



KPHA E-NEWS UPDATE

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Table of Contents

Legislative Update

Johnson County Health Celebrating a Birthday!

News from KPHA Member, Connie Hubbell, KFMC

Job Opening

Governor's Public Health Spring Conference—Register Now!!

Sedgwick County Open House

Legislative Update



Thanks to KPHA Members, Dates, Times, and Locations are set for April Legislative Health Forums!

In January, right after getting our VISTA volunteers, President Janis Goedeke, Health Administration Section Chair, Debbi Baugher, Emergency Preparedness Section Chair, Cindy Mullen, plus the VISTA volunteers (Melissa Moss & Amy Hallacy) and myself began to plan Legislative Health Forums across the state for 3 reasons: to help fulfill our VISTA grant of sponsoring regional trainings, to help fulfill our APHA grant (Get Ready—Pandemic Flu) and to help with recognizing National Public Health Week during April. Thanks to 16 KPHA members, we will be having 16 Legislative Health Forums across the state! First, we had Melissa and Amy divide up the 40 Senate Districts and figure out how to narrow those down to a manageable number. They combined Senators who were in the same county. This resulted in 20 areas with 20 major cities in 20 counties.

We then divided up the list and began calling the Health Directors in those counties to see if they would host a forum. We had 4 turn us down and ended up with 15 and one Open House all across the state. We are now in the process of inviting all Legislators to attend a forum.

Many thanks to the following KPHA Members for hosting the forums!

Janis Goedeke-Crawford Co, Chuck Murphy-Riley Co, Yvonne Gibbons-Salina/Saline Co, Claudia Blackburn-Sedgwick Co, David Brazil-Cowley Co, Kristi Schmidt-Finney Co, Georgetta Schoenfield-Logan Co, Michael Pruner-NEK, Dan Partridge-Lawrence/Douglas Co, Leon Vinci-Johnson, Barb Conus-Franklin Co, Teresa Starr-Neosho Co, Ruth Bardwell-Montgomery Co, Carol Burger-Butler Co, Lougene Marsh-Lyon Co, and Cynthia Hornberger-Washburn School of Nursing!

Now we need the rest of membership to help in getting the word out for all health advocates (including the public health workforce) to attend. There are almost 700 members in KPHA. If each of us attends and invites one other person that is almost 1400 people we would have at these Forums. This would show Legislators the importance of health and passing good health legislation!

Here are the Forum dates, times and locations:

| | | | |
|-------------|---------|-------------------|---|
| Pittsburg | 4/7/08 | 6:00 PM | City Memorial Auditorium |
| Ottawa | 4/8/08 | Noon | Commission Chambers of Franklin Co Annex |
| Chanute | 4/8/08 | 6:30 PM | Neosho Community College Auditorium |
| Wichita | 4/8/08 | Open House 3-5 PM | SE Health Station, 1530 Oliver, Ste 270 |
| Olathe | 4/9/08 | 4:00 PM | Board of Co Commissioner's Chamber Room |
| Atchison | 4/10/08 | 6:00 PM | Atchison Middle School (USD 409) |
| Garden City | 4/10/08 | 6:30 PM | Clarion Hotel |
| Oakley | 4/10/08 | 7:00 PM | Community Church, 806 E 3rd St |
| Lawrence | 4/14/08 | 10:00 AM | Lawrence/DG Co Health Dept |
| Winfield | 4/17/08 | 4:00 PM | William Newton Hospital Phycsian's Pavilion |
| Salina | 4/17/08 | 1:00 PM | Salina/Saline Co Health Dept |
| Topeka | 4/21/08 | 7:00 PM | Washburn University, Kansas Room, Student Union |
| Coffeyville | 4/22/08 | 4:00 PM | Civic Center |
| Manhattan | 4/23/08 | Noon | Family & Child Resource Center, 2101 Claflin |
| Emporia | 4/24/08 | 6:30 PM | Lyon County Courthouse |
| El Dorado | 4/25/08 | 4:00 PM | Community Building, 200 N Griffith |

If you can help in any way—posting flyers, helping with refreshments, organizing media contacts, etc. contact the host person for the forum you plan to attend and let them know you are willing to give your time and attention to this great grass-roots advocacy for public health. In Leadership trainings we have always heard that you shouldn't complain about something if you haven't helped in the solution. The lack of funding for public health, the lack of good health legislation comes from legislators not knowing and hearing how important it is. If we get a great attendance at these—they will begin getting the message and good health legislation and funding will happen! So, please plan to attend, ask your staff to attend, and contact one of the host counties/ sponsors mentioned above. Here is their contact information:

| | | |
|----------------|--|----------------|
| Janis Goedeke | jgoedeke@crawfordcohd.org | (620) 231-5411 |
| Charles Murphy | rchealth@kansas.net | (785) 776-4779 |

| | | |
|---|--|---------------------------|
| Yvonne Gibbons | yvonne.gibbons@salhelp.org | (785) 826-6600 |
| Claudia Blackburn | cblackbu@sedgwick.gov | (316) 660-7339 |
| David Brazil | dbrazil@cowleycounty.org | (620) 221-1430 |
| KristiSchmidt | health01@finneycounty.org | (620) 272-3600 |
| Georgetta Schoenfield | lchdgs@st-tel.net | (785) 672-4502 |
| Michael Pruner | mpruner1@cfl.mr.com | 785-742-2005/913-367-5152 |
| Dan Partridge | dpartridge@ldchd.lawrence.ks.us | (785) 843-3060 |
| Leon Vinci | leon.vinci@jocogov.org | (913) 894-2525 |
| Barb Conus | bconus@mail.franklincocks.org | (785) 392-2822 |
| Teresa Starr | nchd@cableone.net | (620) 431-5770 |
| Ruth Bardwell | ruth@mgcohd.kscoxmail.com | (620) 251-4210 |
| Carol Burger | cborger@bucoks.com | (316) 321-3400 |
| Lougene Marsh | lmarsh@flinthealth.org | (620) 342-4864 |
| Elaine Schwartz for Cynthia Hornberger | director@kpha.us | (785) 233-3103 |

Other Legislative News

Many KPHA members and other Health Advocates continue to meet every Friday for the Alliance of Health Advocates to discuss the legislation for the past week and the next week. **Click here** to see the current schedule for bill the week of March 24th. **Click here** to see the listing and status of all health bills this session. **SB 584** did pass the other chamber is on its way to the Governor. If you believe it is wrong to put restaurant/ lodging inspections in the Department of Agriculture, please contact the Governor's office and ask her to Veto this bill. **SB 660** is getting attention and AHA advocates will be testifying and submitting written testimony. Also **HB 2934** is the House's stab at trying to pass some health reform. Please contact your legislators about this bill with the following:

Talking Points – HB 2934

General Themes

- The process has been too rushed to allow thoughtful and thorough consideration of the proposed policies. Amendments are being proposed site unseen. This bill, along with all other health bills introduced during the session, has received fifteen hours of consideration.
- A health reform process has already been completed that comprises a year's worth of evaluation and input of Kansans from all over the state. The health reform package brought forth by the KHPA is the culmination of our directive to the agency to provide data-driven solutions to improving health outcomes in our state. What components of HB 2934 include stakeholder input, or data-driven research?
- HB 2934 offers nothing new in the area of health insurance coverage, instead opting to mandate options that already exist. Mandating employers to provide plans ignores the administrative burdens that employers already face and need alleviated.

- The original SB **540**, **541** and **SB 11** premium assistance law could provide health coverage to 48,000 Kansans over the next five years, as well as 20,000 children. There is no indication that adopting HB 2934 would result in additional people getting health insurance. In FY 2009, the KHPA's recommendations would cost \$16 million. How much will HB 2934 cost?
- West Virginia's adoption of a two-tiered Medicaid system has impacted children the most. 75% of the beneficiaries who are on a reduced Medicaid benefit package are children. How can we hold children responsible for health habits that most likely come from their parents? Is it the goal of HB 2934 to reduce children's health coverage.

Members to target:

aurand@house.state.ks.us
bethell@house.state.ks.us
bowers@house.state.ks.us
colloton@house.state.ks.us
craft@house.state.ks.us
goico@house.state.ks.us
gordon@house.state.ks.us
hill@house.state.ks.us
huntington@house.state.ks.us
light@house.state.ks.us
metsker@house.state.ks.us
morrisonj@house.state.ks.us
moxley@house.state.ks.us
owens@house.state.ks.us
proehl@house.state.ks.us
pottorff@house.state.ks.us
quigley@house.state.ks.us
sloan@house.state.ks.us
spalding@house.state.ks.us
swenson@house.state.ks.us
whitham@house.state.ks.us
wilk@house.state.ks.us
wolf@house.state.ks.us
worley@house.state.ks.us
yoder@house.state.ks.us

Kansas lawmakers address health-care reform

By DAVID KLEPPER go to <http://www.kansascity.com/115/story/538753.html> for full story.

The Star's Topeka correspondent

TOPEKA | There are lots of reasons why Kansas lawmakers have been slow in tackling health-care reform, but too little evidence of the problem is not one of them.

Businesses throughout the country see employee health costs rising two times faster than inflation.

Consumers squirm as premiums rise three times faster than earnings.

The ranks of the uninsured now include 47 million Americans, including 307,000 Kansans and 620,000 Missourians, according to government reports.

And then there's Mary Thompson of Overland Park, so fed up with her family's struggles that she took them directly to the statehouse.

Mary and her husband, Joe, have three children, one of whom has spina bifida and autism. Three times in eight years, the family's income dropped so the children were eligible for Kansas' Healthwave insurance program. And three times, the family lost that coverage when income from Joe's construction business rose.

Private companies would not insure the family. High-risk insurance pools cost too much.

The family relied on prescription samples and financial assistance from hospitals. They chose which medical expenses they couldn't live without. That became especially hard when Mary was diagnosed with breast cancer. The entire family is healthy now, she said, but worried about how to pay for future medical needs.

"We've exhausted every option we know of," she said. "If everybody is screaming loud enough, maybe people will start to hear."

Lawmakers are listening, but they have been preoccupied thus far with budget worries and efforts to authorize a coal-burning power plant in western Kansas.

Now, with only a few weeks left on the calendar, health care is taking on new urgency.

Yet so far this year, the most significant bill to get a vote is one that eliminates a benefit that lawmakers promised poor people a year ago.

Kansas Legislature moves backward on health care

Go to <http://www.kansascity.com/340/story/540245.html> for full story and to submit your comments

This was supposed to be the year Kansas lawmakers would move on health care reform.

They have — backward.

Republicans led the Senate to renege on the Legislature's pledge last year to help low-income families buy private medical insurance. The Health Care Strategies Committee refused to free up the money.

Some Republicans now say they prefer covering more families under the federally assisted State Children's Health Insurance Program, known as SCHIP.

That seems strange, because Gov. Kathleen Sebelius, a Democrat, has been trying to convince lawmakers to expand that program for years.

Republican interest now is a hollow victory, since President Bush has twice vetoed measures to increase funding for the program.

Kansas appeared poised to make progress on health care reform last year, when lawmakers from both parties approved the plan to help lower-income families purchase private health care, in some cases through their employers.

The Kansas Health Policy Authority, which researches ways to expand health coverage and create a healthier population, issued a set of promising recommendations. But the Legislature has made no substantial headway on any of them.

Lawmakers watered down a proposed statewide smoking ban, then buried it in committee. A proposal to increase the state cigarette tax by 50 cents a pack has gone nowhere.

Legislative leaders are devoting most of their energies to mustering support for overturning Sebelius's expected veto of a bill that would strip the state's health and environment secretary of the power to reject power plants on the basis of carbon emissions.

Should the bill become law, Sunflower Electric Power Corp. could seek another permit for an expansion of a coal-fired plant in western Kansas. The expansion would belch an estimated 11 million tons of carbon emissions into Kansas skies.

Clearly, good health is not the priority of legislative leaders this session.

What's your opinion?

Should Kansas lawmakers help lower-income individuals obtain health insurance? Go to voices.kansascity.com.

Bill sets aside \$1.5 million for clinics

By Dave Ranney
KHI News Service

TOPEKA, March 20 — A bill that would provide an additional \$1.5 million for the state's safety-net clinics was introduced today.

"As we all know, more and more people are becoming uninsured," said Sen. Jim Barnett, R-Emporia, the bill's sponsor. "This will be a very economical way to address their needs. Our safety-net clinics do a wonderful job."

Appearing before the Senate Ways and Means Committee, Barnett asked for an additional \$1.4 million for

direct-care services and \$100,000 for infrastructure improvements.

Currently, the state's 33 safety-net clinics receive about \$5.1 million annually from the state.

Barnett cited Kansas Association for the Medically Underserved data showing that between 2004 and 2007, the number of patients receiving services at the clinics had increased 53 percent.

Afterward, Sen. Laura Kelly, D-Topeka, told Barnett she would probably try to amend his bill to include more than \$1.5 million.

"I see this as an opportunity to expand services to those who really need it — if we're going to do it, maybe we should be doing more," she said.

Barnett said he would welcome her amendment.

"If we can put the Senate's SCHIP expansion together with further support for the safety-net clinics and with the House proposal for premium assistance, we can still come out of the session with a very good package," he said, referring to components in House and Senate health reform initiatives.

Barnett's bill was moved and seconded by Sens. Vicki Schmidt, R-Topeka, and Greta Goodwin, D-Winfield. It is expected to become part of the committee's omnibus budget deliberations near the session's end.

"It's my hope this will become part of the Legislature's overall health reform package," Barnett said.

Earlier in the session, KAMU officials asked lawmakers for \$6 million to \$8.6 million to cope with a projected increase in patient visits of between 10 and 20 percent.

The House Appropriations Committee has approved a subcommittee recommendation that up to \$8.6 million for the clinics be considered during omnibus budget deliberations.

KAMU executive director Cathy Harding said Barnett's bill would allow the clinics to increase their patient caseloads by "a little under 5 percent."

"We're very appreciative of Sen. Barnett introducing his bill. Any increase in funding will be put to good use," Harding said.

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

House slated to debate health reform on Monday

By Mike Shields and Dave Ranney
KHI News Service

TOPEKA, March 20 — The House is expected to debate its first major health reform bill on Monday.

House substitute for **Senate Bill 81** is predicted to pass now that there have been several rounds of behind-the-scenes negotiation that settled key differences between conservative Republicans and Democrats who allied with about 16 moderate Republicans.

“There’s a coalition of votes for it,” said Rep. Jeff Colyer, the Overland Park Republican tapped to carry the bill.

“Conservatives had their bill, which amounted to changes on the fringe,” said Assistant Minority Leader Jim Ward, a Wichita Democrat. “There were several of us who wanted to do some more meaningful things like premium assistance, cancer screenings — things the Kansas Health Policy Authority had recommended. To their credit, they sat down and we hammered out a pretty decent product.”

House Health and Human Services Committee. The plan is to amend those changes into the bill at the beginning of the floor debate.

“I felt the bill we passed out of committee was a very reasonable product,” said Rep. Brenda Landwehr, the Wichita Republican who chairs the health and human services committee. “I still think we have a fairly decent bill that’s been negotiated between Democrats and liberal Republicans along with conservatives.”

One key change is inclusion of the first-year of a premium assistance program originally approved in Senate Bill 11, the major health reform legislation of the 2007 session. Lawmakers then endorsed a plan to provide state subsidies for private health insurance for parents earning 100 percent or less of federal poverty guidelines. The state currently provides Medicaid only for adults earning 37 percent or less of poverty with some exceptions for the pregnant or disabled. The SB 11 plan called for increasing the eligibility thresholds for assistance over the course of a four-year, phase-in. In the first year, aid would be extended to those earning up to 50 percent of poverty, or about \$8,800 for a family of three.

The Senate earlier this week rejected efforts to include premium assistance in **SB 541**, that chamber’s most significant health reform bill, after critics said it would cost too much and create expectations that future Legislature’s might not be able to meet because of tight budgets.

And there are those in the House who also have problems with the program.

“The major concern that I have is the premium assistance piece,” Landwehr said. “Legislators who voted for premium assistance in Senate Bill 11 last year understood it to mean they would be assisting individuals with their premiums through their employers; they did not understand it to mean that it would be a new welfare program.”

Supporters of the plan have said it was evident from the beginning that people earning as little as \$7,000 a year were unlikely to have an insurance plan available through the workplace.

The balance of this week, Colyer and others plan to work educating fellow House member about what the bill contains now that a deal is struck. There were complaints voiced before and after passage of SB 11 that lawmakers were pushed to vote for it before they were given a chance to understand it.

“Senate Bill 11 had one day of hearings, was designed behind closed doors, and thrown out on the floor,” Landwehr said. “Some people supported it because they believed it was true reform, which it isn’t.”

Dropped from the bill to be debated Monday was a controversial provision first introduced by Colyer that would have penalized Medicaid recipients who were obese but failed to shed pounds and smokers or substance

abusers who didn't quit.

-Mike Shields and Dave Ranney are staff writers for KHI News Service, which specializes in coverage of health issues facing Kansans. They can be reached at 785-233-5443.

News from Rep. Marti Crow:

HEALTH CARE REFORM IMPASS?

Thousands of poor families don't know whether they will get state aid they have been promised to help them buy insurance because the House and Senate still disagree on health care legislation. Last year, legislators passed legislation to create a program to provide state premium assistance so that the very poorest workers in Kansas could purchase health insurance in the private market. The plan was to start providing the aid in 2009. Initially, it would go to 8,500 parents whose household incomes are 50% or less of the federal poverty level, or \$8,800 or less annual income for a single parent with two children.

The Senate gave first-round approval yesterday to a bill postponing the subsidies indefinitely, rejecting four attempts to amend their bill so the aid would start flowing next year. Senators plan to take a final vote today to determine whether the bill goes to the House. Senate Republican leaders are nervous about the potential cost of the health insurance subsidies to the state. Senate Majority Leader Derek Schmidt, an Independence Republican, said, "We can't afford it. When we made the decision last year, we committed ourselves to something that we are not going to be in a position to deliver."

Meanwhile, in the House, leaders in both parties have brokered a deal to make sure that poor families get at least a year's worth of subsidies. The House Health and Human Services Committee drafted a bill that didn't deal with the subsidies, which caused Democrats and some Republicans to worry that legislators would break last year's promise. That led to talks between GOP and Democratic leaders. The House was supposed to debate the committee's bill Tuesday. But Speaker Melvin Neufeld postponed the discussion until Thursday so amendments reflecting the agreement can be drafted. Now, the health care reform bill debate has been delayed until at least next Monday.

Opponents of the House bill passed by committee had complained that Republicans, who have majorities in both chambers, were ignoring many of the recommendations made by the Health Policy Authority in a 21-point health plan. Projections for the plan's cost have varied, but the

KHPA estimates that, combined with the subsidy program approved last year, the plan would phase in a \$330 million increase in spending on health programs over five years. The subsidies account for nearly three-quarters of the total cost. The agreement among House leaders preserves only the first year of the subsidy program, without a guarantee that it would continue.

Under last year's law, additional families would become eligible for aid, so that by 2013, the state would be spending more than \$111 million a year to help poor families. The subsidies eventually would be about \$2,800 a year per health insurance policy. The KHPA proposed expanding the program even further to include poor adults without children. Under its plan, the state eventually would provide \$241 million in subsidies each year.

The authority also proposed increasing tobacco taxes to help pay for some of the new spending, with the tax on a pack of cigarettes rising on July 1 by 50 cents, to \$1.29. The Legislature has not seriously considered the

idea.

The Legislature created the authority in 2005 to review health care issues, examine health care reform ideas and manage some of the state's health care and health insurance programs. Last year, in bundling the insurance subsidy program and other modest health care initiatives into a single package, lawmakers told the authority to make additional recommendations. "They put a huge amount of time and money into developing a plan. We shouldn't just throw it out," said House Minority Leader Dennis McKinney, a Greensburg Democrat. "Our interest was in maintaining the bulk of their proposals."

The agreement among House leaders includes 11 of the Health Policy Authority's recommendations, including providing cancer screenings to Kansans, including mammograms for breast cancer when a woman is not insured, and dental services for poor, pregnant women. The agreement would increase spending on health programs by about \$18 million during the fiscal year beginning July 1. Under the KHPA's plan, the increase would be \$23 million. Many of the House committee's proposals would remain, including ones designed to promote health savings accounts. But the agreement strips out a proposal to provide \$9 million in income tax credits over three years to offset insurance costs for families with household incomes of less than \$60,000. Instead, the idea would be studied.

Marcia Nielsen, the Health Policy Authority's executive director, said, "We think it's a good first step, albeit an incremental one, to move Kansas forward on health reform." The insurance "premium assistance" program legislators approved last year would have been phased in over four years, when all parents whose household incomes are at or below the federal poverty level would qualify. For a single parent with two children, that's an income of \$17,600. The state already covers medical services for children in households with incomes up to twice the federal poverty level, but adults don't qualify unless their incomes are below 37% of the federal poverty level - or \$6,512 for a family of three. Often, children are covered by the state but their parents aren't. And some Republicans in the Senate do not disagree with the House position. Sen. Jim Barnett, an Emporia Republican and physician who fought to preserve the insurance subsidies, said, "I have no problem reaching down in my soul to find that commitment." [Back to top](#)

Johnson County Health Celebrating a Birthday!

SAVE THE DATE!!!

Johnson County Health Department

is celebrating its 65th Birthday

and Public Health Week

Wednesday, April 9, 2008

2pm – 5pm

Johnson County Health Department

11875 S. Sunset

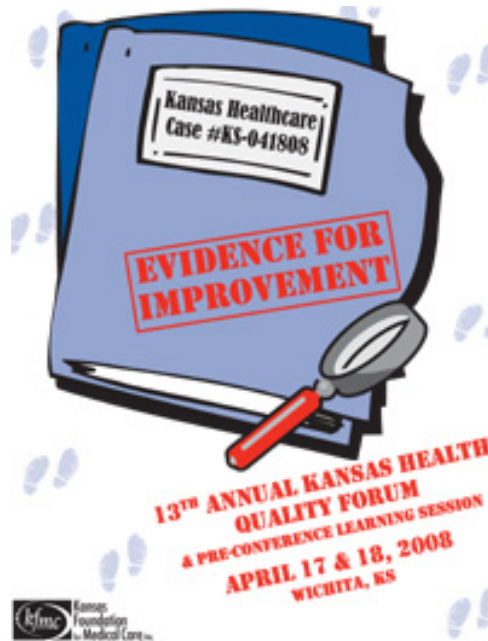
Olathe, KS 66061

The Debby Sullivan Room

More Information to Follow...

[Back to top](#)

News from KPHA Member, Connie Hubbell, KFMC



Kansas Foundation for Medical Care, Inc., (KFMC) sponsors a Healthcare Quality Forum annually. This years event is at the Wichita Marriott on April 17-18th.

I have attached the Brochure for this years Quality Forum. It is an excellent conference that impacts Quality of Healthcare in Hospitals, Physician Offices, Nursing Homes and Home Health Agencies.

Please review the Brochure and if you have any questions or would like hard copies of the Brochure, please call me.

We would love to see many of you at this years conference. I would also encourage you to forward the Brochure to your members in any of your organizations newsletters, communications, etc.

THANKS

Connie Hubbell
Senior Vice President
KFMC

785-273-2552

chubbell@kfmc.org

[Click here for the brochure.](#) [Back to top](#)

Job Opening



Sedgwick County, Kansas

WIC - IAP Nurse

Job Objectives:

Work to improve the immunization rates of children and infants enrolled in the WIC program by providing referrals and direct immunization services as needed.

Essential Job Functions:

Maintains a client reminder/recall system within the guidelines set forth by the WIC/IAP program.

Provide direct health care services to all populations seeking services from the health department.

Collaborates with the WIC program staff for the purpose of implementing the WIC/IAP program

Accurately document health and health screening services.

Provide health education to clients seeking services through the health department.

Submission of reports as needed.

Knowledge of and Adherence to Sedgwick County and Health Department policies and procedures.

Job Standards:

Qualified to provide direct nursing services.

Graduate of an accredited program in nursing.

Currently registered in the State of Kansas as a Registered Nurse.

Has a current Kansas driver's license.

Is currently CPR certified.

Proof of vaccination against certain diseases within 10 days of employment

Testing/Screening Requested:

Typing 40 WPM

Spreadsheet 80%

Equipment: Office and medical equipment necessary for the job.

Work Environment: Clinic

Salary: \$37,293 (will be adjusted based on years of experience)

Monday - Friday 8-5 with occasional evening and weekend hours.

2716 W. Central Wichita KS 67203

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.

To apply please go to www.hrepartners.com

Jeff Goetzinger
Human Resource Assistant
Sedgwick County Health Department
1900 E. 9th Wichita, Ks.
Office: 316-660-7333
Fax: 316-262-1980

[Back to top](#)

Governor's Public Health Spring Conference—Register Now!!



The Public Health Conference Brochure is now available on-line at: <http://webs.wichita.edu/?u=conted&p=/PublicHealth/>

Conference registration is through KS-TRAIN at <http://ks.train.org>, Course #1012140. It is ready to be distributed via email to your mailing lists. [Back to top](#)

Sedgwick County Open House

In celebration of National Public Health Week, the Sedgwick County Health Department would like to invite your organization to attend our Open House on April 8, 2008 from 3:00–5:00pm at our newest location. There will be information provided on many of the different services the Health Department provides in the community. [Click here](#) for the invitation for details and we hope to see you there!

Becky P. Tuttle, MA
Health Promotion Coordinator
Division of Health Protection and Promotion Sedgwick County Health Department

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[Back to top](#)



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