

# Communiqué



## PRESIDENT'S MESSAGE

Robert Niezgoda, MPH  
Taney County Health Department

February 2017

As we begin 2017, it seems that this year promises to be a very interesting and challenging one for public health. Quite a bit has changed in the past few months and even more is anticipated as new administrations at the state and national level begin to implement strategies to meet their goals. Unfortunately, the recent elections and political messaging have created a divisive climate in our country that has driven people apart and created great uncertainty in our communities. Additionally, negative impacts to public health are a real possibility as proposed funding cuts and drastic program changes occur. Looking forward, with all of this uncertainty, the one thing that is certain is that there will be a lot of change in 2017.

Every day we encounter the negative health outcomes that are associated with poverty, unemployment, lack of education, lack of affordable housing, healthcare access, and lack of transportation, i.e. the social determinants of health. Addressing these issues requires efforts that bring community members together from various organizations, agencies, and population groups. Resources, such as people, funding, and time are required for success. Without the proper planning, organization, community partners, collaboration, and political environment; many efforts that can improve the social determinants of health will not begin in 2017.

However, as public health professionals and leaders, this challenging environment presents a unique opportunity for which the public health profession and public health leaders are uniquely qualified. One of the Ten Essential Public Health Services is to “Mobilize community partnerships and action to identify and solve health problems.” This is accomplished, routinely, by public health professionals through establishing partnerships, building coalitions, engaging in collaboration and building consensus. Thus, we are presented, in these challenging times, with an opportunity.

We can choose to confront impending changes with a positive attitude that recognizes the possibilities existing in such an environment. We can confront these tumultuous winds of change by being flexible and prepared to adapt to the myriad of changes that are sure to occur. Our community partners and community members will be seeking guidance from confident, competent leaders who have their best interests in mind. Public Health leaders and professionals can build consensus in their communities by rallying partners and providing leadership that is desperately needed. We can demonstrate the value and efficiencies that exist when collaboration and partnerships occur. We can establish positive messages in our communities to bring people together, countering the negative messages that are intended to divide. Our communities desire an environment that promotes health, happiness and well-being; we need to be the messenger that delivers these positive messages of consensus building, collaboration, and partnerships to “mobilize community partnerships and action to identify and solve health problems”.

This will not be easy; we need to engage in herculean efforts if we are to be successful in building consensus in such a challenging environment. We need to identify new partners, push ourselves out of our comfort zones, and seek leadership positions to be more deliberate in our actions. By doing so, we will shape a positive public health future for our



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## APHA Legislative Update

### **Congress continues to mull over Affordable Care Act repeal**

Congress passed a budget blueprint in January to clear the way for fast action to repeal major provisions of the Affordable Care Act. The budget resolution tasked the Senate Health, Education, Labor and Pensions and Finance Committees and House Energy and Commerce and Ways and Means Committees with developing reconciliation legislation that would only need a simple majority to repeal portions of the ACA. The committees were given a deadline of Jan. 27 to report the legislation to their respective Budget committees, which would then package the legislation into a bill or bills before moving to the full House or Senate for a vote. However, all four authorizing committees missed the deadline. House committee recommendations are now expected in mid-to-late February, and the timeline for the Senate committees to act is unclear. President Donald Trump has put pressure on members of Congress calling for repeal and replace to happen simultaneously. Lawmakers are currently struggling with developing a replacement plan, recognizing that repealing the law without a viable replacement plan in place could result in millions of people losing their health care coverage and destabilization of insurance markets. The delay provides advocates with more time to put pressure on Congress and oppose repeal of the health law. Critical mandatory funding for community-based prevention and public health activities through the Prevention and Public Health Fund, created under the ACA, is also at risk for elimination as part of the larger effort to repeal the

health law. Over the next five years, states would lose more than \$3 billion from grants and programs supported by the prevention fund.

APHA continues to strongly oppose any effort to repeal or otherwise weaken the ACA, elimination of the Prevention and Public Health Fund. And for inspiration, check out the great op-eds recently published by APHA members and Affiliates.

### **APHA speaks out against executive order limiting federal rules**

On Jan. 30, Trump signed an executive order that would require federal agencies to identify two existing rules for elimination every time they seek to put a new rule into place. Federal rules play a key role in protecting the public from a variety of health threats, including deadly air pollution, toxic substances, workplace injuries and food contamination. APHA issued a statement opposing the executive order stating that the order threatens to weaken the federal government's role in protecting the public from serious health threats.

### **Health groups oppose bill that would undermine health rules**

APHA joined the American Lung Association, the American Heart Association and others in sending a letter to the U.S. House of Representatives opposing H.R. 5, the Regulatory Accountability Act of 2017. The bill would undermine proven public health protections by requiring federal standards to be based on industry cost estimates, not what best protects the public. For example, H.R. 5 would force the U.S. Environmental Protection Agency and the Food and Drug

Administration to prioritize the historically overstated estimates of costs to industry over scientific evidence and public health when seeking to craft rules to protect the public from health threats such as air pollution and tobacco products. The bill would also impose dozens of procedural requirements that would increase costs of critical safeguards, or worse, delay or completely block lifesaving protections before they can be implemented. Federal rules already go through extensive review, expert input and public comment before they are finalized. The numerous additional analyses, reporting and planning requirements imposed by this bill, some of which duplicate existing requirements, would hinder agencies from setting safeguards under the law to protect the public.

The bill passed the House by a vote of 238-183. It is unclear whether the Senate plans to take up the bill, and Trump has not indicated whether he would sign the bill should it pass the Senate.

### **Groups urge Senate committee leaders to ensure HHS nominee's commitment to vaccine science**

On Jan. 17, more than 100 public health and medical organizations sent a letter to Senate Health, Education, Labor and Pensions Committee and Senate Finance Committee leaders urging them to ensure that Rep. Tom Price, R-Ga., who has been nominated to lead the U.S. Department of Health and Human Services, is committed to vaccine science. In the letter, the groups stated: "As the nominee for the Secretary of Health and Human

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## APHA Legislative Update continued

Services it is our hope that Chairman Tom Price will support our nation’s public health infrastructure by fostering investments in the science and technology that informs our national immunization policy, providing a safety net to uninsured poor adults for vaccine purchases, monitoring the safety of vaccines, educating providers and performing community outreach, and conducting surveillance, laboratory testing, and epidemiology to respond to disease outbreaks.”

During the hearing, Sen. Robert Menendez, D-N.J., asked Price if he believed that vaccines cause autism. Price responded that the science shows that they do not.

### Health groups oppose roll-back of methane rule

On Feb. 1, APHA joined the American Lung Association, Physicians for Social Responsibility and other leading health organizations in sending a letter to the U.S. House of Representatives opposing H.J. Res. 36, a resolution of disapproval using the Congressional Review Act to permanently block actions by the Bureau of Land Management to reduce dangerous and wasteful methane leaks from the oil and gas industries. Use of the Congressional Review Act would not only block current actions to solve manageable problems, it would also prevent the Bureau of Land Management from moving forward with substantially similar actions in the future. Methane fugitive emissions, or leaks, occur from oil and gas wells, drilling-related

infrastructure and natural gas pipelines. Estimates of the amount of methane lost to leakage range from 9.3 percent to about 12 percent. Not only are these leaks wasteful, but they also create dangerous threats to health, including the release of volatile organic compounds, many of which are toxic and carcinogenic, and are also a precursor to ground-level ozone formation. In addition, methane, a powerful heat-trapping gas, is a highly potent driver of climate change. The resulting higher temperatures mean longer and hotter heat waves and more ground-level ozone; these in turn contribute to asthma attacks, cardiovascular disease, heart attacks and premature death. Climate change also increases the frequency and intensity of storms, droughts, wildfires and flooding.

Unfortunately, the bill passed the House by a vote of 221-191. The U.S. Senate may take up the bill as soon as next week.

### APHA joins health and scientific groups denouncing immigration executive order

On Jan. 27, Trump signed an executive order that would restrict the admission of certain foreign nationals and refugees to the United States under the guise of protecting the nation from foreign terrorists. APHA joined other professional scientific and engineering societies in sending a letter urging the administration to rescind the executive order. In the letter, groups expressed profound concern that the executive order will reduce U.S. science and engineering output by

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## Calendar of Events

April 12, 2017  
**Board of Director’s Meeting**  
MPHA Office

May 2017  
**MINK Conference**  
Location TBD

July 12, 2017  
**Board of Director’s Meeting**  
MPHA Office

September 25-27, 2017  
**Joint Annual Conference**  
**Board of Director’s Meeting**  
Stoney Creek Inn  
Columbia, MO

## APHA Legislative Update continued

discouraging “the best and brightest international students, scholars, and scientists from studying and working, attending academic and scientific conferences, or seeking to build new businesses in the United States.” APHA also joined other groups dedicated to promoting a diverse and culturally competent health and biomedical workforce in expressing concern regarding the impact that the executive order would have on patient care, health education and medical research.

### Policy watch in our region:

#### Iowa looks to defund health care providers that perform abortions

For the first time in two decades, Iowa Republicans have control of the House and Senate. Chief among their goals is a plan to cease all state funding to health care providers that perform abortions.

While these health care providers — the most recognizable example being Planned Parenthood — do offer abortions, these procedures account for only 2.5 percent of the services delivered. Halting state funding to these health providers will also result in patients losing access to critical gynecological and obstetrical services, contraceptive services, treatment of sexually transmitted diseases and prenatal care. Low-income women and women living in rural areas of Iowa with few or no other health care providers to offer comparable services would be most affected in large part due to socioeconomic restraints, inability to travel to a different health care provider, or a lack of similar reproductive services offered by other providers.

According to a 2016 report published by the University of Iowa, for every \$1 spent on family

planning services offered at organizations like Planned Parenthood, Iowa saves \$3.40. Over nearly an 11 year period, the state has saved \$345 million as a result of reduced Medicaid costs for deliveries and birth, and first year of life costs. Defunding family planning clinics would instead result in an increase in Medicaid spending in response to a worsening of birth outcomes, and an increased number of unintended and unwanted pregnancies.

APHA provides regular advocacy and policy updates. Check out [apha.org](http://apha.org) for additional information.

For additional questions or ways to get involved, please contact Denise at [Denise.strehlow@bjc.org](mailto:Denise.strehlow@bjc.org) or 314-580-8713.

## CALLING ALL MEMBERS

The MPHA Board is calling out to members to consider serving on a committee alongside your Board members. The following committees need your assistance:

### Annual Meeting and Awards:

Plans the annual joint meeting of MPHA/MoALPHA, review award nominations and selects awardees, review results of meeting evaluations.

### Education :

Publish and distribute all types of communications with current members. Plan, implement, and evaluate programs to recruit new members. Report activities at each Board meeting.

### Membership Services:

Establish communication and marketing aimed at increasing membership and providing value-added features to membership.

Meetings are arranged by Doodle polling to meet the convenience of the members. Committee Chairs provide reports at MPHA Board meets. This is an excellent way to gain a more comprehensive knowledge of how MPHA operates. You will have the opportunity to make a difference by offering your ideas and suggestions. You will help increase the diversity of committee membership and assist MPHA to better serve its members and improve the public health of all Missourians. So, please email me with your committee of interest or any questions you may have: [cooperstockl@missouri.edu](mailto:cooperstockl@missouri.edu). We'd be happy to hear from you.

## *Patricia (Pat) Parker Receives APHA's Council of Affiliates Award for Excellence at APHA*

As a public health professional and the ARGC for MPHA, it was with great pleasure that I was present at the APHA Council of Affiliates Reception on October 29, 2016 as my colleague and mentor Patricia (Pat) D. Parker received the 2016 CoA Award for Excellence. Pat received the award for her dedication to public health and for the work she has done in the affiliate as well as with American Public Health Association.



Pat has worked in public health since her graduation from University of Illinois with a Bachelor of Science in Community Health Education and School Health Education. She completed her Master of Science in Public Health at University of North Carolina. Pat joined APHA in 1976 and

MPHA in 1996 when she started as the District Health Director with the Missouri Eastern District Health Office in St. Louis.

Pat worked with MPHA members for many years to build a student component into MPHA's annual conference. She was instrumental in the first networking sessions at the annual meeting encouraging students to connect with public health professionals. At the 2015 Annual Public Health Conference, a student group formed from these networking sessions. Pat facilitated the first networking round tables and gathered public health professionals to share their career experiences with the students.

As the Missouri ARGC for 13 years, she collaborated with public health professionals in Iowa, Kansas and Nebraska as well across the country. In that role, she was instrumental in reinvigorating the Region VII (MINK) collaborations while she served as the Regional Representative. She worked with APHA to schedule a monthly conference call and invited the affiliate leaders along with the ARGCs to participate on the calls. Pat facilitated the monthly conference calls while she served as the Regional Representative. The calls led to collaborative grant applications, professional development programs, networking opportunities and an annual regional conference hosted by one of the four states. Pat served on the planning committee for first Region VII (MINK) conference held in Kansas City, MO and hosted by the Kansas City Health Department. In 2016, Nebraska hosted the fifth annual Region VII MINK conference.

Her professional work life has included:

- U.S. Department of Health and Human Services, 2004 to present
- Missouri Department of Health and Senior Services, 1996-2004
- St. Louis University, College of Public Health and Social Justice, Adjunct Instructor, 2004
- St. Mary's Hospital of East St. Louis, Inc, 1993-1996
- Manchester Medical Group, 1983-1988
- Charles Drew Postgraduate Medical School, 1981-1983
- Southern Tulare County health Services, Inc., 1978-1981
- CoA Past Chair, November 2015-present
- CoA Chair, November 2014-2015
- Governing Council's Nominations Committee, 2009-2014
- Missouri ARGC, 2002-2014

Please feel free to contact me with any questions at [Denise.strehlow@bjc.org](mailto:Denise.strehlow@bjc.org) or [strehlowdr@gmail.com](mailto:strehlowdr@gmail.com) or 314-580-8713.

## Addressing Prescription Opiate Abuse in Missouri: Efforts in St. Louis County and Beyond

Amy Endrizal, JD, MPH and Kate Donaldson, MPH

Drug overdose deaths were responsible for 47,055 deaths in 2014; of those, 61% involved an opioid, including heroin and prescription opioid pain relievers (OPR). Approximately 259 million OPR prescriptions, more than one for every adult American, were written in 2012. Nearly 19,000 deaths resulted from OPR overdose in 2014, an increase of 9% from the previous year. High-risk behaviors, such as “doctor shopping” for multiple prescriptions or diversion for use by those other than the person to whom they were prescribed, are associated with overdose outcomes.

With this in mind, the Centers for Disease Control and Prevention (CDC) has recognized prescription drug monitoring programs (PDMPs) as among the most promising policy-level interventions to promote the appropriate prescribing and dispensing of OPRs. A PDMP is a state-operated database that tracks prescribing and dispensing of controlled prescription drugs, including OPRs, to patients by collecting information from dispensers, ordinarily pharmacies, and making that information available to prescribers. A recently published model estimates that the adoption of a PDMP results in a reduction of 1.12 opioid-related deaths per 100,000 the year following its adoption.

Except for Missouri, every state in the U.S. has adopted a PDMP. The Missouri legislature has debated PDMPs for nearly 15 years. Common arguments against PDMPs have included concerns about citizen privacy and skepticism regarding their effectiveness in curtailing opioid-related deaths. States that have adopted these programs are eligible for federal funding to combat OPR- and heroin-related deaths. Last summer, Sen. Claire McCaskill introduced, and the U.S. Senate approved, an amendment to the Comprehensive Addiction and Recovery Act to also allow local governments that adopt PDMPs to apply for federal funding.

In March 2016, St. Louis County passed an ordinance establishing a PDMP, whereby other jurisdictions may opt into the program. St. Louis City enacted its law to adopt the PDMP in May 2016, and St. Charles, Jackson, and Ste. Genevieve counties, and the cities of

Kansas City and Independence have since joined. In addition to passing an ordinance, participating counties must sign a user agreement with St. Louis County. In turn, participating Missouri jurisdictions can coordinate with a neighboring state’s PDMP through a memorandum of understanding. The PDMP platform will be implemented through a chosen vendor and is slated to launch in April 2017.

St. Louis County’s PDMP is part of a comprehensive public health heroin/opiate initiative, addressing abuse on multiple levels. In addition to the PDMP, elements of the initiative include increased rescue use of naloxone, education, communication, and support for prescription drug buy-back programs. PDMP utilization reports and CDC indicators will be used to inform best practices and local program effectiveness. Information on the PDMP, including reporting procedures and provisions of the County ordinance, can be found at <http://www.stlouisco.com/healthandwellness/pdmp>.

### About the Authors

Amy Endrizal is a public health researcher and writer based in St. Louis. Kate Donaldson is the Assessment, Evaluation, and Policy Manager at the St. Louis County Department of Public Health.

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## Addressing Prescription Opiate Abuse continued

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### Northwest Chapter Report

The Northwest Chapter of the Missouri Public Health Association continues to meet quarterly. The most recent Chapter meeting was held on January 10 in Independence and included about 20 attendees.

At the meeting, Dr. Megha Ramaswamy from the University of Kansas Medical Center presented via Adobe Connect on “Cultural Competence (and Social Justice)”. Dr. Ramaswamy shared a wonderful Cultural Competence resource available online in KU’s Community Toolbox. The resource can be viewed at <http://ctb.ku.edu/en/table-of-contents/culture/cultural-competence>.

Bert Malone gave attendees an overview of the Transforming Public Health in Missouri Project and shared news that the Greater Kansas City Health Foundation awarded a grant of \$125,000 in support of the project. Bert also provided an update on several bills in the Missouri Legislature with public health implications.

The next meeting of the Northwest Chapter is scheduled at **11:30 AM on April 11, 2017 at the Ennovation Center in Independence**. All interested parties are encouraged to attend.

#### CURRENT OFFICERS OF THE NORTHWEST CHAPTER

**President**

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## *Tobacco Free Missouri*

### **Tobacco Tax Initiatives**

Tobacco Free Missouri applauds Missourians for seeing through two misleading tobacco taxes initiatives, Amendment 3 and Proposition A, which appeared on the November ballot. Both proposed tax increases were backed by the tobacco industry with Reynolds American (maker of Camel cigarettes) providing over \$12 million dollars to support Amendment 3 and the Missouri Petroleum Marketers and Convenience Store Association supporting Proposition A.

Neither tax increase would have had a public health benefit. Research shows that tobacco taxes must be increased by significant amounts (\$1.00+) and go into effect all at once in order to deter youth from initiating smoking and increase quitting among current smokers. Both of these small, incremental taxes would not have improved public health and may have deterred Missourians from voting on meaningful tobacco tax increases in the future, leading TFM and other health organizations to encourage voters to reject both taxes. Missourians agreed and voted 59.6% in opposition of Amendment 3 and 55.2% in opposition to Proposition A.

### **Annual Membership Meeting and New Board Members**

TFM held its annual membership meeting on November 10<sup>th</sup> in Columbia. Over 30 tobacco control advocates from across state came together to celebrate 2016 successes and hear the presentation, *Tobacco 21 101*, from Stacy Reliford, the Missouri Government Relations Director for the American Cancer Society Cancer Action Network. Also during the annual meeting board elections were held. Please join us in welcoming our new and reelected board members!

### Representing Statewide Organizations

Karen Englert, American Heart Association  
 Leah Martin, American Lung Association  
 Jenna Wintemberg, Missouri Public Health Association  
 Kathy Pabst, Missouri Academy of Family Physicians

### Representing Local/Regional Coalitions:

Christi Nance, Healthy KC  
 Kim Wiemholt, Breathe Easy Boonville

### At Large:

Dr. Kevin Everett  
 Victoria Warren  
 Jennifer Sykes

### **Newest Smokefree Community: Plattsburg**

As a result of the vote in the November General Election, the City of Plattsburg accepted the will of the people and placed an ordinance before the Council, which would ban smoking in public buildings. The council approved the measure 4-0 and it will take effect on Jan. 1, 2017. Congratulations to Plattsburg on becoming Missouri's newest smokefree community!

### **Plans for 2017**

In the upcoming year Tobacco Free Missouri will work closely with the Department of Health and Senior Services to implement the strategic plan for tobacco control in Missouri, support youth advocacy activities across the state, and continue to provide technical assistance to communities pursuing local ordinances.

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## **PRESIDENT'S MESSAGE continued**

communities. This sounds daunting, but it can be accomplished. As public health leaders, we have successfully addressed public health challenges in the past and we will do so now through hard-work, dedication, creativity and leadership. We can accomplish great things in this challenging, ever-changing environment; but we only need to be cognizant of the opportunities as they present themselves and be ready to take action to better our communities.



MPHA President

## *Affiliate Representative to the Governing Council (ARGC)*

*Denise Strehlow, RD, LD, MPH, MSW*

*BJC School Outreach and Youth Development*

*Missouri Affiliate Representative to the Governing Council (MO ARGC)*



The American Public Health Association meeting was in Denver, Colorado. Denver was a great host city with easy access from the airport to the downtown region. There was much excitement in the air as we arrived in Denver with the upcoming elections. Denver welcomed the almost 13,000 APHA meeting attendees with fabulous weather and a very walkable community.

importance of access to health care particularly for women. She spoke of how far health care has come in the years since the inception of Planned Parenthood. CoA sponsored and supported three scientific sessions which included Plan4Health: Building Healthy, Equitable Communities Through Planning and Public Health; Do you want to enhance your health department’s performance? Get accredited! And Colorado’s State Innovation Model-Integrating Health.

The three Governing Council sessions included reviewing policies, processes and voting on new leadership. Much discussion occurred in a short period of time with progress made in all areas. Full policy statements will be available at [www.apha.org/advocacy/policy](http://www.apha.org/advocacy/policy)

**Upcoming events**

National Public Health Week theme for 2017 is Healthiest Nation by 2030. Plan to promote NPHW and use the [www.nphw.org](http://www.nphw.org) website materials. MINK monthly conference calls continue on the first Monday of each month 2:30-4:00PM CST. In 2017, Atlanta will be the site of APHA Annual meeting with the theme of Creating the Healthiest Nation: Climate Changes Health.

Thank you for allowing me to represent you on the APHA Council of Affiliates. Many thanks to BJC HealthCare for supporting my work with MPHA. Denise Strehlow, MO ARGC

For the ARGC, the APHA annual meeting started with a Region VII (MINK) dinner on Friday evening. The Affiliate Day activities began on Saturday morning with representatives from each affiliate gathering at 8:00 for a day of learning and networking. The first session of three Governing Council sessions began Saturday afternoon and the day wrapped up with the Council of Affiliates (CoA) Awards and Reception. MPHA’s Patricia (Pat) Parker received the CoA Award for Excellence for her work. She received the award for her work with MPHA as the Missouri Representative to the Governing Council for 13 years as well as her dedication to mentoring students, coordinating regional efforts with Iowa, Nebraska and Kansas. Pat was instrumental in the facilitating the MINK regional meetings and collaborations. (See additional article).

The Opening Session included wonderful keynote speakers. Dr. Benjamin reported that there were over 12,500 conference registrants with exhibitors down slightly this year. Cecile Richards, Planned Parenthood Chief Executive Officer emphasized the

## **Scholarships Awarded in 2016**

***Edna Dell Weinel Scholarship***  
*Lisa LeAnn Beardsley*

***Jackie Liesemeyer Nursing Scholarship***  
*Rebecca Sigrest*



## Join Missouri Public Health Association

Are you a member of APHA but not currently a member of MPHA? We need your membership to further the message of public health in Missouri.

The benefits of being a member of MPHA include:

- Three newsletters a year filled with up-to-date information
- Legislative updates on Missouri issues as well as national topics impacting Missourians
- Annual meeting with other public health professionals
- Statewide network of public health professionals

*If you are interested in membership in MPHA, please contact Denise Strehlow at [dsl9171@bjc.org](mailto:dsl9171@bjc.org), 314-286-0504 or complete the membership form and return it to the MPHA office.*

### NEW MPHA MEMBERS

*Christi Nance, Jackson County Health Department*

*Michelle Cohen, Humana*

*Stephanie Behlmann, Benedictine University*

*Nola Martz, MODHSS*

*Leah Vincent, MODHSS*

*Patsey Dieleman, MODHSS*

*Mike Bonnett, MODHSS*

*Maha Mohamed, Truman State University*

*Jamika Irby, Doorways Housing*

*Zasmine Johnson, MODHSS*

*Lesha Peterson, MODHSS*

*Marie Ballew, MODHSS*

*Amy McCauley, Missouri Family Health Council*

*Nick Collins, United Health Care*

*Kristi Ressel, University of Missouri*

*Dylan Steigerwald, Jefferson County Health Dept.*

## CALL FOR ARTICLES

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

**Please include the following information with your article submission:**

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

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

### 2017 NEWSLETTER SCHEDULE

**FEBRUARY NEWSLETTER** ~ Article submissions are due by February 10, 2017

**JUNE NEWSLETTER** ~ Article submissions are due by June 9, 2017

**OCTOBER NEWSLETTER** ~ Article submissions are due by October 13, 2017

## *Missouri House and Senate Bills Being Monitored*

<p>HB 29—Pike, Patricia (R) Specifies that "intoxicating liquor" includes powdered alcohol.</p>	<p>medically accurate information regarding reproductive health options in order to receive state funding.</p>	<p>HB 588—Kelley, Mike (R) Prohibits law enforcement from stopping a motorcycle for failing to wear protective headgear.</p>
<p>HB 68—Wessels, Alfred J. (D) Establishes the Narcotics Control Act.</p>	<p>HB 244—Rowland, Lyle (R) Modifies laws relating to advanced practice registered nurses in collaborative practice agreements.</p>	<p>HB 640—Walker, Nate (R) Imposes certain conditions on land devoted to agricultural purposes that is proposed to be acquired through eminent domain.</p>
<p>HB 90—Rehder, Holly (R) Establishes the Narcotics Control Act.</p>	<p>HB 284—Brown, Cloria (R) Prohibits anyone from using a hand-held electronic wireless communication device while driving unless the device is equipped for hands-free operation and is being used in that manner.</p>	<p>HB 767—Pfausch, Donna (R) Allows the Department of Health and Senior Services to perform unannounced inspections of long-term care facilities pursuant to a complaint.</p>
<p>HB 103—Swan, Kathy (R) Establishes the Controlled Substance Abuse Prevention Fund.</p>	<p>HB 322—Neely, James (R) Establishes a pilot program to transfer the authority to inspect nursing homes from the Department of Health and Senior Services to local health departments.</p>	<p>SB 67—Onder, Bob (R) Modifies provisions of law relating to abortion, including donation of fetal tissue, tissue reports, abortion reports, employee disclosure policies, and abortion facility inspections.</p>
<p>HB 113—McGaugh, Joe Don (R) Exempts certain structures used for agricultural purposes from county health orders, ordinances, rules, or regulations.</p>	<p>HB 327—Morris, Lynn (R) Establishes the Missouri Senior Farmers' Market Nutrition Program to provide low-income seniors with fresh, Missouri-grown produce.</p>	<p>SB 68—Onder, Bob (R) Modifies provisions relating to victims of crime.</p>
<p>HB 114—McGaugh, Joe Don (R) Specifies that any person who disseminates false information relating to a perishable food product implying the product is not safe for consumption is liable to the producer.</p>	<p>HB 331—Morris, Lynn (R) Changes the laws regarding vaccines.</p>	<p>SB 72—Schaaf, Rob (R) Provides that certain health care providers may have their professional licenses disciplined for failure to follow the CDC Guideline for Prescribing Opioids.</p>
<p>HB 147—Hurst, Tom (R) Changes the laws regarding the final disposition of aborted fetal remains.</p>	<p>HB 332—Morris, Lynn (R) Changes the laws regarding vaccines and disorder monitoring.</p>	<p>SB 74—Schaaf, Rob (R) Establishes a Prescription Drug Monitoring Act</p>
<p>HB 175—Reiboldt, Bill (R) Prohibits political subdivisions from adopting any ordinance or regulation relating to the labeling, cultivation, or other use of fertilizers or soil conditioners.</p>	<p>HB 370—Newman, Stacey (D) Establishes programs and services to increase preventive health care services in the state.</p>	<p>SB 76—Munzlinger, Brian (R) Prohibits private nuisance actions from being brought when the property owner has a related government issued permit.</p>
<p>HB 176—Reiboldt, Bill (R) Changes the laws regarding the crime of animal trespass.</p>	<p>HB 373—Newman, Stacey (D) Changes the laws regarding the dispensing of contraceptives.</p>	<p>SB 77—Munzlinger, Brian (R) Prohibits political subdivisions from adopting ordinances relating to the labeling, cultivation or use of seed, fertilizers, or soil conditioners.</p>
<p>HB 206—Poque, Jeffrey, (R) Prohibits the collection of water, soil, or commodity samples by governmental entities without the written consent of the landowner.</p>	<p>HB 535—Roden, Shane (R) Specifies that only motorcycle riders under the age of eighteen operating with a motorcycle training permit shall wear a helmet and requires all other riders who wish to ride without a helmet to show proof of health insurance.</p>	<p>SB 165—Schupp, Jill (D) Applies ban on using cell phones for text messaging while driving a motor vehicle to all drivers.</p>
<p>HB 233—Dogan, Shamed (R) Changes the laws regarding the dispensing of contraceptives.</p>	<p>HB 576—McCaherty, John (R) Exempts motorcyclists 21 years of age or older from wearing a helmet when operating a motorcycle or motortricycle if they have the appropriate health insurance coverage.</p>	<p>SB 174—Schaaf, Rob (R) Creates a voluntary replacement alternative program for children's vaccines which do not contain human DNA content.</p>
<p>HB 235—Roden, Shane (R) Specifies that only motorcycle riders under the age of eighteen operating with a motorcycle training permit shall wear a helmet and requires all other riders who wish to ride without a helmet to show proof of health insurance.</p>	<p>HB 236—Lavender, Deb (D) Requires organizations that provide pregnancy-related services to provide</p>	<p>SB 231—Schatz, Dave (R) Establishes the Narcotics Control Act.</p>

## MPHA Members

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

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

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

Thank you in advance for your generosity.

Sincerely,



Linda Cooperstock  
MPHA Foundation Chair

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




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# Joint Annual Conference

September 25-27, 2017

Stoney Creek Inn  
Columbia, MO



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**Lisa Marshall, MS, RD, LD**

Send comments and/or articles to:

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