

Communiqué

August/September 2011



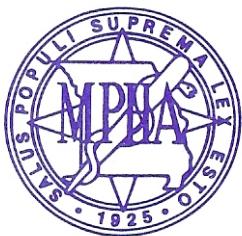
Calendar of Events

September 28-30
Joint Annual Public Health Conference
Stoney Creek Inn
Columbia, MO



Oct 29 - Nov 2
APHA Annual Meeting
Washington, DC

January 18, 2012
Board Meeting
Jefferson City



PRESIDENT'S MESSAGE

Pat Morgester, Kansas City Health Department

Greetings!! Here we are, August. Another hot summer in Missouri is almost behind us, the State Fair was a great success, kids are back in school and for public health, well, the beat goes on. Natural disasters kept public health very busy this summer. Our hope and prayers go out to all in the Joplin area. As first responders and emergency preparedness personnel return from the disaster, their stories have trickled back to local jurisdictions back home. In the face of tragedy came stories of success and courage. If you have such a story, please share them with others in honor of those who lost their lives.

I had the privilege of going to the APHA Midyear Meeting, "Implementing Health Reform, A Public Health Approach" in Chicago on June 23-25, 2011. Pat Parker contributed exceptional reports from the meeting. I encourage you to find them later in this edition of the Communiqué. The speakers were excellent. Even Missouri's own Julie Eckstein, who is now with the Center for Health Transformation, sat on a panel discussing, "Seeking Common Ground: Various Approaches to Improving Population Health". Dr. Lawrence Wallack, DrPH impressed me with his passion for the Affordable Care Act. He stated that the Act is a "part of our destiny" and is a part of our "value as a people". It became clear to me that the Association is very concerned with the Affordable Care Act (ACA) and keeping it intact. As public health professionals it will be important for us to toe the line of advocacy to elect and re-elect our congressional representatives who will guard against any "chipping away" of the ACA.

As September approaches, so does another Joint Annual Public Health Conference. Join us September 28-30 at the Stoney Creek Inn in Columbia. This year's theme is, "Moving Public Health Practice to the Next Level in Challenging Times". We are privileged to have many great speakers including Dr. Linda Rae Murray, APHA President. Dr. Murray will speak to the topics, Healthy People 2020 and the Affordable Care Act. She will pique our interest and ask us, "As American health care changes what will be the role of public health?" On September 28th at 10:00 am, Dr. Glenn Berry conducts a pre-conference workshop on bullying. I participated in the workshop last year and I highly recommend it to anyone who works with kids. Register before September 1st for the early registration discount and don't forget it's a good time to pay your annual membership dues. Come to the Annual conference to see, share and be seen and come away enriched, empowered and revitalized.

We are drawing near the deadline for Awards nominations. Association members have until September 1st to get your nominations in for the following awards: W. Scott Johnson, Group Merit Award, Robert L Northcutt, Publication Award, Media Award for Television, Radio, or Newsletter. Please call, fax or carrier pigeon your nomination to our Executive Director, Sandy Boeckman. Nomination forms are available at www.mopha.org.

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

APHA Legislative Update



Final 2011 Spending Bill Contains Major Cuts for Public Health

On April 14, the final FY 2011 long-term continuing resolution was adopted by the House of Representatives by a vote of 260-167 and by the U.S. Senate by a vote of 81-19. The bill will fund the federal government for the remainder of the fiscal year through September 30, 2011. Specifically the bill cuts the Centers for Disease Control and Prevention by more than \$740 million and the Health Resources and Services Administration by \$1.2 billion, including a \$600 million cut for Community Health Centers, from FY 2010 levels. Many of the proposed cuts to CDC were not specified and the Secretary of HHS and the CDC director must determine where to find the savings. APHA issued a statement expressing its disappointment with the cuts prior to the House and Senate votes.

House Passes Budget Proposal Targeting Various Health Programs

On April 15, the House of Representatives passed Chairman Ryan's FY 2012 Budget Resolution by a vote of 235-193. The budget proposal, which is strongly opposed by APHA, contains numerous controversial provisions including proposals to undertake a major restructuring of the Medicare and Medicaid programs as well as calling for a for a 13.5 percent cut to discretionary health programs (Function 550) – this money funds the activities of CDC, HRSA and all of the other federal public health agencies and programs. In addition, the budget proposal would repeal various provisions of the Affordable Care Act. APHA sent a letter to all members of the House opposing the House

budget resolution. Key provisions in the proposal include: cutting the Medicaid program by \$1.4 trillion over the next 10 years (including repeal of the Medicaid expansion included in the Affordable Care Act) and eventually turning the program into a block grant; \$30 billion in cuts for the Medicare program and in 2022 seniors joining Medicare would be forced to join a private plan to receive their benefits – while being provided a flat voucher from the government to pay for the coverage; repeals the Medicare prescription drug benefits under the Affordable Care Act, exposing seniors once again to coverage gaps under Medicare; Repeals affordability tax credits under the Affordable Care Act to help middle class families purchase health insurance; Converts the Supplemental Nutrition Assistance Program to a block grant program in 2015.

Families USA and the Center for Budget and Policy Priorities have produced several reports analyzing the House budget resolution. The Senate is slated to vote on the House-passed proposal in the coming weeks where it is expected to fail. APHA will continue to update its members on the debate over the budget proposal as Congress moves forward in the process.

House of Representatives Passes Legislation to Repeal the Prevention and Public Health Fund

The House of Representatives voted on April 13, 2011 to pass legislation that would repeal the Prevention and Public Health Fund. The bill, H.R. 1217, passed by a vote of 237 – 180. Click here to see how your Representative voted. The Prevention and Public Health Fund was created under the Affordable Care Act and provides \$15 billion over ten years to states and communities for prevention and public health programs, including training public health workers, bolstering state and local health departments, and investing in reducing tobacco prevention and improving nutrition. Already this year \$750 million has been distributed to states for these efforts. APHA sent a letter to the House expressing strong opposition to this

bill and any future efforts to repeal or redirect the Prevention and Public Health Fund.

Congress votes on measure to defund Planned Parenthood and to repeal all funding for the Affordable Care Act

On April 14, the House of Representatives passed by a vote of 241-185 a bill, H. Con. Res. 36, which would bar Planned Parenthood from receiving any federal funds. Planned Parenthood clinics across the country currently receive federal funds through the Title X program to provide low-income individuals with family planning and health care services, including contraception, HIV/AIDS screenings, and cervical and breast cancer exams. Federal law has stipulated for decades that none of these funds are allowed to pay for abortion services. This bill would have caused Planned Parenthood clinics across the country to close or vastly reduce the services they offer, drastically impacting access to care for the millions of Americans who use Planned Parenthood clinics for primary care services. The bill was sent to the Senate where it failed by a vote of 42-60. On the same day, the House passed H. Res. Con. 35, a bill to defund the federal



health care reform law, the Affordable Care Act (ACA). This bill would have cut off all funding for the ACA, including funding for the Prevention and Public Health Fund, dedicated mandatory funding for public health and prevention programs. The bill was similar to legislation that also passed the House but failed in the Senate earlier this year, which APHA opposed. This bill

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APHA Legislative Update (continued)

passed the House by a vote of 240-185 but failed in the Senate by a vote of 47-53.

Both of these bills were originally considered as policy riders to the Continuing Resolution bill to fund the government until the end of Fiscal Year 2011. Because no agreement could be made on the CR with these riders attached, which would have caused the government to shut down, an agreement was made to hold stand alone votes in the House and Senate. APHA strongly opposed both of these measures.

Debt Ceiling Negotiations Continue

Talks between leaders in Congress and Vice President Biden to work on the development of a plan to address the debt ceiling limit which the country will hit on August 2nd have stalled. The talks lead by the Vice President with a small bipartisan group of Congressional leaders to negotiate a deal, and develop a framework for a plan fell apart last week when House Majority Leader Eric Cantor (R-VA) and Senator Jon Kyl (R-AZ) left the negotiations due to a reported impasse on tax measures. Rep. Cantor and Sen. Kyl both stated that any discussion of increased tax revenue was a non-starter for their negotiations while the Obama administration has argued that revenue raisers must be part of the conversation. President Obama has said that, in addition to cutting discretionary spending, a plan to control entitlement spending must be part of reducing annual federal spending. APHA continues to meet with members of Congress, the White House and other Agencies to stress the importance of public health funding and the importance of a balanced approach to deficit reduction. As these negotiations continue, all federal spending programs are likely on the table, including the Prevention and Public Health Fund – a \$15 billion mandatory spending program created by the Affordable Care Act. APHA has and continues to strongly oppose using this fund as an offset for any purpose, including deficit reduction. Please take the time to send a message to Presi-

dent Obama and tell him to oppose any efforts to eliminate the Prevention and Public Health Fund.

Federal Appeals Court Rules Individual Mandate Constitutional

The 6th Circuit Court of Appeals in Cincinnati ruled the requirement in last year's health reform law that Americans have health insurance is constitutional. The case was brought to the court by the Thomas More Law Center under the premise that the requirement for individuals to buy health insurance could lead to financial hardship for some Americans. The individual mandate was a central part of the Affordable Care Act's mission to enact reforms such as barring insurance companies from denying individuals with pre-existing health conditions insurance policies. Bringing nearly all Americans into the health insurance system will help lower costs across the board.

The ruling was the first by a Circuit Court; rulings are expected from the 4th Circuit and the 11th Circuit later this summer. The 6th Circuit case is likely to be appealed to the Supreme Court where it could be heard sometime in the next year.



APHA Summer Public Health Advocacy Campaign Underway

In June, APHA launched its annual Public Health Action (PHACT) Campaign to mobilize public health advocates to educate their members of Congress on the critical importance of public health funding. During the August Congressional recess, we are asking APHA members, advocates, and APHA affiliates to take action to express support for strong funding for public health agencies, including Centers for

Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA), and to protect the Prevention and Public Health Fund. Public health funding is under threat like never before and members of Congress need to hear from their constituents that cuts to these important programs will do harm to their states.

The PHACT Campaign toolkit offers sample questions for town hall meetings, sample emails and scripts for sending messages to or calling Congressional offices, tips for setting up meetings with Congressional district staff, sample letters to the editor, and tips for using social media to publicize your advocacy activities. Advocates can also send a message to their members of Congress expressing the importance of public health funding. The PHACT website will be updated throughout the summer with state-specific fact sheets, a schedule for town hall meetings, information on public health funding, and other helpful resources to use in advocacy efforts. APHA is also requesting advocates and APHA affiliates to share success stories about how public health funding is impacting their states and communities and how cuts in funding would negatively impact these programs, by emailing us at phact@apha.org.

President signs Debt Deal, Cap Discretionary Spending

On Tuesday, August 2, 2011, President Obama signed the Budget Control Act of 2011 (S 365). The bill passed the U.S. Senate by a vote of 74-26 and the U.S. House of Representatives by a vote of 269-161. According to the Congressional Budget Office (CBO), the agreement reached over the weekend between the White House and Congressional leaders would cut approximately \$2.1 trillion from the federal deficit over the next decade. The agreement would raise the \$14.3 trillion debt ceiling through 2012, immediately cut almost \$1 trillion over the next 10 years

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APHA Legislative Update (continued)

(enforced by binding annual caps through 2021) and set up a 12-member joint congressional committee (made up of 3 Democrats and 3 Republicans from each chamber) to recommend by November 23, \$1.2 to \$1.5 trillion in further cuts (which could include raising revenues and cutting entitlements) and Congress must consider them by December 23. If Congress fails to pass a proposal that cuts the deficit by at least \$1.2 trillion, the joint committee can enforce automatic across the board cuts (sequestration) in spending – half of which must come from “defense” (as traditionally defined). If the proposal cuts less than \$1.2 trillion the difference would come from automatic across the board cuts in spending. Basic entitlement programs for low-income individuals and Social Security are exempted from the automatic across the board cuts (Medicare cuts are limited to 2% and are limited to the provider side). The plan also requires the House and Senate to consider a balanced budget amendment by the end of the year.

For FY 2012, non-security discretionary (which provides funding to agencies such as CDC and HRSA) as defined under the law would be capped at \$359 billion in FY 2012. This is \$22 billion more than the House provided in the budget resolution it passed earlier this year and nearly level funding with this year’s FY 2011 appropriations bill for all relevant “non-security” discretionary spending. This increase in spending allocations for FY2012 could impact the ongoing appropriations process on Capitol Hill. The Labor-HHS-Education appropriations bill, which funds the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA), will likely be considered after the August recess. It remains to be seen if this, and other appropriations bills, will receive higher allocations in light of the increased funding available for FY2012 in the Budget Control Act. APHA will continue to monitor the appropriations process closely.

The new law could have additional serious

implications for future discretionary health spending as the 10-year caps that are part of the first phase of this plan, do not exempt discretionary from potential future cuts that could be recommended by the new joint panel, or if the panel fails to act, or if it proposes savings of less than \$1.2 trillion, when across the board cuts would kick in – including health discretionary spending. In addition, the joint panel could also recommend, and Congress could pass, additional cuts to “non-security” discretionary spending.



HHS Releases New Guidelines on Coverage Women’s Preventive Health Services

On August 1, 2011, the Department of Health and Human Services (HHS) released new guidance that requires new health insurance plans to cover a set of eight preventive women’s health services without cost-sharing or co-pays. Among the recommended services are; screenings for gestational diabetes, cervical cancer, HIV, and sexually transmitted infections; lactation counseling and breastfeeding support; screening and counseling for domestic violence; contraception; and yearly preventive care visits. These services were recommended by a July 21, 2011 report by the Institute of Medicine (IOM). The Affordable Care Act included a provision that requires insurance companies to cover certain preventive health services for women. The specifics of the services covered were left to the IOM to determine, rather than being spelled out in the law. APHA sent a letter to HHS Secretary Sebelius in strong support of the IOM report

and urged HHS to adopt the recommendations.

House Consideration of EPA-Interior Appropriations Bill Delayed

House Republican leaders have pulled the controversial FY 2012 EPA-Interior Appropriations bill from further consideration on the House floor. Debate and consideration of amendments (nearly 200 amendments had been filed) to the bill had been underway in July, but the bill was pulled from the floor to make way for consideration of the debt limit increase agreement between the White House and Congressional leaders. It is unclear as to whether the bill will be taken back up when the House returns in early September from its annual August recess, or whether the bill and other unfinished spending bills will be combined into a larger omnibus funding package. The EPA-Interior bill as passed by the House Appropriations Committee contained significant reductions in funding. Under the House bill, EPA would receive \$7.1 billion in FY 2012, about \$1.5 billion below this year’s levels and \$1.8 billion less than the president requested for fiscal 2012. In addition, the bill includes dozens of policy riders, including riders to delay EPA’s regulation of greenhouse gases and to delay EPA from implementing the Cross-State Air Pollution Rule. APHA recently joined other health and medical groups in sending a letter to Speaker Boehner and Minority Leader Pelosi opposing any efforts that hinder the Environmental Protection Agency’s (EPA) ability to implement the Clean Air Act, including policy riders and funding restrictions through the appropriations process.

APHA testifies on Safe Drinking Water Act Unregulated Contaminants

On July 12, 2011 Dr. Lynn Goldman testified on behalf of the American Public Health Association regarding the Environmental Protection Agency’s (EPA) implementation of the Safe Drinking Water Act’s Unregulated Drinking Water Contaminants Program. A General Account-

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APHA Legislative Update (continued)

ability Office report that was critical of EPA's implementation of requirements for determining whether additional drinking water contaminants warrant regulation was released prior to the hearing. Dr. Goldman highlighted the critical role of the SDWA in protecting the public's health from drinking water contaminants and urged EPA to strengthen its regulation of chemicals in drinking water as well as its efforts to assure that vulnerable populations are protected as required by the law. Dr. Goldman also spoke out against recent and proposed cuts to the State Drinking Water Revolving Fund which assists the states in improving their drinking water infrastructure to meet the requirements outlined by the SDWA.

House Committee Approves Legislation Reauthorizing Preparedness Measures

On July 28, 2011, the House Energy and Commerce Committee voted to pass the Pandemic and All-Hazards Preparedness Reauthorization Act (H.R. 2405). This legislation, first passed in 2006, provides important resources and guidance on preparing for and responding to public health disasters, including bioterrorism and natural disasters. The reauthorization includes important changes to the legislation, such as ensuring local health departments are able to employ an "all hands on deck" strategy for staff during a disaster. However, in light of the current fiscal environment, the funding for the legislation remains lower than APHA believes is necessary. APHA sent a letter to the Chair and Ranking Member of the Committee recommending additional improvements to the legislation. The bill will now move to the full House for a vote.

House Appropriators Set Spending Caps for Health Discretionary Programs

The House Appropriations Committee released its spending caps, or 302(b) allocations, for each of the 12 annual spending bills for Fiscal Year (FY) 2012. The spending caps are based on the Budget Resolution passed by the House in April by

a vote of 235-193 which set total discretionary spending at \$1.019 trillion – including a 13.5 percent cut in discretionary health spending. The allocations include a cut of \$46 billion from last year's spending levels for non-security spending and are \$121 billion less than President Obama's FY 2012 budget request.

The Labor – Health and Human Services – Education Appropriations Subcommittee allocation is \$139.2 billion, representing a 13 percent cut from FY 2011 and a 30 percent cut from President Obama's FY 2012 request. This allocation brings spending for public health agencies back to 2004 levels or lower. Public health agencies have already taken a significant cut in the current FY 2011 budget and cuts of this magnitude would likely place many of the programs at agencies like CDC and HRSA in jeopardy. The Labor-HHS-Education Appropriations bill is scheduled to be considered by the Subcommittee on July 26 and by the full Committee on August 2 with full House action awaiting the bill after the tradition August Congressional recess. APHA will be asking advocates to weigh in with their members of Congress at various times over the coming months to oppose potential cuts to these programs and to show broad support for public health funding.

Global health programs are also at risk this year. The State and Foreign Operations Subcommittee spending cap (which includes global health funding) is \$39.56 billion, representing a \$5 billion, or 11 percent, reduction from FY 2011 levels. An additional \$7.6 billion is also provided under the allocation to the Subcommittee for Overseas Contingency Operations which do not cover global health programs. The \$39.56 billion allocation represents \$11.2 billion, or 22 percent, less than the President's request for FY 2012. The State and Foreign Operations Appropriations bill is scheduled to be marked up by the Subcommittee on July 27 and by the full Committee on August 3.

The Senate has not yet announced spend-

ing allocations for FY 2012. On May 25, the Senate voted on a motion to consider Chairman Ryan's House-passed budget. The motion failed by a vote of 40-57. The Senate also rejected several other budget alternatives, including President Obama's FY 2012 proposed budget. Senate Budget Committee Chairman Kent Conrad (D-N.D.) has suggested that the Senate should put its work on a budget resolution on hold to give the current White House-led bipartisan debt-reduction talks a chance to reach an agreement. This will likely also delay any work by Senate Appropriators on FY 2012 spending bills in the Senate.



HHS Announces \$100 Million for Community Transformation Grants

The Department of Health and Human Services (HHS) announced on May 13 the availability of more than \$100 million in funding for Community Transformation Grants. The Community Transformation Grants were created by the Affordable Care Act and are aimed at helping communities implement evidence-based projects to lower rates of chronic disease and improve public health. The grants will focus on five priority areas: tobacco-free living; active living and healthy eating; evidence-based quality clinical and other preventive services; social and emotional wellness; and healthy and safe physical environments. Communities will be able to apply for either a grant in capacity building or implementation. The grants will be overseen by the Centers for Disease Control and Prevention. More information on the Community Transformation Grants, including deadlines for application and eligibility, can be found on the CDC website.

Policy Watch: Updates from the States

Minnesota legislature considering voucher program for low-income health insurance coverage

The Republican-controlled legislature in Minnesota is considering legislation that would give low-income individuals a voucher to buy health insurance coverage in the private market. The bill is aimed at lowering costs in the growing MinnesotaCare program, the state's current low-income health insurance provider. The voucher would pay 90 percent of an individual's health care costs, although this number could vary based on the individual's health status. The state would move approximately 20,000 single adults from MinnesotaCare to the voucher program beginning in 2012, but federal approval would be needed for families with children. Many advocates believe Governor Dayton will veto this measure.

Iowa legislature plans to redefine mental health system in the state

The Iowa state Senate approved legislation to reform the state's mental health care system. Under the plan, the state's mental health care services would be regionally administered but locally administered, in a shift from the current county-run program. Each region in the state would be required to have at least one community mental health center and must be close to an inpatient psychiatric care service center. The state would pay for Medicaid adult disability service not covered by federal funds.

California considers legislation to improve community health

Several bills under consideration by the California legislature aim to improve community health through land-use, transportation, and other policies. Included in these bills is one that would require state offices, vending machines, and cafeterias have healthy and affordable food options. Another bill would require the California transportation Commission to consider health issues when developing regional transportation policy. Additional bills would create a California Healthy Food Financing Initiative to better provide

healthy food in low-income communities, and would alter the Safe Routes to Schools program to encourage more community input.

Oregon legislators approves new plan to coordinate care

In an effort to bring down emergency room costs, the Oregon House approved a plan to provide lump-sum contracts to coordinated care teams. The teams would treat Medicaid patients with chronic conditions, such as diabetes, asthma, and congestive heart failure, and, in addition to doctors and nurses, employ home health care workers, health coaches, and others to help patients manage these illnesses before they escalate. The House estimates that the initiative will save \$240 million in the 2012-2013 fiscal year. If successful, lawmakers hope the model could be extended to other state health insurance or even employer plans.



Vermont Governor Signs Single-Payer Health Care Plan

Governor Shumlin (D-VT) signed into law a bill aimed at providing universal health coverage to all 620,000 state residents. The law created a state health exchange where residents can purchase health insurance from private insurance companies, state-sponsored plans, and multi-state plans. Tax credits will be offered for uninsured residents. The goal of the law is to develop a state-funded single-payer health care system over time. In order to do so, the new system must cost less than the current fee-for-service plan and a financing plan must be developed by 2014. The single-payer system cannot be implemented until the waiver is available

from the federal government in 2017. Experts say the new system could save nearly \$580 million annually and would create several thousand jobs.

Georgia to Reduce Public Health Jobs

The Georgia Division of Public Health will eliminate 186 jobs this year, many of them are currently vacant. The cuts come as part of Governor Nathan Deal's (R) FY 2012 state budget. The Public Health division has a \$600 million budget but has undertaken many budget cuts in recent years, despite an increase in population and health costs. The state's General Fund to support public health and emergency preparedness in the state has been cut by 13 percent since 2009.

Florida law provides credit for training in home-based care

Under a new law, medical and nursing students in Florida will be able to receive credit for training in home-care settings that serve the chronically ill. The measure is designed to teach students about treating conditions before patients need immediate attention in hospital settings, where most students typically receive their training. Supporters said the law also embraces the need for more flexible forms of community-based care. Home-care agencies must be certified by Medicare and Medicaid and at least 20 years old in order to become training sites, among other requirements.

Indiana (and others) cut funding for Planned Parenthood

The state of Indiana recently approved legislation that would prohibit Planned Parenthood from receiving Medicaid and other funds for preventative health services, including breast exams, PAP tests, and birth control, because it performs abortions using private funds. Federal officials threatened to partially or completely cut off Indiana's Medicaid funding as a result of the legislation, which could cost the state up to \$5 million. A U.S. District Court judge approved a preliminary injunction on the legislation, although the

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Policy Watch (continued)



state will likely appeal. Kansas, Indiana, North Carolina, and Texas have approved similar measures.

California's 2011-2012 budget contains severe reductions in health funding

California lawmakers approved a new budget that cuts \$5 billion from health and human services for the fiscal year starting July 1. Individuals covered by Medi-Cal, the state's low-income health insurance program, will have to pay new fees for physician visits, medication, and

emergency room stays, while payments to health care providers in the program will be reduced by 10 percent. The state already faces a shortage of Medi-Cal providers, with 68% of physicians not accepting Medi-Cal patients. Other cuts include \$577 million from developmental disability services and the elimination of the Adult Day Health Care program, with another \$450 million in cuts unspecified. No tax increases were included in the bill.

California also takes action on hexavalent chromium pollution

The California Environmental Protection Agency has set a new goal of reducing hexavalent chromium (chromium 6) levels in the state's water to 0.02 parts per billion. California is the first state to set a goal for reducing this pollutant. State officials said that they made this decision partially due to new research that young children are particularly susceptible to

chromium 6 and other similar carcinogens. Nationally, drinking water can contain up to 100 parts per billion of chromium, but no limit exists for chromium 6 specifically. The EPA recommended that water systems start testing for chromium 6 last January.

Connecticut becomes the first state to require paid sick leave

On July 5, Connecticut Governor Dan Malloy signed a law requiring businesses to provide workers with one hour of paid sick leave for every 40 hours worked. Businesses with less than 50 employees are exempt. Connecticut is the first state to pass such a law, although cities such as San Francisco and Washington, DC have also done so. While opponents say that the law makes the state less competitive, supporters estimate that 200,000 to 300,000 workers will benefit from the requirements.

MISSOURI PUBLIC HEALTH ASSOCIATION 2011-2012 BOARD ROSTER

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Public Health ACTION (PHACT) Campaign

www.apha.org/advocacy/tips/PHACT+Campaign.htm

This summer, APHA is mobilizing its members, affiliates and other advocates to educate their members of Congress on important public health policies that build and maintain healthy communities. During the August congressional recess, Aug. 8 - Sept. 5, we are asking APHA members and affiliates to reach out to their congressional delegation in their home districts to express support for increasing critical funding for **public health agencies and protecting the Prevention and Public Health Fund.**

Download the APHA 2011 PHACT Campaign Toolkit: Find PHACT Campaign fact sheets, tips for advocating for public health issues, sample letters to the editor and op-ed's, and much more to help you communicate with Congress!

Where to Start? [Send a message](#) today to your members of Congress expressing your support for public health funding!

Find a town hall meeting in your community! This list will be updated throughout the summer as town hall meetings are scheduled. Please call the member's office to confirm the time and location of the town hall meeting.

Share your story: [Tell us how public health funding impacts you and your state!](#)

Check back over the summer for new resources such as *new fact sheets* and *updated town hall schedules in your state!*

Follow-up Survey: Please provide us

feedback on your advocacy activities by completing [this survey](#). Can health reform succeed without public health professionals? Not a chance, says a new assessment released today by APHA in concert with its Midyear Meeting.

According to APHA's [Public Health Workforce Provisions in the Affordable Care Act](#), the law's health promotion and disease prevention goals are at risk without sustained, adequate investment in the public health workforce.

While the Affordable Care Act reauthorized and created several new programs that could increase the supply and expertise of the public health workforce, only 11 of the 19 ACA provisions assessed in the report have received funding. Those that have received monies have been funded at substantially lower levels than authorized.

Further exacerbating the challenge, nearly 20 percent of the governmental public health workforce has been lost since 2008 as a result of the economic recession, resulting in cuts to public health services such as immunizations, prenatal care, and air and water quality monitoring, among others.

To read the report, visit <http://www.apha.org/advocacy/reports/reports/>



Affordable Care Act's health promotion, disease prevention goals at risk without funding for public health workers, says new APHA report

Most ACA health workforce provisions funded to date train clinicians, not public health workers

Chicago, Ill., June 24, 2011 — A new report shows that while the new health reform law takes important steps to reorient the nation's health care system toward disease prevention and health promotion, it has thus far failed to adequately invest in the public health workforce, jeopardizing the goals of the sweeping health measure.

Enacted 15 months ago, the Affordable Care Act reauthorized and created several programs that could increase the supply and expertise of the public health workforce — those professionals who oversee community health programs such as immunizations, tobacco cessation, restaurant inspections and other preventive health services. But to date, only 11 of 19 provisions assessed in the report have received funding. Those that have received monies have been funded at substantially lower levels than authorized.

"Under health reform, we have a real opportunity to transform our nation's health system — by moving from a 'sick' care system to one that prioritizes prevention and wellness — and save lives and money," said Georges C. Benjamin, MD, FACP, FACEP (E), executive director of the American Public Health Association. "But we'll miss

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Public Health ACTion (continued)

that opportunity if we fail to adequately invest in our nation's public health workforce. These are the trained people who promote health and wellness in our communities every day."

Further exacerbating the challenge, nearly 20 percent of the governmental public health workforce has been lost since 2008 as a result of the economic recession, resulting in cuts to public health services such as immunizations, prenatal care, and air and water quality monitoring, among others.

The Affordable Care Act includes many provisions to improve the size and capacity of the public health workforce. Most, however, have not yet been funded. Those that have been funded target the clinical health care workforce, such as primary care physicians and nurses, who make up only a fraction of the public health workforce. Only two of the five programs aimed at training public health workers have received funds, and one of them — the preventive medicine residency program — trains physicians.

The issue brief, [Public Health Workforce Provisions in the Affordable Care](#)

[Act](#), was released here today during the American Public Health Association's Midyear Meeting, which convened more than 600 public health officials and administrators to focus on implementing health reform from a population-based health perspective.

For more about the report, visit www.apha.org/advocacy/reports/reports/. For more about the APHA Midyear Meeting, visit www.apha.org/midyear or visit the Midyear Meeting Blog at aphaannualmeeting.blogspot.com.

Bills Truly Agreed and Finally Passed Pertaining to Public Health Summaries and Excerpts

NOTE: language in bold print below quotes text from the legislation; the other entries are bill summaries, not actual quotes.

SB 38 (see HB 667 below)
[http://www.senate.mo.gov/11info/BTS_Web/Bill.aspx?](http://www.senate.mo.gov/11info/BTS_Web/Bill.aspx?Session-Type=R&BillPrefix=SB&BillSuffix=38)
[Session-](#)
[Type=R&BillPrefix=SB&BillSuffix=38](#)

SB 62 - This act modifies provisions relating to health care providers.
[http://www.senate.mo.gov/11info/BTS_Web/Bill.aspx?](http://www.senate.mo.gov/11info/BTS_Web/Bill.aspx?Session-Type=R&BillPrefix=SB&BillSuffix=62)
[Session-](#)
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MEDICAL RECORDS (SECTION 191.227)
Current law allows a health care provider to condition the furnishing of medical records on the payment of a fee to cover costs of copying, postage and notary services. This act provides that the copying amount shall not exceed \$21.36 plus 50 cents for supplies

and labor per page plus, if the health care provider has contracted for off-site records storage and management, any additional labor costs of outside storage retrieval, not to exceed \$20, as adjusted annually per the Consumer Price Index.

In instances where the health care provider stores records in an electronic or digital format, and provides the requested records, including any requested affidavits, in an electronic or digital format, the maximum copying amount shall not exceed \$5 plus 50 cents per page, or \$25 total, whichever is less.

SB 187 NUISANCE ORDINANCES
[http://www.senate.mo.gov/11info/BTS_Web/Bill.aspx?](http://www.senate.mo.gov/11info/BTS_Web/Bill.aspx?Session-Type=R&BillPrefix=SB&BillSuffix=187)
[Session-](#)
[Type=R&BillPrefix=SB&BillSuffix=187](#)

RSMo 67.402. 1. The governing body of the following counties may enact

nuisance abatement ordinances as provided in this section

SB 282 LOCAL ELECTIONS
[http://www.senate.mo.gov/11info/BTS_Web/Bill.aspx?](http://www.senate.mo.gov/11info/BTS_Web/Bill.aspx?Session-Type=R&BillPrefix=SB&BillSuffix=282)
[Session-](#)
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RSMo 115.124. 1. Notwithstanding any other law to the contrary, in a nonpartisan election in any political subdivision or special district except for municipal elections in any city, town, or village with more than thirty-five thousand inhabitants, if the notice provided for in subsection 5 of section RSMo 115.127 has been published in at least one newspaper of general circulation in the district, and if the number of candidates who have filed for a particular office is equal to the number of positions in that office to be filled by the election, no election shall be held for such office, and the

(Continued on page 10)

Bills Truly Agreed (continued)

candidates shall assume the responsibilities of their offices at the same time and in the same manner as if they had been elected. **If no election is held for such office as provided in this section, the election authority shall publish a notice containing the names of the candidates that will assume the responsibilities of office under this section. Such notice shall be published by April first of each year, and shall be published in at least one newspaper of general circulation in such political subdivision or district.**

HB 73 & 47 -- TEMPORARY ASSISTANCE BENEFITS FOR NEEDY FAMILIES PROGRAM

<http://www.house.mo.gov/billsummary.aspx?bill=HB73&year=2011&code=R>
<http://www.house.mo.gov/billsummary.aspx?bill=HB47&year=2011&code=R>

This bill requires the Department of Social Services to develop a program to screen each applicant for or recipient of Temporary Assistance for Needy Families (TANF) Program benefits and test, using a urine dipstick five panel test, each person whom the department has reasonable cause to believe, based on the screening, engages in the illegal use of a controlled substance. An applicant or recipient who tested positive for the illegal use of a controlled substance which has not been prescribed by a licensed health care provider or who refuses to submit to a test must, after an administrative hearing by the department, be declared ineligible for TANF benefits for three years from the date of the administrative hearing decision and must be referred to an appropriate substance abuse treatment program approved by the Division of Alcohol

and Drug Abuse within the Department of Mental Health. However, an applicant or recipient who, after being referred by the department, enters and successfully completes a substance abuse treatment program and does not test positive for the illegal use of a controlled substance for six months from the date of entry into the program, will continue to receive benefits while participating in the program. The department may test these individuals for illegal drug use at random or set intervals, at the department's discretion, after the initial six months; and if the individual tests positive a second time, he or she will be declared ineligible for TANF benefits for a period of three years from the date of the administrative hearing decision.

HB89 WATER QUALITY TESTING AND PRIVATE SEPTIC SYSTEMS

<http://www.house.mo.gov/billsummary.aspx?bill=HB89&year=2011&code=R>

REAL-TIME BACTERIAL WATER QUALITY TESTING (Section RSMo 192.1250) The Department of Health and Senior Services must examine the feasibility of implementing a real-time water quality testing system for measuring the bacterial water quality at state-owned public beaches and must issue a report of its findings to the General Assembly by December 31, 2011.

PRIVATE SEPTIC SYSTEMS (Sections RSMo 701.033 and 701.058) The Department of Health and Senior Services is authorized to provide technical assistance, guidance, and oversight to a local authority that administers and enforces individual on-site sewage disposal system standards. The department may provide this assistance at the request of the local government

or in any case where the department determines that its intervention is necessary to prevent a violation of state law.

The departments of Natural Resources and Health and Senior Services must jointly hold stakeholder meetings to gather data and information regarding permits and inspections for on-site sewage disposal systems and submit a report to the General Assembly by December 31, 2011.

HB 182 COLON CANCER AWARENESS DAY

<http://www.house.mo.gov/billsummary.aspx?bill=HB182&year=2011&code=R>

Section A. Chapter 9, RSMo, is amended by adding thereto one new section, to be known as section 9.156, to read as follows:

RSMo 9.156. The first Friday in March of each year shall be known and designated as "Dress in Blue for Colon Cancer Awareness Day". It is recommended to the people of the state that the day be appropriately observed by wearing blue and through activities which will increase awareness of colon cancer.

HB 250 WATER SYSTEMS

<http://www.house.mo.gov/billsummary.aspx?bill=HB250&year=2011&code=R>
RSMo 640.116.

1. Any water system that exclusively serves a charitable or benevolent organization, if the system does not regularly serve an average of one hundred persons or more at least sixty days out of the year and the system does not serve a school or day-care facility, shall be exempt from all rules relating to well construction

(Continued on page 11)

Bills Truly Agreed (continued)

except any rules established under sections 256.600 to 256.640 applying to multifamily wells, unless such wells or pump installations for such wells are determined to present a threat to groundwater or public health.

2. If the system incurs three or more total coliform maximum contaminant level violations in a twelve-month period or one acute maximum contaminant level violation, the system owner shall either provide an alternate source of water, eliminate the source of contamination, or provide treatment that reliably achieves at least ninety-nine and ninety-nine one-hundredths percent treatment of viruses.

3. Notwithstanding this or any other provision of law to the contrary, no facility otherwise described in subsection 1 of this section shall be required to replace, change, upgrade, or otherwise be compelled to alter an existing well constructed prior to August 28, 2011, unless such well is determined to present a threat to groundwater or public health or contains the contaminant levels referred to in subsection 2 of this section.

HB 300, 334 & 387 -- INTERSCHOLASTIC YOUTH SPORTS BRAIN INJURY PREVENTION ACT

[http://www.house.mo.gov/billsummary.aspx?](http://www.house.mo.gov/billsummary.aspx?bill=HB300&year=2011&code=R)

[bill=HB300&year=2011&code=R](http://www.house.mo.gov/billsummary.aspx?bill=HB300&year=2011&code=R)

[http://www.house.mo.gov/billsummary.aspx?](http://www.house.mo.gov/billsummary.aspx?bill=HB334&year=2011&code=R)

[bill=HB334&year=2011&code=R](http://www.house.mo.gov/billsummary.aspx?bill=HB334&year=2011&code=R)

[http://www.house.mo.gov/billsummary.aspx?](http://www.house.mo.gov/billsummary.aspx?bill=HB387&year=2011&code=R)

[bill=HB387&year=2011&code=R](http://www.house.mo.gov/billsummary.aspx?bill=HB387&year=2011&code=R)

This bill establishes the Interscholastic Youth Sports Brain Injury Prevention

Act to enact rules focused on the safety and protection against long-term injuries to youth athletes. By December 31, 2011, the Department of Health and Senior Services must work with a statewide association of school boards, a statewide student athletic activities association, and a support services organization for brain injuries to establish the rules to develop guidelines, information, and forms to educate coaches, student athletes, and their parents or guardians on the nature and risk of concussion and brain injury including continuing to play after a concussion or brain injury.

Every school district must annually distribute a concussion and brain injury information sheet to each youth athlete in the district's athletic program which must be signed by the athlete's parent or guardian and submitted to the school district prior to the youth athlete participating in a practice or competition. A youth athlete suspected of sustaining a concussion or brain injury must be removed from competition at that time and for at least 24 hours. He or she must not return to competition until being evaluated by a licensed health care provider trained in the evaluation and management of concussions, under the guidelines developed by the department, and receiving a written clearance from the provider to return to competition.

An annual report regarding the impact of student athlete concussions and head injuries must be published by a statewide athletic organization with a public school district as a member and must be distributed to the Joint Committee on Education, the House of Representatives Committee on Elementary and Secondary Education,

and the Senate Committee on Education or any other education committee designated by the Speaker of the House of Representatives or the President Pro Tem of the Senate. The first report must be distributed by January 31, 2012, and made available to school districts and parents of students. A public school district is prohibited from being a member of a statewide athletic organization if it fails to publish the annual report.

HB 344 -- AGRICULTURE

[http://www.house.mo.gov/billsummary.aspx?](http://www.house.mo.gov/billsummary.aspx?bill=HB344&year=2011&code=R)

[bill=HB344&year=2011&code=R](http://www.house.mo.gov/billsummary.aspx?bill=HB344&year=2011&code=R)

This bill establishes the Farm-to-Table Advisory Board and changes the laws regarding the Commodity Merchandising Council Program.

HB 667 & SB 38 -- PROSTATE CANCER PILOT PROGRAMS

[http://www.house.mo.gov/billsummary.aspx?](http://www.house.mo.gov/billsummary.aspx?bill=HB667&year=2011&code=R)

[bill=HB667&year=2011&code=R](http://www.house.mo.gov/billsummary.aspx?bill=HB667&year=2011&code=R)

[http://www.senate.mo.gov/11info/BTS_Web/Bill.aspx?](http://www.senate.mo.gov/11info/BTS_Web/Bill.aspx?Session-)

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Subject to securing funding from a non-profit entity, this bill establishes two prostate cancer pilot programs within the Department of Health and Senior Services to fund prostate cancer screening and treatment services and to provide education to men residing in the state. One program must be located in St. Louis City and one in Pemiscot, New Madrid, or Dunklin county. The department can contract with the Missouri Foundation for Health to implement the pilot programs.

Leuthen - Brunner Local Public Health Agency Scholarship

Leuthen – Brunner Local Public Health Agency scholarship grant honors Ron Leuthen and Phil Brunner, former MPHA members who worked tirelessly to advance local public health in Missouri. This award is designed to assist local public health agencies towards voluntary accreditation through Missouri Institute for Community Health (MICH) or National Public Health Accreditation Board (NPHAB). 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 as-

sistance 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.



Scholarship Grant Application will be modeled after the Edna Dell Weinel form.

1st page: Applicants or LPHA's name, address, phone, administrator or contact person, emails, and MPHA membership status. A letter of commitment from local board of health or county commission for this scholarship grant is required.

2nd page: Description of current LPHA's status on voluntary accreditation through Missouri Institute for Community Health or National Public Health Accreditation Board. Provide a detailed needs assessment and strategy plan using Performance, Infrastructure or Workforce Standards to advance to the next or final level of accreditation.

3rd page: List coursework, event, continued education meetings, seminars, conferences, trainings, certifications and testing needed to meet strategy plan. Describe specifically how scholarship grant will benefit your LPHA in advancement toward voluntary accreditation and enhance your contribution to the public health field. Provide an action plan indicating staff with timeline and budget.

4th page: Final report on how scholarship grant facilitated accreditation goals, status of accreditation process and total expense accounting to MPHA Foundation Board within two weeks of next annual meeting.



Missouri has the 11th highest smoking rate in the nation and the lowest cigarette tax at 17 cents per pack. However, thanks to the commitment of many partner organizations and health foundations in the state, Missouri has been able to invest in tobacco prevention and policy change efforts. Because of these investments and the dedication of many TFM members, numerous smokefree ordinances have recently passed.

Implementation of these local laws has contributed to a significant decline in our smoking rate, which has dropped from 25% to 21% in only 2 years. About 42% of Missouri's population is covered by smokefree laws.

While there is still a ways to go, it's moving in the right direction thanks to the tremendous collaborative work of TFM.

As of August 2011, 21 Missouri cities have strong smokefree laws. Seven cities have laws that need improvement due to the exemptions that make the laws difficult to enforce, not uniformly fair across the board, and which don't protect all workers.

During the last legislative session several tobacco related bills were introduced but none were enacted. The bills addressed increasing tobacco tax, smokefree correctional centers, making all workplaces and public places smokefree, use of tobacco on school property and buses, disclosure regarding cigarettes sold by manufacturers, and changing the release of funds from escrow accounts under the Tobacco Master Settlement Agreement. Though nothing passed, it is encouraging to see an increased

interest in strong tobacco control policies amongst the Missouri legislature and the public.

TFM members are engaging in planning related to a statewide smokefree air effort, as well as exploring options for increasing our tobacco tax. These outcomes will require a long-term educational process. MPHA is an active member of TFM and will keep MPHA members apprised of activities, especially those in which members are needed in an active role.

Anyone interested in TFM information and resources can go to the website:

<http://tobaccofreemo.org/>.

You may also become an individual member here:

<http://tobaccofreemo.org/join/>, enabling you to read more frequent updates from TFM. Or, sign up to only receive timely e-alerts here: <http://tobaccofreemo.org/listserve/>

Annual Meeting

"Moving Public Health Practice to the Next Level in Challenging Times"

The MPHA, MoALPHA, MALBOH, MICH, and the Council for Public Health Nursing Joint Annual Meeting will be held September 29-30, 2011 at the Stoney Creek Inn in Columbia, MO

Sponsors and Exhibits to date include: Missouri Cancer Registry; Lyme Association of Greater Kansas City, Inc.; National Network of Libraries of Medicine; Missouri Foundation for Health; GlaxoSmithKline; MO Dept. of Health and Senior Services, Bureau of Environmental Epidemiology, Healthy Indoor Environments; University of Missouri Master of Public Health Program; St. Louis District Dairy Council and Midwest Dairy Council

Contact MPHA Today

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North West Chapter Report

The North West Chapter of Missouri Public Health Association met twice this past year.

First meeting was to recognize MPHA Award winners with lunch at Cascone's in North Kansas City. Winners were :

** Smoke Free Liberty for the Robert R. Northcutt Award for advancing legislation to improve the public health of the citizens of Missouri – Anna Marie Martin & Harold Phillips

** A Matter of Balance for Group Merit Award, which recognizes an agency or group making a significant contribution to public health in Missouri within the past



five years – Elizabeth Jackson, Christy Vogt and volunteer Vangie Webb

** Publication Award of "Excess Hispanic Fetal Infant Mortality in a

Midwestern Community", Public Health Reports, 2009 - Dr. Gerald Hoff and Dr. Jinwen Cai

Second meeting was hosted by Independence, MO Health Department with a catered BBQ lunch from Elena's. Speakers were Dr. Sarah Hampl, Children's Mercy Hospital, on "Childhood Obesity", Shawna Jackson and Larry Jones, Independence City Health Department, on "Immunization Updates" and Dr. Ximena Somoza, Clay County Public Health Center on "Vaccine Quality Assurance".

Jodee Fredrick and Bert Malone have formed a nominating committee for new officers for 2012.



The APHA Annual Meeting & Exposition is the oldest and largest gathering of public health professionals in the world, attracting more than 13,000 national and international physicians, administrators, nurses, educators, researchers, epidemiologists, and related health specialists. APHA's meeting program addresses current and emerging health science, policy, and practice issues in an effort to prevent disease and promote health. APHA has a world of public health in store for you.

The APHA Annual Meeting will be held at the Washington Convention Center, Grand Hyatt Washington and Renaissance Washington DC. Registration, exhibit hall, opening general session and a large number of sessions will be at the Convention Center.

APHA
800 I Street
NW Washington, DC 20001
(202) 777-APHA
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ARGC Report

Your ARGC participated in the APHA Nominations Committee meeting in Washington, DC in May the APHA Committee on Affiliates (COA) meeting in Washington, DC in June, and the APHA Mid-year meeting in Chicago, IL in June.

APHA Nominations Committee

APHA has announced the 2011 candidates for its top elected membership positions, as selected by the Association's Nominating Committee. Two members are candidates for the position of Association president-elect, while six candidates are running for three Executive Board slots. In addition, the APHA treasurer and speaker of the Governing Council will be elected.

In the presidential race are Linda Landesman, DrPH, MSW, assistant vice president of the New York City Health and Hospitals Corporation, and Adewale Troutman, MD, MPH, MA, director, Public Health Leadership and Practice, University of South Florida, Tampa, Florida.



A clinician, administrator, educator and author who has focused on underserved populations, Landesman is a clinical assistant professor at the University of Massachusetts and is a former two-term president of the Public Health Association of New York City.

Within APHA, Landesman has served on 10 Association boards and committees, including service as chair of APHA's Executive Board.



Troutman has committed himself to advancing social justice, human rights, community activism, health equity and national

and global health. His career has included directing the Metro Louisville Department of Public Health; consultancies with the World Health Organization; and founding the first Center for Health Equity at a local health department. He is credited with the passage of one of the strongest anti-smoking ordinances in the country. Troutman serves on APHA's Executive Board, and the National Association of County and City Health Officers.

The candidate elected as APHA president will become president-elect at the close of the 2011 APHA Annual Meeting and assume the presidency at the close of the 2012 Annual Meeting.

In the Executive Board race, six candidates are vying for three positions: **Lisa Carlson**, MPH, MCHES, director of academic programs and administration for Emory Surgery and the Emory Transplant Center in Atlanta; **Durrell Fox**, CHW, project director of the Minority AIDS Initia-

tive-New England HIV Education Consortium at the New England AIDS Education and Training Center, which is based in Boston; **Ella Greene-Moton**, community education coordinator for the Center for Public Health and Community Genomics within the University of Michigan School of Public Health; **Stephen Keener**, MD, MPH, medical director of the Mecklenburg County Health Department in Charlotte, N.C.; **Paul Meissner**, MSPH, director of research program development in the Office of Medical Research at Montefiore Medical Center in New York City; and **Maile Taulii**, PhD, MPH, assistant professor of indigenous health and chair of health policy and management at the University of Hawaii. In addition, three candidates are running unopposed for APHA's honorary vice president positions: vice president for Canada; vice president for the United States; and vice president for Latin America and the Caribbean.

Elections will be held at APHA's 139th Annual Meeting, which will be held in Washington, D.C., Oct. 29–Nov. 2. Only APHA governing councilors may vote in the officer elections. More information on the candidates is online at www.apha.org/about/gov/candidates.

Committee on Affiliates (CoA)

APHA submitted a proposal on July 22nd in response to the CDC FOA for CTG National Networks (Parts A & B). The Part B proposal was sub-

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ARGC Report (continued)

mitted to amplify all five of the CDC Strategic Directions by providing grants, technical assistance and leverage of national resources to APHA's Affiliates. The five strategic directions are (1) Tobacco-free living, (2) Active living and healthy eating, (3) Increased use of high impact quality clinical preventive services, (4) Social and emotional wellness, and (5) Healthy and safe physical environment. APHA proposed that Affiliates will have the opportunity to submit applications each project year for funding to amplify the CTG Strategic Directions outlined by CDC. Affiliates will have to opportunity to select the strategic direction that will provide the most benefit to their community in reducing health disparities and chronic disease.

The APHA Part B submission proposed that the CTG Affiliate Initiative will provide up to 30 affiliate grants over the first three years of the project period, as required by CDC. Each year, APHA will fund 10 affiliate grants and grant awards will be approximately \$50,000 each. The CTG grant period is a 5 year project and funded projections are subject to approval, award and continued funding from CDC. Affiliate Affairs staff emailed a request for affiliates to notify APHA with any objections for submitting the APHA Affiliate Letter of Agreement. No affiliates objected to the APHA Affiliate Letter of Agreement supporting the APHA CTG Part B proposal.

Affiliate applications must meet the required CDC & APHA criteria. Upon receiving an award notice from CDC, APHA will provide a detail outline of the CTG Affiliate Initiative and a request for proposals to all Affiliates. For further details, please review the [CDC Funding Opportunity Announcement](#) for the CTG National Network.



2011 APHA Midyear Meeting

The American Public Health Association's first-ever Midyear Meeting was held in Chicago today, where hundreds of public health practitioners from across the country gathered to discuss the critical role the public health community plays in implementing the historic health reform law. Centered on the theme, "Implementing Health Reform: A Public Health Approach," the meeting addressed a wide array of challenges and opportunities that lie ahead for state and local health departments tasked with implementing key prevention and wellness provisions included in the Affordable Care Act that aim to reduce health disparities and improve health outcomes in local communities across the country.

The opening session on June 23 introduced the exclusive focus of the conference, engaging the pub-

lic health community in transforming the nation's health system to emphasize prevention and wellness. The session featured Illinois Gov. Pat Quinn; former Michigan Gov. Jennifer Granholm; APHA President and Cook County Department of Public Health Chief Medical Officer Linda Rae Murray; Lake Research Partners President Celine Lake; Interim Chief Executive Officer at Cook County Health and Hospital System Terry Mason; and Commissioner of the Chicago Department of Health Bechara Choucair.

Many speakers at the Midyear Meeting noted that the debate and controversy regarding the health reform law often has less to do with facts and figures and more with people's beliefs regarding the role of government. Former Michigan Gov. Jennifer Granholm noted that fixing the current health system is an economic imperative as well, as soaring health insurance costs are driving U.S. employers across the borders. Describing public health professionals as "radicals," Granholm urged them to hold policymakers accountable for the decisions that chip away at the opportunities for better health. "They need to hear you and they need to fear you," she said.

The breakout sessions provided an interactive environment where speakers and attendees shared information and best practices on the public health role of advancing

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ARGC Report (continued)

the implementation of the health reform. A new APHA report was released in concert with the Mid-year Meeting that assesses the state of the public health workforce under health reform and shows how a lack of sustained, adequate investment in the public health workforce could jeopardize the law's health promotion and disease prevention goals.

The health reform law is already resulting in prioritizing and raising awareness of prevention. June was declared the first Prevention and Wellness Month. As part of the month, the U.S. Department of Health and Human Services announced the availability of \$40 million in funds from the Prevention and Public Health Fund to aid health departments in their work to address and prevent leading chronic diseases. In addition, provisions of the law are already pro-



ducing positive data.

As of this summer, about 5.5 million people with traditional Medicare took advantage of one or more preventive services, such as mammograms and prostate cancer

screenings, now offered at no cost thanks to the health reform law, according to Caya Lewis, MPH, chief of staff at the Centers for Medicare and Medicaid Services, who addressed the Midyear Meeting. The uptake in such services means that 16 percent of Medicare beneficiaries are seeing doctors with "timely prevention and wellness on their minds," Lewis said during a session on public health, health care and quality. Officials are hoping to drive that number up through a new awareness campaign launched this summer.

In addition to eliminating Medicare cost-sharing for recommended preventive services, the health reform law also eliminated any cost-sharing for the "Welcome to Medicare" exam and directed Medicare to begin offering a free annual wellness exam starting this year. According to CMS data released in June, more than 66,000 beneficiaries had taken advantage of the now-free welcome exam as of May 2011 — a 26 percent increase over May 2010. Lewis said CMS is working on ways to get the word out to Medicare patients about the new preventive benefits.

But while health reform continues to make positive inroads, many speakers noted that public health faces an uncertain future. APHA member Paul Jarris, MD, MBA, executive director of the Association of State and Territorial Health Officials, noted that the new resources from the Prevention and Public

Health Fund were intended to expand investments in prevention, not supplant public health funding. "The public health infrastructure in this country is at risk and in some places, crumbling," he said. "(The fund) is an incredible opportunity for us, but it can slip through our fingers."

Paul Kuehnert, MS, RN, executive director of Illinois' Kane County Health Department, said that while the "reality is that local health departments have not yet seen these new (prevention) dollars," the health reform law presents a number of new opportunities for local public health, such as an expanded role in Medicaid outreach and enrollment and helping residents navigate the coming state-based health insurance exchanges. Kane said that as more people become insured and fewer people depend on local health departments for direct health services, many local departments might have to restructure to survive.

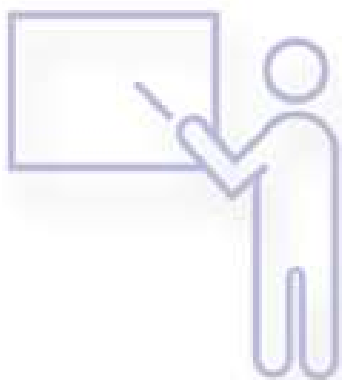
Health reform poses similar threats as well as opportunities for many public health priorities. For example, the new health reform law requires that insurance plans participating in a state-based health insurance exchange cover all vaccines recommended by the national Advisory Committee on Immunization Practices with no cost sharing. The requirement could go far in filling major vaccine-related state funding cuts, said Alexandra

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ARGC Report (continued)

Stewart, JD, assistant research professor at George Washington University's School of Public Health and Health Services.

A key part of implementing the health reform law will be educating about and building support for the law's prevention provisions, which means public health professionals must frame the conversation in a way that is relatable to both people and policymakers, according to a number of Mid-year Meeting speakers. "Data only reaches the mind," noted Judith Monroe, MD, MPH, deputy director of CDC's Office for State, Tribal, Local and Territorial Support, during a session on using health reform to achieve pre-



vention and wellness. "We have to reach both heart and mind."

The 2011 APHA Midyear Meeting concluded with speakers Lawrence Wallack, dean of the College of Urban and Public Affairs at Portland State University, and James Gallo-way, assistant surgeon general and acting US HHS Regional director and regional health administrator of Region V in Chicago. Dr. Wallack

noted that while "we believe deep down that the facts will set us free and that data will win the day," it is not the most effective way to build support for health reform and community prevention. Instead, he called on attendees to create messages that reflect public health and social justice values. "Each of us needs to speak our values so that others understand that our well-being is rooted in the community," Wallack said.

Outcomes: Great luncheon with roundtable discussion by Affiliate and Section leaders per APHA region, which resulted in wonderful interaction and the opportunity to build relationships. Next year mid-year will likely be in Charlotte, N.C.

APHA Business

Overall the Association is on target to keep a balanced budget but note expenses always lag behind. We continue to face financial challenges which include book sales that are under projection year-to-date by \$444,145 and the Mid-Year meeting, a new Association program. The Management will continue to monitor the fiscal situation to ensure that we meet the planned fiscal goal for the fiscal year. Based on the April projection, we will end fiscal year 2011 in the black.

Revenue from membership dues is under by only 1% year-to-date. The Association ended the month with current active 24,181 members versus 21,580 projected members

budgeted for the fiscal year 2011. The revenue recognized year-to-date reflects the amount earned out of the dues paid which was spread over the benefit period of 12 months. New membership rates will go into effect January 2012. The Governing Council at the November 2010 meeting approved dues adjustments based on CPI-U for the next five years.

Dr Benjamin is on a four-month sabbatical to Hunter College; Alan Baker, past APHA Chief of Staff, is acting executive director.

139th Annual Meeting & Exposition, Washington, DC October 29-November 2, 2011

Opening General Session:

Sunday, Oct. 30 - 12:00pm-2:00pm



Senator Tom Daschle is one of the country's most respected former senators and has crossed party lines through-

out his extensive career in public service, working with both Democrats and Republicans to make a difference in the lives of millions of Americans. He began his political career while serving on the staff of Senator James Abourezk. In 1978, he was elected to the US House of Representatives and in 1986 to the US Senate. Senator Daschle later became the Senate Democratic

(Continued on page 19)

ARGC Report (continued)

Leader and he is the only Senator to serve twice as both Majority and Minority Leader.

Since leaving the Senate, Daschle has distinguished his expertise in health care through the two publications; *Critical: What We Can Do About the Health-Care Crisis* and *Getting it Done: How Obama and Congress Finally Broke the Stalemate to Make Way for Health Care Reform*.



Jonathan Jarvis became the 18th Director of the National Park Service in 2009. A career ranger of the National Park Service, Jarvis

began in 1976 as a seasonal interpreter in Washington, DC. He moved up through the National Park Service as a protection ranger, a resource management specialist, park biologist, Chief of Natural and Cultural Resources and Superintendent. Prior to taking the helm as Director, Jarvis served as the Regional Director of the Pacific West Region.

In 2010 Jarvis initiated "Healthy Parks, Healthy People US" to harness the power of parks and their natural, cultural and historic resources to address some of the most pressing health challenges. This program explores how to leverage parks to promote physical,

mental, and spiritual health of individuals and communities. In collaboration with public health professionals, the National Park Service is an ideal partner to promote the health of the human community by protecting and harnessing the power of green spaces.



Pamela Hyde was nominated in November 2009 as Administrator of the Substance Abuse and Mental Health Services Admini-

stration (SAMHSA), a public health agency within the Department of Health and Human Services. The agency's mission is to reduce the impact of substance abuse and mental illness on America's communities.

Ms. Hyde is an attorney and has more than 30 years experience in management and consulting for public health care and human services agencies. In 2003 she was appointed cabinet secretary of the New Mexico Human Services Department by Gov. Bill Richardson, where she worked effectively to provide greater access to quality health services for everyone.

CoA at the 2011 Annual Meeting

Scientific Sessions: The CoA sponsors three Scientific Sessions at the annual meeting each year. This year's sessions are

Monday, October 31, 2011

12:30 – 2:00 Societal Approach to Build Healthier Communities Catherine Cooksley, DrPH

2:30 PM-4:00 PM ACHIEVE (Action Communities for Health, Innovation and Environmental Change)

Moderator: Nancy Shapiro, MA, RN

Wed., November 2, 2011

12:30 PM-2:00 PM 5159.0

Native Health issues and their importance in the public health system: A panel discussion Moderator: Gerald H. Ohta, MPH

CoA Reception and Awards: Each year the CoA also hands out several awards at the CoA Reception to recognize Affiliates and Affiliate leaders, Saturday, October 29

Candidate's Forum/Business Meeting: The APHA Candidates Forum will take place Monday morning, October 31.

2012 Themes

The 2012 Nation Public Health Week theme, **Prevention and Wellness across the Life Span** will also be the 2012 APHA Annual Meeting theme.

*Respectfully submitted,
Patricia D. Parker, MSPH
Affiliate Representative to the Governing Council*

The Health Reform Law Already Resulting in Prioritizing and Raising Awareness of Prevention

June was declared the first Prevention and Wellness Month. As part of the month, the U.S. Department of Health and Human Services announced the availability of \$40 million in funds from the Prevention and Public Health Fund to aid health departments in their work to address and prevent leading chronic diseases. In addition, provisions of the law are already producing positive data.

As of this summer, about 5.5 million people with traditional Medicare took advantage of one or more preventive services, such as mammograms and prostate cancer screenings, now offered at no cost thanks to the health reform law, according to Caya Lewis, MPH, chief of staff at the Centers for Medicare and Medicaid Services, who addressed the Midyear Meeting. The uptake in such services means that 16 percent of Medicare beneficiaries are seeing doctors with “timely prevention and wellness on their minds,” Lewis said during a session on public health, health care and quality. Officials are hoping to drive that number up through a new awareness campaign launched this summer.

In addition to eliminating Medicare cost-sharing for recommended preventive services, the health reform law also eliminated any cost-sharing for the “Welcome to Medicare” exam and directed Medicare to begin offering a free annual

wellness exam starting this year. According to CMS data released in June, more than 66,000 beneficiaries had taken advantage of the now-free welcome exam as of May 2011 — a 26 percent increase over May 2010. Lewis said CMS is working on ways to get the word out to Medicare patients about the new preventive benefits.



But while health reform continues to make positive inroads, many speakers noted that public health faces an uncertain future. APHA member Paul Jarris, MD, MBA, executive director of the Association of State and Territorial Health Officials, noted that the new resources from the Prevention and Public Health Fund were intended to expand investments in prevention, not supplant public health funding. “The public health infrastructure in this country is at risk and in some places, crumbling,” he said. “(The fund) is an incredible opportunity for us, but it can slip through our fingers.”

Paul Kuehnert, MS, RN, executive director of Illinois’ Kane County Health Department, said that while the “reality is that local health departments have not yet seen these new (prevention) dollars,” the health reform law presents a number of new opportunities for local public health, such as an expanded role in Medicaid outreach and enrollment and helping residents navigate the coming state-based health insurance exchanges. Kane said that as more people become insured and fewer people depend on local health departments for direct health services, many local departments might have to restructure to survive.

Health reform poses similar threats as well as opportunities for many public health priorities. For example, the new health reform law requires that insurance plans participating in a state-based health insurance exchange cover all vaccines recommended by the national Advisory Committee on Immunization Practices with no cost sharing. The requirement could go far in filling major vaccine-related state funding cuts, said Alexandra Stewart, JD, assistant research professor at George Washington University’s School of Public Health and Health Services.

A key part of implementing the health reform law will be educating about and building support for the

(Continued on page 21)

The Health Reform Law (continued)

law's prevention provisions, which means public health professionals must frame the conversation in a way that is relatable to both people and policymakers, according to a number of Mid-year Meeting speakers. "Data only reaches the mind," noted Judith Monroe, MD, MPH, deputy director of CDC's Office for State, Tribal, Local and Territorial Support, during a session on using health reform to achieve prevention and wellness. "We have to reach both heart and mind."

The 2011 APHA Midyear Meeting concluded with speakers Lawrence Wallack, dean of the College of Urban and Public Affairs at Portland State University, and James Galloway, assistant surgeon general and acting US HHS Regional director and regional health administrator of Region V in Chicago. Dr. Wallack noted that while "we believe deep down that the facts will set us free and that data will win the day," it is not the most effective way to build support for health reform and community prevention. Instead, he

called on attendees to create messages that reflect public health and social justice values. "Each of us needs to speak our values so that others understand that our well-being is rooted in the community," Wallack said.

Outcomes: Great luncheon with roundtable discussion by Affiliate and Section leaders per APHA region, which resulted in wonderful interaction and the opportunity to build relationships. Next year mid-year will likely be in Charlotte, N.C.



On May 26, 2011, Missouri became the first state to implement a Customized Text4baby Program. Text4baby is the first free service to use weekly text messages to help pregnant women and new moms take care of their health and that of their baby. Women who sign up for the service by texting BABY (or BEBE for Spanish) to 511411 receive free text messages each week, timed to their due date or their baby's date of birth. Messages focus on critical maternal and child health topics including birth defect prevention, immunization, nutrition, mental health, child care, and other resources. The customized messages that are now delivered to Missouri women who have enrolled in the program include Missouri-specific phone numbers, thus providing for easier access to services.

Text4baby, an educational campaign of the National healthy Mothers, Healthy Babies Coalition, has initiated a State Enrollment Contest to encourage pregnant women and new mothers to enroll in this free mobile messaging system. This is an exciting opportunity to reach as many new users as possible through healthy competition. The three states increasing their enrolment by the highest percentage will receive a luncheon and press event in their given state. To encourage partners in Missouri to participate, the Department of Health and Senior Services (DHSS) has initiated its own "Show Me" We Can Do It campaign that will recognize the three highest counties in the state. A map of County Standings will track enrollment in each county and promotional materials are available from the Bureau of Genetics and Healthy Childhood. The national campaign plans to feature Missouri's county competition in its own national outreach.

DHSS is eager to promote county participation in this statewide Text4baby enrollment campaign. The three counties with highest Text4baby enrollment will be recognized at the Missouri Public Health Association Conference on September 29, 2011.



Moving Public Health Practice to the Next Level in Challenging Times

Presented by

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

September 29-30, 2011
Stoney Creek Inn
Columbia, MO

CONFERENCE INFORMATION

General Session Speakers:

Dr. Linda Rae Murray, APHA President
Kaye Bender, PhD, RN, FAAN
Bob Crittenden, MD, MPH
Terie Dreussi-Smith, MA Ed

Conference Objectives:

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

CONFERENCE AGENDA

Wednesday, September 28, 2011

9:00 am

Registration

10 - 4:30 pm

PRE-CONFERENCE — Bullying Among Children and Youth

Proactive look at bullying, cyber-bullying and cyber safety. This research based workshop provides information on the scope of the problem and what steps adults and schools may take to identify and address the problem. Your presenter will give you hands on tools to build a comprehensive, proactive approach to reduce and even eliminate the problem of school bullying.

Objectives:

- Increase awareness of the bullying/cyber-bullying problem and how it relates to school violence.
- Understand the effect of bullying/cyber-bullying on stakeholders.
- Ten elements of best practices in Bullying prevention and intervention.
- Provide awareness and knowledge on tools children/youth need in order to recognize and avoid dangerous, destructive or unlawful online behavior and to respond appropriately.

Speaker: Dr. Glenn A. Berry

1:00 pm

MoALPHA session for new administrators

5:00 pm

MPHA Board Meeting

Thursday, September 29, 2011

7:00 am

Exhibitor Set-Up and Continental Breakfast

8 - 10:00 am

Registration and Poster Set-Up

8:00 am

MoALPHA Board Meeting

9:00 pm

MPHA General Membership Meeting

10:00 am

WELCOME - Margaret Donnelly, Director of DHSS

OPENING GENERAL SESSION

HEALTHY PEOPLE 2020 - GOALS AND BENCHMARKS AND THE AFFORDABLE CARE ACT

The talk will discuss the challenges and opportunities ahead for Public Health. As American health care changes what will be the role of public health?

Speaker: Dr. Linda Rae Murray, APHA President

11:30 am

Awards Luncheon and Poster Competition

1:00 pm

BREAKOUT WORKSHOPS #1

CONFERENCE AGENDA

Session 1: SPECTRUM OF PREVENTION-TOOLS FOR EFFECTIVE AND COMPREHENSIVE PUBLIC HEALTH PRACTICE

The Spectrum of Prevention is a comprehensive framework for health departments, community agencies, and coalitions to conceptualize, implement and coordinate a wide variety of public health activities. For more than 20 years, the Spectrum has supported health professionals in developing multi-faceted prevention initiatives that bring about environmental and norms change. This session will provide an overview of the Spectrum of Prevention and describe how the Spectrum has been used at the national, state, and local levels to improve public health.

Speaker: Benita Tsao, MPH, CHES

Session 2: PUBLIC HEALTH AGENCIES AND FQHC'S AS PARTNERS

Panelists will discuss ways in which FQHCs and LPHAs can collaborate to improve community health, and share examples from urban and rural settings.

Speakers: Kevin Gipson, Director, Springfield/Greene County Health Department; Brooks Miller, President, Jordan Valley Community Health Center; and Rhonda Suter, Administrator, Ozark County Health Center

Session 3: EVIDENCE-BASED PUBLIC HEALTH PROGRAMS AND POLICIES

This presentation will provide an overview of the principles of evidence-based approaches in public health and a discussion of the Guide to Community Preventive Services. I will include both the scientific basis for evidence-based approaches as well as the practical challenges of implementation.

Speaker: Dr. Ross Brownson, PhD, Washington University of St. Louis

Session 4: HEALTHY FOOD, FROM FARM TO TABLE

Learn about Missouri initiatives to encourage local food systems and "Farm to Table" programs, as well as an update on state food safety policies.

Speakers: Mary Glassburner, Chief, Bureau of Environmental Health Services, DHSS; Mary K Hendrickson, PhD, Director, Food Circles Networking Project, University of MO Extension; Amy Stringer Hessel, MSW, Missouri Foundation for Health; Amy Dunaway, Health Communication Research Center, MU School of Journalism

2:30 pm

Break in Exhibit Hall - Sponsored by St. Louis District Dairy Council
POSTER COMPETITION JUDGING

3:15 pm

GENERAL SESSION

PROGRESS TOWARD NATIONAL ACCREDITATION - Sponsored by Missouri Foundation for Health

This session will focus on the national voluntary public health accreditation program and the steps local, state and tribal health departments will undertake to begin their accreditation journey. Participants will have the opportunity to interact with the speaker and each other in identifying leadership opportunities related to quality improvement and accreditation.

Speaker: Kaye Bender, PhD, RN, FAAN

4:30 pm

MoALPHA General Membership Meeting

5:15 pm

Student Job Forum (Broaden and find an enclosed room)

6:30 pm

MICH Board Meeting with Dinner

CONFERENCE AGENDA

Friday, September 30, 2011

7:15 - 8:30 am Public Health Practice Based Network Breakfast (MICH)

7:30 am Continental Breakfast

8:30 am **GENERAL SESSION**

BRIDGES OUT OF POVERTY/BRIDGES INTO HEALTH

Everyone holds mental models (paradigms or “mind-sets”) about poverty. This session explores the concrete experience of generational poverty in order to create a shared and accurate mental model of poverty. Introduces a dialogue on how the “Theory of Social Coherence” is limiting access to health care within our health care systems and community health initiatives.

Speaker: Terie Dreussi-Smith, MA Ed, aha! Process, Inc.

9:45 am Break with Exhibitors

10:15 am **BREAKOUT WORKSHOPS #2**

Session 1: HIDDEN RULES AND HEALTH

The hidden rules are unspoken cues and habits of a group, arising from the concrete experience of living within different economic structures and resource levels. This information includes elements of practice critical to improving health outcomes within economic diversity.

Speakers: Terie Dreussi-Smith, MA Ed, aha! Process, Inc.

Session 2: A TALE OF TWO HEALTH DEPARTMENTS

This session will explore the unique and shared challenges of an urban and a rural health department. Ideas for how to meet and resolve these challenges in the next decade will be discussed.

*Speakers: Jill Harper, RN, BSN, Platte County Health Department;
Lisa Sitler, RN, MSN, Lincoln County Health Department*

Session 3: SUCCESS STORY: HOW A LOCAL COALITION CHANGES

UNDERAGE DRINKING ATTITUDES

The Taney County Alcohol and Drug Abuse Prevention Team (ADAPT) coalition worked together at the grassroots level to make positive changes in the perception of underage drinking in their community. ADAPT received the *Got Outcomes! Milestone* award from the Community Anti-drug Coalitions of America this year. This presentation will outline the process of how the ADAPT coalition was initiated and achieved early success.

Speaker: Kara Miller, Health Educator, Taney County Health Department

Session 4: WORKING SMARTER USING QUALITY IMPROVEMENT

A panel of local health department administrators will discuss how using quality improvement techniques in their agencies improved how they do business within the agency and regionally, including their new regional WIC contract.

*Speaker: Sandy Pueppke, RN, Administrator, Douglas County Health Department;
Tracy Hardcastle, RN, Administrator, Wright County Health Department, and
Janet Canavese, Panel Moderator, MICH*

CONFERENCE AGENDA

11:15 am

BREAK

11:30 am

BREAKOUT WORKSHOPS #3

Session 1: LANGUAGE, STORY AND THE RESOURCE MODEL

This session looks at the language experience in different agencies and settings, as well as the research on language experiences for children and adults living in generational poverty and other economic classes. Styles of communication may differ in economic class environments, and communication is central to communicating messages of wellness and improving health and social health outcomes. Highlights how programs can build social capital and social interactions to improve health outcomes.

Speakers: Terie Dreussi-Smith, MA Ed, aha! Process, Inc.

Session 2: THE HEALTH LITERACY MOVEMENT: PUBLIC HEALTH IN ACTION

This session explores health literacy concepts, communication skills, relationships between health professionals, patients, and communities, and implications for society and public health policy in order to improve the health literacy of communities through education and promotion of healthy lifestyles.

Speaker: Arthur J Culbert, PhD, Health Literacy Missouri

Session 3: LOCAL BOARDS OF HEALTH: OPTIMIZING RESOURCES IN TOUGH TIMES

Find out how local boards of health can justify funding decisions based on evidence-based approaches and the Community Guide to Preventive Services, including resource optimization in order to accomplish more under financial constraints.

Speaker: Marita Chilton, MPH, National Association of Local Boards of Health Project Coordinator

Session 4: USING SOCIAL MEDIA TO PROMOTE PUBLIC HEALTH

Many people get their information through social media - learn how they can get the messages you want them to, whether it is promoting your agency's programs or how to live healthier lives. Examples of successes and failures will be shared, along with a checklist on how to get started in social media.

Speaker: Jaci McReynolds, Administrator, Webster County Health Unit; Jeff Hershberger, Public Information Officer, Kansas City Health Department

12:30 pm

LUNCH AND CLOSING GENERAL SESSION

CONNECTING WITH THE PUBLIC ON COMMUNITY PREVENTION

To get support for community prevention initiatives, we must be able to coordinate our message and speak in a unified voice the public understands and relates to. How do we elevate the importance of prevention in the public dialog so that it is easier to secure and maintain funding for our work? Learn what the research on public opinion tells us, and how you can use it to communicate about public health policies and programs.

Speaker: Bob Crittenden, MD, MPH, The Herndon Alliance, Seattle

2:00 pm

MALBOH Membership Meeting

2:00 pm

Adjourn

CONFERENCE INFORMATION AND ACTIVITIES



HOTEL ACCOMMODATIONS

The Stoney Creek Inn is the site for the 2011 Joint Conference. A room rate of \$85.00 for single or double occupancy is available until September 1, 2011 by calling 573-442-6400. Stoney Creek Inn, 2601 S Providence Road, Columbia, MO 65203.

CONTINUING EDUCATION

For Health Educators will be available.

DEADLINE

Registration and payment must be received before September 1, 2011.

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

CONFERENCE ATTIRE

The dress for the conference is business casual.

- Men's business casual: jacket optional, casual pants (khakis) with a collared shirt or golf shirt.
- Women's business casual: slacks, skirts, dress shorts or Capri's with coordinating top or jacket.

Meeting rooms tend to be cool, so bring a jacket or a sweater to ensure your comfort.

EXHIBITS

Exhibiting at the Conference is a great way to target hundreds of professionals interested in your products and services. The exhibit hall will be open throughout the show and several breaks are scheduled with the exhibitors. Booth space is \$275 for a for-profit and \$150 for a non-profit groups, and can be reserved by calling MPHA at 573-634-7977. Deadline for this application is September 1, 2011. Space is limited so apply early to ensure your exhibit area.

CANCELLATIONS POLICY

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

REGISTRATION FORM

Name: _____
 Agency: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 E-mail: _____

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

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

☐ Check Enclosed for \$ _____

Credit Card Payment Options:

Charge my... ☐ Mastercard
☐ Discover
☐ Visa

Credit Card # _____

Name on Card: _____

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City, State: _____

Zip: _____ Expiration Date: _____

Individual Membership in MPHA is \$50.00

Please complete a registration form for each individual.

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

Please check the sessions you will be attending

Thursday, September 29 - Breakout Workshop #1

- ☐ Spectrum of Prevention
- ☐ PH Agencies and FQHC's
- ☐ Evidence Based PH Programs
- ☐ Healthy Food from Farm to Table

Friday, September 30 - Breakout Workshop #2

- ☐ Hidden Rules and Health
- ☐ A Tale of two Health Departments
- ☐ Underage Drinking Coalition
- ☐ Working Smarter using QI

Friday, September 30 - Breakout Workshop #3

- ☐ Language, Story and Resource Model
- ☐ Health Literacy
- ☐ Local Boards of Health/MALBOH
- ☐ Using Social Media to Promote PH

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

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

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

☐ Please send me membership information for: _____

Student Job Forum

Joint Annual Public Health Conference

Moving Public Health Practice to the Next Level

The Missouri Public Health Association (MPHA) invites you to network at its 2nd annual **Student Job Forum** during the Joint Annual Public Health Conference.

Please join us immediately following the general session at the Stoney Creek Inn at 5:15 p.m. in the Frontier Room on Thursday, September 29, 2011.

Please share this information with your colleagues and friends who plan to attend this year's conference.

See you at the Student Job Forum!



For more information on the Public Health Conference visit: <http://www.mopha.org>

September 29-30, 2011 Stoney Creek Inn Columbia, MO

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

During the Student Job Forum, we will have:

- ❖ working professionals to share information about:
 - their public health career
 - employment opportunities
 - internship opportunities
- ❖ human resource professionals to talk about job hunting skills and techniques
- ❖ light refreshments
- ❖ social networking



PO Box 126 - Jefferson City, MO 65101

Visit us on the Web
www.mopha.org

COMMUNIQUE' Editor

Pat Morgester
Kansas City Health Department

Send comments and/or articles to:
pat.morgester@kcmo.org

YES



MPHA MEMBERSHIP

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

☐ Regular Membership \$50.00

☐ Full-Time Student/Retiree \$25.00

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

Name: _____

Agency: _____

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Address: _____

City, State Zip: _____

Phone: _____ Fax: _____

Email: _____

Areas of Professional Interest:
(check one)

☐ Citizen Health Involvement

☐ Health Promotion

☐ Infectious Disease

☐ Health Official

☐ Environmental Health

☐ Other: _____

☐ Public Health Nursing

☐ Health Care

☐ Support Services

☐ Food and Nutrition

☐ Chronic Diseases

I'd like to serve on the following committees:

☐ Education

☐ Membership

☐ Annual Meeting

☐ Resolutions & Bylaws

☐ Advocacy & Public Policy

☐ Public Health Week

☐ History

Payment Options:

☐ Check enclosed ☐ Invoice my organization: PO# _____

☐ Bill my credit card _____ MC _____ VISA # _____ Exp: _____

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