



PUBLIC HEALTH CONNECTIONS

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Bureau of Local and Rural Health



Roderick L. Bremby, Secretary

Mark Parkinson, Governor

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PREVENTING A POST-ANTIBIOTIC FUTURE

An Op-Ed Column by Jason Eberhart-Phillips, MD

Kansas State Health Officer, Kansas Department of Health and Environment (KDHE)

If you read the accounts of physicians caring for patients in American hospitals before the coming of antibiotics 75 years ago, you will be astonished at how little they could do to fight the ravaging effects of many of the everyday infections they saw. Without antibiotics, the “miracle drugs” that revolutionized medicine by the middle of the twentieth century, bed rest and good nursing care were just about all that doctors could offer their patients when they showed signs of succumbing to infection.



In those pre-antibiotic times, ordinary wounds or illnesses acquired from contaminated foods, unprotected sex or uncovered coughs would quickly amount to death sentences for tens of thousands of Americans every year. It was a time in humanity's age-old struggle with the invisible agents of infection when the microbes clearly held the upper hand. Of course, antibiotics changed all that. But humanity's struggle against the germs that infect us did not end when these drugs appeared on the scene, and growing resistance to antibiotics in the microbial world today threatens to swing the balance back in the microbes' favor.

Many experts now warn that we are rapidly heading into a post-antibiotic world, a time when doctors will again stand by their patients' beds helplessly, unable to treat a host of common infections with more than bed rest and good nursing care, because none of their antibiotics work any longer. In fact, the World Health Organi-

zation now calls antibiotic resistance one of the world's three greatest threats to human health. Antibiotics work by killing or inhibiting bacteria that are susceptible to them. With frequent use, these drugs exert "selective pressure" on populations of bacteria they encounter, enabling individual bacteria that are intrinsically capable of resisting them to survive and gain a competitive advantage. Over time, excessive or inappropriate use of particular antibiotics can promote the emergence of resistant bacterial strains.

The spread of resistant organisms has already brought the treatment of certain infections to the brink of incurability. Many so-called gram-negative bacteria are now resistant to almost every drug doctors can throw at them, even agents once reserved for "last resort" use because of their cost and toxicity to patients. Multi-drug resistant tuberculosis has become a global challenge, exceeding 20 percent of cases in certain parts of the world and posing an ongoing risk to the United States. Each drug-resistant case costs 10 to 100 times as much to treat as a drug-susceptible one, and cases of "extreme" drug resistance, where none of the usual combinations of drugs are effective, are increasingly common. The bacteria that cause gonorrhea, a sexually transmitted infection that is currently on the rise, have become resistant to one antibiotic after another in recent decades. Now only one class of drugs still works, and resistance to these agents is starting to turn up in Asia.

In the past, as resistance to antibiotics developed, other new drugs would come on the market to take their place. This is no longer the case. Antibiotics account for less than two percent of drugs under development by the world's 15 largest pharmaceutical companies. The pipeline for new drugs to fight gonorrhea and other high-priority infections is almost dry.

Clearly, this means we need to become better stewards of the antibiotics we've got. Each of us – whether we are consumers, prescribers or dispensers – must work together to prolong the effectiveness of these amazing agents for as long as possible, as we encourage governments and drug makers to collaborate on ways to address the dearth of new antibiotics under development.

Hospitals and clinics throughout Kansas, as in the rest of the United States, are starting to find ways to reduce unnecessary antibiotic use as part of a comprehensive strategy to lower the risk of healthcare-associated infections. Policy makers in public health, veterinary medicine and agriculture are coming together to discuss how to ensure the appropriate use of antibiotics in animal husbandry.

These are important steps to reduce the risk of antibiotic resistance in Kansas and around the world. As health care consumers we must do our part as well:

1. Don't lean on your healthcare provider to prescribe antibiotics for colds and other infections when he or she advises that antibiotics are not necessary.
2. When antibiotics are prescribed, take them exactly as directed for as long as they were prescribed, even if you are feeling better sooner.
3. Never share your antibiotics with anyone else

If we all become good stewards of today's antibiotic resource, appreciating its value to society and working to protect it for future generations, we can overcome the problem of antibiotic resistance and help humanity regain the upper hand over our microbial foes.

2011 – 2012 KANSAS CORE PUBLIC HEALTH PROGRAM ACCEPTING APPLICATIONS

*by Kelly Kabler, Kansas Core Public Health Program
University of Kansas School of Medicine—Wichita (KUSM-W)*

Applications are now being accepted for the 2011-2012 session of the Kansas Core Public Health Program (CPH). CPH is a comprehensive one-year training program in public health for working public health professionals. KUSM-W's Department of Preventive Medicine and public health partners with the KDHE Bureau of Local and Rural Health will coordinate each of the training sessions and the on-line inter-sessions.

The curriculum structure for the 2011-2012 sessions includes:

- * Four live, on-site training sessions; two in conjunction with the Governor's Public Health Conference (Apr. 18-19, 2011) and the Kansas Public Health Association Annual Conference (Week of Sept. 20th), one in July (28-29) in Wichita, and the graduation session in Apr. at the following Governor's Public Health Conference in Wichita
- * Online sources and reading assignments between on-site sessions
- * Complete a Final Public Health Project and give a presentation at the graduation session (final on-site session)



A program brochure for CPH 2011-2012 and instructions for online application can be found by clicking the image above. If you have any questions about the program, please contact Kelly Kabler at (316) 293-1817 or by e-mail at kkabler@kumc.edu.

BRIDGING THE GAP – TRAINING IN MEDICAL INTERPRETING

by Cathy Anderson, Manager

Language and Cultural Services, Jewish Vocational Service (JVS)

"Bridging the Gap," is a free education opportunity through Jewish Vocational Services (JVS) which prepares the beginning and intermediate interpreter to perform professionally in the medical and/or social services field. Attendees will receive a handbook, medical glossary, supporting materials and a certificate of completion upon finishing the course and passing the final exam. The next training will be Nov. 15-19 in Topeka.



The "Bridging the Gap," medical interpreting course includes:

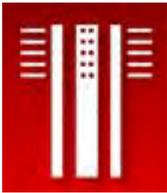
- ◆ A five-day, 40-hour training with an emphasis on the Interpreters Code of Ethics, the roles of an interpreter, health care terminology, communication skills and professional development.
- ◆ Instructors are trained and licensed by the Cross Cultural Health Care Program (Seattle, WA)
- ◆ Training includes role-playing and skills development.

To enroll in this free training, please go to KS-TRAIN at <http://ks.train.org>, login to your account and add course #1023672 to the Search by Course ID field on the right-hand side of the homepage. For more information, contact Cathy Anderson, Commissioner, Certification Commission for Healthcare Interpreters Manager, Language and Cultural Services, JVS at (816) 471-2808, or canders@jvskc.org.

A NEW DECADE FOR ORAL HEALTH – THINK BIG

by Julie Parnell, Office and Communications Manager

Oral Health Kansas



Oral Health Kansas (OKH) invites you to participate in the Oral Health Kansas Conference, Dec. 2-3, 2010, at the Capital Plaza Hotel in Topeka. You will find a new format, new topics and a fresh approach at this year's conference. If you are committed to improving the oral health for all Kansans, you will find this conference offers you an exceptional value: nationally recognized speakers, excellent opportunities to strengthen your personal network with talented professionals from many disciplines across the state, and exhibitors offering the latest technical information and samples of new products - all for a very affordable conference fee.

OKH is a statewide oral health advocacy organization with more than 1,000 supporters dedicated to helping Kansas become a national leader in oral health education, prevention and treatment through our focus on advocacy, public awareness and education. OHK is pleased to sponsor the only oral health conference in Kansas that is designed for a wide variety of professional fields, including dental, medical, geriatric, health, academia, and advocacy. Please join us for an invigorating and challenging educational experience. The registration form and hotel information can be found by clicking the OKH logo above.

THE FUTURE OF NURSING: LEADING CHANGE, ADVANCING HEALTH



With more than three million members, the nursing profession is the largest segment of the nation's healthcare workforce. Working on the front lines of patient care, nurses can play a vital role in helping realize the objectives set forth in the 2010 Affordable Care Act, legislation that represents the broadest healthcare overhaul since the 1965 creation of the Medicare and Medicaid programs. A number of barriers prevent nurses from being able to respond effectively to rapidly changing healthcare settings and an evolving healthcare system. These barriers need to be overcome to ensure that nurses are well-positioned to lead change and advance health. To learn more, click the IOM logo above.

COUNCIL ON LINKAGES: MAPPING THE PIPELINE OF PUBLIC HEALTH WORKERS



The Centers for Disease Control and Prevention (CDC) funded the Council on Linkages to survey a large proportion of public health professionals (nearly 100,000 individuals). The survey asks current and former governmental public health workers about how, when, and why they entered, have remained in, and/or left the governmental public health workforce.

The main focus of the survey is on governmental public health as this is where worker shortages are most critical. Survey results will be used by the Council on Linkages to develop evidence-based recruitment and retention strategies for the U.S. public health system. The survey was fielded to public health professionals that are registered users of [TRAIN](#), the public health learning management system developed by Public Health Foundation (PHF).



Why this Survey is Important:

As noted by, Kristine Gebbie, DrPH, RN, Professor at Columbia University School of Nursing:

"The TRAIN population is a sample of public health workers with evidence of interest in professional development/advancement. The degree to which they are representative of all public health workers can be estimated following the survey by comparison to the NACCHO and other data sets. There is no data set that tracks career progression for the public health workforce in any jurisdiction; the data from this survey will provide a beginning understanding of career paths, and inform future, more representative studies, or the incorporation of career progression questions into other surveys."

Want to view a draft of the survey? Click the Council on Linkages logo above.

The Council on Linkages charged the Pipeline Workgroup with finding data to inform the development of evidence-based recruitment and retention strategies. Available qualitative data were used to map the basic public health pipeline and learn where the largest gaps exist. Click the PHF logo to view the information that was collected.



A WHALE OF A PROGRAM

*by Leslie Sherman, Chapter Coordinator
Kansas Chapter, American Academy of Pediatrics*

Maximizing Office Based Immunization – Kansas, (MOBI-KS) is a **"whale"** of an immunization program, sponsored by the Kansas Chapter, American Academy of Pediatrics (KAAP) and KDHE.

The MOBI-KS mission is to raise the overall immunization rate among Kansas two year-old children to 90 percent or greater by suggesting ways to improve existing office policies and practice.



Goals:

- Educate healthcare providers in the state on measurement and administration of immunizations so that the timeliness for recommended immunizations will increase.
- Increase the number of providers in the Vaccines For Children (VFC) program.
- Evaluating outcomes to improve the program.

Partners: MOBI-KS is actively working with local health departments in the presentation and awareness of the program. The goal of MOBI-KS is to enhance the medical home concept with the help of all local resources.

Who is eligible? Private practitioners who see children and practitioners who may be starting to immunize children.

What is involved? The private practitioner submits an application. After acceptance, an immunization study of current rates is done. An educational hour with optional nursing continuing education provided, where the practice chooses some techniques to implement regarding improvement. Follow-up is done at one month, six months and one year, with re-assessment of the immunization rate at one year.

Are grants available? Yes, each accepted practice is eligible for a \$1,000 stipend to use for office purchase that assists with vaccine administration or storage. After completing the one-year review, another \$500 stipend may be granted.

Accomplishments for 2007-2010 include 335 providers who participated, with 211,826 children reached. Be a part of a **"whale of a program"** by improving your immunization rates. Click on the MOBI-KS link to apply. Any questions can be directed to Leslie Sherman at (913) 940-8943.



POSITIVE PARTNERSHIP BETWEEN FOODSERVICE ESTABLISHMENTS AND INSPECTORS

by Aqualia Nelson
Munson Army Health Center



A study, conducted in Johnson County, KS, utilized a survey and focus groups to assess the attitudes of environmental health specialist (EHS) and restaurateurs toward one another, and examined barriers to and methods for creating partnerships between the two groups. To view the complete article published in the Oct./Nov. issue of the Food Safety Magazine click the image above.

The restaurant industry has a significant impact on environmental health, and the magnitude of that impact has been increasing in recent years. Americans' dependence on restaurants is noteworthy; on average, 48 percent of money spent by Americans on food goes toward restaurant meals. As a result, in 2009, projected restaurant food sales grossed \$565.9 billion, and nine percent of the national workforce was employed at approximately 945,000 restaurant locations across the United States.

The combination of these factors has led to a greater potential for foodborne illness (FBI) due to improper food handling; that is, contamination by other foods or by food handlers themselves. With this heightened risk comes the need for increased food safety sanitation efforts. In recent years, the Centers for Disease Control and Prevention has formed numerous national-level partnerships between key restaurant industry stakeholders. However, much of the responsibility for ensuring the safety of restaurant food still rests on the shoulders of one party: the local-level EHS, commonly known as a food inspector.

EHSs are responsible for local inspection-related activities to promote safety and prevent outbreaks. They generally employ a combination of educational and enforcement techniques, as well as legislative and regulatory approaches, to correct violations. Previous research has shown that the education of food workers is far more effective in promoting safe behavior—including proper food preparation—than is enforcement. However, education alone does not guarantee that food workers will employ safe food-handling practices. Studies have indicated that additional local interventions, such as increased inspection frequency and food safety certifications, are necessary to improve sanitation in restaurants.

Traditionally, the relationship between EHSs and restaurateurs has been adversarial, often due to assumed differences between the two groups. Foodservice workers frequently fear the inspection process, believing that the mission of EHSs is to find violations and reprimand, rather than to work collaboratively toward a common goal of food safety. As a result of this sometimes tense relationship between EHSs and foodservice employees, traditional regulatory approaches do not necessarily ensure the adoption of desired food safety behaviors. Non-traditional approaches, such as announced inspections, emphasize the importance of food safety, rather than focusing on compliance with regulations, and have proven to be more successful than traditional approaches to restaurant regulation.

To date, an understudied area remains the knowledge, attitudes and intentions of EHSs and restaurateurs that may influence their willingness to collaborate on food safety at the local level.

Save The Date

**Governor's Annual
Public Health
Conference**

**Reducing Health Disparities:
Partnerships for
Progress**

April 19-20, 2011
Wichita, KS
Orientation to MCH
April 18, 2011

Save The Date

**Kansas Medical Reserve
Leadership and Training
Summit**

**Kansas Highway Patrol
Training Academy**

April 8-9, 2011
Salina, KS

2011 HEALTH DEPARTMENT REGIONAL MEETINGS

North Central Regional Public Health Meeting – 9:30 a.m. – 3 p.m., locations to be announced, contact Debbie Whitmer at (785) 827-9639 for more information

Mar. 15 June 28 Sept. 27 Dec. 20

Northeast Regional Public Health Meeting – 10 a.m. – 3 p.m., Curtis State Office Building, 1000 SW Jackson, Topeka, contact Linda Frazee at (785) 296-3641

Mar. 17 June 16 Sept. 15 Dec. 15

Northwest Regional Public Health Meeting – 10 a.m. – 3 p.m., Educational Service Center, 702 W 2nd Street, Oakley, contact Debbie Whitmer at (785) 827-9639

Mar. 10 June 9 Sept. 8 Dec. 8

South Central Regional Public Health Meeting – 10 a.m. – 3 p.m., Reno County Health Department, 209 W 2nd Street, Hutchinson, contact Linda Frazee at (785) 296-3641

Feb. 23 May 25 Aug. 24 Nov. 30

Southeast Regional Public Health Meeting – 10 a.m. – 3 p.m., Southeast District Office, 1500 W Seventh, Meadowlark Room, Chanute, contact Linda Frazee at (785) 296-3641

Feb. 10 May 12 Aug. 11 Nov. 10

Southwest Regional Public Health Meeting – 9 a.m. – 1 p.m., Finney County Health Department, Administrative Building, 311 N 9th Street, Garden City, contact Debbie Whitmer at (785) 827-9639

Feb. 18 May 20 Aug. 19 Nov. 18

EVERY DROP COUNTS!

by *Megan MacPherson, Program Consultant*
Bureau of Waste Management, KDHE



By making just a few small changes to your daily routine, you can save water, save money and preserve water supplies for future generations. There are many new products on the market that claim to be efficient. By looking for the WaterSense label, you will be able to identify high-efficiency products. What is WaterSense? WaterSense was designed to give consumers confidence that water-saving products will work properly and efficiently. The WaterSense label is used on fixtures that are certified by independent laboratory testing to meet rigorous criteria for both performance and efficiency. It assures customers that a product delivers dependable performance while reducing water use by 20 percent or more. These water efficient products provide the same performance and quality you've come to expect, but with the added benefit of water savings. There are things you can do at home to conserve water and identify problems.

- 💧 If your toilet is from 1992 or earlier, you probably have an inefficient model that uses at least 3.5 gallons per flush. **Solution:** New and improved WaterSense labeled models use less than 1.28 gallons per flush – that is at least 60 percent less than their older, less efficient counterparts. Compared to 3.5 gallons per flush toilet, a WaterSense labeled toilet could save a family of four more than \$90 annually on their water bill, and \$2,000 over the lifetime of the toilet.
- 💧 Leaky faucets that drip at the rate of one drip per second can waste more than 3,000 gallons of water each year. **Solution:** If you're unsure whether you have a leak, read your water meter before and after a two-hour period when no water is being used. If the meter does not read exactly the same, you probably have a leak.
- 💧 A leaky toilet can waste about 200 gallons of water every day. **Solution:** To tell if your toilet has a leak, place a drop of food coloring in the tank; if the color shows in the bowl without flushing, you have a leak.
- 💧 The average washing machine uses about 41 gallons of water per load. **Solution:** High-efficiency washing machines use less than 28 gallons of water per load. To achieve even greater savings, wash only full loads of laundry or use the appropriate load size selection on the washing machine.
- 💧 A full bath tub requires about 70 gallons of water, while taking a five-minute shower uses 10 to 25 gallons. **Solution:** If you take a bath, stopper the drain immediately and adjust the temperature as you fill the tub.

- 💧 The average bathroom faucet flows at a rate of two gallons per minute. **Solution:** Turning off the tap while brushing your teeth in the morning and at bedtime can save up to eight gallons of water per day, which equals 240 gallons a month!
- 💧 The typical single-family suburban household uses at least 30 percent of their water outdoors for irrigation. Some experts estimate that more than 50 percent of landscape water use goes to waste due to evaporation or runoff caused by overwatering. **Solution:** Drip irrigation systems use between 20 to 50 percent less water than conventional in-ground sprinkler systems. They are also much more efficient than conventional sprinklers because no water is lost to wind, runoff, and evaporation. If your in-ground system uses 100,000 gallons annually, you could potentially save more than 200,000 gallons over the lifetime of a drip irrigation should you choose to install it. That adds up to savings of at least \$1,150!

For more information contact Megan McPherson at (785) 296-1617 or mmacpherson@kdheks.gov.

News and Updates

Submitted by BLRH

ANA Updates Health Care Reform Information Website

by American Nurses Association (ANA)



Earlier this year, health care reform became a reality. The passing of this historic piece of legislation was an affirmation that Americans recognized the need for affordable, quality health care.

Though the legislation isn't perfect, it ensures affordability, access and a reduction in cost - the basic fundamentals of health care reform.

The bill covers more than 32 million uninsured Americans, prevents denials of coverage for pre-existing conditions and expands Medicaid eligibility. The bill also sets up new insurance exchanges, closes the Medicare "doughnut hole" for prescription drug coverage and allows children to stay on their parent's insurance until age 26.

But as the enactment of the legislation continues to evolve, we want you to know what these recent changes mean for nurses and our patients. That's why we're happy to provide our updated Health Care Reform site by clicking the ANA logo, where we'll share the latest updates and analysis of the legislation as it moves forward in the implementation phases.

Local Health Departments in the News



The NACCHO offers an ongoing, publicly-available collection of news stories about public health issues facing communities across the nation. News clips are searchable by state or in the following subject areas: budget cuts, County Health Rankings, H1N1, good news and more. To read more click on the NACCHO logo above.

Mobilizing for Action through Planning and Partnerships (MAPP)



Mobilizing for Action through Planning and Partnerships (MAPP) is a community-driven strategic planning process for improving community health. The MAPP Network is a resource for past, present, and future MAPP communities. Click the MAPP logo for more information about MAPP. Use the site to converse with community partners, meet fellow and future MAPP users, solicit advice from MAPP Mentors, connect with other MAPP communities, and learn about MAPP resources. The MAPP network provides an opportunity to share experiences, ideas, innovations, and lessons learned. This week members can:

- Share examples of [Community Health Status Reports](#)
- Check out popular [group pages](#)—[MAPP-Kansas](#) has 6 members!
- Join the conversation: ["Accreditation Prerequisites: CHAs, CHIPs, & Strategic Plans"](#)

Statistical Abstract of the United States



The Statistical Abstract of the United States, published since 1878, is the authoritative and comprehensive summary of statistics on the social, political, and economic organization of the United States. Sources of data include the Census Bureau, Bureau of Labor Statistics, Bureau of Economic Analysis, and many other Federal agencies and private organizations. Click the logo above to review the full abstract.

CDC Releases Health Communicator's Social Media Toolkit



Using social media tools has become an effective way to expand reach, foster engagement, and increase access to credible, science-based health messages. Social media and other emerging communication technologies can connect millions of voices. The toolkit provides guidance in developing governance for social media and creating a social media strategy. Click the CDC logo to link to the toolkit.

NIH Introduces New Database of Images in Biomedical Literature



More than 2.5 million images and figures from medical and life sciences journals are now available through Images, a new resource for finding images in biomedical literature. The database was developed and will be maintained by the National Center for Biotechnology Information (NCBI), a division of the National Library of Medicine (NLM) at the National Institutes of Health. Click the image to learn more.

Public Health Law Network



The Public Health Law Network connects professionals, delivers technical assistance and provides training to help public health practitioners, health officials, lawyers, policy-makers, and public health advocates apply the law to improve public health. The Network is organized by regions in order to provide support on a wide-range of public health law topics across all areas of the United States. Click on the image to the left to learn more.

Health Disparities Across Incomes Are Wide-Ranging



The Gallup-Healthways Well-Being Index data shows that those making less than \$24,000 per year suffer from much lower emotional and physical health, have poorer health habits, and have significantly less access to medical care.

Click on the image above to learn more.

Persons with Disabilities in Seasonal and Pandemic Flu On-line Course



With winter and flu season bearing down, it is time to think "prepared lifestyle" as the best defense for staying healthy. What are the five steps to a seasonal flu plan or the three components of a pandemic plan? Can you list eight tips to maintain a healthy workforce during flu season? These answers and more are covered in a unique free on-line course and booklet developed by the Research and Training Center on Independent Living, University of Kansas, which is posted to KS-TRAIN, course #1022607. Click on the KS-TRAIN logo to learn more.

Seasonal and Pandemic Flu Planning Website for Persons with Disabilities



Have you been looking for more information on how to assist persons with disabilities on how to be better "prepared"? This Best of Best Practice aims to keep people with disabilities healthy, safe, and independent through timely and innovative preparedness courses and materials. Click the KS-Hawk to learn more.

JOB OPENINGS

Sedgwick County Health Department

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

- WIC Registered Dietician 20003751070710



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

Lawrence-Douglas County Health Department

The Lawrence-Douglas County Health Department is taking applications for the following position:

- [ARNP](#) in the Family Planning/Sexually Transmitted Disease Clinic

Click the Lawrence-Douglas County Health Department logo to view position details.



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>Linda Frazee 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 – lfrazee@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>Pat Behnke Administrative Specialist 1000 SW Jackson, Suite 340 Topeka, KS 66612-1365 Office phone – (785) 296-0425 Fax number – (785) 296-1231 Email address – pbehnke@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>