

Presidents Message

Dear Colleagues,

It is an exciting time to be President of the Michigan Public Health Association. I wish to thank all MPHA members for this opportunity to serve as President during the 2007-2008 term. While we celebrate the 100th Anniversary of the Public Health Laboratory in the State of Michigan, it is an honor that a Laboratorian is President during this historic year.



Judith Kloss Smith
President, MPHA

2007 is my 20th Anniversary for working in Public Health in Michigan. I started my career in the Microbiology Section Laboratory at the Michigan Department of Public Health and am currently the Acting Safety Officer for the Bureau of Laboratories at the Michigan Department of Community Health. Some of you might have met me at Local Public Health Departments where I am a Reviewer for the Local Public Health Accreditation Program, Clinical Laboratory Section. I have been active in MPHA as the Laboratory/Disease Control Section Chair since 1999 and served on the Board of directors since 2001 before being elected as President-Elect of MPHA in 2006.

During this year, MPHA will be collaborating with the Great Lakes Affiliate/Region V states of the American Public Health Association, in submitting an Affiliate Capacity-Building Initiative Grant proposal offered through APHA this month. Region V consists of Illinois, Indiana, Ohio, Michigan, Minnesota, and Wisconsin. We hope to bring greater capacity to MPHA and further leverage our collaborative partnership with Region V. MPHA again is a conference partner in planning for the Premier Public Health Conference taking place October 16 & 17, in Dearborn, MI at the Hyatt Regency Conference Center. The 2007 conference theme is *Advancing Public Health: Preventing, Promoting, Protecting*. It will be a great conference with dual educational tracks on environmental health issues and minority health disparities. Additional highlights include keynote presentations by Michael McGeehin, PhD, MSPH, Erik Janus, MS, Howard Hu, MD, MPH, ScD, Adewale Troutman, MD, MPH, Janet Olszewski, Greg Holzman, MD, MPH, and poster presentations, and exhibitors from state-wide and national organizations. With an anticipation of over 300 attendees, it a great chance for the public health workforce to network face to face while enhancing their knowledge and skill sets. I hope to see you all there!

And finally, I would like to thank Dr. Gregory Cline for his dedication and commitment during his year as President of MPHA. When we look back at the achievements of MPHA, the Michigan Journal of Public Health (MJPH) will be one of many great accomplishments. Without Dr. Cline there would be no MJPH.

Submitted by: Judith Kloss Smith, President, Michigan Public Health Association

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Michigan Journal of Public Health

Congratulations Dr. Cline and the MJPH Editorial Board!

The new MPHA biannual peer-reviewed publication was recently featured in the February 2007 edition of the Nation's Health. Writer, Teddi Dineley Johnson took a keen look at MJPH.

By day, Greg Cline, PhD, MA, works as a grant specialist for Trinity Health's home office in Novi, Mich. By night, however, Cline wears an altogether different cap as he attends to his volunteer duties as editor and de facto publisher of the Michigan Journal of Public Health. The inaugural issue's 41 pages included a mission

statement, author guidelines and a letters page featuring APHA Executive Board Chair Pat Mail, PhD, MPH, CHES, who offered her congratulations on the Michigan Affiliate's accomplishment and noted that the new journal provides a special place to recognize the accomplishments of Michigan public health practitioners. "Often, major projects, interesting research conducted locally and recognition for local practitioners gets overlooked at the national level," Mail wrote.

Continued on page 3



Laboratory 100th Anniversary Celebration...see page 5



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Election Outcomes

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Membership: Pending
Newsletter: Janice Brady
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Program: Ingrid Davis, Hope Rollins, William Schneider, Judith Smith and Teresa Wehrwein
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Liaison to MALPH: Theresa Wehrwein

Building MPHA's Capacity

MPHA Membership Benefits and Dues Increase in 2008

Dear Members:

Currently, MPHA has over 230 members and we project a steady increase as we broaden our reach and create more synergy with the Great Lakes Affiliate Collaborative and APHA in the coming months. To meet our efforts in building further capacity for your association, the Board felt it necessary to increase membership dues. MPHA dues have been constant for several years. Therefore, effective January 2008 membership dues will increase. A MPHA Board exception was made for student memberships and retirees.

The following dues structure will apply:

Active	\$65	
Retiree	\$20	
Student	\$15	
Associate	\$90	(Health Agency)
Supporting	\$250	(Corporate)
Life	\$0	(Must be elected)

There are many **BENEFITS** for your membership dollars:

- Through a recently signed Memorandum of Understanding with the American Publication Health Association, an affiliate APHA General Liability Insurance policy has been acquired through The Novick Group. See www.mipha.org for forthcoming details on the MPHA's policy coverage in November
- Expansion of the current MPHA website will include a "Members Only Access" in the upcoming year
- Seasonal biannual peer-reviewed *Michigan Journal of Public Health*
- Biannual membership *IMPACT* newsletter
- Participation in legislative activities, including National Public Health Week and Day at the Capitol
- Participation in networking and skill building section annual meetings and conferences
- MPHA collaborative partnership with Great Lakes Affiliate/APHA Region V
- APHA's recent Kellogg Foundation funding - upcoming affiliate value added components include MPHA receiving customized technical assistance in various areas: (See www.apha.org on details of the \$5.9 million W.K. Kellogg Foundation grant award)
 - Advocacy training for affiliate leadership
 - Developing grass roots campaigns
 - Business plan development and templates
 - Succession planning
 - Best practices on non-profit governance
 - Nonprofit operational and financial management
 - Developing and enhancing community/business partnerships, and much more.
- Advocacy guidance offered at www.apha.org See Advocacy on the recent PHACT campaign
- Addition of an Executive Director to MPHA's Leadership team

To that end, we hope you support our decision and continue your membership with MPHA. We value our members and highly respect your countless hours of dedication and commitment in improving the lives of Michigan's citizens.

Sincerely,

Hope Rollins

Hope Rollins
President-Elect, MPHA

Special Announcement: MPHA will commence an Executive Director search in October 2007. We are seeking a quarter time commitment annually. For more information and a listing of qualifications, please contact Judy Kloss Smith, MPHA President

To gain information on the latest public health news visit www.apha.org.



Michigan Journal of Public Health *continued*

"This is a strong, innovative state and I hope we can get people interested in publishing the things they're doing," Cline told *The Nation's Health*. "Michigan has long had a very strong network of local public health departments. We also have a strong public health code that's been around since the '70s." With an all-volunteer staff, publishing the journal more than twice a year would be difficult, Cline said. He noted, however, that the call for volunteers garnered much interest. "I was amazed at the number of people who answered the call," Cline said.

To view the interview in its entirety, please access the members only section of APHA and search under *Nation's Health/Advanced Search* for February 2007. The next issue will be available in September 2007 and will feature Guest Editorial, MDCH Chief Medical Executive, Greg Holzman, MD, MPH.

MJPH seeks to promote public health practice, research and policy with specific focus on Michigan and the Great Lakes Region. It serves as a neutral forum for the discussion of ideas and issues that are important to the current and future of public health practice in Michigan. The Michigan Public Health Association (MPHA) is the organizing entity of the Michigan Journal of Public Health (MJPH) and is responsible for the publicizing and publication of the journal. To view the most recent edition of MJPH, please visit www.mipha.org.

Call for Papers

Author Guidelines

APA Style, 12 point font, Times New Roman double spaced, and, 1" margin. We offer a variety of submission categories in order to welcome a varied audience within public health.

Submission Categories

Research and Practice Articles: (up to 15 pages or 3500 excluding references, words in main text, a total of 4 standard digital photographs/tables/figures, and a structured abstract of 180 words) report the results of original quantitative or qualitative public health research. These may include, but are not limited to: evaluations/reports, demonstrations of innovative programs, best practice, exemplars/community-engaged scholarship, service learning, emerging problems, evidence-based practice and preliminary findings.

Commentaries: (up to 10 pages or 2500 words in main text, 2 tables/figures, and an unstructured abstract of 120 words) include scholarly essays, critical analyses, and policy papers.

Analytic Essays: (up to 15 pages or 3500 words excluding references, in main text, a total of 4 standard digital photographs/tables/figures, and an unstructured abstract of 120 words) provide a forum for critical analyses of public health issues from disciplines other than the biomedical sciences, including, but not limited to: the social sciences, human rights, and ethics.

Briefs: (up to 4 pages or 500 words excluding references, in main text, 2 tables/figures, and an abstract of up to 80 words) provide preliminary or novel findings. (What about a section exclusively for new book reviews?)

Editorials: (may not exceed 1,200 words) are solicited based on recommendations from the Editorial Board, or members of MPHA. All recommendations require approval from the MJPH Editorial Board.

Letters to MJPH: (must not exceed 400 words and contain no more than 10 references) are encouraged by our readers. Letters may include any public health topic.

Submission Form

All authors must sign and submit via surface mail the submission form along with a draft article.

MJPH Editorial Board

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Officers

MJPH Editor: Greg Cline.

MJPH Assistant Editors: Stephen Borders, Talat Danish and Julie Gleason-Comstock

Michigan's Premier Public Health Conference

Advancing Public Health: Preventing, Promoting, Protecting

The Hyatt Regency in Dearborn will be the site of this year's joint public health conference on October 16 and 17. The Michigan Premier Public Health Conference is THE annual event that brings together public health professionals from local health departments, state agencies, the Michigan Public Health Association, Michigan Public Health Institute, the University of Michigan and Michigan State University.

Sessions have been planned to the varied interests of the estimated audience of 400 and cover:

- Leadership, Health Planning/Policy Development and Assessment
- Public Health Nursing, Maternal and Child Health, Oral Health and Medicine
- Health Education/Promotion/Prevention
- Chronic Disease, Nutrition and Physical Activity
- Environmental Health
- Emergency Preparedness, Infectious and Non-infectious Diseases

Keynote and plenary sessions will feature Michael McGeehin, Erik Janus, Howard Hu, Greg Holzman and Adewale Troutman - you can find more about these speakers and their presentation topics in the preliminary program included in the "exhibitors" information at the conference webpage. Registrations will begin early August. Download registration materials at: www.malph.org. Plan now to attend.



October 16 & 17, 2007
Hyatt Regency
 Dearborn, Michigan

Register Today!

Visit the MALPH website at www.malph.org for registration information.

PARTNERS IN PLANNING:

Michigan Association for Local Public Health • Michigan Departments of Agriculture, Community Health and Environmental Quality • Michigan Public Health Association • Michigan Public Health Institute
 Michigan State University • Great Lakes Chapter - Society for Public Health Education
 University of Michigan, School of Public Health

For more information contact
 Julie Zdybel, Conference Coordinator at (517) 485-0660 or jzdybel@malph.org

The Effect of a Community-Based Interconception Care Program (ICP) on Reducing Subsequent Poor Pregnancy Outcomes among African American Women in Michigan

Submitted by: Cheryl Lauber, DPA, MSN, RN

Purpose: The purpose of this study is to pilot an Interconception Care strategy utilizing components of the Denver Health, Interconception Health Promotion Initiative. The focus of this study is reducing subsequent poor pregnancy outcomes in African American women who have experienced a preterm birth, a low birth weight birth, a fetal death or neonatal death.

The research questions that guide the project are: 1) What factors best describe the African American women at-risk of a poor pregnancy outcome? 2) What interventions are predictive of a good pregnancy outcome? 3) What factors are the most important in assuring participation of the eligible clients in the project? 4) How effective is the project in implementing the intervention model? 5) What factors help assure the sustainability of the interventions over time?

Methodology: This descriptive study compares outcomes for matched groups of African American women with a history of a poor pregnancy outcome; one group of which receives an intensive home visiting intervention; one group that receives individualized education and referral; and another that receives no intervention. MDCH identified communities with large racial disparity in infant mortality in 2005. Recruitment of 25 to 125 African American women in nine communities, depending on population size, is underway to receive the ICP. Women are offered grief support for loss, screening and assessment of medical, dental, and psychosocial risk factors, family planning counseling, case management through home visiting, nutrition counseling, depression screening and referral, substance abuse screening and referral. Standard protocol modifications are based on community strengths and cultural characteristics. Service is delivered up to two years or the beginning of a subsequent pregnancy. A group of 500 women is being recruited in one large community to receive education and referral to existing programs.

Each project is collecting individual client data that will be provided to MDCH for analysis. Data will be matched with birth certificates to answer the research questions and to determine if the goal of improving birth outcomes for individual women and for the group collectively was obtained. A comparison group will be identified using the same eligibility criteria but who did not receive the intervention. Outcomes of subsequent pregnancies will be analyzed with birth certificates.

Projects are encouraged to realign available local and state resources to support and implement the interventions. Coordination between this project and Healthy Start, Family Planning, Maternal Infant Health Program, Nurse Family Partnership and WIC is a major part of the work with systems of care.

Findings: Program development is foundational to the success of this state-local partnership and has shown success over the last 18 months. Ten local health departments with elevated black infant mortality rates have agreed to participate in this study. Each community established an Infant Mortality Coalition to educate core community leaders and to advise the health department in their project design; community needs assessments were done to determine gaps in service; and focus groups were held to capture the "Voice of the Women". Plans for recruitment, eligibility screening, assessment, education, referral, and direct intervention have been completed.

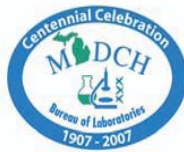
Sites	Feto-infant Mortality Rates				Excess Death Rates	
	MHP	MC	NC	IH	MHP	IH
Michigan	7.8	2	1.8	3.9	5.5	3.1
Berrien	7.6	1.9	*	6.5	5.3	5.7
Detroit City	8.0	1.6	1.9	3.7	5.7	2.9
Genesee	7.0	1.1	2.5	5.2	4.7	4.4
Ingham	7.0	2	2.3	4	4.7	3.2
Kalamazoo	9.4	2.8	1.6	4.3	7.1	3.5
Kent	7.8	3.2	2.5	4.1	5.5	3.3
Macomb	10.0	3.1	1.9	2.3	7.7	1.5
Oakland	7.9	3	1.4	3.8	5.6	3
Out-Wayne	7.9	2.5	1.3	3.7	5.6	2.9
Saginaw	6.8	3.6	*	6.6	4.5	5.8

Rates of Feto-infant Mortality by Community, 2000-2004 Data

Findings of fetal and infant death review for the participating communities demonstrate a remarkable need for intervention prior to pregnancy to reduce the preterm and very low birth weight births.

Preliminary findings suggest that recruitment strategies are effective in identifying eligible clients. Of the 10 participating health departments, all but one has at least one client enrolled, and three have at least four clients enrolled in this second month of a two year study.

Laboratory & Disease Control Section



Dear Colleague,

I am proud to announce that the Michigan Department of Community Health Laboratory is celebrating our centennial. In 1907 the Michigan legislature funded one bacteriologist and a budget of \$3,665. Since that time, the Michigan Department of Community Health Bureau of Laboratories has been a pioneer of the science of public health. Please join the MDCH in celebrating our centennial by sponsoring one of the planned activities. Sponsors will receive acknowledgement in all programs materials as well as other benefits outlined below.

Some of the activities that are being planned for the Centennial Celebration include an exhibit and reception at the Michigan Museum and Archives (April through June, 2007), a piece of permanent artwork to be donated to the State of Michigan, a scientific symposium with internationally recognized speakers (April, 2008) and more.

Centennial Sponsor (over \$5,000)

Symposium program acknowledgement and 4 reserved seats
Reception program acknowledgement and for museum exhibit
Reception program acknowledgement for artwork

Decade Sponsor (\$1,000 - \$4,999)

Symposium program acknowledgement and 2 reserved seats
Reception program acknowledgement and for museum exhibit
Reception program acknowledgement for artwork

Annual Sponsor (to \$1,000)

Symposium program acknowledgement
Reception program acknowledgement and for museum exhibit
Reception program acknowledgement for artwork

Checks may be made payable to
Michigan Public Health Institute- Laboratory
and mailed to
MPHI Central Administration
2436 Woodlake Circle Drive, Suite 300
Okemos, MI 48864.

Sincerely,



Frances Pouch Downes, Dr.P.H.
Laboratory Director
Michigan Department of Community Health
3350 N Martin Luther King, Jr. Blvd.
Lansing, Michigan 48909

100 Years of Accomplishments

- Vaccine development and production: diphtheria antitoxin, pertussis, small pox
- Public Health Preparedness
- Diagnostic test development: Kahn test for syphilis, Legionella hemagglutination
- Early implementation of emerging technology: first virology diagnostic lab in 1939; 1990's Molecular biology methods applied to public health testing challenges
- Recognizing emerging public health threats: PBB exposure, first Vancomycin resistant Staphylococcus aureus in the world confirmed in our lab, first E. coli O157:H7 cases, Reyes Syndrome

Say Yes to Knowing

GlaxoSmithKline Launches Campaign in Detroit to Address "Silent Epidemic" of Genital Herpes Among African American Adults

Detroit, MI, June 4, 2007 – A silent epidemic taking a disproportionate toll in the African American community is the focus of a new educational campaign launched today by GlaxoSmithKline with the support of the Detroit Department of Health, American Social Health Association (ASHA) and the National Medical Association (NMA). The campaign called "Say Yes to Knowing" which will end this December is designed to raise awareness among African-American adults in Detroit of the high prevalence and risks associated with genital herpes. While herpes may seem to have fallen out of the national consciousness, the disease now affects 50 million adults nationwide. With an infection rate of nearly one in two, African American adults bear an unusually high burden of the disease. The new educational campaign which includes local advertising and other types of public and medical education is designed to encourage conversations between African American adults and their healthcare providers about genital herpes and its risks. The campaign will address a public health need highlighted by national data on genital herpes infections from a study sponsored by CDC and published in the Journal of the American Medical Association (JAMA) in August 2006. "It's important that people talk with their doctor if they think they may have the disease," says Peter G. Gulick, DO, Michigan State University, College of Osteopathic Medicine, Division of Infectious Disease. "Herpes can be detected by a specific blood test, and armed with information about one's health status, steps can be taken to manage the condition and reduce their risk of spreading it." "We are glad to support this campaign and help address this health disparity," said Dr. Anita Moncrease, Medical Director, Detroit Department of Health and Wellness Promotion. "Everyone with a stake in disease prevention, people, doctors, and local agencies, needs to hear this message so that we can all work together and bring the spread of genital herpes under control." To learn more, please visit www.herpes411.com.

Source: GlaxoSmithKline and Detroit News

The Michigan Public Health Association did not receive funding to reprint the above press release.

YOUR HEALTH OUR MISSION- 100 YEARS

Coalitions in Action - Lead Efforts

Building Local Synergy – Get the Lead Out! Collaborative

The Grand Rapids Get the Lead Out! Collaborative was formed in 2000 in response to childhood lead poisoning rates exceeding 40% in some central city neighborhoods. Across Kent County, 6.2% of children tested had elevated blood lead levels. Today, the percentage of children with elevated blood lead levels has dropped to 2.4%, with commensurate reductions in some of Grand Rapids' most high-risk neighborhoods.

The Get the Lead Out! Collaborative was literally born out of a conversation over dinner and drinks. Three community activists collected and discussed issues of environmental justice and environmental racism and decided they needed to learn more about childhood lead poisoning at the local level. What these three discovered with the help of the Kent County Health Department was shocking. They quickly engaged a wider base of stakeholders.

In the fall of 2001, the Community Leadership Institute (CLI) at Aquinas College stepped up to provide leadership for the fledgling collaborative. CLI worked to build the Collaborative's membership, making sure a wide variety of stakeholders were involved. CLI brought such diverse groups as landlords and neighborhood associations, environmentalists and government into the same room for collaborative planning.

Rather than planning for just local public health or another health agency to solve this problem on their own, Get the Lead Out! formed a collaborative strategic plan that set forth the roles and accountabilities of its diverse membership. Six years later, partners are still holding each other accountable to progress on an updated plan.

The vision of the collaborative is to end childhood lead poisoning in Kent County. Its mission is to "bring the community together in strategic action" to that end. Key strategies include:

- Children's homes are lead safe (aligned with strategic objectives of the U.S. Department of Housing and Urban Development (HUD), and supportive of the CDC and EPA's emphasis upon primary prevention).
- The community understands the causes of childhood lead poisoning and how to protect our children.
- Community leaders make decisions that protect children from lead poisoning.
- All children 0-5 years of age are assessed for lead risk and receive appropriate testing and treatment (aligned with MDCH testing plan and CDC recommendations).
- Get the Lead Out! activities are financially sustainable through 2010.

The Collaborative currently has 22 member organizations, including the Kent County Health Department, City of Grand Rapids Community Development, the Rental Property Owners Association, Head Start, Kent Regional 4-C, local colleges and universities, community-based organizations, non-profit housing developers and others.



*Paul Haan, Executive Director
Healthy Homes Coalition of
West Michigan
Photo: Rapid Growth*

In 2001, there were 559 children identified with lead poisoning in Kent County. Five years later, that number has been reduced to 233, a drop of more than 60% in the percentage of elevated blood lead levels among children tested. While this reduction is being impacted by the more than 525 housing units made lead-safe in recent years, it is also being driven by greatly increased community awareness, parent support and changes in State and local policies.

For its efforts, Get the Lead Out! was recognized by Governor Granholm in 2004 as a "Hometown Health Hero." In 2006, the Collaborative was recognized nationally with an EPA "Children's Environmental Health Excellence Award." The Collaborative has also been successful in attracting nearly \$9 million in HUD funding to fix homes and has leveraged multiple contracts and cooperative agreements with EPA.

In 2006, the Get the Lead Out! Collaborative decided to sustain what was initially designed as a 3-5 year pilot project. That year, the Collaborative incorporated the Healthy Homes Coalition of West Michigan, a new non-profit that will sustain the work on childhood lead poisoning and will take lessons learned and apply them to other issues effecting children's environmental health, such as indoor air quality (mold, ETS, radon, carbon monoxide, IPM). A challenge inherent in this decision is the need to build local capacity, including financial support for planning and oversight.

When I look to the future, I am pleased with the growing awareness of the impact the environment has on human health, especially the healthy development of children's bodies and minds. Yet I am concerned about the blow Michigan's struggling economy will have upon our aging housing stock—the source of the vast majority of children's environmental health risks. I am also concerned about the likelihood of dwindling financial support from the State legislature, especially as this support leverages both local philanthropy and significant federal resources. Legislative leaders have been bold in passing legislation to protect children, but timid in the commitment of resources.

Since Get the Lead Out! began its work, childhood lead poisoning has constantly been receiving the attention of the legislature and the Granholm administration. Bills passed include criminal penalties for landlords that knowingly rent units with hazards to lead poisoned children, a call for Medicaid and WIC providers to increase testing, the creation of the lead-safe housing registry, and integration of lead into the MCIR. Currently, there are efforts to

Continued on next page

Building Local Synergy – Get the Lead Out! *Continued*

ban the use of lead in specific children's products and talk of a tax credit for those who fix homes. The existence of local coalitions that advocate with their legislators in their home districts have been instrumental in getting these bills passed.

Local coalition building creates synergy and impact. While national and state plans and benchmarks are important, nothing gets results better than action at the local level. Whether it is on-the-ground work fixing houses and supporting parents, advocacy with legislators, or building local capacity through leveraging large federal grants, it has been the diligent work of Get the Lead Out! partners—at the local

level—that has resulted in far fewer children being lead poisoned. And it is the sustained work of these local leaders that will realize the vision of an end to childhood lead poisoning.

Submitted by: Paul Haan is the Executive Director of the Healthy Homes Coalition of West Michigan (www.healthyhomescoalition.org), the facilitating agency for the Get the Lead Out! Collaborative. For more information about how you might promote coalition building at the local level, or to join the Grand Rapids coalition, contact Paul at paul@healthyhomescoalition.org.

Part I - Eliminating Lead Poisoning in Young Children in Michigan - A Time for Advocacy

Article to be continued in the winter issue

Lead poisoning is a serious environmental illness that can affect the development and cognitive abilities of young children causing permanent and irreversible damage, and it is almost entirely preventable if children are protected from exposure to lead hazards. More children are being tested each year (141,000+ in 2006), but this still represents only about 17% of the children below age six who are most likely to become poisoned. Childhood lead poisoning is a problem that affects not only the child and family, but all segments of the health care, educational and social systems and will require a strong public will to identify and focus sufficient resources to address the problem effectively. The Michigan Department of Community Health (MDCH) has two major programs that deal with lead hazards and lead poisoning in young children. The Childhood Lead Poisoning Prevention Program (CLPPP) in the Division of Family and Community Health, funded by the CDC, has several components.

- An elimination plan developed in conjunction with a statewide Advisory Committee that details the work that needs to be accomplished to meet the CDC goal for elimination of lead poisoning in young children by 2010;
- Targeted Testing and Screening activities that identify the children with elevated blood lead levels;
- Surveillance of all blood lead tests received by Michigan citizens of all ages (for a subset of individuals 16 years and above, test results are sent to the ABLES-adult blood lead surveillance-program at MSU);
- Primary Prevention focused on identifying lead hazards before children become poisoned and instituting measures to ensure that children do not progress to higher blood lead levels;
- Case Management for children whose blood lead levels are equal to or greater than 20 µg/dL, including assuring that blood levels continue to drop, with cases closed when two blood tests in succession are below 10 µg/dL; and
- Program evaluation to ensure than progress in being made toward elimination of childhood lead poisoning.

Additional funding for CLPPP comes from the Maternal and Child Health Block Grant and a small amount of state General Funds.

The Healthy Housing Section of the Bureau of Epidemiology at MDCH is the abatement arm of lead poisoning prevention activities. Funding is from the US Department of Housing and Urban Development and EPA. Focus areas are:

- Identification of housing stock that has significant lead hazards, and where young children reside;
- Training and certification of individuals conducting "lead work" to ensure that the work is done in a lead-safe manner;
- Education of the public and construction professionals to ensure safety of individuals completing renovation; and

- Healthy Homes University, a pilot project focused on a variety of environmental hazards and the development of protections for the public.

In addition to the funding sources listed for the past two years, the two programs have shared one million Healthy Michigan Fund dollars to expand the reach of both programs in 13 target communities with the highest risk of lead poisoning among young children. The funding supports activities listed above at least in part, but also fund:

- Coalition-building activities in the 13 target communities, to engage the community in planning for how they will address with problems related to lead poisoning and other environmental hazards;
- The development and implementation of a lead safe registry of housing that currently contains addresses of all rental properties abated (legislation under consideration would expand the registry to all homes-owner occupied and rental) now available at www.michigan.gov/ismyhomeleadsafe;
- An Abatement Ombudsman who assists families statewide seeking sources of funding to complete abatement work;
- A Public Awareness campaign to alert parents to the dangers of lead poisoning and urging them to have their child tested for blood lead status;
- The establishment a State Lead Control and Prevention Commission charged with assuring that state agencies work together in addressing the problem of lead poisoning in Michigan and in developing a long-range plan leading to the elimination of lead poisoning among young children from deteriorating lead paint.

The Healthy Michigan Fund is in jeopardy, and in fact funding was reduced by \$250,000 in the last quarter of 2006-07. The Governor did not include a line item for lead poisoning prevention in her 2007-08 budget, but has indicated that she will reinstate this program and several others affected by budget cuts if the legislature institutes revenue enhancements. The State Lead Control and Prevention Commission has indicated in its long-term report that until Michigan becomes truly serious about lead poisoning of children with all the concomitant problems and provides adequate funding to address prevention by clearing lead hazards from homes and child care centers where children spend significant time, Michigan will continue to struggle with providing adequate services and supports for children irreparably damaged by lead poisoning.

Submitted by Mary Scobic, RN, MN, Manager, MDCH Child Health Unit

“A healthy ecology is the basis for a healthy economy.”
Claudine Schneider

Public Health Nursing Section

Annual Meeting March 1, 2007

The PHN Section held its annual meeting on March 1, 2007 at the Kent County Health Department. The Public Health Nursing Section joined the Kent County Health Department for the morning staff development presentation by Nancy Roberts, RN, CCE on “Recognizing and Treating Perinatal Mood Disorders.”



*Mark Hall, MD
Medical Director
Kent County Health
Department*

A lunch presentation followed in which Jeanette Klemczak, Michigan Chief Nurse Executive gave a telephone presentation on the “Nursing Agenda for Michigan”. One of her main objectives is to assure that there will be nurses in Michigan to address the health care needs of Michigan’s population. Three components of her agenda include increasing the number of nursing students, increasing the number of nursing educators, and improving infrastructure to support these increases. She is working with 38 nursing organizations statewide through COMON – the Coalition of Michigan Organizations of Nursing to address broader nursing issues. The MPHA PHN Section is a member of COMON. Specifically to public health nursing, Jeannette would like to address the diminishing number of nurses in leadership positions at the Michigan Department of Community Health and local health departments.

The annual meeting concluded with a presentation from Mark Hall MD, Medical Director, Kent County Health Department, who presented a lecture on “HPV: The Disease and the Vaccine.”

Submitted by: Jenifer Murray, RN, MPH, Chair, Nursing Section

The Public Health Nursing Shortage: A Threat to the Public’s Health

Below is a synopsis of November 2006 Executive Summary endorsed by the Quad Council of Public Health Nursing Organizations February, 2007

Public Health Nursing is in the midst of a critical shortage, one that threatens the health of the nation. While nursing shortages have existed before, the magnitude of the current shortage is far worse than any the U.S. has ever experienced. In this time of increasing demands on public health to respond to issues such as emergency preparedness, new emerging infections, and significant increases in chronic illnesses, the public health nursing shortage must be addressed. While others have written about the shortage, the Quad Council of Public Health Nursing Organizations has examined the shortage through the prism of the potential impact on the public’s health and offered recommendations for dealing with the shortage.

Public health nurses focus on the health of populations, working with communities, and the individuals and families who live in them. With an emphasis on prevention, their practice is multifaceted, and has resulted in positive health outcomes including enhanced surveillance; higher rates of breastfeeding; reductions in pre-term births and low birth weight rates; and improved behavior, education, and employment.

The current shortage is complex, the result of multiple and varied factors. Contributing factors include an overall shortage of registered nurses as well as factors specific to public health: an aging population of nurses; a poorly funded public health system

on the national, state, and local levels that results in inadequate salaries; reduced and/or eliminated public health nursing positions; bureaucratic hiring practices; inadequate numbers of baccalaureate nursing graduates; limited public health advocacy; a growing shortage of nursing faculty, adequately prepared to teach public health nursing; and invisibility of public health nursing in media and marketing campaigns.

While the issues are many, change is possible, if we have the political will to do so. The following are recommendations to address the public health nursing shortage.

Recommendations:

- Increase core financial support for public health agencies, to enable an increase in salaries for nurses.
- Enhance leadership development programs for the public health workforce, including public health nurses.
- Increase funding to the Health Resources and Services Administration (HRSA), Division of Nursing for projects that support public health nursing.
- Provide scholarship funding and loan forgiveness programs to support nurses who seek advanced public health nursing education.
- Increase funding to the Centers for Disease Control & Prevention to enhance support of

public health workforce through partnerships with nursing and fellowship opportunities.

- Develop effective marketing campaigns intended to attract new nurses entering the profession, as well as veteran nurses interested in a career change into public health.
- Encourage schools of nursing, public health training centers, and schools of public health to collaborate with state and local health agencies to provide educational opportunities for nurses.
- Create joint practice arrangements for public health nursing faculty and joint teaching arrangements for master’s and doctorally prepared public health nurses in practice.
- Provide incentives such as tax credits to retain public health nursing faculty, and support state or federal initiatives to retain this faculty.
- Form new public health/educational partnerships in order to support the development of qualified preceptors and clinical sites.

To view the recommendations and full report in its entirety, please visit: <http://www.astdn.org/downloadablefiles/Final%20Nursing%20Shortage%20Paper.pdf>

Submitted by: Jenifer Murray,
Chair, Nursing Section

Vision Section

A Tribute to Dr. William D. Dansby

Public health efforts are rarely recognized and often undervalued until a critical or catastrophic event occurs. It may be said that the public health community has done much of its most salient work (i.e., protecting, promoting, and restoring the public's health) when no one was looking. We might say the same of a select few leaders across our respective professions that have also quietly contributed to the public's health. The Vision Care Section of the MPHA devotes this IMPACT article to one such person, Dr. William Dansby, CAE, OD (hon.), Executive Vice President of the Michigan Optometric Association, a distinguished leader and long time MPHA –Vision Care Section member.



Dr. William D. Dansby

Dr. Dansby has made a significant impact on both the profession of optometry and on the visual welfare of the public within the State of Michigan for the past 40 years. Although his professional contributions are far too numerous to mention in this short article, like the public health community, much of his work 'behind the scenes' has perhaps gone unrecognized at times. Most notable, however, were his tireless efforts spent as political advocate, respected leader, and dedicated champion of the rights of both the public and optometrists within the state.

Therefore, it is not without heavy hearts that we celebrate the retirement of Dr. Dansby as he steps down from the helm of the Michigan Optometric Association (MOA). Working for the MOA since 1967, Dr. Dansby doubled its membership with record speed and became a pivotal force that resulted in the passing of legislation that ultimately elevated the level of vision care for patients in the State of Michigan. Specifically, his advocacy led to the enabling of optometrists to utilize diagnostic and therapeutic drugs to provide comprehensive care for patients with glaucoma and other diseases of the eye. This major legislative feat has resulted in increased access to quality eye care for Michigan citizens. In addition, Dr. Dansby recently received the first Honorary Doctorate of Optometry Degree from the Michigan College of Optometry, Ferris State University. Dr. Dansby is most deserving of this title as he spearheaded critical legislation that enabled the establishment of the one and only college of optometry within the State of Michigan from which approximately 60% of the state's practicing optometrists have graduated.

In short, while we deeply appreciate Dr. Dansby for his determined leadership and advocacy that carried us through critical legislative battles, we also recognize that he continuously and quietly labored for 4 decades behind the scenes, promoting our profession while protecting the interests of both the profession and the public he served. In addition, while many state associations are simply seen as self-serving political interest groups, Dr. Dansby has provided a model of leadership focused on integrity and trust as he has always maintained the public's visual welfare as top priority. Thank you Dr. Dansby. Thank you for the impact you have made on the public's health, the optometric profession, and on each of us personally, even when no one was looking.

Submitted by: Renée Mika, OD, Chair, Vision Care Section

Oral Health Section

Michigan Oral Health Conference Recap

This year's two-day Michigan Oral Health Conference was indeed a success with over 100 people in attendance. The annual event took place June 14-15, 2007 at the Kellogg Hotel and Conference Center in East Lansing, MI. With twenty-six presenters and an increase in exhibiting non-profit and for profit organizations and companies, the experience gained was invaluable to the attendees. Gary Kirk, MD, MPH, Director, Bureau of Family, Maternal and Child Health at the Michigan Department of Community Health, gave the welcome and Colleen Lampron, MPH, Executive Director, National Network for Oral Health Access and George Taylor, DMD, MPH, DrPH, Associate Professor of Dentistry, University of Michigan School of Dentistry, gave the keynote address. They addressed the Oral Health Disparities Collaborative Pilot and Periodontal Diseases and Diabetes respectively. Gregory Kelsner, former MSU basketball standout, NBA player, and Sportscaster for the Fox Sports Network and Detroit Pistons Analyst, gave a motivational closing presentation called Winning at the Game of Leadership. The evaluation results showed that participants truly loved his presentation and hope to see more like him in the future.

Submitted by: Christi Shindollar, Michigan Primary Care Association and David Repasky, DDS, MPH, Oral Health Section Chair

“The ultimate test of man's conscience may be his willingness to sacrifice something today for future generations whose words of thanks will not be heard.”
Gaylord Nelson

Epidemiology Section

2007 Michigan Epidemiology Conference

The 2007 Annual Michigan Epidemiology Conference was held on April 12, 2007 at the Towsley Center at the University of Michigan. David Johnson, MD, MPH, formerly the MDCH Chief Medical Executive, and now the Director of Scientific and Medical Affairs at Sanofi Pasteur, gave the keynote address on vaccine development and policy, giving particular attention to the recent resurgence in pertussis disease. Also speaking at the morning plenary session was Sandro Galea, MD, MPH, DrPH, of the Center for Social Epidemiology and Population Health at U of M, speaking on disaster epidemiology. Among other things, Dr. Galea discussed psychological sequelae following disasters such as Hurricane Katrina and 9/11; there are several different patterns, such as no sequelae, early onset with rapid resolution, and late onset without resolution. Stacey Hettiger, a policy analyst with the Michigan House of Representatives, also discussed development of public health legislation during the morning plenary. Each party maintains a group of analysts who provide legislators with the information needed to make good decisions on health topics, although science does not always trump politics.

Afternoon sessions consisted of presentations on diverse topics, including obesity, infectious disease, asthma, brain injuries, dental caries, and health disparities. There was also a session on careers in epidemiology, targeted towards public health students. With over 27 posters on display this year, poster viewing was a lively part of the conference, as attendees networked and discussed findings. The conference was attended by 154 people, similar attendance to the prior 2 years. State and local public health workers, students, university researchers, and clinicians were present.

The Epi Section would especially like to thank the sponsors of the 2007 Michigan Epidemiology Conference: the MDCH Disease Surveillance Section, the University of Michigan, Department of Epidemiology, the Michigan Public Health Institute (MPHI), the Michigan Association for Public Health and Preventive Medicine Physicians

(MAPPP), the Altarum Institute, the Michigan Center for Public Health Preparedness at the U of M School of Public Health, the Michigan Society for Infection Control (MSIC), and the Sanisys Corporation. Their support has allowed us to provide a high-quality conference with no registration fee.

The Michigan Epidemiology Conference is presented every spring by the Epidemiology Section of the Michigan Public Health Association (MPHA). Presentations, abstracts, and photos from 2007 and prior conferences are available online (www.mipha.org/epi/index.htm), as well as information on how to join MPHA and the Epi Section.

New Epidemiology Section officers were elected for the 2007-2008 year. The current board is: Chair, Shane Bies; Past Chair, Tom Largo; Chair-Elect, Brian Hartl; Secretary-Treasurer, Carla Marten; Program Chair, Kyle Enger; Section Councilors, Joyce Lai, Scott Schreiber, and Betsy Wasilevich; and Student Representatives, Kip Bohnert and Greg Cherkowski.

Submitted by: Kyle Enger, Chair, Epi Section

“It is our collective and individual responsibility to protect and nurture the global family, to support its weaker members and to preserve and tend to the environment in which we all live.”
Dalai Lama

Did You Know...

Sharing a ride twice a week will reduce your carbon dioxide emissions by 1,590 lbs per year!
(<http://globalwarming-facts.info/50-tips.html>)

Seek out and support local farmers markets!. Farmers markets reduce the amount of energy required to grow and transport the food to you by one fifth.
(www.ams.usda.gov/farmersmarkets/States/State06.pdf/Michigan.pdf)

Much of the world gets by on 2.5 gallons of water per day. The average American uses 400 gallons per day, 30% of which is for outdoor uses and half for watering lawns - 7 billion gallons per day.
(www.epa.gov/watersense/docs/outdoor508.pdf)

A dripping faucet can waste 20 gallons of water a day, while a leaking toilet can use 90,000 gallons of water in a month. Regular maintenance will reserve water.
(www.treehugger.com)

For more information visit:

www.michigan.gov/documents/deq/deq-ess-workshops-greenmeetings_192368_7.pdf

www.michigan.gov/deq/0,1607,7-135-3585_4130-70303--,00.html

www.michigan.gov/deq/0,1607,7-135-3585_30068_27504-83395--,00.html



Affiliate Representative to the Governing Council (ARGC)

Report from the Desk of the ARGC

ARGC stands for Affiliate Representative to the Governing Council (ARGC) of the American Public Health Association. The Michigan Public Health Association participates as an Affiliate in the affairs of APHA through its elected representative (ARGC) to the APHA Governing Council. Each state affiliate has one ARGC representative, and Michigan is one of 53 such APHA Affiliates. The APHA Governing Council also includes members of the Executive Board and representative (s) from each of APHA's 40 sections.



*Ingrid Davis, MPA
MPHA, ARGC*

As ARGC I assist the Michigan Public Health Association (MPHA) President in disseminating information from the American Public Health Association (APHA) to members of MPHA. My main role as ARGC is serving as a voting member of APHA's Governing Council. I am also responsible for maintaining liaison with the APHA Region V (MI, OH, IND, ILL, WI, MN) (Called the Great Lakes Region) ARGCs.

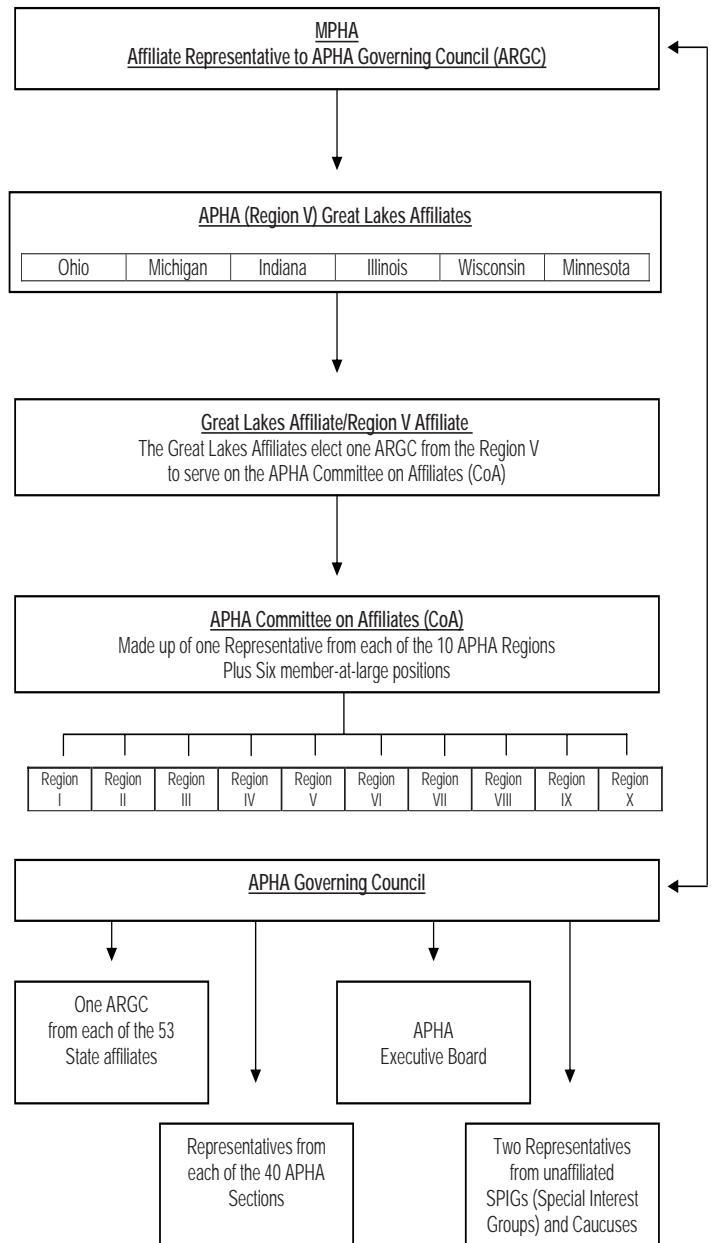
Additional duties of the ARGC include: ensuring that APHA is informed about Affiliate leadership changes in a timely manner; encouraging and promoting affiliate leadership participation in those APHA activities specifically designed for Affiliates, such as the President-Elect meeting and Affiliate leadership meeting; reviews and votes on APHA proposed policies and position papers at the APHA Governing Council meeting; actively participates in all APHA Governing Council activities held during the APHA annual meeting; supports nominations to APHA nominations committee, assists the affiliate to submit position papers/resolutions to APHA; assists the affiliate in nominating affiliate members for APHA committees; attends the Committee on Affiliate (CoA) meetings held during the APHA annual meeting including the CoA leadership day meeting; and attends the two Great Lakes affiliate meetings held yearly.

APHA has ten affiliate regions in the United States. The APHA CoA consists of sixteen members. Ten of the CoA members are ARGCs representing the ten APHA regions in the US. The regional ARGCs are elected from among the ARGCs in that region. The regional ARGC representative serves a two-year term on the CoA. The CoA also includes six members appointed by the APHA Executive Board that includes one representative from the student assembly. The CoA also has a representative on the APHA Action Board, a role in which I currently serve

Included with this article is a diagram outlining the ARGC's relationship with the region and APHA.

The ARGC is an MPHA elected position and serves a 3 year term. I have been the MPHA ARGC since 1995, and am currently serving my third, three year term. (2006-2009). I am looking for a person to mentor in 2008 as the new prospective ARGC from Michigan. If you are interested in this position, or in finding out more about it please contact me at: 517-335-9546.

Respectfully,
Ingrid Davis, MPHARGC



Legislative Updates

Muskegon Company Recognized for Environmental Excellence April 20, 2007

Department of Environmental Quality Director Steven E. Chester today announced that CWC Textron has been designated as a Michigan Clean Corporate Citizen (C3) in a voluntary program recognizing environmental stewardship. The facility, which manufactures automotive parts for major automotive manufacturers, becomes the 146th site in Michigan to earn this distinction.

"I am pleased to welcome CWC Textron to our growing partnership of Clean Corporate Citizens," said Director Chester. "I look forward to working with them to ensure we are protecting our environment while we grow our economy."

CWC Textron actively promotes the beneficial reuse of spent foundry sand through a number of avenues, recycles several tons of melting slag waste for use as an aggregate in the production of asphalt, and re-melts thousands of tons of local steel scrap to cast gray and ductile iron camshafts, dampener rings, and gear blanks. CWC Textron has been 3rd party certified to the international environmental standard, ISO 14001, since 2000.

"The employees at CWC Textron are extremely proud to be recognized as the first gray and ductile iron foundry in the state of Michigan to earn Clean Corporate Citizen's designation," said Jim Heethuis, CWC Textron Vice President General Manager. "Achieving C3 designation is a direct result of the personal commitment of our employees and the role and responsibility they play in managing our resources and protecting the environment. Textron, the parent Company for CWC, has stated and demonstrated its commitment to being an environmentally responsible company. In addition, our business and the foundry industry understand our responsibility as Environmental Stewards and value the positive role that our recycling activities play in being the best Corporate Citizen possible."

CWC Textron is a major employer in the Muskegon area. They have a 287,000 square foot manufacturing and support facility, technical center, and metallurgical laboratory within the city limits of Roosevelt Park, and employ 230 hourly and 70 salary employees.

To qualify for a Clean Corporate Citizen designation, candidates must adopt a facility-specific environmental management system and active pollution prevention initiatives, and have a consistent record of compliance with applicable environmental requirements. Clean Corporate Citizens are eligible for certain regulatory benefits under the state's environmental programs, including expedited permit approval. The program is open to any Michigan public or private business, educational institution, medical facility, or governmental agency. This designation will be valid for three years, with a certification of compliance and report on pollution prevention goals required annually.

<http://www.michigan.gov/deq/0,1607,7-135--166834--,00.html>

Day at the Capitol

A sincere **thank you** is extended to MPHA members and colleagues who participated on March 28, 2007. Approximately 150 people were present, encompassing good legislative representation. MPHA members were able to dialogue with legislators on various public health issues, including the vital importance of the Healthy Michigan Fund and its impact on public health programming and the single business tax. Please make sure to join us next year.

National Public Health Week

In March of 1995, former President William Clinton proclaimed the first full week of April as National Public Health Week (NPHW). During this week, he called on federal, state, and local health agencies to work with private organizations on building healthier communities and heightening awareness of public health issues around the country. APHA serves as the lead organizer of NPHW. Each year, affiliates have joined APHA's effort to promote the roles and responsibilities of public health in the routine and common events of daily American life by organizing a wide range of activities. (Source: APHA)

In recognition of NPHW, Michigan conducted its annual event on April 17, 2007. The Michigan Department of Community, along with its many partners, including MPHA and MALPH, celebrated at the State Capitol in Lansing. Good representations of public health entities were present: Janet Olszewski, MDCH Director, provided the opening statement; Dr. Jackie Scott, MDCH, Office of Public Health Preparedness, Dean Kenneth Warner, U of M, School of Public Health Practice, Dr. Teresa Wehrwein, Associate Dean, MSU College of Nursing, Dr. Gregory Cline, Past President MPHA, Ellen Clement, MALPH President, and Dr. Greg Holzman, MD, MPH, MDCH State Chief Medical Executive. The five "public policy champions" from Michigan Legislature were recognized, by MDCH for their accomplishments surrounding new legislation to address gaps and for supporting and advocating for vital public health programming in the state. They include: Sens. Gilda Jacobs (D-Huntington Woods) and Deb Cherry (D-Burton) and Reps. Kathy Angerer (D-Dundee), Edward Gaffney (R-Grosse Pointe), and Gary McDowell (D-Rudyard). Additionally, the 2007 Hometown Health Heroes were also recognized for their "exceptional contributions to their local communities": Michigan Coalition Against Domestic & Sexual Violence, Kathleen Kleinert, DO, Covenant Community Care, Inc., Jenny Atas, MD, FACEP, Region 2 South Co-Med. Director, Detroit Medical Center, Bill Fales, MD, FACEP, Region 5 Med. Director, Carol Klukas, RN, Beal City Schools, Grand Traverse County Health Department, Region 7 Biodefense Network, representing the counties of northwestern lower peninsula, and Mary L. Spalding-Antilla, Community Health Representative for the Lac Vieux Desert Band of Lake Superior Chippewa Indians. (Source: MDCH and MPHA).

Submitted by: Hope Rollins

Legislative Updates

Michigan's Children Deserve Better than Junk!

As child obesity rates in Michigan and across the nation continue to rise, addressing this public health crisis is critical. One approach is currently being considered by Congress—strengthening the national nutrition standards for foods sold in schools to ensure that they are healthy.

The national school lunch and breakfast programs must meet strong nutrition standards. However, the current standards for the rest of the foods and beverages sold in schools – out of vending machines, cafeteria a la carte lines, and school stores – are weak and outdated. They don't address important nutritional considerations such as calories, saturated fat, trans fat, and salt. As a result, candy bars, doughnuts, and french fries are sold widely in schools.

The bipartisan Child Nutrition Promotion and School Lunch Protection Act (S. 771/ H.R. 1363) calls on the U.S. Department of Agriculture (USDA) to update its nutrition standards for foods sold in schools throughout the whole campus, the whole school day. Senator Stabenow and the rest of the Michigan Congressional delegation need to hear from the public health community in Michigan in support of this bill. Please go to www.schoolfoods.org to learn how you can urge your legislators to co-sponsor this important health legislation.



**APHA 135TH ANNUAL MEETING AND EXPO
NOVEMBER 3-7, 2007 WASHINGTON, DC**

The 135th Annual APHA Annual Meeting & Exposition is the premier Public Health Educational Forum!

For further information and to register, please visit www.apha.org

Member Highlights and Tributes

Dr. Joseph D. Sasaki, A.B., O.D.

Born on January 7, 1912, Dr. Joseph D. Sasaki, A.B., O.D. has made great impact in the public health field. He has received his Doctorate of Optometry, and honorary Doctorates of Ocular Science in 1960 and Nutritional Medicine in 1983. Throughout his career, Dr. Sasaki has developed various scientific and health-related concepts, including research on neurophysiologic optometry and micro-ophthalmology. Dr. Sasaki has been given warmest regards by his patients for his care and concern for others. Although well accomplished in his field, he retired in 1978. He later established a scholarship with the Beta Sigma Kappa Optometric Honorary Fraternity for outstanding optometry students at Ferris State University. Leaders of American Science (1962), Community Leaders in America (1971), and Who's Who in the World (2000) are only a few of many periodicals that have recognized his accomplishments. Dr. Sasaki holds memberships in several professional organizations, including MPHA where he most recently received a unanimous Board vote for lifetime membership. He celebrated his 95th birthday this year, and currently resides with his wife Pamela in Ann Arbor.

Wayne State University Health Education Honorary Society Encourages MPHA Membership and Greater Detroit Community Service

Five members of the Wayne State University Beta Sigma Chapter of Eta Sigma Gamma (ESG), a National Professional Honorary for Health Education, are also Michigan Public Health Association (MPHA) members, and “we encourage all our members to join MPHA and attend the MPHA annual conference” states Sean A. Fisher, B.Ed., CHES, Chapter President. Mariane Fahlman, PhD, Associate Professor in WSU Kinesiology, Health and Sport Studies, is Advisor for the Chapter, which promotes leadership in Greater Detroit community health education. Mr. Fisher received the 2006 Michigan Association for Health, Physical Education, Recreation and Dance (MAHPERD) Outstanding Health Major of the Year Nomination for WSU. Chapter community services have included projects with Fraser High School and Gleaners Community Food Bank of Detroit as well as the 2006 – 07 academic year “Stand and Deliver” health professionals workshop in which Julie Gleason-Comstock, PhD, CHES, a MPHA and MJPH Boards member and former advisor to the Chapter, gave the opening session on “The Importance of Involving the Community in Health Education.”

Submitted by: Julie Gleason-Comstock, PhD, CHES, Wayne State University Center for Urban Studies

“Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it is the only thing that ever has.”
Margaret Mead

Upcoming Events

Office of Public Health Practice, University of Michigan School of Public Health
Training Events September/October 2007

For more information visit us at www.umsphpractice.org

September 11, 2007

8:30 am-4:00 pm

Power Center for the Performing Arts, University of Michigan
Campus; live webcast

Global Public Health Preparedness: Is It Possible?

This symposium will discuss global public health preparedness in its broadest context; from preparing for catastrophic health events to addressing global health issues including tobacco use and multi-drug resistant tuberculosis to developing the public health workforce in the international community.

Featured speakers include:

Helene Gayle, MD, MPH
President and CEO, CARE

Ronald Davis, MD
President, American Medical Association

Julio Frenk, MD, MPH, PhD
Senior Fellow, Global Health Program
Bill and Melinda Gates Foundation
Former Mexico Minister of Health

K. Srinath Reddy, MD, DM
Professor of Cardiology, All India Institute of Medical Sciences
President, Public Health Foundation of India

Registration is free. Additional event details may be found at www.umsphpractice.org

October 1, 2007 to November 18, 2007

Online, Mentored Course

Budgeting and Accounting

This course will teach the processes for developing and using budgets as planning and management tools for organizations. Course activities will address the organization as a firm that must be managed within a set of financial constraints. This course will meet for seven (7) weeks and you will have opportunity to interact with fellow students and the instructor through discussions in real-time (toll-free conference calls, chat) and asynchronously (discussion boards, e-mail).

25 Contact hours in Nursing and 10 Contact hours for CHES
Course Fee: \$135

October 15, 2007

10:00 am - 4:30 pm (tentative start time)

Hyatt Regency Dearborn

Pre-Conference Event limited to the first 40 participants

Leadership Symposium in conjunction Michigan Premier Public Health Conference

Participants will participate in a self-assessment to identify areas of individual leadership strength and growth, as well as gain skills in the fundamentals of meta-leadership to develop powerful partnerships.

Featured speakers include:

Nancy Ohle, Training Specialist
Delta College Corporate Services

Joe Henderson
Senior Management Official in New York State
Centers for Disease Control and Prevention

Registration is \$30 including lunch.

For more information contact Lynne Doyle at ldoyle@co.ottawa.mi.us

Co-sponsored by the Michigan Public Health Training Center and Michigan Department of Community Health

Ongoing, self-paced online courses. FREE
Continuing Education contact hours are available
Computer-based (downloadable) (MHDID0806)

Measuring Health Disparities

Course examines the language of health disparity to come to some common understanding of what that term means, and shows how to calculate different measures of health disparity.

The Legal Basis for Population Health, Part 1: Administrative Authority (LEBA10407)

This self-paced course is the first part of a five-part series on The Legal Basis for Population Health: A Guide for Practitioners. Part 1 will cover the nature and scope of the public health authority and the administrative process.

Upcoming Events

August 13-17, 2007

CDC Cancer Conference

Atlanta, GA
www.CDC.gov

September 13, 2007

UP Association of Infant Mental Health

Marquette, MI

September 18-19, 2007

2007 Michigan Family Planning Update

Harbor Springs, MI
www.hcet.org

September 18-21, 2007

Prevent, Promote, and Protect: Building Board of Health Capacity

Anchorage, AK
www.NALBOH.org

October-November 2007

MDCH 2007 Regional Immunization Conferences

<http://register2007.mihealth.org/>

October 11-13, 2007

5th Annual World Congress on the Insulin Resistance Syndrome

Newton, MA
www.insulinresistance.us

October 16-17, 2007

Michigan's Premier Public Health Conference

Dearborn, MI
www.malph.org

October 24-27, 2007

2007 National Conference on Tobacco or Health

Minneapolis, MN
www.tobaccocontrolconference.org

October 25-27, 2007

Annual Northeast Epidemiology Conference

Saratoga Springs, NY
www.cdc.gov.mill1.sjlibrary.org/majevnts/majcal.htm

October 31-November 2, 2007

International Conference on Urban Health

Baltimore, Maryland
(John Hopkins University)
www.icuh2007.org

November 1-2, 2007

2007 STD & HIV Conference

Ypsilanti, MI
www.mihivnews.com/michigan.htm

November 1-3, 2007

Society for Public Health Education 58th Annual Meeting

Alexandria, VA
www.sophe.org

November 3-7, 2007

135th American Public Health Association Highlight

Washington, D.C.
www.apha.org/meetings/index.htm

December 2-5, 2007

National HIV Prevention Conference

Atlanta, GA
www.2007nhpc.org

January 26, 2008

Kent Regional 4C's Annual Early Childhood Conference

Grand Rapids, MI
www.4Cchildcare.org

February 4-5, 2008

National Health Policy Conference

Washington, D.C.
www.Academyhealth.org

March 2008

Association of Maternal & Child Health Programs Annual Conference

www.amchp.org/news/2007/index.php

March 30-April 1, 2008

National Conference on Family Literacy

Louisville, KY
www.familit.org

June 9-11, 2008

NAEYC's National Institute for Early Childhood Professional Development

New Orleans, LA
www.naeyc.org/conferences/institute.asp

MDCH public health trainings and conferences can be found at:

mdch.train.org/calendar_calendar_links.html

MPHI public health trainings and conferences can be found at:

www.mphi.eductrng.net

Education & Training

The Education and Training Program (E&T) within the Michigan Public Health Institute facilitates the transfer of content curriculum into the production of public health trainings, conferences, videoconferences and webcasts.

Services include:

- needs assessment design and analysis
- focus group facilitation
- curriculum structure
- speaker search
- logistical planning and coordination
- continuing education administration
- on-line registration management
- graphic design
- public relations and event promotion
- sponsorship and exhibitor solicitation
- training material development
- on-site event staffing
- training technical assistance
- script-writing
- grant-writing
- consulting
- training evaluation

For more information visit the E&T website at:
www.mphi.eductrng.net

If you would like to add your upcoming public health event to the winter issue of IMPACT, please contact Hope Rollins at rollins_hopem@yahoo.com.

Lansing, MI 48901-5306

PO Box 15306

MICHIGAN PUBLIC HEALTH ASSOCIATION



Registration Open!

Michigan's Premier Public Health Conference

*Advancing Public Health:
Preventing, Promoting and Protecting*

October 16 & 17, 2007

Hyatt Regency
Dearborn, Michigan

More information
can be found on page 4

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