



# PUBLIC HEALTH CONNECTIONS

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Bureau of Local and Rural Health



Roderick L. Bremby, Secretary

Mark Parkinson, Governor

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### IT'S TIME TO GET SAVVY ABOUT SODIUM

*An Op-Ed Column by Jason Eberhart-Phillips, MD  
Kansas State Health Officer*

Chances are there is too much salt in your diet, and that salt may be slowly killing you.

So says a report released recently by the Institute of Medicine, which calls for dramatic reductions in American salt consumption over the next few years.

The concern focuses on the dangerous link between dietary salt and high blood pressure, a silent disease that currently affects about one-third of all American adults. Unless it is detected early and effectively treated, high blood pressure can severely damage a person's heart, brain, blood vessels and kidneys, leading eventually to death.

High blood pressure is one of the most common diseases in Kansas, with the number of new cases increasing steadily in the past decade. By age 65, nearly 6 in 10 Kansans are now diagnosed with high blood pressure. Nationally, only about half of those with the disease are able to control it effectively with medications.

Treatment for high blood pressure is starting to improve, but preventing it altogether is the best option for saving lives and keeping health care costs affordable.

But how can we prevent a disease that has become a serious epidemic?

The answer is found in changing the ways we eat. There is now ample evidence that as the salt in your diet increases, so does the risk of bumping up your blood pressure.



And the consumption of salt, the main source of the element sodium in our diets, has risen sharply in recent years to levels far above what's safe for most people.

Dietary guidelines call for an intake of no more than 2300 milligrams of sodium per day. For people over 40 years of age, and certain others at high risk for elevated blood pressure, the recommendation is just 1500 milligrams per day.

Today the average American consumes more than 3400 milligrams each day. More than 90 percent of Americans are taking in more dietary sodium than they should.

The new report says that if daily sodium consumption could be cut to 2400 milligrams – just above the higher target level – about 100,000 lives could be saved in America every year. At the same time, the economy could save about \$18 billion annually in treatment costs for high blood pressure.

Cutting our salt intake to more healthy levels would slash the country's heart disease mortality by 21 percent and reduce deaths from stroke by 37 percent. Apart from deterring young people from smoking cigarettes, nothing else we could do to reduce the burden of chronic diseases would have as much positive impact as cutting down the salt in everyone's diet.

So if you agree that reducing salt consumption is a good idea, what can you do about it?

Should you throw away the salt shaker at your dinner table? Should you stop adding salt when cooking at home?

You could do those things, but together they probably account for just 10 percent of all the sodium in your diet. Naturally occurring sodium in the common foods you eat makes up only another 10 percent or so.

Then where is the heavy load of sodium in our diets coming from?

The shocking fact about dietary sodium is that about 80 percent of it is completely hidden. It has been added to the processed foods you eat and the meals you enjoy when eating out in restaurants.

It's this concealed sodium that lies at the heart of the crisis in high blood pressure. Only when the added salt is engineered out of these foods will Americans see significant reductions in their sodium consumption and a commensurate drop in high blood pressure.

The new report outlines strategies for phasing in reductions in sodium levels in the food supply. These steps will require regulatory action by the Food and Drug Administration and other agencies. But voluntary efforts by the food industry will also play a role.

To date, four of the nation's 10 leading food processors have committed to reducing sodium in their products by 25 percent in the next few years. Restaurant chains are also looking at voluntary measures to lower the salt content in their menu lines.

These are positive steps in the right direction, but if you want to lower the sodium in your family's diet right away, here are some things to consider:

- The sodium content in similar processed foods can vary enormously. Get used to reading the nutrition labels on the foods you commonly buy and choose low-sodium alternatives.
- Choose fresh or frozen meats, fish and vegetables instead of canned varieties, unless they are canned without salt.
- Enjoy fruits, vegetables and unsalted nuts as snacks instead of salty chips, nuts and other sodium-laden snacks.
- When eating out, choose plain foods that are grilled or roasted. Avoid most soups, sauces and fried foods, as these are commonly loaded with salt. Whenever possible, ask to have no salt added when the food is prepared.

The epidemic of high blood pressure will begin to pass in coming years, as government and industry work together to solve the problem of excess salt in our food supply. But if you want to beat the odds on developing high blood pressure now, aim for a healthy weight, increase your physical activity, avoid excess alcohol and get savvy about sodium.

A low-sodium lifestyle. Now that's an idea worth its salt.

## **COMMUNITY CONTINUITY AND RESILIENCE AND THE RED PLAN**

*submitted by Mike Thomas, Associate Director and Instructor  
Heartland Center, St Louis University*



The Heartland Center for Public Health Preparedness and Collier County Health Department in Naples, FL, will be presenting, "A Webinar Discussion on Community Continuity and Resilience and the RED Plan," Jul. 15 at 10:00 a.m. (CST). Discussion will include the RED Plan or Residential Enclaves Concept for building local community resilience for response to public health emergencies, hurricanes, etc. In addition, the presenters will identify the resources, education/training, and

communication systems involved in developing self-contained communities. Discussion will include information on the use and expansion of RED Plan Communities in the recent 2009 Novel H1N1 Pandemic.

Registration is required. Please visit the webinar Website by clicking the image on the left to register for this session.

### ACCREDITATION BETA TEST HAS BEGUN

*submitted by Kaye Bender, PhD, RN, FAAN  
Public Health Accreditation Board (PHAB) President and CEO*

The Beta Test site visits have begun! In May, Deschutes County Health Services became the first health department to host a Beta Test site visit team. This was a historic milestone for PHAB. True to the concept of the Beta Test, it was a tremendous learning experience.

We are also pleased to announce a new PHAB team member, Rachel Margolis. Rachel has hit the ground running and is already participating in our Beta Test site visits. I know you will all enjoy getting to know Rachel. We are fortunate to have her join us in the role of Accreditation Specialist. Rachel is working on site visit logistics and will be assisting with the accreditation process from the PHAB side for applicants in the future.



The PHAB Board of Directors met in May. We've included some highlights in this e-newsletter. The Beta Test Accreditation Review Committee (ARC) has some newsworthy activity to share and there have also been developments in Tribal health department accreditation. Soon, we will be calling for volunteers to form a PHAB workgroup that will be tasked with guiding the development of tribal versions of standards, measures, documentation, and interpretation. Look for more details soon!

Lastly, "Word on the Street" features a description of an agency strategic plan and a discussion of the key processes in Domain 9. Please keep sending in your questions. We'll share the answers with everyone.

Thank you for all the support you've given PHAB. We are looking forward to a productive summer!

### TRIBAL STANDARDS WORKGROUP NEEDS VOLUNTEERS

*submitted by Kaye Bender, PhD, RN, FAAN  
PHAB President and CEO*



PHAB is inviting representatives to volunteer to serve on a Tribal Standards Workgroup. PHAB is currently seeking six to eight individuals who are in leadership and/or public health professional roles, and have in-depth knowledge of tribal health departments, especially in the areas of administration, public health functions, and policy development in tribal settings. If you are interested in volunteering to be on this workgroup contact Robin Wilcox at [rwilcox@phaboard.org](mailto:rwilcox@phaboard.org) for more information.

### ARE YOU GETTING THE WORD OUT ABOUT PUBLIC HEALTH IN YOUR COMMUNITY?

*submitted by Linda Frazee Public Health Workforce Development Specialist  
Bureau of Local and Rural Health (BLRH), KDHE*



Essential Public Health Service #3 is: Inform, educate, and empower people about health issues. The Domains of the Public Health Accreditation Board (PHAB) Standards follow the Essential Services. They are currently in Beta Testing at the national level, and in pilot testing at the Kansas state level for the remainder of the year. The Standards are being looked at during public health regional meetings, and discussed at various other public health gatherings across the state.

One of the most important things we can do to promote the value of public health is to educate the public about what public health is and what it does. New prevention funding streams will likely go to whoever most effectively communicates they can provide what is needed to solve the ever growing problems that are making us a less healthy nation. The problem is that most of the solutions being offered start way too late – after the problems have begun.

The health department Website is an excellent way to inform and educate the entire community about the mission and vision of the department. Offering public health information and data about the community and how it compares to other communities can increase the value the residents place in public health. It can also serve to motivate citizens to participate in public health improvement efforts. [The Community Health Status Indicators](#) is just one set of data that can be imported into a Website for that purpose. Links to wellness information sites can also be added. If you haven't included this type of information in the past, a news article highlighting the fact that this type of information will now be provided could be a good launch to the updated Website. So tell the story, educate and inform people, empower them to prevent health problems in the first place. Together, we can make a difference.

## A GUIDE TO WRITING AND DESIGNING EASY-TO-USE HEALTH WEBSITES

*submitted by Greg Crawford, Vital Statistics Data Analysis Section Chief  
Bureau of Public Health Informatics (BPHI), KDHE*



The U.S. Department of Health and Human Services' (HHS) Office of Disease Prevention and Health Promotion (ODPHP) has written a research-based how-to guide for creating health Web sites and Web content for the millions of Americans with limited literacy skills and limited experience using the Web. The strategies in this guide complement accepted principles of good Web design and thus have the potential to improve the online experience for all users, regardless of literacy skills.

This guide is written for Web designers, Web content specialists, and other public health communication professionals. It offers an overview of how to:

- Deliver online health information that is actionable and engaging.
- Create a health Website that's easy to use, particularly for people with limited literacy skills and limited experience using the Web.
- Evaluate and improve your health Web site with user-centered design.

You can access the guide at by clicking the HHS logo

You may also be interested in the Agency for Healthcare Research and Quality (AHRQ)'s Accessible Health Information Technology for Populations with Limited Literacy: A Guide for Developers and Purchasers of Health IT, located by clicking the AHRQ logo.



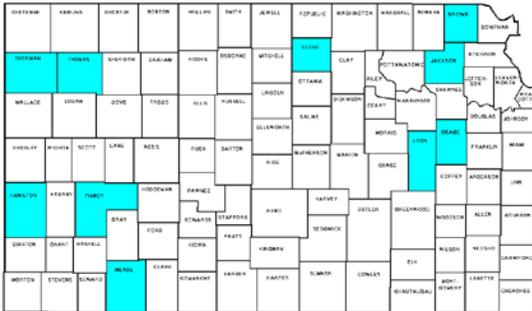
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## SURVIVE AND THRIVE LOCAL HEALTH DEPARTMENTS TRAINING AND COACHING

*submitted by Kansas Association of Local Health Departments (KALHD)*



Kansas was one of three states selected by National Association of County and City Health Officials (NACCHO) to pilot the Survive and Thrive curriculum for new local health department directors. KALHD partnered with Kansas University Medical Center (KUMC) Area Health Education Center (AHEC) in developing the Kansas proposal. The other two pilot states are Colorado and Wisconsin. This training focuses upon the challenges of leading an agency and provides training and coaching support to help new administrators meet these challenges. Topics include understanding the political, legal and financial framework, how to create partnerships and how to work with staff in

adapting to change. Then new administrators (counties highlighted on map) and three coaches are participating in this first class.

## KANSAS SCHOOL NURSES CONFERENCE: ADDRESSING GLOBAL ISSUES

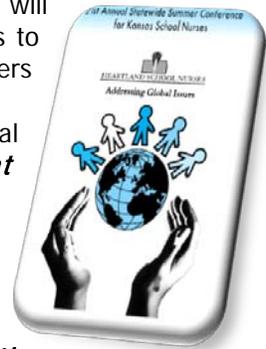
*submitted by Brenda Nickel, Child Health Consultant  
Bureau of Family Health, KDHE*

The Kansas school nurse conference is one of the fourth largest in the United States with approximately 400 professional registered school nurses and public health nurses attending annually. The 21<sup>st</sup> Annual Statewide Summer Conference will be held at the Wichita Hyatt Regency Jul. 19 – 23 offering:

- New School Nurse Session Jul. 19 – 20
- Pre- and Post-conference Sessions
- General Conference Jul. 20 – 22

The 2010 conference theme, "Heartland School Nurses Addressing Global Issues," will feature presenters addressing health concerns and offering suggestions and resources to help public health professionals serving children in Kansas schools. Keynote presenters include:

- Martha B. Baird, Clinical Assistant Professor, The University of Kansas Medical Center School of Nursing: ***Considerations when working with migrant and refugee families in the school setting***
- Terie Dreussi Smith, aka, Process!: ***Bridges Out of Poverty: Strategies for Professionals and Communities***
- Ruth "Toni" Pickard, Associate Professor, Public Health Sciences and Executive Director, Healthy Options for Kansas Communities, Wichita State University: ***More than Empathy Needed: Providing culturally appropriate health care in a rapidly changing world***
- Paula F. Clayton, Director, Bureau of Health Promotion, Kansas Department of Health and Environment: ***Healthy People 2010***
- Sue Bowden, Director, KDHE Immunization Program: ***Immunization Update***
- Janice Selekman, Faculty, University of Delaware School of Nursing and Editor, *School Nursing: A Comprehensive Text: ***Envisioning the Future of the Family!****



In addition to an outstanding cadre of keynote presentations, there will be a variety of breakout sessions and pre/post-conference sessions for attendees and a special treat scheduled Tue. evening, Jul. 20!

To access exhibitor information and the conference brochure, click the conference logo above.

#### **KIC FAST STATS MODIFIED**

*submitted by Greg Crawford, Vital Statistics Data Analysis Section Chief  
BPHI, KDHE*



Kansas Information for Communities (KIC) Fast Stats has been modified with more current data and new presentation methodology. Fast Stats is a mini-profile of health information and social determinants for counties.

We were unable to sustain the old method of presenting the data. County Profiles will now be available as a special Excel file by clicking the KIC logo. Old County Profiles links will also point to this new URL. You will need Excel or the free Excel Viewer to open the file. Upon loading the spreadsheet you will be able to select your county or others (sorry only one county at a time right now) and the profile will display. It does not look much different than what you have used in the past. There is no macro programming in the spreadsheet, and you can't break it.

We hope this new method will help you with your health profile data needs. If you have thoughts on this new approach, please let me know. Any comments are appreciated. Please feel free to share this with your constituencies.

#### **CHECK IT OUT, NEW EPI MONTHLY NEWSLETTER**

*submitted by Virginia Barnes, Director, Surveillance Systems  
Bureau of Surveillance and Epidemiology (BSE), KDHE*



BSE would like to announce our new monthly newsletter - Epi Updates. Our first issue came out in May. All issues will be posted on the KDHE Website, click the Epi logo to view all issues. Issues will include Kansas Electronic Disease Surveillance System (KS-EDSS) quality indicator analysis, outbreak summaries, and disease counts from the previous month. We will also provide project updates, a calendar of upcoming events, and introduce new staff members through Epi Updates. If you have any comments or ideas for the newsletter, please send them to Virginia Barnes at [vbarnes@kdheks.gov](mailto:vbarnes@kdheks.gov).

#### **CORE PUBLIC HEALTH PROGRAM UPDATE**

*submitted by Kelly Kabler, Coordinator  
KS Core Public Health Program, University of Kansas School of Medicine-Wichita*

Session three of the Kansas Core Public Health (CPH) Program was a dual-site session that took place in both Wichita and Topeka. The two sites were connected through ITV technology. This allows the audience to see both the speakers and their PowerPoint presentations.

To begin day one, Marvin Stottlemire, PhD, JD, Adjunct Associate Professor, Preventive Medicine and Public Health, Kansas University Medical Center, presented information for becoming an effective leader in public health. Mixed with his own stories of successes and failures, Stottlemire gave practical advice for effective leadership. He emphasized the importance of possessing a desire to lead, the courage to act, character, and emotional intelligence in leadership. Susan Kang, Assistant Secretary, Policy and External Affairs, Office of the Secretary, KDHE, then gave a legislative update on public health issues being discussed on the floor of the Kansas Legislature. These bills included the recently passed Text Messaging Law, which bans cell phone texting or emailing while driving, as well as the proposed sugar-sweetened beverage tax, an increased tobacco tax, and establishing nutritional guidelines for school vending machines.



Commissioner Tim Norton and his wife, Dr. Susan Norton, present information about educating and advising elected officials about public health issues.

CPH participants in Wichita listen as Dr. Marvin Stottlemire explains emotional intelligence.



CPH participants in Wichita listen as Dr. Marvin Stottlemire explains emotional intelligence.

CPH participants also heard from Sedgwick County Commissioner Tim Norton and his wife, Susan Norton. The two teamed-up to present the class with tips and tricks concerning how to approach elected officials about public health issues. Together, they facilitated group activities and discussions that allowed the audience to apply their newly acquired skills to a hypothetical scenario. To finish the day, Dennis Highberger, Kathy Walker, and Bob and Amy Swan shared their story of how they created the breastfeeding bill,

which was passed into Kansas State law in 2006. This law declares a woman's right to breastfeed in public.

Day two of the session focused on Public Health Law and Advocacy. Elaine Schwartz, Executive Director, Kansas Public Health Association (KPHA), moderated a panel of representatives from organizations that participate in public health legislative advocacy. Organizations that were represented included: KPHA, the Kansas Health Policy Authority, the Kansas Health Institute, the Office of Judicial Administration, and the Kansas Legislature. The panel was followed by speaker Bob Parnacott, Sedgwick County Counselor, who presented information regarding which organizations are granted authority during public health interventions. CPH co-director Suzanne Hawley wrapped up session three with a discussion of the final public health projects due at the graduation session in Nov. The class discussed their topics and planned activities.

CPH session four will take place on Jul. 15-16 in Wichita and will feature "One Health Kansas," speakers, as well as an Environment Health Tour.



Bob Parnacott explains the statutes in the Kansas Bench book that give certain governing bodies authority during public health interventions.

## NEW ADMINISTRATOR FOR PHILLIPS COUNTY

*submitted by Local Health Section, BLRH, KDHE*



Public Health Connections staff would like to introduce Louetta Forell, RN, who has been hired as the new administrator/health officer for Phillips County. Her professional experience includes hospital nursing, home health/hospice, clinic nursing, nursing homes, long term care units, case management, and she has been a director of home health and a director of nursing. Forell states that she has been in nursing for a total of 34 years. She began her nursing career as a nurse aide, attended licensed practical nurses training, then continued her education and become a registered nurse 19 years ago. Louetta says she is single and has two canine children (Chinese Sharpei's) named Jasper and Jessie. She lives with and cares for her elderly mother.

## GREENWASHING™

*submitted by Maureen T. Ruhlman, Environmental Scientist  
Bureau of Waste Management, KDHE*



We've all seen products in stores these days with labels that include such terms as "biodegradable" or "eco-friendly." From cleaning products to major household appliances, the intent is to help us feel that we are doing the "right thing" by purchasing this product. But not all of these claims are meaningful or even true

in some instances.

The term "Greenwashing™" was developed by TerraChoice Environmental Marketing as a descriptor for misleading consumers in reference to the environmental benefits of a product or service. TerraChoice conducted a study in 2009 from which the information in this Friday Facts was used with permission. To see the 2009 Greenwashing™ Report conducted by TerraChoice, check out the TerraChoice Website by clicking the logo above.

The following is a list of Seven Commonly used "Greenwashing™" strategies:

1. **Hidden Trade-Off:** a claim that a product is "green" based on only one attribute of the product. Some examples include quoting the recycled content of a product or perhaps the energy efficiency. These claims are not necessarily false but they do not always represent the entire picture.
2. **No Proof:** a product claim that cannot be verified by readily accessible information or a reliable third party certification. For example: a product that claims it is manufactured with recycled content plastic but has no proof at point of purchase or on the product web-site.
3. **Vagueness:** pertains to claims that are not clearly defined or are extremely general resulting in confusion by the consumer. Some examples include terms such as "eco-friendly", "all natural" and "non-toxic".
4. **Irrelevance:** claims that are truthful but unhelpful for consumers seeking environmentally preferable products. For example, if a label states that the product is free of a chemical that has been banned, say chlorofluorohydrocarbons or CFC's, the label is not technically incorrect but it is not necessary to state the lack of CFC's when they are currently illegal.
5. **Fibbing:** thankfully, completely lying about a product does not happen too frequently. An example might be a product that states it is certified organic without the certification or an energy star claim that is not registered.
6. **Lesser of Two Evils:** what is said about the product may be true but it distracts the consumer from the greater impact of the category as a whole. An example is organic cigarettes; the cigarettes may be organic by definition but it does not follow that smoking them presents an overall health benefit.
7. **False Label Stamps:** false labels imply that a third party endorsement exists when there is no third party and most of us have probably seen official looking stamps on labels. Maybe they say something like "Guaranteed Eco-Friendly" (by whom?) or "Environmentally Safe" (based on what criteria?). It is important to note that there are labels with legitimate endorsements and one of the most popular labels is the blue and white energy star logo. For a list of many of the known label stamps that are endorsed, check out page 6 of the 2009 Greenwashing™ by clicking the Greenwashing Frog.



As consumers, we need to be aware that these sales strategies exist and to do some research if we question a product claim. In addition to using the list of credible labels referenced above, another place to look is <http://www.goodguide.com/>.





### **MINDFULNESS: THE PARADOX IN MANAGING UNCERTAINTY**

A workshop to improve team effectiveness in challenging and high-pressure situations

*submitted by Mary Gambino, Director of Nursing Continuing Education  
University of Kansas School of Nursing*

Non-routine work is the norm for many healthcare professionals as well as first responders involved in emergency and disaster management. First or early emergency responders face double jeopardy when responding to high-risk situations. Not only must they be concerned about the public they serve, they are often in harm's way themselves. This makes learning how to create a "mindful infrastructure" crucial. Since non-routine work calls for rapid decision-making when information is limited and outcomes are uncertain, it is extremely challenging mentally. While it might seem paradoxical, there is a proven, proactive technique to manage the unexpected. It is called mindfulness.

A workshop teaching evidence-based skills to manage these challenging and high-pressure situations will be held at the Reardon Conference Center in Kansas City, Kansas on Oct. 28-29. The workshop is designed for healthcare professionals who want to influence high-quality healthcare delivery and systems improvements in hospitals, social services, ambulatory care and community and business organizations; individuals who must respond to disasters, such as fire, law, hospitals, trauma and ER medicine, the military and emergency management personnel; and other leaders from organizations characterized by non-routine work and interdependence among workers.

Mindfulness is a process first identified in high-reliability organizations (HROs). HROs have nearly error-free operations in extremely trying environments. Examples include aircraft carrier flight decks, nuclear power plants and air traffic control. Using mindfulness, these HROs have created a safety culture. While creating a safety culture is an important and challenging goal for all organizations, it is especially true for those organizations in which interdependence and non-routine work are required.

The focus of this workshop is to teach you five evidence-based behaviors, help you develop skill in using the behaviors, and have you leave the workshop with a plan for integrating these practices into your organization. The five practices of mindfulness you will learn to use are:

1. Tracking small failures
2. Resisting oversimplification
3. Remaining sensitive to operations
4. Maintaining capabilities for resilience
5. Taking advantage of shifting locations of expertise

For additional information about the program, hotel, and individual or group registration and fees, click on the logo at the top of the page or call toll-free (877) 404-5823 or (785) 864-5823.

## **News and Updates**

### **National Institute of Child Health and Human Development (NICHD) Listserv**

**National Institute of Child  
Health and Human Development**

This listserv provides announcements about NICHD news releases and media events, outreach, education campaigns, and other items of interest. Click the NICHD logo to join.

### Public Health Funded Projects



The National Network of Libraries of Medicine (NN/LM) is advancing the progress of medicine and improving the public health through access to health information. A list of public health projects funded through the National Network of Libraries of Medicine. To view the projects click the NN/LM logo.

### APHA Offers Free CDs on Get Ready Preparedness Materials



For a limited time, the American Public Health Association (APHA) is offering free CDs containing "Get Ready" preparedness materials. The offer will last only while supplies are available. The CDs contain printable materials that can be used to promote preparedness in your community, including fact sheets, games for kids, an event planner and logos. The materials address a range of preparedness issues, including H1N1 and pandemic flu, disasters, stockpiling and general preparedness. Click the APHA logo on how to receive your free CD.

### CDC Responds to the Gulf of Mexico Oil Spill



The Center for Disease Control and Prevention (CDC) is providing information for coastal residents, clinicians, clean up workers, and others. CDC is monitoring potential health threats or conditions across the five Gulf States that may arise as a result of human exposure to the oil spill. They are in constant communication with state and local health departments and will quickly support and respond to any emerging health threats. Click the CDC logo for more information.

### HHS Finds School-Based Pandemic Vaccine Clinics Effective



# CIDRAP

The Center for Infectious Disease Research and Policy (CIDRAP) reports that federal officials looked to the relatively new model of school-based immunization clinics as an efficient way to deliver the pandemic vaccine to children. A report from clinic observers detailed that the process worked well, though most schools would need more resources to hold future clinics. Click the CIDRAP logo for more information.

### Tobacco Control Act One Year Anniversary



The U.S. Food and Drug Administration (FDA's) Center for Tobacco Products has implemented several important requirements that expands the FDA's role in protecting the public from tobacco products, in particular children. To view these provisions click the FDA logo.

## JOB OPENINGS

### Sedgwick County Health Department

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

- Part-time Medical Reserve Corp Coordinator [20006375051910](#)

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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