



KPHA E-NEWS UPDATE

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Legislative Update



Plan to participate in the Health Day at the Capital! [Click here](#) for flyer. [Click here](#) for the Sign-up Form.

These are the bills being worked in the legislature this week:

Monday

House Health and Human Services Hearing on:

[HB 2396](#) - Public post-secondary ed institutions, on-campus meningococcal vaccinations, affidavit procedure

Briefing on:

[HB 2971](#) - KDHE, certain genetic diseases & disorders, ed and screening, assistance

House Appropriations Hearing on:

[S 327](#) - Creating the office of inspector general within the Kansas health policy authority.

Tuesday

House Health and Human Services Hearing on:

[HB 2971](#) - KDHE, certain genetic diseases & disorders, ed and screening, assistance

House Appropriations Hearing on:

[HB 2988](#) - Kansas care act, Kansas comprehensive care center, midwest cancer alliance, Kansas umbilical cord blood bank.

Wednesday

Senate Public Health and Welfare Hearing, Final Action

[HB 2678](#) - Concerning renal dialysis facility pharmacies

House Judiciary Hearings on:

[SB 451](#) - Medicaid cards, medical pharmacy claim forms and criminal acts and violations

[SB 536](#) - Medicaid reimbursement

Thursday

Senate Public Health and Welfare Hearings Final Action

[HB 2830](#) - Concerning pharmacists and pharmacy; relating to registration of pharmacy technicians

[HB 2831](#) - Concerning pharmacists and pharmacy; relating to the accreditation council for pharmacy

More Legislative News . . .

The director of the Kansas Cancer Center last Thursday urged lawmakers to approve \$5 million in annual funding to help the state attain national designation for comprehensive research and treatment. "This annual appropriation is the single most important step this Legislature can take in support of the fight against cancer in Kansas," Dr. Roy Jensen said. Jensen told the House Appropriations Committee, however, that he opposed legislation that has been introduced that would make the Kansas Bioscience Authority the lead agency in coordinating cancer research efforts. He said the Bioscience Authority's job is to increase economic development from bioresearch, while the cancer center will be focused on public health. "Those aims can come in conflict," he said. In addition, he said, the cancer center should answer directly to the Legislature. The Bioscience Authority uses tax dollars generated by growth in the life sciences industry to fund enhancements to university research and business development. The Appropriations Committee already has recommended funding for the center. Rep. Mary Pilcher-Cook, R-Olathe, asked numerous questions about whether the center's research would include human cloning or embryonic stem cell research. Jensen said it wouldn't. Pilcher-Cook then asked about somatic cell nuclear transfer. Jensen said if that process becomes a major research initiative "then we may have to evaluate that." The committee took no action Thursday related to the cancer center. Chairman Melvin Neufeld, R-Ingalls, said it may be a week or two before the panel holds a hearing on the bill that would require that cancer center research be coordinated by the Bioscience Authority.

A bill requiring car booster seats for children ages 4 to 7 now travels to a joint House-Senate committee for final tinkering before heading to Gov. Kathleen Sebelius. Parents found in violation would be fined \$60. Children who are larger than 80 pounds or 4 feet 9 inches tall would be exempt from the rule. Both chambers approved similar booster seat bills, with one minor difference. The Senate version would fine out-of-state drivers who violate the law; the House version would not. A committee made up of lawmakers from both chambers will work out the differences. Assuming the House and Senate agree to whatever changes are made, the bill, [HB 2611](#), would then go to Sebelius.

A proposed law that is one step away from final approval that would make leaving children unattended in a vehicle a crime. The law would make it illegal for any driver to leave a child under 9 alone in a car -- for even a minute. The first offense would cost \$25; subsequent ones, \$250 to \$500. Supporters say their goal isn't so much to punish parents as to educate them about the dangers of leaving kids unattended. Tragedies can happen in seconds, they say, and no quick errand is worth the risk. Rep. Huff, the bill's author, said even more important is the education campaign that would go along with the law. The state plans to use \$15,000 in federal Department of Transportation money to distribute brochures and other literature.

Establishing a child support call center in rural Kansas makes sense for the state's children - and for the state's rural economy, as well. Gov. Kathleen Sebelius included the \$2 million call center in her budget proposal this session. Chairman Dwayne Umberger, a Thayer Republican, said last week that the Senate Budget Committee liked the idea. He called the project "good for rural Kansas." The call center would create 20 to 25 jobs. A small town could provide a slightly older and more stable workforce, an SRS spokesman said - traits that some industries might not prefer, but the state welfare agency finds attractive. Any number of rural towns could use two dozen new jobs, and thousands of Kansas children stand to benefit from the increased collections that a call center would generate. It's proposal that deserves to become reality.

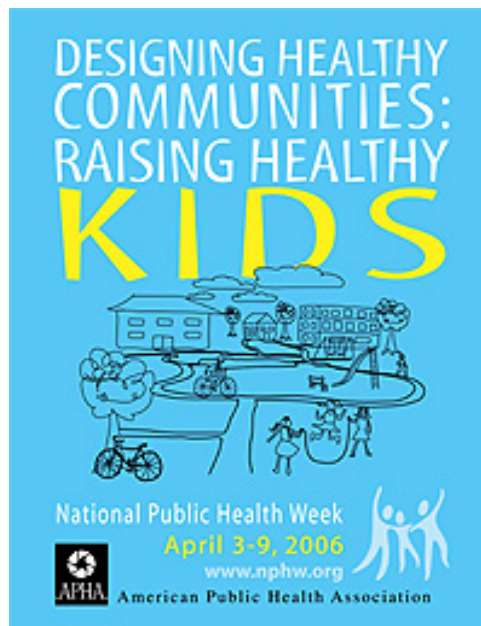
The House gave preliminary approval to a bill that would give cash assistance to low-income residents raising their grandchildren. Grandparents who meet income restrictions, are older than 50 and do not live with the child's parents would be eligible to receive \$200 per month for each child they raise, up to three children. The House overwhelmingly approved the proposal, [SB 62](#). The Senate approved the bill last year. Supporters say helping grandparents raise their grandchildren could lower costs for the state's foster parent program and help keep families together.

Gov. Kathleen Sebelius will ask the state Homeland Security Council to examine how Kansas spends its federal homeland security grant money and whether it could be more cost-effective. Sebelius' request was in response to a Feb. 26 Lawrence Journal-World article that examined the state's contract with homeland security equipment vendor Fisher Scientific Inc. of Houston. The story showed that the company charges local emergency management agencies high fees when buying equipment, using limited taxpayer funds and frustrating local officials. "Clearly, we want to always find ways to increase efficiency and make it possible for local first responders to get the equipment they need at a good price," Sebelius said in a prepared statement.

The House killed a bill last week that would have started a pilot program for some small employers to get into the state health plan. Governor Sebelius said that she hasn't had anyone run the numbers on how many Wal-Mart employees and their children get their health coverage from Medicaid, and said she's not sure when the giant retailer will open its health insurance coverage to part-time employees. She's anxious, though, about the numbers of Kansans who are uninsured.

The Senate emergencied-up and approved, 36-4, a state employee raise plan with 2.5% step movements on the state pay scale on July 1, and a 2.5% raise pool for unclassified state employees. Total cost is about \$50 million, about half of that State General Fund money. [Back to top](#)

Designing Healthy Communities: Raising Healthy Kids Info Available for Use



The planning materials for National Public Health Week (NPHW) 2006 are now available!

NPHW Information

1. NPHW Materials are Available!

Materials to help our partners promote NPHW are now available on the [NPHW Web site](#).

- 2006 Toolkit- includes customizable materials for edit
- Community Pop-Quiz
- Kids Corner
- Logos
- Posters

2. Suggested Activities for NPHW

As part of the "Designing Healthy Communities: Raising Healthy Kids" campaign, we are encouraging our partners to host events during NPHW that address built environment issues as they relate to children's health

Monday: Five Problems, Five Solutions

Suggested Activity: Town Hall Meeting

In order to help communities assess the local built environment and share working solutions, you can stage a town hall meeting where local policy makers, public health professionals and citizens come together to discuss opportunities to improve the local built environment and kids' health. At the beginning of the event,

you can ask the audience to complete the Pop Quiz to rate their community's built environment in several key areas. During the question and answer session, audience members can ask questions related to the quiz. *Included in this toolkit are a tip sheet for planning a town hall meeting, a sample agenda for a town hall meeting, and a sample media advisory to promote the meeting.*

Tuesday: Surrounding our Kids with Equal Opportunity

Suggested Activity: Community Grocery Shopping Event

Many urban and low-income communities lack nearby grocery stores with a good selection of healthy, fresh foods. If this is a problem in your community, consider planning a community grocery-shopping event. Residents can gather and visit the local store together, inventory the fresh food selection and create a "shopping list" of the healthy foods that are not available. Residents can then deliver the shopping lists and/or grocery bags full of unhealthy food to city hall in order to highlight the need for a community solution to a lack of healthy food options.

Wednesday: Surrounding our Kids with Opportunities for Physical Activity

Suggested Activity: Walk to School Day

Across the country, a lack of safe walking paths has left many children unable to walk to school and has contributed to rising child obesity rates. Walking to school can be an important opportunity for incorporating physical activity into an otherwise busy day. Organize a walk to school day where parents and elementary school kids walk to school in "pied piper" fashion led by a local high school marching band. This event can be held in partnership with local law enforcement to showcase their commitment to providing safe streets for kids.

Thursday: Surrounding our Kids with Safety

Suggested Activity: Safe Kids Fair

Lead, poisons and mold in homes and schools pose a threat to children's safety and health. In addition, pedestrian fatalities are the leading cause of injury death to children. Hold a Safe Kids Fair at a local elementary school in the evening. Invite students and their parents to attend to learn more about preventing exposure to toxins and walking and biking safely. Law enforcement officers can show kids how to safely cross the street and representatives from a local bicycle shop can demonstrate safe bicycling techniques. The local poison control center can staff a booth on poisons in the home and local environmental experts can show parents how to find and eliminate mold.

Friday: Surrounding our Kids with Clean Air

Suggested Activity: Park Your Car Day

Increased automobile traffic leads to higher levels of air pollution and more children with chronic diseases like asthma. Plan a "Park Your Car Day" that encourages everyone in the community to walk, bicycle or take public transit to get to work, school and community events. This event can be held in partnership with local public transit agencies. [Back to top](#)

Minortiy Health Watch: Better Questions May Bring Better Minority Health Care

According to a news release on Wednesday, March 1 (HealthDay News) By changing the way they gather information about their patients' race and ethnicity, doctors could improve efforts to eliminate race-linked gaps in health care, a U.S. study shows. Patients who were asked to describe their race and ethnicity were more likely to answer the question -- and give more accurate answers -- than if they were asked to check off a box for one of the federal government's categories for race and ethnicity. For example, patients who were asked to describe their race and ethnicity were less likely to select the "unknown" or "other" category if they were given the opportunity to be specific.

"What's unique about this method is that it doesn't force a patient into an inappropriate category, or leave out the data altogether because there isn't a category that fits," study author Dr. David Baker, of Northwestern University, said in a prepared statement. "Our research shows it's a method that works better for patients and researchers." He and his colleagues found that asking patients to describe their race and ethnicity took an average of 37 seconds, just 17 seconds longer than the average time for completing the questions. Collecting patient information this way may also help health-care professionals quickly identify and respond to emerging trends among very specific racial and ethnic groups, the researchers said.

They noted that research has shown that racial and ethnic minorities in the United States often received a lower quality of health care than whites. "The first step toward addressing this problem is for health-care providers to routinely collect data on patients' race, ethnicity and language, and link these data to measures of quality, safety and utilization," the researchers wrote. [Back to top](#)

Medical Debt Report Available on Web

Heartache in the Heartland

Thanks to Laurie Dale Marshall, Kansas Health Consumer Coalition, (a member of AHA-KS Alliance for Health Advocates-KS, the Friday meetings formed by KPHA's Legislative Action Chair, Dr. Kim Richter, to keep health advocates abreast of legislative issue), you can find the report on the web that was announced a few weeks ago on medical debt affecting the Midwest.

"Debt resulting from medical bills deters people from seeking future care, which can result in the need for more expensive treatment later on. In addition, medical debt can affect the overall financial security of families and undermine their economic stability. These are some of the findings from The Access Projects work with community organizations across the country to examine the consequences of medically-related debt for individuals and families. The Access Project partnered with four Community Health Centers and the Kansas Health Consumer Coalition to investigate the impact of medical debt in Kansas. The findings from over 1,000 survey respondents reveal that medical debt is a growing problem throughout the state. Over two-thirds of those surveyed reported debt due to medical bills, which resulted in diminished access to health care and serious credit, employment, and housing problems.

The survey findings undermine the notion that people simply don't want to pay for their medical care. Many respondents with debt did not seek needed care to avoid accruing new debt, and many struggled to pay down their bills with whatever resources they had available.

The findings also believe the myth that health insurance always provides adequate financial protection: even in families where everyone had been insured for the previous year, over half of the respondents reported having medical debt. As policy-makers increasingly rely on increased consumer cost sharing to stem rising health care costs, Kansans who are playing by the rules are paying the price.

This report builds on an Access Project report from 2005, [Heartache in the Heartland](#), which presents stories gathered from a focus group of Kansas residents suffering the consequences of medical debt." [Back to top](#)

2006 Governor's Conference on Public Health!

REGISTRATION AND CONFERENCE BROCHURE IS NOW AVAILABLE ON KS-TRAIN at <http://ks.train.org>

The 2006 Gov's Public Health Conference will be held on April 11, 12, and 13, at the Hyatt Regency Hotel in Wichita, Kansas. This conference will focus on partnering and taking steps together to make our communities in Kansas, healthier places to live and grow. Previous Spring conferences (MCH Conference, KPHA Conference, and the Public Health Nursing Conference) are combining to decrease participant time away from work, increase the variety of offerings, and create an atmosphere where people link with others to increase professional competency and reach Healthy People 2010 goals for Kansas.

The 2006 Conference theme is "Public Health in Kansas: Taking Steps Together." The goals of the conference are:

- 1) Share best practices in public health.
- 2) Promote partnerships at the local, regional, state, and national levels.
- 3) Increase effectiveness of public health leadership and management roles.
- 4) Increase public health workforce competency.
- 5) Discuss strategies to eliminate health disparities.

35 breakout sessions will be presented over the first 1 ½ days, covering Environmental, Public Health, Preparedness, Leadership, and Maternal Child Health topics. The last half of the conference will focus specifically on Maternal Child Health topics and training. Participants can attend the whole conference or the half they are specifically interested in. For further information, contact Julie Oler-Manske, jolerman@kumc.edu, phone number: (316) 293-2626, or Deborah Fromer, dfromer@kumc.edu, phone number: (316) 293-2627. [Back to top](#)

Public Health Advocacy Opportunity in PARADE Magazine



KPHA received an email from APHA's on their continued work with PARADE magazine to position health and research more prominently into the national conversation--- APHA "has achieved another milestone - Research!America's prevention ads will be seen in PARADE magazine this year. The PARADE editor and publisher are impressed with the strength of the ads' messages and have agreed to run them in their available markets as space allows.

PARADE ran the heart attack/chronic disease ad* in select markets in 125 newspapers Sunday, March 5 across these 14 states: Illinois, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Nebraska, North Dakota, Ohio, Oklahoma, South Dakota, Texas and Wisconsin reaching almost 2 million Americans!

We are particularly pleased that the logos of our partners in public health advocacy will appear on the ad: the American Public Health Association, Association of Schools of Public Health, Association of State and Territorial Health Officials and the National Association of County and City Health Officials.

This is an exceptional opportunity for high visibility of our shared advocacy message of prevention and public health and the research that informs it. You can increase the impact of this opportunity by:

- Sending the ad to your policymakers with a brief letter pointing out the benefits that prevention brings to your community.
- Sending the ad to your local media, pointing out the work you are doing to protect the communities' health and/or inviting them to visit your worksite.

We suggest that you email PARADE to thank them for this strong show of support for prevention and public health. We look forward to keeping you apprised of additional opportunities." [Back to top](#)

Update on the First Citizen's Health Care Working Group Meeting Hosted by KPHA



The Citizens' Health Care Working Group will gather in Los Angeles for a high-tech multi-media event with 1,000 residents of the Los Angeles area. We will accommodate everyone that can come so if you know people in the LA area, encourage them to join us for this remarkable meeting. More information on this event [click here](#).

Community Meetings

NEXT WEEK: We will be in Providence, R.I. (3/6), Miami, Fla. (3/9) and Indianapolis, Ind. (3/11), to talk to people about health care. If you know people in these areas, send them to www.citizenshealthcare.gov to get more information and register for these upcoming meeting.

Upcoming cities include: Los Angeles, Cal. (3/4), Providence, R.I. (3/6), Miami, Fla. (3/9), Indianapolis, Ind. (3/11), Detroit, Mich. (3/18), Albuquerque, N.M. (3/20), Phoenix, Ariz. (3/25), Hanover, N.H. (3/31), Hartford, Conn. (4/6), Des Moines, Iowa (4/8), Philadelphia, Pa. (4/10), Las Vegas, Nev. (4/11), Sacramento, Cal. (4/19), Fargo, N.D. (4/22), New York, N.Y. (4/22), Little Rock, Ark. (4/29), Cincinnati, Ohio (4/29), Sioux Falls, S.D. (5/6), and Lexington, Ken. (TBA). For more information on these meetings, or to register for an event, visit <http://www.citizenshealthcare.gov/register/>.

SPECIAL EVENT:

Virtual Town Meeting, co- hosted by THE BIG TEN CONFERENCE and the ASSOCIATION OF SCHOOLS OF PUBLIC HEALTH and hosted by THE UNIVERSITY OF MICHIGAN

An old-fashioned town hall meeting on health care -- just taking place simultaneously with live audiences in 22 different universities across the country and using satellites and the Internet to allow individuals to watch and listen to the discussion from any computer anywhere in the world. See www.umich.edu/healthmeeting/ for more information or contact our office.

On the Web: www.citizenshealthcare.gov

Encourage your networks to join this national discussion from their computers.

1. Health Care Poll: answer questions about health care
2. What's Important to You: tell us in your own words what you think
3. Share Your Experience: share your experiences with the health care system
4. Health Care Blog: hear from the Working Group Members - or start your own blog

As always, thank you for your involvement in this national effort to engage people across the country in finding health care solutions. [Back to top](#)

Governor's Column Focuses on Abuse

Governor's Domestic Violence Fatality Review Board Column: Elder Abuse: The Horrible Secret

The following is a column by Robert T. Stephan, Chair of Governor Kathleen Sebelius' Domestic Violence Fatality Review Board:

People perceive domestic violence as something that happens to young women. It is difficult to picture women, some in their 60's, 70's and 80's, being subject to physical and emotional domestic abuse. I refer to women because the United States Justice Department has stated that 85 percent of the victims of intimate-partner violence are women.

The January 3, 2006 AARP magazine has an excellent article entitled "And Then He Hit Me" describing the real picture of elder victims of domestic violence. The AARP article points out that in studies in the late 1990's, between four percent and six percent of older North Americans reported they were in a relationship they considered physically abusive. If the surveys are correct and the percentages remain constant with overall population growth that would mean three to five million Americans more than 50 years of age (out of 85 million) currently are in abusive relationships.

Our oldest elders (80 years and more) are abused and neglected at two to three times their proportion of the elderly population. In almost 90 percent of the elder abuse and neglect incidents with a known perpetrator, the perpetrator is a family member and two-thirds of the perpetrators are adult children or spouses.

Because elder abuse almost always occurs within the home, it is without a doubt under reported. It remains the dark secret within the family. It is estimated that only one of 14 domestic elder abuse incidents come to the attention of authorities.

Adult children are the most frequent abusers of the elderly. According to a 1996 study (the most recent

study of which I have knowledge) 14.6 percent of the victims were subjected to physical abuse; 12.3 percent were subjected to financial/material exploitation; 55 percent were the victims of neglect; 7.7 percent were subjected to emotional abuse; 0.3 percent were victims of sexual abuse; and approximately 10 percent of reported domestic abuse cases do not fit into any of these categories.

The National Center on Elder Abuse found that the median age of elder abuse victims was 77.9 years old. The study further found 66.4 percent of domestic elder abuse victims were Caucasian, 18.7 percent were African American and 10 percent were Hispanic.

Without a doubt the true extent of elder abuse and positive intervention will remain elusive for many years to come. The secret nature of the crime should not dissuade regulatory agencies and law enforcement officials from seeking an answer.

If you are a victim of domestic violence, please call 1-888-END ABUSE (1-888-363-2287) to find resources to assist you. [Back to top](#)

Stories on Budget Cuts Are Needed

KPHA participated in a national conference call on the Budget for all health programs this Monday and learned that the President's bill is on a fast track (two weeks) in Washington DC. In summary it cuts over a billion dollars from the budget that effects CDC, NIH, Medicaid, and Medicare. A plea is going out from APHA for individualized stories about what the budget cuts did last year and that further cuts this year would indeed cause more hardship. If you have any stories like the one reported in the AP, below, about your programs losing funding and the results, please email them to me so that I can pass them along to the national affiliate, APHA. [Back to top](#)

Advocates: Medicaid Cuts Threaten Treatment in Kansas

PAOLA, Kan. - Eight children have already been moved out of Lakemary Center, said Bill Craig, president and CEO of Lakemary, a school and residential center for children with severe mental disabilities. By the end of the month, 22 children will be gone. Efforts to stem Medicaid spending are forcing Lakemary and other private group homes in Kansas into a "chaotic rush" to discharge mentally and physically challenged children before the funding runs out and before some may be ready to leave, Craig said. The funding cuts affect about 500 children statewide, said Rep. Bob Bethell, an Alden Republican who is leading hearings beginning Monday to address the problem. [Back to top](#)

APHA Starting New Initiative



"Based on extensive interviews with public health leaders inside and outside of APHA, intensive research on emerging public health threats and trends, evaluation of the movement's potential impact, and recognition of APHA's unique role in the public health community, we have decided that our first campaign will be pandemic flu and threats from emerging infectious disease. This initial focal area has the advantage of currently being in the minds of both the public and policy-makers; it involves all sectors of society; it carries a sense of public health urgency; and it requires a strategy in which all of APHA's member units and affiliated organizations can participate. Such a campaign also is consistent with APHA's three overarching priorities of improving access to care, eliminating racial and ethnic health

disparities and rebuilding the public health infrastructure. In partnership with government and the broader medical community, APHA was the leading public health association when addressing the 1918 influenza outbreak. Thus an area in which APHA remains an unquestioned leader, pandemic flu and has the possibility of available funding to support such an initiative. We continue to look for members' input to ensure transparency of the effort and member involvement. Toward that end, an e-mail address has been set up to receive your input: pandemicflu@apha.org. The steps toward a movement were first announced in the January/February issues and the focus will be announced in the March issue of The Nation's Health."

APHA is asking the state assn's to identify three areas where they can provide expertise into this burgeoning movement, and to tell them how APHA can better connect with the public and the populations served. If you are interested in this initiative let the KPHA office or one of the KPHA Board members know of your interest! [Back to top](#)



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