

NEJM: The last substantive reform in medical student education followed the Flexner Report, which was written in 1910.

RWJF: Despite extravagant spending on clinical care, the United States lags behind its global peers on measures of life expectancy and other major health outcomes.

Alzheimer's Association: Unless something is done, the costs of Alzheimer's in 2050 are estimated to total \$ 1.1 trillion (in today's dollars.)

CDC: Prescription Drug Overdoses, a U.S. Epidemic.

Challenges for Local Public Health

by **Adi M. Pour, Ph.D., Director, Douglas County Health Department**



The recent economic downturn has been largely responsible for a drop in county government support for local public health infrastructure that now finds health

departments largely dependent on major grant support from either state or federal governments, or private foundations. Given the range of threats to our communities, whether from communicable disease, risky behaviors or terrorism, it has never been more important for elected officials to see their health departments as an essential function of local government. A strong public health department is not a luxury, and the justifications for public health funding are no less real than those of other services whose roles are unquestioned.

The role of county health departments has moved beyond providing immunizations and controlling infectious diseases to addressing issues that threaten a county's status as a desirable place in which to live, let alone one that is safe and healthy. Those

concerns include such matters as health disparities, obesity, cardiovascular disease and other chronic health risks and their underlying factors.

To address the root causes of these very real epidemics and maximize the return on public investment, local health departments must forge broad community partnerships to address the social and economic determinants of health. Public health must be there to address the built environment through health impact assessments (HIA) if measurable system change and community transformation are to become reality.

Environmental changes must be implemented to provide new opportunities for options that make "the easy choice the healthy choice." Including health considerations during local policy development is simply the responsible thing to do, and it is wise stewardship of public dollars.

The time has come for county government to make the local investment in public health infrastructure in order to assure the local public health agency has the expertise and the workforce to address community health needs and respond to public health emergencies, from small outbreaks to community-wide disasters.

A failure to do so would truly be unaffordable. ■

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by Peter Crichton, County Administrator, Cumberland County, Maine



On behalf of the NACA Board of Directors, welcome to this issue of the Journal and its important theme of public health! Building on ICMA's campaign of Life, Well Run, I certainly hope you are doing well in your life and in your work. As the years go by I don't think of myself as getting older, but I certainly understand the need to take care of my health and to have a balanced work life. As we all know, there are times in our profession that can be a sweet and sour mixture. But

where else could we make the kind of difference that we can as public administrators? It is a privilege and there are few places in society where one can be guaranteed to have the challenge and opportunity that we do of improving our communities and our regions. How could one hope to do any better than this?

It is no secret that we live at a time when many Americans and many of our citizens are questioning our democratic institutions and the work that is being done by government at every level. I am sorry to say, in my own great state of Maine, our current governor has even gone so far as to refer to some state employees at the middle management level as being "corrupt." It is not the view of democracy and public life that I grew up with or that inspired me to a life in public service when I would listen to my father talk about President Kennedy's vision for the future, go with my dad to an annual town meeting, or remember the joy of becoming an intern for Senator Edmund Muskie in Washington, D.C.

I believe in the democratic principles that founded this nation and the value of public administration. And as a member of this association, I would like you to know that the NACA Board is working to strengthen our profession. Toward this goal, I am pleased to report that we will be hosting a NACA workshop at the upcoming Annual NACo Conference in Pittsburgh, Pennsylvania, titled "So You are Thinking About Hiring a County Manager."

As we are all aware, counties are facing many fiscal and administrative challenges and some part-time county commissioners/supervisors are looking at hiring a professional administrator to run the day-to-day activities of the county. This workshop session will examine the process used in Luzerne County, Pennsylvania, from the concept stage, to a charter revision, to the hiring of its first-ever county manager Robert Lawton, who will be one of the panelists. The workshop will be held on Monday, July 16th, from 10:45 to 12 noon. I hope to see you there!

For more information on the NACA meetings at the Annual NACo Conference this July, I encourage you to visit our website at <http://countyadministrators.org>. We have a dedicated Board that is working to strengthen our association. I would like to invite you to get involved in our activities, if you are not already, by contacting one of our Board members or one of our committee chairs.

Finally, the theme of this issue of the Journal is public health. Where public health is a function of county governments in many areas of the nation, it is not in some regions, such as Maine and New England, where it is a state function, with the exception of cities like Portland, Maine. While our county government does not have a public health department, we are a founding member of the region's public health council and provide annual funding for it because we recognize the importance of the work this group is doing. Take care and thank you for all that you are doing to enhance our profession and county governments nationwide. ■

Best Regards,
Peter Crichton
 President, National Association of County Administrators



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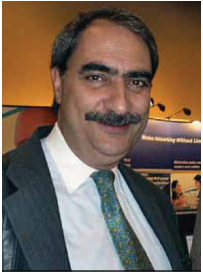
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The Eternal Golden Braid of Health Systems



One of my favorite books of all time is *An Eternal Golden Braid* by Douglas Hofstadter; in it, he weaves a beautiful web of relationships between art (Escher), mathematics (Godel)

and music (Bach). He argues that the formal system that underlies all mental activity transcends the system that supports it, and plays mercilessly in hundreds of pages with the reader's mind offering recursions, insights into fugues and shadows cast by endless staircases going up and down at the same time. When the reading sadly ends, you are left with a strong impression that the three parts of the braid—Escher, Godel and Bach (or the Eternal Golden Braid)—are really three ways of seeing the same scintillating light of wisdom.

Now we come to the topic of this issue's theme—health systems. What better way to present, in a mnemonic form, the three elements that a county administrator can never forget as s/he struggles with the provision of equitable and compassionate health care: the federal government, which provides legislatively approved programs; the health professionals, who are paid to provide these services; and the insurance industry, which reimburses health care recipients. And inside the GHI triangle rests the promise of technology.

Technology, like individual secure electronic “wallets,” can hold all our medical history so emergencies are handled with quick, accurate responses. Large-scale systems that capture results of our visits to the doctor with secure software, which can relate that visit with prior histories and can provide drug-dispensing prescriptions routed directly to pharmacies. And smaller and smaller devices that can be implanted within our

bodies or worn outside them, which can monitor our health condition, trigger life-saving drug dispensing and connect us to our doctors and hospitals with broadband efficiency. And yet, even though the “buzz” of such technology solutions has been around for years, many counties are not able to showcase them in actual systems in use. Why? Is it cost, or fear of change, or privacy concerns?

I think it may be a combination of these factors, for sure. High *cost* of technology is always a major barrier to innovation, since the mostly incremental approach to budgeting practiced in county government does not lend itself to major new infusions of resources to pioneer with a new system. *Fear of change*—the transition from paper to electronic records, the idea that one doctor's advice can now trigger another doctor's reaction or disagreement, and the comfort level we have with the way we currently schedule and make appointments may all contribute to our unwillingness to open our processes to new technology. And, finally, the idea of an electronic data base that knows all and that could be hacked by a teenager with strong programming skills may be offensive to our *privacy* hawks.

But beyond these concerns, the GHI triangle surrounding the technology options is enough to squash any creative thinking. Government regulations, insurance industry practices and medical profession reluctance to participate in a platform broader than the individual person all distort the decision to adopt new “e-health” solutions. They make such decisions high stakes and low payoff ones best left undone, and make them more difficult than they need to be. The idea that a technology solution can somehow overcome the simultaneous challenges offered by the GHI pressures is just too difficult to swallow for most decision makers. And yet, the promise

of technology is wondrous and real! So what to do?

In my way of thinking, we need to take a page from the Hofstadter book and recognize that government, health and insurance are really three reflections of the same challenging end goal: a healthy population. We need to reach out *before* any discussion of a new electronic health system begins and organize those three sectors into a consultative design group that will lay out: what are the essential factors, what are the “nice to haves” and what are the deal killers in any solution offered by the high tech sector. This design group can be invaluable to the county administrator as the idea, the budgets and the ultimate decisions wend their way through the complex policy making systems. And their wise counsel can provide a good and sound institutional framework for the ultimate solution.

Is such a design group a big deal? You would be surprised, my dear reader, to discover that many counties spend dollars, time and people effort in advance, and only then go out to fight the battle of convincing the government, health and insurance representatives of the value of the new solution, often times with tragic results. And of course the synergy and collaborative ideas that may emerge from such a group are also not to be minimized.

I hope to see many more e-health solutions appear in counties across the country in the near future, and with the wise counsel of the GHI stakeholders. They can improve health statistics, reduce costs and give our beleaguered citizens a helping hand with their health problems. And they may even free up some time for the twice-beleaguered county administrator who could then pick up the heavy Escher Godel Bach book and read it. Trust me; it will be a wondrous and worthwhile experience! ■



May 3, 2012

The Honorable John Boehner
Speaker of the House
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Harry Reid
Majority Leader
U.S. Senate
Washington, D.C. 20510

The Honorable Nancy Pelosi
Minority Leader
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Mitch McConnell
Minority Leader
U.S. Senate
Washington, D.C. 20510

Dear Speaker Boehner, Senator Reid, Senator McConnell, and Representative Pelosi:

As state and local officials committed to ensuring that 49 million American school children are prepared for success in life, we urge you to complete the long overdue reauthorization of the Elementary and Secondary Education Act (ESEA). The House Education and the Workforce Committee and the Senate Health, Education, Labor and Pensions Committee have passed bills, and the House and Senate need to move their respective bills to the floor for action if there is any chance of having reauthorization accomplished before the 112th Congress adjourns.

ESEA's last reauthorization as the No Child Left Behind Act (NCLB) had a commendable intent—to identify the unmet needs of all children in our schools and to promote education reform—but was also flawed. It shifted too much control away from state and local elected officials, diluted the impact of federal resources, and relied on a method of identifying academic progress that focused on failure instead of rewarding excellence. Ten years later, it is past time to rewrite the law and correct its mistakes.

Policymakers at the state, local and school district level need a resolution to these issues. We need certainty in federal policy at a time when we are struggling with reallocating scarce education resources to fund what works. We need federal policy that instead of focusing on process and compliance, allows for state and local innovation.

Without changes to NCLB, many states turned to the immediate flexibility offered by the U.S. Department of Education through the waiver process. However, waivers only provide temporary relief from specific provisions of the law and leave states that face challenges in meeting the reform criteria for obtaining a waiver struggling to meet the unreasonable requirements of NCLB. Federal policy must not set up a system that disadvantages some states and some students.

We deeply appreciate the leadership you have already shown, and realize that completing a complex piece of legislation like ESEA is a difficult task. By moving these bills to conference, Congress can act in a bicameral and bipartisan fashion to craft an ESEA reauthorization that secures the reforms necessary to ensure our nation's children have the best chance to succeed.

Keeping Your Brain Sharp for Learning

by Amanda Relyea, ICMA Credentialing Program



According to the Institute for Dementia Research and Learning at Louisiana State University, “It is estimated that one in six

women, and one in ten men, who live past the age of 55 will develop dementia in their lifetime” and, in the United States, “there are believed to be at least 5 million individuals with age-related dementias.”

Most of us know at least one person who is affected by this terrible disease. I was at a conference recently, and the speaker asked audience members to raise their hands if they knew someone with dementia. Approximately 90% of the individuals in attendance raised their hands. What made this particularly disconcerting is that it was not even a medical conference, and the focus was not dementia.

One of the people who raised her hand was me. My grandfather struggled with Parkinson’s-related dementia for years before he passed away, and now the same disease is starting to affect my grandmother. You can sometimes find humor in it—once I found myself staring out the window struggling to see my grandfather’s “rabbits jumping over the fence”—but more often it is heartbreaking. If you have ever had to repeatedly explain to your loved one how to get dressed or why they cannot drive, you know what I mean.

As the world population ages, this \$600 billion per year public health problem is projected to get much worse. According to the World Alzheimer Report 2010, the costs will rise 85% by 2030. Additionally, the disease takes a huge emotional, mental, financial, and physical toll not only on the patient, but also on his or her caregivers. Dementia patients need round-the-clock supervision in the later stages

of their diseases, as well as help with toileting, baths, and meals.

As of this moment, a cure for dementia has not been found, but you can do two things to keep your mind sharp: exercise your body and brain. Exercising the body helps improve oxygen flow to the brain, and you can exercise the mind through puzzles, games, research, writing, reading, and so on.

As Dr. Frank Benest has mentioned at previous ICMA Annual Conferences, you can also exercise the mind by seeking out new types of experiences, pilot testing new ideas, staying curious, remaining current, and keeping an open mind. Set learning priorities and take notes to increase attention. Review your notes later to reflect on and help retain what you’ve learned.

Some other ideas for dementia prevention are also floating around, but at this point, they are still in the research stages. Dr. Mary Newport, whose husband Steve suffers from Alzheimer’s-related dementia, recently wrote a book about her experiences with coconut oil, which is apparently “metabolized into ketones by the liver and may be used as an alternate fuel by the brain” but also “might adversely affect blood lipids” (Graedon and Graedon 2012)¹.

Dr. Newport says that since her husband started taking coconut oil, she can see glimpses of his old self and his memory has improved. He is not cured, and the evidence is entirely anecdotal, but researchers are looking into the possibilities.

In fact, Dr. Kieran Clarke of Oxford University is currently conducting a study that seeks to determine the effect of a ketone diet on metabolism, which in turn affects cognitive function. The study is not yet finished and will not be conclusive even when it is finished, as further research will be required. The study will, however, add to the body of literature on this subject (Clarke 2011).²

Another idea that has received attention lately is the relationship between high coffee intake and reduced chance of dementia. Researchers in Finland found that people who drank three to five cups of coffee per day in their 40s and 50s “had about a 65-to-70-percent reduced risk of developing Alzheimer’s disease in their 70s.” Of course, correlation does not mean causation. Maybe the coffee drinkers are simply more active or were at less risk for Alzheimer’s to begin with (Aubrey 2010).³

A second possible benefit of high coffee intake is that it has been found in mice to decrease “production of the abnormal protein beta-amyloid, which is thought to cause Alzheimer’s” (Science Daily, 2011).⁴ Of course, a study on mice is different than a study of humans, so much work remains to be done.

Regardless of these exciting possibilities, it is important to be careful about radically increasing your coffee intake in an attempt to prevent dementia, especially since the benefits have not yet been proven. Every individual reacts to caffeine differently, and you must listen to your body. Side effects of high coffee intake can include trouble sleeping, irritability, mood swings, muscle tremors, digestive problems, and even depression. Plus, if you use sugar or other additives in your coffee, the increased consumption of those may not be worth the risk.

If your loved one is already struggling with dementia, however, it may not hurt to try unproven techniques in addition to medicines and exercises that have been shown to have positive effect. Just make sure to review your plans with a specialist to confirm that there are no known interactions and that your plans are safe for your loved one’s particular situation.

Hopefully, some of the current research efforts will be successful and

(continued on page 12)

House Ways & Means Committee Holds Hearings on Potential Changes to Retirement Provisions in Tax Code; Department of Treasury Proposed Regulations to Encourage Use of Income Alternatives

by **Joan McCallen, President and CEO, ICMA-RC**
and **John Saeli, Vice President, Marketing Services & Industry Analytics, ICMA-RC**



Through hearings and other legislative proposals, Congress is setting the stage for what may be indicative of retirement and tax reform legislation in 2013 and beyond.

The House Committee on Ways & Means held a hearing on April 17 on “Tax Reform and Tax-Favored Retirement Accounts,” part of a series that Chairman Dave Camp (R-MI) has convened to examine broad areas that might be modified in comprehensive tax reform. According to Chairman Camp, this hearing’s purpose was to explore whether, as part of comprehensive tax reform, provisions of the tax code could be modified to enhance retirement plan simplification and efficiency.

Two witnesses promoted consolidation of various plan types (e.g., 401(k), 457, and 403(b) plans and various small business plans). David John, senior research fellow with the Heritage Foundation, testified that proposals of the Bush Administration to streamline several types of retirement savings accounts into a Retirement Savings Account (RSA) and Employer Retirement Savings Account (ERSA) should be revisited with revisions to the original proposal. While Chairman Camp stated that he has not reached conclusions regarding whether or how retirement incentives should be restructured, he did voice support for simplification as an overarching goal.

Other tax reform proposals have included calls for consideration of reductions in contribution limits for tax deferred retirement plans and IRAs. But notably, none of these calls has come from members of Congress. At the hearing, no member of the committee voiced support for such a reduction, and the committee’s lead Democrat, Congressman Sander Levin (D-MI), stated emphatically that retirement incentives should not be scaled back to pay for a reduction in tax rates or to finance deficit reduction. Several members took issue with President Obama’s budget proposal to limit a taxpayer’s ability to claim tax expenditures to 28 percent of income, which could effectively reduce the maximum retirement deferral benefit for some taxpayers earning \$200,000 or more (or couples earning \$250,000 or more).

Less visible efforts are also underway to bolster the retirement plan system. Most notably, in February, Congressman Richard Neal (D-MA) introduced the Retirement Plan Simplification and Enhancement Act of 2012. The bill provides for a wide range of enhancements to the retirement system, including broader application of disclosures through electronic media and provision for in-service portability of lifetime income assets to an Individual Retirement Account (IRA) when a plan terminates a lifetime income option.

The regulatory side has been more active. In February, the Department of Treasury (“Treasury”) released a series of proposed rules and guidance to encourage further use of income alter-

natives. For example, one piece of the guidance clarifies the rules that apply when participants receiving lump-sum cash payouts from their defined contribution plan are able to transfer some or all of those amounts to their employer’s defined benefit plan in order to receive annuity payments from that plan.

Treasury also proposed regulations that seek to help employer plans and IRAs offer “longevity annuities,” enabling plan participants to use a portion of their account assets to purchase a retirement income stream starting at age 80 or 85. This feature may help protect individuals who live beyond average life expectancy from running out of savings.

On the governmental plan front, the Internal Revenue Service (IRS) and Treasury jointly issued a notice on April 18 providing some guidance about the use of a normal retirement age in governmental plans. These agencies said that they are considering a modification to regulations so that governmental plans that do not allow in-service distributions before age 62 will no longer be required to set forth a normal retirement age in the plan that complies with the regulations. In addition, the IRS and Treasury propose that the special rule for public safety workers be modified, so that government employers would no longer be required to have separate plans for public safety workers, as long as the group that has the lower normal retirement age is a group of employees who are predominantly qualified public

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THE NATIONAL ASSOCIATION OF COUNTY ADMINISTRATORS

REGISTER BY JULY 2, 2012 TO ATTEND NACA EVENTS AT NACo's 2012 ANNUAL CONFERENCE – Pittsburgh/Allegheny County, Pennsylvania

The National Association of County Administrators (NACA) will convene a series of events at the National Association of Counties' (NACo) Annual Conference on July 14, 15, and 16, 2012, in Pittsburgh/Allegheny County, Pennsylvania.

This year we are combining our **Idea Exchange** and **General Membership Meeting** on Sunday to accommodate busy schedules during the conference. Our traditional **Idea Exchange** will provide an opportunity for county administrators from across the country to discuss, in an informal setting, ideas and best practices that are relevant to county management. Please give us suggested topics in the space below so that we can build the agenda. The **General Membership Meeting** will offer an update of NACA activities and recent board actions.

A **special highlight** on Monday will be a **site visit to county facilities in the Pittsburgh area**. Details are forthcoming.

IDEA EXCHANGE & GENERAL MEMBERSHIP MEETING (Sunday, July 15 @ 11:30 a.m. to 2:30 p.m.) COUNTY SITE VISIT (Monday, July 16 @ 1:00 p.m. to 3:15 p.m.)

Register by July 2, 2012: \$75.00 per person, includes Sunday lunch and Monday transportation and refreshment.

Suggest Your Idea Exchange Agenda Topics: _____

Name & Title:			
County or Organization:			
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EVENT	DATE	TIME	LOCATION
Executive Board Meeting	Saturday, July 14	9:00 am-11:00 am	David L. Lawrence Convention Center (Room TBD)
Reception	Saturday, July 15	5:30 pm-6:30 pm	David L. Lawrence Convention Center (Room TBD)
Idea Exchange & General Membership Meeting	Sunday, July 15	11:30 am-2:30 pm	David L. Lawrence Convention Center (Room TBD)
NACA Sponsored Session: So You Are Thinking About Hiring a County Manager?	Monday, July 16	10:45 am-12 noon	David L. Lawrence Convention Center (Room TBD)
County Site Visits: Transportation included	Monday, July 16	1:00 pm-3:15 pm	Meet at NACo General Registration area

Check the NACA Web site at countyadministrators.org for more information

iMIS Meeting Code: NACA0712

FROM YOUR NACO REPRESENTATIVE

by Eugene Smith, County Manager, Dunn County, Wisconsin



Fellow NACA members, I was not able to attend or represent NACA at the NACo WIR conference in Santa Fe in May. From the notes I have

received, here is

my best effort at keeping our membership informed as to what transpired.

With regard to the Finance Committee, First Vice President Chris Rodgers presented the Finance Committee Report. He said NACo's financial situation is good with a projected net operating income \$100,000 greater than what was budgeted. He said the factors that enabled the improved forecast include: higher than expected growth in net income from U.S. Communities; unbudgeted revenue from the Prescription Discount Card Program estimated at \$160,000; and higher than expected member dues, where collections are currently \$110,000 over what was budgeted. In addition, there is growth in sponsor support for the Healthy Counties Initiative. Rodgers noted that investments were doing well, based on a very good first quarter and then a slight decline in April and May.

Rodgers said the committee also reviewed five-year financial projections for NACo, which show increased budgets deficits through 2016. The deficits result from projected revenue declines,

mainly due to reduced fees from the NACo Deferred Compensation program under the new agreement.

With regard to the full Board, a public hearing was held to consider the application of the National Association of County Veterans Service Officers (NACVSO) to become a NACo affiliate. No one spoke for or against the application. The Board voted to recommend adding NACVSO as an affiliate. The question will come before the NACo membership at the Annual Conference in July.

NACo Public Affairs Director Tom Goodman summarized the iCivics—County Solutions proposal. The proposal asked the Board to authorize the one-time use of NACo reserves to provide funding of \$99,857 to pay for curriculum development and distributions costs for County Solutions, which would be a nationwide curriculum to support civic engagement by students that NACo would produce in partnership with iCivics. The Board approved the proposal.

Peter Tovik, Managing Director of NACoFSCorp (Financial Services Corporation), asked the Board to ratify the Promotion, Licensing and Solicitation Agreement between NACo and Nationwide Retirement Solutions. The agreement continues the NACo Deferred Compensation Program that is administered by Nationwide. The NACo Board ratified the agreement pending approval by the Board of the NACo Financial Services Corporation.

The Dues Structure proposal was discussed at the Board forum held in the morning before the Board meeting. There was no further discussion, and the Board approved the new dues structure.

The proposal to change from a print version of *County News* to all electronic was discussed at the Board forum. There was no further discussion. Any changes to how *County News* will be produced and delivered will be considered at the Board meeting at the Annual Conference in July.

Deputy Executive Director Ed Ferguson presented a proposal for the reorganization of the NACoRF Board of Directors. The proposal provides that the NACoRF (Research Foundation) Board shall consist of the officers of NACo, the four regional representatives of NACo and the chair of the NACo Programs and Services Committee. Their terms shall be coterminous with the terms of the NACo positions they hold. Resignations, removal and vacancies shall be handled as provided by the NACo Bylaws for the members of the NACo Executive Committee and for the chair of the Programs and Services Committee. The NACo Executive Director shall also serve on the Board as ex officio, non-voting member. The NACoRF Board voted on two motions: one to approve the Bylaws with the changes in the make-up of the Board; and the second to approve incorporation in Delaware. ■

Do We Have a Public Health Crisis, A Disease Prevention Crisis, or All of These and More?

Editorial by Bob McEvoy, Managing Editor

The Robert Wood Johnson Foundation tells us that “America spends more than \$2 trillion annually on health care—more than any other nation—yet less than four cents of every health care dollar we spend goes toward prevention and public health. Tens of millions of Americans, especially those in low income communities, still suffer every day from preventable illnesses and poorly managed chronic diseases. And despite our health care spending, the United States ranks 36th for life expectancy, our infant mortality is higher than that of less affluent countries and health disparities persist.

Many of the leading causes of death in the United States are largely preventable, with 80% of risk factors being behavior related. Behavior choices, such as smoking, unhealthy eating and physical inactivity, increase chances of developing deadly, costly diseases. But too many Americans are denied affordable, healthy food to eat, clean air to breathe and safe places to exercise. Americans at every income and education level should have the same opportunities to be healthy.”

While attending an excellent physician’s committee meeting as a public policy person, the Capital District Medical Decision Making Interest Group’s agenda included a presentation by a very sincere epidemiologist who told us that one of her patients was going to die because he had contacted MRSA and the known antibiotics have not stopped this punishing staph infection which spreads easily, especially in health care facilities. You may already know of my

concern from prior writings, but today, MRSA is killing more people than the HIV virus. I asked whether there was a test for this terrible infection so they can contain it when symptoms are seen as patients enter the emergency room, for example? She said there is, however the hospital does not allow it because of the \$50 cost.

The U.S. Center for Disease Control says: “Methicillin-Resistant Staphylococcus Aureus (MRSA) is a staph bacteria that is resistant to certain antibiotics called beta-lactams. These antibiotics include methicillin and other common antibiotics such as oxacillin, penicillin, and amoxicillin. In the community, most MRSA infections are skin infections. More severe or potentially life threatening MRSA infections occur most frequently among patients in healthcare settings.”

World Health Organization’s Dr. Brad Spellberg, indicates that “Companies have figured out that they make a lot more money selling the latter (high blood pressure drugs example) than they do selling antibiotics... highlighting the lack of incentive for companies to develop antibiotics.”

One of the health consumer organizations has a succinct explanation for why this has happened. Consumer.org says: “We have been overusing antibiotics (mainly due to overzealous prescribing by doctors) and misusing the drugs (mainly through widespread use of antibiotics in livestock), and as a result, germs have figured out a way to become resistant to them.”

AP Reporter Matthew Perrone recently reported in USA Today that

“More than 80% of pharmaceutical ingredients are imported from abroad, as well as 85% of the seafood consumed in the U.S., according to federal figures.” He quoted an Institute of Medicine expert panel’s report: “The integrated global economy demands cooperation across borders to thwart terrorists, reduce environmental hazard, and insure that our food and medical products are safe and effective.”

Our local listservs lit up recently as water treatment plant operators asked for help in finding US made fluoride. They were concerned with the new shipment of imported fluoride and its appearance. More to follow in future editions.

I mentioned the Institute of Medicine earlier. Here is the short description of the critical role of the Institute:

“Established in 1970 under the charter of the National Academy of Sciences, the Institute of Medicine provides independent, objective, evidenced-based advice to policy makers, health professionals, the private sector, and the public.”

The Institute concluded in its report: “For the Public’s Health: Investing in a Healthier Future,” the following pertinent public health excerpt:

“To improve health outcomes in the United States, we will need to transform the way the nation invests in health to pay more attention to population-based prevention efforts; remedy the dysfunctional manner in which public health funding is allocated, structured and used; and insure stable funding for public health departments.”

Updates from the Life, Well Run Campaign



Life, Well Run is off and running. The campaign recently launched a new website that will help raise awareness about the critical role professional managers play in our communities and build excitement about the campaign. Check it out at www.lifewellrun.org.

Now entering its pilot phase, the campaign selected San Antonio and Seguin, Texas, and three cities from the Chicagoland area, to represent *Life, Well Run* as pilot communities in 2012. These cities were chosen by ICMA because of their national reputations as successful, professionally well-managed communities.

In May, the *Life, Well Run* campaign visited the San Antonio metropolitan area to conduct interviews with San Antonio City Manager Sheryl Sculley, Seguin City Manager Douglas G. Faseler, and influential third-party validators. The interviews will be featured in an upcoming video series

called, “How Cities Grow.” These videos are designed to engage residents, highlight the work of Managers Sculley and Faseler and their professional staff, and help draw the dotted line between the local government services Seguin and San Antonio residents receive and the critical role their city manager plays in delivering those services effectively, efficiently, and ethically. Look for future updates when the videos are released.

Third-party validators included Red McCombs, founder of the Red McCombs Automotive Group and former owner of the San Antonio Spurs; former San Antonio mayors Nelson Wolff, Lila Cockrell, Henry Cisneros, and Phil Hardberger; and Carri Baker Wells, past chairman of the San Antonio Area Chamber of Congress. In Seguin, third-party validators included Mayor Betty Ann Matthies; Rudy Saucedo, vice president of Marketing for Tysons Food, Inc.; and Phil Seidenberger, executive vice president of CMC Steel—Texas.

Time-lapse videos of San Antonio and Seguin were also filmed while the campaign was in Texas. These visually highlight images of locations of which San Antonio and Seguin residents are proud. [View the videos here.](#)

Next up for the *Life, Well Run* campaign is the “My City, My Pride” photo contest in the pilot communities that will encourage residents to express pride in their cities. More details to come.

How Can You Support the Campaign

Ask yourself the question, “What is the thing I’ve done in my community that makes me the most proud?” Then, send us the answer, which we’ll post on the *Life, Well Run* website. We’re looking for stories about a range of projects—big and small, old and new, from high finance to simple fixes—the kinds of projects that would be nominated for ICMA Annual Program Excellence Awards. If you or your community received an ICMA award in recent years, remind us and we’ll pull the description from our archives. If your state association has recognized model programs in your state, let us know about them. Write Amy Mayers, amayers@icma.org, with your stories.

You can also:

- Like us on Facebook and follow us on Twitter
- Link to the *Life, Well Run* website
- Use the *Life, Well Run* messages in your communications
- Attend the *Life, Well Run* session at ICMA’s Annual Conference in Phoenix/Maricopa County, October 7–10, 2012.
- Make a donation to support *Life, Well Run*.

For more information, contact Catherine Smith at 202-962-3632 or csmith@icma.org. ■

Does NACA Have Your E-mail Address?

Members are encouraged to alert NACA staff of changes to their e-mail addresses. New addresses or corrections to addresses can be e-mailed to naca@icma.org.

Visit the NACA Web Site

The NACA Web site can be accessed at <http://countyadministrators.org>.

The NACA members-only area of ICMA.org can be accessed at <http://icma.org/nacamembers>.



Make Plans to Join Us October 7-10 in Phoenix/ Maricopa County, Arizona!

**Online registration and
housing is open!**

**Save the most when you
register by July 27.**

[Registration Information](#)
[Housing Information](#)
[Conference Website](#)

ICMA's 98th Annual Conference is the one event of the year that brings together the foremost experts and resources in local government management. Local government professionals from across the country and around the globe come together to discuss current trends and leading practices and to learn about what others are doing to stay ahead of the curve.

Top 12 reasons to attend ICMA 2012 in Phoenix/Maricopa County, Arizona

1. Hear real solutions to real issues in local government.
2. Learn leading practices for bottom line local government success.
3. Connect with peers and other experts in the field and focus on increasing your knowledge of the key issues affecting local governments.
4. Choose from nearly 50 educational sessions, a variety of skill-building workshops, special sessions and forums, led by leaders in the field on important topics including shared and regional service delivery approaches and alternative business models, building communities online, managing employee benefits, finding pathways from polarization to civility, and more.
5. Meet and mingle with the people who "speak your language" and face the same challenges day to day that you do. You will come away with the experiences of real lessons learned, dozens of ideas, and innovative solutions that you and your team can use immediately.
6. Maximize your training opportunities with this year's preconference ICMA University workshops
7. Scout the exhibit hall for innovative products and services to make your job easier and more productive.
8. Celebrate the accomplishments of your peers at the Celebration of Service awards.
9. ICMA-CMs earn hours toward your professional development requirement; Planners can earn AICP-CM hours toward certification or re-certification of your designation.
10. Hear from four outstanding keynote speakers who will focus on leading an organization in unpredictable and fast-moving times ([Jim Collins](#)); unleashing your real potential and leading a culture of innovation ([Sir Ken Robinson](#)); unraveling the truths, myths and politics of immigration reform ([Edward Schumacher-Matos](#)); and revitalizing urban spaces with public art ([Janet Echelman](#)).
11. Special discounts and rates: [[for details visit the registration info page.](#)]
 - \$200 discount for ICMA members in the **Mountain Plains Region** attending their first ICMA conference
 - \$300 discount for Affiliate members in entry to mid-management positions (under department head)
 - Full-time Academics: \$275
 - Student Members: Complimentary
12. **Best Value Ever:** Soak-up a year's worth of learning in four days and return to work with renewed fervor and with new ideas to advance your community and your career.

Don't miss the most important conference for local government managers. Join us in Phoenix/Maricopa County to interact with leading practitioners, exchange creative ideas and strategies, and build partnerships to respond to the challenges facing today's cities and counties.

Visit the 2012 ICMA Annual Conference website for more information and to view the [preliminary program online](#). ■

Popular Blog Posts from the Knowledge Network

Most Knowledge Network users know about the online community's [questions and answers](#) on hundreds of topics and its full library of useful [documents](#). The site's blogs are one more opportunity to share local government information. Blogs offer news and information from ICMA programs and from colleagues in the profession. A few weeks ago, for example, ICMA's Center for Sustainable Communities launched [its new blog](#) to explore the intersection of sustainability and local government management.

For a look at some other blog activity, check out these posts and Knowledge Network blogs that have recently been popular.

- [City manager performance evaluation](#) is a frequent topic of discussion in the profession, and this frequently viewed blog post from [In the Know](#) summarizes one conversation and compiles several evaluation forms and other resources from the Knowledge Network.
- The [CityLinks blog](#) is the easiest way to keep up with ICMA International's work in this program addressing climate change, food security, and water and sanitation issues. Scott Muller's thoughts on [innovating resilience](#) in climate change adaptation and Steve Adams's reflection on what North American cities can [teach the developing world about sustainability](#) were both popular posts in May.
- For worldwide updates from the International Team's other programs, like this recap of David Grossman's trip to Beijing to promote [ICMA's new center in China](#), check out [International Dispatches](#).
- The [311/CRM Systems](#) blog keeps up with exciting developments in citizen request management. One of Cory Fleming's posts describes the questions a local government should ask in a [community readiness assessment](#) before moving to a new 311 system.
- Preparations for the ICMA Annual Conference in Phoenix/Maricopa County are in full swing, so keep an eye on the [conference blog](#) for updates like this post from Anna Read on [solar events](#) planned for Phoenix. And don't miss the newly released [preliminary program](#)!
- You don't have to wait until the conference to get to know your colleagues. They're also on the Knowledge Network, like last month's [featured user Alan Rosen](#), who tells how ICMA resources help support him in his role as budget manager of Washoe County.
- Finally, in honor of last month's Public Service Recognition Week, Beth Kellar shares the [memorable story](#) of her encounter with just a few of the many unsung heroes who serve our communities.

Check the Knowledge Network's blog directory for the latest posts on issues in local government. And share your own experiences with your colleagues by [starting a blog](#) yourself!

("Keeping Your Brain Sharp" from page 5) will lead to funding for more research until, ultimately, a cure is found. In the meantime, it seems that the best defense against dementia is using your brain and exercising your body. As Ronald Owens, retired manager of Scarborough, Maine, says, "Continued learning is the best antidote to aging!" ■

1. Joe Graedon and Teresa Graedon. Coconut Oil for Dementia? Buffalo News. March 7, 2012. <http://www.buffalonews.com/life/health-parenting/peoples-pharmacy/article751046.ece> (accessed April 3, 2012).

2. Kieran Clarke. Metabolic Control of Cardiac Energetics and Efficiency. University of Oxford. 2011. http://www.dpag.ox.ac.uk/academic_staff/kieran_clarke/clarke_research (accessed April 3, 2012).

3. Allison Aubrey. Nervous About Alzheimer's? Coffee May Help. NPR. June 28, 2010. <http://www.npr.org/templates/story/story.php?storyId=128110552> (accessed April 3, 2012).

4. ScienceDaily. Mystery Ingredient in Coffee Boosts Protection Against Alzheimer's Disease, Study Finds. ScienceDaily. June 21, 2011. <http://www.sciencedaily.com/releases/2011/06/110621093301.htm> (accessed April 4 2012).

("ICMA-RC" from page 6)

safety employees. Governmental plans will be able to rely on this notice until the normal retirement regulations are amended in final form.

The IRS and Treasury have received over 800 comments on their proposal, released November 2011, to define which agencies and instrumentalities qualify to sponsor or participate in governmental plans. This project is in the early stages of development and is unlikely to be finalized this year. ■