



KPHA E-NEWS UPDATE

Ph: 233-3103
Fax: 233-3439
Email: director@kpha.us
<http://www.kpha.us>

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Questions? director@kpha.us

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Effort launched to keep tobacco away from minors

By John Hanna - Associated Press Writer
June 7, 2007

Topeka - Worried that Kansas could lose federal anti-tobacco dollars for the second time in five years, two state agencies have launched a new effort to keep stores from selling cigarettes and other products to minors.

The effort will cost more than \$412,000 between now and July 1, 2008, and it includes hiring five agents to police retail tobacco sales. It also includes hiring a Denver company to do 5,000 random checks of convenience stores.

The Department of Revenue, which licenses and regulates tobacco retailers, signed an agreement with the Department of Social and Rehabilitation Services, launching the efforts. Revenue Secretary Joan Wagon and SRS Secretary Don Jordan had a news conference Wednesday to publicize their efforts.

Driving the initiative is a fear that Kansas will be forced to divert state funds to anti-tobacco programs for failing to comply with federal standards on preventing minors from buying tobacco products. That happened in 2004, and in 2006, the state was barely in compliance.

"They will not be nice the second time around if we do not fix this," Wagon said. "We were there by the skin of our teeth this past year - the skin of our teeth - and we do not want to come that close to having our funding lost again."

A federal law requires that in random checks, at least 80 percent of a state's merchants refuse to sell tobacco products to minors. The Department of Revenue checks 650 of the state's 3,100 retailers licensed to sell tobacco each year.

SRS now plans to give a \$100,000 grant to the BARS Program, in Denver, to conduct the additional checks. When a minor is sold tobacco in a BARS check, the store receives a red card within 24 hours. The card serves as a notice that had the buyer been an agent for the state, the retailer would have faced a fine.

Wagon noted that her department can revoke the licenses of stores that sell tobacco to minors and said she won't hesitate to use that power in the future against repeat violators. But she said she'd rather start with educating merchants.

"It's about limiting access to tobacco so that it's not easy for kids to get it," Wagon said. "It's explaining to them what the health hazards are, and it's explaining to retailers what the penalties are if they don't do it."

ARTICLES FROM KHA NEWS SERVICE



State rankings show wide disparities in health system performance

By Mike Shields
KHI News Service

TOPEKA, June 13 - Where you live in the U.S. matters when it comes to health, according to a **state-by-state comparison** released today.

Some said the dramatic variations in care and system performance revealed by the report show it is time for universal health coverage nationwide. Others said it showed that if the weaker performing states could learn from the best, the difference would be counted in thousands of lives and billions of dollars.

"If all the states could do as well as the top states, 90,000 lives could be saved annually, 22 million more adults and children would have health insurance and millions of older adults, diabetics and young children would receive essential preventive care," said Karen Davis, president of the Commonwealth Fund, the non-profit group that sponsored the report titled "State Scorecard on U.S. Health System Performance."

In most of the 32 indicators used in the report, **Kansas** ranked somewhere in the middle, earning it an overall rank of 20 among the 50 states. But had it matched the top performing states, according to Commonwealth authors:

- o There might have been 520 fewer premature deaths;
- o 62,055 more adults and 11,237 more children here would have health insurance;
- o 29,576 more adult diabetics would have received recommended services; and
- o Almost \$90 million would have been saved from the elimination of unnecessary hospitalizations.

Kansas earned its best ranking, 10th in the nation, for the relatively low number of children who are uninsured. It was one of the worst states for the percentage of heart patients given written instructions when discharged from the hospital. It also ranked poorly, 36th, for its relatively high number of deaths from breast cancer. The report also indicated disparities in Kansas when it comes to race, noting a significantly higher incidence of deaths among blacks that might have been avoided with proper health care. Citing 2002 data, the report ranked Kansas 21st for its incidence of white deaths amenable to health care, but 32nd for its black deaths amenable to health care. Various **earlier studies** by the Kansas Health Institute have shown disparities in health care for Kansas minorities.

In general, the report showed that those who live in southern states have weaker performing health care systems than those in the rest of the country and that those living in the northeast and upper Midwest have better systems and outcomes. The top five states were Hawaii, Iowa, New Hampshire, Vermont and Maine. The poorest performers were Kentucky, Louisiana, Nevada, Arkansas and Texas with Mississippi and Oklahoma tying for last.

Robert St. Peter, president of the Kansas Health Institute, said the Commonwealth findings were important because "they show the clear connection between access and quality. They also show that it doesn't necessarily cost more to have a high performing system."

The Commonwealth report came just two days after the federal Agency for Healthcare Research and Quality released its **state rankings** on health care quality.

The federal report used 129 indicators versus the Commonwealth's 32. But each showed Kansas ranking mostly in the middle.

Those behind the reports and others said the documents are interesting for their particular information but are most useful for bringing attention to areas where states can improve amid a national push to coax more transparency and efficiency from the health system.

"It demonstrates that Kansas has its areas that need improvement," said Marcia Nielsen, executive director of the Kansas Health Policy Authority, which is expected to develop its own performance measurements. "We intend to study the results of these scorecards and rankings carefully."

Nielsen said the agency is "in the final stages" of hiring a director of data policy and evaluation and "will soon begin work on gathering information on our health indicators."

"To cut to the chase, what I think the indicators do is to provide us with identification of opportunities for improvement," said Larry Pitman, president of the **Kansas Foundation for Medical Care**, a Topeka non-profit that works with state and federal governments and private providers to improve health care quality and reporting.

Pitman said there is a broad range of reports available that compare quality of health care delivery including ones from the **Centers for Medicare and Medicaid Services** that compare hospitals, nursing homes and home health care providers.

But the challenge, he said, is developing a system of consistent, useful reporting that can guide practical, day-to-day decision making.

"Transparency or reporting of information is certainly on the rise," Pitman said "Reporting of quality and cost information will continue to increase. The problem is that if we don't have a consistent reporting mechanism the reporting will lose its luster in my opinion."

Alan Weil, executive director of the National Academy for State Health Policy and a member of the Commonwealth commission that oversaw that group's state rankings report said the best thing to be done with the rankings is for people "to look for examples in other states and start asking questions."

Authors of the Commonwealth report have accepted an invitation from the Kansas Health Institute and will come to Topeka next month for a meeting with policymakers and stakeholders to discuss the rankings and how they might be used to improve health care in Kansas.

Health Policy Authority will meet Tuesday

KHI News Service

TOPEKA, June 18 - Executive compensation, health reform, the status of the State Children's Health Insurance Program (SCHIP) and a variety of other items are on the agenda for The Kansas Health Policy Authority when it meets tomorrow.

Members will receive updates on the health reform plan that advisory groups to the board have been working on the past several weeks. Once the plan is completed it is to be presented to legislators and the governor in November for consideration by the 2008 Legislature.

Public comment will be accepted at 2:45 p.m.

The health policy authority is an independent agency created by the Legislature in 2005. On July 1, 2006, after a brief transition period, it assumed control of the state's Medicaid and state employees' health benefit programs.

The agency is charged with developing and maintaining a coordinated health policy agenda for the state and promoting public health strategies. [Back to top](#)

Register Online for the 2007 KPHA Fall Conference



**September 18-20
Wichita, Kansas**

The Kansas Public Health Association, Inc. is pleased to offer you an exciting opportunity to interact with the largest gathering of health professionals in Kansas interested in the health of the public! If you haven't already registered, please consider attending a conference with more than 300 health administrators, health practitioners, and students interested in health. The Kansas Public Health Fall Conference is the leading event of its kind in the area.

Go to www.kpha.us or click the following links to download the **Conference Brochure** and **Register Online**.
All attendees MUST register online! [Back to top](#)

Job Opening



**Sedgwick County, Kansas
Health Promotions Coordinator**

Job Objectives:

This is program manager position of the Health Department. Plans, directs, and evaluates chronic and infectious disease prevention health education programs. Supervises professional and administrative support staff. Reports to the Director of Health Protection & Promotion.

Essential Job Functions:

Collaborate with community and state partners towards common goals of improving health of the public through health education initiatives.

Coordinate program planning and services with other community and state agencies.

Based on identified needs of the agency and communities, develop new or strengthen existing health education and health promotion programs (research, assessment, program framework development, implementation, evaluation).

Establish and maintain effective working relationships with staff, Health Department peers and leaders, employees of other Departments, representatives of other organizations, and the public.

Maintain a record and calendar of all outreach and education efforts across all divisions of the Health Department to assure coordination and measurement of education/outreach efforts.

Ensure accountability for staff and program performance and for the effectiveness and efficiency of all health education directed programs (eg. Tobacco, HIV/AIDS risk reduction, Physical Activity & Nutrition).

Provide direct supervision to program staff as required.

Ensure compliance with Sedgwick County Government and department policies and procedures.

Oversee Health Promotion budgets and grant requirements.

Serve as a community resource providing information or presentations about Health Department services when appropriate.

Assist with internal Health Department communications.

Research a variety of public health policy concerns; work with public health policy partners; identify and recommend course for action; prepare written responses as indicated.

Job Standards:

Masters degree in public health, health education, or related field from an accredited university is required.

Preference for experience in coalition development, education, community health education, and state or local government public health. Any equivalent combination of experience and education will be considered. Strong communication, interpersonal, and problem-solving skills are required.

Thorough knowledge and experience in public health education program development, implementation, and evaluation focused on community-based needs.

Knowledge of core public health functions and essential standards

Working knowledge in designing health education programs for culturally diverse communities

Working knowledge of community coalition development

Knowledge of curricula development, learning styles, training methods

Working knowledge of health communication and construction and evaluation of health promotion campaigns

Effective and skilled public speaker and facilitator

Ability to communicate clearly and effectively, both orally and in writing.

Experience as a grant writer

Effective data presentation skills

Salary: \$43,097/yr

Location of Work: 1900 E. 9th

Hours: M-F 8-5pm with occasional evening hours and weekend hours

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

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Call for APHA 2007 CoA Annual Awards



APHA's Committee on Affiliates (CoA) is seeking nominations for two of its 2007 Annual Awards, to be presented on Saturday, November 3, 2007 during the CoA Reception (6:00-8:00pm) at APHA's 135th Annual Meeting in Washington, DC. We want to encourage nominations from many affiliates and members of affiliates, so please do not refrain from making submissions!

The two awards are:

- The CoA Award for Excellence is given to an individual for work in his or her APHA Affiliate that is regarded as exceptionally meritorious and successful. Often the individual awardee exhibits significant leadership, innovative initiatives, and effectiveness and efficiency in her or his efforts within (or for) his or her Affiliate or Region.
- The CoA Outstanding Affiliate of the Year Award is given to an APHA Affiliate that provides a model for other affiliates for work or project(s) of high value in the field of public health. The Outstanding Affiliate should illustrate one or more exceptional activities in promoting public health in its state.

For each nomination, the following is requested:

- A completed CoA Nominations Form.
- A concise narrative describing why the "individual" nominee (for the Award for Excellence) or the "Affiliate" nominee (for the Outstanding Affiliate of the Year Award) is deserving of the designated award.
- A bulleted list highlighting the nominee's accomplishments and/or contributions.
- Copies of any materials that are illustrative or supportive of the nomination.
- While not "required," two letters of support for each nominee addressing issues such as leadership, innovation, and excellence are encouraged. Such letters may be included with the nomination materials

or mailed/faxed separately.

All of the above should be mailed or electronically transmitted to:

Kaitlin Sheedy, Policy and Research Assistant
American Public Health Association
800 I Street, NW
Washington, DC 20001-3710
Fax: 202-777-2532
kaitlin.sheedy@apha.org

ALL NOMINATIONS, SUPPORTING MATERIALS AND LETTERS MUST BE POSTMARKED NO LATER THAN AUGUST 15, 2007. For additional information on the CoA Awards, contact Kaitlin Sheedy by phone at (202) 777-2432 or e-mail at kaitlin.sheedy@apha.org.

[Click here](#) for nomination form. [Back to top](#)

Spring Conference and PH Certificate Program

Many KPHA members participated in a terrific Spring Conference. Below are a few pictures.

KPHA members are also participating in the PH Certificate Program. The first day included a KDHE Field Trip - Deb Nickels; "The Fly Guy and the Hot Air Balloon" -getting a handle on public health as dramatic action. - Ric Averill; and History of Public Health in Kansas and the US - Jon Anderson;

At the end learners were able to:

1. Discuss the vision of the Kansas Public Health Certificate Program.
2. Complete a competency based self-assessment on their specific role, register for appropriate courses, and complete a course created by the Illinois Public Health Preparedness Center.
3. Describe at minimum three state health department resources that can be utilized in their public health practice and/or community.
4. List at least two important contributions Samuel Crumbine made in promoting public health.
5. Describe at least three public health milestones in the last century that have helped to increase our lifespan.

Bibliography:

1. **Essential Services of Public Health**
2. **Public Health Timeline**
3. **Public Health Learning.com**
4. **Dr. Samuel Crumbine ... Pushing the frontier of public health. From swatting flies to reforming laws, medical dean**
5. **Samuel Crumbine, A Kansas Portrait**
6. Crumbine, Samuel J. Frontier Doctor. Philadelphia: Dorrance and Company, 1948. 284 p.

7. Turnock, Bernard, (2007). Essentials of Public Health. University of Illinois at Chicago.
8. RED BLOOD AND HIGH PURPOSE; a play commissioned by the Kansas Health Foundation by Ric and Tom Averill, Kansas Health Foundation, 1996

Here are a few pictures of the first session:





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Kansas **TRAIN**

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



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in Information Access for
the Public Health Workforce

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