



KPHA E-NEWS UPDATE

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Legislative Update



Kansas is among only six states that do not regulate amusement rides

By Jonathan Kealing
The Kansas City Star

Thrill seekers who climb aboard the roller coaster at the new Wild West World in Kansas rely on local code inspectors and amusement park employees to ensure their safety.

Same goes for visitors to many county and regional fairs. But at the Kansas State Fair, no government agency inspects the rides.

The reason?

Kansas is among only a handful of states that do not regulate amusement rides.

Wild West World, which opened May 5 near Wichita, has a spotless safety record, and Kansas fairs and festivals have been free of major incidents for years.

But after a 13-year-old girl lost part of both legs when a cable snapped on a ride in Kentucky, statewide regulation may get another look.

Missouri, home to several theme parks, already has a system in place.

And with a water park proposed for Wyandotte County, Wild West World probably won't remain Kansas' only big-time theme park for long.

"I think there needs to be safety inspections so the state can tell its citizens in good conscience that the rides are safe," said Rep. Tom Sloan of Lawrence, who 10 years ago introduced legislation that would have required inspections.

"It's something I still believe in, and it's certainly something I'll look at."

'It needs to happen'

June was a typical month for ride injuries at amusement parks. At least nine incidents - three of them fatal - occurred around the world, but very few stemmed from ride failure.

One death, at Disneyland Paris, probably resulted from a medical condition. In Wisconsin, a boy drowned in a water park.

On Friday night, a park worker in New York died when she was thrown from a ride after fastening in riders.

State oversight doesn't guarantee that accidents won't happen - Wisconsin and Kentucky regulate the industry - but advocates say it's important to minimize the risk as much as possible.

"It needs to happen," said Elmer Denning, a former assistant general manager of the Kansas State Fair. "Because one of these days someone's going to get hurt and everyone is going to get uptight."

Denning, former secretary of the Kansas Fairs and Festivals Association, helped promote the Kansas legislation that eventually failed.

In Missouri, a 1997 roller coaster derailment at Worlds of Fun prompted lawmakers to create a system of self-inspection and spot checks, overseen by the state fire marshal's office.

As president of the Florida-based Outdoor Amusement Business Association, which represents itinerant festival companies, Bob Johnson tried to get regulations passed in Kansas. He calls the lack of state regulations "a problem."

"We've always taken a position as an industry that we're for regulations, as long as the states know what they're doing," Johnson said. "In states where there is no regulation, you may attract folks that are not of the caliber of those members of our organization."

Johnson said Pennsylvania has a model program. Rides must be inspected every 28 days, or every time they're set up, by a certified inspector. The state then conducts random spot checks. Pennsylvania also requires that rides be registered with the state and that an initial certificate of inspection be provided.

The biggest advantage of a state-administered program is consistent, regular enforcement, said Jim Barber, a spokesman for the North American Association of Ride Safety Officials.

Uniform standards also benefit itinerant fairs, said Barber, the retired director of ride inspections for New York.

New laws you should know

By David Klepper
Eagle Topeka Bureau

Better bust out those child safety seats because, starting Sunday, you're risking a ticket in Kansas if you chauffeur young children without one.

For a year, police have issued only warnings to drivers who fail to put children ages 4 to 7 in child safety seats. That grace period is at an end, however, and violators now face fines of \$60.

Children who weigh more than 80 pounds or are taller than 4 feet, 9 inches are exempt.

It's one of several changes in Kansas law that go into effect today, the start of the state's fiscal year.

The laws range from making English the state's official language to tax breaks for business and the elderly.

All told, 147 laws go into effect today. Here are a few of the new laws, and whom they might affect:

o Going cruising? Better buckle up: Youngsters 14 to 17 must now wear a seat belt at all times and can be ticketed even if they haven't committed another moving violation.

Warning citations will be issued until the end of the year. After that, police can issue a \$60 fine. For the lead-footed, a new law will double the fines for speeding in school zones on state highways.

o Like to address your city council in Pig Latin? Better brush up on English, because it's now the state's official language.

The law, designed to protect and promote the tongue made famous by Shakespeare, is largely symbolic. It won't prohibit any government from offering services or information in other languages.

"It declares the policy of the state. It doesn't do much beyond that," said Senate Majority Leader Derek Schmidt. "It doesn't do any harm and gives comfort to those who feel English is in peril. My grandparents used to speak German in their home, and I don't think the state is any worse off for that."

o Think you pay too much in taxes? Businesses will see reductions in the franchise tax as part of a five-year phaseout.

o Seniors on fixed incomes will get help, too: Social Security retirement benefits will now be exempt from state taxes, and some homeowners older than 55 will see a bigger property tax refund. Lawmakers also raised the refund that can be claimed under the state's earned income tax credit.

o University maintenance: The state's regent universities, including the University of Kansas and Kansas State University, can start fixing those old laboratories and plaster cracks, thanks to \$50 million they'll get in the new fiscal year. It's part of a larger university maintenance package.

o A funeral-picketing law also will go on the books, although it's not enforceable until it's declared constitutional by the Kansas Supreme Court.

The law was prompted by members of Westboro Baptist Church protesting at funerals of soldiers killed in combat. They say the deaths are God's punishment for a nation harboring homosexuals and their protests are a form of religious expression.

The law says protesters can't be within 150 feet of a funeral one hour before, during, or two hours after the end of the service.

In May, Attorney General Paul Morrison, at the legislators' behest, filed a lawsuit intended to obtain a ruling from the state's highest court. No hearing date has been set.

o Want your old name back? A new law will make it easier for divorced women to reclaim their maiden name by streamlining the legal process.

o Scrap metal: You'll have to show identification when selling large amounts of scrap. It's part of an effort to curb metal thefts, which police say are tied to methamphetamine addiction.

o On location: Moviemakers who set their films in Kansas will get tax credits.

o No hunting and fishing for deadbeats: Parents who fall significantly behind on child support payments will be denied hunting and fishing licenses.

Policy change benefits disabled workers receiving Medicaid

By Carl Manning

The Associated Press

Published Thursday, June 28, 2007

Disabled workers will be able to keep more money in their pockets without worrying about whether they will lose needed Medicaid benefits under a unique program starting next week in Kansas.

The program, dubbed Work Opportunities Reward Kansans, or WORK, will be overseen by the Kansas Health Policy Authority, which administers the state-federal Medicaid program for the poor and disabled. Officials said it could benefit up to 150 people in the first year and more after that. About 195,000 Kansans aged from 16 to 64 are disabled.

Kansas is one of the first states to have a "flexible benefits" package approved under the federal Deficit Reduction Act of 2005. But the state took it a step further.

"Kansas is the only state that designed a package for people with disabilities that includes personal assistance services, in addition to Medicaid services, to help them live and work in the community," said Andy Allison, state Medicaid director. "This removes counterproductive barriers to employment."

Currently, a disabled person can keep only \$720 a month, or \$8,640 annually, and retain their Medicaid benefits. Income

in excess of that monthly limit must be used for medical expenses before the person is eligible for Medicaid.

With the new program, people will be able to earn up to about \$30,000 a year, or 300 percent of the federal poverty level, and still remain eligible for Medicaid by paying a monthly premium between \$55 and \$152, depending on their incomes.

"They will be able to increase their value rather than maintaining a poverty status," said Shannon Jones, executive director of the Statewide Independent Living Council of Kansas.

She said one of the main problems with the current system is that disabled people must keep their income low in order to qualify for Medicaid, and they need Medicaid to help cover health care expenses, which can run several thousand dollars a month.

"For decades, they've been caught in a Catch-22 due to antiquated rules," she said.

ARTICLES FROM KHA NEWS SERVICE



Health policy board endorses tobacco tax increase

By Mike Shields
KHI News Service

TOPEKA, June 19 - An increase in tobacco taxes is a good idea, members of the Kansas Health Policy Authority agreed Tuesday as they signed off on steps for crafting a major health care reform plan.

"From a public health perspective, we know these things (tobacco taxes) have deterrent value," said Dr. Howard Rodenberg, noting that a tax increase could help pay for the plan while also discouraging smoking.

The health policy authority has been tasked with delivering a reform plan to the Legislature and governor by November for possible action by the 2008 Legislature.

Tuesday, board member Joe Tilghman, also a member of the authority's Health for All Kansans Steering Committee, outlined a "roadmap" for developing the reform plan, which will be written with contributions from four advisory committees meeting off and on throughout the summer and early fall. Fellow board members, with no dissent, endorsed Tilghman's roadmap which the advisory councils will be asked to follow as they discuss and develop their contributions to the reform plan.

Gov. Kathleen Sebelius, a Democrat, proposed a tobacco tax increase in 2004 to pay for expanded health care coverage but the idea was rejected by the Republican-dominated Legislature. She said at the end of the last legislative session that she thought lawmakers might now be more willing to accept an increase, if it were linked to a comprehensive health reform plan and that she also was willing to reconsider it.

In addition to a tobacco tax increase, board members agreed the councils should be asked to consider and include in their reform plans:

- o Requiring some small employers to offer health insurance for workers.
- o Creating a "trust fund" or dedicated revenue source to help finance universal health care coverage so that the

Legislature would be less likely to reallocate the dollars to other programs.

- o A basic benefit package within the universal plan that would require those earning between 100 percent and 250 percent of federal poverty guidelines pay no more than 10 percent to 12 percent of their annual income in premiums with the balance to be subsidized by the state and federal governments.
- o Programs for preventing and treating obesity and tobacco use.

Also, Marcia Nielsen, executive director of the health policy authority, told board members that the agency has received \$250,000 in grants to pay a consultant to do "economic modeling" for the proposed reform plan; including \$100,000 from the Sunflower Foundation and \$100,000 from the United Methodist Health Ministry Fund. She said the agency still needs an additional \$50,000 in grants to pay the consultant.

The harshest criticism of Tilghman's proposed roadmap came not from board members but during public comment.

Scott Day of Day Insurance Solutions, Topeka, warned the board that mandating participation in a universal coverage plan by employers or individuals would be unpopular in Kansas.

"We have a vibrant market already in place," he said. "Ninety percent of us already have health insurance and are not going to be for this. Kansans are not going to warm to employer mandates or individual mandates."

That position also has been staked out by many legislators, including House Speaker Melvin Neufeld, R-Ingalls.

HealthWave update

It was a day-long meeting that touched on many topics.

The agency's Medicaid director, Andy Allison, told board members that the U.S. Senate Finance Committee was expected to begin mark-up of the SCHIP reauthorization bill later this week or early next week

"We run into trouble about next summer," if Congress fails to reapprove the children's health insurance program to cover all children up to 200 percent of federal poverty guidelines, Allison said.

Allison also provided a break down, by ethnicity, of the decrease in HealthWave cases between June 2006 and February. The program, which provides subsidized health insurance for children in families earning 200 percent or less of poverty, has almost 19,000 fewer beneficiaries than it did since the adoption of stricter federal enrollment regulations in July 2006. Fearing the program was being abused by illegal immigrants, Congress established new proof-of citizenship requirements for those enrolling or re-enrolling. But critics of the new regulations, including the health policy authority, said the changes had the unintended consequence of screening out thousands of eligible beneficiaries simply because they had trouble dealing with the new paperwork. The health policy authority has been dealing since July 2006 with a backlog of applications numbering in the thousands. The Legislature this past session approved the hiring of additional workers to help deal with that problem.

"We are now on track and beginning to see a decline in the backlog," Allison said.

According to an agency analysis, the smallest percentage of decrease, 2.6 percent, was among Hispanics. The largest decrease was among blacks, particularly black children, a category that saw a 9.1 percent decrease.

Of the total decrease, "93 percent was non-Hispanic," Allison said. "This is a counter-intuitive drop."

Board member Susan Page, administrator at the hospital in Pratt, said there was evidence that those kept out of HealthWave by the new requirements were showing up at hospital emergency rooms.

"Our ER visits are up about 8 percent," she said.

Allison also provided a report showing the number of health care providers or primary care physicians in each county available to those enrolled in the HealthWave program, which operates under contract to two managed care companies, Children's Mercy Family Health Partners and Unicare Health Plan of Kansas. Among other things the report showed that seven northwest counties have only one provider each. According to the report, there are 3,299 providers available through one company or the other and that 567 providers work with both companies.

In other action, the board:

- o Approved renewal of the annual employment contract for Executive Director Marcia Nielson effective July 1. She will be paid a \$127,500 salary and an \$860 bonus in December. "She has carried out her duties in an exceptional manner," said board member Arneatha Martin of Wichita.
- o Was introduced to Roxie Namey, the agency's new program integrity manager. Namey will be included in the executive staff and will oversee the agency's interactions with the Kansas Department of Social and Rehabilitation Services, Nielson said. Also introduced was Michael Goldberg, recently hired chief executive officer for Kansas Health Solutions, a managed-care contractor hired by the state to oversee and coordinate community mental health services.
- o Heard that the agency will seek another grant as part of the state's Health Information Exchange initiative to help identify the statutory barriers to the digitizing of medical information and also that the agency will seek a grant from the Robert Wood Johnson Foundation to send members of the Health for All Kansans Steering Committee to "an intensive" three-day seminar in Washington D.C. for a foundation-sponsored seminar on health-care reform.
- o Was told that Barbara Langner has been hired as the agency's new director of public policy. Langner, currently an associate professor at the University of Kansas School of Nursing, said she would begin her new duties in mid-August. Langner also made a presentation describing the demographics of the estimated 300,000 Kansans who lack health insurance. "Most of the uninsured children are in income groups eligible for our current programs," Langner said.
- o Heard that seven applications have been received for the new position of inspector general within the agency. Additional applications will be accepted until Friday, said Scott Brunner, the health policy authority's financial officer.
- o Heard an update on the agency's work toward developing a health insurance premium assistance program signed into law earlier this year. The program would begin in 2009 and incrementally over four years offer coverage to Kansans earning 100 percent of less of federal poverty guidelines

Med Center unveils 10-year plan; Neufeld complains

By Dave Ranney
KHI News Service



*University of Kansas Medical Center Executive Vice Chancellor **Barbara Atkinson** unveils the facility's 10-year plan during a breakfast meeting at Kansas Life Sciences Innovation Center on the center's campus. The plan calls for spending \$800 million on more than 200 faculty positions and a major expansion of facilities. (Dave Ranney/KHI)*

KANSAS CITY, KAN., June 19 - The University of Kansas Medical Center today unveiled its 10-year plan for becoming one of the nation's top centers for life-science research. It would be an \$800 million effort to add 900,000 square feet in new research facilities and quadruple research spending.

But Kansas House Speaker Melvin Neufeld, R-Ingalls, who attended the ceremony, said he wasn't impressed.

The plan is sure to be a boon for Kansas City - both the Kansas and Missouri sides - but the rest of Kansas, he said, would get little more than a handshake.

Wichita, he said, is especially slighted. The medical center has a branch in Wichita and multiple research alliances with local hospitals and Wichita State University. That all was overlooked in the grand plan, he said.

"This kind of thing is going to have some problems in the Legislature," Neufeld predicted. "We need to use the resources we have - in Kansas," he said. "What I see here is one plan after another to keep things at KU and not go statewide."

Neufeld was irked the plan called for cooperation with the Missouri-based St. Luke's Hospital, Truman Medical Center, Children's Mercy hospitals and the Stowers Institute for Medical Research but failed to mention the ongoing research at the medical center's Wichita campus, WSU, and the Via Christi Health Systems' research centers.

Neufeld has been an outspoken critic of the KU medical center's overtures to St. Luke's Hospital in Kansas City, Mo. The proposed affiliation, he said, would harm the University of Kansas Hospital.

He chided medical center executive vice chancellor, Dr. Barbara Atkinson, for "ignoring" Wichita during her 30-minute presentation before an audience of about 80 university officials, medical center faculty, civic leaders and legislators.

But Atkinson disputed Neufeld's assessment.

The plan, titled "The Time is Now," represented a "Kansas City vision," she said. "Wichita is building their own vision as well, but they will clearly link to us for the public-health pieces, the cancer pieces, the education pieces - all of which will clearly link to Wichita and other hospitals in the state."

The proposed expansion is sure to benefit both the state's economy and the health of all its citizens, she said.

"We need to be figuring how we can do the financial plan to support our level of growth," Atkinson said.

Plans call for the university and medical center officials approaching the Legislature, federal government, Kansas Bioscience Authority and the region's philanthropic community for increased support.

Atkinson said the medical center now ranks 81st in National Institutes of Health Funding, receiving \$45 million last year; Iowa ranked 30th with \$137 million.

"We ought to be able to beat Iowa," Atkinson said, prompting a chuckle from the audience.

The plan calls for spending:

- o \$453.6 million on 244 junior and senior faculty positions;
- o \$345 million on facilities in Kansas City and Lawrence.

Research would build on the university's existing cancer, neuroscience, maternal, reproductive science, kidney, and liver research.

"Today, we've launched a vision for the next decade that builds upon our strengths, invests in new, emerging areas of medical research, provides the core facilities necessary for all of our research to thrive, and puts the patient first with a strong emphasis on drug development, drug discovery and clinical and transitional research," said David Adkins, vice chancellor for external affairs at the medical center.

Adkins, a former legislator, said Neufeld's criticism was understandable but off-target.

"The investments will have to be made here," he said, "but the intent and the model are to spread the benefits throughout the state. This isn't an either-or situation."

Sen. Karin Brownlee, R-Olathe, praised the plan but said she, too, was disappointed it didn't do more to include local communities.

"The question I have is: How does Olathe Medical Center get to be a part of this? Or how does (Topeka's) Stormont Vail or Overland Park Regional?" Brownlee said.

"Those are the kinds of questions the Legislature is going to have."

A copy of "The Time is Now" report is available on the medical center's Web site, www.kumc.edu.

Statewide smoking ban has support

Poll shows public also OK with higher cigarette taxes.

By Sarah Kessinger
Harris News Service
kessinger@dailynews.net

TOPEKA - Results from a poll of Kansas voters released Thursday show broad support for a statewide smoking ban in workplaces and other public settings.

The survey also found a majority of respondents willing to back a higher state tobacco tax.

The Topeka-based Sunflower Foundation, which promotes health in the state, commissioned Public Opinion Strategies, a national political and public affairs research firm, to query 700 registered voters in February.

The results will be shared with state officials as they prepare for the next legislative session in January, said Billie Hall, foundation president.

"This shows the public sees this as a health issue and we want to make sure policy makers know what the public voice is saying," Hall said.

Health advocates hope poll results spur action toward banning smoking in public places.

"I think it would give Kansas some well-deserved respect across the country," said Salina physician Trent Davis, who is asking local officials to expand Salina's current smoking limits at eateries to apply also to the workplace.

Twenty-two states currently have some form of statewide restrictions on smoking, according to state health officials.

"I'd hate to see Kansas be the 50th state to approve something like this," Davis said.

The poll showed 71 percent of Kansas voters favor a statewide prohibition on smoking in offices and public facilities. About 59 percent said they "strongly favor" a ban.

Of the smokers who were polled, a third said they'd back statewide limits.

Kansas House Health and Human Services Chairwoman Brenda Landwehr, R-Wichita, says smoking limits should be left for businesses to decide.

"I think if you don't want to be around smoke then don't go there," she said.

Some restaurants voluntarily restrict it, Landwehr added.

But Sen. David Wysong, R-Leawood, who tried unsuccessfully to pass statewide smoking restrictions during this year's Legislature, was pleased with Thursday's poll results.

He noted it also found that 83 percent of Kansans think second-hand smoke is a health hazard.

"Four-thousand Kansans die each year from smoking-related illness," Wysong said. "I think Kansans from Olathe to Oakley and Holton to Hugoton have demonstrated their interest in statewide legislation that is fair to all."

The poll also revealed strong support - 64 percent - for increasing the current 79-cent tax on packs of cigarettes. In addition, 65 percent of a subgroup of Republican voters polled backed a cigarette tax hike.

Gov. Kathleen Sebelius has said lawmakers should consider increasing tobacco taxes to finance health coverage for more children.

Landwehr said she'd oppose raising the tax and doesn't think it limits smoking.

Several states have raised tobacco taxes in recent years in efforts to curb smoking or to finance medical costs tied to smoking-caused illness.

Based on the foundation's survey, Wysong has asked Senate leaders to convene an interim legislative committee to study the best way to frame legislation for the 2008 session. [Back to top](#)

KPHA Fall Conference Registrations Coming in at Fast Pace!



**September 18-20
Wichita, Kansas**

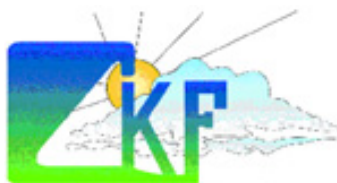
KPHA has already received 52 registrations for the Fall Conference! That is a record number by the end of June! If you haven't already looked at the brochure about the conference, [click here](#) to download and [here](#) to register for the Conference. Conference Chair, Janis Goedeke has chosen to have some special features at this year's conference, including having the "Silent Auction Baskets" donations go to Kiowa County member, Mitzi Hesser, for rebuilding her Health Department. ([Click here for the brochure on the baskets](#)) And, we will be having some terrific giveaways! Such as the 100 year celebration of the abolishment of the Common Cup (tin-cup candles) and the 100 year celebration of the Crumbine "Swat that Fly" Flyswatters!! We will be having only one day of vendors with some special prizes, and we will be featuring Susan Roelf's husband, a Massage Therapist, to give participants a much needed break for a chair massage. KPHA needs your participation for a successful conference, so please plan to attend!! This year KPHA once again has received support and funding for the Conference from the Kansas Health Foundation!

The funds received from KHF are to:

1. To secure a nationally recognized speaker for the annual conference, preferably to present during the lunch/dinner event where MPH students and alumni are recognized. (We will be having several national speakers!)
2. Scholarships for conference registration for Masters of Public Health (MPH) students. (Scholarship applications are being received! Please inform students you know!)
3. For KPHA's annual poster competition. Winners of the annual poster contest will be announced during the event honoring MPH students and alumni. Winners will receive travel expenses and conference registration to attend the American Public Health Association annual meeting.

Many thanks, to the Kansas Health Foundation for their continued support. Because of it, we are sure to have another successful conference! [Back to top](#)

Job Opening



Tobacco Program Coordinator

The Central Kansas Foundation is searching for a Tobacco Program Coordinator. The previous coordinator has taken another position as a community consultant within the Prevention Services Department at the Regional Prevention Center. I have attached the ad we placed on EBC link for the Tobacco Program Coordinator position. Please forward the information to your e-mail contact list or anyone else that you feel would be a great Tobacco Program Coordinator.

Please be advised that the link for the position is at KSALLink.com's RadioWorksJobLink.com (formerly EBCLink.com). You click on the following address to go directly to the posting. On the left side of the page you will see Central Kansas Foundation, click on the title.

<http://radioworksjoblink.com/Default.aspx>

If you have any questions, please let me know.

Thanks,

Brenda Haaga, Director
Central Kansas Foundation Prevention Services
1805 S. Ohio
Salina, Kansas 67401
Phone: 785.825.6224
Fax: 785.825.7595
bhaaga@c-k-f.org



**Sedgwick County, Kansas
PT WIC Community Health Nurse I**

Job Objectives: Professional position within the local Women, Infants and Children's (WIC) Program that provides direct services to WIC participants.

Essential Job Functions:

- Provides direct client services.
- Assists in the annual planning, development, and evaluation of the Nutrition Services Plan and secondary education activities.
- Promotes breastfeeding as the preferred method of infant feeding.
- Performs outreach activities to promote WIC and meet grant requirements.
- Assists in the orientation of new staff, students and volunteers.
- Maintains professional expertise in nutritional care of pediatric, maternal issues and adult care.
- Maintains confidentiality in all areas of patient and staff contact.
- Demonstrates ability to communicate effectively with public and health department staff.
- Performs related work as required.

Job Standards:

- Ability to work with participants of different cultures, lifestyles, and language.

Utilizes the County Core Values and Customer Service Guiding Principles Ability to deal tactfully and courteously with the public and with other staff.

Able to multitask and participate in work related assignments in a timely manner.

Competent computer skills. Maintains current knowledge of KWIC software application.

Able to express themselves clearly in written and oral communications.

Ability to demonstrate flexibility and good judgment in managing crisis situations.

Maintains a thorough knowledge of WIC program policies, procedures and regulations.

Follows client confidentiality and County HIPPA standards.

Shall not pose a direct threat to the health or safety of other individuals in the workplace.

Bachelors Degree in Nursing.

*Licensed in the State of KS.

*One year experience in pediatrics preferred.

Work Environment:

WIC clinic environment.

Will work approximately 20 hours per week.

1900 E. 9th Wichita KS 67214

This position may be filled or closed to further application 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



**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.

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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.

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KPHLI New Cycle



The Kansas Public Health Leadership Institute is seeking applicants for its fifth training cycle, 2007-2008. The year-long cycle will begin with an orientation session in connection with the Kansas Public Health Association conference in Wichita in September 2007.

The KPHLI provides competency-based leadership training to professionals in public health and allied fields from around the state. Through four quarterly training sessions, scholars hear renowned speakers and complete directed readings and reflective writings in consultation with a mentor. The training cycle culminates in the development and presentation of an applied public health capstone project.

Potential scholars must complete an application form and a biosketch/statement of interest and must provide a letter of professional recommendation. Full application instructions can be found on the KPHLI website in a PDF of the Cycle V application brochure, <http://www.waldcenter.org/kphli/scholars.html#CycleV>.

For further information about the KPHLI application process, contact KPHLI Coordinator Theresa St.Romain at tstromain@kumc.edu. Applications should be completed and submitted to Dr. Suzanne Hawley, KPHLI Co-Executive Director, no later than August 3, 2007. [Back to top](#)

News from APHA about CDC Website on How Much Money Each State Receives for Programs



Dear Affiliate Leaders:

See a message below from Anstice Brand of CDC's Washington office regarding a great new state-specific tool on the CDC/Washington website.

In an effort to make more state based information easily available, the CDC/Washington office has constructed a page on the CDC/Washington website which pulls from resources across the agency to provides access to state based statistics and contact information for CDC funded state based programs. In addition, the site includes one page profiles of CDC funding by state.

<http://www.cdc.gov/washington/state/programs.html>

I hope this information is helpful!

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KHPA (Kansas Health Policy Authority) Meetings Include Discussion on Un-insured and Under-insured in Kansas



The KHPA Provider Council (KPHA is a member) met last week and discussed recommendations for health reform in Kansas. We received a summary of the discussions from the May meeting:

- Definition of parents will remain the same as the current Medicaid definition, which can include extended family such as grandparents if they are directly responsible for a child (?).
- Private plan offerings for target population may be different from current plan offerings but children must be offered the same set of benefits under Medicaid, either directly through the private plan or in combination with secondary benefits provided directly from KHPA.
- Consistent with market principles, private plans and providers will determine payment rates for services that adequately serve the premium assistance population (?).
- Possibility of using established private service delivery networks for premium assistance program.
- Eligible parents will be notified through current Medicaid program with the goal of minimizing administrative burden for employers who offer health insurance to their employees (?).
- Concerns regarding any significant cost-sharing for this low-income population (?).

The council spent most of the meeting answering the following questions for a State Plan for Kansas, at the June meeting:

Benefits package:

- What benefits are considered crucial in a health insurance plan (drug coverage, dental, mental, etc.)?
- Which benefits should be dropped if we need to for cost considerations?

Small Business:

- Should we limit incentives to small businesses that have not previously offered coverage, or open it up to all small businesses?
- What are the most critical issues to small businesses in terms of providing health insurance?

Employer responsibility:

- Should employers be required to contribute to achieve health for all? Which employers?
- Should very small employers be carved out and not required to participate?

Individual responsibility:

- What constitutes an affordable plan?
- How much should the individual pay?

Health Insurance Connector

- What are the pros and cons of health insurance connector?
- Should the connector be voluntary or mandatory? For only small business or open to all interested businesses?

Mandates

- Should all Kansans be required to have health insurance?
- Should all businesses be required to provide health insurance or pay some assessment?

Revenue Streams

- What funding should be use to pay for health reform?
- Should we create a "health assessment fee" on items like tobacco that adversely impact health? What other goods should be assessed?

- What is an appropriate amount for the state to spend on health reform efforts?

After discussing the meeting at the KPHA June Board meeting, I brought up the fact that many Public Health providers have problems with access to care for Immigrants whose children are citizens, and those who have critical medical problems such as diabetes, with no medical home. The Provider Council will meet again at the end of July. [Back to top](#)

KPHA Orientation Manual Meetings

Chair Barbara Mitchell, of Johnson County Health Department has called the Task Force together to meet with the Kansas Health Foundation staff and consultants several times over the past few months. Here are the notes from the meeting in June:

Emphasis was made to keep it as basic as possible. It will be in an electronic format and there will be an established training component by KPHA to implement. Possibly with a Post Test on TRAIN, or other activity to ensure some learning is determined by the user.

Barbara covered who was putting together each section of the manual. Discussion included (in red) by those responsible for the sections and the group:

- 1) Introduction with timeline/history of public health in Kansas and in the United States list on major successes on NACHO
- 2) Definition/Mission of Public Health
- 3) Core Functions and Essential Duties of Public Health
(Include environmental health)-feedback with local services assessment (CDC) link to the National Public Health Standards, Quad Council on linkages, have more discipline specific in competencies -overview with links to web info and link to BT Competencies, School of Nursing from Columbia University. (TRAIN) link to Power Point on CDC's National Public Health Standards program website. Look at Missouri's "What is Public Health" California also has done lots of work around public health 101 specific to their state. Use the KALHD format on storytelling about essential services. Use lots of pictures. Look at NACHO's Public Health and You and operational definition. Trainer needed to disseminate information or put on TRAIN as a class, etc. Ensure updates are made as necessary. Possible post test and credit on TRAIN. Use stories. Keep basic.
- 4) Public Health Competencies and Performance Standards
- 5) How is Public Health Funded and it's Structure (org charts, private and public sector, who are the partners of public health) Use reference to % of \$ spent on PH in Kansas
- 6) Glossary of Public Health Terms Familiar terms and acronyms
- 7) Resources (including legislative resources, websites, listing of PH Dept. throughout the state) have web person sort and how to utilize in electronic format-Ruth has contact and Diane. Keep manual at comprehension level-in WORD. Have printable format available. Discussed having in Spanish, decided not necessary.

Acknowledgements will be in the front of the document with a table of contents and a listing of what KDHE does.

Ed Kalas suggested acquiring stories from the membership to put in the essential services portion. He is working on this project for his EPHLI capstone and will put together an email to be sent asking for stories for the orientation manual. The winners will be announced at the Fall Conference. [Back to top](#)

KPHA Attends President's Elect APHA Meeting in DC

President Elect Janis Goedeke was unable to attend the meeting, but I went and brought back lots of materials for her. We heard about the Kellogg Initiative and KPHA will be applying for that grant. Much of the meeting was spent on the MOU (between APHA and their affiliate State associations), and the Kellogg Initiative. KPHA signed the MOU in May. Below are some questions that were answered at the meeting:

What is the purpose of the MOU?

The purpose of the MOU is to improve communication and clarify business practices between APHA and each state/regional Affiliate, as well as to enhance infrastructure in each affiliate. Since becoming APHA Executive Director, Dr. Georges Benjamin has strived to strengthen the role of the Affiliates in APHA and the relationship between the Association and Affiliates.

Whose idea was it to create the MOU?

In 2004, the Committee on Affiliates (CoA) formed several work groups, one of which-the Governance Workgroup-was designed to more clearly define the relationship between APHA and Affiliates. The impetus to create the MOU was born in the Governance Workgroup.

How was the MOU developed?

The MOU was initially drafted in 2004 by an Affiliate past-president, incorporating elements of the APHA Bylaws that address the relationship between APHA and Affiliates. These elements, which deal mostly with financial issues, had been in place for quite a few years. In 2005 and 2006, the Governance Workgroup reworked the draft MOU, adding elements from the "Affiliation Agreements" chapter in a book created by the American Society of Association Executives (ASAE) entitled Component Relations Handbook: Tools and Tips for the Component Relations Professional. After more discussion and revision by the CoA, the draft underwent legal review. Final input was received from Affiliate leaders at the APHA Annual Meeting in November 2006.

What are the major parts of the MOU?

The major parts of the MOU include: Purpose of the MOU, Core Values of the relationship, Responsibilities of both APHA and Affiliate, Benefits to the Affiliate, Benefits to APHA, Affiliate Standards, Miscellaneous Provisions, and Term of Agreement.

What additional requirements does the MOU make of my Affiliate that were not in place previously?

The major additional requirements include legal not-for-profit incorporation status of the Affiliate, an annual affirmation of good standing, an annual report on the financial status of the Affiliate, and general liability insurance. In addition, the Affiliate president will now be required to be a member of APHA.

Why does the president of my Affiliate need to be an APHA member?

Some Affiliates actually recommended that all Affiliate officers be required to be APHA members. At the same time, there are a number of Affiliate presidents who are not APHA members. The "Affiliation Agreements" chapter of Component Relations Handbook: Tools and Tips for the Component Relations Professional recommends that at least the Affiliate organization president be a member of the parent organization. The CoA believes this is a reasonable requirement.

What is meant by an "affirmation of good standing?"

Since there is a business relationship between APHA and each Affiliate, it is important that they both be viable organizations. Originally it was envisioned that a statement of good standing be obtained from the state official that oversees corporations or charities. After discussion with the CoA, the requirement was simplified. To fulfill this requirement, a simple statement signed by the Affiliate president guaranteeing that the organization is in good standing with appropriate authorities will suffice.

What is the difference between 501(c)(3) and 501(c)(6) incorporation status?

A 501(c)(3) organization is one that is organized exclusively for religious, charitable, scientific, or educational purposes. Such organizations may advocate or provide educational material consistent with their purposes as long as it does not participate in, or intervene in any political campaign.

A 501(c)(6) is a "business league" of individuals similar to a trade association of organizations. There could be a 501(c)

(6) of public health workers, but it would by necessity, have to be limited to issues related exclusively with the welfare of public health workers and not public health issues broadly or generally.

Why does APHA need annual reporting about the Affiliate's financial status?

An annual financial report is requested to provide an overall snapshot of an Affiliate's financial status, growth, or pending financial problems so that APHA and the Affiliate may mutually work to maintain its viability. As part of the annual report, a roster of Affiliate members is submitted and may be used for public health educational campaigns, to engage Affiliate members in federal advocacy, and marketing of membership and the APHA annual meeting.

What is the difference between general liability insurance and board & directors liability insurance?

General liability insurance covers the organization for accidents that might occur to visitors or members. Directors and officers insurance protects the organization against acts or failures to act by directors and officers which might harm the organization. The MOU would only require an Affiliate to maintain general liability insurance.

How much will these additional requirements cost my Affiliate?

The exact amount includes a number of variables. The most costly requirement will likely be incorporation. Depending on state requirements and the need for legal work, it could cost up to several thousand dollars. There may be an associated cost with a change in accounting practices. The cost of general liability insurance has been previously mentioned. An Affiliate may also want to bear the cost of their president's membership as a benefit.

Has the MOU been reviewed by an attorney?

After numerous discussions with representatives from the CoA, the MOU was sent to an attorney retained by APHA to both review and respond to questions and issues raised by the CoA. Several changes were incorporated as a result. These changes dealt mostly with specifics concerning standards of incorporation and the operation of affiliated organizations.

Is a signed MOU required for participation in the Kellogg Affiliate Infrastructure Grant RFP?

Yes. Although all Affiliates will be eligible for the technical assistance that the Kellogg Affiliate infrastructure grant will provide, if your Affiliate wants to receive direct funds to support a project in response to the RFP, it must sign an MOU with APHA.

The two day meeting also included a visit by Dr. Georges Benjamin!



Georges C. Benjamin, MD, FACP, FACEP (Emeritus)
Executive Director

Georges C. Benjamin, MD, FACP, FACEP (Emeritus) is well known in the world of public health as a leader, practitioner and administrator. Benjamin has been the executive director of the American Public Health Association (APHA), the nation's oldest and largest organization of public health professionals, since December 2002. He came to that post from his position as secretary of the Maryland Department of Health and Mental Hygiene, where he played a key role developing Maryland's bioterrorism plan. Benjamin became secretary of the Maryland health department in April 1999, following four years as its deputy secretary for public health services.

Benjamin, of Gaithersburg, Md., is a graduate of the Illinois Institute of Technology and the University of Illinois College of Medicine and is board certified in internal medicine. He is a fellow of the American College of Physicians and a fellow emeritus of the American College of Emergency Physicians.

An established administrator, author and orator, Benjamin started his medical career in 1981 in Tacoma, Wash., where he managed a 72,000-patient visit ambulatory care service as chief of the Acute Illness Clinic at the Madigan Army Medical Center. A few years later, he moved to Washington, D.C., where he served as chief of emergency medicine at the Walter Reed Army Medical Center. After leaving the Army, he chaired the Department of Community Health and Ambulatory Care at the District of Columbia General Hospital. He was promoted to acting commissioner for public health for the District of Columbia and later directed one of the busiest ambulance services in the nation as interim director of the Emergency Ambulatory Bureau of the District of Columbia Fire Department.

At APHA, Benjamin also serves as publisher of the nonprofit's monthly publications, *The Nation's Health*, the Association's newspaper, and the *American Journal of Public Health*, the profession's premier scientific publication. He is the author of over 80 scientific articles and book chapters.

Benjamin is a member of several committees, including the U.S. Centers for Disease Control and Prevention director's advisory committee. He also serves on the boards of Research America, Partnership for Prevention and Advocates for Highway and Auto Safety. He is a member of the Institute of Medicine of the National Academies of Science.

It was a great opportunity to meet and to get to know all the APHA staff. If you are not a member of APHA, check out their website at www.apha.org!

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



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