



# ILLINOIS ASSOCIATION OF BOARDS OF HEALTH



# The Bugle Call

SEPTEMBER 2009  
*Fifty-Fifth Edition*

CAROLYN CHAPMAN, *Editor*

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## ADVOCATING AND LOBBYING BY PERSONAL VISIT

Inara McGroarty

Our state legislators are back in the district until the start of the fall session on October 14<sup>th</sup>. Congressional members are in recess and back home for all of August.

This time allows for the most effective lobbying technique—lobbying face-to-face, as politicians, legislators are generally very comfortable with oral communication and they enjoy and respond to this sort of interaction far better than they do to reports and letters.

In person meetings let them put a face to a name and ask you questions about your issues. Best of all, this is a terrific time to invite them to meet you at your health department, tour the building, introduce them to staff and show what services you offer.

We did this in Winnebago County and had the attention and presence of our two state senators and five representatives.

We hope that they all are already very well aware of services offered by the health department, but in touring the building, seeing posters staff prepared, seeing the equipment and having staff give a brief explanation of the equipment, added to the legislators' knowledge. After touring the two floors in our building, the legislators had a half hour meeting with another brief presentation in our board room. It was easy to set this up. We just called and invited them!

Legislators tend to be "people people." Lobbying in person takes advantage of this character. Out of session and back in their districts, legislators are often more comfortable, have more time to discuss issues, and are less overwhelmed by lobbyists and colleagues asking for help and support.

I had a personal experience illustrating this. My congressman spent three hours in a friend's living room, talking with us in a casual setting over cider and donuts, about what was going on back in the district and what our concerns and views were on a number of issues.



When I visited him in DC, he barely had ten minutes. His waiting room was filled with people who had appointments and those who hoped they could see him without an appointment. In between, he had to rush off for a vote on the floor. And, let me tell you, standing among the

professional lobbyists in their Armani suits, gold Rolexes and cuff links was a bit intimidating as I sat wearing a normal department store outfit! Not so back home where we were all in jeans and sweaters.

Added fun was hearing my congressman's view of those in the designer suits and wearing big name brand items.

My congressman in DC was not the relaxed fellow I'd come to know back home.

Take advantage of this to meet with your representatives; tell them about your health department; how grants have helped you, or would have helped you, if there were more funding.

Above all, do not be the least bit intimidated. Your legislators need you in order to be re-elected. They are there to serve their constituents.

When was the last time a legislator was in your health department? Invite them to visit, or, if you prefer, head to the district office to meeting with them there, but do bring along any pamphlets and fliers on activities taking place in your building.

Watch for inexpensive summer events such as a corn boil. Attend, introduce yourself and be visible.

It's an unknown whether member initiatives will be around in the future, but a legislator who knows his health department, as well as has been invited to tour the building, is more likely to respond if you make requests and make your needs known. Relationships don't happen overnight, or even with just one or two meetings. It's time to get started, or work on continuing the process, if you've already done the start.

### ILLINOIS ASSOCIATION OF BOARDS OF HEALTH

#### Officers 2009-2010

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## *President's Message*

It's been a challenge for all of us in these difficult economic times to stay motivated and do more with less. It's a time when raises are close to nonexistent, perhaps even cuts have been made, and staff is working harder than ever. As board members we need to do our part to help staff stay motivated, as well as remembering to thank them and give them recognition for what they do.

At the same time, even we, volunteer board members, are feeling the impact of stretched budgets. Not only are staff budgets cut and entire departments affected, but any travel reimbursement that may have been there for board members, so that they can attend meetings and conferences, may be stretched or eliminated as well. We may not even be comfortable accepting travel reimbursement at this time.

At times like these, circumstances can force us to reexamine how we do things and to ask whether there might be another approach to use or new methods available. In Illinois, we're fortunate that others before us formed a state association and became a member of the National Association of Local Boards of Health (NALBOH).

Membership in our state association is a valuable opportunity to gather new ideas and be inspired by other board members as we hear what others around the state are doing.

But attending even just our two annual meetings involves travel time and hotel costs for the spring conference.

It might be useful to look at increasing our meeting frequency and make it easier for us to participate. We can hope this would also aid in increasing participation and grow our membership. This could be an example of adversity leading to improvement.

At the same time, I want to emphasize the resources and tools provided by NALBOH to all of us. Just take a look at their web site for more information specifically geared to board members. This is information you can't find elsewhere. NALBOH's mission is to prepare and strengthen boards of health, empowering them to promote and protect the health of their communities through education, training, and technical assistance. If you have computer service, take a look and explore <http://www.nalboh.org/>

In attending the NALBOH national conference in Philadelphia this July, I had the opportunity to listen to State Association of Local Boards of Health (SALBOH) members from Indiana, Idaho, Ohio, Massachusetts, Missouri, Nebraska, New Jersey, North Carolina, Wisconsin and others, speak on what was happening in their home states. In response to my inquiry on how often they meet and how they were handling information and offering learning tools to their membership, I found that many states have overcome geographic constraints even greater than ours. Mercifully, we don't need to handle mountain roads in Illinois. I found that many other state associations hold meetings by using technology. Meeting via phone conference calls makes it easy to participate from home without missing an entire day of work or taking you away from home and other obligations or find you incurring additional expenses. The expense of a phone conference is most likely less than that for travel expense.

I learned that some states hold a monthly meeting at a set time so all can block calendars in advance and be sure to be available. It's easier to plan ahead if you know the schedule. A few states hold regional meetings in different parts of the state to increase participation and involvement.

I've gathered information and would like to present it at our October meeting so we can discuss, evaluate and decide whether use of phone conferences, and perhaps other ideas, would be of value to our organization.

I very much hope that you can join us on October 6<sup>th</sup> at the McLean County Health Department in Bloomington and join in a discussion of growing our organization and making it one that can be more accessible for all of our members. We have much to offer each other. Together, we're a more formidable resource. We can inspire each other; we can create energy and become better informed board members.

And, just maybe, YOU are the person with the best suggestions of all!

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*Inara L. McGroarty*



## PLANNING FOR A POSSIBLE H1N1 FLU PANDEMIC

The United States Department of Health and Human Services (DHHS) and the U.S. Department of Homeland Security (DHS) have issued a document, "Guidance on Allocating and Targeting Pandemic Influenza Vaccine." This document can be used to help state and local health departments develop planning scenarios.

The Centers for Disease Control and Prevention (CDC) has issued recommendations for state and local planning for a 2009 Novel H1N1 Influenza Vaccination Program.

In response, local health departments are meeting to discuss local planning issues.

### Rationale Used in Developing the Planning Scenarios

The ways that each state and local jurisdiction plan their responses will be determined by the population groups for which vaccine is recommended. Planning needs would differ as highly affected populations are identified.

Widespread susceptibility to this virus among young people creates the potential for large numbers of cases with more hospitalizations and deaths among younger age groups than would be expected for a routine seasonal influenza virus. Severe disease and deaths among younger age groups caused by novel H1N1 thus far have affected younger adults, children, and pregnant women, in addition to persons of all ages with certain underlying medical conditions, more than the elderly. The virus has also caused numerous outbreaks in schools and summer camps.

### Planning Assumptions

1. Severity of illness is unchanged from what has already been observed
2. Risk groups affected by this virus do not change significantly
3. Vaccine testing suggests safe and efficacious product
4. Adequate supplies of vaccine can be produced
5. No major antigenic changes are evident that would signal the lack of likely efficacy of the vaccines being produced.

If the vaccine is widely available, CDC would recommend offering vaccine at multiple venues to anyone who wants to be vaccinated. Although the benefits of vaccine may be greatest to the persons in groups at increased risk and the interest in being vaccinated may be lower among the general population, offering vaccine to everyone can reduce the risk of influenza for the general population and may reduce transmission to unvaccinated persons. At the same time, if vaccine supply is limited, it will be important to consider a balance between international needs for vaccine in relation to the vaccination of low risk individuals in the United States.

Local and state health departments are developing the recommended plans for the 97 local areas covered by health departments in Illinois. St. Clair County hosted a planning forum on July 21, 2009. The meeting drew so many stakeholders from the area and from neighboring service areas that it was necessary to bring in additional seating to accommodate the crowd.

After the initial presentations, the group divided into four sections to offer suggestions for use in planning details for the two health departments in St. Clair County.

The group was called together again on August 18<sup>th</sup>, to further refine plans.

On June 22, 2009, President Obama signed into law the Family Smoking Prevention and Tobacco Control Act, giving the U.S. Food and Drug Administration (FDA)



comprehensive authority to regulate the manufacturing, marketing, and sale of tobacco products. The new law represents the most sweeping action taken to date to reduce what remains the leading preventable cause of death in the United States.

Before enactment of the new law, tobacco products were largely exempt from regulation under the nation's federal health and safety laws, including the Food, Drug, and Cosmetic Act. The FDA has regulated food, drugs and cosmetics for many decades, but not tobacco products, except in those rare circumstances when the manufacturers made explicit health claims.

**What the New Law Does**

The Act adds a new Chapter IX to the Food, Drug, and Cosmetic Act, establishing and governing the regulation of tobacco products. A new Center for Tobacco Products is created within the FDA to establish tobacco product standards, among other things. Chapter IX vests the FDA with jurisdiction to regulate both current and new tobacco products and restrict tobacco product marketing and advertising, while also directly implementing provisions that will, among other things, strengthen cigarette and smokeless tobacco warning labels, reduce federal preemption of certain state cigarette advertising restrictions, and increase nationwide efforts to block tobacco product sales to youth.

In addition to these new powers, the agency has wide-ranging authority to regulate tobacco products and tobacco product marketing.

**The new law:**

- restricts tobacco advertising and promotion to promote overall public health; (The judicial system will likely be asked to determine whether any of the legislated advertising restrictions unconstitutionally interferes with free speech under the first Amendment.)
- stops illegal sales of tobacco products to minors;
- bans all cigarettes that have a characterizing flavor, including all fruit and candy flavors other than tobacco or menthol;
- prohibits health claims about purported reduced risk products, where such claims are not scientifically proven or would cause net public health harm (for example, by discouraging current tobacco users from quitting or encouraging new users to start;)



- requires tobacco companies to disclose the contents of tobacco products, changes to their products, and research about the health effects of their products;
- requires much larger, more visible, and more informative health warning labels, including color and graphics, on tobacco product packages;
- similarly requires much larger, more visible, and more informative health warning labels on advertisements;
- prohibits terms such as “light,” “mild,” and “low tar” on tobacco product packages and advertisements, while authorizing the FDA to restrict additional terms in the future.

The law also imposes certain limits on FDA authority. The agency cannot ban conventional tobacco products, such as cigarettes and smokeless tobacco, or require the total elimination of nicotine in tobacco products. However, the FDA may order the reduction of nicotine to non-addictive levels in some or all tobacco products. The agency also has the authority to order an increase in nicotine levels in tobacco products if it determines that doing so will promote overall public health. For their part, states retain the authority to ban all or some tobacco products or the sale of tobacco products containing nicotine.

The law also prohibits the FDA from using its new authority to increase the new federal minimum age of 18 to a higher level, require prescriptions for the purchase of tobacco products, ban tobacco product sales in any particular type of sales outlet, or regulate tobacco farming directly. In all of these areas, the FDA could ask Congress to either take these actions or provide the agency with new authority to do them. Moreover, states have the authority to take such action.

**The new law:**

- bans all outdoor tobacco advertising within 1,000 feet of schools and playgrounds;
- bans all remaining tobacco brand sponsorships of sports and entertainment events;
- bans free giveaways of any tobacco items with the purchase of a tobacco product or in exchange for coupons or proof of purchase;
- bans free samples and the sale of cigarettes in packages that contain fewer than 20 cigarettes;
- limits any outdoor and all point-of-sale tobacco advertising, except in adult-only facilities, to black-and-white text only;
- limits advertising in publications with significant teen readership to black text on white background only;

(continue on page 5)

continued from page 4 New Legislation

- limits all audio-visual advertising, except in adult-only facilities, to black text on white background visuals and spoken words (no music, images, or moving images);
- restricts vending machines and self-smoke displays to adult-only facilities;
- establishes 18 as a federal nationwide minimum age for legal tobacco product sales with strong federal penalties, including the loss of the right to sell tobacco products, for chronic, repeat offenders;
- requires retailers to verify age for all over-the-counter sales by checking a photographic ID, and provides for penalties against retailers who sell to minors.



**The law also includes a number of other changes as well. For example, it:**

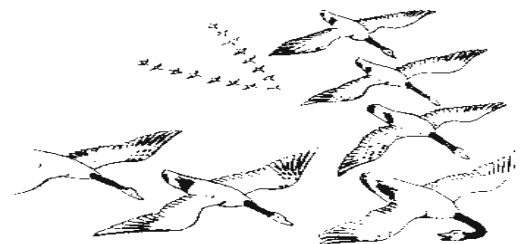
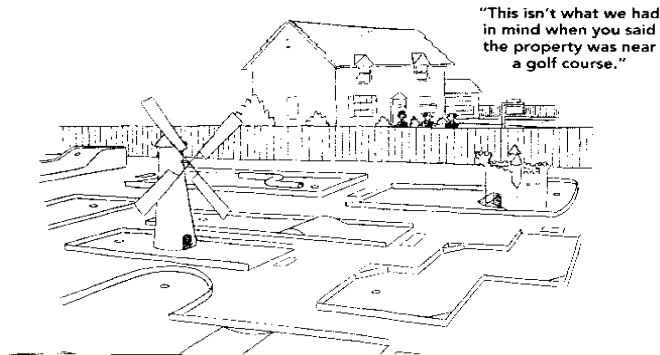
- limits the current federal preemption against state regulation of cigarette advertising under the Federal Cigarette Labeling and Advertising Act, by allowing states to restrict the location, color, size, number and placement of cigarette advertisements;
- grants the FDA exclusive authority in such areas as tobacco product standards, pre-market approval, adulteration, misbranding, labeling, registration, manufacturing standards and modified risk products, thereby preempting existing state authority in these areas. However, states continue to have authority to adopt fire-safe cigarette laws that regulate the ignition propensity of tobacco products;

- requires the tobacco companies to submit a listing of all ingredients and additives to tobacco, paper and filters by brand and quantity in each brand, a description of the content, delivery and form of nicotine in each product, and all documents developed after enactment that relate to the health, toxicological, behavioral or physiological effects of current or future tobacco products;
- revises and strengthens the content of health warnings on both cigarette and smokeless tobacco products, requiring the warnings to cover 50 percent of the front and back of all packages, including graphic images depicting the harmful effects of tobacco use;
  - blocks tobacco companies from claiming that the FDA has approved or certified any tobacco product.

The law also provides substantial funding for the FDA's new responsibilities by imposing a user fee on tobacco companies. The prescribed funding mechanism is designed to ensure that the agency's tobacco prevention activities are fully funded without taking resources away from the FDA's other work. In 2010, the total fee will be \$235 million, rising to \$450 million in 2011 and increasing 6 percent a year until 2019, after which it will remain at \$712 million.

(To learn more about FDA regulation of tobacco, visit [www.tclconline.org](http://www.tclconline.org)). Tobacco Control Legal Consortium, 875 Summit Avenue, Saint Paul, Minnesota 55105-3076. Telephone: 651-790-7506. Fax:651-290-7515.)

By Bunny Hoest and John Reiner



"Either pass me or quit honking."



## LOSS OF A LOCAL PUBLIC HEALTH ADVOCATE

It's important for us to celebrate the life of local officials who have a history of support for public health.

Police Chief Alan D. Biggerstaff was not only a local official but also a deputy director of the Illinois Department of Public Health (IDPH). Chief Biggerstaff died unexpectedly July 23, 2009 in Chicago.

East Carondelet, Illinois Mayor Herb Simmons had recently appointed Biggerstaff chief of police of East Carondelet, a small rural community in St. Clair County.

Director of IDPH, Dr. Damon T. Arnold said, "Chief Biggerstaff was a deputy director of the department. His being a nurse and a police chief made him an essential component to the agency. He was transformative. He was a positive spirit who always smiled and he accomplished great things during his brief tenure at IDPH," Dr. Arnold said.

Dr. Arnold said Chief Biggerstaff was a great help to the agency in its efforts to protect Illinois residents against the H1N1 virus, better known as swine flu. "He was a dedicated employee with a positive attitude. Alan raised the bar for us," he said. "It's very tragic. It's very draining on me. Not only was he a co-worker, he was a good friend."

East St. Louis Police Captain Bobby Cole said he first met Biggerstaff twenty years ago. "Alan was a person who had the highest integrity. He was a great man," Cole said. "He didn't care what color, nationality or religion you chose. I have never heard anyone say anything bad about the man. He was awesome. I am just hurt."

Chief Biggerstaff served on the executive board of the NAACP, East St. Louis chapter.

(Excerpted from an article by Carolyn P. Smith in the July 27<sup>th</sup> issue of the *Belleville News-Democrat*.)



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### **BEHAVIORAL HEALTH EXPANSION**

The phrase “Build it and they will come,” from the film “Field of Dreams” is so true in the medical field. More often than not, medical facilities need to increase their size to accommodate the needs of their current and new patients. So it should come as no surprise that Whiteside County Community Health Clinic (CHC) is contemplating a third expansion since opening May 2006. Whiteside County Community Health Clinic hopes to break ground this fall on a Behavioral Health expansion at its Rock Falls Clinic that will connect the Medical and Dental departments together. “In a way, we are filling the gap between the Medical and Dental clinics, the same way Whiteside County Community Health Clinic attempts to fill the gap for people on Medicaid, Medicare, no insurance or those who have insurance with extremely high premiums,” said Beth Fiorini, CHC executive director.

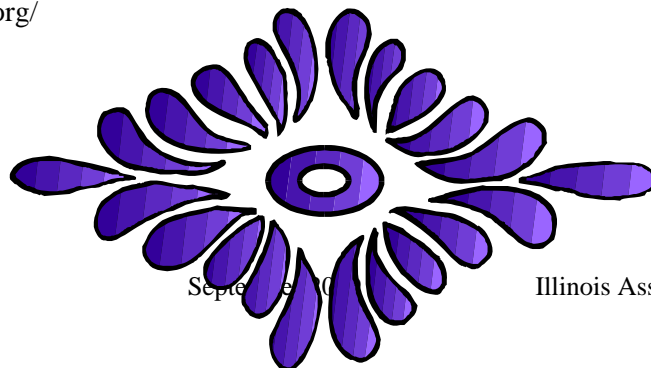
The 3,200-square-foot addition will provide more office space for the Clinic’s Behavioral Health department, which has seen an increase of 60 percent to 70 percent from 2007 to 2008, Fiorini said. The addition will include larger behavioral health offices, rooms for counseling sessions and a group therapy room. Other offices will be created to relocate several employees who are being moved to allow for a larger business wing inside the Medical Clinic. Funding for the \$616,000 project comes from a portion of the Federal Stimulus Package the CHC received. The project should be completed in late winter 2010.

“The expansion cannot come at a better time, as more patients continue to seek services due to increased stress associated with the economy,” said Pat Albert, Licensed Clinical Social Worker (LCSW), and Behavioral Health Manager of Whiteside County Health Department. “We hear about stress all the time and about how we need to reduce it. There can be many kinds of stress; financial, workplace, relationships, health, etc, but even good things can cause stress. Up to 90 percent of all health problems can be attributed to, and are aggravated by, stress. By choosing to react to stress in a positive manner you can improve your emotions and body chemistry,” Albert said.

Whiteside County Community Health Clinic served 10,464 patients from the area last year – a number that is increasing due to layoffs and cutbacks during the economic downturn. To help handle the increased patients, WCHD added another LCSW to its staff. Health center patients pay on an income-based sliding fee scale; no one is turned away, regardless of insurance status or ability to pay. “95 percent of the patients with insurance have high deductibles of \$5,000 or more, making it seem as if they have no insurance. If these people were not coming to us, they would be going to the emergency room,” Fiorini said.

Recently, Whiteside County Community Health Clinic completed two expansions, with the Dental Clinic having three more dental operatories added in a 1,000 square-foot expansion completed in December 2008. The Medical Clinic expansion was completed in September 2008, with 12 exam rooms, several nurses’ stations, a lab and administrative offices added in a 5,000 square-foot addition.

For more information about Whiteside County Health Department and Community Health Clinic visit <http://www.whitesidehealth.org/>



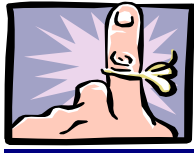


from left to right

Mary Saathoff – Chairperson, Governing Board of Directors, Whiteside County Community Health Clinic (WCCHC); Dr. John Bondy – (WCCHC) Medical Director; U.S. Rep. Phil Hare – D-Rock Island; Dr. Bill Yemm – WCHC Dental Director; Dr. Richard Vandermyde – then President (presently vice president), Whiteside County Board of Health; and Beth Fiorini– executive director, (WCCHC).

**Please note that all letters, problems, and articles you wish to appear in the December issue should be sent to Carolyn Chapman at 5 North 75<sup>th</sup> St., Belleville, IL 62223 by November 10, 2009.**

## Dates to Remember:



September 22, 2009  
2009 Food Safety Symposium  
Hotel Pere Marquette, Peoria

November 7-11, 2009  
137<sup>th</sup> APHA Annual Meeting, Philadelphia  
“Water and Public Health”

September 23-25, 2009  
18<sup>th</sup> Annual HIV/STD Conference,  
Hilton Hotel, Springfield

December 9-11, 2009  
Governor’s Conference on Aging  
Marriott Chicago Downtown

October 6, 2009  
Illinois Association of Boards of Health Meeting  
McLean County Health Department  
200 Front Street, Bloomington

More details of some meetings available at [www.ipha.com](http://www.ipha.com)



Humor from the  
Internet

Does anyone remember the Burma Shave signs?

For those readers too young to remember ~

Here’s a quick lesson in the history of the 1930s and ‘40s.

Before there were interstates, when everyone drove the old two lane roads, Burma Shave signs would be posted all over the countryside in farmer’s fields. They were small red signs with white letters. Five signs about 100 feet apart, each containing one line of a four line couplet. . .and, of course, a fifth sign advertising Burma Shave, a popular shaving cream.

Here are some of the couplets.

Hardly a driver  
is now alive,  
who passed on a hill  
at seventy-five.

Don’t stick your elbow  
out so far.  
It may go home  
in another car.

Trains don’t wander  
all over the map  
‘cause nobody sits  
in the engineer’s lap.

She kissed the hairbrush  
by mistake.  
She thought it was  
husband, Jake.

Don’t lose your head  
to gain a minute.  
You need your head.  
Your brains are in it.

Drove too long.  
Driver snoozing.  
What happened next  
is not amusing.

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