



President's Message

On September 18th, when the *Health of the Public in Michigan: A Vision for the Twenty-First Century* was introduced, four previous public health directors identified vital functions that had been severely compromised or eliminated during the latter part of the Engler administration. They spoke of the need for a rededication to prevention services and how the loss of those services has seriously impacted the ability of local health agencies to accomplish their mission. Another theme was the need for a focus on research-based practice, and if you haven't checked the Listserve, you should take a look at the websites on evidence-based practice shared by Lynn McDaniels. They speak about the growing disparity - in infant mortality - in access to care - and preventive services for individuals of color. They were eloquent in their pleas to reenergize the public health system, to give it a renewed focus on the tenets of public health, and to move forward to implement important next steps to rebuild the public health system so it can truly accomplish its mission.

As November approaches, we all face momentous decisions that will have lasting effects on the conduct of public health programs and the shape of the public health system for years to come. This election, possibly more than any other in memory, will determine whether the infrastructure of public health will begin a rebuilding process, or continue to suffer the crises currently being experienced.

I urge you to review the legislative survey that forms the body of this issue of IMPACT. In this extremely important election, where not only the leadership of the state but two-thirds of the legislature will change, the election of candidates who are knowledgeable about and recognize the need for a strong public health focus in Michigan have indicated their support for issues that are of vital concern to us. Certainly each race is important, but be especially cognizant of the responses provided by the gubernatorial candidates. The individual chosen to lead that state for the next four years must be someone who seeks to understand our issues and seeks the guidance of the public health community in making decisions that will affect the health of all citizens.

Please accept as your responsibility the review of health policy agendas from both of these candidates, and make an informed decision regarding who you think will provide the crucial leadership necessary to assist the public health system in implementing those next steps outlined in the *Health of the Public in Michigan* paper, and assure that Michigan will again be seen as a leader in addressing the critical issues facing the public health community in the twenty-first century.

Mary A. Scoblic, President

2002-2003 MPHA Officers & Board of Directors

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| Environmental and Occupational Health | Antoinette Dziedzic |



Information needs to be sent to me for inclusion in the **IMPACT**. I am looking for articles from the Sections, Board of Directors, Officers and Members. Articles with a public health bent are welcome. Articles need to be sent to me via e-mail. In addition, I use Microsoft Word.

The due date for the next **IMPACT** Newsletter is March 15, 2003.

Send the information to:

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Michigan Public Health Association 2002 Candidates' Survey

Introduction

We are pleased to present our 2002 Candidates' Survey to members and friends of the Michigan Public Health Association. As leaders in promoting and addressing public health issues, it is our collective responsibility to inform the public of candidates' views in the upcoming election, and to educate the new legislature about public health. The Michigan Public Health Association is proud to have provided this survey service since 1982. In 1990, it was expanded to include all candidates running for state and federal office. The 2002 survey was conducted in partnership with the Michigan Council for Maternal and Child Health.

Survey results are provided as a service to MPHA members and public health advocates. MPHA does not endorse candidates, nor is MPHA attempting to influence its members on whom to vote for. We hope that it proves valuable to you as you make your choices on November 5th.

This year, because two thirds of Michigan's legislature will turn over due to term limits, the survey will be a useful tool after the election as well. It illustrates the candidates' gaps in awareness and understanding of public health issues and can guide you in educating your newly elected officials.

The survey will also be shared with all candidates who provided responses to our questions.

Survey Development

The survey was developed to serve two purposes – first, to raise awareness among the candidates about public health; second, to give the candidates a fair opportunity to display their knowledge and opinions of public health issues in Michigan

The questions represent a sampling of the public health issues facing government and the private sector at the federal, state and local levels. Many of the issues represent concerns that MPHA has addressed through priority setting and policy statements.

Survey Response

The responses reflect only those who returned our survey prior to the publication date, and thus in no way represent all candidates' views. The statements and questions addressed to the candidates appear within this newsletter and on the MPHA website www.mipha.org.

Interpreting and Using the Results

Each responding candidate's responses are included in the table. You can scan the responses of candidates running in your district. You can also scan all the responses to specific questions, noting where there is consensus and where there is not. Responses are also separated for the Michigan and Congressional races. The candidates were asked to use a five point scale to respond to each of the questions as follows: (1) Strongly Agree (2) Agree (3) Neutral (4) Disagree (5) Strongly Disagree

Key Findings

The survey results illustrate several points worth specific mention. In addition, the aggregate responses to key questions are illustrated graphically. All of the survey questions and responses are also included.

Public Health Infrastructure

Several questions were posed relating to the infrastructure supporting public health's ability to conduct surveillance, monitoring and communication. Responses were uniformly supportive to each question; no candidate overtly disagreed with the need for any aspect of enhanced public health infrastructure. The results tell us that the new legislature will be significantly inclined to address public health infrastructure, particularly in their districts.

School-based health services: The federal candidates were twice as likely as state candidates to be neutral or disagree about expansion and additional funding for school-based health services. Ninety-one percent of the state candidates agreed (33%) or strongly agreed (55%) that school-based health services should be expanded in Michigan, while just eight percent disagreed. Seventy eight percent of the federal candidates agreed with expanding school-based health services, and 22% were neutral or disagreed.

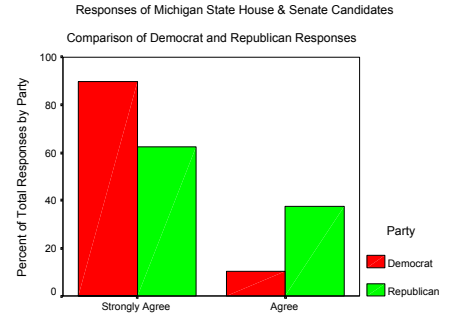
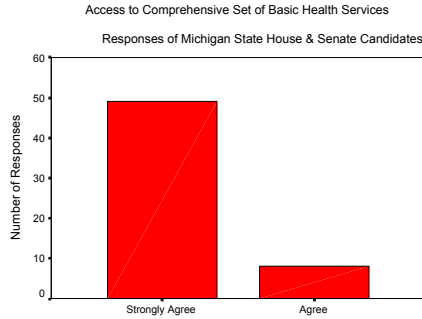
Addressing Health Disparities: Despite advances in health care, public health and the improvement in the overall standard of living, there continues to be a disproportionate number of individuals of color from racial and ethnic groups who suffer a greater burden of disease, disability and death. The state must accept the responsibility of developing and implementing strategies to address these disparities and to assure access to quality health care for all citizens. There was strong support from state candidates to examine and address health disparities, though a Blue Ribbon Committee may not be the best vehicle.

Public health advocates should be prepared to vigorously educate the new legislature about these important issues, and those illustrated.

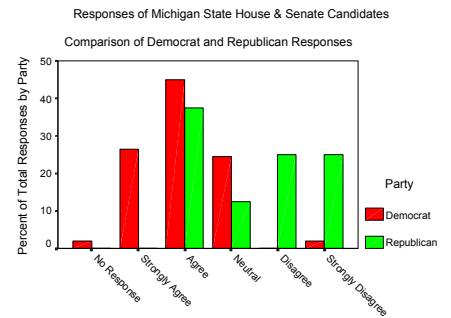
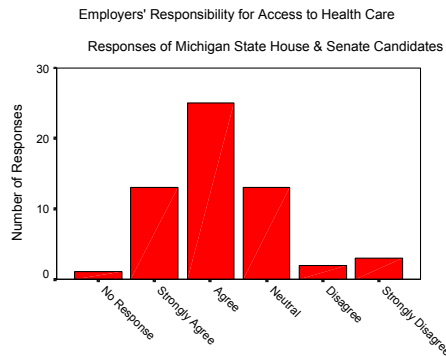
State Candidate Responses to Key Questions

Selected Responses

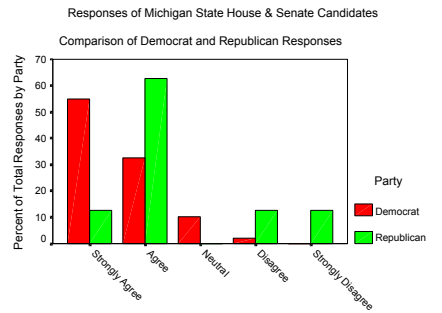
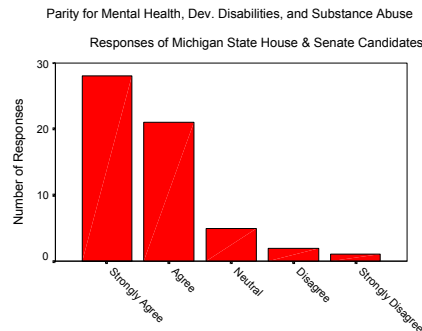
There should be access to a comprehensive set of basic health services (such as preventive health care, maternal/child health services, hospitalization, rehabilitation, for all Michigan residents.



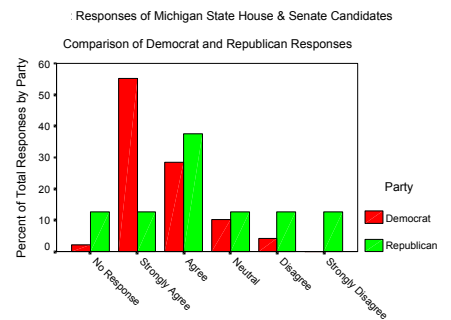
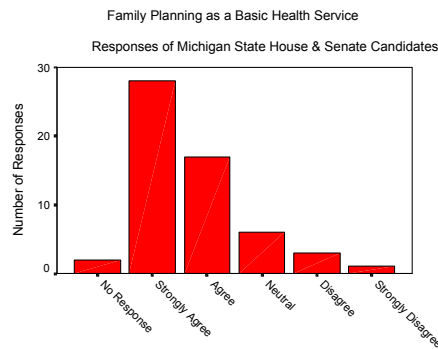
Employers should be responsible for assuring access to health care.



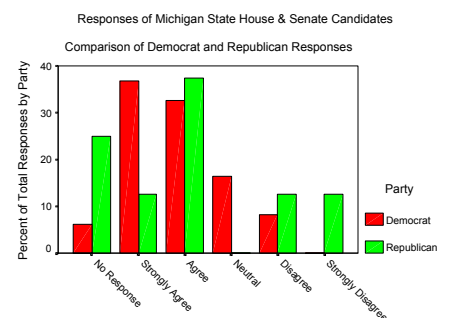
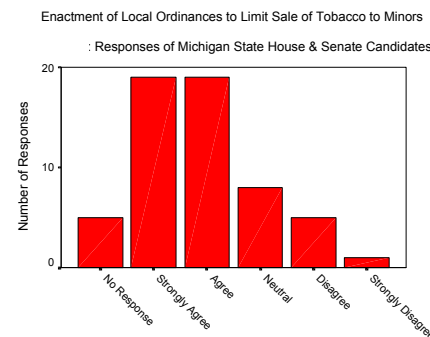
Both public and private health care insurance plans should provide coverage for mental health, developmental disabilities, and substance abuse at parity with other illnesses.



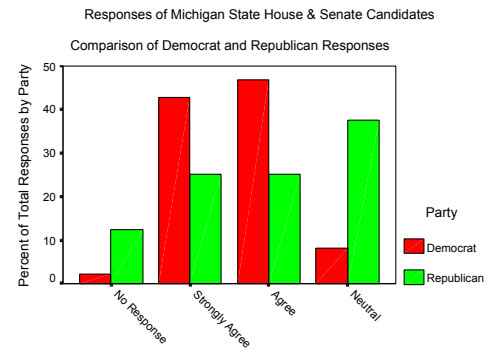
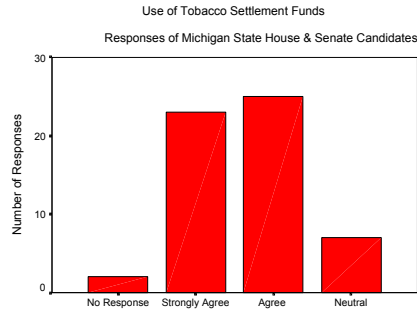
Family planning should be added to the list of basic health services that are, by statute, available to all Michigan residents regardless of age or income level.



Local communities should have the ability to enact their own ordinances that would limit the sale of tobacco to minors.



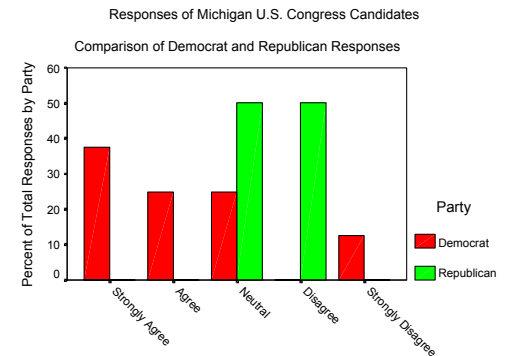
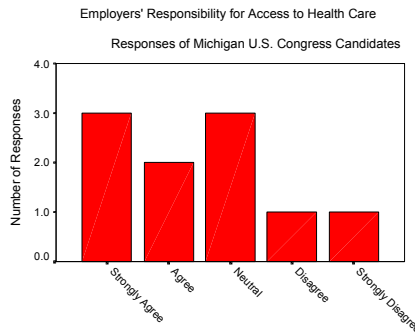
Michigan should use tobacco settlement funds to finance health care for the uninsured, smoking prevention and cessation programs, and reimburse local governments for providing health care for smoking-related conditions.



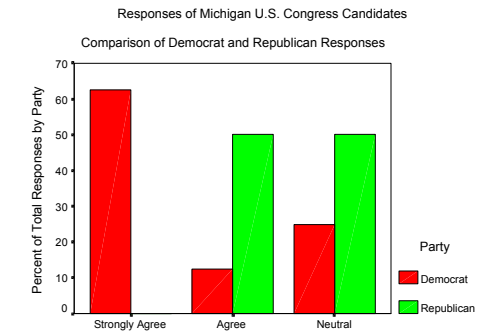
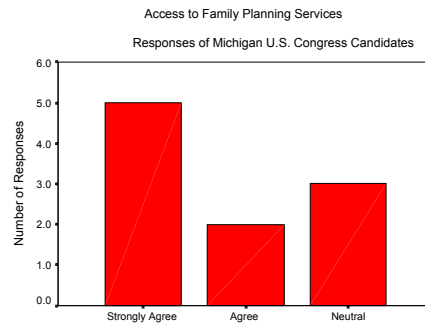
Federal Candidate Responses to Key Questions

Selected Responses

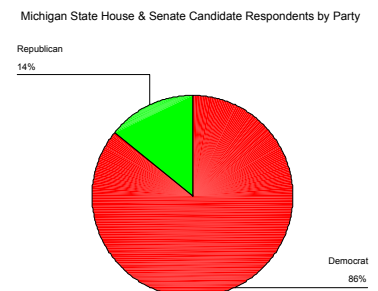
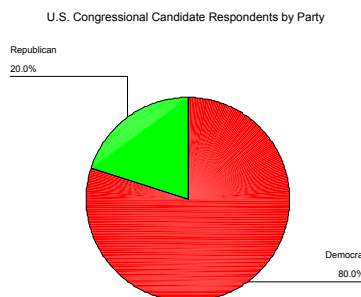
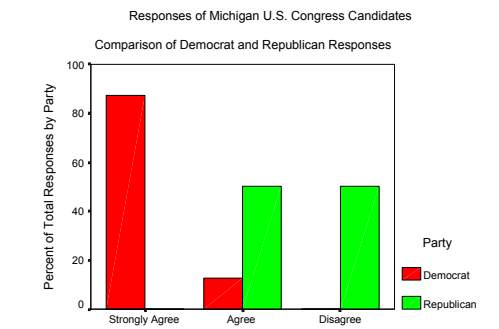
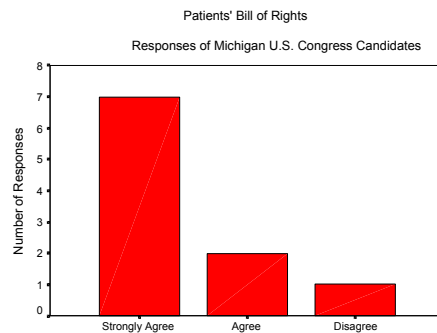
Employers should be responsible for assuring access to health care.



Family planning services should be available by statute to all U.S. residents regardless of age or income level.



Congress should pass a patient's bill of rights that includes the ability to sue health management organizations.



The Legislative Committee Chair, Ingrid Davis, with the special assistance of Donna Strugar-Fritsch, the Public Policy Committee Chair, and Michele Strasz from the Michigan Council for Maternal and Child Health (MCMCH) have provided the leadership in preparing the survey information for our membership. We would also like to thank Miriam Burkett, a Social Work Masters intern with MCMCH for the development of the charts and tables that illustrate the survey results. MPHA hopes this information will guide you in your selection of candidates in the upcoming election.

Michigan Public Health Association 2002 Candidates' Survey State Legislature Questionnaire

1. There should be access to a comprehensive set of basic health services (such as preventive health care, maternal/child health services, hospitalization, rehabilitation) for all Michigan residents.
2. Employers should be responsible for assuring access to health care.
3. Individuals should assume responsibility for gaining access to health care insurance.
4. Prevention services for children should receive significant additional funding for physical, mental health, and substance abuse programs.
5. Both public and private health care insurance plans should provide coverage for mental health, developmental disabilities, and substance abuse at parity with other illnesses.
6. State general funds should be increased for public health specifically for prevention programs.
7. Public health should have adequate resources to perform health status monitoring activities and provide that information to policy-makers and communities.
8. Michigan should expand school-linked and school based health services to address the needs of the entire pediatric population for primary care, prevention, and mental health services.
9. Public health should be adequately funded to continue to provide the nine required (related to immunizations and communicable disease control, vision and hearing screening and environmental health protections)
10. Abortion should not be limited only to women who are victims of rape or incest or whose health is threatened by the pregnancy.
11. Family planning should be added to the list of basic health services that are, by statute, available to all Michigan residents regardless of age or income level.
12. All Michigan schools should teach both abstinence and safe sex as part of their pregnancy prevention education curriculum.
13. Community health agencies including physical and mental health service providers should take primary responsibility for addressing the prevention of interpersonal violence.
14. Michigan should budget sufficient general fund dollars to fully match (30%) the federal dollars available for Project FRESH, the WIC farmer's market program providing coupons to purchase fresh Michigan grown produce from farmer's markets.
15. Local communities should have the ability to enact their own ordinances that would limit the sale of tobacco to minors.
16. Retail outlets selling tobacco products should be licensed to enforce Michigan's prohibition against sales to minors.
17. Michigan should use tobacco settlement funds to finance health care for the uninsured, smoking prevention and cessation programs, and reimburse local governments for providing health care for smoking related conditions.
18. The current tax on alcoholic beverages should be increased using the proceeds to prevent and treat substance abuse.
19. Prevention and treatment resources for substance abuse should be available to all Michigan residents.
20. Michigan Health Initiative funding for HIV and AIDS should be expanded.
21. The Michigan Department of Public Health should be reestablished as a separate state department and have a qualified public health director.
22. Michigan should strengthen its public health infrastructure to enhance the reporting, investigation and monitoring of infectious diseases.
23. Michigan should strengthen its public health infrastructure to enhance the capacity to detect, monitor and respond to agents of bioterrorism.
24. The legislature should establish a Blue Ribbon Committee to examine the increasing health disparities for communities of color including infant mortality and cancer treatment.
25. State funding should be expanded to identify and treat children with lead poisoning, including remediation of lead hazards in housing.
26. There should be an annual review of tax expenditures, that is, tax breaks for businesses and other institutions, concurrent with the annual state budget process?

Michigan Public Health Association - 2002 Candidates' Survey - State Legislature Questionnaire Responses

The answer format shown below was available for each statement:
 (1)Strongly Agree (2)Agree (3)Neutral (4)Disagree (5)Strongly Disagree

Michigan State House Candidates

| Dist. | Name | Party | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | |
|-------|--------------------|-------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---|
| 12 | Chester Calla | R | 1 | 5 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 5 | 5 | 5 | 5 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 5 | 1 | 1 | |
| 19 | Kerry Lowry | D | 1 | 2 | 2 | 2 | 3 | 3 | 1 | 2 | 1 | 3 | 3 | 3 | 3 | 3 | 3 | 4 | 2 | 3 | 2 | 2 | 2 | 1 | 1 | 3 | 2 | 3 | |
| 20 | Mark Blackwell | D | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 3 | 2 | 1 | 2 | 1 | 1 | 1 | 3 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | |
| 23 | Kathleen Law | D | 2 | 2 | 3 | 2 | 2 | 3 | 3 | 3 | 1 | 4 | 2 | 2 | 3 | 2 | 2 | 2 | 3 | 3 | 2 | 3 | 2 | 2 | 2 | 2 | 2 | 2 | |
| 27 | Andy Meisner | D | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 1 | 2 | 2 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 1 | 1 | |
| 31 | Paul Gielegern | D | 1 | 2 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 1 | 1 | 2 | 1 | 1 | 3 | 2 | 3 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | |
| 37 | Aldo Vagnozzi | D | 1 | 2 | 3 | 1 | 3 | 2 | 2 | 2 | 2 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 3 | 2 | 2 | 1 | 1 | 1 | 2 | 2 | 1 | |
| 40 | Shelli Weisberg | D | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 1 | 3 | 1 | 4 | 1 | 1 | 1 | 1 | 2 | 1 | 1 | 3 | |
| 45 | John Kanaras | D | 1 | 1 | 4 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 3 | 1 | 1 | 3 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 3 | |
| 48 | John Gleason | D | 1 | 2 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 4 | 3 | 4 | 2 | 1 | 1 | 1 | 1 | 4 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | |
| 53 | Chris Kolb | D | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | |
| 55 | Gail Hauser-Hurley | D | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 1 | 1 | 2 | 1 | 3 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | |
| 60 | Alexander Lipsey | D | 1 | 3 | 2 | 1 | 1 | 1 | 2 | 2 | 1 | 2 | 1 | 1 | 2 | 1 | 2 | 2 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 1 | |
| 61 | Jim Houston | D | 1 | 3 | 3 | 1 | 2 | 2 | 3 | 3 | 2 | 2 | 2 | 2 | 3 | 2 | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | |
| 62 | Ted Bearing | D | 1 | 2 | 2 | 4 | 3 | 2 | 2 | 2 | 2 | 4 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 4 | 2 | 3 | 2 | 2 | 2 | 4 | 3 | 3 | |
| 65 | Sharon Renier | D | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | |
| 66 | W. James Block | D | 2 | 3 | 3 | 2 | 2 | 2 | 2 | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 2 | 2 | 2 | 3 | 2 | 2 | 2 | 2 | 2 | 3 | 2 |
| 67 | Dianne Byrum | D | 1 | 2 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 1 | 2 | 1 | 3 | 1 | 2 | 2 | 2 | 2 | 1 | 2 | 1 | |
| 71 | Sherry Freeman | D | 1 | 2 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 2 | 1 | 1 | 1 | 2 | 2 | 1 | 1 | 1 | |
| 73 | Fred Clovney | D | 1 | 3 | 2 | 2 | 3 | 1 | 2 | 1 | 1 | 2 | 2 | 2 | 4 | 1 | 2 | 4 | 2 | 4 | 2 | 3 | 2 | 3 | 3 | 2 | 2 | 1 | |
| 74 | Beverly Barringer | D | 1 | 2 | 3 | 1 | 2 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 1 | 4 | 2 | 1 | 2 | 2 | 3 | 1 | 1 | 2 | 1 | 1 | 3 | |
| 75 | Peter VanderMeulen | D | 1 | 3 | 3 | 1 | 1 | 1 | 1 | 2 | 2 | 3 | 1 | 2 | 2 | 2 | 2 | 3 | 2 | 2 | 1 | 2 | 1 | 2 | 3 | 1 | 2 | 1 | |
| 76 | Michael Sak | D | 1 | 2 | 2 | 1 | 2 | 1 | 1 | 2 | 1 | 4 | 3 | 4 | 2 | 2 | 2 | 3 | 3 | 4 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 4 | |
| 77 | Virginia Smith | D | 1 | 2 | 4 | 3 | 2 | 3 | 2 | 2 | 2 | 2 | 1 | 1 | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 1 | 1 | 2 | 2 | 2 | 2 | |
| 80 | WhitneyWolkott | D | 1 | 2 | 1 | 1 | 2 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 2 | 1 | 1 | 1 | 2 | 2 | 1 | 1 | 2 | 2 | 2 | 1 | 2 | 1 | |
| 82 | Eric Knuhf | D | 1 | 2 | 2 | 1 | 2 | 2 | 2 | 1 | 1 | 2 | 2 | 1 | 2 | 2 | 2 | 2 | 2 | 3 | 1 | 2 | 1 | 1 | 1 | 2 | 2 | 2 | |
| 83 | Edward Schultz | D | 2 | 2 | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 2 | 2 | 2 | 2 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | |
| 89 | Rebecca Arenas | D | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 4 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 3 | 1 | 1 | 1 | 3 | |
| 90 | Ken Breese | D | 1 | 1 | 5 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 1 | 1 | 2 | 2 | 2 | 1 | 1 | 2 | |
| 91 | Nancy Frye | R | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 4 | 3 | 3 | 2 | 2 | 2 | 2 | 3 | 2 | 2 | 2 | 3 | 2 | 2 | 2 | 2 | 3 | 3 | |
| 92 | Gregory Boughton | R | 2 | 2 | 3 | 2 | 2 | 2 | 2 | 2 | 1 | 4 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 2 | 3 | 3 | 3 | 2 | 2 | 3 | 2 | 2 | |
| 100 | Don Sterling | D | 1 | 1 | 4 | 1 | 2 | 1 | 2 | 1 | 1 | 2 | 2 | 2 | 1 | 1 | 2 | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | |
| 102 | Paul Challender | D | 1 | 2 | 3 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 4 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | |
| 103 | Dale Sheitrown | D | 2 | 3 | 3 | 2 | 1 | 3 | 3 | 1 | 2 | 5 | 4 | 3 | 4 | 1 | 4 | 4 | 3 | 4 | 3 | 3 | 2 | 2 | 1 | 4 | 2 | 2 | |
| 104 | Joel Casler | D | 1 | 3 | 2 | 2 | 2 | 1 | 2 | 2 | 1 | 1 | 1 | 1 | 2 | 2 | 3 | 2 | 2 | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | |
| 109 | Stephen Adamini | D | 1 | 3 | 3 | 2 | 1 | 2 | 2 | 3 | 2 | 1 | 3 | 1 | 3 | 3 | 4 | 3 | 2 | 3 | 2 | 2 | 3 | 2 | 2 | 2 | 2 | 2 | |
| 109 | James Hafeman | R | 1 | 4 | 2 | 4 | 5 | 5 | 2 | 4 | 2 | 5 | 5 | 2 | 2 | 4 | 4 | 2 | 5 | 2 | 4 | 4 | 2 | 2 | 4 | 4 | 4 | 5 | |

[.] denotes missing data.

Michigan State Senate Candidates

| Dist. | Name | Party | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
|-------|---------------------|-------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 6 | Eileen DeHart | D | 1 | 2 | 4 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 1 | 2 | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 10 | Michael Switalski | D | 1 | 2 | 4 | 2 | 3 | 2 | 2 | 2 | 1 | 2 | 2 | 2 | 4 | 2 | 3 | 4 | 2 | 4 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| 13 | Colleen Levitt | D | 1 | 1 | 4 | 2 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 3 | 2 | 4 | 1 | 2 | 2 | 2 | 1 | 2 | 2 | 2 | 2 | 1 | 1 |
| 14 | Gilda Jacobs | D | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 3 | 1 | 1 | 3 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 1 | 1 | 1 |
| 15 | Sean Carlson | D | 1 | 3 | 2 | 2 | 2 | 1 | 2 | 2 | 1 | 2 | 2 | 3 | 2 | 2 | 3 | 2 | 2 | 3 | 2 | 2 | 2 | 1 | 2 | 1 | 2 | 1 |
| 17 | Sharon Lemasters | D | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 5 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 4 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 17 | Beverly Hammerstrom | R | 2 | 3 | 2 | 3 | 2 | 3 | 2 | 2 | 1 | 5 | 2 | 3 | 2 | 2 | 2 | 3 | 3 | 4 | 2 | 3 | 3 | 2 | 1 | 2 | 2 | 3 |
| 18 | Gordon Barr | R | 1 | 5 | 2 | 3 | 2 | 3 | 2 | 3 | 2 | 3 | 4 | 3 | 4 | 2 | 2 | 3 | 3 | 3 | 2 | 3 | 3 | 1 | 1 | 1 | 1 | 1 |
| 19 | Mark Schauer | D | 1 | 2 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 1 | 1 | 2 | 1 | 3 | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 1 |
| 20 | Ed LaForge | D | 1 | 5 | 5 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 3 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 23 | Virg Bernero | D | 1 | 3 | 4 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 3 | 2 | 1 | 2 | 2 | 2 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 2 |
| 23 | Paul DeWeese | R | 1 | 2 | 2 | 1 | 2 | 1 | 1 | 1 | 1 | 4 | 2 | 2 | 1 | 1 | 2 | 1 | 1 | 2 | 1 | 2 | 2 | 1 | 2 | 2 | 1 | 2 |
| 25 | Tom Hamilton | D | 1 | 1 | 1 | 1 | 2 | 2 | 1 | 2 | 1 | 2 | 2 | 2 | 2 | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| 25 | Jud Gilbert | R | 2 | 4 | 2 | 2 | 4 | 2 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 3 | 2 | 3 | 3 | 2 | 2 | 2 | 2 | 4 |
| 26 | Deborah Cherry | D | 1 | 3 | 5 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 2 | 3 | 3 | 2 | 4 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| 29 | Steve Pesika | D | 1 | 2 | 2 | 1 | 2 | 1 | 1 | 2 | 1 | 4 | 3 | 3 | 2 | 2 | 2 | 3 | 3 | 4 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 4 |
| 30 | John O'Brien | D | 2 | 3 | 2 | 1 | 4 | 2 | 2 | 2 | 2 | 4 | 4 | 1 | 4 | 2 | 2 | 2 | 1 | 2 | 2 | 2 | 3 | 3 | 2 | 1 | 1 | 2 |
| 34 | Bob Shrauger | D | 1 | 2 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 1 | 1 | 2 | 1 | 2 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 |
| 36 | Andy Neumann | D | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 37 | Michael Estes | D | 1 | 2 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |

[.] denotes missing data.



Michigan Public Health Association 2002 Candidate Survey Response

Dear Friends in MPHA:

I am happy to provide my response to your survey. The Health of Michigan's citizens is one of my top priorities and I will be looking for input from you and other health groups as we seek to create a new attitude toward health care in Michigan. For additional information, I invite you to check my website at www.granholmforgov.com where you will find my total health package.

Please understand that while I am supportive of your health positions, I note that the vast majority of them do entail funding. Because the Engler-Posthumus administration will be leaving the state with a deficit projected to be \$1 billion, I cannot responsibly make hard funding commitments to anyone at this time. What I can promise is that there will be a change in priorities in a Granholm administration and I am fully aware how much money the state can save by applying the health care dollars wisely- not to mention how many people will be helped. The budget implications throughout also prompted me to respond only with "Agree" rather than "Strongly Agree".

I appreciate your interest in my position and look forward to working with you.

Sincerely,

Jennifer M. Granholm

1. **There should be access to a comprehensive set of basic health services (such as preventative health care, maternal/child health services, hospitalization, rehabilitation) for all Michigan residents.** Agree.

Expand health care access to working men and women. Over the past 8 years, counties like Muskegon and Wayne have taken innovative approaches to extending health care to working men and women. For instance, Wayne County has helped thousands of working men and women get affordable health insurance through its HealthChoice program. With the county contributing a third of the cost, the business another third, and the worker the final third, HealthChoice enables small businesses to offer health coverage to their employees. I will seek to expand these types of public-private partnerships throughout Michigan.

Simplify and expand access to MiChild, MiFamily, and Medicaid. Over the past year, Michigan failed to utilize federal money available to our state to provide access to health care to the children of working families and to our neediest citizens. I will demand better planning and accountability to fully utilize federal funds as soon as they become available. In addition, our administration will provide new ways to enroll and treat children in MiChild on the spot, make sure that outreach programs are effective, and make enrollment easier.

Expand access to primary care. More than three-quarters of Michigan's counties are medically underserved, and one-third of our citizens live in communities with a severe shortage of primary care doctors. When basic services are inaccessible, patients end up with unnecessary and preventable medical emergencies, specialty care referrals, and hospital admissions. For instance, a national study shows that the existing centers in Michigan have saved the state \$31 million annually in state Medicaid expenditures alone. Yet Michigan only has three such centers in Detroit compared to 55 in Chicago, and 10 each in Milwaukee, Cleveland and Cincinnati. Our administration will fully leverage federal funds by creating more community-based, federally-qualified health centers to ensure that every community has access to basic health care services.

2. **Employers should be responsible for assuring access to health care.** Agree.
3. **Individuals should assume responsibility for gaining access to health care insurance.** Agree
4. **Prevention services for children should receive significant additional funding for physical, mental health, and substance abuse programs.** Agree
5. **Both public and private health care insurance plans should provide coverage for mental health, developmental disabilities, and substance abuse at parity with other illnesses.** Agree.

Move toward parity in health coverage. With all we have learned about the brain and mental illness, we must recognize that mental illness is an illness like any other and must be given adequate attention. Thirty-four states have enacted some form of parity, and some, such as North Carolina, have actually experienced lower mental health care costs as a result. I will launch an immediate effort to design a Michigan specific plan and to utilize the best strategic minds to determine the most appropriate immediate and long-term strategy for mental health and substance abuse parity Michigan.

6. **State general funds should be increased for public health specifically for prevention programs.** Agree

For generations, we have known that an "ounce of prevention is worth a pound of cure." Now, we know that it is also worth years added to our lives and thousands of dollars of unneeded medicines and hospital stays. National research and the experiences of other states show that a modest investment in primary prevention and education significantly reduces rates of teenage smoking, physical inactivity, and unhealthy diets. Yet to date, Michigan has made only a token investment in proven programs to encourage healthy lifestyles, especially among our young. Michigan has dropped from second in the nation in public health to 34th.

7. **Public health should have adequate resources to perform health status monitoring activities and provide that information to policy-makers and communities.** Agree
8. **Michigan should expand school-linked and school-based health services to address the needs of the entire pediatric population for primary care, prevention, and mental health services.** Agree.
Expand school-linked health centers. National and state data show reduced absenteeism, reduced violence, higher test scores, reduced risk behavior and fewer trips to hospital emergency rooms by students and families in a school that has a School Linked Health Center. Yet, Michigan has not developed a single new center in the last decade. I will partner with the education community, the health community and the state to increase the number of School Linked Health Centers in the state.
9. **Public health should be adequately funded to continue to provide immunization, communicable disease control, food inspection, and air and water quality protection services.** Agree.
10. **Abortion should not be limited only to women who are victims of rape or incest or whose health is threatened by the pregnancy.** Agree.
11. **Family planning should be added to the list of basic health services that are, by statute, available to all Michigan residents regardless of age or income level.** Agree.
12. **All Michigan schools should teach both abstinence and safe sex as part of their pregnancy prevention education curriculum.** Agree.
Prevent teen pregnancy. Babies born to teen mothers begin life with disadvantages from which they may never recover. That's why I have pledged to invest in kids, right from the start. I will make preventing teen pregnancy a priority. I will work proactively with non-profit and community groups to encourage abstinence and family planning. Recognizing that adults are often to blame, I will crack down on sexual predators to the fullest extent of the law. For teen mothers that are victims of in-home child abuse, neglect, or sexual abuse, I support policies that allows teens to live in adult-supervised settings that give young mothers a safe and stable alternative to living with their parents. The mothers who live in these second-chance homes must stay in school or job training, and stay drug-free and abide by curfews. In return, they receive protection from violent family members and abusive boyfriends as well as get help with day care, health care, and schoolwork. Most importantly, they learn to nurture their children well.
13. **Community health agencies, including physical and mental health service providers, should take primary responsibility for addressing the prevention of interpersonal violence.** Agree
14. **Michigan should budget sufficient general fund dollars to fully match (30%) the federal dollars available for Project FRESH, the WIC program providing coupons to purchase fresh Michigan grown produce from farmers' markets.** Neutral.
15. **Local communities should have the ability to enact their own ordinances that would limit the sale of tobacco to minors.** Agree.
16. **Retail outlets selling tobacco products should be licensed to enforce Michigan's prohibition against sales to minors.** Neutral.
17. **Michigan should use tobacco settlement funds to finance health care for the uninsured, smoking prevention and cessation programs, and reimburse local governments for providing health care for smoking-related conditions.** Agree.
Dedicate a portion of tobacco settlement funds to cut teen smoking. According to the Centers for Disease Control, Michigan ranks 50th out of 50 states in terms of spending tobacco settlement funds on cessation and prevention efforts. At the same time, Michigan has the 38th highest rate of all states in annual deaths related to tobacco. Not investing in smoking prevention just doesn't make sense. Our administration will partner with non-profit groups that have the most success in preventing teen smoking and in smoking cessation, and will seek to replicate the best practices from successful programs in other states here in Michigan.
18. **The current tax on alcoholic beverages should be increased, using the proceeds to prevent and treat substance abuse.** Disagree.
19. **Prevention and treatment resources for substance abuse should be available to all Michigan residents.** Agree.
20. **Michigan Health Initiative funding for HIV and AIDS should be expanded.** Agree.
21. **The Michigan Department of Public Health should be reestablished as a separate state department and a have a qualified public health director.** Neutral.
22. **Michigan should strengthen its public health infrastructure to enhance the reporting, investigation and monitoring of infectious diseases.** Agree.
23. **Michigan should strengthen its public health infrastructure to enhance the capacity to detect, monitor and respond to agents of bio-terrorism.** Agree.
24. **The legislature should establish a Blue Ribbon Committee to examine the increasing health disparities for communities of color, including infant mortality and cancer treatment.** Agree.
25. **State funding should be expanded to identify and treat children with lead poisoning, including remediation of lead hazards housing.** Agree.
Fight lead poisoning. I will work to eliminate lead poisoning, which now affects 40,000 mostly low-income children, in the next five years. Our administration will coordinate human service agencies and community-based organizations to improve the screening of children to detect lead poisoning and to prevent the lifelong impairment that it causes.
26. **There should be an annual review of tax expenditures – that is, tax breaks for businesses and other institutions – concurrent with the annual state budget process.** Neutral.



Michigan Public Health Association 2002 Candidates' Survey, State of Michigan Questionnaire

1. **There should be access to a comprehensive set of basic health services (such as preventative health care, maternal/child health services, hospitalization, rehabilitation) for all Michigan residents.**

Agree.
2. **Employers should be responsible for assuring access to health care.**

I agree that employers play a crucial role in providing access to health care and should continue to do so. However, we need to create a system where patient's have more rights and responsibilities in the health care industry.
3. **Individuals should assume responsibility for gaining access to health care insurance.**

Agree. I believe we must have a health care system based on a patient's rights and personal responsibilities. Third party payment systems have masked the cost of health care for most people and HMOs have been given too much control over care. Patients are too far removed from the realities of their healthcare decisions and need to be better educated about how much services cost and have a greater ability to shop around for the best care and price for them.
4. **Prevention services for children should receive significant additional funding for physical, mental health, and substance abuse programs.**

The state spends over \$4 million for prenatal care outreach and support, and over \$160 million for women infant and children food and nutrition programs. The state administers the MOMS program (Maternal Outpatient Medical Services), which guarantees that expectant mothers eligible for Medicaid will have their doctors' bills paid. There are public service announcements encouraging pregnant women to seek prenatal care and encourage healthy lifestyles. Our biggest hurdle is not a lack of programs, but a low level of enrollment. My focus will be educating pregnant women and new mothers about these programs so no child goes without the services they need and are available to them.

In regard to mental health, funding for community mental health programs (combined with developmentally disabled services) have expanded over 72%, from \$1.28 billion to \$2.2 billion, over the past 12 years, and the 2003 budget has over a 5% increase in funding for them. I will continue to support community-based decisions and services for children and all those needing mental health services.
5. **Both public and private health care insurance plans should provide coverage for mental health, developmental disabilities, and substance abuse at parity with other illnesses.**

Neutral.
6. **State general funds should be increased for public health specifically for prevention programs.**

I am a firm believer in placing a greater emphasis on prevention programs. Our current health care system is really a "sick care" system – people pull out a card when they get sick and expect someone else to pay the expenses for their care. As Governor, I will focus on preventative measures and wellness training, which will save us millions of dollars in our "sick care" system.
7. **Public health should have adequate resources to perform health status monitoring activities and provide that information to policy-makers and communities.**

It is important to have a good line of communication between the health care industry and public officials so that lawmakers can make informed decisions and help create the best health care system possible.
8. **Michigan should expand school-linked and school-based health services to address the needs of the entire pediatric population for primary care, prevention, and mental health services.**

Agree.
9. **Public health should be adequately funded to continue to provide immunization, communicable disease control, food inspection, and air and water quality protection services.**

Agree.
10. **Abortion should not be limited only to women who are victims of rape or incest or whose health is threatened by the pregnancy.**

Disagree.
11. **Family planning should be added to the list of basic health services that are, by statute, available to all Michigan residents regardless of age or income level.**

Disagree.
12. **All Michigan schools should teach both abstinence and safe sex as part of their pregnancy prevention education curriculum.**

Disagree.

13. Community health agencies, including physical and mental health service providers, should take primary responsibility for addressing the prevention of interpersonal violence.

There is no place in Michigan, or anywhere for that matter, for domestic violence. As Senate Majority Leader, and as Lt. Governor, I have worked with a broad number of agencies – public safety, mental health, schools, etc. – to create a combined approach to reducing violence. We all play a role in reducing interpersonal violence.

By implementing the reforms of the Michigan Domestic Violence Homicide Prevention Task Force, which I chaired and recently signed into law, women and children in Michigan will be safer and we can reduce the number of deaths that result from domestic violence each year.

Specifically we need to: continue to increase public awareness and education; implement victim protections throughout judicial proceedings and uniform standards for reporting and tracking domestic violence crimes and offenders; and enhance domestic violence prevention training for judges and law enforcement.

14. Michigan should budget sufficient general fund dollars to fully match (30%) the federal dollars available for Project FRESH, the WIC program providing coupons to purchase fresh Michigan grown produce from farmers' markets.

Neutral.

15. Local communities should have the ability to enact their own ordinances that would limit the sale of tobacco to minors.

Disagree.

16. Retail outlets selling tobacco products should be licensed to enforce Michigan's prohibition against sales to minors.

Disagree.

17. Michigan should use tobacco settlement funds to finance health care for the uninsured, smoking prevention and cessation programs, and reimburse local governments for providing health care for smoking-related conditions.

I am firmly committed to maintaining the Michigan Merit Award. This award has increased student participation and performance in the MEAP and has provided assistance for educational expenses to tens of thousands of Michigan students.

The settlement funds also support a billion-dollar 20-year commitment on the part of the state to fund the Life Sciences Corridor. These dollars are the cornerstone in Michigan's strategy to create a world-class center in biotechnology and life sciences research. A come-from-behind player, Michigan has developed a comprehensive plan that has already pumped millions into corporate-government-academic collaborations.

I also support maintaining the use of 13% of the settlement funds for health care purposes. Most of these dollars go toward a senior prescription drug assistance program. Our seniors need help with prescription drug costs. I won't let special interests take those funds away.

18. The current tax on alcoholic beverages should be increased, using the proceeds to prevent and treat substance abuse.

Disagree.

19. Prevention and treatment resources for substance abuse should be available to all Michigan residents.

I am a supporter of substance abuse programs. As Governor, I will work with both state agencies and private non-profits to ensure Michigan has adequate programs available for our citizens.

20. Michigan Health Initiative funding for HIV and AIDS should be expanded.

Neutral.

21. The Michigan Department of Public Health should be reestablished as a separate state department and have a qualified public health director.

As for the future structure of state departments, I am neither wedded nor divorced to the current structure. Architects use the phrase "form follows function". With respect to state government, I agree. Politicians are too fixated on flashy department names without saying specifically how they will operate. As Governor, I pledge that whoever is charged with protecting our public health will be focused, responsive and accountable.

22. Michigan should strengthen its public health infrastructure to enhance the reporting, investigation and monitoring of infectious diseases.

Agree.

23. Michigan should strengthen its public health infrastructure to enhance the capacity to detect, monitor and respond to agents of bio-terrorism.

Agree.

24. The legislature should establish a Blue Ribbon Committee to examine the increasing health disparities for communities of color, including infant mortality and cancer treatment.

Agree.

25. State funding should be expanded to identify and treat children with lead poisoning, including remediation of lead hazards housing.

Currently, the state requires all Medicaid children to be screened for lead. A state program now in operation provides remediation of homes where lead paint is present. Additionally, doctors test children based on risks factors in the home. Here, again, our major problem is not a lack of programs to treat children it is plugging families into these programs. I will do more to educate parents and health care providers on the dangers of lead exposure to ensure that children at risk are tested and receive proper treatment.

26. There should be an annual review of tax expenditures – that is, tax breaks for businesses and other institutions – concurrent with the annual state budget process.

Agree, this is something we already do.

Michigan Public Health Association 2002 Candidates' Survey U.S. Congress Questionnaire

The candidates were asked to use a five point scale to respond to each of the questions, as follows:

(1)Strongly Agree (2)Agree (3)Neutral (4)Disagree (5)Strongly Disagree

1. There should be access to a comprehensive set of basic health services (such as preventive health care, maternal/child health services, hospitalization, rehabilitation) for all Michigan residents.
2. Congress should review ERISA (Employee Retirement Insurance Security Act) restrictions that prohibit or impede states from developing their own health coverage plans.
3. Employers should be responsible for assuring access to health care.
4. Individuals should assume responsibility for gaining access to health care insurance.
5. Prevention services for children should receive additional funding for physical health, mental health, and substance abuse programs.
6. Both public and private health care insurance plans should provide coverage for substance abuse prevention and treatment, mental health, and developmental disabilities at parity with other illnesses.
7. There should be increased federal funding dedicated specifically to prevention programs.
8. Public health should have the resources to perform health status monitoring activities and provide that information to policy-makers and the community.
9. All Qualified Health Plans should be required to report standardized health data and information to states for HEDIS and Medicaid requirements, including all components of the Early Periodic Screening Diagnosis and Treatment program.
10. Public health should be adequately funded to continue to provide immunization, communicable disease control, food inspection and air and water quality protection services.
11. Abortion should not be limited only to women who are the victims of rape or incest whose health is threatened by the pregnancy.
12. More federal money should be allocated for the prevention, detection, and treatment of lead poisoning in children.

13. Family planning services should be available by statute to all U.S. residents regardless of age or income level.
14. Schools should teach both abstinence and safe sex as part of their pregnancy prevention education and services.
15. Community Health agencies including physical and mental health service providers should take primary responsibility for addressing the prevention of interpersonal violence.
16. The federal government should not weaken its current laws regarding gun ownership.
17. The federal Food and Drug Administration should have the authority to regulate nicotine as an addictive substance.
18. Congress should pass a patient's bill of rights that includes the ability to sue health management organizations.
19. The current tax on alcoholic beverages should be increased using the proceeds to prevent and treat substance abuse.
20. There should be more federal funding for school-linked and school based health services to address the needs of the entire pediatric population for primary care, prevention, and mental health services.
21. Enhancing the ability to detect infectious disease potentially caused by bioterrorist acts must receive high priority.

*The answer format shown below was available for each statement:
 (1)Strongly Agree (2)Agree (3)Neutral (4)Disagree (5)Strongly Disagree*

Michigan U.S. Congress Candidates

| Dist. | Name | Party | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
|-------|---------------------|-------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|
| 1 | Bart Stupak | D | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 4 | 2 | 2 | 2 | 2 | 3 | 3 | 1 | 4 | 2 | 2 |
| 2 | Jeff Wrisley | D | 2 | 3 | 2 | 3 | 2 | 2 | 2 | 3 | 2 | 2 | 2 | 3 | 3 | 2 | 3 | 1 | 2 | 2 | 1 | 2 | 2 |
| 2 | Pete Hoekstra | R | 2 | 2 | 4 | 2 | 3 | 3 | 3 | 2 | 2 | 2 | 5 | 3 | 3 | 4 | 3 | 3 | 3 | 2 | 4 | 3 | 1 |
| 3 | Kathryn Lynnes | D | 1 | 1 | 5 | 5 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 3 | 1 | 1 | 1 | 2 | 1 | 2 |
| 3 | Vern Ehlers | R | 1 | 3 | 3 | 2 | 1 | 2 | 1 | 1 | 2 | 1 | 5 | 2 | 2 | 4 | 2 | 2 | 2 | 4 | 2 | 3 | 1 |
| 4 | Lawrence Hollenbeck | D | 1 | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 2 | 1 | 4 | 1 | 1 | 1 | 2 | 2 | 1 | 1 | 4 | 1 | 1 |
| 6 | Gary Giguere | D | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 3 | 1 | 1 | 1 | 1 | 1 |
| 8 | Frank McAlpine | D | 1 | 1 | 3 | 2 | 1 | 2 | 1 | 1 | 2 | 1 | 1 | 3 | 1 | 1 | 3 | 1 | 1 | 1 | 1 | 1 | 4 |
| 12 | Sander Levin | D | 1 | 2 | 1 | 4 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 3 | 1 | 1 | 1 | 4 | 1 | 1 |
| 15 | John Dingell | D | 1 | 4 | 3 | 5 | 2 | 2 | 2 | 2 | 3 | 2 | 2 | 2 | 3 | 2 | 3 | 2 | 1 | 1 | 4 | . | . |

[.] denotes missing data.

IMPACT

Michigan Public Health Association

TINA SCOTT
6051 REDONDO DRIVE
HASLETT, MI 48840

The new Board, Oral Health and Nursing Section Listservs are ready.

Below are the new Listserv addresses.

MPHA Member Listserv address:

members@mipha.org

Must be a current MPHA member to be on the MPHA Members Listserv.

Nursing Section Listserv address:

CH_Nursing@mipha.org

Must be a current member of the MPHA nursing section to be on the Nursing Section Listserv.

Oral Health Section Listserv address:

Oral_Health@mipha.org

Must be a current member of the MPHA Oral Health Section to be on the Oral Health Section Listserv.

MPHA Board Listserv address:

Board_members@mipha.org

Must be a current member of the Board to be on the MPHA Board Listserv.

