



PUBLIC HEALTH CONNECTIONS

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Bureau of Community Health Systems

Robert Moser, Secretary

Sam Brownback, Governor

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A Message from the Secretary Implementing KanCare - Integrating Services

*by Robert Moser, MD
Secretary and State Health Officer
Kansas Department of Health and Environment (KDHE)*



Last month I joined Governor Brownback and Lieutenant Governor Colyer in announcing reforms that will sustain Medicaid in Kansas and facilitate integrated, whole-person care for the state's most vulnerable populations. Along with Social and Rehabilitation Services (SRS) Secretary Rob Siedlecki and Department on Aging (DOA) Secretary Shawn Sullivan, I'm convinced that Kansas' human services agencies cannot meet the expense of Medicaid without taking these major steps to implement KanCare, the name given to this new program.

The recommendations for Medicaid reform were not made in a silo. As part of the Governor's Working Group on Medicaid Reform, I spent time this year in various regions of the state meeting with thousands of stakeholders – advocates, consumers and providers – during a vital public input process that culminated with the proposed KanCare model. Beginning in February, Kansans were able to submit through the Internet their comments and suggestions for remaking Medicaid, and throughout the summer the Working Group hosted four public forums. We started in Topeka, traveled to Wichita and Dodge City, and wrapped up the series in Overland Park. You might have had an opportunity as a provider and advocate to join one of the Medicaid forums. If so, thank you for your time.

The program staff at KDHE, SRS and DOA have KanCare in sight and are dedicated to streamlining agency services to improve the care of Kansans while meeting financial and health care objectives. We've all seen how subsidizing Medicaid has been a close-call for Kansas over the past decade and how state general funds have been shifted to maintain the program. Using a conservative baseline of 6.6 percent growth in Medicaid, KanCare is expected to achieve savings of \$853 million in all funds over the next five years. With clearer accountability and restructuring of these health and human services, we're preparing ourselves for the implementation of an integrated model of care that focuses on the whole person rather than the 'siloed' model we have now.

Administration greatly benefited from the concerns expressed and ideas presented during the public forums. The stakeholder input process helped ensure the following objectives were in our plan for KanCare: Utilizing health homes; Expanding health literacy; Investing in prevention; Establishing an Advisory Council; Aligning incentives for all participants; Integrating care around the whole person; and Preserving and creating additional paths to independence. More details can be found within the Executive Summary and the Frequently Asked Questions page on KDHE's website, and, of course, many news outlets have provided ample coverage surrounding the Nov. 8 announcement by the Governor.

KanCare is expected to be fully implemented in Jan. 2013. KDHE's Division of Health Care Finance will administer the financial component and program oversight of KanCare, and, as you know, the agency is also slated for changes in the areas of health facility regulations and several programs for children and families. SRS will become the Department for Children and Families and take on the following programs from KDHE: Child Care Licensing; Foster Care Licensing; Infant and Toddler Services; Children and Youth with Special Health Care Needs; Maternal, Infant and Early Childhood Home Visitor Program; Healthy Start Home Visitor Program; Pregnancy Maintenance Initiative; Abstinence Education and Teen Pregnancy Prevention.

The Kansas Department on Aging is to be renamed Department for Aging and Human Services (KDAHS). KDAHS will take on KDHE's current role in regulating health facilities. KDHE staff, who administer the programs slated to move to other agencies will either be reassigned within KDHE or move with the program. For local health departments, the support they receive from the state will remain strong. Program staff within the state agencies will continue to do the same work, though that work might be taking place within a different agency following the reorganization.

You might be asking: How will KanCare impact staff and services at our local health departments? Program staff in the local and regional offices will continue to administer the state-funded services as they're accustomed to doing, but the state agency responsible for funding certain programs could change. For instance, the staff in charge of inspecting child care facilities would see their funding come from SRS rather than KDHE. By streamlining state programs, we are poised to deliver better care and leverage funding to curb the costs of this nearly \$3 billion-a-year program. Together, we can realize improvements and efficiencies within a program that matters to more than 350,000 Kansans and their families.

If you haven't heard by now, KDHE and its public health partners – including KHA and KALHD – kicked off the agency's Strategic Planning and Implementation activities this summer. This, coupled with our intense focus on accreditation involving the local health departments, is evidence that KDHE's Division of Health is alive and

well. Through the course of Kansas' health and human services reorganization, the core public health functions will remain at KDHE. Personally, I am glad to see that the public health programs at KDHE can now work more closely with the Medicaid and state employee health plan after becoming a sister division in KDHE because I feel this only strengthens the public health mission in Kansas.

As the State Health Officer, I am committed to finding better ways to care for Kansans. The partnerships that KDHE, SRS and Dept. on Aging have with the local providers, is paramount to the success of our integrated, person-centered care coordination model. I do hope you remain engaged in this reinventing process and offer suggestions and ideas where necessary. The work conducted by Kansas' local health departments and public health stakeholders is crucial to the success of KanCare as we collaborate to achieve meaningful improvements to consumer health.

Thank you for your time and for the remarkable care you provide to Kansas families each day.

In the Spotlight – Cheyenne County

*By Mila Bandel, Administrator
Cheyenne County Health Department*



The Cheyenne County Health Department (CCHD) re-opened the doors four years ago when Mila Bandel, RN was hired as the administrator and the sole nurse/office assistant person working in local public health. Mila continues to be the full time nurse and administrator and now has an administrative assistant that works 15 hours per week. Mila emphasizes working in collaboration with the Cheyenne County Hospital and the Cheyenne County Clinic which has facilitated success of the CCHD.

The health department and clinic work closely together on childhood and adult vaccinations, Farm Worker programming/scheduling, Early Detection Works screenings, Family Planning, chronic disease programming and case management. The CCHD is located in the basement of the Cheyenne County Clinic to make easier access for patients. Mila contributes success to teamwork and cooperation efforts from the clinical staff members and electronic medical records. Mila states that the Cheyenne County Health Department, clinic and hospital interface electronic medical records through all three entities which has helped to make the quality of patient care very effective and patient information processed in a timely manner. The electronic medical record interface improves staff member's process of communicating with each other by being able to log notes to each other in regards to the patient files.

Marybeth Miller leads the team of four medical providers to help improve the access to quality care and the team is readily available to assist CCHD with patient visits and services.

The Cheyenne County Hospital is located across the street from CCHD. The hospital re-started their obstetrics (OB) program five years ago and now the OB department and the health department work closely on home visits, breastfeeding programs, child birth classes and other maternal child health programs. The health department administers all of the employee health vaccines for the hospital and clinic staff, and works closely with the Emergency Preparedness director at the hospital.

Mila states that CCHD is fortunate to have the opportunity to work in cooperation with the hospital and clinic. She plans to continue the collaboration and help each department grow with more team work efforts.

The Importance of Creating a Culture of Quality Improvement

*by Linda Frazee, Workforce Development Coordinator
Bureau of Community Health Systems, KDHE*

A webinar for Kansas local public health departments on, "The Importance of Creating a Culture of Quality Improvement," will be held Dec. 9, 10:30 A.M. - 12:00 noon. Register on KS-TRAIN: <https://ks.train.org>, Course Number: #1030388.

This live webinar by Marni Mason is specifically designed for Kansas and will showcase the experiences of a local health department in creating a culture of quality improvement (QI), including the application of the tools and resources. The ability to view the program locally gives each Kansas local health department the opportunity to participate together in a staff in-service and build local capacity.

Please have each of your staff attending the webinar register on KS-TRAIN in order to document this QI training on their transcript.



Information regarding "how to access the webinar" will be sent to you after registering for the session on TRAIN, approximately one week prior to the webinar.

Objectives - At the completion of the 90 minute webinar, the learner will be able to:

- Discuss two QI tools that local health departments have used to incorporate QI within their organization;
- Identify two positive impacts that QI can make on a local public health organization;
- Discuss the association of the National Public Health Accreditation Board (PHAB) Standards with quality improvement in public health.

For more information or assistance contact Linda Frazee at 785-296-3641 or lfrazee@kdheks.gov.

Your One Stop Shop for Web-based Tools and Resources, an Introductory Webinar

by Bureau of Community Health Systems, KDHE

The Kansas Partnership for Improving Community Health (Kan-PICH) announces the opening of "Kansas Health Matters", a website developed for hospitals, health departments, policy makers, community planners and community members to learn about health issues, identify improvements and collaborate for positive change. This resource is specifically designed to assist hospitals and health departments in conducting community health needs assessments and developing community health improvement plans.

Join us for one of these free training webinars on the new Web-based tools and resources to be held on Dec. 7 from 10:00 – 11:30 A.M. or Dec. 13 from 2:00 – 3:30 P.M.

During these webinars you will learn how to:

- Compare your county's health with other Kansas counties, the nation and 2020 targets.
- Create your own reports in the report assistant.
- Learn about promising practices on a variety of topics that affect community health.
- Access tools and resources in the Community Health Needs Assessment (CHNA) toolbox.
- Upload your local reports or ask your local questions with the Ask the Expert feature.

The webinars will be recorded and available for later playback. These introductory sessions are open to all hospitals and health departments working on community health needs assessments. If possible, individuals from the same hospital/community should join together for the webinar in order to maximize the number of participants.

Funding for Kansas Health Matters is provided through a grant from the Kansas Health Foundation. Site development and design is an ongoing project of members of the Kansas Partnership for Improving Community Health Kan-PICH which includes:

- Kansas Association for the Medically Underserved
- Kansas Association of Local Health Departments
- Kansas Department of Health and Environment
- Kansas Health Foundation
- Kansas Health Institute
- Kansas Hospital Association
- United Way of the Plains
- University of Kansas Work Group for Community Health and Development



To register go to [KS-TRAIN](#) course #1030701. The webinar link and call-in information will be sent to registrants before the day of the event.

Bridging the Gap™ in Kansas, 2012

by Cathy Anderson, Manager

Language and Cultural Services, Jewish Vocational Service (JVS)

Bridging the Gap is a forty-hour training program for beginning and intermediate medical/social service bilingual interpreters. The course offers participants a thorough grounding in the Interpreter's Code of Ethics, the roles of interpreting, cultural competency and much more. The course is presented by Jewish Vocational Service (JVS) and taught by Raul O. Guerrero. Participants will take a final exam on the last day of class. A certificate of completion is awarded based on five-day attendance and a passing score on the final exam. In 2012, the course will be offered in Western Kansas (location to be announced) and Wichita (Wesley Medical Center). JVS will post dates and locations on its website, click the image on the right. The course is sponsored by the Kansas Department of Health and Environment (KDHE) and is offered free of charge.



All participants must submit a JVS application, JVS survey and apply online through <http://ks.train.org>, course # 1023672. Cathy Anderson, the manager of Language and Cultural Services, will speak with you before you enter the class. Applicants will be asked to join a list of voluntary interpreters through Kansas Serve. Volunteer interpreters may be called on to volunteer their services in case of a state emergency, such as a natural disaster or weather emergency. If you have questions about the program, please contact Cathy at 816-471-2808, ext. 1124 or canders@jvskc.org.

Bridging the Gap is an example of a course that fulfills the interpreter training requirement for applying to the Certification Commission for Healthcare Interpreters (CCHI) to become a certified interpreter. In addition to other requirements, an applicant must have forty hours of medical interpreter training to qualify to take the exams to become credentialed through CCHI. For more information on the application process and a description of the two exams required for becoming certified, please check this Web site:

www.healthcareinterpretercertification.org. Feel free to contact Cathy Anderson, (contact info above) a commissioner with CCHI, who can answer your questions about applying for the certification tests.

National Conference on Tobacco or Health

*by Erica Anderson, Program Coordinator
Tobacco Free Kansas Coalition*

The National Conference on Tobacco or Health (NCTOH) is set for Aug. 15-17, 2012, in Kansas City, MO. Individuals and groups that support the fight against tobacco use are strongly encouraged to participate in the Call for Abstracts process. Impart your knowledge and share your experience to help advance and motivate tobacco control professionals in the following program areas:

- Cessation
- Communications and Media
- Evaluation and Surveillance
- Increasing Diversity/Eliminating Disparities
- Legal Issues
- Nicotine and the Science of Addiction
- Non-Cigarette Tobacco and Nicotine Products
- Tobacco Regulation
- Tobacco Control Movement – Skills Building
- Tobacco Control Policies
- Tobacco Industry
- Youth



To submit your abstracts before the Dec. 14, 2011 deadline, click the NCTOH logo. In addition, there will be requests for volunteer assistance for the conference which traditionally brings thousands of public health and tobacco control professionals and volunteers in for this three day event.

Kansas Public Health Grand Rounds – Spring 2012

*by Mary Beth Warren, Statewide Director
Area Health Education Center, University of Kansas*



The Kansas Association for Local Health Departments, Kansas Department of Health and Environment and University of Kansas Medical Center's Department of Preventive Medicine and Area Health Education Centers are once again collaborating to make available the Kansas Public Health Grand Rounds series. The spring 2012 series will occur live on Wednesday's from Jan. 18 to May 2, 12:00–1:00 P.M. via the internet utilizing the Adobe Connect webconferencing system.

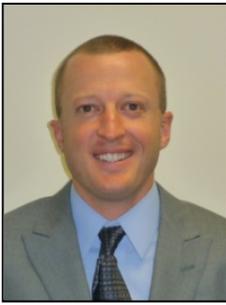
The fee for the entire spring series (a total of 14 sessions) will be \$100 per organization per computer and will include continuing education credit for physicians and nurses employed by your organization and attending at your location.

Your organization may enroll by e-mailing our office at kspghr@kumc.edu or calling us at 620-235-4040. If you have questions, please feel free to contact John Neuberger at 913-588-2745 or Mary Beth Warren at 620-235-4040.



Bureau of Disease Control and Prevention (BDCP)

by Bureau of Community Health Systems, KDHE



Ryan Burns was hired as the Immunization Program Director, Bureau Disease Control and Prevention (BDCP), and began work on Mon., Nov. 14. Burns was born and raised in Medicine Lodge, Kansas. He attended Northwestern Oklahoma State University and graduated with dual Bachelor's degrees in Special Education and Elementary Education. Ryan also holds a Master's Degree in Education Administration and Leadership from Emporia State University.

Ryan has spent the past four years as a Special Day School Principal as part of South Central Kansas Special Education Cooperative. In this role, Ryan specialized in educational advocacy and behavioral management strategies for children with special needs. In addition, Ryan provided consultation services and professional development within area schools to help assure the educational successes of all children in public education.

During his time in south central Kansas, Ryan was a member of Barber County's Multi-Disciplinary Team and served as a FEMA Emergency Responder. Ryan is a certified Mandt Systems Trainer (the Mandt system specializes in building healthy workplace relationships).

New Administrator for Ness County

*by Shelly Pavlu, Administrator
Ness County Health Department*



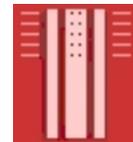
Shelly Pavlu graduated from Fort Hays State University with her BSN. She has worked in acute and long term care, hospice, home health and the hospital pharmacy. Her husband works for Simpson Farm Enterprises in Ransom as well as farming. They have three children, Jaiden 10, Audrey 8 and Kaleb 6. Shelly enjoys attending her children's activities, coaching and horseback riding or anything to do with being outdoors. I am very excited to take this position and am working towards expanding the programs that the health department can offer the communities in our county. I look forward to meeting and networking with other health departments in the surrounding area as well. I'm always up for a challenge and always open for advice.

Bad Habits Crack Teeth – Your Teeth Aren't Made for This

*by Marcia Manter, Community Development Specialist
Oral Health Kansas (OHK)*

Are you in the habit of using your teeth for anything more than chewing healthy food? Which of these do you find yourself using your teeth for, even once in a while?

- Biting fingernails
- Chewing hard candy
- Cracking nuts
- Crunching on ice cubes
- Opening hairpins, clothes pins, or bottle caps
- Pulling the plastic tab on a jar or bottle to open it
- Tearing open packets of sauce and food with your teeth



Using your teeth to do any of these things can lead to a chipped, cracked or broken tooth. Even just doing it once can cause harm. If you make a habit of it, you are putting your teeth and your wallet at risk.

Your dentist can take care of a damaged tooth. Don't wait until you are in pain. To read more about broken teeth and available treatments click the OHK logo above. For more information, please contact Marcia Manter at mmanter@oralhealthkansas.org.

Advancing Equity Across the Public Health System

*by Brenda Nickel, MS, RN, Director
Center for Performance Management, KDHE*

Thirty-five Kansas public health leaders attended the Prevention Institute (PI) Workshop in Wichita Nov. 8. The workshop was facilitated by the Carolina Guzmán, MPH, Program Manager, and Dalila Butler, MPH Program Coordinator from the Oakland, California Prevention Institute. Participants from local health departments (Wyandotte, Greenwood, Osage, Sedgwick, Johnson, Shawnee), the state Medicaid program, the Kansas Association for the Medically Underserved, the Kansas Health Institute, and the Kansas Department of Health and Environment (KDHE) were welcomed via video by Robert Moser, MD, Secretary, KDHE. They worked throughout

the day in large and small group activities to understand the context of health equity and social determinants, developing primary prevention strategies, embedding equity in work being undertaken for community health needs assessment and planning and identifying the health impact if prevention efforts are not directed at a population level versus individuals. The workshop was supported by the Office of the Secretary, Kansas Department of Health and Environment and sponsored by the Center for Health Equity <http://www.healthequityks.org/> and the Center for Performance Management at the KDHE.

Facilitated workgroups discussed models and opportunities to address equity in state programs through public and private partnership. The Prevention Institute (PI) helped to advance a deeper understanding of how social determinants and the design of communities shape health outcomes providing resources, conceptual frameworks, and tools to help communities address the underlying causes of health inequities providing examples of communities making an impact on population health through data analysis, innovative initiatives and use of evidence-based strategies.



Resources for advancing equity were provided by Butler and Guzman:

- [A Time of Opportunity: Local Solutions to Reduce Inequities in Health and Safety](#) prepared by the Institute of Medicine Roundtable on Health Disparities, identifies state and community solutions for addressing inequities and poor health outcomes in our communities and within the healthcare system.
- The [Health Equity and Prevention Primer \(HEPP\)](#) is a web-based training series and curriculum for public health practitioners and advocates interested in policy advocacy, community change, and multi-sector engagement to integrate a health equity lens into their initiatives in pursuit of overall health and safety.
- [Communities Taking Action](#) a collection of profiles, showcases successful community initiatives to improve health equity and demonstrates key steps for creating healthy, equitable environments to inspire similar action in other communities and locales. [An interactive map](#) allows you to view and browse profiles.
- [Collaboration Multiplier](#) helps organizations from diverse disciplines understand each other's perspectives and identify strengths and gaps in their partnership to enhance an interdisciplinary approach to community wellness and safety by fostering meaningful and impactful collaboration.
- Health care providers and systems can be powerful allies in furthering community prevention. The [Community Centered Health Homes: Bridging the gap between health services and community prevention](#), presents a set of research-informed recommendations to provide clinical providers the skills and strategies necessary to engage in prevention efforts. Effective community-based strategies and policies address what happens before and after the patient is in the doctor's office, and reduce the demand for resources and services, therefore reducing costs throughout the medical system.

The PI is "a nonprofit national center dedicated to improving community health and equity through effective primary prevention: taking action to build resilience and to prevent problems *before* they occur. PI moves beyond approaches that target individuals to those that create systematic, comprehensive strategies that alter conditions that impact health. PI provides [training](#) and [tools](#) to communities, government agencies, policymakers, academics, funders and coalitions for adopting prevention-oriented approaches with a focus on [equitable health outcomes](#), [health reform](#), [preventing violence](#), [injury reduction and traffic safety](#), [mental health](#) and improving [eating and activity](#) environments."

For more information on health equity contact Aiko Allen, Director of the Center for Health Equality, KDHE at 785-296-0781 or aiallen@kdheks.gov.

SAVE THE DATE

GOVERNOR'S PUBLIC HEALTH CONFERENCE
CHALLENGE OF CHANGE:
DEVELOPING AN EQUITABLE PUBLIC HEALTH SYSTEM
APRIL 24-25, 2012
PUBLIC HEALTH - MCH ORIENTATION APRIL 23, 2012



by Tenille Kimberlin
Kansas Traffic Safety Resource Office

The Kansas Traffic Safety Resource Office is a program of the Kansas Department of Transportation's Bureau of Traffic Safety and the Douglas County Citizens Committee on Alcoholism (DCCCA), Inc. DCCCA provides a variety of human services including, but not limited to, the coordination, prevention and treatment of alcoholism and drug dependency to improve the safety, health and well-being of adults, children and youths. The mission of KTSRO is to provide public information and education to protect Kansans from avoidable injury or death on Kansas roadways.

- Fact #1 - Five seconds is the average time your eyes are off the road while texting. When traveling at 55 mph, that's enough time to cover the length of a football field. (2009, Virginia Tech Transportation Institute (VTTI)).
- Fact #2 - A texting driver is 23 times more likely to get into an accident than a non-texting driver. (2009, VTTI).
- Fact #3 - Of those killed in distracted-driving-related crashes, 995 involved reports of a cell phone as a distraction (18 percent of fatalities in distraction-related crashes). (National Highway Traffic Safety Administration).

For more information, visit our home page by clicking the image above or the Kansas Traffic Safety Resource Office blog at www.stoptextsstopwrecks.org.

New Center for Environmental Health

by Jennifer A Lowry, MD

Pediatric Pharmacology and Medical Toxicology, Children's Mercy Hospitals and Clinics



Staff of the Center for Environmental Health at Children's Mercy. EPA Administrator, Lisa Jackson, is pictured 4th from the right. This picture was taken during her visit to CMH to announce the development of the new Center.

director of the center. What makes the Children's Mercy program unique is how it combines the environmental assessment, the clinic and the research into a single package aimed at improving health. While other cities and hospitals offer similar programs, those at the Center for Environmental Health believe no one else is doing it on the comprehensive scale of Children's Mercy.

Each home is its own unique environment, a combination of building materials, furnishing, cleaning and cooking supplies and the environmental soup of microbes and chemicals that build up over time. Thanks to the healthy homes program, Children's Mercy has started an incredible database that can be mined to help answer the big question: what is a healthy indoor environment? It's work that will take years, but that should help generations of children and adults breathe easier, literally and figuratively.



Dr. Lowry helped establish the Mid-America Pediatric Environmental Health Specialty Unit as part of the federal EPA. The goal was to provide education and consultation for medical professionals, public health professionals and others about children's environmental health. In 2008, Children's Mercy became administrator of the grant and Dr. Lowry is the primary investigator. Education is not enough, though. Community doctors need help caring for their patients. Dr. Lowry said the new Environmental Health Clinic is the response to requests from pediatricians who were looking for a place to refer children with symptoms of environmental exposure.

"No one is taking care of the environment as a routine part of medical care," Dr. Jay Portnoy, Director to the Center says. "That's what we aim to do. This is a new kind of house call."

Referrals to the CEH Clinic can be made to 816-855-1960. Healthy Homes referrals can be made to 816-855-1895.

Accreditation Corner

Submitted by the Bureau of Community Health Systems

Health Care Coverage by Kansas County for 2009-Projections for 2014

by Sharon Barfield, MSW, LSCSW
Health Policy and Research Solutions



In the U.S., access to health care commonly depends on whether a person has health insurance. A large body of research has documented that people without health insurance often lack access to care. These individuals are sicker and more likely to die prematurely than persons who are insured. Having health insurance is associated with better access, health and work productivity. Yet, for decades, in the face of public and political positions that contrasted in understandable ways, comprehensive, national policy to expand coverage and access has been absent. This changed in 2010.

The Patient Protection and Affordable Care Act, known as the Affordable Care Act (ACA), was passed into law. According to the White House, the purpose of the ACA is to provide better health security for U.S. citizens "by putting in place comprehensive health insurance reforms that hold insurance companies accountable, lower healthcare costs, guarantee more choices and enhance the quality of care for all Americans." Nevertheless, public opinion about the ACA is strongly divided amidst court battles about the constitutionality of the individual mandate that requires most people to purchase policies or pay penalties.

As outlined in the *HPR*Solutions' Aug. 2011 health reform bulletin, it appears that the ACA is headed to the Supreme Court but will likely survive, in some form. Even in the face of disparate stances on and strong opposition to the ACA, various Kansas stakeholders keep moving toward implementation. While some support the ACA, no doubt, others are making preparations in case they have to lawfully comply with an act they oppose.

Planning for and predicting the effects of health reform requires knowing which Kansans have health insurance coverage and which do not. While it is important to understand what is happening with health insurance at the state level, looking only at the big picture can obscure what is occurring within the state at the county level.

Projections of how many people in each Kansas county will be newly insured in 2014 could support successful implementation and preparation for accommodating access to healthcare services. Providing access to care for all who need it will present a big challenge for the healthcare system. Data can help.

In mid-Oct. 2011, the U.S. Census Bureau released estimates of health insurance status in 2009 for each county in the U.S. This brief gives the estimated percentages of Kansans under age 65 who were uninsured in 2009 and projects the numbers of them that will likely be newly insured in 2014 for each Kansas county. These data and findings exclude people age 65 and older because, due to Medicare, almost all of them are insured. To read the complete brief with map showing percentages of Kansans without health insurance click the *HPR*Solutions logo above.

NACCHO Resources for Engaging your Local Governing Entity

by Bureau of Community Health Systems, KDHE



The National Association of County and City Health Officials (NACCHO) is the national organization representing local health departments (LHDs). NACCHO supports efforts that protect and improve the health of all people and all communities by promoting national policy, developing resources and programs, seeking health equity and supporting effective local public health practice and systems. [NACCHO's Public Health Infrastructure and Systems Program](#) helps LHDs perform their core functions and essential services.

As LHDs move toward preparing for national accreditation, it is important to remember that local governing entities (LGEs) are critical players in this process. Whether the authority of the LGE is defined as governing, policy making, or advisory, LHDs are held accountable to them and therefore must gain support before proceeding with the accreditation process. Often, LGEs have limited knowledge of accreditation making it essential for LHDs to proactively provide the necessary information. The training materials below are intended for local health officials to inform their respective LGEs on the basics of public health and the importance of accreditation. To learn more click the NACCHO logo above.

- The [Public Health 101 PowerPoint Presentation](#) educates LGEs about the basics of public health. This presentation was developed by the Lawrence-Douglas County Health Department.
- The [Accreditation PowerPoint Presentation](#) orients LGEs to accreditation.

- The [Presenter's Guide](#) helps in preparing to give the above presentations.
- This [Public Health and Accreditation Fact Sheet](#) is a good resource to offer to LGEs.

NACCHO will also make electronic training modules for governing entities available soon including topics such as accreditation introduction, investment in accreditation, and quality improvement in public health.

Funding Opportunities

Submitted by the Bureau of Community Health Systems

'I Can Grow' Youth Garden Award Program



Youth and community garden programs across the U.S. can benefit from the Burpee Home Gardens "I Can Grow" Youth Garden Award. Now in its third year, the award sponsors and supports urban school and community gardens through garden installations and donations.

The Youth Garden Award grand-prize includes:

- Up to 500 vegetable and herb plants (quantity of plants is dependent upon size of garden and need) including the BOOST collection
- \$2,500 for program supplies
- On-site assistance for initial garden layout and installation
- Installation-day event and publicity coordination
- Five gallons of Daniels® Plant Food (a sustainable fertilizer)
- Flip® video camera to document garden progress

In addition, three runners up will receive 500 vegetable and herb plants, including the Burpee BOOST collection; five gallons of Daniels Plant Food; and a Flip video camera.

In 2012, two grand-prize winners will be awarded a spring garden installation and kick-off gardening event. Applications are being accepted now. To learn more click the Burpee Home Gardens logo above. All entries must be postmarked by Fri., Dec. 23, 2011.

Prevention of Violence and Trauma of Women and Girls Request for Proposals (RFP)



Funding is available for activities and events in support of Prevention of Violence and Trauma of Women and Girls (VAW) in the United States

and its affiliated territories and tribal nations. The purpose of this funding announcement is to seek projects which increase awareness of violence and trauma affecting women and girls, offer prevention strategies and messages, and promote trauma-informed care to decrease violence against women and girls and promote recovery and resiliency. To learn more about violence against women visit their website by clicking the logo above and www.ovw.usdoj.gov. Faith-based organizations can visit www.theraveproject.org for prevention of violence information specific to churches. For information on Women and Trauma, please see Office of Women's Health (OWH's) publication [Action Steps for Improving Women's Mental Health](#) and [Substance Abuse and Mental Health Services Administration \(SAMHSA\)'s National Center for Trauma-Informed Care](#).

Projects will be funded up to a maximum amount of \$2,500 and are due Dec. 7 at 4:00 P.M. Central Time (CT).

Health Care Innovation Challenge



Health and Human Services (HHS) announced the Health Care Innovation Challenge initiative from the Centers for Medicare and Medicaid Services (CMS) Innovation Center. This initiative will award up to \$1 billion in total grants to applicants who propose innovative models of service delivery/payment improvements that deliver better health, improved health care and lower costs through improved quality to people enrolled in Medicare, Medicaid and CHIP. Awards will recognize proposals that are innovative in workforce

development and deployment, are operational or capable of rapid expansion within the first six months of the award, while creating a pathway to program sustainability. Eligible applicants for funding are public and private organizations including clinicians, health systems, private and public payers, faith-based organizations, commu-

nity-based organizations and local governments. States are not eligible to apply unless in partnership with an eligible applicant. Click the image above for more information.

Rural Health Care Services Outreach Grant Program



The Health Resources and Services Administration's (HRSA) Office of Rural Health Policy is awarding \$12 million in grants to support outreach projects based on evidence-based or promising practice models that demonstrate an outcomes-driven approach to providing effective health care in rural communities (Announcement: HRSA-12-083, CFDA Number: 93.912). These grants, averaging \$150,000 each, will be awarded to entities demonstrating an outcomes-oriented approach to enhancing and sustaining the delivery of effective health care in rural communities by tracking specific health indicators demonstrating the impact of their project. The indicators must be evidence-based or promising practice models and must demonstrate health status improvement in rural communities. Among eligible applicants for these grants are state governments, federally recognized Native American tribal governments, Native American tribal organizations and nonprofits having a 501 (c)(3) status. To learn more about this grant opportunity click the HRSA logo above.

Sunflower Trail Grant



The Sunflower Foundation Health Care for Kansans is providing funding to improve the health of students, families and communities by offering support to build new or expanded public trails to increase the opportunity for physical activity. Click the Sunflower Foundation logo for more information.

News and Resources

Submitted by the Bureau of Community Health Systems

The Heart Truth



Women
& Heart
Disease

Awareness of heart disease among women has nearly doubled in the last 12 years, but it remains the #1 killer of women. More than 60% of women ages 20-39 and more than 80 percent of women ages 40-60 have one or more modifiable risk factors for heart disease.

Through our partnership with the National Heart, Lung, and Blood Institute, the Office on Women's Health is pleased to invite you to browse the new Heart Truth Professional Education Program materials on women's heart disease prevention. Click the logo on the left. We also invite you to earn free CME credits through new [Medscape modules on women's heart disease](#) (free registration required). Learn about motivational interviewing to support heart healthy behaviors and evidence-based prevention strategies and tools. These new resources have been updated to reflect the American Heart Association's newest cardiovascular disease guidelines for women.

The Office on Women's Health encourages health care professionals to use these resources and stay up-to-date on women's heart disease risk and prevention. Join the [Million Hearts](#) movement with us, the National Heart, Lung, and Blood Institute's [The Heart Truth](#) campaign, and our [Make the Call. Don't Miss a Beat](#) campaign. Help prevent one million heart attacks and strokes over the next five years.

United States Cancer Statistics



This Web-based report includes the official federal statistics on cancer incidence from registries that have high-quality data and cancer mortality statistics for each year and 2003–2007 combined. It is produced by the Centers for Disease Control and Prevention (CDC) and the National Cancer Institute (NCI), in collaboration with the North American Association of Central Cancer Registries (NAACCR). To learn more click the NAACCR logo.

Return on Investments in Public Health



The Patient Protection and Affordable Care Act (PL 111-148) included the creation of the Prevention and Public Health Fund, a 10-year, \$15 billion commitment to support programs, medical screenings and research related to public health and prevention. Click the Robert Wood Johnson Foundation (RWJF) to learn more about the Summary of Groundbreaking Research studies.

The Role of Prevention in Bending the Cost Curve



To help finance its historic expansions of insurance coverage, the Patient Protection and Affordable Care Act (ACA) includes several provisions aimed at slowing the rate of growth of personal health expenditures. This goal is addressed partly by reductions in payments to health care providers and partly by future reductions in the tax subsidies for extremely generous insurance plans. To read more click on the Urban Institute logo.

Life's Simple 7

*sponsored by the American Heart Association
and the American Stroke Association*

Life's Simple 7

My Life Check was designed by the American Heart Association with the goal of improved health by educating the public on how best to live. These measures have one unique thing in common: any person can make these changes, the steps are not expensive to take and even modest improvements to your health will make a big difference. Start with one or two. This simple, seven step list has been developed to deliver on the hope we all have--to live a long, productive healthy life. Click the Life's Simple 7 logo to learn more.

Community Guide Launches In Action Success Stories



The Guide to Community Preventive Services is a free resource to help you choose programs and policies to improve health and prevent disease in your community. Systematic reviews are used to answer these questions:

- Which program and policy interventions have been proven effective?
- Are there effective interventions that are right for my community?
- What might effective interventions cost; what is the likely return on investment?

Learn more about the Community Guide, collaborators involved in its development and dissemination and methods used to conduct the systematic reviews.

The Community Guide's In Action Success Stories provide examples of how the Community Guide has been used to improve health in communities across the country. To review these examples click the image above.

NACCHO Public Health Logo Video Now Available as PSA for Broadcast



The National Association of County and City Health Officials (NACCHO) have turned the public health logo video into a two-minute public service announcement (PSA) to promote local health departments on television and cable. To view the this PSA click the NACCHO logo.

Trust for America's Health Releases Healthier Americans for a Healthier Economy



Trust for America's Health (TFAH) has released a new report, Healthier Americans for a Healthier Economy, featuring six case studies focused on the relationship between health and economic development. The report examines how health affects the ability of states, cities and towns to attract and retain employers and how workplace and community wellness programs help improve productivity and reduce health spending. To read the reports click the TFAH logo above.

U.S. Court Rules Against Tobacco Warning Labels



U. S. District Judge Richard Leon in his ruling said that the labeling requirement for tobacco companies to include large, graphic warning labels on the front of cigarette packs compromises the tobacco industry's First Amendment rights. This comes as a huge disappointment for tobacco control advocates working closely to ensure the law is fully and effectively implemented. To read more about the ruling click the image of Judge Leon.

APHA's Flu Near You Challenge



American Public Health Association (APHA) has launched an online surveillance tool, Flu Near You, that calls on the public to be a part of a public health challenge to help track flu cases. APHA has teamed up with [HealthMap](#) to help track flu cases through a new online flu surveillance tool. People will use the tool to report their flu symptoms, which will help map influenza. Flu Near You wants millions of people in the U.S. to participate. Click the APHA logo to learn more.

NIH-Commissioned Census Bureau Report Describes Oldest Americans



In 1980, there were 720,000 people aged 90 and older in the United States. In 2010, there were 1.9 million people aged 90 and older; by 2050, the ranks of people 90 and older may reach 9 million, according to a report from the U.S. Census Bureau, commissioned by the National Institute on Aging (NIA) at the National Institutes of Health (NIH). To read more on this report click the NIH logo.

New Guidelines Urge Cholesterol Check for All Kids Ages 9 to 11



All U.S. children between the ages of 9 and 11 should be screened for high cholesterol, according to new guidelines endorsed by the nation's leading group of pediatricians. The recommendations are a major shift from current guidelines that suggest such testing be done only for children who have a family history of heart disease or high blood cholesterol, which is one of the major risk factors for heart disease. To read more about these new guidelines click the Health Day logo.

Study Finds Unprecedented Marketing of Sugary Drinks to Youth



Young people are being exposed to a massive amount of marketing for sugary drinks, such as full-calorie soda, sports drinks, energy drinks and fruit drinks, according to a new study from the Yale Rudd Center for Food Policy & Obesity. The study is the most comprehensive and science-based assessment of sugary drink nutrition and marketing ever conducted. The data show that companies marketing sugary drinks target young people, especially African American and Latino youth. Click the image on the left to learn more.

Job Openings

Lawrence Douglas County Health Department

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

- [Community Health Specialist](#)



Pottawatomie County Health Department

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

- [Public Health Nurse](#)



Reno County Health Department

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

- [Director](#)



Sedgwick County Health Department

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

- [Epidemiologist / Surveillance Coordinator](#)
- [MMRS Project Planner](#)
- [TB Nurse](#)



Shawnee County Health Department

The Shawnee County Health Agency is taking applications for the following position:

- [Physician](#)



Wyandotte County Health Department

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

- [Nurse Practitioner](#)



Public Health Connections Information

To receive the monthly E-Newsletter

Email Pat Behnke at pbehnke@kdheks.gov

Previous issues of Public Health Connections maybe found at

www.kdheks.gov/olrh/LHD_ConnectEditor.htm

Send your public health news to

Pat Behnke at pbehnke@kdheks.gov or

Debbie Nickels at dnickels@kdheks.gov