Association News

An Affiliate of the American Public Health Association

Spring 2006

Also in this issue:

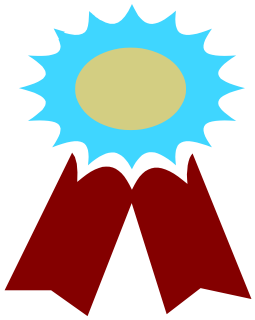
For submissions to future issues, contact Suzanne Marks @ smarks@marchofdimes.com or 505.344.5150

Dr. Gary Simpson Receives Award for Excellence

Submitted by Alice Gomez

NMPHA member Dr. Gary Simpson was given the 2006 Award for Excellence at the 10th Heart of Infection Control Conference on February 10, 2006. He was given the Award following his presentation, "TB: Ice Age to Information Age."

Dr. Simpson received this year's award for his 13 years of contribution to The New Mexico Chapter of the Association of Professionals in Infection Control and Epidemiology (APIC), and for consistently providing reliable and current information on infectious diseases through his extensive interactions with communities, border populations, the CDC, medical professionals, and ultimately, the people of New Mexico.



APIC sponsors the annual meeting which highlights new information in infectious diseases.

Thanks to Billie Lattanza at the Department of Health for the photo

From the Executive Director

Dear NMPHA Members:

I want to thank again everyone who took action on behalf of the public health issues we were supporting in the 2006 Legislature. Your voice matters! The final outcomes for the bills we supported are included in this newsletter (see below and page 10).

Hard to believe it is almost our Annual Conference time. We have a very important theme and a very high quality agenda. Many thanks to Corazon Halasan and the Conference Committee for excellent work. Please join us for this great opportunity to learn, share, and get to know each other!

This month I had the privilege to travel to Roswell, Clovis, and Las Vegas as NMPHA collaborated with People Living through Cancer to sponsor three "Public Health on the Web" trainings. It was good to see staff from the public health offices, health councils, and community members. I hope that NMPHA will have more opportunities in the future to collaborate with public health and community members in the eastern part of the state on issues of mutual concern.

In partnership with the NM Partnership for Healthier Communities, we are very pleased to announce our 2006 Community Mini-grant awards (see listing on page 4 in this newsletter). Thanks to the two review committees for their work and tough decisions -- many excellent applications and too little money. We will continue to seek future funding for this program.

A reminder that it is the time of year that many memberships come due (my own included!). We hope very much that you will continue to be part of NMPHA. Be sure when you renew your membership to also fill out the membership application (see page11 of this newsletter) so that we have current information for you (the application is also available on the website: www.nmpha.org). And speaking of the website, I urge all our members to take a look periodically at the website. Our webmaster, Alice Gomez, does a terrific job keeping it current and lively.

SEE YOU APRIL 5!

Lydia Pendley

New Mexico Public Health Association
2006 Legislative Priorities, Endorsements and Outcomes
Submitted by Lydia Pendley

Priority Legislation (Tier 1: legislation that NMPHA will actively support through its lobbyist/members who will attend legislative hearings, visit legislators and regular action updates and alerts to membership)	
Universal Access to Health Care Comparative Cost Study (Health Care for All Campaign) -- Health Coverage for All New Mexicans: SB280 (Feldman); HB 481 (Picraux)	Neither bill made it through in the final hours, but the budget bills include a total of $280,000 for the study. The funding was VETOED.
Full funding of Medicaid and improvements in benefits or eligibility	$61 million in new funding is now included in HB 2, however, the base funding for Medicaid may be under-funded – needs clarification
Increase minimum wage to $7.50/hour (Fair Wage Campaign)	Neither the House nor Senate versions passed; the Senate bill amended made it to conference committee in the final hours
Pay Day Lending Reform	No legislation passed
Clean and affordable energy: ▪ Solar Market Development Income Tax (solar energy tax incentives) – SB269 (Feldman) ▪ Renewable Energy Production Tax Credit – SB 469 (Cisneros) ▪ The Land, Wildlife and Clean Energy Act – HB188 (Martinez); SB 407 (M. Sanchez)	▪ PASSED ▪ Passed Senate, but not House ▪ Did not pass ▪ Did not pass

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Transforming Cultural Knowledge into Better Outcomes

By Willa Pilár, Quality Improvement Coordinator
New Mexico Medical Review Association

The steadily increasing diversity of the United States affects all health care providers and institutions, from small rural towns to large urban centers. The impact of this diversity means that every day, health care providers encounter, and must learn to manage, complex differences in communication styles, attitudes, expectations, and world views.

Culture and language are vital factors in how health care services are delivered and received. Changing demographics within the U.S. population produce health care consumers of cultural and linguistic backgrounds dissimilar to many providers. Beyond the discrepancy between providers and their patients lies a significant trend in poor health outcomes. When compared with non-Hispanic whites, minorities receive measurably poorer care. The burden of cardiovascular disease, diabetes, HIV/AIDS and every form of cancer is visited disproportionately on these groups. Additionally, infant mortality rates are generally higher, and childhood immunization rates are lower.[1] To further evidence the disparity in care, the Institute of Medicine, a division of the U.S. Department of Health and Human Services, reports that minority groups possessing health insurance and earnings on par with non-Hispanic whites experience lower quality health care.[2]

If income and insurance status is not the culprit in disparity, what is? The Office of Minority Health believes lack of cultural competence is partially to blame. In this assertion, the manner in which care is delivered may be as important as the type of treatment or diagnosis. Indeed, patients treated by physicians utilizing culturally competent strategies may be more compliant with treatment and less likely to initiate malpractice complaints. For example, in U.S. hospitals, only 20 percent of malpractice suits involve medical negligence. In fact, the majority of families that sue have not experienced physical injury at the hands of the hospital; they sue because they feel devalued, misunderstood, and uninformed. Even in cases where the hospital is absolved of liability, mounting a defense may cost $25,000.[3]

Providing *culturally and linguistically appropriate services* (CLAS) to patients described above has the potential to improve access to care, quality of care, and, ultimately, health outcomes. CLAS is a vehicle for improving cultural competence. These standards attempt to ensure that all people entering the health care system receive equitable and effective treatment in a culturally and linguistically appropriate manner. CLAS are proposed as a means to correct inequities that currently exist in the provision of health services and to make these services more responsive to the individual needs of all patients/consumers. The standards are intended to be inclusive of all cultures and not limited to any particular population group or sets of groups; however, they are especially designed to address the needs of racial, ethnic, and linguistic population groups that experience unequal access to health services. Some practical examples of CLAS include providing patient education materials and signage in the languages of the commonly encountered groups and/or groups represented in the service area and free translation services.

Notes

[1] Cohen E, Goode TD. Policy brief 1: Rationale for cultural competence in primary health care. Washington (DC): National Center for Cultural Competence; 1999 Winter. Available online at: www.dml.georgetown.edu/depts/pediatrics/gucdc/nccc6.html.

[2] Minorities feel they get inadequate health care, health organization plans to offer Spanish facilities. San Jose (CA): updated 2003 Sep 23.

[3] Business Brief: The risks of cultural sensitivity. Bellevue (WA): Interplay; 2005. Available online at: http://www.interplaygroup.com/docs/TheRisksofCulturalSensitivity.pdf.

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2006 NMPHA/NMPHC Community Mini-Grants

Submitted by Lydia Pendley, NMPHA Executive Director

Region 1:
"Northwest New Mexico Health, Wellness and Self-Advocacy Conference 2006"
Sponsors: San Juan Center for Independence; the ARC of NM; and San Juan College Health and Human Performance Center

"Reaching Out Community Health Worker Training (for central and Northern NM)
Sponsor: NM Community Health Workers Association

"Rio Rancho Boxing Club"
Sponsor: Rio Rancho Boxing Club

Region 2:
"Men's Time: Working with Men to Reduce Stress"
Sponsor: Picuris-Peñasco Community Coalition/The SPOT for Community Wellness and Art for the Heart

"Tobacco Free Santa Fe: the Final Stage"
Sponsor: Santa Fe Tobacco Free Coalition

"Community Integrative Health Program"
Sponsors: UNM-Taos Academy of Holistic Health and Human Services; Taos Public Health Office; the Chesed Program

Region 3:
"Indian Health Working Group"
Sponsor: Community Coalition for Health Care Access

"East Central Outreach and Youth-to-Youth Outreach"
Sponsors: Region 3 Public Health Disease Prevention Team; Health Care for the Homeless; NM AIDS Services: City on a Hill Church and East Central Ministry; South Valley Male Involvement Project; Albuquerque Public Schools; Family Services Outreach – Youth Health Group and Fat Fish Entertainment

Region 4:
"Dairy Farm Worker Immunization Project"
Sponsor: Community Resources, Inc.

Region 5:
"No Limits, No Borders" – UNIDOS 2006 Binational Communicable Disease Conference
Sponsors: Families and Youth, Inc., NM Department of Health; Camino de Vida Center for HIV Services; NM AIDS Education and Training Center; NM AIDS Community Partnership; and POZ Coalition

"Young Women and Men's Health Seminars"
Sponsor: Southern Doña Ana Action for Youth, Inc.

"Fathers are FUNdamental"
Sponsor: La Familia Resource Center of Western New Mexico University in collaboration with Western's five other Early Childhood Programs; the partners of the Adolescent Family Life Project; the Grant County Commissioners; and CATS Public Access Television

Response to "The Dairy Industry and Public Health: Which Comes First?" By Mark Winne

Published in: NM Public Health Association, *Association News* - Winter 2005

Submitted by Robert Hagevoort, PhD
Extension Dairy Specialist
NMSU Agricultural Science Center

In response to the article written by Mark Winne, a free lance writer from Santa Fe, I feel strongly motivated to educate readers on many of the issues discussed in the article. Mr. Winne's article seems to be emotionally loaded with lopsided argumentation directly aimed at the heart of the reader, who because of a possible lack of factual understanding of agriculture in general and animal production in particular, may not be able to disassociate between factual and unbiased reporting and misleading persuasion. Unfortunately, in today's society, most consumers are so far distanced from the actual food production system and understanding of modern agriculture, that they may be misled by unsubstantiated claims lacking scientific data and credible information sources, and be unable to distinguish fact from fiction.

General claims (e.g. "*manure is also responsible for groundwater nitrates"*, and *"a former NMED employee states"*) without substantiating what it is being talked about (with no disrespect to the individual, was this employee a receptionist or a person qualified to make such statement?), are useless and misleading in the discussion of the issues at hand, and only lead themselves to fuel misconceptions in the mind of the reader and extenuate unrealistic fears.

Yet at the same time, the article by Mark Winne, even though it does "advocate policy changes" as one of NMPHA's mission statements reads, it also contradicts the second mission statement; "to serve as a forum (or interchange) for professionals to share approaches, research and applications that promote health of individuals and populations". Mr. Winne's article contains no interchange and seems to be a relentless, one sided attack on an industry sector, which is constituted on the basis of the family farm, stewardship of the land and its resources, and the principles of sustainability as defined as meeting current production goals without compromising the future in terms of resource degradation or depletion.

Case in point Winne states; *"several area residents told me they can't have outdoors picnics during warm weather due to the flies"*. I would like to know where in this country, or anywhere else in the world, for that matter, can you have a picnic in the summertime without being interrupted by one insect or another? Where is the relation to the dairy industry? Do you think the author is correct in the implication that picnics in eastern New Mexico were devoid of flies prior to the expansion of the dairy industry?

Winne talks about *"labeling"* of dairies by the EPA as CAFO's. CAFO, stands for "confined animal feeding operations" and is a definition under the 1972 Clean Water Act as dairy operations milking more than 700 cows, swine operations with over 2,500 sows, or a feedlot with over 1,000 cattle. Under this designation these operations are required to manage manure in accordance with a National Pollution Discharge Elimination System (NDPES) permit. This is a form of regulation under which EPA mandates the handling of manure from these operations in an environmentally friendly and sustainable manner.

Another quote from Winne's article: *"one reason for the growth in dairy farms in New Mexico is that many California dairy farms were effectively forced out of the ChinoValley when environmental and health officials determined that they were a major source of that region's air pollution"*. Air pollution in Southern California and in the Chino Valley is caused by smog produced by the million's of cars on California's freeway system, and subsequently blown by the prevalent westerly winds to the Inland Empire (read Chino Valley)! To be more specific, according to the California Air Resources Board, dairy waste contributed only about 12% of the Total Organic Gases (TOG), 2% of the Reactive Organic Gases (ROG), and 0.3% of the Particulate Matter (PM), (http://www.arb.ca.gov/app/eminsinv/t25cat/display.php). To put this in perspective, landfills alone

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in California emit about twice that amount of Total Organic Gases. Go and visit sunny Southern California on a day the Santa Ana winds are blowing (easterly winds coming from the mountains), and the air in the Chino Valley is clear as a bell! In addition, I have yet to meet the first official of any kind that has "effectively forced" a dairy out of California. The "sucking sound" produced by the stream of companies leaving California in recent years, has been well documented in the media and is due to the extremely high cost of doing business in California, and the California business exodus is most certainly not unique to the dairy industry. Why else would the "Governator" be seen in neighboring states appearing in TV commercials trying to lure companies to return to the Golden State, under the promise of tempting incentives and tax breaks? Another incentive for dairies to sell their farm land in recent years has been the incredible boom in the California real estate market facilitated by record low interest rates, which has drawn another stream of people from every corner of the world to come and live in Southern California because of its mild climate and easy access to amenities.

In another statement Winne implicates the dairy industry's *"political and financial power"* as a deterrent to conducting environmental research at well respected institutions such as NMSU, except for one researcher who reportedly encountered sufficient pressure *"to cause him to curtail his dairy-related research"* because of said power pressure. I honestly don't know what to think of that statement, other than terms previously mentioned "fueling of public perception and fear", or "boogie man tactics". A closer look by Mr. Winne would have shown there is a collaborative working relationship between environmental scientists and the dairy trade organizations. It is because of the need for sound scientific data related to environmental concerns such as air and water quality, that universities all over the nation and in many other parts of the world, have acquired scientists, with both the knowledge and understanding of the dairy industry and its impacts on the environment, to perform the complex studies required to obtain relevant data. It is in conjunction with the EPA that dairymen all over the US have signed consent agreements, and have made payments to the EPA effectively funding this environmental research, in which well respected researchers in the field are asked to perform the field studies, to enable the EPA to establish levels of acceptable emissions from animal waste, and to find environmentally friendly and sustainable ways to deal with the increased concentrations of animal numbers and subsequent manure. These guidelines and developing technologies will effectively deal with what is perceived as an environmental problem, but furthermore will lead to ways to generate what is referred to as "green energy" or energy from renewable sources which in turn decreases our dependency on fossil fuels. This movement in the animal industry is not only pro-active, but as stated before, is in conjunction and collaboration with regulatory agencies such as EPA, and NMED (New Mexico Environmental Department). It is funded by the industry,

performed on existing commercial dairies with the consent of its owners, and promoted and supported by dairy trade associations and cooperatives. This is really what *"political and financial power"* will do for you!

By the way, let's not forget that what we call conveniently "animal waste", is otherwise referred to as organic fertilizer, and has been used for as long as people have walked on this earth, as a valuable source of energy and as nutrient for crop production. Farmers still prefer the organic form of animal manure over synthetic fertilizer because of the soil enhancing properties of organic manure, which is one of the reasons why dairy operations pop up in the vicinity of crop farmers who value their "waste products". Let's also not forget that thousands of homeowners in this country go out every spring to their local hardware stores and nurseries, to buy sacks and sacks of composted "steer manure" to add as an amendment to their flower beds and vegetable gardens, because it enhances their beauty and production!

Don't get me wrong, in no way am I downplaying the importance of protecting our environment, or the concern for increased emissions of the so called "greenhouse" gases, and the

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need for a healthy food supply from a sustainable agricultural base. Environmental problems, however, are not necessarily inevitable. Broad implementation of strategies such as nutrient management, disease control, best management practices of animal waste, and site collection can lead to sustainability of intensive animal systems, as is explained in detail in H.O. Kunkel's *Human Issues in Animal Agriculture* (2000). This concern is also shared by our elected officials who, during the 1990s, began to recognize the scientific needs of sustainable agriculture with the passage of farm bills that emphasized environmental factors.

Neither is it my intent to downplay the serious issue of antibiotic resistance, however, the statement *"antibiotic resistance is another air-borne problem with connections to CAFO's"* and *"Cows in factory dairy farms are subject to higher levels of stress than cows in smaller, pasture-based operations"*, has no bearing on public health issues. For the record, please let it be noted that even though dairymen will treat sick cows with antibiotics, much like humans are treated with antibiotics, these cows however, are kept out of the milking herd until the antibiotic has cleared the animal's system. Every tank load of milk entering a dairy processing plant is strictly tested for the presence of antibiotic residues. According to the US Department of Health and Human Services, Center for Food Safety and Applied Nutrition, Annual Report (February 2004), the US dairy industry conducts more than 3.5 million tests each year to ensure antibiotics are kept out of the milk supply! In 2003, less than one-tenth of one percent (0.067%) of loads tested positive for animal drug residues, including antibiotics. Any load of milk that tests positive is disposed of immediately, and never reaches the public milk supply. Mark Winne goes on to quote Dr. Manuel Varela (Assistant Professor of Biology, ENMU) who has conducted studies on soil samples from New Mexico dairies, and has found enteric (=belonging to the intestine) bacteria which are multi drug resistant. Dr. Varela has indicated he has plans to look at the reason why these bacteria exhibit these, not to be underestimated traits, but there is no link or suspected link made to any dairy management practice. As a matter of fact, an undergraduate student at Eastern New Mexico University, working with Dr. Varela, won a Research Award at Texas Tech's Research Day for work that shows that the same antibiotic resistance mechanisms can be modulated by exposure to the commonly used cleaning product orange oil (ENMU News Release, 4/10/2002).

I truly believe in healthy dialog at any level, and applaud those that are willing to speak out and make their views and beliefs public. However, this dialog has to be based on the facts, and not on the base of fears and perception. Knowledge and wisdom come from education, through study, observance, experience and extension, and therefore yield discussions suitable for public discussion forums such as a Public Health Association. In the interest of public health, a more balanced and productive approach might be to include dialogue about the myriad of health benefits from a diet rich with dairy products. The list of health benefits from dairy products based on sound scientific, peer reviewed research, published in well known and recognized journals is long and extensive. I would like to refer the reader to the following website for a clear and comprehensive overview: http://www.nationaldairycouncil.org/NR/rdonlyres/52EDA679-C950-4B2A-A454-2706EA050234/0/milk_milestone_color2.pdf. This should be the topic for another article in NMPHA's newsletter, and it truly could be to the interest and benefit of the audience of the NMPHA.

In closing, the reader might be interested to know that FANSA (Food and Nutrition Science Alliance) has provided tools to help Americans gain a better understanding science and help them evaluate reports before jumping to premature conclusions (Fansa News Release. 1995. http://www.faseb.org/ascn). FANSA is a partnership of four professional societies representing more than 100,000 food, nutrition, and medical practitioners and scientists. This coalition identified 10 red flags that should raise suspicion about the accuracy about nutritional information:

- Recommendations that promise a quick fix.
- Dire warnings about danger from a single product or regimen.
- Claims that sound too good to be true.
- Simplistic conclusions drawn from a complex study.
- Recommendations based on a single study.
- Dramatic statements that are refuted by reputable scientific organizations.

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- Lists of "good" and "bad" foods.
- Recommendations made to help sell a product
- Recommendations based on studies published without peer review.
- Recommendations from studies that ignore differences among individuals or groups.

Marie Curie, the famous French scientist, once said "*Nothing in life is to be feared. It is only to be understood*". It is my hope and aspiration this article has contributed to that cause.

Healthcare Organizational Ethics: A Symptomatic Dilemma for Patients

by Ken L. Reid, MBA

Healthcare ethics is an ancient human concern for everyone, whether rich or poor, which affects every race, gender, young or elderly. Healthcare ethics affects everyone to the smallest degree in our life-time, more so for the ill and frail. But it is also a matter of urgent interest and relevance: the Joint Commission for the Accreditation of Health Care Organizations requires institutions to have a defined mechanism by which people can examine the ethical issues raised by clinical situations. Apart from such formal requirements, healthcare organizations have the opportunity to help clinicians, patients, and families address the many difficult questions of values that emerge when people are making life-altering decisions. Many clinicians find that they are not sufficiently prepared for the intricate questions and the distress into which clinical issues often plunge them. Clinicians are often times faced with limitations imposed upon them by gatekeepers for patients with alternate resources for practicing medicine as they feel necessary, and struggle to comply with many of these restrictions; e.g., ordering an MRI, or CT Scan at a referral facility or independent contract.

Healthcare organizations are faced with increasingly difficult times when our economy is struggling with the rising costs of offering healthcare services at reduced reimbursement rates or no reimbursement at all, especially from the indigent uninsured, under-insured, or immigrant population. Clinicians offering healthcare in these healthcare organizations have to work with more restrictions and limitations as a result of the dwindling dollar. Organizational Healthcare ethics may clash with provider ethics. For example, recently the well renown Albuquerque Indian Hospital (AIH), a government facility owned and operated by the federal government, Indian Health Service for years, since the 1960s, closed its urgent care doors in 2005 to its Native American patient population estimated at over 34,000. Hospital administrators for the AIH and the Albuquerque Area Indian Health Service claim that this closure is primarily the result of a few tribes taking their share of the AIH budget as authorized by Public Law 93-638, Indian Self Determination and Educational Assistance Act, and creating a major budget deficit for the AIH. Other financial negative performances of the AIH were attributed to the high amount of non-reimbursed healthcare services. The only viable option to the AIH Hospital Administrators and the Indian Health Service was to close its urgent care doors, and refer their patients elsewhere. For many healthcare executives, ethical conflicts like the one described above are regular occurrences, and we may see more of these occurrences if we don't take a pro-active approach to assess, measure and monitor the healthcare economics of all New Mexico's healthcare systems, private, not-for profit, for-profit, public or government. The nature of healthcare management is such that decisions with ethical implications are made every day for issues as diverse as access to the healthcare organizations services, clinical practices, and last if not least, the allocation of scare limited resources. Meanwhile, the AIH physician who had provided the medical care for his or her chronic care patient for years is now faced with telling or informing his patient that they will have to seek care elsewhere. The uninsured tribal patient who's home service

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unit is located in Oklahoma, and who has diabetes and hypertension, and needs his Medformin and daily regime of aspirin and other prescription drugs, is suddenly lost in the array of not having access to healthcare, without going through the stress of seeking a provider who will provide the healthcare at no or reduced sliding fee expense to the patient, as well as filling out forms and seeking eligibility for continued therapy at another clinic, who is also having to deal with their organizational financial losses. The patient doesn't know if his medical records are accessible, nor is he given any hope that he will be able to seek care at any of the surrounding tribal clinics or Indian Health Service facilities.

At the foundation of organizational ethical decisions is the concept of procedural justice, which is a deliberate process that fosters fairness with knowledge of the patient populations' values. The procedural justice approach, similar to the stakeholder theory in business ethics, takes into account the rights, values and interests of the patient population and groups who are affected by the ethical conflict or who would be harmed by or benefit from the decision. The challenge in responding to an ethical conflict such as the closing of the Urgent Care clinic is to choose among potential options and their underlying values. This may involve prioritizing competing values. There are no simple answers to the issues of ranking priorities, however, the healthcare organizations mission and value statements may provide guidance when ranking the interests or values of one over another. It has been suggested that because the fundamental purpose of a healthcare organization is quality patient care, the ranking of competing priorities should be as follows:

- Serve patients first,
- Clinicians and staff come second, and
- The organization itself, including its financial stability, is third.

This ranking of priorities is controversial in design, however, it reinforces the priority and asks the question, "when if ever, are we justified in not giving patient care first priority?" In the Urgent Care closing problem, it appears that the closure is the result of their negative financial solvency, which meant closure of the Urgent Care Clinic, which is the 3rd priority in this scheme.

Perhaps we can use this form of ethical decision-making process to further our duties to the patients first and as a priority before we chose to close or ration any kind of care:

1. Clarify the ethical issues and conflict
2. Identify all of the affected stakeholders and their values
3. Understand the circumstances surrounding the ethical issues and conflict
4. Identify the ethical perspectives relevant to the issues and conflict
5. Identify different options for implementation and action
6. Select among options
7. Share and implement the decision
8. Review the decision to ensure it achieved the desired outcome

Using a systematic and realistic decision-making process such as the one outlined above can help promote ethical standards of practice and ensure that ethical conflicts are appropriately pursued. To the clinicians who lost their jobs during the Reduction-In-Force, providing care to their patients to the last hour before they were terminated, and defending their ethical role in ensuring the highest possible healthcare is provided given the limited means and resources, is of a courageous and meritorious gesture and service to their patients. To the patients who suddenly lost their primary care provider, that they too are found in better health despite the failure of the healthcare organization to recognize that they are priority one.

Mr. Reid is a PhD candidate in Health Care Administration and a tribal member of Pueblo of Isleta.

Association News **Publication Schedule**

Summer
Call for submissions: 5.30.06
Deadline for submissions: 6.12.06
Distribution: 6.26.06

Autumn
Call for submissions: 8.28.06
Deadline for submissions: 9.11.06
Distribution: 9.25.06

Winter
Call for submissions: 12.4.06
Deadline for submissions: 12.18.06
Distribution: 1.2.07

Submit articles to smarks@marchofdimes.com or call Suzanne Marks at 505.344.5150 with questions

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Endorsements (Tier 2: NMPHA's name may be used by sponsoring organization (s); NMPHA will support but work less directly on these bills)	
Endorsement for the following drug policies: ▪ Legal access to medical marijuana (Lynn Pierson Compassionate Use Act)– SB258 (McSorley) ▪ Opiate replacement therapy for women in NM prisons pilot project – HB56 (Stewart)	▪ Did not pass ▪ Did not pass
Memorial for creation of a comprehensive mercury reduction plan in NM – House Memorial 5 (Wirth)	Passed House and signed
Diabetes Education and Prevention Network funding ($950,00)	No funding included in the budget
Breast and Cervical Cancer Early Detection Program ($300,000 for mammograms for low income women)	$315,000 included in both budget bills
Funding increase for Tobacco Use Prevention and Control Program	$7.72 million in HB 2
Salary increases for state employees – HB 2	Salary increases approved as in HB 2 (Senate recommended cuts did not go through)
Study Dangers of Mercury Amalgam – HM 13 (Wirth)	Passed House and has been signed
Influenza Vaccine Supply and Contents (bill bans the administration of flu vaccine containing mercury as a preservative in children under 8 years of age and women who know they are pregnant. There is an escape clause that allows flu vaccines containing mercury to given to these individuals if mercury-free vaccine is not available. The bill also calls for the creation of a plan to increase influenza immunization of children.) -- HB 271 (King)	Did not pass
Oppose both the House and Senate versions of the "Kendra's Law" bill -- HB 174 (Gutierrez) and SB 335 (Carrraro)	Neither bill passed

Your New Mexico Public Health Association Executive Board

President	Mallery Downs	Albuquerque	272.1374	mdowns@salud.unm.edu
President Elect	Corazon Halasan	Santa Fe	476.3676	Corazon.halasan@doh.state.nm.us
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Region 5 Representative	Benny Jacquez	Las Cruces	646.3441	jacquez@nmsu.edu
Region 4 Representative	Theresa Teti	Portales	356.6556	terryteti@msn.com

NMPHA Membership Application

Please print clearly

Name___________________________________ Job Title: _________________________________

Address choice for mailings (*Association News*, etc.):

Street: ___________________________________ Home phone (with A/C): ______________________

City: ___________________________________ Work phone (with A/C): ______________________

State: ______________ Zip code:____________ Email address: ______________________________

County: __________________________________ ____

- -

Membership Type	New	Renewal
_____ Organizational	$100	$100 (allows up to three members to attend annual meeting at member rates)
_____ Friend of NMPHA	$50	$100
_____ Regular*	$30	$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 _____ Retired - $15

Donations to NMPHA:

$_____ Pressman Fund (In memory of Ann Pressman, MD, supporting training for public health workers and students.)

$_____ NMPHA (Donation to further NMPHA's public health activities.)

Total enclosed $_________________ (check or money order only)

- -

Please indicate your section of 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 Other: ___________________________________

_____ Environmental Justice/Equity

_____ Universal Access to Health Care

- -

I am willing to participate in the following committees:

_____ Membership _____ Annual Meeting _____ Policy _____ Legislative

_____ *Association News* _____ Awards and Scholarships_____ Media

- -

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 (if known):

Senator ____________________________________ District Number: ____________________

Representative: ____________________________ District Number: ____________________

- -

Please mail completed membership application and dues to:
NMPHA, PO Box 26433, Albuquerque, NM 87125

Upcoming Public Health Events and Learning Opportunities

"Poverty & the Health of the Public: What Works...Insights, Strategies, Successes"

New Mexico Public Health Association Annual Conference

April 5-7, 2006
Indian Pueblo Cultural Center
Albuquerque, New Mexico

see http://www.nmpha.org for more info!

Amazing Newborns
Prematurity & Beyond

A conference focusing on perinatal, neonatal, and prematurity issues and their impact on families and communities

We hope you will save the date for this year's conference!

November 9 & 10, 2006
Albuquerque, New Mexico

Brochures will be available in June from March of Dimes or Division of Neonatology Outreach at UNM.

NM Public Health Association
Association News
P. O. Box 26433
Albuquerque, NM 87125