

Communiqué

April 2012

PRESIDENT'S MESSAGE

Pat Morgester, Kansas City Health Department



Greetings!! After a few false starts and a winter that acted a lot like spring, I think it is finally here. Spring is Here! Spring is HERE!!!! Please join me in heading back outside and getting more active so I can slowly dissolve that winter weight. Now, on to Association business.

President Barack Obama signed the Affordable Care Act into law two years ago March 23, 2010. The American Public Health Association spent numerous hours garnering support for this landmark legislation. It is currently being disputed in the Supreme Court. Stay tuned, the justices will render their final decision in June. Later in this issue, APHA Executive Director Georges C. Benjamin MD, does an excellent job in highlighting important improvements to our health system (page 8). 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.

National Public Health Week is from April 2-6 this year. On Thursday April 5th, Saint Louis University will host author and Professor Ross Brownson from the Washington University who will provide a lecture on the use of epidemiology and health policy to improve health. In Springfield, Roberson Elementary 3rd Graders will be visited by Missouri State University's Future Public Health Professionals Student Organization. Graduate students will do a fun & interactive presentation on preventive health through healthy eating, active living & injury prevention. And in Kansas City, the Kansas City Health Department focuses on carbon monoxide, radon, cleaning kits & pest management, vacuuming, and on Friday will provide Healthy Homes Assessments. Send our Executive Director, Sandy Boeckman at sboeckman@mopha.org highlights of your NPHW activities and we'll publish (with pictures) articles you would like to submit for the next issue of the Communiqué.

As Patricia Parker reports, in her Affiliate Representative to the Governing Council (ARGC) submission (page 13), a summary of events are planned for the Region VII Missouri, Iowa, Nebraska, and Kansas (MINK) Affiliate spring meeting is scheduled for April 5-6 in Omaha Nebraska at the University Of Nebraska Medical Center College Of Public Health. MPHA associates are invited to join us for web streamed presentations on Friday, April 6 (see Pats report for more details). Also in Pats report she states that I have the opportunity to represent our Association at the APHA mid-year meeting, June 26-28 in Charlotte NC. Last year I returned charged up about the Affordable Care Act. This year's theme, "The New Public Health: Rewiring for the Future," will feature top public health leaders who will discuss the latest challenges facing public health and emerging opportunities for innovation in delivering public health services. Look for my thoughtful reflections in the next issue of the Communiqué.

Finally, I want to express my sincere appreciation to Barbara Dawson of the Clay County Public Health Center. Barbara served as President of the Northwest chapter for 13 years and has finally passed the baton to her colleague Kathleen Welton. She held the Chapter together when no one else would step up to the plate and we now have a robust and vibrant future due to Barbara's efforts. At the last chapter meeting (highlights can be read on page 15) a new slate of officers were voted in and surprisingly the majority of them were men! Here is the list of new officers, President – Kathleen Welton, Clay County Public Health Center, Vice President (Programs) – Bert Malone, Kansas City Health Department, Secretary – Dan Luebbert, Platte County Health Department, Treasurer – Andrew Warlen, Independence Health Department, Past President, Barbara Dawson, Clay County Public Health Center.

Thank you again for your commitment to MPHA. Your hard work makes this a great organization. As always, if I can be of assistance please feel free to contact me at any time.

Warmest Regards,

Pat



Public Health
Prevent. Promote. Protect.

Calendar of Events

April 11, 2012

Board Meeting
Jefferson City, MO

July 11, 2012

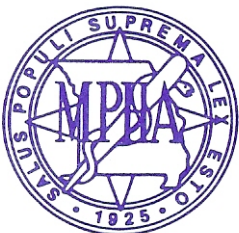
Board Meeting
Jefferson City, MO

September 27-28, 2012

Annual Conference
Stoney Creek Inn
Columbia, MO

October 27-33, 2012

APHA Annual Meeting
Moscone Center
San Francisco, CA



APHA Legislative Update, March 2012



Congress cuts Prevention and Public Health Fund

On Feb. 22, President Barack Obama signed H.R. 3630, the Middle Class Tax Relief and Job Creation Act of 2012, legislation passed by Congress earlier in the month that reduced the Prevention and Public Health Fund by \$6.25 billion over 10 years. The \$6.25 billion will be used as an offset to temporarily extend unemployment benefits and avert a planned Medicare payment cut to physicians through Dec. 31. APHA members and other public health advocates have strongly urged Congress and the White House to oppose efforts to use the Prevention and Public Health Fund as an offset on numerous occasions since the Affordable Care Act, which created the fund, became law in 2010. Instead of reaching a funding level of \$2 billion in fiscal year 2015, the fund will now grow at significantly slower pace and will not reach the \$2 billion mark until fiscal year 2022. You can read APHA's statement on the legislation on the APHA website.

While we suffered a setback with a cut to the fund, it is critical that advocates continue to contact their members of Congress in support of the funding. You can send a message to your

senators and representative to express your disappointment with Congress' actions to cut the fund and urge them to oppose future cuts to this important public health investment.

President submits fiscal year 2013 budget proposal to Congress

On Monday, Feb. 13, President Barack Obama sent his Fiscal Year 2013 budget proposal to Congress. In general, public health does not fare well under the president's proposal. APHA issued a statement expressing its concerns about the proposed cuts to public health contained in the president's proposal.

CDC

Under the president's fiscal year 2013 budget proposal, the Centers for Disease Control and Prevention received a disappointing \$664 million cut to its budget authority. Even with a proposed \$903 million from the Prevention and Public Health Fund as well as a proposed transfer of funds from other Department of Health and Human Services agencies to CDC, the program level for CDC's core programs are nearly \$222 million below fiscal year 2012. Since fiscal year 2010, CDC has seen its budget authority reduced by \$1.4 billion. Much of that deficit has been made up by backfilling the cuts with funding from the prevention fund as well as through transfers made by the secretary from other agencies to CDC. This practice is especially troubling given the ongoing attempts by some in Congress to redirect dollars from the prevention fund, including the recent cut to the fund through the payroll tax extension/Medicare doctor payment fix legislation.

HRSA

The president's fiscal year 2013 budget requests \$6.17 billion in discretionary funding for the Health Resources and Services Administration, representing a 4 percent reduction below fiscal year 2012 levels. This includes cuts to the Bureau of Health Professions as well as to some rural hospital programs. The Maternal and Child Health Bureau and the HIV/AIDS Bureau both saw proposed increases in funding. Additionally, the agency would receive mandatory funding of \$10 million from the Prevention and Public Health Fund, \$1.5 billion for community health centers from the Affordable Care Act, and \$400,000 for the home visiting program in the Maternal and Child Health Bureau.

Global Health

The president's budget requests an overall decrease in global health funding to the Global Health Initiative. Most individual programs within the initiative would see decreases, with the exception of family planning and the Global Fund to Fight AIDS, Tuberculosis and Malaria, which both would receive increases over fiscal year 2012 levels. Overall, the budget proposes a 3 percent reduction to the GHI, including a 3 percent reduction to the United States President's Plan for Emergency AIDS Relief. Within the United States Agency for International Development, HIV/AIDS, maternal and child health and pandemic influenza programs all would see reductions in funding levels. Family planning and reproductive health programs at the agency saw a proposed increase of 1 percent.

In addition, the president's budget

(Continued on page 3)

APHA Legislative Update (continued)

proposal also recommended cutting the Prevention and Public Health Fund by more than \$4 billion over 10 years. It is unclear what will happen with this part of the president's proposal, given the recent cut to the fund contained in the Middle Class Tax Relief and Job Creation Act mentioned above.

APHA and its partners will be meeting with key congressional offices to advocate for higher funding levels for key public health programs and agencies. However, advocates have their work cut out for them given the tight fiscal situation and the pending across-the-board cuts, known as sequestration, faced by all discretionary funding due to the failure of the so-called "super committee" to reach a deficit reduction compromise last fall as part of the Budget Control Act. If Congress does not come up with an alternative to sequestration before Jan. 2, 2013, most discretionary programs will face across-the-board cuts upwards of 9 percent.

Transportation bills pending in House and Senate

After failing to bring a controversial long-term transportation reauthorization bill opposed by APHA and other health advocates to the House floor for consideration, House leaders have also delayed consideration of a downsized two-year extension of transportation programs that would likely align more closely with the Senate's two-year, \$109 billion surface transportation bill. Republican leaders in the House abandoned efforts to bring up the original five-year, \$260 billion surface transportation bill, which would have ended nearly 30 years of support for

dedicated funding for mass transit programs. Additionally, the House bill would have eliminated dedicated funding for Transportation Enhancements and Safe Routes to School programs — two important public health programs that are very popular in communities across the country. The scaled-back House bill is likely to drop the provision to eliminate dedicated funding for mass transit, but it is unlikely that the bill would reinstate dedicated funding for Safe Routes to School and Transportation Enhancements.



Senate leaders continue to work to come to an agreement over what amendments would be allowed to be considered to its version of the bill on the Senate floor — including non-germane and controversial amendments dealing with health insurance coverage and air pollution rules. APHA is supporting a key amendment by Sens. Ben Cardin, D-Md., and Thad Cochran, R-Miss., that would ensure local access to Transportation Enhancement and Safe Routes to School funds. You can send a message to your senators urging them to support the Cardin-Cochran amendment by visiting APHA's "Take Action" page.

Fiscal year 2012 Prevention and Public Health Fund allocations released

The final allocations for fiscal year

2012 Prevention and Public Health Fund activities have been released by the Obama administration. As stipulated by the Affordable Care Act, the fund provided \$1 billion in fiscal year 2012 to a variety of public health organizations and activities to address chronic disease prevention, tobacco cessation and obesity prevention and to help state and local health departments respond to public health threats and outbreaks. CDC received \$825 million of the available funds for programs including Community Transformation Grants, immunization programs, tobacco and diabetes prevention programs, environmental public health tracking, and workplace wellness programs. HRSA received \$25 million for public health workforce development programs. Funds for fiscal year 2013 were allocated in the president's budget proposal and House and Senate appropriators will likely also develop recommendations on how the funding should be allocated in fiscal year 2013.

APHA opposes amendment to restrict insurance coverage

On March 1, the Senate defeated by a vote of 51-48 an amendment offered by Sen. Roy Blunt, R-Mo., to the transportation legislation regarding health insurance coverage. The amendment, which came in response to the Obama administration's recent decision regarding contraception coverage for women, would have allowed any employer or insurance company to deny coverage of an essential or preventive health service to which they express religious or moral objection. This amendment went far beyond the contraceptive coverage ruling issued by the

(Continued on page 4)

APHA Legislative Update (continued)

administration, and would have impacted coverage for services such as vaccines for children, HIV/AIDS medication or maternity care for unmarried women. APHA joined many other public health organizations in sending a letter to all members of the Senate strongly opposing the Blunt amendment.

APHA signs on to court briefs in support of health reform law

APHA has joined other public health organizations in signing on to two friend-of-the-court briefs supporting the Affordable Care Act as the U.S. Supreme Court prepares to hear arguments from opponents and supporters as it considers the law's constitutionality. The court is scheduled to hear the case known as *State of Florida et al v. United States Department of Health and Human Services* during a three-day hearing March 26-28. The first brief is in support of the ACA provisions that expand the Medicaid program to cover millions of uninsured individuals. The second brief contends that the individual mandate, which would require all Americans to purchase health insurance, is severable and that if the court finds it to be unconstitutional, the rest of the ACA can remain active.

Get involved: National Public Health Week 2012

The National Public Health Week 2012 website is now online. During NPHW 2012, to be held April 2-8, APHA invites you to promote ways to live healthier lives and highlight the theme "A Healthier America Begins Today: Join the Movement!" NPHW will build upon the National Prevention Strategy, created as part of the Affordable Care Act, to create a

healthier nation by promoting healthy behaviors in the following public health areas:



- Active living and healthy eating
- Alcohol, tobacco and other drugs
- Communicable diseases
- Reproductive and sexual health
- Mental and emotional well-being

Become involved and help make public health a priority in all areas of your community. Join the movement as we work together to make a healthier nation. You can download the NPHW toolkit and sign up to receive updates on the site as well.

Registration open for APHA's Midyear Meeting

Registration is now open for APHA's Midyear Meeting, "The New Public Health – Rewiring for the Future," to be held June 26-28, 2012 in Charlotte, N.C. The meeting will discuss the opportunities and challenges in today's public health system, and how to keep up with and anticipate changes to public health infrastructure. Topics discussed at the Midyear Meeting will include innovative programs, workforce development, health information technology, new funding strategies,

public health messaging, integration with primary care and partnership opportunities. Registration information is available at www.apha.org/midyear.

Applications available for APHA's 2013 Public Health Fellowship in Government

APHA is seeking candidates for the 2013 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 impact the public health system. The fellowship will begin in January 2013 and will run through December 2013. Applicants must be a member of APHA and U.S. citizen, have a master's or doctorate degree in a public health or related discipline and at least five years of professional experience in a public health setting. More information and applications can be found here: <http://www.apha.org/advocacy/fellowship/>. Applications are due by April 9.

Submit nominations for APHA's Legislator of the Year Award

Nominations are now being accepted for the APHA Distinguished Public Health Legislator of the Year Award. This award recognizes local, state and federal lawmakers who are public health champions. The deadline for nominations is 5 p.m. April 20. Nominations may only be submitted by APHA members. Visit the APHA website for more information.

Contact * APHA Home
APHA 800 I Street NW, Washington DC 20001
202-777-APHA (phone)
202-777-2534 (fax)

Policy Watch: Updates from the States



Indiana smoking ban legislation moves to state Senate

Legislation that would ban smoking in most public places, including bars, restaurants and workplaces, is moving to the Indiana state Senate for a vote after passing through committee. The bill provides for certain facilities to be exempt from provisions including retail tobacco stores, cigar/hookah bars, certain gaming facilities and nonprofit private clubs. If the bill becomes law, facilities would have until July 1 to comply while bars would have a full 18 months to meet the terms. The law would make Indiana the 30th state in the nation to enact a comprehensive smoking ban.

California study finds high number of avoidable hospitalizations

New data in California found that more than 335,000 adult hospitalizations could have been prevented if the patient had accessed primary care sooner. The data, released by the California Office of Statewide Health Planning and Development, suggests that a large number of avoidable hospitalizations are an indication of systemic inadequate access to quality primary care. Experts estimated that these types of preventable hospitalizations cost California up to \$3.6 million annually in avoidable health expenditures. While the state's number of preventable hospitalizations is below the national average, state officials are alarmed by the high numbers and are committed to addressing problems associated with health care access.



2012-2013

April 1, 2012

May 6, 2012

May 13, 2012

May 30, 2012

September 14, 2012

Last Day for Introduction of Bills

**Appropriate Bills must be Truly Agreed and Finally
Passed by 6:00 pm**

Session Ends at 6:00 pm

Adjournment per Constitution

Veto Session

State Appropriations Committee Testimony

January 10, 2012

Bernard R. Malone, M.P.A.

MO Association of Local Public Health Agencies

Missouri Public Health Association

City of Kansas City Health Department

Good morning, Mr. Chair and Honorable Members of the Committee, I am Bert Malone, Director of Environmental Health Services for the Kansas City Health Department (KCHD) and a representative of the Missouri Association of Local Public Health Agencies (MoALPHA). In addition, I serve as a Board Member of the Missouri Public Health Association (MPHA).

The KCHD is one of the largest local public health agencies in Missouri. Our mission is to promote, preserve and protect the health of over one million residents, and visitors, of the City of Kansas City. The KCHD provides a wide array of public health services inclusive of such areas as infectious and communicable diseases, preventable illness, environmental hazard monitoring, and public health safety.

As previously stated, I am also speaking on behalf of the Missouri Association of Local Public Health Agencies. MoALPHA currently consists of 111 county and city public health departments. MoALPHA was formed in 1993 to facilitate communication among local, state and federal public health agencies and to advocate for the health all Missouri residents (Missouri Association of Local Public Health Agencies, 2011). As a representative for the unified Missouri public health agencies, I am here to support the “Aid to Local Public Health” line item in the DHSS budget, currently funded at \$7,665,983, to provide funding for critically needed public health services at 114 local agencies throughout the State. MPHA, the oldest and largest public health professional organization in the State, also speaks in support of this funding.

The United Health Care Foundation’s report entitled America’s Health Ranking (www.americashealthrankings.org, 2011) disclosed that the State of Missouri ranks 43rd, with an average of \$47.00 of public health funding per individual. Within our own State budget, the Trust for America’s Health reports that the State of Missouri is ranked 50th for public health funding, allocating only \$7.96 per capita. On average, state funding per capita for the United States is approximately \$87.42, with the top ranked state spending \$171.30 (Hawaii).

It is imperative that local public health agencies receive funding from the “Aid to Local Public Health” line item now more than ever. These data highlight the low priority that the State of Missouri places on the health of its citizens. This trend is troubling when juxtaposed with the state motto – *Salus Populi Suprema Lex Esto* – the health of the people is the supreme law. -

With regard to health outcomes, the State of Missouri is currently ranked 40th in the nation, representing a drastic downturn from 24th place in 1990. The general ranking conducted by America’s Health Rankings, is based on criteria such as rates of smoking, obesity, diabetes, infectious disease, air pollution, prenatal care, immunization coverage, public health funding, etc. As to be expected, the effect of decreased funding is apparent in several specific key health indicators:

- 40th in adult **tobacco usage** rates, 24.2% of the adult population and 18.9% of high school aged population; 41st for **obesity** rates, 31.4% of the population obese – nearly tripled from 1990 (11.9%);

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State Appropriations continued

- 32nd for **Type II diabetes, adult onset** rates, 9.4% of the population diagnosed – a sharp increase from 1996 (4.1%);
- 41st for **cardiovascular deaths**, even with a drastic decline in deaths per 100,000 (401.7 in 1990; 301.9 in 2011);
- 33rd for **infant mortality rates**, which factors in mother's health, prenatal care, and quality of health services;
- 39th for **preventable hospitalizations** for conditions such as adult asthma, bacterial pneumonia, congestive heart failure, chronic obstructive pulmonary disease and more;
- 45th for **infectious diseases** such as measles, pertussis, hepatitis A and syphilis;
- 42nd for **immunization coverage** for children ages 19-35 months, with only 87.5% of children adequately immunized; approximately 1 in 8 children are not adequately protected;
- CDC reports that Missouri has approx. 1,600,000 **foodborne illness** cases per year;

With ever diminishing funding, it becomes imperative that public health interventions are cost-efficient and efficacious. Research from the U.S. Department of Health & Human Services indicates that medical care costs for chronic illnesses such as diabetes, obesity, cardiovascular disease and asthma are estimated to cost over \$1.5 trillion dollars per year (U.S. Department of Health & Human Services, 2003). Behavioral and lifestyle choices shape the course of these illnesses, and are preventable with public health education and interventions. Similarly, the Centers for Disease Control has issued several reports outlining the importance and cost-effectiveness of preventative vaccines for infectious and communicable diseases. Monitoring practices, such as food establishment inspections, have also been found to reduce rates of illness and therefore, save money. Dr. Robert Scharff, an Ohio State University researcher, using CDC data, estimates 48 million cases of foodborne illness per year in the United States, resulting in 3,000 deaths and 128,000 hospitalizations. Medical costs for these cases were estimated at \$51 billion, or a staggering \$77.7 billion when adjusted for subsequent quality of life costs. The most common causes of these cases are easily preventable, and are factors that are routinely checked during restaurant health inspections conducted by local public health agencies throughout MO and the nation.

Research and examples like those stated above demonstrate that the “Aid to Local Public Health” line item in the DHSS budget is critically needed for public health services throughout the State. Until these local public health agencies are properly supported and staffed, residents will lack access to health education, preventive care, and public health safety offered by these agencies. In addition to our petition for the “Aid to Local Public Health” funding, I would like to re-introduce the opportunity to address a possible resolution to gaps in public health funding and combat Missouri's negative health statistics. In a recent article in *Medical Xpress* (*States could see substantial savings with tobacco control programs*, 2011), researchers have found that tobacco control programs funded at the CDC-recommended amount can substantially reduce Medicaid, medical care insurance, as well as productivity costs. It is projected that these use reduction/education-based programs can save 14-20 times the cost of the actual program. Missouri currently ranks last in the nation in the state excise tax paid by consumers of tobacco products. Increasing this tax would be beneficial in raising revenue to combat the burdens of tobacco-related disease, as well discouraging use of tobacco products.

Further, Missouri receives funding that was initially intended for tobacco-related health purposes from former Attorney General Nixon's 1998 Master Settlement Agreement with the tobacco industry. The settlement agreement was intended to compensate states impacted by the direct and indirect costs associated with the effects of tobacco use. Unfortunately, the approximate \$25 million per year received by the State of Missouri has been earmarked and appropriated for other purposes rather than tobacco use prevention and education. As appropriators of the State's resources, you have the authority to rectify this misappropriation of these funds. A

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State Appropriations continued

combination of any and all of these recommendations will greatly serve the public health of the State of Missouri.

The Kansas City Health Department, the Missouri Public Health Association, and the Missouri Association of Local Public Health Agencies are committed to the health of all Missouri through a cohesive and coordinated system of public health. I encourage you to consider these measures to improve the health of our residents and the well-being of local public health agencies.

Respectfully submitted,

Bert

Bert Malone, M.P.A.,
Bert.Malone@kcmo.org
Kansas City Health Department, and
Missouri Association of Local Public Health Agencies
Missouri Public Health Association
816-513-6166



Dear Friend of Public Health,

Today marks two years since the passage of the Affordable Care Act. The ACA continues to face challenges – from threats of repeal in Congress to next week’s Supreme Court hearings on the law’s constitutionality.

The American Public Health Association is at the forefront of the discussion providing guidance on specific components of the act, promoting and protecting the public health provisions in the ACA and raising awareness of the essential public health work already being done in communities across the country.

APHA produced this “Health Reform Update” for our members. Given the importance of the ACA, I wanted to share the newsletter with individuals like you who are part of the larger APHA community. For additional information and the latest updates, I encourage you to visit [APHA’s Health Reform page](#) for future updates.

Thank you for your commitment to public health.

Sincerely,

A handwritten signature in black ink, reading "Georges C. Benjamin". The signature is fluid and cursive, with the first name being the most prominent.

Georges C. Benjamin MD, FACP, FACEP (E)
Executive Director

Health Reform Update

March 26, 2012



I. Happy birthday — Affordable Care Act marks two-year anniversary!

Friday, March 23, marks the two-year anniversary of President Barack Obama signing the Affordable Care Act into law. Since its enactment, the ACA has made important improvements to our health system: 54 million American families have additional benefits, including greater access to preventive health care services; 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. In addition, states and communities across the country are using more than \$4 billion granted in fiscal years 2010-2012 to improve the public health infrastructure, expand community health centers and school-based health centers, support and expand the public health workforce and test innovative approaches to reducing costs and improving health care quality. Finally, the law provides funding for public health education campaigns, and more than \$150 million has already gone to smoking-cessation efforts alone, including the Centers for Disease Control and Prevention's newly launched anti-smoking media campaign, *Tips from Former Smokers*.

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.

II. Tell your members of Congress to support public health funding!

Recently, Congress passed and President Barack Obama signed legislation to temporarily delay a scheduled Medicare payment cut to doctors by using \$6.25 billion from the Prevention and Public Health Fund, which was created by the ACA, as an offset, a move strenuously opposed by APHA and other public health advocates. While efforts to stave off this proposal were unsuccessful, it is important that public health advocates continue to remind their members of Congress about the importance of the Prevention and Public Health Fund, as well as other critical public health funding, including funding CDC and the Health Resources and Services Administration. Please take the time to send a message to your representative and senators urging them to support and protect critical public health funding as Congress begins its efforts to craft the fiscal year 2013 budget and appropriations for public health programs and agencies.

III. Questions about the Affordable Care Act? Check out APHA's health reform resources

APHA has developed a number of materials to help APHA members, the general public and decision-makers better understand the prevention and wellness provisions contained in the ACA. Our issue brief, "Prevention Provisions in the Affordable Care Act," summarizes the public health and prevention provisions included in the new law. In addition, APHA produced a brief on the public health workforce provisions in the ACA as well as a timeline of the implementation of public health and prevention provisions. Additional materials are available on APHA's health reform website. Continue to check back for new and updated resources.

IV. Supreme Court set to hear oral arguments on the Affordable Care Act

On March 26, the U.S. Supreme Court will begin hearing three days of oral arguments on the constitutionality of several provisions of the ACA. The key provisions that are being challenged by both private interests and a number

(Continued on page 10)

Health Reform continued

of states include the constitutionality of the individual mandate that would require most Americans to obtain health insurance and of provisions requiring states to cover uninsured individuals by expanding eligibility for their Medicaid programs. The challenges to the individual mandate were brought by the National Federation of Businesses and two private citizens who do not currently have health insurance. The challenge to the Medicaid expansion was filed by Florida and 25 other states. A decision in the case is expected at the end of the court's term in late June.

V. APHA joins briefs in support of Affordable Care Act provisions

APHA has joined other public health organizations in signing on to two friend-of-the-court briefs supporting the ACA as the U.S. Supreme Court prepares to hear arguments from opponents and supporters as it considers the law's constitutionality. The court is scheduled to hear the case, *State of Florida et al v. United States Department of Health and Human Services*, March 26–28. The first brief is in support of the ACA provisions that expand the Medicaid program to cover millions of uninsured individuals. The second brief contends that the individual mandate, which would require all Americans to purchase health insurance, is severable and that if the court finds it to be unconstitutional, the rest of the ACA can remain active.

VI. Public still split on Affordable Care Act

The latest poll released by the Kaiser Family Foundation shows that the American public remains nearly equally divided in their views of the ACA. Forty-one percent of those polled in March had a favorable view of the ACA while 40 percent had an unfavorable view. As has been seen in previous polls, the majority of the public tends to favor provisions in the law that they were not aware of once they are explained to them, such as tax credits to small businesses, the ability to appeal health plan decisions and no-cost sharing for preventive services. Conversely, the provision the public is most aware of, the individual mandate, is also the law's least popular provision. Regarding the upcoming Supreme Court case, 51 percent of the public believes the court should strike down the individual mandate while 53 percent actually expect that the court will find the mandate unconstitutional.

VII. Health groups develop consensus on community health needs assessment

Earlier this year, APHA worked with several other national public health organizations to develop consensus recommendations for implementation of the ACA's new community health needs assessment requirement. This new requirement stipulates that nonprofit hospitals must conduct a community health needs assessment every three years as part of their community benefits operations, and develop an implementation strategy to address those needs. Furthermore, by statute, the community health needs assessment should take into account input from public health experts. As national organizations representing various parts of the public health system, APHA, along with the Association of Schools of Public Health, Association of State and Territorial Health Officials, National Association of County and City Health Officials, National Association of Local Boards of Health, National Network of Public Health Institutes and Public Health Foundation have released new recommendations to help ensure that the needs assessments draw on the expertise of public health professionals and public health agencies, and build on existing local and state needs assessments.

VIII. Update on contraceptive coverage under the Affordable Care Act

The ACA requires insurers to offer recommended preventive services to beneficiaries without cost sharing. This provision is already in effect for the



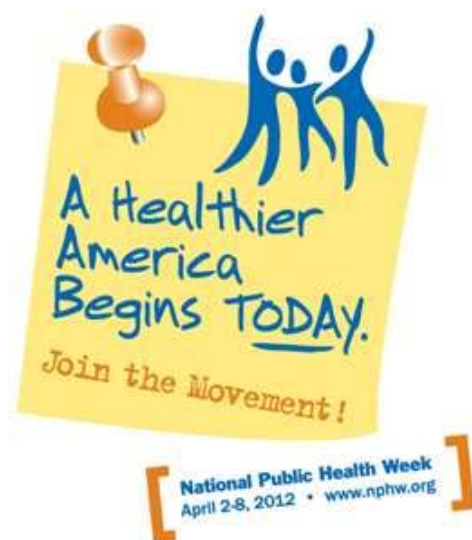
(Continued on page 11)

Health Reform continued

majority of services it covers, such as childhood vaccinations; screenings for diabetes, cancer and heart disease; and more. In August 2011, the Department of Health and Human Services released initial guidance on the final category of services to be covered under this provision: women's health services. Based on the recommendations of the Institute of Medicine, HHS announced the provision will require insurers to cover contraceptive services, among other women's preventive services. After objections from some religious employers, President Barack Obama announced a compromise proposal that would require insurers, not religious and religiously affiliated employers, to pay for the coverage.

On March 21, HHS published a proposed rule on the issue in the Federal Register seeking public comments in advance of final rulemaking. The proposed rule emphasizes that all women will have contraceptive coverage, regardless of where they work, while proposing ways to address the concerns raised by religiously affiliated employers not exempted under the original recommendations. At the same time, HHS also released a final rule on student health coverage, stating that contraceptive coverage rules still under development will also apply to students of religious colleges and universities, not just their employees. However, schools that self-fund their plans will not have to offer the coverage to students. (It's still unclear how employers that self-insure will be treated.) The coverage is scheduled to go into effect in August 2012, but religious employers and schools are exempt until August 2013.

The 90-day commenting period ends on June 19. Interested individuals can submit comments online through the Regulations.gov website.



IX. Registration is open for APHA's Midyear Meeting

Registration is now open for APHA's Midyear Meeting, "The New Public Health — Rewiring for the Future," to be held June 26–28, 2012 in Charlotte, N.C. The meeting will discuss the opportunities and challenges in today's public health system, and how to keep up with and anticipate changes to public health infrastructure. Topics discussed at the Midyear Meeting will include innovative programs, workforce development, health information technology, new funding strategies, public health messaging, integration with primary care and partnership opportunities. Registration information is available at www.apha.org/midyear.

X. Urge your senators and representative to cosponsor the National Public Health Week resolution

In the coming days, Sen. Jeff Merkley, D-Ore., and Rep. Lucille Roybal-Allard, D-Calif. will introduce the 2012 National Public Health Week resolution in the U.S. Senate and U.S. House of Representatives. APHA has created action alerts that you can use to contact your senators and your representative asking them to cosponsor the resolution. Please take the time to contact both your senators and representative to and ask them to cosponsor the resolution and show their support for National Public Health Week 2012!

Get more involved with APHA

APHA offers a wealth of resources to keep you abreast of critical issues in public health, support to advance your career and opportunities to join with peers to drive real change. Now more than ever is the time to come together as professionals to advance the health of the public. Learn more about APHA membership.

NATIONAL PUBLIC HEALTH WEEK®

April 2 - 8, 2012



To recognize National Public Health Week, a coalition of University of Missouri public health students from various student organizations are hosting a week's worth of events in coordination with campus resources.

Monday, representatives from Sexual Health Advocate Peer Education will demonstrate how to put on condoms and The Relationship and Sexual Violence Prevention Center will provide information about sexual assault awareness, since April is Sexual Assault Awareness Month.

Tuesday is a discussion on health literacy, and students from the MU Student Health Literacy Coalition, Say Ah! @MU, MedZou, and Health Professionals for Quality Care will conduct patient simulations, an Easter egg hunt with facts and myths, and an evening panel with practitioners and researchers.

Wednesday will begin with a talk about the importance of mental health with a yoga lesson, breathing and stress management classes, a Qigong demonstration, and suicide awareness and prevention tips.

Thursday's activities will highlight nutrition and physical activity; Wellness Resource Center representatives, a dietitian, and Mizzou Public Health students will engage students during the day, and a group of Mizzou Public Health Graduate Student Association and Mizzou Public Health students will volunteer at the local food bank that evening. Additionally, there's a food drive on campus throughout the entire week.

Finally, on Friday, peer educators from the Wellness Resource Center will teach students about substance abuse, students will pass out condoms with the Columbia Health Department's Youth Advisory Committee at bars downtown, and the inaugural members of the Delta Omega Honorary Society in Public Health, Gamma Eta Chapter will be inducted.

Dade County Health Department is celebrating Public Health Week with yogurt boats with fruit, health information and blood pressure checks Monday – Thursday. Friday will include healthy snacks for all ages.



Monday

Lockwood Nursing Home – 2:00

Tuesday

Veterans, First responders, Fire fighters Day; Health Department – 2:00 to 5:30

Wednesday

Greenfield Senior Center – Noon

Thursday

Women's Health Day; Health Dept — All Day

Friday

Physical Activity Day - Bike Helmets, Pedometers and Water Bottles will be given away; Health Department – 8:00 to 12:00

Affiliate Representative to the Governing Council (ARGC)

Pat Parker, Missouri ARGC
patparkerargc@aol.com



The Governing Council (GC) meets midyear via conference call and at the annual meeting. In the interim, Governing Council's policy decisions are

handled by the Executive Board with input from APHA organizational units such as the Committee of Affiliates (CoA), the unit which represents the 52 affiliates including the Missouri Public Health Association. The CoA meets monthly via conference call, a mid-year face-to-face meeting at the APHA offices in Washington, DC, and at the APHA annual meeting.

This writer serves on the CoA as an At-large member. MPHA's representative on CoA for 2012 -2013 is the Region VII ARGC, Louise Lex (Iowa). She represents the four states in Region VII, Missouri, Iowa, Nebraska, and Kansas --MINK, as David Corbin (Nebraska's ARGC) coined the four states.

Since the November 2011 Annual Meeting, the CoA has been planning for the 2012 APHA annual meeting where it hosts

1. three business meetings
2. an affiliate day to support and strengthen affiliates
3. a joint meeting with the Intersectional Council (ISC) to strengthen relationships with mutual (and potential) members
4. a forum of the candidates for positions on the Executive Board
5. an award reception to recognize the individual and collective

accomplishments and success of affiliates and

6. three scientific sessions
- 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 across the Lifespan*) San Francisco, CA include scientific sessions as follows

- Native American Health
- Impact of the Economy on Public Health and
- a session to be chosen by Northern California Public Health Association

Affiliate Day will likely center around the topics of the impact of the economy on public health and policy processes. A speaker from NACCHO will be invited. CoA is also interested in affiliates telling their success stories about their policy and advocacy process.

APHA is planning several webinars to help with member recruitment and retention and advocacy training and development. More information will be provided as the webinars are scheduled.

The Student Assembly has made a proposal to the CoA to have a student liaison to the CoA. We are studying the proposal and expect to make a decision at the CoA June mid-year meeting. MPHA was recognized as one of less than a dozen affiliates who have agreed to accept the transfer of student memberships.

APHA is providing support for Pat Morgester, MPHA President, to

attend the June 26-28, 2012 APHA mid-year meeting *The New Public Health: Rewiring the Future* in Charlotte, NC. Attendees will participate in webinars and pre and post conference calls as well as special sessions during the mid-year meeting; and form a key action group that works collaboratively to engage members in local, state, and national advocacy.

APHA Nominations Committee is soliciting names for president-elect and the Executive Board. The deadline is March 30, 2012. Please contact this writer if you are interested in nominating yourself or another APHA member.

National Public Health Week will be observed on April 2-8, 2012. This year's theme is **A Healthier America Begins Today: Join the Movement!** To download the NPHW toolkit, sign-up as a partner or post an event, please visit the NPHW website at www.nphw.org. On January 26th, APHA facilitated a special webinar recording for Affiliate & Component Leaders to provide an overview of this year's campaign and engage Affiliate & Component Leaders in NPHW. To review the webinar recording, please access the following link: <http://apha.adobeconnect.com/p89shhe1ped/>. Please **Like** the **NPHW Facebook** Fan page and **Follow** NPHW on **Twitter!**

In addition to CoA/GC activities, MINK has also been busy. Its second annual Spring Meeting is scheduled for April 5-6 in Omaha, Nebraska.

(Continued on page 14)

ARGC continued

MPHA and Missouri have excellent representation on the schedule including Rex Archer, Bert Malone, and Kathleen Wojciehowski. Members of our respective state affiliates are invited to join us for web streamed presentations on Friday, April 6, made possible by the UNMC College of Public Health.

8:15 – 9:00 AM

Membership Recruitment

Sara Miller, APHA Membership Development Director

9:00 – 9:20 AM

PHAB Accreditation Overview

Rex Archer, Director, Kansas City Missouri Health Department

9:20 – 10:30 AM

MINK Accreditation Panel Discussion



Facilitated by: Eldonna Chesnut

- Missouri: Kathleen Wojciehowski, Co-director Missouri Institute for Community Health
- Iowa: Joy Harris, Iowa Dept. of Public Health
- Nebraska: Pat Lopez, PHAN Accreditation Director
- Kansas: Shirley Orr, President KPHA

10:30 – 11:30 AM

Opportunities in the Affordable Care Act and Other Shared

Issues for Region VII

Captain Jose H. Belardo, Regional Health Administrator, HHS Region VII

11:30 AM – 12:00 PM BREAK

12:00 – 1:00 PM

Great Plains Public Health Training Center Leadership Speaker Series

Laura Howard, Regional Administrator, Substance Abuse and Mental Health Services Administration HHS Region VII

To access the offerings please download the latest version of Real Player available at <http://www.real.com/> and go to on the web site:

<http://hog.unmc.edu:8080/ramgen/broadcast/cophphtclive.rm>

List of Sections and SPIGS

SECTIONS:

Aging & Public Health (Formally Gerontological Health): **APH**

Alcohol, Tobacco and Other Drugs: **ATOD**

Chiropractic Health Care: **CHC**

Community Health Planning & Policy Development: **CHPPD**

Community Health Workers: **CHW**

Disability: **DIS**

Environment: **ENV**

Epidemiology: **EPI**

Food and Nutrition: **FN**

Health Administration: **HA**

Health Informatics & Information Technology: **HIIT**

HIV/AIDS: **HIV-AIDS**

Injury Control & Emergency Health Services: **ICEHS**

International Health: **IH**

Maternal & Child Health: **MCH**

Medical Care: **MC**

Mental Health: **MH**

Occupational Health & Safety: **OHS**

Oral Health: **OH**

Podiatric Health: **POD**

Population, Reproductive & Sexual Health: **PRSH**

Public Health Education & Health Promotion: **PHEHP**

Public Health Nursing: **PHN**

School Health Education & Services: **SHES**

Social Work: **SW**

Statistics: **STAT**

Vision Care: **VC**

SPIGS:

Alternative & Complementary Health Practices-**ALT**

Ethics: **ETHICS**

Health Law: **HL**

Physical Activity: **PA**

Laboratory: **LAB**

Veterinary Public Health: **VET**

Northwest Chapter Report

Members of the Northwest Chapter of Missouri Public Health Association (MPHA) agreed to meet at least twice in 2012. The first meeting was held at the Ennovation Center in Independence on February 27th with 13 members and 2 guests. The second meeting will be hosted by Independence Health Department on Thursday April 5th with each person having the opportunity to purchase their own lunches from the Westside Café at the Ennovation Center from 11:00 AM to 1:30 PM. Reports of Public Health Week activities will be presented with guest speaker Dr. Don Potts, Clean Air Kansas City, providing an update of metro Clean Air ordinance and state-wide plans for a Tobacco Tax initiative.

At the February meeting, 2011 MPHA Award winners were recognized with lunch and new officers were elected.

New officers are as follows:

President

Kathleen Welton

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Liberty, MO 64068

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816-679-8020 (cell)

Vice President (Programs)

Bert Malone

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Secretary

Dan Luebbert

Platte County Health Department
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Treasurer

Andrew Warlen

Independence Health Department
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Past President

Barbara Dawson

Clay County Public Health Center
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Liberty, MO 64068

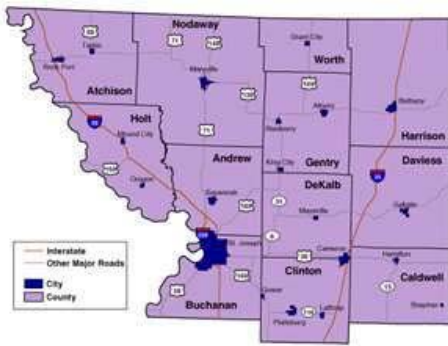
bdawson@clayhealth.com

815-595-4258

MPHA Media Award winners, Adrianna DeWeese, Independence Examiner (Newspaper) and Sloane Heller, KSHB News (Television) spoke while the gathering dined on a catered meal by Elena's. Ms. DeWeese gave a presentation about the "Building a Healthier Community" project in Independence while Ms. Heller reported on her television segment on "HIV & AIDS" and teen perceptions of HIV risk factors. W. Scott Johnson winner, Bert Malone spoke of his career in public health from CDC to MDHSS to Kansas City Health Department. Group Merit Award winner, Kathleen Welton shared a power-point on the evaluation data of the "Signs of Suicide" teen suicide prevention program at Clay County Public Health Center. The meeting adjourned with Stephanie Zamora, Director of Entrepreneurship & Small Business, Independence Economic Development, giving a tour of the culinary incubator at the Ennovation Center.



The winners are: (from left to right) Bernard Malone, Kansas City Health Department; Adrianna DeWeese, Independence Examiner (Newspaper) and Sloane Heller, KSHB News (Television); Kathleen Welton, Clay County Public Health Center



The Northwest Chapter of MPHA

The Northwest Chapter of Missouri Public Health Association (MPHA) will meet on Thursday, April 5, 2012 starting at 11:00 AM at Enovation Center (former Independence Regional Health Center) on second floor, 201 North Forest Avenue #130, Independence, MO 64050. Guest speaker is Dr. Don Potts, Clean Air Kansas City, on the new Tobacco Tax initiative.

Lunch will be off the menu of Westside Café at Ennovation Center off Cafeteria Room. New officers will be introduced: President – Kathleen Welton, Clay County Public Health Center, Vice President (Programs) –

Bert Malone, Kansas City Health Department, Secretary – Dan Luebbert, Platte County Health Department, Treasurer – Andrew Warlen, Independence Health Department, Past President, Barbara Dawson, Clay County Public Health Center.

Make reservations to Lindsay Evans at levans@indepmo.org or 325-7185.

Missouri Public Health Association Education Foundation



Leuthen – Brunner Local Public Health Agency Scholarship Grant

Leuthen – Brunner Local Public Health Agency scholarship grant honors Ron Leuthen and Phil Brunner, former MPHA members who worked tirelessly to advance local public health in Missouri. This award is designed to assist local public health agencies towards voluntary accreditation through Missouri Institute for Community Health 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 2011 MPHA Annual Meeting and then annually. The grant may be divided among multiple applicants up to a total of \$750.

Eligibility Criteria

- Administrator or local public health agency must be a current MPHA member in good standing (dues paid).
- Applicants must indicate how seminar, continuing education, certification, test or course work will assist local public health agency towards voluntary accreditation of Missouri Institute for Community Health or National Public Health Accreditation Board through specific Performance, Infrastructure or Workforce Standards.
- Demonstrated need for the financial assistance the scholarship offers.

Requirements for Application

Applicants must submit the following items by the deadline indicated in the cover letter of the application packet.

- Completed Scholarship Grant Application form included in the application packet.
- One reference from local board of health or county commission. Reference forms are provided in the application packet.
- Description of educational meeting, seminar, continuing education, specific certification, tests or course work and how it falls within guidelines of MICH or NPHAB accreditation. Budget of expenses must be included.
- Submit a final report of how grant facilitated accreditation goals, status of accreditation process and total expense accounting to MPHA Foundation Board within two weeks of next annual meeting.

Missouri Kids “Kick Butts”

March 21, 2012

State Leaders Urged to Support Tobacco Prevention Initiatives



WASHINGTON, March 19, 2012 /PRNewswire/ -- Kids in Missouri will take center stage in the fight against tobacco on March 21 as they join thousands of young people nationwide for the 17th annual Kick Butts Day. More than 1,100 events are planned across the nation (for a list of local events see below). Organized by the Campaign for Tobacco-Free Kids and sponsored by the United Health Foundation, Kick Butts Day is an annual celebration of youth leadership and activism in the fight against tobacco use. On Kick Butts Day, youth will encourage their peers to stay tobacco-free and educate their communities about the dangers of tobacco and the tobacco industry's harmful marketing practices.

This year, Kick Butts Day comes just after a new report by the U.S. Surgeon General found that while the nation has made tremendous progress in reducing youth smoking, youth tobacco use remains a "pediatric epidemic" that requires urgent action. The Surgeon General's report reached the following conclusions:

- While the high school smoking rate has been cut nearly in half since the mid-1990s, more than 3.6 million middle and high school students still smoke.
- In addition to long-term consequence such as cancer and heart disease, tobacco use immediately harms the health of youth and young adults. Smoking quickly causes nicotine addiction, cardiovascular damage, slower lung growth and shortness of breath.
- Tobacco marketing causes kids to start and continue using tobacco products. Tobacco companies spend more than \$10 billion a year – more than \$1 million an hour – to advertise and promote their products.
- Science and experience have identified proven strategies to reduce youth tobacco use. These include mass media campaigns, increasing the price of cigarettes through higher tobacco taxes, smoke-free policies and school and community prevention programs.

In Missouri, health advocates are supporting a proposed ballot initiative to increase the tobacco tax and fund public education and tobacco prevention programs.

"Kids are sending two powerful messages on Kick Butts Day: They want the tobacco companies to stop targeting them, and they want elected leaders to protect them from tobacco," said Matthew L. Myers, President of the Campaign for Tobacco-Free Kids. "We know how to win the fight against tobacco. Elected officials across the nation should support these proven solutions, including higher tobacco taxes, strong smoke-free laws and well-funded tobacco prevention programs."

Tobacco use is the number one cause of preventable death in the United States, killing more than 400,000 people and costing \$96 billion in health care bills each year. Nationally, 19.5 percent of high school students still smoke, and another 1,000 kids become regular smokers every day.

In Missouri, tobacco use claims 9,500 lives and costs \$2.1 billion in health care bills each year. Currently, 18.9 percent of the state's high school students smoke.

On Kick Butts Day, kids turn the tables on Big Tobacco with events that range from "They put WHAT in a

(Continued on page 18)

Missouri Kids (continued)

cigarette?" demonstrations to health fairs to rallies at state capitols. Activities in Missouri include (all events are on March 21 unless otherwise noted):

Students at **Clayton High School** in **Clayton** will hang t-shirts with anti-tobacco messages on clotheslines in the front yard of their school, and will encourage community members to write a message to the school administration about the virtues of tobacco-free schools. Time: 10 AM. 1 Mark Twain Circle, Clayton. Contact: Anna Noble (515) 991-3299.

The **Smokebusters** in **Hannibal** will clean up cigarette butts in the city's central park, and will use the litter they collect to decorate a free-standing mural that will include educational information about the dangers of secondhand smoke. Location: 142 Jaycee Drive, Hannibal. Contact: Sandy Caswell (573) 629-9613.

Missouri Western State University will host a Kick Butts Day dodgeball tournament and rally in conjunction with the city of **St. Joseph**. Organizers will invite local youth to participate, and learn about healthy living and the dangers of tobacco. Time: 6 PM. Location: 4525 Downs Drive, St. Joseph. Contact: Jamie Baker (816) 390-1096.

The **Jackson County Health Department** will set up displays in **Raytown** about the harmful effects of tobacco products. As part of the event, organizers will invite students to join **Tobacco Free Missouri**. Location: 6608 Raytown Road, Raytown. Contact: Maggie Anderson (816) 404-8429

On April 1, **Street Dreamz Recording Studio** in **Hazelwood** will distribute copies of an anti-tobacco themed album they have recorded to kids in **Saint Louis Mills Mall**. Location: 5555 Saint Louis Mills Boulevard #285, Hazelwood. Contact: Koran Bolden (314) 337-0366.

For a full list of Kick Butts Day events in Missouri, visit www.kickbuttsday.org/events. Additional information about tobacco, including state-by-state statistics, can be found at www.tobaccofreekids.org.



About the Campaign for Tobacco-Free Kids

The Campaign for Tobacco-Free Kids is a leading force in the fight to reduce tobacco use and its deadly toll in the United States and around the world. Our vision is a future free of the death and disease caused by tobacco. We work to prevent kids from smoking, help smokers quit and protect everyone from secondhand smoke. For more information, visit www.tobaccofreekids.org.

SOURCE Campaign for Tobacco-Free Kids



- MPHA Board member, Linda Cooperstock, MPH (Public Health Planner, Columbia/Boone County Health Department) was recently elected Treasurer of the Tobacco Free Missouri Board of Directors.

- Signatures are starting to be collected for the tobacco tax increase as a constitutional amendment. One hundred thousand signatures are needed by May 6, 2012 to put the petition initiative on the November 6th ballot. When possible, everyone is encouraged to sign a petition in your area.

- Sen. Kurt Schaefer (R-Columbia) filed a bill that modifies the formula for determining how much money certain tobacco product manufacturers who are

not participating in the Tobacco Master Settlement Agreement (MSA) receive from escrow funds. The bill is modified to include roll your own cigarettes.

- Funds are coming through University of Missouri –Columbia that will provide continued staffing for TFM to help replace grants that are ending.
- Local ordinance updates:
 - West Plains – Local coalition will be approaching city council,
 - Popular Bluff - Local coalition will be approaching city council,
 - Springfield - Local coalition will be collecting signatures for repealing the clean indoor air ordinance,
 - Osage Beach – Tobacco free advocates are organizing a coalition,
 - St. Joseph - city council is looking for input from citizens and businesses. Preliminary survey results are overwhelmingly in favor of a smoke-free policy but most respondents were over the age of 55.
- A CDC media campaign will begin on March 15 for 12 weeks. It will focus on cessation and the Missouri Quit Line.
- The Surgeon General, Regina M. Benjamin, MD, MBA, has issued a new report titled "Preventing Tobacco Use Among Youth and Young Adults." This report examines the epidemiology, health effects, and causes of tobacco use among youth ages 12 through 17 and young adults ages 18 through 25. The following website will link you to the Surgeon General's website, <http://www.surgeongeneral.gov/library/preventing-youth-tobacco-use/index.html>
- The National Conference on Tobacco or Health will be held August 15-17 in Kansas City. TFM hopes to become a sponsor. Members are actively involved in committee work, volunteering to help during the conference, submitting abstracts for presentation/poster sessions, and taking part in submission review committees. Anyone interested in volunteering for the conference (and getting a discount on their registration fee) please contact Teowonna Clifton who is coordinating volunteers. Contact her if you have any questions, Phone: (803) 743-1126, email: tclifton@desainc.com. Or sign up on the conference website: <http://www.tobaccocontrolconference.org/>



Mark Your Calendar!

Joint Annual Conference

September 27-28, 2012

Stoney Creek Inn - Columbia, MO



Public Health Nursing
prepare | inform | assist

MoALPHA
MISSOURI ASSOCIATION OF LOCAL PUBLIC HEALTH AGENCIES



Missouri Association of
Local Boards of Health

MICH
Missouri Institute for Community Health
Partners for Better Health

MISSOURI 2012 TOBACCO TAX KEY POINTS

The initiative has been filed and approved and voter signatures are being collected. MPHA members have an important role in getting out the correct messages about the tax initiative:

- Missouri has the lowest tobacco tax of any state in the country at 17 cents and has some of the highest smoking rates, lung cancer rates, and heart disease rates in the country.
- Each year, the tobacco industry spends \$349 million to market their products in Missouri.
- Missouri currently has no general revenue funding for tobacco prevention.
- 8,600 Missouri kids (under 18) become new daily smokers each year.
- Smoking kills more people than alcohol, AIDS, car crashes, illegal drugs, murders, and suicides combined.
- Each year, annual health care costs in Missouri directly caused by smoking \$2.13 billion and \$532 million is spent on the state's Medicaid program.
- Every household in Missouri pays \$565 per year in their state and federal tax burden from smoking-caused government expenditures.
- \$2.51 billion in smoking-caused lost productivity

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



Pilot Program Benchmarks Muscle Strength in Elderly

*Elizabeth Jackson, BS, MCHES
Clay County Public Health Center
Clay County, Missouri
December 2011*

Getting older can bring about many changes. Sight, hearing, muscle strength, coordination and reflexes aren't what they once were. These changes can cause a decrease in activity level, which ultimately can result in body weakness, and loss of independence, making a fall a greater threat. Falls and accidents seldom "just happen", they are a result of a decline in physical abilities. The more you take care of your overall health and well-being, the more likely you are to maintain your abilities. Contrary to past beliefs, inactivity is not a natural part of aging... in fact it is dangerous!

Several seniors from Kearney, MO are not accepting the common ideas on aging. They are taking part in various activities to reduce the risks that continue to grow as they age. These individuals are participating in the PEPPI (Peer Exercise Program Promotes Independence) program offered through Clay County Public Health Center at the Kearney Senior Center. These seniors know that they have to invest in their health to reduce their chances of falling and to maintain their independence. They are not accepting inactivity as a part of aging. Inactivity leads to decreased muscle and bone mass which then leads to weakened bodies, decreased abilities and increased falls. These falls can sometimes be deadly, and are always costly!

The participants in the PEPPI class at Kearney Senior Center are not only exercising for about an hour once a week, using resistance bands to increase strength, but they are also working on balance, flexibility and endurance, and are a part of a pilot research program on muscle strength in older adults.

This research idea came about after the Senior Falls Prevention Coalition of Clay and Platte Counties invited Dr. Marco Brotto, Professor at the School of Nursing and Director of the Muscle Biology Research Group (MUBIG), to speak about their research. Clay County Senior Services led UMKC's collaboration proposal into fruition and asked Clay County Public Health Center (CCPHC) and the University of Missouri-Extension (MU Extension) to also collaborate by offering their evidence-based exercise programs to seniors at various sites in Clay County. CCPHC and MU Extension are handling the set-up and leadership of the exercises classes. Data collection is also a responsibility of these community-based agencies. Physical assessments and other data are collected at the baseline and again at the end of the 10-week research intervention. UMKC researchers will be looking at changes in grip strength, and molecular biomarkers in blood that are indicative of muscle and overall health by analyzing samples provided by each participant before and after the exercise program. UMKC researchers will also evaluate the exercise programs themselves through a series of specialized analyses.

Clay County Public Health Center's "PEPPI" program and the University of Missouri-Extensions' "Stay Strong Stay Healthy" Program, both sponsored by Clay County Senior Services, are on-going exercise programs that are offered at various sites across the counties they serve.

Post-test data is now being collected. After analysis, results of this research will be published with the intent of furthering the unique partnership and other possible research ideas.

For more information on the "PEPPI" program, please contact Clay County Public Health Center's Health Education Section at 816-595-4241. For more information on the University of Missouri-Extension's "Stay Strong Stay Healthy" Program, please contact: 816-407-3490. Most classes have little to no fees, but for those seeking other forms of exercise; please note Clay County Senior Services has an exercise scholarship program available. Call: 816-455-4800 to find out more.

(Continued on page 22)

Pilot Program (continued)

This collaborative effort involves:

1. UMKC-School of Nursing research team: Dr. Marco Brotto, BSN, MS, PhD (Co-PI), Dr. Patricia Kelly, PhD, MPH, RN, FNP (Co-PI), Dr. Eduardo Abreu MD, DEng, Dr. Leticia Brotto, MD and Keyna Chertoff, MA
2. Clay County Senior Services Executive Director and co-chair of the Senior Falls Prevention Coalition of Clay and Platte Counties Tina Uridge, MS.
3. University of Missouri-Extension's Stay Strong Stay Healthy Program Leader and Nutrition and Health Education Specialist and co-leader for the Education Task Team of the Falls Coalition- Glenda Kinder BS, MA.
4. Clay County Public Health Center's Adult/Older Adult Program Manager and PEPPI trainer/leader and co-leader for the Education Task Team of the Falls Coalition- Elizabeth Jackson BS, MCHES (author of this article) and Section Chief of the Behavioral/Community Health Education Section and PEPPI leader, Teresa Tunstill, RN, BSN, M.Ed

NCOA STUDY - Lee Hall - PEPPI

Lee Hall, age 88 of Kansas City, MO, recently took part in a study conducted by a local University-the University of Missouri-Kansas City (UMKC) campuses' School of Nursing and the MUBIG research group. This was a partnership between UMKC, Clay County Senior Services, Clay County Public Health Center and the University of Missouri-Extension, all of which are members of the Senior Falls Prevention Coalition of Clay and Platte Counties. Lee is a resident at an assisted living site in Clay County which was chosen for the study. The requirements for the study were 1) age 60 or older; 2) live in Clay County and 3) not currently in a strength-training program.

Lee was not previously involved in the PEPPI-Peer Exercise Program Promotes Independence -program hosted at her independent living center by volunteers of the Clay County Public Health Center. Interest in the incentive of a gift card for enrolling in the muscle study enticed Lee to sign up. "I've always led an active lifestyle. I don't like to sit for very long...I walk a lot already but I wanted to increase my exercise efforts. I'm naturally drawn to activity. I have pain from past injuries but I don't let that stop me because I see what can happen if I'm not active. Some of the people that live here are in their 60's and a lot worse off than me. I know that exercise keeps me from having to use a walker or a cane."

In PEPPI class Lee participates in about an hour of stretches, resistance training and balance exercises with about 10 other ladies. "PEPPI fills my need for exercise. I like learning too. When the instructors tell us why we're doing the exercises, what muscles we're working and why we need to work them I feel better about my efforts. I know the class is good for me socially, too. I don't drive anymore so this is an opportunity I wouldn't otherwise have since the class is in our building. When the research group came back after 10-weeks of the class to assess us, I was really happy to learn the program was already working. I improved in almost all of the physical measurements!"

Lee is pictured here participating in the endurance test, one of six physical measurements Clay County Public Health Center staff use to determine progress gained from the PEPPI program.

Story written by: Elizabeth Griffith, B.S., MCHES, Adult/Older Adult Program Manager, Clay County Public Health Center in partnership with Clay County Senior Services on behalf of the Senior Falls Prevention Coalition of Clay and Platte Counties.



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