



PUBLIC HEALTH CONNECTIONS

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H1N1 INFLUENZA – KDHE RESPONSE

submitted by the Office of Local and Rural Health

Human cases of the 2009 H1N1 flu virus (initially known as swine flu) have been identified in Kansas as well as in additional states and internationally. This situation is of high concern for public health officials because it is a novel virus – one that we have never seen in humans before – so it is unlikely that anyone has a natural immunity to it. A Center for Disease Control (CDC) investigation and response effort surrounding the outbreak of H1N1 flu virus is ongoing.

As of May 29 the confirmed cases of H1N1 flu virus in Kansas have occurred (or are occurring) in Dickinson, Ford,



Tom Langer, Acting Interim Director Bureau of Consumer Health, and Dr. Jason Eberhart-Phillips, KDHE Health Officer, holding discussion at the RRS Warehouse.

Geary, Gove, Johnson, Ottawa, Reno, Riley, Saline, Sedgwick, and Wyandotte counties. In all of the cases, local health departments are following the guidance provided by Kansas Department of Health and Environment (KDHE) for dealing with a confirmed case, even with suspected and probable cases while awaiting confirmatory testing by the state health lab. This includes a thorough case investigation and management of the patient and close contacts.



KDHE staff working in the Incident Command System at the Receipt, Storage, and Staging (RSS) Warehouse.

KDHE is working closely with local health departments, Kansas hospitals, medical providers, and the Centers for Disease Control and Prevention (CDC) to investigate the sources of exposure and monitor these cases. KDHE’s goals during this public health emergency are to reduce transmission and illness severity, and provide information to assist health care providers, public health officials and the public in addressing the



Mindee Reece, Director of the Center for Public Health Preparedness, in the H1N1 Influenza Briefing.

challenges posed by this newly identified influenza virus. Individuals who have been in contact with the patients are being interviewed and tested as appropriate.

In accordance with the Kansas Response Plan, KDHE is also monitoring and instituting recommendations from CDC for any additional influenza disease surveillance activities, reviewing plans to further enhance those activities, and advising health care providers regarding testing for persons who have symptoms consistent with H1N1 flu virus, especially if they have recently been to areas that have confirmed cases of H1N1 flu virus, and taking other steps under the plan. For further information on the H1N1 Influenza Outbreak go to the KDHE Website at www.kdheks.gov/.

KHI REPORT RANKS COUNTIES ON HEALTH AND WELLBEING

KHI INFORMATION
FOR POLICYMAKERS.
HEALTH FOR KANSANS.

KANSAS HEALTH INSTITUTE



*submitted by Jim McLean
Kansas Health Institute*

The Kansas Health Institute (KHI) this week released a ranking of all 105 Kansas counties according to their health status. The report, *Kansas County Health Rankings 2009*, assigns each county a

health index score based on 31 measures of health. Click on the KHI logo above to view the report.

The measures used in the calculation of the index are a combination of health outcomes — measures of how healthy a population is at given time — and health determinants — those social, environmental and behavioral factors that affect the health of populations over time.

Three health outcome measures were used in the calculation of the rankings — premature death, self-reported health status and the rate of low-birth-weight babies. Twenty eight measures of health determinants were used. They included tobacco use, high school graduation rates, divorce rates, teen birth rates, air and water quality and access to quality health care. Data for the report was obtained from public sources, most of it from the Kansas Department of Health and Environment.

The report ranks Gove County as the healthiest in the state; Wyandotte the least healthy. However, Dr. Gianfranco Pezzino, a KHI senior analyst and author of the report, said the rankings are intended to prompt actionable discussions about how to improve the health of communities more than they are to highlight the performance of individual counties. “The rankings are intended to focus the attention of local and state policymakers on the factors beyond health care that determine how healthy we are,” Pezzino said. “Things like quality education, a clean environment and an economy and culture that help people make good choices when it comes to diet, exercise and tobacco use.”

Dr. Robert St. Peter, KHI president and chief executive officer, said the rankings demonstrate that systemic changes are needed to improve the health of Kansans. “Much of the conversation these days in Washington, D.C., Topeka and other state capitals is focused on how to provide health insurance coverage to more people,” St. Peter said. “That’s important, but the conversation needs to be broader. Improving the health of Kansans and Americans so that we compare more favorably with those living in other developed nations will require broad-based interventions that target the powerful social, economic, environmental and behavioral factors that influence our health.”

A map of the rankings illustrates the powerful influence of socio-economic factors on health. It shows that several of the healthiest counties are located in a cluster in northwest Kansas, where unemployment rates are low and production agriculture predominates. In contrast, several of the counties that rank as the least healthy are clustered in southeast Kansas, where unemployment and poverty rates are higher than other regions of the state.

While rankings can be controversial, Pezzino said they are easy to grasp and can usually be counted on to stimulate discussion. “Whenever you rank something, people react in one way or another,” Pezzino said. “We hope that this exercise will prompt counties across the state to honestly assess their strengths and challenges and develop effective strategies for dealing with those challenges.”

The county health rankings are a first for Kansas, but they are modeled after work done by the University of Wisconsin Population Health Institute. To view the University of Wisconsin Population Health Institute report click on the University’s logo. Pezzino said a lack of data in some counties and an inability to measure the effectiveness of earlier policy interventions, make the rankings only a broad measure of health in the state’s counties. But he said the methodology used to weigh the various indicators and to calculate the rankings has been validated by both the Wisconsin model and a national report that ranks the



UNIVERSITY OF WISCONSIN

Population Health Institute

Translating Research into Policy and Practice

health of states. "I think we have achieved an acceptable level of precision," he said. "But among the things we hope that this project accomplishes is to promote a discussion about the value of having good, complete data." Pezzino stressed that health officials acting alone do not have the capacity to address all of the factors necessary to improve health in a particular county. Making improvements, he said, will require community leaders to collaborate and share resources. The data underlying the rankings can be explored in more detail using the interactive maps and tables available.

CONGRATULATIONS TO LEADERSHIP STAFF

*submitted by Chris Tilden, Director
KDHE, Office of Local and Rural Health*



The Office of Local and Rural Health congratulates two of our leadership staff for recent recognition they have received. Rosanne Rutkowski, Director of Trauma Program, has been invited to serve on a newly established statewide Executive Safety Council by Deb Miller, Department of Transportation (DOT) Secretary. It is rewarding to know that the trauma program is seen as a credible, key stakeholder by key partners like DOT. Congratulations to Rosanne and all her staff for this milestone.

Shirley Orr, Director of Local Health, was selected by the Wichita State University Alumni Association to receive their 2009 Distinguished Nursing Alumnus Award. She was recently recognized at the Wichita State University (WSU) College of Health Professions' Annual Awards and Re-cognition Ceremony in Wichita. This award is presented to a graduate of the WSU School of Nursing for professional accomplishments that exemplify the highest ideals of the nursing profession. We all recognize that Shirley personifies these ideals each and every day, and we invite you to join us in congratulating Shirley for this recognition.



MT CARMEL TAKES PART IN RESUCE TRAINING

*submitted by Chris Kelly, Director of Marketing/Public Relations
Mt. Carmel Regional Medical Center*



How would you respond to a disaster? That was the question being asked during an extensive, week long training conference in Pittsburg last week hosted by Rescue Training Associates of Florida. "Everybody needs to be prepared for floods, earthquakes, and terrorist events," said Joe Sorrentino, Community Integrated Disaster Response Exercise Program Director. "Not just the big cities but everybody." More than 100 first responders, emergency personnel and community members from throughout the region took part in the five day event which included training on everything from proper paperwork to creating an emergency operations center. The final day featured a live exercise that forced participants to manage a disaster in real time. "It was an intense experience," said Chris Kelly, Director of Marketing and Public Relations at Mt. Carmel. "It was incredible

to see how quickly a situation can spin out of control. They (Rescue Training Associates) really challenged us and let us see the importance of organization, prioritization and communication."

The training conference has traveled throughout Kansas for the past five years with stops in Kansas City, Wichita, Garden City and Salina. "We've had some sessions in Kansas City and Wichita where we've brought 70 instructors in," said Sorrentino. "In Wichita we actually collapsed a building and worked the disaster site. It took us about 18 months to plan that course." This was the final stop in Kansas for the conference which was sponsored by the University of Kansas Medical Center Continuing Education and Area Health Education Center through the support of the Kansas Health Foundation, and in conjunction with SEKS Hospitals - All Hazards Preparedness, Mt. Carmel Regional Medical Center, Southeast Regional Homeland Security Council and EagleMed.

KANSAS CORE PUBLIC HEALTH PROGRAM

*submitted by Kelly Kabler
KUMC-Wichita, Coordinator*



Judy Johnston, KUSM-W, gives the CPH participants tips and strategies on writing grants specifically for public health activities.

Session 3 of the Kansas Core Public Health Program was held on May 14th and 15th in Topeka and Wichita. ITV technology connected the two sites. Public health policy, planning, and law was the main focus of this two-day session.

To start the session off, Dr. Douglas Bradham, KUSM-W, shared his insight about Health Policy and Management. He discussed the US health system's current structure, national and state policy development, and different management processes. Following Dr. Bradham was KUSM-W Research Instructor Judy Johnston, who gave the CPH participants tips and strategies on grant writing for public health activities. Each participant was able to work through a planning form that helps grant project members get organized before writing grant proposals. Later that afternoon, CPH students heard from a group of people that had firsthand experience with the legislative system. Kathy Walker, Dennis Highberger, and Bob Swan shared the story of how they and a small group of people worked together to get a breastfeeding rights law passed in the State of Kansas. Because of their hard work and

perseverance, women in Kansas now have the right to breastfeed in public.

Elaine Schwartz, KPHA, and a panel of her colleagues were the spotlight of the first half of Day Two. The presentations were centered on public health law and advocacy. Included in the panel was Senator Vicki Schmidt, who walked the class through the process of a bill becoming a law from a legislator's standpoint. She explained the how the Kansas House of Representatives and Senate work together to amend bills in the interest of their respective constituents and prepare them to be sent to the Governor. Also joining Elaine's panel was Fran Breyne, KPHA, Anne Nugent, KHI, and Doug Cruce, Office of Judicial Administration.

The final speaker of the session was Bob Parnacott, Assistant Sedgwick County Counselor. Bob delivered a presentation regarding public health law. He walked the participants through a potential public health intervention scenario and explained the legal issues that arise during such instances. He also used real examples from the recent H1N1 outbreak to help the students recognize the legal authority in public health emergencies.



CPH students in Wichita discuss how public health policy affects each of their agencies during a break.

The fourth two day CPH session will be held in Wichita on July 30th and 31st. The first day will be a joint session with the Kansas Public Health Leadership Institute. On the second day, CPH students will go on an environmental health tour, visiting several sites throughout Wichita. The tour will help the students see the role of environmental health and safety in public health.



CPH students Rhianna Shaw (left) and Kendra Smith listen intently to speaker Bob Parnacott as he explains the legal issues that can develop from public health interventions.

THE 3 "C'S" OF EXPANDED NEWBORN SCREENING IN KANSAS

The Kansas Department of Health and Environment (KDHE) and the University of Kansas Medical Center Area Health Education Centers (KU-AHEC) are presenting a three hour seminar geared to nursing and laboratory staff who collect and receive newborn screening in Kansas. Areas of interest will be covered:

- * Proper collection and transport of samples
- * Sample testing at the Kansas Health & Environmental Laboratory
- * Expanded conditions and follow-up for abnormal test results



The overall goal of this seminar is to educate stakeholders on why newborn screening is important to public health in Kansas. Linda A. Williams the Newborn Screening Follow-up Coordinator at KDHE will be presenting. The following dates and locations are:

June 15 – Pittsburg	July 1 - Topeka
June 18 – Wichita	July 9 - Garden City
June 23 – Hays	July 10 - Hutchinson
June 24 – Goodland	July 14 - Kansas City
June 26 – Salina	July 22 - Overland Park

For more information on this seminar and registration form click on the babies above.

KS-TRAIN ONLINE COURSES

<http://ks.train.org>

*submitted by the Local Health Section
Office of Local and Rural Health, KDHE*

Looking for training close to home? Why not use KS-TRAIN as one of your quality improvement tools to increase the competency of your workforce.

[Learning with Lilly - Introduction to Public Health Nursing \(1016614\)](#) can be used to orient new nurses or introduce students to basic public health nursing concepts. This interactive course is designed to be an educational tool and a source for reference material.

The course is divided into modules and includes information about the following topics:

- Core functions and essential services of public health
- Population based public health nursing
- History of public health nursing
- Public health system in Kansas
- Minnesota Model of Population-Based Nursing Interventions



A certificate of completion is available post passing the final assessment and completing the online evaluation. This course is free and requires 2 hours for completion.

[Safe Mail Handling 1004927](#) This course is intended to provide guidance to both private and governmental employees that handle mail on a daily basis. Recognition and isolation of suspicious packages and letters, personal decontamination, and personal protective clothing as well as how to conduct a threat assessment are discussed in this course. Participants should expect to spend around twenty minutes to complete the entire course.

[KHEL: H1N1 Influenza Specimen Packaging and Shipping \(1017512\)](#) This 10 minute course covers the step by step instructions in packaging and shipping H1N1 Influenza A specimens to be sent to the Kansas Health and Environment Laboratories. This course does not certify individuals but is to be used as a guide in performing the packaging and shipping steps via a Triple Packaging system.

[Measuring Health Disparities \(Downloadable Version\) \(1006319\)](#) is a self-paced, interactive course which focuses on some basic issues for public health practice -- how to understand, define and measure health disparity. This computer-based course examines the language of health disparity to come to some common understanding of what that term means; it also shows how to calculate different measures of health disparity. The purpose of this course is to provide a durable tool that is useful to daily activities in the practice of public health. The content is designed to be accessible to a broad audience of practitioners across all sectors of the public health workforce who are concerned about the issue of health disparity.

RED FLAG RULE

Submitted by Debbie Whitmer, Public Health Nurse Specialist

Kansas Department of Health and Environment, Office of Local and Rural Health

The following information comes from recent publications and the Federal Trade Commission website. We recommend that your agency/organization seek guidance from your legal counsel to determine if this federal regulation does apply to your business practice and how to proceed with compliance.

On November 9, 2007, the Federal Trade Commission (FTC) and the federal bank regulatory agencies issued regulations (The Red Flags Rules) requiring financial institutions and creditors to develop and implement written Identity Theft Prevention programs, as part of the Fair and Accurate Credit Transactions Act of 2003 ("FACT Act"). The programs must provide for the identifications, detections, and response to patterns, practices, or specific activities – "Red Flags"- that could indicate identity theft.

Many health care providers, including health departments, were caught by surprise by the Red Flags Rules because the rules are primarily geared toward financial institutions, and they were published by agencies that typically do not regulate the healthcare sector. However, healthcare and other non-banking industries have discovered that they are covered under the broad definition of the term "creditor" in the regulations. Because nearly all health departments do not collect payment until after the services have been rendered, they too seem to meet the broad definition of a creditor and are covered by the Rules.

The FTC has issued a last-minute delay in enforcing the Red Flag Rules until August 1, 2009. This 3-month delay gives health departments and other medical services a short reprieve to implement their Identity Theft Prevention Programs as required by these federal regulations.

The Red Flags Rule, a law the FTC (Federal Trade Commission) will begin to enforce on August 1, 2009, requires certain businesses and organizations — including many doctors' offices, hospitals, health departments and other health care providers — to develop a written program to spot the warning signs — or "red flags" — of identity theft. The Red Flags Rule requires many businesses and organizations to implement a written Identity Theft Prevention Program designed to detect the warning signs – or "red flags" – of identity theft in their day-to-day business.

Every health care organization and practice must review its billing and payment procedures to determine if it's covered by the Red Flags Rule. Whether the law applies to you isn't based on your status as a health care provider, but rather on whether your activities fall within the law's definition of two key terms: "creditor" and "covered account."

Health care providers may be subject to the Rule if they are "creditors." Although you may not think of your practice as a "creditor" in the traditional sense of a bank or mortgage company, the law defines "creditor" to include any entity that regularly defers payments for goods or services or arranges for the extension of credit. For example, you are a creditor if you regularly bill patients after the completion of services, including for the remainder of medical fees not reimbursed by insurance. Similarly, health care providers who regularly allow patients to set up payment plans after services have been rendered are creditors under the Rule. Health care providers are also considered creditors if they help patients get credit from other sources — for example, if they distribute and process applications for credit accounts tailored to the health care industry.

On the other hand, health care providers who require payment before or at the time of service are not creditors under the Red Flags Rule. In addition, if you accept only direct payment from Medicaid or similar programs where the patient has no responsibility for the fees, you are not a creditor. Simply accepting credit cards as a form of payment at the time of service does not make you a creditor under the Rule.

The second key term — "covered account" — is defined as a consumer account that allows multiple payments or transactions or any other account with a reasonably foreseeable risk of identity theft. The accounts you open and maintain for your patients are generally "covered accounts" under the law. If your organization or practice is a "creditor" with "covered accounts," you must develop a written Identity Theft Prevention Program to identify and address the red flags that could indicate identity theft in those accounts.

The FTC has released a fill-in-the-blank form for businesses and organizations at low risk for identity theft. The online form offers step-by-step instructions for creating your own written Identity Theft Prevention Program. You can fill it out online and print it. The do-it-yourself form is available by click on the Red Flag logo.

The FTC has published *Fighting Fraud with the Red Flags Rule: A How-To Guide for Business*, a plain-language handbook on developing an Identity Theft Prevention Program. For a free copy of the Guide and for more information about compliance, visit ftc.gov/redflagrule.

Other helpful web sites:



- *The "Red Flags" Rule: What Health Care Providers Need to Know About Complying with New Requirements for Fighting Identity Theft*, by Steven Toporoff; Steven Toporoff is an attorney with the FTC's Division of Privacy & Identity Protection <http://www.ftc.gov/bcp/edu/pubs/articles/art11.shtm>
- **Free** How to guide for business from the Federal Trade Commission <http://ftc.gov/redflagsrule>
Complying with the Red Flags Rule:
- A Do-It-Yourself Prevention Program for Businesses and
- Organizations at Low Risk for Identity Theft www.pwwemslaw.com
http://ftc.gov/bcp/edu/microsites/redflagsrule/RedFlags_forLowRiskBusinesses.pdf

MT CARMEL RECEIVES S.A.R.T. GRANT

*submitted by Chris Kelly, Director of Marketing/Public Relations
Mt. Carmel Regional Medical Center*



Mt. Carmel Regional Medical Center has been awarded a grant for its Sexual Assault Response Team (S.A.R.T.). The grant will fund an on-site visit from an outside consulting group to review current procedures and offer guidance to help strengthen the program. "We're very excited to receive this grant," said Betty Craze, Emergency Department Director at Mt. Carmel. "It takes a high level of training to be able to properly care for victims of sexual assault. Our team must be able to treat both their physical and emotional wounds. This grant will help strengthen our program which will in turn help strengthen our community."

April has been designated as sexual assault awareness month. "It's not a topic many people talk about," said Craze. "Victims are abused both physically and emotionally yet because of the stigma attached to it they often stay silent. One of the best ways to help stop this horrible crime is to speak up. Abuse is never okay." For more information about sexual abuse and how to prevent it visit the national sexual violence resource website at www.nvsc.org.

SURVING THE STORM

*submitted by Chris Kelly, Director of Marketing/Public Relations
Mt. Carmel Regional Medical Center*



Mt. Carmel was thrown into the dark for a short time in April when a spring storm system rolled through area, leaving downed trees and powerlines in its wake. Reports from the National Weather Service estimate the wind speeds in the area at anywhere from 60 to 70 miles per hour with an 80 mph gust reported in Parsons. A tornado warning was briefly issued for the county resulting in emergency procedures on patient floors. "Our nurses are trained to move patients into the hallways in the event of a tornado warning," said Julianna Rieschick, Vice-President of Patient Care. "Our nurses were able to quickly move the majority of patients into the hallways and if needed, connect them to our emergency power supply. Pillows were placed around those who could not or did not wish to be moved. Everyone worked together to make certain our patients were safe."

Power outages were common throughout the area but especially so in rural Crawford and Cherokee counties. These outages were cause for concern for Gary Miller and his staff at Mt. Carmel's Home Medical Equipment. "We're monitoring the power outages and contacting our patients who are on oxygen," said Miller. "A tank will only last four hours so we're making certain our patients have an adequate supply. Thus far we've made deliveries to the Weir area and are checking with our other patients throughout the area." Although there were widespread reports of damage throughout the region, Mt. Carmel was able to avoid any major damage. "We had some damage to our trees out front, a broken window on the third floor and some shingle damage to our medical office buildings but overall we came through it okay," said Gary Falcetto, Director of Engineering. "When you have 75 mile per hour winds, anything can happen. We were very fortunate this time."

**Earth provides enough to satisfy every man's need,
but not every man's greed.**

Mahatma Gandhi, Spiritual leader, political
1869-1948

GOOD NEWS: DENTAL DECAY IS PREVENTABLE!

*submitted Marcia A. Manter
Community Development Specialist, Oral Health Kansas*

Bad news: Dental decay, if left untreated, can cause pain, infection, trouble eating, speaking, and learning. It results in more days missed from school than any other chronic, infectious disease.

One of several ways dental professionals can help keep teeth healthy and decay free is sealants. Sealants are an important part of a child's dental prevention program. Decay damages teeth, while sealants protect and save the tooth structure. They save time and money and possible discomfort.

Sealants are thin resin or plastic coatings that are applied to the chewing surfaces of the back teeth. This protects the tooth from bacteria and food particles that get into these small grooves, known as "pits and fissures."

If your little children are at high risk for dental decay, the American Dental Association recommends putting sealants on primary (baby) teeth. For children with permanent molars, dental professionals almost always recommend sealants for the first and second set of permanent molars, or, as they are commonly called, the 6 year and 12 year molars. Placement of pit-and-fissure sealants greatly reduces early decay and young adults for five years (and as long as 10 years) after sealant placement, compared to teeth that have not had sealants.

Applying the sealant is an easy process. After the tooth surface is cleaned, a gel may be placed on the tooth and then rinsed before the tooth is dried and the sealant placed. A light may be shined on the sealant to help harden it to the tooth. They can be clear, white, or tooth colored, and they will not interfere with biting or chewing. Sealants are seen only close up.

There are many healthy habits that can be practiced at home and school, and in addition to sealants, it is still important to maintain a healthy, teeth-friendly diet. It is important to brush with fluoridated toothpaste at least twice a day, and receive regular dental care.

Ask your dental professional if sealants are recommended for your child!

For more information, please contact Marcia Manter at Oral Health Kansas, (785) 356-6039
mmanter@oralhealthkansas.org

Sealant Application



Chewing surface of a molar before sealant is applied.



The tooth surface is etched with a mild solution to help the sealant adhere.



Chewing surface of a molar protected by a shaded sealant.

KANSAS HEALTH AND ENVIRONMENTAL LABORATORIES' ROLE IN SAFE DRINKING WATER

*submitted by Dennis Dobson, Interim Director
Kansas Health and Environmental Laboratories*



When we think of public health, our minds tend to go to vaccinations, hospitals and other medical efforts. Often, we forget the important role that the environmental side of public health has played in creating a healthy Kansas. Safe drinking water has been one of the greatest advancements in public health, and has a long tradition at Kansas Health and Environmental Laboratories (KHEL), beginning with the first water tests in 1905. That tradition continues today with the great teams that we have at KHEL.

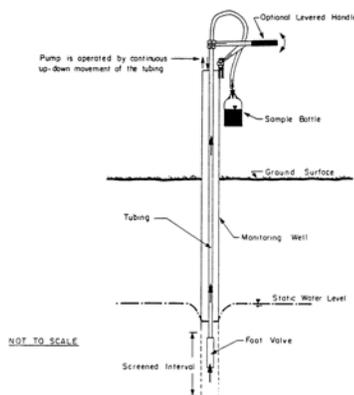
The Environmental Microbiology Laboratory is made up of Erin Harvey and Rebecca Robison. They are responsible for testing over 3,100 samples a month from public water supplies across the state. They also test 130 stream samples each month, as streams are the source of many water supplies in Kansas. Kansas has one of the most extensive stream testing networks in the nation, and this testing helps assure that the quality of those streams are maintained at the highest level.

The Radiochemistry Laboratory team helps to ensure that our drinking water is safe from the radioactive compounds found naturally in some public water supplies. That team is made up of Andrew Wolfe, Derrick Dawson, and Maggie Powers, and is headed by Dr. To. They help to identify sources of contamination that are over the safe level so that additional steps can be taken by the supplier to remove the contamination. In addition, they also test milk, a variety of vegetation, soil, sediments, air samples and fish from the Wolf Creek area for the Bureau of Air and Radiation. This is done to evaluate the impact and assure safety in surrounding areas of the power plant. They also test effluents from hospitals that have a nuclear medical section. This is done to make sure that the environment is not being contaminated. And if there should ever be a nuclear disaster, this team would be analyzing samples to help define safe zones for the people of Kansas.



The Environmental Chemistry Laboratory (ECL) is made up of several teams whose members are being cross-trained in order to assist one another. The Inorganic Nutrients unit is where Gloria Porter, Bill Evans and Courtney Kipers test water samples for various ions, nitrate/nitrites, pH, conductivity and other compounds. There is also an Inorganic Metals unit where Elizabeth Paris and Michael Johannes test wastewater samples for numerous metals to protect the environment and ensure safe drinking water. They also test other types of samples, such as wastes and soils, for metals like lead, arsenic, copper, iron and chromium. The Inorganic section of ECL is headed up by Jon Brady, who, because of his broad inorganic testing experience may be called upon to do any of the numerous inorganic tests in the laboratory.

The technical team of Dennis Pageler, Roberta Peterson, Kevin Neal and Terri Lammers make up the Organic section of the ECL where they prepare and extract samples for testing. They use a wide variety of techniques to extract priority pollutants, haloacetic acids, pesticides, herbicides and PCBs from various samples. Once they complete their task, the sample extracts are passed along for analysis by the Organic analysis team made up of Jim Cook, John Gould, Lindsey Simpson and Dana Baxter. They are responsible for determining the identity and concentration of pollutants and contaminants in the samples.



There is also the Organic analytical team of Fani Limberopoulos-Schliep and Mary Jane Ayala who do the testing of volatile organic compounds. They test groundwater samples provided by programs in the Bureau of Environmental Remediation and the Bureau of Waste Management to evaluate the extent of contamination and ensure situations are remediated.

They also test for volatiles that are regulated by EPA in water provided by public water suppliers in Kansas. This assures the safety and quality of drinking water for all Kansas citizens. All of the ECL units are directed by Russell Broxterman, who has been with the laboratories for over 37 years.

All of these teams help to make sure that we have a healthy environment for the citizens of Kansas. It's important to point out that the efforts of the KHEL staff, along with their program partners throughout the agency, help to preserve and improve the earth all year long.

All of the work done in the laboratories wouldn't happen without the support of the Administrative team of Gina Murphy, Carol Brownell, Debbie Besenyi, Gregg Fountain and Belinda Cullen. They work to order and deliver supplies, handle account billing and reimbursements, and make travel arrangements for KHEL staff.

HIV/AIDS SECTION INTRODUCES NEW HIV TEST FORM



The HIV/AIDS Section launches rollout of a new HIV Counseling, Testing, and Referral form for providers to complete on all persons testing for HIV in conjunction with the KDHE Counseling, Testing, and Referral program. Several live trainings will be held through June and an on-line training will be available soon. Implementation of the new HIV Test Form will begin on July 1, 2009. If you have questions regarding the training or the form contact Jamie Flemming, Counseling, Testing and Linkage Director at jflemming@kdheks.gov or Sandra Springer, HIV Prevention and Training Director at sspringer@kdheks.gov.

GO LOCAL KANSAS CONNECTS PEOPLE TO HEALTH RESOURCES

*submitted by Amy Ritterskamp
Go Local Kansas Project Director*



Go Local Kansas was launched on January 29 (click on the logo to view the website). Go Local Kansas allows consumers to find contact information for health care providers such as hospitals, county health departments, support groups, nursing homes, and community clinics. Users can search by location, type of facility, or a specific disease or condition. Information from all counties in Kansas is available.

Go Local is an initiative by the National Library of Medicine, which is part of the National Institutes of Health, and is highly integrated with MedlinePlus.gov, their patient information web site. Currently 28 states have active Go Local sites with more in development.

The project is the result of the hard work of librarians and library staff from across the state. Librarians from Dykes Library at The University of Kansas Medical Center, the State Library of Kansas, Kansas public libraries and the Kansas Regents Institution Libraries contributed to the web site.

Data was gathered from a few state agencies, and then imported into the database. Selectors were recruited from each Regional Public Library System to create records for local services that don't register with a state agency. Librarians from each of the Kansas Regents Institution Libraries then provided a final review of all records. This distributed model was used in an effort to provide a truly comprehensive database for residents of Kansas, as well as create a sense of ownership across the state.

Governor Kathleen Sebelius signed a proclamation declaring January 29th, 2009, Go Local Kansas Day and encouraged residents to visit the site "today and every day in 2009 to locate health resources in their community".



Go Local Kansas is part of a statewide health information initiative encouraging Kansans to take charge of their health. Kansas Health Online, (click on the logo to the right to visit the website) is a health information web site, which launched last year and is sponsored by the Kansas Health Policy Authority and developed by biomedical librarians at Dykes Library. It includes information on diseases and conditions, tools and tips to make healthy lifestyle decisions, and a guide to health policy in Kansas.

CREATING POLICY USING COMMUNITY HEALTH STATUS INDICATOR

submitted by 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.

Now that you have your Community Health Status Indicator (CHSI) report you can begin creating policy that will impact community health. Not all policy is created at the governmental level; hospitals, schools, and other community organizations can make policy that leads to better health. For example, community organizations can adopt policies about the kinds of foods that are served (e.g. low fat, locally grown). Click on the logo to view the report.

SAVE THE DATE!

The 35th Annual Women's Health Care Symposium will be held in conjunction with the National Family Planning Clinical Conference in St. Louis on August 1-3, 2010.

We invite you to complete this brief survey. The results will help us ensure that the conference meets your educational needs.

https://www.surveymonkey.com/s.aspx?sm=nmcCOx06jnCPo2BHYOi9gQ_3d_3d

You may also contact Karla Johnson, Executive Director of Development Systems, Inc., at kjohnson@devsys.org or (816) 561-5050 or Jodi Baker at bakerjm@umkc or (816) 235-6463 with comments and suggestions.

JOB OPENING

SEDGWICK COUNTY HEALTH DEPARTMENT

The Sedgwick County Health Department is taking applications for the following positions:

- Community Health Nurse II – Maternal & Infant [20002336021309](#)
- Healthy Babies Fiscal Associate / Interpreter [20003160031809](#)
- WIC Registered Dietician [20003751050409](#)



Click on a job number to view details. For more information click the Sedgwick Seal on the right, or contact Jeff Goetzinger, Human Resource Assistant, Sedgwick County Health Department at (316) 660-7333.

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

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Debbie Nickels Kansas TRAIN Administrator 1000 SW Jackson, Suite 340 Topeka, KS 66612-1365 Office phone – (785) 291-3457 Cell phone – (785) 231-4503 Fax number – (785) 296-1231 E-mail address – dnickels@kdheks.gov	Jacob Jackson KS-TRAIN Instructional Specialist 1000 SW Jackson, Suite 340 Topeka, KS 66612-1365 Office phone – (785) 291-3241 Cell phone – (785) 640-6388 Fax number – (785) 296-1231 E-mail address – jjackson@kdheks.gov