



KPHA E-NEWS UPDATE

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Nielsen New Health Policy Authority Chief

The Kansas Health Policy Authority Board has appointed Marcia Nielsen, chair of the Kansas Health Policy Authority, as its interim executive director. The job starts July 10 and pays \$135,000 a year.

She takes the job formerly held by Robert Day, a former SRS official who has retired from state

government. The appointment is subject to Senate Confirmation.

Nielsen is on the KU Medical Center faculty and is assistant vice chancellor for health policy. She has been chair of the KHPA since it was created last year. Connie Hubbell, of Topeka, will become chairman of the KHPA to succeed Nielsen.

Side note: Connie Hubbell is a member of KPHA, and we're still working on Marci! If you know Marci personally, please give her a membership form and ask her to join KPHA! [Back to top](#)

New Legislation for State Employees Contributing to Health Charities



With the approval of House Bill 2727 Kansas State employees can now elect to use payroll deductions to contribute funds to health organizations that provide funds for health research, prevention education efforts, and local health services through Community Health Charities. Representative Nile Dillmore of Wichita sponsored this legislation.

Community Health Charities is a donor-focused nonprofit organization representing America's premier health charities in employee giving campaigns in Kansas and nationwide.

"We have been well received in Kansas," said Lyn Lakin, president of the local board of directors for Community Health Charities. "Employers find their workplace giving campaigns go up when they offer their employees choices."

"Employees are beginning to see the value of wellness efforts and the support nonprofits give to individuals diagnosed with serious diseases," said Mari E. Tucker, Administrative Office and Training Coordinator, Office of the State Bank Commissioner. "We are pleased that the Kansas Legislature has included Community Health Charities as an option for State Employees to express their compassion and concern, and will offer hope to the many patients and caregivers who battle diseases."

The charities being funded for the first time through this year's campaigns in Kansas are ALS Association-Keith Worthington Chapter, Alzheimer's Association, American Diabetes Association-Wichita, American Liver Foundation, American Lung Association, American Society of Lymphology, American Stroke Foundation, Arthritis Foundation, Asthma & Allergy Foundation, Brain Injury Association, Crohn's & Colitis Foundation, Cystic Fibrosis Foundation, Down Syndrome Guild, Fibromyalgia Coalition International, Gift of Life, Heartspring, Huntington's Disease Society, International Essential Tremor Foundation, Joshua Child and Family Development Center, Juvenile Diabetes Research Foundation, Kansas City Hospice, Ketch, Inc. Leukemia and Lymphoma Society, Lupus Foundation, March of Dimes, Midwest Christian Counseling, Midwest Ear, Muscular Dystrophy Association, National Alliance for the Mentally Ill, National Marrow Donor Program, National Multiple Sclerosis Society, Nova Center, Parkinson's Foundation of the Heartland, Sickle Cell Disease Association-Uriel Owens Chapter, SIDS Resources, Special Olympics Kansas, Turner Syndrome Society, Victory in the Valley.

For more information on Community Health Charities see www.chcksmo.org or contact:

Sandra Vader , president, email chcsv@crn.org or phone 913-831-7002

Jenny Shipman, campaign director, email chcjs@crn.org or phone 316-305-3546.

Side note: Sandra has already sent in her membership for KPHA and has encouraged us to apply for an eligible recipient of state employer payroll deductions for health charities (non-profit organizations). We will be applying to be on next year's list for payroll deductions since this year's have already been established.

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KPHA Preparedness Section Newsletter June 2006

Section Sharing Information

This forum allows KPHA Preparedness Section members to share their ideas, opinions, information, best-of-practice, actions and experiences on preparedness issues and topics. This Forum is:

-- done in the spirit of helping one another --

An important pandemic influenza preparedness topic is respiratory protection. Past SARS experience in hospitals indicated that when proper personal protection was in use, individuals did not become infected. At the request of the US Department of Health and Humans Services, the Institute of Medicine (IOM) convened a committee to examine issues relative to potential reuse of medical masks and N95 respirators in the event of an influenza pandemic.

The full report can be downloaded at: <http://www.iom.edu/CMS/3740/32033/34200.aspx>

"Many factors will influence the effectiveness of respiratory protection used by healthcare workers and the public to slow or prevent infection in the event of an influenza pandemic. The best respiratory or medical mask will do little to protect the individual who refuses, or who misunderstands how and when to use it correctly"

On June 14 th the IOM will release their report and recommendations on the *Future of Emergency Care project*. The scope of this IOM study includes the full range of emergency care services, including 9-1-1 and medical dispatch, Pre-hospital EMS (including ground and air and air medical services), and hospital-based emergency care. The reports of this project address 3 key focus areas of the study—pre-hospital, hospital-based, and pediatric emergency and trauma care—as well as provide and integrated overview of the emergency care system in the United States. In the past IOM reports have influenced policy decisions and congressional funding. In light of 911, hurricanes disasters, and increasing preparedness for a potential pandemic it will be interesting to learn of this IOM report. Submitted by: Alice Weingartner and Gloria Vermie. [Back to top](#)

APHA Survey: Tell Them How Budget Cuts Affect People in Our State



American Public Health Association

On top of last year's cuts to the Centers for Disease Control and Prevention (CDC) and the Health Resources Services Administration (HRSA), the President has proposed slashing even more funding from public health programs within CDC and HRSA. As APHA works with Congress and the Administration to restore funding to CDC and HRSA and reject any future cuts, your answers to the questions in the [APHA survey](#) will help provide a clear picture of the impact that last year's public health cuts have had on people in your state. Your information will help us restore last year's cuts and prevent any future cuts to federal public health programs. Please take a moment to fill out the [APHA survey](#). [Back to top](#)

Dr. Praveen's Article for the Newsletter from Last Year's APHA Conference

Praveen Pannala, MD, MPH, Epidemiologist, HIV/STD/TB Program, Bureau of Epidemiology and Disease Prevention, KDHE, was a winner of last year's paper/poster contest and wrote the article below on his attendance at the APHA meeting in Philadelphia for the KPHA newsletter. Thanks to Dr. Pannala for submitting an excellent article! All of our winners submitted great information and we are looking forward to the submissions of this year's winners. Please plan to submit a poster/paper at the Conference, and you could be a winner and attend the APHA annual conference and meeting in Boston this year!

"Only the curious will learn and only the resolute will overcome the obstacles to learning. The quest quotient has always excited me more than the intelligence quotient" – Edmund S. Wilson (1895-1972)

The zeal to learn new things has shaped my actions and my career throughout my life. Born and brought up in the "City of Pearls," Hyderabad, India, attending medical school in "Pearl of Europe," Lvov, Ukraine, and public health school in "The Crescent City", New Orleans, LA, I have had ample opportunity to visit many cities, meet new people, and learn about national histories, traditions, cultures, diversities and all the more global integrity. I feel extremely delighted for having got the opportunity to visit Philadelphia the city of "Brotherly Love," to attend the American Public Health Conference in Philadelphia in December 2005. What was more exciting was to see over 11,000 public health professionals from around the world, with more than 1,000 scientific presentations all under one roof. It was like visiting a gold mine of knowledge; of course it was a Herculean task of gathering as much information as possible within the duration of the conference. With so many scientific sessions, poster presentations, discussion groups, and ample amount of opportunity to learn state of the art techniques, the latest in public health research, network with experts and fellow public health workers across the country, the experience was ever cherishing. Makes you feel that you belong to the ever-growing diverse family of public health professionals and practitioners and the huge public health machinery.

One of my primary goals prior to my trip was to obtain information on issues regarding racial and health disparities, and up to date knowledge on public health surveillance systems. Following is a brief description of selected presentations on eliminating racial and health disparities and hospital discharge data surveillance system:

Racism and Health: Collecting evidence to address root causes of disparities by Camara Phyllis Jones, MD, MPH, PhD, Office of Minority Health and Health Disparities, Centers for Disease Control and Prevention:

What was interesting to note was how Dr. Jones defined "Race" as the "social interpretation of phenotype in a given place and time," and that it has been quantitatively measured on the "Reactions to Race" module of the Behavioral Risk Factor Surveillance System (BRFSS) by the question "How do other people classify you in this country?" Dr. Jones further explored the definition of "racism" as the "system of structuring opportunity and assigning value based on the social interpretations of phenotype ("race")." It was interesting to note her conclusions regarding going beyond quantitative evidence for identifying racism as a health and well being issue and investigating further through qualitative research, the mechanism of how it effects health care and how we can address this issue. She emphasized on examining "structures," "policies," "practices and norms" to address root causes of health disparities.

Health equity and social justice. The impact of eliminating racial inequities – by Adewale Troutman, MD, MA, MPH, Director, Fulton County Health Department of Health and Wellness:

Dr. Troutman gave some excellent examples from selected data, highlighting racial disparities in United States among racial and ethnic groups in health insurance coverage, homicide rate, hypertension rate, life expectancy, infant mortality, breast cancer incidence and mortality, mortality due to diabetes, incidence of prostate cancer and HIV/AIDS. The correlation between race and indicators of socioeconomic status (SES) and health was emphasized. Dr. Troutman further explored the need to adjust for SES through statistical analysis when looking at race and how prevailing measures were imperfect proxies, for example: within a socio-economic group there are multiple variations. Dr. Troutman pointed out that standard measures of SES have different meanings for different races, for example: purchasing power is different among races. It was pointed out that current SES analysis frequently does not capture effect of lifetime exposure to deprivation and lack of childhood prevention and its long-term effects.

Under medical care discussion persistence in huge variations in quality and quantity of care was emphasized, examples include: some racial groups are less likely to receive continuous care as they are more likely to receive care in hospital ER's and clinics, and they are more likely to receive inadequate information about care, instructions, medical information and information about presenting problem. Dr. Troutman further quoted definition of racism as "An ideology of inferiority that is used to justify the unequal treatment of members of groups defined as inferior, by both individuals and social institutions" and levels of racism as "Personally Mediated," "Internalized," and "Institutionalized." Definitions of health, equity, justice, social justice, were explored and rights, human rights, right to health, international bill of human rights were briefly reviewed.

Further Dr. Troutman described The Minnesota Model "A Call to Action: Advancing Health for All Through Social and Economic Change." Some of the facts presented were: people with higher income enjoy healthier longer life, disease and death rates are higher in populations that have a greater gap in income, people are healthiest when they feel safe, when they feel their job is secure, when they feel the work they do is important and valued. In addition, discrimination and racism play a crucial role in explaining health status and health disparities.

He explained the importance of policy development & public health leadership as a core public health function. He further explored the impact of short term and long-term solutions with respect to public health policies and how attention to short term solutions only will create a healthier underclass and will not create health equity because of lack of social justice. Dr. Troutman concluded his presentation by highlighting the direct relationship between poverty and health outcomes, disparities in health and their link with disparities

in wealth, inseparable health equity and social justice, self manifestation of racism in health disparities, disproportionate share of uninsured, unemployed, undereducated, radical gaps in income and how these issues could be addressed by determining best practices for evidence based health policy, balancing between promoting and protecting human rights and promoting public health as a national policy.

In the first Place: A community approach to preventing health disparities- by Larry Cohen, MSW, Executive Director, Prevention Institute.

In his presentation Mr. Cohen emphasized that people of color, and of low-income experience the worst consequences and they disproportionately suffer from poor health and safety outcomes. He further explained that focus on quality of treatment and increased access had resulted from growing concern over health disparities but there is still a lot to do to prevent health problems from arising in the first place. Mr. Cohen stressed the critical role played by both the natural environment (air, water, soil) and the social, cultural and political “environment,” on behavior and how they can be positively utilized to reduce the number of people who are in need of treatment.

He also pointed out that natural environment and environmental quality has its influence on health and they tend to be worse in minority and poor populations, for example: polluting sites are concentrated in areas where low – income and minority populations reside. He further noted that health outcomes are affected by behaviors, which in turn are directly and indirectly influenced by the social and community environments. He emphasized that by addressing behavior change alone does not take into account the larger environmental factors that can be detrimental for the educational message.

Mr. Cohen proposed approaches to improve the community environment, and the importance of focusing on both risk and resilience. He defined risk factors as “characteristics or circumstances that increase the risk that people within the community will experience poor health and safety outcomes” and resilience as “the ability to thrive, despite the presence of risk factors.”

Mr. Cohen described the THRIVE toolkit which can help reduce health disparities and highlights resilience factors that support health and safety outcomes in communities. He mentioned that enhanced community resilience factors could have long-term positive effects on individuals and community health and they can also serve as interim benchmarks in meeting Healthy People 2010 goals.

Further research on the THRIVE tool from the preventive institute website at www.preventioninstitute.org revealed that THRIVE tool consists of 20 factors in 4 clusters: built environment, social capital, services and institutions, and structural factors and The THRIVE national expert panel identified ways by which this tool can help close the health gap. They pointed to the importance of building on strengths in disenfranchised communities to reduce disparities by using resilience approach. Further, it is mentioned that in order to build science and practice base for communities of color there is a need to track resilience approach and associated data over time. The website enlists other ways the tool can help close the health gap which include: *changing the way people think about health and safety, providing an evidence-based framework for change, building community capacity while building on community strengths, and fostering links to decision makers and other resources.*

How states are collecting and using external-cause-of injury data (E codes): 2004 update to the 1997 report. Dr. Mevin A. Kohn, MD, MPH, Department of Human Services, Environmental and Occupational Epidemiology, Oregon Health Division.

Dr. Kohn reported the results of repeat survey to evaluate progress toward the collection and use of E codes in statewide morbidity data systems. American Public Health Association had previously done this

survey in 1997. He described the data collection process, which was done by administering a web-based survey provided by the Council of State and Territorial Epidemiologists. The 1997 E-codes survey questions were completed by the 49 states and territorial injury prevention directors. The results showed that still lots of difficulties exist in the number and type of fields available for E-codes in these data systems across the states and the agencies in which these data systems are housed. Further note, study observed modest improvement in the availability and quality of E-coded hospitalization and emergency department data from 1997-2004.

To contact Dr. Praveen: E-mail: ppannala@kdhe.state.ks.us. [Back to top](#)

Job openings



Sedgwick County, Kansas

Social Worker/Addictions Counselor BHC

Provides individual, group, marital and family services to individuals with substance abuse and addiction issues. This is responsible and intensive counseling work performed therefore, it requires an individual with well-developed individual and group skills and several years experience.

Essential Job Functions:

Develops a thorough evaluation of client behavior related to substance abuse and co-occurring dual-diagnostic behavior, and prognosis for recovery.

Provides ongoing individual and group therapy to adults, adolescents, couples and families at a therapeutic level.

Develops plans for meeting adjunct client needs.

Maintains well-prepared client case records to chart progress in treatment/counseling and for providing accurate updates to referral sources.

Provides substance abuse counseling to addicted clients who may also need counseling related to co-occurring emotional issues.

All new counselors will have their work reviewed and processed with supervisory staff during their first six to twelve months of employment, and as necessary following that time.

Provides effective counseling that enables clients to meet treatment goals as documented in client evaluation instruments.

Provides individual counseling to clients completing primary treatment and relapse prevention group that indicate the need for ongoing services to reinforce cognitive behavioral changes and further stabilize emotional responses.

Provides information/education to community agencies and other programs within SC/HD as needed Referral to higher levels of treatment when needed, and also to community resources.

Responsible for gathering data on client outcomes and submitting to Program Director.

Responsible for providing ct follow up for 12 months after the client completes treatment.

Performs other related work as required

Willingness to seek out a private personal counselor if the intensity of the counseling responsibility

becomes too strenuous or personal issues become a barrier to working effectively with clients.

Job Standards:

Knowledge of the principles and techniques applicable to the care and reintegration of addicted clients.
Thorough knowledge of professional interviewing and counseling techniques.
Knowledge of chemical abuse and addiction, its effects on the individual, family and society.
Ability to provide all modes of treatment and work assignments with minimal supervision.
Ability to develop and maintain effective working relationships with coworkers, community agencies and the public at large.
Ability to prepare concise treatment summary reports.
Ability to perform crisis intervention.

Minimum of a Bachelors Degree from an Accredited college or university in Counseling, Social Work, or related field; Masters Degree preferred.

Must be certified as an Addictions Counselor through Alcohol and Prevention Services (AAPS)

Minimum of three years experience in providing direct counseling services to clients and their family members or any equivalent combination of training and experience which provides the required knowledge, skills and abilities.

As a requirement of this position, in some instances it may be necessary for bilingual staff to interpret or provide written translation for the Healthy Babies program.

Equipment:

Office equipment

Work Environment:

Office
M-F; 8-5
714 S. Hillside Wichita KS 67208

This position may be filled or closed to further application without notice.

Sedgwick County will prohibit the hiring of spouses and/or immediate family members within the same department, but not within the County structure.

Immediate family and family of the employee s spouse shall be considered husband, wife, son, step-son, son-in-law, daughter, step-daughter, daughter-in law, brother, step-brother, brother-in law, sister, step-sister, sister-in-law, mother, step-mother, mother-in law, father, step-father, father-in-law, grandchildren, grandparents and grandparents-in-law.

VN: 20001006062106 \$/ Open Until Filled.

To apply visit www.hrepartners.com.



Sedgwick County, Kansas

Community Health Nurse II Open Clinic Nurse

Provides direct nursing services for patients in the clinic setting. The General Clinic provides services for patients with STDs, family planning services, pregnancy testing and counseling and cancer screening. Utilizes critical thinking skills and problem solving techniques based on medical judgments. Work is performed under the general direction of written medical protocol.

Essential Job Functions:

- Gathers and records pertinent data regarding health status of patients.
- Responsible for obtaining laboratory specimens necessary for evaluation patient s status in clinic and special projects.
- Evaluate each case and determine appropriate action to initiate care based on written protocol.
- Educates the patient of the importance of assuming responsibility for his/her outpatient status.
- Provides health education appropriate for data obtained through patient contact.
- Provides ongoing reassessment of patient s progress at each clinic visit.
- Consults with physicians/clinicians regarding treatment and follow-up.
- Maintains confidentiality in all areas of patient contact.
- Assists in the orientation of new staff and student placements.
- Maintains professional expertise.
- Performs other clinic related work as required.

Job Standards:

- Ability to establish and maintain effective working relationships with the public and other employees.
- Ability to prioritize duties and maintain quick turn around on assigned projects.
- Ability to lift up to 40 pounds.
- Maintain current CPR certification
- Ability to demonstrate non-judgmental approach to patients of different lifestyles.
- Demonstrates flexibility and good judgment in managing different situations.
- Ability to communicate clearly and effectively orally, in writing and other creative ways to overcome communication barriers.
- Ability to develop and maintain effective working relationships with associates and the public.
- Knowledge of proper interviewing and counseling techniques as well as some knowledge of teaching principles and methods.
- Knowledge of social and economic forces and how it affects the family.
- Ability and dexterity to obtain laboratory specimens, i.e. draw blood and obtain urethral swabs.
- Ability to perform field visits in a variety of setting which may require climbing stairs, stepping over objects, opening and closing gates, and/or traversing uneven or unstable terrain.
- Subject to driving in all kinds of weather.
- Shall not pose a direct threat to the health or safety of other individuals in the work place.

Graduation from a four year college with a degree in nursing, or graduation from an approved school of nursing plus one year of experience in nursing is preferred. Registration by the Kansas State Board of Nursing.

As a requirement of this position, it may be necessary for bilingual applicants to interpret or translate for the

Clinical Services Division or another Sedgwick County Department.

Equipment:

Medical, computer, and other office machines

Work Environment:

Medical Clinic

M-F; 8-5 with occasional evening hours

2716 W. Central Wichita KS 67203

Valid Kansas Drivers License Required. Must meet Driver Qualification standards as set forth in Sedgwick County's Fleet Vehicle Operation and Usage policy (R#225-1999).

This position may be filled or closed to further application without notice.

Sedgwick County will prohibit the hiring of spouses and/or immediate family members within the same department, but not within the County structure.

Salary: \$36,561 salary upgrade based on years of experience.

Immediate family and family of the employee s spouse shall be considered husband, wife, son, step-son, son-in-law, daughter, step-daughter, daughter-in law, brother, step-brother, brother-in law, sister, step-sister, sister-in-law, mother, step-mother, mother-in law, father, step-father, father-in-law, grandchildren, grandparents and grandparents-in-law.

VN: 20002328062006 \$/ Open Until Filled.

To apply visit www.hrepartners.com.



Sedgwick County, Kansas

Social Worker/Addictions Counselor BHC

As a requirement of this position, in some instances it may be necessary for bilingual staff to interpret or provide written translation for the Healthy Babies program.

Provides individual, group, marital and family services to individuals with substance abuse and addiction issues. This is responsible and intensive counseling work performed therefore, it requires an individual with well-developed individual and group skills and several years experience.

Essential Job Functions:

Develops a thorough evaluation of client behavior related to substance abuse and co-occurring dual-diagnostic behavior, and prognosis for recovery.

Provides ongoing individual and group therapy to adults, adolescents, couples and families at a therapeutic level.

Develops plans for meeting adjunct client needs.

Maintains well-prepared client case records to chart progress in treatment/counseling and for providing accurate updates to referral sources.

Provides substance abuse counseling to addicted clients who may also need counseling related to co-occurring emotional issues.

All new counselors will have their work reviewed and processed with supervisory staff during their first six to twelve months of employment, and as necessary following that time.

Provides effective counseling that enables clients to meet treatment goals as documented in client evaluation instruments.

Provides individual counseling to clients completing primary treatment and relapse prevention group that indicate the need for ongoing services to reinforce cognitive behavioral changes and further stabilize emotional responses.

Provides information/education to community agencies and other programs within SC/HD as needed

Referral to higher levels of treatment when needed, and also to community resources.

Responsible for gathering data on client outcomes and submitting to Program Director.

Responsible for providing follow up for 12 months after the client completes treatment.

Performs other related work as required

Willingness to seek out a private personal counselor if the intensity of the counseling responsibility becomes too strenuous or personal issues become a barrier to working effectively with clients.

Job Standards:

Knowledge of the principles and techniques applicable to the care and reintegration of addicted clients.

Thorough knowledge of professional interviewing and counseling techniques.

Knowledge of chemical abuse and addiction, its effects on the individual, family and society.

Ability to provide all modes of treatment and work assignments with minimal supervision.

Ability to develop and maintain effective working relationships with coworkers, community agencies and the public at large.

Ability to prepare concise treatment summary reports.

Ability to perform crisis intervention.

Minimum of a Bachelors Degree from an Accredited college or university in Counseling, Social Work, or related field; Masters Degree preferred.

Must be certified as an Addictions Counselor through Alcohol and Prevention Services (AAPS)

Minimum of three years experience in providing direct counseling services to clients and their family members or any equivalent combination of training and experience which provides the required knowledge, skills and abilities.

As a requirement of this position, it may be necessary for bilingual staff to interpret, translate or provide written translation for Behavioral Health Center.

Equipment:

Computer and other office equipment

Work Environment:

Office

M-F; 8-5

714 S. Hillside Wichita KS 67218

Valid Kansas Drivers License Required. Must meet Driver Qualification standards as set forth in Sedgwick County's Fleet Vehicle Operation and Usage policy (R#225-1999).

This position may be filled or closed to further application without notice.

Sedgwick County will prohibit the hiring of spouses and/or immediate family members within the same department, but not within the County structure.

Immediate family and family of the employee s spouse shall be considered husband, wife, son, step-son, son-in-law, daughter, step-daughter, daughter-in law, brother, step-brother, brother-in law, sister, step-sister, sister-in-law, mother, step-mother, mother-in law, father, step-father, father-in-law, grandchildren, grandparents and grandparents-in-law.

VN: 20003323053106 \$/ Open Until Filled.

To apply visit www.hrepartners.com. [Back to top](#)

School Nutrition Gets F's



Missouri and Kansas earn failing grades on the National Foods Report Card.

Missouri and Kansas are among 23 states that earned failing grades on a national Foods Report Card issued Tuesday by the Center for Science in the Public Interest. "Although some local school districts have school food policies that are far better than the state standards, far too many states allow way too much junk food in schools," CSPI nutrition policy director Margo G. Wootan said in a news release. The consumer group focused its attention on statewide school nutrition policies. Kentucky got the highest grade, an A-. In all, only 15 states did better than a C.

The nonprofit group has pushed nationally for higher school-nutrition standards and for limiting sugary snacks and beverages sold in vending machines. The study looked at grade levels and the hours and locations in which snacks are offered. A bipartisan group in Congress, concerned about obesity among American children, wants to overhaul 30-year-old federal nutritional guidelines and ban fatty and sugary foods.

Missouri and Kansas are developing new guidelines for schools. They range from slight changes to outright bans on some fatty snacks and soda. But local school districts are only required to consider the guidelines in developing their own plans.

Below is a note KPHA received from Roxanne Bell, Salina, which similarly addresses nutrition:

"To promote a powerful new approach to prevent and treat overweight children, the Kansas Dietetic Association Foundation is bringing two clinical faculty members of the Ellyn Satter Institute to Salina, Kansas, April 13, 2007, in conjunction with the KNC seminar on April 12. Ellyn Satter's calming, practical and carefully documented ideas empower attendees to feed well, parent well and let children grow up to

get bodies that are right for them. Packed with Satter's ever-popular advice, this seminar will offer clear guidance for Head Start, WIC, CACFP, Extension, health and mental health professionals, Registered Dietitians as well as parents."

Thank you!

Roxanne Bell MS, RD, LD
Registered Dietitian
Heartland Head Start Programs
700 Jupiter, Kennedy School
Salina , KS . 67401

If you know Roxanne, personally, encourage her to join KPHA! [Back to top](#)

Governor's Column: Rising Health Costs Require High-Tech Solution

The following column is by Governor Kathleen Sebelius:

We're all aware that the cost of health care continues to increase, which keeps many Kansans from getting the quality care they need and deserve. There are a variety of reasons for the increase in health costs, but one of them is the huge proportion of health care dollars being spent on administrative costs.

Thirty cents of every health care dollar goes to paperwork. In Kansas, that adds up to over \$3 billion every year that isn't spent on caring for patients. Kansas is working to change that by using technology to reduce administrative costs and reduce the chances of harmful medical errors.

One of the best examples of the need for new thinking in health care can be found in our wallets. Most of us have ATM and credit cards that we can use quickly and easily anywhere in the world. Compare this to your health insurance card – or in most instances cards – which usually carries no information beyond what is printed on the card itself. The physical copying of health insurance cards when you go to the doctor costs time and money, and it increases the likelihood of errors, which then cost more time and money.

There's no reason the same technology that's used on billions of ATM and credit cards can't be used on health insurance cards. That's why we're working with health care providers and business leaders to create an electronic health insurance card that would reduce costs and reduce the chance for errors. The use of "smart cards" will also reduce the need for duplicative tests and provide a doctor with important information in order to be more fully informed about your medical history, such as alerting her to the potential for harmful drug interactions.

This is part of a broad initiative we have underway to use technology to provide more affordable, higher quality health care for more Kansans, and it's part of our commitment to promoting efficiency in the services Kansans use on a regular basis. [Back to top](#)

Special Information from Board Member, Gloria Vermie

ALERT Action -- I don't usually do this type action-- however I am passionate about the critical need for access to care for our rural and frontier rural areas of Kansas (and the nation). Please take a few minutes to read. My Best to You-- Gloria

A version of this memo was distributed to members of the National Organization of State Offices of Rural Health (NOSORH). In the spirit of public health advocacy, I am forwarding this message to colleagues and members of KPHA. Please take a moment to look at this, and if you can do anything to provide support, please do! The HRSA Trauma-EMS program is an important program, and is particularly so for rural America, because 10% of the program dollars are set aside for rural EMS. These dollars are directed to Office of Rural Health Policy to enhance EMS in rural America where rural health care and transport are in critical need. It would be a big win to see the funding restored. There are several mid-western senators that are part of the subcommittee that will mark up this bill:

Mike DeWine (OH)
Tom Harkin (IA; ranking member)
Herb Kohl (WI)
Richard Durbin (IL)

KPHA does not have a formal stand on this, but historically we have been supportive health care programming that will benefit the health of the public and especially the issues that address disparity in care. What you can do is to do is to go to the Senate web site as soon as you can in the next several days: <http://www.senate.gov>

Type in your state name to bring up your two Senators, click on their web site addresses which then provides you with a simple way to send them an email message. You can copy and paste in the message below, or edit it as you wish. Here is the message:

Dear Senator (fill in the name)

Please contact Senator Arlen Specter, Chairman of the Subcommittee on Labor-HHS-Education Appropriations, and urge him to restore \$3.5 million in funding for the Trauma-EMS program when the Subcommittee considers its FY 2007 bill.

Trauma systems save lives everyday by quickly responding to seriously injured individuals and quickly transporting them to the nearest, appropriate trauma center where coordinated, ready-to-go teams of doctors and nurses are waiting to provide expert care. An Institute of Medicine report on the crisis in emergency care released two weeks ago stated that our emergency medical care system should be overhauled and regionalized based on the trauma systems model. But not to fund the one program in the federal government that was providing that very model for states not only jeopardizes the lives of those injured, for instance, on our nation's highways, but also jeopardizes the nation's preparedness for natural disasters and terrorist attacks.

Please contact Sen. Specter today and urge him to restore \$3.5 million in funding for the Trauma-EMS program.

Thank you.

(Provide your name, credentials, title, and institutional affiliation as appropriate)

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Plan to Make a Basket for the Conference!



Alice Weingartner and Gloria Vermie have been busy planning not only a fun fundraiser for KPHA but also a great decoration for the Fall Conference. Click [here](#) to see the flyer about the baskets. They plan to have the baskets viewed for the first day of the Conference with bidding sheets, and using them as centerpieces for the final lunch when they will be given to the highest bidders. Great ideas come from great minds! So, plan to proudly display your talents from your organization. [Back to top](#)

Heather Henke Looking at Accreditation Issues



Two national conference calls occurred this week on voluntary accreditation of health departments. Heather sent information on the calls and stated “go to www.exploringaccreditation.org for a place to provide feedback about the proposed model.” Heather is looking at July 13th at 1:30 for a conference call of the Health Administration Section. She is trying to set up the call with the members of the Section and had 7 e-mails bounce back. If your name is listed below as a section member and you didn’t receive the email, you can inform her of your interest by emailing her at heatherhenkern@hotmail.com.

Heather is really interested in knowing where we as an association stand on this issue, and thinks our group should be proactive vs. reactive. Planning is being done and she would like to believe we have some influence in how this is carried out not only in Kansas but nationally. You can also call Heather at 620-886-3294. Again, if you see your name listed and didn’t get an email from Heather, please contact her!

Debbi S. Baugher
Eileen Collins
Patricia A. Dowlin
Sara Johnson
W. Kay Kent
Jamie Klenklen
Charles R. Murphy
Billie Payne
Stacy L. Picek
Mary Ann Platt
Dana Rickley
Cheryl Saladin
Edie Snethen
Teresa (Terri) Starr
Sheryl Tirol
Kristi Schmitt

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Encourage Attendance at the KPHA Conference!

As a member of KPHA you help grow the organization by encouraging others to attend the Conference. Attendees who are not members receive one free year of membership! So, if you have any list-serves that you regularly send emails to, please send a personal email about the KPHA Conference. If you'd like to send a flyer from Conference Chair, Ed Kalas, as an attachment, please [click here](#). Below is a paragraph as to what you can say about the conference!

Plan now to attend the KPHA Fall Conference September 27-28 in Topeka. There's no better time than the present to get involved in a statewide effort to "grow public health!" What is Public Health? According to the National Institutes of Medicine, their definition is: "Public Health is improving health through a population focus; a Public Health Professional is a person educated in public health or a related discipline who is employed to improve health through a population focus." So, if you are employed with a focus to improve the health of Kansans, in one way or another, you are a part of public health. I know you will enjoy this conference! Just click on www.kpha.us for information and materials, and if you have questions, email to director@kpha.us. [Back to top](#)



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Visit our site at <http://phpartners.org/>.

