

ADMINISTRATION, KANSAS DEPARTMENT OF

Moderator: Miranda Steele
October 22, 2013
11:00 a.m. EST

Operator: Good morning. My name is (Rashira) and I will be your conference operator today.

At this time, I would like to welcome everyone to the Kansas statewide health call. All lines have been placed on mute to prevent any background noise. After the speakers' remarks, there will be a question and answer session. If you would like to ask a question during this time, simply press star, then the number one on your telephone keypad. If you would like to withdraw your question, press the pound key. Thank you.

Ms. Steele, you may begin your conference.

Miranda Steele: Thank you. Good morning, everyone. Thank you for joining us today for the October statewide public health call.

We have a jam-packed agenda this morning. First, we're going to have Mindee Reece, who is the administrator of our division of public health, as well as the director for our bureau of community health systems, provide updates on things surrounding population health, an opening in her primary care office, and the overall impact of the federal shutdown that recently ended.

Then, our state epidemiologist, Charlie Hunt, will provide several updates from his bureau, the Bureau of Epidemiology and Public Health Informatics. All topics to include West Nile virus, the vital stats summary from 2012, blood lead surveillance, viral hepatitis surveillance and cold weather-related illness and injury.

Then, Dave Thomason, the deputy director for our Bureau of Family Health, will provide details about the recent activity with our Women Infant and Children program as it relates to the federal shutdown.

And then, Angela German from our Bureau of Environment Health will have updates on an upcoming radon awareness campaign and radon testing program and talk about lead poison prevention week and lastly, the end of the blue-green algae season, as far as testing is concerned.

And then Sara Roberts of our Bureau of Community Health Systems – she is the director of rural health – and she’ll talk about rural health day and a critical access hospital meeting that was recently held in Lindsborg. And then I will provide several updates from the communications office before opening for the live question and answer session.

And I will say at this point, before I turn it over to Mindee, Dr. (Moser) sends his regards. He regrets that he can’t be here on the call this morning, but we will be able to provide his updates through the speakers here with us this morning.

So with that, I’ll turn it over to Mindee Reece.

Mindee Reece: Good morning, everyone. I hope all is well across the state of Kansas today.

I wanted to give you an update about this call in particular. As I think all of you know we have recently completed some state-wide activities around the topic of population health. We conducted a summit in Topeka entitled ‘Impacting Population Health, A Statewide Conversation’ on June 11, followed by regional listening sessions across the state.

We are currently putting the finishing touches on the reports from those conversations, which have been extremely enlightening and helpful. Those will be made available to all of you here in the near future.

One of the outcomes from that conversation is that we’re going to change the name of this call from our Public Health Partners Call to the Statewide

Population Health Call. That really is to focus on what we're calling a culture building strategy for enhancing the relationships throughout the health delivery system. So, it's just another way to sort of put our money where our mouth is, that population health is really our focus. And so, when you see the announcements about this call in the future, you will note that it is now going to be called the Population Health Call.

Another announcement from the Bureau of Community Health Systems, we have an opening and are actively recruiting for a workforce coordinator or a program analyst in our primary care office. The requisition number for the position, which is currently posted on the state employment center, is 175734. The job, in essence, is to coordinate the healthcare provider shortage area designation process, to look at community eligibility for federal programs related to the healthcare workforce. So, looking at statistical methodology, interpreting data, analysis; all the things that I'm not good at is what we're looking for. So, if you're not like me, then this job is for you.

The minimum requirements are four years of experience in analytical work. So, it's comparable to the job held by Emily Nickel, Gilbert Tabares – who else on staff has – help me; who else has a job? (Lisa Williams), all of the folks in preparedness. So, if you have interest in working for the state and probably the best bureau in the Department of Health and Environment in the primary care office, this is a great job for you. Really looking for somebody that knows their data and statistics, good organizational skills, somebody that – our preferred skill – or preferred education is a bachelor's degree in business, accounting or statistics, but you don't have to have a degree to qualify.

So, it's open for a while. If you have any questions, you can contact Barbara Huske or me at KDHE and we hope there's some interest or maybe you know somebody.

Miranda Steele: And it will be included in the job listing in our next edition of Public Health Connections, right, if it's still open at that point in time in November.

Mindee Reece: Yes. Yes, it will. So, wanted to announce that. And then the last I just wanted to mention is the federal shutdown.

I'm sure all of you anxiously watched the national news as Dave Thomason and I and probably everyone in this room and many across the department did. We're very happy that it is now over and because of the farsightedness of many staff in leadership positions in the Department of Health and Environment, we handled it OK and Dave is going to go into detail about WIC later in the agenda.

I will tell you in the Bureau of Community Health Systems, the one program that impacted by the federal shutdown was the health facilities program, which receives most of its funding from the Centers for Medicare and Medicaid Services or CMS. The federal funds during the shutdown were only able to be used to respond to cases of immediate jeopardy and to investigate complaints in licensed Medicare certified facilities.

Because of that, several temporary changes in work had to be implemented in the program to avoid furloughing of staff. And so, we had our health facility surveyors focus on surveying the state licensed only facilities, which were the state home health agencies and risk management at hospitals and ambulatory surgical centers. We were down to having about a week and a half to two weeks of work remaining when the shutdown ended, so we were very happy that it ended when it did.

We also reassigned a couple of our Topeka based office staff to the Bureau of Epidemiology and Public Health Informatics for a few days to keep them employed during the shutdown. They provided some support on the infectious disease data management project and thank Charlie Hunt and his staff for keeping them employed during this time.

So, I know it had an impact at the community level as well and I just appreciate everyone's tenacity and patience as we did our best to serve the needs of our citizens and to keep our staff, who have demonstrated resiliency through a number of challenging situations in my time in public health. They deserve more than a medal for the work that they do, but I'm happy that we

made it through this particular challenge and hopefully it will be a one-time experience for all of us and we won't face that particular challenge again.

And so, those are my updates and we can transition to the next speaker.

Miranda Steele: Agreed. Thank you, Mindee.

OK, we'll turn it over to Charlie Hunt, state epidemiologist.

Charlie Hunt: Thank you very much and good morning, everyone.

The first thing I'd like to do is provide a brief update on West Nile virus. Those of you at the local health departments know that – and also from the media coverage – know that 2013 has been the second year in a row where we've seen an increased number of West Nile virus cases.

As of yesterday, we've had 55 cases reported in 25 counties throughout the state. The cases peaked during the week ending September 14. In 2012, we had 57 cases reported for the entire year, which was the highest number we had seen since West Nile virus was first identified in Kansas in 2002. So given the numbers we've seen so far this year, I think we're probably on track to break the record from last year. I'll be surprised if we don't do that.

Of course, we're seeing colder weather in the state and I know that there are some frost warnings predicted in the northeast tonight, so hopefully with the colder weather and as we see freezing temperatures, we'll start to see those case counts continue to decrease. We've also identified two deaths that are caused by West Nile virus and confirmed and reported to KDHE so far this year.

I do want to just take a brief moment to discuss media interest on this issue and reporting. It's important to understand that there's an inherent lag time from case reporting and our updated statistics. We have instituted a policy where we will publish our data on a weekly basis just to make requests for information more manageable, but this is particularly true for deaths. There have been some media reports of additional deaths that have occurred

throughout the state that we are not reflecting in our information we're providing.

In general, we will not publish information regarding deaths until the death certificate has been filed and the cause of death is clearly identified on the death certificate. And we generally will not release information on deaths for rare conditions by county because of confidentiality concerns. As many of you know for the smaller counties, you might only experience a few deaths per week and so if we provide the information by county, that could very well identify (a cause of) deaths for individuals and so we avoid doing that.

So, those of you at the local health departments in particular, if you have media inquiries about West Nile virus and would like some assistance in how to respond to that, please feel free to contact us and we'll be glad to help.

Next thing I'd like to talk about is our 2012 annual summary of vital statistics that we published on October 11. Of course, probably the biggest item that's received coverage and interest has been the significant increase in suicides. We had 505 suicides reported in 2012, compared to 384 in 2011, which is more than 30 percent increase. Twenty percent of those deaths occurred in persons aged 45 to 54 years.

We have taken a look at this internally and have done some internal preliminary analysis and that indicates that these increases were really observed across nearly all demographic regions and geographic regions, though the magnitude of those differences did vary somewhat. We will continue to analyze the data on suicides and publish additional information at a later date.

Another notable item of the summary was infant deaths. Unfortunately, we did see an increase in infant deaths compared to 2011. In 2012, there were 254 infant deaths reported. This is not a statistically significant increase but, of course, every infant death is a cause for concern. And so, we will continue to work with the blue ribbon panel and other groups to help reduce the number of infant deaths.

Our rate for 2012 was 6.3 per 1,000 live births, which is still above the Healthy People goal of six deaths per 1,000 live births. And, of course, we're seeing – continuing to see significant disparity. The infant mortality rates, for instance, for infants born to black non-Hispanic mothers was 14.2, which is nearly three times the rate for infants born to white non-Hispanic mothers. So, again, continuing cause for concern there.

And then finally, tobacco use was reported as contributing to more than 24 percent of deaths, which is, again, very consistent with large scale epidemiology studies that indicate about one in five deaths are caused by tobacco use. So, we continue to want to reduce the impact of tobacco in the state.

The next item I'd like to discuss is just a brief update on our plans for blood lead surveillance. We've sent out several communications about our plans for transitioning and I've provided updates on this call in previous months. We will be offering training for local health department staff on November 12 at 10:30 am. We'll be sending out additional details on this and the training will be archived on Kansas Train, so if you're not able to attend that live training, you'll be able to access it later.

Thank you to all the counties that have responded with information about your plans for conducting investigations for elevated blood lead cases. For the few counties that have not yet responded, we will be contacting you individually to figure out your plans.

We are trying very hard to assess the resources that we're going to need at the state level for managing blood lead surveillance in managing case investigations, so it's important that we understand what the capabilities and capacity is at the local levels. So, please bear with us as we try to make those determinations and we'll be in touch.

Next item is viral hepatitis surveillance. As I mentioned on the call last month, we were – are making changes to our strategies for hepatitis – viral hepatitis surveillance, particularly around hepatitis B and C. Details are provided in our September Epi Updates newsletter. The link to that newsletter

will be provided in the minutes, after this call. So, I just ask you to refer back to that and that will provide you additional details.

(http://www.kdheks.gov/epi/epi_newsletter.htm)

And then finally, particularly for the hospitals that are online, we will be conducting our cold weather-related illness and injury surveillance using BioSense again this year. We have approximately 30 hospitals that are contributing data to BioSense, which is our surveillance system. And to the relief of many, I'm sure, we will not be requesting you to submit data through EMResources.

We understand that's a very labor-intensive process to do that, so we're glad to be able to use BioSense and we'll continue to evaluate how well that system is performing for this issue in particular.

So that's all I have. Thank you very much and I'll turn it back over to Miranda.

Miranda Steele: OK, great. Thank you, Charlie.

Next, we'll have Dave Thomason from our Bureau of Family Health.

Dave Thomason: Good morning, everyone. With regard to the government shutdown, the WIC program, the special supplemental program for – the nutrition program for women, infants and children, was impacted I would say in a moderate to significant way.

As you may be aware, the WIC benefits are issued on three months – on a three-month basis at a time and, of course, all of the families that come into the health departments by appointment are scheduled way in advance. And so the coming close to the edge or the brink of the government shutdown and then having the government shut down was a pretty significant impact to us in planning and thinking about how we would react to that situation.

The way WIC funding is provided, we did have sufficient funds for food and administrative costs to get us through the month of October. So, we didn't have any real concerns there but because, as I mentioned, the benefits are

issued three months at a time, we had to plan and react to not having funds after October 31.

So, we had to communicate to local health departments and start communicating to clients about this – the potential. We did have to, on October 9, direct health departments to only issue one month's worth of checks; that would get us through the month of October. We – which – because the shutdown was fairly short-lived in general, we were able to start back up again issuing three months' worth of checks once the government got started again.

So, the real impact was clients that came in during that short period of time between the 9th and 17th that we – they would have to come to the clinic and receive their other two months' worth of checks to get them through November and December.

So the good news is, we didn't have to shut down clinics. We did have to go through the motions to start instructing clients – instructing clinics to begin the process of potentially shutting down; however, that decision would have to be made by the local health departments themselves. Because most WIC staff are integrated within the health department, the health department would have to determine if they were going to furlough staff and/or shut down certain parts of their operation. The larger clinics, though, that have 100 percent dedicated staff would be impacted the most. Gratefully, that didn't have to happen.

We did during the process review our contract language and we did issue – even after the shutdown, we sent out a contract amendment that includes words that would allow us to suspend or terminate the contracts based on the lack of federal funding. And specific language to that was not included in the contracts and so that will be something that the county health departments will be processing this month to sign and get those back to us. So, if this happens again, we'll be prepared with the ability to notify clinics and suspend operations, if necessary.

We are very grateful to everyone that participated in the vast amount of work that it took to communicate with clients, as well as we had some good responses from nonprofit agencies and counties that were stepping up to help if the shutdown continued and if we did have to go into November and were asking how they could help by – in the food banks. And one county in particular, Sedgwick County, was even thinking about how it could provide county funds to help provide for these women, infants and children.

These are the most vulnerable citizens, infants and children, and pregnant moms. It's definitely nice to know that people care enough that they would go the extra mile to provide for them. So, we're very happy about that.

We spend about \$4 million – \$4.3 million a month on food and so we are constantly monitoring our expenditures, as well as the – we'll continue to monitor what the federal folks do with regard to the deadlines that have been set with the continuing resolution that's been signed by the president.

And we spend about \$1.2 million a month in administrative costs and most of that is at the local level. And so, we'll be, again, monitoring things. If the shutdown occurs again or it looks like it's going to, then we will, on November 15 – actually, November 18, on that Monday, again, restrict issuance of checks. At that point it would be to two months and then if it continues on for another month, then we would issue checks for only one month starting December 15. Again, we hope it doesn't happen but we are making plans to make sure that we're ready for that contingency.

I would stop and ask if there's any questions about anything regarding the WIC program shutdown and if there are any comments about that.

Miranda Steele: Yes, we'll have – open the line for question and answer at the end of all of the updates this morning, and so Dave will be here at that time to respond to any questions that you have.

Dave Thomason: OK. Then I have just one other update. Our bureau is going to start, on November 13, we'll have a training – train the trainer for approximately 50 staff. That will include WIC staff, as well as others that are interested in our stakeholder group to train folks on baby behavior campaign, which we'll train

staff on how to recognize the queues that babies give since they can't speak, but they certainly can communicate. And this effort will help moms to understand the – more clearly what their baby is communicating to them with – and will help them plan their feeding and hopefully reduce incidences of child abuse or any of the negative things – consequences that happen when people misinterpret what their baby is communicating to them.

The train the trainer will take place in November and then starting next year, we will have training sites all over the state of Kansas, including with these 50 trainers going out and there will be an open opportunity for even beyond the WIC staff to receive this training. So, we look to have a great impact on the way babies are treated and we think it will be a wonderful experience for staff, participants, as well as other stakeholders.

Miranda Steele: Awesome. And since we do have Dave on the call with us this morning, I want to remind everyone to encourage your pregnant moms to – or your pregnant women to sign up for text alerts on ways to have a healthy mom and child through text4baby. And the Web site is text4baby dot org. So, please look that up and share that with your clients or your patients if you haven't done so already.

Dave Thomason: I think we've also added the ability within our WIC computer system to provide reminders through texting, as well as phone calls. And so, clients can sign up for that. It's a new feature that just came out recently, so that they can receive a reminder about their WIC appointments.

Miranda Steele: OK, and that's done through just the state?

Dave Thomason: Right, just ...

Miranda Steele: The capability that we've acquired?

Dave Thomason: Right.

Miranda Steele: OK.

Dave Thomason: We've added that functionality to the quick system so clients can voluntarily provide their carrier, their cellphone number and so on and receive text messages or phone calls back.

Miranda Steele: Great. Wonderful resources out there. Anything else?

Dave Thomason: That's all

Miranda Steele: OK, great. Thank you, Dave.

All right, we'll turn things over to Angela German from our Bureau of Environmental Health.

Angela German: Good morning. I'm going to start by addressing the Kansas radon action months project taking place in the Bureau of Environment Health.

With radon being the second leading risk factor for lung cancer, as smoking was the first, the Kansas radon program and Kansas environmental public health tracking programs are implementing a significant project to increase awareness about radon, encourage indoor air testing for radon and encourage mediation when excessive radon levels are found. And we're trying to encourage – help with this to ensure a successful project.

We're currently working with the Kansas geological survey that develops maps of at-risk areas for radon based on geology. We're also working with additional partners to map (smoking prevalent) and lung cancer incidents across the state.

The timeline for this project is pretty short. With January being radon action month, we plan to distribute 1,500 radon test kits for free through (20) health departments and additional stakeholders. The success of this project is dependent on you know participation of the new partners and we encourage you to participate.

One of our goals is to mobilize at least 50 partners to ensure the success of this test kit distribution effort, especially among those who smoke or are exposed to second-hand smoke. I would like to thank you in advance for your

interest and participating in this project. And if you have any questions, feel free to call me on that.

The second topic that I'm going to discuss is in regards to lead poisoning prevention week. This week is national lead poisoning prevention week. Today, childhood lead poisoning is considered one of the most preventable environmental diseases among very young children, yet in Kansas, nearly 150 children age 1 to 6 are nearly poisoned by lead each year.

This year, national lead poisoning prevent week theme is lead free kids for a healthy future. It underscores the importance of the many ways parents can reduce a child's exposure to lead and prevent these serious health effects.

The good news is that while lead poisoning remains the largest environmental health problem in Kansas, it is 100 percent preventable. So, we encourage individuals at the local level to get their homes tested, get their kids tested and get the facts.

For more information, you can visit the healthy homes Web site or contact (Alisha Langham) for additional activities going on across the state.

The final topic that I'm going to broach this morning is the closure of the 2013 blue-green algae season. We are nearly at the end of the 2013 year. Lakes still warranting a warning status include Hiawatha City Lake, Lake Warnock, Logan City Lake, Memorial Park Lake – also known as Veteran's Lake – and Lake Shawnee.

All of the lakes previously mentioned will be sampled one more time in the current month of October. We consider October the end of the season due to colder weather and less water contact. If a lake still has a status affiliated with it, we will leave them with that affiliated status until the spring of 2014 when we begin testing again.

Feel free to visit the blue-green algae Web site for updates on that around the 28th.

Miranda Steele: OK. Thank you, Angela.

And now we'll have Sara Roberts from rural health. Sara?

Sara Roberts: Good morning. Two announcements to offer to our colleagues on the phone; the first is, this is the third annual year to have the national rural health day, which will be held on November 21.

This celebration was created by our national partners at the State Offices of Rural Health to promote and celebrate the power of rural. We are encouraging our local partners - public health, primary care, hospitals, and community - to find and think of something they can to celebrate the day, big or small. It's an opportunity to be creative. It could include simple things as having fliers in your facility with national rural health day banner, or having stickers for your staff to wear during the day, or even having a community event that day, an open house to your facility, a staff appreciation luncheon, or working with your schools to show and tell.

It's really just an opportunity to toast the power of our providers and thank them for all the work that they do in Kansas.

There is a national resource page that is available at www.celebratepowerofrural.org, which has several different resources available.

Some of the activities going on include:

Our Office is promoting the different activities going on through the Kansas Rural Health Information Service, or KRHIS system as well as Public Health Connections. We would be happy provide additional more information if folks are wanting to promote it through your own newsletters.

Another activity going on by our partner – KUMC Rural Health Education and Services, is a photography contest. This is held each year, and is a fun way to, again, promote and celebrate the power of rural. This year is a little different than in the past in that everyone's asked to submit their photography they want to be in that contest by early November. On National Rural Health Day, folks will get to vote on their favorite picture online.

The National Rural Health Day committee is also putting together a series of webinars that will be held on November 21. The topics and speakers for those webinars are still to be determined but we will get that information out as soon as we get that.

Lastly, we are also working to put together our own webinar opportunity to talk about how Healthy Kansans 2020 can be used in rural communities with our own Bureau of Health Promotion partners and we will get that date and information out as soon as it has been solidified.

The second announcement that I wanted to make is to provide recap on an event that we have hosted in October with our critical access hospitals. On a routine basis, we meet statewide with our critical access hospitals and this fall we met October 9th in Lindsborg, Kansas. Our meeting focused on the topic - Impacting population health.

It was a great opportunity for Dr. Moser and our partners at KDHE and KHA to have a meaningful conversation about the role of hospitals in population health partnerships and how we move towards thinking more about managing population health and less on the acute inpatient services.

It was a great conversation. Our colleagues at the Wichita State Center for Community Support and Research helped facilitate that conversation and we will have a report from them shortly. For those public health and primary care partners who are on the phone, if you have a chance and time to connect with your hospitals and talk about opportunities to partner together around about population health, we really encourage you do so. Likewise we encourage to our hospitals to connect with our public and primary care partners. We hope to send a report out soon which we think will be useful for our local our state partners.

That's it.

Miranda Steele: OK, thank you, Sara.

Yes, we are looking forward to celebrating our rural healthcare providers on the 21st of November and we're also promoting Get Active Kansas. That's a campaign of the governor's council on fitness.

For many of you, this is a reminder because we've been talking about this physical activity campaign for a couple of months now, but it officially kicked off this past weekend on October 19. That was Saturday.

And what this entails is the governor's council on fitness appointing local public health champions in all Kansas counties. So we hope to have at least 105 physical activity champions identified before too long. I think we only had about 30 to 40 counties that didn't have a designated physical activity champion and that was as of last week, so that could have changed. I will be having a meeting this afternoon with the governor's council on fitness to get an update on this.

But – so, this was a charge from Governor Brownback and something that the governor's council of fitness is excited about. So, you have Get Active Kansas; it's where the local physical activity champion can serve as a liaison to the council and helping to promote physical activity events around the state. And sharing resources; every physical activity champion has a toolkit to access and use in helping physical activity events and sharing information at the local level.

And in particular, this month they are promoting the individual fitness tracking tool called Move Across Kansas. And the Web site for that is moveacrosskansas.ks.gov. It boasts a virtual route through the state and the route changes every month that you are participating. And you log on, get your account, insert your – or input your time that you work out that day and you know for adults, the recommendation is 30 minutes a day, five days a week at least. For children, of course, that's 60 minutes.

And the route, like I said, takes you through different points of interest around the state and it changes each month. So, I encourage you to check that site out and if you would like to know who your physical activity champion is in your county, contact me and I will look that up for you.

The next thing I want to brief on is KanCare health home. Health homes is an initiative of KanCare as it's been for quite some time now. However, health homes have not officially launched. A lot of planning is taking place and, of course, as you know health homes is not a building. It is an option under Medicaid to provide coordination of physical and behavioral healthcare with the long term services and support for people who have chronic conditions.

So, this is just an additional service under KanCare that's not yet available but soon will be. This will launch in July of 2014. For those of you following this particular component of KanCare, the health homes staff at KDHE have started a monthly newsletter. They're calling it the Health Homes Herald and the first edition came out on October 1 and you can find that on the KanCare Web site. And the KanCare Web site is K-A-N-C-A-R-E dot K-S dot gov.

Additionally, there is a Webinar that Dr. Moser will be hosting on October 24 to talk about health homes in more detail. And that information is also on the KanCare Web site.

So, next, I want to provide an update from one of our sister agencies; the Department for Children and Families. DCF has launched a new digital signage project and I think will be of interest to health officials, health promotion staff at the local level. DCF has television monitors in all 38 of their service centers and what they want to do with this project is help promote employment opportunities, public service announcements, family friendly events that you're having.

So if you have any posters or videos that you want them to share or any announcements, you can forward them to the director of communications at DCF and her name is Theresa Freed and her phone number is 785-217-3473 and her e-mail address is Theresa, that's T-H-E-R-E-S-A dot Freed, that's F-R-E-E-D, at DCF dot KS dot gov. That contact information will be on the transcript for this call in a week or so when we have that posted online.

But, again, the monitors are going to be placed at their service center in the lobby and hundreds of clients come through the doors every day and they

come in for a variety of reasons. So this is a great opportunity to get yet another group of residents informed about what you have going on.

For the next update, this Friday, the blue ribbon panel on infant mortality, which does include KDHE staff in addition to other organizations around the state like March of Dimes, Mother & Child Health Coalition, the SIDS Network, many others, they will be at the state house in the governor's ceremonial office to be a part of a proclamation signing for November as preterm birth awareness month. So that's – we'll be doing that this Friday to get ahead of November's observance for prematurity awareness month.

Something I mentioned last month and just as a reminder, for those local – I guess it's all local health departments receiving public health emergency preparedness grant funding from KDHE, that we, of course, receive from the CDC - one of the work plan deliverables is for KDHE to deliver and present and for local health departments to attend a public information officer training.

So, this is information concerning communication during a time of crisis and the first training that will be available on this topic will be on October 31 at the Kansas Association of Counties conference. And, of course, that conference is taking place at the end of October and this particular communications session will be at 8:30 in the morning on Halloween.

And the last update I have is regarding something else occurring in November. I wanted to let everyone know that KDHE will be participating with the Kansas Division of Emergency Management and other state and local agencies for a FEMA-evaluated exercise for state and local response to an incident at Wolf Creek generating station in Coffey County. So, that's coming up in early November.

This morning, we don't have a separate update for the preparedness program, but I do know that our prepared director, (Dave Meek), has called in and during the Q&A session that we're going to open here momentarily, he will hopefully follow the prompts and get on the line and provide his update. And

then, of course, we welcome any questions on any topics that we brief this morning or anything that you have a question about.

So, at this time, Operator, I will open up the line for questions.

Operator: At this time, if you would like to ask a question, please press star, then the number one on your telephone keypad. We'll pause for just a moment to compile the Q&A roster.

You have a question from Johnson County.

(Nancy Taos): Hi, this is (Nancy Taos). Question for Charlie; Charlie, what's the status on the new disease statute?

Charlie Hunt: The administrative regulations – as you all recall, there was a bill passed in the 2013 legislature that required KDHE to develop an administrative regulation regarding occupational exposure management to infectious disease and blood and other potentially infectious materials.

Because of the timeline of that, it was required that we do that by January 1 and so we are proceeding with just the occupational exposure management regulation. The remainder of the revisions to the disease regulations will follow in a few weeks.

So, I would expect you will see some information relatively soon on the occupational exposure regulation and the rest of them will follow soon after that.

(Nancy Taos): OK, thank you.

Miranda Steele: Thanks, (Nancy).

Operator: Again, if you would like to ask a question, please press star, then the number one on your telephone keypad.

Your next question comes from (Linda Ready).

(Brenda Nickel): Hello. This is (Brenda Nickel) with the Riley County Health Department. This is a comment for Dave Thomason and his team with the Kansas WIC program. We were very, very appreciative of the ongoing communication with our WIC coordinator, (Lisa Ross). It was absolutely critical for addressing the concerns from the 3,100 families and participants on our WIC program and was very helpful in keeping our board of health updated.

And so, I just want to give kudos to the state WIC program on providing those updates for us. It helped guide what we were able to address and do within Riley County.

Dave Thomason: Thank you. We'll pass that along to the staff. Thank you very much.

Miranda Steele: Thanks, (Brenda).

Operator: Your next question comes from (Yvonne Givens).

(Yvonne Givens): Yes. I had a question about the radon kits, the 1,500 test kits. How are they going to be dispersed throughout the county?

Angela German: That will be – we will provide a poster for you guys to sign (inaudible) information and just allow you the opportunity to hand those out freely among people who you encounter or staff.

(Yvonne Givens): How will we get them?

Angela German: If you will send me an e-mail at agerman@khdeks.gov, I will assign specific test kits to you and find out where you would like those sent.

(Yvonne Givens): Thank you.

Miranda Steele: Thanks, (Yvonne). And just on that topic – and this will more broadly address that particular question – Angela, when it's time for KDHE to provide the test kits statewide to those so that – just real simple with the process that we're going to take for that?

Angela German: There is a form associated with a serial number recorded of each test kit. So, when you had those out, if you'll record their name and information and then

just collect that, they're on their own to submit it to the proper (inaudible), which the directions will be with the test kit. And then from there, if you will just send that back – that completed form back to us here at KDHE, we will track and follow up with that.

Miranda Steele: OK. And then, for KDHE to get the test kits out to the locals, how is that going to ...

Angela German: They'll just need to e-mail me and tell me where they would like it sent.

Miranda Steele: Oh, OK. So, you will see more communication coming from the bureau of environmental health on ways to request the needed test kits for our radon testing program. OK, thanks.

All right, next question.

Operator: You have a comment from (Dave Meek).

Miranda Steele: Good morning, (Dave).

Dave Meek: Can you hear me OK, Miranda?

Miranda Steele: Yes, we can.

Dave Meek: OK. I appreciate the opportunity to join you on the phone call here since I another engagement I'm in route out to in Salina. I just wanted to let everybody know that I was fortunate enough to go to the director's public health preparedness conference down in San Antonio a week or so ago.

And it was during the shutdown, so it was rather interesting that we did not have any of the federal partners there, which is usually what a lot of the meeting is about. So, was not able to get the normal briefing update but we did have some wonderful presentations from various state director's current events that have been going on or happened recently. Primarily the Colorado floods, the Moore, Oklahoma tornado. (Scott) gave a wonderful presentation on that.

Also, the West Texas fertilizer plant explosion. So, it was a great opportunity to learn with my fellow directors of public health preparedness and meet a lot of great people and interact.

Also, I'm out there still trying to visit as many of you as I can. You're probably going to see me out there fairly soon with the Dave and Melody tour or the Dave and Ron tour. We're going to come out and try to visit you know several in a given day.

I did get the wonderful opportunity. Dan Partridge took some of his valuable time and shared with me and really enjoyed that and I appreciated it – if you're on the line, Dan – Thank you for taking your time to speak with me and talk about your health department.

And that's pretty much all I've got, Miranda.

Miranda Steele: OK, Dave, thank you.

Dave Meek: Thank you.

Miranda Steele: Safe travels.

Dave Meek: Thank you.

Operator: Again, if you would like to ask a question, please press, star then the number one on your telephone keypad.

And there are no questions at this time.

Miranda Steele: OK. Well, I think, like I said, it's been a jam-packed call this morning with a lot of topics to discuss and we really appreciate everyone's time, calling in every month when we host these calls on the 4th Tuesday.

Again, this is a time to stay in touch with each other. You know we hate to think that we would have to have these calls in the event of emergency, but if we're already in the habit of getting on the line and providing updates and going around the table and letting everyone share across our public health

system what's going on, what's most timely and impactful. You know we're in the habit of that and I think that sets us up for success.

So, again, thank you for calling in and if there are no other questions, we will adjourn the call for October and the next meeting will be November 26 at 10:00 am; same time.

Operator: This concludes today's conference call. You may now disconnect.

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