



# PUBLIC HEALTH CONNECTIONS

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Office of Local and Rural Health



Roderick L. Bremby, Secretary

Kathleen Sebelius, Governor

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## LOCAL HEALTH DEPARTMENT FELLOWS



*submitted by Linda Frazier*

*KDHE, Public Health Workforce Development Specialist*

The Centers for Disease Control and Prevention (CDC) Public Health Prevention Service (PHPS) fellowship program is seeking PHPS applications from local health departments. Successful applicants will receive a free PHPS fellow for two years.

Local health departments using or planning to use Mobilizing for Action through Planning and Partnerships (MAPP) should consider applying for a PHPS fellow to help with

the logistics of the process. To learn more about the PHPS program, visit: [www.cdc.gov/epo/dapht/phps.htm](http://www.cdc.gov/epo/dapht/phps.htm). Please see the PHPS fellowship program application timeline below.

**January 16:** Deadline for letter of intent

**March 11:** Notification of accepted letter of intent

**April 6:** Deadline for full application

**April 27–May 8:** Open recruitment

**July 11:** Interview day in Atlanta

**Early October:** CDC PHPS fellowship 2-year assignment begins

For more information contact Lisa Jacobs, Program Associate at NACCHO (202) 507-4233 or e-mail

[ljacobs@naccho.org](mailto:ljacobs@naccho.org).

## UNITED HEALTH FOUNDATION

Health is a result of our personal behaviors, our individual genetic predisposition to disease, the environment and the community in which we live, the clinical care we receive and the policies and practices of our health care and prevention systems. Each of us, individually, as a community, and as a society, strives to optimize these health determinants, so that all of us can have a long, disease-free and robust life regardless of race, gender or socio-economic status. To view the report click the foundation logo.



United Health Foundation

This report looks at the four groups of health determinants that can be affected:

1. Personal behaviors include the everyday activities we do that affect our personal health. It includes habits and practices we develop as individuals and families that have an effect on our personal health

and on our utilization of health resources. These behaviors are modifiable with effort by the individual supported by community, policy and clinical interventions.

2. Community & environment reflects the reality that the daily conditions in which we live our lives have a great effect on achieving optimal individual health.
3. Public and health policies are indicative of the availability of resources to encourage and maintain health and the extent that public and health programs reach into the general population.
4. Clinical care reflects the quality, appropriateness and cost of the care we receive at doctors' offices, clinics and hospitals.

All health determinants are intertwined and must work together to be effective. For example, an initiative that addresses tobacco cessation requires not only efforts on the part of the individual but also support from the community in the form of public and health policies that promote non-smoking and the availability of effective counseling and care at clinics. Similarly, sound prenatal care requires individual effort, access to and availability of prenatal care coupled with high quality of health care services.

This year Kansas is ranked 22 moving up by one from 2007. The strengths include few poor mental and physical health days per month at 2.6 days and 3.1 days in the previous 30 days, respectively, a low incidence of infectious disease at 7.7 cases per 100,000 population, a low prevalence of smoking at 17.9 percent of the population and high immunization coverage with 81.7 percent of children ages 19 to 35 months receiving complete immunizations.

Some of the challenges include low public health funding at \$39 per person, limited access to primary care with 100.5 primary care physicians per 100,000 population, a high occupational fatalities rate at 7.3 deaths per 100,000 workers and a moderate rate of preventable hospitalizations with 80.8 discharges per 1,000 Medicare enrollees. Kansas ranks lower for health determinants than for health outcomes, indicating that overall healthiness may decline over time.



Significant changes in the past year include, decreased smoking from 20.0 percent to 17.9 percent of the population, the percentage of children in poverty decreased from 19.7 percent to 17.4 percent of persons under age 18, since 1990, the incidence of infectious disease declined from 23.3 to 7.7 cases per 100,000 population, since 1990, the rate of uninsured population increased from 9.0 percent to 12.5 percent.

### SMOKING BAN LEADS TO MAJOR DROP IN HEART ATTACKS

*by Mike Stobbe, AP Medical Writer*



ATLANTA – A smoking ban in one Colorado city led to a dramatic drop in heart attack hospitalizations within three years, a sign of just how serious a health threat secondhand smoke is, government researchers said. The study, the longest-running of its kind, showed the rate of hospitalized cases dropped 41 percent in the three years after the ban of workplace smoking in Pueblo, Colo., took effect. There was no such drop in two neighboring areas, and researchers believe it's a clear sign the ban was responsible.

The study suggests that secondhand smoke may be a terrible and under-recognized cause of heart attack deaths in this country, said one of its authors, Terry Pechacek of the U.S. Centers for Disease Control and Prevention.

At least eight earlier studies have linked smoking bans to decreased heart attacks, but none ran as long as three years. The new study looked at heart attack hospitalizations for three years following the July 1, 2003 enactment of Pueblo's ban, and found declines as great or greater than those in earlier research.

"This study is very dramatic," said Dr. Michael Thun, a researcher with the American Cancer Society. "This is now the ninth study, so it is clear that smoke-free laws are one of the most effective and cost-effective to reduce heart attacks," said Thun, who was not involved in the CDC study released Thursday. Smoking bans are designed not only to cut smoking rates but also to reduce secondhand tobacco smoke. It is a widely recognized cause of lung cancer, but its effect on heart disease can be more immediate. It not only damages the lining of blood vessels, but also increases the kind of blood clotting that leads to heart attacks. Reducing exposure to smoke can quickly cut the risk of clotting, some experts said. "You remove the final one or two links in the chain" of events leading to a heart attack, Thun said.

Secondhand smoke causes an estimated 46,000 heart disease deaths and about 3,000 lung cancer deaths among nonsmokers each year, according to statistics cited by the CDC.

In the new study, researchers reviewed hospital admissions for heart attacks in Pueblo. Patients were classified by ZIP codes. They then looked at the same data for two nearby areas that did not have bans — the area of Pueblo County outside the city and for El Paso County.

In Pueblo, the rate of heart attacks dropped from 257 per 100,000 people before the ban to 152 per 100,000 in the three years afterward. There were no significant changes in the two other areas.

"The need for protection from secondhand smoke in all workplaces and public places has never been clearer," said Matthew Myers of the Campaign for Tobacco-Free Kids, in a prepared statement. He is president of the Washington, D.C.-based advocacy organization.

But the study had limitations: It assumed declines in the amount of secondhand smoke in Pueblo buildings after the ban, but did not try to measure that. The researchers also did not sort out which heart attack patients were smokers and which were not, so it's unclear how much of the decline can be attributed to reduced secondhand smoke.

One academic argued there's not enough evidence to conclude the smoking ban was the cause of Pueblo's heart attack decline.

The decline could have had more to do with a general decline in smoking in Pueblo County, from about 26 percent in 2002-2003 to less than 21 percent in 2004-2005. If there were stepped-up efforts to treat or prevent heart disease in the Pueblo area, that too could have played a role, said Dr. Michael Siegel, a professor of social and behavioral sciences at the Boston University School of Public Health. "I don't think it's as clear as they're making it out to be," Siegel said.



### ADVOCACY IN HEALTH: A SPEAKER SERIES



*submitted by Larry Tobias  
Sunflower Foundation*

The Sunflower Foundation invites you to a special speaker's series. Hear from leading national experts on advocacy, health care and health media. These speakers will inspire, teach and enlighten all of us, giving us insights that will make us better able to serve the needs of the people of Kansas. Following each speech, there will be a reception to meet the speaker. Click the Sunflower Foundation logo to learn more.

Grassroots Organizing Expert Ann Wiesner will be held Wednesday, January 7, 2009, 3:30 p.m., Capitol Plaza Hotel, Topeka. Ann Wiesner comes from a family of political enthusiasts who have run for elected office across the country on tickets that span the political spectrum. Ann followed in the family footsteps in 1979, when she ran for president of her seventh grade class. She was defeated in that race by sporty guy Scott Carlson, whose popularity won out over Ann's strong grasp of the issues.



Prior to her work with Grassroots Solutions, Ann worked in the non-profit sector for over fifteen years doing community organizing, leadership development, training, and communications strategy. A native of Wisconsin, Ann's got Bucky Badger tenacity and carries with her the motto of Green Bay Packer fans: "You just gotta believe."

Ann came back to her roots by joining Grassroots Solutions in the fall of 2000 and is now a principal with the firm. Grassroots Solutions is founded on the belief that in politics and public policy, people matter. As principal, Ann oversees the strategic direction of projects that seek to engage supporters, build comprehensive grassroots training programs, advance short- and long-term policy change, and strengthen the democratic process.

Ann's clients have included groups working on cancer issues, education policy, tobacco control, disability issues, health care reform, workers' compensation reform, civic participation, social justice, and anti-poverty policy. Some of these clients include ARC Hennepin-Carver, The Lance Armstrong Foundation, the North Carolina Justice Center, The University of Pittsburgh, ClearWay Minnesota, The American Cancer Society, The Illinois Network of Charter Schools, The Wisconsin Council on Children and Families, Thrivent Financial for Lutherans, Minnesota and Illinois Community Action Associations, and Medtronic, Inc.

### LOCAL NEWS Retirement

Labette County Health Department announced the retirement of Betty Benedict, ARNP. Betty has worked for Labette County over 20 years of service. A surprise retirement party for Betty was held on Dec. 31.

## SIP ALL DAY – GET DECAY

*Marcia A. Manter*

*Community Development Specialist, Oral Health Kansas*



Parents of children with special health care need (CSHCN) need to know about sippy cups. They were designed to be a stepping stone from baby's bottle to a drinking cup. Now we know about some hidden dangers relating to their improper use.

Sippy cups mean less mess and fewer spills. They come in bright colors, unbreakable plastic, play music and even have weights in the bottom of the cup to prevent them from falling over. These wonderful inventions have some hidden dangers all parents will want to be aware of....sippy cups can lead to serious tooth decay.

The spout of a sippy cup allows juices or milk to flow directly to the front teeth, bathing them in fructose or lactose. This sugar from fruit juice or milk combines with the bacteria in a child's mouth to form acid. This acid is what causes teeth to decay. If a sippy cup is used for milk or ½ cup of 100% juice at meal time, decay is reduced. During mealtime, saliva or spit production is higher. This keeps decay at a minimum by natural rinsing of the mouth and reducing acid levels.

When choosing your child's sippy cup, chose one with No Valve! Cups with valves encourage sucking, which is the same as using a bottle. No spill cups are simply bottles in disguise. The purpose of a sippy cup is a transition from sucking to sipping, as well as the convenience of fewer spills.

The best use of a sippy cup is for fluoridated water. In warm weather, or when the child has had a meal, snack or medicine, it is good to rinse the mouth with water. Just as adults now carry water when outside or riding in a vehicle, children can use a sippy cup with water for their hydration.

When should a child with special health care needs start using a sippy cup? "When I sit up, I can use a sippy cup." Some children with special needs may need assistance to sit up. Another sign that your child is ready for a sippy cup is when he or she starts reaching for things. Choose two handled cups when baby is first starting to use a sippy cup.

When should children stop using a sippy cup? As your child gets older, encourage using a regular cup. Fill the cup with a small amount of water, first. This will reduce the size of a spill and teach them to look into the cup first, before attempting a sip. Never allow a child to walk around the house or yard with a sippy cup, they can fall and cause injury to their mouth, eyes or face. By age two, your child is may be ready for a child size open cup.

Remember, excessive juice or soft drink consumption in a sippy cup can lead to tooth decay! It may also be associated with malnutrition or abdominal illnesses. When used properly, sippy cups are a great source for water intake, and a convenient way for children to drink in public places or an automobile without a spill. They are also a nice transition from the bottle to the cup, after "I learn or am helped to sit up."

For more information contact Marcia Manter, Oral Health Kansas at [mmanter@oralhealthkansas.org](mailto:mmanter@oralhealthkansas.org).

## 2009 PUBLIC HEALTH PREPAREDNESS SUMMIT

The 4th Annual Public Health Preparedness Summit will be held in San Diego, CA on Feb. 18–20. The Summit is the largest conference for public health and emergency preparedness professionals offering a variety of plenary, panel, and poster presentations, roundtable discussions, and interactive workshops all focused on building, enhancing, and sustaining our nation's ability to plan for, respond to, and recover from disasters and other public health emergencies.

The Summit is jointly sponsored by the Association of Public Health Laboratories, the Association of Schools of Public Health, the Association of State and Territorial Health Officials, the Centers for Disease Control and Prevention, the Council of State and Territorial Epidemiologists, the Health Resources and Services Administration, the National Association of City and County Health Officials, the National Emergency Management Association, the Association of Maternal and Child Health Programs, and the Medical Reserve Corps program. For more information click on the logo above.



## BI-STATE STROKE EDUCATION CONSORTIUM

The Bi-State Stroke Education Consortium is composed of 19 health organizations and the American Stroke Association. These organizations have agreed to collaborate to enhance the educational opportunities for providers of stroke care across the continuum. 2009 – Thrombolysis and Beyond will be held February 3, 2009, at Menorah Medical Center, Overland Park, KS. This program will discuss thrombolytic treatment and rehabilitation for the acute stroke patient. To learn more and enroll in the program select the KRHIS logo above.



Upon successful completion of this class the participant will be able to:

1. Detail the history of tPA and the pharmacokinetics of tPA
2. List current indications and contraindications for tPA and the importance of documentation
3. Describe preparation and administration of tPA IV
4. Explain the thrombolytic treatment options of IA tPA for stroke patients
5. Identify the potential outcomes of using tPA
6. Discuss the impact of rehabilitation of the stroke patient

### UPDATED REGIONAL PUBLIC HEALTH MEETINGS – 2009

- **North Central Region:** 9:30 a.m. – 3:00 p.m. please contact Debbie Whitmer at (785) 827-9639 for meeting location and time.  
Mar. 31    June 23    Sept. 22    Dec. 22
- **Northeast Region:** Curtis State Office Building, 1000 SW Jackson, Flint Hills Conference Room, 3<sup>rd</sup> Floor, Topeka, 10 a.m. - 3 p.m. Please contact Linda Frazier at (785) 296-3641 if you have any questions.  
Mar. 19    June 18    Sept. 19    Dec. 17
- **Northwest Region:** NW Educational Service Center, Oakley, 10 a.m. - 3 p.m.  
Mar. 12    June 4    Sept 10    Dec 10
- **South Central Region:** Reno County Health Department, 209 W. Second, Hutchinson, 10 a.m. - 3 p.m.  
Feb. 20    May 27    Aug. 6    Nov. 25
- **Southeast Region:** Southeast District Office, 1500 W. Seventh, Meadowlark Room, Chanute, 10 a.m. – 3 p.m. Please contact Jon Anderson at (785) 296-8435 if you have any questions.  
Feb. 12    May 14    Aug. 13    Nov. 12
- **Southwest Region:** Finney County Administration Building, 311 N. Ninth, Garden City, 9 a.m. - 2 p.m.  
Feb. 20    May 15    Aug. 21    Nov. 20

### UPDATED BILLING WORKSHOPS - 2009

- **NE Billing Group** will meet on Feb. 5 at the Curtis State Office Building, 1000 SW Jackson, Flint Hills Conference Room, 3<sup>rd</sup> Floor, Topeka, 9 a.m. - noon. For more information, contact Linda Frazier at (785) 296-3641.  
Feb. 5    May 7    Aug. 6    Nov. 5
- **Billing Biddies** (North Central) 9 a.m. – 12 p.m.  
Mar. 4    June 3    Sept. 2    Dec. 2
- **Billers Anonymous** (Northwest) 10 a.m. – 2 p.m.  
Jan. 13    Apr 28    July 14    Oct 13
- **Mission Impossible Group** (South Central) 9 a.m. – 12:00 p.m., Reno County Health Department, Hutchinson.  
Feb 19    May 22    Aug. 27    Nov. 19
- **KUG's** meets from 9 a.m. – 3 p.m., Satanta District Hospital's education room (in basement).
- **Billers-R-Us** (Southeast) Southeast District Office in Chanute, Meadowlark Room, 9 a.m. – 12:00 p.m.  
Jan. 13    Apr. 14    July 14    Oct. 13



## PUBLIC HEALTH GRAND ROUNDS

*submitted by Mary Beth Warren*

*University of Kansas Medical Center, Area Health Education Centers*



The Kansas Association for Local Health Departments (KALHD), Kansas Department of Health and Environment (KDHE) and Kansas University (KU) Medical Center's Department of Preventive Medicine and Area Health Education Centers (AHEC) are once again collaborating to make available the Kansas Public Health Grand Rounds series. The Spring 2009 series will occur live on Wednesdays from 12:00

– 1:00 between mid-January to mid-May via the internet utilizing the Elluminate webconferencing system.

Enrollment for the Kansas Public Health Grand Rounds Spring 2009 series will open on January 5, 2009. A total of 14 sessions will offered and topics include: Results of the 2008 Certification Examination; The Healthy Heart: Prevention & Wellness; Uses of Bacterial Indicators for Drinking Water Safety; Identification of a Medical Home; and Pediatric Obesity. Enrollment information may be obtained by contacting KU Medical Center's Area Health Education Centers at (620) 235-4040. Click the KU logo for more information.

The fee for the entire fall series (a total of 14 sessions) will be \$100 per organization and will include continuing education credit for physicians and nurses employed by your organization and attending at your location.

## NEW TRAIN COURSE LISTINGS

*submitted by Debbie Nickels RN, BSN*

*KS-TRAIN Administrator*

Open a new web-browser, add <http://ks.train.org>, log-in, click the course links. Included below are the steps to create an account for those who have not previously used the learning management system. Forgotten your ID and password? Contact the [helpdesk@kdhe.state.ks.us](mailto:helpdesk@kdhe.state.ks.us) or call (785) 296-5655. Learners can also print out the TRAIN QuickGuide by clicking the icon on the right.



Terrorism/Emergency Readiness

Kansas Courses:

1. [KDHE-CPHP: Exercise Evaluation and After Action Reports for Health Care \(1015431\)](#)
2. [Pandemic Influenza - Homeland Security, Keeping Kansans Safe \(1015657\)](#) Online
3. [KDA MGT 332 - Agriculture and Food Vulnerability Assessment Training Course \(1015636\)](#)

Infectious disease

National Course:

1. [Ready, Set, Surge! Fundamentals of Responding to a Public Health Emergency at U.S. Ports of Entry](#)

Environmental

National Course:

1. [Food Safety Manager Certification Training](#)

Laboratory

National Course:

1. [Gammacell Irradiator \(Web-based\) - WB1309](#)

Cultural Competency

National Course:

1. [Substance Use Issues in Gay and Lesbian Clients: Considerations for Effective Practice](#)

Mental Health

National Course:

1. [Introduction to Ethics: Managing Ethical Dilemmas and Risk-Management Issues](#)

Other Training Options:

- MARC, [Metropolitan Emergency Information System \(MEIS\) Event Calendar](#) or <http://calendar.i-info.com/meis> for upcoming trainings, exercises and events or visit: <http://www.marc.org/emergency/emergencytrainingprograms.htm>
- KU Area Health Education Centers, <http://kuahec.kumc.edu/>

**LOCAL HEALTH SECTION  
OFFICE OF LOCAL & RURAL HEALTH**

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