

Cycle I Capstones

KPHLI Cycle I fellows completed the following capstone projects:

Training for Child Placing Agency Licensing Staff

Judy D. Chase, MSW

Abstract: *The issue for this case study revolves around the need for maintaining regulatory requirements for social service staff qualifications in private child placing agencies. Kansas Regulations for Licensing Private Child Placing Agencies, K.A.R. 28-4-172(g), requires each child placing agency to provide the qualified staff necessary to ensure proper services to children in the agency's care, to biological and adoptive parents, and to foster parents. Each agency is required to hire qualified professional staff to direct the agency, provide social service supervision and direct services. Social workers are to perform intake services, direct services to foster children, home finding, and assessment related to foster home and adoptive services. Kansas has a social work licensing law. A social work license is required for anyone putting him or herself forward as a social worker. Because this subsection refers to social workers, then persons who are eligible to call themselves social workers must perform the tasks related to intake services, direct services to foster children, home finding and assessment related to foster home and adoptive services. The CPA community has asked for a blanket exception to the requirement that a licensed social worker must complete required services, especially those related to licensing and support of family foster homes. KDHE has expressed willingness to work with the CPA community to develop a standardized training curriculum for CPA employees who are not licensed social workers but will perform family foster home [FFH] licensing duties.*

One Community's Community Health Assessment Project (CHAP): From Functional to Dysfunctional and Back Again

Eldonna Chesnut, MSN

Abstract: *In 1997, Alpha Beta Health Department formed a Community Health Assessment Project (CHAP) to assess the health needs of their county. After the initial assessment was completed, the group continued to meet on a monthly basis. The group's meetings became networking sessions instead of functional meeting in which community health needs were addressed. Additionally, attendance began shrinking with the majority of the attendees being health department staff. The first chairperson was the one that went after the funding, had the energy and drive to get the group started. When she left, the next division director of health education took over as CHAP chairman. She stayed active with the group until she resigned from the health department. Her predecessor at the health department then assumed the chairperson role of the CHAP group. This new person could see the group needed to be revitalized and that it needed renewed vision and goals. The problem she faced was how to bring this committee back to the productive community assessment tool it had once been. Three large issues she faced were redefining/clarifying the vision and goals for this group; redefining the membership of the group; and verifying that the changes were acceptable to the whole group.*

A Case Study in Policy Development: Limited Access to Dental Care for Low Income Children and a Local Health Department Response

Neita Christopherson, BSN

Abstract: *Today tooth decay remains one of the most common diseases in childhood—five times as common as asthma and seven times as common as hay fever. Mouradian (Nov. 2000). It affects more than one out of seven preschoolers. More than half of children aged 5-9 have had at least one cavity or filling and seventy-eight percent of 17 year olds have experienced tooth decay. Untreated dental problems are often seen with significant disease in the emergency room. This causes lost school hours, social stigmatization, decreased employment opportunities, and lost productivity due to the pain*

associated with dental disease. Oral health has been described as one of the single greatest unmet health care need in the United States. The Surgeon General's 2000 report on oral health focused attention on the immediate need to improve access to oral health care in the United States. Department of Health and Human Services (2000).

The Public Health initiative listed Oral Health as one of the top 20 indicators of the health of the people. The objectives listed oral health goals to reach by the year 2000. US Health and Human Services (2000). The results are listed in Attachment A.

More than half of the 17 objectives show progress toward meeting the goals. The objective of reducing deaths from oral and pharyngeal cancers was met. Dental decay has declined in persons aged 15 years nearly to its target, although less progress has occurred in children aged 6 to 8 years. Similar trends are apparent in those two age groups for untreated dental decay. Elderly persons show improvement in edentulousness, but the number of persons aged 35 to 44 years who had never lost a tooth from caries or periodontal disease fails to show improvement. An increased proportion of children are receiving dental sealants, but further improvement is needed. Little change has occurred in the proportion of the U.S. population served by fluoridated water systems. CDC (2000).

Oral health has been listed in Healthy People 2010 as a health indicator with the goal to prevent and control oral and craniofacial diseases, conditions and injuries and improve access to related services. The emphasis is to recognize dental health as an essential and integral component of health throughout life. Dental health is a major concern to the health of a substantial proportion of the general population and one area public health should address at the national, state, and local public health levels.

A Coordinated School Health Project

Lisa Cornwell, BS

Abstract: *Coordinated school health projects (CSHPs) bring together educational and community resources in the school environment. This is important in rural areas like Stafford County, Kansas, which struggles with health professional shortages and a high needs population. In 2001, the county's Unified School District (USD) 349 embarked upon a multi-year CSHP development process and adapted the CSHP methodology for the rural community. First, a CSHP team was formed of community and administrative stakeholders and school system representatives. Next, the CSHP team assessed school district demographics so programs could be targeted to health needs. During a year-long planning phase, the CSHP team determined priority areas for program development. Program activities were tailored to the population demographics and available resources. The process by which the Stafford school district modified and implemented CSHP methods is ongoing and can serve as a model for CSHPs in other rural, high-needs areas.*

Educating the Public about Public Health Core Functions and Essential Services Through a Series of Local Newspaper Articles

Linda Frazier, BS

Abstract: *The core function focus of this paper is on policy development. The major subjects involved are:*

Pre-assessment of Three Subject Groups

Creation of Message Templates

Identification of Local Health Department Stories

Post-assessment of Three Subject Groups

Participants included Kingman County Health Department, Kingman Herald Leader Newspaper, and The Adult Sunday School Classes of Three Kingman Churches

The general public needs to understand what public health is and what it does. Local tax dollars are used to support local public health. County commissioners are elected locally and also serve as the

local board of health. They determine the amount of the county budget that goes to local health department programs. Communication of public health core functions and essential services must occur at the local level if it is to be valued. One of the most widely used methods of communication is the local newspaper.

In this project, a series of four message templates were developed to use in local newspapers, educating the readers about the core functions and essential services of public health. Kingman County was chosen to run the series of articles as a pilot site. Pre and post-tests of those in the adult Sunday school classes in three local churches were done to determine knowledge of public health core functions and essential services before and after the articles were run in the local Kingman Herald Leader. Participants all had to agree to read the series of newspaper articles.

Characteristics of a Successful Community Coalition

Heather Fuller, MS

Abstract: *This project addresses the Healthy People 2010 focus area of public health infrastructure (with a focus on the top 3 leading health indicators: physical activity, obesity, and tobacco use) through the analysis of community coalitions across the state of Kansas. The core function of public health that this project addresses is assessment.*

Assessing the Educational Needs of the Public Health Workforce

Janis Goedeke, ARNP

Abstract: *This project used statewide public health workforce needs assessment data, stratified by occupation, to identify local-level barriers and motivators for preparedness training. In addition, preferred training media and topic interests were identified, indicating that distance-friendly options such as web-based, CD, or videoconferencing methods were highly preferred by the largely rural workforce. Recommendations are made for the implementation of public health preparedness training by occupation.*

Policy Improvement Through Inter-Agency Cooperative Agreement for Tuberculosis Disease Indigent Care: A Case Study in Policy Development

Phil Griffin, BBA, CPM

Abstract: *This project describes the development of new status for tuberculosis (TB) care through a collaboration between KDHE and SRS. Project outcomes include new procedures for the centralized and streamlined enrollment of new TB cases, as well as on-site training and care planning for local health departments. This collaboration has resulted in more efficient and less expensive care for TB patients.*

Communications Needs Assessment and Message Mapping Workshop for Public Health Preparedness in Kansas

Mike Heideman, BA

Abstract: *One of the objectives of the Kansas Bioterrorism Program to ensure that health risks can be accurately and timely communicated to all persons living in Kansas before, during and after a potential public health emergency, whether such emergency is naturally or artificially produced. To meet this objective, the program facilitated a statewide communications needs assessment and message mapping workshop. These projects were the first of their kind ever performed on behalf of the Kansas Department of Health and Environment, and perhaps on behalf of the State of Kansas or within Kansas. The barriers to these projects included the following: a relative shortage of qualified participants to serve on focus groups; educating potential participants (most of whom were not communications specialists) as to the value of the projects; evaluating the cultural competency of participants for their ability to determine the communications needs of special populations within their jurisdictions; and logistical considerations.*

Tobacco Free Kansas Coalition: Promoting Policy Change and Program Implementation

Mary Jayne Hellebust, BA

Abstract: *The following case study traces the process undertaken by the Tobacco Free Kansas Coalition (TFKC) to institutionalize a proven tobacco-use prevention and cessation program on a comprehensive, statewide basis for Kansas. The U.S. Centers for Disease Control (CDC) has set \$18.1 million as the minimum level of recommended funding for tobacco control programs in Kansas. The current state allocation of \$750,000 for tobacco control programming will not achieve significant, on-going reductions in tobacco prevalence in the state. Tobacco use is one of the ten primary health indicators of Healthy People 2010. Policy development, a core function of public health, can work to provide needed resources to reduce this use. This case study discusses the re-energizing of the Tobacco Free Kansas Coalition's efforts to move forward a concentrated approach to increase funding for tobacco control programming. A chronological look at these efforts since May 2003 shows the progress, although the process is not yet completed.*

Walkin' Wichita

Judy Johnston, MS, RD, LD, Elizabeth Ablah, PhD, MPH, and Tim Scanlan, MD, MPH

Abstract: *Obesity is caused by complex interactions between genetic, environmental and behavioral factors. In addition to the need for research to untangle these complex interactions, practical solutions to modify the environmental contributors responsible for the majority of the obesity epidemic are needed. Walkin' Wichita addresses both the issues of sedentary lifestyle and built environment.*

Walkin' Wichita will increase walking opportunities in Wichita through youth-organization driven environmental change initiatives. The project has the potential to create both environmental and policy changes through youth activity and advocacy.

Walkin' Wichita will partner KUSM-W with members of Youth Activity Advancement Alliance (YAAA), composed of 21 youth development organizations in the Wichita area with interest in promoting physical activity among members, to increase capacity for walkability assessments and physical activity advocacy. Walkin' Wichita will target six programs per year with an average of 30 youth participants in each group. Partnering organization leaders will receive training and materials. Project staff will collect pre- and post data, co-facilitate the first youth training with leaders, and provide technical assistance. Groups have agreed to replicate the process with different youth members at least once per year for three years.

Outcomes:

- 1. Integrate walkability assessment and planning project within partnering agencies' programs.*
- 2. Increase knowledge and awareness of participating youth regarding physical activity and neighborhood walkability.*
- 3. Increase the percentage of Wichita families with participating youth who report walking (with a minimum duration of 30 minutes).*

Increase policy and environmental changes in Wichita to increase neighborhood walkability.

Telemedicine Project with Chase County

Lougene Marsh, MPA

Abstract: *Access to primary health care services to a rural underserved population in Chase County is very limited. In Chase County, the physician to population ratio is 1 to 2,840 as compared to the state ratio of 1 to 541 (Kansas Hospital Association, Stat 2001). This means the state on average has over five times as many physicians per resident as Chase County. Chase County is designated as a frontier county (defined as less than 6 persons per square mile), and significant economic barriers exist for this county. For example, census data for Chase County from 2000 indicated that 16% of the overall population and 23.5% of children are under the Federal Poverty Level as compared to 10.9% and 15.4% respectively for the State of Kansas. An estimated 315 persons, roughly 10% of Chase County residents, are uninsured, including 70 (22%) under the age of 19; 163 (52%) from 19-44; 81 (26%) from 45-64, and 1 (<0.5%)*

over the age of 65. The number of uninsured in Chase County is consistent with the overall statewide uninsurance rate. Assuring access to primary health care is an essential service under the core function of assurance in public health. However, the challenge of this goal is to actually develop a strategy that would provide accessibility and flexibility for a county with few resources. The interest of the Federal Bureau of Primary Health Care (BPHC) in use of technology spurred our interest in exploring a telemedicine solution (BPHC Program Information Notice 2003-02). Through the use of telemedicine equipment and videoconferencing equipment, the primary objective of this project was to create access to basic primary care services for Chase County residents through their own health department.

“Optimal Services for All”: Standardizing the Collection of Data on Race and Ethnicity

Bridgitt Mitchell, MA

Abstract: *The topic for this case study was the development of an agency-wide plan for standardizing data collection for race and ethnicity at Kansas Department of Health and Environment (KDHE). The primary area of concern was to address the method by which individual programs collect, record, and analyze data related to race and ethnicity. Using the guidelines prescribed by the U.S. Office of Management and Budget (OMB-15), a team of individuals who represented all areas of the agency developed an internal policy for the agency’s adoption of this policy.*

Improving Local Organizational Governance Through Systems Thinking

Debbie Nickels, BSN

Abstract: *During the past 27 years this nurse and public health leader has collaborated with Kansas groups and organizations to develop, enhance, and challenge the individuals to conduct assessments for planning and goal setting. Many of the organizations in the most need of managerial or governance mentoring for planning through systems thinking are those organizations who are always crisis driven, lack governance time and expertise, and are significantly economically limited in their ability to attend leadership training or hire professional assistance. These groups or organizations resemble many in rural Kansas and are the core of assuring necessary essential services at the local community level. The motivation for this study was to document leadership activities when collaborating with two local community organization’s boards through strategic planning. The leadership practice methods and resource tools were adapted from the Kansas Health Foundation Leadership Institute and the Kansas Public Health Leadership Institute. Systems Thinking and Practices of Exemplary Leadership models were woven throughout the strategic planning process for the two groups. (Attachment A: One example) Findings include the assumption that most organizations move at a different pace through a strategic planning process and reach different conclusions even when the same tools and timeframes are utilized. Having no cost technical support, concrete tools and documented successful strategic planning models assist in facilitating groups toward planning success and systems thinking communication. Other findings noted include that those boards/groups who meet during the day and have its members not working fulltime could expedite a strategic planning development and implementation process.*

Fathers: Do They Impact Public Health?

Dan Partridge, BS/RS

Abstract: *This project oversaw the development of community recruitment and expanded programming for a county fatherhood coalition. This included seeking grant funding for a fatherhood support group leadership position, as well as the formation of a task force of agency and community leaders. As a result, the group was able to gain memoranda of understanding for service provisions with community agencies. This represents a beginning in incorporating fatherhood programs within established community agencies.*

Development of an Integrated Clinical Laboratory Response to a Public Health Emergency

Sue A. Riley, CLS, NCA

Abstract: *Public Health Laboratories across the nation analyzed thousands of environmental samples for anthrax during the fall of 2001. The system was completely overwhelmed and it became painfully evident that the laboratory community at State and local levels was not prepared to cope with a mass public health emergency precipitated by terrorist or by one of many naturally occurring or emerging diseases. The Center for Disease Control and Prevention (CDC) needed State Public Health Laboratories to act as surge capacity facilities and those State Public Health Laboratories needed to be able to rely on each other. The National Laboratory Response network was established and the States' laboratories adopted methodologies and instrumentation that were consistent across the country. In addition to the gaps for environmental analysis, local clinical laboratories were not prepared to respond in concert or to support each other in a public health emergency or epidemic. The CDC and the Health Resources and Services Administration (HRSA) determined that a coordinated response plan was required in each state. This case study outlines the beginning of the clinical laboratory response plan within Kansas. Assessment of clinical capability and capacity, electronic communication and surveillance compliance is ongoing. The sustainability of adequate response capability requires the continuation of partnerships among laboratories that are also fierce competitors. An advisory team must be in place to perform as a consistent force in creating and maintaining a cooperative clinical laboratory response plan.*

Immigrant Women, Regardless of Legal Status, Need Access to Quality Prenatal Care Beginning in the First Trimester to Assure Healthy Outcomes for Mother and Baby

Cyndi Treaster, MSW

Abstract: *The Kansas Statewide Farmworker Health Program (KSFHP) has developed culturally competent health interventions in response to the health needs of the state's fast-growing Low German-speaking Mexican Mennonite farmworker population. This underserved population possesses unique health disparities due to linguistic, religious, and cultural values, which can be addressed only through innovative approaches. KSFHP conducted a health needs assessment survey of the farmworker population in 2003, which indicated prenatal care practices as a significant health disparity in this population. In response, KSFHP successfully lobbied the state health department to collect primary language data as a method of defining population subgroups. KSFHP also developed culturally competent Low German-language recordings on health topics such as prenatal care in accordance with the needs of the low-literacy Low German-speaking Mexican Mennonite farmworker population. A pilot program is in progress that offers additional outreach, health education, and interpretation.*

Increased Revenue for Local Health Departments in Kansas

Debbie Whitmer, ARNP

Abstract: *The goal of this project is to develop collaboration between local public health departments and potential funding sources (i.e., insurance companies) to optimize the revenue coming into local health departments through billing of clients' insurance companies for services provided by the local health department.*