



PUBLIC HEALTH CONNECTIONS

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Office of Local and Rural Health



Roderick L. Bremby, Secretary

Kathleen Sebelius, Governor

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NEW PHAB LEADERSHIP

submitted by Shirley Orr, Director of Local Health

Kansas Department of Health and Environment (KDHE), Office of Local and Rural Health



The Public Health Accreditation Board (PHAB) has appointed Kaye Bender, PhD, RN, FAAN as the new President and Chief Executive Officer. Dr. Bender brings a wealth of public health leadership to PHAB, the organization spearheading the effort to establish a voluntary, national accreditation program for public health departments. "Her energy, enthusiasm and experience coupled with her passion and drive to improve public health department performance make Dr. Bender the ideal person to lead PHAB," said Paul Halverson, DrPH, Chair of the PHAB Board and Director of Health and State Health Officer for Arkansas. Dr. Bender was appointed President and CEO on January 1; she will assume the position full time on June 1. Dr. Bender also currently serves as dean of the School of Nursing at the University of Mississippi Medical Center. Prior to her work with the School, Dr. Bender spent more than twenty years with the Mississippi State Department of Health, including five years as the Deputy State Health Officer.

Dr. Bender's additional appointments included serving as Chair of the Exploring Accreditation Steering Committee, which was the impetus for PHAB, and serving on the Committee on Assuring the Health of the Public in the 21st Century, and the Quad Council to develop and review standards for public health nursing practice. She

is licensed as a registered nurse and holds a masters degree in community health nursing as well as a doctoral degree in clinical sciences from the University of Mississippi Medical Center.

PHAB was established in 2007 to develop and oversee a national program for the voluntary accreditation of state, local, territorial and tribal health departments. The goal of the voluntary national accreditation program is to improve and protect the health of the public by advancing the quality and performance of state and local public health departments. PHAB is led by a Board of Directors that includes state, tribal and local public health leaders and is jointly funded by the Centers for Disease Control and Prevention and the Robert Wood Johnson Foundation.

For more information, visit PHAB's Web site, www.phaboard.org, or contact Kaye Bender at (703) 778-4549 or kbender@phaboard.org.

PHAB RELEASES DRAFT STANDARDS

*submitted by Shirley Orr, Director of Local Health
KDHE, Office of Local and Rural Health*



On February 2 the Public Health Accreditation Board (PHAB), the organization developing a national voluntary public health accreditation program, released the first draft standards for state, local and territorial health department accreditation. The release of the initial iteration of the standards is an important milestone for the field of public health and is a noteworthy step toward the goal of having the accreditation program in place by early 2011.

The draft standards and measures will be available for public review and comment from today until April 30, 2009, at which point the standards will be revised based on feedback from public health stakeholders, including local health officials, state health department leaders and boards of health. Representatives from all across the field of public health were involved in the development of the draft standards.

"Today marks a significant day for PHAB. The release of draft accreditation standards and measures, the crux of the program, is the result of a tremendous effort by our Workgroups and Board of Directors," said Kaye Bender, PHAB President and CEO. "I urge practitioners and stakeholders to take advantage of this opportunity and help shape the voluntary, national accreditation program by providing feedback. The experiences and wisdom of the public health community can help PHAB truly improve public health."

Standards are largely the same--though measures differ--for state, local and territorial health departments, but all touch on a wide range of public health services. PHAB is working closely with tribal partners to develop standards for tribal health departments that are consistent with the draft state and local standards. Although the standards are still in draft form, it is likely that health departments will be encouraged to show competency in areas ranging from administrative capacity to the ability to engage community partners, from solving health problems to enforcing public health laws. The draft standards are available in their entirety on the PHAB Web site at www.phaboard.org.

Because revisions to the standards depend on feedback from the public health community, PHAB has established several means by which people can share their comments. After reviewing the standards on the PHAB Web site at www.phaboard.org, the public health community can complete and submit online or hard copy vetting forms, participate in PHAB standards vetting Webcasts and participate in weekly PHAB-led standards vetting calls. In addition, PHAB representatives and staff are available and prepared to lead discussions about the draft standards with groups of potential applicants (such as a group of local health departments or a state health department).

Following revisions to the draft standards, an 18-month beta test of the full accreditation process will take place beginning in the summer of 2009, and will result in further refinement of the standards and the process. PHAB will accept its first applications for voluntary accreditation beginning early 2011.

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For more information, visit PHAB's Website click on the logo above or contact Kaye Bender at or (703) 778 – 4549 or kbender@phaboard.org.

NEW RURAL HEALTH DIRECTOR

*submitted by Chris Tilden, Director
Local and Rural Health (OLRH), KDHE*

Welcome Jane Faubion, new Director of the Kansas Office of Rural Health, Kansas Department of Health and Environment. Jane is coming back to KDHE and the OLRH after an eight year hiatus. Her first exposure to the Division of Health came during a three month Governor's Fellowship placement in 1979, conducting a performance evaluation for the new Certified Nurse Aid Training program. Ten years later she returned and worked in the Office of Local and Rural Health from 1990 to 2000. During that time, she was responsible for shortage area designations, the Charitable Health Care Provider Program, the J-1 visa waiver program and coordination of the Office of Rural Health.



Jane has been engaged in the health field for 25 years, with more than half of that time in rural and underserved population health care programs. Besides OLRH, her involvement in health care organizations and state government include the Kansas Association for the Medically Underserved, University of Kansas School of Medicine Department of Health Policy and Management, Kansas Pharmacy Services Corporation, Kansas Foundation for Medical Care, Health Care Plus (HMO) and Legislative Post Audit.

A native Kansan originally from Manhattan (and situational Jayhawk during basketball season), Jane received undergraduate and graduate degrees in political science from Kansas State University. After graduate school, Jane and her husband temporarily moved to Lawrence and never left.

Contact information for Jane Faubion is (785) 291-3796 or jfaubion@kdheks.gov.

NEW DIRECTOR OF PRIMARY CARE OFFICE

*submitted by Chris Tilden, Director
Local and Rural Health (OLRH), KDHE*

The Kansas Department of Health and Environment (KDHE) in the Office of Local and Rural Health (OLRH) is pleased to announce that Robert Stiles has been named the Director of the State Primary Care Office (PCO). The PCO strives to assure that vulnerable, low-income, uninsured or otherwise underserved Kansas residents receive adequate access to affordable primary health care services. Programs and activities of the primary care office include:



- Administering a program of state grants to support primary care clinics serving as the state's health care safety-net;
- Identifying and making application for federal designations including Health Professional Shortage Areas and Medically Underserved Areas;
- Evaluating access for underserved populations including persons covered by state medical assistance programs such as HealthWave and Medicaid;
- Supporting activities to recruit and retain health professionals, including assistance to communities seeking support from the National Health Service Corps;
- Administering the state's J-1 visa waiver review program for recruitment of foreign trained physicians;
- Administering state funds for health professional Loan Repayment Assistance, and
- Directing the Charitable Health Care Provider Program.

Mr. Stiles has been serving as the Primary Care Clinic Coordinator for the state funded safety-net clinic program in the PCO. In that role he was the point of contact and key liaison with KDHE programs for over 30 primary care clinics and their managers, health professionals and volunteers across the state. In addition to technical consultation to the state funded clinics, his responsibilities include daily operations for the Charitable Health Care Provider Program. He began his career at the Kansas Department of Health and Environment as a Regional Case Manager in the Statewide Farmworker Health Program. Mr. Stiles holds a bachelor's degree in History from William Jewell College and master's degrees in Medical History from Indiana University and a masters in Public Health from the University of Kansas.

Contact information for Robert Stiles is (785) 368-8110 or rstiles@kdheks.gov.

SAVE THE DATE



**FOURTH ANNUAL
Governor's Public
Health Conference**
"Kansas: A Great Environment for
Growing Healthy Families"
April 20 – 22, 2009
Wichita Marriott Hotel
Orientation to MCH for NEW public health professionals on Monday, April 20.

MULTISTATE-LEARNING COLLABORATIVE

submitted by Jon Anderson

Public Health Capacity development Manager



The Multistate-Learning Collaborative #3 (MLC-3) is a multi-year project on quality improvement for public health systems. Based on the Breakthrough Series Mini-Collaborative, MLC-3 utilizes a systematic approach to quality improvement in which teams test and measure innovations in public health practice, and then share their experiences with peers to accelerate learning and encourage widespread implementation of best practices. Funding from the Robert Wood Johnson Foundation will support activities by teams made up of local health departments and a team made up of KDHE program personnel.

The MLC-3 project is jointly managed by the Kansas Association of Local Health Departments (KALHD), the Kansas Department of Health and Environment (KDHE) and the Kansas Health Institute (KHI).

Two mini-collaborative activities will take place during MLC-3. The first will focus on promoting change to improve birth outcomes, while the second will focus on community health assessment. For further information, navigate to this webpage click on the logo above.

COMMUNITY HEALTH DATA YOU CAN UNDERSTAND AND USE

submitted by the Public Health Foundation



The Public Health Foundation and its partners are pleased to announce the launch of the [Community Health Status Indicators \(CHSI\) website](#). CHSI has updated county level data (covering 1994 - 2006) viewable online or in easy to download reports.

Each of the 3,141 reports, one for each county in the United States, provides public health officials, public health system partners, policy makers, and consumers with a snapshot of the health status of a community to make monitoring and addressing health issues easier.

Each report includes Healthy People 2010 targets, national rates, and peer counties (i.e., counties of similar population size, age distribution, and poverty) for comparison purposes. Data indicators include information on vulnerable populations, measures of health, national leading causes of death, risk factors for premature death, measures of birth and death, relative health importance, environmental health risk factors, preventive services use, and access to care, among others.

For more information on health indicator definitions, sources, and methods used in the CHSI Reports, please access [Data Sources, Definitions, and Notes: Community Health Status Indicators 2008](#).

FINANCIAL RATIO ANALYSIS

*submitted by Linda Frazier, Public Health Workforce Development Specialist
OLRH, KDHE*

Public Health Finance

In November 2007, the American Public Health Association (APHA) Learning Institute titled: Introduction to Public Health Finance & Ratio Analysis: Measuring and Improving the Financial Performance of Local Health Agencies was held in Washington DC.

Objectives of the Learning Institute were to provide participants with:

- Methods to measure and analyze agency financial performance

- Methods to improve agency financial sustainability
- Basic concepts and best practices for financial management and analysis for the field of public health as found in the practices of other public health system partners (healthcare, education, local government)
- Financial indicators applicable to monitoring local public health agency financial status and performance

A series of similar training sessions will be held across the country through support from the Robert Wood Johnson Foundation. If you have an interest in an on-site presentation, please contact Snow Wang at Snow.Wang@usm.edu.

PowerPoints from the Learning Institute can be accessed via the Public Health Finance web site. Click the logo to learn more.

Other resources available from the Public Health Finance web site include, "Creating Financial Transparency in Public Health: Examining Best Practices of System Partners," which contains background information about the usefulness of financial ratio analysis in other industries and discusses its relevance to public health; and a "Ratio Analysis Tool" which is an interactive spreadsheet that allows users to use analytical tools to measure agency financial performance.

FAMILY HEALTH HISTORY TOOL

*submitted by the Office of the Surgeon General
U.S. Department of Health and Human Services*

The U.S. Department of Health and Human Services has released an updated and improved version of the Surgeon General's Internet-based family health history tool. This new tool makes it easier for consumers to assemble

My Family Health Portrait

A tool from the Surgeon General



and share family health history information. It can also help practitioners make better use of health history information so they can provide more informed and personalized care for their patients.

Key features of the new version of the Surgeon General's My Family Health Portrait include:

- Convenience – Consumers can access the tool easily on the Web. Completing the family health history profile typically takes 15-20 minutes. Consumers should not have to keep filling out different health history forms for different practitioners. Information is easily updated or amended.
- Consumer control and privacy – The family health history tool gives consumers access to software that builds a family health tree. But the personal information entered during the use of the tool is not kept by a government or other site. Consumers download their information to their own computer. From there, they have control over how the information is used.
- Sharing – Because the information is in electronic form, it can be easily shared with relatives or with practitioners. Relatives can add to the information and a special re-indexing feature helps relatives easily start their own history based on data in a history they received. Practitioners can help consumers understand and use their information.
- EHR-ready, Decision support-ready – Because the new tool is based on commonly used standards, the information it generates is ready for use in electronic health records and personal health records. It can be used in developing clinical decision software, which helps the practitioner understand and make the most use of family health information.
- Personalization of care – Family history information can help alert practitioners and patients to patient-specific susceptibilities.



Downloadable, customizable – The code for the new tool is openly available for others to adopt. Health organizations are invited to download and customize, using the tool under their own brand and adding features that serve their needs. Developers may also use the code to create new risk assessment software tools.

For more information click on the logo above.

THE FIRST DENTAL VISIT

submitted Patty Martinette

Regional Parent Educator, Oral Health Kansas



Most parents believe that a child's first dental visit should be after all of their primary teeth have erupted. That belief has been supported by most of the dental community and pediatricians alike until recently.

Currently, the American Academy of Pediatric Dentistry recommends that all children have their first dental visit by their first birthday. The main reason for this visit is to do a visual examination of the child to screen for dental decay and normal oral cavity development; including normal tooth eruption, head and neck abnormalities, and risk assessment of developing dental disease.

Normally during the first visit the parent will hold the child on their lap, while reclining so that the Dentist may do a visual exam. Another strategy includes using "knee to knee" positioning. This involves the child lying in the dentist's lap with the parent facing the dentist with knee's touching. In this position, the parent can hold the child's hands and legs steady for safety.

Since dental decay can progress very rapidly in children, certain risk factors can be evaluated and discussed with the parents and preventative strategies can be implemented into the daily routine. These strategies may include: daily oral hygiene instructions, dietary guidelines, fluoride supplementation, and assessment of oral habits such as thumb sucking and pacifier use which could be detrimental to the child's oral dentition. After the assessment is completed, an appropriate next appointment would be scheduled based on the individual child's needs.

The establishment of a "Dental Home" is extremely important to lay the foundation for positive dental experiences in the future. A child will develop a comfort level with the dental office by being introduced at a young age. By having experiences that are preventative instead of urgent, the lifelong relationship with routine care will remain a positive experience. The connection between dental health and overall general health is well documented.

Dental disease is a reality. It is painful and costly. Early prevention and intervention is the key to healthy smiles for life!

For more information contact Marcia Manter, Oral Health Kansas at mmanter@oralhealthkansas.org.

HEALTH DEPARTMENT NEWS

New Administrator for Phillips County Health Department

Pam Tweedy is the new Administrator for Phillips County Health Department. Tweedy began her medical career as an Emergency Medical Technician in 2001. She then received her MICT from Barton County Community College and worked full time as a MICT (mobile intensive care technician) Paramedic. Tweedy then graduated from Hutchinson Community College with an Associate Degree in Nursing and has worked as a registered nurse at various hospitals. Tweedy still volunteers with EMS when time allows and plans to marry in August. She has two children.

KANSAS PUBLIC HEALTH ASSOCIATION REFLECTIONS

submitted by Nicole Heim, MPH, REHS, Associate Director

Kansas Public Health Association



When asked to write an article for Public Health Connections about my transition from a member of the emergency preparedness section of the Kansas Public Health Association to staff, I thought, "This should be easy!" But, for once in my life, it is difficult to find the words to say. How do I tell the public health workforce in the great State of Kansas exactly how amazing their professional organization is? How do I convey that KPHA is on the forefront of public health associations across the United States?

How do I express the level of dedication of the Board of Directors, Committee Chairs and Members, and staff? It really is difficult to articulate.

Now that I am Associate Director of KPHA, not only do I understand my professional organization better, I believe in it more, and I'm here to tell you what a great home it is for public health professionals. Now, you may be saying to yourself, "Sure she thinks it's great and wants me to join!" As a member employed at John-

son County Health Department before coming to KPHA, I didn't realize that as a professional/trade association, KPHA depends on its members to move forward. Had I realized this, I would have been an active member. I would have volunteered more time to 'the cause.'

When I moved into this position in April 2008, I told the Board that I would have been happy to help out with more as a member, if I just would have known how to ask or volunteer. I have come to realize that it takes a proactive person to just ask the question, "What can I do to make this Association, MY Association, thrive?" So, all of us should ask, "What can I do to make KPHA the BEST public health association in these United States?"

President Obama has asked American citizens to get active, to volunteer more. What's better than volunteering in your own professional organization? Just over 48 years ago, in his inaugural address, President John F. Kennedy said, "Ask not what your country can do for you; ask what you can do for your country." The same can be said for KPHA. Ask not what your Association can do for you; ask what you can do for your Association. KPHA will continue to provide public health professionals with education and networking, and we will continue to advocate on behalf of public health. What part will you play in making our Association stronger? If you're ready to become involved, just let a Board member know. Their information can be found at www.kpha.us.

PASS IT FORWARD

submitted by Sharon Goolsby

Director, Center for Health Disparities



With the ever increasing disproportionate impact of HIV/AIDS in communities of color, it is imperative we continue to equip our young people with the knowledge and skills needed to make well informed choices and decisions about their health.

"Pass It Forward", trains students on correct STD and HIV/AIDS prevention strategies. The result is strengthened self esteem and the assurance and skills needed to pass this information forward to their peers.

Pass It Forward is a peer to peer education program built upon the inherent power of the word of mouth marketing. The program aims to increase the knowledge and awareness of HIV/AIDS, Sexually Transmitted Diseases and related risk behaviors and improve communication, leadership, and self efficacy skills among youth, so they make better, more informed decisions regarding their sexual health.

Female high school juniors and seniors have been chosen as the audience for this initiative since they are viewed as role models by their younger female counterparts. Also, these young women will be leaving their homes and schools soon to begin their next stage of life, and it is critical that they are ready to meet the risk and challenges in their future.

The kick off for this program has been scheduled for April 2, 2009 in celebration of Minority Health Awareness Month. Partnering agencies and organizations: KDHE STD Section, Topeka AIDS Project, Douglas County AIDS Project, Kansas Department of Education and Region VII – Health and Human Services - Office of Public Health and Science. For more information contact Sharon Goolsby at (785) 296-5577 or sgoolsby@kdheks.gov.

UPDATED REGIONAL PUBLIC HEALTH MEETINGS – 2009

Upcoming Regional Public Health Meetings and Billing Workshops.

- **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. 29 Dec. 22
- **Northeast Region:** Curtis State Office Building, 1000 SW Jackson, Flint Hills Conference Room, 3rd Floor, Topeka, 10 a.m. - 3 p.m. Please contact Jon Anderson, (785) 296-8435 if you have any questions.
Mar. 19 June 18 Sept. 17 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. 25 May 27 Aug. 26 Nov. 25
- **Southeast Region:** Contact Jon Anderson (785) 296-8435, Meadowlark Room, KDHE SE District Office, Chanute, 10 a.m. – 3 p.m.
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:** (Northeast) Shawnee County Health Agency, 1615 SW 8th Avenue, Topeka. For more information, contact Jon Anderson at (785) 296-8435. 9:00 a.m. - noon
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 21 Aug. 20 Nov. 19
- ✿ **KUG's** (Southwest) Contact Michelle Miller (620) 675-8191, meets from 9 a.m. – 3 p.m., Satanta District Hospital's education room (in basement).
- ✿ **Billers-R-U's** (Southeast) Southeast District Office in Chanute, Meadowlark Room, 9 a.m. – 12:00 p.m.
Jan. 13 Apr. 14 July 14 Oct. 13

REDUCE AND REUSE

*submitted by Sandy Barnett
State Green Team Coordinator*



The Recycling world is not immune from the global economic slowdown. With the slumping production for raw materials in many manufacturing sectors, it is now time to shift our emphasis to the other sides of the triangle, reducing and reuse. As consumers buy fewer goods and factories need fewer raw materials, this has led to a glut of reusable materials and a severe drop in their value to companies that collect and ship them. With this being said, the excess demand and market trends will likely be a temporary problem for all recycling, but Recycling still matters!

Between 1960 and 2007, the amount of waste each person creates has almost doubled from 2.7 to 4.6 pounds per day. The most effective way to stop this trend is by preventing waste in the first place.

Waste prevention, also known as "source reduction," is the practice of designing, manufacturing, purchasing, or using materials (such as products and packaging) in ways that reduce the amount or toxicity of trash created. Reusing items is another way to stop waste at the source because it delays or avoids that item's entry in the waste collection and disposal system.

Source reduction, including reuse, can help reduce waste disposal and handling costs, because it avoids the costs of recycling, municipal composting, landfilling, and combustion. Source reduction also conserves resources and reduces pollution.

There are several ways to reduce, reuse, and recycle organic materials. Excess food can be donated to feed hungry people. Yard trimmings, food waste, and wood waste can be made into mulch or compost and used to prevent soil erosion and provide valuable nutrients to plants. Manufacturing paper, using recycled materials conserves resources for the future. By examining current landscaping, food preparation, and disposal practices, communities, businesses, and individuals can find creative ways to reduce and better manage municipal solid waste.

For more waste reduction tips click on the Kansas Green Team logo above, "as the most easily managed waste is material that never becomes waste."



NEWS AND UPDATES

Recommended Immunization 2009 Schedules Released



The 2009 Childhood and Adolescent Immunization Schedules have been released by the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP). The 2009 schedule calls for routine annual influenza vaccination for children aged six months through 18 years. The previous recommendation was for vaccination of children from six months through 59 months of age. The recommendation increases the number of children recommended for vaccination by approximately 30 million. For more information click on the CDC logo above.

State Budget Cuts Jeopardize America's Health

Shrinking state health department budgets, brought on by the current economic downturn, are forcing cuts in critical public health programs and reductions in workforce that will have wide ranging effects. This is according to a recent survey of state and territorial health agencies, conducted by the Association of State and Territorial Health Officials (ASTHO). For more information click on the ASTHO logo above.



Community Health Resources

Searchable database of CDC's best resources to help plan, implement and evaluate community health interventions and programs to address chronic disease and health disparities issues. Resources include planning guides, evaluation frameworks, communication materials, behavioral and risk factor data, fact sheets, scientific articles, key reports and state and local program contacts. For more information click on http://apps.nccd.cdc.gov/DACH_CHAPS/Default/index.aspx.

APHA Releases Public Health Priorities for New Congress and Administration



As the 111th Congress begins its first term and the Obama administration assumes power, the American Public Health Association (APHA) urges elected leaders to recognize the importance of public health as the foundation for a strong national health system able to address the many health challenges facing our nation. Click on the APHA logo for more information.

Health Indicators to Measure and Track Health and Well-Being of Americans

Policy makers, the media, and the public should focus on 20 specific health indicators as "yardsticks" to measure the overall health and well-being of Americans, says a new report from the Institute of Medicine (IOM). By providing information that can be compared over time, these 20



indicators will also help Americans track the nation's progress on improving our health and the effectiveness of public health and care systems. Click on the IOM logo above for more information.

First Responder



FirstResponder.gov

A website created by the Department of Homeland Security provides a portal that enables Federal, State, Local, and Tribal First Responders to easily access and leverage federal web services, information on resources, products, standards, testing and evaluation, and best practices, in a collaborative environment. For more information click on the logo above.

Secrets of the 1918 Flu Pandemic

Reuters (12/29/08) Researchers have found out what made the 1918 flu pandemic so deadly – a group of three genes that lets the virus invade the lungs and cause pneumonia. They mixed samples of the 1918 influenza strain with modern seasonal flu viruses to find the three genes and said their study might help in the development of new flu drugs. The discovery, published in the Proceedings of the National Academy of Sciences, could also point to mutations that might turn ordinary flu into a dangerous pandemic strain. Yoshihiro Kawaoka of the University of Wisconsin and colleagues at the Universities of Kobe and Tokyo in Japan used ferrets, which develop flu in ways very similar to humans. "The 1918 influenza pandemic was the most devastating outbreak of infectious disease in human history, accounting for about 50 million deaths worldwide," Kawaoka's team wrote. It killed 2.5 percent of victims, compared to fewer than 1 percent during most annual flu epidemics. Autopsies showed many of the victims, often otherwise healthy young adults, died of severe pneumonia. "We wanted to know why the 1918 flu caused severe pneumonia," Kawaoka said in a statement. To view the complete article click on the picture above.



Resource Guide for Public Health Preparedness

The Resource Guide for Public Health Preparedness is a gateway to freely available online resources related to public health preparedness. Resources include expert guidelines, factsheets, websites, research reports, articles, and other tools aimed at the public health community. All resources are cataloged and may be searched by keyword or browsed by topic. <http://www.phpreparedness.info/>

LOCAL HEALTH SECTION OFFICE OF LOCAL & RURAL HEALTH

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