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E-NEWSLETTER

An E-Newsletter of the Kansas Public Health Association (KPHA)

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February 2006

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President's Message

Dedicated to New Strategic Planning and Growing KPHA for the Future!



Time has been really flying by since I took office in September at the Annual KPHA conference. Here we are already into the New Year and, like many of you; the Board is developing this year's goals and strategies. For KPHA, the main goal that the Board has agreed needs to be a priority is developing a financial strategic plan. A financial strategic plan

will assist in maintaining the financial stability of the association for at least the next three years. An additional goal is to work on developing the membership and to actively engage members to be involved with the association.

To keep any association sustainable requires an active membership. The membership needs to be engaged in activities that move the association forward and not just passively receive what is offered. Being active does not require a lot of your time either. Just like myself, I know that you are busy with your jobs, research, community

activities, and family. However, only three hours a month directed toward association activities is considered being an active member. That figures out to only 6 minutes a day in an average 30 day month. Or about > of an hour in a 40 hour work week. Currently we have over 500 members representing over 50 occupations/organizations. If we all dedicated a minimum of three hours a month to the association that would be well over 1500 hours a month! Of course, not everyone who is a member of KPHA can give that much time to the association every month, but every little bit helps and everyone has a talent or an area of expertise that could potentially benefit the association. I encourage you to examine your expectations of KPHA and how you would like the association to represent you and serve you and then look to how you can help move the association in that direction.

You may be wondering, "What can I do? What can I offer?" Well, there are numerous areas in which you can become active that only require a minimum to moderate amount of your time. The Board has been actively looking to find someone to step up and chair the Membership Committee and others willing to serve on this essential committee. Article XII, section 9 of the by-laws outlines the responsibilities of the Membership Committee with the main focus on membership recruitment and retention. Other areas of need include: testimony to the legislature, grant development and writing, assisting with the annual conference planning and execution. You may even consider serving on the board next year or as a section chair.

Some of you may be wondering, "What do I get out of it?" I'm not sure I can fully articulate what I get out of being an active member of KPHA! I have had the remarkable opportunity to meet incredible people from all over the State with varied backgrounds, opinions, and thoughts. This reenergizes me over and over again. By having the opportunity to network with other professionals dedicated to public health, I have been able to learn more than just sitting in a classroom or a workshop about the myriad of activities occurring across Kansas and the Nation. My strong belief in the mission of KPHA, to serve as the prime unifying organization promoting improvement in the health of Kansans and in health practice, motivates me to continue to be actively engaged. What do you gain? You gain lasting friendships, networking opportunities, professional development, a broadened knowledge base, a louder voice (500 + strong!). I'm sure I have touched on only a few of the benefits of being an active member, but I hope that it will stir you to become more involved with KPHA.

Our Executive Director, Elaine Schwartz, has been doing an incredible job of juggling the many hats she is required to wear to carry out her job functions for the association. However, she is a one-woman-show and it is entirely impossible for her to meet all of the requests that come to her from the membership, other organizations and associations, grantors, and legislatures. Therefore, any assistance the membership can give her is greatly appreciated. If you want to be more actively involved with KPHA please contact me, any of the Board members, or Elaine Schwartz. All of us are more than happy to assist you in finding an opportunity for your participation in KPHA. If you don't know who the current board is or how to contact us please go to the KPHA website at <http://www.kpha.us>. All of our contact information can be found there.

I encourage all of you to consider setting a goal for this next year to become a more active member of KPHA. Identify your talents and expertise that you believe would be beneficial to KPHA and then offer your service to the association. KPHA's greatest asset is its members and it is the membership that will ensure the sustainability of KPHA for years to come. [Back to menu](#)

From the Executive Director

Public Health Brings Many Groups and Individuals Together!



It's been quite a journey for the past 18 months! And, sometimes I still feel like I'm on a roller coaster ride, but I always said, "I'd rather be busy than bored". It was difficult leaving government service after almost twenty years, but I can truly say, I have enjoyed getting back into the "private" sector, and now I can say I have added "non-profit organization" to my work experience, too!

KPHA has been growing this past year and a half, and we now have : 1 Associate Member: Glaxco Smith Kline, 214 Individual Members, 6 Retired Members, 37 Student Members, 15 Life Members, and 154 Organizational Members from various organizations including:

- Barton County Health Department
- Barber County Health Department
- Butler County Health Dept
- Chautauqua County Health Dept
- Cherokee County Health Dept
- City-Cowley County Health Dept
- Clark County Health Dept
- Coordinated School Health
- Dickinson County Health Dept
- Greenwood County Health Dept
- Harper County Health Dept
- Harvey County Health Dept
- Haskell County Health Dept
- Johnson County Health Dept
- Kansas Academy of Family Physicians
- Kansas Foundation for Medical Care, Inc.
- Kansas Health Institute
- KUSM-W Preventive Med & Public Health
- McPherson County Health Dept
- Montgomery County Health Dept
- Morris County Hospital
- Osage County Health Dept
- Pawnee County Health Dept
- Pharmaceutical Research and Manufacturers of America
- Republic County Health Dept
- Sedgwick County Health Dept
- Seward County Health Dept
- Shawnee County Health Dept
- Stanton County Health Dept
- Sunflower Foundation: Health Care for Kansans
- The Reach Healthcare Foundation
- Tobacco Free Kansas Coalition
- Wabaunsee County Health Dept

- Wyandotte County Health Dept

We are rated as one of the larger state public health association in the nation! But, we still have lots of work to do to get in the top per cent with some of our sister states!

I hope you have heeded Janice's message and will become really active in 2006 in working for a Healthier Kansas! If you don't see your organization listed as one of the organizational members, please consider having it listed and do whatever it takes to get the dues to KPHA. Also, if you are interested in recruiting other organization categories i.e. state agency units and bureaus, (at discounted rates), please let your Board know of this. Member Anita Hodge just made this suggestion today!!

As your Executive Director, I have made lots of acquaintances and contacts....with some very impressive people! As a matter of fact, I can say that every person ranks right up there, including everyone I met at conference last year and at all the other public health meetings I've attended since. Public Health is growing in interpretation and more and more people are associating it with anything that has to do with the "Health of the Public" (as it says on the bulletin board at KUSM, Preventive Med), I like the definition, too, I found in the APHA Journal: Public Health focuses on the health of populations and the mission of public health is improving the health of populations. That's almost as broad as the "health of the public". Maybe if we all started thinking more broadly about what Public Health is, we would expand our membership, and we would have lots of help in working for a healthier Kansas!

The Kansas Health Foundation grant given to KPHA, "A Common Language for Public Health" will help immensely in getting that done. The first focus group with Amy Chesser, KUSM, at the lead was held in Wichita, and the group came up with some very interesting discussions and strategies. Good work, Amy! You'll all be hearing much more about the Common Language grant in the months to come! If you are interested in helping, just let a Board member, Amy, or myself know!

Slowly but surely you will have available to you the new 2006 Public Health Statutes and Regulations Book. There were over 40 changes since the last time it was done in 2003. The Board members have been helping hunt down the new statutes and regulations. I will be formatting it all to go to the printers, soon. It would help immensely before I go to know how many copies to produce. Send me an email telling me you are interested in purchasing the new 2006 Public Health Kansas Statutes and Regulations. I already have requests from Heather Henke and Claudia Blackburn!

With the legislature in town, Topeka has gotten a little crazy—I can say that as a former legislator. The Friday morning health advocate meetings that Dr. Kim Richter is chairing are helping immensely for all health advocates to know what is going on each week, and who is supporting/opposing what. If your organization is interested in attending in person or by phone, please let me know. And, remember, that if you call the KPHA office during these months, you may get a busy signal, or I may be away from the phone. I'll get back to you, though, as soon as I can. My first priority during every month of the year is the KPHA members, not the people in the Capital! [Back to menu](#)

Association News

Meet Your 2006 KPHA Board



Left to right: Heather Heneke, Ed Kalas, Gloria Vermie, Janice McCoy, Holly Whitlock, Cindi Treaster, Allison Alejos, Martha Froestchner, Ellen Averett, and Joseph So.

KPHA December 2005 Board Meeting



Left to right: Shirley Orr, Martha Froestchner, Janis Goedke, Ed Kalas, Janice McCoy, Alice Weingartner, Allison Alejos, Ellen Averett, and Cindi Treaster.

More about your Board Members



Janice McCoy, MPH, President, Administrator/Health Officer, City-Cowley County Health Department, Winfield

Special skills: Business/Management

Professional background: Government

Education: Graduate degree

Other affiliations and service: APHA, Cowley County Interagency Coalition, Chair of South Central Metro Regional Bio-terrorism group, Cowley County LEPC

Public health areas of interest: Community Health, Maternal, Child Health

Previous KPHS Board service: Section Chair, Conference Breakout session Chair

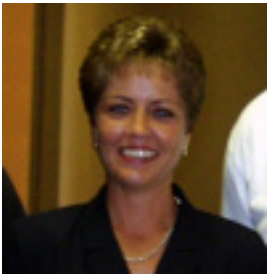
Ed Kalis, President-Elect, Environmental Section Chair, Environmental/Consumer Protection Officer, Shawnee County Health Agency Special Skills: Finance/Budgeting, Management, Public Relations

Professional background: Government and Nonprofit Business

Education: Graduate degree

Public health areas of interest: Limited English Proficiency, investigation and enforcement standards, children's environmental health and safe homes issues

Previous KPHA Board service: 2002-2004 Environmental Health Section Chair



Allison Alejos, RN, BSN, Treasurer, Adult Field Services Division Mrg, Shawnee County Health Agency, Topeka

Professional background: Government

Education: Undergraduate college degree

Other affiliations and service: KHCA, KAMU&, KSNA, NACH

Public health areas of interest: aging, tuberculosis control

Previous KPHS Board service: At Large, Treasurer

Holly Whitlock, Secretary, Human Sexuality Programs Coordinator, Johnson County Health Department Overland Park

Special skills: Fund-raising, Finance/Budgeting, Marketing, and Membership Recruitment

Professional background: Government

Education: Undergraduate college degree and some graduate coursework

Other affiliations and service: American School Health Association, American Red Cross Health and Safety Board

Public Health areas of interest: HIV/STD, TB, Teen pregnancy, Human sexuality, Child Development, Prison Health

Previous KPHS Board service: Health Promotion Section member, Conference Planning Committee

Other pertinent information: Community Health degree from University of Kansas

Shirley Orr, MHS, ARNP, APHA Delegate, Director, Local Health, KDHE Office of Local and Rural Health, Wichita

Special skills: Business/Management

Professional background: Government

Education: Graduate degree

Other affiliations and service: American Public Health Assn (APHA); American Nurses' Association (ANA); Kansas State Nurses' Association (KSNA); Association of State and Territorial Directors of Nursing (ASTDN); Sigma Theta Tau Nursing Honor Society. ASTDN Executive Board 2004 to present;

KSNA Board of Directors 1996 to 2000

Public health areas of interest: Public Health Leadership Development; Public Health Performance Standards; Public Health Administration

Previous KPHA board service: Past President; Past Chair, Public Health Nursing Section; KPHA Board 8 yrs.

Other pertinent information: 2004 recipient Samuel Crumbine Medal

Janis Goedeke, ARNP, Director At Large (elected to serve on Executive Committee), Health Officer, Crawford County Health Department, Pittsburg Special Skills: Business Management-local county viewpoint

Professional background: Government-local health department

Education: Some post-secondary education/training, ARNP

Other affiliations and service: Crawford County Children's Coalition, PACO, FACT Inc.

Public health areas of interest: strengthening public health at the local level (I live, breathe, and die public health)

Previous KPHA Board service: filled a vacant position on the board last year and was elected as director at large this year.

Other pertinent information: Married for 32 years, 3 children: Darren-chemical engineer, Mary-lawyer, Stacy-KSU student; Husband, Darrel is a teacher and farmer. I enjoy spending time with family. Hobbies include sewing, quilting, gardening, and working with daughter training dogs and serving as a 4H dog judge. Love to do "Special" Things for my family.

Cyndi Treaster, Director at Large, Ks Farmworker Health Program Manager, KDHE, Topeka

Special skills: Personnel/Human Resources, Licensed Specialist Clinical Social Worker

Professional background: Government

Education: MSW MA Latin American Studies, 2004 KPHLI Fellow

Other affiliations and service: Regional Case Manager, teaches a summer course through the KU School of Social Welfare to prepare social work students studying Spanish to work in agencies serving Latino populations, fluent in Spanish and is a certified medical interpreter through the Cross Cultural Health Care Program

Ed Garner, Director at Large, Public Health Preparedness Coordinator, Lower Eight of SE Kansas, Wichita

Special skills: Personnel/Human Resources, Finance/Budgeting, Business/Management

Professional background: For-Profit Business, Government

Education: Graduate degree

Other affiliations and service: KALHD: District Representative, Treasurer, Secretary, President, Executive Director; KAMU: Executive Director

Public health areas of interest: Public Health Systems, Public Health Preparedness

Previous KPHA board service: Adm/Lab Section Chair, APHA Affiliate, Member at Large, Interim Executive Director

Heather Hicklin-Henke, RN, Administrative Section Chair, Administrator, Barber County Community Health Department, Medicine Lodge

Special skills: Membership Recruitment

Professional background: Government

Education: Undergraduate college degree

Other affiliations and service: La Leche League, KALHD, APHA

Public health areas of interest: Breastfeeding, Education

Eldonna Chestnut, Child Family, and Community Health Section Chair, Division Director of Adult and Child Care Facilities, Johnson County Health Department, Olathe

Special skills: Management

Professional background: For-profit business and Government

Education: Graduate degree, KPLHI Fellow

Other affiliations and service: Sigma Theta Tau, Alpha Sigma Tau Alumae,, Elder Needs Assessment Committee

Public health areas of interest: Children's health and safety, daycare safety, elder care and elder abuse prevention

Other pertinent information: married, one son (Justen) age 7

Ellen Averett, PhD, MMSA, Education and Research Section Chair, Research Assistant Professor, KU School of Medicine, Department of Health Policy and Management, Kansas City

Professional background: For-profit and Nonprofit organization

Education: Graduate degree

Other affiliations: APHA, Examiner with the Kansas Award for Excellence, AFS Parent Board

Public health areas of interest: health communications, disease prevention, health promotion, program evaluation, child development/health

Other pertinent information: health-related behavior change, quality improvement in healthcare organizations.

Martha Froeschter, Infectious Disease Section Chair, Disease Containment Program Manager, Johnson County Health Department, Mission

Special skills: Personnel/Human Resources, Business Management

Professional background: For-profit business, Government, and Nonprofit organization

Education: Graduate degree

Other affiliations and service: KS Immunization Action Coalition, KIAC, Metro Imm Action Committee, TB Coalition, KC Metro TB Coalition (Past President) to be on KC APIC board this year, MAIC, Mid American Immunization Coalition-on steering committee for metro area

Public health areas of interest: Infectious Disease

Patricia Dunlap, Tobacco, Substance Abuse and Mental Health Section Chair, LPN, Task Sponsor, Rooks County Health Dept., Smoke Free Tiger Task Force, Stockton

Special skills: Fund raising, Membership Recruitment

Professional background: Non-profit organization, Government Education: LPN degree

Other affiliations and service: Smoke Free Tiger Task Force Sponsor, Secretary for Rooks County Communities That Care

Public health areas of interest: Work in Public Health as a Nurse



Alice Weingartner, Emergency Preparedness Section Co-Chair, Emergency Preparedness and Community Outreach Officer, Shawnee County Health Agency, Topeka

Special skills: Marketing Public Relations, Community Education

Education: Graduate degree

Professional background: Non-profit, Community Education

Public health areas of interest: Health education and promotion, emergency preparedness



Gloria Vermie_RN., Emergency Preparedness Section Co-Chair, MPH Program Coordinator Sedgwick County Health Department, Wichita

Special skills: Marketing/Public Relations Project development

Professional background: Government, Medical/clinical organizations

Education: Graduate degree

Other affiliations and service: NACCHO Committee for Promotion of Public

Health, also on (3) state or national boards/councils for organizations/government agencies related to emergency disaster preparedness/terrorism. ANA, Advisory Board for local school district. (Have been in officer position on 3 state and 1 national boards.

Public health areas of interest: Prevention and Epidemiology, Community Outreach/education, Response and Preparedness

Previous KPHA board service: Was on Ex Committee

Ruth (Toni) B. Pickard, PhD, Oral Health Section Chair, Asst. Prof & Executive Director, Healthy Options for Kansas Communities (HOP) Organization, Dept of Physician Assistant, Health Services & Community Development, Wichita State University, Wichita

Special skills: education, policy

Professional background: Nonprofit organization; University

Education: Graduate degree

Other affiliations and service: several; e.g., KS Health Consumers Coalition; APHA CHPPD

Public health areas of interest: Oral Health, Community Development; health disparities, immigrant health

Joseph So, Student Section Chair, KUMC, Kansas City, Kansas

Special skills: Student Recruitment

Education: Some graduate coursework

Other affiliations and service: ACHE, KUMC Student Government (Masters of Public Health Student Organization (MPHSO), Student Government Council (SGC), Graduate Student Council (GSC), and Student Research Forum (SRF), President of MPHSO, GSC Representative to SGC, Preventive Medicine Representative to GSC, Photography Chair of SGC

Public health areas of interest: International Health, Medicaid/Medicare



Kim Richter, PhD, Legislative Issues and Action Committee, KUMC-Preventive Med and Health Policy, Kansas City

Special skills: education, health policy, tobacco cessation

Education: Graduate degree

Other affiliations and service: Past KPHA President

Other pertinent information: married, loves reading novels - especially mysteries – and playing/watching/ fostering soccer

Public health areas of interest: health policy, combining research and service, growing and evaluating community health coalitions [Back to menu](#)

Dr. Kim Richter's Class Visits the Capitol

Five students and Kim traveled to Topeka for their first class. We went to the Capitol and met with Representative Melvin Neufeld-Chair, House Appropriations and Joint Oversight Committee for the Kansas Health Policy Authority, Representative Jim Morrison-Chair, House Health and Human Services Committee, and Senator's Susan Wagle and Senator Barnett-Chairs of the Senate Health Committees. Below are pictures in Senator Barnett's office.



Dr. Kim Richter, (along with some help from Sonja Armbruster and Elaine Schwartz) is teaching a class this semester titled:

PRVM 806 MENTORED PRACTICUM IN HEALTH POLICY AND THE LAW

Course Description: To lead organizations effectively, public health practitioners must understand the laws and rules that govern their work, be able to respond to changes in policy, and should help shape policy to improve the health of the public. Public health practice in Kansas is influenced by multiple levels of policy. Accordingly, this course will cover principles and practices supporting health policy formation at local, state, and federal levels. Activities include didactic sessions, threaded online discussion, internet research, assisting in the development of educational sessions for legislators,

interviews with lawmakers and interest groups, and attendance at legislative committee meetings.

Course Goals:*

1. Students will understand the policy environment of public health. They will become familiar with key laws affecting public health in Kansas and will learn how laws, rules and regulations, and decisions in the judicial branch are made
2. Students will learn how public health groups develop a response to challenges and opportunities that flow from health policy and changes in health policy

Students will develop practical skills for contributing to health policy formation, such as getting issues on the agenda, identifying alternatives, conducting research, developing educational events, and tracking legislation. [Back to menu](#)

2005 Poster Winners

KPHA Poster/Paper Winners from the 2005 Fall Conference were required to write a report for the KPHA newsletter. Below are two of the reports. Praveen Pannala's will appear in the next newsletter.

[Award Winner reports on attending the APHA Conference in Philadelphia, Dec. 2005:](#)

From: **Georgina Peacock**

I recently completed my Masters in Public Health. In addition, I am a pediatrician in a fellowship training program focusing in the area of Developmental and Behavioral Pediatrics. I am pleased that I had the opportunity to attend the American Public Health Meeting in Philadelphia in December. Because of my interests in child health and development, I attended a number of sessions organized by the Maternal and Child Health Section. The topics focused around improving health for mothers and children and discussed barriers to care.

Pregnancy Outcomes

The first session discussed differences in pregnancy outcomes based on ethnicity. An interesting presentation by Julka Almquist showed the results of some qualitative assessments of Somali Women's beliefs surrounding prenatal care, labor and delivery. Over the past three years, eight Somali women living in Rochester, New York attending the Mayo Clinic, have had court ordered Cesarean-sections. Focus groups were held and the purpose of these groups was to identify reasons for the differences in beliefs and opinions between physicians and their Somali patients. In focus groups, some Somali women discussed their belief that a pregnancy is a gift from God and therefore the due date is determined by God, not by physicians. Because of this belief, they then will refuse inductions of labor and Cesarean-sections recommended for failure-to-progress. They view the entire pregnancy, not as a medical condition, but a part of life; therefore, they don't see the need for prenatal care. Suggestions from the audience included programs to increase the number of Somali midwives and

doulas to assist in the prenatal and delivery care of these women.

In another presentation, Lisa Weiss and her co-authors looked at women living in lower Manhattan who were pregnant during the 9-11 attacks on the World Trade Center. She tried to correlate maternal stress with birth outcomes including height, weight and head circumference. She was not able to substantiate this observation, however, discussion following suggested looking at other characteristics in the babies which might have been influenced by maternal stress.

In another study, Benita Walton-Moss and colleagues researched the effects of various factors on low birth weight in drug-dependent mothers. Their preliminary data suggests that lifetime physical abuse might have an independent effect on birth weight in these women. Emotional abuse did not have a similar effect.

Breastfeeding

Another session focused on breastfeeding and infant nutrition. Many of the topics looked at barriers to women breastfeeding. One known barrier is premature birth. Women are not able to immediately nurse their babies due to lack of a developed suck or significant infant illness requiring intensive treatment such as ventilators and IV therapy. Anne Merewood et al. looked at breastfeeding rates in approximately 60,000 infants born in Massachusetts. Breastfeeding rates overall were lower than those recommended in Healthy People 2010. In addition, breastfeeding rates in premature infants were significantly lower than those in full term infants. This statewide data base draws information from birth certificates. Therefore, "breastfeeding" is defined as those who initiate breastfeeding at birth. This is assumed to include pumping breast milk, but this question is not clearly asked.

Another group headed by Dr. Tony Ogburn looked at breastfeeding education in Obstetrics and Gynecology textbooks. They found most of the textbooks had a lot of information on anatomy and physiology of the breast but little good information on clinical applications. Some of the books offered contradictory information within the same text. The authors pointed out that since it is well known that most women decide to breastfeed early in pregnancy, it is important that their obstetricians are well versed in clinical applications of breastfeeding.

An interesting study by Alexis Avery looked at why women stop breastfeeding. She focused on maternal opinions. Mothers with at least one child participated in focus groups and also looked at cartoon pictures of women in different rolls and then classified them as either "breastfeeding" or "bottle-feeding." She found that women interpreted working as a huge barrier to continuing to breastfeed stating reasons such as working women being "too busy" or "too stressed." Many women thought they should stop breastfeeding well before they return to work so that "the baby will get used to the bottle." Discussion following focused on laws in place that allow women to pump easily in the workplace, including both a comfortable place to pump and time excused from work to pump.

Finally Debra Dee et al. showed a program which provided in-home breastfeeding support to low income women through peer educators who were easily accessible by cell phone. These educators were trained to provide this support but did not necessarily have nursing or other degrees. This program showed an increased duration of breastfeeding compared to women with similar social and economic backgrounds who did not receive this support.

I attended a few sessions which addressed children's health which were sponsored by other sections. The APHA Film and Technology Theater section organized an international film festival.

Their Brothers' Keepers: Orphaned by AIDS

Due to the HIV-AIDS epidemic in Africa there are millions of orphans. These children have often lost one or both parents to AIDS. A number of families were highlighted in this film. The first family included the elder brother, age 11, sister, age 10, and three younger brothers aged 3, 5 and 6. The elder brother spent most of his days trying to get work so that he could buy food for the younger siblings. The sister stayed with the children and kept the house. The older brother and sister took turns going to school so they could continue their education. In the film, a case worker, whose job it was to find and help orphan families, helped these children move to live with their grandparents who lived two days away by car. Their grandparents had wanted to help the children but could not afford the transportation for the five children.

These descriptions offer a flavor of the wealth of topics which were offered for attendees to the American Public Health Association meeting in the area of child and maternal health. It was a wonderful experience to hear from public health practitioners who work so hard to improve the lives of children and mothers in the United States and throughout the world.

From: **Jennifer Keller, MPH**

Great Conference – Great City: Thank You KPHA and KHF!

Well, now I can say I've seen a little bit of Philly, and am no longer a "newbie" to APHA conferences. In 1682, William Penn came to this place seeking freedom of religion – I came to Philadelphia this December seeking knowledge and opportunities both professionally and educationally. The conference didn't disappoint.

My areas of interest are communications and qualitative research, so going into this conference my main goal was to get my hands on anything I could find related to social marketing and evaluation (e.g. sessions, papers, booths, contact people, printed materials etc...). My second goal was to find schools that offer social marketing classes/programs that I can take down the road. And finally, I'm a marketing girl at heart and I love to find cool printed pieces and specialty items – this year my big score was a pedometer. Wish I'd gotten it the first day, I'd tell you how many miles I walked! It was a lot!

Here are some of the interesting things I learned at APHA...

- In the session "Engaging Partners at the CDC" speakers discussed how important it is for the National Center for Health Marketing to provide leadership in the development and coordination of high-priority partnerships and set strategies and goals for working with five sectors and partners (business and workers, healthcare, education, federal agencies, foundations, faith, and community organizations). For more info go to: www.cdc.gov/communication/resources/best_social.htm.
- One of the most engaging people I met at the conference was Deborah Edelman, DrPH. I found

her intriguing because her background was in media, then she developed an interest in public health and is currently a research fellow at Johns Hopkins. Her field of study is the emerging trend of youth radio programs – by youth for youth. Basically, new, low-cost technology is allowing youth to broadcast their own programs and cover their lives and issues in a much more accurate and positive light than mainstream media. Here's an example of Youth Radio from Berkley: www.youthradio.org/webradio/index.shtml.

- At the “Current Issues in Health Promotion” I learned a consulting group out of Washington D.C. has resuscitated an old research technique called “card sorting” and applied it to the new field of evaluating website usability. The research team used a combination of both qualitative and quantitative techniques to assess current and desired website content, how information on a specific area of the CDC’s homepage was presented and how information on the homepage should be cross-referenced. For information go to www.westat.com/CAPABILITIES/webeval4-usability.cfm.
- I really liked two quotes from Lisa Carlson who has been a health educator for a long time and her mom still doesn’t understand what she does. She moderated the session “Oh the Places You’ll Go: Health Education Outside the Box.” Here’s what she said, “You can always learn content, if you understand education and communication techniques.” She added, “Every organization needs someone who can change behavior.”
- Since I won the materials contest for Kansas, I wanted to see what others were doing and get ideas for future campaigns. Here are some good ideas and resources from the Public Health Education and Health Promotion Materials Contest Winners that you may be able to use where you work:
- The Florida Department of Health developed a powerful TV/radio campaign targeted at sexual violence prevention and distributed calling card key chains with a hotline number and free phone minutes. They are willing to share materials, you would just need to change the tag at the end of the spots. For more information contact Peggy Prophet, Public Health Education Consultant, (850) 245-4444 and go to www.doh.state.fl.us/Family/svpp/materials/default.html.
- Oregon Center for Applied Science won for an interactive website created to help people quit using tobacco. The site was called “1-2-3 Smokefree” and a clinical trial, funded by NCI, proved that people who used the interactive website were three times more likely to quit than those who didn’t use the program. The really interesting part about this program was that participants took a quiz at the beginning and then the entire web-based program was customized to them – if they were an African American woman, the person guiding them through the program was an African American woman. Being computer-based allowed sessions to be anonymous, personalized, and it forced people to interact. It also made data collection very easy. To learn more, go to www.hcimarketplace.com/products/description.html?index=2.
- The minority health winner used qualitative research to custom design messages on preventing colorectal cancer in Seattle’s Chinese-American population. A couple interesting focus group findings were that it was very important to this population that medical information came from a real, Asian doctor, not an actor, and real persons who had experienced colon cancer deliver messages about the disease. The video they developed was very good, played well to both men and women, and as a result, 70% of participants in the program chose to get the screening. For more information, go to http://depts.washington.edu/gim/research/research_ahpp.htm.
- Another good program was the print materials winner for “Good Work – Healthy Maine Partnerships.” The health department developed a free tool kit and distributed it to more than 1,000 employers throughout Maine. The Good Work! Resource Guide gave employers simple,

proven strategies for effectively addressing issues such as rising health costs, employee turnover and sick time. This program worked well because 90% of all employers in Maine have fewer than 20 employees, the program is low cost and sustainable. To request a kit: call or email Patricia Buck-Welton at (207) 622-7566 x 2675 or patriciab@med.org. Or, you may download a .pdf version at: www.healthymainepartnerships.org/MCVHP/resource_good_work_manual.aspx.

- At “Monitoring and Evaluation: Implementing and Evaluating Reproductive Health Programs” I had the opportunity to hear a presentation by Paul Hutchinson, PhD with Tulane. He wanted to evaluate the effectiveness of health promotions on populations, so he chose to use Tanzania and Nepal because both areas had access to a radio program on family planning and he was able to obtain good data sets of health outcomes from DHS. Dr. Hutchinson’s field of study is statistics and I feel he was most interested in testing a few of his formulas. The results were very interesting and I have requested a copy of his paper on this topic. I feel what he learned can be applied to health education programs right here in Kansas!
- And, before I had to catch a plane out of town, I took in probably the best panel discussion of all titled, “Lessons from Health Communication Campaigns.”
- Dr. Palmgreen, PhD, discussed his work on the National Drug Control’s Marijuana Initiative for At-Risk Youth. Research demonstrated high-sensation seekers responded to messages with high-sensation value and intense graphics. Originally, they had tried a “softer-sell” campaign on this target market that simply didn’t work.
- Amy Lyons Sayers presented the spirited “Do” campaign that has been tested in Duluth by Blue Cross Blue Shield of Minnesota and is about to be rolled out throughout Minnesota. They have used tobacco money to make a positive impact on public health through creative messages, using traditional AND non-traditional communication channels. The guerrilla/street marketing by the “Do Crew” who went around putting up posters, interviewing people, drawing hopscotch squares, giving out t-shirts was a really fun strategy to change people’s behavior. The cost for this campaign was very high and I was sorry to learn they are not planning to take this campaign nationwide. To view TV spots, download posters for your break room or just get ideas on how to get your groove on for 10 minutes, 3 times each day, go to www.do-groove.com.
- And finally, representatives from Cornell University presented results from a smoking campaign they had targeted at occasional, college-aged smokers on their campus. Research showed 22% of their students had used tobacco and the health risks for occasional smoking were almost as high as regular smoking. So they asked students when and why they smoke and developed a small-scale, campus-wide campaign to match what they heard – targeting students by sex. For example, young men told researchers that they were more likely to smoke when they got “stressed out.” So print materials were created targeting this group of students with this message.
- In addition to these presentations, I also took in many great posters – particularly on health literacy, health education and health communities and even some outside my area just because they looked interesting. I must say, the exhibit hall was a bit overwhelming with more than 650 booths, but by the last day, I FINALLY made it down all of the isles collecting lots of great information and cool specialty items. And by the way, I DID find three great schools that offer social marketing programs.

Here are some new vocabulary words I learned:

- **The Couric Effect** – In March 2000, NBC television newswoman Katie Couric had a colonoscopy live on national television and in the following weeks and months, the numbers of people across the country having colonoscopies increased more than 20 percent, says a study by researchers at the University of Michigan Health System and the University of Iowa published in 2003.
- **Beltway Bandits** – This is a term for private companies located near Washington, D.C. whose major business is to provide goods and services to the U.S. government. The phrase was originally an insult, implying that the companies preyed like bandits on the largesse of the federal government, but it has lost much of its pejorative nature and is now used as a neutral or descriptive term. Definition courtesy of Wikipedia.

And on a fun note, I went to the APHA Celebration Tuesday night at the new National Constitution Center located in the heart of Philadelphia's Independence Mall. If you're ever in Philly, the museum is a must-see. The museum's theatre experience and interactive exhibits really bring American history to life. I had great fun pretending to visit with Benjamin Franklin (see picture), serving as a Supreme Court justice and even being sworn in as president – quite a busy night.

If you have any questions about any of the sessions, contact people for these topics or putting together a health promotion campaign of your own, please contact me, Jennifer Keller, Keller Communications, at (316) 263-5103 or via email at jennifer.keller@cox.net.

Thank you! [Back to menu](#)

Emergency Management and Public Health Partnerships and the Power of Positive Relations

The Emergency Preparedness Section asked KPHA member Randy Duncan, CEM of Sedgwick County Emergency Management to write an article for the KPHA Newsletter, as one of their section goals.

Partnerships have assumed an increasing level of importance among agencies of local government. Due to the increased level of concern about terrorism, emerging infectious diseases, and increased planning requirements from the Department of Health and Human Services and the Department of Homeland Security, there is a renewed level of interest in partnerships between emergency management and public health.

One place the partnership between emergency management and public health can grow and flourish is in the Local Emergency Planning Committee (LEPC). LEPCs were originally created in 1986 as a result of an accident at a Union Carbide facility in Bhopal, India several years before. That accident released a deadly fatal component of a pesticide manufactured at that facility, and resulted in the death and injury of literally thousands. So, the origins of LEPCs are firmly rooted in public health concerns.

The LEPC has provided another important opportunity for Kansas Counties – to bring together local government first responders, emergency managers, public health and private industry. These diverse

groups all share a common interest in the hazardous materials present in a county – which are the source of economic benefit as well as the source of risk, in case of an emergency. These groups also share other interests in common, which is why Sedgwick County has chosen to expand the scope of its LEPC.

While the Sedgwick County LEPC continues to fulfill the hazardous materials roles and responsibilities required by Kansas Statute of it (K.S.A. 65-5703 et seq.), it has been expanded into an “all hazards” role. As an example of this, the Sedgwick County LEPC is also the designated Citizen Corps Council for the county. It also fulfills the former role of the Emergency Management Council (EMC) which was a body designed to make information about the response capabilities – emergency and social – of local agencies known to one another. The Sedgwick County Health Department and a representative from the Metropolitan Medical Response System (MMRS) also are actively involved in the LEPC. In many respects, this has helped to accelerate the process of bringing partners in emergency response together to talk about issues of common interest. And, those areas of interest have expanded greatly. They now include everything from hazardous materials storage and filing requirements for local businesses to Community Emergency Response Teams and providing input to the Sedgwick County Exercise Design Team.

Partnerships are good – and in Kansas we continue to expect more good things to come from the partnership between emergency management and public health and the LEPC. [Back to menu](#)

Kansas City Metro Area Kicks Off Nationwide Discussion on Health Care



Citizens' Recommendations to be Considered by Congress, White House

The Kansas City metropolitan area hosted the initial community dialogue on health care in America presented by the Citizens' Health Care Working Group. The community meeting was held on Tuesday, January 17, 2006, from 9:00 am - 1:00 pm at The Kauffman Foundation. Kansas City based Swope Health Services and the Kansas Public Health Association assisted in local recruitment. The meeting was free and open to the public.

“This is a wonderful opportunity for everyone in our community to be a part of a solution regarding health care,” stated Dr. Kimber Richter, Chair of the Legislative Action and Issues Committee for the Kansas Public Health Association. “I’m delighted that our area was selected to participate and encourage everyone to take advantage of this opportunity to make your voices heard.”

The community meeting feature a multimedia presentation that provides information on the nation’s health care system including problems related to cost, quality, and access to care. This was followed

by more focused discussions in small groups. Participants shared their ideas about how to improve the health care system. Barrett Hatches, President and CEO of Swope Health Services, stated that "Swope is honored to assist the President, Congress and the Working Group by bringing the community together to discuss an important issue such as health care."

The Working Group, a nonpartisan group authorized by the Medicare Prescription Drug, Improvement and Modernization Act of 2003, is charged with listening to the views of the American people and developing recommendations for the President and Congress to provide U.S. citizens with "Health Care that Works for All Americans." The Health Report to the American People, was released in October and serves as a basis to engage the American people in a dialogue on health care access, cost and quality issues. The Working Group consists of 15 members -- 14 citizens of diverse backgrounds from across the country, and the Secretary of Health and Human Services.

The Citizens' Health Care Working Group is an independent body whose members were selected by the Comptroller General of the United States. The Agency for Healthcare Research and Quality provides administrative support as directed by the Medicare Modernization Act.

Below are pictures taken from the event!





Thanks to all KPHA members who assisted in one way or another—table facilitators, monitors, and attendees! [Back to menu](#)

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