

Cycle III Capstones

KPHLI Cycle III fellows completed the following capstone projects:

Health Day at the Capital: Fostering Collaboration and Active Roles in Policy Development

Sonja Armbruster, MAC – Sedgwick County Health Department

Abstract: Introduction: *The purpose was to organize, share leadership, and facilitate a KPHA Health Day at the Capital intended to foster partnerships and develop legislative relationships between health advocates, health leaders, and policy makers in an effort to address the core function of policy development. Method:* *The Community Change Model was used as an overarching conceptual theory to guide project development. A leadership team assessed community readiness and collaborated with health policy students to plan and publicize participation in a health fair, advocacy training, rally and legislative reception focusing on two audiences, public health practitioner/exhibitor/participants and members of the Kansas House and Senate. Hundreds of email contacts were made with practitioners using several list serves and electronic newsletters. Legislators were contacted via email and by two separate hand delivered invitations. Results:* *Health Fair exhibitor attendance doubled from the previous year with more than 40 vendors providing public health with a significant footprint on the Capitol on the last day of the legislative session. More than 50 people attended the rally, including three media outlets. Dr. Howard Rodenberg and Dr. Marcia Nielsen spoke at the rally. Governor Kathleen Sebelius signed a Public Health Week proclamation which was also read at the rally. All senators attended the reception as it fortuitously occurred during their break. Conclusion:* *Health fairs and rallies create opportunities for collaboration among public health practitioners, dialogue with legislators, and media attention to public health policy concerns. Advocacy training is needed to engage more practitioners and non-professional advocates, and this will require creative strategies to meet practitioner needs. This event should continue and be expected to have improved outcomes annually.*

The Public Health Investigation (PHI) Exercise: Enhancing Public Health Leadership, Strengthening Public Health Infrastructure

Cheryl Bañez Ocfemia, MPH - KDHE

Abstract: *Preparing for non-traditional public health events while simultaneously fulfilling the core functions of public health is a challenge in Kansas. When preparing and responding to any public health event, public health agencies must rely on public health leaders to (1) utilize surveillance and epidemiology to assess health problems and risks in the community, (2) develop plans and policies to address these health problems and risks, and (3) ensure an infrastructure that can implement the plans and policies developed to protect the public's health. Preparedness and response efforts also depend on public health leaders who establish effective communication and collaboration among partners.*

In February 2005, the Kansas Department of Health and Environment (KDHE) introduced the Public Health Investigation (PHI) preparedness exercise to assess local practices during a simulated infectious disease event. Sixty-five employees from six local health departments (LHDs) in central Kansas participated in the month-long, web-based exercise. Throughout the PHI exercise, participants submitted responses which described the public health activities that would be implemented at their LHD. Qualitative analysis was conducted on

the responses submitted, and the most commonly reported activity was communication and collaboration with internal and external partners.

The PHI exercise strengthened communication and collaboration among participants and encouraged the development of new partnerships. During an era of public health preparedness, the PHI exercise provides an excellent opportunity to enhance public health leadership and strengthen the public health infrastructure in Kansas.

Transition of Youth with Special Health Care Needs from Child-Centered to Adult Health Care Providers

Mary Ann Bechtold, RN, BSN, CCM - KDHE

Abstract: *This collaborative project with Kansas youth with special health care needs, parents, pediatric and adult health care providers focuses on the Maternal and Child Health Bureau's (MCHB) core performance measure: "All youth with special health care needs will receive the services necessary to make appropriate transitions to all aspects of adult life, including adult health care, work and independence" and the Healthy People 2010 overall goal of "increasing quality and years of healthy life and eliminating health disparities".*

National surveys, literature reviews and lessons learned from model states along with data from the 2006 Youth with Special Health Care Survey were incorporated in the capstone project to 1) raise the awareness of health care providers, families and youth regarding the objectives of Healthy People 2010 and MCHB for children and youth with special health care needs (CYSHCN) and the transition gaps existing; 2) enhance the services being provided to CYSHCN and to promote a smooth transition to adult-focused services by increasing the understanding of why transition planning is important; 3) ensure the health professional, family and adolescents will be able to detail action steps needed to promote adolescent self sufficiency and transition to adult service providers.

A transition poster outlining the why, when and how of transition issues with an attached resource handout was developed and placed in the CYSHCN sponsored clinics. A learning module was produced to promote competency and capacity building between professionals, families and CYSHCN.

Bridging the Gap Between Public Health, Mental Health and Primary Care in Women with Depression

Claudia Blackburn, BSN, RN, MPH, CPM – Sedgwick County Health Department

Marilyn Cook, MSW, LCSW – Comcare of Sedgwick County

Deborah Donaldson, MA, MBA, LCP – Sedgwick County Division of Human Services

Alex Reed, PsyD – Wesley Medical Center

Courtney Rowland, MD, MPH – KU School of Medicine-Wichita

Abstract: *Public health, mental health and primary care suffer from silo funding and a lack of integration. Historically, the shift in morbidity and mortality from infectious to chronic diseases led to a rift between clinical medicine and public health. Current trends in mental health provide an illustration of the inability of clinical medicine and public health to continue to operate independently of one another. The community mental health center system was originally intended to be financially self sufficient with federally qualified health centers serving as safety nets for primary care, including mental health. However, nationally now over 79% of mental health services are provided by community mental health centers. As funding and*

reimbursement for mental health is limited, collaboration among primary care, mental health and public health is needed to improve the quality of care for those with mental illness.

The desired outcome of the Bridging the Gap capstone is to create a local dialogue between public health, mental health and primary care professionals about care for women with depression in Sedgwick County. Five KPHLI scholars, representing the areas of interest, conducted focus groups in primary care, mental health and public health to determine common themes. Themes will be used to form an agenda for a dialogue among the three fields.

Qualitative data has been gathered from 14 focus groups and was analyzed for common themes. Results suggest the need for further collaborative efforts, reducing several barriers and increasing education efforts at several levels within the system.

The Role of Philanthropy in Addressing Health Disparities

Yvette Desrosiers-Alphonse, MPH – Sunflower Foundation

Abstract: *Health disparities are the burden of disease between communities or socio-demographically defined groups of people. They can arise as a result of limitations in access to medical care or other social resources, but might also arise from human perceptions or other daily factors. There have been national and state policies for improving health outcomes. The purpose of this project was to explore the role of philanthropy in addressing health disparities. Interviews were conducted with leaders from five foundations to assess the strategies and factors used to address health disparities. Funders indicated that in order to achieve the outcome of decreasing health disparities, they are looking for ways to make some sustained changes in policy, in specific systems, in public opinion – changes they believe will get things moving in the right direction, toward the desired outcomes. In the process of doing this work (or in some cases as a result of the process), these foundations are bringing more flexibility to what roles they play and what strategies they support.*

Is There Stigma in the Heartland? HIV/AIDS: A Snapshot of African American and Hispanic Women in Kansas

Kathy Donner – Arizona Department of Health Services

Abstract: *My capstone project will focus on HIV prevention issues in regards to stigma and high rates of HIV infection in African American and Hispanic women in Kansas. A survey method will be used to obtain information on attitudes around stigma from a community and individual prospective. The survey will be given out to African American Hispanic women by community leaders and community gatekeepers who have agreed to distribute the surveys. The surveys will be analyzed to determine the overall opinions, attitudes and views of the women as they pertain to HIV/AIDS issues throughout Kansas.*

A Comprehensive County Tobacco Education Campaign: Striving for a Tobacco Free Clean Indoor Air Ordinance

Marilyn Eccles, RS, BSE – Coffey County Health Department

Abstract: *This project addresses a focus area of the Healthy People 2010 public health infrastructure relating to tobacco use. A comprehensive educational campaign was designed with the assistance of the local Community Health Assessment Drug, Alcohol and Tobacco wellness committee members to instruct children and adults about the hazardous health effects of secondhand smoke and tobacco addiction. Once the citizenry was informed of the hazards of secondhand smoke and tobacco use, the group's goal was to obtain vital support from business*

owners, community leaders, parents, children and homeowners in the communities within Coffey County for a tobacco clean indoor air ordinance. The project provided an opportunity for the health assessment team members and the local health department to improve collaborative networking opportunities and incorporate related projects while working toward a common goal of improved health conditions for its residents. Policy development is the public health core function practice addressed with this project.

A Comparative Childhood BMI Study in One Rural Kansas County

Eileen Filbert, RN – Jefferson County Health Department

Abstract: *This research includes a study of Body Mass Index (BMI) measurement for 11 year old students (n=174) within a participating Jefferson County public school during the 2005-2006 school year. These same student's school entry assessments were used to determine their individual Body Mass Index measurement at school entry. Measurements were averaged by gender and age to provide each participating school with comparative information for their school. Data for all participating county schools was averaged by age and gender to provide each participating school the average county BMI rates for this group of 11 year olds. The schools were provided school and county specific data relative to increased percentage of risk for overweight based on BMI measurements. Results provided by the data were available for "community use" in the following two ways: 1) to determine policy or curriculum changes related to School Wellness program planning and development; 2) for distribution by the schools to community partners that were seeking funding sources for rural recreational centers within the rural county. This allowed the schools another means to enhance the school-community partnerships. This specific data is assisting local communities, as the rural communities of Jefferson County continue to find ways to increase physical activity within county residents of all ages.*

Development and Evolution of the Kansas Primary Care Safety Net System: A Historical and Prospective Analysis

Karla Finnell, JD – KAMU

Abstract: *45.8 million Americans were uninsured at some point in 2004, millions more lacked access to care, even if they had public or private health insurance. For the millions without health insurance, getting care means seeking out providers who are either personally committed or legally required to provide services regardless of a patient's ability to pay. Those with only catastrophic coverage and high deductibles, or the "underinsured" like the uninsured, frequently delay seeking care just as the uninsured do to unaffordable co-payments and deductibles. Those with Medicaid coverage also find it challenging to identify a provider who will accept their insurance.*

One means of creating access has been the development of health care safety net clinics. Nationally, and in Kansas, health care professionals willing to provide care to the uninsured and underserved form a loosely knit safety net system. It consists of a mix of people and institutions including hospital emergency departments, public hospitals, community health centers, free clinics, and private physicians' offices. The financing of this system is equally varied and reflects a range of funding sources, such as federal, state, and local funding, federal community health center grants, and philanthropic contributions, and contributions from patients.

Health centers represent only one component of the health care safety net but are a pivotal player in this complex web of providers and financing mechanisms. The program has

structural components that have proven to be an effective means of increasing access and reducing health disparities. This paper will discuss the evolution of the community health center model of care and the safety net system in Kansas, and analyze the potential for further development and evolution in Kansas.

Outcomes:

- 1. Obtain a historical retrospective of the primary care safety net clinics in Kansas from a literature review and stakeholder's interviews;*
- 2. Access the current status;*
- 3. Analyze the opportunities for future development;*
- 4. Increase the knowledge and awareness of the role of community health centers and safety net clinics in Kansas.*

Policy and Program Revisions to the State Grant Program for Community Based Primary Care Clinics

Barbara Gibson, BS, MS – KDHE

Abstract: *The 2006 Kansas Legislature appropriated a total of \$3,270,840 to the Kansas Department of Health and Environment (KDHE) permitting new grant awards or expanded grants to the state's primary care clinics. Of the total amount, \$750,000 was targeted to support operation of clinic-based prescription drug assistance programs and 340B pharmaceutical purchasing programs in federally qualified health centers (FQHC). With expanded funding, new applicants were invited to submit proposals for support and current grantees were allowed to submit plans for expansion.*

The 2007 funding cycle was the first occasion that applications were reviewed competitively since the establishment of the program in 1991. Program policies and application procedures were revised to facilitate the evaluation of applications, to streamline administration of the program, and to respond to the increased visibility that the new money brought to the fifteen year old program.

*The paper discusses the development of new or revised program materials, grant program objectives, application guidelines, review criteria, and reporting instructions. The research approach is based upon methods developed to conduct **action research** by practitioners engaged in social change, organization theory, public policy and higher education. Activities during the project included gathering information, conducting meetings to receive input, preparing recommendations, building consensus, and obtaining Agency approval for recommended policy and program changes. The activities discussed began in January, 2006 when revised application instructions were distributed and were concluded on July 1, 2006, corresponding with the beginning of the state fiscal year. A plan for developing additional grant application guidelines is presented. Deadline for grant program revisions for the next fiscal year is November, 2006.*

Increasing Cultural Competency and Access to Mental Health Services through Collaboration between Mental Health, Public Health and Primary Care

Renee Hively, RN, BSN – Flint Hills Community Health Center/Lyon County Health Dept.

Abstract: *To strengthen the ability of Lyon County Health Department/Flint Hills Community Health Center to develop and deliver strong health education messages that promote the connection between physical and mental health, increase the understanding of mental illness, increase the willingness of racial and ethnic minorities to seek care, and strengthen the ability of*

private sector primary care providers to screen for mental health issues and respond with appropriate treatment interventions.

Communicating Public Health

Sherry Houston, LBSW – Harper County Health Department

Ladonna Reinert, RN – Lincoln County Health Department

Abstract: *This project addressed the need to develop a consistent statewide message to promote public health services to the general public and policy makers.*

Project staff partnered with the Kansas Association of Local Health Departments (KAHLD) Grant Project called, “Communicating Public Health to Policy Makers” to address this issue. A facilitated brainstorming session was held to identify and develop a message with case examples to support the message. Surveys were conducted to obtain information from local health departments across the state regarding the message formats that would be most effective and beneficial for use in the local communities. The surveys were also a tool to inform local health departments of the KALHD project and to encourage participation in the development and use of the message when the grant project is completed.

The project staff also participated in presentations at the 2006 Governor’s Public Health Conference and the KALHD Mid-Year meeting in Wichita. “Healthy People Build Strong Communities,” is the message that was developed and presented at the conferences. Educational materials will be developed around this message and local agencies will be able to utilize their own case examples and office information in the materials.

As funding for public health service agencies continues to compete with other government funded projects, it will be essential for public health providers to speak clearly, concisely, and confidently in a consistent voice about the importance of public health to their communities and the health of the world. A central message to identify the role of public health services to the health of populations from the local to the state and national levels will be critical to sustain and enhance support, legislation and funding for essential public health services.

A Leadership Summit for Healthy and Prepared Schools

Bob Hull, BA, MS, EdD – Olathe Unified School District

Terri Ploger-McCool, MS, MEP – Kansas Division of Emergency Management

Jerry Tenbrink – KDHE

Abstract: *Our capstone project was to conceive, plan, and implement a leadership summit exploring how Kansas schools can be better prepared for crisis events and be a healthier place for students and staff. Our capstone was a collaborative project with its participants coming from education, health, and homeland security agencies.*

After a series of meetings, the Kansas Health Foundation graciously informed us they would underwrite the financial cost of the summit. We decided to hold the summit in Topeka in July, which was the time the highest percentage of invitees could attend.

Knowing how critical the role of the facilitator is to the success of the summit, we carefully reviewed potential candidates. Our unanimous choice was Marla Flentje. Our next task was to convince Marla she needed to be the facilitator. Thank goodness she agreed to this vitally important role and performed well beyond the call of duty.

The summit was successfully held on July 11 at the Kansas Historical Museum in Topeka. Approximately 30 leaders from the state attended. General Tod Bunting and Assistant Secretary Doug Farmer welcomed and helped set the time for the day.

At the summit, the need, the challenges, and the opportunities for providing better prepared and healthier schools were presented. Ms. Shirley Orr, Director of Local Health, KDHE, concluded the summit.

The unanimous conclusion of the summit was to prepare and send to Governor Sebelius a recommendation to create a commission on prepared and safe schools. The General and the Assistant Secretary (KDHE) agreed they would carry the recommendation to the Governor. The team of Hull, Ploger-McCool, and Tenbrink wrote the proposal for the Governor's consideration.

During the first week of October 2006, we received word from the Governor she had read and loved the proposal. She created Executive Order 06-12 creating the Commission. At the time of this writing, the Governor's appointment secretary is reviewing applicants to serve on the Commission. We are hopeful Dr. Hull will serve as a member and Jerry Tenbrink and Terri Ploger-McCool will serve as staff to the Commission.

Emotional, Developmental, and Behavioral Health of Kansas Children and Adolescents and Their Families

Jamie Kim, BS, MPH – KDHE, Bureau for Children, Youth & Families

Abstract: *This project provides baseline estimates for measuring changes in behavioral and mental health in children and adolescents. One of the priorities selected in the Kansas Maternal and Child Health five-year needs assessment (2000-2005) was to improve the behavioral and mental health of children and adolescents. Activities to address this priority need were initiated in 2000 and the priority will be continued through 2010. Kansas data from the 2003 National Survey of Children's Health was analyzed (n=1,849). Over six percent (6.4%, est. 44,191) of Kansas children ages 0-17 years had emotional, behavioral, or developmental problems (EDB). The most commonly diagnosed problems among Kansas children were learning disabilities (9.3%), attention-deficit/hyperactivity disorder (ADD/ADHD) (7.2%), and depression/anxiety (5.6%). About one in 300 Kansas children was diagnosed with autism. Kansas children with EDB had lower self-esteem, more depression and anxiety, more problems with learning, missed more school, and were less involved in sports and other community activities than Kansas children without EDB. Their families experienced more difficulty in the areas of employment, parent-child relationships, and caregiver burden. A compelling picture is drawn when comparing Kansas EDB children with those of the entire U.S. The reported percent of Kansas Black (non-Hispanic) children with EDB (2.5%) was lower than the percent for U.S. Black (non-Hispanic) children with EDB (16.2%). Kansas families were more likely to have two adults at home than U.S. families. Kansas families were more likely to be better educated than U.S. families. Kansas preschoolers with ADD/ADHD are about 2.5 times more likely to be given medications than U.S. preschoolers with ADD/ADHD. Kansas families with EDB children were more likely to have public insurance and less likely to have private insurance coverage compared to U.S. families with EDB children. The baseline estimates can provide critical information regarding the impact of Kansas children's EDB on their families and communities and may be useful for professionals in understanding the extent of the problem.*

Participatory Research as a Tool for Studying the Kansas Environmental Health Disaster Preparedness Training Initiative

Jerry McNamar, MSc, MPH, RS – Barber County Environmental Services

Abstract: *In recent years the nation has seen an increase in the use of Community Based Participatory Research (CBPR) projects. CPBR presents an alternative to traditional academic research methods by engaging active and equal partnerships between the public, practitioners and policy makers. In states like Kansas, CPBR provides the opportunity for local communities to enhance our knowledge of environmental health interventions. Such a process was used successfully to address the lack of local environmental health preparedness for disaster response in the South Central Kansas Homeland Security Region (SCHS).*

Learning the Incident Command System through a Point of Dispensing (POD) Training and Exercise

Cindy Mullen, BS – West Central Public Health Initiative

Abstract: *This project will provide a tool for local health departments to utilize in order to achieve a better understanding of the Incident Command System through an awareness/educational training for a Point of Dispensing (POD) site and an extension of that training that would suffice for Just in Time Training for POD staff and volunteers.*

Open Access at Hunter Health Clinic: Doing Today's Work Today

Susette Schwartz, JD – Hunter Health Clinic

Abstract: *This project demonstrates the implementation of Open Access at Hunter Health Clinic, a Community Health Center in Wichita, Kansas with an active patient base of 25,000 served by 10 primary care providers. Open Access, also known as Advanced Access, is a redesign of the clinical office to improve care delivery: no delay i.e., do today's work today, no back-log of unmet demand, the patient's cycle time through the clinic is optimally short and each visit value is maximized.*

Open Access has been successfully implemented in medical clinics around the world. Due to its patient base consisting of 76% uninsured, 73% below poverty, 26% best served in a language other than English and 9% homeless; however, Hunter Health Clinic will face the challenge of ensuring that (a) improved access for some does not come at the expense of diminished access for any subset of its patient population, and (b) financial stability is maintained.

This project will demonstrate the implementation of Open Access in a Community Health Center setting. With a deliberate shift from working with appointment back-log to having a number of same-day appointments available each day, pre- and post-implementation data will demonstrate project effectiveness.

Outcomes:

- 1. Implement Open Access at its main inner-city clinic site*
- 2. Decrease no show rate, wait time and next available appointment time*
- 3. Increase capacity to meet "new patient" demand*
- 4. Increase patient, provider and associate satisfaction*
- 5. Collect pre-and post-data and provide lessons learned.*

Transformation and Change in American Healthcare

Ira Stamm, PhD, ABPP – Independent Consultant

Abstract: *The American healthcare system is in crisis. 45.8 million Americans are uninsured – among them are 9 million children. For those with insurance there appears to be no end to premium increases. Corporate America maintains that it can no longer compete in the global*

marketplace if it needs to pay for employees' healthcare. America spends more per capita on healthcare than other nations – yet access to healthcare ranks below other nations.

This Capstone Project exams different parameters of the healthcare system from the transparency of health care costs and quality to the impact of the Internet and Health Savings Accounts. The Project looks at the innovative programs of the Massachusetts Insurance Plan and the Veteran's Administration Healthcare System. It offers suggestions what might be done to fix the system. These include a program of universal coverage funded by the private and public sectors and a renewed emphasis on prevention as something that is good for people and that also reduces health care costs. The Project concludes with a specific proposal for universal health insurance for all Americans.

Asylum to Spa: A Proposed Mental Health Rehabilitation Plan

Earlene Stover, RN, BSN – Reno County Health Department

Abstract: *Asylums for the mentally ill existed years ago. The word “Bedlam” meaning “a state or situation of confusion” is derived from the connotation of the horrible conditions at the “Bedlam,” or Bethlehem Royal Hospital, the world's oldest institution housing people with mental disorders. However, years ago some nurturing, spa-like settings were also established to promote healing for mental illness. Some examples are: Friend's Hospital, established by Benjamin Rush near Frankfort, Pennsylvania in 1813; and Gould Farm, established in Monterey, Massachusetts in 1912. Belief in “moral psychology” and “divine principle,” a Quaker tenet, inspired Rush. For Will Gould, a social reformer of the time, there was the vision for emotional rehabilitation, based on his words, “principles of respectful discipline, wholesome work, and unstinting kindness.” In 1961, the shift was away from the idea of the captivating setting, and Community Mental Health Centers were established. Along with this came disparity of care depending on funding along other available resources at the local level. Disjointed care or lack of care altogether could contribute to poor quality of life among some mentally ill—all too often leading to homelessness and jail sentences. The “Asylum to Spa” plan addresses the core functions in public health of assessment and policy development as it focuses on existing mental health programs that serve to captivate, correct and bring relief. The proposed model in Kansas occurs in a nurturing, nature-type setting and provides the following elements in a structured day: promotes medication compliance; offers stimulating activities such as art, music, horticulture therapy, etc.; traditional therapies as well; diet and exercise; meaningful work; volunteerism; outlet for social life; spiritual renewal; and hope and support. Also, there is mention of ways for cost-effective operation. Of the nation's 10 most pressing issues, “Asylum to Spa” addresses mental health and barriers to access of this facet of health care, as well as proposes a solution.*

J-1 Waiver: A Possible Solution for Physician Recruitment for Rural Federally Qualified Health Centers

Vada Winger, BSN, MSM, RN – United Methodist Mexican-American Ministries

Abstract: *Physician recruitment is difficult in rural areas. Several reasons make physician recruitment even more difficult for Federally Qualified Health Centers (FQHC) that are located in rural areas. Finding a source of physicians interested in serving in FQHCs is critical to maintaining good patient care and access. Foreign physicians that are pursuing graduate studies in the United States are being used as J-1 Visa Waiver physicians in many places. This study is to learn about this process and learn if it would be practical for this setting.*