



KPHA E-NEWS UPDATE

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NEWS CLIPS:

Health Care Among Top State Issues

By Sen. Roger Reitz
April 25, 2007

Editor's note: *The following column was written in response to a Journal-World invitation to members of the Kansas Legislature to share their thoughts about their hopes for Kansas and major issues facing the state.*

Kansas legislators have responsibilities that encompass education, safety, health care, child care, energy plans and options for economic opportunity. Current choices addressing these responsibilities follow.

We have a viable three-year education funding plan in place and have set aside the money that will be needed. Higher education remains on the margin. Tuition is high and likely to increase. Financial support at this level of education is a major responsibility that we cannot ignore. Deferred maintenance of Kansas Board of Regents schools must be dealt with this year. It has been proven time and again that earlier education is critical for our children and all-day kindergarten is a must for all schools in Kansas.

Health care is a state and federal responsibility. Some states are taking the lead here and Kansas legislators have started to talk about it. Until we are serious about its obvious costs, general health care is unlikely to move into critical consideration.

Children's health insurance is another matter. Federal funding is available for children's health insurance, however, enrollment is stymied by rules requiring that a child's identity and citizenship be clearly established. As many as 50 percent of the children eligible for health insurance cannot get the proper documentation that satisfies these requirements. A passport fulfills the need, but it costs close to \$100 and this doesn't help the cause.

Kansas dental care is marginal. There are 1,200 practicing dentists in Kansas, and 50 percent of them are over 50 years of age. Kansas needs a dental school, probably in Wichita, to generate the dental coverage obviously needed in the future. Again, children do not get the oral care they deserve in this state.

Safety concerns can be addressed without making inroads into the general fund. We recently passed the teenage seat belt bill. The next step will be the requirement for all passengers to be belted. That will have an impact on safety immediately. An even more profound move would be passage of the graduated driver's license bill. This would move the beginner driver up to 15 years of age and require the person to be belted and drive only with a person at least 21 years old in the front seat. They could have no other passengers in the car, and use of a cell phone while driving would be prohibited. These restrictions would apply for one year after a six-month initiation period. More mature drivers make for significant highway safety for us all.

Our prisons are inadequate for the need. Prisons should remain under public supervision. We must fund them adequately and build what is necessary to house those requiring incarceration. We must insist on full E-911 coverage for the whole state. It is piecemeal now. The current highway plan has to be kept intact with its funding obligations.

An energy plan is beginning to take shape. It must emphasize conservation and set forth reasonable requirements to that end. We must institute an overall premise for coal-based, nuclear and wind energy development for the next 30 years. It also goes without saying that we must establish tough fuel economy standards and formulate a system to cap carbon dioxide emissions.

Economic development plans can and should tout favorable Kansas weather, work ethic and education. Recent bills passed by the Legislature will make the tax structure of Kansas more appealing to business. We need to support in every way possible the establishment of the National Bio- and Agro-Defense Facility in Manhattan or Leavenworth. It will have the single greatest impact on the state's economy in recent memory.

Child care is vital in this day and age with both parents needing to work placing children's needs in jeopardy. Public-private relationships are necessary for organized child care to happen and both should take the lead. The state should encourage nutrition education and discourage ready access to sugar-loaded beverages in our schools.

Kansas is on the cusp of moving on to a improved economy and health care and safety. Steadfast resolve can make it happen.

CLIPS FROM REP. MARTI CROW

Compromise Reached on Governor's Veto of Consumer Bill

AARP, Kansas Advocates for Better Care, the Kansas Health Consumer Coalition and the state Independent Living Council joined the Kansas Trial Lawyers Association in opposing SB 55, a bill which sought to amend the Kansas Consumer Protection Act. SB 55 was very broad and provided no statutory definition of "health care provider." It said that health care providers could not be sued under the KCPA for "professional services," which was also not defined. The senior citizens groups were concerned that nursing homes and elder care folks, as well as numerous other entities and even health insurers, would be provided with immunity when a consumer is harmed.

The medical community lobby and the Governor's office sat down with the senior groups and the KTLA and came up with a new bill, HB 2451.

This bill defines health care provider narrowly, according to the definition in the peer review statutes. It includes licensed physicians and physician assistants, medical care facilities, HMOs, podiatrists, optometrists, pharmacists, dentists, dental hygienists, professional and practical nurses, mental health technicians, physical therapists and physical therapist assistants, occupational therapists and assistants, respiratory therapists, and EMS attendants. The new language clearly states that these health care providers cannot be sued under the KCPA for medical negligence. Medical negligence is a claim that must be made under the Kansas medical malpractice statutes. The compromise bill passed the House.

I heard from some doctors and dentists in our area about this. For their information, the actual compromise language was: "K.S.A. 50-635 (b): The Kansas Consumer Protection Act does not allow for a private cause of action or remedy against a licensed health care provider for causes of action for personal injury or death resulting, or alleged to have resulted, from medical negligence. For purposes of this subsection, "health care provider" shall have the same meaning as K.S.A 65-4915 (a) (1)." The later statute is the peer review statute.

Legislators Asking for More Info on Medicaid Settlement

Legislators are questioning a deal struck by Kansas Health Policy Authority that calls for the state to put up almost \$100 million to settle a series of long-simmering disputes over Medicaid spending.

House Social Services Budget Committee Chairman Bob Bethell, R-Alden, said he does not trust Centers for Medicare and Medicaid Services (CMS) because of what has gone on in past dealings. Bethell and the committee's ranking minority member, Rep. Jerry Henry, D-Cummings, want the agreement to be in writing. Henry and Bethell are upset because in their respective professions — Bethell is a nursing home administrator, Henry runs a program for the developmentally disabled — they've dealt first-hand with unexpected changes in federal policies.

Rep. Henry said the feds have changed the rules in midstream.

Tom Lenz, head of the regional office in Kansas City, Mo., said CMS hasn't changed the rules in this case, it's

clarified them — and it's clarified them because Kansas and other states have bent the rules like pretzels.

“An example would be the use of Medicaid dollars to rebuild Hoch Auditorium,” Lenz said, referring to the building on the Kansas University campus that was gutted by fire after being struck by lightning in June 1991. To pay for its restoration, Gov. Joan Finney used \$18 million from the \$185 million her administration had finagled from the Disproportionate Share Program, a Medicaid-funded initiative designed to offset hospitals' costs of caring for the indigent. Disproportionate Share also provided \$18 million for the library at Kansas State University, \$10.7 million for a technology center at Pittsburg State University and \$8 million for a science building at Fort Hays State University. Though the expenditures were legal and much-celebrated, Lenz said they also were an example of states' readiness to find and exploit loopholes in Medicaid polices.

The loopholes were later closed but not until after the universities got their money. CMS hasn't changed the rules, Lenz said, it has strengthened its oversight. It has also clarified regulatory language allowing states to leverage federal funds. As health care's ever-rising costs claimed bigger and bigger chunks of the federal budget, the Bush administration has pushed CMS to stem the abuse. Lenz said. “Based on some of the egregious claiming practices that had been developed, the decision was made to bring some fiscal integrity back to the Medicaid program and to enhance our financial oversight of the states' management of the program.”

CMS audits and reviews uncovered abuse in the way the state's special education programs were figuring their costs. The programs, for example, used a billing formula based on 12 months' worth of costs even though the regulation limited the calculations to nine months. The special education formula flaws were the subject of a \$37.5 million governor's budget amendment introduced last week. Other GBAs addressed:

- Shortcomings in policies governing the state's mental health, substance abuse, and child welfare programs.
- Little or no documentation that children in special education and foster care received the services billed to Medicaid.
- Questions surrounding the use of local and county revenues — rather than state revenues — as Medicaid match.

Some — not all — of these issues stemmed from decisions made during Janet Schalansky's tenure as secretary at the Department of Social and Rehabilitation Services during two Governor's tenure, 1999 to 2004. She says it's true that mistakes were made. She said Kansas, along with other states, “really pushed the envelope to try to find the point where Medicaid was going to draw the line in the sand.”

Schalansky, who's now the executive director at the Kansas Children Service League, says, “In some situations we were right and we drew more Medicaid and we still are today; in others, they pushed the line back a little bit and SRS is settling with them.” The envelope pushing, she said, was driven by a then-sluggish economy and state revenues not keeping pace with the demand for social services. “When money was tight in the early 2000s, we were encouraged to see what we could do to get more from Medicaid,” Schalansky said. “The regional CMS office frequently shared with us what other folks were doing — we were looking at other states' (Medicaid) plans, looking at other states' waivers, and looking for redefinitions of services so they would fit Medicaid.” Schalansky said she and others knew some of the initiatives were likely to rile CMS. “It was clear to me that there might come a time when we'd have to pay some of it back — and we hoped for better economic times so we could pay it back,” she said.

SRS, she said, soon found itself in uncharted policy waters. “If you waited to get (approval) in writing, you would never do it because it wasn't going to happen,” Schalansky said. “If it was advantageous to the state at that time, we knowingly took the risk. The perception was that until we got some clear definition, it was sort of like a

loan.” “My view is simple: The feds changed the rules — the written rules didn’t change, but the attitude toward what would be allowed did change,” said Schalansky’s predecessor, Rochelle Chronister, who ran SRS from 1995 to 1999. “The Clinton administration encouraged states to do more with Medicaid; the Bush administration doesn’t want to spend that much,” said Chronister, a former state legislator from Neodesha. She is a Republican. Chronister said neither she nor Schalansky did anything wrong. “We didn’t set out to create a problem,” she said. “But if you’re not going to tell states where the line is, then the states are going to push it as far as they can.”

Though CMS-ordered changes in the state’s social-service network are now estimated to cost almost \$100 million, health officials say the state’s getting a bargain. “We have to pay back \$37.5 million on the special education stuff, but it just as easily could have been 10 times that amount,” said Barb Langner, an associate professor at the University of Kansas School of Nursing who has been helping coordinate the Kansas Health Policy Authority’s negotiations with CMS.

“There’s a lot of liability sitting out there if they wanted to play hardball,” Langner said. Joe Tilghman, vice chairman of the health policy authority board, called the settlement “a great thing, absolutely,” adding that it’s been endorsed by CMS’s national director, Dennis Smith. “They’re anxious to get this cleaned up — just like we are,” Tilghman said. Tilghman, a retired CMS regional administrator, said it’s unrealistic to expect the federal agency to put its agreement in writing. “You’re not going to see a letter from someone in the federal government saying, ‘We absolve you of all your past sins.’ It just doesn’t happen,” he said, “The best you’re going to get is a handshake and a nod.” Tilghman said he’s “99.9% confident” that CMS will uphold its end of the deal. “It’s pretty much a lock,” he said. “I can’t imagine them changing it — I’ve never ever seen anybody go back and renege on this type of stuff.”

Rep. Bethell said he’s asked the health policy authority to draft a memo outlining its understanding of the settlement. “There needs to be some sort of paper trail,” he said. “I don’t want to come back five years from now and have them say, ‘Oh, by the way...’”

Bethell said he expects to have a copy of the memo by the end of the week.

Governor on the Health Care Bill

Gov. Sebelius is expected to sign into law the Legislature’s health care bill, but she expressed skepticism about one major part of it. Under SB 11, which was sent to Sebelius’ desk Wednesday on unanimous votes in the House and Senate, the state will provide assistance to low-income adults to purchase health insurance.

The so-called “premium assistance” plan will help 24,000 uninsured Kansas families during a four-year phase in, supporters of the plan said. “It will ensure that parents and their children are part of the same health insurance plan and help families have access to coordinated and consistent health care services through a ‘medical home,’” said Marcia Nielsen, executive director of the Kansas Health Policy Authority.

Sebelius, a former insurance commissioner, said the group targeted by premium assistance doesn’t traditionally shop for insurance. She said she is not sure that the group identified will get much benefit from the plan. Under SB 11, starting in 2009, the state will give Kansans making less than 50% of the federal poverty limit about \$3,200 each year for health insurance. For a single parent with two children, the parent would be eligible if he or she were earning approximately \$8,500 per year or less. By 2012, the state would increase the number of people eligible, providing \$77 million per year.

The Governor said it would make more sense to increase the eligibility levels under Medicaid to insure extremely low-income adults. Anyway, though, she has indicated she will sign the health care bill into law

because it starts Kansas "down the path to a future in which every Kansan has access to quality care." The bill on her desk also sets up a number of studies aimed at improving access to care and controlling costs.

Sebelius started the legislative session calling for a plan to provide universal health insurance coverage. An estimated 290,000 Kansans are uninsured.

Enhancement of State's Readiness--Regional Training Centers

Governor Sebelius and Maj. Gen. Tod Bunting, Director of Kansas Homeland Security and Kansas adjutant general have announced a proposal to develop five regional training centers to enhance the state's capabilities to defend against terrorism and respond to disasters and emergencies. Four regional training centers would be developed in strategic locations around the state to ensure state and local first responders, the Kansas National Guard and public safety organizations have state-of-the art training facilities. A fifth existing training site in Salina would serve as the training hub. The Great Plains Joint Training Center, in Salina, formerly known as Smoky Hill Weapons Range, currently has approximately 36,000 acres for air and ground training.

"Kansas is taking the lead in the nation in enhancing its homeland security capabilities by developing these regional training centers where first responders and public safety organizations, including our National Guard, train together to ensure our state is the best prepared in the country," Gov. Sebelius said.

The regional training centers concept resulted from The Adjutant General's Department working with numerous state and local government agencies and public safety professional organizations to determine how best to integrate the needs of emergency responders, public safety and the National Guard into realistic training and exercise facilities.

The funding for the proposed regional training centers would be provided through bonds of no more than \$32 million over three years. The Adjutant General's Department's role includes homeland security, and with nearly 8,000 Kansas National Guardsmen whose main mission is to protect Kansas, the agency is the largest first responder/public safety organization in the state.

The regional training centers will allow our state to have an integrated training approach to handling disasters and emergencies, while providing our National Guard additional training resources for future deployments, according to Bunting. He added. "With this training, our state will be better prepared to handle whatever situations may come our way requiring a unified response, whether it's numerous tornadoes, wildfires, floods, terrorism or several events at once."

Each of the new centers will be strategically positioned to reduce travel time for those seeking training. State and federal partners who may consider using the regional training centers include: Kansas Fire Marshal's Office, Kansas Bureau of Investigation, Kansas Department of Transportation, Kansas Highway Patrol, sheriff's departments, police departments, fire departments, university police, Kansas Department of Health and Environment, Emergency Medical Services, Kansas Wildlife and Parks Department, Transportation Security Administration and other military Reserve components.

Information Available on Choosing A Nursing Home

In early 2007, the Kansas Association for Homes and Services for the Aging (KAHSA) launched a campaign to educate consumers on person-centered care and culture change in Kansas. A series of four articles co-authored by Action Pact and KAHSA were distributed to the Kansas Senior Press and all Area Agency on Aging senior publications. The goal is to bring awareness of change to consumers and help them to ask questions

when choosing a nursing home. Many KAHSA members submitted questions that are found in the articles. The articles are available for all KAHSA members to use for education in newsletters and to send to your local paper. The articles can be viewed by clicking on their titles. The titles include:

Person Centered Care Puts Elders in the Driver's Seat,

Relationships,

Daily Life and

Dining

Broad Health Package Passed

Legislation Sent to Sebelius Sets Stage for Reform in 2008 Session

By Tim Carpenter
The Capital-Journal
Published Thursday, April 26, 2007

The Legislature overwhelmingly passed a bill Wednesday taking incremental steps toward broadening health insurance coverage of Kansans and laying the foundation for substantive health reform by the 2008 Legislature.

Gov. Kathleen Sebelius is expected to sign the legislation into law.

Republicans and Democrats said bipartisan support for Senate Bill 11 illustrated the depth of interest in grappling with health reform. It passed the Senate 38-0 and the House 120-0.

"It is a fantastic piece of legislation. There's something for everyone in it," said Sen. Vicki Schmidt, R-Topeka.

"There is unanimous support for change," said Rep. Jim Ward, D-Wichita. "We have to do it differently."

Under the bill, the Kansas Health Policy Authority, an agency set up in 2005 to review health care issues and administer some state programs, will study options for reforming Medicaid, expanding the number of Kansans with access to health care, making health insurance more affordable and focusing on preventative treatment. The state agency's recommendations, expected in November, are expected drive debate in the 2008 session.

"Health reform will require thoughtful analysis, rigorous debate and political courage as we move into the next legislative session," said Marcia Nielsen, executive director of the Health Policy Authority.

The bill includes a plan to help 24,000 uninsured Kansas families pay private health insurance premiums. Starting in 2009, the state will give poor Kansas families about \$3,200 annually for premiums.

The legislation assists small businesses struggling to provide insurance to workers. The state will make no-interest loans to help businesses form associations large enough to more efficiently deliver health insurance for employees. Another provision permits more Kansans to set aside pretax income to cover health expenses.

The bill provides \$15 million in capital loan support for about 30 local "safety net" clinics offering low-cost and free health care to uninsured Kansans. The measure also authorizes hiring of a state inspector general to monitor Medicaid programs for fraud and abuse.

The Republican-controlled House and Senate excluded from the bill \$10 million sought by the Democratic governor to provide health insurance to all Kansas children 0-5 years of age.

"I would hope it's not just because it's the governor's proposal," said House Minority Leader Dennis McKinney, D-Greensburg.

While the Legislature worked to complete action on the bill, a group convened at the Statehouse to urge expansion of state and federal programs providing health insurance to children. The group focused on reauthorization by Congress of the SCHIP serving 35,000 children in Kansas and 6 million children nationwide.

"Too many children in our communities and our nation are uninsured and do not receive the care they need," said Sandy Praeger, the state's insurance commissioner.

Topeka pediatrician Dr. Dennis Cooley said the program was vital to the welfare of Kansas children.

"Access to comprehensive health care is fundamental to a child's well-being," he said. "When a child does not receive preventative services, their overall health suffers. This extends to their ability to learn."

Pass Health-Reform Bill This Session

By Marci Nielsen

Kansas legislators return to Topeka today to finish business for the 2007 legislative session. One of their top priorities will be passing a bill that sets the foundation for broad health reform in Kansas.

The Kansas Health Policy Authority and the Health for All Kansans Steering Committee has sent to the Legislature a consensus package that takes incremental steps aimed at increasing health insurance coverage. It also outlines a road map to developing health reform options this year with stakeholders across Kansas, for consideration by the 2008 Legislature.

One of the main elements of our package is premium assistance. Phased in during the next four years, premium assistance will help low-income uninsured Kansas families to purchase private health insurance. It will ensure that parents and their children are part of the same health insurance plan, and help families have access to coordinated and consistent health care services through a "medical home."

Research suggests that better health outcomes are associated with primary and preventive care provided through a regular source of care. The plan being considered by the Legislature will reduce by at least 10 percent the 290,000 Kansans currently uninsured.

Of course, we can do more to improve the overall health system, and the authority plans to do so. During the next several months, with data at our fingertips, we will examine our options to help make Kansans healthier, improve the affordability and quality of health care, and reduce the number of uninsured. In November, the authority and the Health for All Kansans Steering Committee will present to the governor and Legislature data-

driven health-reform options that accomplish these goals.

Health reform in Kansas is a monumental undertaking. It will require thoughtful analysis, rigorous debate and political courage. The first steps have already begun with the bipartisan efforts of the Legislature and governor -- but the work this session is not done.

Legislators need to act on Senate Bill 11 before they leave Topeka again. There has been a lot of talk about the need to reform our health system. Now is the time to take action.

Marci Nielsen is executive director of the Kansas Health Policy Authority, a Topeka-based state agency created to develop and maintain a health policy agenda. [Back to top](#)

Update Letter from Law Firm on Amici Brief

Below is a letter KPHA received from the Law Firm representing the plaintiffs. KPHA along with several other Kansas health associations is involved in this case.

Dear Amici,

I am writing to update you on the status of the Aid for Women, et al. v. Foulston case. Recently, the new Attorney General, Paul Morrison, filed a motion to "certify" a question of state law to the Kansas Supreme Court. Morrison contends that the 10th Circuit Court of Appeals (which is the federal court where the case is currently pending) should ask the Kansas Supreme Court to resolve an important question of state law -- i.e., whether the Kansas reporting statute requires reporting of sexual conduct by an underage child. The other defendant in the case, District Attorney Foulston, agrees that the state law issue should be certified to the Kansas Supreme Court but contends that the 10th Circuit should first determine that there is no federal court jurisdiction.

The plaintiffs in the case agree that certification of the state law question is appropriate, but correctly argue that the "question" framed by the Attorney General is misleading. The plaintiffs argue that the proper question that the Kansas Supreme Court should consider is whether all illegal sexual activity is per se injurious under the reporting statute and therefore required to be reported.

The 10th Circuit panel will soon decide whether to (a) certify the state law questions to the Kansas Supreme Court and, if so, (b) the precise question to ask the Kansas Supreme Court to resolve (i.e., the Attorney General's formulation or the plaintiff's formulation or some other formulation).

The Kansas Supreme Court will then have the option to decide whether to accept the certification or decline it. If it declines the certification, the case goes back to the 10th Circuit for a determination on the issues that have been previously briefed. If the Kansas Supreme Court accepts certification, the parties would then submit briefs to the Kansas Supreme Court. We would have an opportunity to provide a brief on your behalf as amici curiae in support of the plaintiff's interpretation of the reporting statute.

If the Kansas Supreme Court accepts certification and decides the state law question in favor of the plaintiffs, it would carry great weight with the 10th Circuit and would significantly improve the chances of a favorable outcome in the federal court. On the other hand, if the Kansas Supreme Court were to interpret the reporting statute as requiring reporting of all underage sexual activity, the case would then return to the 10th circuit to determine whether the reporting statute, as construed by the Kansas Supreme Court, infringes upon the rights

of adolescents and the health care providers.

We will, of course, continue to keep you informed of the developments. In the meantime, please let me or Jonathan Rich know if you have any questions. Thank you.

Sincerely,

Navid Soleymani

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Job Opening



Sedgwick County, Kansas

Metropolitan Medical Response System Project Coordinator

Grant funded position which coordinates projects for Sedgwick County Health Department's South Central Kansas Metropolitan Medical Response System (SCKMMRS) and Public Health Emergency Management (PHEM) programs. Completion of assignments to assure compliance and fulfillment of program components and grant requirements. Responsible for facilitating a coordinated community-wide effort with multiple jurisdictions and agencies to assure high levels of regional preparedness for a potential all-hazards incident or public health emergency.

Essential Job Functions:

- Project specific Budget Management.
- Manages all aspects of assigned projects.
- Facilitates the purchasing process for needed services and equipment with partners.
- Creates plans and procedures based on the needs of the community.
- Collaborates in grant development efforts in the region.
- Participates in rotation of 24/7 on call response assignment.
- Establishes a knowledge base of Homeland Security Programs and effectively use needed resources.
- Works with pre-established committees to achieve grant requirements.
- Prepares project status reports to Project Manager on request.
- Manages and updates the program website.

- Responds to public health and emergency disaster situations.
- Participates in drills and tabletop, full scale and functional exercises within the region and assist regional partners.
- Other duties as assigned.

Job Standards:

Bachelors Degree from an accredited college or university in Public Health, Business, Political Science or a Health-related field. Masters degree in similar fields preferred. Previous public contact and customer service experience, knowledge of disaster and emergency preparedness and response activities, plus; administrative staff work in a public or private organization including experience in budgeting, or any equivalent combination of training and experience which provides the required knowledge, skills, and abilities. Experience with disaster response planning a plus.

- Valid State of Kansas Driver s License.
- Knowledge of Public Health Emergency Management and Homeland Security.
- Knowledge of governmental grant budgeting practices.
- Knowledge of weapons of mass destruction, especially bioterrorism, radiological and chemical agents and other Homeland Security related initiatives.
- Knowledge of Community organizing, leadership, and facilitation of cross-agency, multi-disciplinary collaboration.
- Skill in computer use, data management, electronic surveillance, web design/development and general office equipment use.
- Skill in emergency planning preparedness and exercise development.
- Skill in public speaking.
- Skill in problem-solving, prioritization of work, decision-making, and self directedness when appropriate.
- Ability to work in a team, relating and communicating well with others.
- Ability to convey and receive detailed or important instructions and information to and from the general public and others.
- Ability to lift, carry, and transport items weighing at least 40 pounds.
- Ability to monitor, maintain and work within an assigned budget.
- Ability to communicate effectively both orally and in writing.
- Ability to effectively train and direct others.
- Ability to establish and maintain effective working relationships with other professionals, co-workers, community partners, the general public and multiple levels of government.

Equipment:

Office Equipment.

Work Environment:

Office

SALARY: \$37,296/year

M-F 8 a.m. to 5 p.m. with occasional early morning, evening, and weekend hours

1530 S. Oliver Suite 130 Wichita KS 67218

Valid Kansas Drivers License Required. Must meet Driver Qualification standards as set forth in Sedgwick County s Fleet Vehicle Operation and Usage policy (R#225-1999).

This position may be filled or closed to further application and/or testing without notice.

Sedgwick County will prohibit the hiring of spouses and/or immediate family members within the same department, but not within the County structure.

Immediate family and family of the employee s spouse shall be considered husband, wife, son, step-son, son-in-law, daughter, step-daughter, daughter-in law, brother, step-brother, brother-in law, sister, step-sister, sister-in-law, mother, step-mother, mother-in law, father, step-father, father-in-law, grandchildren, grandparents and grandparents-in-law.

Sedgwick County is proud to be an Equal Opportunity Employer.

Applicants requiring Reasonable Accommodation for the application, pre-employment testing and/or interview process should notify the Human Resources Department or the County's ADA Coordinator.

Bob Bean
Sedgwick County ADA Coordinator
510 N. Main Suite 306
Wichita KS 67203
Phone (316) 660-7052
TDD (Kansas Relay at 711 or 800-766-3777)
Email: rbean@sedgwick.gov
lh/kjl

VN: 20005150041307 \$/ Open Until Filled.

[CLICK HERE TO APPLY FOR THIS POSITION](#)

NOTE: There may be a brief delay after clicking this link. You will change pages and a message will be displayed confirming you have successfully applied. ONLY CLICK THIS LINK ONCE TO APPLY. Please re-submit only if you have made changes to your application since you last applied for this position. [Back to top](#)

Public Health Certificate Program Begins 2007 Classes

KPHA Board ARGC member, Shirley Orr, and KPHA members Linda Frazier, Deb Nickels, Jon Anderson, Jerry Tenbrink, and Deb Whitmer did a terrific job with the first session. The KDHE Office of Local and Rural Health will coordinate the program this year.

***Vision:** A prepared pubic health workforce performing essential public health services to protect and improve the health of Kansans.*

Objectives: To develop competence in the following areas:

1. Public Health System
2. Community Health Improvement
3. Policy Development, Advocacy, and Public Health Law
4. Program Development and Evaluation
5. Public Health Administration

6. Public Health Emergency Preparedness and Response
7. Environmental Health
8. Applied Epidemiology
9. Infectious Disease Preparedness

Program Description

The Public Health Certificate program began in 2000. The KDHE Office of Local and Rural Health coordinates the sessions in partnership with the University of Illinois at Chicago School of Public Health. The program utilizes a blended learning approach incorporating on-line learning and on-site sessions. Students will complete approximately 85 hours of on-line learning. This consists of **three on-line courses in each of nine competency areas**. Each course takes approximately three - four hours to complete and consists of readings, activities, assignments, and assessments designed to increase knowledge in each competency area.

As a student of the class, I learned a great deal and look forward to the next session. Below are some pictures!



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Kansas **TRAIN**

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the Public Health Workforce

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