



KPHA E-NEWS UPDATE

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Legislative Update



The legislature is nearing the end! With this week and next week being the final weeks of debate before the Wrap up Session, bills are flying fast and furiously! Click [here](#) for the hearing schedule for the week of March 20 sent from KUMC Students for the AHA-KS call last Friday. In addition, another health bill we've been following also had a hearing yesterday, [SB 327](#) creating the office of inspector general within the Kansas health policy. Most years at the end of session, it becomes difficult to keep up with all the activity, but the internet has

certainly helped with that problem. If you are tracking a certain bill you can check it out at <http://www.kslegislature.org/legsrv-legisportal/index.do>. KPHA provided written testimony for [SB 326](#) concerning Medicaid expenditures. Click [here](#) to see our testimony. [Back to top](#)

REMINDER: Health Day at the Capitol Next Week

We have over 30 organizations signed up to display! Now we need the workforce to turn out in great numbers to show legislators how important health care and public health is to Kansas!

Here's the schedule for the day:

- 8:00 am** **Set up displays**
2nd Floor Rotunda
- 8:30 am - Noon** **Health Screenings and Information Fair**
2nd Floor Rotunda
- 10:00 am** **A portrayal of Dr. Samuel Crumbine of Kansas: 1862-1954 the Frontier Doctor**
Presented by the Kansas Humanities Council
- 1:30-2:00 pm** **AHA-KS**
Dr. Kim Richter, KUMC, KPHA Legislative Action Committee
- 1:30-3:30 pm** **Health Advocacy Workshop**
KHI - 212 SW Eighth Avenue
- 2:00-2:30 pm** **Advocacy-What Works!**
Former Senator and House member, David Corbin, KDOR
- 2:30-3:00** **Partners in Policymaking--Effective Best Practices in Advocacy**
Dr. Jane Rhys, KS Developmental Disability Council
- 3:00-3:30 pm** **Legal Aspects of Advocacy**
Marvin Stottlemire, J.D., KU Management Center
- 4:00 pm** **Rally on the South Capitol Steps**
Dr. Howard Rodenberg and Dr. Marci Nielsen
- 5:00-7:00 pm** **Health Reception**
2nd Floor Rotunda

Please come, call your representatives, and let them know you'll be there. [Back to top](#)

KDHE Requests Assistance from KPHA



KDHE requests a representative from KPHA to assist us in determining priority datasets to be incorporated into KIC that would better serve the public health community.

Dr. Ellen Averett, KUMC, KPHA Education and Resource Section Chair, will be our representative on the KIC advisory board.

KDHE sponsors an Internet query tool called Kansas Information for Communities (KIC) that can be expanded to serve as a "portal" for health data and information within KDHE. In existence since 2000, KIC was adapted from Missouri's MICA (Missouri Information for Community Assessment) system through a grant awarded from the Health Resources and Services Administration (HRSA). KIC and MICA were developed to provide an easy, rapid method to disseminate frequently used health information, primarily

vital statistics and other community assessment data used throughout the state. MICA was chosen as a model for Kansas because it provided rapid results, is tailored to meet the needs of users with little statistical knowledge, did not compromise security of KDHE databases and offered opportunities to develop modules in partnership with Missouri for the Kansas City metro area. KIC logs over 30,000 visits per month and sponsors data from 6 primary datasets managed by KDHE (including dataset definitions). KIC also serves as a link to several other frequently used sources of Kansas health information maintained by the agency; the Behavioral Risk Factor Surveillance Survey (BRFSS) and infectious disease incidences.

KPHA received a request from Dr. Lou Saadi, Director of the Office of Health Information to have representation on their advisory committee to outline an expansion of KIC's offerings as a health data and information portal that can be used for community assessment and health policy decision-making. Use of KIC will further empower state and local program managers, policy makers, the public and researchers to use health information maintained within state government more efficiently. Our representative will provide input on issues related to KIC development that would impact end users--such as certain tabulations or testing of portions of KIC to see if there are issues we need to address. Their website is <http://kic.kdhe.state.ks.us/kic/>. Thanks, to Dr. Averett, KPHA will be represented!

APHA Makes It Easy to Contact Congressional Delegation!



Below is a letter sent to Senators and House members of Congress, via the APHA Mega Vote. If you are an APHA member and have not utilized this feature, your elected officials are missing out on hearing from you!

Re: Support the Specter-Harkin Amendment to Fund Public Health in the Budget Resolution

March 16, 2006

Dear

As a member of the American Public Health Association and a constituent, I am writing to urge you to support the Specter-Harkin amendment to increase public health funding in the FY 2007 Budget Resolution.

As currently written, the Senate budget resolution does not provide adequate funding for public health. Although the Senate version of the budget seeks to restore some of the cuts proposed by the President, the fact is that funding cuts for public health remain unacceptable. Low funding levels for the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA) and other public health programs-while achieving short-lived cost savings-will yield considerable costs in the long term and hamper our ability to respond to a natural disaster or an influenza pandemic.

Many of the cuts proposed in the budget target programs and initiatives focusing on chronic disease treatment and prevention, which would leave American's defenseless to our most common killers, including heart disease, diabetes and cancer. Prevention has been proven as a cost-effective method to reduce long-term health care costs, mainly associated with treatment. In an era when reducing the deficit is a top priority, there is a need to prioritize the agencies and programs that yield substantial savings.

Approving a budget resolution without adequate funding in the "Function 550" health line will weaken the ability of the public health system to prevent and treat the top causes of death and disability and reduce the number of public health professionals with the necessary skills and training to protect the public's health in

the short term. Additionally, cutting funding for programs that prevent disease and disability from occurring in the first place will only increase the costs associated with health care, due to the high costs of treating disease and disability.

If the budget resolution shortchanges the funding available for discretionary health programs, the net effect will be more death and disability and higher expenses associated with health care in the long term. While there may be cost savings in the short term, there will certainly be long-term costs resulting from diseases that could be prevented, or bioterrorist attacks or infectious disease pandemics for which there is not adequate state and local capacity to respond. Prevention and research have been proven to be less costly than treatment.

For these reasons, I urge you to support the Specter-Harkin amendment and oppose any budget bill that cuts public health funding. Public health is counted on time and time again to be prepared for and respond to natural disasters, influenza pandemics and bioterrorist attacks. If our nation is indeed going to be fully prepared, Congress needs to ensure that the resources necessary are allocated to, not cut from, public health agencies.

Sincerely,

Elaine Schwartz
785-233-3103
Executive Director
Kansas Public Health Assn.

Letter Received back from Congressman Jim Ryun. He doesn't address our request on the Specter-Harkin amendment and neither does Sen. Roberts whose letter is also below.

March 16, 2006

Elaine Schwartz
215 Southeast 8th Avenue
Topeka, Kansas 66603

Dear Elaine,

Thank you for contacting me regarding funding for activities under the Health Resources and Services Administration (HRSA). I appreciate hearing from you.

The Health Resources and Services Administration (HRSA) supports activities countering potential biological, disease, nuclear, radiological, and chemical threats to the civilian population. This includes carrying out the Medicare rural hospital flexibility grants program, the National Cord Blood Bank program, State AIDS Drug Assistance programs, and various programs under the Public Health Service Act, such as the Trauma EMS program. Funding for HRSA is provided through the Appropriations bill for the Departments of Labor, Health and Human Services (HHS), and Education.

On December 14, 2006, the House passed the conference report for H.R. 3010, the FY06 appropriations bill for the Departments of Labor, Health and Human Services, and Education. The conference report provides \$6.63 billion for HRSA. The President's budget proposes \$6.2 billion for HRSA in FY07.

The budget process has just begun. While the Budget Committee's resolution will provide a framework for

Federal government spending, actual funding levels for specific programs will be decided by the Appropriations Committee later this year. As a Member of the Budget Committee, I will continue to work to formulate a budget resolution that will limit Federal spending while providing for the Nation's priorities.

It is important that I hear from you. Please feel free to contact me again with comments or concerns on matters that are important to you.

Letter received from Sen. Roberts:

March 21, 2006

Mrs. Elaine Schwartz
215 SE 8th
Topeka, KS 66603-3906

Dear Mrs. Schwartz:

Thank you for contacting me regarding the federal budget and the federal budget deficit. I understand your frustration and appreciate your comments.

The 2006 budget resolution provides \$2.6 trillion to fund federal programs this year. For the first time in eight years, the budget resolution also required Congress to find savings in entitlement spending programs to help address the budget deficit. Entitlement spending accounts for over half of all federal spending. In ten years it will consume more than 62 percent of the federal budget. We must look at these programs in order to control the federal budget deficit. This is an important step we must take to keep the economy growing.

We have a resilient economy that has grown steadily since 2001 and is expected to continue growing at about three percent annually over the next five years. Over 4.2 million jobs have been created in the past two years, and the unemployment rate is below five percent. There is also encouraging news regarding the federal deficit. The deficit dropped by \$93 billion over the past year to \$319 billion. This is a step in the right direction, but we can do better. We can continue to reduce the federal deficit only if we hold spending in check and pursue economic policies, such as extending current tax relief, that promote economic growth, job creation and allow Kansans to keep more of the dollars they earn.

To meet the requirements set out in the budget resolution, Congress approved S. 1932, the Deficit Reduction Act that was signed into law by the president in early February (P.L. 109- 171). It reduces the growth of spending over a range of programs for five years by making certain that programs operate more efficiently and effectively. I appreciate the concerns that have been raised with regard to specific programs, and I will closely follow the impact of this bill, particularly with regard to commodity programs and Medicare and Medicaid.

In addition to reductions in entitlement spending, Congress also approved an across-the-board reduction in discretionary spending, which provides annual funding for federal agencies, to help reduce overall spending and to help pay for the costs of hurricane relief and reconstruction.

Rest assured, as Congress continues to examine federal spending, evaluate federal programs, and to make sure our tax dollars are used wisely, I will keep your comments close at hand. Again, thanks for getting in touch with me.

With every best wish,

Sincerely,

Pat Roberts
PR:jc

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KPHA Emergency Preparedness Section Starts its Own Newsletter!

Gloria Vermie and Alice Weingartner have started writing a newsletter for their Section members. If you are not a Section member but would like to be to start receiving the newsletter, contact Alice at: alice.weingartner@co.shawnee.ks.us or Gloria at GVermie@kdhe.state.ks.us

Click [here](#) to read their first newsletter, so you can see if you'd like to sign up! [Back to top](#)

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