

## Keeping Public Health Strong: MdPHA 2002 Annual Meeting

Friday May 31, 2002

Quiet Waters Park  
Heron Conference Center  
Annapolis, MD

Join MdPHA for an annual meeting packed with sessions about Maryland public health infrastructure issues. Topics include Maryland's Health Improvement Plan, prescription medication access, public health funding and priorities post 9/11, the nursing shortage, and the continuing education and training of the public health workforce.

Speakers include:

- Faye Wong, President of APHA
- Georges Benjamin, Secretary of Health, DHMH
- Jeanette Jenkins, Director, Office of Health Policy, Community Health Administration, DHMH
- Debbie Chang, Deputy Secretary of Health Care Financing, DHMH
- Claude Earl Fox, Director Urban Health Institute
- and many more ...

Please refer to the enclosed program for more information and to register. We look forward to seeing you there!

### Words from the President

Greetings Maryland Public Health Association Members,

For those of you who just joined, welcome, and for those who just renewed, thanks for continuing your commitment to public health.

The events that unfolded last Fall made us realize what is really important, our families and relationships, our country and finding balance in our lives. It has forced us all to take a careful look at what we spend our time on and with whom. Are we happy with our lot or should we make changes? Both marriages and divorces increased and a "baby boomlet" is predicted.

In many ways the country did a similar soul searching and rediscovered an old flame, public health. This chronically ignored and under-funded function emerged as of vital importance as part of homeland defense and even international relations. This has meant a new infusion of funds for public health aimed at surveillance, emergency preparedness and improving communications especially for bioterrorism. Here in Maryland, public health also provided a way out for legislators faced with tough budget decisions by pushing a tobacco tax and proving that this is one tax that is popular with their constituents. So public health has become a household word and a very positive one. But will we stay that way?

Maryland Public Health Association would like to keep up the momentum and focus not only on the emergency response aspect of public health that requires a lot of attention, but also on the needs of communities for better health infrastructure, health insurance, and information and public policies that support good decisions. This year's annual meeting theme is "Keeping Public Health Strong," and we have an exciting program planned. The theme will continue to resonate as we plan events throughout the year.

Public health needs to stay strong and focused. With new resources we could bolster preparedness by creating healthy communities. It has been almost two years since we looked at the 2010 objectives and what it would take to get us there. In that time, how many smokers began or quit tobacco? How many people lost or gained extra pounds? Has health care gotten more or less accessible? Are children and adults getting needed vaccinations and screenings? It would be easy to jump headlong into new and exciting challenges but we need to remember what is really important in our communities too. Dust off your copy of the 2010 objectives and make sure they are still on your agenda. The skills and resources we are adding should serve the old as well as new problems. Being better prepared means keeping our communities healthy and safe whether the enemy is an exotic one or just our own environment or lifestyle.

Katherine Farrell, MD, MPH  
President

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## Membership Boosting Challenge from the President

MdPHA is a relatively small organization that has made great strides in the past few years, correcting some internal infrastructure problems and improving member communication. We even have access to some secretarial help at long last, so Board members will no longer have to stick mailing labels on items during meetings.

Our membership hovers around 200. This leaves us with a limited pool from the many wonderful members of the public health community to provide us with active leadership and support. Each year we gain a lot of new members around the annual meeting time but some join because of the particular topic and don't renew. This underscores the need to keep all our events useful as well as enjoyable and to keep the momentum throughout the year.

But it takes a solid membership base to allow us to plan year round events. This allows us to draw on the strengths of our membership, and not wear out our hard working Board of Directors. So, membership is important. A membership ad hoc committee chaired by Robert Villanueva took a look at this issue and the committee's survey of members and non-members provides us with some clues.

Our membership costs are considered reasonable and we have good things to offer but we are relatively unknown. The most common reason for not joining was "Nobody ever asked me." To correct that, we have gone directly and talked to groups about MdPHA. Last year it was the Health Officers. This year we had a booth at DHMH headquarters for Public Health Week, a special visit to Morgan State University, and we had membership materials at all our events. We started a new Latino Caucus and sent membership information to students and faculty and employee groups, and we used lots of listserves.

The result? We already have about 200 members before we begin publicity for our annual meeting. That is really good, but we would like to double that. For this reason, we are including a copy of our newly revised brochure with this newsletter. **We ask that you talk to a colleague about joining MdPHA. It is a compliment to be asked to join, and the brochure makes it simple to tell what a great organization we have. Our website is another great resource. Armed with all this, we challenge you to add just one new member. If you can do more, call and we can arm you with more membership materials to use. If you have an event where we could set up our display or a group we should talk to be sure and let us know.** For more information call Robert Villanueva at 410-767-1617, or any Board Member.

## MdPHA Legislative Night Honors Delegate Bronrott and Senator Hoffman

The MdPHA Legislative Night in Annapolis held on Tuesday, March 12, 2002 was a tremendous success. MdPHA members mingled with legislators and State officials while enjoying a lovely array of cheese, fruit and salmon.

MdPHA President Katherine Ferrell presented Delegate Bill Bronrott with the 2002 legislative award for his support of public health issues. Delegate Bronrott, from Bethesda, is a member of the legislature's Special Committee on Drug and Alcohol Abuse and is a long-time supporter of laws designed to reduce drunk driving. The Delegate became endeared to the Maryland Public Health Association for being the lead sponsor of a bill to make walking the State exercise. The idea for the initiative came from a 7<sup>th</sup> grader in Bronrott's district. Although the bill died in committee, it provided statewide exposure to the issue of walking for better health, and we hope to see it back next year.

The Smoke Free Maryland Coalition co-sponsored the event. A priority for this group was the cigarette tax increase, which did pass. Senator Barbara Hoffman was honored with an award from MdPHA for her support of public health issues, and particularly for her allegiance to raising the cigarette tax. The tax increase of \$0.34 per pack will be used to fund the recommendations of the Thornton Commission, a plan to overhaul the State's system for funding primary education.

Several legislators made comments on a variety of subjects. Senator Jennie Forehand of Montgomery County, Senator Paul Pinsky from Prince George's County, Delegate Joe Bartlett of Washington County, Delegate Mike Finifter from Owings Mills, Delegate Todd Sher of Montgomery County, Delegate Sam Linton of Charles County, Delegate Shirley Nathen-Pullium of Baltimore and Delegate Barbara Frush from Beltsville all addressed the group.

Maryland Secretary of Health Georges Benjamin, MD made brief comments on bioterrorism. He noted that in responding to the terrorist attacks on America, President Bush actually uttered the words "public health infrastructure." Dr. Benjamin also stressed the importance of maintaining support for existing public health programs such those for childhood immunizations and fighting chronic disease.

## Public Health Legislation 2002 Maryland General Assembly Wrap-Up

This session, the legislature and Governor passed a **34-cent increase in the tobacco tax**. This tax was seen as the only means available to fund the recommendations of the Thornton Commission to overhaul the state's system of funding education. The total state tax on a package of cigarettes will be \$1.00. It is expected that due to the tax increase there will be 15,600 fewer youth smokers, that 14,200 adults will quit and that long-term healthcare savings will be \$304 million.

With regards to the **conversion of CareFirst into a for-profit entity, the General Assembly passed HB 1254**, which will 1) allow the legislature a 90-day review period following the Insurance Commissioner's decision on the conversion; 2) prevent CareFirst from transferring its assets to another state and reorganize under a new name; 3) make it so if the conversion is passed, the resulting funds would have to be all in cash, not in stock, and; 4) eliminate some but not all of the compensation for CareFirst executives.

**\$50 million dollars was appropriated to raise the amount doctors are paid for seeing children enrolled in HealthChoice** (Medicaid and Maryland Children's Health Insurance Program). According to the Coalition for Healthy Maryland Children, health insurance coverage now will be truly available for Maryland children, because there will be enough doctors willing to participate in the system.

The General Assembly was also able to implement **a small increase in welfare payments to families** (HB 186, SB 178). Maryland State law requires that a family's monthly cash grant and Food Stamps be equal to 61% of the State's minimum living level. To pay for a monthly benefit increase for a family of three from \$472 to \$490.88, and keep the budget balanced, monies were transferred from over two dozen special projects, including one for transportation infrastructure projects in the DC suburbs.

There have been significant delays in implementing a \$50 million effort to eliminate the presence of lead in city housing enacted two years ago, specifically designated for the renovation of properties in Baltimore City. By passing **lead poisoning prevention legislation** (HB 1179), the Assembly required that \$11 million be transferred to the City in one lump sum that will allow for a quicker dissemination to homeowners. Priority for these funds will be given to those homeowners whose income is less than \$60,000 and to those with fewer than five rental properties. Unfortunately, the Assembly did not pass HB 1154, legislation that would have require lead dust levels in properties to meet the federal safety standard.

-compiled from the Hopkins MCH Policy News brief, ACY press release, and from members of the MdPHA Board.

Maryland Public Health Association  
624 North Broadway, Room 325  
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ADDRESS CORRECTION REQUESTED

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### MdPHA Membership Application

*Please provide us with the information requested below submit it with payment to MdPHA.*

Name:  
Degrees:  
Work Organization:  
Title:  
Address:  
City:  
State:  
Zip:  
Phone (Work and/or Home):  
Fax:  
E-mail:

#### SECTIONS

Latino Caucus  
 Public Health Nursing Section

#### TYPE OF MEMBERSHIP

Regular \$25  
 Student (full time) or Retiree \$10

#### ARE YOU A MEMBER OF APHA?

Yes  No

#### COMMITTEES

Please check if you would like to participate in one of the below:

Fundraising Committee  
 Legislation Committee  
 Membership/Public Relations Committee  
 Newsletter Publication  
 Nominations and Awards Committee  
 Program Committee

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