

Communiqué

DECEMBER 2010



Public Health
Prevent. Promote. Protect.

Calendar of Events

2011

January 19

Board Meeting, Jefferson City

March 23

National Kick Butts Day

April 4-10

National Public Health Week

April 13

Board Meeting, Jefferson City

July 13

Board Meeting, Jefferson City

September 7

Board Meeting, Jefferson City

September 29- 30

Joint Annual Public Health
Conference

October 29-November 2,

APHA Annual Meeting,
Washington, DC (139th
Meeting)



PRESIDENT'S MESSAGE

Pat Morgester, Kansas City Health Department

I hope everyone had an enjoyable Thanksgiving. I don't know if you feel the same way I do, but the weather, lights and decorations makes it feel like the holidays are here.

At our Annual meeting in October, I began my term as President of the Missouri Public Health Association. The leadership opportunity is awe inspiring. Many of you know the Association has an 83 year history of serving public health professionals like yourselves in Missouri. I will do my best to live up to the standards that have been set by those who have served before me.

Serving as President, I feel like I hit the ground running. On October 21, 2010, the Association co-sponsored the first ever Missouri Cessation Summit in collaboration with the Tobacco Free Missouri State Coalition, and the University of Missouri. Special thanks go out to Linda Cooperstock for all the work she did. The participants worked on developing a two-year anti-smoking initiative to reduce smoking in Missouri. Planning and follow-up activities are ongoing. Stay tuned, there will be more to come.

In October, the Board responded to data made available from the Centers for Disease Control and Prevention that indicated very alarming facts about Missouri's health outcomes in particular childhood immunization. The Kansas City Star editorial board found these data to be alarming as well and wrote an editorial in the October 12th opinion page. With the Board's support, a letter was drafted under my signature to Gov. Nixon focusing not only on the health shortfalls but the shortfalls in the state public health system. (Letter enclosed in this issue of the Communiqué) The Association received a response from the Governor's office via a letter signed by Barb Shimmens, Director of Constituent Services. (Letter enclosed in this issue of the Communiqué)

We have much to do in 2011. I will continue to help turn out quarterly newsletters that are informative and beneficial to the Association members. I will help plan a valuable annual conference **September 29-30, 2011**. Issues of the Communiqués and 2010 conference presentations can be viewed on the MPHA website (www.mopha.org).

As I see it, my primary duties are to serve as an advocate for public health, make sure our voices are heard, and our issues are addressed. I plan to seek your input and guidance throughout the year as the issues arise. I intend to work closely with our partners in the Missouri Association of Local Public Health Agencies (MAOLPHA) and the Department of Health and Senior Services (DHSS) on issues of shared interest and to work to assure that public health advocates are speaking with one voice.

As the year comes to a close, I'd like to wish everyone a Happy New Year.

Thank you again for your commitment to MPHA. Your hard work makes this a great organization. I honestly believe that MPHA is a wonderful organization, as evidenced by our last annual meeting. As always, if I can be of assistance please feel free to contact me at any time.

Pat

2010-11 Missouri Public Health Association Board Roster

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

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Affiliate Representative to the Governing Council Report: Highlights From the Annual Meeting

Patricia D. Parker, MSPH, Affiliate Representative to the Governing Council (for Missouri)

The American Public Health Association (APHA) concluded its 138th Annual Meeting and Exposition with more than 12,000 public health professionals from around the world gathered to address the nation's top public health challenges. Themed "Social Justice: A Public Health Imperative," the meeting provided a forum to address a broad range of significant public health issues, including health reform implementation, health disparities, climate change and health, emergency preparedness and more. New research released at the meeting addressed issues such as hyper-texting and hyper-networking as emerging health risks among teens, the effect of citywide smoking bans on maternal smoking, and fast food marketing.

The opening session on Nov. 7 featured Cornel West, PhD, professor at Princeton University, and Bill Jenkins, PhD, MPH, with the University of North Carolina Institute of African American Research and formerly with the Centers for Disease Control and Prevention, where he helped end the infamous Tuskegee Study. Video of opening session speakers is available on APHA's [YouTube Channel](#).

The business of your Affiliate Representative to the Governing Council (ARGC) started at 8 am on Saturday, November 6 with the Committee on Affiliates (CoA) meeting and continued through 1 PM. This was a very informative meeting where CoA leaders updated Affiliate leaders on affiliate affairs as well as on the progress of APHA since the 2009 Annual Meeting.

2010 GOVERNING COUNCIL

Governing Council conducted its first of three sessions at 4:30 p.m. on Saturday, November 6. Convened by

Carmen Nevarez, MD, MPH, President, the meeting provided the opportunity for reports from eleven boards and committees; a forum of the seven candidates who ran for the offices of president-elect, treasurer, speaker, and three executive board positions; and the reports of the President, Governing Council Chair, and the Treasurer. The Nominating Committee accepted nominations from the floor for three new members.

Governing Council, Session I: Saturday, November 6 (4:30 p.m. – 6:30 p.m.)

Report of the American Journal of Public Health (AJPH) Editorial Board

Submissions to the AJPH have increased over previous years; in fact they are up 24.3% over 2008 numbers. The 2009 impact factor for AJPH is 4.371 up from 4.241 in 2008. The Journal ranks #2 out of 95 titles in the Public, Environmental and Occupational Health category of the 2009 Thomson Reuters Social Sciences Citation Index compared to last year's #3 of 76 titles. It ranks #9 of 122 titles compared to last year's #10 of 105 in the same category in the Science Edition.

Joint Membership Pilot Report

All affiliates were able to grow their membership, plus the Kansas affiliate almost doubled their joint membership numbers from 24 to 45.

Intersectional Council Report

The initial development of the Leadership Map provides a visual representation of possible paths to APHA leadership to help orient a member who wishes to get involved as to how best to approach the process.

Committee on Affiliates Report Memorandum of Understanding

(DRAFT): Assuring the student benefits of membership in APHA Affiliates extend to all student members during interstate migration.

Governing Council, Session II Tuesday, November 9 (9:00 a.m. – 12:30 p.m.)

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

- 2011 National Public Health Week topic: Safety is No Accident: Live Injury-free
 - April 4-10, 2011
 - Injury leading cause of death for young adults
 - Major causes of disabilities
 - Costs over \$117 billion annually in health care costs
- Every Member Campaign – Development Effort
 - New brochure
 - Allows to give specifically to:
 - Particular award
 - Section
 - Advocacy
 - Research
 - Publications
 - General
 - 100% Executive Board giving
 - Governing Council now have "Ask"
 - Annual report now recognizes & thanks Contributing Members as donors
- Affiliate capacity building institutive update
 - \$ 5.9 million grant
 - May 1, 2006 - August 31, 2011
 - Create a national coordinating office

(Continued on page 4)

(Continued from page 3)

- Award funding to Affiliates to invest in capacity
- Develop and deliver comprehensive technical, programmatic, and operational support
- Engage in advocacy and advance policy
- Collaborate with USC, MSU, and UMN
- Pfizer added additional \$60,000 in 2008

Report of the Treasurer, Richard Cohen, PhD – ACTION

The Association received an unqualified opinion from its Auditors,

Tate and Tryon. APHA closed the fiscal period ending June 30, 2010 with a change in net assets (surplus) of \$651,566 out of which \$778,282 represents unrestricted (operating) revenue, a reduction of \$134,269 in temporary and \$7,553 in permanently restricted revenue. Membership dues, advertising, book sales and miscellaneous were below projections, but other line items such as convention, subscriptions, interest,

contract and grants and rent on subleases revenues are higher than budgeted. In addition, the overall

expenses were less than budgeted with savings in areas such as salaries, professional services, convention costs, printing and production, postage, building interest finance charges and other costs.

Year-to-date 2011 financial Update:

As of the end of September 30, 2010 (25% of fiscal year), APHA reported revenues of \$6,674,961. This is over projections by \$144,951 and over prior year by \$695,933. Total expenses are \$3,700,910 (22% of budget), which are under budget by \$448,369 and over prior year by \$371,155. Overall, the APHA is on budget and CDC has awarded APHA grants in the amount of \$2,666,890 year-to-date. Based on the approved FY 2011 budget, the Association cost per member is \$378 and the membership dues are \$151. The difference of \$227 is subsidized from other APHA sources. Staff proposes to increase individual dues by CPI annually for 5 years. The Executive Board will then provide a report before approval for additional years. The following proposal lays out an implementation plan for a minimum annual adjustment based on CPI-U, beginning in January 2012. In the situation where the CPI-U is in negative, the dues will remain the same as prior year.

2012 Annual Meeting Program Emphasis

- Prevention and Wellness across the Life Span

This theme presents an opportunity to discuss the unique challenges and opportunities for prevention and protection across the life span in order to have the most positive impact on health (both physical and mental) at all ages. To accomplish this goal, government agencies, community organizations, schools, healthcare organizations and other community members must work together in a comprehensive

(Continued on page 5)

Increasing Effectiveness in Promoting and Improving Public Health	Base - line	Year 4
Affiliates incorporated as non-profits	47	49
501c(3) tax status	40	42
Affiliates with Executive Directors	23	37
Affiliates with Electronic Membership Management	48	51
Affiliates with strategic plan	32	49
Affiliates with Business plan	4	19
Affiliates with dedicated office space	31	37
Affiliates with dedicated computers	28	45

Building and Leveraging the Unique Attributes of Affiliates	Base-line	Year 4
Average number Affiliate members	457	485
Range of Affiliate members	44 - 6,000	59 - 7,000
Added or significantly enhanced membership benefits	17	42

Increasing the Impact of Affiliate Policy Efforts	Base - line	Year 4
Affiliates who developed at least one policy document	16	25
Total number of policy documents developed	44	284
Affiliates who have undertaken a least one initiative to engage the public	22	25
Affiliates who use strategies to engage policymakers	31	43
Policy documents distributed to state/regional opinion/policymakers	14	80 (media) 126 (policy-makers)

(Continued from page 4)

approach. It will also be important to discuss how prevention and wellness fits into the current plan for health care reform and what additional reform will be necessary into order to achieve desirable health outcomes.

New Policies

Group A: Reproductive Health and Disparities

- Public Health and Education: Working Collaboratively Across Sectors to Improve High School Graduation Rates as a Means to Eliminate Health Disparities
- Prevention and Control of Sexually Transmitted Infections and HIV among Performers in the Adult Film Industry
- Protecting Abortion Coverage in Health Reform

Group B: Environmental and Occupational Health

- A Precautionary Approach to Reducing American Exposure to Endocrine Disrupting Chemicals
- Prioritizing Cleanup of the Hanford Nuclear Reservation, America's largest Superfund Site, to protect the Public's Health
- Occupational Injury, Illness and Fatality Prevention through Design (PtD)
- Intrastate and Interstate Transportation of Spent Nuclear Fuel Is a Public Health Risk
- Requiring Clinical Diagnostic Tools and Biomonitoring of Exposures to Pesticides

Group C: Access to Care Health Literacy: Confronting a National Health Problem

- Fluoride Varnish for Caries Prevention
- Reforming Primary Health Care: Support for the Health Care Home Model
- Strengthening Genetic and Genomic Literacy
- Child Health Policy for the United States

Group D: Public Health & Infrastructure

- Annual Influenza Vaccination
- Requirements of Health Workers, Regardless of Work Setting, including Volunteers, Trainees, Consultants, and Independent and Contract Workers
- Securing the Long-Term Sustainability of State and Local Health Departments

Late-Breakers:

- APHA endorses the World Health Organization's Global Code of Practice on the International recruitment of Health Personnel
- Public Health Impact of U.S. Immigration Policy

Governing Council, Session III Tuesday, November 9 (2:00 p.m. – 5:00 p.m.)

3.0 Announcement of Nominating Committee Election Results

4.0 Election of 2011 Executive Board Officers and Members – ACTION

6.0 New Business

6.1 Future Strategic Priorities 2011 ACTION

6.2 Development of Governing Council 2011 Workplan - ACTION

Election Results for Executive Board Officers and Members

President-Elect. Melvin D. Shipp, OD, DrPH Dean, College of Optometry The Ohio State University

Biography

Since 2004, Dr. Melvin D. Shipp has served as the Dean of The Ohio State University College of Optometry. He has been an active APHA member for over 25 years. He served on the APHA Executive Board of Directors as Treasurer and Chair of the APHA Finance Committee, and as the Founding Chair of the APHA Education Committee. Prior to this, he was a Governing Councilor for Vision Care Section (VCS); a member of The Nation's Health Advisory Committee; Chair of the APHA Nominating Committee; and Chair of the Ad-Hoc Nomination and the Campaign Review Committee.

Within the VCS, he served as the Program Chairman. Presently, he is a member of APHA's Public Health Fellowship Committee.

Dr. Shipp has advised/served several federal institutions, notably, the Food and Drug Administration, the Health Resources and Services Administration, the National Eye Institute (NEI) of the National Institutes of Health, and the Centers of Disease Control and Prevention (CDC). In 2006, he co-chaired the development of a CDC sponsored vision health initiative, Improving the Nation's Vision Health: A Coordinated Public Health Approach. Dr. Shipp is currently a member of Prevent Blindness America's National Board of Directors.

Dr. Shipp is the Immediate Past-President of the Association of Schools and Colleges of Optometry (ASCO). ASCO is comprised of the twenty member schools and colleges of optometry in the United States and Puerto Rico.

Dr. Shipp is a former Robert Wood Johnson Health Policy Fellow; during this fellowship, he was a health legislative assistant to Senator Donald Riegle, Jr. (D-MI).

Treasurer: Richard Cohen

Speaker: Barbara Giloth

Executive Board: Diane Downing, Joyce R. Gauvin, Thomas C. Quade

Honorary Vice-President Positions

- VP USA: Dr. Shiriki Kumanyika
- VP Canada: Dr. Cory Newdorf
- VP Latin America & the Caribbean: Dr. Jon Andrus

Additionally, the Annual Meeting marked the beginning of the one-year term of APHA President Linda Rae Murray, MD, MPH.

APHA will hold next year's 139th Annual Meeting & Expo on October 29 - November 2 in Washington, DC. The theme is Healthy Communities Promote Healthy Minds & Bodies.

Missouri Team Wins For Poster Exhibit

By Jennifer Farmer, Health Educator Bureau of Genetics and Healthy Childhood, Missouri Department of Health and Senior Services

Missouri is one of six states selected to participate in the Preconception Health for Adolescents initiative with the Association of Maternal & Child Health Programs (AMCHP). Missouri's Team includes the Department of Health and Senior Services (DHSS) Adolescent Health and Women's Health Programs; Department of Elementary and Secondary Education (DESE) Family and Consumer Sciences Section; young professionals; and the Missouri Foundation for Health. Based on various adolescent health data sources, Missouri chose to focus on CDC's preconception health recommendation to "develop, evaluate and disseminate age-appropriate educational curricula for use in school health education programs."

The Team initially conducted a needs assessment. Separate student and teacher surveys were created and administered at the Family, Career and Community Leaders of America (FCCLA) annual conference in March 2010. There were 517 students and 85 teachers who completed surveys. Results identified the level of interest



and learning needs regarding fourteen (14) preconception health-related topics. Survey results indicated that the teachers and students had different priorities regarding health topics that should be taught in school. The top four topics that students identified as very important to learn in school were drug use and misuse, pregnancy, STDs, and sex education. In addition, 75 percent of the students and 26 percent of the teachers did not understand the term "preconception health." The data collected are being used to identify priorities for updating curriculum and to reframe preconception health and develop

messages that resonate with teens. This study demonstrates the importance of partnering with youth to address issues that affect their health.

Jennifer Farmer, Health Educator with Missouri's Adolescent Health Program represented the Missouri Team and their work through a poster exhibit—Preconception Health Education Needs of School Students and Teachers—at the Missouri Public Health Association Annual Conference in September, 2010. The poster won first place! University students enrolled in public health, health education, and other related fields were invited to exhibit posters to showcase their respective projects.

This year, there were nine student posters among the more than 30 posters submitted. Conference attendees who work in local public health agencies were very interested in the preconception health and adolescents project and adapting the student and teacher surveys to assess the adolescent health education needs in their respective schools and communities.

Mark your Calendar for Kick Butts Day, Wednesday, March 23, 2011

Teachers! Youth Leaders! Advocates! Public Health Departments!

Help empower youth to stand out, speak up, and take charge against Tobacco with fun, educational activities, and events. Check out the KickButtsDay website <http://kickbuttsday.org/> to find tools to make it happen in your community. This website provides a list of sometimes unusual, but always fun ideas to Kick Butts! Included are the preparation times and estimated cost of the activities.

There's a lot more than tobacco in cigarettes, spit tobacco and secondhand smoke. There are plenty of chemicals that can also be found in everyday household products. You can have a display of many of these chemicals along with their DANGER labels and warnings.

Learn how to make a video public service announcement (PSA) and posting it on YouTube, among other things. Visit the website for lots of great ideas for your community's events.

Download the
2011 Activity Guide now!



Smoking Cessation Summit Held

by Linda Cooperstock

Missouri's Public Health Association, the Tobacco Free Missouri State Coalition, and the University of Missouri were joint hosts of the first-ever Missouri Cessation Summit on October 21. Major collaborators included Missouri Department of Health and Human Services, Missouri Department of Mental Health, and Pfizer, Inc. The event's main goal was to develop a two-year, statewide anti-smoking initiative to reduce Missouri's smoking rate.

Two members of the Boone County delegation attended the Summit held

at the RADIL Center, including Sen. Kurt Schaeffer and Rep. Chris Kelly. The legislators worked together to pass an appropriation last session which included \$3M to fund cessation programs for Medicaid recipients, triggering another \$5.2M in federal funds. Teens and pregnant women, totaling more than 11,000 Missourians, will receive priority.

Five working priorities emerged from the day-long summit:

- Smoke-free policies (local and state)

- Tobacco tax
- Education
- Funding
- Access to cessation services.

Follow-up activities are ongoing, including Tobacco-Free Missouri's planning meetings, letters to the editor and op-ed pieces extolling the economic benefits of providing smoking cessation therapies, and continued activities of the work groups.



Rep. Chris Kelly (D), District 24 and Senator Kurt Schaeffer (R), District 19



APHA Annual Meeting & Exposition Recap

138th Annual Meeting & Exposition (Nov. 6-10, 2010) in Denver

More than 12,000 public health professionals and partners met in Denver for the APHA Annual Meeting. Researchers presented the latest in public health research and practice at

be streamed from any computer giving you access to the knowledge shared during the 138th Annual Meeting.



Closing Session speakers from left to right: Sara Rosenbaum, Paul Jarris, John Colmers and session moderator Joanne Silberner of National Public Radio. Photo by Kim Krisberg

over 1,000 scientific sessions, and more than 650 companies, organizations and agencies exhibited in the Public Health Expo. It was a tremendous platform for sharing science, discussing advocacy efforts, building partnerships and addressing emerging health issues.

If you didn't make it to Denver or want to see what you missed, you can catch up on the conversation and view the coverage below.

View video of keynote speeches

See [inspirational presentations](#) from Dr. Cornel West, Dr. William Jenkins and others

Read the [Annual Meeting Blog](#)

Catch the top news, session re-caps and highlights from the meeting.

See the scientific sessions that you missed

[E-ssential Learning](#) provides access to voice and PowerPoint recordings of the scientific sessions. Sessions can

Read about research released at the Annual Meeting

[Fast-food survey: Nearly all kids' meals high in salt, calories](#), USA Today

[Study: Girls take more chances during first sex](#),

CNN's "The Chart" Blog

[Sex, drugs more common in hyper-texting teens](#), Associated Press

[Behavior: Too much texting is linked to other problems](#),

The New York Times

[What are contemporary warfare's hidden assaults on public health?](#), Scientific American

[College football, Greeks and other tales of alcohol abuse](#), Los Angeles Times' Booster Shot Blog

[Early employer-based flu vaccinations can improve the bottom line](#), Environment, Health and Safety Today

[Views on health disparities fueled largely by political ideology](#), ScienceBlog

[Undocumented make fewer trips to the emergency room](#), Capital Public Radio

Hear what others had to say

Follow the conversation on [Facebook](#), [LinkedIn](#) and Twitter; [@APHAannualmtg](#) and [#APHA10](#) for the meeting and [@PublicHealth](#) all through the year)

Mark your calendars...

2011 October 29-November 2, Washington, DC (139th Meeting)

Healthy Communities Promote Healthy Minds & Bodies



Annual Meeting attendees let their hair down during last night's performance of Aaron Neville and his Quintet in the Colorado Convention Center.



presents



September 23-24, 2010 ■ Stoney Creek Inn, Columbia, MO

Missouri's Public Health Association Annual Meeting **A Healthier Missouri One Community at a Time** was held September 23 and 24 in Columbia.

The Opening General Session was an overview of the affordable care act given by Judy Baker, Regional Director, United States Department of Health and Human Services, Region VII, Kansas City.

Thursday's General Session included information on the public health crisis in Haiti by CAPT Jose Belardo, JD, MSW, Acting Regional Health Administrator, US Department of Health and Human Services, Region VII, Kansas City

Ross Brownson, PhD, Professor, Washington University and co-Director of Prevention Research Center in St. Louis spoke in Friday's General Session on community based obesity programs and policies.

The Closing Session presenter William Riley, Ph.D., Associate Dean, School of Public Health, University of Minnesota and President of Public Health Accreditation Board (PHAB) spoke on using QI to improve health outcomes.

Special thanks to our exhibitors

- GlaxoSmith Kline Vaccines
- Labor Management Advisory Group
- Lyme Assn. of Greater Kansas City, Inc.
- Maternal, Child & Family Health Coalition
- MedImmune
- Midwest Public Risk
- MO Cancer Registry
- Missouri Department of Health & Senior Services – Center for Emergency Response & Terrorism
- Missouri Department of Health &

Senior Services - MO Council for Public Health Nursing

- Missouri Department of Health & Senior Services – Senior Employment Program
- Missouri Department of Health & Senior Services - Communicable Disease
- Missouri Department of Health & Senior Services - Bureau of Environmental Epidemiology
- Missouri Foundation for Health
- MSU - Master of Public Health Program
- Ozarks Public Health Institute
- Sanofi Pasteur
- St. Louis District Dairy Council/ Midwest Dairy Council
- University of MO Master of Public Health Program
- VaxCare Corporation







Missouri General Assembly 2011 Leadership



As a result of the most recent general election:

- MO Senate Republicans gained three seats; Republicans now have 26 Senators compared to 8 Democrats;
- MO House Republicans gained 17 seats for a total of 106, compared to 57 Democrats;
- The House Majority is three votes shy of the ability to override a Governor's veto on party consideration only

MO State Senate Leadership

The Senate Majority Caucus endorsed Sen. Rob Mayer (R-Dexter) to serve as president pro tem, which is currently held by outgoing Sen. Charlie Shields (R-St. Joseph). The pro tem is responsible for appointing committee members, assigning legislation to committees, and ruling on points of order raised during debate in the Senate Chamber, among other powers. The full Senate will vote on this leadership position in January.

Other Senate Majority Caucus positions filled recently include:

Majority Floor Leader – Current majority caucus whip Sen. Tom Dempsey (R-St. Charles) was

selected to fill this position, which will be vacated by Sen. Kevin Engler (R-Farmington). Among several duties, the majority floor leader sets the schedule of bills up for consideration by the full body, the time allotted for floor debate on legislation, and the meeting times and dates of the Missouri Senate.

Assistant Majority Floor Leader – Sen. Jack Goodman (R-Mt. Vernon) will continue to fill this position. The assistant majority floor leader is responsible for taking over for the majority floor leader when he is unavailable to attend debate in the Senate Chamber.

Majority Caucus Whip – Currently the Missouri State Representative for the 133rd District, Sen.-elect Mike Parson (R-Bolivar), is selected to serve as the majority caucus whip, which is also a position found in Congress. The whip traditionally ensures that the members of their caucus are in attendance when votes are taken.

Senator Bill Stouffer (R-Napton) was chosen to fill the role of majority caucus chairman and Sen. Eric Schmitt (R-Glendale) was selected to serve as the majority caucus secretary.

The Senate Minority Caucus also selected new leadership. Senator Victor Callahan (D-Independence) continues as minority floor leader.

Senator Jolie Justus (D-Kansas City) was tapped to fill the assistant minority floor leader position vacated by outgoing Sen. Rita Heard Days (D-St. Louis).

Senator Timothy Green (D-St. Louis) will serve as the minority caucus chair and Sen. Robin Wright-Jones (D-St. Louis) was selected to fill the minority caucus secretary position. The minority caucus does not have a whip position.

The First Regular Session of the 96th General Assembly begins Jan. 5, 2011.

History of the Core Public Health Functions

TOTAL APPROPRIATION AMOUNTS
(without the 3% Governor's Reserve applied)

FY 2000	\$9,162,092
FY 2001	\$9,662,092
FY 2002	\$9,662,092
FY 2003	\$9,596,376
FY 2004	\$9,027,772
FY 2005	\$9,027,772
FY 2006	\$9,027,772
FY 2007	\$9,027,772
FY 2008	\$9,027,772
FY 2009	\$9,027,772
FY2010	\$9,019,586
FY2010 withhold	\$ 307,929
FY2010 withhold	\$ 700,000
FY2010 after w/hold	\$8,011,657
FY2011	\$9,018,949
FY2011 restriction	\$1,352,920
FY2011 after restriction	\$7,666,029
(16.3% less than FY 2000)	

NOTE: Inflation has increased the cost of living by 21% during this time period. See http://www.bls.gov/data/inflation_calculator.htm. Health care costs have risen faster than general inflation.

MO State General Assembly Major Dates for the 2011-2012 Session

January 5

SESSION BEGINS -- 12:00 noon

January 6

Assembly convenes at 10:00 am

January 17

Martin Luther King, Jr. Holiday--NO SESSION

January 18

Assembly convenes--4:00 pm

March 17

SPRING BREAK BEGINS--Upon Adjournment

March 28

SPRING BREAK ENDS—Assembly Convenes at 4:00 pm

April 25

EASTER BREAK

April 26

Assembly Convenes--4:00 pm

May 6

Appropriations Bills must be Truly Agreed and Finally Passed

May 13

Assembly Adjourns: 6:00 pm

APHA Legislative Update



Congress Passes CR Before Adjourning for Midterm Elections

On September 30, the official end to the FY 2010 fiscal year, the House and Senate passed a FY 2010 Continuing Resolution (CR) for President Obama's signature. The House cleared the measure, 228-194, after the Senate passed the bill the prior evening by a vote of 69-30. The measure will continue to fund federal government programs at their FY 2010 enacted levels through December 3, 2010. None of this year's 12 annual FY 2011 spending bills has been sent to the president for his signature. Passage of the bill puts off a certain battle between Democrats and Republicans over spending levels for federal programs until after the November elections. Democratic leaders are eyeing a lame duck session after the elections to finish work on the FY 2011 spending bills, while Republicans are pushing for consideration after the new year, when they believe they may be able to take control of one or both houses of Congress.

Congress has not made much progress on passing the 12 FY 2011 annual appropriations bills this year, with the House Appropriations Committee reporting just two bills, both of which the House passed, and Senate Appropriators reporting 11 of

their 12 bills, but with none seeing Senate floor action. APHA has focused its efforts on the FY 2011 Labor, HHS-Education spending bill which funds all federal health spending, including funding for the Centers for Disease Control and Prevention and the Health Resources and Services Administration. You can visit APHA's advocacy website to read APHA's testimony on FY 2011 bill.

Child Nutrition Reauthorization Stalls in the House

The House of Representatives



adjourned for the midterm elections in the early morning hours of September 30, without taking up consideration of S. 3307, the

Healthy, Hunger-Free Kids Act, legislation to reauthorize federal child nutrition programs. APHA has made passage of the bill a top priority before the end of the year. The legislation passed the U.S. Senate by unanimous consent earlier in the summer. While the House failed to pass the bill during the regular pre-election session, APHA and other public health and child advocates will push the House to consider the bill should it come back for a lame-duck session after the elections. You can read APHA's most recent statement urging the House to pass the Senate bill on APHA's website.

S. 3307 includes an additional \$4.5 billion over 10 years for federal child nutrition programs and also includes a number of important policy changes aimed at providing the nation's children with healthier foods before, after and during school hours. Specifically, the bill would: update the nutrition standards of school meals; limit the sale of junk food in schools; provide greater reimbursement and more training to schools so they can

serve more nutritious meals; improve and simplify the application process; increase the use of foods from local and regional sources and support improved school nutrition and physical activity wellness policies.



Food Safety Bill Blocked in the Senate Until After Election

The U.S. Senate adjourned on September 30 before passing S. 510, the FDA Food Safety Modernization Act, legislation that APHA has been working with the Make Our Food Safe (MOFS) Coalition to pass since the House of Representatives passed its version of food safety reform, H.R. 2479, the Food Safety Enhancement Act, in July of 2009. Despite multiple efforts by Senate Majority Leader Reid (D-Nev.) in the week leading to adjournment to proceed to a vote on the bill and accompanying amendments, each motion was blocked by Senator Coburn (R-Okla.) whose primary objections had to do with the costs related to the bill. Just prior to adjournment, S. 510 was placed on the calendar for the first cloture vote to occur on November 17, 2010, when Congress reconvenes after the election.

APHA continues to work with the MOFS Coalition to demonstrate the public health communities' support for the legislation, which would update on nation's food safety laws previously passed in the 1930's. For more information on the key provisions in S. 510 that APHA

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supports, please view the MOFS S. 510 Factsheet.

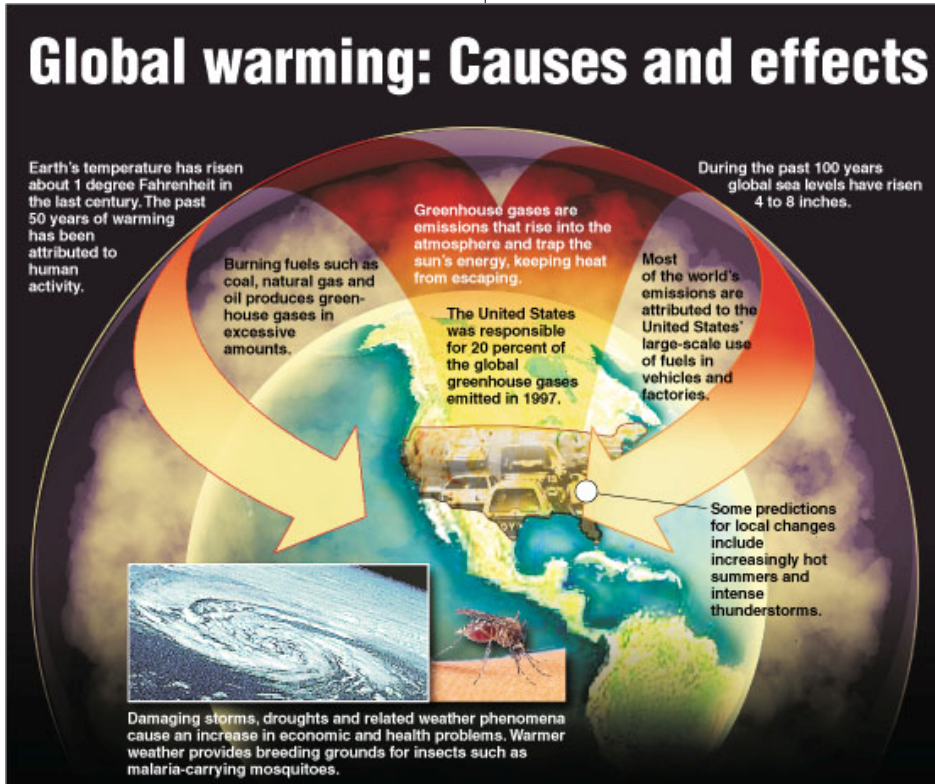
Senate opposing an amendment by Senator Lisa Murkowski (R-Alas.) that would have essentially vetoed EPA's endangerment finding.

Association

MPHA communicated the importance of protecting the Prevention and Public Health Fund with Senator Tester's staff and submitted a letter to the editor published in the Billings Gazette: http://billingsgazette.com/news/opinion/mailbag/article_2c35c786-be1a-11df-bb4c-001cc4c002e0.html.

APHA's Action Board

Action Board members Leon Vinci, representative for the Environment Section submitted a letter to the editor in support of protecting the Prevention and Public Health Fund, published in the Omaha World Herald: <http://www.omaha.com/article/20100830/NEWS0802/708309989>; and Tom Quade, representative for the Affiliates, submitted a letter to the editor thanking Senator Brown (D-Ohio) for voting to protect the Prevention and Public Health Fund, published in the Akron Beacon Journal: <http://www.ohio.com/editorial/vop/104134649.html>.



Health Groups Urge Congress to Protect EPA Authority on Global Warming Pollutants

APHA led efforts on a letter to members of Congress and the president opposing efforts to weaken the Environmental Protection Agency's (EPA) ability to regulate pollutants that contribute to climate change. The letter was signed by more than 120 of the nation's top public health organizations and experts, including APHA, the American Nurses Association (ANA), the American Academy of Pediatrics (AAP), the American Medical Association (AMA) and the American Lung Association (ALA). The letter was sent in response to previous and potential future Congressional efforts to block in some way EPA's efforts to regulate greenhouse gases as part of its 2009 endangerment finding, a scientific determination that greenhouse gases threaten public health and welfare, under the Clean Air Act. Previously, on February 23, APHA and 11 leading health organizations sent a letter to the full

APHA PHACT Campaign Activity Highlights

Thank you to those of you who engaged in PHACT activities this year. While use of the materials for training and dissemination goes a long way in educating advocates and policy-makers on important public health issues, we want to highlight the work of several APHA advocates who went above and beyond the norm in communicating this year's PHACT messages.

The Iowa Public Health Association

IPHA contacted every member of Iowa's Congressional delegation and utilized PHACT factsheets for each communication.

The Nevada Public Health Association

NPHA submitted an Op-Ed on the importance of preserving the Prevention and Public Health Fund that was published by the Reno Gazette: <http://www.rgj.com/apps/pbcs.dll/article?AID=20109070333>.

The Montana Public Health



President to Sign Child Nutrition Bill

On Thursday, December 2, the U.S. House of Representatives passed S. 3307, the Healthy, Hunger-Free Kids Act of 2010, legislation to reauthorize federal child nutrition programs by a vote of 264 to 157. Earlier this year, the U.S. Senate passed the bill by unanimous consent. President Obama is expected to quickly sign the legislation into law. APHA supported passage of the legislation and recently signed a letter to House Education and Labor Committee Chairman George Miller urging House passage of the Senate bill. Specifically, the legislation would:

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- Update the nutrition standards of school meals.
- Limit the sale of junk food in schools.
- Provide greater reimbursement and more training to schools so they can serve more nutritious meals.
- Improve and simplify the application process.
- Increase the use of foods from local and regional sources.
- Support improved school nutrition and physical activity wellness policies.

Thousands of messages urging passage of the reauthorization were sent by APHA advocates to House and Senate offices over the past year as Congress debated the bills. Following the vote, [APHA released a statement praising House passage of the bill.](#)



Senate Passes Historic Food Safety Legislation – Technicality Will Require Second Senate Vote

On Tuesday, November 30, The U.S. Senate passed S. 510, the FDA Food Modernization Act by a vote of 73 to 25. APHA strongly supported passage of the bill and thousands of messages from APHA advocates were sent over the past two years to House and Senate lawmakers urging passage of strong food safety modernization legislation. [You can read APHA's statement following the Senate's passage on APHA's website.](#) The bill marks the largest overhaul to the nation's food safety system in over seven decades. Specifically, the legislation would:

- Provide FDA, for the first time, with a specific statutory mandate to prevent foodborne illness.

- Improve coordination across federal, state, and local governments and providing grants to build state and local capacity for foodborne illness detection, surveillance, testing, and response.
- Require food processors to identify where contamination may occur in the food production process, and then requiring them to take steps to prevent the contamination.
- Base the frequency of FDA food processing plant inspections on the risk of the product being produced, increasing the frequency of foreign inspections, and establishing, for the first time, a statutory minimum frequency for FDA inspections of domestic food processing facilities.
- Require imported food to meet the same safety standards as food produced in the U.S.
- Establish science-based minimum standards for safe agricultural production of fresh fruits and vegetables that pose the highest risk.
- Providing FDA, for the first time, with mandatory recall authority.
- Offer grants to enhance education, training, and technical assistance related to compliance with the new requirements.
- Establish traceability requirements that strike the right balance between protecting public health and preventing any undue burden to small businesses.

After Senate passage of the bill, House lawmakers from the Ways and Means Committee discovered revenue raising provisions that would raise fees for various enforcement measures were included in the Senate bill. The constitution requires that all revenue raising measures originate in the House of Representatives. House leaders are working to try to identify options to move the bill forward including potentially attaching it to a House bill and sending it back to the Senate for a final vote. However a potential road block awaits as all 42 Senate Republicans recently sent a letter to Senate Majority Leader Harry Reid vowing to block any future legislation

until all of the expiring Bush tax cuts are renewed and all FY 2011 appropriations bills have been passed by the Senate. APHA has made passage of the food safety legislation a priority and will push for quick House passage of the bill and work to encourage the Senate to quickly take up the bill.



Congress Passes Two Week Continuing Resolution

The U.S. House of Representatives and U.S. Senate approved a short-term continuing resolution that would keep federal programs funded at 2010 levels through December 18. Democratic lawmakers in both chambers are working to try to find enough votes to pass an "omnibus" spending bill that would fund the 12 outstanding appropriations bill which fund federal programs and agencies through September 30, 2011. Republican leaders in both chambers have resisted the effort instead preferring a shorter term continuing resolution that would allow House Republicans, who will take over control of the chamber in January, to have more control over spending levels, which some have proposed reducing to 2008 levels that would likely lead to significant reductions for numerous public health programs.

You can read several letters APHA has authored and signed on to regarding FY 2011 spending levels including the CDC Coalition's letter regarding the [Centers for Disease Control and Prevention](#), the Friends of HRSA's letter regarding the [Health Resources and Services Administration](#) and the Coalition for Health Funding's letter regarding all [U.S. Public Health Service programs and agencies.](#)

Policy Watch



Boston's Public Health Campaign for Healthier Neighborhoods

The Boston Public Health

Commission has launched a new public health campaign throughout the city with a critical message, "where you live matters when it comes to health." Studies show that residents of Boston's poorest neighborhoods are more likely to die prematurely than those living in the wealthiest areas of the city. The \$150,000 campaign will highlight that the environment one works and lives in has a significant effect on health and hopes to initiate discussions to improve communities. More information on the campaign is available at: www.whatsyourhealthcode.com.



Update: Takoma-Pierce County, WA to Consider Apartment No-Smoking Law

September's Legislative

Update highlighted the Tacoma-Pierce County Health Board's decision to hold a study session to consider a proposal to classify secondhand smoke as a "nuisance" in multi-unit housing. On September 16, 2010, members of the board decided they needed more information on the topic before moving forward.



California First State to Sign Legislation Establishing the Health Insurance Exchanges

California has moved quickly to

implement key provisions of the federal health reform overhaul law, including a health benefits exchange. In September, Gov. Arnold

Schwarzenegger (R) signed seven major health reform bills, including legislation establishing a Web-based insurance exchange that will allow consumers to comparison-shop for coverage. The governor's action makes California the first state to implement an oversight board for insurance exchange marketplaces since the new federal health reform law was enacted earlier this year. The California Health Benefit Exchange will provide a place for small businesses and people without employer-based insurance to come together to buy health insurance at lower rates, aided by federal subsidies to low- and middle-income consumers. Created as an independent government agency, the California Health Benefit Exchange will be led by a five-member board that will be appointed by the governor and legislature in 2011.



Pennsylvania's "High-Risk" Insurance Plan Sees Success

Pennsylvania's new "high-risk"

insurance plan, which was created to provide health insurance coverage for the uninsured with pre-existing health conditions, is showing early signs of success, with enrollment significantly higher than comparable plans in other states. So far, more than 1,650 people have enrolled in the PA Fair Care program at a cost \$283 a month. To be eligible for the program, individuals must have at least a six month gap in health insurance coverage and must be unable to obtain coverage because of medical conditions. According to the state Insurance Department, the program can cover up to 3,500 total enrollees. Similar programs in other states average about 10 percent capacity or less, according to the U.S. Department of Health and Human Services. Nationwide, only 8,011 individuals have enrolled in high-risk pools.



Smoking ban approved in Jefferson City & Fulton

By Ben Yarnell

When the dust settled, Jefferson City voters made it known that they want clearer air in their bars and restaurants by passing the city's smoking ban with 58 percent of the vote.

The ban, which will officially go into effect in February, passed by a 7,208-5,248 margin, according to complete, but unofficial, results.

Felicia Poettgen, project coordinator for Smokefree Jefferson City, said "The feeling is really good, we are really excited," Poettgen said. "My phone has been ringing constantly with people calling after seeing the results."

Adding to the excitement of the group's success was the passage of a similar ban in Fulton, making it a win-win night.

"Everyone is just ecstatic over the news that Fulton passed along with Jefferson City," Poettgen said.

Poettgen said she thought there was one aspect, in particular, that made the difference in passing the ordinance.

"I think the hard work of many volunteers pushed us over the top," Poettgen said. "There were so many volunteers involved in this, people passing about this issue."

"I think it was just people talking to people and getting the word out."

From here, Poettgen said she and her colleagues will spend the 90 days before the ban goes into effect on Feb. 2, 2011, working with restaurants and bars that currently allow smoking to transition into compliance.

Reprint of Letter to Governor Nixon

By Patrick Morgester, MPH President, Missouri Public Health Association Board of Directors

The Missouri Public Health Association (MPHA) recently sent the enclosed letter to Governor Nixon, in response to recent media coverage of the disturbing childhood immunization rates. The letter highlights what the Association believes to be a broken public health system contributing to the problems in Missouri. The Association points out that no single administration, legislative body or state health department director is to blame since this decline has been on-going over 10-15 years. However, we clearly want to communicate to the Governor that continued neglect for the public health infrastructure in MO comes at a cost.

As President of MPHA, I would like to propose a conference call or, at a minimum, continue dialogue by email to discuss how MPHA and the four academic institutions could speak with one voice to Governor Nixon and Director Donnelly about the broken public health system in Missouri.



Missouri Public Health Association

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Jefferson City, Missouri 65102

Phone: (573) 634-7977 Fax: (573) 635-7823
E-Mail: info@mopha.org

November 4, 2010

The Honorable Jeremiah (Jay) Nixon
Governor
Missouri State Capitol, Room 200
Jefferson City, MO 65101

Dear Governor Nixon:

On behalf of the Board of Directors of the Missouri Public Health Association (MPHA), I am writing to share the concerns of the Association regarding the current status of the public health system in the State. Recent media coverage of the distressing and very disturbing rates of childhood immunization are symptomatic of a system that is in disarray and hardly able to meet the challenges of today's modern threats to the health of the public, much less the routine types of protection afforded by childhood vaccinations.

MPHA has served Missouri since 1925 as the largest and most diverse professional organization for public health advocates and practitioners. The Association is made up of more than 450 physicians, nurses, sanitarians, health administrators, academicians and concerned practitioners. It is an organization that heartily adopts the logo of the Great State of Missouri, that *Salus Populi Suprema Lex Esto*, literally that The Health of the People is the Supreme Law. All of the efforts of this professional advocacy organization are directed with that theme in mind. It is with the goal of improved health for all Missourians that the Board is compelled to bring the message forward in hopes that you will use your affirmed leadership to address the alarming data that has prompted this letter.

Data available from the Centers for Disease Control and ranked by the Trust for America's Health, a national advocate for public health, indicate very alarming facts about Missouri's health outcomes that frankly, challenge the motto listed above and strongly reinforce the notion that Health is, indeed, a far lower priority in Missouri. As you may know, one need only look at specific indicators to substantiate that reality. Among adult health indicators, Missouri ranks 5th highest among the states (and District of Columbia) in the ranking of tobacco use prevalence, the single greatest predictor of future costs to government;

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Missouri ranks 17th in the incidence of certain preventable sexually transmissible conditions, i.e., chlamydia and 15th in the nation in the rate of syphilis; the rate of AIDS cases is slightly lower, ranking the state at 21st in the nation; the rate of cancer in Missouri is clearly behind the national average, ranking our state at 17th. With regard to chronic disease and associated risk factors, Missouri again comes up with equally distressing data: the rate of the prevalence of obesity among adults is 12th highest in the nation; the rate of hypertension is 13th and the prevalence of diabetes, a huge contributor to the overall costs of health care now and in the future, ranks our state 21st; Missouri is tenth lowest in the number of adults that are physically active and in the consumption of nutritious fruits and vegetables.

In the area of child and adolescent health, the future appears distressing and even more alarming: Missouri's infant mortality rate is 17th highest in the nation; the rate of AIDS cases among those under the age of 13 is 20th in the nation, with 61 babies reported with AIDS in 2007; nearly 30% of our high school students are current tobacco users, again portending huge future costs for care of tobacco related disease. Perhaps most alarming, and equally distressing is the fact that recent data indicate that Missouri has a shameful record associated with the protection afforded to children and their communities through vaccinations. In 2009, only 56.2% of Missouri's most precious, yet most vulnerable population of children between the ages of 19 to 35 months, received all their recommended shots to prevent diseases like measles, mumps, tetanus, and whooping cough among many others. One need only look at the huge, devastating economic and associated human costs of these diseases to understand the risk this lack of protection might cause.

The indicator of childhood vaccinations represents a very valid example of the overall deteriorating system of public health delivery in Missouri. There is no single area or discipline that can be "blamed" for such alarming data. The delivery (and actual administration) of vaccine is a system in Missouri, as in most states, relying on the federal, state and local government to provide the resources needed for protection. The "system" also requires action on the part of others, including: private physicians, as a high percentage of children seek pediatric care in the private sector; parents and guardians who must be vigilant to assure their children actually remain current; schools and administrators who must enforce prohibitions on entrance of children not adequately immunized; and public health advocates who need to speak up to organized groups of anti-vaccine parents and practitioners who advocate unsubstantiated myths related to vaccine efficacy and risk. Right now, the system is so fragmented with confusing roles and responsibilities as well as abandoned levels of responsibility that the distressing outcomes currently reported are not surprising.

To raise these issues and not suggest options for addressing these concerns would be irresponsible on the part of the Association. The multi-factorial causes need to be addressed from a systems approach, tackling each of the contributors in a coordinated and well-thought-out manner. Until such time as a public health system is allowed to grow and prosper in this state, Missourians are doomed to reap the miserable outcomes and unnecessary human and economic costs that they face. One chief factor can be found in the amount of funds invested in preventive public health services in the State. Missouri currently ranks second last among states (and the District of Columbia) in the nation in the per capita investment of public health funding. According to a recent analysis by Trust for America's Health, only Nevada budgeted less per capita for public health than Missouri. The State of Missouri spends \$9.26 per person on public health, less than one third of the national average spent by states in the rest of the nation at \$28.92 per capita.

However, there are options. While the Association knows and understands this Administration's opposition to raising taxes, particularly during a recession, the State of Missouri has an opportunity to address at least a portion of the gap in funding and to act affirmatively to address the growing negative trend in critical health outcomes. Missouri currently ranks last in the nation in the state excise tax paid by consumers of tobacco products. A raise in this tax would have a combined positive effect of raising needed revenue to address the deplorable outcomes being

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experienced in the State, as well as serve as a strong disincentive to persons addicted to tobacco, thereby encouraging smokers to quit and preventing initiation of tobacco use, particularly among youth, the group most sensitive to price. Numerous studies have demonstrated that excise taxes on tobacco products increase the overall product cost and therefore make the use of tobacco products less attractive to young people with limited income and less discretionary funds.

Further, Missouri already receives a sizeable amount of funds that were initially designed to address the costs associated with tobacco use. As Missouri's Attorney General in 1998, you and 45 of your colleagues waged a battle with the tobacco industry that resulted in the Master Settlement Agreement. A prime purpose of the lawsuit was to compensate states impacted by the huge costs, direct and indirect, associated with the devastating effects of tobacco use. The fruits of that battle, approximately \$25 million per year for the State of Missouri have, to date, been earmarked and appropriated for items not related to tobacco use prevention. The subsequent General Assemblies to date have seen fit to bypass the original intent of these funds and only a very minor share, in one single year since the Agreement, have been appropriated for its intended purpose. You, Governor Nixon, have the authority to reverse that pattern and to use those funds, coupled with funds raised from a minimum raise of \$1 per pack in excise tax on tobacco products to address the serious shortcomings evident in Missouri's public health system.

Our Board fully understands that the answer to the problems we face cannot be resolved with dedicated appropriations alone. Instead, as referenced above, there are systems issues that can and must be addressed. The Missouri Public Health Association is committed to working with the state's Department of Health and Senior Services, the local public health agencies across the State, the four (4) institutions of higher education in Missouri with full academic graduate programs in public health, as well as with concerned citizens and policy makers to make Missouri's system one of cohesion and coordination, a system that is responsive to the residents' needs and health status. We urge your leadership in addressing these issues and encourage your active participation and attention to change the disarray that currently exists and return Missouri to a state where Health is, indeed, the Supreme Law.

Very sincerely,



Patrick Morgester, M.P.H, President
Missouri Public Health Association Board of Directors

cc: Margaret Donnelly, Director, Department of Health and Senior Services
Board Members, Missouri Public Health Association



JEREMIAH W. (JAY) NIXON
GOVERNOR

GOVERNOR OF MISSOURI
JEFFERSON CITY
65102

P.O. Box 720
(573) 751-3222

November 17, 2010

Mr. Patrick Morgester
President
Missouri Public Health Association
722 East Capitol Avenue
P.O. Box 126
Jefferson City, MO 65102

Dear Mr. Morgester:

This letter is to acknowledge that your correspondence to Governor Jay Nixon has been received and shared with staff.

Governor Nixon is working toward making state government more efficient and ensuring the highest possible quality of life for all Missourians. Your input is appreciated.

Again, thank you for your correspondence. Please do not hesitate to contact our office if we may be of assistance in the future.

Sincerely,

A handwritten signature in blue ink, appearing to read "Barb Shimmens".

Barb Shimmens
Director of Constituent Services

2010 MPHA Scholarships & Awards Presented at Annual Meeting

Tracee Houston, RN, is awarded the **Jackie Liesemeyer Nursing scholarship**. Tracee Houston works at the Bollinger County Health Center in Marble Hill, MO as a public health nurse. She received her associate degree from Southeast Hospital College of Nursing and is working toward her BSN at Southeast Missouri State University. Her plans are to obtain a public health position at the state level after completing her education. Tracee notes "I like making a difference. I like to see things improve."

Rebecca Roesslet is given the **Health Professions scholarship**. She is attending the University of Missouri-Columbia for a Masters of Public Health degree. Rebecca serves as the Social Services Supervisor at the Columbia/Boone County Department of Public Health and Human Services. Her undergraduate degree was a BA in Psychology at the University of Missouri-Columbia. Rebecca's most recent accomplishments were completing the Graduate Certificate in Public Health and running her first half marathon!

Tina McCauley receives the **Edna Dell Weinell scholarship**. Starting work at the Joplin City Health Department as a WIC clerk, she is now the senior clerk for the health department. A single mother of three, Tina attends both Crowder College and Missouri Southern State University part-time. Her long term goal is to become a BSN and work in public health. Her supervisor states "Tina is very serious about reaching her goal to be a RN and is making sacrifices both personally and financially to make this become a reality. I would be surprised if there is a better more deserving candidate for your scholarship than Tina."

Bert Malone presents Glenda Miller from the Dept. of Health and Senior Services with the W. Scott Johnson award.

Award Winners

W. Scott Johnson Award: Glenda Miller

Northcutt Award: Clean Air Liberty

Media Award: KMIZ TV, KBIA Radio

Group Merit Award: A Matter of Balance (MOB) trainers

Publication Award: Excess Hispanic Fetal Infant Mortality in a Midwestern Community, Public Health Reports 2009 - Hoff, Cai



Clay County Public Health Center health educator Christy Vogt accepts the Group Merit Award for "A Matter of Balance".



Liberty MO City Councilman Harold Phillips and former City Councilwoman Anna Marie Martin accept the Northcutt Award for advocacy on behalf of Smoke Free Liberty.



MPHA

Education Foundation Scholarships

A foundation was established in 1993 to promote MPHA scholarships and awards. This foundation is a non-profit organization available to receive tax deductible donations to further public health professional education and improvement.

Health Professional Scholarship

This \$500 scholarship is available annually for an MPHA member who is enrolled in an undergraduate or graduate degree in a public health field which will further their career.

Edna Dell Weinell Scholarship

This scholarship provides the opportunity for the practicing public health professional to participate in educational meetings/continuing education programs or traditional academic course work. Preference will be given to educational meetings or CE. The scholarship amount is dependent on the individual's request up to \$500.

Jackie Liesmeyer Nursing Scholarship

This \$500 scholarship is available to a Registered Nurse who is working on an undergraduate or graduate nursing degree.

Communiqué



P.O. Box 126 ■ Jefferson City, MO

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

MPHA Membership



Yes

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 \$ _____

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Area of Professional Interest: (check one)

- | | |
|---|--|
| <input type="checkbox"/> Citizen Health Involvement | <input type="checkbox"/> Public Health Nursing |
| <input type="checkbox"/> Health Promotion | <input type="checkbox"/> Health Care |
| <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> Support Services |
| <input type="checkbox"/> Health Official | <input type="checkbox"/> Food and Nutrition |
| <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Chronic Diseases |
| <input type="checkbox"/> Other: _____ | |

I'd like to serve on the following committee(s):

- ☐ Education
- ☐ Membership
- ☐ Annual Meeting
- ☐ Resolutions & Bylaws
- ☐ Advocacy & Public Policy
- ☐ Public Health Week
- ☐ History

Payment Options:

☐ Check enclosed ☐ Bill my credit card ☐ MC ☐ VISA _____ exp. _____

☐ Invoice my organization: PO # _____

*Please mail with payment to: MPHA, P.O. Box 126
Jefferson City, MO 65102. For questions call: 573.634.7977*

a top national priority by voting to reauthorize this bill.”

APHA looks forward to when president signs the legislation into law once it reaches his desk.

#

Founded in 1872, the APHA is the oldest, largest and most diverse organization of public health professionals in the world. The association aims to protect all Americans and their communities from preventable, serious health threats and strives to assure community-based health promotion and disease prevention activities and preventive health services are universally accessible in the United States. APHA represents a broad array of health providers, educators, environmentalists, policy-makers and health officials at all levels working both within and outside governmental organizations and educational institutions. More information is available at www.apha.org.



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