

MPHA Weekly E-Newsletter



~ October 27th Issue~

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APHA's 134th Annual Meeting

November 4-8, 2006

APHA's annual meeting will be held in Boston, Massachusetts. The theme this year is Public Health and Human Rights. APHA promises that participants will learn from experts in the field, hear about cutting-edge research and exceptional best practices, and discover the latest public health products and services.

If you have any questions regarding the meeting, transfers of reservations for hotels and airlines, please visit the Annual Meeting web site at <http://www.apha.org/meetings/>

If you still have questions after visiting the web site, please do not hesitate to contact Regina Davis Moss, Director of Affiliate Affairs at Regina.Davis@apha.org or Kaitlin Sheedy, Policy and Research Assistant at Kaitlin.Sheedy@apha.org

Position available -- Open Competitive Career Opportunity
Healthy Maine Partnerships Maine Cardiovascular Health Program

Comprehensive Health Planner II (505008) Augusta: As the Comprehensive Health Planner II in the Maine Center for Disease Control & Prevention, Cardiovascular Health Program, you will plan, organize, and implement program activities related to blood pressure and cholesterol control, timely treatment of heart attacks/strokes, and management of chronic disease; coordinate cardiovascular health-related data and planning processes; lead program monitoring activities; and manage contracts and budgets. You should be comfortable working in a team approach, have excellent writing and people skills, and be able to handle multiple tasks concurrently with limited supervision. **Qualifications:** An eight (8) year combination of education, training, and/or experience in planning, program development, and coordination in the health field or related fields. Closes 11-3-06. \$37,918.40 – \$52,291.20/yr.

You can download the Career Opportunity Bulletin, which provides important additional information, such as supplemental information required, at: www.maine.gov/statejobs Click on “Open Competitive”.

You may also email: dhhsjobs@maine.gov or call Personnel at: 207-287-2567.

<http://www.maine.gov/statejobs/career/505008.htm>

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Manager of School-Based Health Programs -- Position Available

The American Lung Association of Vermont is seeking a team player who has an education and/or public health background, with a positive attitude, strong communication and interpersonal skills, highly organized, and willingness to learn and grow. The organization is entering an exciting transition, building synergy with its partners in New England, and the individual who joins the ALA of Vermont will have an opportunity to network and learn from similar team members in other states. There is some regional travel, as well as opportunities to attend national conferences around the country. The two main programs that require ongoing supervision and funding are: 1) Open Airways for Schools - a program that educates children about their asthma in a school setting, and 2) NOT (Not on Tobacco) - a high school program that promotes smoking cessation and healthy attitudes among students.

MORE...

Manager School-Based Health Programs Continued...

Qualifications:

- An interest and an ability to maintain necessary project funding (currently existing.)
- An ability to supervise off-site consultants
- An ability to communicate effectively, orally and in writing
- Outstanding organizational and time management skills
- Dependable transportation
- Non-smoker
- Experience managing lung health programs preferred
- Degree in health education preferred, but relevant experience may substitute
- Must recognize the importance of a friendly, cooperative, and positive workplace environment.

Please send your resume to:

The American Lung Association of Vermont, Attn: John Cronin, 372 Hurricane Lane, Suite 101, Williston, Vermont 05495, Phone: 802-876-6500 Fax: 802-876-6505
jcronin@vtlung.org

**** Feel free to forward this information to potential interested parties.**

How Strep Triggers Obsessive Compulsive Disorder – New Clues

A likely mechanism by which a bacterial infection triggers obsessive compulsive disorder (OCD) in some children has been demonstrated by scientists at the National Institute of Mental Health (NIMH) and collaborators at California State University (CSU) and the University of Oklahoma (UO). Their research suggests that an antibody against strep throat bacteria sometimes mistakenly acts on a brain enzyme, disrupting communications between neurons and causing a form of obsessive compulsive and related tic disorder in children — pediatric autoimmune neuropsychiatric disorders associated with streptococci (PANDAS).

Read Science Update: <http://www.nimh.nih.gov/press/pandasmecanism.cfm>

Researchers Discover Medication's Antidepressant Potential

A commonly used sedative and motion-sickness treatment shows promise as a fast-acting antidepressant, according to a study conducted by researchers at NIMH. Patients with major depression or bipolar disorder who had predominantly poor prognoses improved dramatically, showing significant decreases in symptoms associated with depression and anxiety almost immediately after being treated with the medication. Report on these findings can be found in the October 2006 issue of the *Archives of General Psychiatry*.

Read Science Update: <http://www.nimh.nih.gov/press/fureybrief.cfm>

FDA Approves Expanded Use of Treatment for Patients with Severe Alzheimer's Disease

The Food and Drug Administration (FDA) approved Aricept (donepezil hydrochloride) for the treatment of severe dementia in patients with Alzheimer's Disease. Aricept was previously approved for the treatment of mild to moderate dementia of the Alzheimer's type. It now becomes the first product approved for the treatment of all degrees of severity of the disease.

Read press release: <http://www.fda.gov/bbs/topics/NEWS/2006/NEW01491.html>

SAMSHA: New Report from the Office of Applied Studies

The NSDUH Report: Service Utilization for Mental Health Problems among Adults This report presents estimates of the prevalence of mental health treatment among adults and describes the types of treatment received and the characteristics of persons receiving treatment based on data from the 2000 and 2001 National Household Survey on Drug Abuse (NHSDA). The report found that among adults aged 18 or older, 13% (27.9 million persons) received treatment or counseling for mental health problems in the past 12 months. About 5.1% of all adults and 19.2% of adults who received treatment for mental health problems in the past year perceived an unmet need for treatment or counseling for mental health problems in the past year. Of those adults who perceived an unmet need for treatment for mental health problems in the past year, 48.1% reported cost or insurance issues as a barrier to treatment.

Read the full report: <http://oas.samhsa.gov/2k6/mhTX/mhTX.cfm>

New TABOR Video Available

A NO TABOR informational video is now available at www.taborthreat.com. The 13 minute film features interviews with Governor Baldacci, Sen Peter Mills, the Humble Farmer, Christopher St.John, Brownie Carson, and teachers, firefighters and other public officials on why TABOR is a bad choice for Maine. The website also has live links to the PBS Special NOW showing the investigation into the funder of TABOR, Howie Rich. This video was produced by Lu Bauer and others.

State of the State Show

This week's State of the State show discusses TABOR's Effects on Health Care, featuring Dr. Stephen Berman, Denver Children's Hospital; Dr. Syd Sewall, Kennebec Pediatrics; and Mary Ann Gleason, York County Community Action. The show is hosted by Christopher St.John.

MORE...

TABOR Continued...

The State of the State show will air on Channel 9 on the Adelphia cable TV network Tuesday, October 24 at 7:30 pm and on Saturday and Sunday October 28 and 29 at 11:30 am.

Additionally the show airs on Bath Community TV Channel 14 in Bath, Brunswick, Bowdoinham, Phippsburg and Woolwich and in Baileyville, Harpswell and Farmington.

Recent Op-Eds on TABOR

Ten Good Reasons to Oppose the Question 1 Spending Cap

By Angus King

Maine Sunday Telegram, 10/22/06

<http://pressherald.maintoday.com/viewpoints/mvoice/061022voices1.html>

TABOR: Not a Healthy Idea for Maine

By Stephen Berman, MD

Bangor Daily News, 10/22/06

The Colorado experience with TABOR provides a concrete example of what is likely to happen in Maine if this measure passes on November 7th — major reductions in the Maine Medicaid program affecting the benefits and eligibility of children.

Colorado passed its TABOR in 1992. Because of the TABOR limit, Colorado could only afford to cover children up to 185% of the poverty level in its Medicaid/State Child Health Plan programs. This was the most restrictive and lowest level in the country. However, even this level was more than the state could afford so the legislature had to place a cap on enrollment, denying thousands of children health care coverage. As a result between 1992 and 2004 the proportion of low-income Colorado children without health insurance doubled. In 2004, Colorado ranked last among the 50 states in low-income children having health insurance.

During this time I remember caring for a 16 year old boy with diabetes who had to be hospitalized several times because of severe ketoacidosis (a complication of diabetes). His family was quite poor and at times had to choose between paying the rent and buying insulin. Going without his insulin had led to the ketoacidosis. Researchers documented that this was not an isolated case; they found that uninsured children, compared to children with insurance, were more likely to develop severe life threatening ketoacidosis.

TABOR also prevented the state from increasing Medicaid payments to physicians and hospitals. The willingness of Colorado physicians to accept Medicaid patients eroded and by 2003 only 24% of primary care physicians in private practice were accepting new Medicaid patients. This meant that the only option for many children was an emergency room.

MORE...

TABOR Continued...

A recent study published in a prestigious journal called Pediatrics found that Colorado children who were uninsured or on Medicaid were twice as likely to die when hospitalized, compared to children with private insurance, and had much higher hospitalization charges.

Under TABOR, Colorado also had one of the highest rates of hospitalization for vaccine preventable diseases such as whooping cough and viral influenza. TABOR prevented the state from purchasing vaccines or investing in a state immunization information system. In 1995 Colorado ranked 24th among states for immunizing its children on time but by 2003 we had dropped to 50th — dead last. That year there were at least eleven childhood influenza related deaths in children who were not fully immunized.

In November 2005, after 13 years of living under the TABOR restrictions, Colorado citizens voted to put it on hold for five years — to stop the decline in health care and other public services. This successful bi-partisan effort to suspend TABOR was led by a broad coalition that included 143 health care organizations from throughout the state.

When I visited Maine this month, I learned that one of her most vulnerable populations — children in poverty— is increasing. These children often need more health care services, not less. Thus, TABOR is likely to cause even greater harm in Maine than it has in Colorado.

Stephen Berman, MD is Professor of Pediatrics at the University of Colorado School of Medicine and a past president of the American Academy of Pediatrics

No on 1 Advocate

The No on 1 Campaign is in the final stretch and we are writing today to share with you our strategy to defeat TABOR on November 7. It's our hope that all the hard work done by you and other volunteers over the past months will pay off and we can keep the energy going for the last 18 days.

Strategy #1: Read this and Share It

In these final weeks, continue to spread the truth about TABOR by educating your friends, family and co-workers and encouraging them to get out the vote by forwarding this email.

This battle has not been easy, but we are making progress and if we all join together for the last couple weeks we can defeat TABOR. The future of our state is at risk. TABOR would hurt our schools, seniors and families if passed.

MORE...

TABOR Advocacy Continued...

Strategy #2: Media

The No on 1 Campaign has come out with two more ads to spread the truth about TABOR. You can view those ads by going to www.notabor.org and finding the link in the middle of the homepage (you must have Quick Time to view).

We need you to help with earned media. Please submit a letter to the editor to your local paper before November 7th, urging your community to Vote NO on Question 1. You can find talking points and a list of where to submit letters at www.notabor.org.

Strategy #3: Get Out the Vote!

On November 1, we kick off our GOTV efforts first with a party and then with work!

Party: To thank you for the hard work you've done so far and to keep you energized for the last week of the campaign, we'll be hosting two parties in Portland and Augusta from 7:30 – 9:30pm to watch the WCSH6 debate. We'll provide appetizers. Please email NoOn1@mainewomen.org to RSVP and for party locations.

Starting November 1st, we need volunteers for:

Phone Banking during the evenings and throughout the weekend
Visibility (holding signs in high traffic areas)

On Election Day, we need volunteers for:

****Phone Banking **Visibility **Poll Watching **Poll Running**

These activities are happening all over the state. Please email NoOn1@mainewomen.org for locations and exact times near you.

All volunteers are invited and encouraged to join the No On 1 Campaign on Election Night at Bull Feeney's, 375 Fore Street, Portland at 6pm. Hors' d'oeuvre and cash bar.

Don't Get Tricked by TABOR!

Vote No On 1

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Watch Your Mouth Campaign

Working to get the message on the importance of oral health out into communities and on the agendas of our public officials

One way to do this is enlisting all of you in getting the word out, and my job is to make it easy for you to do this. Here are two ways you can participate.

1. Ask Questions. We have questions that you all can pose to any candidate that comes knocking at your door, or that show up at public forums this election season. Policy makers need to hear about the need to address oral health, and the ways to do it, and they need to hear it repeatedly, from a variety of sources. Please let me know if you get a chance to speak with anyone.

2. Use Your Newsletters. One of our goals is to get the Watch Your Mouth Message in as many newsletters as possible. Contact me for a ready to go article for your use. One has a black and white logo, the other has a color banner, but the content is the same. We can tailor this to fit your audience if need be, or fit your newsletter format. Let me know and I will be glad to help.

For more information about Watch Your Mouth contact: Sarah Shed, Medical Care Development, 11 Parkwood Drive, Augusta, ME 04330, ph: 207-622-7566 x 248, sshed@mcd.org

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Deadline for Next MPHA E-News

The deadline for the MPHA E-News is **Thursday, November 2nd for the Friday, November 3rd**. Please keep this in mind when submitting information. If you have questions about this publication, please contact Michelle Caliandro at mcaliandro@mainelung.org or 1-800-499-5864 x 103.