



Association News

An Affiliate of the American Public Health Association

Spring 2008

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For submissions to
future issues,
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2008 Legislative Report

by Katherine Hughes-Fraitekh, Executive Director of the NM Human Needs Coordinating Council, and
Legislative Advocate for the New Mexico Public Health Association

Although no major health care reform bills were passed during the 2008 Legislative session, a number of bills were introduced representing a broad spectrum of health care reform options, all focused on the goal of achieving universal health care in New Mexico. The reform legislation generated an outpouring of interest, discussion, dialogue, and input which will prove invaluable for the difficult road ahead as New Mexicans seek to reform their current system--which most agree is broken--to build a fair, efficient, sustainable, affordable and humane health care system.

HB62, Health Solutions NM (the Governor's bill), co-sponsored by Representative Heaton, was one of the major bills introduced. It was an expansion of the Health Coverage for New Mexicans plan, one of three models selected for study and cost analysis by the Health Coverage for New Mexican's Committee (a group jointly appointed by the Governor and

Legislature in 2007 and chaired by Lt. Governor Denish). Mathematica Policy Inc., was selected to carry out the extensive study which was completed in summer 2007.

HB62 called for the creation of a Health Coverage Authority (HCA) that would oversee the consolidation of a number of public risk pools and insurance programs, streamline the current system and oversee health care reform. The legislation called for the Governor to appoint all members of the HCA with some nominations from the Legislature, as well as to appoint the Executive Director. Other key parts of this legislation called for limited insurance reform measures such as requiring that insurance companies' administrative costs be capped at 15% with medical services the remainder. HB62 required that insurance companies not exclude people for pre-existing conditions, yet did not set any cost criteria for this

coverage. The bill also called for an individual mandate, although there were no criteria for affordability. The bill set up a Healthy New Mexico Fund to be funded through minimal payments by employers that chose not to provide health insurance for their employees (\$500 per year per full-time employee and \$250 per year per part-time employee).

Many of the key components of the Governor's plan were amended by Legislative Committees, including requiring that half the members of the HCA be appointed by the Legislature and half by the Governor and removing the individual mandate and requirements for businesses to pay into a fund. Additionally, in his state budget, the Governor requested a significant increase in funding for Medicaid to cover some of those eligible, but not currently enrolled; however, the Legislators did not

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2008 Legislative Report

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include this increase in HB2 which passed. Therefore, critical funding mechanisms for the reform package were non-existent.

The Health Security Act (HSA) also a major reform model that was studied by Mathematica Policy Inc., was introduced as SB3 by Senator Cisneros and HB214 by Representative Gonzales. This bill is known as a single payer bill, although some Medicare and some federal retirement plans are excluded from the single comprehensive plan to cover all New Mexicans that it would create. The HSA is a public-private partnership overseen by a public commission partnering with private providers. Insurance companies are moved to a supplemental role. Funding would come from payroll taxes on employees and employers and expanding the current Medicaid coverage and funding for those eligible. The HSA also called for an "authority" to be created to oversee the implementation and management of the HSA. This plan was determined to be the most cost-effective by the Mathematica study since its administrative costs would be significantly lower than the other plans.

The Health Insurance Exchange Act is a private market model. It would set up an Insurance Exchange run by a Board appointed by the Legislature and Governor and overseen by a Director. The Exchange would consolidate risk pools, certify and enroll individuals or employer plans and oversee eligibility. The bill -- introduced as SB228 by Senator Komadina and HB205 by Representative Foley -

- would require that all New Mexicans have insurance. Lastly, Representative Picreaux and Senator Feldman, worked with advocacy groups, including members of the Health Care for All Campaign (HCFA) and with input from the NM Medical Society, to introduce the Health Care Authority Act, HB147 and SB225. This bill focused on creating an independent Health Care Authority (HCA) that would be charged to conduct policy analysis, make recommendations, and oversee and implement health care reform. HCA members would be appointed by the Governor and Legislature, and include a member from the Public Regulatory Commission's Insurance Division. No member could have financial interest in the health care system and the Executive Director would be appointed by the Board. The HCA would address the following: provision of comprehensive benefits; funding mechanisms assuring affordability and cost containment; consolidated purchasing of supplies/pharmaceuticals; portability of coverage; creation of consolidated actuarial pools; monitoring quality of care; impact of federal programs/regulations; transparency of health costs; collection and reporting of health care data and the impact of mandating health insurance coverage.

Outcomes

None of the major reform bills passed the Legislature. HB62 passed the House with major amendments, but got tabled in the Senate Finance Committee. The Health Security Act did not make it to either floor for a vote, nor did the Health Insurance Exchange Act. The HCA legislation passed the House and Senate floor, but was

tabled in committees.

Lastly, a few less comprehensive, but positive, health care reform bills did make it through the session and have been signed into law. These include two bills sponsored by Senator Feldman: the Insurance Defense & Maximum Coverage bill (SB226) which focuses on health insurance consumer protections and the Healthy New Mexico Task Force (SB129) which mobilizes the state against chronic diseases like diabetes, asthma and obesity. HB 236, sponsored by Representative Stewart, the Off Reservation Native American Health Commission bill, creates a voice for some 50,000 Off-Reservation Native Americans to improve access to health care and was supported by SAGE Council. HB 89, the Physician Assistant Requirements, was sponsored by Representative Cote.

The Governor has decided to call a Special Session in early June to try to get major health care reform legislation passed. He is currently in consultation with the Legislative Leadership to work out a compromise position to begin the session. While initial discussions are promising, it is still uncertain whether key compromises can be made by the Governor and Legislature. And importantly, whether the reform agreed to will be true systemic change leading to universal health care through affordable coverage; an improved delivery system including preventive health care; cost containment measures; and a sustainable system with improved health outcomes. It is important that NMPHA members stay informed and mobilized for action during the special session as well as for the coming months as critical decisions are being made.

INSTRUCTIONS FOR VOTING IN NMPHA 2008 ELECTIONS

The New Mexico Public Health Association (NMPHA) will be electing candidates for open positions for office in April 2008. Voting by secret ballot will take place at the Annual Conference on April 10, 2008, with results announced at the Membership Business Meeting from 3:30-4:30 pm on April 11, 2008. Members unable to attend the Annual Conference may use an alternative absentee ballot process to place their vote (see below).

Eligible candidates for office: Any person who has been an NMPHA member in good standing (i.e., dues are current) for a period of at least one year was eligible to be nominated for office. Each candidate was required to submit a written statement describing his/her previous experience with NMPHA, reason for seeking office, and his/her vision for the organization. (See statements following ballot.)

Open positions this year were President-Elect and Secretary. There will be no election of Nominating Committee members this year, as the current committee is in the process of developing a transition plan for a new Leadership Committee with expanded roles and responsibilities, to be described and discussed at the Annual Meeting in April.

All members with current memberships (including new members) are eligible to vote in this election. Make sure your membership has been renewed.

Members have two options for voting:

1. Vote by secret ballot at the Membership Table during the NMPHA Annual Conference on Thursday, April 10, 2008 **OR**
2. Vote by absentee ballot using the following process:
 - a. Print off the ballot form below and mark your choices;
 - b. Place that ballot in a sealed unmarked envelope;
 - c. Place that envelope in a larger envelope addressed to the address below and clearly showing your return address (so that your name can be marked off the membership list as having voted); and
 - d. Mail it to: **ATTN Ballot Return, NMPHA, PO Box 26433, Albuquerque, NM 87125**

PLEASE NOTE: Your absentee ballot must be received by Tuesday, April 8, 2008, in order for it to be included in the ballot count during the Annual Conference.

NMPHA 2008 Ballot Form

PRESIDENT-ELECT – VOTE FOR ONE

- ☐ Bobby Sanchez
- ☐ Reena Szczepanski
- ☐ Write-in candidate _____



SECRETARY – VOTE FOR ONE

- ☐ Barbara Arnold
- ☐ Heidi Topp Brooks
- ☐ Write-in candidate _____

2008 NMPHA Candidate Statements

The following statements were submitted by candidates for the open positions of President-Elect and Secretary in the 2008 NMPHA elections.

CANDIDATES FOR PRESIDENT-ELECT

The President-Elect is responsible for developing the program and agenda for the annual conference and serves as Conference Chair. The President-Elect assists the President as requested and acts in the absence of the President to conduct the business of the Association. The President-Elect shall automatically become President at the close of term as President-Elect.

Bobby J. Sanchez, Candidate for President-Elect

Health Promotion Educator – NM DOH

#9 East Challenger-RIAC, Roswell, NM 88203

(505) 347-2409 x 6240 Email: bobby.sanchez@state.nm.us or mrbob88201@hotmail.com

1) How are you involved in public/community health?

I am deeply involved in public/community health as I am a full time NM DOH/PHD Health Educator for Region 4 in Southeastern New Mexico. I presently work with all eight counties in our region and provide technical assistance, professional presentations, education, and any other support requested by our Community Health Councils, local prisons, NM Youth ChalleNGe, area politicians, citizens, and any other groups/schools in our area. I am always open to requests and am willing to provide what services are requested. If I cannot do what is asked, I always seek those with the expertise to fulfill the requests.

2) Please describe your activities and involvement with the New Mexico Public Health Association.

During the past year, I have been an active member of the NMPHA Board as the Region 4 Representative. I have been active in the Leadership Committee, Annual Meeting Planning Committee; have attended the Annual NMPHA Conference and the Health Policy Legislative Forum. My involvement, prior to this year, had mostly been in the background and as a “non-vocal” member. I have supported many of the positions of the association and have assisted various members when requested. I keep in touch with the association through e-mails, personal conversations, and network opportunities as they arise. I believe that it's time for me to have a more active role in the association and I am willing to do what is necessary to forward the goals and priorities of NMPHA.

3) Why are you interested in seeking this NMPHA elected position?

As I have stated previously, I believe that it is time that I took a more pro-active role in the running and/or moving forward of association goals and priorities. I believe that we are on the cusp of great things and a movement that will bring public health forward in the national/international agenda.

4) Please describe your vision for the future of NMPHA as an organization.

I still see NMPHA in the forefront of public health not just in New Mexico, but as a positive moving entity for the entire United States. I believe that we are on the brink of a great and positive movement in the understanding of who and what public health is and how it affects our everyday lives. I believe that It is our mission to elevate and make more people aware of what it is that public health has done, what we are doing now, and how we will make a difference in the future health of our country. NMPHA is in a unique position to move forward and lead the advance. We are all ‘public health’; it's time to show everyone how important that is to the future of our state and nation.



Reena Szczepanski, Candidate for President-Elect

Director, Drug Policy Alliance New Mexico

1101 Hickox St, Santa Fe, NM 87505

699-0798 cell, 983-3277 work Email: reena_anthony@yahoo.com

***Candidate
Statements***

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1) How are you involved in public/community health?

My current work is that of an advocate, working at the intersection of public health and human rights. Drug policy reform touches on many aspects of public health, including improving access to and quality of much-needed substance abuse treatment and other health services and legal access to harm reduction services. I have fought for the rights of New Mexicans to receive affordable substance abuse services, for access to all evidence-based forms of treatment, for legal access to medical marijuana to protect some of our state's most vulnerable people seeking relief from serious medical conditions, for effective overdose prevention and response, and others. The common thread between these issues could be characterized as reason or compassion, but I view them as issues of justice. I have worked for public health justice since the beginning of my career, which began in a small community health clinic. As an Americorps volunteer, I was on the frontlines of public health, visiting patient homes to remind them of immunization schedules, helping them adjust their home environments to better control asthma and allergies, and teaching pregnant teens about pregnancy and childbirth. Later, I worked as Hepatitis Program Manager for NMDOH. My current role has allowed me to embrace advocacy work in a new way. But I have tremendous respect and appreciation for all of us working in public health, whether it be with clients or with policymakers.

2) Please describe your activities and involvement with the New Mexico Public Health Association.

I remember very vividly my first NMPHA conference in 2001, especially how impressed I was that there were so many people working to improve the health of New Mexicans. Since then I have been a member and presented at several conferences, and since becoming a full-time advocate I have presented every year possible at the Advocacy Summit. I think NMPHA members have a vital role in delivering services in their respective jobs, but also in joining together to make change.

3) Why are you interested in seeking this NMPHA elected position?

I am passionate about public health and most especially racial/ethnic, gender, and socioeconomic differences and disparities in health. I hope that through this position I could assist NMPHA members, staff, and board in taking NMPHA to the next level. I am hard-working and responsive, and I think that NMPHA is a vital organization with much potential. It would be an honor to serve in an official capacity for NMPHA. I have been considering what my volunteer work should be for the coming year, and I can't think of a better organization to serve.

4) Please describe your vision for the future of NMPHA as an organization.

NMPHA's greatest asset is our membership. All of our members are serving the public health of New Mexico in different ways. The question, to me, is what do our members see as the future of the organization? I would seek the input of members in a formal way to impact NMPHA's direction and priorities for the coming years.

That being said, I do see that NMPHA has the potential to become a serious player in shaping public policy. NMPHA has been building infrastructure and capacity to do this over the last few years, with the annual advocacy training and summit. One of the ways to strengthen our focus and presence could be through prioritization of various policy initiatives. NMPHA supports many pieces of legislation, but what do the members see as the top three initiatives for the coming year? Second, NMPHA could have a lobby day to enhance the visibility of public health issues with policy makers and to give members an opportunity to put their advocacy training into practice. Third, NMPHA could host policy briefings with legislators in key areas around the state about our policy priorities. Again, this would engage our members in advocacy and also help them build relationships with local policy-makers. Fourth, there are so many ideas like these that we could discuss and incorporate into our strategic plan for the coming years. I think we can take a hard look at our assets to see what might be possible and, through careful planning, continue to build our capacity to influence policy at different levels, executive, legislative, and local.

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Candidate Statements

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CANDIDATES FOR SECRETARY

The Secretary is responsible for conducting such part of the correspondence of the Association as is assigned by the President. It is the responsibility of the Secretary to ensure that minutes of the Board meetings are taken and distributed to members of the Board.

Reena Szczepanski (continued from page 5)

NMPHA does a great job through its conference and other education events of providing continuing public health education. This is vital for our members and also to advance public health in New Mexico. We must stay abreast of new developments, trends, research, and programs.

In short, I think NMPHA has done a wonderful job of both maintaining its existing programs and also expanding to new areas of activity. As President, I would continue to look at areas where we can expand using existing and potential new resources, most especially our wonderful members!



Barbara Arnold

Public Health Educator, Taos County Health Promotion, NMDOH-Public Health Division
1400 Weimer Rd., Taos, NM 87571
575.758.2073 ext. 1013 Email: Barbara.Arnold@state.nm.us

1) How are you involved in public/community health?

My daily work for DOH Health Promotion is focused on mobilizing community members and agency partners to improve health. I provide some direct public health education (i.e. tobacco information, public health radio updates, etc.). Most of my work is with community groups (i.e. health coalitions, school groups, etc.) to assess, plan, and implement projects and policies that strengthen the public health system and improve health outcomes. My academic work includes ethnographic research with a breastfeeding project at NM Highlands University and teaching cultural anthropology and Women's Studies/health at UNM Taos and Northern NM College. I am active in my community as a volunteer and neighbor.

2) Please describe your activities and involvement with the New Mexico Public Health Association.

I have been a member of NMPHA since 2000 and have participated in the annual conference every other year. I read newsletters and the list serve, share information, and stay apprised of legislative action. In the past year, I helped organize the Taos Health Care forum and the advocacy trainings.

3) Why are you interested in seeking this NMPHA elected position?

I am committed to helping advance the mission of NMPHA. Having worked for DOH Public Health Promotion for 8 years, I sincerely appreciate the leadership of our professional organization and would like to be more involved with the state-wide network that promotes public health.

4) Please describe your vision for the future of NMPHA as an organization.

In my vision, NMPHA is recognized by ALL public health workers and partners as the place to be—to learn, share, inspire and energize. NMPHA grows to include all the front-line clerks working in DOH and the directors working in Indian Health Services, providing a forum that connects all of us to each other and to the big purpose of our public health work. NMPHA is the organization that builds understanding of and enthusiasm for public health for all the public health workers and for the public who depend on it working!



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Candidate Statements

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Heidi Topp Brooks

Analyst, Brooks, Pearsall, Zantow, LLC
 7000 Prospect Place, NE, Suite B, Albuquerque, New Mexico 87110
 505 884-4721 x16 Email: heiditoppbrooks@mac.com

1) How are you involved in public/community health?

I am a student in the MPH program at UNM and am about two-thirds of the way through the program. I was motivated to get my MPH by my many years of citizen activism on hunger and poverty issues with the grassroots group RESULTS, of which I am the local group leader.

2) Please describe your activities and involvement with the New Mexico Public Health Association.

I am relatively new to NMPHA, having joined just last year at the Annual Conference. I have also twice attended the NMPHA Legislative Forum and lobbied at the legislature on public health issues supported by the NMPHA.

3) Why are you interested in seeking this NMPHA elected position?

As a newcomer to the field in a more formal way I am interested in becoming involved with the state public health professional organization so that I can find out where my niche is and where I can be useful.

4) Please describe your vision for the future of NMPHA as an organization.

I'd like to see NMPHA become more visible to the public as a trusted and influential source of information on public health issues, a resource for community involvement in issues that affect public health, and a training resource for people working in public health. I'd also like to see more student involvement in the organization.

**NMPHA Association News Submission Guidelines**

Contributions to the *Association News* from NMPHA members are welcome, but the right is reserved to select material to be published and/or to edit material for length and clarity.

Unless otherwise specified, publication of any announcement or statement is not deemed to be an endorsement by the New Mexico Public Health Association of the views expressed therein, nor shall publication of any advertisement be considered an endorsement by the New Mexico Public Health Association of the product or service involved. Articles are not necessarily the opinion of the New Mexico Public Health Association nor its Executive Board. Submissions are not verified for accuracy.

All authors wishing to submit their manuscripts must do so electronically in Word format. Hardcopy submissions cannot be accepted. Submissions should be no more than 1,000 words in length.

Include the submitter's name and phone number in the event of questions. Include the submitter's/author's organizational affiliation if it should be included in publication.

Requests for reprints should be addressed to the editor who is responsible for coordinating such requests with the submitter/author.

**Association News
Publication Schedule****Summer**

Call for submissions: 5.26.08
 Deadline for submissions: 6.9.08
 Distribution: 6.23.08

Autumn

Call for submissions: 8.25.08
 Deadline for submissions: 9.8.08
 Distribution: 9.22.08

Winter

Call for submissions: 12.1.08
 Deadline for submissions: 12.15.08
 Distribution: 1.5.09

**Submit articles
to Suzanne.marks@ihs.gov**

New Mexico Injury Prevention Coalition Develops Statewide Strategic Plan

By
Susan DeFrancesco, JD, MPH, MAT and
Leona Woelk, MA, LPAT

Each day in New Mexico, nearly 5 people die from an injury, approximately 40 other New Mexicans are hospitalized, 680 are seen in emergency departments, and another 1,960 visit other health care facilities for treatment of their injuries.¹ New Mexicans suffer the highest unintentional injury death rates in the country – largely due to motor vehicle crashes, poisonings, and falls. New Mexico also ranks second in the country for intentional injury death rates – suicide and homicide, with youth suicide rates being particularly high. We are especially challenged by high rates of alcohol-related injury. Injuries exact a tremendous toll on our state's families and our state's resources. The only greater tragedy than the pain and suffering caused by injuries is the fact that most are preventable.

Traditionally, injuries or “accidents” were viewed as isolated, random acts of fate that were unpredictable and unpreventable. But the application of epidemiology to injury -- the same science used to study the patterns of disease in a population and the factors that influence those disease patterns -- has shown that most injuries can be prevented. The epidemiological study of injury has taught us how injuries occur and who in the population is most at risk. It has helped us understand the multiple forces that cause injury. To effectively reduce death and disability due to injury, it is important not to focus solely on the behavior of the injured person, but instead on broader prevention strategies. Epidemiologists examine factors such as the products people use, the economic and social circumstances under which people live, their physical surroundings, and the organizational and governmental policies that affect the safety of their environments. They seek to understand and respond to the disparate effects injury has on different subpopulations in the state. For example, a confluence of factors such as income level, generational status, geographic location, unique histories with health systems and government policies, occupational conditions, language barriers, discrimination, and inadequate access to treatment and medical services put Native Americans and

Hispanics at higher risk of injury in New Mexico than other subpopulations.

It is with this breadth of understanding and approach to injury prevention that a diverse, multi-disciplinary group of practitioners came together to develop *The New Mexico Injury Prevention Strategic Plan: 2008-2012*. This plan establishes a framework and common agenda for those working on the prevention of injuries in the state. The goals, objectives, and activities in this Plan promote collaboration, capacity-building, and resource sharing in an effort to create change. This change is expected to result in a more skilled, informed, and effective injury prevention workforce, generate more funding and resources for injury prevention initiatives, and encourage the public, policymakers, and other decision makers to focus more attention on injuries in New Mexico and the cost-effective, proven strategies that can prevent them.

The formulation of this most recent Injury Prevention Strategic Plan (which updates the 2003 New Mexico Department of Health Strategic Plan) originated with the Injury Community Planning Group (ICPG), now known as the New Mexico Injury Prevention Coalition. The ICPG was formed in January 2006, initially as an initiative of the New Mexico Department of Health's Office of Injury Prevention (OIP). With funding from OIP and technical assistance from the University of New Mexico Prevention Research Center, three strategic planning sessions were held to develop the Plan and a fourth session focused on creating an action plan for carrying out the activities enumerated in the Plan. Four work groups have been formed to work on different components of the Plan:

- **Communications work group** will implement a strategy to increase public awareness about the injury burden in New Mexico and effective injury prevention strategies
- **Serving underserved communities work group** will carry out activities to build the capacity of underserved communities to develop and implement effective injury prevention programs
- **Data work group** will improve the quality, accessibility, and timely dissemination of injury data
- **Advocacy work group** will focus their efforts on advocating for a permanent source of funding for injury prevention initiatives in New Mexico and on increasing the priority level of injury prevention issues among policymakers.

New Mexico Injury Prevention Coalition (continued from page 8)

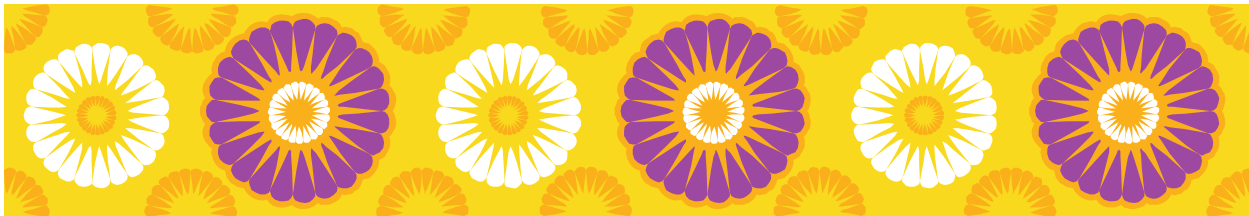
The New Mexico Injury Prevention Coalition, as directed by the Strategic Plan, will work to facilitate collaboration within the injury prevention community, promote the use of evidence-based injury prevention strategies, and provide training opportunities in capacity-building.

While the burden of injury in New Mexico presents a formidable challenge, the development of the *New Mexico Injury Prevention Strategic Plan 2008-2012* proves that there is no lack of creativity, dedication, collaboration, and perseverance among the people

working in injury prevention to address that challenge.

For more information about the Plan and the New Mexico Injury Prevention Coalition please contact Leona Woelk, Injury Prevention Coordinator at the New Mexico Department of Health, Office of Injury Prevention, leona.woelk@state.nm.us, 505-222-8621. The Plan is available at: <http://www.health.state.nm.us/pdf/NMInjuryPreventionStrategicPlan20082012.pdf>.

¹ New Mexico Department of Health. Injury Hurts New Mexico. July 2007. Available at <http://health.state.nm.us/epi/injury.html>.



Voices of Change

by Howard M. Spiegelman

Executive Director

New Mexico Alliance for School-Based Health Care

The final installation in a 3-part series

More than 60 Native American youth from the communities of Laguna, Acoma, Shiprock, and To'Hajiilee lobbied to support their school-based health centers during the 2008 legislative session.

These young people attended Behavioral Health Day, Indian Day, and Coordinated School Health Day activities at the Roundhouse in Santa Fe, New Mexico. They also visited their legislators to lobby for two initiatives to support SBHCs in New Mexico.

Last year, the Youth Advocacy Group (YAG) from Laguna-Acoma High School successfully lobbied for a Native American peer-to-peer suicide prevention program, which received an appropriation of \$50,000. This year, the YAG went back to support Representative John Pena's House Bill 30 for funds

to extend the peer-to-peer suicide prevention program in McKinley and San Juan counties. Unfortunately this bill did not pass, but funding was secured to continue the peer-to-peer suicide prevention program for the next school year.

We Have Voices

"These youth also advocated to increase funding of older SBHCs that did not get an increase in financial support when 34 new SBHCs were created by the Governor's initiative starting in 2006," said Howard Spiegelman, executive director, NMASBHC. "These older SBHCs that were not included in the expansion are in need of additional support. These youth really did a great job in advocating for this legislative initiative as well," he added.

YAGs are supported by the New Mexico Alliance for School-Based Health Care's policy project, "4 Youth," which is funded through a grant from the W.K. Kellogg Foundation. The project aims to sustain SBHCs in Indian country, where data show that health disparities are significant. Launched in 2004, 4 Youth seeks to make quality care more accessible and sustainable for children and youth.

Protecting Public Health in Response to Climate Change

Recommendations from the New Mexico Public Health Association



*Developed by the membership of the
New Mexico Public Health Association*



*Synthesized and prepared by
Environmental Health Associates Inc.*

*This year's theme for national public health week, April 7-13, 2008, is **Climate Change and the Nation's Health**. For more information from APHA go to their website for a brochure on Climate Change (http://www.nphw.org/nphw08/NPHW_bro.pdf)*

NMPHA has been concerned and involved in climate change activities since spring 2005 when the annual conference was organized around climate change. This article is an excerpt of a document that was the synthesis of a series of workshops conducted at the 2005 NMPHA Annual Meeting. The opinions and recommendations expressed are those of meeting participants. The document was reviewed at the 2006 NMPHA Annual Meeting and distributed to NMDOH and NMED leadership.

Copies of the full report can be obtained from Mallory Downs at bemad1@comcast.net

Public Health Perspective of Climate Change

In 2004, the American Public Health Association Annual Meeting incorporated a focus on climate change for the first time. In April 2005, the New Mexico Public Health Association (NMPHA) followed-up on this initiative by not only focusing their annual meeting on climate change, but incorporating working sessions to identify issues of public health importance that could potentially result not only from climate change, but from strategies developed to respond to climate change.

Why is Public Health Perspective Important?

Climate change-associated threats to public health such as those from increased viral and bacterial disease, from rising ocean waters, and from stresses to agricultural production and ecosystem stability have been widely discussed and generally accepted in both the public health community and in the larger climate change community. However, public health professionals have generally not been involved in efforts to develop an adequate response to climate change at either the local, national, or global levels.

At the NMPHA meeting, participants were asked to discuss the issue of climate change and public health from a broader perspective with two key goals:

- to identify roles for the vast public health network in responding to climate change, and
- to identify unanticipated potential threats that might result from responses to reduce carbon emissions.

Incorporating Precautionary Principle into the Response

Identification of potential threats utilized a precautionary principle approach to ensure that any actions to stem carbon emissions would be designed to also ensure protection of public health. Inclusion of such an analysis in the planning stages promotes development of not only a sustainable energy future, but of sustainable and healthy communities in the process.

Ultimately, incorporating a precautionary principle approach to meet the challenge of global climate change provides an opportunity not only to protect, but to actually improve public and community health. Actions that foster safe work environments, equitable access to resources, and economic development also reduce disparities that contribute to poorer health outcomes, and in some cases increase risk of developing disease.

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Protecting Public Health in Response to Climate Change

(continued from page 10)

Key Recommendations from the Public Health Perspective

The following recommendations synthesize the discussions of the working groups at the 2005 NMPHA annual meeting. Each is discussed in more detail in the following pages, with specific examples of success identified:

Recommendation 1. *The responses developed to address climate change in and of themselves need to be evaluated to assure that no adverse public health impacts result.*

Recommendation 2. *Developing responses to climate change provides an opportunity to reverse adverse health effects in low SES communities through improving economic opportunities, livability of the built environment, and sustainability of communities.*

Recommendation 3. *The respect and presence of public health professionals in nearly all communities*

and the respect they hold in the public eye provides an excellent opportunity for climate change initiatives to link to an existing and effective infrastructure well-positioned to implement broad-reaching social change in at least the following ways:

Recommendation 3.1. *Public health institutions and professionals are positioned to “lead by example” through modeling conservation strategies.*

Recommendation 3.2. *Public health professionals are well-experienced in promoting institutional and behavioral change. As such they provide an excellent infrastructure for educating on strategies necessary to reduce carbon emissions.*

Recommendation 3.3. *Public health is experienced in establishing effective monitoring systems to assess and respond to anticipated adverse health effects associated with climate change such as spread of infectious disease.*

Recommendation 3.4. *Public health has developed iterative program evaluation strategies that can enhance the efficacy of climate-change strategies through developing data-driven modifications to improve outcomes as programs develop, and ensuring metrics for program success are agreed to by all participants.*

Thoughts from Marsha McMurray-Avila, NMPHA Executive Director

Dear NMPHA Members...

So much has been happening around the NMPHA office. And this time I really do mean “office!” We took that big step at the end of February and moved from my home office into a real office space, leased from the Center on Law & Poverty at 720A Vassar Dr. NE. Please come by and visit us if you get a chance. And this time I really do mean “us!” The day before we moved, our new part-time administrative assistant Monet Silva-Caldwell joined our staff. Monet is about to finish her MPH through Florida International University. She did much of her MPH program in Puerto Rico, and has also worked in Honduras. As if finishing her degree, raising four children, and now working for NMPHA doesn’t seem to be enough to keep her busy, she also volunteers with APHA as the Program Chair for the APHA Student Assembly. So now you have two reasons to come by – see the office and meet Monet!



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Thoughts from Marsha McMurray-Avila

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**Welcome
Monet Silva-Caldwell,
NMPHA's new
Administrative Assistant!**

As is the custom this time of year, our energy and attention turns to preparing for the NMPHA Annual Conference. Our Conference Chair, President-Elect Leigh Mason, has chosen as this year's theme "Partnerships, Policy, and Public Health" and we've got a real treat in store for you that's sure to get your batteries recharged. The conference will be held on April 9-11 at the Albuquerque Grand Airport Hotel (formerly known as the Wyndham) at 2910 Yale Blvd. SE.

Consistent with the theme of partnership, we are partnering this year with the Governor's Women's Health Advisory Council on Wednesday, April 9th, the first day of our conference. Starting that morning they will be presenting the Second Annual Women's Health Policy Forum on "Sex and Gender Analysis in Health Policy." Everyone is encouraged to participate in the Forum – there is no charge to attend. Then we join forces in the afternoon for a viewing of "In Sickness and in Wealth," the introductory episode of the new PBS Documentary "Unnatural Causes: Is Inequality Making Us Sick?" produced by California Newsreel. (See my column in the Fall 2007 edition of this newsletter for more on this amazing documentary series.)

That afternoon you also have the choice of attending one of our NMPHA pre-conference workshops. Back by demand from a successful presentation at our December Health Policy Legislative Forum we have "Demystifying the NM Budget Process" – just in time to really start working on your legislative priorities for 2009 (yes, it really does start this soon!). Another option is "Methamphetamine: It Takes a Community" covering the crucial topics of treatment, prevention, harm reduction and public safety.

And to start everything off with a real bang, we'll be having our opening reception that evening from 5:00 to 6:30 in conjunction with the Women's Health Policy Forum. All of this is followed by two full days of dynamic keynote speakers and informative/interactive breakout sessions. Two special non-New Mexican guests are Dr. Linda Degutis, the current President of APHA, and Dr. Donald Warne from Phoenix, Arizona, who will speak on "American Indian Public Health Policy: Partnerships and Strategies to Reduce Health Disparities". They will be joined in various plenary sessions by our very own New Mexican speakers, Dr. Alfredo Vigil (NMDOH Secretary) and Dr. Justina Trott (Chair of the Women's Health Advisory Council).

Our breakout sessions are divided into several tracks, including Partnerships & Policy, Working with Communities, Partnerships & Technology, School Health Partnerships, Environmental Health, and Health Equity. In partnership with the relatively new NM Health Equity Working Group, the Health Equity track will present all six episodes of the PBS documentary "Unnatural Causes: Is Inequality Making Us Sick?" kicking off our use of this DVD tool to engage community groups, organizations, government agencies, educational institutions, and policy-makers in dialogue that will lead to real change and action for health equity in New Mexico.

For a full description of this exciting agenda, check out our website at www.nmph.org. And while you're there, be sure to register. On-line! This is another new benefit we're bringing to our members and friends – the ability to register and pay for the conference on-line. If you haven't already registered, do it now - the deadline for early registration is March 31st!

See you all at the conference!

In peace and health,

Marsha McMurray-Avila

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Voices of Change

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A fundamental principle of the project is the promotion of a consumer-centered model of quality care – one in which local people, including youth, shape the content, quality, delivery, and financing of health care in their communities.

“It’s not just adults who have voices. We have voices,” said Doreen Smith, an 18-year-old high school senior at the Laguna-Acoma High School. “We believe that to confront the challenges our communities face, we need to help people understand what goes on with us day to day.”

Students in the YAGs meet regularly to develop legislative and other policy initiatives to help improve the health status of Native American children. They often meet after school or during lunch to plan advocacy and outreach activities to support their SBHCs in their communities. For the Pueblos of Laguna and Acoma, this means they work to support the UNM ACL Teen Centers located at the Laguna-Acoma High School and at the To’Hajiilee Community School. For the Shiprock youth, their SBHC is the Teen Life Center of the Navajo Area Indian Health Service.

Other initiatives that the youth are involved in include teen pregnancy, teen dating violence, and alcohol abuse as well as prevention activities to support healthy families and communities.

“These youth have power in their voices to affect

systems changes that improve health care for all Native American youth in a careful and thoughtful culturally competent way,” said Regina Roanhorse, 4 Youth project manager. “They know what would make a difference in their community,” she said.

An eight-minute video documents the Laguna-Acoma YAG’s efforts to secure funding for the suicide-prevention program and highlights the effective advocacy of these young people.

The NM Alliance is one of 10 recipients of a multi-year funding grant from the W.K. Kellogg Foundation’s School-Based Health Care Policy Program, which includes funding for the 4 Youth project. The NMASBHC represents about 80 SBHCS in New Mexico, according to Spiegelman.

The SBHCs at all sites are staffed by nurse practitioners and trained counselors who provide a variety of primary health care and mental health services. (Some SBHCs also have pediatricians.) In the SBHCs, young people feel welcome and safe, they can talk about their problems, and they get their health care needs met. In the rural and frontier settings common to most Native American communities, the schools are the one place where these youth can gain access to health care, due to the presence of SBHCs.

For more information, visit www.nmasbhc.org or call Regina Roanhorse, (505) 228-1376.

Consumer Health Protection – Call 411 or 911?

By Leah M. Ingraham, Ph.D.



How confident are you about the safety of products you buy? With lead painted toys, contaminated medications, cooking ranges that tip over, or *E. coli* spinach, consumers should be calling 411, and sometimes 911, about agencies responsible for consumer protection. (See table below for key federal agencies):

US Agency	Acronym	Oversight
Centers for Disease Control & Prevention	CDC	alerts for food borne disease
Department of Agriculture	USDA	meat, poultry & eggs
Food & Drug Agency	FDA	drugs, medical devices, non-USDA foods, cosmetics
Consumer Product Safety Commission	CPSC	15,000 product types including toys

CDC works with state and local public health departments to investigate disease outbreaks. If contaminated food was distributed widely, alerts are released (e.g., New Mexico among other states had cases resulting from *E. coli* contaminated spinach.)¹ Often these alerts are coordinated with FDA or USDA but are after the fact. What about preventing contamination?

Both USDA and FDA have primary oversight for food safety, a symptom of a fragmented system that struggles to assure the quality of food consumed by US citizens. The Government Accounting Office (GAO) has identified food safety as a "high-risk" issue, summarizing items from previous reports² on these issues: 1) USDA, with most of the federal funding, is responsible for only 20 percent of the US food supply while FDA, responsible for 80 percent, has less than one-fourth of total funding. 2) More than 80 percent imported seafood, much of it from China, is FDA's responsibility. In 2001 only about one percent was tested by FDA. 3) The division of labor between the two agencies is not consistent: e.g., a firm producing meat sandwiches on one bread slice falls under USDA and requires daily inspection, but a meat sandwich with two bread slices is FDA's responsibility with no mandated inspection frequency. 4) Food products under USDA jurisdiction receive prior approval before marketing; those under FDA can be marketed without prior approval.

FDA is key in protecting consumers against unsafe drugs. The growing number of foreign manufactured drugs presents challenges beyond FDA's funding and personnel³ capacity. For example, FDA inspects domestic manufacturers every two years but there is no such schedule for foreign firms. Difficulties include the large number of foreign importers, databases with conflicting information about the numbers of firms involved in export to the US, the lack of staff dedicated for foreign inspection work, and reliance on translators who are employees of the firm being inspected.

CPSC, with just 400 full-time equivalent employees and only an Acting Chairman, has more than 15,000 product types to review for safety.⁴ In 2007, lead painted toys from China focused attention on the need for improvements.⁵ However, this situation is not the only one of interest to the public. Kitchen ranges that are prone to tipping over (eek!) have also shown product oversight failure.⁶ The recent settlement of a class action lawsuit against the range manufacturer highlighted the fact that CPSC had knowledge for more than 20 years of this problem which has injured or killed more than 100 persons. If you have escaped attacks by your kitchen range, did you note the report about waterproofing sprays?⁷ If you are waterproofing hiking boots, do it outside and don't bring boots inside until they stop off-gassing. CPSC, because of reports of respiratory illness following spray use, did recall one brand of spray, but some state agencies have requested more vigorous CPSC action.

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Improvements Needed and Planned. Part of the problem blocking robust evaluation of products has been the desire of regulatory agencies to depend on voluntary compliance by those businesses/operations under their jurisdictions. An acquaintance of mine once said: "You don't get what you expect, you get what you inspect."

Consumer Health Protection – Call 411 or 911?

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But, another part of the problem is the large number of products that are imported to the US, often escaping whatever inspections are actually being carried out, and it is not practical to inspect every item individually. Therefore, protocols for manufacture and standards for products must also be in place. Particularly problematic have been food, medications, and toys from China. More rigorous requirements for imports, particularly those from China, are under discussion. FDA is offering workshops for both Chinese agency staff and employees of manufacturing firms, covering Good Manufacturing Practices (GMPs) and the US standards for compliance and quality.⁸ In December 2007, China and US representatives signed an agreement to enhance safety of drugs including gentamicin, atorvastatin, and oseltamivir.⁹ The two countries will work together to certify exported items meeting FDA standards. With respect to overall food safety, 2007 bills, S.B. 654 and H.R. 1148, were introduced to establish a Food Safety Administration¹¹ which would unify and integrate protection of the nation's food supply. Likewise, S.B. 2045 and H.R. 4040 address CPSC reform.¹¹ The CPSC bills are awaiting Conference Committee action. By the way, none of these reform bills had a New Mexico elected official as a co-sponsor when introduced. Our federal agencies need the funding, the personnel, and the legislative/regulatory framework that allow them truly to serve as public health watchdogs. In the meantime, consumers should read product labels, be alert to news reports about defective or dangerous products, and beware. Note that the US Olympians are planning to take their own food to Beijing.

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New Mexico Public Health Association
MEMBERSHIP APPLICATION

☐ NEW MEMBER

☐ RENEWAL

Name: _____

Organization and Job Title: _____

Preferred address for mailings:

Phone numbers (with area code):

Street: _____

Home _____ Cell _____

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Work _____ Fax _____

State: _____ County: _____ Email address: _____

____ Organizational Membership - \$100 (Allows 3 members of the organization to attend the Annual Conference at member rate)

____ Friend of NMPHA - \$50-100

____ Regular* - \$40 (*Membership is \$30 annually for those who earn \$25,000 or less per year. No proof of income is needed.)

____ Full-time College Student - \$10

____ High School Student - \$2

____ Promotor(a)/Community Outreach Worker - \$10

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Donations to NMPHA:

\$_____ Pressman Fund (in memory of Ann Pressman, MD, supporting training for public health workers/students)

\$_____ Rosenblatt Fund (in memory of Wilhelm Rosenblatt, MD, for students studying for public health career)

\$_____ **NMPHA (donation to further NMPHA's public health activities)**

Total enclosed \$_____ (check or money order only)

Please indicate in which of the sections you have the most interest. If you are interested in more than one section, rank them in order of preference, with "1" being the section of greatest interest. Also include any area of interest not listed.

____ Social Determinants of Health

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Please indicate in which committees you are willing to participate:

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____ Annual Conference

____ Association News

____ Policy

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Are you a member of the American Public Health Association (APHA)? _____ Yes _____ No

Do you want to be added to the NMPHA electronic mailing list? _____ Yes _____ No _____ Already on

Please note the names of your State senator and representative, and your senate and house district numbers:

Senator: _____ District Number: _____

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Please mail completed application and dues to:

NMPHA, PO Box 26433, Albuquerque, NM 87125



**NM Public Health
Association
2008 Annual Conference**
*Partnerships, Policy, and
Public Health*

**Second Annual
Women's Health Policy
Forum**
*Sex and Gender Analysis
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Please join us for the most exciting public health event of the year!
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and the Governor's Women's Health Advisory Council
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Partnerships, Policy, and Public Health
&
Sex and Gender Analysis in Health Policy

Come to learn, to share, to network with old friends
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WHEN

Wednesday, April 9, 2008, 8:30 am – Friday, April 11, 2008, 4:30 pm
(Mountain Time Zone)

WHERE

Albuquerque Grand Airport Hotel
2910 Yale Boulevard SE
Albuquerque, NM 87106

Visit www.nmpa.org for full conference information and to register online



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