



# KPHA E-NEWS UPDATE

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## Legislative Update

The legislature is on break now except for some Conference Committees who are meeting before they resume the end of April. The AHA-KS group continues to monitor legislation. **Click here** for this week's activity. Below are some of the clippings about health legislation from KPHA members at KHI.

### **Last Minute Bill on Health from Rep. Marti Crow**

Thousands of poor Kansans may the state's help in paying for health insurance. **SB 387** was passed in the Senate today amid complaints from the Governor and some legislators about the lack of action this session on health care issues that are worrying many of our constituents. The measure would create a new program eventually providing \$77 million a year in benefits to about 24,000 adults by 2012. The bill doesn't spell out the program's details, but supporters expect the state to spend about \$3,200 per person.

Some senators questioned creating a new program, suggesting it pours new dollars into a flawed health care system, without controlling rising health care costs. They argued that this plan is not really reform but rather spending more money, state taxpayers' money, on a flawed health care system.

The health care debate is occurring on the 81st day in the 2007 session and three days after Gov. Sebelius

said the GOP-controlled Legislature hadn't made enough progress on health care. In January, Sebelius called on legislators to draft a plan to eventually bring universal health insurance coverage to Kansas, but many Republicans have resisted, worrying about extending state government's reach.

The bill to create the new program had bipartisan support, with backers describing it as a small but significant, early step in the debate over health care, a foundation for future reform. The \$1.3 billion Medicaid program, administered jointly by the state and federal government, reimburses doctors, hospitals, clinics and others for services they provide to poor families. Adults qualify for the program if their household incomes are at or below 37% of the federal poverty level - \$3,778 a year for someone who's single and \$7,641 for a family of four.

Under the bill, the state's help with buying insurance would start in 2009 and go to about 8,500 Kansans whose incomes are half or less of the federal poverty level. That's \$5,105 for someone who's single and \$10,325 for a family of four. By 2012, aid would go to Kansans whose incomes are at or below the poverty level, \$10,210 for someone who's single and \$20,650 for a family of four. Kansans could purchase their own policies or join a plan offered by their employers. Some Kansans who are offered health insurance by their employers don't take it because they can't afford their share.

The Senate advanced the bill on a voice vote and took final action earlier today. The House then debated a similar but larger proposal, **SB 11**, this evening.

Meanwhile, in the House, some Republicans want to overhaul Medicaid, converting it from a program that pays health care providers serving the needy into a program that helps needy Kansans buy insurance. But the Governor has questioned whether it's realistic to think Kansans now on Medicaid will be successful in finding or negotiating for affordable insurance. Other critics contend the House GOP's legislation has serious flaws.

House Republicans' health plan in **SB 11** sets up a Medicaid reform process which the Kansas Health Policy Authority would consult with the Joint Health Policy Oversight Committee to consider the reforms in other states; long-term care alternatives; waste, fraud and abuse programs; tax credits, premium assistance vouchers and health opportunity accounts to allow Medicaid eligible and the uninsured folks to access health insurance coverage; and wellness programs. The KHPA is tasked with developing and delivering to the legislature options for reforming health care finance, including an analysis of a voluntary health care insurance connector.

The bill would set up interim studies to examine policy changes.

Tax policies to be examined would include a Health Care Earned Income Tax Credit for the uninsured, and deductibility of COBRA policies.

There would also be studies to increase competition in the commercial insurance industry and to extend portability of insurance coverage, including extending COBRA coverage from 6 to 18 months.

The bill would allow premium assistance for parents of children on Medicaid, subject to appropriations of state funds. The hope is that the state will eventually provide assistance to all children in Kansas whose parents who are at the federal poverty level. (Cost \$500,000 in 2008, expandable to \$77 million depending on appropriations in 2012.)

The bill establishes a Safety Net Clinic Capital Loan Guarantee Act which would guarantee loans up to \$3

million per borrower and total of \$15 million for the entire program. Safety net clinics are clinics like the Saint Vincent Clinic in Leavenworth which provide health care to folks who are uninsured and unable to afford health care elsewhere. (Cost less than \$100,000.)

The bill tasks the Kansas Department of Commerce to develop programs targeted at small and rural businesses to establish cafeteria plans.

The hope is that the agency will provide information, encourage plan administrators to offer lower cost plans and offset startup costs for small businesses that want to create cafeteria plans. The aim is to achieve a 15% reduction in health costs for employees and employers enrolled in these plans. That program would expire in two years. (Cost \$500,000.)

The bill creates a program to provide grants and loans to startup association plans targeted at insuring hard to insure groups and some small businesses. The loans and grants would require matching funds, actuarial viability and clawback if the plan is not created. An Inspector General will be established to monitor the state Medicaid programs for fraud and waste. (Cost \$350,000.)

**SB 11** passed the House. Now the two bills go to a conference committee to work out the differences.

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## ARTICLES FROM KHI NEWS SERVICE



### House Committee Passes Clinic Loan-Guarantee Bill

By Dave Ranney  
KHI News Service

**TOPEKA, March 26** - The Senate and House budget committees have each passed bills aimed at helping safety-net clinics finance expansion projects.

Whether the bills pass their respective chambers remains to be seen.

"This is a good bill. If it gets to the floor, it should pass," said Rep. Bob Bethell, chairman of the House Social Services Budget Committee.

"I'm certainly going to request that it gets heard, but there are a lot of bills yet to be heard and we've only got until Wednesday," Bethell, R-Alden, said. "So I don't know, we'll see."

Wednesday is the deadline for consideration of bills not in their house of origin.

The two bills - **Senate Bill 365** and **House Bill 2547** - calls for the state guaranteeing loans to safety net clinics for new buildings, expansion projects, renovations or new-equipment purchases. A vote on the

Senate bill is expected Tuesday or Wednesday in the Senate.

The loan guarantees authorized in both bills would be limited to \$3 million per project.

"Most of these (loans) are not going to be for more than a million dollars," Bethell said Monday during House Appropriations Committee deliberations.

By guaranteeing the loans, the clinics should find it easier to borrow money. Interest rates, too, should be lower.

Last week, the bill stalled after the Kansas Development Finance Authority said lawmakers couldn't guarantee the clinics' loans without putting a few million dollars in a special reserve fund.

On Monday, Bethell said a fund would be set up for handling administrative fees.

If a clinic defaults on a state-guaranteed loan, he said, the lender would file a claim with the Joint Committee on Claims Against the State. The committee, in turn, would authorize a transfer from the state general fund to the fee fund, which would pay off the loan.

Bethell said he doubted clinics' boards and their banks would put together loans that could not be repaid.

"Under the scenario spelled out in this bill, the chances of that happening are almost non-existent," he said.

Last week, the Senate Ways and Means Committee reduced the amount of outstanding loan guarantees to a total of \$15 million. It had been \$25 million.

The committee also approved a change in the makeup of a committee that would oversee the loan-guarantee processes. The change ensures the Kansas Development Finance Authority a seat on the five-member committee.

Two seats will be held by the Department of Health and Environment; one by the Kansas Health Policy Authority; one by a representative of the Kansas Association for the Medically Underserved.

If the proposal becomes law, the Kansas United Methodist Health Ministries Fund has pledged \$10,000 to help defray some of the oversight committee's start-up costs.

*-Dave Ranney is a staff writer for KHI News Service, which specializes in coverage of health issues facing Kansans. He can be reached at [dranney@khi.org](mailto:dranney@khi.org) or at 785-233-5443, ext. 128.*

## **Resolution Endorsing Health Care Overhaul Passes the House**

**By Mike Shields**  
**KHI News Service**

**TOPEKA, March 26** - The Kansas House on Monday approved a resolution endorsing "market-based solutions" to the state's health care problems.

House Resolution 6015 is the "vision" statement crafted as part of the House GOP health care reform

package. The major bill in that package, House substitute for Senate Bill 11, formerly known as House Bill 2591, is tentatively scheduled for House debate on Tuesday.

"Our current system is plagued by the shrinking of private health insurance coverage, an expanding number of Kansans on Medicaid, and a stagnant number of uninsured. Without clear-cut markets and competition, Kansans will continue to suffer," House Speaker Melvin Neufeld, R-Ingalls, said in a prepared statement. "If left unchanged, our state's Medicaid expenses will outpace what we spend on public education within 20 years. This is our first step in a long process to reform how those in need receive health care without sending our state into bankruptcy."

HR 6015 was approved on a voice vote.

"This resolution is not just words. It gives us an overall vision to help guide our state and lawmakers as they make future decisions on health care legislation and reform," said Rep. Jeff Colyer, R-Overland Park.

Colyer chaired the House GOP health care task force that developed the reform package, which Republicans dubbed KanCare.

The House on a voice vote also approved HR 6009, which called on the state bank commissioner to educate state chartered banks about the use of health savings accounts.

"This does represent one of many small steps forward we can take on health care," Colyer said, urging fellow members to approve the resolution.

*-Mike Shields is a staff writer for KHI News Service, which specializes in coverage of health issues facing Kansans. He can be reached at [mshields@khi.org](mailto:mshields@khi.org) or at 785-233-5443, ext. 123. [Back to top](#)*

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## Call for Presentations for the KPHA Fall Conference

### 2007 Fall Public Health Conference "Communicating our Message: Public Health, Politics and Policy" September 18-20, 2007



The Conference Committee invites you to submit a presentation proposal for the 2007 Fall Public Health Conference to be held September 18-20 in Wichita, Kansas. The conference will focus on communicating

our message to the public health workforce, politicians, the public, and policymakers. There will be approximately 20 breakout sessions to give you the opportunity to share your successes and innovative programs with a wide audience. Presentations need to be approximately one hour long.

The 2007 Conference goals are to:

- 1) Share best practices to promote partnership in public health.
- 2) Increase effectiveness of public health leadership and management roles.
- 3) Increase public health workforce competency.

Presentation selection will be based on the significance to population-based public health, relevance to conference goals, and interest to target audience. Topics to be considered include, but are not limited to, those that reflect the following KPHA sections and functions:



- Administrative Health
- Child/Family and Community Health
- Research and Evaluation
- Emergency Preparedness
- Environmental Health
- Infectious Disease
- Oral Health
- Tobacco, Substance Use, Mental Health

The Conference Program Committee reserves the right to select and schedule any accepted presentation at any time during the Conference. No honorarium will be given. Speakers will receive a one-day registration waiver on the day on which they present.

**All proposals must be received by April 30, 2007.** Incomplete proposals may not be reviewed. Please attach a biography and resume/vita to the Call for Presentations for all proposed presenters. Identify on the attached "Core Competencies for Public Health Professionals" sheet the core competencies that will be reflected in your presentation. Please contact Cyndi Treaster at [ctreaste@kdhe.state.ks.us](mailto:ctreaste@kdhe.state.ks.us) or call (785) 296-8113 for more information or questions or to send your Call for Presentation. [Click here](#) for the Form. [Back to top](#)

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## Save the Date: KPHLI Next Training Cycle Coming Soon!



The Kansas Public Health Leadership Institute (KPHLI) will hold its fifth training cycle from September 2007-September 2008. In-person sessions take place in September, October, January, April, and July. If you are interested in becoming a KPHLI scholar, applications will be available by May 2007.

See <http://www.waldcenter.org/kphli/index.html> for more information about the KPHLI.

[Click here](#) for the full brochure.

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## Governor's Column

The following is a column by Governor Kathleen Sebelius



### Time for Action on Health Care

Kansas is home to a wide range of first-class health care providers. From big-city hospitals to small rural clinics and doctor's offices, Kansans have access to quality health care throughout the state.

Most Kansans, that is.

One in ten of our neighbors has no health insurance. And even those of us with health coverage face the prospect of continuously rising costs, both for insurance and care.

There's a crisis in our health care system that prevents 300,000 Kansans from getting the health care they deserve. This hurts them, their families, and those of us with insurance, as 16 cents of every dollar spent on health care goes to cover "uncompensated care" - essentially a hidden tax on businesses and families with health insurance. We need to work toward a future in which every Kansan has health insurance; to do anything less is just wrong. While there are a number of ways to achieve this goal, one that doesn't work is to dismantle the health care safety net, as has been proposed by some in the Legislature. While our goal should be the most cost-effective expansion of health insurance, many "market-based" privatization proposals would leave even more Kansans without affordable care.

We need to follow the roadmap provided by the Kansas Health Policy Authority. The authority was created by the Legislature in 2005 to provide expert guidance to state leaders about how we can hold down costs and expand quality health coverage.

Members of the authority have endorsed my proposal to insure every Kansas child from birth to age five, and to do so this year.

The authority has also called on the Legislature to take additional action before they adjourn by providing coverage for more pregnant mothers and working Kansas families, by providing assistance with the cost of

insurance premiums. We have a health care crisis in Kansas. We have expert guidance on how best to address that crisis. The time for inaction is over! If you share my concern about Kansans having access to affordable health care they deserve, I encourage you to contact your legislators and urge them to act before they go home for the year. [Back to top](#)

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## News from APHA: National Public Health Week April 2-8, 2007



### NPHW Kickoff and Preparedness Poll Release

**Monday, April 2, 2007** - Today marks the kickoff of National Public Health Week. This year, the American Public Health Association (APHA) dedicates the national observance to highlighting steps that vulnerable communities should take to prepare for public health threats, from natural disasters and disease outbreaks to acts of terrorism. Despite growing threats, Americans remain largely unprepared for public health emergencies. APHA is releasing results today of a national preparedness survey that found that only 27 percent of the public say they are very or fairly well prepared for an emergency, and 32 percent of the public have taken no special steps to prepare for an emergency situation such as a public health crisis. APHA is working to close the gap in current emergency preparedness to ensure all Americans are ready for the next disaster, [www.nphw.org/2007/pg\\_tools\\_poll.htm](http://www.nphw.org/2007/pg_tools_poll.htm).

National Public Health Week 2007 is focusing on the theme "Take the First Step! Preparedness and Public Health Threats: Addressing the Unique Needs of the Nation's Vulnerable Populations." The week will provide vulnerable populations with the tools they need to plan for health emergencies and overcome barriers to preparedness. APHA, its members and hundreds of national and local partners will host events throughout the country this week encouraging vulnerable populations to "Take the First Step" toward preparing for public health threats.

As part of this year's campaign, APHA is asking its partners to:

- Encourage families, schools and businesses to assess their level of preparedness and "Take the First Step" toward becoming better prepared to respond to a public health emergency;
- Encourage local public health officials to learn about and implement comprehensive programs that promote emergency preparedness; and
- Educate policy-makers about the importance of helping communities prepare for threats to public health and address the unique preparedness needs of vulnerable populations.

APHA has highlighted five core vulnerable populations that face significant challenges in protecting themselves against public health threats:

**Population:** Mothers with Children in the Household

**Challenges:** Mothers are a busy group. Preparing their families for a public health emergency competes

with daily priorities such as getting children to school, helping with homework or just spending time with their children. However, there are ways for mothers to take the first step in developing a preparedness plan.

**Population:** Local Food Banks

**Challenges:** Local food banks are an essential part of the community, and become even more important in times of disaster. Preparing for public health threats before disaster strikes is vital to ensuring that food banks can operate before, during and after an emergency.

**Population:** Hourly Wage Workers

**Challenges:** Unlike salaried workers, hourly wage workers do not usually have employer-sponsored health plans or sick leave. Also, many of these workers lack the flexibility to telecommute or otherwise work off-site in the event of an emergency. In those instances, these individuals may not be paid and could otherwise be significantly impacted if public transportation is shut down and they cannot get to work.

**Population:** Schools K-12

**Challenges:** School administrators, nurses, teachers and staff have a multitude of responsibilities in the event of an emergency, including protecting each of their students. With school violence all too common, most schools have reevaluated their emergency preparedness plans, but perhaps not in regards to public health emergencies.

**Population:** Individuals with Chronic Health Care Needs

**Challenges:** People with chronic illnesses have unique health needs. Whether a person suffers from asthma, high blood pressure or cancer, it is important to consider the unique preparations needed to confront a serious public health threat.

**Letter from HHS Sec. Michael O. Leavitt,** [www.nphw.org/2007/pg\\_construction.htm](http://www.nphw.org/2007/pg_construction.htm)

**What's Happening Today**

- NPHW Kickoff Preparedness Roundtable, "Re-Taking the First Step Toward Preparedness: Lessons Learned from Local Health Emergencies," National Press Club, Washington, D.C., [www.nphw.org/2007/pg\\_pressrelease.htm](http://www.nphw.org/2007/pg_pressrelease.htm)
- Emergency Preparedness for Children, Public schools throughout Illinois
- Public Health Preparedness: Do You Have a Plan? Lunch and Learn, Orlando, Fla.
- Take the First Step! Household Preparedness Campaign, Helena, Mt.
- Child Care Summit: Is Your Agency Prepared for Pandemic Influenza and Other Emergencies?, Portland, Me.
- Mothers with Children in the Household roundtable, New Haven, Ct.
- National Public Health Week Lecture Series, Richmond, Va.

Other events may be accessed at [www.apha.org/nphw/calendar](http://www.apha.org/nphw/calendar). There is also a list of government agencies, health organizations, resources for teachers and other tools available at [www.nphw.org/2007/pg\\_resources.htm](http://www.nphw.org/2007/pg_resources.htm).

**Take Action Today!**

**MONDAY: Mothers with children still living in the household.**

Support initiatives like the bill that Representative Blumenauer (D-WA) introduced during the 109th

Congress, the "Safe Communities Act of 2005", which provided grants to states and local governments for the development of comprehensive planning documents, and incorporated strategies to mitigate natural and human-caused hazards, including terror threats and other natural disasters that would necessitate evacuation and response. [Click here](#) to contact Congress.

The following is a list of legislative policies, programs and initiatives that correspond with APHA's National Public Health Week campaign to address the issue of preparedness for public health threats and emergencies. Click on the links below to contact your elected officials in support of these bills and programs.

### **Policy Asks to Improve Overall Preparedness:**

1. Invest in the public health infrastructure. Fully fund comprehensive public health programs and infrastructure, which ensure access to basic primary health services for millions of Americans on both a day-to-day and emergency basis - addressing the diverse needs of urban, rural and underserved areas; and training health care personnel to provide needed services. [Click here](#) to contact Congress.
2. Develop Trauma Care Planning Systems for States and Localities. Support H.R. 727, Rep. Gene Green's (D-TX) "Trauma Care Systems Planning and Development Act", which directs the Secretary of Health and Human Services to develop systems of care through sharing information among agencies and individuals involved in the study and provision of trauma care; and provide to State and local agencies technical assistance to develop, implement, and sustain emergency medical services. [Click here](#) to contact Congress.
3. Help first-responders communicate with one another. Support S.385, Senator Inouye's (D-HI) "Interoperable Emergency Communications Act", which provides the National Telecommunications and Information Administration (NTIA) with guidance as it awards \$1 billion in interoperable emergency communications grants to police, firemen, and emergency medical personnel. This bill would establish technology reserves to assist emergency response agencies in pre-positioning communications equipment in states or regional facilities. These reserves can be activated quickly in the event of a major emergency or natural disaster. [Click here](#) to contact Congress.

### **National Public Health Week Blog Series**

In conjunction with APHA's Get Ready for Flu Campaign [www.getreadyforflu.org](http://www.getreadyforflu.org) we will be featuring daily entries related to the daily themes and focuses of National Public Health Week on our Get Ready for Flu Blog. [Click here](#) to read today's.

[Click here](#) to sign up to receive Get Ready for Flu Blog entries delivered right to your e-mail inbox.

### **Resources**

- **First Step! Preparedness Assessment:** [www.nphw.org/2007/pg\\_howprepared.htm](http://www.nphw.org/2007/pg_howprepared.htm)
- **National Public Health Week Kids Corner:** [www.nphw.org/2007/pg\\_kidscorner.htm](http://www.nphw.org/2007/pg_kidscorner.htm)

### **Resources for Teachers:**

- **American Red Cross:** [www.redcross.org/pubs/dspubs/childmatls.html](http://www.redcross.org/pubs/dspubs/childmatls.html)
- **American Red Cross Coloring Book:** [www.redcross.orgservices/disaster/eduinfo/colorbk.pdf](http://www.redcross.orgservices/disaster/eduinfo/colorbk.pdf)
- **Department of Education:** <http://ed.gov/admins/lead/safety/emergencyplan/index.html>
- **Masters of Disaster Instruction:** [www.redcross.org/disaster/masters/intro.html](http://www.redcross.org/disaster/masters/intro.html)
- **FEMA:** [www.fema.gov/kids/](http://www.fema.gov/kids/) and [www.fema.gov/kids/teacher.htm](http://www.fema.gov/kids/teacher.htm)
- **National Hurricane Center:** [www.nhc.noaa.gov/HAW2/english/kids.shtml](http://www.nhc.noaa.gov/HAW2/english/kids.shtml)
- **Ready.gov:** [www.ready.gov/kids/](http://www.ready.gov/kids/)
- **SAFE (School Actions for Emergencies) Center:** [www.eschoolnews.com/news/showStory.cfm?ArticleID=6801](http://www.eschoolnews.com/news/showStory.cfm?ArticleID=6801)

#### Other Tools and Resources:

- **American Family Safety:** [www.americanfamilysafety.com/](http://www.americanfamilysafety.com/)
- **Boys & Girls Clubs of America:** [www.bgca.org](http://www.bgca.org)
- **CDC Emergency Preparedness for Businesses:** [www.cdc.gov/niosh/topics/prepared/](http://www.cdc.gov/niosh/topics/prepared/)
- **Citizen Preparedness Publications:** [www.citizencorps.gov/ready/cc\\_pubs.shtm](http://www.citizencorps.gov/ready/cc_pubs.shtm)
- **Earthquake Hazards Program:** [www.earthquake.usgs.gov/learning/preparedness.php](http://www.earthquake.usgs.gov/learning/preparedness.php)
- **Get Ready for Flu:** [www.getreadyforflu.org](http://www.getreadyforflu.org)
- **Government Planning Checklists for Pandemic Flu:** [www.pandemicflu.gov/plan/checklists.html](http://www.pandemicflu.gov/plan/checklists.html)
- **League of United Latin American Citizens:** [www.lulac.org](http://www.lulac.org)
- **MedLine Plus Disaster Preparedness:** [www.nlm.nih.gov/medlineplus/disasterpreparationandrecovery.html](http://www.nlm.nih.gov/medlineplus/disasterpreparationandrecovery.html)
- **NAACP:** [www.naacp.org](http://www.naacp.org)
- **National Council of Churches:** [www.ncccusa.org](http://www.ncccusa.org)
- **National Council of La Raza:** [www.nclr.org](http://www.nclr.org)
- **Pandemicflu.gov:** [www.pandemicflu.gov](http://www.pandemicflu.gov)
- **Preparedness Information for People with Disabilities:** [www.disabilityinfo.gov/digov-public/public/DisplayPage.do?parentFolderId=213](http://www.disabilityinfo.gov/digov-public/public/DisplayPage.do?parentFolderId=213)
- **RAND Public Health Preparedness Database:** <http://rand.org/health/projects/php/>
- **US Chamber of Commerce:** [www.commerce.gov](http://www.commerce.gov)
- **US Department of Transportation Emergency Preparedness Information:** [www.dotcr.ost.dot.gov/asp/emergencyprep.asp](http://www.dotcr.ost.dot.gov/asp/emergencyprep.asp)

APHA would especially like to thank our financial supporters who helped make this week possible, [www.nphw.org/2007/pg\\_sponsors.htm](http://www.nphw.org/2007/pg_sponsors.htm). [Back to top](#)

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## Save the Date for Public Health Grand Rounds



## **Save the Date-Healthy Places Grand Rounds First Notice**

### **Introducing Health Protection Goals for the 21st Century**

CDC is committed to achieving true improvements in people's health, and the agency announced new Health Protection Goals (see [www.cdc.gov/goals](http://www.cdc.gov/goals)) in 2005 to help prioritize and focus its work and investments and measure its progress.

The CDC Goals Grand Rounds Series includes three satellite broadcasts focusing on CDC's new Health Protection Goals regarding Healthy People, Healthy Places, and a Healthy World illustrated by public health case studies.

#### **Program 1:**

### **Healthy Places Leading to Healthy People: Community Engagement Improves Health for All**

#### **A National Live Satellite Broadcast and Webcast**

**May 11, 2007**

**2:00-3:00pm Eastern Time**

"The places where people live, work, learn, and play will protect and promote their health and safety, especially those people at greater risk of health disparities." - Overarching CDC Healthy Places Goal

The May 11, 2007, program will highlight Healthy Communities, the broadest and most encompassing CDC Healthy Places goal area, by looking at the community of Wabasso located in Indian River County, Florida. The program examines the Protocol for Assessing Community Excellence in Environmental Health (PACE-EH), the community-based engagement tool used to identify and address some of Wabasso's "place-specific" health issues. The PACE-EH program is intended to identify and prioritize community-defined "health" issues, mobilize efforts to address these issues, and measure progress in Wabasso related to these priorities and the improved relationships between Wabasso public health agencies and the community. Many of the issues identified in Wabasso did not at first glance appear to be quintessential public health issues, but upon examination, they clearly affected the health of the community. The top five health issues identified were: lack of safe and healthy housing, danger from drug trafficking violence, safety issues related to the lack of street lighting, access to safe drinking water, and septic failures/lack of access to sewer. Partnerships between the grassroots community members and community institutions such as the local faith community were developed with the Director of Community Development, the County Administrator, Director of Public Works, County Commissioners, and the Sheriff of Indian River County to address these identified priority issues.

This Healthy Places program on the use of PACE-EH in Wabasso effectively illustrates that there must be community engagement by multiple sectors in a community to create sustainable improvement. In addition to traditional public health professionals, participation must include urban planners, architects, accessibility advocates, recreational specialists, community leaders, and citizens throughout the entire process. The use of PACE-EH in the Wabasso community also demonstrates how an environmental health assessment tool can yield improvement strategies which transition out of environment health into other areas of public health such as injury prevention and health promotion, as well as other areas of practice such as urban planning, architecture, civil engineering and law enforcement.

For more information on the May 11 Healthy Places Program, please see the attached fact sheet, including in-depth description of the program, list of presenters, information on Continuing Education Unit (CEU) -- currently including credits for doctors, nurses, and AICP planners, and instructions on registration. Satellite coordinates will be provided to registrants no later than April 27, 2007.

### **About Public Health Grand Rounds**

The program sponsors and partners invite you to participate in this satellite broadcast, one of a series of electronically convened, interactive grand rounds that focus on contemporary, strategic public health issues. Through in-depth analysis of real world issues by experts in the science and practice of public health, these programs provide a forum through which health professionals and others can develop timely and productive responses to public health challenges of regional, national, and global significance.

To register or request additional information, visit [www.PublicHealthGrandRounds.unc.edu](http://www.PublicHealthGrandRounds.unc.edu). [Back to top](#)



Visit our site at <http://ks.train.org>.



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