

Communiqué

NOVEMBER 2009



Public Health
Prevent. Promote. Protect.

Calendar of Events

November 7-11
APHA Annual Meeting,
Philadelphia, PA

2010
January 20
Board Meeting, Jefferson City

April 14
Board Meeting, Jefferson City

July 14
Board Meeting, Jefferson City

September 8
Board Meeting, Jefferson City

September 23-24
Annual Conference
Stony Creek Inn, Columbia

November
APHA Annual Meeting



PRESIDENT'S MESSAGE

Denise Strehlow LaBardi, RD, LD, MPH, MSW

Welcome to all of MPHA's new members especially to our new student members! Thank you to everyone who worked on, presented at, exhibited at or attended the Missouri Association of Local Public Health Agencies and MPHA's annual conference, Building a Foundation for a Healthy Missouri, September 24-25, 2009 at Stony Creek Inn, Columbia, MO.

The meeting could not happen without you! The annual meeting is the time when the new leadership is elected. The officers include:

- President: Denise Strehlow LaBardi
- President-elect: Pat Morgester
- Vice President: Dalen Duitsman
- Secretary: Linda Cooperstock
- Treasurer: Patty Van Tuinen
- Imm. Past President: Bert Malone
- Affiliate Representative to APHA Governing Council(ARGC): Pat Parker
- Board members at Large: Jason Cummins, Cindy Horne, Jodee Fredrick, Anne Lock
- Nominating committee: Beverly Piepenbrok, Jodee Fredrick, Mary Ellen Greer, Bruce Yampolsky

Thanks to all of the returning board members as well as the retiring board members. We appreciate all that you do.

Public health continues to be at the top of the news stories with health care reform, seasonal flu shots, H1N1 flu shots as well as seasonal flu and H1N1 flu illness. Keep up-to-date by checking the website for details on all of these topics.

The 137th APHA Annual Meeting in Philadelphia, PA is fast approaching. The theme this year is Water and Public Health: The 21st Century Challenge. The meeting kicks off on November 7 with an affiliate meeting scheduled. The opening general session is Sunday, November 8th with the event continuing through Wednesday, November 11th.

Have you gotten your flu shot! As public health professionals, we need to get a flu shot to protect ourselves and others from the seasonal flu as well as the H1N1 flu.

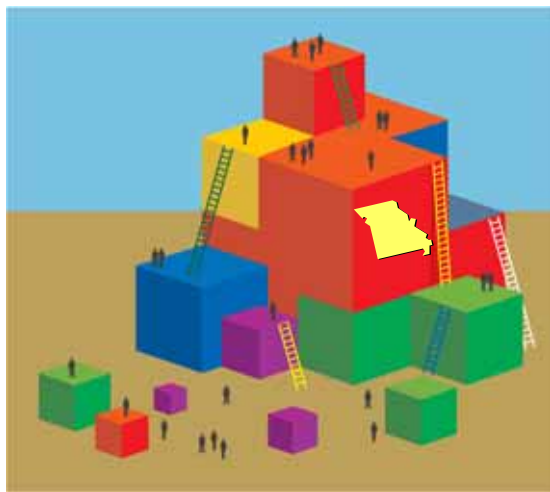
Thank you for all that you do in your community, state, nation and internationally for public health! Please feel free to contact me at dstrehla@hotmail.com.



- Denise



presents



Building a Foundation for a Healthy Missouri

September 24-25, 2009 ■ Stoney Creek Inn, Columbia, MO

General Membership Meeting

MPHA President Denise Strehlow LaBardi called the meeting to order.

Minutes of the 2008 Annual Membership meeting were reviewed. A motion was made and seconded to approve the minutes as presented. On a vote, the motion was approved.

Treasurer's Report was presented with finances through September 16, 2009. A motion was made and seconded to approve the financial report. This motion was approved.

ARGC Report: Pat Parker reported on her duties as the ARGC Representative and noted that she would be attending the upcoming APHA annual meeting in November. She also reported that she hosts a quarterly conference call with other state affiliate representative from Nebraska, Iowa and Kansas. She distributed a written report of APHA issues and policies.

MPHA Foundation: Kathleen Welton reported that there were no applications for any of the scholarships. She reminded everyone that the scholarship application was available on line at www.mopha.org.

Advocacy and Public Policy: Pat Morgester discussed legislation that passed or failed during the last legislative session, in particular the helmet law and funds for local public health agencies.

Annual Meeting and Awards: Bert Malone reported that many students from MSU, MU and KU were in attendance at the conference and reported on the winners of the various awards. They are listed below.

- W. Scott Johnson Award: Sandra Pueppke, RN, BSN, Douglas County Health Department
- Media Award: Youth with Vision PSAs focusing on underage drinking

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- St. Louis Dispatch, for Quality Coverage of Health Issues
- The St. Louis American, for numerous articles on Issues of Health Disparity
- Group Merit Award: Peer Exercise Program Promotes Independence (PEPPI), Clay County Public Health Center
- Publication Award: Rex Archer, MD, MPH for Improved Patient Survival Using a Modified Resuscitation Protocol for Out-of-Hospital Cardiac Arrest
- Christy Vogt, Clay County Public Health Center for Evaluation of the QPR Suicide Prevention Program

Membership Services: A written report was presented. Decreasing membership numbers was discussed.

Newsletter: Pat Morgester reported that a September/October issue of the newsletter would be compiled and distributed soon.

Nominating: Bert Malone distributed the slate of officers and board members. A motion was made and seconded to accept the slate of officers and directors for 2010. On a vote, the motion was approved.

Tobacco Free Missouri: Linda Cooperstock reported that a meeting had been held recently to elect new Board members and finalize new bylaws. She also announced that the coalition was looking for a student presence in the organization.

CHAPTERS

Northwest: It was reported that the chapter was planning a meeting and awards ceremony in January.

Eastern: Denise Strehlow LaBardi reported that the chapter was partnering with the St. Louis University School of Public Health and Pfizer for a meeting in January.

NEW BUSINESS

Resolutions: The following resolutions were approved by a motion and second.

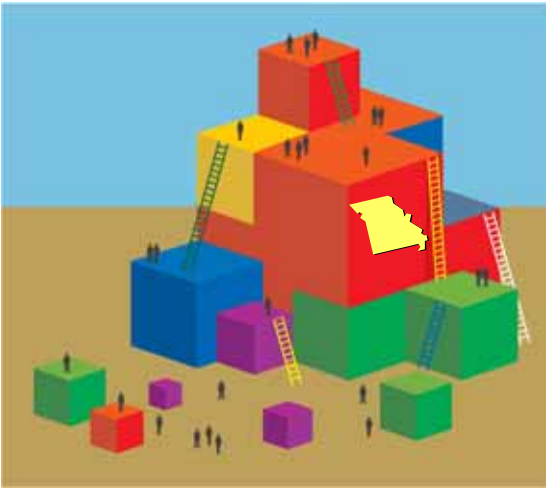
- Core funding for public health at the same level as 2009
- Tobacco Control to pass a good statewide smoking ban in public places in Missouri

OLD BUSINESS

Evaluations: Everyone was encouraged to complete their evaluations for planning purposes for 2010 and visit the Silent Auction that was being held in the Exhibit hall with proceeds going to the MPHA Scholarship Foundation.

There being no further business, the meeting adjourned.





Building a Foundation for a Healthy Missouri





Poster Presentations Provide Important Research Opportunities for Students

Each year, Missouri Public Health Association holds an annual conference to inform, educate, and provide learning opportunities for networking and learning. In conjunction with the annual conference the Association is sponsors a poster contest for university students, public health practitioner, and public health researchers. The poster session provides students with the opportunity to research important public health issues and skills needed upon graduation such as creating a professional poster, presenting to peers, and conference attendees.

The Poster Session at this year's MPHA Conference was held on Thursday, September 24th, 2009 from 5:30 – 7:00 pm in Columbia, MO at the Stoney Creek Inn.

Prize included \$100 and one year free membership for first place, \$50 and one year free membership for second and one year free membership for third.

Posters Presentations

ASTHA BHATIA

Student, Missouri State University, Springfield

1. Poster Title: AIDS/HIV - The global pandemic and its prevention

AIDS is one of the most serious diseases to have affected mankind in the modern world and is thought to be caused by HIV (Human immunodeficiency virus). AIDS is the term given to the final stage of the HIV infection taking 10-15 years to develop. The clinical manifestations of the HIV are due to the destruction of CD4 lymphocytes which are essential to protect the body from different infections. According to CDC, an HIV-infected person can be classified into a patient of AIDS after he/she develops one of the CDC-

defined AIDS indicator illnesses. HIV is spread by sexual contact with an infected person, by sharing needles and/or syringes (primarily for drug injection) with someone who is infected and blood transfusions of infected blood. Babies born to HIV-infected women may become infected. Health care workers can be infected with HIV after being stuck with needles containing HIV-infected blood. The clinical features of AIDS include loss of weight, fever lasting more than 10 days, diarrhea, sore throat, chills, cough, night sweats, swollen glands (lymph nodes), mouth lesions including yeast lesions and painful, swollen gums, headache, tumor (Kaposi sarcoma), specific opportunistic infection (such as pneumocystis, candida and others). ELISA test, Western Blot, OraQuick Rapid HIV-1 are some of the screening tests available for testing the HIV status of a person. Current medications for HIV infection consists of highly active antiretroviral therapy, or HAART. Methods to avoid HIV infection include the elimination of practices such as intravenous drug use and promiscuous sexual activity and use of condoms.

SREENIVAS VORUGANTI

Student, Missouri State University, Springfield

2. Poster Title: Bioterrorism

Bioterrorism is an intentional release of the harmful microorganisms like viruses, bacteria, and other organisms that could cause serious ill effects on health and death of animals, plants and also people. These agents are easily disseminated by air, water or food and used to attack and intimidate people, governments and countries. This is one of the ways used by terrorists easily to cause terrorism since they are very difficult to detect and difficult to diagnose a disease if caused

immediately. There are various categories of bioterrorism.. CDC, American red cross, food and drug administration, National Library of Medicine/National Institutes of Health Medline Plus and others have provided certain criteria or steps to face such a bioterrorist attack. So as a public health issue it is very important to prepare for any bioterrorist attack and we as public health professionals are responsible for initiating a public health response in an emergency and disaster if it occurs.

SRINIVASA RAO PANTULA

Graduate student in Public Health, Missouri State University, Springfield

Additional Authors: Venkata Vijaya Kumar Dalai

3. Poster Title: Bioterrorism in Post 9/11 and Public Health Preparedness

The threat of terrorism increased after 9/11 attacks in United States. Forty percent of Americans still believe there can be another terrorist attack. Bioterrorism is deliberate use of microbial agents like bacteria and virus as weapons and producing mass panic in the society. The attack can be in the form of spread of Smallpox, Anthrax, Brucellosis, and SARS or in the natural form of diseases like Pandemic Flu. Public health preparedness is done in association with Local Public Health Agencies and centrally monitored by Center for Disease Control (CDC) in Atlanta. The public health preparedness includes training of professionals and volunteers to carry out the necessary activities in an attack with Incident Command System, Strategic National Stockpile (SNS) and Point of Dispensing (PODs). The Incident Command system is managed by CDC and is initiated by the Department of Homeland Security. The SNS

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provides life-saving medications in attack of Bioterrorism. Medications are dispensed through “PODs” sites which are not more than a 12 hour drive. There is a need for increased public awareness and education as well as an increased demand for public health professionals trained in preparedness.

JANET WILSON
Missouri Dept. of Health and Senior Services, Jefferson City

4. *Poster Title: Community Health Improvement Resources*

The poster session will present information about the newly renovated Intervention MICA website. The Community Health Improvement Resources (CHIR) website is an evidence-based public health planning process for preparing an assessment and health improvement plan. The website provides guidance and resources for a local assessment and health improvement plan for the core functions contracts.

KATIE EGGERMAN
Graduate Research Assistant, Center for Health Policy, Columbia, MO

Additional Authors: Nicole Bodkin, Graduate Research Assistant; Nick Butler, Project Development Specialist; Gwen Ratermann, Associate Director; Stan Hudson, Project Director; and Dave Zellmer, Project Development Specialist, Center for Health Policy

5. *Poster Title: Health Literacy: a Public Issue*

The commonly-accepted definition of health literacy is “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.” (Healthy People 2010). Awareness of the importance of

health literacy has been gaining momentum, but according to Darcy Freedman, PhD, MPH (University of South Carolina), this definition focuses exclusively on individuals. This narrow conceptual frame creates gaps in the social context of efforts to improve health literacy. This poster discusses the idea that the concept of public health literacy must be added to the overall understanding of how health literacy influences public

SAKET KOTTEWAR
Graduate Research Assistant, MPH Program, University of Missouri Columbia

Additional Authors: Lynelle Phillips, MPH, RN, Field Placement Coordinator, MPH Program

6. *Poster Title: Public-Private-Academic Alliances: We have Nestlings - Nurture them*

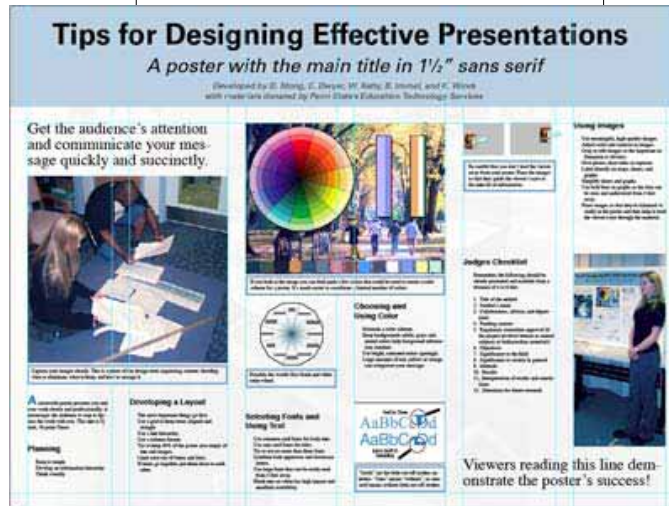
Background: The inevitable consequence of reduced public health funding is its impact on recruitment of qualified public health workers. The purpose of this project was to engage and critically review MU's partnerships with public health organizations as a low-cost option for augmenting their workforce.

Methods: The newly established MU Master of Public Health Program (MPH) requires up to 360 hours of unpaid or low-paid internship experience. Students are from

two different concentration areas: Health Promotion and Policy and Veterinary Public Health. Preceptors in local, state, national, and international settings were established and contractual agreements, work plans and final evaluations were reviewed and signed by student, preceptor and faculty members.

Results: From 2007 to present, 47 MU MPH students have successfully completed internship requirements for a total of approximately 15900 logged hours. We anticipate an additional 2280 hours when eight more MPH students complete their internships by December 2009. Final evaluations thus far were strongly favorable for all students. Projects included communicable disease surveillance and prevention; designing and implementing epidemiological investigations; community coalition building and policy development; health literacy; implementing public health programs at homeless shelters, student health centers and

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health. According to Freedman, public health literacy allows individuals and groups to “make public health decisions that benefit the community.” This definition suggests that communities need to understand the social, environmental, and political factors that play a role in public health. Both constructs can complement one another in the overall effort to improve the health of society. Health Literacy Missouri (HLM), a state-wide initiative funded by the Missouri Foundation for Health, is addressing all of these issues through its projects and activities. As a resource center for HLM, the Center for Health Policy (CHP) at the University of Missouri is engaged in work that integrates health literacy and health equity into the overall concept of public health literacy. This poster will exhibit specific examples of how CHP and HLM are working towards a comprehensive model of community transformation to better health through public health literacy.

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MedZou; animal food safety; and health education and product development.

Discussions: Engaging academic partners and students is a low-cost and effective method for augmenting a local public health agency's ability to implement innovative public health programs. Added benefits include harnessing student willingness to publish creative and successful projects, and fostering enthusiasm in our next generation of our public health workforce.

P. SUDHEER REDDY

Student, Missouri State University, Springfield

7. Poster Title: Smoking in Missouri and its Interventions

Tobacco use kills nearly half a million Americans each year. About 9,500 Missourians died in 2003 due to tobacco related diseases. Second hand smoke causes 1200 deaths annually in this state. Missouri and is ranked 2nd lowest among all other states in cigarette tax at 17 cents per pack of cigarettes. According to a 2007 Missouri County Level Study, prevalence of smoking (18 years and older) was highest in Taney county (40.1) and lowest in Nodaway county (13.9). Tobacco costs are exacerbated by the fact that 40.5% of those who smoke do not have health coverage. The lack of health coverage results in the use of high cost medical treatment (emergency room) when the inevitable health problems occur from tobacco use. However, there are widely available interventions to reduce smoking in Missouri. Missouri clean indoor air laws, quitting interventions and tobacco use prevention programs, the Missouri Tobacco quitline: 1800-QUIT-NOW (1800-784-8669) are among the major interventions. The Missouri Tobacco quitline helps people quit smoking, provides assistance and nicotine patches for 4 weeks. E-cigarettes have been introduced recently which taste like tobacco and provides

nicotine only in inhalation form. The advantage of the e-cigarette is that the smoker is not inhaling any of the 4000 chemicals used in regular cigarettes. The e-cigarette is not approved by USFDA and WHO due to direct heavy exposure of nicotine. In summary, tobacco use is a tremendous burden to Missouri. The good news is that Missouri is actively pursuing solutions to address this major public health problem.

SHAJIYA JAFRI

Graduate Student, Masters of Public Health, Missouri State University Springfield

8. Poster Title: The Methamphetamine Epidemic: A Major Health issue in South West Missouri

Methylamphetamine is among one group of stimulant drugs that affect the central nervous system. In the last twenty years, there has been a growing trend towards methamphetamine becoming a drug of abuse. Significant psychological, social and often criminal behaviors are associated with abuse. Long term use has also been postulated to cause serious permanent neurological deficits. Child neglect and abuse is also commonly seen. Hawaiian islanders and Native Americans have the highest percentage of abusers, but by far the greatest abusers are among Caucasian males. The 21-25 year group has the highest incidence, and an estimated 5.3% have tried this drug. There are an estimated 731,000 current users. A recent alarming trend is the rise of usage among teenagers. Users of meth lie across all socio-economic classes, from blue-collar workers to college students and suburban women. Tougher recent laws to curb local production (such as the Combat Methamphetamine Epidemic Act of 2005), along with a rise in drug lab busts has led to a decrease in local meth production. However, the shortfall has been made up by smuggling across the US-Mexico border by Mexican drug cartels. The authors recommendations towards attempting control of the meth epidemic comprise a more aggressive approach to the

issue, including tougher laws to curb local production plus closing of loopholes in existing laws, tighter border checks to control smuggling, increase funding for law enforcement efforts, increase public awareness and implement programs to both prevent meth abuse and to help quitters stay away from re-addiction.

MAMTHA BALLA

Masters in Public Health, Missouri State University Springfield

9. Poster Title: West Nile Virus

The emergence of several high profile infectious diseases in recent years has focused attention on our need to understand the ecological factors contributing to the spread of infectious diseases. West Nile virus (WNV) is a mosquito-borne zoonotic disease that was first detected in the United States in 1999. The factors accounting for variation in the prevalence of WNV are poorly understood, but recent ideas suggesting links between high biodiversity and reduced vector-borne disease risk may help account for the observed distribution patterns. West Nile virus belongs to the Flaviviridae family. It was first seen in a female patient in Uganda (Africa) in 1937. After several years it other cases started showing up. In 1957 in Israel there was a outbreak of the west Nile virus that got the world's attention. Many people are concerned regarding the outcomes of the west Nile virus infection. It is asymptomatic in 80 percent of the individuals. However, in the symptomatic individuals it can cause fatal complications namely meningitis, encephalitis and Neuro invasive diseases. Because of these fatal complications health department are concerned regarding the prevention of the disease as there is no vaccine available against west Nile virus infection. Since West Nile virus is transmitted by the infected Culex mosquito from avian species to humans, preventing the virus transmission is the key and prime most important issue in controlling the disease in the community.

Associations Honor Public Health Agencies and Individuals at Annual Meeting

Individuals, organizations, and companies were recognized for their contributions to public health at the joint conference of the Missouri Public Health Association (MPHA) and Missouri Association of Local Public Health Agencies (MOALPHA). The conference theme, "Building a Foundation for a Healthy Missouri", provided education, networking and increased opportunities for membership involvement. Over 135 members and guests attended panel discussions and break out sessions over two days at the Stoney Creek Inn, Columbia.

Awards recipients included:

W. Scott Johnson Award

Sandra Pueppke, RN, BSN Administrator was recognized for her continued leadership and lifetime achievement in the field of public health. The W. Scott Johnson Award is the most prestigious of the Association's awards. Ms. Pueppke was instrumental in leading a regional demonstration project for the National Association for County and City Organizations (NACCHO). The result of the project was the formation of a Regional Charter Agreement with nine local public health agencies that included a strategic plan.



Group Merit Award

The Clay County Health Center was the winner of the Group Merit Award. Peer Exercise Program Promotes Independence (PEPPI) is a physical activity program specifically designed

for older adults to increase and maintain their level of fitness and independence. The goal of Clay County Public Health Center is for PEPPI to be available throughout the county, especially in those underserved areas. Currently, 140 participants on average participate in PEPPI each week.



Media Award

The Television and Radio category went to Youth with Vision and the US Army for developing public service announcements focusing on the dangers of underage drinking associated with high school graduation. The concept and scripts were all written and performed by Youth with Vision teens. These humorous radio spots had a strong message against parents allowing underage drinking.

The newspaper category went to two St. Louis publications for their continue reporting on public health issues. Founded in 1928, The St. Louis American Newspaper is Missouri's largest, most widely-read weekly newspaper targeted to African Americans. The newspaper received many awards including the National Newspaper Publishers' Association's Russwurm Award as the #1 African-American newspaper in the country for 2006. The St. Louis American recently published an article on the importance of vaccinating for pneumonia along with the flu shot for people who may be at risk due to multiple chronic health conditions.

The second St. Louis newspaper to win the Media Award was the St. Louis Dispatch for quality coverage of health issues. The reporters and editors have done an exceptional job over the past year of covering issues important to health and public health in the St. Louis region. Article examples include swine flu, E. coli at Lake of the Ozarks, health reform, healthy eating, clean indoor air, and smoking bans.

Publication Award

Circulation, an American Heart Association journal, published the Publication Award winner. Rex Archer, M.D., M.P.H., Kansas City Health Director, co-authored the article, "Improved Patient Survival Using a Modified Resuscitation Protocol for Out-of-Hospital Cardiac Arrest", *Circulation*, May 2009; 119: 2597 - 2605. Conclusions include: changes to prehospital protocol for adult cardiac arrest optimized chest compressions and reduced disruptions increased the return of spontaneous circulation and survival to discharge in patient populations. These changes should be further evaluated for improving survival of out-of-hospital cardiac arrest patients.



Christy Vogt also received the publication award. Her article "Evaluation of the QPR Suicide Prevention Program" appeared in the Missouri Journal of Health,

Physical Education, Recreation and Dance, Volume 19, 2009 pages 55-60. In her article she reviewed data from over 600 students pre/post test on the Question, Persuade, Refer (QPR) Suicide Prevention programs.

APHA Legislative Update



Health Reform Moves Forward But Misses August Deadline

Key House and Senate Committees and leadership continue to press forward on passing health reform legislation this year. However initial plans for the House and Senate to hold floor votes on the legislation prior to Congress adjourning for the August recess have fallen by the wayside. Instead both bodies will attempt to bring the bills up upon their return in September.

In the Senate, the Senate Finance Committee has yet to introduce an official proposal. Senate Finance Committee Chairman Max Baucus (D-Mont.) has been meeting regularly with a bipartisan group of committee members including Senators Olympia Snow (R-Maine), Michael Enzi (R-Wyo.), Charles Grassley (R-Iowa), Kent Conrad (D-N.D.), and Jeff Bingaman (D-N.M.) to try to hammer out a bipartisan agreement for the Committee to consider. Baucus has recently floated the idea of a September 15 deadline for reaching a deal, though at least one member of the core group, Michael Enzi has rejected a call for a deadline.

In mid July, the other Senate Committee with jurisdiction over health reform legislation, the Senate Health, Education, Labor and

Pensions Committee, passed the Affordable Health Choices Act (http://help.senate.gov/Maj_press/2009_07_15_b.pdf) by a party-line vote of 13-10. The legislation is strongly supported by APHA. The legislation contains many strong public health provisions supported by APHA's 2009 Agenda for Health Reform which you can view at: <http://www.apha.org/NR/rdonlyres/681AD0D2-7DD0-48DD-8D59-E425E271156D/0/HlthReform09C6.pdf>. Specifically, the legislation would:

- Develop a national prevention, health promotion, and public health strategy that would set specific measurable goals and objectives for improving the health of the U.S. through federally-supported prevention, health promotion, and public health programs.
- Expand the work and coordination of the Community Preventive Services Task Force and the U.S. Preventive Services Taskforce to improve effective community-based and clinical prevention services and to improve dissemination of recommendations about effective interventions to public health departments, practitioners, policymakers, health systems and others.
- Establish a program at the Centers for Disease Control and Prevention to facilitate the use of health impact assessments to gauge the public health implications of major decisions regarding the built environment, including housing, transportation systems, waste disposal sites and other land-use planning decisions.
- Create a Prevention and Public Health Investment Fund that would provide significant additional sustainable funding, reaching \$10 billion by 2019, to expand critical public health and prevention programs that improve health and help to control private and public sector health-related costs.

- Establish a variety of programs to improve the supply, distribution, diversity and cultural competence of the public health and primary care workforce, including creating a public health workforce loan repayment program to eliminate critical public health workforce shortages and a grant program to provide training and continuing education for mid-career public health professionals.
- Establish a grant program for state and local governmental and community-based organizations to implement evidence-based community preventive health activities to reduced chronic disease rates, address health disparities (including social determinants of health), and develop a stronger evidence-base of effective prevention programs and interventions.
- Require insurers to provide first dollar coverage for highly rated, evidence-based preventive health services.
- Collect data and conduct research on the health and healthcare of populations that have traditionally experienced health disparities and prioritize reducing health disparities in efforts to improve the quality and effectiveness of health services.

In the House of Representatives, the House Energy and Commerce Committee struggled, but succeeded in passing its portion of the health reform bill jointly introduced along with the House Ways and Means and Education and Labor Committees. The Energy and Commerce Committee approved the bill by a vote of 31-28. In order to pass the bill, Committee Chairman Henry Waxman (D-Calif.) negotiated changes to the bill with members of the conservative Democratic Blue Dog Coalition. Specifically, the changes would require the so-called "public plan" to negotiate payment rates with doctors

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and hospitals instead of using existing Medicare rates (to see APHA's view of what the public plan option should entail visit our website at: <http://www.apha.org/NR/rdonlyres/3A49D2D7-DFA6-407B-B177-5F1D8AD31255/0/PublicPlanoption.pdf>), exempt small businesses with incomes less than \$500,000 from the payroll tax if they do not provide health insurance to their employees, and cut \$100 billion from the total cost of the bill by making insurance subsidies available to families and individuals only after they spend 12 percent of their incomes on premiums, up from 11 percent in the existing bill. All of the committee's Republicans opposed the measure, and they were joined by five Democrats, mostly members of the moderate Blue Dog Coalition who say the bill would not do enough to contain the growth of health costs. The House Ways and Means and Education and Labor Committees marked up their portions of the legislation earlier in July.

Key prevention and wellness provisions in the House bill supported by APHA's 2009 Agenda for Health Reform include proposals to:

- Develop a national prevention and wellness strategy that would set specific measurable goals and objectives for improving the health of the U.S. through federally-supported prevention, health promotion, and public health programs.
- Expand the work and coordination of the Community Preventive Services Task Force and the U.S. Preventive Services Taskforce to improve effective community-based and clinical prevention services and to improve dissemination of recommendations about effective interventions to public health departments, practitioners, policymakers, health systems and others.
- Require Medicare, Medicaid and private insurers to provide first dollar coverage for highly rated,

evidence-based preventive health services.

- Establish a Public Health Investment Fund that strengthens the investment in community health centers, the public health workforce, and also funds a Prevention and Wellness Trust to fund community-based prevention and wellness services, core public health infrastructure and activities at the state and local levels, and core public health infrastructure and activities at the Centers for Disease Control and Prevention.
- Require an annual report containing a description of national, regional, or state changes in health or health care, as reflected by a set of key health indicators developed by the newly created Assistant Secretary for Health Information.
- Collect data on the health and health care of populations that have traditionally experienced health disparities and prioritize reducing health disparities in the prevention and wellness strategy and community services grants.
- Improve data collection on health workforce needs and increase the supply, distribution, diversity and cultural competence of the public health and primary care workforce, including establishing and supporting the training of a Public Health Workforce Corps, supporting graduate medical education in preventive medicine and primary care, expanding the National Health Service Corps, and increasing funding for health professions diversity programs.
- Create a new public insurance option that provides consumers with a competitive alternative to private insurance coverage offered through the Health Insurance Exchange.

APHA will continue to monitor the progress of the legislation and advocate to have the recommendations of its 2009 Agenda for Health Reform included in the legislation that moves through Congress this year. You can view the agenda at: <http://www.apha.org/NR/>

[rdonlyres/681AD0D2-7DD0-48DD-8D59-E425E271156D/0/HlthReform09C6.pdf](http://www.apha.org/NR/rdonlyres/681AD0D2-7DD0-48DD-8D59-E425E271156D/0/HlthReform09C6.pdf). You can send a message to your members of Congress urging them to pass comprehensive health reform legislation this year by visiting the APHA's Advocacy site at: <https://secure3.convio.net/apha/site/Advocacy?cmd=display&page=UserAction&id=165>. For additional resources, visit APHA's Healthiest Nation in One Generation website at: <http://www.apha.org/advocacy/healthiestnation/>.

House and Senate Move Health Spending Bills

The House of Representatives passed the Labor-HHS-Education Appropriations bill by a vote of 264-153. The measure provides a program level of \$6.68 billion for the Centers for Disease Control and Prevention (CDC). Without taking stimulus funds into account, the measure provides \$67 million more than regular FY 2009 appropriations. The Senate bill, which has yet to be considered by the full Senate, provides a level of \$6.73 billion.

The Health Resources and Service Administration (HRSA) was funded at \$7.4 billion \$71.3 million over FY2009 and \$179 million over the president's request in the House bill and the Senate Appropriations Committee would provide \$7.263 billion.

APHA will continue to work with its partners to try to ensure the highest funding level for CDC and HRSA in the final bill that will be negotiated later this summer into early fall.



House of Representatives Passes Food Safety Reform

On July 30, the House of Representatives passed the Food Safety Enhancement Act of 2009 (H.R. 2749) to reform our nation's food

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safety system by a vote of 283-142. The legislation would require a number of changes aimed at improving the safety of the nation's food supply including:

- Requiring all facilities that all facilities within the U.S. or those that import food into the U.S. register with the FDA each year;
- Requiring all facilities within the U.S. or importing food into the U.S. to implement food safety plans (meeting at least minimum FDA requirements) which would be subject to FDA audit;
- Increasing FDA inspection of food facilities at both high and low risk facilities as well as at warehouses;
- Improving FDA's ability to trace the origins of contaminated food in the event of an outbreak of foodborne illness;
- Allowing FDA to require stricter food safety requirements on foods imported into the U.S.; and
- Allowing FDA to issue mandatory recalls of contaminated food and strengthens criminal penalties and establishes civil penalties that may be imposed on facilities that fail to meet safety requirements.

APHA has been supportive of efforts in the House to address food safety. However, APHA is still urging Congress to include in any final bill critical provisions to build state and local capacity for foodborne illness detection, surveillance, laboratories and response through grants and training; enhance CDC's food surveillance, investigation and laboratory capacity; and improve coordination across the federal government, state and local governments and private institutions. These provisions are currently in the Senate bill, the FDA Food Safety Modernization Act (S. 510). You can read APHA's letter of support at: <http://www.apha.org/NR/rdonlyres/8B5E4F86-23FB-4BB1-85FF-03A27DD619A4/0/FoodSafety2.pdf>.



U.S. Signs UN Convention on the Rights of Persons with Disabilities

On June 30, U.S. Ambassador to the United Nations (UN), Susan Rice, signed the UN Convention on the Rights of Persons with Disabilities, the first human rights treaty of the 21st century. In addition, the administration will create a new senior-level position at the U.S. Department of State to promote the rights of persons with disabilities internationally.

The convention adopts a broad categorization of persons with disabilities and reaffirms that all persons with disabilities must have full and equal enjoyment of all human rights and fundamental freedoms. It also shows how all categories of rights apply to persons with disabilities and how adaptations can be made to ensure that persons with disabilities can effectively exercise their rights.

The president must now submit the treaty to the Senate where it must be approved by a two-thirds majority before ratification. Thus far, the convention has been signed by 141 other nations and ratified by 63.

You can read APHA's letter in support of signing and ratifying the convention at: <http://www.apha.org/NR/rdonlyres/E1515259-27CF-4359-ABC4-D57A9E4711E7/0/APHAonConventionontheRightsofPersonswDisabilities.pdf>.

For more information about the Convention on the Rights of Persons with Disabilities, visit <http://www.un.org/disabilities/>. For information about federal programs

for people with disabilities, visit www.disability.gov.



Public Health Loses a Champion with the Passing of Sen. Edward Kennedy

The public health community is mourning the loss of one of its biggest champions in the U.S. Senate with the passing of Sen. Edward Kennedy (D-MA) on August 25. Last year, APHA awarded Kennedy with its first-ever Lifetime Achievement Award for his dedication and commitment to championing public health causes in the Senate, including his efforts to provide universal and affordable health coverage for all Americans, regulate tobacco use, protect the health of America's workers and countless other health, safety and labor-related issues. Kennedy had previously been awarded APHA's annual Legislator of the Year award. APHA's statement regarding Sen. Kennedy's death is available on the APHA website.

Governor Patrick Deval has announced that the special election to fill the seat will take place on January 19, 2010. In addition, Massachusetts Secretary of State William Galvin set December 8 for the special primary election to choose nominees for the January ballot. There is also speculation that the legislature in Massachusetts may attempt to change existing law to allow the governor to appoint an interim successor to fill the seat until the special election in January 2010.

No decision has been made as to who will replace Kennedy as chair of the Health, Education, Labor and Pensions (HELP) Committee. The two front runners are Senators Christopher Dodd (D-CT) and Tom

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(Continued from page 12)

Harkin (D-IA) who followed Kennedy in rank on the Committee.

Health Reform at the Top of the Agenda as Congress Returns

As Congress returns from the August summer recess, the House and Senate will again turn their focus to pending health reform legislation. The three committees (Energy and Commerce, Ways and Means and Education and Labor) with primary jurisdiction over health reform in the House of Representatives reported out bills prior to the August recess; however the bill failed to make it to the House floor for full House consideration prior to the break. The House proposal contains strong public health and prevention provisions as well as a public insurance option. In the Senate, the Senate Health, Education, Labor and Pensions (HELP) Committee reported its bill in mid-July. The HELP Committee bill also contains very strong prevention and wellness provisions and a public insurance option. The other committee with jurisdiction over health reform in the Senate, the Finance Committee, has yet to produce an official proposal. Finance Chairman Baucus has spent the past several weeks working with a small bipartisan group of Finance Committee members including Senators Charles Grassley (R-IA), Kent Conrad (D-ND), Jeff Bingaman (D-NM), Olympia J. Snowe (R-ME) and Michael B. Enzi (R-WY) in an effort to develop a bipartisan bill that would not exceed \$1 trillion in costs over 10 years. The outcome of the Senate Finance Committee discussions is especially critical given that the Committee will likely determine whether a public insurance option is included in the bill to be considered by the full Senate. APHA recently sent a letter to President Obama and all members of Congress reiterating its support for a public insurance option. Read APHA's letter on the APHA website.

APHA will continue to monitor the progress of the legislation and advocate to have the

recommendations of its 2009 Agenda for Health Reform included in the legislation that moves through Congress this year. View the Agenda and APHA's position on the "public plan" option in health reform legislation online, where you can also send a message to your members of Congress urging them to pass comprehensive health reform legislation this year and urging them to include a public option in the legislation. For additional resources, visit APHA's Healthiest Nation in One Generation website.



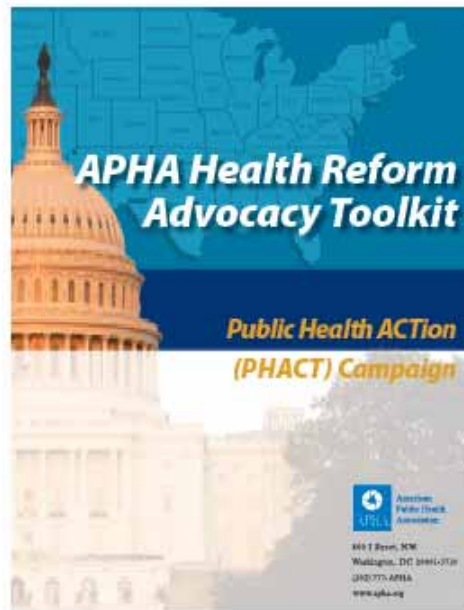
National Food Safety Education Month*
National Restaurant Association Educational Foundation

September is National Food Safety Education Month

In honor of National Food Safety Education Month, arm yourself with information about food safety and learn more about food safety reform efforts. APHA is working with the Make Our Food Safe Campaign to encourage the Senate to take up Food Safety reform this fall. While the Food Safety Enhancement Act of 2009 (H.R. 2749) that passed the House in July is a great step forward toward protecting our nation's food supply, APHA favors the FDA Food Safety Modernization Act (S. 510) introduced by Senator Durbin as it includes these key provisions:

- build state and local capacity for foodborne illness detection, surveillance, laboratories and response;
- enhance CDC's food surveillance, investigation and laboratory capacity; and
- improve coordination across the federal government, state and local governments and private institutions.

To learn more about APHA's Food Safety reform priorities, check out our Food Safety Factsheet. The Make Our Food Safe Campaign website also has information on the Senate Food Safety reform legislation.



Participate in APHA's PHACT Campaign

Summer may be coming to an end, but efforts to mobilize APHA members, affiliates and other advocates to educate policymakers about the need to include strong public health and prevention provisions in health reform legislation will continue throughout the fall.

Just because Senators and Representatives are heading back to Washington, DC, doesn't mean there aren't plenty of opportunities to be heard. As of September 8th, the APHA Health Reform Advocacy Toolkit will be updated for the final months of this Congressional session. For updated information for writing letters to your members of Congress, Op-Eds, letters to the editor, and more, download the new toolkit.

Policy Watch



Oregon Passes Bill to Provide HPV Vaccines to Girls.

In June, the Oregon State

Legislature passed H.B. 2794, mandating that all health benefit plans must include coverage of human papillomavirus vaccines for females age 11 and older. Although easily preventable, cervical cancer, which is almost always caused by HPV, is considered the second deadliest cancer for women 6 worldwide. The HPV vaccine has proven a strong defense against HPV; however it is most effective when administered to girls before they become sexually active.



Missouri Creates Alzheimer's Task Force.

Missouri Governor Jay Nixon (R) recently signed

H.B. 272, the Alzheimer's State Plan Task Force, into law. This law creates a subsection within the Department of Health and Senior Services to specifically focus on the impact of Alzheimer's and related dementia on Missouri residents.

New York Governor to sign bill that bans shackling incarcerated women in labor



New York Governor David Paterson (D) is expected to sign a bill that will prohibit correctional facilities from shackling inmates while

they are in labor. The American College of Obstetrics and Gynecology condemns this practice, stating that it puts women's health at risk. Some corrections departments and unions have said that lifting the ban may put the safety of their staff at risk, stating that the current practice is only used on inmates that pose a threat to the safety of the correctional and medical staff. New York will be the sixth state to pass a law that prohibits the shackling of incarcerated women in labor.



New Jersey Governor signs maternity health legislation

Governor Jon Corzine (D) signed two

pieces of legislation strengthening

maternity health in August. The first bill, A-2539/S-1125, mandates that insurance carriers reimburse physicians throughout the patient's pregnancy rather than waiting until after delivery for reimbursement. The second piece of legislation, S-2231/A-3110, includes nurse midwives as medical professionals that can certify disability related to the pregnancy. Both bills are designed to improve health care access for women.

APHA has a new online platform for our legislative alerts. Please visit <http://action.apha.org/site/PageNavigator/Advocacy> to send a letter to your Congressional representatives urging their support for the APHA Agenda for Health Reform, adequately fund public health agencies and support public health in climate change legislation. Help APHA influence lawmakers to make public health a priority this year.

Volunteer Form

Please volunteer for one of the following committees:

- Education
- Annual Meeting
- Advocacy and Public Policy
- Membership
- Public Health Science and Practice

Email to sboeckman@mopha.org or fax to 573.635.7823



Name: _____

Contact Info

Email: _____

CDC: Swine Flu Vaccine Delay Frustrating

By [Miranda Hitti](#)
WebMD Health News

Oct. 23, 2009 -- The head of the CDC today voiced his frustration with shortages of the [swine flu](#) (H1N1) vaccine.

"We are now in a period where the vaccine's availability is increasing steadily, but far too slowly," CDC Director Thomas R. Frieden, MD, MPH, said in a news conference. "It's frustrating to all of us. We wish there was more vaccine available."

Frieden said the problem is the vaccine production technology, which he called "antiquated ... but tried and true" in terms of its safety.

As of today, about 16 million doses of the vaccine were available to ship to states, and about 11 million doses had been shipped out as of Wednesday. Many of those doses are in the form of a nasal spray, which is only appropriate for healthy people aged 2-49, except pregnant women, who should only get the flu shot. Doses of the vaccine that are in production are split about half and half between the two.

Despite the delays in the swine flu vaccine supply, Frieden predicted there will eventually be enough to go around.

"We have confidence in its safety and that ultimately there will be enough vaccine for everyone who wants to get vaccinated," Frieden said.

Frieden noted that if someone comes down with swine flu, getting the H1N1 vaccine later wouldn't help. But he also pointed out that many people who think they've had swine flu may actually have had a cold or other infection, so the CDC recommends getting vaccinated when the vaccine becomes available.

Children account for most of the people who have gotten the H1N1 vaccine, Frieden said.

The CDC has also received some reports of shortages of the seasonal



flu vaccine, which doesn't protect against the swine flu virus. That shortage is the result of an "unprecedented" number of people getting the seasonal flu vaccine earlier than expected, Frieden said.

Flu is widespread in 46 states, which Frieden says is at "peak" level. He also cautioned that there's no way to know how long that peak will last.

Since the beginning of the swine flu pandemic, the U.S. has had more than 1,000 deaths and more than 20,000 hospitalizations from H1N1 flu.

Asked about lingering concerns about the swine flu vaccine's safety, Frieden said he could understand why some people have such concerns about a new vaccine. But he stressed that the H1N1 vaccine and the seasonal flu vaccine are very similar.

The swine flu vaccine has "the same manufacturing process, the same manufacturers, the same factories, the same safeguards as the seasonal flu vaccine that's used for more than 100 million doses each year and has an excellent safety record," Frieden said. "The enemy here is a virus."

In late August, federal officials were confident that they'd have some 85 million doses of H1N1 swine [flu](#) vaccine by Halloween. Today, with pumpkins already on front porches and only four days until trick-or-treat time, the count stands at just 22.4 million doses.

It's still quite an accomplishment to have created, manufactured, tested,

and delivered tens of millions of doses of vaccine in the mere six months since the swine flu virus was discovered. But those earlier over-optimistic predictions and the current nationwide wave of H1N1 swine flu make it seem like too little too late.

"Significantly more vaccine is becoming available. ... In most states, within the next couple of weeks, [the vaccine] will seem to be much more widespread and it will seem much easier than it is now to get vaccinated," Frieden said at a news conference.

A cumulative 22.4 million doses is nothing to sneeze at. It's a remarkable success that began in 2004 when the U.S. decided to ensure a yearlong supply of the hens' eggs in which the vaccine is made, and which continued this spring when the U.S. signed contracts to ensure a huge supply of vaccine.

True, the vaccine is arriving too late to blunt this wave of the flu. But it's not too late for the majority of people who have remained well, even those in areas now seeing the first wave of the flu subside.

Frieden noted the ironic fact that the initial scarcity of H1N1 swine flu vaccine has driven up demand. Eventually, well before the end of the year, there will be enough of the vaccine for every U.S. resident who wants it. When that finally happens, the question is whether people will still be lining up to get it.

Discovery Channel, via youtube, has posted a very informative video on a lot of known and little-known H1N1 Swine Flu facts. For those looking to really keep track of H1N1 Swine Flu News, this is invaluable information to make sure your Swine Flu News is correct and timely!

2009 ARGC Report of APHA Governing Council

By Patricia Parker, Affiliate Representative to the Governing Council

The Governing Council is the representative legislative body of the American Public Health Association. It consists of voting and nonvoting members who represent different constituencies within APHA. Voting members include one representative designated by each state-affiliated association. Affiliate representatives to the Governing Council (ARGC) are elected by their own Affiliate.

The Governing Council holds two meetings each year. The 2009 schedule is as follows:

1. Mid-year Meeting Teleconference June 22, 2009
2. Annual Meeting Philadelphia, PA, November 7 and 10, 2009



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

APHA Agenda for Health Reform

The executive director (Dr. Benjamin) and staff have developed the APHA Agenda for Health Reform based on a full day of discussion of an Executive Board meeting. The APHA Agenda for Health Reform which outlines our support for universal health care, the public plan, and the focus from sick

care to well care. APHA has been working with several groups on health reform including Health Reform Dialogue, Healthy Nation Alliance, Partnership for Prevention, Trust for America's Health, members of Congress and members of all the committees.

The polls are showing the American people are very much in support of a government sponsored public plan. A great deal of debate is going on about the public plan and how to pay for reform. The cost of \$1 trillion dollars is causing concern but the President has proposed some cuts to ensure that there is enough money for reform. The details of the plan are not settled yet and there is still a lot of work to be done in this effort.

Dr. Benjamin suggested that members can get actively involved in health reform by giving positive comments about quality, affordable healthcare for all, and prevention. Send letters to the editor, comment on newspaper blogs, and respond to the APHA Advocacy Alerts. There are resources available on the APHA website on a series of topics in health reform.

Although health reform is not in the APHA budget, it is our top priority and we are actively engaged in health reform on a daily basis. We are trying to position ourselves in a unique role of speaking for the public voice and speaking on public health and prevention. While we support single payer, we recognize that there is not going to be a lot of debate around single payer and have decided not to include it in our approach to health reform.

From a strategic perspective, it is better to focus our energies on the public plan. The public plan is intended to keep costs under control and it serves as a model that could be expanded in the future.

New Special Population and Interest Group and Forum

The new Physical Activity SPIG and Breastfeeding Forum were approved.

Fiscal

As of April 09, total revenues were \$14,135,778 and are over projection by \$422,457. Total expenses are \$12,653,109, which is under projection by \$532,633. Although the final numbers are not in and even with the economic downturn, projections are that we will end the year with a balanced operating budget for fiscal 09.

Membership continues to be below planned budget as most membership organizations are in the current financial climate. Convention has done better than projected due to hotel rebates although there is concern about attendance as we go forward to the annual meeting. Publications, subscriptions and royalties continue to be ahead of budget. Books and advertising are not meeting planned budget for this fiscal year.

The Finance and Audit Committee has been working with management to decrease expenses in all areas but there was no way to balance the budget for 2010. A deficit budget means that it will be necessary to use money from the reserves for fiscal 2010. The association will need to use \$900,000 of its reserves to pay the difference. The association needs these resources to meet objectives.

This budget does not meet our bank covenant on the loan for the building. We are working closely with the bank and they are aware of what we are doing. We have two years in which to meet the covenant but do run the risk of an increased interest rate at some point.

The Executive Board has instructed management to take any needed

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action not to exceed the stated deficit level and to identify savings wherever possible.

We are in very difficult economic time and it will take extraordinary efforts to keep our Association as strong as possible. This is the first time APHA will need to use the reserves to balance the budget because of an economic downturn. There are enough funds in the reserves to use at this rate for about five years should it become necessary; it is anticipated that this is a temporary situation.

The state of Pennsylvania requires that specific language be included in our Bylaws regarding dissolution in order for APHA to receive a sales and use tax exemption. The 2009 annual meeting will be held in Philadelphia and the tax exemption would be a substantial cost savings. APHA Bylaws were amended to add a new article entitled, Incorporation and Dissolution.

A part-time development staff person was hired to move forward in development efforts.

Membership

A Dues Increase Report compared the 2008 membership to 2007 and the 2009 compared to 2008. There was an increase from January to July 2008, then a steady decline coinciding with the economic downturn. Membership overall continues to decline. Surveys have shown a 7% decrease in membership across associations. The economy has had an effect on membership but the dues increase has not shown a significant impact.

Members are continuing to sign up for multiple memberships. Through April 2009 there have been 1,368 members signing up for 1,889 additional section memberships. Regular members lead in multiple memberships with students coming in second. There is also a continued increase in forums.

The joint membership pilot program initially began in July 2008 with California North, Kansas, Massachusetts, and Ohio participating. In October 2008, it was opened to both APHA and Affiliate members. Between October 2008 and April 2009, 350 individuals have become joint members due to the pilot program.

While the economy continues to impact membership, we saw a slight increase in May and are hopeful that this will continue. Multiple memberships and forums continue to be popular and showing an increase. The joint membership pilot will complete its first year in July and there will be a full report in November.

APHA is contacting members to renew whose membership has lapsed. We recently had a special promotion to encourage those whose membership had lapsed over two years. In addition, we try to find out the reasons people have chosen not to renew.

Georges Benjamin, MD, FACP, FACEP (E), APHA Executive Director, was invited to the White House Rose Garden to attend President Obama's signing of the FDA bill to regulate tobacco.



Proposed Policies for 2009

Group A – Health Disparities / International Health

- A1: Support for Integration of Community Health Workers to Improve the Nation's Health
- A3: Border Crossing Deaths: A Public Health Crisis along the US-

Mexico Border

- A4: Food Crises: Addressing the Current Crisis and Preventing the Next One
- A7: Ensuring the Achievement of the Millennium Development Goals: Strengthening U.S. Efforts to Reduce Global Poverty and Promote Public Health
- A8: The Role of Public Health Practitioners, Academics and Advocates in Relation to Armed Conflict and War

Group B: Environmental Health

- B1: The Elimination of Asbestos and Adequate Compensation for Victims
- B2: Workers Compensation Reform
- B3: Calling for Precautionary Avoidance of Non-Medicinal Hormones, Especially Those Intentionally Added to the Food System
- B6: Reducing the Burden of Poor Health and Health Inequities through Transportation and Land-Use Policies

Group C: Access to Care

- C4: Improving Access to Vision Care in Community Health Centers
- C6: Public Health's Critical Role in Health Reform

Group D: Public Health Science & Infrastructure

- D1: Eliminating Highly-Enriched Uranium (HEU) from Radiopharmaceutical Production
- D3: Building Code Development, Adoption and Enforcement Problems Impacting Safety and Usability of Homes and Other Buildings
- D5: Building Public Health Infrastructure
- D6: Resolution Seeking the Attention of the American Public Health Association to Support the Integration of Core Public Health Education into Undergraduate Curriculum

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Some highlights of 2008 APHA Annual Governing Council Meeting APHA...

...Was involved in passing the mental health parity law

...Is actively involved in the farm bill – there is a significant increase in funding for the nation’s poor

...Supported the Medicare Improvement and Survivors Act, which allows Medicare to use evidence-based data for prevention. The bill reduced some of the barriers to funding mental health and overturned some of the harmful Medicaid regulations.

...Climate change resolutions were introduced in both houses of Congress

...Supported global HIV/AIDS legislation

...Supported the domestic tuberculosis bill to increase funding for tuberculosis in this country

...Won a Supreme Court decision around mercury emissions

...Joined with the ACLU in support of abortion care for women prisoners in Missouri

...Involved in New York City’s legislative brief on labeling regulation, they won in U.S. District Court.

Policies

Co-Chairs of the Joint Policy Committee, Diane Downing and Debbie Hettler (Missouri) presented nine (9) resolutions and position papers for consideration by the Governing Council and the following policy statements were adopted by the Council as Association policy in 2008:

Group A – Health Disparities

- A3: Call for Education and Research into Vitamin D Deficiency/Insufficiency

Group B – Environmental and

Occupational Health

- B3: Discouraging Smoking in Feature Films to Avoid Influence

with dignity act, should evidence emerge the vulnerable populations are disproportionately impacted by such policies.”



Smoking

- B4: Calling for a Global Ban on Lead Use in Residential Indoor and Outdoor
- Paints, Children’s Products, and all Nonessential Uses in Consumer Products

Group C – Access to Care

- C1: The Need for State Legislation Protecting and Enhancing Women’s Ability
- to obtain Safe, Legal Abortion Services without Delay or Government Interference
- C3: Opposition to Prophylactic Removal of Third Molars (Wisdom Teeth)

Group D – Public Health Science and Infrastructure

- D1: Patient’s Rights to Self-Determination at the End of Life “Supports a moratorium on a death

- D2: Community Water Fluoridation in the U.S.
- D3: Promoting Inter-professional Education
- D4: Strengthening Health Systems in Developing Countries

APHA Executive Board agreed to present a Lifetime Achievement Award to Senator Ted Kennedy.

Dr. Benjamin, who was recognized for the second time as one of the most powerful leaders in health, has renewed his contract for another five-year term.

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



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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Ph (O): _____ Ph (H): _____
Fax: _____
E-mail: _____

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:

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