KPHA POLICY Position Papers

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Active Communities by Environmental Design

The Kentucky Public Health Association supports the position that changes in the built environment are needed to make communities more livable and the citizens physically active. These changes are essential elements to reduce the obesity epidemic.

Physical inactivity causes numerous physical and mental health problems, is responsible for an estimated 200,000 deaths per year, and contributes to the obesity epidemic. Among preschool children and adolescents, obesity has doubled since the 1970s. The percentage of obese children 6 to 11 years old has tripled.

The design of our communities affects people’s ability to reach the recommended 30 minutes each day of moderately intense physical activity (60 minutes for youth). The CDC determined that improving and creating environments that promote more activity can result in a 25% increase in the percentage of people who exercise at least three times a week. Forty three percent of people with safe places to walk within 10 minutes of home met the recommended activity levels, while just 27% of those without safe places to walk were active enough. An analysis of studies in six communities found that on average, residents in highly walkable neighborhoods took twice as many walking trips as people in less walkable neighborhoods. Most of the increase was due to walking for errands or to go to work. People who live in neighborhoods with a mix of shops and businesses within easy walking distance have a 35% lower risk of obesity. Walkable communities give residents a variety of destinations within walking distance of home, and safe and connected streets and pathways to get there.

There is a science to building communities that promote physical activity and community connections. Active, friendly environments include: mixed land use, sidewalk connectivity, well designed streets, destinations for walking and biking, and a safe environment. Pedestrian master plans outline the framework of a local pedestrian network and identify improvements that will enhance the pedestrian environment and increase opportunities to choose walking (with and without assistive devices) and biking as modes of transportation. Pedestrian master plans include initiatives such as Rails to Trails, which involves converting unused railroad tracks into pedestrian walking and biking paths. The goal of a pedestrian master plan is to encourage walking and biking as the preferred modes of transportation.

The Kentucky Public Health Association supports the creation of pedestrian friendly environments that encourage physical activity for all age groups. Development of pedestrian master plans is a key strategy that Kentucky communities should take as a first step toward making an environment active. Walkable community concepts should be embraced by public health advocates and should be a part of the daily work that residential and commercial developers use. Planning boards should have a good working knowledge of active community principles. Planning and zoning codes should include provisions for sidewalks and bike paths. Along with policy changes, immediate modifications to the built environment that are not as complex or expensive as retrofitting an entire community should be made in local communities. Some of these changes include bicycle parking, curb ramps, crosswalks and features that slow traffic, making it easier and safer to walk or bike.

Approved by Board of Directors December 13, 2006
References


8 Community Design, Active Living and Public Health; http://www.lgc.org/freepub/land_use/presentation

9 Federal Highway Association; http://www.fhwa.dot.gov/environment/sidewalk2/sidewalks203.htm#sta


Position Statement
(2006-2007)

Preserving Local Control of Public Health Laws

The Kentucky Public Health Association (KPHA) supports local control as a powerful tool that allows communities to adopt laws and find locally appropriate solutions for protecting the health of the public. Local standards are easier to enforce because they emerge from local discussion and education about what works best for that community. The Kentucky Public Health Association opposes any legislation that denies local governments the authority to protect the public health.

Many Kentucky communities have passed, or are considering, local laws and regulations addressing tobacco-related health issues. Tobacco use is the single most preventable cause of death. Kentucky leads the nation in the percentage of adults who currently smoke at 28.7%, while Utah had the lowest percentage at 11.5%. Kentucky also leads the nation in tobacco-related deaths with nearly 8,000 Kentuckians dying each year because of tobacco use. More than 3,000 of those tobacco-related deaths result from lung cancer. Tobacco smoke contains more than 4,000 chemicals, and 43 of these chemicals are carcinogens.

Exposure to secondhand smoke causes heart and lung disease and excess deaths, and triggers asthma, pneumonia, and bronchitis in children. Local laws or regulations to protect against secondhand smoke exposure in public places and workplaces are recommended as highly effective public health measures. Secondhand smoke is similar to the mainstream smoke inhaled by the smoker in that it is a complex mixture containing many chemicals (including formaldehyde, cyanide, carbon monoxide, ammonia, and nicotine), many of which are known carcinogens.

The 2006 Surgeon General’s Report concludes, “Scientific evidence indicates that there is no risk-free level of exposure to secondhand smoke” and that “eliminating smoking in indoor spaces fully protects nonsmokers from exposure to secondhand smoke.” This recent report reviews the scientific evidence on secondhand smoke and ends the debate on whether or not secondhand smoke is harmful. It is harmful and the danger can be eliminated only when indoor smoking is eliminated.

For these reasons, the Kentucky Public Health Association (KPHA) supports complete, local control for communities in Kentucky to adopt laws or regulations to protect the health of their citizens. KPHA opposes any state legislation that preempts local control for protecting public health.

Approved by Board of Directors December 13, 2006
References


Position Statement  
(2006-2007)

National Public Health Performance Standards

The Kentucky Public Health Association supports the use of the National Public Health Performance Standards by the Kentucky Department for Public Health to assess the state public health system, local health departments to assess the local public health system and by local and district boards of health to assess the local health department.

The National Public Health Performance Standards (NPHPS) provide a common framework for measuring performance and defining the optimal level of public health practice. The NPHPS will provide public health practitioners with specific information on areas for improvement. In addition, the standards will provide objective data for guiding the development of health policy and provide information to decision-makers for effective resource management.

Initiated in 1998, the NPHPS is a collaborative effort of seven national public health organizations. The standards are framed around the Essential Public Health Services that are the basis for the Kentucky Core Public Health Act (SB 199, 2004) and the “Operational Definition of a Functional Local Health Department.” Since the release of the standards in 2002, the assessments have been used in numerous states localities. Field tests and validity studies were conducted by the University of Kentucky in 2001-02. Additional statistical analysis using data from the initial versions of the local instrument confirmed statistical relationships with institutional characteristics of local public health systems such as population, agency staffing spending levels and measures of population health status. The NPHS are currently being updated to be current with optimal standards and simplified for easier administration.

The benefits of implementing public health performance standards include: improved accountability; better resource deployment; enhanced capacity building for community, state; widespread use of best practices; and greater focus on mission and goals. The NPHPS will prepare the state, LHDs and Boards of Health for a proposed national accreditation program based on the Essential Public Health Services. For these reasons, the Kentucky Public Health Associations supports promoting the use of the National Public Health Performance Standards Program by the Kentucky Department for Public Health, local health departments and local and district Boards of Health in Kentucky.

Approved by Board of Directors January 17, 2007

1Centers for Disease Control and Prevention, American Public Health Association, Association of State and Territorial Health Officials, National Association of County and City Health Officials, National Association of Local Boards of Health, National Network of Public Health Institutes, and the Public Health Foundation.


Position Statement

(2006-2007)

Electronic Reporting Infectious Disease Surveillance

The Kentucky Public Health Association supports all efforts of the Federal Departments of Health and Human Services (HHS), Homeland Security (DHS), the State Health Departments and public health professionals in providing leadership, coordination, and support for state and community infectious disease surveillance programs.

Following the tragic events of September 11, 2001 and the intentional release of anthrax in October and November of that year, disaster preparedness for Pandemic Infections and bioterrorism weapons of mass destruction (BWMD) has become and remains a high priority for all levels of government and much of the private sector. Assuming that an event will take place, the public health system is the keystone of an effective common integrated electronic surveillance detection and biodefense medical countermeasures response system for biological disasters whether natural occurring or the result of an act of terrorism.

The first critical component of this biodefense is an effective surveillance capability. An integrated electronic surveillance system for detection of sentinel cases, utilizing rapid valid confirmatory lab tests, are vital to control of the spread, rapid immunization with an efficacious vaccine, and employment of all localization, therapeutic, supportive and palliative efforts.

In light of the growing requirements for Electronic Health Records (EHR) and electronic surveillance systems to facilitate the required real time identification of biological disasters whether natural occurring or the result of an act of terrorism, a common electronic reporting system must become a reality in the near future to adequately address these threats. This integrated electronic surveillance reporting system would be the most effective means of gathering real time data, but must be available in every clinician’s office, inpatient and outpatient setting (not just regional sentinel sites). In order for compliant timely reporting that is not burdensome for the medical practitioners or their office staff, the systems must use passive collection of common diagnostic codes accessible to State Health Department for real time analysis.

However, common integrated electronic surveillance reporting and communication systems, leadership and coordination are often lacking at the local and state level. Public health departments are the logical entities to provide leadership and coordination because of their broad mandate to protect public health utilizing a population-based focus.

The Kentucky Public Health Association calls upon the State Executive and Legislative Branches, all boards, administrators and staff of county and district health departments to place a high priority on the development and deployment of effective integrated electronic disease surveillance systems throughout the Commonwealth as the first critical component of an effective biodefense against pandemic infections and BWMD. The Kentucky Public Health Association also calls upon the state to provide adequate funding for these needed surveillance systems based upon a thorough cost-benefit analysis, without reducing funding for other essential public health services.

Approved by Board of Directors February 14, 2007
Position Statement
(2006-2007)

Cervical Cancer Prevention: The HPV Vaccine

Kentucky has one of the highest incidence rates of cervical cancer in the nation (10.3 per 100,000 vs. 8.7 per 100,000). Certain parts of Kentucky bear a substantial part of this burden. For example, the incidence rate of cervical cancer in Harlan County is 21.2, more than twice the national average. Kentucky also has one of the highest mortality rates from cervical cancer (3.2 per 100,000 vs. 2.7 per 100,000). Although the mortality rate from cervical cancer in Kentucky has declined, an average of 73 women still die each year from cervical cancer in the Commonwealth.

The most significant risk factor for developing cervical cancer is the human papillomavirus (HPV), a common sexually transmitted disease. There are more than 100 known types of HPV. Most strains are benign and resolve without treatment. However, HPV types 16 & 18 tend to persist and are associated with the development of cervical cancer. Together, HPV types 16 & 18 cause approximately 70% of cervical cancers.

Preventive strategies for cervical cancer include modification of risk factors and cervical cancer screening (consisting of routine PAP and HPV DNA testing). However, current estimates suggest that 50% of women diagnosed with cervical cancer have never had a PAP test and another 10% have not had a PAP test in the past 5 years. The development of a new vaccine against HPV, Gardasil, offers an additional option for preventing cervical cancer. This vaccine has been shown to be almost 100% effective in preventing precancerous cervical changes from HPV types 16 & 18.

In Kentucky and across the nation, it is vitally important to engage the public in cervical cancer prevention strategies. The Kentucky Public Health Association supports efforts to put an end to cervical cancer. As public health officials, we support: advocacy for funding to increase the accessibility and affordability of the HPV vaccine; improvement of public awareness and acceptance of the HPV vaccine; promotion of protective sexual behaviors, especially in adolescents and young adults; emphasis on the importance of regular cervical cancer screenings; and the removal of barriers so that all women, regardless of socioeconomic or insurance status, have access to preventive measures.

References


Approved by Board of Directors February 14, 2007
Position Statement
(2006-2007)

Pasteurization of Raw Milk

The Kentucky Public Health Association supports mandatory pasteurization for all milk and milk products offered for sale or public consumption by an approved and permitted facility that complies with all state and federal and local regulations. Since raw milk may contain human pathogens, the consumption of raw milk and raw milk products increases the risk of gastrointestinal illness due to the likelihood that it may contain infective doses of human pathogenic organisms. The only proven method demonstrated to be reliable in reducing the level of human pathogens in raw milk and raw milk products is the use of an approved pasteurization process. However, cheese may be made from unpasteurized milk as the cheese is cured at a temperature of not less than 35 degrees F. for not less than 60 days.

The pasteurization process allows milk to be heated to certain temperatures for a controlled amount of time to allow the destruction of certain harmful organisms that may affect individual health. These organisms are of particular concern for the young, elderly and people with a compromised immune system.

Raw milk has been known to be a vehicle for disease organisms for more than 100 years. Data and documentation support that raw milk and raw milk products may contain the following organisms: Campylobacter, Salmonella, E. Coli, Yersinsia, Listeria, Mycobacterium, Brucella, Staphylococcus, Coxella and Cryptosporidium.

Since the 1980's cases of raw milk-associated campylobacteriosis have been reported in Arizona, California, Colorado, Georgia, Kansas, Maine, Montana, New Mexico, Oregon and Pennsylvania. In December of 2005, 18 people in Washington and Oregon, mostly children were infected with E.Coli due to consumption of raw milk form a Washington state dairy. Symptoms from the bacteria include, bloody diarrhea, kidney failure, vomiting, severe headaches, high fevers, tuberculosis, pneumonia, meningitis, blood, heart and liver infections and in some cases miscarriages.

The hazards of raw milk consumption are recognized by most states. Raw milk sold through commercial channels for human consumption is illegal in all or part of 42 states. Public health organizations such as the Association of Food and Drug Officials, the U.S. Animal Health Association, the National Association of State Public Health Veterinarians, the Council of State and Territorial Epidemiologists, the American Academy of pediatrics and the House of Delegates of the American Veterinary medical Association have adopted policy statements that milk for human consumption should be pasteurized.

As public health officials, it is our duty and responsibility to enforce existing regulations and to ensure future regulations will protect and provide a safe food supply.

Approved by the Board of Directors January 17, 2007

References related to this subject may be found in the following sources:

- Dairy Division of National Association of State Departments of Agriculture Raw Milk Survey-November, 2004
- Neil Chamberlain’s Medical Microbiology Website http://www.kcom.edu/faculty/chamberlain/
Position Statement
(2006-2007)

COLORECTAL CANCER SCREENING PROMOTION

The Kentucky Public Health Association supports the goals of Healthy People 2010 addressing colorectal cancer. These two goals are: to reduce mortality from colorectal cancer, and to increase the proportion of adults who receive a colorectal cancer screening examination.

Recognizing that colorectal cancer is the nation’s second leading cause of cancer mortality when totals for males and females are combined, and that colorectal cancer claims more lives in Kentucky than any other malignancy except lung cancer, the Kentucky Public Health Association supports increased awareness and availability of early screening and detection. According to data from the Kentucky Cancer Registry and SEER data, colorectal cancer incidence in Kentucky is 60.2 while the US incidence is 52.0. The age adjusted colorectal cancer death rate in Kentucky for 1997-2001 was 23.2 per 100,000 population, compared with a national average rate of 20.5 per 100,000, according to a report by the Kentucky Cancer Consortium. The American Cancer Society estimates that wider screenings for colorectal cancer could cut colorectal cancer cases and deaths in half. Earlier screening and intervention would decrease the disparity in the incidence and mortality for Kentucky.

Barriers to early detection and screening include lack of health insurance, inadequate coverage of colorectal screening, availability of screening and diagnostic services due to inadequate reimbursement for preventive care, a limited amount of physicians who provide endoscopies in certain geographic areas, and most of all public awareness related to the importance of regular screening.

Existing medical technology can detect signs of colorectal cancer at the polyp stage long before it becomes deadly with several effective screening methods as listed in the American Cancer Society Cancer Screening Guidelines for 2006. Average risk individuals including both males and females, and all races are encouraged to participate in screening by one of these methods beginning at age 50. Higher risk individuals who have a history of close relatives such as father, mother, brother or sister are encouraged to begin screening earlier.

Additionally, the Kentucky Public Health Association supports the specific objective of Healthy Kentuckians 2010, the Kentucky Cancer Consortium and the KY Comprehensive Cancer Plan which states, “By June 2010, (a) Increase to at least 35%, the proportion of adults ages 50 and above who have received fecal occult blood testing within the preceding one to two years and (b) Increase to 40% those who have ever received a sigmoidoscopy or colonoscopy. The Healthy Kentuckians Mid Decade Status report shows that (b) was achieved at 47.2%, but (a) lags behind the target at 24%.

The Kentucky Public Health Association, in collaboration with other public and private organizations and agencies serving those with cancer and the general population support the following recommendations:

- Urges insurers and employers to remove barriers to colorectal screening and related diagnostic workup by providing full coverage without co-pays or deductibles for all of the updated screening options recommended by the American Cancer Society, the Consortium of Gastroenterology Societies, and the U.S. Preventive Services Task Force (USPSTF)
- Urges state and local health departments to promote colorectal screening to their client populations
- Support improved primary care and continued education of public health professionals to promote preventive screenings.

Approved by Board of Directors February 14, 2007
References


The Kentucky Cancer Consortium A Plan In Action, A Progress Report From the Kentucky Cancer Consortium, August 2006

Healthy Kentuckians 2010: Mid-Decade Review, pages 262-263.

Kentucky Cancer Action Plan at www.kycancerc.org

http://www.ker.uky.edu/

http://statecancerprofiles.cancer.gov/cgi-bin/quickprofiles/profile.pl?21&020#incidence

http://progressreport.cancer.gov

http://cancercontrolplanet.cancer.gov

http://www.ahrq.gov/clinic/3rduspstf/colorectal/
2007 RESOLUTION # 1

Physical Activity for Children and Adults

WHEREAS, the American Heart Association, the Centers for Disease Control and Prevention, Healthy People 2010, and the Kentucky Nutrition & Physical Activity State Action Plan 2005 name PHYSICAL ACTIVITY as a leading health indicator; and

WHEREAS, regular physical activity reduces the risk for heart attack, helps control weight, reduces chronic disease such as: colon cancer, diabetes, and high blood pressure, reduces falls in older adults, reduces symptoms of anxiety and depression, and can help people avoid developing functional limitations; and

WHEREAS, obesity among adults in Kentucky has more than doubled since 1990 and has stayed steadily above the national level for each year, and:

- Only 33.8% of adults in Kentucky get the CDC's recommended 30 minutes of moderate physical activity five or more days per week or vigorous physical activity for 20+ minutes three or more days per week
- 35% of Kentucky adults are physically inactive compared to 27% of adults nationwide,
- About 8% of Kentucky boys and 13% of girls are physically inactive
- Only 35% of Kentucky High School students report being in a physical education class compared to over 51% nationwide
- 31% of high school students watch three or more hours of TV each day---an indicator of physical inactivity; and

WHEREAS, the public health community has the ability and opportunity to positively influence physical activity behaviors of their patients and to work with their community schools to assist in this effort; now, therefore, be it

RESOLVED, that the Kentucky Public Health Association supports legislation to mandate daily physical activity in public schools.

Approved by Board of Directors February 14, 2007
References


Mandatory Reporting of Healthcare-Associated Infections

The Kentucky Public Health Association supports mandatory public disclosure of healthcare-associated infections (HAI). The Kentucky Public Health Association promotes the use of information regarding HAIs to guide and advance infection prevention programs in healthcare facilities. Mandatory reporting of healthcare-associated infections will provide consumers with the information they need to make educated choices about healthcare, give healthcare agencies the needed impetus to focus on preventing healthcare-associated infections, and prevent unwarranted illnesses and death.

The Institute of Medicine\(^1\) reported that 44,000 to 98,000 deaths per year were caused by medical errors and healthcare-associated infections (HAI) resulting in a cost of 17 to 29 billion dollars. Since that time, other organizations have reported the significance of HAI.\(^2\) Four types of infections account for 80 percent of HAIs: urinary tract infection, surgical site infection, bloodstream infection, and pneumonia.\(^3\) Surgical site infections, an infection of the surgical incision or organ space where the surgery occurred, account for more than 30 percent of all HAIs.

Considering that approximately 42 million patients have surgery each year and 5 percent of all hospitalized patients contract an HAI, this is an overwhelming statistic.\(^4\)

Several states have responded by passing legislation requiring mandatory reporting of HAIs. The first states to require mandatory reporting were Illinois and Pennsylvania in 2003, with Minnesota and Florida following closely behind in 2004. Virginia became the first state in 2005 to enact a bill requiring mandatory reporting of healthcare associated infection rates. A similar bill was introduced into the general assembly of the state of Kentucky in February, 2005.\(^5\)

The following national organizations support mandatory public reporting of healthcare-associated infections: Society for Healthcare Epidemiology of America\(^6\), Association for Professionals in Infection Control and Epidemiology\(^7\), and Consumers Union.\(^8\) Credentialing organizations have established standards as an effort to correct the problem, e.g., Joint Commission on Accreditation of Healthcare Organizations.\(^9\)

The Kentucky Public Health Association supports legislation for mandatory reporting of HAIs in Kentucky. The Kentucky Public Health Association realizes that there is currently no standardized system for collecting, analyzing, comparing, and publicly reporting infection data from hospitals and that we do not know how public reporting of infection data will impact the quality of patient care or affect consumers and hospitals.\(^10\) Members of any appointed task force should develop and implement a public reporting system based on the CDC’s Advisory Committee document, “Guidance on Public Reporting of Healthcare-Associated Infections”\(^11\) and collaborate with other appropriate organizations and agencies to implement appropriate systems to provide meaningful information for consumers and healthcare facilities.
Policy Position Paper 2006 #3
Core Public Health Curriculum for Public Health Workforce Development

The Kentucky Public Health Association supports the decision that a core public health curriculum for public health workforce development should be implemented for all current and future employees of the Department of Public Health and local health departments in Kentucky.

In 1994 the Core Public Health Functions Steering Committee comprised of representatives from US Public Health Services and other prominent public health organizations created a basic framework of Essential Services. These Essential Services then provide the fundamental framework for the National Public Health Performance Standards Program (NPHPSP) instruments, by describing the public health activities that all communities should undertake. The Essential Services provide a working definition of public health and a guiding framework for the responsibilities of local public health systems. These include: monitor health status to identify and solve community health problems, diagnose and investigate health problems and health hazards in the community; inform, educate, and empower people about health issues; mobilize community partnerships and action to identify and solve health problems; develop policies and plans that support individual and community health efforts; enforce laws and regulations that protect health and ensure safety; link people to needed personal health services and assure the provision of health care when otherwise unavailable; assure...
competent public and personal health care workforce; evaluate effectiveness, accessibility, and quality of personal and population-based health services; and research for new insights and innovative solutions to health problems. The Kentucky Department of Public Health states objectives for Healthy Kentuckians 2010 are to: increase to 100% the number of local health departments that use competencies for their workers into the public health personal system, and, to increase by 10% the number of public health agencies that provide continuing education and training to 100% of their employees to further enhance performance of the essential public health services.

With the rapidly evolving healthcare system all public health workers need a continuous comprehensive source of continuing education and training. Although several disciplines (nurses, physicians, dieticians, nutritionists, sanitarians) require continuing education for licensure, the continuing education and training should extend to all public health workers regardless of certifications, licensures, or accreditations. State and local health departments need to ensure the access and availability of continuing education and training to the entire public health workforce. The Kentucky Department of Public Health stated in Healthy Kentuckians 2000, Kentucky did not have a specific focus area on public health infrastructure.

The Kentucky Public Health Association supports public health expansions and public health employees to develop proficiency in each of the 10 Essential Public Health Services. All public health employees should be able to demonstrate a proficiency in the essential services. This would equip public health employees with a basic knowledge of the essential services of public health.


Policy Position Paper 2008/4

Kentucky’s Health Information Infrastructure

The Kentucky Public Health Association supports the development of a statewide health information infrastructure in Kentucky as a critically important initiative for improving the safety, quality, effectiveness and efficiency of healthcare in the Commonwealth. As an important first step, the Association supports the formation of a stakeholder governed Kentucky health information organization to oversee the development of an interoperable electronic health information network infrastructure. This infrastructure will enable access to patient medical records and medical decision support tools at the time and place of care as resources for optimum medical care decision making. This collaborative partnership of all involved stakeholders will create the forum needed to provide complex decision making.

The Association further supports the universal adoption and use of electronic health records capable of performing the eight core care delivery functions identified by the
Institute of Medicine of the National Academies in order to promote greater safety, quality and efficiency in health care delivery and the necessary standards for message content, communication protocols and confidentiality protections as the basic foundation of the health care information infrastructure. The Association encourages the adoption of electronic public health records by public health agencies throughout Kentucky. The widespread adoption and use of interoperable electronic immunization and disease registries could make a major contribution to the health of the residents of Kentucky.

Reports in recent years by the Institute of Medicine and other nationally respected organizations have well documented the critical need for such an interoperable health information infrastructure. The current fragmented health care information system results in waste, duplication and errors such as 20 percent of lab tests and x-ray results being duplicated unnecessarily, one in seven avoidable hospitalizations due to unavailability of relevant patient information, and evidence based patient care guidelines followed only 55 percent of the time. Nationally, it is estimated that computerized physician order entry could save as much as $44 billion a year and electronic generated prescriptions could reduce medication errors by as much as 55 percent. Between 44,000 and 98,000 patient deaths are estimated to be due to preventable errors, many of which could be prevented with the knowledge of existing patient medical information were it available.

Developing Kentucky’s health information infrastructure is aligned with the Kentucky General Assembly’s 2005 enactment of Senate Bill 2 (http://www.lrc.ky.gov/record/05RS/SB2.htm) and the National Health Information Infrastructure initiative supported by the President’s Executive Order 13335 and lead by the Department for Health and Human Services.

By enabling the ready availability of relevant health information when and where needed, development of such an infrastructure offers Kentucky the opportunity to improve health outcomes and the health of its people, simplify burdensome administrative tasks and reduce costs. This infrastructure investment would be one of the highest values for money investments the people of Kentucky could make.

Policy Position Paper 2006 #5

Full Funding of Environmental Health Services

The Kentucky Public Health Association supports the increase in permit fees as necessary to provide for the full funding of the environmental health services as related to permitted establishments. The Kentucky Public Health Association also supports the automatic indexing of permit fees to be adjusted annually. The local health departments that carry out these environmental health services, which are mandated by the Kentucky General Assembly, budgets are being eroded due to substantially subsidizing these services with local tax dollars.
Environmental health services are typically regarded as the cornerstone of all public health services. These services are mandated by the Kentucky General Assembly and are carried out by the local health departments. In the 2004-2005 fiscal year local health department environmental health personnel performed 209,028 services in environmental health programs. 69,606 services were performed in permitted establishments, including the sanitary inspections of facilities such as food service establishments, schools, public swimming areas, confinement facilities, youth camps, mobile home and RV parks, tattoo and body piercing studios and hotel and motels.

The total cost of providing these 69,606 services was $7,695,316.20 to the local health departments. The total amount of permit fees collected by the local health departments to be deposited in the state treasury was $2,154,853.49. This amount was returned to the local health departments to help defray the cost of providing these mandated services. Local health departments were then left subsidizing these services with local tax dollars to the amount of $5,540,462.71. These subsidies erode the local health departments' capabilities to perform other core public health functions and the ability to respond to unique community health needs. Local health departments are under increasing financial stress due to rising employer contributions for health insurance combined with increasing mandates with little or no additional funding.

Primary prevention services such as environmental health services are proven to maintain the health of the citizens of the Commonwealth. The Kentucky Public Health Association supports the increase in permit fees to fully fund environmental health services as related to these permitted establishments. The Kentucky Public Health Association also supports the automatic indexing of permit fees to provide for annual adjustments.
Supporting Programs That Address Obesity

The Kentucky Public Health Association supports the findings of the Kentucky Obesity Epidemic 2004 report and endorses development of a statewide action plan to lead both public and private intervention efforts. In July 2004, Kentucky’s Governor Ernie Fletcher released a report of significant importance to public health professionals across the state, as well as to employers, educators, elected officials, and taxpayers at large. The report documents one of the Commonwealth’s most pressing health and economic issues.

The report notes that two-thirds of Kentuckians are overweight or obese and that nearly a third of Kentucky children are overweight. It presents statistics on the current and projected health consequences to our state’s population. The corresponding medical costs and degradation of our work force are a serious impediment to Kentucky’s ability to compete in the national and global economy.

To reverse these trends, Governor Fletcher has called for “health campaigns, policy changes and personal changes in eating and exercising habits.” Organizational and public policy reviews can eliminate institutional and environmental barriers. Achieving the required lifestyle modifications and appropriate use of medical care services will be far more complex. Such fundamental changes will require significant commitment from individual Kentuckians, with major effort to replace unhealthy attitudes and habits. Social environments must foster, rather than discourage, physical activity and good nutrition. Public health activities must adopt new tools and methods, and support an unprecedented level of cooperation among government, school, family, business, and faith organizations.

The Kentucky Public Health Association supports the development of community health plans that address the issues with interventions that are evidence-based, evaluated, and tailored to specific community needs and the statewide action plan that addresses obesity for all Kentuckians across the age spectrum.
The Kentucky Public Health Association supports public education and policy and environmental changes to encourage healthy eating habits, physical activity and weight management for the adult and youth population.

Since 1990, obesity (defined as a body mass index of 30 or higher) among adults in Kentucky has more than doubled. Today 24.4% of Kentucky adults are obese, compared with 21.9% of adults in the U.S. When obesity is combined with overweight (body mass index of 25 or higher), approximately 1.76 million Kentuckians — 62.8% of the adult population — are above a normal weight range. Kentucky ranks seventh among the fifty states for the prevalence of adult obesity.

Nutrition and physical activity are key components to weight management. Unfortunately only 21.7% of adults in Kentucky eat the recommended five servings of fruits and vegetables daily, and more than a third of Kentuckians do not include any physical activity in their lives. In fact, Kentucky has the second highest level of physical inactivity in the U.S.

Data from the Women Infants and Children Nutrition and Supplemental Feeding program (WIC) found that the number of children between the ages of 1-5 that are above the 65th percentile weight for height increased 10% in a five year period. In Fayette County 41% of the 6th graders in public school system are either overweight or at risk of being overweight and 25% of Fayette County Kindergarten students fell in these categories as well (2002). Seventy percent of KY high school students are not enrolled in a physical education class.

Overweight and obese Kentuckians are at higher risk for many chronic diseases such as diabetes, cardiovascular disease, stroke, hypertension, arthritis, and several cancers. In 1998 the estimated medical expenses attributed to adult obesity in Kentucky was $825 million.4

KPHA supports measures to normalize healthy eating and regular physical activity by:

• Making healthy food available to school children by setting guidelines for what is sold in school vending machines
• Requiring appropriate training and credentialing for school food service personnel
• Increasing funding/support for school food service to ensure that students are served appealing, nutritious meals
• Increasing physical activity in schools by increasing the physical education requirement, as well as increasing the quality of physical education
• Provide all children K-12 with quality daily physical education that helps develop the knowledge, attitudes and skills needed to be active for life
• Designing communities to encourage active living. Walking paths, side walks, community center, etc. Create and implement public policy related to the provision of safe and accessible walking paths, biking paths and stairs
• Developing a statewide system to collect BMI data on students
• Encouraging health care providers to measure and discuss BMI with patients
• Encouraging insurers to pay for nutrition counseling
- Creating incentives for employees to achieve and maintain a healthy body weight
- Encouraging businesses to provide exercise programs and reduced-price gym memberships for employees
- Encouraging the food industry to provide reasonable portion sizes and a variety of healthful options


Supporting Health Promotion and Disease Prevention for the Elderly

The Kentucky Public Health Association supports the position that the number of programs promoting healthy aging should be increased and that the elderly should be included in current programs focused on disease and injury prevention and health promotion.

Persons over the age of 65 are the fastest growing segment of Kentucky’s population with the 85 year and older group leading the way. Currently elderly comprise 12.7% of the Commonwealth’s population and that is projected to increase to 20.8% by the year 2035. Many of Kentucky’s elderly lack access to programs.

The Kentucky Public Health Association recognizes the importance of planning an integrated, evidence-based approach to developing health programs that improve the health status and health related quality of life for Kentucky’s elderly. Use of geriatric health professionals has been demonstrated to improve the quality of life for the elderly and reduce costs associated with chronic disease. Exercise, nutrition education, screening and treatment of depression, and injury prevention education have been shown to be critical determinants of improved functional capacity in the elderly.

Because of varied sources of public and private funding, current programs for the elderly exist in silos. It is incumbent on our public health system to develop a coordinated approach to prevention and health promotion services that involve public health departments, agricultural extension services, senior centers, faith based organizations, and private sector health care providers. Programs developed to address public health issues in Kentucky, such as the obesity epidemic, also should include a focus on the elderly.

The Kentucky Public Health Association supports the development of a Healthy Aging 2030 plan that would provide for health promotion and disease prevention programs for all elderly residents of Kentucky.
Kentucky Public Health Association
Policy Position Paper 2005 #3

Men’s Health Issues in Kentucky

The Kentucky Public Health Association supports the position that there needs to be more emphasis placed on Men’s Health Issues in the Commonwealth of Kentucky.

Men in the United States have a life expectancy six years less than that of women and have higher death rates for each of the ten leading causes of death. Men are two times more likely than women to die from unintentional injuries and four times more likely than women to die from firearm-related injuries.

According to the Healthy Kentuckians 2010 Prevention Initiative (2000), there is no Kentucky data to establish a measurable baseline for the number of screenings completed for prostate cancer. Since then, the Behavior Risk Factor Surveillance Survey (BRFSS) has collected data on prostate and colorectal cancer screening. The Kentucky Public Health Association supports continued surveillance on these and testicular cancer in order to establish baselines for these diseases.

At the federal level, legislation has been introduced to create an Office of Men’s Health in the U.S. Department for Health Services. The Kentucky Public Health Association supports the passage of this legislation, which would allow the U.S. Department for Health and Human Services to better coordinate efforts to combat these uniquely male conditions.

The Kentucky Public Health Association supports increased funding at the state level for increased screenings for prostate, colorectal and testicular cancers, as well as increased funding for education efforts among our male population on injury prevention and lifestyle modification to reduce risks that are innately male-oriented.
Funding for the Environmental Quality Commission

The Kentucky Public Health Association supports the restoration of funding for the Environmental Quality Commission in the next biennium budget in the amount of $276,000 per fiscal year.

For the last 31 years, the Kentucky Environmental Quality Commission (EQC) has provided a voice for the public in state decision-making regarding environmental issues. The commission is a 7-member citizens' board that represents a wide range of interests from across the state. It has helped to assure the public health and safety through keeping an active watch on all aspects of the natural environment while engaging the public in a constructive dialogue to resolve environmental problems in a constructive and common sense manner.

Since 1992, the EQC and its full-time staff of 4 has been the only state agency to publish comprehensive and reliable environmental data and analysis through the “State of Kentucky’s Environment” biennial report. The report has been recognized nationwide as one of the strongest and most consistent statewide efforts to monitor environmental conditions and trends in Kentucky. The report has been critical to local health departments in regard to assessing community health issues.

In addition, local public health departments have been asked, under the state Bioterrorism Preparedness Grant, to complete the Mobilizing for Action through Planning and Partnerships (MAPP) strategic planning process. This tool requires the development of a community health profile that includes environment health data. The EQC is the only agency providing the environmental health data necessary to complete this profile. If the EQC is dissolved, there will be no unified source for environmental health data for local public health departments to use in community health assessments.

The EQC is also currently working to better understand the linkages between the health and the environment. The commission sponsors forums and training sessions such as the one in partnership with the Children’s Environmental Network on Oct. 16-17, 2003. The purpose of this forum was to provide for the public a better understand implications of environmental contaminants on the health of our children; identify opportunities to improve children’s health in Kentucky; and
provide training and outreach on children’s environmental health issues. The EQC forums bring together medical practitioners, community officials, environmental advocates, local health departments, cooperative extension service agents, paraprofessionals, health educators, community representatives, and others to discuss issues such as asthma, waterborne diseases and cancer. The interaction of these groups will help to better understand the links between health and the environment and opportunities to address concerns.

For these reasons the Kentucky Public Health Association calls on the legislature to restore funding for the Environmental Quality Commission so they can continue their efforts to engage the public in discussion and resolution of environmental issues and provide environmental data and analysis to public health agencies and the citizens of the Commonwealth.

Approved by KPHA Board of Directors 11-12-03
Preserving Local Control of Tobacco Related Public Health Laws

The Kentucky Public Health Association supports local control as a powerful tool that allows communities to adopt laws and find locally appropriate, common sense solutions for protecting health. Local standards are easier to enforce because they emerge from discussion and education about what works best for that community "close to home." The Kentucky Public Health Association opposes any and all legislation that strip local governments of its appropriate authority to protect the public health.

Kentucky leads the nation in tobacco related deaths. Nearly 8,000 Kentuckians each year will die as a result of tobacco use. More than 3,000 of these deaths will result from lung cancer. Tobacco use is the single most preventable cause of death. Tobacco smoke contains more than 4,000 chemicals, 60 of which are known Class A carcinogens. Exposure to secondhand smoke causes heart and lung disease and cancer in non-smokers and triggers asthma, pneumonia, and bronchitis in children. Local laws or regulations to protect against secondhand smoke exposure in public places and workplaces are recommended as highly effective public health measures.

Tobacco use also burdens local economies by increasing health insurance costs, reducing workers productivity, and contributes to increased risk of fires and cost of prevention. Tremendous resources are diverted from real economic development to treating sick smokers.

Preemption is defined as a "legislative or judicial scheme in which higher levels of government (state or federal) strips lower levels of government of their authority over a specific subject matter." Internal tobacco industry documents show, "Our top priority in fighting the proliferation of smoking bans and restrictions can be...

1 Kentucky Highlights: Center for Disease Control and Prevention, (1999).
4 Center for Disease Control and Prevention, (2000).
summed up in two words: ‘accommodation’ and ‘preemption.’ The tobacco companies vigorously oppose local control because companies know that children are influenced by seeing adults smoking around them and that smoke-free environments contribute to changing the social norm and acceptance of smoking.

The American Cancer Society, American Heart Association, American Lung Association, American Medical Association, Americans for Nonsmokers’ Rights, Association of State and Territorial Health Officials, Campaign for Tobacco-free Kids, and U.S. Department of Health and Human Services support local control of public health laws.

For these reasons the Kentucky Public Health Association supports local control of communities in Kentucky to adopt laws or regulations to protect the public health of its citizens and opposes any state legislation that does not uphold “home rule” or preserve local control.

Approved by KPHA Board of Directors 11-12-03

www.prolapso.com/greatlens.org/PDOC/TH/3462450645/0706
Kentucky Public Health Association
Policy Position Paper (2004 #3)

All Terrain Vehicles

The Kentucky Public Health Association supports the regulation of All Terrain Vehicles (ATV) to reduce injuries and death especially among younger users.

Use of ATVs is responsible for an increasing number of injuries and deaths in Kentucky, especially among children. Kentucky ranks 13th among the states in the number of deaths related to ATV use according to United States Consumer Product Safety Commission’s (CPSC) 1990 Annual Report. While Kentucky accounts for less than 1% of the national population, it had 2.9% of ATV deaths between 1982 and 1999. Children under 16 make up approximately 14% of all ATV riders, but between 1985 and 2001 they suffered 17% of all injuries and 38% of total fatalities. The number of ATV-related injuries treated in hospital emergency rooms rose from 54,700 in 1997 to 111,700 in 2001 (a 104% increase).

Both the American Academy of Pediatrics (AAP) and the American Academy of Orthopaedic Surgeons (AAOS) recommend:

- Children under 16 years old not be allowed to operate any ATV on or off-road
- All riders should wear helmets, eye protection, and protective reflective clothing.
  (Wearing a helmet has been associated with a 64% reduction in the risk of head injury in nonfatal ATV injury, and a 42% risk reduction of fatality in an injury crash.)
- ATVs should be used only during daylight hours

The CPSC (Document # 5081) also recommends all users:

- Take a hands-on training course offered by certified instructors
- Do not carry passengers
- Do not ride on paved roads
- Do not use alcohol
For these reasons, the Kentucky Public Health Association supports greater enforcement of legislation and regulation for the use of All Terrain Vehicles (ATV) on public land. KPHA also supports parental responsibility for children for the use of ATVs on public or private land and the enforcement of child endangerment laws when guidelines are not followed anywhere in Kentucky.


Approved by KPHA Board of Directors 11-12-03
Kentucky Public Health Association

Policy Position Paper (2004 #4)

Prescription Drug Access for the Elderly and Other Vulnerable Populations

The Kentucky Public Health Association supports access to prescription medications, which can be unaffordable for the elderly and other vulnerable populations without a prescription drug benefit program. The high cost of prescription drugs keeps many low-income individuals who have no coverage from purchasing necessary medications at all, or to take their medications less frequently or in lower dosage than prescribed by their physician.

Prescription medications taken at the prescribed frequency and dosage are critical components of current standards of appropriate and necessary medical care. The proper and adequate use of prescription drugs can help patients avoid acute care episodes that can require hospital emergency room and/or inpatient admission. When this care is denied to vulnerable populations because of the cost of medications, it can have serious deleterious effects on health. Therefore, providing access to prescription drugs becomes one of the most important modalities of preventive care. Due to their dependence on a large number of drugs, this is a particular problem for elderly patients on fixed incomes.

The following measures need to be enacted to protect the health of vulnerable populations:

- The enactment of a prescription drug benefit within the Medicare program.
- The enactment of Medicaid coverage for prescription drugs for low-income Medicare beneficiaries not currently eligible for Medicaid (until such time as Medicare coverage is available).
- The enactment of state legislation, consistent with the U.S. Constitution which requires prescriptions that drugs be sold to low-income populations at the same cost they are sold to the state Medicaid program.
- The establishment and promotion of purchasing coops.
- The establishment and promotion of user-friendly access programs by all pharmaceutical manufacturers that provide true affordability to low-income populations.
The establishment and promotion of user friendly, easy to access “help desk.” The “help desk” should be available throughout the state and must be adequately staffed to make application, any necessary follow up and all other steps required to obtain prescription drugs through discount cards and other access programs.

The promotion and support of Health Kentucky, Kentucky Home Place, and other programs that provide access to health care for people living in poverty and provide access to free or low cost prescription drugs.

The Kentucky Public Health Association supports initiatives that provide access to prescription medications for low-income vulnerable populations that currently have no coverage.

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Approved by KPHA Board of Directors 11-12-03
The Kentucky Public Health Association supports public education and policy and environmental changes to encourage healthy eating habits, physical activity and weight management for the adult and youth population.

Since 1990, obesity (defined as a body mass index of 30 or higher) among adults in Kentucky has more than doubled. Today 24.4% of Kentucky adults are obese, compared with 21.9% of adults in the U.S. When obesity is combined with overweight (body mass index of 25 or higher), approximately 1.76 million Kentuckians — 62.8% of the adult population — are above a normal weight range. Kentucky ranks seventh among the fifty states for the prevalence of adult obesity.

Nutrition and physical activity are key components to weight management. Unfortunately only 21.7% of adults in Kentucky eat the recommended five servings of fruits and vegetables daily, and more than a third of Kentuckians do not include any physical activity in their lives. In fact, Kentucky has the second highest level of physical inactivity in the U.S.

Data from the Women Infants and Children: Nutrition and Supplemental Feeding program (WIC) found that the number of children between the ages of 1-5 that are above the 95th percentile weight for height increased 19% in a five year period. In Fayette County 41% of the 6th graders in public school system are either overweight or at risk of being overweight and 25% of Fayette County kindergarten students fell in these categories as well (2002). Seventy percent of KY high school students are not enrolled in a physical education class.

Overweight and obese Kentuckians are at higher risk for many chronic diseases such as diabetes, cardiovascular disease, stroke, hypertension, arthritis, and several cancers. In 1998 the estimated medical expenses attributed to adult obesity in Kentucky was $825 million.

KPHA supports measures to normalize healthy eating and regular physical activity by:
- Making healthy food available to school children by setting guidelines for what is sold in school vending machines
- Requiring appropriate training and credentialing for school food service personnel
- Increasing funding/support for school food service to ensure that students are served appealing, nutritious meals
- Increasing physical activity in schools by increasing the physical education requirement, as well as increasing the quality of physical education
• Provide all children K-12 with quality daily physical education that helps develop the knowledge, attitudes and skills needed to be active for life
• Designing communities to encourage active living. Walking paths, side walks, community center, etc. Create and implement public policy related to the provision of safe and accessible walking paths, biking paths and stairs
• Developing a statewide system to collect BMI data on students
• Encouraging health care providers to measure and discuss BMI with patients
• Encouraging insurers to pay for nutrition counseling
• Creating incentives for employees to achieve and maintain a healthy body weight
• Encouraging businesses to provide exercise programs and reduced-price gym memberships for employees
• Encouraging the food industry to provide reasonable portion sizes and a variety of healthful options

Public Health Leadership in Preparedness

The Kentucky Public Health Association supports the position that public health departments and public health professionals should provide leadership, coordination, and support for community preparedness to respond to weapons of mass destruction (WMD) terrorism.

Following the tragic events of September 11, 2001 and the intentional release of anthrax in October and November of that year, preparing for WMD terrorism has become a priority for all levels of government and much of the private sector. The public health system is the keystone of an effective response to biological terrorism and would play a vital role in any WMD response including chemical and nuclear events. The Centers for Disease Control and Prevention has identified "...contribution to effective community-wide response through leadership, team building, negotiation and conflict resolution." as an emergency preparedness core competency for public health professionals (1).

Efforts are underway in the Commonwealth to enhance WMD preparedness among hospitals, physicians, and emergency medical services, as well as public health departments. However, leadership and coordination is often lacking at the local level. Public health departments are the logical entities to provide this because they have a broad mandate to protect public health and a population-based focus.

The Kentucky Public Health Association calls upon the boards, administrators and staff of all county and district health departments to consider WMD preparedness a high priority and provide leadership, coordination, and support for preparedness efforts in their communities (11). The Kentucky Public Health Association also calls upon the state to provide adequate funding to improve the public health infrastructure without reducing funding for other essential public health services currently being provided.

Kentucky Public Health Association
Policy Position Paper

School-aged Childhood Wellness

The Kentucky Public Health Association supports the position that school-aged children should participate in school age physical activity and be offered healthy selections through competitive food sales and school meal programs. "Because lifelong health-related habits, including physical activity and diet are often established in childhood, schools provide an ideal opportunity to improve the nation’s health." (Physical Activity and Good Nutrition: Essential Elements to Prevent Chronic Disease and Obesity, 2002. Department of Health and Human Services)

The Lieutenant Governor has convened a special task force on Childhood Nutrition and Fitness to address physical activity, competitive food sales and school meal programs. At the national level, the Surgeon General’s Call to Action on obesity introduced five overarching principles, one of which is to promote the recognition of overweight and obesity as major public health problems. The Call to Action stated, "Public health approaches in schools should extend beyond health and physical education to include school policy, the school physical and social environment and links between schools and families and communities."

According to the Coalition of National Health Education Organizations, school health programs have demonstrated to be cost-effective in promoting healthy behaviors. Physical inactivity and unhealthy eating are two primary causes of obesity and are responsible for at least 300,000 preventable deaths each year. Obesity has reached epidemic proportions. In the past 12 years the prevalence of obesity has increased by 100% in children and adolescents. The cost of disease associated with obesity has been estimated at almost $160 billion per year. According to a report titled “Junk Food in Schools” by the National Conference of State Legislatures (www.ncsl.org/programs/health/junkfood.htm) and data from the Center for Disease Control (CDC) and U.S. Department of Agriculture (USDA), more than 84% of children and adolescents eat too much fat, while than 9% eat too much saturated fat, and 51% eat less than one serving of fruit per day. An estimated 83% of girls and 74% of boys in Kentucky eat fewer than the 5-A-Day recommended number of servings of fruits and vegetables. In addition, preliminary results of a survey of Kentucky schools show that 55% of elementary schools, 95% of middle schools, and 100% of high schools have vending machines available to students, putting Kentucky above national figures for vending machines in schools. Furthermore, nearly 70% of Kentucky high school students are not enrolled in a physical education class, compared to 51% of high school students nationally (Centers for Disease Control and Prevention 1997).
The Kentucky Public Health Association calls upon all school districts to incorporate physical education classes. In addition, all schools should have available healthy options by means of competitive food sales and school meal programs, while limiting the sale of high fat, high sugar, low fiber and high sodium options.

Kentucky Public Health Association

Policy Position Paper

Tobacco Excise Tax

The Kentucky Public Health Association supports the position that significantly increasing the excise tax on cigarettes and extending a tax to other tobacco products will decrease the use of tobacco, especially among youth.

Every year, nearly 8,000 Kentuckians die from tobacco use and 20,000 Kentucky children become addicted to tobacco. Tobacco use costs Kentucky at least one billion dollars annually in health care expenses. Many states, over the past several years, have raised their cigarette tax and have since experienced a decrease in cigarette consumption. Additionally, each of those states has also experienced an increase in cigarette tax revenues, despite reductions in smoking and cigarette sales.

Kentucky's cigarette tax has not been raised since July of 1970 and currently remains to be the second lowest in the nation at 3-cents per pack. By increasing the excise tax on cigarettes and extending a tax to other tobacco products Kentucky can reduce tobacco use especially among children. A 10% increase in the total cost of a pack of cigarettes reduces overall use by 4% and reduces youth smoking by 7%. The Kentucky high school student smoking rate, at 37%, and middle school student smoking rate, at 21.5%, far exceed the national averages at 28% and 9.2%, respectively. One third of these youth smokers will die as a result of their addiction. At current rates, 114,000 Kentuckians will die prematurely from smoking. Increasing the price of cigarettes is the single most effective way to reduce youth tobacco use. Research has indicated a 75-cent per pack increase in the Kentucky cigarette excise tax would result in a nearly 15% lower youth smoking rate and a 5% lower adult smoking rate. It would also result in 40,000 fewer future youth smokers and help prevent 20,000 smoking-related deaths. Additionally, an increase in the cigarette excise tax would also increase state revenues as experienced by states that have increased their excise tax. Very conservative estimates indicate that a 75-cent per pack cigarette excise tax increase would generate at least $300 million annually for the state of Kentucky. The increase in revenue can counter the more than $1 billion Kentucky spends each year treating tobacco-related illnesses, including lung cancer, chronic obstructive pulmonary disease (COPD), and heart disease. By raising the price on cigarettes and extending a tax on other tobacco products Kentucky can improve the overall quality and quantity of life among all Kentuckians.
Kentucky Public Health Association
Policy Position Paper

Regional Community Development Planning

The Kentucky Public Health Association supports the position that regional community development planning commissions will promote “smart growth,” infrastructure and sustainability while decreasing urban sprawl.

Governor Patton announced the formation of a Smart Growth Task Force in 2001 that was charged with developing options to incorporate smart growth policies within local and state government operations. Urban sprawl and the resulting degradation of the environment and infrastructure lead to a loss of quality of life. Development beyond the reaches of public sewers, public water, and the capacity of EMS, fire, police and schools make urban sprawl and “Smart Growth” public health issues.

During the decade between 1990 and 2000, Kentucky’s population grew by 9.7% and the growth rate for housing during this period grew even faster at 18% (1.75 million houses, apartments, cabins and mobile homes). Kentucky loses approximately 109 acres per day and over 36,000 acres per year to development. Of Kentucky’s 120 counties 74 currently have Planning and Zoning Commissions, in which 283 cities also have planning and zoning commissions. Much of this growth has occurred in Kentucky’s “golden triangle” of Lexington, Louisville, and Northern Kentucky but is rapidly expanding into all areas of the Commonwealth. Developers are more attracted to pristine, undeveloped areas to build, therefore contributing to urban sprawl and unplanned urban expansion.

The Kentucky Public Health Association calls upon those counties without planning and zoning to adopt pro-active planning, and those counties with planning and zoning commissions to take a regional approach to planning. All community planning needs to incorporate Smart Growth concepts in order to decrease the rate of urban sprawl while achieving planned growth and development that will protect the health of the citizens while maintaining their quality of life.
The Kentucky Public Health Association supports the position that significantly increasing the excise tax on cigarettes and extending a tax to other tobacco products will decrease the use of tobacco, especially among youth.

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The Kentucky Public Health Association calls upon the citizens of Kentucky to become aware of the economic and more importantly the public health benefits that an increase in the cigarette tax can offer. It also urges Kentucky voters to communicate these benefits with their legislators.
Kentucky Public Health Association
Policy Position Paper

School-aged Childhood Wellness

The Kentucky Public Health Association supports the position that school-aged children should participate in school led physical activity and be offered healthy selections through competitive food sales and school meal programs. “Because lifelong health-related habits, including physical activity and diet are often established in childhood, schools provide an ideal opportunity to improve the nations health.” (Physical Activity and Good Nutrition: Essential Elements to Prevent Chronic Disease and Obesity, 2002. Department of Health and Human Services)

The Kentucky Legislature is reviewing the need for a task force to study the obesity epidemic and the health consequences of obesity in Kentucky’s youth while examining the roles Public Health may play in the prevention of overweight and obesity in education. As well, the Lieutenant Governor has convened a special task force on Childhood Nutrition and Fitness to address physical activity, competitive food sales and school meal programs. At the national level, the Surgeon General’s Call to Action on obesity introduced five overarching principles, one of which is to promote the recognition of overweight and obesity as major public health problems. The Call to Action stated, “Public health approaches in schools should extend beyond health and physical education to include school policy, the school physical and social environment and links between schools and families and communities.”

According to the Coalition of National Health Education Organizations, school health programs have demonstrated to be cost-effective in promoting healthy behaviors. Physical inactivity and unhealthy eating are two primary causes of obesity and are responsible for at least 300,000 preventable deaths each year. Obesity has reached epidemic proportions. In the past 15 years the prevalence of obesity has increased by 100% in children and adolescents. The cost of disease associated with obesity has been estimated at almost $100 billion per year. According to a report titled “Junk Food in Schools” by the National Conference of State Legislatures (www.ncsl.org/programs/health/junkfood.htm) and data from the Center for Disease Control (CDC) and U.S. Department of Agriculture (USDA), more than 84% of children and adolescents eat too much fat, while than 91% eat too much saturated fat; and 51% eat less than one serving of fruit per day. An estimated 83% of girls and 74% of boys in Kentucky eat fewer than the 5-A-Day recommended number of servings of fruits and vegetables. In addition, preliminary results of a survey of Kentucky schools show that 53% of elementary schools, 95% of middle schools and 100% of high schools have vending machines available to students, putting Kentucky above national figures for vending machines in schools. Furthermore, nearly 70% of Kentucky high school students are not enrolled in a physical education class, compared to 51% of high school students nationally (Centers for Disease Control and Prevention 1997).

The Kentucky Public Health Association calls upon all school districts to incorporate physical education classes. In addition, all schools should have available healthy options by means of competitive food sales and school meal programs, while limiting the sale of high fat, high sugar, low fiber and high sodium options.
The Kentucky Public Health Association supports the position that public health departments and public health professionals should provide leadership, coordination, and support for community preparedness to respond to weapons of mass destruction (WMD) terrorism.

Following the tragic events of September 11, 2001 and the unintentional release of anthrax in October and November of that year, preparing for WMD terrorism has become a priority for all levels of government and much of the private sector. The public health system is the keystone of an effective response to biological terrorism and would play a vital role in any WMD response. The Centers for Disease Control and Prevention has identified "...contributing to effective community-wide response through leadership, team building, negotiation and conflict resolution..." as an emergency preparedness core competency for public health professionals (1).

Efforts are underway in the Commonwealth to enhance WMD preparedness among hospitals, physicians, and emergency medical services, as well as public health departments. However, leadership and coordination is often lacking at the local level. Public health departments are the logical entities to provide this because they have a broad mandate to protect public health and a population-based focus.

The Kentucky Public Health Association calls upon the boards, administrators and staff of all county and district health departments to consider WMD preparedness a high priority and provide leadership, coordination, and support for preparedness efforts in their communities. The Kentucky Public Health Association also calls upon the state to provide adequate funding to improve the public health infrastructure without reducing funding for other essential public health services currently being provided.

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Accountability in Public Health

March 26, 2001

The Kentucky Public Health Association supports the development and implementation of national public health performance standards and assessment instruments. National public health performance standards will provide a common framework for measuring performance, as well as defining the optimal level of public health practice. The standards will provide public health practitioners with specific information on areas for improvement. In addition, the standards will provide objective data for guiding the development of health policy and provide information to decision-makers for effective resource management.

National public health performance standards should be based on three basic principles: 1) public health must be accountable to its constituencies; 2) public health professionals need a system for ensuring that the provision of essential public health services meets a defined level of quality; and 3) the public health decision-making process must be based on strong scientific evidence.

National public health standards are designed to improve the public health delivery system through the development of local and state-based performance standards focused on capacity and processes, the systematic collection and analysis of performance-based data, and a national leadership effort to improve system-wide performance. The benefits of implementing public health performance standards include: improved accountability, better resource deployment, enhanced capacity building for community, state, and national public health systems; widespread use of best practices; and greater focus on mission and goals.
Early Childhood Development
March 26, 2001

The Kentucky Public Health Association supports the position that dollars allocated for early childhood development be utilized to promote a healthy and safe environment for all children in Kentucky. All children in Kentucky should possess the foundation that enables school and personal success, and live with strong and reliable families that receive ongoing support from their communities.

Public health is intertwined on a regular basis in early childhood development. This is recognized through the programs, services and assessments provided to children and their families. Public health has a long history of maximizing resources and case managing children’s healthcare needs. The value of public health’s involvement in children’s health is evidenced by provision of services and measurable outcomes.

The Kentucky Public Health Association is a staunch supporter of early childhood development programs as evidenced by their involvement in existing and new programs, advocacy and monitoring of outcomes. The Kentucky Public Health Association believes that funding for early childhood development programs should continue to be used for public health initiatives that maximize and broaden interventions that will enhance the development of children.
The Kentucky Public Health Association supports the position that Environmental Health is one of the most important elements of our public health mission, which is "fulfilling society's interest in assuring conditions in which people can be healthy."

Environmental public health programs in the Commonwealth include: food service inspections, public facilities inspections, general sanitation, and onsite sewage

Of the ten essential public health services, five relate directly to environmental health: 1) informing, educating, and empowering people about health issues; 2) diagnosing and investigating health problems and hazards; 3) enforcing laws and regulations that protect public health and safety; 4) assuring a competent public health workforce; and 5) researching innovative solutions to health problems.

The Kentucky Public Health Association endorses the Principles of Collaboration Between State and Local Public Health Officials involving all environmental programs, with particular emphasis on joint responsibility, allocation of resources, uniform enforcement of regulations, design strategies, alignment of policies, reasonable program reporting requirements, and overall benefit to the public.

The Kentucky Public Health Association recommends that state and local health agencies strengthen their capacities for identification, understanding, and control of environmental problems as health hazards. These agencies cannot simply be advocates for the health aspects of environmental issues, but must have direct operational involvement.

The Kentucky Public Health Association rejects the notion that some environmental programs be removed from the oversight auspices of the Department for Public Health. Similar actions by other states have led to fragmented responsibility, lack of coordination, and inadequate attention to the health dimensions of environmental problems.

The Kentucky Public Health Association urges the Kentucky State Legislature to continue to enhance its funding appropriations for KRS-mandated environmental programs.
Kentucky Public Health Association, Inc.

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Kentucky Public Health Association

Policy Position Paper

Healthy Eating, Physical Activity and Weight Management

The Kentucky Public Health Association supports public education, policy, and environmental changes to encourage healthy eating habits, physical activity and weight management for the adult and youth population.

Since 1990, obesity among adults (defined as a body mass index (BMI) of 30 or higher) in Kentucky has more than doubled. Today 24.4% of Kentucky adults are obese, compared with 21.9% of adults in the U.S. When obesity is combined with overweight (BMI of 25 or higher), approximately 1.76 million Kentuckians — 62.8% of the adult population — are above a normal weight range.[ii] Kentucky ranks seventh among the fifty states for the prevalence of adult obesity.

Nutrition and physical activity are key components to weight management. Unfortunately only 21.7% of adults in Kentucky eat the recommended five servings of fruits and vegetables daily, and more than one third of Kentuckians do not include any physical activity in their lives. In fact, Kentucky has the second highest level of physical inactivity in the U.S.

Data from the Women Infants and Children Nutrition and Supplemental Feeding program (WIC) found that the number of children between the ages of 1-5 that are above the 95th percentile weight for height increased 19% in a five year period. In 2002, forty-one percent (41%) of the sixth grade students in the Fayette County public school system were either overweight or at risk of being overweight and 25% of Fayette County kindergarten students fell in these categories as well. Seventy percent (70%) of Kentucky high school students are not enrolled in a physical education class.

Overweight and obese Kentuckians are at higher risk for many chronic diseases such as diabetes, cardiovascular disease, stroke, hypertension, arthritis, and several cancers. In 1998 the estimated medical expenses attributed to adult obesity in Kentucky was $825 million.[ii]

KPHA supports measures to promote healthy eating and regular physical activity by:
• Assuring adequate, sustainable funding to health departments to facilitate community health education to reach families.

• Educate parents, new mothers and those on public assistance, on how to purchase healthy food products and how to teach their children to make healthy choices.

• Setting and enforcing guidelines for food sold in school vending machines

• Requiring appropriate training and credentialing for school food service personnel

• Increasing funding/support for school food service to ensure that students are served appealing, nutritious meals

• Enhancing the nutritional education component in the school curriculum with information provided by a certified dietician

• Increasing physical activity in schools by increasing the physical education requirement, as well as increasing the quality of physical education

• Provide all children K-12 with quality daily physical education provided by certified physical education instructors that helps develop the knowledge, attitudes and skills needed to be active for life

• Designing communities to encourage active living: Walking paths, side walks, community center, etc.

• Create and implement public policy related to the provision of safe and accessible walking paths, biking paths and stairs

• Developing a statewide system to collect BMI data on students

• Encouraging health care providers to measure and discuss BMI with patients

• Encouraging insurers to pay for nutrition counseling

• Creating incentives for employees to achieve and maintain a healthy body weight

• Encouraging businesses to provide exercise programs and reduced-price gym memberships and healthy choices in worksite cafeterias and vending machines for employees

• Encouraging the food industry to provide reasonable portion sizes and a variety of healthy options
The Kentucky Public Health Association supports public education across the lifespan for nutrition, exercise & weight management for adult and youth populations.
The Kentucky Public Health Association supports the continued funding and implementation of the objectives of the Kentucky Agency for Substance Abuse Policy (KY-ASAP). The goals of KY-ASAP are consistent with the mission of KPHA, the "Healthier Kentuckians 2010" public health objectives and the methodology is consistent with the "Principles of Collaboration between State and Local Public Health Officials."

"KRS 12.332 authorizes the Kentucky Agency for Substance Abuse Policy (KY-ASAP) to promulgate regulations for the implementation of a statewide strategic plan which develops policy directed to reduce the prevalence of tobacco use and drug and alcohol abuse among both youth and adult populations in Kentucky," 10 KAR 7:010E. The process stresses the importance of local strategic planning efforts that assess the local community needs and develop plans that use science-based interventions. The development of Local Boards assures that the planning process is not focused on any one agency and a comprehensive plan will include all community agencies and funding streams.

The two basic principles supported by KPHA are the empowerment of local community collaborations to achieve local objectives and the emphasis on science-based methodology.
The Kentucky Public Health Association supports a competent public health and personal health care workforce. In order to assure a competent state and local public health workforce the KPHA supports the concepts of hiring employees qualified through training and/or experience, retaining employees by offering competitive wages and benefits, continuous training of employees to maintain competence, and promoting and rewarding outstanding employees.

Delivery of superior public health services is dependent upon utilization of superior employees. Employees in positions requiring technical, scientific, or medical knowledge must be formally trained and have appropriate credentials. All employees should have high ethical standards, good work ethics, a willingness to learn, be team players, and should receive adequate on-the-job training. All employees should have a basic understanding of public health and understand their duty to society.

Wages and benefits need to be competitive with the private sector. Base wages should be commensurate with formal training, experience, and responsibilities. Candidates for employment should be offered financial incentives for advanced training or specialized skills. Adequate numbers of employees must be hired to perform the level of work necessary for conducting essential work without overburdening individuals.

Maintenance of skills is difficult due to the constant advances in technology. Continuing education and training appropriate to their position must be offered to all employees. Training should be useful and applicable to daily responsibilities. Opportunities for training should be made available so that they are accessible to the employee and not cause hardship on the employee at work or personally.

Promotions and incentives for employees should be based on knowledge, skills, and performance. A fair, skills assessment system needs to be developed. Employees with outstanding or superior work skills, knowledge, and performance should be financially rewarded. There should be financial incentives for furthering employees’ formal education within the scope of public health practice or administration.
A well-trained state and local public health workforce will produce a strong public health system. The concepts listed above are essential to retain competent public health employees and attract qualified individuals into public health careers.