

Communiqué



PRESIDENT'S MESSAGE

*Andrew Warlen
Cass County Health Department*

October 2018

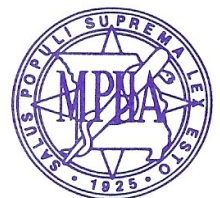
Dear Colleagues,

I hope everyone is enjoying the start of fall. It didn't really feel like fall to me a week ago when the temperature was 91°F but today is supposed to have a high of 53°F and I noticed the leaves have started changing colors. Today does feel like fall. Speaking of fall, what did the tree say to autumn? Leaf me alone.

We had a fantastic annual conference with excellent sessions and it was at a new venue. This year's conference was at the Holiday Inn Executive Center in Columbia, MO instead of the Stoney Creek Inn as it has been for years. For the past couple years, we were pretty snug at the Stoney Creek Inn. The new venue gives us a lot more elbow room and room to grow. In fact, at times it seemed like there were a lot of vacant spots. However, we had 220 attendees (the highest attendance I know of was 234 in 2014), so I have to chalk that up to as an illusion because of the bigger space. It was certainly nice to have a larger space for our exhibitors/sponsors. I want to thank Missouri Public Health Association (MPHA) Executive Director, Sandy Boeckman, and her staff for all their work in organizing and implementing the conference! Also, a big thank you to the conference planning committees for both MPHA and the Missouri Association of Local Public Health Agencies (MoALPHA). Many individuals contribute their time and efforts every year to make this an outstanding conference year after year.

This year we also had a special General Session to close out the conference. Kent Rader, a nationally-recognized, motivational speaker presented on the importance of reducing stress in the workplace. A U.S. Department of Labor survey states 49% of the employees in our country dislike their jobs with a third of them looking for positions in other industries. The number one reason cited by these individuals is the stress associated in most companies today. Kent stressed how retaining quality employees is essential to an organization's future and how humor can be used to lower workplace stress. Kent's session brought some important life lessons while being creatively told and with a healthy dose of comedy (and much better than my leaf joke above).

During the conference, I began my term as President of MPHA. I feel very privileged to have this leadership opportunity. MPHA has had many great leaders in its 93-year history of serving public health professionals in Missouri. I hope to live up to the standards that have been set by those who have served before me. Speaking of great leaders, during the MPHA business meeting, I had the honor of recognizing Robert Niezgoda, the immediate past-president, for his many efforts during his presidential term. Robert was instrumental in the funding, launch and implementation of the #HealthierMo initiative, formerly known as Transforming the



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Calendar of Events

November 10-14, 2018
APHA Annual Meeting
San Diego, CA

January 15, 2019
Board Meeting
Jefferson City, MO

April 11, 2019
Board Meeting
Jefferson City, MO

April 16, 2019
Education Workshop
TBD

July 11, 2019
Board Meeting
Jefferson City, MO

September 24-26, 2019
Annual Conference
Holiday Inn Executive Center
Columbia, MO

November 2019
APHA Annual Meeting
TBD

November 14, 2019
Education Workshop
TBD

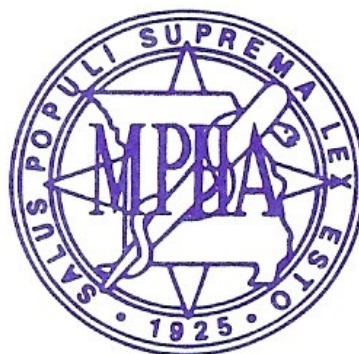
All Board Meetings begin at 10 am unless
otherwise noted.

Joint Annual Conference

September 24-26, 2019

Holiday Inn Executive Center

Columbia, MO



MoALPHA
MISSOURI ASSOCIATION OF LOCAL PUBLIC HEALTH AGENCIES

MICH
Missouri Institute for Community Health
Partners for Better Health



Letter from the Immediate Past President

Robert Niezgoda, MPH

I would like to thank you for entrusting me to be President of the Missouri Public Health Association (MOPHA) over the past two years. It has provided some great experiences and challenges that have moved me out of my comfort zone. It has been a great pleasure working with the MOPHA board, executive director, and the many partners of the public health system.

Over the past couple years as President, I had the privilege of being in a position to contribute to the Transforming Public Health in Missouri phase I proposal as it was developed and then implemented. This early progress has led to the #HealthierMO work that has begun educating Missourians, public health stakeholders, and many partners of the importance of public health and the need for a transformative process of the public health system in Missouri.

As I look forward to the future of MOPHA and public health in Missouri, I am encouraged. Partnerships have developed, plans have been crafted and implemented, and new leaders are emerging. These new leaders are driven and dedicated to improving public health in Missouri. Existing leaders have experienced a renewal of their energy and passion as they continue to work on public health challenges. The coming years will see the strategic alignment of the professional public health organizations so that public health has one, strong, passionate voice which will not be quieted. We will see increased funding as the elected leaders, community leaders, and all Missourians come to realize the importance of public health for healthier communities, healthy families, economic development, and the future of Missouri. The work of the current public health professionals and the #HealthierMO initiative will lead to a great future for public health in Missouri.

As phase II moves forward next year, please seek out opportunities to share your knowledge, experience, and skills to contribute to the initiative. You will be challenged, but you will be rewarded with the realization that your energy, passion, and dedication has been ignited with a fire for improving public health. Volunteer for committees, share #HealthierMO messages with your friends, family, colleagues, and community. Become an ambassador for public health and lead in your own way to promote and support the transformation of the public health system in Missouri. Do not let the naysayers diminish hope for a transformed public health system in Missouri. This work is far too important. We must improve the public health system in Missouri, because our communities, our families, and the future generations of Missouri are counting on us to be successful.

Stay Strong and be positive,

Thank you



Robert Niezgoda, MPH
Immediate Past-President

#HealthierMO Initiative Rallies Stakeholders Around Transformative Change

Jaci McReynolds, MHA

Over the past 12 months, the #HealthierMO initiative gathered hundreds of stakeholders, collected valuable input, and garnered active support from nearly 100 organizations and individuals. The grassroots initiative to transform Missouri's public health system struck a cord that resonates across the state: Missouri's public health system desperately needs change, and the time is NOW!

Phase I of the initiative successfully laid the foundation for change. It identified the need for transformation. Missouri ranks among the lowest states in multiple health indicators like adult smoking, violent crime, cancer deaths, cardiovascular deaths, and child and adolescent immunizations. It budgets less money than 48 of the other states in per capita spending from general revenue for public health programs, yet it spends more money on health care costs than more than half of the other states. It has a fragmented, decentralized public health system with unequitable funding that continues to be cut at every level.

Phase I rallied stakeholders behind a unified battle cry – the time for change is now! It also utilized their expertise to design a long-term plan for system-wide change. The initiative recognizes there will be no quick fix to Missouri's public health system challenges.

As Phase I of the #HealthierMO initiative comes to a close, planning for Phase II begins. The Professional Organizations group will continue to collaborate in order to meet goals around their four focus areas: communication, collaboration, workforce development and advocacy. The Communications Committee will develop strategic messages, activities and products to help share the #HealthierMO story and engage audiences in conversation. Over the next few months, representatives of #HealthierMO will attend stakeholder meetings and conferences across the state to share updates, address questions and solicit input.

While attending the MPHA/MOALPHA annual conference in late September, initiative staff were encouraged to learn that most conference attendees were familiar with the #HealthierMO initiative and that enthusiasm for and understanding of the project is growing. Staff collected innovative ideas for policy and system development for Phase II from both presenters and attendees. All input was valued and appreciated.

Project manager Casey Parnell says, "Thank you to all who have engaged with us, shared information about the initiative with others, and who continue to share your candid questions and concerns with us. This grassroots initiative will not be successful without you."



To learn more about the #HealthierMO initiative and find your role, visit www.HealthierMO.org or connect on Facebook @HealthierMO or Twitter @aHealthierMO. Join the grassroots initiative to transform Missouri's public health system. Together we can build a #HealthierMO and offer every Missouri resident the opportunity for a healthier life.

Affiliate Representative to the Governing Council (ARGC)

Denise Strehlow, RD, LD, MPH, MSW

BJC School Outreach and Youth Development

Missouri Affiliate Representative to the Governing Council (MO ARGC)



APHA

National Public Health Week activities are under development for 2019. The theme of Healthiest Nation 2030, For Science and For Health.

The **annual meeting** is in San Diego this year starting on November 10. Governing Council generally has meetings on Saturday, Sunday, Tuesday and Wednesday. If you plan to be in San Diego, please let me know and I will make sure you know about these meetings as well as opportunities.

Affiliate Affairs has new Director, **Lindsey Wahowiak**. Lindsey is familiar to all of us in APHA as she was on the Nation's Health staff prior to joining Affiliate Affairs.

Council of Affiliates (CoA)

CoA and Affiliates plan for the APHA annual meeting

- Affiliate Day activities are scheduled for Saturday, November 10 in San Diego. If you are in San Diego, please plan to join us.
- The award nominations were extended until the end of September: Award for Excellence-this is given to an individual who has done outstanding work in the affiliate (Pat Parker received this award a few years ago); Outstanding Affiliate of the Year-this is given to an affiliate based on the work completed in their state and potentially we could apply based on the work of the transformation project; Outstanding Student Award-this is given to a student who has done outstanding work for the affiliate or APHA.

CoA Work Plan Workgroups

- The CoA continues to progress on the work plan with three focus areas: align organizational capacity; strengthen public health practice and build a public health movement. All groups are working on steps related to building a stronger national public health system.

MINK (Region VII) Updates

Missouri is the host state for the MINK 2019 regional meeting and there will be group needed to assist in the planning. If you are interested and available, please let me know.

Respectfully submitted,

Denise Strehlow

Denise.strehlow@bjc.org and 314-580-8713

Missouri Public Health Work Force Survey of Recent MPH Graduates: Barriers Faced to Employment in Governmental Public Health Service, 2017

B. Malone, E. Groenweghe, S. Chundru, L. Rallabandi, Y.R. Mopala

Abstract

OBJECTIVES. The purpose of this study was to determine likely reasons for the lack of formally educated public health professionals across health departments in the State of Missouri. **METHODS.** The Missouri Public Health Association (MPHA), the largest voluntary professional public health organization in the state, chose to investigate the issue. The Association developed a 28-question survey to graduates of the five (5) university-based public health programs in the State. The survey collected a variety of demographic information, but, most importantly, asked respondents to rank the barriers to working in governmental public health service in the State.

Results

The survey was sent to 860 graduates of the five university programs. A total of 173 graduates responded (20%). All respondents held a Master's Degree in Public Health between graduation years of 2013 and 2016. While 91% identified that they are currently employed, only 63% of respondents were working in governmental public health, and only 39% working in a city or county health department. Respondents cited their reasons for not working in governmental public health and, by far, the leading reason cited was the insufficient starting salary. A total of 75% cited this as the primary reason. Likewise, the lack of promotional opportunities was also cited by 57% of respondents. Other reasons cited included the lack of benefits and pension, difficulty in navigating the merit system, etc.

Conclusions

The results of this survey reflect similar workforce issues seen in public health systems across the nation. The study helps to identify specific barriers for working in public health in Missouri and provides guidance to those concerned about the public health workforce regarding affirmative steps to take to address the barriers and to implement appropriate

systems to recruit, hire and retain appropriately trained professionals. The Association plans to collect additional data in the form of interviews and other qualitative data to more fully understand obstacles to hiring a highly trained and effective public health workforce.

Background

Local, state, and federal public health agencies have an essential role in society for preventing disease, protecting citizens, and promoting a healthier population. Each state in the United States has a state health department and, at the federal level, the US Public Health Service, as part of the Department of Health and Human Services carries out public health duties. The Centers for Disease Control and Prevention is the principal federal agency to serve as liaison to state and local practitioners across the nation. In the state of Missouri, there are 115 independent local health agencies made up of counties and cities. All of these public health agencies work together to provide needed services to the community. However, just as within any other organization, staff that are sufficiently trained and educated to do their duties is essential for success.

In the field of public health, the post-baccalaureate degree most commonly obtained to prepare professionals for further career advancement is a Master of Public Health (MPH) degree. Other professional public health degrees include a Master of Science in Public Health and Doctor of Public Health. Just as with other career fields, obtaining and retaining public health professional that are sufficiently trained in their field is of the utmost importance. However, because each state and county has their own public health agency, the field of public health has a unique challenge in recruiting and retaining professionals with advanced degrees. In Missouri, this is also a challenge for the public health field as the public health workforce has to be spread

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Missouri Public Health Work Force Survey continued

across 115 independent local health departments throughout the state, some of which are located in very rural areas or that have a very small staff.

A looming question for the administrators of Missouri local public health agencies is how the rising ages of the public health workforce will impact their capability in providing comprehensive public health services. More than 30% of the federal work force is estimated to be retired by December, 2017 (Coronado, Polite, Glynn, Massoudi, Sohani, & Koo, 2014, p 432-441). According to the Association of State and Territorial Health Officials' (ASTHO) Public Health Workforce Interests and Needs Survey (PH WINS), since 2008 91% of all state health agencies have experienced job losses due to attrition and 21% of the state health employees are planning to leave their current position in the immediate year (ASTHO, n.d.). Thus, attracting new graduates and simultaneously retaining the current workforce has become a great challenge for state government public health agencies. This survey was distributed to 40,000 state health agency employees with a response rate of 48%. The state public health workforce statistics reveal that 70% of the employees are Whites and 74% of them are above 40 years of age. The Hispanic, American Indian groups and younger populations appear to be underrepresented (ASTHO, n.d.)

Additional results of the PH WINS, administered by ASTHO, shows that 79% of the workers are partly or completely satisfied with their job. However, 38% of them intended to quit the government public health before 2020. Of that 38%, 25% plan to retire and 13% intend to leave for another job in a field other than public health. The survey also found that 24% of the workers were somewhat dissatisfied with their pay. Within the past ten years the schools and programs of public health have been teaching practice based education and stronger research application to their students (Coronado, Koo, and Gebbie, 2014, p S275). However, Coronado, Koo and Gebbie feel there needs to be some educational paradigm change that helps retain these new public health professionals in the state in which they have received their schooling. This

migration of students to other states is causing instability in public health practice. In addition, the number of graduates from public health schools and programs who go into direct public health services is reducing. The graduates of Master of Public Health (MPH) programs in the past formed the largest component of long term public health workforce, but now their numbers seem to be diminishing.

In 2016, the Missouri Public Health Association (MPHA), a professional organization of public health practitioners observed the issue of a lack of trained public health professionals across all health departments in Missouri. MPHA leadership was particularly concerned with the new generation of public health graduates who have obtained their MPH degree in recent years, but chose not to stay in Missouri. Anecdotally, it seemed that these students were not staying in Missouri to work in public health once completing their degree. Therefore, MPHA leadership decided that a survey to determine if Missouri MPH graduates were moving to other states is true and if so, what were the reasons for this.

Methods

In order to answer the question of why so few local health departments are served by academically-prepared professionals, MPHA chose to investigate this issue. MPHA developed a 28 question survey to email to recent MPH degree students. The first part of the survey asked about demographic data such as what school they attended, the year graduated, their gender, age group, race/ethnicity, and state in which they currently reside. The survey then explored if they are currently working in the public health field, what type of work they are currently doing, and their salary information. Finally, and perhaps most importantly, the survey had participants rank barriers to working in the governmental public health field using a Likert scale to measure the intensity of those barriers.

The survey was then uploaded onto an online platform, Survey Monkey, for electronic distribution to participants. This allowed the survey to be e-

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Missouri Public Health Work Force Survey continued

mailed to participants, where they could then click a hyperlink and take the survey directly on the website. The survey was then distributed to students via email. For some university programs, the survey was directly emailed to the participants by MPHA, while other university programs elected to have an academic advisor or other university staff email the survey.

In total, the survey was distributed to five universities with MPH programs: St. Louis University, Washington University in St. Louis, University of Missouri Columbia, Missouri State University, and some Missouri residents that obtained their MPH from University of Kansas. Once data collection was complete, the data was analyzed using Excel.

Results

The survey was sent to 860 graduates and there was a total of 173 responses, resulting in a response rate of 20%. The response rate for University of Missouri Columbia students was 57 responses or 25%; Missouri State University 17 responses or 39%; University of Kansas 20 responses or 21%; Washington University 45 responses or 23%; and St. Louis University 33 responses or 11%. In total, 33% of responses were from University of Missouri Columbia students, 26% from Washington University, 19% from St. Louis University, 11% from University of Kansas, and 10% from Missouri State University.

All of the students surveyed had obtained a Master's Degree in Public Health between the graduation years of 2013-2016. A total of 28% graduated in 2013, 19% in 2014, 21% in 2015, and 32% in 2016. Therefore a relatively even distribution of graduation years was obtained. The majority (64%) of participants were in-state residential students while the rest were out-of-state students, online students, or international students. Of those, 26% of out-of-state residents, 7% online students, 6% international students and 6% other. The other was mainly students who lived in Kansas and also attended school in Kansas.

The demographic data showed that more survey participants were female (76%) than male (24%) and the predominant age groups were 25-29 (57%) and

30-39 (27%). 76% of participants identified as white, 12% Asian or Pacific Islander, 8% black or African American, and 4% other races or mixed. Despite the fact that the majority of participants obtained their MPH in the state of Missouri, where they lived, only half currently live/work in Missouri. Participants currently live across 33 different states, including Missouri and Washington D.C.

While 91% identified that they are currently employed, only 63% are currently employed in public health. In addition, only 30% are currently employed by governmental public health agencies. Many of the respondents indicated that they worked in a city/county health department (39%), however the largest percent worked in a university setting at 60%. Nearly half of participants stated that they were most likely to seek a non-governmental job in public health for future career endeavors while only 33% would seek employment in a governmental public health position.

The final survey question asked participants to rank the barriers to working in the governmental public health field in Missouri using a Likert scale. The options of strongly agree, agree, neutral, disagree, and strongly disagree were provided. The question specifically asked participants what they believe the barriers to working in the governmental public health field in Missouri are and each option used the scale. The response that the largest percent of participants agreed with (strongly agree or agree) was insufficient starting salary at 75%. The second most agreed option was lack of promotional opportunities at 57%. Work environment was the third most agreed with option at 42%. Other options such as lack of benefits and pension, pursuing a career of their own interest, and difficulty in navigating the merit system (online job system for Missouri Department of Health and Senior Services employment) were rated as fairly neutral. The two options that the majority of participants disagreed with as a barrier were a desire to return to their hometown for employment and immigration requirements.

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Missouri Public Health Work Force Survey continued

Discussion

The results of this survey reflect similar workforce struggles seen in public health across the country and help to identify specific barriers for working in governmental public health in Missouri. Although the majority of graduates were in-state Missouri residents at the time that they graduated, only half of them are currently working in Missouri. This survey was only regarding students who graduated between the years 2013 and 2016, so this means that within the previous 3 years or less, half of these MPH graduates have left the state. In addition, only 30% of respondents are working in governmental public health. The largest percent of the MPH workforce according to this survey is being employed by universities. This means that the governmental public health system in Missouri is losing many MPH trained professionals to other states, universities, and other career fields, therefore leaving less Master's degree trained public health professionals to fill governmental public health jobs.

Based on this survey, two barriers were identified by MPH professionals as issues with working in governmental public health in Missouri. The primary barrier is an insufficient starting salary. It can be reasonably assumed that recent MPH graduates are looking for a job that offers a reasonable starting salary and if these graduates feel that Missouri public health jobs do not offer this, it is likely they will look elsewhere. As higher education costs continue to rise, starting salary will become a bigger factor in career decisions for recent graduates. The second barrier identified is a lack of promotional opportunities in governmental public health in Missouri. The majority of survey participants were between the ages of 25 and 30; either just starting or mid-career. In this phase of their professional career, advancement opportunities and room to grow is important.

A reasonable next step would be to collect additional data in the form of key informant interviews and other qualitative data collection to better understand the barriers and difficulties recent MPH graduates face. In addition, research should be done to compare starting salaries in governmental public health with

other states. If Missouri's public health field cannot remain competitive in job recruitment, obtaining and maintaining a highly trained public health workforce will continue to be a challenge.

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Follow the Leader

Some thoughts on what it takes to be a good boss.

"Leadership is a potent combination of strategy and character. But if you must be without one, be without the strategy." - Norman Schwarzkopf

"The leadership instinct you are born with is the backbone. You develop the funny bone and the wishbone that go with it." - Elaine Agather

"To do great things is difficult; but to command great things is more difficult." - Friedrich Nietzsche

"You don't have to hold a position in order to be a leader." - Henry Ford

"A boss creates fear, a leader confidence. A boss fixes blame, a leader corrects mistakes. A boss knows all, a leader asks questions. A boss makes work drudgery, a leader makes it interesting." - Russell H. Ewing

"The leader has to be practical and a realist, yet must talk the language of the visionary and the idealist." - Eric Hoffer

"Leadership at one time meant muscle; but today it means getting along with people."
- Mohandas Gandhi

"A good leader is a person who takes a little more than his share of the blame and a little less than his share of the credit." - John C. Maxwell

"Set exorbitant standards, and give your people hell when they don't live up to them. There is nothing so demoralizing as a boss who tolerates second-rate work." - David Ogilvy

"You do not lead by hitting people over the head. That's assault, not leadership." - Dwight D. Eisenhower

"It's hard to lead a cavalry charge if you think you look funny on a horse." - Adlai E. Stevenson II

"A leader is best when people barely know he exists, when his work is done, his aim fulfilled, they will say: We did it ourselves." - Lao Tzu

"The worst mistake a boss can make is not to say 'well done.'" - John Ashcroft

PRESIDENT'S MESSAGE continued

Future of Public Health in Missouri project. Also, under his leadership, a proposal for the second phase of the initiative has been submitted and we hope to continue the project in early 2019. Robert's tireless work in bringing together all the key stakeholders and commitment to the project has helped lead to its success. Thank you, Robert, for your service.

I hope you enjoy the newsletter. As always, please give us your comments and suggestions and we always welcome submissions. We are all interested in the public health advances you are making in your community.

Best Regards,
Andrew



Andrew Warlen
President, Missouri Public Health Association

The AFFILIATES

State, regional public health associations

Salary, opportunities driving declines Missouri Affiliate survey shows why health grads leave state

MISSOURI'S governmental public health workforce is facing a shortage of trained public health professionals, many of whom are leaving the state after receiving their degrees from Missouri universities. The departure of public health professionals is particularly concerning for Missouri's 115 independent local health agencies. Combined with an aging workforce, the dearth of professionals educated in state puts the future of public health in Missouri at risk.

The Missouri Public Health Association was aware of anecdotal evidence that public health graduates who were educated in the state were going elsewhere for job opportunities, but the reason why was unclear.

To determine why so many public health graduates were leaving Missouri, MPHA administered a survey to graduates of university-based public health programs in the state from Saint Louis University, Washington University in St. Louis, University of Missouri Columbia and Missouri State University. Some Missouri residents who received their Master of Public Health degrees from the University of Kansas were surveyed too.

Survey respondents were asked about demographic data, their experiences in public health and barriers to working in governmental public health. Insufficient starting salary was the primary reason why respondents said they were not working in governmental public health, at 75 percent, followed by a

lack of promotional opportunities, at 57 percent, and work environment, at 42 percent.

Lack of benefits and pension, pursuing a career in a different field of interest and challenges with the online job system for the Missouri Department of Health and Senior Services were also among the reasons why people said they did not stay work in governmental public

"If Missouri's public health field cannot remain competitive in job recruitment... maintaining a highly trained public health workforce will continue to be a challenge."

— Missouri Public Health Association

health in Missouri. Respondents largely disagreed that a desire to return to their hometown and immigration requirements posed barriers to working in Missouri's governmental public

health field.

"If Missouri's public health field cannot remain competitive in job recruitment, obtaining and maintaining a highly trained public health workforce will continue to be a challenge," a report on the survey said.

According to the survey, only half of respondents currently lived or worked in Missouri. Ninety-one

percent of respondents said they were employed, with 63 percent employed in public health and 30 percent employed by governmental public health agencies. About half of survey respondents said they were most likely to seek a non-governmental job in public health in the future, while about 33 percent said they would want to be employed in governmental public health. MPHA plans to gather more data to further investigate obstacles to retaining its public health workforce. Bert Malone, MPA, vice president of the MPHA, said the APHA Affiliate also plans to use the survey data to justify an increase in starting salaries for public health professionals in the state.

Keeping the governmental public health workforce staff is a challenge that is not unique to Missouri. The MPHA report points to research from the Association of State and Territorial Health Officials, which produced the Public Health Workforce Interests and Needs Survey. According to the survey of more than 10,000 public health workers from 37 state health agencies, at least 38 percent of the workforce is projected to leave governmental public health if they carry out their current plans. However, the ASTHO survey found that nearly 80 percent of public health workers are somewhat or very satisfied with their jobs. The survey also noted that few Hispanics, men and younger people are represented in governmental public health.

For more information, visit www.mopha.org.

— Julia Haskins



A health inspector goes over results with a restaurant worker. MPHA surveyed Missouri public health graduates to address shortages in the governmental public health workforce.

JOURNAL WATCH

Highlights from the January issue of APHA's *American Journal of Public Health*

Kids at high risk for head injury in gym

Children could be more likely to get a concussion during physical education classes than they are during sports, according to new research.

In a study published in the January issue of APHA's *American Journal of Public Health*, researchers found that concussion rates during gym classes were 60 percent higher than they were during extracurricular sports, according to self-reporting from athletic directors and trainers in 147 New Mexico middle and high schools.

During the 2013-2014 school year, concussions in sports were reported at 3.5 head injuries per 100 students, though fewer than a third of those reported concussions were treated in an emergency department. However, in surveyed gym classes, concussion rates were 4.7 per 100 students. Boys were more likely to get a concussion during sports participation than girls, but girls were slightly more likely to get a concussion in gym class. In the survey, more students participated in sports than in gym class.

The researchers said regional variance in concussion rates, as shown in other studies, need to be better understood by public health. Also, if gym class is truly a higher risk for concussion than sports, public health needs to understand that risk and develop tools to make it safer.

Cigarette use linked to daily marijuana

People who use cigarettes daily or regularly are more likely to use marijuana daily than those who have never smoked or those who have quit.

According to research published in the January issue of *AJPH*, daily marijuana use increased among current, former and non-smokers from 2002 to

2014. But the number of people who smoked cigarettes nondaily and used marijuana daily increased from 2.85 percent in 2002 to more than 8 percent in 2014. Among daily smokers and marijuana users, that number increased from 4.92 percent to just over 9 percent.

While rates of daily marijuana use were lowest among nonsmokers, they also grew the fastest, according to data from the National Survey on Drug Use and Health, which the authors of the *AJPH* study used in their findings.

The researchers surmised that as recreational marijuana is legalized in more states, those who do not smoke cigarettes are at "considerable risk" for high-frequency use.

Study: HPV vaccine may be halting warts

Declines in anogenital wart rates among young people are most likely because of the human papillomavirus vaccine, according to a new study.

In January's issue of *AJPH*, researchers found that rates of anogenital warts decreased by more than 14 percent each year from 2008 to 2014 among girls ages 15 to 19 and by nearly 13 percent each year from 2009 to 2014 among women ages 20 to 24 and by 6 percent among women 25 to 29.

Researchers also noted "significant" declines in warts in men 20 to 24 years old, at 6.5 percent each year.

The study's authors said decreases among girls and women are most likely due to HPV vaccination, as well as lower rates in men ages 20 to 24, causing them to pass on fewer infections. Decreases among young men, the authors noted, were likely due to herd protection from girls and women getting the vaccine, a series of three injections. ■

— Lindsey Wahowiak

To access studies and podcasts from *AJPH*, visit www.ajph.org.

Unleashing the Power of PUBLIC HEALTH

Joint Annual Conference

Holiday Inn Executive Center, Columbia, MO



Unleashing the Power of PUBLIC HEALTH

Joint Annual Conference

Holiday Inn Executive Center, Columbia, MO

#HealthierMO

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Champ Software

Court Money

DMI Solutions, Inc.

Healthcare Procurement Solutions

Mike Keith Insurance

Missouri State University-MPH Program

MO Family Health Council, Inc.

MODHSS

MODHSS-BHCADD-Opioid Surveillance

MODHSS-Bureau of Environmental Epidemiology

MODHSS-Bureau of Health Care Analysis & Data Dissemination

MODHSS-Genetics and Healthy Childhood

MODHSS-HSH

Patagonia Health, Inc.

PRAMS-Missouri Pregnancy Risk Assessment Monitoring System

Retractable Technologies

State Emergency Management Agency

University of Missouri Public Health

University of Missouri-Health Management & Informatics

Wellness Research

**Thank you to the MPHA and MoALPHA
Board of Directors for contributing items
for door prizes that were given away
throughout the Annual Meeting.**

Unleashing the Power of PUBLIC HEALTH

Joint Annual Conference-Poster Competition

Holiday Inn Executive Center, Columbia, MO



1st Place

Mercedes Printz, University of Missouri-Columbia
 "Effectiveness of In-Home Personal Care in Minimizing Diabetes-Related
 Emergency Department Visits"



2nd Place

Maha Mohamed, Truman State University
 "Contraceptive Knowledge, Attitudes, and Usage
 Among Women Ages 18-24 in the United States and
 Rwanda"



3rd Place

Sapana Subedi Chowi,
 Missouri State
 University
 "Co-Occurrence of
 Mosquito Species
 Emergence from
 Water Samples Taken
 From Artificial
 Containers"

Honorable Mention

Hari Poudel, University of Missouri-Columbia
 "Does Geography Matter? The Health Care
 Perceptions of Missouri Residents"

Unleashing the Power of PUBLIC HEALTH

Joint Annual Conference-Awards

Holiday Inn Executive Center, Columbia, MO



Media Award

Reporter Bill Turque and The Kansas City Star



Publication Award

Abby Edsall, Kansas City, MO Health Department



W. Scott Johnson Award

Rebecca Hunt, Madison County



Robert L. Northcutt Award

Councilwoman Jolie Justus



Group Merit Award

Springfield-Greene County Health Department & Ozarks Health Commission



Public Health Professional Scholarship

Nola Martz

Northwest Chapter Report

The Northwest Chapter of the Missouri Public Health Association continues to meet quarterly. The most recent Chapter meeting was held on July 10 in Independence.

At the meeting, Marty Galutia with the Kansas City, MO Health Department led a roundtable discussion regarding Maternal and Child Health Policy. As part of this discussion, each local public health agency in attendance shared the policy and legislative goals they are working toward as part of their FY2019-2021 Maternal Child Health Grant. Identifying initiatives that are occurring at the local level allowed for increased information sharing and opportunities for collaboration as a region.

The next meeting of the Northwest Chapter is scheduled at 11:30 AM on Tuesday, October 9, 2018 at the Ennovation Center in Independence. The speaker will be Jessica Hembree, Program & Policy Officer for the Health Care Foundation of Greater Kansas City. All interested parties are encouraged to attend.

CURRENT OFFICERS OF THE NORTHWEST CHAPTER

President**Bridgette Casey**

Jackson County Health Dept.
313 South Liberty
Independence, MO 64050
bridgette.casey@tmcmed.org

Vice President**Marty Galutia**

Kansas City Health Dept.
2400 Troost Avenue
Kansas City, MO 64108
marty.galutia@kcmo.org

Past President**Dan Luebbert**

Platte County Health Dept.
212 Marshall Road
Platte City, MO 64079
dan.luebbert@plattehealth.com

Secretary**Olivia Chapman**

Jackson County Health Dept.
313 South Liberty
Independence, MO 64050
olivia.chapman@tmcmed.org

Treasurer**Erin Sanders**

Platte County Health Dept.
212 Marshall Road
Platte City, MO 64079
erin.sanders@plattehealth.com

Tobacco Free Missouri

Jenna Wintemberg**Save the Date: TFM Annual Membership Meeting**

Please join us on Wednesday, November 28, 2018 10 am – 2:00 pm for the Tobacco Free Missouri Annual Membership Meeting. The agenda will cover:

- 2018 State of Tobacco Control & Year in Review
- Preemption Watch
- 2019 Legislative Preview
- TFM Board Member Elections
- Networking Lunch
- TFM Strategic Planning

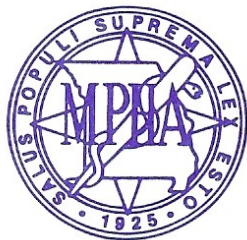
Meeting Location:

Discovery Ridge Research Park
4011 Discovery Drive
Columbia, MO 65201

TFM Board of Directors: Call for Nominations

Interested in serving on the TFM Board or nominating someone? Email us at info@tobaccofreemissouri.org for a copy of the nomination form. There are 3 open seats for members-at-large and 2 open seats for representatives of local/regional coalitions. The deadline to apply is November 16th.

Please register by November 23rd [2018 TFM Annual Meeting RSVP](#)



Join Missouri Public Health Association

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:

- Three newsletters a year 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 Dan Luebbert, Platte County Health Department, 816-858-2412, Dan.luebbert@plattehealth.com or complete the membership form on the back page and return it to the MPHA office.

NEW MPHA MEMBERS

Sarah Cook, Cass County Health Department

Mary Menges, Missouri State Public Health Lab

Laura Naught, PhD, MO State Public Health Lab

William Whitmar, Missouri State Public Health Lab

Tracy Klug, Missouri State Public Health Lab

Adam Perkins, Missouri State Public Health Lab

Vicki Strickland, Missouri State Public Health Lab

Benjamin Quick, KU Medical Center

Amy Bradshaw, MODHSS

Leah Vincent, MODHSS

Sandy Hong, MODHSS

Nola Martz, MODHSS

Patsey Dieleman, MODHSS

Renata Slayeon, BJC

Madison Manning, Truman State University

Deborah Jones

Dr. Janice Clark, Truman State University

Jeffrey Weaver, University of Missouri-St. Louis

Kelly Decker, Truman State University

Sara Gorman, MODHSS

Daniel Quay, MODHSS-EPHP

Zachary Kempf, MODHSS-EPHP

Sruti Banerjee, MODHSS-EPHP

Cassady Palmer, MODHSS-EPHP

Kathryun Metzger, MODHSS-EPHP

Andrew Hunter, MODHSS-EPHP

Chelsea Fischer, MODHSS-BHCADD

Teresia Karuga, MODHSS-BHCADD

Kristina Johnson, MODHSS-BHCADD

Evan Mobley, MODHSS-BHCADD

Doug Phillips, MODHSS-BHCADD

Tanner Turley, MODHSS-BHCADD

Noaman Kayani, MODHSS-OOE

Rebecca Chitima-Matsiga, MODHSS-OOE

Sherri Simms Homan, MODHSS-OOE

Lily Kennedy, MODHSS-OOE

Jiaqing Li, MODHSS-OOE

Katie Long, MODHSS-OOE

Alexandra Brown, Truman State University

Call for Articles

As a member of the Missouri Public Health Association, you are invited to submit articles for our newsletter. We welcome submissions on any public health related topic.

Please include the following information with your article submission:

- Name
- Professional Affiliation or Academic Institution (if a student)
- Title of Article
- Reference List
- A Headshot or Photo of You Doing Public Health Work

Please keep your article within 300-500 words. Articles from members will be reviewed by the Missouri Public Health Association Board and the Newsletter Editor. Please email your articles and any questions to Lisa Marshall at lisa.marshall@lpha.mo.gov or Sandy Boeckman at sboeckman@mopha.org.

2017 NEWSLETTER SCHEDULE

FEBRUARY NEWSLETTER ~ Article submissions are due by February 1, 2018

JUNE NEWSLETTER ~ Article submissions are due by June 1, 2018

OCTOBER NEWSLETTER ~ Article submissions are due by October 1, 2018

MPHA Members,

Now in existence since 1925, the Missouri Public Health Association (MPHA) continues to strive to expand our services to meet the needs of public health across Missouri. We hope that you took part in one or more of the many events that we offered in 2015. Check out the 2016 calendar!

It is our mission to be the voice of public health in Missouri through advocacy, membership services and our Education Foundation. In order to meet our mission and provide services in our state, MPHA relies on the generosity of individuals and organizations for support. Without the investment of members like you, MPHA wouldn't be able to continue to be the voice for public health across Missouri.

We are asking you to help us continue the public health message by a donation to MPHA Education Foundation. Every dollar counts in the advancement of public health. If each member would make a donation, imagine the progress and impact we could make in Missouri. Your generosity will make a difference in the future of MPHA by allowing us to continue in our work advancing public health in Missouri. **The MPHA Education Foundation is a 501(c)3 corporation which means that donations to the Foundation are tax deductible.**

Thank you in advance for your generosity.

Sincerely,



Linda Cooperstock, MPHA Foundation Chair

Donating is easier now more than ever. Visit www.mopha.org and click on the Scholarship/Awards tab. Your generous donations will help support educational opportunities for public health professionals and students and promote quality public health for Missouri.



MPHA Board of Directors

OFFICERS**President (2018-2019)**

Andrew Warlen
Cass County Health Department
300 South Main
Harrisonville, MO 64701
816-380-8426 ~ Fax: 816-380-8450
andreww@casscounty.com

President-Elect (2018-2019)

Kristi Campbell
Cole County Health Dept.
1616 Industrial Blvd.
Jefferson City, MO 65109
573-636-2181 ~ Fax: 573-636-3851
kcampbell@colecouny.org

Vice President (2017-2019)

Bert Malone
Kansas City Health Dept. (Retired)
627 W. 131st Terrace
Kansas City, MO 64145
(816) 809-9994/(816) 216-1076
Bert.Malone923@gmail.com

Secretary (2018-2020)

Dan Luebbert, Deputy Director
Platte County Health Department
212 Marshall Road
Platte City, MO 64079
(816) 858-2412
dan.luebbert@plattehealth.com

Treasurer (2017-2019)

Dr. Dalen Duitsman
Missouri State University
Professor-MPH Program and
Director-Ozarks Public Health
Institute
901 S. National Avenue
Springfield, MO 65897
417-836-5550 ~ Fax: 417-836-3171
DalenDuitsman@missouristate.edu

Imm. Past President (2018-2019)

Robert Niezgoda, MPH
Taney County Health Department
15479 US Highway 160
PO Box 369
Forsyth, MO 65653
417-546-4725 ~ Fax: 417-546-4727
Robert.Niezgoda@lpha.mo.gov

**Affiliate Representative to the
APHA Governing Council
(2017-2019)**

Denise Strehlow, RD, LD, MPH,
MSW
BJC School Outreach & Youth
Development
4950 Children's Place, Suite 6401
Mail Stop: 90-29-927
St. Louis, MO 63110
314-286-0504 (office)
314-580-8713-cell
dsl9171@bjc.org

NOTE: *The Executive Committee is made up of the President, President-Elect, Immediate Past President, Vice President, Secretary, Treasurer and the ARGC Rep.*

BOARD MEMBERS AT LARGE

Nicholas A. Collins (2018-2020)
United HealthCare
721 Lami Street
St. Louis, MO 63104
314-313-5652
Nicholas_Collins@uhc.com

Tracie McClendon-Cole
(2018-2020)
Kansas City Missouri Health Dept.
2400 Troost Ave., Ste. 4400
Kansas City, MO 64108
(816) 513-6240
tracie.mcclendon@kcmo.org

Lynelle Phillips (2017-2019)
University of Missouri
801 Lewis Hall
Columbia, MO 65211
(573) 884-8976
phillipslm@missouri.edu

BOARD MEMBERS AT LARGE

Mary Menges (2017-2019)
MoDHSS
101 N. Chestnut
Jefferson City, MO 65101
573-751-3334 ~ Fax: 573-526-2754
Mary.Menges@health.mo.gov

STUDENT LIAISON

Meghan Meyers
Missouri State University
606 E. Cherry St.
Springfield, MO 65897
573-248-7417
meghan214@live.missouristate.edu

NOMINATING COMMITTEE

Bert Malone

EXECUTIVE DIRECTOR

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

MPHA FOUNDATION

Robert Niezgoda, MPH
Taney County Health Department
niezgr@lpha.mopublic.org

NEWSLETTER

Lisa Marshall
Taney County Health Dept.
lisa.marshall@lpha.mo.gov



722 E. Capitol Avenue
Jefferson City, MO 65101

Visit us on the Web
www.mopha.org

COMMUNIQUE' Editor

Lisa Marshall, MS, RD, LD

Send comments and/or articles to:

Lisa.marshall@lpha.mo.gov

MPHA MEMBERSHIP

YES

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

☐ Regular Membership \$60.00

☐ Full-Time Student/Retiree \$35.00

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

Name_____

Agency_____

Position_____

Address_____

City, State Zip_____

Phone_____ Fax_____

Email_____

Areas of Professional Interest

☐ Citizen Health Involvement

☐ Health Promotion

☐ Infectious Disease

☐ Health Official

☐ Environmental Health

☐ Other: _____

☐ Public Health Nursing

☐ Health Care

☐ Support Services

☐ Food and Nutrition

☐ Chronic Diseases

I'd like to serve on the following committees:

☐ Education

☐ Membership

☐ Annual Meeting

☐ Resolutions & Bylaws

☐ Advocacy & Public Policy

☐ Public Health Week

☐ History

PAYMENT OPTIONS

☐ Check enclosed

☐ Master Card/VISA/Discover/American Express

Card #_____ Exp. Date_____

Mail completed form to MPHA, 722 E. Capitol Avenue, Jefferson City, MO 65101.

If you have questions call 573-634-7977.