



PUBLIC HEALTH CONNECTIONS
November – 2009 Volume 9, Issue 11
Bureau of Local and Rural Health



Roderick L. Bremby, Secretary

Mark Parkinson, Governor

WHAT'S INSIDE

RACING FOR A LAST PLACE FINISH..... 1

CHAS, CHIPS, AND STRATEGIC PLANS, OH MY! 2

BECOME A PARTICIPANT IN THE KANSAS CORE PUBLIC HEALTH PROGRAM 2

2009 SUMMIT ON HEALTH PROMOTION AND CHRONIC DISEASE PREVENTION..... 3

COMMUNITY TOOL BOX AND MOBILIZING FOR ACTION 3

HEALTHY HABITS FOR KANSAS KIDS ONLINE EDUCATION..... 4

KPHLI CAPSTONE RECEIVES RUNNER-UP FOR THE BALDERSON LEADERSHIP AWARD..... 4

INCLUDING STUDENTS WITH DISABILITIES IN PREVENTION PROGRAMMING 4

TOPEKA TO BECOME SMOKE-FREE..... 5

NEW RESIDENCY MAY IMPROVE RETENTION OF NURSES IN RURAL FACILITIES 5

WHERE THERE'S SMOKE – THERE'S?..... 6

IN THE NEWS..... 6

 Sunflower Foundation..... 6

 Council on Linkages: Core Competencies for Public Health Professionals..... 6

 Webcast: Planning for a Pandemic - Can History Inform Action?..... 6

 APHA's Get Ready Campaign..... 6

 New Dental Public Health Page Now Available 7

 New Public Health Genomics Page Now Available 7

LOCAL HEALTH SECTION 7

RACING FOR A LAST PLACE FINISH

*submitted by Jason Eberhart-Phillips, MD, MPH, Kansas State Health Officer
Director of Health, Kansas Department of Health and Environment (KDHE)*



Our state's position in a nationwide ranking of performance by the health system has dropped from 18 to 23 since 2007, according to a report released in October by the non-profit Commonwealth Fund.

As state health officer, reporters asked me for comments on the day the report was made public. In this column I'll share what I said.

The new report, which assessed each state's performance on 36 health-related indicators, put the health system in Vermont at the top of its rankings, while placing the system in Mississippi at the bottom. Indicators used for the analysis included those pertaining to access to care, quality of treatment and prevention services, potentially avoidable use of hospital care and level of healthy lifestyles in the population.

Kansas had finished in the highest quartile of states for nine of the indicators in 2007, but the state reached that top tier for only five indicators in the 2009 report. On two indicators, we were in the bottom quartile in this report, compared to just one in 2007. Generally, where the state has shown improvement, it was in categories where most other states improved as well or better.

While it is disappointing to see the Kansas health system slip somewhat since 2007 when we are compared to other states, what's most striking about this report is how poorly all the states are performing when compared to other industrialized countries.

We in the United States have the costliest health care system on Earth, but in international competition we consistently finish last or near the bottom on almost every quality measure. In whatever state you live, chances are you aren't getting a good return on your health care dollar.

Recently the World Health Organization ranked the health care system in the United States 37th in the world in terms of quality and fairness, behind every other developed country. In other research the Commonwealth

Fund has found that our country ranks dead last in "preventing deaths through the use of timely and effective medical care" among industrialized nations. If our health care system performed as well as those in France, Japan or Australia, there would be 101,000 fewer deaths in our country every year.

Babies born in the United States have less chance of reaching their first birthday than children born in any other wealthy nation, and even several developing countries. Our young people are by far the heaviest in the world. In another recent Commonwealth Fund study it was shown that chronically ill adults are much more likely in the United States to forgo needed care because of costs than their counterparts with the same diseases in seven other countries with equally advanced health care systems. Americans who seek medical treatment are also more likely than patients in those countries to experience medical errors and to encounter poorly coordinated care.

To me, all of this points to the need for a significant overhaul of this country's health care system, with a stronger focus on attacking the underlying causes of our most common and expensive diseases, causes such as obesity, tobacco addiction and drug abuse. We need to develop and adequately resource a public health infrastructure that incarnates in every Kansas community the population-based disease prevention strategies that can effectively protect our society's greatest treasure: good health.

Health care now devours one-sixth of the entire US economy, with costs rising in double-digit fashion year after year. Despite this, Americans as a group are getting sicker, less able to lead full and productive lives with each generation.

There is only one way out of the quicksand of runaway health care costs: Collectively we need to invest more in public health interventions that prevent disease before it arises, before expensive and sometimes ineffectual medical care is required.

Kansas may have fallen behind other states slightly in this latest study of health care quality, but we have merely changed seats in a row boat that's still running in last place. For more information on the report click the Commonwealth Fund logo above.



CHAS, CHIPS, AND STRATEGIC PLANS, OH MY!

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



The National Association of County and City Health Officials (NACCHO) is pleased to announce the 13th Webcast in a series on accreditation preparation and quality improvement (QI). The Webcast will be held on Tues., Nov. 13 from 2:00 – 3:30 p.m.

This 90-minute Webcast will discuss key elements of the Public Health Accreditation Board's (PHAB) eligibility determination process, including the submission of community health assessments (CHAs), community health improvement plans (CHIPs), and strategic plans. Additionally, three local health departments (LHDs) will share examples of how they developed these documents to assist other LHDs in preparing for national accreditation.

Register for this free Webcast online by clicking on the NACCHO logo above. Registration is limited and is available on a first come basis, so sign up today! If you are unable to participate but would like to view the Webcast, it will be recorded and posted online.

BECOME A PARTICIPANT IN THE KANSAS CORE PUBLIC HEALTH PROGRAM

*submitted by Kelly Kabler, Coordinator
Kansas University School of Medicine Wichita,
Department of Preventative Medicine Public Health (KUSM-W, DPMPH)*

Applications are now being accepted until Nov. 20, for the 2010 Core Public Health (CPH) program. You should consider applying if you are:

- A public health professional 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)
- An individual planning to obtain a Master's of Public Health (MPH)



degree and will apply this course to your MPH credits (only available through the Kansas University (KU)-MPH program).

The KUSM-W, DPMPH coordinates CPH sessions in partnership with the BLRH, KDHE. The program utilizes a blended learning approach incorporating on-line learning and on-site sessions. There are six two-day training sessions with on-line inter-sessions. On-site trainings will be available at two locations, KUSM-Wichita or the KDHE offices in Topeka. Class times will typically be from 8:30 a.m. to 4:00 p.m. Session dates in 2010 will be:

- KDHE offices in Topeka on Jan. 7-8, Sept. 9-10 and Nov. 4-5
- KUSM-Wichita on Mar. 18-19, May 20-21, July 15-16 and Sept. 9-10

Between on-site sessions, students will complete approximately 60 hours of on-line learning through KSTRAIN. Each training module consists of readings and assessments designed to increase knowledge in a public health essential service area.

There are no academic prerequisites for the program. Preference will be given to state and county public health staff. The application deadline is Nov. 20. Applicants should visit the CPH Program Website for instructions on how to complete the online application by clicking on the WALD logo.

The cost of the program is \$1100 per applicant. A limited number of scholarships for \$750 are available. Scholarships and financial support for the program are provided by the Kansas Health Foundation.

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



2009 SUMMIT ON HEALTH PROMOTION AND CHRONIC DISEASE PREVENTION

submitted by Brandon Skidmore, Manager Chronic Disease and Injury Prevention Grants Bureau of Health Promotions (BHP), KDHE



Excitement is building for the 2009 Cultivating Healthy Kansans Summit to be held on Dec. 1-3 at the Topeka Capitol Plaza Hotel. Over twenty state and local partner organizations from across Kansas will host the event.

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. Invited speakers include U.S. Department of Health and Human Services Secretary Kathleen Sebelius; Dr. James S. Marks of the Robert Wood Johnson Foundation; Ann Albright, director of the Division of Diabetes Translation Center at the Centers for Disease Control and Prevention; and Janet Collins, director of the National Center for Chronic Disease Control and Prevention at the CDC.

A variety of sessions will showcase successful prevention efforts and other projects. Evening programs and meals will feature Kansas food products. For complete Summit information, including details on registration, abstract submission and exhibit opportunities please access the Summit information by clicking the logo above or visit <http://www.cultivatinghealthykansans.org/>. See you in December!

COMMUNITY TOOL BOX AND MOBILIZING FOR ACTION

submitted by Linda Frazier, Workforce Development Coordinator BLRH, KDHE

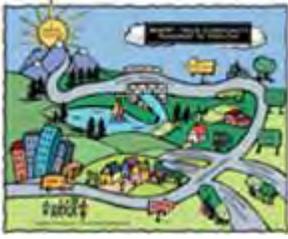


Development of the Community Tool Box (CTB) has been ongoing since 1994. CTB provides over 7,000 pages of practical information to support work in promoting community health and development. The focus is on specific practical skills, such as conducting a meeting or participatory evaluation, that help create conditions for health and human development. For more information about how to use the Community Tool Box, please click the Community Toolbox logo.

The Community Tool Box has tool kits related to each Public Health Essential Service. These are listed in the Essential Services Tool located on the BLRH Website by clicking on the Essential Service logo or directly from the Community Tool Box Website: http://ctb.ku.edu/en/tablecontents/sub_section_main_1804.htm#monitor



Mobilizing for Action through Planning and Partnerships (MAPP) is a community-driven strategic planning tool for improving community health. Facilitated by public health leaders, this tool helps communities apply strategic



thinking to prioritize public health issues and identify resources to address them. MAPP is not an agency-focused assessment tool; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems.

KDHE's BLRH staff initiated a discussion between the CTB and MAPP, and encouraged them to link together. They have collaborated over the last several months, and a MAPP chapter has now been added to the Community Tool Box to give more detailed guidance to communities initiating the MAPP process, click the

map to view.

HEALTHY HABITS FOR KANSAS KIDS ONLINE EDUCATION

submitted by the Kansas Chapter, American Academy of Pediatrics

The Kansas Chapter, American Academy of Pediatrics (KAAP) announces "Healthy Habits for Kansas Kids" online educational program through KS-TRAIN at <http://ks.train.org>. This educational program consists of four one-hour modules that address Obesity in Kansas Kids:

- 🍎 Module 1 – # 1015996 Obesity in Kansas Children
- 🍎 Module 2 – # 1016561 Negotiating Behavior
- 🍎 Module 3 – # 1016562 Assessment & Treatment of Child Obesity
- 🍎 Module 4 – # 1016563 Preventing Childhood Obesity

Each module can be done at your convenience, on your home computer through the KS-Train Website.

Healthy Habits offers free Continuing Medical Education and Continuing Nurses Educational credit. Upon completion of all 4 modules, each participant will receive:

- ★ **FREE** CD of Office, Assessment, and Educational Materials that can be duplicated
- ★ **FREE** BMI wheel
- ★ **FREE** Best Practices Guide

Information on the Healthy Habits program and how to sign on to KS-TRAIN are available on the KAAP Website at www.aapkansas.org. Click on the Healthy Habits logo above.



KPHLI CAPSTONE RECEIVES RUNNER-UP FOR THE BALDERSON LEADERSHIP AWARD

*submitted by Kelly Kabler, Coordinator
KUSM-Wichita*



The two year (Cycle IV and V) Kansas Public Health Leadership Institute (KPHLI) team of Richard Everett and Karen Luckett collaborated on a project dealing with the use of amateur radios for emergency communication in rural southwest Kansas. They are both from the South West Kansas Health Initiative Preparedness Region. Their project was selected from a national pool of capstone projects as the 2009 runner-up for the Balderson Leadership

Award. This award is given annually by the National Public Health Leadership Development Network (NPHLDN), a national network of state and regional public health leadership institutes like the KPHLI. To view their project click on the hand-held radios on the left.

Fellows will present their award-winning projects through a Web-based session on Mon., Nov. 16, from 11:30-1:00. We encourage all of you to join in the session and support your comrades from Kansas. More information about the Web-based session and instructions for registration are available via the NPHLDN logo.



INCLUDING STUDENTS WITH DISABILITIES IN PREVENTION PROGRAMMING

*submitted by Laurie Hart
BHP, KDHE*



Students with disabilities are often left out of programming because educators may not know how to adapt their materials or sometimes these students are simply forgotten. This online course via KS-TRAIN at <http://ks.train.org>, course # 1019531 will provide education on how to make programming curriculum accessible and model/teach respect for young people with disabilities.

This material was originally offered via Go to Webinar by the Bureau of Health Promotion, and was hosted by Laurie Hart, Sexual Violence Prevention Education Grants Coordinator, KDHE, with presenters, Ann Branden, Disability and Violence Coordinator, KDHE; Stephanie Sanford, Advocacy Coordinator, Prairie Independent Living Resource Center; and Jamie Simpson, Disability and Health Coordinator, KDHE. At the conclusion of the training learners will be able to understand why including young people with disabilities in prevention classes will enhance your curriculum; recognize the prevalence of violence against young people with disabilities; recognize the need to be inclusive, and understand how to make a curriculum accessible.

TOPEKA TO BECOME SMOKE-FREE

*submitted by Ginger Park, Media and Policy Coordinator
Kansas Tobacco Use Prevention Program, KDHE*



On Sept. 29, the Topeka City Council voted 6-3 to enact a strong smoke-free law. The law prohibits smoking in indoor public places including workplaces, restaurants and bars. Smoking is also prohibited within 10 feet of the main entrance of buildings. Smoking will be allowed in retail tobacco shops and 20 percent of hotel and motel rooms. The law will take effect on Dec. 4.

The enactment of this law will protect Topeka residents and visitors from the health dangers of secondhand smoke. Secondhand smoke is a cause of lung cancer and heart disease in adults, and sudden infant death syndrome, ear problems, respiratory infections, severe asthma attacks and slowed lung growth in children.

Topeka is the 36th city in Kansas to pass a smoke-free indoor air law and the 21st city to pass a strong law that covers the majority of public places with few exemptions. As of Dec. 4, almost 55 percent of the state's population will be covered by a smoke-free law.

The 2006 Surgeon General's report on the health effects of secondhand smoke concluded that there is no safe level of exposure to secondhand smoke and the creation of smoke-free environments is the only certain way to safeguard against the health hazards. Secondhand smoke contains more than 50 cancer-causing chemicals, and is itself a known human carcinogen. A 2009 report by the Institute of Medicine (IOM) found that smoke-free laws are effective at reducing the risk of heart attacks and heart disease; click the IOM logo to view the complete report. Studies by the University of Kansas and other researchers also published in 2009 found cities that have implemented smoking bans had an average of 17 percent fewer heart attacks in the first year, compared with communities who had not taken such measures.



For more information on reducing exposure to secondhand smoke contact Ginger Park, Media and Policy Coordinator, Kansas Department of Health and Environment Tobacco Use Prevention Program, (785) 296-1118, gpark@kdheks.gov. This year's Great American Smokeout is Nov. 19. Click on the image to learn more about this successful yearly event.

NEW RESIDENCY MAY IMPROVE RETENTION OF NURSES IN RURAL FACILITIES

*submitted by Cheryl Juntunen, MS, RN, Assistant Coordinator
Office of Professional Development, School of Nursing
Idaho State University*



Rural nurses are required to have a breadth and depth of knowledge unparalleled in other specialty nursing fields. The immense generalist role of the rural nurse often leads to early burnout and high turnover rates when compared with more urban nurse roles (up to 65 percent in the first year of practice). On the other hand, residency programs have been shown to be an effective means of reducing the turnover of new and transitioning nurses.

It is with great excitement that Idaho State University (ISU), in partnership with health organizations throughout the West and Northwest, has developed the Northwest Rural Nurse Residency (NWRNR) program. The Northwest Rural Nurse Residency program was originally developed by academic and health care organization partners in the six Northwest states. The program has now opened its sessions to nurses in all states. Since it is distance learning, you can participate from anywhere. We accept applicants on a first come first serve basis and take 70 residents and 70 preceptors each session. The next session starts begins Jan. 2010.

Participants in the NWRNR receive all of their training (64-hours of seminars and a 104-hour supervised clinical experience) 'at home' in their own facilities and communities. New technologies like Web-conferencing, and high tech simulation make it possible for the program to be offered at no cost to participants. Both residents and preceptors receive top-notch training by rural nursing experts from across the country. Program faculty

and staff provide a supportive and informative role for preceptors, residents and nurse administrators to help ensure successful completion of the 12-month program.

Applications are accepted on a first-come, first-served basis, so apply today! Be one of the first facilities in your area to boast the employment of rural nurse specialists while enjoying the benefits of lower nurse turnover. To learn more about the NWRNR please call the ISU Office of Professional Development at (208) 282-2982, email at nurseopd@isu.edu or visit the NWRNR Website at <http://www.isu.edu/nursing/opd/nwrnr.shtml>.

WHERE THERE'S SMOKE – THERE'S?

*submitted by Marilee Brown
BHP, KDHE*



You know the answer "where there's smoke – there's fire." The real question is whether you would know if there is a fire in your house. It is a proven fact that smoke alarms save lives. Your chances of surviving a fire are increased by 50 percent, if you have a working smoke alarm. However, a smoke alarm is not something you attach to your ceiling and forget about. Smoke alarms must be installed properly and maintained, so that they will be ready and able to alert you if there is a fire. As of Jan. 1, 1999, all Kansas homes are required to have a working smoke alarm on every level. All new homes being constructed today are even required to have a smoke alarm installed in each bedroom as well. New homes have 110 volt alarms with battery back-up and they are interconnected so that when one activates, they all activate.

Unfortunately, we have found that approximately one-third of all smoke alarms are not functioning. Make sure yours isn't one of them by vacuuming and testing it monthly. If it is battery operated, you should change its batteries whenever you change your clock in the spring and again in the fall. However, some alarms have a 10-year lithium battery. Mark the date you purchased this detector on the inside cover, so you will know when to replace it. Some recent studies have suggested that some children may not wake up to a smoke alarm. The only way to know for sure is to test your alarm in the middle of the night to see if your children awaken. If they don't, you can install alarms above their bed; install an alarm that also projects a bright strobe light, or you can install a device that will vibrate the bed. Waking them is only half the battle; now teach them how to get out. Make sure you are protected. Many Fire Departments and the American Red Cross will even install a smoke alarm for those that do not have one. If you need assistance, please contact your local fire department for help.

IN THE NEWS

Sunflower Foundation



The Sunflower Foundation is growing and changing, and so is their annual report. In the foundation's efforts to be a "greener" company, they have published their full report online. To explore and read the Sunflower Foundation 2009 Annual Report click the image.

Council on Linkages: Core Competencies for Public Health Professionals



Since the Core Competencies for Public Health Professionals were adopted in 2001, the field of public health has seen major changes: the events of September 11, 2001, new technologies, and an aging workforce. In 2007-2008, the Council undertook a project to revise and update the Core Competencies, based on recommendations from Council members and the public, (click the PHF logo to review the updated competencies). The original set of Core Competencies was used to guide the competency revision process. The Council approved the revised draft of the Core Competencies in May 2008. Subsequently, the draft was posted on the Council's Website, giving public health professionals the opportunity to provide comments. The Council adopted the revised Core Competencies in Jun. 2009. Information collected by the Council that is related to current usage of the Core Competencies is available [here](#).

Webcast: Planning for a Pandemic - Can History Inform Action?



Nov. 30 at 12:00 p.m. (CST) the Public Health Reports is presenting a Webcast that will bring together public health historians and practitioners to connect the U.S. experience of the 1918 flu pandemic to practice issues facing in influenza preparedness planning. Click on the image to left for more information on the Webcast.

APHA's Get Ready Campaign

Check Emergency Stockpile Kits when setting clocks on Nov. 1. American Public Health Association's (APHA) "Get Ready: Set Your Clocks, Check Your Stocks" campaign raises awareness of the



importance of having a stocked emergency preparedness kit complete with food, water and first aid supplies. To read more, click on the APHA logo.

New Dental Public Health Page Now Available



The Dental Public Health topic page on PHPartners.org includes links to selected resources on dental and oral health from government agencies, professional and research organizations, and educational institutions.

New Public Health Genomics Page Now Available

The primary focus of the Evaluation of Genomic Applications in Practice and Prevention (EGAPP) Project is an independent, non-federal Working Group established in Apr., 2005. The Working Group is currently composed of 13 multidisciplinary experts in areas such as evidence-based review, clinical practice, public health, laboratory practice, genomics, epidemiology, economics, ethics, policy, and health technology assessment. Working Group members were selected from a pool of nominated individuals by a Health and Human Services interagency Steering Committee. The pool of nominees was solicited via organizations and individuals who received a recruitment notice by email, and could nominate candidates directly and/or distribute the message; the recruitment notice was also posted on the OPHG Website. Interested individuals could also self-nominate. Cover letters and credential vitals were reviewed by the EGAPP Steering Committee. Written reviews on each candidate were prepared by four steering committee members, then reviewed by a subcommittee and summarized for the full steering committee. Telephone interviews with 19 candidates selected by the steering committee, were completed and written reports were provided to the steering committee for evaluation. Eleven members were selected and announced in Apr., 2005. Two additional members were later selected to fill identified gaps in experience and perspective.



LOCAL HEALTH SECTION OFFICE OF LOCAL & RURAL HEALTH

<p>Shirley Orr Director Local Health 1000 SW Jackson, Suite 340 Topeka, KS 66612-1365 Office phone – (785) 296-7100 Cell phone – (316) 250-6940 Fax number (785) 296-1231 E-mail address – sorr@kdheks.gov</p>	<p>Jon Anderson Public Health Capacity Development Manager 1000 SW Jackson, Suite 340 Topeka, KS 66612-1365 Office phone – (785) 296-8435 Cell Phone – (785) 231-9828 Fax number – (785) 296-1231 E-mail address – janderson@kdheks.gov</p>
<p>Linda Frazier Public Health Workforce Development Specialist 1000 SW Jackson, Suite 340 Topeka, KS 66612-1365 Office phone – (785) 296-3641 Cell phone – (785) 231-4504 Fax number – (785) 296-1231 E-mail address – lfrazier@kdheks.gov</p>	<p>Debbie Whitmer PH Nurse Specialist 2501-D Market Place Salina, KS 67401-7699 Office phone – (785) 827-9639 Cell phone – (785) 220-8326 Fax number – (785) 827-1544 Email address – dwhitmer@kdheks.gov</p>
<p>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</p>	<p>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</p>