

KPHA

Kansas Public Health Association



KPHA E-News, February 05, 2010

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Members, we still need you!!

Following the lead of other state public health association's we sent out to membership a form for members to fill out and return to the KPHA President to help in determining who would like to serve on what committee and or projects of the association. The first two received from Laura Quick (Sedgwick County) and Misty Krueger (Shawnee County) displayed their desire to help KPHA grow and have a bigger and better impact on public health in Kansas. Won't you fill out the form to show your support? If you want to be involved with KPHA, [The Willingness To Serve form](#) is a volunteer form for you to fill out and get involved in public health advocacy, education, and networking throughout next year! We need every member to fill one out and return it to the KPHA office, and it will be forward to President Eldonna Chesnut! Thanks, in advance, for your help!

Legislative Update

Every week during the Legislative session KPHA receives an update on Committee activity and Health Legislation. (We still have Liza Webb, our Legislative Tracker, doing this for us!) I send the updates to the KPHA Board and select others. If you are interested in receiving these weekly updates, please email me at director@kpha.us. Here is other information you might be interested in.

Inspecting all child care facilities: There are two bills on the table regarding child care inspections, one in a Senate committee and one in a House committee. On the Senate side, SB 447 was heard Monday in Public Health and Welfare. Kansas Action for Children, parents and other advocates gave compelling testimony about the need to inspect all child care facilities in Kansas and to implement adequate supervision requirements. Sen. Julia Lynn (R-Olathe) also testified in support of the bill. The committee resumed its hearing on Thursday, and Sen. Laura Kelly (D-Topeka) offered a conceptual amendment to further strengthen the bill. Details for this amendment are expected to emerge in the coming weeks and then the committee will resume its work on the bill. On the House side, HB 2223, which would require all child care facilities to be inspected, was heard Tuesday in Health and Human Services. The committee has not yet taken action on the bill.

Testimony Provided by KPHA on February 2nd, and 4th:

Testimony Regarding HB2223 Presented to House Health and Human Services Committee
By Eldonna Chesnut, RN, BSN, MSN, Kansas Public Health Association President

Johnson County Health Department Division Director of Adult and Childcare Facilities
And, Testimony Regarding SB447 Presented to Senate Committee on Public Health and Welfare
Prepared by Eldonna Chesnut, RN, BSN, MSN, Kansas Public Health Association President
Johnson County Health Department Division Director of Adult and Childcare Facilities
Amy Warkentin, BA, MPA (candidate), KPHA Member
Johnson County Health Department Child Care Facility Surveyor

The need to inspect all childcare facilities in Kansas is long overdue. For many years there has been the need to eliminate the category called Registered Daycare Home. The main reason this category should go away is that this category of facility does NOT receive ANY inspection by childcare licensing staff. Currently the only time childcare surveyors have right of entry to a registered home is for a compliant visit. Most of the time these visits are long and violations are many. Many serious injuries/deaths of children occur in RDCH's that possibly could have been prevented if inspection of the home by childcare licensing staff had occurred.

Currently all the registered daycare home provider has to do is complete an application, *self* complete the KBI form, *self* complete the fire life safety form *self* complete a safety checklist, and mail the forms in along with the application fee. As long as the KBI/SRS background check clears this person can start doing care in their home with no one making sure their home environment is safe for children. In Johnson County, we have been very lucky that most all our cities fire department inspected all daycare homes annually. Due to my division's good working relationships with our fire departments – the fire inspector would usually let us know when they saw areas of concern in registered homes. However, as the budget crunch becomes worse and cities look for ways to trim their shrinking budgets, inspections of daycare homes has been one of the first services cut. Johnson County - like many other counties across Kansas, will have no one helping then identify problems should the registered category remain.

As in any county Johnson County has both good and bad Registered as well as good and bad licensed homes. Also like other counties, we often see licensed providers who have been in frequent enforcement action switch to the registered category to eliminate the surveyors coming into their home on at least an annual basis. Currently there is no legal way to stop this from happening. It is not in the best interest of children to be in this type of out of home care.

Under the proposed legislation, the category formally known as Registered Day Care Home would become Family Child Care home. This would then allow for at least an annual inspection of all applicants for home day care and for follow up visits for those with identified environmental or other serious regulatory violations. In my county we believe that the initial visit is a benefit to the home daycare provider. The surveyor comes to the provider homes by appointment and spends one-on-one time with them. The surveyor walks through the home with the provider and helps him/her identify the good things the provider has done to prepare his/her home for childcare as well as areas of non-compliance that exist in the home. The home provider has the chance to ask the surveyor questions re regulations, paperwork, and her/his home environment as it relates to childcare regulations. My staff and I believe this is an important first step for someone starting a home daycare. This visit helps to ensure that a safe/healthy environment is available for the children. This is also a benefit for parents placing their child in care. Many parents do not know that Registered Providers receive no inspection prior to starting to provide daycare services. Often times the parent doesn't find out the provider is registered or doesn't understand what this means until the child is injured in care and the parent is calling in a complaint. When I am taking a complaint on a registered provider I will ask parents if they realized that their provider doesn't receive any visits from childcare licensing staff. Many times the answer is a very shocked "NO! I thought they did."

Without a doubt all facilities should be inspected – the problem is where the money comes from. KDHE has offered a possible solution that will not increase the need for more surveyors and money but should allow for the inspections on all daycare homes - if you will please pass this legislation. Please note this is a COMPROMISE that childcare surveyors and other licensing staff are willing to make just to get all facilities inspected. Theoretically extending the time frame from 12 months to 15 months for all licensing inspections to be completed will allow inspections of all new registered daycare homes without financial impact. The change in K.S.A. 65-512 would allow the surveyors the flexibility to continue to do the facilities that have enforcement issues on a 12 month basis, inspect all new family childcare homes, and complete the inspection of remaining licensed facilities with a good compliance

record within the 15 month timeframe. This change would also pave the way for annual inspections on all daycare homes when the economy and/or situation allows. Ideally, all childcare facilities should be inspected on an annual basis. In Johnson County this would mean an additional 400+ inspections/year. Therefore, the compromise would be to inspect all Family childcare homes once – which is a great improvement from where we are at presently.

Supervision is an essential part of providing care for children in out-of-home care. We would like to see increased statutory authority given to KDHE regarding supervision in daycare homes. However, we believe KDHE should also be allowed to define exactly what that means. Criminal statues are kept broad in order to allow law enforcement/district attorney's to charge offenders accordingly but still staying within the statutory guidelines. In comparison, KDHE Childcare licensing should not be held to a strict timeframe regarding supervision in order to substantiate or un-substantiate a finding of this nature

Other Legislative information from Clippings and Legislator Newsletters:

Wichita Democrat introduces medical marijuana bill in Kansas House

Topeka — A Kansas legislator has introduced a bill that would legalize marijuana for people suffering from chronic illnesses who have a doctor's prescription for the drug. Rep. Gail Finney, a Wichita Democrat, introduced a bill that would set up state-registered "compassionate care centers" where people with prescriptions could buy marijuana. Supporters of medical marijuana say it helps ease pain from chronic diseases. "I just think it's the right thing to do," said Finney, who says her lupus makes her sympathetic toward those with diseases such as Parkinson's, cancer and HIV. But Rep. Scoot Schwab, a Republican from Olathe, opposes the plan. "Let's be honest, this would be an attempt to legalize marijuana," Schwab said Wednesday. "It has no benefit for pain management. All it does is make you crave another bag of chips." The bill was introduced the same week that lawmakers voted to make Kansas the first state to outlaw a synthetic form of pot, known as K2. But Finney said several lawmakers have told her they support legalizing medical marijuana. "Everybody said 'oh, it's a good idea, but I don't want to touch it,'" she said. Keith Stroup, founder of the National Organization for the Reform of Marijuana Laws, said his group's studies have found that 80 percent of Americans favor medical marijuana. "Even in Midwestern states like Kansas, where the politics can be conservative, people support this," he said. "We've largely won the hearts and minds of the American public, but we haven't yet figured out fully how to translate that into public policy." Former Kansas Attorney General Bob Stephan, who underwent chemotherapy for cancer in the 1970s, said he expects lawmakers to legalize medical marijuana after they realize it won't hurt them politically. "For some reason marijuana just drives people up the wall," he said. "It's OK to have morphine and every drug known to man — some with just awful side effects. But not marijuana." A legislative hearing for Finney's bill hasn't been scheduled.

House gives final approval to bill to ban K2

Topeka — A bill aimed at stopping the spread of synthetic marijuana won the Kansas House's approval Wednesday, as legislators move quickly to enact what they believe is the nation's first ban on altered herbs sometimes known as "K2" or "Spice." The bill, approved 110-11, targets two chemicals that are sprayed or sprinkled as a powder on herbs, so that they can be smoked and produce a pot-like high. The legislation also deals with two chemicals used for a new form of the illegal, euphoria-inducing drug Ecstasy. It would become illegal to possess or sell those chemicals, just as it is for marijuana. Law enforcement officials in northeast Kansas have said they began seeing people using synthetic but legal marijuana last summer. The National Conference of State Legislatures knows of no attempts by other states' lawmakers to ban it but acknowledges having done no survey on the issue. "It has expanded over the last six months," said Master Deputy Chris Farkes of the Johnson County Sheriff's Department, who handles drug cases. "This one product is going to be for this niche group that wants to get high but doesn't want to get caught." The Senate approved its own bill two weeks ago, 36-1. Its measure is slightly different, and the two chambers must agree on a single version. "We can do this quickly," said Sen. Vicki Schmidt, a Topeka Republican and pharmacist who's pushing her chamber's bill. A ban would take effect within two weeks of Gov. Mark Parkinson signing it. Critics of the proposals argue that legislators are moving too quickly and not taking time to consider whether synthetic marijuana could have medical uses. "It just seems like this discussion is a little premature," said House Minority Leader Paul Davis, a Democrat in Lawrence, where at least one store is selling the synthetic but legal marijuana. "This bill has been put on a fast track, and I'm not sure this is a prolific issue that merits us taking action right now."

Recommendations made to reduce infant mortality in Kansas

Topeka — Health officials Wednesday issued recommendations aimed at reducing Kansas' infant mortality rate, which is 20 percent higher than the national rate. The recommendations include expanded data gathering and research; increased public awareness; and improvements in access to early prenatal care. In 2007, the infant mortality rate in Kansas was 7.9 deaths per 1,000 live births, according to the Kansas Blue Ribbon Panel on Infant Mortality. Among African-American infants in Kansas, the mortality rate was twice the rate of whites and was the 47th highest in the nation. African-American infants represent 7 percent of births in Kansas and 17 percent of deaths. "In order to improve Kansas' infant mortality rate, the first step is to have a better understanding of what factors are contributing to this rate," said Dr. Dennis Cooley, chair of the blue ribbon panel and president of the Kansas chapter of the American Academy of Pediatrics. Thirty years ago, Kansas' infant mortality rate compared favorably with that of other states, the panel reported. But in recent years, Kansas' rate has stagnated while the rest of the country's rate declined. Kansas also has a higher rate than neighboring states.

KANSAS HAS HIGH INFANT MORTALITY (from article by Rep. Marti Crow) "Sen. Jim Barnett, R-Emporia, said a new bill (SB 448) would give policymakers more information so they can better target problems. "We have to have data," he said. "We have to have the right diagnosis for the problem." Cooley said community-level data is needed to combat problems. For example, he said, a community might have prenatal care available, but pregnant women might need transportation to doctors. Another community might need to make available early-pregnancy testing so women can begin prenatal care earlier. Already, officials know that leading causes of infant death include congenital anomalies, preterm birth or low birthrate, sudden infant death syndrome and pregnancy complications. But that data doesn't provide the detail that officials say they need to make a plan of attack. "What are the reasons that tend to account for more deaths?" Bremby asked. "Is it simply low birthrate? Because if it's low birthrate, then we know some factors we can go upstream to address." Cooley said lowering the infant mortality rate will take a statewide effort. "Kansas is a great place to live and raise children," he said, "but we need to make it a little better. We should not be willing to accept infants dying in our state at a rate 20% higher than the national average."

New legislation in Kansas House would overturn local smoking bans, including Lawrence's: Bill would implement weak smoking ban statewide, no stronger measures allowed

Advocates of a statewide ban of smoking in public places, criticized a new bill Wednesday that they said would overturn local anti-smoking ordinances, including the one in Lawrence. "This undoes a decade of good public policy on the local level in Kansas," said Jake Lowen of Clean Air Kansas. "This is the tobacco industry's dream bill." House Bill 2642 would be a statewide smoking ban, but would allow smoking to return to inside public places with ventilated rooms, smoking and non-smoking sections, and hospitality establishments that pay a fee to allow smoking, Lowen said. It would prohibit local communities from having a smoking ban that is stricter than the statewide law. The Senate has already approved a statewide ban and Gov. Mark Parkinson said he hopes to sign such a bill into law. The House has not passed the latest proposal.

EMS background check bill back in committee

TOPEKA — A bill that would require background checks for prospective Emergency Medical Services workers is back before a Senate committee. The Senate Federal and State Affairs Committee on Thursday heard Senate Bill 222, which would allow the Kansas Board of EMS to require fingerprinting and background checks for anyone applying to work for EMS services in the state. The measure was approved by the Senate in 2008 and 2009 but only after the provisions requiring fingerprinting had been removed. Fingerprints are needed to access national criminal history databases, said Robert Waller, executive director of the EMS board. The bill is needed so the board can confirm that prospective employees do not have felony convictions, Waller said Thursday. A person with a felony record can falsify the job application, he said, and without a background check there's no way to know for sure if the applicant is telling the truth. Admitting to a felony wouldn't disqualify an applicant, he said, but the board could then investigate the person to ensure that they would not be a threat to patients in their care. The measure also becomes more important as the state works to recruit EMS workers from other states, Waller said. "If someone moves from Missouri, we wouldn't know if they had a felony conviction in that state," he said. The committee did not take action on the bill.

In addition to the Legislative tracking information, KPHA receives the Legislative Calendar for the session. If you are interested in receiving this document on a regular basis, just email director@kpha.us. To see the current [Legislative Social Calendar](#), just click on the attachment.

Want to know how our federal Representatives are voting on public health bills? Visit <http://www.apha.org/NR/rdonlyres/502FOC58-3ACA-41B7-B7BD-52588B351C6A/0/APHAVotingrecord2009.pdf> to see how APHA is rating them!

KPHA Board Member Arrie Morris, Infectious Disease Section Chair



(Arrie's information was not included in the Newsletter last month, so here is her picture and bio! Welcome to the KPHA Board of Directors, Arrie!)

My name is Arrie Morris. I am the HIV/AIDS Surveillance Director for the state of Kansas. I manage the HIV Surveillance grant and activities for the state. I have been working in public health for the past 7 years. I was formerly the HIV surveillance coordinator for the Kansas City 11 county EMA, a maternal and child health program manager and communicable disease investigation epidemiologist and disease investigation specialist all for the Kansas City Missouri Health Department.

Healthy Kansans Public Opinion Survey



Kansas is one of 12 states funded to evaluate the utility of the Healthy People 2020 framework. As part of this project, the Kansas Department of Health and Environment (KDHE) is conducting an online survey to assess public opinion regarding current health problems in our state. Survey findings will be used to inform development of the national health objectives (Healthy People 2020) and the KDHE and its partners to develop recommendations for systems changes that address state priorities. Your opinion is valued and very much needed. Thank you in advance for your time to respond to this important survey.

Please access the survey by clicking [here](#) (or paste this link in your browser:

<http://www.surveymonkey.com/s/2H7XQJD>).

Job openings

CEO Position: Full-time for a Multi-County Health Agency providing Public Health, Environmental Health, Home Health & Hospice services. Minimum educational level – Bachelor’s Degree, Master’s preferred. Knowledge of business operations, accounting, human resources, and medical field. Candidate should possess good leadership skills and be able to interact with a Board of Directors, outside businesses and regulatory agencies. A proven record relative to marketing, communication and managerial skills a must. Salary is commensurate with experience. Please email letter of application and resume by February 16, 2010 to: nekmulti@rainbowtel.net. EOE

Data Consortium Meeting Summary

KPHA continues to be a member of the KHPA Data Consortium. For all the information on this meeting visit:

http://www.khpa.ks.gov/data_consortium/PreviousMeetings/022010.html

The Kansas Health Policy Authority (KHPA) hosted the first 2010 (twelfth overall) meeting of the Data Consortium on Wednesday, February 3rd at the SRS Learning Center in Topeka. 20 persons attended, representing 10 agencies, organizations and businesses.

Kansas Health Indicators Document

Dr. Hareesh Mavoori highlighted the most recent update to the indicators - enhancements to the “Physician to Population Ratio: MD (per 100,000)” measure to view county-level distributions by specialty. With 12 specialties, this offers 70 different stratified choropleth maps based on a combination of specialty and year. Usage of the site declined in December and January, possibly due to holidays and start of legislative session. KHPA continues to monitor the indicators receiving the most hits to assess interest levels and prioritize indicators for enhancement. An analysis of 8 months of cumulative “top 20” lists was presented in a format that depicts both sustained levels of interest as well as recency of interest. Infant mortality, provider to population ratios, congestive heart failure, heart disease, uninsured rates, and some preventive care measures (ambulatory care sensitive conditions, prenatal care) ranked among the top of this list.

Data Analytic Interface (DAI) Update

Major activity since the last meeting:

- User Acceptance Testing 2 complete. Discovered issues are being reviewed, addressed, and scheduled for fixing in subsequent monthly builds with 23 issues currently open.
- January 25, 2010 – First production release launched for MMIS and SEHP with 3 years’ data

Anticipated in the near future:

- February 15th – next build to update data and enhance database.
- March – KHIIS integration to begin
- May 2010 – upgrade of Medicaid data to 5 years of history

DAI Overview

Ross Merritt, analytic Thomson Reuters onsite consultant for KHPA, demonstrated features of the DAI including its 2 primary modules: Decision Analyst, the component which will be used for in-depth analyses and Net Effect, the web-based management reporting system which will produce high-level summary reports.

KHPA and Kansas Insurance Department staff will be the initial DAI users. After full implementation and validation, access may be available to a limited number of other users. All members were encouraged to suggest uses/reports which they would like to see come out of the system. These can be sent to Hareesh Mavoori, KHPA or LaVerta Greve.

National Public Health Week 2010

Kansas is one of the APHA state affiliates preparing for NPHW during the first full week in April. Board member, Diana Rice, is chairing Health Day at the Capitol which annually kicks off National Public Health Week in Kansas. Watch for more information on how you can participate. Here is new information from APHA: *National Public Health Week 2010*: The website is up and running for 2010 activities. Go to <http://www.nphw.org/nphw10/home1.htm> for more information, to view toolkits, etc. We’ll continue to update this as we go along, but we certainly urge you to get

your state affiliates interested and eager to participate. This will also be the first year in which Friday of that week is being set aside to recognize student participation and student interaction. This could be a great way to encourage students and eventual new professionals to join and become active in their state Affiliates.

2010 Governor's Public Health Conference

"Promoting Quality of Life for a Healthy Kansas"



April 26 - 28, 2010, Wichita Airport Hilton

EXHIBITOR REGISTRATION IS NOW OPEN!!! To download an exhibitor brochure, please click <http://webs.wichita.edu/depttools/depttoolsmemberfiles/conted/Exhibitor%20Brochure-2010.pdf> . To register as an exhibitor/sponsor, please click <https://conferences.wichita.edu/ei/getdemo.ei?id=67&s= 0U80JBYGW> For additional information about this program, please contact the WSU Conference Office at (316) 978-6493; fax (316) 978-3064; email- jana.woods@wichita.edu.

Happy Valentine's Day –take care of your heart and don't forget to:

1. Drink plenty of water.
2. Eat breakfast like a king, lunch like a prince and dinner like a beggar.
3. Eat more foods that grow on trees and plants and eat less food that is manufactured in plants.
4. Live with the 3 E's -- Energy, Enthusiasm and Empathy
5. Make time to meditate or pray.
6. Play more games
7. Read more books than you did in 2009.
8. Sit in silence for at least 10 minutes each day
9. Sleep for at least 7 hours.
10. Take a 10-30 minute walk daily. And while you walk, smile.

IF YOU DIDN'T CATCH KDHE SECRETARY ROD BREMBY'S ARTICLE ON HEART DISEASE

HERE ARE SOME OF THE HIGHLIGHTS:

"Too many women each year suffer from cardiovascular disease," Roderick Bremby, Secretary of the Kansas Department of Health and Environment (KDHE), said. "I encourage everyone to recognize their personal risk for heart disease and take action to lead heart-healthy lives."

Cardiovascular disease is the leading cause of death among women in Kansas and the United States. In 2008, 4,252 women died of cardiovascular disease in Kansas—that's about 33 percent of all female deaths.

Women with diabetes have increased risk of developing cardiovascular disease.

The prevalence of coronary heart disease is almost five times higher among adult women living with disability (7.4 percent) compared with those without disability (1.4 percent).

General risk factors for cardiovascular disease include tobacco use, high blood pressure, high blood cholesterol, physical inactivity, obesity, diabetes and poor diet.

Among adult women 18 years and older in Kansas:

16 percent are current smokers.

29 percent have high blood pressure.

38 percent have high blood cholesterol (among those tested).

27 percent do not participate in any physical activity.

26 percent are obese (BMI 30 or higher).

76 percent do not consume fruits and vegetables at least five times per day.

About 8 percent of adult women 18 years and older in Kansas had diabetes in 2008. The prevalence of high blood pressure is significantly higher among adult women with diabetes (69 percent) compared to women without diabetes (25 percent). The prevalence of high blood pressure is significantly higher for women living with disability (46 percent) compared to those without disability (23 percent).

The Centers for Disease Control and Prevention (CDC) recommends the following lifestyle modifications for all women:

Quitting smoking.

30 minutes of physical activity on most days.

A heart-healthy diet.

Weight maintenance or reduction.

Evaluation and treatment for depression.

About Go Red For Women

Go Red For Women is the American Heart Association's solution to save women's lives. With one out of three women still dying from heart disease, we are committed to fighting this No. 1 killer that is largely preventable. GoRedForWomen.org, a premiere source of information and education, connects millions of women of all ages and gives them tangible resources to turn personal choices into life-saving actions. We encourage women and the men who love them to embrace the cause. For more information please visit oRedForWomen.org or call 1-888-MY-HEART (1-888-694-3278). The movement is nationally sponsored by Macy's and Merck & Co., Inc



On Thursday, February 11, 2010, *The Heart Truth* will bring the Red Dress to life once again on the runway at New York Fashion Week with the debut of the [Red Dress Collection 2010](http://www.nhlbi.nih.gov/educational/hearttruth/events/fashion-week.htm), <http://www.nhlbi.nih.gov/educational/hearttruth/events/fashion-week.htm> . This spectacular event reminds women of the need to protect their heart health and inspires them to take action. For the second year in a row, a selection of the designer dresses seen on the runway will be auctioned online in February through a partnership with Clothes Off Our Back. To bid on these Red Dresses this February, visit www.clothesoffourback.org .