



KPHA E-NEWS UPDATE

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Legislative Update

AHA-KS is continuing to grow with health advocates attending in person, or by phone. We have met twice for the 2007 session. Meetings will be held every Friday at 2pm. If you would like to attend these by phone or in person, please contact the KPHA office at director@kpha.us. [Click here](#) to view the informal notes from the past two AHA meetings.

Additional information from KPHA Member, Mary Jayne Hellebust, TFKC:

Senator Vratil, chair of the Judiciary Committee studying a smoke-free law for the state, hears bill about the indoor smoke-free legislation currently under discussion.

SB 37 (<http://www.kslegislature.org/bills/2008/37.pdf>) had a hearing in Senate Judiciary Committee last week with advocates for a statewide smoking ban speaking strongly to the health consequences of such a

law. Opponents focused again on possible business losses, citing the importance of business owner rights as being more important than health concerns. Advocates spoke to eliminating the exemption for private clubs. Discussion was held on the bill this week and hopefully the bill will be passed favorable out of committee next week. TFKC is asking for organizations to sign a resolution for tobacco funds to be spent on cessation and prevention programs. If you are interested, [click here](#) to view the resolution.

From KPHA member Jan Stegleman:

Safe Kids Kansas will again be working on several issues during the 2007 Legislative session. Many thanks to the Kansas Chapter of the American Academy of Pediatrics who houses and maintains our extensive database of child safety advocates throughout the state. They will be sending you the Safe Kids Kansas legislative updates again this year.

Due to funding constraints, Safe Kids Kansas will no longer have a registered lobbyist at the statehouse. Cindy D'Ercole, Kansas Action for Children and Chair of the Safe Kids Kansas Public Policy Committee will be serving as our general legislative liaison. Cindy can be reached at cindy@kac.org or 785-232-0550.

Janette Fennell, Kids and Cars, will be taking the lead on the unattended children in motor vehicle bill for Safe Kids Kansas. Janette can be reached at Janette@kidsandcars.org or 913-327-0013.

Re: Unattended Children in Cars Bill Introduced

SB77 - The unattended and unsupervised children in motor vehicles safety act was introduced by the Senate Transportation Committee last week. A copy of the bill is available at: www.kslegislature.org/bills/2008/77.pdf

The bill has been assigned to the Senate Transportation Committee.

The bill would make it unlawful to leave a child 8 years or younger alone in a motor vehicle unless they are accompanied by another person 13 years of age or older.

This bill passed both the House and Senate last year, but was held up in conference committee.

Re: Senate Bill 17 – Trauma Funding The Senate Judiciary Committee will hold a hearing on SB17 tomorrow, January 18. <http://www.kslegislature.org/bills/2008/17.pdf> This bill eliminates more that 50% of the funding for the Kansas trauma program. Attached is a letter from Dr. Paul Harrison regarding the bill and its ramifications.

State worker meals

The House's Elections and Governmental Organization Committee seemed to be agreeing on a bill that would allow state employees who are given permission to attend conferences and conventions put on by private interests to eat meals at the events. In the past State Department of Education employees were fined \$1 apiece after a fairly embarrassing public hearing because they ate meals offered by a Topeka hotel as an example of meals it would serve if the department sponsored statewide conferences at the hotel. The Kansas Governmental Ethics Commission is regularly quizzed by state employees about whether they can or can't eat or have to pay or not, and Ethics proposes that the bill be passed.

From KPHA member Rita Flickenger (from her legislator, Rep. Marti Crow)

HEALTH POLICY AUTHORITY INVESTIGATES HEALTH INSURANCE COVERAGE FOR ALL KANSANS

The State of Massachusetts recently passed a law requiring all state citizens to have health insurance coverage. James Mongan, president and CEO of Boston-based Partners Healthcare System, discussed some of the challenges involved with the Massachusetts health care plan with the Kansas Health Policy Authority at a meeting yesterday. The Massachusetts law has been viewed as the most ambitious effort nationwide to cover the uninsured. Mongan spoke on the first day of a two-day retreat by the Kansas Health Policy Authority, a 15-member board created by law in 2005 with the goal of coordinating a statewide health policy agenda. Gov. Sebelius has called on the group to help draft a plan this year to implement universal health care coverage in Kansas. But not everyone agrees about what that means or how it should be carried out. Rod Bremby, secretary of the Kansas Department of Health and Environment, said members of the group shouldn't lose sight of the main goal: improving the health care of Kansans. The biggest challenge to adopting a state health care strategy, Bremby said, is that "we don't have a stated agreement on the goals and principles we're trying to achieve."

Meanwhile . . . *Bill to extend health insurance coverage to young adults*

Legislation has been introduced by the Senate Public Health and Welfare Committee to reduce the number of young Kansas adults not covered by health insurance. Senate Bill 117 would allow unmarried, dependent children to remain on their parents' health insurance policies until age 26 regardless whether they were in school. Full-time students could continue to be covered until their 28th birthday. Current Kansas law allows parents to keep children on their policies until age 23, but only if they are either a student or financially dependent. Several states have passed or are considering similar measures. The senator who introduced the bill pointed out that young adults are the fastest growing group of uninsured. The bill could be a method to address that problem and give parents piece of mind. Approximately 300,000 Kansans don't have coverage, including more than 138,000 residents between the ages of 18 and 34. These young adults make up approximately 46% of all uninsured Kansans. The bill also would allow military personnel between the ages of 19 and 26 to resume coverage on their parents' policies when they exit the service. The term of their coverage would be equal to the number of years they spent on active duty. Thirteen other states have enacted similar laws. New Jersey provides coverage for dependents until their 30th birthday. Sheldon Weisgrau, a policy analyst at the Kansas Health Institute, said the trend is understandable given policymakers' desire to do something about the problem of the uninsured. "This may be a relatively low cost way to provide insurance to a lot of people who are currently uninsured," he said.

A state registry of health care workers

Many volunteer health care workers who descended on New York City after Sept. 11 weren't able to help, even though Manhattan's hospitals overflowed with patients. Doctors, nurses and others found themselves turned away because officials coordinating the response effort had no way to verify the volunteers' credentials. The Kansas Department of Health and Environment hopes to prevent that situation in the event of a mass disaster in the state by developing an advance registration system to help volunteer health professionals move quickly to affected areas that experience a "surge" in patients.

The Emergency System for the Advance Registration of Volunteer Health Professionals, referred to as "ESAR-VHP," could be ready later this year, according to Mindee Reece, director of KDHE's Center for Public Health Preparedness, who spoke about the initiative to the Senate Public Health and Welfare Committee on Thursday. The U.S. Health Resources Services Administration, which awarded the state a \$4.5 million grant for bioterrorism preparedness this year, requires that states receiving the funds utilize a standardized volunteer registration system that tracks volunteers' licenses, credentials, accreditation and privileges in hospitals and medical facilities.

If such a system had been in place, workers would have been able to respond more efficiently in states affected by Hurricane Katrina, said Larry Buening, executive director of the Kansas State Board of Healing

Arts. And, health care workers who left Louisiana after the storm were unable to find permanent work without their credentials from that state's board of health, which was inaccessible for several weeks. A task force convened in 2006 continues to work on issues of reciprocal licensing and appropriate liability and worker's compensation coverage, Reece said.

Medicaid spending down; but that doesn't mean budget relief

Usually, when there's a drop in Medicaid spending, there's a corresponding decline in state spending. Not this year. State health officials on Friday said that in Fiscal 2007, Medicaid spending is expected to fall \$41.7 million short of projections. But the program's draw on the State General Fund is headed for a \$28.6 million increase. Appearing before the Senate Ways and Means Committee, Scott Brunner, chief financial officer at the Kansas Health Policy Authority, attributed the increase to changes in the federal match rate and to a 43 % drop in drug rebate revenues. Rebates from drug companies, he said, "dropped off the edge" after thousands of beneficiaries were moved to Medicare Part D in January 2006. Instead of the rebates generating \$88 million in Fiscal 2007, they're now projected at \$43.4 million. Fiscal 2007 ends June 30. In Kansas, Medicaid is a 60:40 mix of federal and state funds - for every dollar spent, the state puts up 40 cents. The state's share, Brunner said, is subject to calculations that vary from program to program. This year's calculation, he said, pushed the state's overall match to 41.3%; it had been 39.7%. "That may not sound like much of a swing," but when you're looking at a base of \$1.2 billion it adds up pretty quick," Brunner said. "One percent of \$1.2 billion is \$12 million." The boost, Brunner said, was due to the state's improving economy. Brunner said he expects a \$63 million increase in Medicaid spending in Fiscal 2008, which begins July 1. "That's a little more than 5%," he said. "Historically, that's fairly typical." Much of the increase, he said, is driven by projected increases in the numbers of children and disabled adults becoming eligible for services. Also, the rebate revenues are not expected to rebound. "We're anticipating a \$4.9 million decrease (in rebate revenue) from 07 to 08," Brunner said. [Back to top](#)

Article from Wichita Eagle by KPHA Organizational Member and KHF President

Posted on Sun, Jan. 21, 2007

CHILDHOOD HEALTH, PREVENTION ARE KEYS

BY MARNI VLIET

I know I'm not alone in making New Year's resolutions. Though the goals may be different for everyone, I believe many of us have set some type of health-related resolution.

At the Kansas Health Foundation, we strive each day to further our mission of improving the health of all Kansans. For more than 20 years, we've made it a priority to reach out to Kansans, hear their concerns and work to address these issues.

Our work over the years has focused on preventative measures and is guided by the approach to do the most good for the most people with a long-term perspective. This led us to our focus on early childhood development -- ensuring our children have a lifetime of health and happiness.

We've also learned that these preventative measures are just part of what accounts for the overall health of Kansans. As addressed in the "Society and Population Health Reader," a person's health is dependent on many factors, including health behaviors, societal characteristics and medical care.

It is the issue of health/medical care that currently is a topic of conversation throughout the state. The people of Kansas have recognized the strain that health care costs can have on individuals and organizations.

While there is no easy answer to solve all our health care needs, a focus on early childhood health and prevention will pay dividends for years to come. Access to quality health care for children is one way to make a vital investment in the future of our state. Today's healthy children have a much better chance of being tomorrow's healthy adults.

This discussion has been needed for many years. In 2007, we have an opportunity to chart a new and healthier course for our state, and through broad-based, bipartisan solutions find a sustainable answer to the health care needs of Kansans.

Marni Vliet is president of the Kansas Health Foundation in Wichita [Back to top](#)

Article from Wichita Eagle by Senator Jim Barnett

Posted on Sun, Jan. 21, 2007

FOCUS ON CHILDREN, PORTABILITY, WELLNESS

BY SEN. JIM BARNETT

The goal of improving health care for Kansas residents is noble, and one I share with great passion.

Kansas, like other states, already has universal health care. It comes through the emergency room but is expensive and inefficient.

Here are four things we can do in the near term to improve health care for the 90 percent of Kansans who are insured, and to get more and better insurance options for the 10 percent not covered:

First, focus on the children. There are 46,000 uninsured children in our state, yet more than 70 percent of them qualify for coverage with Medicaid or HealthWave (the state-sponsored programs for low-income families) but remain uninsured. We should maximize the number of eligible children enrolled in existing programs before expanding current programs or setting up new programs.

Second, the largest group of uninsured in our state are young, working, and between the ages of 18 and 34. Cost is an issue, and we should look at new approaches to provide less costly policies. Increasing the age that children can remain on the policies of parents would also help; they currently lose coverage at age 23.

Third, many of the uninsured in Kansas are working families and become uninsured through a job change. By allowing policies to follow the individual, fewer Kansans will be uninsured. Expanding the use of pretax dollars to purchase policies can also make health insurance more affordable.

Finally, we need a greater focus on wellness and prevention. That means each of us taking greater responsibility for our health. The three leading causes of preventable illness and death are tobacco, obesity and alcohol. All can be addressed by choices made daily by individuals.

With specific actions focused on the real issues involving health care, Kansas has the opportunity to make real progress. [Back to top](#)

Article from KC Star “Examining Children As Fit or Fat”

Examining Children As Fit or Fat

By JIM SULLINGER and DAVID KLEPPER

The Star's Topeka correspondents

TOPEKA - How fat or physically fit are kids in Kansas? One lawmaker wants to find out.

Rep. Pat Colloton, a Leawood Republican, has introduced a bill to study that question and then determine whether the Legislature needs to require 150 minutes, or 30 minutes each day, of physical education.

The study would collect data on gender, height, weight and body mass index. The data would identify the magnitude of the problem and whether action was needed.

Colloton said schools under the mandate of the federal No Child Left Behind Act have been emphasizing math, science and language arts and, in some cases, giving less attention to physical education. She said studies in California found that more hours of physical education didn't reduce language skills and seemed to improve math skills.

A hearing on Colloton's bill, HB 2090, is expected soon in the House Education Committee. [Back to top](#)

Article Explains KUMC Expanding to Other Hospitals

Partnerships Would Benefit KU Medical Center, Area Health Care

The Kansas City Star

Leaders in Kansas City, Lawrence and Topeka correctly are thinking big about the future of the University of Kansas Medical Center.

The teaching and research facility is a linchpin in this region's efforts to grow as a medical and life sciences hub. A highly regarded university medical center draws research dollars as well as talented students and teachers. It expands health-care options for area residents.

KU's medical center in Kansas City, Kan., has made strides in recent years. Its funding from the National Institutes of Health increased by 22 percent in the last fiscal year alone.

To move up in a competitive hierarchy, however, the University of Kansas Medical Center must expand its clinical base.

Most university medical centers have partnerships with multiple hospitals. The hospitals benefit from physicians and residents trained at the medical centers. The university facilities, in turn, receive financial support from the hospitals.

KU's medical center has always worked almost exclusively with a single partner, the University of Kansas Hospital. The medical center and hospital share a campus and are tied together in certain ways. But they are now distinct entities.

Talks are under way to forge closer ties between the medical center and two Missouri hospitals, St. Luke's and Children's Mercy.

Forming those partnerships would allow the KU Medical Center to branch into pediatric medicine and other specialties. The links would be good for the hospitals, patient care, research and education. For the entire area to benefit, however, the collaborations should go further.

Truman Medical Center, with its large indigent care responsibilities, cannot be excluded. It offers a vast public health landscape for students, and its patients need the cutting-edge research a medical school can offer.

The medical center must take pains to make sure new partnerships don't undercut the University of Kansas Hospital, which provides excellent patient care and strong cancer and cardiology programs.

The hospital benefits from its affiliation with the medical center, but the relationship imposes some burdens.

The University of Kansas Hospital, for instance, doesn't have autonomy to hire its own physicians. The school hires them.

Both KU Hospital and its physicians have certain obligations to the medical center. Competing hospitals, such as St. Luke's, shouldn't reap the rewards of a partnership with the medical center while being exempted from the responsibilities. The medical center must offer a level playing field to all prospective partners. [Back to top](#)

Article from Hutchinson News on Proposed Bill

Lawmakers Seek to Add Vaccine to Kansas' List

By Sarah Kessinger
Harris News Service
kessinger@dailynews.net

TOPEKA - A bipartisan group of House members wants to add a new cancer-preventing vaccine for girls to the list of shots required for school entry in Kansas.

Their bill calls for inoculation of girls by age 9 to prevent the human papillomavirus, commonly known as HPV, which causes cervical cancer.

"This legislation is a great way to address public health and safety in a proactive manner," said the bill's author, Rep. Delia Garcia, D-Wichita. "If we can save the lives of our daughters, how can we not take steps to eradicate cervical cancer?"

Introduced last year and recommended by the Federal Centers for Disease Control, the vaccine is considered a major step in the fight against cancer.

The virus can be transmitted sexually or by other intimate contact, so vaccination is recommended for females age 11 to 26.

Cervical cancer affects some 10,000 women annually in the United States and kills about one-third of them.

Some groups have opposed efforts to require the vaccine, saying it could promote promiscuity. But health advocates, including the American Cancer Society, consider the vaccine a life-saving measure.

Similar to other vaccines required in Kansas, the measure allows parents to opt out of the requirement for medical, moral or philosophical reasons.

The Kansas Department of Health and Environment began last summer to recommend 11- and 12-year-old girls receive the new HPV vaccine.

Currently in Kansas, it is up to individual county health departments whether to supply the vaccine.

But the vaccine's cost - \$360 for three shots over six months - has proven a barrier to its widespread availability.

Still, Garcia said some community clinics in Kansas have it available if private insurance does not cover it.

During his bid for governor last year, Senate Public Health Committee Chairman Jim Barnett, R-Emporia, said the decision to vaccinate should not be mandated but left up to children's parents in consultation with a physician.

While pleased by the FDA's approval of the vaccine, Barnett said abstinence remains the only effective means of preventing sexually transmitted diseases, including HPV.

This isn't the state's first vaccine addressing sexually transmitted disease.

Kansas and most other states already require school children be inoculated against hepatitis B, a disease that can be spread through unprotected sex as well as through blood or contaminated needles.

"Immunization mandates have proven to be one of the most effective ways to ensure our children are vaccinated," Garcia said.

The HPV vaccine is required for adolescent girls in two states' school systems so far, South Dakota and New Hampshire. Several other state legislatures are considering bills similar to the Kansas proposal.

At least 260,000 women and men get HPV each year in the United States, according to the CDC. The vaccine is designed to protect women from the four most common strains of the virus. [Back to top](#)

News from KPHA Member Sara Roberts: New College of Public Health in Nebraska

Below is the email message from Sara:

Some exciting news I wanted to pass along. As you may know, I have had the privilege of working for the Department of Preventive and Societal Medicine's section for Health Services Research and Rural Health Policy for the past two years. Last July, the University of Nebraska Board Regents approved the creation of

a new College of Public Health at the Univ. of Nebraska Medical Center. To say the least, I was ecstatic about the news, envisioning the impact this would have for Nebraska and the Midwest. Even more amazingly however have been the efforts and diligence by university and state leaders over the past six months to the College a reality. Today in a news conference it became official - the UNMC College of Public Health is here!

With the College of Public Health comes 5 divisions, including Division of Health Services Research and Administration, and the starting blocks to create 3 PhD programs - Environmental Health, Health Promotion Research, and Health Services Administration.

For anyone interested in more information below is the link to the news release as well as the College of Public Health's homepage.

<http://www.unmc.edu/publichealth/newsrelease.htm>

<http://www.unmc.edu/publichealth/index.htm>

Thank you for letting me share with you what I think it great news. :)

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Statewide Suicide Prevention Leaders Meet

Below are excerpts from the minutes of the meeting which are open to anyone! Lori Haskett, a KPHA member regularly attends these meetings:

Suicide Prevention Subcommittee Governor's Mental Health Services Planning Council

January 9, 2007 2:00 PM – 3:30 PM

Present: Cornelia Jeffery/KDOA, Jean Murphy/ SRS Addiction Services, Christine Moser/Children's Mercy, Nancy Taylor/Topeka Mayor's Council on Youth Suicide Prevention, Bill Art/Jo Co MHC, Marcia Epstein/Headquarters CC, Jane Steuve/KDHE, Susan Crain Lewis & Stephen O'Neill/MHAH, Kathy McNett & Koline Garrison & /Great Bend CAC, Lori Haskett/KDHE

MHAH representative – Stephen O'Neill whose position encompasses youth programs – including suicide prevention and other mental health promotion services for youth and adults concerned about youth. He

also participates in the KC suicide prevention coalition.

Definition of “consumer”

“Primary consumer” includes survivor, even if s/he does not use mental health services. Note: A portion of each subcommittee needs to be comprised of consumers, and these people are eligible for transportation (and when needed, lodging) reimbursement for subcommittee meetings until the \$10,000 allocation for the subcommittee has been used.

SPRC website

... review of the current info on the Kansas pages to determine what updates are needed. They will continue to work on this, creating updates and submitting them to SPRC.

KDHE Suicide Prevention Symposium – Lori Haskett (KPHA member)

Injury prevention surveillance funding from CDC, requires one symposium per year for different audiences. Funding year ends July 31. 2006 was about use of booster seats through age 8. Nebraska in 2006 held one day “consensus conference” to develop strategies of awareness that communities can use for suicide prevention. A University of Nebraska at Lincoln graduate student did that conference. KDHE has been contacted by about 11 counties in north central Kansas that are interested in learning more.

§ Becky Rinehart – January 22 & 23 presentation for NASMHPD – seeking info on suicide prevention efforts in Kansas for elders. Cornelia will ask Val to respond. Nancy suggested that Jean Holthaus at PARS be contacted for Shawnee County statistics. Bill will do this.

Kathy indicated an interest in a statewide warm line. Susan offered collaboration with MHAH which has a line currently.

Clarification of budget for committee. We have remaining funds from activities that preceded becoming part of the Governor’s Council. It is possible for us to propose a project and request funding from the Mental Health Planning Council for block grant funding.

Committee allows for networking and sharing of expertise, but does not have funding to support projects.

More extensive introductions of people present and their work related to suicide prevention:

1. Susan and Stephen with Mental Health Assoc. of the Heartland - in KC, with education on mental health-illness, prevention, warm line, housing for people with MI, new initiative for clergy, KC area support group directory, and more for large service area depending on what services are available in the person’s home community. The ANSWER program is being merged into a service area of MHAH.
2. Jane at KDHE Adolescent and School Health Consultant – teaches warning signs to school nurses, gets Yellow Ribbon program started, and provides resource info.
3. Christine at Children’s Mercy Hospital, developmental and behavioral sciences area – doing project on risk and resiliency issues with GLBT youth; sees kids hospitalized after suicide attempts and could provide some info about what they see

4. Kathy from Bright Horizons, Consumer Run Organization in Great Bend, and Kansas Consumer Advisory Council for Adult Mental Health, but she's branching out to youth services with housing project in Larned, priority of kids who experienced childhood sexual abuse, to help them develop self esteem and learn coping skills for late adolescence and adulthood
5. Barbara is a consumer advocate, previously directed small Consumer Run Organization, been in several state boards, founder of Consumer Advisory Council – need for staying in one's own community, rather than in hospital
6. Koline from CAC for AMH – can help get information out through their newsletter, meetings, etc.
7. Cornelia from Kansas Department on Aging (formerly of SRS Mental Health) subbing for Valerie Merrow – works in assessment and referral, provides training for workers who do the assessments for nursing facility placement
8. Marcia from Headquarters Counseling Center and national suicide prevention networks – provides crisis center, survivor support, prevention education, training for professionals.
9. Bill from Johnson County Mental Health Center – bilingual crisis therapist, on this committee ince 1999, provides training for grad students and professionals, lost first client in grad training to suicide
10. Nancy from Topeka Mayor's Council on Youth Suicide Prevention – also works as counselor in Shawnee Heights district – collaborating with and developing resources and awareness of resources in Shawnee County; suicide prevention message video developed by kids
11. Lori from Kansas Department of Health and Environment Director of Injury Prevention and --- which receives federal funding for projects, none for suicide prevention currently; trying to get consistent coding of injuries across the state, which could eventually lead to information related to suicide behaviors

Subcommittee grid

The annual report for the Planning Council is our way of getting on government's budget agenda for funding requests. Priorities are set by August.

Next meeting: Tuesday February 13 from 2 - 3:30pm

Submitted by Marcia Epstein
Secretary

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Corrected Copy of Leon Vinci's Article in Last Week's eNews Update

Leon has submitted a corrected copy of his article from last week:

ADVOCATE – KPHA

**By Leon F. Vinci, DHA
Action Board Member**

I have another update concerning recent activities and advocacy issues which are promoted through the Action Board of the APHA.

The Action Board is the advocacy component of APHA. Our purpose is to educate and inform our members of important (and pending) issues which impact public health.

The Action Board has recently spearheaded three priority areas. They include:

Strategic Plans/Reorganize – with a streamlining of the Board, a more efficient system has been put into place for operations and efficiency. A Strategic Map is in place for 2007 to enhance committee outcomes.

Federal Budget/Public Health – our recent alerts to the membership have been highly effective with Congress supporting increased funding for public health programs at the Federal level. *We greatly appreciate your action when we send you those special alerts.*

E-Community – a **new service** has arrived! The final touches are being made and APHA will be rolling out this program in the next month or so. Every APHA member will have access to this electronic forum and it has been designed to greatly (and easily) enhance the method we use to contact our legislators in Congress. Signing up is easy and more information will follow soon. [Back to top](#)



Visit our site at <http://ks.train.org>.



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