



PUBLIC HEALTH CONNECTIONS

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KANSAS PREPARES FOR PUBLIC HEALTH ACCREDITATION

submitted by Shirley Orr, Director Local Health

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

In response to the request for proposals from the Public Health Accreditation Board (PHAB), eight Kansas public health agencies applied to participate in beta testing of the new PHAB standards for state and local public health agencies. Kansas was well-represented among national applicant agencies, of approximately 150 total public health agencies who applied nationally, eight were from Kansas.

The local health departments who applied were Lawrence-Douglas County, Franklin County, Marshall County, Northeast Kansas Multi-County, Norton County, Sedgwick County and Shawnee County. The state health department, KDHE, also applied to participate in the beta test. Among the Kansas applicants, Norton County was selected to participate in the formal national beta test.

According to PHAB Executive Director Kaye Bender, PHAB was very pleased with the strong interest among state and local health departments in beta testing the state and local health department standards. Ms. Bender also indicated that PHAB is seeking to maintain interest and involvement among all agencies who demonstrated interest in advancing their preparation for accreditation through participation in the beta test process.

To achieve that goal, plans are underway for the Kansas applicants to participate in a state-local accreditation preparation process that will be linked to and parallel the formal PHAB beta test. Additional details about this project will appear in upcoming editions of Public Health Connections.

PHAB ANNOUNCES THE LAUNCH OF THE BETA TEST

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



On Sept. 18 the Public Health Accreditation Board (PHAB) notified 30 state, local and tribal health departments of their selection to participate in the public health accreditation beta test. Norton County Health Department under the leadership of Gina Frack was chosen as one of the local health Beta Test sites. Their participation will

provide the public health field with on-the-ground, critical feedback needed to revise and refine the accreditation program prior to the national launch in 2011. PHAB received an overwhelming number of applications, representing incredible depth and expertise from public health departments nationwide. PHAB is very grateful for the strong response and the clear message sent by public health departments that they are



NALBOH

committed to public health accreditation and to transforming public health across the country.

To ensure that the beta test sites represent a diverse cross-section of health departments, PHAB carefully selected departments that vary in size, structure, population served, governance, geographic region, and degree of preparedness for accreditation. Beta test sites will undergo the entire accreditation process, including applying for accreditation, providing documentation, and hosting site visits. Throughout the beta test, the sites will provide valuable and comprehensive feedback on the standards, assessment process, and materials that will inform the final accreditation program. The beta test sites will also work closely with PHAB's partners – Association of State and Territorial Health Officials (ASTHO), National Association of City and County Health Officers (NACCHO), National Association of Local Boards of Health (NALBOH) and National Indian Health Board (NIHB).

The beta test represents a unique learning opportunity not only for PHAB and for the participating health departments, but also for all health departments preparing for accreditation.



19 LOCAL HEALTH DEPARTMENT APPLICANTS SELECTED IN PHAB'S TESTING

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

PHAB recently announced the 30 state, local, and Tribal health departments that were selected to participate in the Beta Test of the voluntary national accreditation program. Nineteen of those applicants represent a diverse cross-section of local health departments (LHDs) from across the country, and National Association of City and County Health Officers (NACCHO) would like to congratulate the LHDs on their selection. [Click here](#) to view the complete list of Beta Test sites.



The PHAB Beta Test is designed to thoroughly test the national public health accreditation standards and measures, the assessment process, and materials to ensure that the national accreditation program works for, and is appropriate for, all public health departments. From fall 2009 through the end of 2010, the 30 Beta Test sites will implement and evaluate the accreditation program. The sites will provide valuable feedback to refine the final standards, process, and materials prior to the program's launch in early 2011.



NACCHO will be working with the 19 LHD applicants by providing technical assistance on how to meet the standards, and by funding quality improvement projects. NACCHO is excited to continue working to advance the national accreditation program, and ultimately, to advance the quality and performance of all local public health departments.

For more information on the Beta Test, please visit the PHAB Website by clicking the PHAB logo.



NATIONAL BREAST CANCER AWARENESS MONTH

2009 SUMMIT ON HEALTH PROMOTION AND CHRONIC DISEASE PREVENTION

*submitted by Brandon Skidmore, Manager
Chronic Disease and Injury Prevention Grants, Kansas Department of Health & Environment*



In Dec., over twenty state and local partner organizations from across Kansas will host Cultivating Healthy Kansans - A Leadership Summit on Health Promotion and Chronic Disease Prevention. The summit will be held on Dec. 1-3 at the Topeka Capitol Plaza Hotel.

The Summit will bring to Kansas some of the most notable speakers in the fields of chronic disease and injury prevention, health promotion, disease self-management and quality of care, the built environment and community design and health care policy. Plan to join your colleagues from across Kansas for this hallmark event to discuss progress and challenges to improving the health of the public. For complete Summit information, including details on registration, abstract submission and exhibit opportunities please access the Summit information by clicking the logo above. See you in December!

BECOME A PARTICIPANT OF THE KANSAS CORE PUBLIC HEALTH PROGRAM

*submitted by Linda Frazier, Workforce Development Coordinator
Bureau of Local and Rural Health, KDHE*

Kansas University School of Medicine-Wichita is now accepting applications for the 2010 Core Public Health (CPH) class. You should consider applying if you are:

- A public health professional that is new to the field and/or the state of Kansas
- An experienced public health professional that seeks a broader understanding of the public health system in the state of Kansas
- An individual wishing to acquire continuing education credit (CEU/CNE)
- Planning to obtain a Master's of Public Health degree and will apply this course to your MPH credits (only available through the KU-MPH program)



For more information, click the CPH logo or contact the program coordinator, Kelly Kabler, at (316) 293-1817 or kkabler@kumc.edu.

LISTINGS CAN HELP ASSIST PRENATAL CLIENTS

*submitted by Lou Saadi, Director Center
Bureau of Public Health Informatics, KDHE
and Joe Kotsch, Perinatal Health Consultant
Bureau of Family Health, KDHE*



For a number of years, KDHE has provided data and information to assist public health partners managing Maternal and Child Health programs identify mothers and infants in their community who may benefit from outreach and family support services. The Bureau of Family Health disseminates two listings of information that are available for use but some caveats apply.

Local health department administrators receive a monthly listing of pregnant women in their respective communities who participate in the Medicaid program. Contact information is available on this listing which can be used for outreach to pregnant women. These individuals have provided informed consent to release their information to public health programs for subsequent contact and monitoring.

In addition, local health department administrators also receive a monthly listing of mothers who, according to certificates filed with the Office of Vital Statistics, have given birth in their community—regardless of who paid for the delivery and care. You cannot use this information to contact these mothers. This information should be used only to determine the "universe" of birthing mothers in your com-

munity and does not provide informed consent for contact. It should only be used for assessment purposes. If you need to contact a mother on the list of birth certificate information, you should seek other sources of information to contact her (hospital, nurse referral, etc.). If you are unsure of how to use these lists, do not hesitate to contact Lou Saadi at (785) 296-8627.

Finally, questions have been raised regarding sources of information for health providers in a community. KDHE's Office of Health Assessment maintains data on health professionals from various licensure boards. Data from licensure boards in Kansas are public information and can be made available to you as listings including names and work addresses upon request. Contact Rachel Lindbloom at (785) 296-8629 for more information on health care providers.

BREAST CANCER AWARENESS MONTH

*submitted by Barbara VanCortlandt, Public Health Educator
Bureau of Health Promotion, KDHE*



One out of every eight women will develop breast cancer at some point in her life. This is a very sobering statistic; however, screening and early detection can help identify cancer in its early stages when it is most treatable. Oct. is Breast Cancer Awareness Month and KDHE encourages women to be informed about the ef-

fectiveness of screening and early diagnosis.

Breast cancer is the most commonly diagnosed cancer among American women, other than non-melanoma skin cancer. It is the leading cause of cancer death in Hispanic women, and second only to lung cancer as the leading cause of cancer death in women of other races/ethnicities. In 2005 in Kansas (the most recent year for which statistics are available), 1,871 women were diagnosed with invasive breast cancer and 386 women died of the disease. According to the American Cancer Society (ACS), an estimated 192,370 new cases of invasive breast cancer are expected to be diagnosed among women in the United States this year. An estimated 40,170 women are expected to die from the disease in 2009. Today, about 2.5 million breast cancer survivors live in the United States.

Men can also get breast cancer. However, it is very rare. For every 100 cases of breast cancer, less than one is in men.

A mammogram is the best way to detect breast cancer. This is an x-ray of the breast that can detect cancer as small as a grain of salt, long before it can be felt, at an early, highly treatable stage. Regular mammograms should begin at the age of 40 and be done every one to two years.

For women in their 20s and 30s an annual clinical breast exam performed by a nurse, physician or other health care professional is recommended. This is an examination to feel for lumps or other changes in the breasts.

Beginning in their 20s, women should conduct monthly breast self exams to check for any lumps or changes in the size and shape of the breast.

The National Cancer Institute and ACS have issued several lifestyle recommendations that may reduce the risk of breast cancer. These include avoiding tobacco, staying active (for instance, a 30 minute walk most days), and maintaining a healthy body weight. Also, if a woman uses hormone replacement therapy, it is usually best to use it for the shortest time and at the lowest dose possible. Additional recommendations include limiting alcohol intake to one or fewer drinks per day, and increasing fiber intake with whole grains, vegetables, and fruits.

KDHE promotes breast cancer screening for all women and provides services for age appropriate, low income, uninsured women through its Early Detection Works (EDW) program. An estimated 27,000 women in Kansas between the ages of 40 and 64 are eligible for EDW, which serves about 6,000 women each year, providing clinical breast exams, mammograms and follow-up diagnostic work through a statewide provider network. Services are also available under certain circumstances for younger women. If breast cancer is diagnosed through EDW, Medicaid through the Federal Treatment Act pays for treatment. For

Early detection can save your life.



more information about EDW, click the EDW logo above. Women seeking these services may call toll free (877) 277-1368 to see if they qualify. For Kansas Cancer Information and resources, visit www.cancerkansas.org.

2008 KDHE ANNUAL SUMMARY OF VITAL STATISTICS

submitted by Kansas Health Institute

The 2008 Annual Summary of Vital Statistics has been released by the Kansas Department of Health and Environment. Officials said the report provides a "baseline document" for assessing the overall status of Kansans' health.

The report is used by local health department professionals, epidemiologists, researchers, the public, and by federal, state, and local governments. Tables and charts in the report offer annual statistics on live births, deaths, stillbirths, marriages, divorces and abortions. According to the report, in 2008:

- A total of 41,815 births were registered to Kansas residents, 136 fewer than in 2007.
- More than 9 percent of live births were preterm (less than 37 completed weeks of gestation).
- 15.8 percent of Kansas mothers received inadequate prenatal care, a 3.1 percent decrease from 2007.
- Out-of-wedlock births followed national trends, increasing to a record high of 15,754 or 37.7 percent of births.
- The pregnancy rate for Hispanic teens has increased more than 12 percent between 2004 and 2008. Hispanic teens have the highest pregnancy rate in the state.
- A total of 303 infant deaths occurred, 30 fewer than in 2007.
- The infant death rate among blacks was 2.1 times higher than among whites.
- Heart disease, the leading cause of death for Kansans, has gradually declined from 305.4 deaths per 100,000 population in 1989 to 202.7 deaths in 2008.
- Unintentional injuries were the leading cause of death for Kansans ages 1 through 44 years.

Because of rising costs and a limited budget, officials said, the 2008 Annual Summary of Vital Statistics was the first to be issued in an all-electronic format. The full report can be found at <http://www.kdheks.gov/bphi/>. KDHE's online data query tool – Kansas Information for Communities (KIC) – has also been updated. KIC can be accessed at <http://kic.kdhe.state.ks.us/kic/>. For more information call KDHE at (785) 296-8627.

THE COMMUNITY HEALTH MAJOR – A STUDENT'S VIEW

by Jon Crichton, Student Intern

Johnson County Health Department

*submitted by Barbara Mitchell, Johnson County Health Department and
Kansas Public Health Association Board Member*



Whenever the words community health leaves my tongue a flabbergasted look from the listener always follows suit. As a community health major at the University of Kansas most people still do not know exactly what a community health major does. The easiest way I explain it to my fellow peers is, "health of the community." To this day it still astonishes me that very few people know about this awesome career path.

As a community health major I have had my fair share of fun and interactive classes. To me, this major is all about trying to make a difference in your community by showing people healthy alternatives to living their life. My classes consist of doing risk analyses of different communities and then drawing up a plan in order to help combat that problem. For instance, if a corporation is having problem with its employees being overweight and stressed out then I figure out a solution to this problem. A great example would be to develop a work out area for their employees to be able to release their stress in a way that benefits their overall health. Also, sports leagues are another great way to build up team unity while shedding those extra unwanted pounds. As a community health educator I get to see my hard work pay off. I get to see directly how my work affects the world around me.

A community health degree also does not limit you to one specific area of health. As a community health major the world around you becomes accessible. For instance, if one chooses to they could finish their education with the community health degree and find jobs in retirement homes, government health offices, hospitals, or even in school districts. Another route that one could take is to further their education. One could become a health teacher, an epidemiologist, or even a physical therapist to name a couple. With this degree the sky is the limit.

Overall, I believe that this major has something to offer anyone who is interested in pursuing a health career. The major is designed to expose you to all different kinds of health related problems and scenarios. Also, this program teaches you how to become a leader and role model for others to follow. One cannot go wrong in choosing to pursue a degree in community health.

HEALTH COMMUNICATION IN PUBLIC HEALTH PRACTICE

*submitted by Elaine Schwartz, Executive Director,
Kansas Public Health Association (KPHA)*



Elaine Schwartz, Executive Director of the Kansas Public Health Association, attended the Summer Institute with the Northwest Center for Public Health Practice (NWCPHP) in Seattle. You may see her in the back row of the photo and view a slide show from her experience by clicking the image above.

The Health Communication Course at the Summer Institute utilized current examples from public health practice to develop skills in formative needs assessments, audience segmentation, message development and evaluation. Effective strategies and potential challenges to community preparedness promotion were analyzed. This course also included exploring the use of new technologies such as text messaging to reach communities with health messages. There was a specific emphasis on approaches to reaching vulnerable populations.

In addition to the course there were many plenary sessions. Plenary Sessions included:

- Food borne Out-breaks: Fresh Vehicles Stale Methods
- Public Health Accreditation: A New Future for Public Health
- Public Health Preparedness, Response and Opportunities for Public-Private Partnerships

Elaine learned much from the experience and came back with many resources to share. If you would like to hear more about Elaine's experience, you may reach her at: director@kpha.us

IN THE NEWS

*submitted by Linda Frazier, Workforce Development Coordinator
Bureau of Local and Rural Health, KDHE*

HHS Announces \$650 Million Recovery Act Community Prevention Initiative

On Wed., Sept. 17, the Department of Health and Human Services (HHS) announced the first part of its prevention initiative, Communities Putting Prevention to Work, a \$373 million initiative that will be lead by the Centers for Disease Control and Prevention. The funding is a part of the \$650 million that was included in the American Recovery and Reinvestment Act for community prevention and wellness activities (the remaining funding will be announced at a later date). The \$373 million, which will be used to promote physical activity, improve nutrition, decrease obesity, and



decrease smoking in U.S. communities, will be awarded to communities through a competitive selection process. For additional information regarding the program, visit the HHS website at by clicking on the picture of Secretary Sebelius above. For specifics about applying for the funding, click the grants.gov logo. Applica-

tions for funding are due by 4:00 p.m. CST on Dec. 1.



CDC's Healthy Communities Program

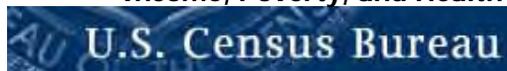
CDC's Healthy Communities Program works to engage communities and mobilize national networks to focus on chronic disease prevention. Click the picture on the right for more information. The program has produced the following Action Tool: "The Community Health Promotion Handbook: Action Guides to Improve Community Health" (2008), click the Partnership for Prevention logo to



view the handbook. Developed with the Centers for Disease Control and Prevention (CDC), this comprehensive evidence-based tool guides public health practitioners and others interested in promoting health through implementation of effective community-level health promotion practices. The five Action Guides based on recommendations from "The Guide to Community Preventive Services" (Community Guide) also provide suggested resource needs, evaluation questions, tips for overcoming obstacles, and links to additional resources to help with planning and implementation. Action Guide topics are:

- Community-Based Diabetes Self-Management Education Program
- Community Trail Development and Promotion
- School-Based Physical Education
- Community-Based Walking Group Program
- Tobacco-Use Treatment in Healthcare Delivery Systems

Income, Poverty, and Health Insurance Coverage in the United States: 2008



The U.S. Census Bureau reports that real median household income in the United States fell 3.6 percent between 2007 and 2008, the poverty rate rose from 12.5 percent in 2007 to 13.2 percent in 2008, and the number of people without health insurance coverage rose from 45.7 million in 2007 to 46.3 million in 2008.

WHO Reports Leading Causes of Death in Young People Globally



The World Health Organization (WHO) study of global patterns of death among people aged between 10-24 years of age has found that road traffic accidents, complications during pregnancy and child birth, suicide, violence, HIV/AIDS, and tuberculosis (TB) are the major causes of mortality. To view more information on this report click the WHO logo.

**LOCAL HEALTH SECTION
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