the MPHA Communiqué. Wishing you all the best!

-Dalen

March 2013

PRESIDENT'S MESSAGE

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

APHA Legislative Update

March 2013



Damaging across-the-board cuts set in motion

With Congress and the Obama administration failing to forge a compromise on legislation to avert the sequester before the March 1 deadline, across-the-board cuts of approximately 5 percent for most nondefense discretionary programs will begin to take effect today. APHA issued a statement expressing grave concerns over the impact the sequester will have on many public health programs. Proposals, from both Senate Democrats and Republicans, to replace the sequester failed to garner enough votes for passage earlier this week. President Obama is scheduled to meet with bipartisan congressional leaders today, but it is unlikely to yield a compromise to stop the sequester from taking effect in the short term. The sequester was created through the Budget Control Act of 2011 and was meant to be an enforcement mechanism to push Congress to develop a bipartisan and balanced deficit reduction proposal. Because Congress failed to develop legislation, the sequester, which has been delayed once already, is now set to kick in.

Nondefense discretionary programs, including public health, have already contributed \$900 billion in spending cuts since FY 2011.



The next looming fiscal deadline is the March 27 expiration of the continuing resolution that is currently funding all government programs at FY 2012 levels. If Congress does not act to extend the continuing resolution by March 27, the federal government could face a potential shutdown. The continuing resolution also provides Congress with the opportunity to reverse the sequester and replace it with a bipartisan and balanced proposal that does not further cut nondefense discretionary programs including public health.

APHA members have sent thousands of emails to Capitol Hill opposing both the sequester and additional cuts to public health. You can send a message to your legislators urging them to repeal the sequester by visiting APHA's Take Action site today!



Senate advances preparedness bill, again

On Feb. 27, the Senate passed H.R. 307, the Pandemic and All-

Hazards Preparedness Reauthorization Act of 2013, by unanimous consent. The bill would reauthorize medical and public health preparedness and response programs and enhance the capacity of existing programs and authorities to strengthen the nation's resilience to threats, whether naturally occurring or the result of a deliberate chemical, biological, radiological or nuclear attack.

Congress attempted to reauthorize the bill last year. Nearing the end of

the 112th Congress, both chambers reached an agreement on a version that passed the House with overwhelming bipartisan support. The bill was then held up by Sen. Richard Burr, R-N.C., — one of the sponsors of this measure and co-author of the original 2006 law — on the Senate floor in an attempt to include additional provisions related to the Food and Drug Administration. Burr has since dropped his insistence on including other provisions, allowing the Senate to move forward in the 113th Congress.

Before advancing H.R. 307, the Senate Health, Education, Labor and Pensions Committee adopted an amendment to reauthorize two of the public health preparedness programs, the National Disaster Medical System and Public Health Emergency Preparedness Cooperative Agreement an additional year. Given the House measure was amended by the Senate, it will now be returned to the House for final passage.

APHA submits recommendations to climate change task force

At the request of the co-chairs of the Bicameral Task Force on Climate Change, APHA submitted its recommendations for actions the federal government can take to address climate change. In its letter to task force co-chairs Rep. Henry Waxman, D-Calif., and Sen. Sheldon Whitehouse, D-R.I., APHA expressed its support for the Environmental Protection Agency's Endangerment Finding for greenhouse gases and for EPA's regulatory actions to address carbon emissions from new power plants. APHA also expressed support

(Continued on page 3)

APHA Legislative Update (continued)

for EPA releasing new rules to regulate greenhouse gas emissions from existing coal and oil-fired power plants. In addition to EPA's regulatory activities, APHA expressed its support for adequate funding for the Centers for Disease Control and Prevention's Climate and Health Program as well as for new legislation, including the Climate Change Health Protection and Promotion Act. The act would require the development of a national strategic action plan to address the health effects of climate change and also provide additional resources for state and local health departments to develop adaptation plans for dealing with the health impacts of climate change in their states and communities.



House to consider violence against women Senate bill

On Feb. 6, APHA sent a letter to the Senate in strong support of S. 47, the Violence Against Women Reauthorization Act of 2013. Since 1994, Violence Against Women Act programs have protected millions of victims and their families from crimes associated with domestic violence, sexual assault and stalking. Since its passage, instances of domestic violence in the United States have dropped by more than 50 percent and reporting by victims to law enforcement has increased significantly. Reauthorization of VAWA programs is critical to ensuring that the incidence of domestic violence continues to drop and that services and protections for all victims are strengthened and enhanced. The reauthorization

would improve access to VAWA programs for all victims, regardless of race, religion, national origin, sex, gender identity, sexual orientation or disability.

The Senate passed its version of VAWA reauthorization legislation on Feb. 12 by a vote of 78-22. House Republicans introduced their version of the bill, which again stripped out critical measures to protect vulnerable populations. On Feb. 28, prior to the final vote, the House rejected the House Republican version that was offered as a substitute of the measure and immediately considered the Senate version which overwhelmingly passed by a vote of 286-138. The bill will now be sent to the president for his approval.

APHA submits hearing statement on reducing gun violence

On Feb. 12, APHA submitted a statement for the record to the Senate Judiciary Subcommittee on the Constitution, Civil Rights, and Human Rights which held a hearing on proposals for reducing gun violence. The subcommittee hearing follows a full Senate Judiciary Committee hearing on gun violence held on Jan. 30. APHA and other health advocates have called on Congress to take a comprehensive approach to reducing gun violence. In the statement, APHA recommended additional unrestricted funding for more research and data collection, stronger and more protective common-sense gun laws, ensuring access to adequate mental health services and ensuring our state and local public health and mental health systems have adequate funding to put into place interventions to

reduce gun violence and to provide mental health services to those in need.

APHA members can contact their members of Congress to urge them to support common-sense measures to reduce gun violence by visiting APHA's advocacy site.

PREEMIE reauthorization clears Senate committee

On Feb. 4, APHA joined other public health organizations in sending a letter to Senate and House sponsors of the PREEMIE Reauthorization Act. The bill would expand research, education and other prevention activities related to preterm birth and infant mortality. The original PREEMIE Act, passed in 2006, spurred a national focus on prematurity prevention. Reauthorization of the PREEMIE Act is critical to continuing the progress in preventing preterm deliveries.

During the 112th Congress, the bill passed both the Senate and the House of Representatives with strong bipartisan support, but a final bill did not clear Congress due to unrelated matters. Currently, the bill has cleared the Senate Health, Education, Labor and Pensions Committee and is expected to be considered by the full Senate soon. It is not clear when the House will take up the measure.



APHA legislative and advocacy priorities webinar

On Feb. 14, APHA hosted the first in a series of APHA webinars for leaders on the association's legislative and advocacy priorities,

(Continued on page 4)

APHA Legislative Update (continued)

including public health funding, farm bill reauthorization, protecting the ACA and reducing gun violence. APHA staff was joined by Sarah Bianchi, Deputy Assistant to the President for Economic Policy and Director of Economic and Domestic Policy for the Vice President to discuss the administration's comprehensive gun violence prevention strategy and Emily Holubowich, Senior Vice President of CRD Associates and Executive Director of Coalition for Health Funding to provide an update on the federal government budget fiasco. APHA members are encouraged to get involved in these priority issues by contacting their members of Congress through all channels possible – phone, letter, email, action alerts, public events, letters to the editor and in person meetings. Visit APHA's advocacy page for additional resources and tools to support your efforts.



Coming soon!
National Public Health Week 2013
The National Public Health Week 2013 is just around the corner.

During NPHW 2013, April 1-7, APHA invites you to promote ways to live healthier lives and highlight the theme “Public Health is ROI: Save Lives, Save Money.” NPHW daily themes will focus on the following public health areas:

- Ensuring a safe, health home for your family
- Providing a safe environment for children at school
- Creating a healthy workplace
- Empowering a healthy community
- Protecting you while you're on the move

Become involved and help make public health a priority in your community. Join the movement as

we work together to build the healthiest nation in one generation. You can also download the NPHW toolkit and sign up to receive updates.

APHA 2014 Public Health Fellowship in Government - Apply now!

APHA is seeking candidates for the 2014 Public Health Fellowship in Government. The fellow will spend a year working on public health legislative and policy issues in a Capitol Hill office, experiencing firsthand how public policy decisions affect our public health system. The fellowship will begin January 2014 and will run through December 2014. Applicants must be a member of APHA and a U.S. citizen, have a master's or doctorate in a public health or a related discipline and at least five years of professional experience in a public health setting. Visit APHA's website for more information. Applications are due by April 8.

North West Chapter Meeting of Missouri Public Health Association (MPHA)

Monday, March 25, 2013 from 11:00 am - 1:30 pm
Ennovation Center (formerly Independence Regional Health Center)
201 North Forest Avenue, #130, Independence, MO 64050

“Affordable Care Act - Medicaid Expansion”

Dr. Bridget McCandless, Medical Director, Share Care Free Health Clinic
Brian Colby, Director of Outreach & Communications, Missouri Health Advocacy Alliance

Networking - 11:00 am, Program - 11:30 am, Lunch & Business Meeting - 12 Noon

Lunch is off the menu at Westside Café in the Cafeteria Room or bring your lunch.
Make reservations to Lindsay Evans at levans@indepmo.org or call 325-7185 by 3/20/13.

Policy Watch: State and International Updates

March 2013



California anti-tobacco initiative saves lives and money

In mid-February, researchers at the University of California, San Francisco, published a study on the impact of California's tobacco control programs. The Tobacco-Related Disease Research Program demonstrated that the initiative saves lives and saves money. Over the span of 20 years, the state saved \$134 billion in health care costs. The study demonstrated that health care costs decreased by \$56 for every dollar spent on the anti-smoking program. The major health care cost savings were attributed to people who stopped smoking, did not start smoking or cut back in their smoking habits and subsequent reductions in cancer, heart disease, asthma and other diseases. Between 1988 and 2009 the anti-tobacco initiative invested \$2.4 billion in a powerful prevention campaign using billboards and TV ads to promote smoking cessation and smoke-free environments, especially in bars and restaurants. A 25-cent per pack tax passed in 1988 was used to fund the initiative, along with federal funds and private donations. Since 1988, California's smoking rates have decreased to nearly half the original level, dropping from 23.1 to 12.1 percent of the population.

Rhode Island proposes sugar sweetened beverage tax

Rhode Island lawmakers proposed adding a tax of \$1.28 per gallon to "any sugar sweetened syrup, powder or soft-drink" in an effort to promote healthy behavior. The measure was referred to the state's House Finance Committee for consideration. The bill would apply to nonalcoholic beverages sweetened by syrup, corn syrup and high calorie sweeteners. This would include soda, energy drinks and sports drinks, but would not apply to diet sodas. The legislation was introduced in late January and has received increasingly strong opposition from industry-led groups, such as the Center for Consumer Freedom. The 1-cent per ounce tax is expected to raise \$45 million a year. The revenue would go to a new "Prevention and Wellness Trust Fund." The fund would be awarded through a competitive grant process to municipalities, community-based organizations and health care providers for efforts aimed at increasing healthy behaviors, addressing health disparities and reducing preventable health conditions. A similar sugar sweetened beverage tax measure was introduced and defeated in 2010 in the state legislature. Other states have proposed similar bills to tax sugar sweetened beverages in the current legislative session, including Texas, Oregon, Hawaii and Vermont.



Institute of Medicine evaluates president's AIDS relief plan

Last week, the Institute of Medicine released a report directed by Congress to evaluate the outcome and impact of the President's Emergency Plan for AIDS Relief, also known as PEPFAR. IOM acknowledged the program's work in saving lives and in changing the global view of what a funded "humanitarian commitment to a public health crisis" can accomplish. The report also favorably assessed PEPFAR's work in strengthening systems, collaborating with other countries and implementing policy for sustainable solutions. PEPFAR was authorized under the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 with the goal of preventing new HIV infections, treating the 34 million people already infected and supporting those affected by HIV/AIDS through access to treatment, sustainable programs and development of infrastructure.

The report underscored the need to continue working with partner countries and global stakeholders to maintain hard-fought gains and achieve sustainable management of HIV programs and control of the epidemic. PEPFAR is up for reauthorization this year.

National Public Health Week

April 1-7, 2013

University of Missouri-MPH Students have plans for National Public Health Week

Wednesday is “Creating a Healthy Workplace”

We will be working a High School Health Fair teaching students about stress reduction and management in school and in the future.

Thursday is “Protecting you while you’re on the Move”

MU-MPH students will have a booth in the Student Center to

promote a ban on texting and driving. We will have students sign a petition against texting and driving. The Mizzou CHEERS program has donated promotional items (bracelets and bumper stickers) to give to students.

Friday is “Student Day”

We will be hosting the Central Missouri Humane Society on campus for students to walk dogs around the columns to promote healthy lifestyles.



North West Chapter Report

The North West Chapter of Missouri Public Health Association has been very active since it reorganized last spring with new officers. Meetings are usually located at the Ennovation Center in Independence, MO.

Last fall's meeting featured Mary Kasel, CEO of MO Health Council speaking "Electronic Health Records". January's meeting was held at the Elms Hotel and spotlighted MPHA Award winners Media-Jae Juarez, Excelsior Spring Standard, Group Merit-Micaela Lynch & Tom Mayfield, Excelsior Springs High School, for "Texting & Driving" docudrama and Certificate of Merit - Barbara Dawson.

The next meeting is Monday, March 25, 2013 11 AM – 1 PM at Ennovation Center (former Independence Regional Health Center), 201 North Forest Avenue #130, Independence, MO 64050. "The Affordable Care Act – Expansion of Medicaid" is the topic for discussion by Dr Bridget McCandless, Medical Director, Share Care Free Health Clinic and Brian Colby, Director of Outreach & Communications, Missouri Health Advocacy Alliance.

NW Chapter business meeting will begin at noon. Lunch is off the menu at Westside Café in Cafeteria Room or bring a lunch. Make reservations to Lindsay Evans at levans@indepmo.org or 325-7185 by Wednesday, March 20.

U.S. EPA School Flag Program

Schools Across America are Flying Air Quality Flags

Schools across the nation have joined the U.S. Environmental Protection Agency's School Flag Program to help protect children's health. Schools are encouraged to raise a brightly colored flag to help teachers, coaches, students, and members of the community to be aware of daily air quality conditions.



Each day, students at will raise a flag based on the color of the Air Quality Index (AQI) to show how polluted the air is expected to be. By comparing the colored flags to the AQI, teachers and coaches will know what actions to take to protect the health of their students. Green signals good air quality, yellow is moderate, orange means unhealthy for sensitive groups (like children and people with asthma), and red signals unhealthy air for everyone. A purple flag means the air quality is very unhealthy and sensitive groups should avoid all outdoor exertion while everyone else should limit outdoor exertion.

Children are particularly susceptible to air pollution, which can harm their lungs and trigger asthma attacks. The flags can help students with asthma track their symptoms when the air pollution levels are in an unhealthy range. Flags may help teachers know when to modify outdoor activities which could include shortening exercise or moving exercise indoors when necessary to protect student's health.

Getting up-to-date air quality information is easy by subscribing at www.enviroflash.info or downloading the AIRNow app. You can get the daily air quality forecast sent to your email, cell phone or Twitter. This is especially helpful for those who are sensitive to the effects of air pollution, such as children, people with asthma, and older adults.

The School Flag Program alerts schools to the local air quality forecast and enables them to take actions to protect the health of students, especially those with asthma.

Here's how it works: Each day a school raises a flag that corresponds to how clean or polluted the air is. The color of the flag matches our Air Quality Index (AQI) on airnow.gov. On unhealthy days, schools can use this information to adjust physical activities to help reduce exposure to air pollution.

A school can start a flag program with four easy steps:

1. Purchase flags (~ \$100)
2. Educate the school and the community
3. Sign up for a daily email about the air quality forecast and fly the corresponding flag
4. Take actions when the air quality is unhealthy

The Coordinator's Handbook, fact sheet, recommendations chart, participants list, resources and registration form are available at www.airnow.gov/schoolflag. Schools can adopt the program by simply completing the online registration form. We have worked with Bob's Flags to order the air quality flags.

Make the program your own by adding your logo and contact information to the resources.

For more information on the School Flag Program visit EPA's AIRNow website at www.airnow.gov/schoolflag or contact Donna Rogers at rogers.donna@epa.gov or (919) 541-5478.

Gun Violence Prevention

Jamie Shank

Recent questions from the public and professionals alike have been raised on whether to formalize a position on the topic of gun violence prevention. Members of MPHA felt the need to understand and define Missouri's voice concerning the topic as it relates to the role of public health. Therefore, a survey was developed and released for membership to voice their opinion on the matter.

Methodology

The American Public Health Association's (APHA) position on gun violence prevention served as a basis for some parts of the survey. APHA supports several immediate steps which can be taken to reduce gun violence in the United States. The position of APHA can be viewed on their website at: <http://www.apha.org/advocacy/policy/policysearch/default.htm?id=170>

In drafting the survey, each tenant of APHA's position was isolated into a series of singular questions to determine which points (and to what degrees) MPHA members support or do not support APHA's position. Additional questions were added after Board review to further gauge support or lack thereof. Last, members had the option to type a written response to some questions to indicate any further concerns or suggestions.

Results were analyzed from 120 one-time respondents. A summary of the survey results and typed responses can be found on the MPHA website: <http://www.mopha.org/>

The Board came to a consensus MPHA's position should represent the position of at least 75 to 80% of the MPHA membership. After reviewing several questions where responses in that percentage were either marked "strongly supported" or "supported" a motion was made and seconded that MPHA's position represent the support of 78% of membership or greater. Each question and its respective level of support or lack of support can be found in the survey summary.

Majority support centered on issues relating to mental health screening programs and intervention services, education and prevention, and legislative action toward increased funding for mental health and expanding the current background check system to include more mental health data.

Data was inconclusive due to equal numbers of responses in both supportive categories and in unsupportive categories regarding laws limiting access to handguns and regulation of the gun industry. A majority of members did not support enactment of laws to reduce access to permits to carry a concealed handgun.

Each typed response was categorized according to context (i.e. increase mental health funding, no government reform, education, and so on). After categorizing the typed responses into different strata, analysis determined what a majority of responses wanted to communicate, thus further concerns or ideas could be made known.

Moving Forward

Discussion on the extent of advocacy concluded MPHA, through the Policy and Advocacy Committee, will draft a letter to congress, stating a formal position on the issue of gun violence prevention for those points which received 78% of support or greater from membership. Each member of MPHA will receive a copy the congressional letter.

Secondly, the decision not to lend the MPHA logo to any groups that were not 100% consistent with the position of MPHA including the prevention, education and mental health issues of gun violence prevention was agreed upon by the Board.

The issue of gun violence prevention sparked quite a response from membership. The Board and the Policy and Advocacy Committee, with all sincerity, are grateful to each member for their participation and thoughtful articulation regarding the role of public health toward gun violence prevention.



Missouri Public Health Association

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February 27, 2013

The Honorable Senator Claire McCaskill
United States Senate
Hart Senate Office Building, Ste. 506
Washington, D.C. 20510

Dear Senator McCaskill:

The Missouri Public Health Association, representing more than 350 health professionals throughout the state of Missouri, recognizes the need to address gun violence prevention. Our membership acknowledges gun violence profoundly affects the public's health, disproportionately affecting some of our State's most vulnerable populations.

Many factors contribute to gun violence related injuries and deaths. Therefore, a multifaceted approach, administered under the direction of strong leadership and marked with tireless persistence is necessary for the health of our citizens. MPHA endorses the following steps to reduce gun violence:

Taking Action on Mental Health:

- Increase funding for programs addressing mental health in Missouri;
- Enactment of laws to expand the existing background check system to include more mental health data and
- School and university-based mental health intervention programs targeting students who may be at higher risk for developing mental health difficulties or who display violent tendencies.

Creation and Evaluation of Infrastructure for:

- Community-based programs targeting responsible gun ownership;
- Community and school-based prevention programs targeting handgun injuries (including suicides, homicides and assaults);
- Educational programs on the dangers of handguns, especially in the home and
- Comprehensive data collection systems to facilitate research on prevention of gun-related injuries fatalities.

As a representative of the MPHA's vast membership, I write to you to support the voice of Missouri's public health professionals. Violence is a serious public health issue, robbing people of living to their full potential. Timing is vital, as the Nation and specifically, Missouri needs an unwavering investment in public health programs and infrastructure to improve our efforts and strengthen our capacity to address gun-related violence, injury and death.

Sincerely,

Bert Malone, M.P.A, Chair Public Policy and Advocacy Committee
Missouri Public Health Association

Cc MPHA Board Members
Sandra Boeckman, Executive Director



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February 25, 2013

Dear Senator McCaskill:

The public's health will suffer under the sequester enacted in the Budget Control Act last year. ***I, with support from the Missouri Public Health Association, urge you to find a balanced approach to deficit reduction that does not include further cuts to programs which service core functions and provide for the benefit of all Missourians, including public health programs.*** I am also urging you to protect mandatory funding through the Prevention and Public Health Fund to improve health and reduce health care costs.

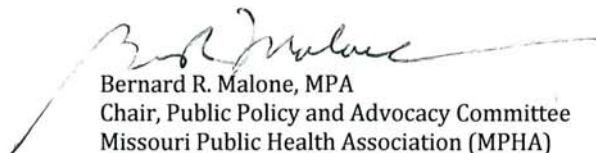
Public health is already taking its fair share of cuts. Our programs which serve human needs (non-defense discretionary, NDD programs) will take a disproportionate hit due to the decade long budget caps through FY2022. Any deficit reduction agreement must take these cuts into account.

The human cost of sequestration is extreme. Management of communicable diseases such as HIV, tuberculosis, sexually transmitted diseases and seasonal flu will be hampered. Children's healthcare needs including preventative dental care and special nursing services will no longer be available to some families. Breast and cervical cancer screenings amongst some of the most vulnerable populations will be reduced, impacting the quality of health for our citizens and producing devastating economic blows to Missouri's vulnerable economy.

The Senate Appropriations Subcommittee on Labor, Health and Human Services and Education, provide some of the following examples resulting in Missouri from the sequester:

- **100,000 families** would be denied prenatal care, well child services, infant mortality, injury and violence prevention, oral healthcare and comprehensive care through clinics, home visits and school-based programs;
- **96 fewer HIV positive clients** would receive medical care and lab tests, **more than 240 people** would lose access to life-saving AIDS drugs;
- **4,239 children** would not receive vaccinations to prevent disease; and
- **977 women** would not be screened for cancer.

These cuts will be detrimental to the health of citizens in our communities. I urge you to find a way to achieve deficit reduction that protects the public's health.



Bernard R. Malone, MPA
Chair, Public Policy and Advocacy Committee
Missouri Public Health Association (MPHA)



Dear Representative Allen:

On behalf of the 350 members of the Missouri Public Health Association, I respectfully urge you to restore the \$4 million in General Revenue for the "Aid to Local Public Health" line item which was removed last year and replaced with one-time funding within DHSS.

This funding provides critical support to 115 agencies throughout the state, affecting nearly 6 million Missourians on a daily basis. If these local agencies cannot be adequately supported, the residents of Missouri will lack access to preventive care, health education, and public health safety.

These services include child vaccination programs, food safety inspections, and additional local health education opportunities which impact infectious and communicable diseases, chronic conditions such as obesity, diabetes and cardiovascular disease and much more.

Funding for public health is a strong predictor of illness and future economic costs. In terms of state funding, Missouri ranks an embarrassing 50th in the nation, with a mere \$5.40 allocated per capita for public health to prevent illness.

Some individuals point to national changes under health reform to negate the need for continued funding by states. The current health care reform underway will allocate supplemental funding for public health prevention programs and community grant opportunities. However, the reform is not designed to support the majority of daily services provided by local public health agencies.

What can we expect if we continue to remove or ignore support for public health? I respectfully suggest Missouri will experience a continual decline in a number of health outcomes, many of which can be prevented, treated or managed earlier through public health. Further consequence of inaction will be the continuation of costly, significant economic impact from the debilitating health outcomes.

Therefore, my sincerest hope is a true understanding of the importance of local public health agencies as a significant force against poor health and subsequent economic burden so that through your support of the Health of the People they may prosper and reach the tremendous capacities they have. Public Health can help achieve that.

Bernard R. Malone, MPA
Chair, Public Policy and Advocacy Committee
Missouri Public Health Association (MPHA)

Senate Appropriations Committee Testimony

January 22, 2013

Bernard R. Malone, M.P.A

City of Kansas City Health Department

MO Association of Local Public Health Agencies

Missouri Public Health Association

Good afternoon, Mr. Chair and Honorable Members of the Committee. I am Bert Malone, Director of Environmental Health Services for the Kansas City Health Department (KCHD). I am also representing the Missouri Association of Local Public Health Agencies (MoALPHA) and the Missouri Public Health Association (MPHA) as a Board member of each organization.

The KCHD is one of the oldest and largest local public health agencies in Missouri. Our work provides an array of public health services in areas such as environmental hazard monitoring, infectious and chronic diseases, preventable illness and public health safety. Our mission is to promote, protect, and preserve the health of the more than 1 million residents and visitors in Kansas City on a daily basis.

MoALPHA consists of 111 city and county health departments' and our aim is to facilitate communication amongst local, state, and federal public health agencies to better advocate and serve all Missourians. My work with MPHA, whose mission is to identify public health needs and issues of Missourians, and in a joint effort with other agencies, is to improve the health of our great state through supportive advocacy actions.

It is in these capacities that I come before you today to support the "Aid to Local Public Health" line item in the DHSS budget. This funding provides critical support to 115 agencies throughout the state, affecting nearly 6 million Missourians on a daily basis. I urge you to restore the \$4 million in General Revenue for this fund that was removed last year and replaced with one-time funding within DHSS.

Significant attention to this line item is essential for the people of Missouri for three reasons: (1) Currently, Missouri reports many of the worst health outcome rankings in the nation, (2) complacency with these poor rankings contributes direct and indirect economic costs which cripple our State's vulnerable economy, and (3) increased funding would provide essential public health services to better alleviate these outcomes and associated costs.

(Continued on page 13)

Joint Annual Conference Pre-Conference on Accreditation September 24-26, 2013 Stoney Creek Inn - Columbia, MO



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

Senate Appropriations continued

First, where does Missouri currently stand in relation to other states regarding health indicators? A 2012 report from the United Health Foundation's study on America's Health Rankings identifies that the state of Missouri has worsened on multiple health indicators, often ranking between in the lowest quartile of states in the nation. Specifically:

- Overall, **Missouri ranks 42nd** in the nation, **dropping** from a rank of 40th in 2011;
- A quarter of our adult population are current smokers, ranking us **42nd** in the rate of **adult smoking (another falling from a rank of 40th in 2011)**;
- **Immunization coverage of children** age 19 to 35 months **fell from 42nd in 2011 to 46th in 2012**, representing the most significant decline among states.
- **Infectious diseases** such as syphilis, tuberculosis, hepatitis A, gonorrhea, and HIV/AIDS, **push Missouri to 43rd**;
- **Obesity rates place us at 39th** with an alarming 30.3% of the population currently considered obese;
- Many Missourians (28.4%) are completely physically inactive, ranking **41st in sedentary lifestyle**;
- **Deaths due to cardiovascular disease** (many of which are preventable) rank the state **41st**;

Funding for public health is a strong predictor of illness and future economic costs. In terms of state funding, Missouri ranks an embarrassing 50th, with a mere \$5.40 allocated per capita for public health to prevent illness. Our neighboring states all allocate significantly more to public health. Of these states, the lowest allocation by neighboring states (Kansas) is nearly three times what Missouri spends:

- Kansas; \$15.10 per capita, ranks 41st
- Illinois; \$23.21 per capita, ranks 32nd
- Oklahoma; \$36.20 per capita, ranks 22nd
- Nebraska; \$39.85 per capita, ranks 18th
- Tennessee; \$43.86 per capita, ranks 17th
- Kentucky; \$44.44 per capita, ranks 16th
- Arkansas; \$51.37 per capita, ranks 12th

Certainly there is vast room for improvement for such a dire situation.

What can we expect if we continue to remove or ignore support for public health? I respectfully suggest that Missouri will experience a continual decline in a number of health outcomes, many of which can be prevented, treated or managed earlier before very costly medical expenditures must be made. Further consequence of inaction will be the continuation of costly, significant economic impact from the debilitating health outcomes described above.

Two examples of harmful health outcomes creating significant economic burden are obesity and lead poisoning. Public Health, and the preventive health services we can employ, is an essential answer to these issues.

With regard to obesity: The topic of obesity is a national one as obesity is the fastest growing public health concern (United Health Foundation report), but the situation is even more heightened in Missouri. If current trends continue at the state level, by 2018 an estimated 47.4% of Missourians will be obese. The effect of nearly half our population being obese is costly in both human terms, but also in economic terms. There would be:

- **A greater than 4-fold increase in obesity-attributed health care spending** from 2008 (\$1.9 billion) to **2018 (\$8.2 billion)**

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Senate Appropriations continued

- **More than double** an increase in **per person obesity-attributed** health care **spending** from 2013 (\$761) to 2018 (\$1,834)

If state rates of obesity were to stabilize, as proven preventive measures became effective, Missouri could **avoid costs of up to \$4.8 billion** from 2013 to 2018.

Members of the Committee, I respectfully suggest that it is paramount to curb the economic cost of obesity in our state, as national projections expect health care costs to surpass \$344 billion less than five years from now, in 2018. The time to act is now.

Another common, yet preventable illness that is addressed by local health departments is lead poisoning. Lead interferes with a variety of body processes and is toxic to many organs and tissues including the heart, bones, intestines, kidneys and reproductive and nervous systems. It interferes with the development of the nervous system and is, therefore, particularly toxic to children, causing potentially permanent learning and behavior disorders. Despite dramatic efforts over the past 35 years, lead poisoning remains a serious hazard for thousands of children in Missouri.

A recent study supported by the Pew Charitable Trust found continuing risks, especially among low-income children who live in older housing with lead paint. The study also found significant cost savings from reduced rates of lead exposure. The report concluded that returns on large scale abatement efforts would yield at least \$17 per each dollar invested, saving billions nationally through a broad range of social benefits: including avoided health care costs of treatment:

- **IQ and Lifetime Earnings loss:** Numerous studies on intellectual function have established a clear, negative relationship between IQ and lead levels; estimated costs are between \$10.8million and \$53.1 million;
- **Increase Special Education and ADHD costs:** Lead-exposed children have delayed cognitive and behavioral development; research has quantified the association in costs at \$267 million in medical treatment and parental work loss.
- **Behavioral Problems and Crime:** Research has established a strong connection between lead exposure in childhood and later violent crime activity. According to the study, direct costs of lead-related crime, for victims, the criminal justice system and workers who lose earnings, exceed \$1.7 billion.

On a local level, programs supported by a combination of state, local and federal funding are working to eliminate lead poisoning in Kansas City. To achieve our goal, this Department offers blood lead testing and screenings, lead risk assessments, lead hazard control, outreach to the community, as well identifying other hazards in homes that influence the health of the occupants. Clearly, this effort of our local health department would not be possible without continued adequate funding through prevention funding such as that available through the Aid to Local Public Health line item in the DHSS budget.

Some point to national changes under health reform to negate the need for continued funding by states. The current health care reform underway will allocate supplemental funding for public health prevention programs and community grant opportunities. However, the **reform is not designed to support the majority of daily services provided by local public health agencies**. These services include child vaccination programs, food safety inspections, and additional local health education opportunities which impact infectious and communicable diseases, chronic conditions such as obesity, diabetes and cardiovascular disease and much more.

In conclusion, funding for local public health is in need of strong support by the legislature. Examples stated above

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Senate Appropriations continued

demonstrate the “Aid to Local Public Health” line item is critically needed for public health services throughout the state. If these local agencies cannot be adequately supported, the residents of Missouri will lack access to preventive care, health education, and public health safety.

Will we permit an idle response to the much needed support for public health affecting our great state? We must remember the motto of the Great State of Missouri: “*Salus Populi Suprema Lex Esto*” that is, “The Health of the People is the Supreme Law.”

Therefore, my sincerest hope is a true understanding of the importance of local public health agencies as a significant force against poor health and subsequent economic burden so that through your support of the Health of the People they may prosper and reach the tremendous capacities that they have. Public Health can help achieve that.

Respectfully submitted,



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Pew Center on the States. February 2010: Cutting lead poisoning and public costs. Partnership for America Economic Success: Issue Brief #14.

David C. Bellinger and Andrew M. Bellinger. 2006. Childhood lead poisoning: the torturous path from science to policy. *Journal of Clinical Investigation*: 11(4): 853-857.

Sharing Responsibility, Improving Community Health **Next event is March 22, 2013**

The Public Health Grand Rounds speaker series, *Sharing Responsibility, Improving Community Health*, was designed by the College for Public Health and Social Justice and the School of Medicine at Saint Louis University along with several community partners, including the Missouri Public Health Association. It aims to strengthen the capacity and effectiveness of community organizations by providing information on the latest practice and evidence based approaches to address social determinants in order to reduce health disparities in the St. Louis region. It also provides opportunities for networking and partnership development.

The next event will be held on March 22, 2013 from 8:30-11:30 and will focus on violence prevention. Dr. Rolf Lorber, professor of psychology in the department of psychiatry at the University of Pittsburgh School of Medicine, will be the speaker for this session. His areas of expertise include juvenile antisocial behavior and delinquency, substance abuse, and mental health. The title of his presentation is “Street violence as a social determinant of health: Applying research findings to public health interventions”.

To register, go to: <http://formsmarts.com/form/142y>

For more information: <http://slu.edu/publichealth>

Darcy Scharff, scharffd@slu.edu; Sarah Newsomes, newsom3@slu.edu; Stacy Hartmann, shartma8@slu.edu

Mid-Year Conference Summary

December 11, 2012

Our MPHA mid-year conference in December was a great success! More than 90 members made the trip to focus on the impact of the Affordable Care Act (ACA) on public health. Keynote speaker, Bob Crittenden, Executive Director of the Herndon Alliance, provided a helpful overview of the act and how to successfully spotlight the benefits of the ACA in local communities.

Considerable effort went into the choice of discussion and presentation in an effort to provide a greater understanding on issues most pressing to our membership. Speakers Ryan Barker of the Missouri Foundation for Health and Captain Jose Belardo and Stephene Moore from the U.S. Department of Health and Human Services led an expert panel discussion on topics generated from membership interest and concerns.

One such topic was the Public Health and Prevention Fund, specifically Missouri's use of these funds. This is the first time any major federal money has been dedicated to what we as public health professionals do every day. An exciting challenge, no doubt, as \$15 billion is invested over 10 years in prevention and public health.

Lastly, all were treated to a presentation by Jessi LaRose, MFH Health Policy Coordinator for MoCAP. Ms. LaRose spoke on technical assistance and application support in applying for federal funds under the ACA.

Sincere thanks to all our speakers for sharing their knowledge and contributions to a great conference and another special thanks to all those who planned the event!

If you missed the mid-year meeting, or would like to revisit the information provided by our speakers, please visit <http://www.mopha.org/viewevent.php?id=1193&table=events> for a copy of all presentations.



Tobacco Free Missouri

Linda Cooperstock, MPH



Tobacco Free Missouri's Board met in January to review 2012 and make plans for 2013. The big news of the day was that Washington, MO (population 14,000) passed a comprehensive smoke-free policy that includes all public places including restaurants, bars, membership clubs, bowling alley, e-cigarettes, 20 feet from doors and windows, bleachers, grandstand, and playgrounds! Kudos to that community.

Some of the successes of the past year included assisting University of Missouri's Columbia campus to approve a smoke-free campus policy that will take effect mid-2013; training of a number of smoke-free coalitions to coordinate community support for local smoke-free ordinances; development and release of an educational piece, *Our Town, Our Terms*, a guide to keeping government local; and the tremendous unifying effort for Proposition B, the cigarette tax. Even though the measure did not pass (albeit by a very small margin), TFM saw a surge of individuals and organizations willing to take action in support of that cause.

Missouri has much more work to do as evidenced by the American Lung Association's State of Tobacco Control Report grades:

Tobacco Prevention and Control Spending	F
Smoke-free Air	F
Cessation Coverage	F
Cigarette Tax	F

One of the goals of TFM for 2013 is to ensure tobacco control advocacy assistance throughout the state - attracting organizations that will state their support for smoke-free, tobacco free, and cessation policies, that they may recognize and connect with peer organizations that share a common smoke-free philosophy.



- Smoking kills 9,500 Missourians every year.
- Missouri has the 8th highest smoking rate; 25% of adults smoke; national prevalence is 19%.
- Kids in Missouri are smoking in increasing numbers. 18.1% of high school students smoke and 8,000 Missouri kids start smoking each year.
- Annually, Missouri spends over \$2 billion on healthcare costs directly related to smoking and \$532 million in related tobacco-related Medicaid program.

ON®

The American Lung Association's 11th annual State of Tobacco Control Report grades each state and the federal government on their tobacco control policies.

Learn more at
www.StateofTobaccoControl.org

MISSOURI GRADES

Tobacco Prevention and Control Spending	F
Smokefree Air	F
Cessation Coverage	F
Cigarette Tax	F

A Mid-Year Report on APHA Affiliate Activities

Louise Lex, PhD

*Affiliate Representative to the APHA Governing Council and
Representative to the Council of Affiliates*

When it comes to new ideas someone once advised me, figuratively speaking, to steal with my eyes. As chair of the Missouri, Iowa, Nebraska, and Kansas (MINK) APHA Region VII, I have had a front row seat, watching what is happening in the other states and possibly using the information in Iowa. I learned, for example, that the Nebraska affiliate has been very successful in working with its unicameral legislature. I also learned how the Kansas affiliate had organized local meetings of their legislators. Another Kansas idea was giving graduating students in public health and other groups like school nurses a free, first-year membership to the state association; affiliate representatives also meet monthly with the executive director of the state public health department. MINK quarterly conference calls are important in understanding legislative issues that can spill into the other states. In Kansas, for example, there is a big push to challenge the Clean Indoor Air Act. And in Nebraska, there is a move to tax sugar-sweetened beverages which have previously been tax-free.

Like IPHA, the other affiliates have been paying close attention to the Affordable Care Act (ACA) implementation. In Kansas, there will be a state exchange or marketplace, but Medicaid expansion is uncertain. The entire Medicaid program will be handled by three health insurance agencies with the state serving in an oversight capacity. Recently, the governor of Missouri has endorsed Medicaid expansion; whether or not expansion occurs will depend on the decision of the state legislature. Nebraska has opted for a federal exchange but is uncommitted on Medicaid expansion.

Discussion of these decisions on ACA implementation and other affiliate concerns will continue at the annual regional meeting to be held in Kansas City, Kansas at the University of Kansas Medical College on April 4th and 5th. Prospects of HHS Secretary Kathleen Sibelius speaking at the meeting appear to be favorable. HHS Regional Director for Health, Captain Jose Belardo will be on hand for a discussion of issues relevant to the four states. Plans are underway to expand conference participation via a webinar.

Taken together, the conference calls, the annual meeting, and the e-mail messages in between serve to unite the affiliates in their efforts to strengthen public health's collective advocacy voice in the region during a period of immense change. Martin Luther King, Jr. once observed that "Our lives begin and end the day we become silent about things that matter."

NEW MPHA MEMBERS

Pam Kelly, Health Literacy Missouri, December 2012
St. Louis County Department of Health, December 2012
Marjorie Sable, University of Missouri School of Social Work, December 2012
Lauren Ho, Student, January 2013
Kelly Bowers, University of Missouri MPH Student, February 2013
Linda Neumann, Webster Groves School District, February 2013

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

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

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

MPHA Scholarships

Edna Weinel Scholarship

Edna Weinel Scholarship provides the opportunity for practicing public health professionals to participate in this lifelong learning process. This scholarship, the value of which is dependent upon the request and need of the applicant(s), is available for public health workers to develop in their profession through educational meetings, seminars or through traditional academic course work. Applications will be considered for seminars, continued education meetings, conventions, college classes, etc., with priority given to continued education programs. Applicants may apply an unlimited number of times providing he/she qualifies under the established criteria and has not been a previous recipient.



Leuthen – Brunner Local Public Health Agency Scholarship

Leuthen – Brunner Local Public Health Agency Scholarship grant honors Ron Leuthen and Phil Brunner, former MPHA members who worked tirelessly to advance local public health in Missouri. This award is designed to assist local public health agencies towards voluntary accreditation through Missouri Institute for Community Health or National Public Health Accreditation Board. It may be used for educational meetings, seminars, continuing education, specific certifications or testing, and traditional academic course work in areas of Performance, Infrastructure or Workforce Standards. This is a one-time grant for local public health agencies. The first maximum \$750 scholarship will be awarded at the 2012 MPHA Annual Meeting and then annually. The grant may be divided among multiple applicants up to a total of \$750.

Missouri Public Health Foundation Jackie Liesemeyer Nursing Scholarship

Jackie Liesemeyer was a Community Health Nurse who worked for more than 20 years in various positions in the Central District Office of the Missouri Department of Health. Jackie's spirit of independence and self-reliance was reflected in her approach to her clients, individuals, program representatives and local health units. She provided the information, support and encouragement that fostered growth and the ability to do for oneself all that was possible in the spirit of community health nursing. Jackie is honored with a \$500 nursing scholarship in her name that will enable others to enhance public health in Missouri. Applicants must explain how the scholarship would be used and why they are working in the field of public health nursing. Applicants may apply an unlimited number of times providing he/she qualifies under the established criteria and has not been a previous recipient.

Missouri Public Health Foundation Health Professional Scholarship

The \$500 Health Professional Scholarship is available for a MPHA member who is working on an undergraduate or graduate degree in a public health related field which will further their career. Examples of fields of study include: administration, epidemiology, health education, nursing, health promotion, etc.) Applicants must explain how the scholarship would be used and state their commitment to continue to work in public health in Missouri after completing the public health related degree. Applicants may apply an unlimited number of times providing they qualify under the established requirements and have not been a previous recipient.

More detailed information can be found on the MPHA website at <http://www.mopha.org/>

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COMMUNIQUE' Editor

Pat Morgester

Kansas City Health Department

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YES



MPHA MEMBERSHIP

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

☐ Regular Membership \$50.00

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

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I'd like to serve on the following committees:

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