

IMPACT

Michigan Public Health Association



June 2005

President's Message



Dear Colleagues,

I wish to thank all MPHA members at large for the opportunity to serve as President during 2004-2005. It has been an honor and a privilege. I will continue to assist and support MPHA and its Board of Directors in the years to come. Over the last two to three years, it has become vividly clear to me that MPHA is uniquely represented by a stellar Board of Directors. In fact, representatives of this Board have often been referred to as "Steadfast Leadership in Michigan's Public Health Initiatives."

This past year presented MPHA with golden opportunities for partnerships and collaborations with diverse stakeholders, all clearly focused on the goal of keeping public health as the central theme.

Some of the collaborative efforts in which MPHA participated include:

- Letter of support for The University of Michigan's Public Health Training Center;
- Informed letter of support in tandem with PIRGIM to Governor Granholm for the reduction of heavy metals, specifically the reduction of mercury emission in the environment;
- Advocacy letter to Ferris State University requesting reconsideration of plans to close the Environmental Health Program;
- Letter of support and collaboration for The University of Michigan's grant request spearheaded by Dr. Matt Boulton for Emergency Preparedness Education and Training of the Public Health Workforce.

The State of Michigan under Governor Jennifer Granholm has sparked unique changes in the health care landscape by creating new opportunities to impact public health. The newly established leadership positions of Dr. Kimberleydawn Wisdom (Michigan's Surgeon General) and Jeanette Wrona Klemczak (Michigan's Chief Nurse Executive) represent milestone events that demonstrate a proactive approach to strengthen and refine the status of public health in Michigan. MPHA supports and looks forward to ongoing collaboration with both the Surgeon General and the Chief Nurse Executive.

MPHA is proud to co-sponsor *Michigan's Premier Public Health Conference* in partnership with the Michigan Association of Local Public Health,

The University of Michigan School of Public Health, the Michigan Public Health Institute, the Society of Public Health Educators, and the Michigan Departments of Agriculture, Community Health, and Environmental Quality, along with Michigan's 45 Local Health Departments. This conference will take place on October 11 and 12 in Grand Rapids, and will present an opportunity for building bridges around reaching *Healthy People 2010* objectives.

Wonderful and exciting opportunities are on the horizon for MPHA! This is the time for each of us to add depth and value to our Association. Undoubtedly, as MPHA continues to grow in membership and increases its range of products and services, MPHA's role will also expand in scope and importance. By having grand ambitions for our Association, maintaining firm alignment with our historical stewardship, and working toward increasing our visibility, we will strengthen MPHA in its efforts to protect and promote the public's health in Michigan.

I thank all my predecessors for their dedication and commitment to MPHA. I am proud of MPHA's accomplishments and look forward to supporting our incoming President, Dr. Teresa Wehrwein. ■

Best Regards,
Monty Fakhouri
MPHA President, 2004-2005



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Articles about public health issues are welcome for inclusion in the **IMPACT**. We are interested in receiving articles and information from the MPHA Sections, Board of Directors, Officers, and Members. Articles and information should be sent by email to Jan Brady at: janisu@umich.edu.

Or send information to:

IMPACT

Editor, Jan Brady, PhD, RN
University of Michigan-Flint
Department of Nursing
2180 William S White Building
Flint, MI 48502
Telephone 810-762-3294
FAX 810-766-6851
janisu@umich.edu

EditorJan Brady

Page & Web Design.....Roxanne Strom – StrømDesign

MPHA PO Box 15306 Lansing MI 48901-5308
www.mipha.org

OLDER AMERICANS FACE BARRIERS TO STAYING HEALTHY

Americans older than age 55 know how to protect their health with strategies such as regular exercise and a proper diet, yet older adults face a number of barriers when it comes to taking the necessary steps to improve their health, according to an APHA survey released during National Public Health Week in April.

“At a point when Americans are living much longer, research shows that simple lifestyle changes can help ensure a healthier future,” said APHA Executive Director Georges Benjamin, MD, FACP.

The survey found that half of older adults believe they are living a healthy lifestyle, while half recognize they need to make changes to improve their health. A lack of motivation, followed closely by money and time, were cited as primary barriers to taking action toward protecting health. Also, Americans ages 75 and older are more likely than their younger peers to say they are living a healthy lifestyle — 67 percent for those ages 75 and older, compared to 35 percent of those ages 55–64.

Benjamin said the survey results underscore the need to invest in public education, community-based programs and environmental policy interventions so the health care system can better serve the needs of the aging population.

In addition to their lifestyles, survey participants were also asked about attitudes on the state of health care in the United States. Twenty-eight percent of respondents ranked health care as their top concern for the country — well ahead of the war in Iraq, the economy and terrorism. Also, 61 percent of older adults surveyed said

the cost of health care is of particular concern, followed by 22 percent who cited quality and 14 percent who noted access as a main problem.

During National Public Health Week, APHA recommended that all Americans adopt the “three Ps” to living healthy lives: prevent problems from happening, protect health through early detection and plan to stay healthy for years to come. Coverage of National Public Health Week events from around the country will be published in the next issue of *The Nation’s Health*. ■

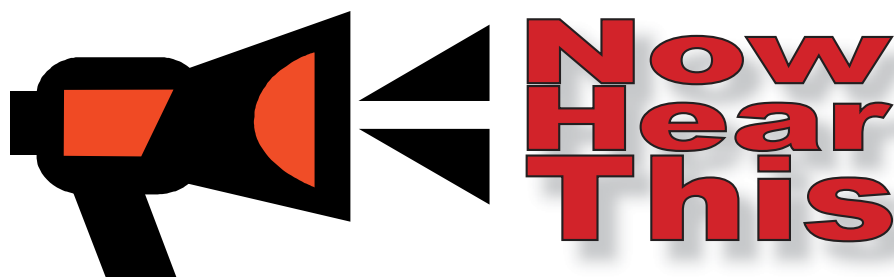
More information on the survey and healthy aging is available online at: <http://www.apha.org/nphw>

Article Source:
The Nation’s Health
May 2005



Be sure to visit the MPHA website on a regular basis for important Association updates and information: <http://www.mipha.org>

Also worthwhile exploring is the website of the American Public Health Association (APHA). Fact sheets related to public health legislation, advocacy, and policy issues are available for downloading (non-members included) at the APHA website: <http://www.apha.org/legislative/factsheets> ■



The American Public Health Association (APHA) recently announced that its award-winning publication, *The Nation’s Health*, has a new website. As reported in the APHA announcement of April 22, 2005, some areas at the website will remain password-protected and available only to APHA members. However, some features and online articles will be freely accessible by non-APHA members, including monthly public health news stories, information about public health media, and the paper’s “Newsmakers in Public Health” section.

To access this exciting new website of *The Nation’s Health*, go to: <http://www.apha.org/tnh> ■

Great Lakes Public Health Associations Meet

Leadership from each of the five Great Lakes state public health associations (Michigan, Indiana, Illinois, Wisconsin and Minnesota) met on April 15-16 in Kalamazoo, Michigan. Also attending the meeting was Lakitia Mayo, Director of Grassroots Advocacy & Affiliate Affairs from the American Public Health Association (APHA). Lakitia discussed APHA's legislative agenda and affiliate advocacy. She also sought feedback from the Great Lakes affiliates on membership recruitment, retention, and incorporating affiliates' websites into APHA's.

Liz Zelazek, ARGC from the Wisconsin Public Health Association and chair of the APHA workgroup on fundraising, gave an update of APHA's concept paper: *Improving the Public's Health Through Strong Public Health Associations*. The APHA concept paper is a proposed five-year initiative to build the capacity of state and regional public health associations (affiliates) and the APHA/Affiliate grassroots policy network. The proposed investment should yield independent associations with the means to improve the public's health through policy, programs, professional development, research-to-practice knowledge transfer, and more. One of the objectives of the concept paper is to increase the affiliate's capacity to serve as an independent convener of public health disciplines and sectors of society. This includes each affiliate employing or contracting with an executive director and or an association management company. The final draft of the APHA concept paper is complete and will be used to approach funders to assist with this initiative.

Other agenda items for the meeting included board training, media trainings, advocacy training, and the annual meeting. In addition, there was discussion on co-sponsoring a Great Lakes affiliate regional conference. There will be more discussion on this at the Great Lakes meeting in November.

One of the most informative aspects of the Great Lakes meeting in April was the affiliate update. Leadership members from each affiliate provided an update of activities occurring in their respective public health associations. This sharing of information generated a lot of discussion, suggestions, and ideas for the affiliates.

Attending the Great Lakes meeting from the Michigan Public Health Association were Teresa Wehrwein (President-Elect), Marie Gates (Board Member), and Ingrid Davis (ARGC). ■

*Submitted by Ingrid Davis
Affiliate Representative to the APHA Governing Council (ARGC)
Michigan Public Health Association*

Michigan Smoke-Free Regulations, Ordinances & Policies



To find updated demographic data on Michigan communities covered by local Clean Indoor Air laws and to access copies of the Clean Indoor Air laws enacted in Michigan, go to: <http://www.tcsg.org/sfelp/smokereg.htm> ■

*Submitted by
Jim Bergman, J.D.
Smoke-Free Environments Law Project
Co-Director
The Center for Social Gerontology*

Participants at the Great Lakes Affiliates Meeting in April 2005



Photo submitted by Ingrid Davis

Community Health Nurses Make a Difference

Community Health Nurses (CHNs) have provided unique contributions in promoting healthy behaviors and preventing disease for over 115 years. Historically, CHNs have provided health promotion programs and nursing services in homes, schools, and communities. The practice of CHNs is characteristically focused on the health of populations—the public's health. Unfortunately, the value of public health often remains invisible and is not generally recognized until major episodes of disease or epidemics occur.

As health care costs continue their alarming trend, many in our society are beginning to realize that “An ounce of prevention is worth a pound of cure.” CHNs have experience in planning, implementing, and evaluating evidence-based health promotion programs. In fact, CHNs play vital roles in efforts to prevent disease. We need to increase the visibility of CHNs and recognize the importance of their professional contributions for promoting and protecting the health of Michigan's citizens.

On October 1, 2004, the Community Health Nursing (CHN) Section of MPHA conducted a Fall program in Grand Rapids and addressed one of the Section's 2004-2005 Goals: “To provide information sharing, networking, leadership and recognition among Community Health Nurses.” Kent County public health nursing leaders, Sandy Walls, Colleen Jillson, and Donna Caldon, were superb in planning local arrangements and facilitated efforts of the Program Planning Committee that included: Karen Flowerday, Norma Killilea, Jenifer Murray, Anita Turner, and Roberta Asplund.

The Fall program provided an opportunity to highlight information about

exciting CHN initiatives, such as the *Nurse-Family Partnerships in Michigan*, *Healthy Kent 2010 Infant Health Team*, and *Faith Community Parish Nursing*. The Executive Director of the Michigan Nurses Association, Tom Bissonnette, and our new Chief Nurse Executive at the Michigan Department of Community Health, Jeanette Klemczak, offered directions for increasing the visibility and voice of CHNs in Michigan.

Goals and objectives of the CHN Section support the legislative objectives of MPHA. Major concerns of CHNs are the budget cuts for state and local health departments that will impinge upon the ability of Michigan's state and local health departments to carry out traditional preventive public health services. For example, changes in vision and hearing screening programs would affect the health and well being of our children and their ability to function in school.

On March 9, 2005, some of our CHN Section members visited with their legislators during the “Day at the Capitol” event that was jointly sponsored by MPHA and MALPH. Legislators were provided with informational packets that included the proposed public health budget cuts. Budget issues and their critical implications were discussed with legislators and local health department leaders during lunch. The governor's representative invited participants to send their ideas to the governor.

We hope that all of our MPHA and CHN Section members will continue their dialogue with local legislators and engage in vital advocacy efforts to keep our legislators informed about Michigan's public health priorities. Most assuredly, we need everyone's persistent support to continue making a difference! ■

*Submitted by Roberta More Asplund
RN, BSN, MPH, EdS
CHN Section Chair*

*Two highly esteemed
CHN Section Members (left to right):
Norma Killilea and Jeanette Klemczak*



Photo submitted by Roberta More Asplund

HEALTHY

Have you seen the **Michigan Steps Up** website yet?

Surgeon General Dr. Kimberlydawn Wisdom and the Michigan Department of Community Health want to help all Michigan citizens lead a healthy life.

The **Michigan Steps Up** website is helping to spread the word.

It's an exciting website to visit!!

Give it a try at:
<http://www.michigan.gov/surgeongeneral>

**Michigan's Premier
PUBLIC HEALTH CONFERENCE
Partnerships: Working Together
To Improve the Health of
Michigan's Citizens**

**When: October 11 and 12, 2005
Where: Amway Grand Plaza,
Grand Rapids, Michigan**

The Michigan Public Health Association, the Michigan Association of Local Public Health, the University of Michigan School of Public Health, the Michigan Public Health Institute, the Society of Public Health Educators, and the Michigan Departments of Agriculture, Community Health, and Environmental Quality are co-sponsoring Michigan's First Annual Public Health Conference.

Distinguished speakers include: Janet Olszewski (Director, Michigan Department of Community Health), Dr. Kimberly Dawn Wisdom (Surgeon General, Michigan Department of Community Health); Steve Chester (Director, Michigan Department of Environmental Quality), Keith Creagh (Deputy Director, Michigan Department of Agriculture), Dr. Walter Tsou

(President, American Public Health Association), Ken Warner (Dean, University of Michigan School of Public Health), and Jeff Taylor (Director, Michigan Public Health Institute). Invited speakers also include Dr. Richard Carmona (U.S. Surgeon General) and Dr. Henry Falk (Director, National Center for Environmental Health/Agency for Toxic Substances Disease Registry). In addition, New York actress Sarah Jones will be performing at the evening reception.

The two-day conference will also include 24 break-out sessions covering the following topic areas: Leadership, Health Planning Policy Development/Assessment, Public Health Nursing, Maternal and Child Health, Nutrition, Health Education/Promotion/Prevention, Environmental Health, Emergency Preparedness, Infectious and Non-infectious Disease, and Oral Health. In addition, the conference will include over 40 poster presentations covering many different public health subject areas.

For more information on the premier conference go to the Michigan Association for Local Public Health website at: <http://www.maliph.org> ■



Well-known sports personality and energetic television commentator, Dick Vitale, was recently named spokesperson for *Michigan Eyes on Diabetes* (MEOD). The MEOD is a community-based pilot program representing collaborative efforts of the Michigan Department of Community Health Diabetic Prevention and Control Program, Michigan Optometric Association, Southeast Michigan Diabetes Outreach Network, Lions Clubs of Michigan, Optometric Institute and Clinic of Metropolitan Detroit, and local retinal specialists.

The MEOD program was specifically developed to improve Americans' health regardless of income, race, or ethnicity. Public service announcements are planned to serve as a referral source, encouraging people with diabetes to obtain dilated retinal examinations.

More extensive information about the MEOD program is available at the following website: <http://www.michigan-eyesondiabetes.net>. To contact an individual regarding the MEOD program, please call Helen at 313-872-6011. ■

*Information submitted by
Edward F. Stein, OD*



Lead in Water an Ongoing Concern Across Country



“EPA is updating its drinking water regulations on lead.”

Widespread lead contamination found last year in Washington, D.C., drinking water has pushed the Environmental Protection Agency to launch a nationwide lead reduction plan.

EPA officials announced the Drinking Water Lead Reduction Plan in early March, promising to strengthen, update and clarify existing requirements for water utilities and states to test for and reduce lead in drinking water.

“We need to free people from worrying about lead in their drinking water,” said Ben Grumbles, EPA assistant administrator for water. “This plan will increase the accuracy and consistency of monitoring and reporting, and it ensures that where there is a problem, people will be notified and the problem will be dealt with quickly and properly.”

Among the proposed changes, EPA is planning to revise its Lead and Copper Rule to improve monitoring and update guidance for lead testing in school drinking water.

Some scientists are skeptical that the EPA plan goes far enough to protect public drinking water from lead, a contaminant that can cause developmental delays as well as behavioral problems in children. “There are a lot of problems with the Lead and Copper Rule and have been all along,” Rick Maas, co-director of the

Environmental Quality Institute at the University of North Carolina at Asheville, told *The Nation’s Health*. “(EPA officials) had a chance to do something, and then they come back with these little-bitty, insignificant changes.”

Maas was called on by EPA officials to speak at two public hearings last summer as the lead reduction plan was being drafted. He suggested that the EPA standard of 15 parts per billion of lead be lowered because that standard “has absolutely nothing to do, in any way, shape or form, with a health standard.” The standard was based on an analysis by the Environmental Quality Institute in the early 1990s that found 25 percent of water systems at the time the Lead and Copper Rule was drafted exceeded 15 parts per billion for lead.

The water utilities industry backs the EPA plan at least in principle, said Greg Kail, a senior public affairs manager for the American Water Works Association. “The plans EPA announced seem reasonable,” Kail told *The Nation’s Health*. “But since there is not yet a proposed revision, we can’t evaluate the details.”

EPA officials said they plan to propose specific regulatory changes to the Lead and Copper Rule by early 2006. “While we don’t think the rule is broken, we have identified a number of targeted changes that we think will improve imple-

mentation,” EPA spokesman John Millett told *The Nation’s Health*. “We also intend to develop guidance to help water utilities avoid some of the problems that D.C. encountered, and we’re going to improve guidance to help schools conduct testing to see if they have a problem.”

The public learned of lead contamination in Washington, D.C.’s drinking water in early 2004 after tap water tests in thousands of homes detected lead levels higher than the EPA’s 15 parts per billion standard. Maas said he believes the contamination might have been sparked by a new treatment process enacted in the city that made the water more corrosive, thus making it easier for lead to leach from pipes that serviced older homes in the city.

One way to prevent such a problem would be to require consistent tap water monitoring, especially if a municipality changed its water treatment protocol to rid its system of a contaminant. The Lead and Copper Rule allows municipalities to adopt a reduced monitoring schedule if they have tested within legal limits for lead, even if their water treatment process changes.

Also needed, Maas said, is stronger wording in letters sent to people living in areas where lead contamination has been detected. And especially for those living in homes served by small- and medium-sized water utilities, people should be instructed to run their tap water for 30 seconds or so, which would flush the water of lead. The bottom line, he said, is that everyone should have a two-sample test of their home’s drinking water.

“If we got everybody to test their water for lead, it wouldn’t matter what the Lead and Copper Rule did,” Maas said.

More information on EPA’s Drinking Water Lead Reduction Plan is available online at http://www.epa.gov/safewater/lcrmr/lead_review.html ■

Article Source:
By Donya C. Arias
The Nation’s Health
May 2005

MPHA Epidemiology Section Update

The Epidemiology Section of the Michigan Public Health Association hosted the Fourth Annual Michigan Epidemiology Conference on March 11th, 2005 at the University of Michigan Towsley Center. There were a total of 132 conference attendees consisting of professionals and students representing various epidemiology practice settings, including local and state health departments, hospitals, universities, and private industries.

Morning sessions included a keynote address by Dr. David Garabrant on "The University of Michigan Dioxin Exposure Study," followed by a thought provoking panel discussion, and presentations by Dr. Arnold Monto on "Challenges Posed by Human and Avian Influenza Viruses" and Dr. John Kaneene on "The Intersection of Human and Animal Health and Epidemiology." The conference also included two poster sessions and afternoon breakout sessions that covered numerous topics including infectious and chronic diseases, public health preparedness and new initiatives, and careers in epidemiology.

The great success of this conference was due to support from a number of dedicated sponsoring organizations, participation from many knowledgeable professionals and students, attendance by a variety of individuals interested in epidemiology, and the hard work of the MPHA Epidemiology Section Officers.

The Epidemiology Section of MPHA is also very excited to announce the launch of its new webpage. We hope that this will help advance our Section Mission and Vision, which is to foster communication and collaboration between epidemiologists in order to promote public health in Michigan. We hope this site will serve to provide a platform to post useful information and facilitate networking.

Visit us at www.mipha.org/epi/ ■

Community Health Nurses Mark Your Calendars & Save the Date!



Tuesday, November 1, 2005
Weber's Inn, Ann Arbor, Michigan

SOUTHEAST MICHIGAN AGENCY/FACULTY WORKSHOP

Speakers:
Mark Bertler
Jeanette Klemczak and
Gary Petroni

Expert panel discussion of Dioxin Exposure Study from left to right:
Jay Fiedler (MDCH)
Dr. Kenneth Rosenman (MSU Department of Medicine)
Dr. James Collins (Dow Chemical)
and Dr. David Garabrant (U of M School of Public Health)



Submitted by Dawn Sievert, MS, Chair, MPHA Epidemiology Section

WORKING FOR YOU TO IMPROVE MICHIGAN'S HEALTH

Throughout the year, the MPHA Executive Committee and Board of Directors routinely meet in Lansing to address public health issues and plan activities to improve Michigan's health—your health!!

The MPHA Board meetings are scheduled from 9:00 – 11:00 a.m. on the second Thursday of each month.

All MPHA members are welcome to attend.

The meeting schedule is posted at the MPHA website:
www.mipha.org



Pictured are MPHA Executive Committee members at one of their recent meetings.

Left to right: Treasurer Mary Scoblic, President Monty Fakhouri, Secretary Lynn McDaniels, and President-Elect Teresa Wehrwein

Photo submitted by Roberta More Asplund

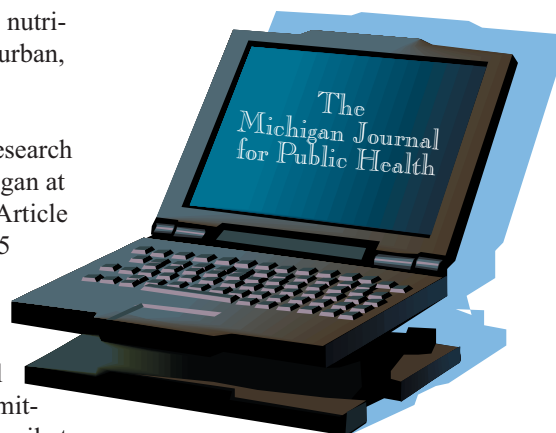
New Public Electronic Public Health Journal in Michigan

MPHA is forming a new, biannual electronic journal for practitioners and researchers in public health in Michigan. *The Michigan Journal for Public Health* is in the process of forming and convening its Editorial Board and Peer Review committee this Spring and Summer of 2005. The content areas will include the following: emergency preparedness, public health nursing, environmental health, epi-

demology, dental, health education, nutrition, public health physicians, rural/urban, and minority issues.

The journal will accept articles on research and demonstration projects in Michigan at the local, regional, and state levels. Article length is not expected to exceed 10-5 pages in length.

If you are a member of MPHA and interested in serving on the Editorial Board and/or the Peer Review Committee, please contact Greg Cline by e-mail at gcline@mphi.org ■



AWARDS

Start Thinking!



Yes, it's early summer and there are still several months before our joint conference with MALPH in October, but it's really never too early to be thinking about nominating an individual, agency, or institution for one of the MPHA awards that will be presented during the conference. There may also be some combined MPHA/MALPH awards as well, so think about an individual or program that might deserve special recognition.

There are five MPHA categories of award including:

- **DISTINGUISHED SERVICE** - Presented for an outstanding contribution to public health in Michigan. The candidate for this award need not be a member of MPHA.
- **HONORARY LIFE MEMBERSHIP** - Presented for outstanding service to MPHA, to an individual who has been an active member for at least 20 years.
- **PUBLIC SERVICE** - Presented for outstanding public service through a concerted effort on one public health issue or through a continuing effort to publicize or promote a public health interest, service or agency in Michigan over a number of years, and which may have had local, regional or statewide significance.
- **SPECIAL COMMUNITY SERVICE** - Presented to a Michigan agency or institution that has materially and positively affected the health status of the state's residents; or an individual or charitable institution that through consistent financial contributions to health programs, has had an outstanding influence on the improvement of public health in Michigan.
- **STUDENT RECOGNITION** - To acknowledge a student who is in a program related to health care and achieving beyond his or her academic record in health-related work or volunteer service, involvement in academic or professional organizations, or leadership in health-related activities.
- **POSTHUMOUS AWARD** - Presented to honor a recently deceased individual who could have been considered for any of the Association Awards.

If your MPHA Section has award categories, be thinking about individuals who have served your Section in special ways that deserve recognition.

Return nomination forms either to Anita Turner hpturner@ingham.org or Mary Scoblic scoblicm@michigan.gov by August 31, 2005.

NOMINATION FOR ASSOCIATION AWARD

Award Proposed
Distinguished Service
Special Community Service
Student Recognition
Honorary Membership
Public Service
Posthumous

Name and Address of Individual or Group Submitting
Nomination:

Nominee Name _____

Address _____

Signature of Individual or Chair of Group:

Basis for Nomination

- Use additional sheets if necessary -

Complete and return to either Anita Turner (hpturner@ingham.org) or Mary Scoblic (scoblicm@michigan.gov)
by August 31, 2005.

LEGISLATIVE ADVOCACY WORKSHOP

The Ottawa County Health Department recently got a lesson in Legislative Advocacy. In the March 31st workshop that was coordinated by Lois Havermans (Oral Health Team Supervisor of Ottawa County), Executive Director Paul Shaheen of the Michigan Council for Maternal and Child Health (MC-MCH) gave participants an insight into the workings of government and what efforts can be made to get information to the appropriate legislators.

The 33 participants were asked to state what they were hoping to learn from the workshop. Though the responses varied greatly, many stated funding and funding cuts as a top priority. “My greatest concern is the fact that there have been a rash of governmental funding cuts for mandatory services lately. I want to know what we can do to change that,” one participant replied. Others wanted to know how to help the community become more involved in advocacy, how to eliminate the disparities of access to health care and where the governmental body’s priorities or values lie.

Shaheen explained that the driving force behind budget cuts and program eliminations were tax cuts. Legislators fear losing popularity by raising taxes to cover necessary spending. When the economy falters, there is even less tax

revenue coming in and the demand on public services, such as health care, increase; throwing the budget even further from balanced. With this in mind, it is even more important to let legislators know how important these programs are, Shaheen suggested. Building relationships with legislators is the key to becoming ‘an expert in your field’. When legislators have an issue arise and it involves your area of expertise, you want them to call you for information. The only way to make that happen is to build relationships.

Other key factors to legislative advocacy center on coalitions and task forces. Building a group represented by all interested and effected parties that will speak with a common voice is critical in affecting change. When a group can come together and find a way to work through differences of opinion to achieve a centralized opinion, they have a stronger presence in the eyes of government. This element is the same with organized advocacy and with grassroots efforts. When developing grassroots advocacy, the more numbers of people willing to get involved and voice the same opinion, the more corporations and government are willing to listen. Three letters from different people mean more than one three-page letter to any legislator, explained Michele Strasz, Community Outreach Director of MCMCH.

Though the workshop was offered and attended by Ottawa County employees only, it stands to make a remark-

able change in the greater community. Participants were given a number of ideas that will help increase community involvement in Advocacy efforts. One such idea included visiting nurses getting families to fill out postcards to local legislators thanking them for the programs and giving legislators real-life examples of how programs touch lives. “They are really simple ideas that can make all the difference in the eyes of legislators,” one participant stated. “We are giving the program a face and a life changing story. We are adding emotions to the budget, before they make cuts.”

The workshop proved to be an energizing experience for everyone who participated. Among the participants was Vito Palazzolo, Health Director of Ottawa County. But Vito is no stranger to legislative advocacy. As Vito told the participants, his efforts include many task forces and committees all aimed at keeping public health in the forefront, including the Michigan Public Health Association (MPHA). The MPHA is looking to refocus its efforts and find the ‘common voice’ that Paul Shaheen spoke of during the workshop. Lois Havermans summed it up best, “Ottawa County is proactively involved in changing policy that will facilitate a better quality of life for its residents. I feel so privileged to work for a county that is 100% committed to this mission.” ■

*Submitted by
Lois Havermans, R.D.H., CHES
Legislative Chair
MPHA Oral Health Section*

USING THE MPHA LISTSERV

- If you are a member of MPHA, you may send a message to all MPHA members by using the following address: members@mipha.org.

- If you are a member of the MPHA board of directors, you may send a message to all board members by using the following address (underscore required after “board”): board_@mipha.org.

- If you are a current member of the community health nursing section, you may send a message to all community health nursing section members by using the

following address (underscore required after “ch”): ch_nursing@mipha.org.

- If you are a member of the oral health section, you may send a message to all oral health section members by using the following address (underscore required after “oral”): oral_health@mipha.org.

If you have questions, please email Ingrid Davis (MPHA Listserv Coordinator) at Davis1@michigan.gov or call Ingrid at 517-335-9546.

PROGRAM FOR WEB-BASED ENTRY OF FOODBORNE DISEASE COMPLAINTS

Michigan State University's National Food Safety and Toxicology Center has worked with the Michigan Department of Agriculture and the Michigan Department of Community to develop a system for web-based collection of foodborne disease complaints. The program is called *ReportFoodPoisoning.com* and is available at no charge. The purpose of this new program is to help the public remember their recent food history and to submit their foodborne illness report to the correct local health department.

We believe that *ReportFoodPoisoning.com* can save time for local health departments when collecting foodborne disease complaints. Prior testing suggested that online reporting can provide more complete and accurate data than traditional telephone reports. Local health departments can choose to participate by signing up for a password. It's free! The password allows them to log into the system and view reports from their jurisdiction. In addition, participating local health departments will receive a short Email notification when data are entered from their jurisdiction. To learn more about the *ReportFoodPoisoning.com* website, go to: <http://rusick2.msu.edu> (An image of the website page is included on this page.)

The *ReportFoodPoisoning.com* website has several strengths: residents can report foodborne illness 24-hours a day, thousands of reports can be recorded each day in the event of a large outbreak, and data collection time can be saved by local health departments. Additionally, health departments can access a data analysis tool that identifies common risk factors that might

define a common source outbreak. Data can also be dumped to a spreadsheet or statistics program such as *Epi Info* or *Excel*. We are currently working on a way to use this program to automatically "populate" most of the IAMFES C1/C2 fields in MS Word.

If you are interested in reading more about the nuts and bolts of the *ReportFoodPoisoning.com* program, please see the "Toolkit for Local Health Departments" at <http://www.rusick2.msu.edu/toolkit.asp> ■

Submitted by
Holly Wethington
Project Coordinator
National Food Safety & Toxicology Center
Michigan State University



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Got Food Poisoning?
If so, you've come to the right place!

Report Your Illness:
Reporting your illness, either to ReportFoodPoisoning.com or to your health department, allows your health department to identify outbreaks and prevent others from becoming sick. It's your social responsibility.

This cost-free web site helps you to:

1. Remember what you ate and prepare your report in about 20 minutes.
2. Submit your report to the correct health department.

Why use this website?

- a. Submission of your report (via E-mail or fax) is possible at any time, day or night.
- b. In a relaxed way, we help you recall what food items you ate before becoming sick.
- c. In large outbreaks, phone lines will be busy and electronic reporting may be necessary.
- d. We save time - for both you and your health department
- e. Confidentiality - only your health department sees your data
- f. More complete, detailed, and accurate than telephone reports.

Developmental Partners Include:



www.ReportFoodPoisoning.com is owned and operated by:



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CHN Section Awards Student Nurse Achievement

The Community Health Nursing Section of the Michigan Public Health Association is proud to recognize **Lin Miu-Linda Ng** as the recipient of the *New Professional Award for Student Nurse Achievement*. She was nominated for this award by Susan Bosold, Assistant Professor, Grand Valley State University.

During her clinical rotation, Lin assumed care for select families in the community. These included maternal-child families with multiple needs and limited resources, elderly clients, and perhaps most challenging -- refugees from Africa who had limited English language skills and required a translator when service was provided.

Lin quickly developed a trusting relationship with her clients. It was fostered and maintained because of her consistency and effective communication, including the use of translators, to deliver nursing care. Clients quickly responded to Lin's respect, sensitivity, and skill to actively involve them in goal identification.

Potentially critical health care issues were addressed with good problem solving and advocacy. On a least one occasion, a refugee toddler, whose family had no provider, needed health care. Lin obtained a provider, made an appointment for the toddler, and arranged for transportation and a translator to ensure timely and appropriate care for the child.

Lin developed and implemented effective teaching plans. To address each family's needs, specific teaching strategies, which included an evaluation component, were used. If it became evident that learning did not occur, she altered the content and approach as needed to foster success.

The international community was reflected in Lin's caseload. Because of the many refugee families and illegal aliens in the area, Lin anticipated and recognized the barriers to care that her clients often experienced. She vigorously advocated for clients to eliminate such obstacles.

In-depth literature reviews were often conducted by Lin, which included integrating implications from the research into care plans. She was not satisfied with only a superficial understanding of situations or interventions. She also identified and investigated discrepancies until a viable resolution was achieved.

According to Professor Bosold, Lin was an exceptional student and was tireless in her pursuit of knowledge about and advocacy for clients. Lin is currently working in the ICU at St. Mary's Hospital in Grand Rapids.

The Community Health Nursing Section of the Michigan Public Health Association also is proud to recognize the following nurses for receiving the *New Professional Award, Honorable Mention, for Student Nurse Achievement* in their community health nursing clinical experience.

Emily Hawkins Madonna University

*Nominated by Kathy Esper
Assistant Professor of Nursing*

Emily had her community health nursing clinical experience at a VNA agency. This was the capstone clinical during which students are expected to integrate educational experiences utilizing the nursing process. After two days working in the field with her, the preceptor reported to the faculty that Emily was functioning as a nurse and "saw the picture." The preceptor was impressed with Emily's confidence and ability to plan comprehensive care with the families in highly stressful, complicated situations.

Communication was another strong skill demonstrated by Emily. She listened to families and colleagues, respecting the individuality of each of them, summarized situations well, and developed care plans, using appropriate teaching/learning concepts. While a student, Emily researched client information to better plan individualized care. Pertinent information was reviewed and extracted for its application to client plans.

Emily was a mature, enthusiastic adult learner. She was consistently respectful of others, a supportive mentor to her peers, and an advocate for peers, clients, and families. Her acceptance of each individual as a unique being was evident in all interactions.

Leadership was demonstrated by Emily's active participation in the university's Student Nurses Association. She attended its conference and Nurses Impact Day in Lansing. Emily is passionate about nursing and recognizes that the role requires her to be a life-long learner for her professional development and about cultures, health beliefs and values of clients.

Emily is currently working at the Munson Medical Center in Traverse City.

Emily Mark Hope College

*Nominated by Paulette Chaponniere
Assistant Professor of Nursing*

Emily was a self-directed student who was also attentive to cultural cues from the clients with whom she worked. Assessments were thorough, interventions were evidence based, and community resources were identified to meet families' needs. She communicated regularly with agency staff, keeping it informed about the care she delivered. Faculty and staff were asked for input and guidance as needed and appropriate community health nursing diagnoses and key nursing interventions were identified.

— Continued

Commitment to therapeutic skill was demonstrated by Emily's repeated attempts to communicate with a Laotian family. She observed the client nodding her head in agreement to teaching but discovered that the English language was not being understood. By identifying this cue, a translation service was enlisted, the client was able to implement the health teaching, and effective care was provided.

Emily chose appropriate teaching strategies and documented client behavioral changes. The community health practicum requires much autonomy by students and Emily was able to modify her care plans to unexpected events as they occurred.

Opportunities were sought to increase cross-cultural skills. Emily participated in a medical mission trip to Nicaragua in 2003. Literature was reviewed and research was incorporated as she developed her cultural care project.

Emily quickly grasped epidemiology concepts and the need to adapt care when working with vulnerable groups. It became evident during the practicum that Emily had found "her place" as a nurse. She stated on several occasions that this is the type of work she wanted to do after graduation.

Emily is currently working at Spectrum Health in Grand Rapids.

Kurt Phillips, Grand Valley State University - Nominated by Barbara Cote', Assistant Professor of Nursing

Kurt was a dedicated student who brought to his practice his nonjudgmental and genuine concern for others. His clinical assignment was the county jail where he did intake physicals, eye exams, ear washes, and PPD tests. He was able to recognize the mentally ill who were incarcerated and to use communication skills to delve into the reasons for inmates' refusal of care.

He modeled high achievement clinically and academically, and demonstrated leadership by steering fellow students to productive participation when they become contentious. Also, because of his genuine interest in them, he had a penchant for engaging children.

Kurt aspires to be a flight nurse after some years of emergency room experience. This will be a good use of his "get it done and done right" penchant. Despite employment and working as a student, he allotted 10 hours of his time each semester to do community service – often with kids. He was an exceptional student and professional.

Kurt is currently working at the Spectrum Heart Center in Grand Rapids. ■

*Article compiled and submitted by
Barbara Donahue*

*Left to right:
Susan Bosold, Lin Miu-Linda Ng, and Anita Turner*



*Left to right:
Barbara Cote', Kurt Phillips, and Anita Turner*



Photos submitted by Roberta More Asplund

National Study on Children's Health to Provide Wealth of Information:

Environmental Factors to be Tracked

By Kim Krisberg

The largest study of children's health in U.S. history is on course to make discoveries that could improve health for generations to come, according to its planners, including the possibility of new treatments and life-saving prevention strategies. However, proposed flat funding levels could slow the study's progress.

Created by the Children's Health Act of 2000, the National Children's Study will follow the health and development of 100,000 children from before birth until age 21, focusing on the links between environment and health. The study, led by the U.S. Department of Health and Human Services and Environmental Protection Agency, hopes to identify the root causes of various childhood diseases and disabilities and uncover how a broad array of environmental factors impact development. In addition, the study is predicted to shed light on costly conditions such as asthma, diabetes and obesity.

"This study is enormously important," said Peter Scheidt, MD, MPH, director of the National Children's Study at the National Institute of Child Health and Human Development. "It is the largest and most important study of children's health and development that will have ever been conducted in the foreseeable future."

The idea of a long-term children's study actually preceded the 2000 legislation, beginning with a proposal from the President's Task Force on Environmental Health Risk and Safety Risks to Children, which was formed under President Clinton in the late 1990s and still exists today. The task force was charged with proposing national strategies to reduce environmental

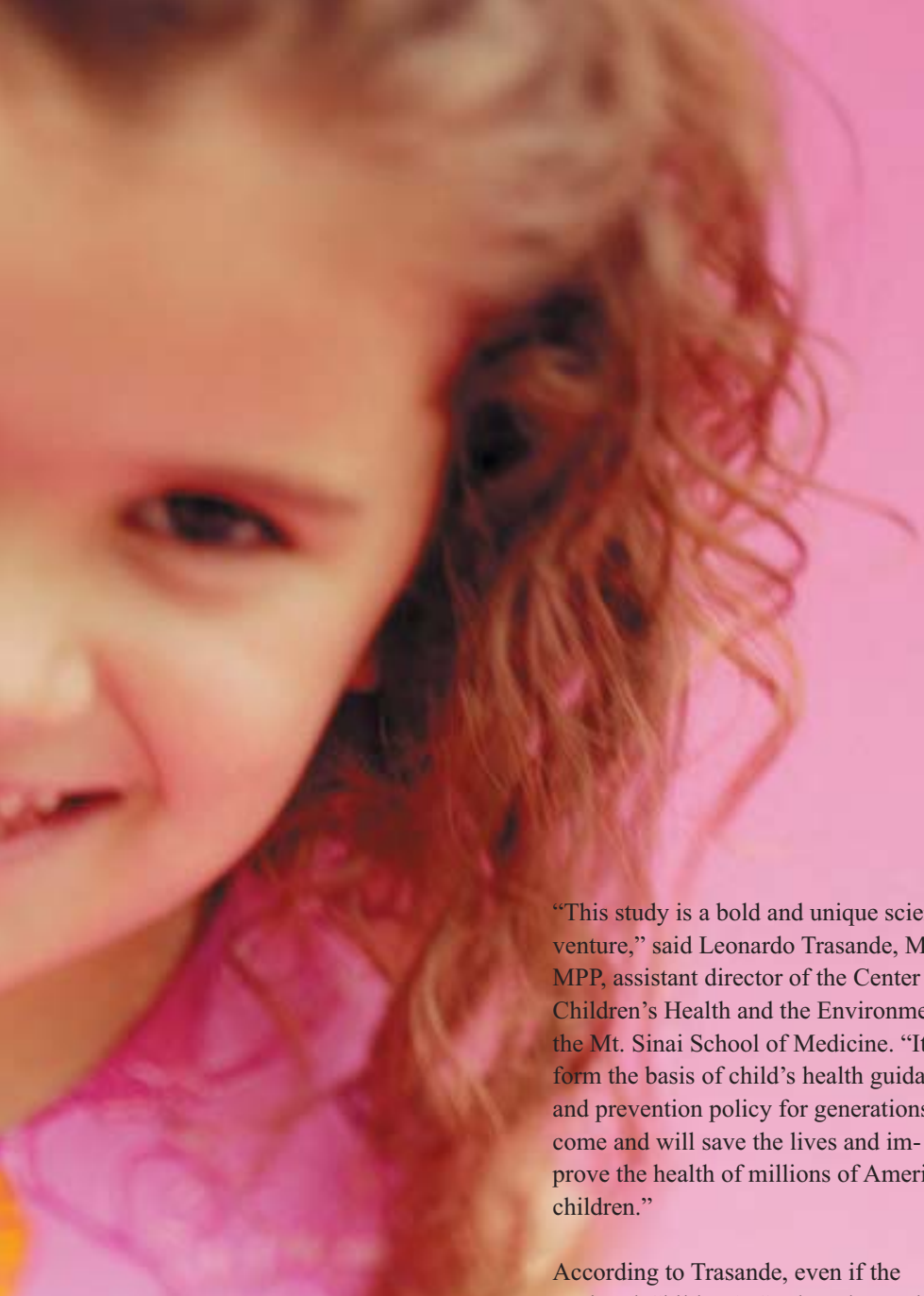
exposures to children. However, task force members recommended that more information was needed — that they needed to know quantitatively what the risks were — and thus proposed the National Children's Study, according to Scheidt.

"To answer these questions, we must have a study that links exposures at early stages in life with outcomes in later stages in life in the same individuals with a large enough sample size," he told *The Nation's Health*.

Planning for the study began in 2000 and eventually gathered input from almost 2,500 professionals, Scheidt said. Currently, the study is in the process of establishing a clinical coordinating center as well as the initial implementation sites, which are called vanguard centers. Working with the National Center for Health Statistics, study organizers created a sample of 101 counties around the nation where the study will be conducted. Within those 101 counties will be up to eight vanguard centers, entities that can range from academic medical centers to health departments to regional hospitals, Scheidt said. Vanguard centers will be announced in September and, ideally, the study will begin enrolling participants by January 2007.

However, expanding the study beyond the initial vanguard centers will require more federal funding, Scheidt noted. With about \$12 million budgeted for fiscal year 2005, Scheidt said there are enough funds to proceed with the initial vanguard centers, but more is needed if the study is to remain on schedule.

Unfortunately, President Bush's proposed fiscal year 2006 budget seeks to keep the National Children's Study at level funding. APHA is advocating that the National Children's Study receive a significant funding increase in 2006, a sentiment Scheidt echoed. "Our professional judgment is that to get back on a timeline and go forward with the remaining centers to carry out the study, we would need \$69 million in 2006," Scheidt said.



“The study will track the health and well-being of 100,000 children.”

“This study is a bold and unique scientific venture,” said Leonardo Trasande, MD, MPP, assistant director of the Center for Children’s Health and the Environment at the Mt. Sinai School of Medicine. “It will form the basis of child’s health guidance and prevention policy for generations to come and will save the lives and improve the health of millions of American children.”

According to Trasande, even if the National Children’s Study only resulted in a 1 percent reduction in the cost of six major chronic diseases in American children, it would still save \$6.4 billion per year — which is more than the cost of the study over a 25-year span. In the end, it’s a small investment to make for children’s health, Trasande noted.

“In the past, studies that look at environmental links to children’s health look at one chemical at a time, but the (National Children’s Study) looks comprehensively at all environmental links,” he told *The Nation’s Health*. “These chemicals exist in the environment as a mixture...and only a study of this size will be able to assess for impacts for such a broad array of exposures simultaneously.”

The study will also release information as it progresses so that health professionals can begin to build on the work as it’s being done, said Nsedu Obot Witherspoon, MPH, interim executive director of the Children’s Environmental Health Network and chair of APHA’s Environment Section.

“(The study) is going to help answer so many questions that we’re just not able to answer now in terms of long-term impact,” Witherspoon told *The Nation’s Health*. “It’s going to find the basic causes of many childhood diseases and disorders and help determine not only environmental factors that are harmful, but what is helpful to a child’s development.”

David Schonfeld, MD, chair of the committee on pediatric research at the American Academy of Pediatrics and associate professor of pediatrics and child study at Yale University School of Medicine, noted that the National Children’s Study differs from other research because instead of looking at certain pieces, this study will look at the entire puzzle.

“Everybody started as a child, so any information that you get from studying children...obviously has implications for the entire human population,” he said. “Many of the health problems that adults develop are determined by childhood exposure. So, if you want to prevent illness in adulthood, the money should be in childhood research.” However, Schonfeld added, discovering ways to improve children’s health is justification enough to fully support such an important study.

“Our country has not always put children first and that’s something I would like to see change,” he told *The Nation’s Health*. “I can’t think of anything more important in our country than the health and well-being of our children.”

The National Children’s Study is one of the many public health programs endangered by President Bush’s proposed fiscal year 2006 budget. To draw attention to the issue, *The Nation’s Health* is highlighting key programs that are facing cuts.

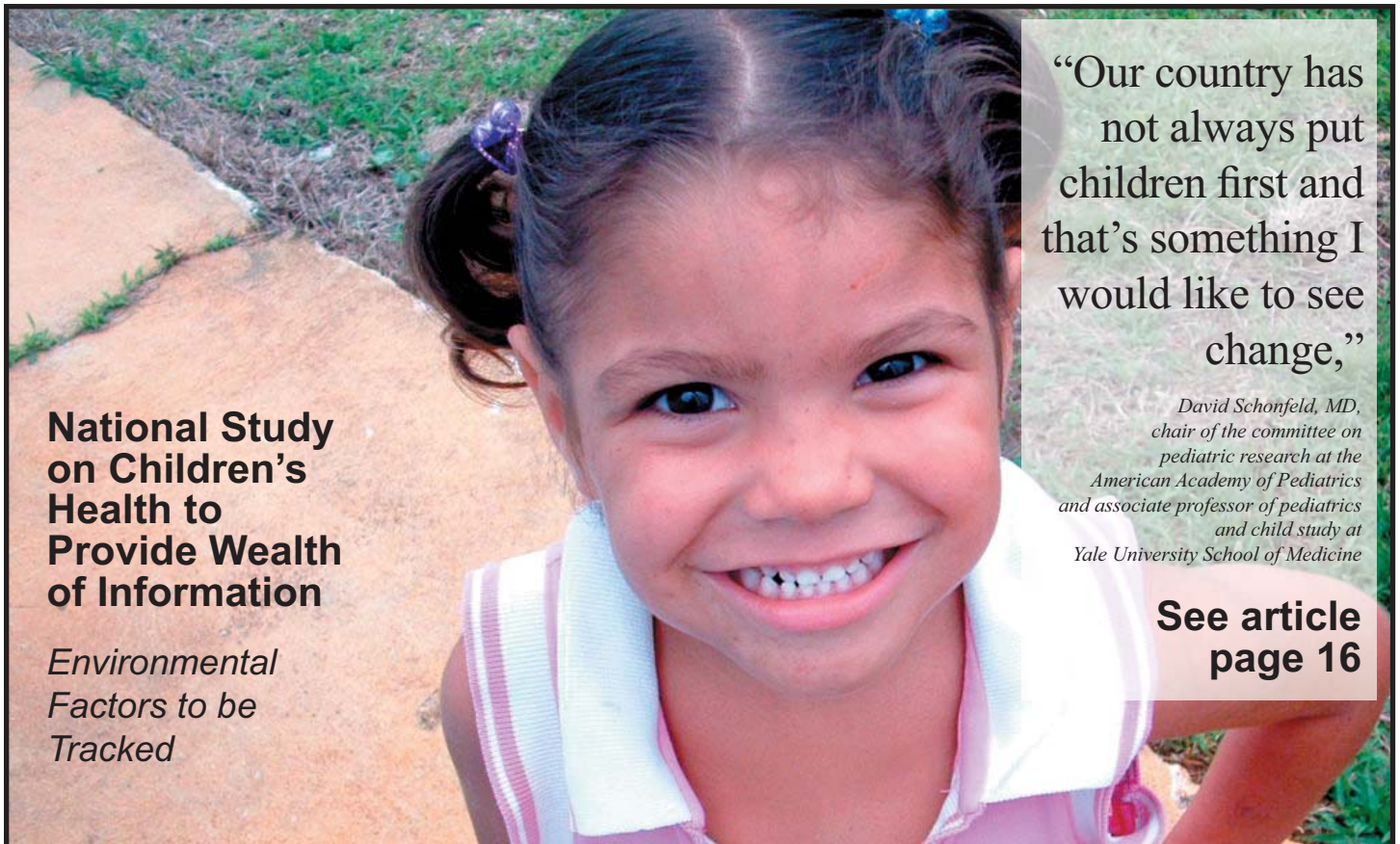
For more information on the National Children’s Study, visit <http://www.nationalchildrensstudy.gov> ■

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Michigan Public Health Association

PO BOX 15306
LANSING MI 48901-5306



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**See article
page 16**