



KPHA E-NEWS UPDATE

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Table of Contents

Legislative Update

Greensburg Tragedy and Public Health

Submit Your Awards Nomination for the Fall Conference

Poster Competition-Call for Submissions!

KPHA Org Member KHI Celebrates 10 Years!

Governor's Column: Progress on Road to Brighter Future

Job Opening

Legislative Update



2007 Statutes and Regulations Book Order Now!

The popular KPHA Statutes and Regulations Book has been printed and is ready for ordering. Morton County Health has already ordered a copy. This year you can receive it in electronic copy so that you can do an electronic search. Thanks to Dr. Kim Richter, KUMC, and Cydney Rabourn, Esq, KUMC for their help in getting the book ready for publication. **Click here** for the order form.

The Legislative Session is over except for Sine Die when they are expected to return to help Greensburg. [Click here](#) for the last AHA minutes.

Here are the latest news clips:

Executive: Deal with St. Luke's good for doctors; KU Hospital CEO says it puts organization 'at risk'

By Eric Weslander
Lawrence Journal World

May 16, 2007 - The Kansas University Medical Center's plan to strike up a new relationship with a Missouri hospital has brought about finger-pointing, legislative drama and hard feelings from those at KUMC's longtime partner hospital, Kansas University Hospital.

But amid the controversy, people on both sides of the debate are steadily working through the details of how KUMC will relate in the future to both KU Hospital and its intended new partner, St. Luke's in Kansas City, Mo.

The Journal-World talked in recent days with KUMC Executive Vice Chancellor and medical school Dean Barbara Atkinson, who supports the partnership with St. Luke's, as well as outgoing KU Hospital CEO Irene Cumming, who has opposed it. These conversations were focused on getting down to details of what the deal means for medical education and research in Kansas.

Here are some of the key issues:

What's the benefit?

Atkinson says the main benefit of a KUMC-St. Luke's affiliation is that it would offer a different experience for the more than 280 KU medical residents - doctors who have finished medical school but are pursuing additional specialty training. Already, she said, KU residents rotate to an academic medical center (KU Hospital) and to Veterans Affairs hospitals, but they don't rotate to a community hospital with a private practice.

That, she said, is more like "how everybody who finishes our program is going to spend the rest of their life." Only 10 percent of medical school graduates will go into academic medicine of the kind practiced at KU Hospital, she said.

Also, she said it opens the door for new collaborations by KUMC researchers who want to work with St. Luke's staff members in "outcomes research," the practice of studying what treatments worked and didn't work for groups of patients.

Cumming said there doesn't need to be a formal affiliation to do that kind of collaboration. And she said she doesn't understand why that need suddenly has arisen to educate students in a new setting.

"I don't think there's a problem, necessarily, for students to be exposed to a community setting, but they're learning," Cumming said. "They need to be in a strong teaching environment. ... Never have I heard a complaint that the education that our students and residents were receiving at our hospital was inadequate."

What's the bottom line for KUMC?

Atkinson said the answer is "more residents." The expectation from medical center leaders is that St. Luke's will eventually be paying for the education of 100 KU residents per year, which represents about \$10 million annually.

"Those are going to be residents in a KU residency program," Atkinson said.

Cumming, however, questions where all those students will come from, especially given that KU Hospital also is negotiating a plan with the medical center to add 100 residents of its own in the next decade.

"There probably aren't enough people to apply to those residencies for what's being proposed" by St. Luke's, she said. "Will we, therefore, be decreasing the quality of the resident pool that we train?"

What about the \$150 million pledged by donors in Kansas City?

In addition to the added residents, a group of Kansas City business and community leaders have pledged to contribute \$150 million to KU's medical school in coming years, but only on the condition that the St. Luke's deal goes through.

Cumming is skeptical of that pledge.

"Where is the money? No one has shown us the money," she said.

Medical center leaders say that money could be used for "unrestricted mission support"- in other words, flexible, strategic purposes - and that KU Hospital hasn't been contributing enough of that type of funding to the medical school in recent years.

"KU Hospital's investment in unrestricted mission support has been historically very, very low. Last year it was \$1.5 million," said Amy Jordan Wooden, a medical center spokeswoman. "When you look at a community investment of \$150 million - a hundred times that - that's something you have to look long and hard at. ... I think Irene's comment of 'Show us the money,' we might say the same to her."

What's KU Hospital doing to contribute more to the medical school?

In documents being negotiated behind closed doors, KU Hospital is working on a plan to increase its total support of the medical school by about \$13.5 million next year, from roughly \$30 million to \$43.5 million.

How would a St. Luke's partnership benefit KU Hospital?

Atkinson said that resources put into the medical school from the St. Luke's affiliation will help recruit new top-flight faculty to KU, attract better students and ultimately make KU Hospital stronger.

Cumming, who is departing this summer to become the head of an Illinois-based consortium of academic medical centers, said she doesn't see a benefit for KU Hospital.

"St. Luke's Hospital is a direct competitor to KU Hospital. Any time you're giving leverage to your competition, it certainly puts any organization like ours at risk," she said.

She said her concern about a St. Luke's deal is that "we will not be able to maintain the quality of the residency program or the quality of faculty that we have today."

Another concern is that if top KU Hospital programs begin migrating to St. Luke's, it could leave KU Hospital to assume a greater share of paying for the "uncompensated care" in Kansas City - care for people who can't pay the bill.

Atkinson pointed out that KU already has affiliations with two major Wichita hospitals, Wesley Medical Center and Via Christi Health System, that are competitors.

Will the deal pave the way for KU faculty to leave KU Hospital for St. Luke's - or not?

Jordan Wooden, the KUMC spokeswoman, said it's a myth that KU faculty members now working at KU Hospital will be able to transfer their positions and programs to St. Luke's.

"If you are a St. Luke's physician who's engaged in the education of residents, you are eligible for a nontenured faculty position" with KU, she said. "Physicians at St. Luke's are not eligible for tenured faculty positions like what we have here."

Also, a clause in the documents being prepared to shape the relationship between KUMC and KU Hospital says that no department heads will move to St. Luke's.

But KU Hospital leaders say that doesn't resolve their concerns.

"The problem is not necessarily that faculty would defect to St. Luke's, but that physicians already at St. Luke's or recruited in from the outside would be able to get KU academic credentials, and that KU programs could move there, with or without movement of faculty," KU Hospital spokesman Dennis McCulloch wrote in an e-mail.

Where does Cumming's successor fit in?

Bob Page, who has served as one of Cumming's top lieutenants in recent years, "supports the positions taken" by Cumming, McCulloch said.

How would an affiliation with St. Luke's help KU's chances of getting an elite cancer center designation? Could the same goals be met as well or better by affiliating with one or more other hospitals instead of St. Luke's?

Atkinson said KU does plan to affiliate with additional area hospitals, not just with St. Luke's, through the Midwest Cancer Alliance, a planned network of doctors and hospitals statewide.

But Atkinson said forging the St. Luke's relationship would help KU tap into a large piece of the market for cancer patients that St. Luke's now holds, in affiliation with the Kansas City Cancer Center. KU intends to use that patient base to expand its clinical research trials.

"The issue with St. Luke's is that they're a very strong cancer hospital now," Atkinson said.

Should KU pursue any kind of affiliation with St. Luke's?

A small number of KU medical residents already rotate to St. Luke's in specialties of ear, nose and throat medicine, rehabilitation medicine and plastic surgery.

"Those are essential experiences for the residents in those three programs right now," Atkinson said.

But Cumming said that what's being planned "far exceeds what we have been doing before, and the risk is there won't be the number of people applying to residencies."

How could an affiliation affect the supply of doctors that KUMC provides for towns across Kansas?

Atkinson said "it will certainly help," given the additional residents to be added by St. Luke's.

KUMC spokeswoman Jordan Wooden said: "I think there's been a big misconception that somehow residents are St. Luke's residents or that residents are KU Hospital residents. ... It is KU that houses the education of those young physicians."

Cumming said KU could easily expand the number of doctors it trains by building on the affiliations it already has with the two Wichita hospitals.

Is this a deliberate effort to cross the state line to build a life sciences connection?

"It is a deliberate effort to build the life sciences," Atkinson said. "It does so happen to cross State Line Road, and that may create more issues than if it didn't. It's because they're a major community hospital that is engaged in research. St. Luke's is just being tackled first because quite honestly we knew that would be the one that would require the most energy."

SB 11, HEALTH CARE REFORM BABY STEP, PASSES

SB 11 The bill takes modest steps toward making insurance more available to the poor but it may lay the foundation for potentially sweeping reforms next year and beyond.

The bill's passage was one of a few accomplishments for lawmakers...Health care has long been the subject of much talk but there has been little action in Topeka. Reforming the state's system is complicated, politically challenging and potentially expensive. Meanwhile, health care costs place increasing burdens on businesses, families and government and drive more residents to Medicaid or into the ranks of the uninsured.

The substantive portion of the bill was drafted primarily by a group of Republican legislators, including two doctors in the Senate and one in the House. When the bill was produced, there was a lot of behind-the-scenes negotiating, but no committee hearing took place.

Once it came to the floor, it passed both houses with bi-partisan support. "Big picture, this is a clear commitment by the Legislature to deal with health care," said Marcia Nielsen, director of the Kansas Health Policy Authority, after the House unanimously approved the legislation, Senate Bill 11. Nielsen called the bill "a tremendously important first step." The Health Policy Authority will study the benefits and costs of various plans, including expanding state programs, privatizing Medicaid and subsidizing private insurance. The authority will report back to the Legislature in November.

The bill will also require additional health screening for newborns, create a Medicaid fraud and abuse inspector general, set aside grant money for hard-to-insure groups, and encourage the use of pretax wages for health costs. Perhaps the bill's most significant component is a premium assistance program for low-income families, up to the federal poverty level, whose income makes them ineligible for Medicaid. Kansas has lower Medicaid cutoffs than many states. That program won't be operational for 18 months, and then it will take four years to fully implement. But it is expected to reduce the number of uninsured in the state by 10 percent. Right now, some 290,000 Kansans, or more than 10% of the state's population, are without insurance.

The bill passed both the Senate and House unanimously, a sign that lawmakers take seriously the challenges of health care reform, according to Sen. Jim Barnett, an Emporia Republican and physician. "This has a combination of a lot of different ideologies and perspectives," said Barnett, a physician who led reform efforts in the Senate. "That's how we're going to succeed." Park Republican. "Right now, the House doesn't have a bill."

STATE SETTLES MEDICAID DISPUTE WITH FEDS

An agreement has been reached that requires the state to repay \$37.5 million, much less than the feds claim we owe for overpayments of federal Medicaid funds. Last week, House and Senate budget committees hurriedly agreed to almost \$100 million of extra spending needed to satisfy terms of an agreement struck April 13 - but still not in writing - between the state and the federal Centers for Medicare and Medicaid Services. The agreement, meant to settle payment disputes resulting from ongoing CMS audits and reviews of the way Kansas has for years used matching federal Medicaid dollars for a host of state programs, is good, officials said, because the deal may have saved the state up to \$500 million in back payments. The downside is that many program changes are coming very quickly, creating confusion, and social service dollars once provided by the federal government now must come from state coffers.

GOVERNOR VETOES CONSUMER PROTECTION ACT BILL

Gov. Sebelius vetoed a bill that was designed to prevent some lawsuits against health care providers, saying it would hurt consumers and encourage other professionals to seek similar protection. Legislators approved the measure at the urging of the Kansas Medical Society, in response to a state Supreme Court decision in February. The court said the state's Consumer Protection Act applies to doctors and other health care providers because the law didn't specifically exclude them.

The Kansas Consumer Protection Act prohibits deceptive practices or "unconscionable" acts by businesses that supply goods and services, and permits the attorney general, county prosecutors and individuals to file lawsuits to get a court to impose fines. The Act also allows individual consumers to file a lawsuit for damages when they are victims of fraud or deception.

Doctors and the Medical Society have assumed for decades that the act didn't apply to health care providers because they are regulated by the State Board of Healing Arts and can be sued for medical malpractice. In her veto message, Sebelius said the bill would make "the entire health care industry" immune from liability for deceptive and unconscionable acts. "One can only expect that other professions would be encouraged to seek their own exemptions should this bill become law," she wrote.

Backers of the bill said it was drafted narrowly, so that it wouldn't prevent the attorney general or county prosecutors from filing consumer protection lawsuits, only individuals would lose that power. Also, the bill didn't apply to billing or advertising. The vote to pass the bill earlier this month was 97-26 in the House, where 84 votes are needed to nullify a veto, but the tally was 24-13 in the Senate, where 27 votes are needed. During the April break, advocates for senior citizens have worked very hard on this issue because they fear it will shield nursing home care as well as other medical services for seniors and other vulnerable people.

Proponents were unsure whether to try to override the veto. They may decide to wait and make an attempt next year to re-tailor the bill to address the governor's and the seniors' objections.

THE BUDGET

The 2007 Legislature approved a total of \$36 million in tax reductions. The omnibus omnibus bill increases the FY 08 budget by \$149 million, resulting in a total state budget of just under \$6.1 billion. The ending balance in FY 2008 is estimated to be 5.3%, a little below the 7.5% in statute. But, if nothing changes, the ending balance in FY 2009 will be .6%, and in 2010, we are in the hole \$273 million. Spending exceeds estimated revenues.

The budget will reduce waiting lists presently existing for home health services for frail elderly and with disabilities, helping them stay home instead of a nursing home. The budget also funds the portions of new K-12 funding passed last session, \$466.2 million. It includes the deferred maintenance increase for the higher ed institutions. And the state, unlike the federal government cannot operate with a deficit. It funds a new Kansas National Guard Training Center.

There is no funding for the Governor's proposal to expand health insurance coverage for all uninsured children birth to age 5. It does provide funding for the health reform package, including some premium assistance. The budget also doesn't include an amendment by Democrats in the House to set aside money during good economic times to help pay down state debt. It does transfer over \$37 million from state general fund to address the loss of funds from the feds for Medicaid.

On policy issues, the K.U. Med proviso is now only a requirement that the K.U. Med enter into a new affiliation agreement with the K.U. Hospital prior to completing an affiliation agreement with St. Lukes. The abortion proviso now only applies the KDHE. Several other provisos were dropped entirely. The budget is less than the amount recommended by the Governor. [Back to top](#)

Greensburg Tragedy and Public Health



Immediately following the tornado and news of the disaster, President Elect Janis Goedeke, Crawford County went to Greensburg to help. She spent a week there helping the Kiowa County Health Department recover. KPHA sent a copy of the 2007 Statutes and Regulations so that Mitzi would have the latest requirements in statute and regulation, and Janis also suggested announcing that people can donate money (the best help) by dialing 211. This will get you to the United Way of Kansas, Green for Greensburg. You can also donate on the web at www.unitedwayplains.org under Green for Greensburg.

KPHA received a special email from member Stacy A. Robarge-Silkner, Strategic National Stockpile Coordinator, Center for Public Health Preparedness, KDHE nominating Mitzi Hesser of Greensburg for the Awards at the Fall Conference. Below is Stacy's nomination.

KPHA Award Nomination

Nominee's Name: Mitzi Hesser

Address: 211 E Florida Ave, Greensburg, KS

Phone: 620-723-2136

E-Mail: kwcohd@sbcglobal.net

Award Category: Special Service Award

On May 4, 2007 a tornado ripped through Greensburg, Kansas and leveled the entire town including the county health department and Mitzi Hesser's house. In the days that followed Mitzi worked with her region to set up mass vaccination with Td for local responders and those cleaning up their home sites. Mitzi also set about to restore the local health department in the front yard where her home used to be. Below is an excerpt from the Hutchinson News:

GREENSBURG - In the week since the tornado hit town, Mitzi Hesser has slept about four hours a night so she could establish the county health department in her front yard and oversee a program that's immunized more than 2,000 people.

And on Friday, as she prepared for the insurance adjuster to visit her home, Hesser admitted to being a little overwhelmed.

"Some days can be a struggle," Hesser said. "But you've got to keep moving on."

When the full story of the Greensburg tornado is told, Hesser's decision to host the county health department probably won't carry as much weight as the visit of President George W. Bush. But in little and big ways, the aftermath of the tornado is ripe with stories of selfless devotion, as hundreds of medical, law enforcement and construction personnel begin the process of turning a disaster zone back into a town....

...And for people like Hesser, who has devoted so much of her time to keeping her neighbors healthy, there's something reassuring in the fact so many people want to help her town recover.

"There's just so much to think about what's ahead of us," said Hesser, who runs Kiowa County's health department. "Almost everything in our town is gone, it's hard to know where to start. But it's good to see so many people helping out. We know we're not alone."

Mitzi's actions remind us all that public health has an important role in disaster response. The plans that are being written will help in all types of situations.

Name of person(s) submitting nomination: Stacy Robarge-Silkiner

Address: 1000 SW Jackson Suite 330, Topeka, KS

Phone: 785-296-7428

E-Mail: srobarge@kdhe.state.ks.us

Submit nomination to Kansas Public Health Association and email this form to director@kpha.us.

[Back to top](#)

Submit Your Awards Nomination for the Fall Conference



Every year at the KPHA Fall Conference, the Association awards special people in Public Health. If you know of

someone worthy of nomination for one of the Award Categories below please fill out the Nomination form. Nominations will be accepted for the 2007 awards until July 15th. [Click here](#) to download a nomination form.

Awards Categories

Samuel J. Crumbine Medal, KPHA's highest award, is given for meritorious service and state, regional, or national recognition related to the improvement of the health of Kansans and/or the environment of the state. Recipients of other KPHA awards may receive this award. [Click here](#) to view the 2006 winners.

[Click here](#) to view all Crumbine winners since 1946.

Special Service Awards are for individuals who have rendered outstanding service to Kansas in the interest of public health and/or environmental improvement. Two special service awards may be given annually, one of which may be to a non-member of KPHA.

Dorothy Woodin Award is bestowed on a public health nurse for outstanding public health nursing services.

Jane Addams Award is for a social worker who exemplifies the qualities of Jane Addams, including a pioneering spirit, a trailblazer, and one striving to improve the health of the poor and the sanitary conditions of communities.

Virginia Lockhart Health Education Award is given for outstanding service in public promotion of health and/or environmental issues.

Corporate Public Health Service Award may be presented annually to a company or organization which, through public policy activities, makes a significant contribution to the mission of public health and/or environmental improvement in Kansas.

President's Award is awarded at the discretion of the association's president to acknowledge special accomplishments of an individual or organization towards improving the public's health in Kansas. [Back to top](#)

Poster Competition-Call for Submissions!

Thanks, to KPHA member, Melissa Armstrong, KUSM, the poster competition will continue at the Fall Conference! KPHA is currently taking scientific research poster submissions for the Annual KPHA Conference at the Hyatt Regency Hotel in Wichita, Kansas on September 18-20, 2007.

The best scientific poster winner in each category of submission will win a trip to the American Public Health Association Annual Meeting in Washington, D.C.

In order to submit an abstract for the poster competition, simply fill out the form and return to marmstro@kumc.edu by July 15, 2007.

All poster presenters (practitioners, researchers and students) must register and pay to attend the conference. [Click here](#) for the Poster Submission Form. [Back to top](#)

KPHA Org Member KHI Celebrates 10 Years!

Below is KHI's letter announcing their accomplishments:



KANSAS HEALTH INSTITUTE

May 2, 2007

Dear Friend of KHI:

The Kansas Health Institute recently celebrated its 10th anniversary. Ten years of research, policy analysis and informing policymakers. We are proud of the reputation we have achieved for the quality and objectivity of our work and we are committed to thinking in bold, new ways about how we can build on that record.

Growth requires resources. To that end, we are truly fortunate to have the continued support of the Kansas Health Foundation, which recently awarded KHI \$30 million in core funding to support our work through the year 2018.

Emboldened by this substantial opportunity and guided by our strategic planning process, the KHI board of directors recently approved two exciting initiatives. The one you are most likely to have noticed is the launching of the KHI News Service in January of this year. This innovative strategy builds on our longstanding commitment to provide state leaders with timely, objective information on a wide variety of issues affecting the health of Kansans. We have been encouraged by the positive feedback we have received about the job our highly regarded news staff has done chronicling developments in the rapidly moving health policy discussion this legislative session. (For information about our news staff, see [Jim McLean](#), [Mike Shields](#), [Dave Ranney](#) and [Sarah Green](#).)

If you haven't visited www.khi.org recently and seen the KHI News Service and other dramatic changes there, I encourage you to do so.

The board also approved a new focus area for our work that will target early childhood issues. As an organization, we firmly believe that improving the health of Kansans requires a deliberate strategy to ensure young children get a good start in life.

I am pleased to announce that Lisa Klein, Ph.D., will join KHI this summer to lead our work in this area. A former officer at the Kauffman Foundation in Kansas City, Mo., Lisa is a nationally known expert in the design, implementation and evaluation of policies and programs for children and families (see [press release](#)).

While supporting these new initiatives, KHI remains committed to conducting research and policy analysis in

public health, health care finance and health informatics. We are presently conducting a national search for an individual to direct our work in health care finance and organization (see job posting). And we have added talented new analysts to our staff (see [Sarah Carkhuff Fizell](#) and [Rachel Smit](#)).

I wanted to let you know about these exciting developments at KHI because you are an important partner in the work that we do. I encourage you to let me know how you think KHI can better meet the needs of the health policy community in Kansas.

Sincerely,

Robert F. St. Peter, M.D.
President and CEO

[Back to top](#)

Governor's Column: Progress on Road to Brighter Future

**For immediate release
May 15, 2007
Nicole Corcoran, Press Secretary
785.368.8500**



This past January when I went before the Legislature to outline my priorities for the state during the coming year, I discussed how we had real opportunities to move our state forward. I believed then - as I do now - that by focusing on quality education, job creation, access to health care and renewable energy, we can create a brighter future for all of us.

Last year, our state made a commitment to the students of Kansas and I was glad to see legislators embracing that commitment this year by fully funding the three year school plan.

I was also pleased we were able to expand the ability of Kansas children to get the early learning opportunities they need to enter kindergarten ready to learn, and to expand the ability of students to continue their education beyond high school through additional financial aid.

Thanks to the actions we took this year, those students will have more opportunities in the workforce. By reducing the unemployment insurance tax, reducing the franchise tax for small businesses and encouraging development in rural areas, we are ensuring Kansas' business climate remains robust and promotes job creation.

One area in which additional progress was made - though not as much as I had hoped - is health care. We must start dealing with the health care crisis, and thanks to cooperation with legislators our state's health experts will come back to us next year with a plan to cover all Kansans.

I remain disappointed, however, that some legislators continue to put politics ahead of the best interests of our children by once again failing to pass my proposal to insure all Kansas children from birth to age five. Finally, Kansas has the potential to be a real leader when it comes to wind power, biofuels and energy efficiency. The steps we've taken this year will help us move away from fossil fuels and seize the opportunities before us.

Working together, I believe we made good progress this year and I look forward to working with legislators and all Kansans to continue that progress in the months and years ahead. [Back to top](#)

Job Opening



The Johnson County Public Health Department, located in the Kansas City Metro area is seeking a Sanitarian on a full-time basis. The Sanitarian will conduct the environmental part of the nursing facility survey in conjunction with the KDOA survey team. Will conduct monitoring visits in conjunction with the Adult Care Nurse on large or problematic adult care facilities; will conduct and/or assist with child care visits, to include, initials, renewals, complaints and compliance checks; will process licensing amendments as received from child care facilities; will conduct classes, consultations and workshops on licensing regulations and other environmental health/safety issues; will assist with visits/investigations involving problematic septic systems, private wells, private swimming pools and playgrounds and will conduct visits/investigations involving lead, food safety and other environmental health and safety concerns.

Requires a Bachelor's degree in Environmental Health, or a related field. The successful candidate must possess a minimum of two to three years of regulatory experience in adult care facilities, child care facilities or public health. The successful candidate must also possess one to two years of working experience with problematic septic systems, wells and pools; requires a Registered Sanitarian (or eligible to set for exam-exam would need to be taken and passed within six months of hire). Requires a criminal history check and a valid driver's license and must be able to drive in all weather conditions.

Interested applicants may send resume and cover letter to Stacy Barr, Recruiter; stacy.barr@jocogov.org or for complete details and to apply on-line, visit <http://hr.jocogov.org>; or fax resume to (913) 715-1419; or mail to: Johnson County Human Resources; 111 S. Cherry, Suite 2600; Olathe, KS 66061. EOE

Stacy Barr
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[Back to top](#)

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