PUBLIC HEALTH CONNECTIONS

September – 2007 Volume 7, Issue 9

Office of Local and Rural Health

Roderick L. Bremby, Secretary Kathleen Sebelius, Governor

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COFFEYVILLE EXPERIENCE

submitted by Lesa Roberts
Environmental Health Officer, KDHE

To summarize the experience of being in Coffeyville within a few days of the flood and oil spill is challenging. I was the first health person from the Kansas Department of Health and Environment (KDHE) deployed to the area. I had no idea what I was facing. I had little concept of what I could reasonably expect to achieve. And yet, I found myself driving down Highway 75 with personal belongings and a box of enteric stool kits in the back of my vehicle July 9.

How can the devastation be characterized in public health terms? More personally, why do I feel the need to share this experience with others in my field? Both can be answered by the principles of public health to which we hold ourselves accountable: assessment, policy development and assurance. Succinctly put, we care about the health and well-being of Kansans and without sounding trite, we are *here* to help.

As I was reaching Coffeyville, the real journey was just beginning. The brown and burnt vegetation told a story of polluted high waters. Houses were marked by dark brownish-black lines with fading hues, documenting the sludgy water cresting, then dissipating and receding like growth-rings of a tree. Bright fluorescent markings cryptically told the story of emergency responders making their way, often in boats, through the neighborhoods. Halos of crude oil dried on the streets while grass and weeds shriveled in waves as the tainted water retreated.

The faces and stories of those touched by this disaster were haunting. Over the course of several days I came across the same residents with whom I had chatted in front of their decimated homes as they made their way through the network of public assistance…the DRC (disaster recovery center)…the Red Cross sponsored shelters…the local health department. Each day the faces looked more drawn and haggard. And the residents weren't the only ones suffering. Tensions rose and fell like the flood waters. The tasks that had to be dealt with, the decisions that had to be made, the problems and solutions weighed heavily on all who were part of the disaster response infrastructure.

I cannot adequately catalog the stories. There are too many. There were homes just newly renovated, the owners describing what they'd done for improvements, inviting me to take a look and my profound understanding when I could not possibly imagine what they were describing as "new carpeting, freshly painted, brand-new furniture." It was merely a dismal memory to them now. An entire collection of school papers, the student who produced them well into his 30s, frankly describing his mother's loss. And a grandmother's bound journals, valued for the history and family legacy…mere mush.

But there were amazing things that happened. In spite of the bouts of "who's in charge?" the pregnant pauses for "what do we do now?" of those bound for heroism, or those dodging criticism, through it all we had to tend to the needs of the moment. There were those who didn't want to be there, who thought their time was wasted. Just as many willingly took risks, made decisions, sat in rain and tromped through oil-slicked streets and muck-filled yards.

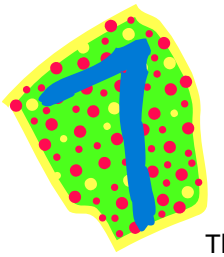
The best of what I saw included honest and frank communication…deliberate and thoughtful steps…people being mindful of each other's strengths and roles…those back in Topeka who answered calls and addressed details. Locals, many at the command center who also had endured losses, trusted one another's judgment, showed fortitude and perseverance. Perhaps the most touching of all was my experience with the residents on the day they were allowed to go back to their homes. The stench of oil, mold and sewage was often over powering, yet I was greeted with grace, appreciation, and respect as I walked the streets sharing safety and health information. Incredibly, they were welcoming and attentive to the degree anyone, under those circumstances, could be. The need is very deep for healing and recovery. The lives of the responders, emergency command operation staff, and residents are forever changed.

The key messages I took from this experience can be summarized as:

- You can never be completely prepared for disaster.
- Doing your job, truly *doing your job*, is usually enough…
- As long as your heart and soul are focused on the principles of public health…for a greater good.

LUCKY 7??

submitted by Janis Goedeke
Kansas Public Health Association (KPHA) President-Elect



The number seven has long been thought to be a lucky number by most people. However, after 2007 ends, you may have to rethink what your lucky number is. 2007 has certainly been a challenging year for public health. We began the year by being challenged by the ice storms, then we progressed to tornadoes and floods.

2007 still has four months left, so it leaves you wondering what is next. This has had to be a record year for disasters in Kansas as only three counties in the state have NOT been declared a disaster county. Some counties have been declared as a disaster county more than once.

In reviewing the response to the public health challenges, we certainly can be proud of our public health workforce. They have once again risen to the challenges that were placed before them. While some counties lost entire communities, others have had major damage to their economy and to their environment. Some members of the public health workforce have responded to the public's needs while suffering total personal loss. Other public health workers have sacrificed their own health to assist those in need.

I would encourage those counties that have had minimal loss to reach out and support those counties across the state that have had severe disasters. Please take a moment out of your busy schedules to make a short phone call or a quick e-mail to encourage those that have endured the many challenges of 2007.

Congratulations to all the public health workforce "survivors!" At this time I am awaiting the good things that fate will bring us in 2008.

PUBLIC HEALTH CONNECTIONS NEEDS YOUR NEWS

Have a great idea, or recognized by peers for a job well done? Please submit your successes, challenges, news, or recommendations to Public Health Connections by contacting Debbie Nickels, dnickels@kdhe.state.ks.us and/or Patricia Behnke at pbehnke@kdhe.state.ks.us. Submissions due by the 25th for the following month's newsletter.

JOE BRYAN, DIRECTOR OF ENVIRONMENTAL HEALTH

Joe Bryan joined the Kansas Department of Health and Environment (KDHE) in June, assuming the new position of Director of Environmental Health. In his role, he is currently inventorying the health and environment programs within KDHE and identifying potential opportunities to develop an active environmental health program. Other projects include an Extreme Heat Policy, assisting Bureau of Solid Waste in a methane outreach program for landfills and assessing improved linkages through GIS of environmental and health data.

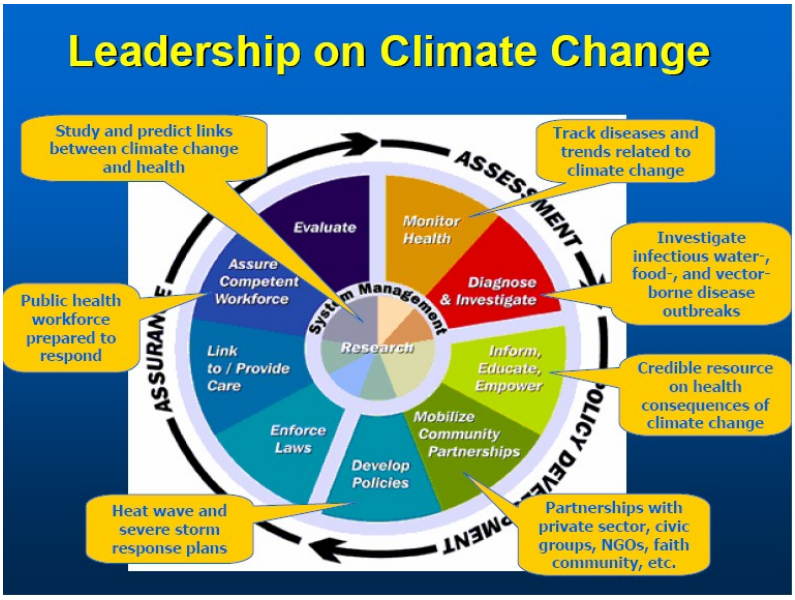
He recommends reading an article on *Climate Change and Human Health: The Public Health Response*, by Dr. Mike McGeehin, CDC/NCEH/DEHHE on how climate change is and will be affecting the public's health. (See below article.) Prior to joining KDHE, Joe retired from active duty in the U. S. Navy after 20 years.

Bryan began his career as an enlisted aircrewman flying on the P-3C Orion submarine hunting aircraft during the Cold War in the Atlantic Ocean, Norwegian Sea, North Sea and Mediterranean Sea. After completion of a bachelor's degree in finance from the University of North Florida, he received his commission as a Navy supply officer and held various positions in such areas as payroll, retail operations, project management, budgeting and operations. After finishing a Master of Business Administration from Regis University, he then applied to navel reserve programs. Upon his selection, he served as commanding officer at two reserve centers in the Midwest before retiring in March 2007.

CLIMATE CHANGE AND HUMAN HEALTH: THE PUBLIC HEALTH RESPONSE

submitted by Joe Bryan
Director, Office of Environmental Health, KDHE

Mike McGeehin, Ph.D., CDC/NCEH/DEHHE recently presented on how climate change will affect the United States, noting that it will impact public health in five principal issue areas:



- Water - and foodborne disease
- Vector-borne diseases
- Health effects of air pollution
- Extreme weather events
- Health effects of excessive heat

CDC expects an increase in the frequency of heavy precipitation events and in the intensity and duration of heat waves. McGeehin argued that lifestyle factors, socioeconomic status and environmental attitudes strongly influence how we view and are impacted by climate change. He emphasized the need to focus on at-risk populations and develop better surveillance systems. CDC currently conducts activities and provides leadership in the field of climate change by:

- Tracking disease trends related to climate change (surveillance).
- Investigating infectious water-, food-, and vector-borne disease outbreaks.
- Acting as a credible resource for the health consequences of climate change.
- Developing partnerships with the private sector, civic groups, NGOs, faith communities, and others.
- Developing polices and response plans.
- Preparing the workforce to respond.
- Studying and predicting links between climate change and health.

CDC just approved a white paper, authored by McGeehin, on climate change, which should be available soon in a national journal. CDC is planning a workshop session on heat waves and modeling, scheduled for September. A compendium of science on climate change and health will be available in fall 2007, as well as a national assessment. Click on the wheel above to view Dr. McGeehin's PowerPoint presentation for the Association of State and Territorial Health Officials (ASTHO).

WHAT IS PUBLIC HEALTH?

submitted by the Office of Local and Rural Health
Kansas Department of Health and Environment

To promote awareness of the Core Functions and Essential Services of Public Health, Connections will be highlighting an Essential Service of the month by utilizing *"What is Public Health?" An Orientation to the Public Health System for Participants and Spectators*. **Click on the logo** to download the completed document.

The Core Function Assurance is related to the implementation of legislative mandates and the maintenance of statutory responsibility. It is critical that mechanisms are in place to guarantee that necessary services are provided to both in the public and private sectors, accountability to people setting health objectives and providing reports on progress, and developing adequate responses to health crisis. The assurance function requires the exercise of authority. It also provides the guarantees for certain health services. This Core Function addresses Essential Services 6, 7, 8, and 9.

Essential Service #6: Enforce laws and regulations that protect health and ensure safety

This service involves full enforcement of sanitary codes, especially in the food industry; full protection of drinking water supplies; enforcement of clean air standards; timely follow-up of hazards, preventable injuries, and exposure-related diseases identified in occupational and community settings; monitoring quality of medical services (e.g. laboratory, nursing homes, and home health care); and timely review of new drug, biologic, and medical device applications.

The following provides a sample of the activities performed under this service that impact the public's health: Establishes a solid working knowledge of federal, state, and local laws and regulations that protect health and ensure safety and assure they are enforced; Assists with modifying existing laws, or formulating new ones; Educates health care staff and the community on public health laws they are required to comply with, and the meaning and purpose of them; Evaluates the compliance of regulated organizations and entities and assure enforcement activities are performed by the proper authorities.

Professionals who provide these services include the Agency Administrator, Local Board of Health members, Director of Nursing/Community Services; Coordinator of Community Relations/Director of Public Relations; Health Educator; Environmental, Communicable Disease, Immunization, Home Health, and MCH program staff (including coordinators/supervisors, nurses, nurse assistants, sanitarians); Public Health Information Officer.

Questions to ask yourself to help determine if you/your agency perform functions that contribute to Essential Service #6:

- ☐ Do I/my agency assess and enforce laws to assure regulated entities are in compliance with public health laws/regulations?
- ☐ Do I/my agency identify health issues that are not adequately addressed?
- ☐ Do I/my agency participate in modifying existing or formulating new laws to improve the public's health?
- ☐ Do I/my agency educate the community?
- ☐ Do I/my agency assure the community's environment is clean, safe, and its members have access to quality medical services?

If you/your agency is **not** checking one of the boxes, how will you/we **assure** that this essential service is provided in your community, and how do we as public health professionals work to fulfill that mission in the daily performance of our duties and responsibilities?

NEW FACES AND VOICES IN THE OFFICE OF SURVEILLANCE AND EPIDEMIOLOGY

submitted by Gail Hansen, DVM, MPH
KDHE State Epidemiologist

There are several people who have recently joined the Office of Epidemiology and Surveillance (OSE). These are the people you can contact (or will be contacting you) about many of the infectious diseases that need to be followed up and to assist with outbreak investigations.

Titilayo ("Titi") Aghoghovbia is the newest CDC Epidemiology Intelligence Officer (EISO) assigned to Kansas. She is here for two years to both learn about epidemiology and public health in a state health department and to lend her expertise to Kansas. Titi is from Lagos, Nigeria and is a pediatrician who worked

with many HIV-infected and affected patients. She also has a master's degree in Maternal Child Health and worked with a non-governmental organization in Lagos. Titi will be part of the epidemiology team and will be working on special projects as well as assisting with outbreaks and providing technical assistance.

Sheri Anderson is an epidemiologist with OSE. Sheri's primary responsibilities include serving as the foodborne disease epidemiology coordinator. Sheri came to us from the U.S. Department of Agriculture (USDA) as a biological science technician, where she worked on development of diagnostic tests for pathogens. Prior to her work with the USDA, Sheri was with the Department of Animal Sciences at Kansas State University as a research assistant, where she worked on projects related to the safety and quality of meat products. Sheri holds a Master of Public Health degree and a Master of Science degree in biochemistry, both from Kansas State University.

Leah Lambart has also joined the OSE as an Epidemiologist. Leah will be focusing on vaccine-preventable diseases among children, including immunization assessments. Leah will also serve as the perinatal hepatitis B coordinator. Before joining KDHE, Leah worked as a senior research coordinator with the Department of Orthopedics at the University of Kansas Medical Center in Kansas City. Leah received her Master of Public Health degree from the University of Kansas.

Martha Siemsen joined the OSE as a Medical Investigator. Martha's primary responsibility is assisting local health departments with surveillance and investigation of vaccine-preventable diseases. Yes, this is the same Martha who served as the assistant director of the Kansas Immunization Program prior to joining the OSE. Before coming to KDHE, Martha served as the director of clinical services with Midland Hospice Care. Martha has extensive clinical and administrative nursing experience and holds credentials as an advanced registered nurse practitioner from the University of Tennessee.

Virginia Barnes is the new electronic disease reporting system coordinator. She comes to us from KU and is helping both with HAWK and the transition to KS-EDSS. Virginia Barnes was hired by in May to serve as the coordinator for the Kansas Electronic Disease Surveillance System for the Office of Surveillance and Epidemiology. Virginia received her bachelor's in biology from Washburn University in 2006 and is pursuing her masters in public health at KUMC part-time in addition to her work at KDHE. Prior to accepting her current position, she participated in stroke rehabilitation research at KU Medical Center. Virginia and her husband, Bryan, have a 9-month-old son, Miles, and are expecting their second child in February.

Left to right: Sheri Anderson, Titilayo Aghoghovbia, Virginia Barnes, Leah Lambart, and Martha Siemsen

Our senior epidemiologist Jennifer Hill has recently married and is now **Jennifer Schwartz.**

And lastly, **Amanda Hodle**, epidemiologist and epidemiology trainer has left KDHE to go work in the military in epidemiology.

KANSAS PUBLIC HEALTH CERTIFICATE PROGRAM PARTICIPANTS TOUR SITES

submitted by Linda Frazier,
Workforce Development Coordinator, KDHE

On July 24, participants of this year's Kansas Public Health Certificate Program toured various environmental sites in five regions of the state. KDHE District Environmental Administrators and staff, and the city of Olathe Environmental Program Coordinator helped arrange the informational tours and serve as guides.

Various remediation sites were visited, and many participants commented on the amount of time it takes to clean up such sites. At the water treatment plants, participants were impressed with the complexity of the operation or the local streams and rivers that were utilized. Many commented on the surprising lack of odor at the wastewater treatment plants or the use of the sludge and the recycling into compost that result from the w

Johnson County Public Health Certificate Program participants at the city of Olathe Wastewater Treatment Facility.

household hazardous waste sites had much more variation from site-to-site due to the specific differences in the facilities at each of these sites. However, at some of the household hazardous waste sites, participants learned about the scope of services they provide, from free monthly drop-offs, to free recycled paint available at one site, to the 'swap shop' available at another.

It was a hot, but very informative day. The staff and participants of the certificate program would like to say a big "thank you" to everyone involved in making this such a great learning experience! For more information in enrolling in the 2008-2009 Public Health Certificate Program, contact Linda Frazier at: (785) 296-3641 or lfrazier@kdhe.state.ks.us.

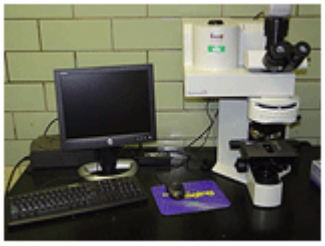
IN MEMORIAM – PATRICK HAYS

submitted by Sue Riley
Laboratory Bioterrorism Program Manager - KDHE

Patrick Hays earned his Bachelor, Master and Doctorate degrees from the University of Southern Illinois. He did post-doctorate work at Rutgers and Baylor and was involved in the development of the HBsAg vaccine while at Baylor. Upon his arrival at the Kansas Department of Health and Environmental Laboratories (KDHEL), he was shocked at how antiquated the testing had become and began the process of moving the bulk of serological work to more modern technologies and expanded the Hepatitis testing program. In 1999, he worked with others in KDHE to make it possible for highest risk individuals in the state to get hepatitis C testing; people who would otherwise have no access to that service.

Over his 27 years at KDHEL, Hays not only put in a tremendous amount of weekend hours but he also encouraged and assisted a significant number of his staff to move on in other vital health professions such as physician's assistance, medical, and pharmacy school. He advised Theresa Hodges, a past senior scientist and retired bureau director for KDHE, with her master's degree, suggesting she look at Chlamydia serovars which later became the basis of KDHE testing for Chlamydia. The program then progressed from a three-day culture method to the nucleic acid amplification test that analyses for both Chlamydia trachomatis and Neisseria gonorrhoea from a single sample in a single day.

During his tenure, Hays was also instrumental in implementing and expanding the Molecular Testing section to include both bioterrorism agents and routine testing of Pertussis, Norovirus, Influenza and Mumps. He oversaw the validation of all the CDC methods for Polymerase Chain Reaction (PCR) and Timed Release Florescence (TRF) at KDHE Laboratories. He had planned to further expand routine PCR testing program to include a respiratory virus panel, Measles, enteroviruses and more. He forged collaborations with other public health and private labs for emerging and re-emerging diseases including West Nile Virus and influenza. He was a founding member of the Infertility Prevention Project (IPP) and he constantly helped the Kansas IPP to re-evaluate its use of resources, moving KDHE on to new and better testing technologies.



Jennifer Vandervelde of the disease prevention section stated, "the one thing that never ceased to amaze me was that if we needed something, or he wanted to do something, he ALWAYS found a way to do it. I can't ever remember him saying that something was too hard or that it couldn't be done."

Kansas has one of the best IPP programs in the nation according to CDC, and the majority of that credit goes to Pat for being so innovative and thinking outside the box. He also served as the CLIA laboratory director for the Rabies Lab at Kansas State University and while there enabled their lab to upgrade their bio-safety level to become a back-up testing facility for KDHE in the National Laboratory Response Network.

Hays developed and maintained collaboration with the Community Blood Center in Kansas City and the two organizations collaborated on several analytical validation studies including HIV and Hepatitis C by sharing different special population samples. Both laboratories shared their skills and samples in developing new test methods and in confirming significant public health diseases,

Due to his innovation, the Viral Serology testing has progressed from cumbersome and time-consuming tests to modern commercial testing, allowing the capacity for same day reporting of results. The lab has gone from the days when, Influenza culture was still performed using hen eggs; now cell culture and PCR methods are standard practice.

Dr. Duane Boline, former KHEL director, remembers, "Pat was the primary point of contact between the EPI staff and the laboratory helping initiate the monthly meetings that continue today. He was able to anticipate

problems and prepare the laboratory staff for the challenge prior to services being requested. His relationship with his staff was one of mutual respect. The phrase "People don't care how much you know, until they know how much you care" truly references Pat's approach to his science and his staff."

Hays' interests and knowledge extended beyond the laboratory. He was an avid rose gardener and presented beautiful blooms of many varieties to those he knew shared his love for the flower. He enjoyed jazz and endeavored to make life better for those of us he touched.

After a hard fought battle with cancer, Pat Hays passed away in spring 2007. With his "Back to the Future" hair, intelligence, dedication, and wide range of interests his influence and leadership is missed by KDHE staff and public health partners across the nation. As a cowboy might say, "He was one to ride the river with."

NEW WIC CLERK AND HEALTHY START HOME VISITOR EMPLOYEE

The Rush County Health Department would like to introduce their newest staff member, Jan Legleiter. Jan took the place of an employee who suddenly retired after a six week leave for surgery. She joined the public health arena in July. Her job duties will include WIC clerk and Healthy Start Home Visitor, along with general office duties.

She and her husband live in La Crosse and have two children and two grandchildren. "She has already learned so much in the short time she's been here, and has proven to be a great asset, we are so happy to have her join us. She will be attending trainings as they come available to learn the particulars of each program that we offer" said Kim Knieling, RN, administrator for Rush County Health Department. Stop by and get acquainted or call their office to hear Jan's friendly and personable voice. Welcome aboard Jan!

NEW COURSE LISTINGS ON KS-TRAIN

Open a new web-browser, add http://ks.train.org, Login to your TRAIN account to register for a course. Add the course number to the "Search by Course ID" field under the Seal of Kansas on the homepage.

Forgotten your ID and Password? Contact the helpdesk@kdhe.state.ks.us or call (785) 296-5655. Learners can also print out the User's Handbook by clicking the TRAIN icon below.

Criteria Name: **Terrorism / Emergency Readiness**

1. Terrorism, Preparedness and Public Health: An Introduction (course #1009800)

Criteria Name: **General Public Health**

1. Prevention with Positives: HIV Risk Reduction Strategies for Health Care Providers (Web on Demand) - WD0038 (course # 1008082)

Criteria Name: **Environmental**

1. Microbiology - An Introduction (course #1009799)
2. Natural Attenuation of Chlorinated Solvents in Groundwater: Principles and Practices & Historical Case Analysis of Chlorinated Volatile Organic Compound Plumes (course #1009835)
3. Permeable Reactive Barriers for Chlorinated Solvent, Inorganic, and Radionuclide Contamination (course #1009838)
4. Advanced Techniques on Installation of Iron Based Permeable Reactive Barriers and Non-Iron Based Barrier Treatment Material (course #1009839)
5. Phytotechnologies (course #1009840)
6. Enhanced In Situ Bioremediation of Solvents in Ground Water (course #1009841)
7. Systematic Approach to In Situ Bioremediation in Groundwater: Nitrates, Carbon Tetrachloride & Perchlorate (course #1009842)
8. Characterization and Remediation of Soils at Closed Small Arms Firing Ranges (course #1009843)

How to Create Your Own Learner Account on KS-TRAIN (if you do not already have an account):

1. Log onto http://ks.train.org
2. Click "create account" on the left hand side of the screen beneath the "login" button.
3. Complete the learner account by filling out all the necessary profile information on the subsequent pages. Required fields are indicated with a red asterisk (*).
4. Write down your User ID and Password in a secure place.

Questions? Please contact: Debbie Nickels RN,C BSN, KS-TRAIN Administrator (785) 291-3457 or dnickels@kdhe.state.ks.us.

KPHA BOARD COMMUNICATES THROUGH CONNECTIONS

Submitted by Editorial Staff, PH Connections
KDHE, Office of Local and Rural Health

Public Health Connections would like to recognize recent support from the Kansas Public Health Association (KPHA) Board of Directors through a series of articles submitted this summer. A big thank you to Barbara Berry, Eldonna Chestnut, June Public Health Connections; Martha Froetshner, July; Debbi Baugher, August; and Janis Goedeke, September. We encourage you to consider serving the public health workforce of Kansas on the KPHA Board of Directors or being involved on one of the committees for the organization. For more information on KPHA activities and the upcoming fall conference go to www.kpha.us. See you in Wichita, Sept. 18-20.

I CHALLENGE YOU TO……GIVE YOURSELF A BREAK!!!!

submitted by Janis Goedeke
Kansas Public Health Association (KPHA) President-Elect

Where has our vitality gone? In the post Sept. 11 world, increased responsibility, as well as increased use of technology has changed the public heath workforce. We are continuously on guard for any potential biological threat, and we must be available for any emergency 24 hours a day, 365 days-a-year. It seems that over the past six years, this added responsibility is taking its toll on the public health workforce. The availability of increased technology such as pagers, cell phones, smart phones, and personal digital assistants (pdas) keeps us in constant contact with our offices and public health partners. Increased technology was designed to assist us in accomplishing our work in less time, however, the other end of the spectrum is that it also keeps us attached to our work at all times. Personally, I know that my smart phone has become a new appendage to my body and the blue tooth technology has become permanently attached to my left ear! I have heard from several in the public health workforce who feel overwhelmed, extremely stressed, and exhausted. I would like to challenge you to give yourself a break! Break away from the vicious public health workload by:

- Attending the KPHA Fall Conference - utilize the conference to re-energize
- Network, socialize, and encourage each other during the conference
- Distance yourself from technology during the conference (I know this will be a huge challenge for those of us who have the permanently attached technological appendages!)

I hope that the 2007 KPHA Conference will once again become a time of revitalization, and that it will give us another opportunity to unite together putting the fun back into public health. I will be looking forward to seeing you all there!

LOCAL HEALTH DEPARTMENT ADMINISTRATION CHANGES

Public Health Connections was informed that Cheryl Patterson left her position as the Morris County Health Department Administrator on Aug. 16. At the time of the publication of this newsletter a replacement had not been named.

Leavenworth County has hired Donna Martin as their new Administrator and she begins her new duties in September.

KANSAS PUBLIC HEALTH GRAND ROUNDS SERIES

submitted by Dr. John Neuberger, DrPH
Professor, Preventive Medicine and Public Health
University of Kansas School of Medicine Center
and Mary Beth Warren, MS, RN
Statewide Director
University of Kansas School of Medicine Center - Area Health Education Center

The Kansas Association for Local Health Departments, Kansas Department of Health and Environment and KU Medical Center's Department of Preventive Medicine and Area Health Education Centers are collaborating on a series of educational programs focusing on current issues in public health. This series is an outgrowth of the KU Public Health Seminar course and builds on other models of continuing education in public health. The series will occur broadcast live on Wednesdays from noon – 1:00 p.m. between August and December via the internet. We will be able to offer the series to 30 locations across Kansas.

Topics planned for the fall series include: Influenza Update 2007; Health Care Worker Mandated Influenza Vaccination; BRFSS Update; Comprehensive Cancer Plan Progress; MCH Initiative Proposal; School Health Services/Bright Futures Modules; Disaster Preparedness and Agency Response; Ozone in Kansas/Clean Air Act; and Indoor Air Quality legislation.

Confirmed topics and speakers for Sept. are: Sandy Johnson, KDHE, "Disasters in Kansas" – Aug. 29, 2007; Marti Macchi, KDHE, "Diabetes and Public Health in Kansas" – Sept. 5, 2007; Paula Marmet and Janet Neff, KDHE, "Comprehensive Cancer Prevention and Control Update" – Sept. 12, 2007; Mike Apley, Kansas State University, "Antimicrobial Resistance" – Sept. 26, 2007.

The fee for the entire fall series (a total of 15 sessions) will be $100 per site (or internet connection) and will include continuing education credit for physicians and nurses employed by your organization and attending at your location. A total of 30 Internet connections are available on a "first come, first served" basis. In order to make the series available to as many organizations as possible, we will limit connections to one per organization.

Click the KU logo above to download details of the course as well as information regarding using the Elluminate system. If you have any questions, please e-mail our office at ksphgr@kumc.edu or call us at (620)235-4040.

LINKS

Regional Public Health Meetings and Billing Workshops

Click on the **Public Health sign** to view dates, times, and locations of Regional Public Health meetings and Billing Workshops.

LOCAL HEALTH SECTION
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Fax number - 785-296-1231
E-mail address –</td><td>Debbie Nickels
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