

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

The meeting was called to order by Chairperson Landwehr at 1:30 p.m. on January 19, 2011 in Room 784 of the Docking State Office Building.

All members were present except:

Representative Brian Weber – excused

Committee staff present:

Norm Furse, Office of the Revisor of Statutes
Katherine McBride, Office of the Revisor of Statutes
Martha Dorsey, Kansas Legislative Research Department
Dorothy Noblit, Kansas Legislative Research Department
Jay Hall, Kansas Legislative Research Department
Debbie Bartuccio, Committee Assistant

Conferees appearing before the Committee:

Dr. Bob Moser, Acting Secretary, Kansas Department of Health & Environment
(Attachments 1 and 2)

Others attending:

See attached list.

Dr. Bob Moser, Acting Secretary of the Kansas Department of Health and Environment and State Health Officer, presented an overview of the department (Attachment 1) and a copy of the KDHE 2010 Annual Report (Attachment 2).

In addition to himself, the other primary contacts are Aaron Dunkel, Deputy Secretary and Kari Bruffett, Policy and External Affairs. The department is currently organized into one administrative section and two divisions – Health and Environment. There are nine Bureaus within the Health Division and he will serve as the State Health Officer overseeing the operations of the Health Division as well as serve as the KDHE Secretary. The Division of Environment has six Bureaus within it. There are six district offices across Kansas and two outreach offices that help to carry out the KDHE programs.

Dr. Moser provided a listing of the following 2010 legislation which had an impact on KDHE programs or regulatory activity:

- Kansas Indoor Clean Air Act - **HB 2221**
- Child Care Licensing – **HB 2356**
- Background Check for Employees and Use of Vital Statistics for Maternal and Child Health – **HB 2454**
- Radon Certification Law – **SB 531**
- TB Evaluation Requirements and Prevention & Control Plans for Postsecondary Educational Institutions – **SB 62**
- Licensure of Audiologists – **SB 62**
- HIV Screening for Pregnant Women and Newborn Children – **SB 62**
- Administration of Vaccine by Pharmacists – **HB 2448**
- Prohibiting Texting While Driving – **SB 300**
- Primary Seat Belt Law – **HB 2130**
- Smoke Management Plan – **SCR 1623**

The short term goal is to assess ongoing programs and how they address the current KDHE goal “To protect the health and environment of all Kansans by promoting responsible choices” as well as how they address Governor Brownback's Road Map for Kansas.

Long term goals include:

- 1) To prepare for aligning KHPA services and programs into KDHE with a goal to continuing to provide services to those that are currently enrolled. Specific goals are:
 - the effective purchasing and administration of health care
 - improved coordination through KDHE programs and other agencies and partners, including a focus on healthcare workforce development

CONTINUATION SHEET

Minutes of the House Health and Human Services Committee at 1:30 p.m. on January 19, 2011 in Room 784 of the Docking State Office Building.

- health promotion and disease prevention oriented public health strategies based on continuing state and community health assessments
 - disease management based on provider-led evidence-based guideline development and implementation
 - development and implementation of a robust health information exchange network to support providers, improve patient safety and care, and reduce costs eventually. The ultimate goal is evidence-based policy making and the key to accomplish this is through centralized data collection and analysis.
- 2) For KDHE, develop a strategic plan based on the findings of ongoing state health and environmental assessments to determine priorities to address, indicators to monitor, and quantifiable goals to obtain.
- Implement Program Performance Management – A grant from the CDC has been obtained to start this process within KDHE and there are opportunities for additional funding for implementation costs. The program goal is to systematically increase the performance management capacity of public health departments to ensure that public health goals are effectively and efficiently met.
 - Program Intent:
 - Improve the quality, effectiveness and efficiency of the public health infrastructure that will support public health service and program delivery.
 - Support systems-wide public health system changes that categorical programs cannot do alone.
 - Improve the networking, coordination, standardization, and cross-jurisdictional cooperation for efficient delivery of public health services.
 - Similar ongoing efforts related to strategic efforts is the Multi-State Learning Collaborative-3 (MLC-3). In early 2008, sixteen states, including Kansas, were selected through a competitive review to lead a national initiative to advance accreditation and quality improvement efforts in public health departments. The MLC-3 Project is funded by the Robert Wood Johnson Foundation and administered through the National Network of Public Health Institutes. In Kansas, the MLC-3 Project was developed through a partnership between the Kansas Health Institute (KHI), Kansas Department of Health and Environment, and the Kansas Association of Local Health Departments (KALHD). The Kansas MLC-3 Project will work with the University of Kansas, Area Health Education Center to facilitate mini-collaboratives and share best practices across the state with two of these already planned over the three year grant program. One program will focus on maternal and child health with the target to reduce infant mortality by increasing the number of women who receive first trimester prenatal care. The second, which will benefit local health departments and communities, is the community health assessment.
- 3) Improve Collaboration – ‘Public Health at the local level is more than just the county health department nurse and staff. There are many groups within a single community who are important to the local public health system and population health, yet we haven't been very effective in the past capitalizing on similar efforts by sharing resources across interests. To meet the patient's healthcare needs, care coordination must include all providers, locations and resources including local health departments, local primary care providers, specialists, hospital facilities, home health facilities, hospice, pharmacists, and social workers - essentially, any healthcare entity that touches on any aspect of the patient's healthcare. Effective care coordination requires understanding each team member's role and responsibility at the time of the patient encounter, and a clearly defined flow of accurate information between team members. Smaller communities and practices may not have the resources to develop effective care management or quality improvement programs, but the role of the Kansas health information exchange and current efforts ongoing in many programs can be structured to support this shift in disease care to health management.

Dr. Moser believes many of the programs that currently exist under KDHE and KHPA, as well as other initiatives across the state, such as the Health Information Exchange and the Patient Centered Medical Home, can be leveraged as we redesign the Kansas health care system. None of this will occur unless all stakeholders are willing to sit down with open minds and discuss and work on how healthcare in Kansas

CONTINUATION SHEET

Minutes of the House Health and Human Services Committee at 1:30 p.m. on January 19, 2011 in Room 784 of the Docking State Office Building.

should look and operate 5 to 10 years down the road. Together, we can find a Kansas solution to fragmented health care delivery and improve our state health care systems.

The Chair gave the committee members the opportunity to ask questions.

There was a question as to KDHE's responsibility concerning the Health Information Exchange. Dr. Moser indicated he was not sure exactly where it will fit within the organizational structure but it will definitely be a key component of the organization. Concerning the Early Innovator Award that Kansas has applied for, it was his understanding it would come through the Kansas Insurance Department. The infrastructure would be built, which could eventually be outsourced to other states and be an income producing item.

There was discussion concerning the Clearinghouse backlog. Dr. Moser stated his goal is to provide patient services and confirmed the need to have staffing to effectively manage the number of applications received, including when an influx of applications is received.

Concerning presumptive eligibility, he said the goal of the state is to have the flexibility to address our state's issues. Presumptive eligibility is one method of addressing the backlog issue. It is important to have the right guidelines and the associated checks and balances to control possible abuse.

Concerning the need to reduce budget expenses, Dr. Moser indicated there will need to be a program review and a determination as to which programs are most important, which ones are statutorily required, etc. Once these have been identified, then the department will review the remaining programs to determine if they still serve the goals and mission of the organization.

Chairperson Landwehr expressed her appreciation for his presentation and encouraged committee members to share their suggestions and thoughts with Dr. Moser.

Chairperson Landwehr asked if there were any bill introductions and there were none.

The next meeting is scheduled for January 24, 2011.

The meeting was adjourned at 2:00 p.m.

HOUSE HEALTH & HUMAN SERVICES COMMITTEE

DATE: 1-19-11

NAME	REPRESENTING
Bill Sneed	AHIP
Dave Blum	KOA
DEREK HEIN	HEIN LAW FIRM
ROD MEYER	KEARNEY & ASSOC.
Bruce With	Via Christi Health
Stuart Little	Little Group Relations
Michelle Butler	Cap. Strategics
Connie Jensen	KAMC
Jackie	GBA
Chad Austin	KHA
Sarah Shier	KHPA
KEVIN WALKER	AMERICAN HEART ASSOC.
Andy Campbell	KMAC

Please use black ink



Robert Moser, MD, Acting Secretary

Department of Health & Environment

Sam Brownback, Governor

Testimony
To
House Health and Human Service Committee
Presented by Bob Moser, MD
Acting Secretary, Kansas Department of Health and Environment
January 19, 2011

Chairwoman Landwehr and members of the Health and Human Services, good morning. Thank you for giving me an opportunity to appear before you today; to get to know one another better and for me to present to the committee information about my agency, the Kansas Department of Health and Environment.

A great deal of what I will review today is available in the 2010 KDHE Annual Report and copies of this have been provided.

The Kansas Department of Health and Environment is currently organized into one administrative section and two divisions, Health and Environment. There are 9 Bureaus within the Health Division and I will serve as the State Health Officer overseeing the operations of the Health Division as well as serve as KDHE Secretary. The Division of Environment has 6 Bureaus within it. There are 6 district offices across Kansas and 2 outreach offices that help to carry out the KDHE programs.

Primary contacts for the agency are Bob Moser, MD, Acting Secretary and State Health Officer, Aaron Dunkel, Deputy Secretary, and Kari Bruffett, Policy and External Affairs.

I would like to review with you the summary of the 2010 legislation that had any impact on KDHE programs or regulatory activity.

Kansas Indoor Clean Air Act – HB 2221 created the Kansas Indoor Clean Air Act that became effective July 1, 2010.

Child Care Licensing-HB 2356 eliminated the "registered family day care home" and created a transition process for all day care facilities to be licensed. It creates an online information web site for the public. So far, the usual turnover in day care providers has remained stable according to a verbal report I received last week but this will be monitored and later reported.

Background check for employees and use of Vital Statistics for Maternal and Child Health – HB 2454 grants KDHE statutory authority to conduct criminal background checks on new Office of Vital Statistics employees and prohibit any person who has been convicted of a felony or misdemeanor related to dishonesty, including identity theft or fraud, from being hired by the Office of Vital Statistics. (Was formerly SB 488). This bill also allows the use of identifiable data in still birth, birth and death certificates for the purpose of maternal and child surveillance and monitoring.

Radon Certification Law-SB531 creates the Radon Certificate Law requiring certification of radon measurement technicians, radon mitigation technicians, and radon measurement laboratories by the Secretary of KDHE.

TB Evaluation Requirements and Prevention & Control Plans for Postsecondary Educational Institutions-SB62 creates new law and amends existing law concerning responsibilities for the prevention and control of tuberculosis in postsecondary educational institutions.

Licensure of Audiologists-SB62 requires individuals seeking licensure as an audiologist on or after January 1, 2012 to hold at least a doctorate degree, or its equivalent, in audiology. Individuals holding a master's degree in audiology or its equivalent prior to January 1, 2010 will be deemed to have met the new educational requirement. The bill also will exempt individuals holding an audiology clinical doctoral degree from the requirement to complete a postgraduate professional experience.

HIV Screening for Pregnant Women and Newborn Children-SB62 requires a physician or other professional authorized by law to provide medical treatment for pregnant women to administer, or have administered, a routine opt-out screening for HIV infection during the first trimester of the pregnancy. If the mother's HIV status is unknown because of refusal to submit to the screening during the pregnancy, or for any other reason, the newborn child would be screened with an HIV test as soon as possible within medical standards.

Administration of Vaccine by Pharmacists-HB2448 allows a pharmacist, or a pharmacy student or intern who is working under the direct supervision and control of a pharmacist, to administer the influenza vaccine to a person six years of age or older and may administer vaccine, other than influenza vaccine, to a person 18 years of age or older pursuant to a vaccination protocol if the pharmacist, pharmacy student or intern has successfully completed the necessary prerequisites.

Prohibiting Texting While Driving-SB 300 prohibits a person from using a handheld wireless communication device for text messaging or electronic mail communication while driving a moving motor vehicle. Warning tickets will be issued until January 1, 2011.

Primary Seat Belt Law-HB 2130 amends state law to require every occupant of a passenger vehicle to wear a safety belt and to allows a law enforcement officer to stop a vehicle for violations of safety belt requirements by anyone in the front seat and by anyone under age 18.

Smoke Management Plan-SCR 1623 addresses the need to manage the Flint Hill ecosystem by agricultural burning and states that the existing burning practice should be considered a best management practice. The resolution urges the United States Congress to require the EPA to exclude certain air monitoring data from use in determinations of excess levels and National Ambient Air Quality Standards (NAAQS) violations where the emissions are from prairie burning in the Tallgrass Prairie in the Flint Hills, and to treat the data related to burning as exceptional events under 40 CFR Section 50.14.

Short-Term Goal

1. Assess ongoing programs and how they address the current KDHE goal "To protect the health and environment of all Kansans by promoting responsible choices" as well as how they address Governor Brownback's Road Map for Kansas.

Long-Term Goals

1. Prepare for Aligning KHPA services and programs into KDHE
 - a. We have only begun the process of looking at the alignment and more will come but at this time I can assure you the focus is continuing to provide services to those that are currently enrolled.
 - b. Goals will be:
 - i. the effective purchasing and administration of health care
 - ii. improved coordination through KDHE programs and other agencies and partners, including a focus on healthcare workforce development
 - iii. health promotion and disease prevention oriented public health strategies based on continuing state and community health assessments
 - iv. disease management based on provider-led evidence-based guideline development and implementation
 - v. development and implementation of a robust health information exchange network to support providers, improve patient safety and care, and reduce costs eventually. Here the ultimate goal is evidence-based policy making and the key to accomplish this is through centralized data collection and analysis
2. For KDHE, develop a strategic plan based on the findings of ongoing state health and environmental assessments to determine priorities to address, indicators to monitor, and quantifiable goals to obtain.
 - a. **Implement Program Performance Management.** A grant from the CDC has been obtained to start this process within KDHE and there are opportunities for additional funding for implementation costs.
 - i. Program Goal - Systematically increase the performance management capacity of public health departments to ensure that public health goals are effectively and efficiently met



ii. Program Intent

1. Improve the quality, effectiveness and efficiency of the public health infrastructure that will support public health service and program delivery
2. Support systems-wide public health system changes that categorical programs cannot do alone
3. Improve the networking, coordination, standardization, and cross-jurisdictional cooperation for efficient delivery of public health services.

b. Similar ongoing efforts related to strategic efforts is the **Multi-State Learning Collaborative-3 (MLC-3)**

In early 2008, sixteen states, including Kansas, were selected through a competitive review to lead a national initiative to advance accreditation and quality improvement efforts in public health departments. The MLC-3 Project is funded by the Robert Wood Johnson Foundation and administered through the National Network of Public Health Institutes.

In Kansas, the MLC-3 Project was developed through a partnership between the Kansas Health Institute (**KHI**), Kansas Department of Health and Environment (**KDHE**), and the Kansas Association of Local Health Departments (**KALHD**).

The Kansas MLC-3 Project will work with the University of Kansas, Area Health Education Center to facilitate mini-collaboratives and share best practices across the state with two of these already planned over the 3 year grant program. One program will focus on maternal and child health with the target to reduce infant mortality by increasing the number of women who receive first trimester prenatal care. The second, which will benefit local health departments and communities, is the community health assessment.

3. Improve Collaboration (Part of this also contained in 2 above)

Public Health at the local level is more than just the county health department nurse and staff. There are many groups within a single community who are important to the local public health system and population health, yet we haven't been very effective in the past capitalizing on similar efforts by sharing resources across interests.

Coordinate successful programs into ongoing efforts to improve the model of health care.

If we are to meet the patient's healthcare needs then care coordination must include all providers, locations and resources including local health departments, local primary care providers, specialists, hospital facilities, home health facilities, hospice, pharmacists, and social workers; essentially any healthcare entity that touches on any

Curtis State Office Building
1000 SW Jackson St., Suite 540
Topeka, KS 66612-1367



Phone: 785-296-0461
Fax: 785-368-6388
www.kdheks.gov

Robert Moser, MD, Acting Secretary

Department of Health & Environment

Sam Brownback, Governor

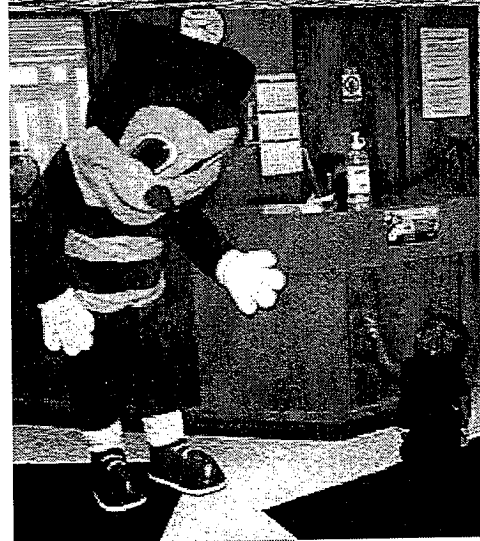
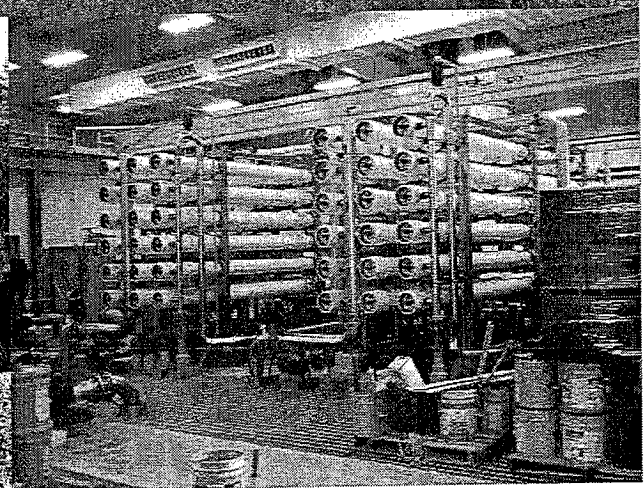
aspect of the patient's healthcare. Effective care coordination requires understanding each team member's role and responsibility at the time of the patient encounter,

wherever that may be, and a clearly defined flow of accurate information between team members. Smaller communities and practices may not have the resources to develop effective care management or quality improvement programs, but the role of the Kansas health information exchange and current efforts ongoing in many other programs can be structured to support this shift in disease care to health management.

I believe many of the programs that currently exist under KDHE and KHPA as well as other initiatives across out state, such as the Health Information Exchange and the Patient Centered Medical Home, can be leveraged as we redesign the Kansas health care system. None of this will occur unless all stakeholders are willing to sit down with open minds and discuss and work on how healthcare in Kansas should look and operate 5 to 10 years down the road. Together we can find a Kansas solution to fragmented health care delivery and improve our state health care systems.

Thank you for the opportunity to speak with you today.

Bob Moser, M.D.
Acting Secretary, Kansas Department of Health and Environment



KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

ANNUAL REPORT 2010

Health & Human Services

Date: 1-19-11

Attachment: 2

DEAR FELLOW KANSANS

The mission of the Kansas Department of Health and Environment (KDHE) is to protect the health and environment of all Kansans by promoting responsible choices. This is a mission that KDHE works everyday to fulfill. I am extremely proud of our agency's work over the past year.

2010 Accomplishments

This was a banner year for public health in the Kansas Legislature. Perhaps the biggest step for Kansas from a public health standpoint was the passage of the Indoor Clean Air Act, which resulted in most businesses and restaurants becoming smoke-free on July 1.

Another landmark piece of legislation was Lexie's Law, which created the first major change to child care in 30 years. Under this legislation, the category of registered family day care home is eliminated; new applicants must be a high school graduate or the equivalent in order to maintain a child care facility license; and beginning July 1, 2011, all child care facilities will be inspected at least once every 12 months. 2010 has served as a transition year, with the registered home category being phased out and eliminated by June 30, 2011.

Work continued on creating a Health Information Exchange throughout 2010. In 2009, our agency became the state's designee for health information exchange and convened an expanded e-Health Advisory Council (eHAC), which is a broad base of health care stakeholders representing more than 30 health care organizations. This group divided into workgroups and focused on five areas of the project: governance, technology, business operations, finance and legal.

The eHAC completed its work on the state plan and the plan was submitted to Office of National Coordinator in August 2010. The plan

should be approved by the Office of the National Coordinator for Health Information Technology (ONC) sometime during March 2011.

In October 2010, the Bureau of Epidemiology and Public Health Informatics (BEPHI) was established. The new bureau brings together core functions related to the collection of a broad array of health-related data, and the analysis, interpretation and dissemination of those data, in a cohesive and integrated manner. This is a very exciting time for public health in Kansas and I look forward to seeing the results of this new partnership.

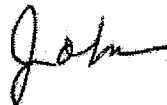
In December, Bureau of Air staff and more than 80 stakeholders met in a public meeting and approved the Flint Hills Smoke Management Plan (SMP) to reduce the air pollution impacts from spring agricultural burning.

Looking Ahead

With 2010 being a positive legislative year for KDHE, it shows the programs we provide are important to the citizens of Kansas and by working together, we look forward to continuing our mission of protecting and improving the public health and environment of Kansas.

As we begin 2011, let's continue working collaboratively to promote a cleaner, healthier and safer Kansas for ourselves and for our children.

Best,



John W. Mitchell
Acting Secretary,
Kansas Department of Health and Environment

THE KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

Our Vision

Healthy Kansans living in safe and sustainable environments

Our Mission

To protect the health and environment of all Kansans by promoting responsible choices

Our Values

Leadership—Embracing responsibility, leading by example, and valuing innovation and creativity without regard to position or title

Accountability—Assuming ownership of our individual and collective roles in tending to our state's health and environmental issues

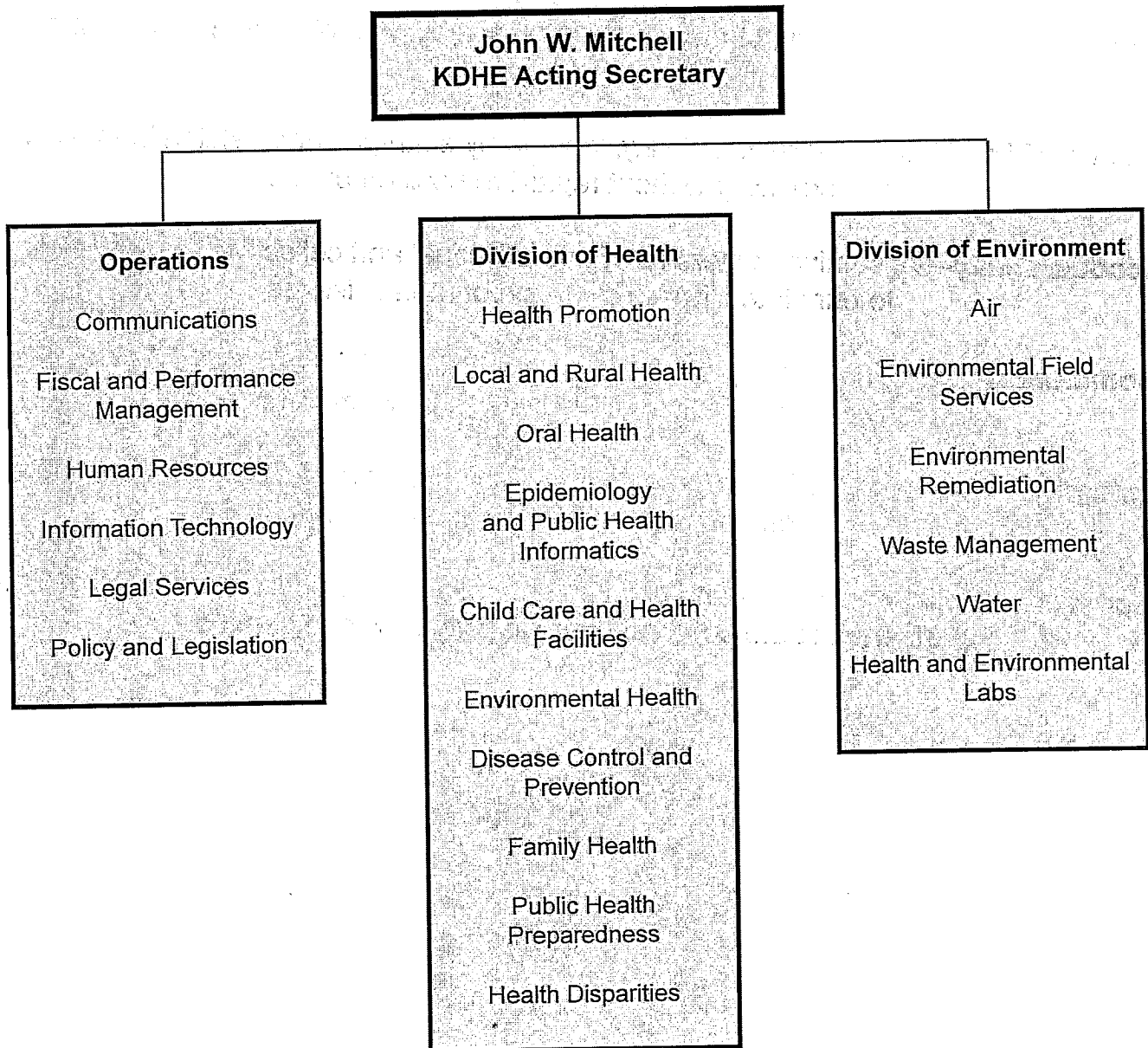
Communication—Encouraging staff, partners and the public to listen to one another and share information about issues and accomplishments

Integrity—Upholding the highest professional and personal standards to promote a sense of pride and honor in our work

Teamwork—Collaborating with and valuing the contributions and perspectives of staff, partners and the public to improve programs and services

THE KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

KDHE is organized into two divisions and one administrative section. A summary of the activities each division performs is outlined below in the organizational chart.



THE KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

The divisions of the Kansas Department of Health and Environment are responsible for the activities listed below.

The **Division of Health** is responsible for:

- Licensing and regulating a variety of day cares, preschools, foster homes, residential centers, hospitals and treatment facilities.
- Credentialing health care workers.
- Investigating disease outbreaks and helping to prevent the spread of disease by promoting healthy behaviors and immunizations.
- Educating the public about chronic diseases and injury prevention.
- Assisting Kansas communities in establishing systems to provide public health, primary care and prevention services.
- Addressing the special needs of children through infant screening programs, nutrition programs and services for children with special health needs.
- Managing the civil registration system for the state by collecting and processing records on births, deaths, marriages and divorces, and providing reliable statistics to policymakers, program managers and the public.

The **Division of Environment** is responsible for:

- Conducting regulatory programs for public water supplies, industrial discharges, wastewater treatment systems, solid waste landfills, hazardous waste, air emissions, refined petroleum storage tanks and others.
- Administering programs to remediate contamination and evaluate environmental conditions across the state.
- Ensuring compliance with federal and state environmental laws.
- Providing laboratory data in support of public health and certifying the quality of Kansas laboratories.
- Providing scientific analysis to help diagnose and prevent diseases.
- Providing laboratory test results to help guard public drinking water, ambient air and surface/groundwater quality.

2010 LEGISLATIVE SUMMARY

Kansas Indoor Clean Air Act- HB 2221 created the Kansas Indoor Clean Air Act. Effective July 1, this bill prohibits smoking in most public places and makes smoking in most public places a cigarette or tobacco infraction. Smoking is now prohibited in: public places; taxicabs and limousines; restrooms, lobbies, hallways and other common areas in public and private buildings, condominiums and other multiple-residential facilities; and any place of employment.

Exemptions include: outdoor areas of any building or facility beyond the access points of the building or facility (10-foot radius outside of any doorway, open window or air intake leading into the building); private homes or residences, except when used as a day care home; hotel or motel rooms designated for smoking guests if the percent of such rooms does not exceed 20 percent of the total hotel or motel rooms; the gaming floor of a lottery gaming facility or racetrack gaming facility; the portion of an adult care home (and a licensed long-term care unit of a medical care facility) that is designated as a smoking area and that is fully enclosed and ventilated; and tobacco shops. Class A and B clubs are also listed in the law as being exempt providing they meet certain requirements. However, a lawsuit is pending and until that is resolved, Class A and Class B clubs may allow smoking.

Child Care Licensing- HB 2356 eliminates the category of registered "family day care homes" and creates a transitional process for the existing homes to become licensed. It also creates an online information web site for the public to find history of potential day care providers. And, inspections will be conducted once every 15 months until July 2, 2012, then annually unless a complaint is made.

Background checks for employees and use of Vital Statistics for Maternal and Child Health - HB 2454 grants KDHE statutory authority to conduct criminal background checks on new OVS employees and prohibit any person who has been convicted of a felony or misdemeanor related to dishonesty, including identity theft or fraud, from being hired by the Office of Vital Statistics. (Formerly SB 488)

This bill also allows the use of identifiable data in birth, death, and still birth certificates for the purpose of maternal and child surveillance and monitoring.

Radon Certification Law - SB 531 creates the Radon Certificate Law which would require certification of radon measurement technicians, radon mitigation technicians, and radon measurement laboratories by the Secretary of KDHE.

TB Evaluation Requirements and Prevention and Control Plans for Postsecondary Educational Institutions - SB 62 creates new law and amends existing law concerning responsibilities for the prevention and control of tuberculosis in postsecondary educational institutions.

Licensure of Audiologists - SB 62 requires individuals seeking licensure as an audiologist on or after January 1, 2012, to hold at least a doctorate degree, or its equivalent, in audiology. Individuals holding a master's degree in audiology or its equivalent prior to January 1, 2012 will be deemed to have met the new educational requirement. The bill also will exempt individuals holding an audiology clinical doctoral degree from the requirement to complete a postgraduate professional experience.

HIV Screening for Pregnant Women and Newborn Children - SB 62 requires a physician or other professional authorized by law to provide medical treatment for pregnant women to administer, or have administered, a routine opt-out screening for HIV infection during the first trimester of the pregnancy.

2010 LEGISLATIVE SUMMARY

...continued

If the mother's HIV status is unknown because of refusal to submit to the screening during the pregnancy, or for any other reason, the newborn child would be screened with an HIV test as soon as possible within medical standards.

Administration of Vaccine by Pharmacists - HB 2448 allows a pharmacist, or a pharmacy student or intern who is working under the direct supervision and control of a pharmacist, to administer the influenza vaccine to a person six years of age or older and may administer vaccine, other than influenza vaccine, to a person 18 years of age or older pursuant to a vaccination protocol if the pharmacist, pharmacy student or intern has successfully completed the necessary prerequisites.

Prohibiting Texting While Driving - SB 300 prohibits a person from using a handheld wireless communication device for text messaging or electronic mail communication while driving a moving motor vehicle. Warning tickets will be issued until January 1, 2011.

Primary Seat Belt Law - HB 2130 amends state law to require every occupant of a passenger vehicle to wear a safety belt and to allow a law enforcement officer to stop a vehicle for violations of safety belt requirements by anyone in the front seat and by anyone under age 18.

Smoke Management Plan - SCR 1623 addresses the need to manage the Flint Hills ecosystem by agricultural burning and states that the existing burning practice should be considered a best management practice. The resolution urges the United States Congress to require the EPA to exclude certain air monitoring data from use in determinations of exceedances and National Ambient Air Quality Standards violations where the emissions are from prairie burning in the tallgrass prairie in the Flint Hills, and to treat the data related to burning as exceptional events under 40 CFR Section 50.14.

HEALTH INFORMATION EXCHANGE

In 2009, the Kansas Department of Health and Environment (KDHE) became the state's designee for health information exchange (HIE). Every state and six territories will receive funding from the U.S. Department of Health and Human Services to help achieve the national goal of every American having an electronic health record by 2014. Kansas submitted its grant application to the Office of the National Coordinator for Health Information Technology (ONC) in October 2009, and received \$9 million for the four-year project period beginning February 11, 2010. In addition to these funds KDHE also received \$374,400 from the Kansas Grantmakers in Health to facilitate planning efforts related to HIE in Kansas. The initial work included developing a strategic and operational plan for the state and submitting this plan to ONC. Upon acceptance of the state plan, the ONC will release funds to implement the plan, which is designed to facilitate the creation of a statewide health information exchange that achieves meaningful use of the technology as defined by the United States Department of Health and Human Services.

The primary goal of health information exchange is to allow healthcare providers and stakeholders to share data for coordinating patient care and to support public entities in understanding and improving health goals for the entire population.

To guide the planning and implementation process, KDHE convened an expanded e-Health Advisory Council (eHAC), which is a broad base of health care stakeholders representing more than 30 health care organizations.

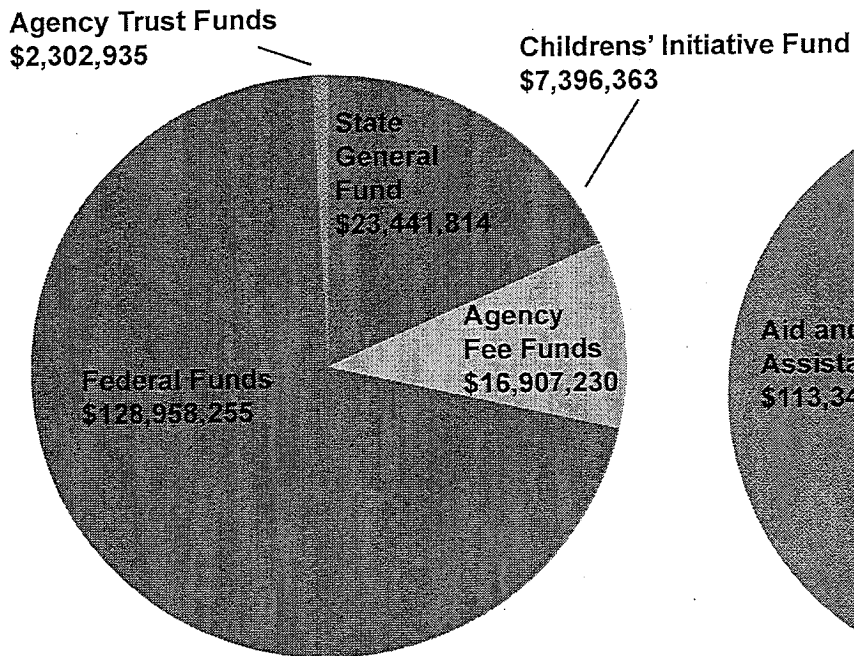
This group divided into workgroups and focused on five areas of the project: governance, technology, business operations, finance and legal.

The eHAC completed its work on the state plan and the plan was submitted to ONC in August 2010. The plan should be approved by ONC sometime during March 2011.

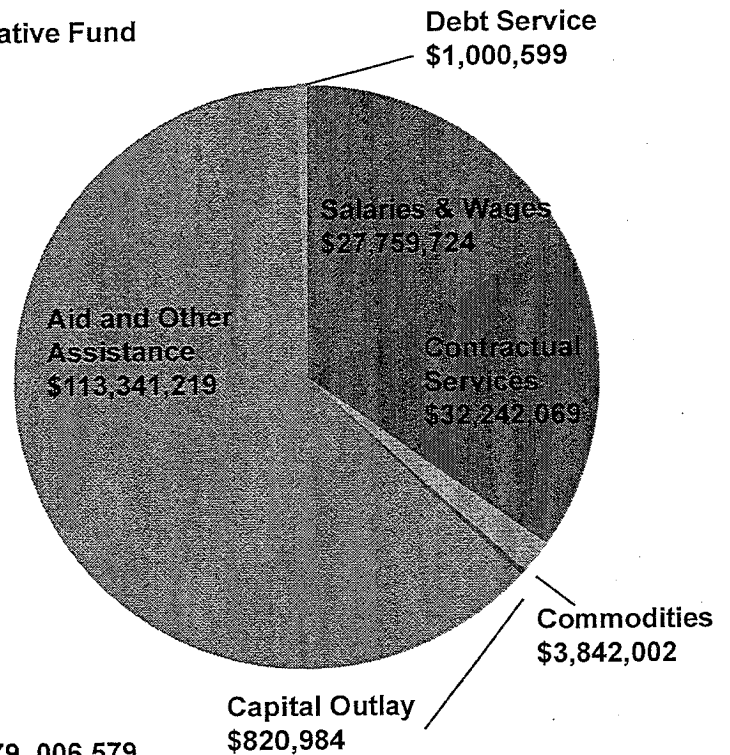
A major consideration of planning for HIE has been the close coordination between the Kansas Health Policy Authority as the Medicaid agency, the Kansas Foundation for Medical Care as the Regional Extension Center and KDHE as the state designated entity for HIE. These groups have coordinated efforts to assure that efforts in the state around HIE are consistent and that any leveraging of resources that can be achieved is taken into consideration during planning.

FISCAL YEAR 2010 EXPENDITURES

FY 2010 Health Funding by Source

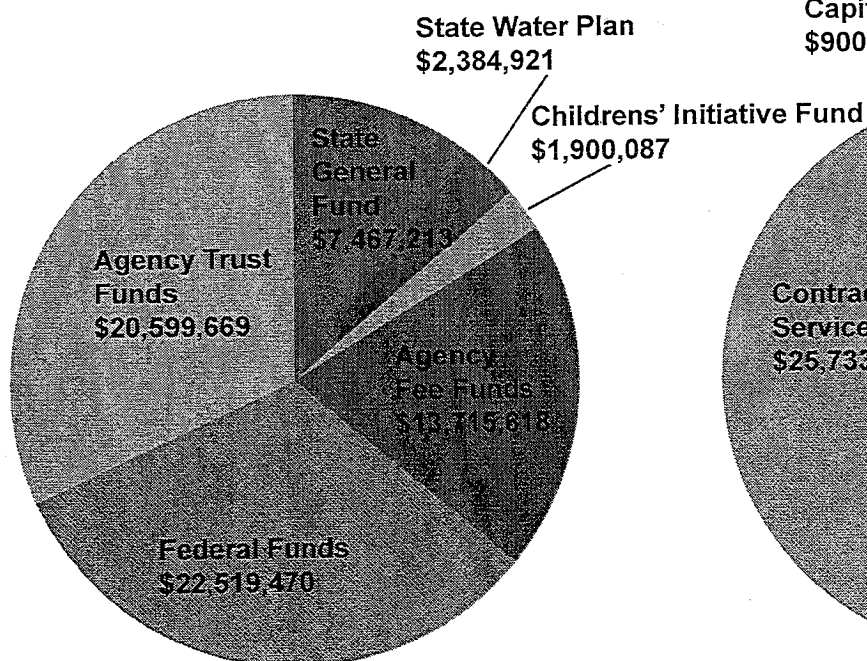


FY 2010 Health Expenditures by Type

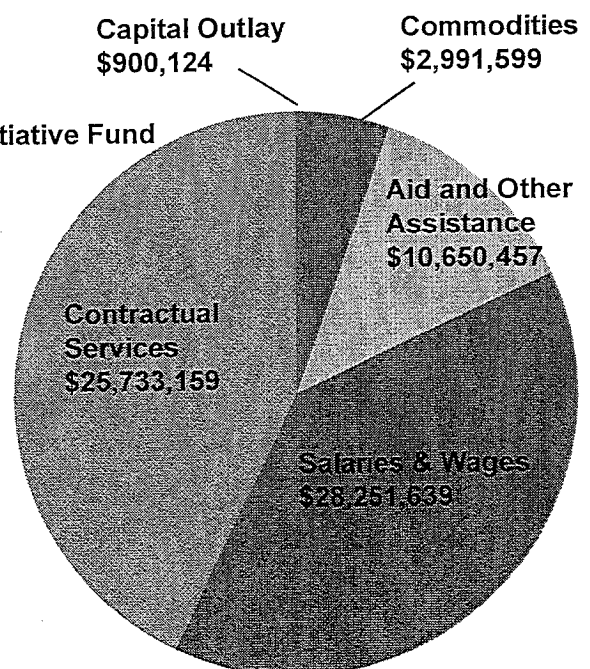


Health Total: \$179,006,579

FY 2010 Environment Funding by Source



FY 2010 Environment Expenditures by Type



Environment Total: \$68,586,978

DIVISION OF HEALTH

The Division of Health exists to protect and improve the health of every Kansan. It does this in most cases not by dealing directly with individuals, but with populations. Unlike practitioners of clinical medicine, the public health professionals working in the Division of Health focus their attention less on the health of patients and more on the health of society. The emphasis is less on cure and more on prevention; less on treatment after the fact and more on preserving health before it is lost. Specifically, the division's mission is to strengthen the state's overall public health system so that conditions that support optimal health can be maintained and enhanced in every community in the state.

By applying the science of epidemiology, the division's public health professionals seek better understanding of the causes of poor health while working to develop feasible program and policy solutions. Health problems that garner the most attention are those having both a large impact in terms of morbidity and mortality, and those with the greatest potential for prevention. Solutions most often sought for each major health concern are those that address the underlying root causes, scientifically sound interventions that make it easier for people to make healthy choices and take better care of themselves and their children, regardless of their income or access to medical services. In this way, the Division of Health carries forward the reforming work of the state's public health pioneers who a century ago understood that the most lasting improvements in community health result not from expanding medical treatment facilities, but from creating a healthier context in which all Kansans live, work and play every day of their lives.

The ongoing preventive activities of the Division of Health include such things as: reducing the risk of catching communicable diseases through immunization and contact tracing, lowering the probability that children will become obese or start to smoke cigarettes through school-based prevention programs, redesigning communities to encourage more physical activity, improving birth outcomes for families beset by poverty, poor housing and lack of opportunity, making certain that childcare settings and healthcare facilities are safe, assuring that lead and other toxic hazards are cleaned up in the home environment, coordinating public health disaster preparedness activities statewide, promoting better access to primary medical and dental care, and inserting health objectives into policy development in every sector of society.

Specifically, the Division of Health is responsible for:

- Licensing and regulating a variety of day cares, preschools, foster homes, residential centers, hospitals and treatment facilities.
- Credentialing certain health care workers.
- Improving the oral health of the population.
- Conducting surveillance for reportable conditions, investigating disease outbreaks, and helping to prevent the spread of communicable disease by promoting screening, responsible behavior and immunizations.
- Developing policies and programs that address preventable chronic diseases and injuries.
- Assisting Kansas communities in establishing systems to provide public health, primary care and prevention services.
- Protecting the public from such hazards as lead, asbestos and radiation.
- Addressing the special needs of children through infant screening programs, nutrition programs and services for children with special health needs.

DIVISION OF HEALTH

...continued

- Providing leadership to mitigate, prepare for, respond to and recover from disasters, infectious disease outbreaks, terrorism and mass casualty emergencies.
- Managing the civil registration system for the state by collecting and processing records on births, deaths, marriages and divorces, and providing reliable statistics to policymakers, program managers and the public.

HEALTHY KANSANS 2010

Healthy Kansans 2010 is the corollary to Healthy People 2010. This initiative provides a preventive health framework for Kansas' health providers, organizations, communities and the state to encourage and provide opportunities for improving health outcomes in Kansas. Healthy Kansans 2010 utilizes a set of recommendations developed through an extensive planning process with input from more than 150 community representatives, health experts and academics from across Kansas. The plan was developed around three cross-cutting priority health issues: reducing and eliminating health disparities, social determinants of health, and early disease prevention and intervention for women, children and adolescents.

KDHE continues to integrate the Healthy Kansans 2010 recommendations into planning and prevention efforts and encourages the inclusion of these recommendations in the work of its many Kansas partners. The recommendations developed through the Healthy Kansans 2010 initiative were constructed around the 10 Leading Health Indicators as identified by the Healthy People 2010 Objectives for the Nation published by the Centers for Disease Control and Prevention (CDC). These indicators are used as markers of progress to the desired state of health for Kansas. While not all KDHE Division of Health programs link directly to Healthy Kansas 2010 goals, there are areas in which progress can be measured.

KANSANS PERFORMANCE ON 10 LEADING HEALTH INDICATORS FOR THE HEALTHY PEOPLE 2010

	Kansas Data (Baseline)	Kansas Data (Most Current)	HP2010 Goal
Indicator #1. Physical Activity			
Obj. 1. Increase the proportion of adolescents who engage in vigorous physical activity that promotes cardio-respiratory fitness three or more days per week for 20 or more minutes per occasion.	63% (2002 KS Youth Tobacco Survey, grades 9-12)	70%* (2005 KS Youth Risk Behavior Surveillance System, grades 9-12)	85% (grades 9-12)
Obj. 2. Increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day.	38% (2003 KS BRFSS)	37% (2009 KS BRFSS)	50%
Indicator #2. Overweight and Obesity			
Obj. 1. Reduce the proportion of children and adolescents who are overweight or obese. (>= 95 th percentile)	11% (ages 12-18, 2002 KS Youth Tobacco Survey, grades 6-12)	12% (2009 KS Youth Risk Behavior Surveillance Survey, grades 9-12)	5% (ages 12-19)
Obj. 2. Reduce the proportion of adults who are obese.	23% (2004 KS BRFSS)	29% (2009 KS BRFSS)	15%
Indicator #3. Tobacco Use			
Obj. 1. Reduce cigarette smoking by adolescents.	21% (2002 KS Youth Tobacco Survey, grades 9-12)	17% (2009 KS Youth Risk Behavior Surveillance Survey, grades 9-12)	16% (grades 9-12)
Obj. 2. Reduce cigarette smoking by adults.	20% (2004 KS BRFSS)	18% (2009 KS BRFSS)	12%

HEALTHY KANSANS 2010

...continued

	Kansas Data (Baseline)	Kansas Data (Most Current)	HP2010 Goal
Indicator #4. Substance Abuse			
Obj. 1. Increase the proportion of adolescents <i>not</i> using alcohol or any illicit drugs during the past 30 days.	<p>68% (6th, 8th, 10th and 12th graders not using alcohol at least once in the past 30 days)</p> <p>90% (6th, 8th, 10th and 12th graders not using marijuana at least once in the past 30 days)</p> <p>(2004 Kansas Communities That Care Survey)</p>	<p>73% (6th, 8th, 10th and 12th graders not using alcohol at least once in the past 30 days)</p> <p>92% (6th, 8th, 10th and 12th graders not using marijuana at least once in the past 30 days)</p> <p>(2009 Kansas Communities That Care Survey)</p>	89%
Obj. 2. Reduce the proportion of adults engaging in binge drinking of alcoholic beverages during the past month.	13% (2004 KS BRFSS)	15% (2009 KS BRFSS)	6%
Indicator #5. Responsible Sexual Behavior			
Obj. 1. Increase the proportion of adolescents who abstain from sexual intercourse.	55% (Abstinence only - 2005 KS Youth Risk Behavior Surveillance System, grades 9-12)	53% (Abstinence only - 2009 KS Youth Risk Behavior Surveillance System, grades 9-12)	95% (includes abstinence or condom use if sexually active)
Indicator #6. Mental Health			
Obj. 1. Increase the proportion of adults with recognized depression who receive treatment.	No Kansas data available that is directly comparable to HP2010 target.	42% (2008 KS BRFSS)	64%
Indicator #7. Injury and Violence			
Obj. 1. Reduce deaths caused by motor vehicle crashes.	17.1 deaths per 100,000 population (2003 Vital Statistics, KDHE)	13.9 deaths per 100,000 population (2009 Vital Statistics, KDHE)	9.2 deaths per 100,000 population
Obj. 2. Reduce homicides.	4.3 homicides per 100,000 population (2003 KS Vital Statistics)	4.6 homicides per 100,000 population (2009 KS Vital Statistics)	3.0 homicides per 100,000 population

HEALTHY KANSANS 2010

...continued

	Kansas Data (Baseline)	Kansas Data (Most Current)	HP2010 Goal
Indicator #8. Environmental Quality			
Obj. 1. Reduce the proportion of persons exposed to air that does not meet the U.S. Environmental Protection Agency's health-based standards for ozone.	0% (EPA Aerometric Information Retrieval System)	0% (EPA Aerometric Information Retrieval System)	0%
Indicator #9. Immunization			
Obj. 1. Increase the proportion of young children who are fully immunized (4:3:1:3:3 series).	77.5% (4:3:1:3:3 series - 2004 National Immunization Survey)	78.2% (4:3:1:3:3 series - 2008 National Immunization Survey)	80% (4:3:1:3:3 series)
Obj. 2. Increase the proportion of non-institutionalized adults aged 65 years and older who are vaccinated annually against influenza.	68% (2004 KS BRFSS)	69% (2009 KS BRFSS)	90%
Obj. 3. Increase the proportion of adults aged 65 years and older ever vaccinated against pneumococcal disease.	63% (2004 KS BRFSS)	68% (2009 KS BRFSS)	90%
Indicator #10. Access to Health Care			
Obj. 1. Increase the proportion of persons with health insurance.	85% (2004 KS BRFSS)	88% (2009 KS BRFSS)	100%
Obj. 2. Increase the proportion of persons who have a specific source of ongoing primary care.	84% (2004 KS BRFSS)	85% (2009 KS BRFSS)	96%
Obj. 3. Increase the proportion of pregnant women who begin prenatal care in the first trimester of pregnancy.	88% (2003 Vital Statistics, KDHE)	74.1% (2009 Vital Statistics, KDHE)	90%

* 49 percent of Kansas students (grades 9-12) were physically active for at least 60 minutes per day for five or more of the past seven days (2009 YRBS). In 2007, this estimate was 45 percent (2007 YRBS).

- Data shown here are from the most current sources.

- Chart updated on 11/01/10

BUREAU OF HEALTH PROMOTION

The mission of the Bureau of Health Promotion is to improve quality of life and reduce the incidence of death and disability from chronic disease and injury, which supports KDHE's mission of protecting the health and environment of all Kansans by promoting responsible choices. The office is responsible for the core public health functions related to reducing the preventable burden of chronic diseases and injuries. Program activities are supported by state, federal and private grant funds, which have been obtained through competitive processes and through collaboration with partner organizations to leverage funds from existing resources.

PROGRAMS/SECTIONS

The Bureau leads a state health planning process to identify priority actions for improving the health status of Kansans. Progress in meeting Healthy Kansans 2010 health objectives is reviewed with a broad representative group of partners against national objectives. One of 12 states funded to evaluate the utility of the national Healthy People 2020 framework, Kansas is poised to implement a highly participatory Healthy Kansans 2020 strategic planning process, emphasizing multi-sector collaboration to address selected priorities.

The goal of the **Kansas Arthritis Program (KAP)** is to reduce the burden of arthritis in Kansas by increasing awareness of the impact of arthritis and the importance of early diagnosis and self-management to reduce disability, and increasing the number of evidence-based self-management programs throughout the state.

The **Cancer Program** facilitates development of a Kansas Cancer Plan, with active participation from more than 200 partners. The plan outlines strategies to improve prevention, screening and early detection; assure quality treatment and pain management; and assess survivorship and end-of-life care in Kansas. The program also provides breast and cervical cancer screening and diagnostic services to uninsured women who meet income and age (40-64) guidelines. Between July 1, 2009 and June 30, 2010, the program screened 5,800 women, the maximum number of eligible women that the current funding would support.

The efforts of the **Heart Disease and Stroke Prevention program** aim to decrease death and disability from cardiovascular disease by supporting improved quality of care for high blood pressure and high cholesterol in primary care settings, increasing awareness of the signs and symptoms of heart attack and stroke and working directly with employers to support their efforts to improve the management and prevention of chronic illness among their workforce.

The goal of the **Kansas Diabetes Prevention and Control Program (DPCP)** is to reduce the burden of diabetes in Kansas through a multidimensional approach to diabetes control. The Kansas DCPC convenes stakeholders to develop a state plan for primary prevention, quality of care, patient self-management, and systems and community change actions, as it works to assure a coordinated state diabetes public health system.

The **Injury Prevention Program** facilitates a statewide planning process related to the prevention and control of injuries and to strengthen injury surveillance programs. The program facilitates the activities of the Safe Kids Kansas Coalition, fire and burn prevention program and youth fire-setter intervention services. During the past nine years, 27,587 child safety seats, booster seats and special needs child seats have been distributed to low-income families. In addition, more than 120,500 bicycle helmets have been distributed, 20,000 home smoke detectors and 5,000 carbon monoxide detectors installed in Kansans' homes. The program also conducts suicide prevention activities and provides funding and technical assistance to communities to support rape prevention education.

Kansas Coordinated School Health (KCSH) is a collaborative project between KDHE and the Kansas State Department of Education to assist schools in creating learning environments that integrate chronic disease prevention strategies into the school setting. Increasing physical activity and promoting healthy food

BUREAU OF HEALTH PROMOTION

...continued

choices in school environments is strongly correlated with improved health, attendance and higher academic achievement of students.

The **Physical Activity and Nutrition (PAN) Program** is dedicated to increasing the number of Kansas residents who have the knowledge, motivation and opportunity to make lifestyle choices that promote healthy eating and increased physical activity through state level leadership and coordination that reaches communities across the state.

The **Health Risk Behavior Surveillance** program conducts a continuous, confidential, population-based survey of Kansas adults through the Behavioral Risk Factor Survey System (BRFSS) to estimate the prevalence of health risk behaviors, utilization of preventive health practices and knowledge of health risks among the population. Youth surveys are also conducted to estimate the prevalence of tobacco use among middle and high school students, and the prevalence of risk for overweight among Kansas children in grades 6-12.

The **Tobacco Use Prevention Program (TUPP)** is committed to improving the health and lives of all Kansans by reducing use of and exposure to tobacco. The program works in concert with state and local partners to promote interventions that are consistent with the CDC's Best Practices for Tobacco Use Prevention recommendations for action. Communities across Kansas receive limited funding to support actions aimed at eliminating exposure to secondhand smoke, promoting tobacco cessation among youth and adults, preventing initiation of tobacco use among youth, and identifying and eliminating tobacco use disparities. A toll-free Kansas Tobacco Quitline, 1-800-QUIT-NOW (784-8669), is available 24 hours a day, seven days a week to provide individual counseling, information and resources for tobacco cessation, including nicotine replacement therapy (patch or gum) to qualified individuals.

The **Kansas Disability and Health Program** is designed to develop, sustain and support activities to improve the health and quality of life for people with disabilities. This includes building the capacity of communities to address violence against individuals with disabilities through the creation of multi-disciplinary teams.

The **Kansas Healthy Communities program** works with community coalitions throughout Kansas to support community leaders' ability and commitment to establishing, advancing and maintaining effective population based strategies that reduce the likelihood of residents developing premature chronic disease. Policy, systems, environmental and infrastructure changes to reduce exposure to tobacco, increase physical activity and promote healthy food choices have broad reaching, highly impactful and sustainable success in reducing the onset of chronic disease. Chronic Disease Risk Reduction Grants provide financial and technical assistance to communities to address these leading risk factors (tobacco, physical inactivity and unhealthy eating). The program responded to more than 5,000 requests for assistance in 2010.

2010 ACCOMPLISHMENTS

- The Indoor Clean Air Act was adopted by the 2010 state legislature and made effective July 1, 2010. This major public health legislation builds upon the 38 local laws already in place and expands protection from second hand smoke to all Kansans, with few exceptions.
- The Kansas primary seatbelt law was passed by the 2010 state legislature, expanding protection from severe injury and death to all front seat passengers, all ages. Kansas became the 30th state to implement a primary seatbelt law.

BUREAU OF HEALTH PROMOTION

...continued

- The Kansas Cancer Registry, contracted with the University of Kansas, once again received a Gold Standard rating for completeness of data. The efforts of the registry, together with the cooperation of laboratories, hospitals and other reporting facilities, means that Kansans are informed about the incidence of cancer in the state and can be assured that the data collected is complete, accurate and confidential. The Gold Standard award is presented by the North American Association of Central Cancer Registries.
- The Chronic Disease Quality of Care (QOC) Project, a system for improving quality of care indicators for diabetes and other chronic diseases, supported 45 health care organizations across the state. As a result, the number of Kansans enrolled in the QOC registry who received an HbA1c and/or dilated eye exam, two important tests for managing their diabetes, increased by 50 percent.
- The Kansas Coordinated School Health program leveraged private funding to monitor fitness indicators for Kansas children that are correlated with academic progress and student absenteeism.
- Technical support and resources were provided to employers throughout the state to address vending, physical activity and tobacco use policies, promoting value-based benefits to improve worker health and productivity.
- The Kansas Behavioral Risk Factor Surveillance System (BRFSS) program provided local level estimates of health risk behaviors to 61 individual counties and 16 Health Preparedness regions as a result of expanded data collection. Data estimates by county, in addition to state estimates, were made readily available electronically through the BRFSS website.

Contact Information

Bureau of Health Promotion

Phone: 785-296-8916

Web site: www.kdheks.gov/bhp

BUREAU OF LOCAL AND RURAL HEALTH

The Bureau of Local and Rural Health, in collaboration with a diverse array of public and private partners, helps Kansas communities enhance their public health and health care delivery systems. The office's mission is to assist community-driven efforts to ensure access to quality public health, primary care and prevention services. The office has three primary goals:

- To ensure Kansas achieves the highest standards of health, by promoting core public health functions and philosophy.
- To support health policy that is consumer- and community-driven.
- To help all Kansas communities succeed by preserving consumer-oriented, integrated systems of care.

PROGRAMS/SECTIONS

The **Local Health Section** supports public health workforce development, public health performance standards and accreditation, and quality improvement processes. Two major goals are emphasized: increasing the capacity of public health agencies to perform essential public health services, and enhancing the ability of the public health workforce to achieve core competencies for public health. These goals are accomplished through provision of technical assistance to local health departments and other public health system partners, along with promotion of comprehensive public health education and training for the public health workforce.

The mission of the **State Office of Rural Health** is to promote access to quality health care in rural Kansas by linking rural communities with state and federal resources aimed at developing long-term solutions to rural health challenges. The Office provides an array of services to meet its mission of encouraging recruitment and retention of health professionals, disseminating information, coordinating state rural health activities, strengthening partnerships and providing technical assistance to rural communities. The Office administers the Small Hospital Improvement Program (SHIP) grant and the Medicare Rural Hospital Flexibility (FLEX) program, both of which support the state's small rural hospitals and rural health networks.

The mission of the **Primary Care Office** is to assure that vulnerable, low-income, uninsured and otherwise underserved Kansas residents receive adequate access to affordable primary health care services. The Primary Care Office focuses on helping local communities through planning, data assistance, specific program services, and technical consultation. Activities include evaluating access for underserved populations including persons covered by state medical assistance programs such as HealthWave and Medicaid, and using these analyses to apply for appropriate federal shortage designations; supporting activities to recruit and retain health professionals through the J-1 Visa Waiver Review Program, National Health Service Corps Loan Repayment Program and State Loan Repayment Programs; administering a program of state grants to support "safety net" primary care clinics; directing the Charitable Health Care Provider Program; and collaborating with the State Board of Pharmacy in the administration and activities of the Unused Medications Program.

The **Kansas Trauma Program** is a partnership between public and private organizations to address the treatment and survival of patients with critical injuries. The program's goal is to establish local and regional trauma systems across the state so that each patient is properly triaged and transported to the hospital with the most appropriate resources as quickly as possible. Because patients with severe injuries require rapid, specialized treatment to ensure the best chance for recovery, an integrated trauma system increases their chances for survival and reduces their chance of permanent disability. Activities of the Trauma Program include implementation of a statewide trauma plan; development of regional trauma plans; management of a statewide data collection system on trauma; designation of trauma centers; and support for the Advisory Council on Trauma and Regional Trauma Councils.

BUREAU OF LOCAL AND RURAL HEALTH

...continued

The purpose of the **Kansas Statewide Farmworker Health Program** is to assure access to primary health care services for low-income and medically underserved migratory and seasonal farmworkers through health service vouchers and case management services.

The **Refugee Health Program** coordinates health screening for Refugees who are resettled in the state. Health information from the U.S. Public Health Service Quarantine stations are sent to local health departments who conduct screenings in order to: 1) ensure follow-up evaluation, treatment and referral of conditions identified during the medical examination; 2) identify persons with communicable diseases of potential public health importance; and 3) identify personal health conditions that adversely impact effective resettlement and personal well-being (e.g., job placement, language, training or attending school, etc.).

2010 ACCOMPLISHMENTS

- The State Office of Rural Health's Kansas Rural Health Information Services (KRHIS) has been instrumental in disseminating information to our rural health care and public health providers. Since January 2010, more than 220 announcements about relevant trainings, webinars and rural resources were sent out to more than 1,300 KRHIS subscribers.
- With support through the FLEX program, the Kansas' Rural Health Education and Services actively works with hospitals and health clinics throughout the state in recruiting health providers, including 46 Critical Access Hospital clients. Currently, there are more than 220 job opportunities listed with the Kansas Recruitment Center and more than 840 active candidates in the Center's database.
- The State Office of Rural Health's focus on quality improvement has received continued support from rural hospitals with 67 rural hospitals participating in the Quality Health Indicators multi-state benchmarking project and 77 rural hospitals participating in the Health Quality in Rural Areas education and training program.
- The Local Health Section launched the Kansas Public Health Accreditation Pilot, in collaboration with six local health departments who were also applicants for the beta test of the national public health standards and accreditation process through the Public Health Accreditation Board (PHAB). Through the pilot, KDHE and local health departments are collaborating to advance public health quality improvement and accreditation readiness in Kansas.
- More than 9,400 new "learners" registered for KS-TRAIN, bringing total accounts to 36,802 with more than 23,100 live, online, webinar, exercise/courses completed by those with KS-TRAIN accounts. In a year characterized by tight budgets, KS-TRAIN served as a cost-effective alternative to the classroom, enabling public health professionals to access quality education from their desktop, with more than 8,000 online/desktop trainings completed. This resulted in an estimated savings of \$2,665,790. Since August of 2004, when KDHE and partners began posting online/desktop trainings to the learning management system, the estimated total cost savings is \$7,702,857.
- In 2010, \$1.36 million dollars worth of medications were distributed to uninsured, low-income Kansans through the Unused Medications Repository.
- There are 39 state-funded clinics that see all patients regardless of ability to pay, with 70 sites in 31 counties of the state. Seventy-eight percent of all Kansans and 77 percent of uninsured Kansans live in a county with a state-funded primary-care (safety-net) clinic.
- There are 84 National Health Service Corps providers and 15 providers receiving State Loan Repayment practicing in underserved communities in 2010, more than doubling the number of obligated health professionals serving in underserved areas of the state from 2009.

BUREAU OF LOCAL AND RURAL HEALTH

...continued

- The Statewide Farmworker Health Program assisted more than 4,601 farmworkers and dependents in receiving primary care services, a four percent increase over 2009.
- The Refugee Program provided technical direction and clinical review of health screenings for 350 refugees settling in eight counties throughout Kansas.
- With support from the state trauma program and the office of rural health, the state's six trauma regions provided specialized trauma care training to 600 healthcare professionals statewide.
- With support from the state trauma program, seven hospitals in Kansas have met national trauma center standards and an additional three hospitals are working towards trauma center accreditation.

Contact Information

Bureau of Local and Rural Health

Phone: 785-296-1200

Web site: www.kdheks.gov/olrh

BUREAU OF ORAL HEALTH

The Bureau of Oral Health works to increase public awareness about the impact of dental disease and to improve the oral health of all Kansans through oral health data collection and dissemination, statewide oral health education, the development of evidence-based oral health policy and statewide programs dedicated to dental disease prevention.

Some of the Bureau's current projects include a dental professional recruitment program, a children's oral health initiative, a project to improve the oral health of patients with special health care needs and oral health screenings for all Kansas school children K-12 in compliance with K.S.A. 72-5201.

2010 ACCOMPLISHMENTS

- The School Oral Health Screening program provided oral health screenings for approximately 75,000 children in the 2009-2010 school year. These screenings provide the state with county level data on the prevalence of dental caries and dental sealants among Kansas children. Data from this program is available at: www.kdheks.gov/ohi/screening_program.htm.
- In September, the Bureau of Oral Health received two new federal grants to support school-based oral health prevention programs across the state. These grants from the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) will provide funds for a Kansas statewide school sealant program. The Bureau will contract with safety net dental clinics and individual private dental practitioners to bring oral health preventive services into schools to treat children at risk of dental disease.
- The Bureau funded several programs to encourage dental professionals to work in underserved parts of Kansas. A federal grant provided funds for student loan re-payment for dentists and dental hygienists working in shortage areas and treating Medicaid patients. The grant also provided start up funds to support the use of dental hygienists in community-based practice sites like schools, local health departments and nursing homes.
- Bureau staff works with Kansas high schools to encourage students to consider dental careers. We provide students with educational presentations on dentistry and provide them opportunities to shadow dental professionals at work. Students participating in these "Dental Club" programs are also eligible to apply for college scholarships to help them realize their dental career goals.
- In addition to these major projects, the Bureau is drafting the 2010-2013 State Oral Health Plan with the state oral health coalition Oral Health Kansas. It funds the Cavity Free Kids program with the Kansas Head Start Association. The Bureau also collaborates with the Kansas Health Policy Authority on dental issues targeting Medicaid population and provides medical providers with oral health materials and fluoride varnish education as well as gives guidance to other KDHE bureaus and community partners on oral health issues.

Contact Information
Bureau of Oral Health
Phone: 785-296-5116
Web site: www.kdheks.gov/ohi

BUREAU OF EPIDEMIOLOGY AND PUBLIC HEALTH INFORMATICS

The Bureau of Epidemiology and Public Health Informatics was formed in October, 2010 by merging the former Bureau of Surveillance and Epidemiology with the Bureau of Public Health Informatics. This new bureau brings together core functions related to the collection of a broad array of health-related data, and the analysis, interpretation and dissemination of those data, in a cohesive and integrated manner.

PROGRAMS/SECTIONS

The **Office of Vital Statistics (OVS)** registers and maintains birth, death, fetal death, marriage and divorce records and amendments to those records. State law requires funeral home directors, hospital administrators and court officials to file various certificates and reports and the issuance of certified copies of specified records to legally entitled individuals. Vital statistics information serves as the starting point for assessment of social and health factors, which is a core function of public health.

The **Vital Statistics Data Analysis** and **Healthcare Data Analysis** programs perform statistical analysis on a wide variety of health-related data. Data are acquired from existing health care and public health data sources and from new collection activities to fulfill the information needs of program managers, health care providers, researchers, legislators and the public.

The **Infectious Disease Surveillance** program administers the state reportable disease system and maintains a secure, web-based electronic disease surveillance system (KS-EDSS), which is utilized by all local health departments and KDHE for reporting and managing case records and outbreak investigations.

The **Healthcare-associated Infections Program** was established through the development of a state planning process with input from a multidisciplinary advisory group, with the goal of reducing healthcare-associated infections (HAI). Professionals in infection prevention and epidemiology were recruited to staff the program, which has continued to prosper throughout 2010. The initial focus has been to develop a robust surveillance system with hospitals through the U.S. Centers for Disease Control and Prevention-supported, web-based National Healthcare Safety Network (NHSN). As of the end of 2010, 19 hospitals have joined the Kansas statewide group within NHSN and have begun to share HAI data with KDHE.

The primary functions of the **Infectious Disease Epidemiology and Response program** are: 1) provide technical support to local health departments and healthcare partners regarding infectious disease; 2) conduct outbreak investigations, often in partnership with local health departments; 3) develop and implement special epidemiologic projects, evaluations and assessments to improve program planning and administration; 4) provide education and training regarding surveillance and epidemiology and infectious disease; and 5) contribute to workforce development efforts through partnerships with academic institutions (including senior staff with adjunct faculty appointments, serving on student internship and practicum committees, guest lectures, etc.).

The **Environmental Epidemiology** program provides epidemiologic support and scientific expertise related to the relationships between the environment and human health. The program oversees the epidemiologic components of the state program for the National Environmental Public Health Tracking Network (NEPHTN) and provides epidemiologic consultation on environmental health issues to a variety of other programs.

The primary goal of the **Kansas trauma system** is to ensure patients are triaged and treated at the hospital with the most appropriate resources as quickly as possible. Epidemiologic support to the Kansas Trauma Program is provided to analyze Kansas Trauma Registry data to evaluate and improve treatment and survival of critical injuries. In particular, work during 2010 has focused on providing data and technical assistance to the six trauma regions for more informed decisions about improving trauma care regionally and statewide. Technical assistance regarding quality improvement has also been provided to hospitals as part of the verification process for trauma center designation through the American College of Surgeons.

BUREAU OF EPIDEMIOLOGY AND PUBLIC HEALTH INFORMATICS

...continued

2010 ACCOMPLISHMENTS

- Produced first fully electronically filed death certificates with biometric authentication of physicians certifying cause of death, which expedites death certificate filing, providing more timely customer service to funeral homes, the general public, and provision of death data to local, state and federal partners.
- Increased efficiency of vital record data access to partner agencies, including Kansas Health Policy Authority, Department of Labor, Secretary of State and Department of Revenue.
- Preparation of an annual report on infant mortality to highlight important issues.
- Expanded information in Kansas Information for Communities (KIC) FastStats to include new county level data from a variety of state and federal sources.
- Collaborated with the National Center for Health Statistics to improve birth certificate data quality.
- Obtained Veteran's Administration 1995-2009 data for Kansas inpatients for analysis.
- Created online training for KS-EDSS available through KS-TRAIN.
- Infection Disease Surveillance began publishing monthly Epi Updates newsletter to highlight activities and events related to infectious disease surveillance and epidemiology.
- Tracking and reporting quality indicators in Epi Updates, which will be expanded in the coming year to include a broader array of performance measures.
- Finalization and publication of the first-ever state plan to reduce HAIs.
- Development of four part National Healthcare Safety Network (NHSN) training series for infection preventionists.
- Establishment of HAI Reporting Group within NHSN to facilitate HAI data sharing.
- Continued to fulfill a critical function in the public health response to the 2009 H1N1 influenza A pandemic by providing technical support and managing a comprehensive surveillance system to provide state-level, regional, and local information that was crucial to assessing the impact of the pandemic and for planning purposes; staff also co-authored three articles on the pandemic that appeared in peer-reviewed medical journals.
- In conjunction with local health departments and other agencies, investigated 54 disease outbreaks, including 12 vaccine-preventable disease outbreaks (pertussis, varicella and mumps); 20 person-to-person enteric disease outbreaks; 20 foodborne illness outbreaks; and two waterborne illness outbreaks.
- Conducted oral and poster presentations on a variety of topics at state and national public health conferences, including a summary of an intentional food contamination investigation involving a restaurant; overview of foodborne illness outbreak summaries and investigation methods; study of hospital policies for prevention of perinatal infections with hepatitis B virus, HIV and Group B streptococci; human case of swine influenza associated with a county fair.
- Submission of lead poisoning data to CDC as part of the NEPHTN two years ahead of schedule.
- Completed an assessment of the incidence and prevalence of selected diseases and conditions in Neosho County in response to environmental concerns.

BUREAU OF EPIDEMIOLOGY AND PUBLIC HEALTH INFORMATICS

...continued

- Provided epidemiological support and expertise for response efforts and policy development regarding health concerns of blue-green algae blooms.
- Provision of individual, facility-specific quarterly reports to 126 hospitals that provide data quality and trauma care performance indicators.
- Developed and initiated a pilot project to evaluate the application of the CDC field triage criteria for emergency medical services in rural environments.

Contact Information

Bureau of Epidemiology and Public Health Informatics

Phone: 785-296-1058 Epi Hotline: 877-427-7317

E-mail: EpiHotline@kdheks.gov Web site: www.kdheks.gov/bephi/index.htm

BUREAU OF CHILD CARE AND HEALTH FACILITIES

The purpose of the Bureau of Child Care and Health Facilities is to protect and promote public health through the licensing and surveying of child care and health care facilities in Kansas, as well as the credentialing of various health occupations. The bureau has three goals:

- Assure medical care facility patients, health care recipients, and children in care receive the highest level of care and services practical in accordance with state and federal regulations.
- Complete state licensing and federal certification survey processes, including follow-up surveys and complaint investigations to assure the adequate care and treatment of patients in safe, sanitary and functional environments in Kansas health care facilities. Certification processes are prescribed by the Centers for Medicare and Medicaid Services (CMS).
- Promote and assure safe, healthy and accessible care for children and maternity patients.

PROGRAMS/SECTIONS

Child Care Licensing and Registration regulates more than 11,000 child care facilities and day care homes. In order to be responsive to the citizens of Kansas and design a child care system for the 21st century, the program is undergoing a systems review of policies, procedures and regulations. This review incorporates a Best Team process, which successfully addressed issues for child care facilities and family foster homes resulting in statute changes, systems improvements and more meaningful regulation. Business process improvements and technology initiatives such as online application and automated surveys will support improved program performance, streamlined processes and increased customer satisfaction in the coming years.

The Health Facilities Program regulates 837 health care facilities and conducts approximately 270 surveys each year. The program licenses and/or certifies medical care facilities (i.e. hospitals, critical access hospitals and ambulatory surgery centers) and non long-term-care entities (i.e. licensed or certified home health agencies, rural health clinics, OPPT, ESRD's, hospice providers and mobile x-ray). Its programs exist to assure quality care through two primary means -- establishing licensing standards and inspecting facilities to assure standards are being met.

The Health Occupations Credentialing program licenses or certifies the following occupations: Adult Care Home Administrators (642), Dietitians (845), Speech-Language Pathologists (1,708), Audiologists (203), Certified Nurse Aides (47,849), Certified Medication Aides (9,307), Home Health Aides (5,872) and Operators (2,080). In addition, this program maintains a comprehensive registry of certified nurse aides, which includes records of abuse, neglect, exploitation and criminal history. During FY 2010, the program processed 757,069* inquiries to the Nurse Aide registry and 23,408 criminal record check requests. (*As of 7/1/2009, to assure a more accurate count, the number of Internet page views is reported instead of visitor counts.)

2010 ACCOMPLISHMENTS

- The Health Occupations Credentialing Program (HOC) developed an updated Certified Medication Aide Curriculum and Examination, which will be implemented upon adoption of regulations in 2011.
- An online roster submission process was developed and implemented, allowing schools offering nurse aide training to enter personal information for students enrolled in the nurse aide course and eliminating the need for HOC staff to perform the data entry. When test results are received from the scoring entity, they can be immediately entered into the database and linked to the student, resulting in quicker issuance of the certificate.

BUREAU OF CHILD CARE AND HEALTH FACILITIES

...continued

- HOC developed a computer-based testing (CBT) process for the state nurse aide and home health aide certification tests. The CBT process will be implemented in early 2011.
- The employment verification process was streamlined to make it easier for staff of adult care facilities and home health agencies to update employment information for certified nurse aides, medication aides and home health aides.
- The provisions of 2010 House Bill 2323 related to the criminal record check program were implemented; felony theft was added to the list of criminal offenses which prohibit individuals from being employed by adult care facilities or home health agencies, effective July 1, 2010.
- An abbreviated Child Placing Agency survey was implemented in August 2010, increasing the efficiency of the annual inspection process.
- An exception for fire safety regulations for family foster homes was implemented September 2010, allowing more flexible exiting requirements in foster homes while adhering to fire safety standards.
- Legislation passed during the 2010 session known as Lexie's Law increases protection for Kansas children and supports families in making informed child care choices.
- The Bureau of Health Facilities collaborated with the Bureau of Epidemiology at this year's ambulatory surgery center annual state conference. The Bureau gave the opening address and program on Infection Control as well as responding to suppliers' inquiry about the survey process in Kansas.

Contact Information

Bureau of Child Care and Health Facilities

Phone: 785-296-1240 Fax Number 785-296-1266 Child Care Licensing and Registration 785-296-1270

Web site www.kdheks.gov/bcchf

BUREAU OF ENVIRONMENTAL HEALTH

To further protect the health and environment for all Kansans the KDHE Secretary in July 2009 established the Bureau of Environmental Health (BEH). BEH combines the activities of the Healthy Homes and Lead Hazard Prevention Program and the Radiation and Asbestos Control Section, (formerly located within the Bureau of Air and Radiation) and is the home of the newly established Environmental Public Health Tracking Program. The Bureau of Environmental Health seeks to protect the health of all Kansans by connecting environmental problems and associated public health concerns through coordinated comprehensive surveillance and responsible hazard exposure prevention.

PROGRAMS/SECTIONS

The **Healthy Homes and Lead Hazard Prevention Program** coordinates statewide lead poisoning prevention activities, including blood lead testing, environmental investigation, medical follow-up and case management of children with elevated blood lead levels. The program promotes lead poisoning prevention and home safety through educational outreach and the distribution of assistance materials. The program enforces rules and regulations regarding lead based paint activities including renovation/remodeling practices in residential settings to ensure the safe elimination of lead hazards. The program provides support to local health agencies, industry and the public to ensure that Kansas families are protected not only from lead poisoning but from other injury and illness associated with health hazards found in the home environment.

The **Radiation and Asbestos Control Section** protects the public and the environment from the harmful effects of man-made sources of radiation, environmental radiation and asbestos. This includes administering the Radiological Emergency Response program, the Environmental Radiation Surveillance program, the Kansas Radon Program, the Radioactive Materials and X-Ray Control programs, the Asbestos program and the Right-to-Know program. The Radiological Emergency Response program provides planning, training and operational radiological response to all radiation incidents in Kansas. The Environmental Radiation Surveillance program detects, identifies and measures any radioactive material released to the environment by the Wolf Creek Generating Station and provides oversight in the cleanup of other sites contaminated with radioactive materials. The Kansas Radon Program performs outreach and education to the citizens of Kansas on the harmful effects of radon gas, how to test for it, and how to repair structures to mitigate the health threat posed by radon gas. The Radioactive Materials and X-Ray Control programs regulate the commercial and medical uses of ionizing radiation in Kansas. The Asbestos program monitors the removal of asbestos from building renovations and demolition projects. This program also certifies contractors and issues licenses to asbestos workers to ensure trained personnel conduct appropriate removal activities. The Right-to-Know program receives information regarding chemical storage and releases into ambient air and makes this information available to the public.

The **Environmental Public Health Tracking Program** is developing applications to collect, analyze, interpret and publish environmental health data indicators as part of the National Environmental Public Health Tracking Network. Development of the network is part of a national initiative led by the Centers for Disease Control and Prevention and will include the development of a web-based system to track key environmental hazards and health problems across Kansas. The tracking network will help identify threats to the health of Kansans posed by the environment and will improve how KDHE can respond to those threats.

2010 ACCOMPLISHMENTS:

- More than 1,000 Kansas workers successfully completed Lead Safe Renovator Training in Kansas.
- More than 100 Kansas families were assisted in determining the sources of lead exposure which resulted in lead poisoning.
- BEH assisted in the characterization and remediation of sites contaminated with radioactive waste.

BUREAU OF ENVIRONMENTAL HEALTH

...continued

- The X-ray inspection program inspected 990 machines in more than 600 facilities in the state and took action to correct concerns at more than 40 percent of these locations.
- The Healthy Homes Program monitored the screening of more than 32,000 children and 5,000 adults in Kansas for elevated amounts of blood lead.
- EPA driven regulation changes resulted in the establishment of education and work practice safety measures in Kansas which protect business, workers, homeowners and children from harmful exposure to lead dust. The program assisted in collecting data and provided data analysis to families, agency stakeholders and federal partners concerning the environmental health effects of historic lead mining and smelting activities in Treece, Kansas.
- The successful completion of lead hazard remediation in more than 600 homes in the Kansas City, Kansas area served as a template for a new funding request to assist families statewide.
- During 2010 the state legislature and industry partnered with BEH to protect the health of Kansas families by enacting the Radon Certification Law. This new responsibility will enhance the efforts of the Kansas Radon Program to safeguard the citizens of Kansas from the harmful effects of radon gas.
- Several preparedness activities were conducted during 2010 to test our ability to respond and protect the public in the event of an accident at the Wolf Creek Generating Station. The program is also examining the health risks associated with any future threat to Kansas that may include contamination from radioactive materials.
- The Asbestos program approved more than 600 permits for the removal of asbestos from buildings during renovation or demolition projects. The Right-to-Know program monitored information regarding chemical storage and releases into our environment.
- The program worked diligently to create the tools needed to collect, analyze and share data and to create important health protection information. The tracking of potentially harmful toxins associated with blue-green algae in Kansas waters will continue to be an area of enhanced study and public information.
- The program was able to successfully collect, analyze, interpret and publish the first of a continuing series of environmental health data indicators as part of the National Environmental Public Health Tracking Network nearly two years ahead of schedule.

Contact Information

Bureau of Environmental Health

785-296-5606

Web site: www.kdheks.gov/beh E-mail: beh@kdheks.gov

BUREAU OF DISEASE CONTROL AND PREVENTION

The Bureau of Disease Control and Prevention (BDCP) programs respond to the state's leading health problems in the areas of communicable diseases and address components from all three core functions of public health – assessment, policy development and assurance. BDCP provides immunization vaccines for children; counseling and testing for HIV; medications to people with AIDS, STDs and tuberculosis; partners' notification for infectious diseases; establishing partnerships with medical and community organizations to identify, counsel and treat people at risk for infectious/contagious diseases and immunize Kansas citizens against vaccine-preventable diseases.

PROGRAMS/SECTIONS

The **Immunization Program** seeks to maximize the protection of Kansans from vaccine-preventable diseases. The program aids in the distribution of vaccines to local health departments and private providers for low-income, underinsured and uninsured children. The program assists vaccine providers and conducts periodic surveys of immunization coverage as well as manages KSWebIZ, the state's immunization information system (registry). Program staff completed the vaccine distribution and recovery effort for the pandemic H1N1 influenza during the first half of 2010, distributing nearly 900,000 doses of vaccine since the H1N1 Vaccination Campaign began October 1, 2009.

The **Kansas HIV/AIDS Program** works to promote public health and enhance the quality of life for Kansas residents by the prevention, intervention and treatment of HIV and AIDS. The mission will be accomplished through policy and resource development, clinical data collection and analysis, research, education, prevention programs, disease detection and the provision of treatment and clinical care services.

The **STD Program** works to reduce morbidity and mortality from chlamydia, gonorrhea, syphilis and HIV in Kansas by providing a continuous network of surveillance, intervention, prevention and education across the state.

The **Tuberculosis Control Program and Adult Viral Hepatitis Programs.** The Tuberculosis program seeks to assure that proper screening and treatment for tuberculosis occur in Kansas. Program staff serves as a resource for local health departments and other providers who deliver care to persons with tuberculosis and their contacts. The program provides medications which assure proper treatment of patients with infectious tuberculosis. The Adult Viral Hepatitis Section coordinates the high risk hepatitis vaccine program and provides Hepatitis prevention education.

2010 ACCOMPLISHMENTS

- More than 1.7 million patients are enrolled in KSWebIZ, as well as 252 provider practices on the system, which includes all local health departments. The KSWebIZ school module is also accessed by 758 schools in 201 school districts, an increase of 250 percent from last year. The National Immunization Survey released in August 2010, shows that immunization rates for Kansas two year olds have increased, with Kansas ranking in the top 20 percent of all states. More children are now immunized in their medical home, thus removing the barrier of access to immunizations. In 2003, only 35 percent of immunizations given through the Vaccines for Children (VFC) program were administered by private providers. Currently, 55 percent of VFC immunizations are administered through the private sector with a record number of 366 VFC providers. More than 950,000 doses of VFC vaccine were distributed by Immunization program staff in 2010.

BUREAU OF DISEASE CONTROL AND PREVENTION

...continued

- In July 2010, the Ryan White Program implemented the Medical Case Management Model for all Ryan White Part B Case Managers. The implementation of Medical Case Management included a new focus on case consultation with medical providers and assessments for appointment and medication adherence. Medical Case Management also includes a process of certification of all Ryan White Part B case managers.
- The HIV Surveillance Program has successfully navigated a relationship with both Wesley Medical Center in Wichita and St. Francis Wichita to establish a positive mom notification system that would allow the infection control practitioner to access information pertaining to the mother and the birth of the child and have that information transmitted to the HIV surveillance program as soon as possible to ensure immediate follow up and referral of the case. These two facilities have also developed a system to regularly notify and provide HIV surveillance with the latest information on all patients having any services or treatment pertaining to HIV.
- The HIV Surveillance program has also fostered a relationship with the Newton County Medical Center to establish a notification system that would allow the birth center to notify their infection control practitioner of all births that have an indication of HIV on the birth record prior to release of birth information to the state registrar, in efforts to prevent erroneous information being entered on the birth record. The hospital infection practitioner will also be providing regular updates of HIV case information to the HIV Surveillance program.
- As of July 2010, the HIV Prevention Program required that all community-based organizations and local health departments funded by the HIV Prevention Program provide only evidence-based interventions approved by the federal Centers for Disease Control and Prevention; this transition away from homegrown interventions equates to much more effective and tangible HIV prevention efforts reaching those Kansans who are at the highest risk for HIV infection.
- In 2010, the KDHE Counseling and Testing program established collaboration with the Community Health Center of Southeast Kansas dental clinic to conduct opt-out conventional oral testing as a part of routine dental visits. Testing began at the main clinic location September 1, 2010. Satellite locations began offering testing during regular dental clinic hours following in October, November and December. Testing is offered to all clients 13 years and older seeking basic dental examinations in accordance with the CDC Revised Recommendation for HIV Testing Adults, Adolescents and Pregnant Women in Health Care settings.
- Senate Bill 62, Routine Opt-Out HIV Testing of Pregnant Women became law in July 2010. The HIV program has worked extensively on writing the HIV screening regulation K.A.R. 28-1-27. The HIV program is collecting baseline survey data from providers and will conduct the same survey next year and identify the impact of the law and regulation.
- The STD Program has received funding for the implementation of evidenced-based behavioral interventions for adolescents. The interventions promote reduced risk for teen pregnancy, STD and HIV infections as well as providing three adulthood preparation subjects. The STD Program in collaboration with the HIV Program will be establishing and performing these evidenced-based behavioral interventions at several sites in Kansas next year.
- The TB Prevention and Control Program developed a TB Nurse Certification Program that is a unique model program to the United States. The program will be used as a tool to aid in the local health department application for accreditation but most importantly will increase the efficiency of training on tuberculosis for local nurses.

BUREAU OF DISEASE CONTROL AND PREVENTION

...continued

- The Adult Viral Hepatitis Prevention Program has grown tremendously in 2010 by adding more than 25 new Adult Viral Hepatitis Vaccine sites. Eligible adults at risk for viral hepatitis infections are now able to receive hepatitis A and/or hepatitis B immunizations at varying sites including local health departments, primary care STD clinics, substance abuse treatment centers and community health centers.

Contact Information

Bureau of Disease Control and Prevention

Phone: 785-368-6427

Web site: www.kdheks.gov/bdcp

Kansas HIV/AIDS Program 785-296-6174

Kansas Immunization Program 785-296-5591

Kansas Tuberculosis Program 785-296-5589

STD Section 785-296-5596

BUREAU OF FAMILY HEALTH

The mission of the Bureau of Family Health is to provide leadership to enhance the health of Kansas women and children through partnerships with families and communities. The bureau has three goals:

- Improve access to comprehensive health, developmental and nutritional services for women and children, including children with special health care needs.
- Strengthen Kansas' maternal and child health infrastructure and systems to eliminate barriers to care and to reduce health disparities.
- Improve the health of women and children in the State through prevention/wellness activities, focus on social determinants of health, adopting a life-course perspective and addressing health equity.

PROGRAMS/SECTIONS

The bureau supports a statewide system of public health services for the maternal and child health population through four sections:

The **Children and Families Section** provides infrastructure support to public health in serving women prior to pregnancy and to pregnant women, infants, children and adolescents.

Services for **Children and Youth with Special Health Care Needs (CYSHCN)** provides medical specialty services, supplies and statewide system access for children and youth with complex medical conditions.

Children's Development Services provides newborn metabolic and hearing screening follow-up and early intervention services for infants and toddlers with disabilities.

Nutrition and WIC (Women, Infants and Children) Services provides nutrition education (including breastfeeding support), supplemental foods and referrals to other health services to low-income pregnant, breastfeeding and postpartum women and their children up to age five.

2010 ACCOMPLISHMENTS

- Provided diagnostic evaluation, case management, treatment and financial assistance to more than 4,120 children and adolescents with disabilities, and their families. Through a contractual system the CYSHCN program assured that medical specialty services were accessible to any family in the state regardless of geographic remoteness.
- The Make a Difference Information Network (MADIN) toll-free line and information resources network responded to approximately 250 calls per month from families with questions and concerns regarding disabilities. The MADIN website received more than 2,100 web requests for information each month or an average of 70 per day.
- In SFY10, Kansas screened 41,714 newborns for metabolic conditions. Of these, 3,027 had presumptive positive or inconclusive results that required follow-up by nurses to identify and treat infants who are potentially affected by one of 29 screened conditions so that disability, mental retardation and/or death can be prevented.
- In response to the rising cost of treatment products, growing demand and reduced ability to subsidize the cost of products, CYSHCN reviewed eligibility for financial assistance and tightened the sliding fee scale to enable the program to serve Kansans most in need throughout the year.
- 7,336 children, birth through age two, received developmental screening and services through Part C Infant Toddler Services in the past 12 months. A new evidence based practice in the natural environment (in the home or where children without disabilities would commonly be) was implemented successfully across Kansas.

BUREAU OF FAMILY HEALTH

...continued

- 98 percent of all Kansas newborns received hearing screening before leaving the hospital. Staff followed up on all out of range findings. Loss to Follow-Up/ Loss to Documentation rate decreased from 74 to 68 percent.
- Newborn hearing screening (called Sound Beginnings) developed the Part C Hearing Screening Guidelines and provided hearing screening certification to all Part C network screeners.
- Participated in the State Child Death Review Board and was responsible for reviewing all child deaths for children, birth to age 18. Identified trends and patterns of child deaths, risk factors in the population and opportunities for prevention. Made recommendations regarding cause of death, investigation of suspicious deaths and system responses to child deaths including community education and mobilization, professional training, and changes in legislation, public policy and/or agency practices.
- Implemented the Healthy Futures: Improving Health Outcomes for Young Children, Medication Administration Curriculum. Over the one-year grant program, trained more than 30 registered public health nurses, early learning professionals and developed an on-line curriculum available to child care providers and health professionals.
- Trained approximately 500 local WIC/health department staff and Healthy Start home visitors in breastfeeding support techniques at eleven regional trainings using the "Using Loving Support to Grow and Glow in WIC" curriculum.
- An average of 77,364 women, infants and children per month were served by WIC during fiscal year 2010. This was a slight increase from 2009.
- More than 2.3 million food instruments (checks) were processed by WIC during fiscal year 2010 which accounted for nearly \$50 million in food dollars to Kansans.
- 92,606 children and youth received screenings, well-child checkups and other services, 14,815 pregnant women received prenatal care coordination, and 50,376 women received women's health services. This was a significant increase from last year for services provided through local agencies with grant funding from the Children and Families Section.

Contact Information

Bureau of Family Health

Phone: 785-291-3368 Make a Difference: 1-800-332-6262 Nutrition and WIC Services: 785-296-1320

Web site: www.kdheks.gov/bcyf

BUREAU OF PUBLIC HEALTH PREPAREDNESS

The mission of the Bureau of Public Health Preparedness (BPHP) is to provide leadership on preventing, detecting, reporting, investigating, controlling and recovering from human illness related to chemical, biological and radiological agents, as well as naturally occurring human health threats.

The bureau works in all-hazards preparedness, focusing on preparing for and responding to natural disasters, disease outbreaks and acts of terrorism. Close collaboration with the state's local health departments, hospitals and emergency medical services providers continues to improve preparedness at the community level.

2010 ACCOMPLISHMENTS

- The agency's H1N1 Influenza A Pandemic Response After Action Review and Improvement Plan, developed by BPHP with input from across KDHE, was selected by the Centers for Disease Control and Prevention as one of the best five in the country, which resulted in an invitation to a national follow-up workshop conducted by Harvard University.
- In April 2010, BPHP applied for and received Direct Alerting certification for the Kansas Health Alert Network (KS-HAN), which indicates the system meets the standards set forth by the CDC's Public Health Information Network (PHIN). The certification ensures that KS-HAN has the ability to send both secure alerts via the phone and unsecured alerts via various methods of communication, such as e-mail. Achieving Direct Alerting certification required a high amount of collaboration between BPHP and KDHE's IT department.
- The Kansas Medical Reserve Corps (MRC) program was awarded a 2010 MRC Award for States in spring 2010. The award funding will be spent on a statewide MRC volunteer leadership and training summit, which will be held in April 2011. The Kansas MRC Program formed a planning committee to proceed with the logistics of the summit.
- KDHE participated in the update of the Kansas Hazard Mitigation Plan which occurs every three to five years and includes many state agencies. This year, the Major Disease Outbreak section was completely revised by a systematic process to identify disease categories that have significant impact to Kansans. This included the capturing of data from the KDHE Bureau of Epidemiology and Public Health Informatics (BEPHI). Due to this refinement of process and additional data provided by BEPHI, Major Disease Outbreak was determined to be the number three ranked hazard in Kansas behind tornados and floods. This is an increase from being the 11th highest ranked hazard in 2007.
- The bureau hosted a series of seven public information trainings related to the Strategic National Stockpile (SNS) throughout Kansas during fall 2010. The SNS is a federal cache of medicine and medical supplies that is designed to protect people if there is a public health emergency severe enough to cause local supplies to run out.
- The bureau's SNS Program conducted cross-border planning with Missouri, Nebraska and Iowa to share critical information in order to better coordinate plans across jurisdictions for a more comprehensive response. This has led to an increased knowledge of bordering states' assets and best practices.
- BPHP has expanded Strategic National Stockpile Technical Assistance Reviews statewide to be conducted annually within Cities Readiness Initiative (CRI) jurisdictions and biannually within non-CRI jurisdictions participating in the Public Health Emergency Preparedness grant. This comprehensive review evaluates each jurisdiction's level of readiness related to the health and medical response to a possible anthrax emergency and provides jurisdictions an opportunity to enhance plans and procedures based on identified strengths and areas of improvement.
- BPHP and the Kansas Division of Emergency Management (KDEM) jointly provided technical assistance

BUREAU OF PUBLIC HEALTH PREPAREDNESS

...continued

and trainings statewide on the Homeland Security Exercise and Evaluation Program (HSEEP). Exercise specialists from KDHE and KDEM co-facilitated the trainings and worked closely on designing and developing local and state level exercises. This collaboration has been beneficial to the state agencies as we share resources and build stronger relationships with our partners. It also has been beneficial to our local government partners as the state agencies are working cooperatively and sharing consistent messages with local entities on how to utilize and implement the HSEEP model.

- With the assistance of our partners at the Kansas Highway Patrol, BPHP staff and volunteers from across the agency helped return the state's supply of influenza personal protective equipment and antiviral medications to a state of readiness. This federal material was provided to KDHE as part of the H1N1 pandemic response efforts. At the conclusion of the pandemic, KDHE was given the responsibility to maintain the material in case of another pandemic emergency.
- The state's volunteer registry system, K-SERV, has undergone several upgrades to add localized administration functionality to the system. This upgrade allows for a restricted administration role to be given to selected local users of K-SERV. The local administrators are then permitted to view, manage, alert, mobilize and track the volunteers residing in his/her county. Training for the local administrators began with a live training for the Medical Reserve Corps (MRC) Unit Coordinators in October 2010. Additional trainings will be provided in 2011 for additional local users.
- BPHP facilitated the coordination and collaboration of KDHE bureaus in developing and updating the KDHE Emergency Operation Guidelines.

Contact Information

Bureau of Public Health Preparedness

Phone: 785-296-8605

Web site: www.ksprepared.org

CENTER FOR HEALTH DISPARITIES

The mission of the Center for Health Disparities (CHD) is to promote and improve the health status of all Kansans through shared leadership and collaboration across the public health system in order to reduce, and ultimately eliminate, identified and emerging health disparities among racial, ethnic, tribal and underserved populations. Goals of the Center include the following:

- Strengthen Kansas's public health infrastructure/system to order to meet the health needs of racial/ethnic, tribal and underserved populations.
- Serve as a centralized source for information regarding the health of minorities and underserved populations as well as evidence-based, best practice strategies to address reduction of disparities among these populations.
- Serve as the leading source of information, advocacy, and training for cultural competency in the Kansas public health system.
- Promote multi-sector collaboration with private, public, and tribal sector partners that contribute to improved well-being of Kansas communities by reducing health disparities.

2010 ACCOMPLISHMENTS

- First federal grant application and award. This is a three year grant award from Department of Health and Human Services, Office of Public Health Sciences to support reduction and elimination of minority health disparities in Kansas through the state offices of minority health.
- Development, coordination, implementation and preliminary evaluation of a statewide education campaign to raise awareness of the seriousness of infant mortality in Kansas (through partnership with the Kansas Blue Ribbon Panel on Infant Mortality). More than 1,000 individuals visited the statewide campaign website link on the Kansas Blue Ribbon Panel web site from September – November (National Infant Mortality Awareness Month, National AIDS Awareness Month, and National Prematurity Awareness Month). A variety of materials for locally tailored campaign kits were created in downloadable formats (letters to the editor, PSAs, fact sheets, etc.).
- Participation in KDHE public health accreditation standards workgroup and in other strategic planning assessments undertaken by the Division of Health.
- In April 2010, the Center transitioned from the Office of the Secretary to the Division of Health. Accomplishments include: networking and communication with bureau directors and program staff regarding CHD functions and opportunities for collaboration; provision of technical assistance and consultation on a variety of issues (cultural competency, data sharing, health literacy, health reform, community health assessment regarding social determinants and equity, Office of Minority Health resources, best practice models); participation in planning statewide Governor's Public Health Conference 2011. CHD also consulted on a variety of topics with community partners in regards to disparities and program planning (American Heart Association, American Cancer Society, Center for Health Equity, Sedgwick County Health Department).

Contact Information

Center for Health Disparities

Phone: 785-296-0781

Web site: www.healthdisparitiesks.org

DIVISION OF ENVIRONMENT

The mission of the Division of Environment is to protect the public health and environment for Kansas. To implement this mission, the Division of Environment has adopted the following goals:

- **Assurance** - Implement environmental programs in Kansas to achieve regulatory compliance and maintain assurance that environmental programs are protective of public health and the environment.
- **Policy Development** - Be responsive to the needs and inquiries of the citizens of Kansas and the regulated community with respect to environmental programs.
- **Assessment** - Provide citizens of the state with accurate assessments of the environmental conditions of the state.

In order to fulfill this mission and meet these goals, the Division of Environment has developed and implemented regulatory, compliance assistance, monitoring and educational programs within each of the bureaus and the division as a whole.

BUREAU OF AIR

The mission of the Bureau of Air (BOA) is to protect the public and the environment from air pollution. The bureau's goals address issues commonly known to cause serious potential harm to public health and the environment and threaten economic stability. The efforts of the BOA to conserve air quality, control air pollution and protect the public health begin by providing quality customer service.

PROGRAMS/SECTIONS

The **Air Compliance & Enforcement Section (ACES)** is responsible for determining compliance and if needed, issuing enforcement actions due to non-compliance. Depending on the type and quantity of emissions, sources are required to obtain permits and conduct activities such as testing, monitoring, recordkeeping and reporting to demonstrate compliance. The ACES staff uses a combination of inspections, performance test evaluations, report reviews, technical assistance and enforcement actions to ensure facilities comply with applicable air quality regulations and permits.

The **Air Permitting Section (APS)** is responsible for reviewing air quality control permit applications and issuing permits for air emissions in accordance with state and federal air quality regulations. Air quality control permits are issued with the goals of conserving air quality, controlling air pollution and providing quality service to customers.

The **Air Monitoring and Planning Section** administers the air monitoring and modeling program and the emissions inventory program. In cooperation with three local agencies, section staff operate an air monitoring network, which provides air quality data from 25 sites around the state. The monitoring data is analyzed to determine compliance with federal standards and to evaluate air quality trends. Other activities include providing outreach on air quality improvement and indoor air quality education.

2010 ACCOMPLISHMENTS

- Issuance of the Sunflower Electric construction permit.
- Completion of a plan to reduce the effects of burning within the Flint Hills.

Contact Information

Bureau of Air
Phone: 785-296-1593
Web site www.kdheks.gov/bar

BUREAU OF ENVIRONMENTAL FIELD SERVICES

The Bureau of Environmental Field Services (BEFS) provides service to the public and to other Division of Environment bureaus through regulatory and compliance efforts, complaint and emergency response, environmental monitoring and assessment, and pollution prevention efforts. This bureau often serves as the public's first point of contact for investigation and assistance. BEFS maintains a central office in Topeka as well as six district offices, located in Chanute, Dodge City (with a satellite office in Ulysses), Hays, Lawrence, Salina and Wichita. The activities of the bureau directly support the division's air, water, waste management and storage tank regulatory programs. These activities are implemented under working agreements between BEFS and the other four bureaus.

2010 ACCOMPLISHMENTS

- BEFS District Office staff conducted hundreds of routine compliance inspections during the past year. They assisted other bureaus in the Division of Environment with a wide range of activities such as site investigation, permitting and enforcement activities. In addition, they provided direct attention to local needs around the state by investigating spills, illegal disposal and reports of fish kills or other unhealthy conditions in Kansas lakes or streams, including blue-green algae blooms. When a natural disaster occurs, district staff supports the affected cities or counties to assist in waste removal, as well as restoration of water and wastewater treatment and other basic needs.
- The bureau contracted with Kansas State University's Pollution Prevention Institute (PPI) for the Small Business Environmental Assistance Program and the Pollution Prevention (P2) Program. Under these two programs, PPI provided technical assistance via hotline and e-mail to more than 750 requests and also performed approximately 35 on-site visits for technical assistance. In addition to the technical assistance, PPI hosted webinars, workshops and seminars on air quality and water quality topics and continued with a P2 intern program in which students are placed at a facility for a summer internship for the purpose of researching and implementing pollution prevention and energy efficiency projects.
- BEFS staff working out of Topeka implemented the department's statewide water quality monitoring programs, initiated a new system for uploading water quality data to the federal (EPA) Water Quality Exchange, analyzed recent fish tissue contaminant data and updated the state's list of fish consumption advisories, participated in EPA's National Rivers and Streams Assessment and secured Recovery Act funding to facilitate the identification and protection of the state's highest quality streams.

Contact Information

Bureau of Environmental Field Services
Phone: 785-296-6603 FAX: 785-291-3266
Web site: www.kdheks.gov/befs/

Small Business Public Advocate 1-800-357-6087 or 785-296-0669

Northeast District, Lawrence 785-842-4600

North Central District, Salina 785-827-9639

Northwest District, Hays 785-625-5663

Southeast District, Chanute 620-431-2390

South Central District, Wichita 316-337-6020

Southwest District, Dodge City 620-225-0596

BUREAU OF ENVIRONMENTAL REMEDIATION

The Bureau of Environmental Remediation (BER) works to protect and preserve our state's water supply, both ground water and surface water, as well as the health and welfare of Kansans, from the effects of environmental contamination. The bureau houses a number of programs whose primary function is to identify, investigate and remediate contaminated areas of the state. The bureau provides a framework of policies and quality assurance and quality control procedures to insure collection of consistent reliable data. Important elements of the framework are consistent cleanup standards and priority ranking systems used to ensure that limited resources are focused on the sites that pose the greatest risk to the general public.

Contaminated sites are referred to the bureau through a variety of mechanisms, including environmental audits, spill reporting, self-reporting of contamination, referrals from U.S. EPA or other government agencies, routine sampling of water supply wells, or complaints from the public. Threatened or impacted drinking water supplies are of primary concern and consequently receive high priority to protect and restore safe drinking water supplies.

PROGRAMS/SECTIONS

The **Assessment and Restoration Section** is responsible for corrective action at landfills; tracking and clean-up at emergency spill response sites; administration of the Drycleaning Facility Release Trust Fund; state oversight of U.S. EPA National Priorities List "Superfund" sites; state oversight of U.S. Department of Defense sites; and implementing natural resource damage and assessment activities.

The **Remedial Section** is responsible for assessment, investigation, cleanup, monitoring and long-term stewardship of contaminated sites throughout Kansas. The Remedial Section accomplishes its goals through various cleanup programs and works in a cooperative partnership with the public, industry and local government. The programs include the Site Assessment program, State Cooperative program, Voluntary Cleanup and Property Redevelopment program, Brownfields program, State Orphan Sites program and the Environmental Use Control program.

The **Storage Tank Section** is responsible for the enforcement of state and federal storage tank regulations designed to prevent releases of petroleum and hazardous substances from storage tanks that impact the health and safety of the citizens of the state and for corrective action at petroleum storage tank release sites. The section administers the Underground Storage Tank and Aboveground Storage Tank Release Trust Funds which provide tank owners and operators with a financial mechanism to address releases of petroleum from their storage tanks. The programs are funded through a one cent tax per gallon of fuel sold in the state.

The **Surface Mining Section (SMS)** consists of three basic programs; the Administration and Enforcement Program is responsible for issuing of new coal mining permits, inspecting active permitted coal mines and enforcing regulations pertaining to active coal mining operations; the Abandoned Mine Land (AML) Program reclaims coal mines abandoned prior to the passage of PL 95-87; and the Emergency Program which abates coal mining related hazards that have an immediate and imminent impact on the health and safety of the public.

2010 ACCOMPLISHMENTS

- The State Brownfields program completed 80 assessments at properties that now have the potential to be redeveloped throughout the state. The assessments determine the environmental condition of the property at no cost to an eligible property owner and are performed before a prospective purchaser takes title to the property and satisfy the federal due diligence requirements.

BUREAU OF ENVIRONMENTAL REMEDIATION

...continued

- Worked with the City of Salina to evaluate several groundwater contaminant plumes migrating toward their public water supply (PWS) well field. Groundwater modeling results were used to determine a pumping strategy and a cleanup system. Collaboration has resulted in a treatment system to cleanup the groundwater and limit plume migration towards the PWS well field.
- Worked with hundreds of companies through various programs to obtain cleanup of the soil and groundwater of the state. When one of those companies files for bankruptcy, the bureau must file a claim to acquire the resources to complete the cleanup. An example of one of the bankruptcies is related to the former General Motors Fairfax I Plant consisting of approximately 97 acres of contaminated property in the industrialized Fairfax District of Kansas City, Kansas. The vacant property was being investigated under the Voluntary Cleanup Program when General Motors Corporation announced the bankruptcy. In 2010, a negotiated settlement amount of \$4.6 million was established which will cleanup the property to facilitate interest in future redevelopment.
- Worked with the bankruptcy Trustee and the City of Lawrence to address the 467 acre Farmland Industries facility allowing the City to acquire the property. A Consent Order between the City and KDHE establishes cleanup criteria and will allow for commercial redevelopment of the property that has been abandoned since 2001. Contaminated soil and groundwater are managed and remediated as redevelopment opportunities occur.
- The Voluntary Cleanup program reached a milestone of 200 "No Further Action" letters issued to voluntary parties. Many of these properties have been cleared for future redevelopment, reuse or property enhancement. More than 500 voluntary parties are participating in the program.
- The Storage Tank program operated 200 remedial systems to protect PWS wells and aquifers from petroleum releases at tank sites across the state. Treatment systems on PWS wells continue to operate and are currently providing 132,000 Kansas citizens with safe, clean, drinking water. Treatment systems serve Colby, Hanston, Hays, LaCrosse, Manhattan, Miltonvale, Moscow, Park, Park City, Salina, Satanta, Scott City and White City. Remedial systems were successful and allowed the treatment systems in Atwood, Ellis, and Manter to be shutdown.
- The SMS AML Program remediated hazards associated with the Quail Farm II and the New Castle Projects. The projects remediated past coal mining hazards along 1,095 linear feet of U.S. Highway 400 and 870 linear feet of NE Star Valley Road in Cherokee County. Forty-six subsidences associated with past coal mining and 11 vertical openings associated with past lead and zinc mining were capped to abate the hazards. Eighty-one emergency investigations were performed resulting in abatement of 36 emergencies.
- The bureau provided 24-hour spill response coverage for the Division of Environment and took in 671 spill reports with 304 sites visited by agency staff. Ten spills required additional assessment and long-term remediation. Included were six mercury spills that required agency response.

Contact Information

Bureau of Environmental Remediation

Phone: 785-296-1660

Web site www.kdheks.gov/ber

BUREAU OF WASTE MANAGEMENT

The mission of the Bureau of Waste Management (BWM) is to minimize the health and environmental impacts associated with the generation, storage, transportation, treatment and disposal of all solid and hazardous waste in Kansas. The bureau combines traditional regulatory activities such as permitting and inspections with technical and financial assistance. Conferences, workshops and technical newsletters target businesses and local governments that generate or manage waste at landfills, transfer stations, incinerators, processing facilities, compost sites, recycling centers and private businesses. Solid waste grant programs provide financial aid to stimulate recycling, e-waste collection, composting and household hazardous waste collection. The bureau also administers the "Kansas Don't Spoil It" public education campaign to increase awareness regarding proper waste management methods.

PROGRAMS/SECTIONS

The **Solid Waste Permits Section** of the Bureau of Waste Management administers a broad permit program to ensure that all solid waste facilities are operated in a manner that protects human health and the environment. Permitted facility types include composting, construction/demolition landfills, household hazardous waste collection centers, incinerators, industrial landfills, landfarms, medical waste processors, mobile tire processors, municipal solid waste landfills, solid waste processors, tire collection centers, tire monofills, tire processing facilities, tire transporters and transfer stations. This section also oversees the county solid waste planning process.

The **Hazardous Waste Permits Program** is responsible for administering the federal Resource Conservation and Recovery Act (RCRA) Subtitle C permits and other enforceable orders and agreements related to the storage and treatment of hazardous wastes. This includes overseeing hazardous waste combustion in two cement kilns and remedial work at Kansas businesses that presently manage hazardous waste, or did so in the past.

The **Compliance Assistance & Enforcement Section** administers an enforcement program that ensures that all generators and handlers of solid and hazardous waste comply with applicable laws and regulations. The section uses a balance of traditional enforcement and technical assistance tools to accomplish this goal. The section also manages multiple databases related to monitoring and recording compliance at all Kansas facilities. The section administers the statewide illegal dump clean-up program, the special waste disposal authorization program, the tire retailer inspection program and the household hazardous waste collection center program.

The **Waste Reduction, Public Education and Grants Unit** administers multiple non-regulatory programs designed to improve waste management in Kansas. Grant programs are related to recycling, composting, e-waste collection and waste tire recycling. Public education and awareness efforts include the "Kansas Don't Spoil It" program, the "Get Caught Recycling" program, the "Green Schools" initiative and "Friday Facts" which is a biweekly electronic newsletter containing various environmental guidelines and tips. This unit coordinates waste reduction activities with state, regional and national organizations and the annual WORKS! Conference related to waste reduction and energy recovery from wastes.

2010 ACCOMPLISHMENTS

- The bureau continued the "Green Schools" initiative designed to educate and encourage K-12 schools to adopt and follow environmentally friendly practices. Hundreds of schools registered their "Green Teams" and 16 schools received grants totaling \$48,210 to implement projects to reduce their environmental impacts including various forms of recycling and composting.

BUREAU OF WASTE MANAGEMENT

...continued

- The bureau worked with the Kansas Department of Emergency Management and the Kansas Department of Transportation to complete the State of Kansas Debris Management Plan. This plan is part of the overall State of Kansas Emergency Response Plan and it will serve as the guide for debris management following natural disasters such as tornados, floods, ice storms and wind storms.
- The six regional e-waste collection centers established through bureau grants and contracts were fully operational during 2010. These centers, which serve about 70 counties, collected about 2,000 tons of e-waste for recycling. State financial aid helped jump start these operations which primarily serve the rural parts of the state. These facilities are now transitioning into independent long-term operations following their own sustainable business plans.
- The bureau continues to provide guidance to landfills and other waste generators to produce, recover and utilize methane gas which is a byproduct of the anaerobic decomposition of organic waste. While landfills remain the primary source of methane, other waste streams and industries have significant potential including meat packing plants, municipal waste treatment, dairies, wood product manufacturers (sawdust), and various food processing facilities. Currently, at least 10 facilities are recovering and using methane generated by waste decomposition.
- A new grant-funded household hazardous waste collection (HHW) center became operational in Pittsburg, serving multiple southeast Kansas counties. This facility will be operated for Crawford County by SEK Recycling, a private non-profit organization. The final location in the state without local HHW service was filled by Garden City who recently applied for and was awarded a \$100,000 grant to establish an HHW collection center which will ultimately become a regional program serving multiple southwest Kansas counties.

Contact Information

Bureau of Waste Management

Phone: 785-296-1600

Web sites: www.kdheks.gov/waste and www.kansasdontspoilit.com

BUREAU OF WATER

The mission of the Bureau of Water (BOW) is to protect and improve the health and environment of Kansas through effective regulation of waters of the state. The Bureau of Water is responsible for carrying out programs under the federal Clean Water Act and Safe Drinking Water Act. The various program activities include: permitting wastewater discharges; ensuring public water supplies provide safe, clean drinking water; water well construction; underground injection control; infrastructure financial assistance; livestock waste management; nonpoint source pollution control; training for water and wastewater plant operators; establishing surface water quality standards; and developing total maximum daily load criteria. These programs support the KDHE and Division of Environment missions of protecting public health and environment for Kansans.

PROGRAMS/SECTIONS

The **Geology Section** administers the Underground Injection Control (UIC), the Underground Hydrocarbon and Natural Gas Storage, Water Well Licensing, and Water Well Construction and Abandonment programs. The Geology Section also provides hydro-geologic and technical support for other programs in the Bureau of Water.

The **Industrial Programs Section** administers regulatory permitting programs for the handling, treatment and disposal of industrial wastewater; the pretreatment of industrial wastes directed to municipal wastewater collection and treatment systems; and the quality of stormwater runoff associated with industrial or construction-related activities subject to federal Clean Water Act provisions or Kansas surface water quality standards.

The **Livestock Waste Management Section** works to protect the waters of the state by educating and assisting the regulated community, reviewing and issuing livestock waste management permits, and ensuring compliance with applicable statutes, regulations and permitting requirements.

The **Municipal Programs Section** provides technical review and engineering approval of design plans and specifications for municipal and commercial wastewater collection and treatment systems, administers the Kansas Water Pollution Control Revolving Fund to provide low-interest loans to municipalities for wastewater system improvements, and coordinates with the bureau's Technical Services Section in the development of commercial and municipal permits for existing and new wastewater treatment systems.

The **Public Water Supply Section (PWSS)** is charged with regulating all public water supply systems in the state and assisting them in providing safe and potable water to the people of Kansas. The PWSS oversees 1,033 public water supply systems, including municipalities, rural water districts, and privately owned systems. These systems may serve small communities of several families, to a city of more than 300,000 people.

The **Technical Services Section (TSS)** provides engineering and operational surveillance of wastewater facilities, carries out a compliance and enforcement program, implements the statewide water and wastewater operator training and certification program, develops statewide surface water quality standards, and issues permits for new or expanded systems. TSS coordinates with the Bureau of Environmental Field Services to provide technical assistance and education to drinking water suppliers and wastewater treatment operators.

The **Watershed Management Section** implements Section 319 of the Clean Water Act, coordinating programs designed to eliminate or minimize pollution that does not come from the end of a pipe. The section develops and reviews strategies, management plans, local environmental protection plans and county environmental codes intended to control nonpoint source pollution.

The **Watershed Planning Section** implements Sections 303(d) and 303(e) of the Clean Water Act. The section is responsible for identifying and prioritizing impaired streams, lakes and wetlands, and for developing total maximum daily load (TMDL) criteria for high-priority water bodies as required by the Act.

BUREAU OF WATER

...continued

2010 ACCOMPLISHMENTS

- \$55 million in American Recovery and Reinvestment Act funds for Kansas water and wastewater projects were under contract by the February 17, 2010 deadline.
- \$2.5 million was awarded to 32 Watershed Restoration and Protection Strategy (WRAPS) projects now covering 60 percent of Kansas.
- Local Environmental Programs cover 103 counties and were awarded \$1 million for local work addressing water quality and public health protection.
- More than 350 water and wastewater operators received training at the 91st Annual Water and Wastewater Operators School in Lawrence.
- Contracted with Kansas Rural Water Association to provide technical assistance to wastewater utilities struggling to meet compliance.
- Continued implementation of the Nutrient Reduction Plan and 50 percent of the 59 largest wastewater treatment facilities met the statewide nitrogen reduction goal and 36 percent met the phosphorus goal. Costs over five years exceed \$200 million.
- The overall compliance rate for wastewater dischargers is 94 percent. Drinking water compliance rates indicate 93 percent of the population received drinking water from systems without any violations.
- 90 people attended an educational seminar focused on well contractors, consultants, injection and storage well operations and government agencies.
- 200 livestock feeders submitted nutrient management plans to address nutrients.
- Banner Creek Reservoir in Holton and Clarks Creek watershed in Morris County held celebrations to recognize their successes in restoring water quality.

Contact Information
Bureau of Water
Phone: 785-296-5500
Web site www.kdheks.gov/water

KANSAS HEALTH AND ENVIRONMENTAL LABORATORIES

The Kansas Health and Environmental Laboratories (KHEL) provide clinical and environmental testing in support of KDHE programs. The clinical laboratories also serve as a reference laboratory for local public health laboratory facilities and are a member of the national laboratory response network. The services provided include newborn screening for genetic disorders, infectious disease detection, chemical and radiological environmental testing, childhood blood lead prevention analysis, and emergency preparedness for detection of biological, chemical and radiological agents. The KHEL also provides certification for clinical and environmental laboratories providing services to Kansas and support for law enforcement agencies through the breath alcohol program.

2010 ACCOMPLISHMENTS

- The installation of new equipment is in progress and the associated methodologies will ensure Kansas is at the appropriate response level. The Chemical Terrorism Lab has hired new chemists this year which has enabled us to keep up on a year full of hard core proficiency testing, passing each one of the 39 challenges.
- The Bioterrorism Preparedness Laboratory has continued H1N1 testing, norovirus testing and provided back up support to the Diagnostic Laboratory included Environmental Microbiology, and the Radiochemistry laboratory. They have passed all of the numerous proficiency testing for this year and provided surge for the understaffed laboratory. A new microbiologist joined the team to work in the Diagnostic Laboratory to do pulse field gel electrophoresis to help in the turn around times for food outbreak and clinical specimens of note. The preparedness program has provided an online, web-based course for Division 6.2 Hazardous Shipping of Diagnostic and Infectious Shipments including evidentiary specimens since July 2010.
- Implemented testing in the Environmental Microbiology lab for the new EPA Ground Water rule.
- More than 12,000 blood lead specimens from Kansas children, expectant mothers and occupationally exposed adults were analyzed.
- The Kansas blood lead filter paper method was recognized nationally by the Association of Public Health Laboratories (APHL) on their national blog and the method was presented by KHEL staff at a national APHL and CDC conference. The KHEL blood lead filter paper spot method has been shared with more than a dozen state public health laboratories.
- Kansas has about 41,000 live births every year and 99 percent of these infants are screened by the KHEL Neonatal Chemistry Laboratory for 28 genetic disorders that if diagnosed early can prevent severe mental and physical problems and in some cases death.
- The Molecular Lab continues to improve its technology by adding better instrumentation. The H1N1 Flu pandemic helped the lab create better working relationships throughout the state. The lab has a better idea of how to handle any large outbreak from the lessons learned in 2009 and 2010.
- Completed installation of new instrumentation for low level metals analysis.
- The lab participated in a major exercise for response to an event at Wolf Creek. It involved federal, state and local agencies in response to the event. It was a very successful exercise for the laboratory.

Contact Information

The Kansas Health and Environmental Laboratories

Phone: 785-291-3162

Web site: www.kdheks.gov/labs



For more information about KDHE programs and services,
please visit www.kdheks.gov or call 785-296-1500.