



**Healthy Kansans + Healthy Environment =  
Brighter Tomorrow**



# **Annual Report & Resource Guide**

February 2006  
Roderick L. Bremby  
Secretary

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## **A Message from Roderick L. Bremby KDHE Secretary**

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As we begin a new year, the Kansas Department of Health and Environment (KDHE) is providing this annual report and resource guide to give you a look inside the agency and its recent initiatives, to share our vision for the year to come, and to reflect on accomplishments of the past year.

In February 2005, we welcomed our new health director from Florida, Dr. Howard Rodenberg, and later welcomed Dr. Gail Hansen as the state epidemiologist. In March 2005, we held the first Minority Health Conference and plan to do so again in April 2006. We added an Office of Minority Health and an Office of Oral Health. In June, we held a statewide listening tour at six KDHE district offices to gather public input and are looking forward to continuing similar efforts to remain in touch with public perceptions in the upcoming year.

We made improvements in immunizations, which remains a priority in 2006. Childhood immunization rates increased to 77.5 percent, up from 75.7 percent, and KDHE began implementing an immunization registry. This statewide database contains immunization information for children in Kansas, allowing parents and physicians access to the information, even if they move to a different area or see a different provider from year to year.

One of our major accomplishments this year has been the Healthy Kansans 2010 Project. After a series of 23 working sessions, representatives from more than 100 organizations reviewed the Kansas profile of the 10 Leading Health Indicators as identified by the Centers for Disease Control and Prevention (CDC) Healthy People 2010 Objectives for the nation. The findings illuminated individual behaviors, physical and social/environmental factors, and important health system issues that greatly affect the health of individuals and communities. More than 200 stakeholders and content experts identified issues and implementation steps based on their ability to motivate action, availability of data to measure their progress, and relevance as broad health issues. Priority areas include risk identification and disease prevention in women and children, interventions to address the social determinants of health, and the elimination of health disparities between racial and ethnic groups. After selecting strategies, follow-through groups accepted responsibility for action plans that can have a profound effect on increasing quality of life and years of healthy life for all Kansans. The agency will track and communicate progress through the end of the decade.

Our state continued to meet or exceed all air quality standards in 2005 and to see improvements in water quality, including the launch of the Watershed Restoration and Protection Strategy (WRAPS) program. We also launched a new environmental awareness campaign called "Get Caught Recycling" which features well-known Kansans promoting recycling. This campaign continues in 2006, featuring additional state and local recycling heroes.

During 2005, the agency made significant progress in developing new regulations for the radiation program and increased protection of groundwater from wastewater treatment lagoons and abandoned wells. KDHE adopted a plan for improving surface water quality by reducing the amount of nutrients entering Kansas surface water. The nutrient reduction plan relies on voluntary actions by municipalities and targets nonpoint source activities. Significant progress is being made in addressing contamination from legacy sources, spills and other releases at a number of sites across the state.

KDHE has been vigilant regarding numerous changing health and environmental issues, including preparing for biological and chemical terrorism threats and emerging infectious diseases. We recently completed the agency Pandemic Influenza Preparedness and Response Plan in preparation for a potential pandemic in the coming years.

As we begin a new year and a new legislative session, we will continue our actions to help make Kansans healthier through the Healthy Kansas initiative. We encourage you to strive to make healthy food choices, increase your level of physical activity and eliminate or reduce use of tobacco. You will hear more about Healthy Kansas in 2006.

Be Well!

A handwritten signature in black ink, appearing to read "Roderick L. Bremby". The signature is fluid and cursive, with the first name being the most prominent.

Roderick L. Bremby  
KDHE Secretary

# KDHE History

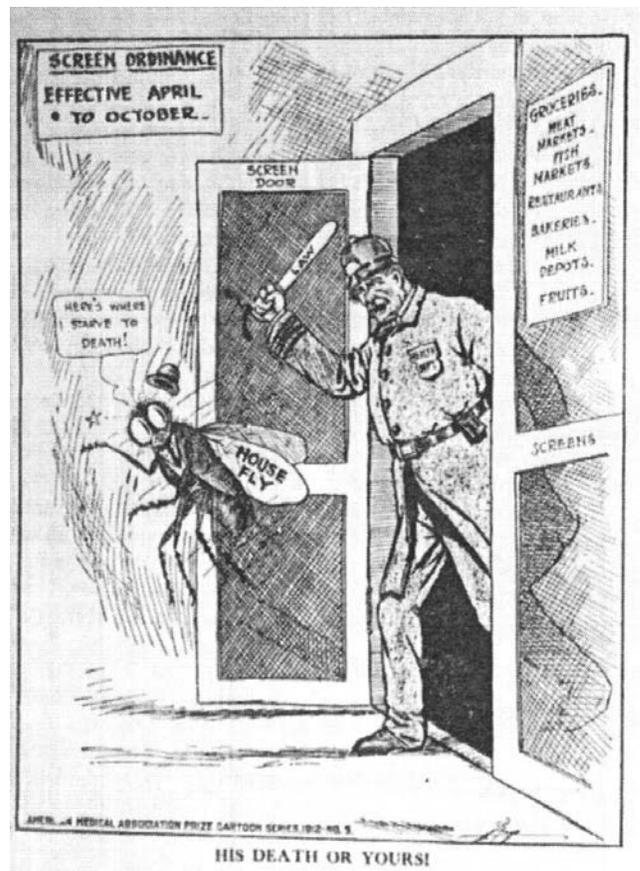
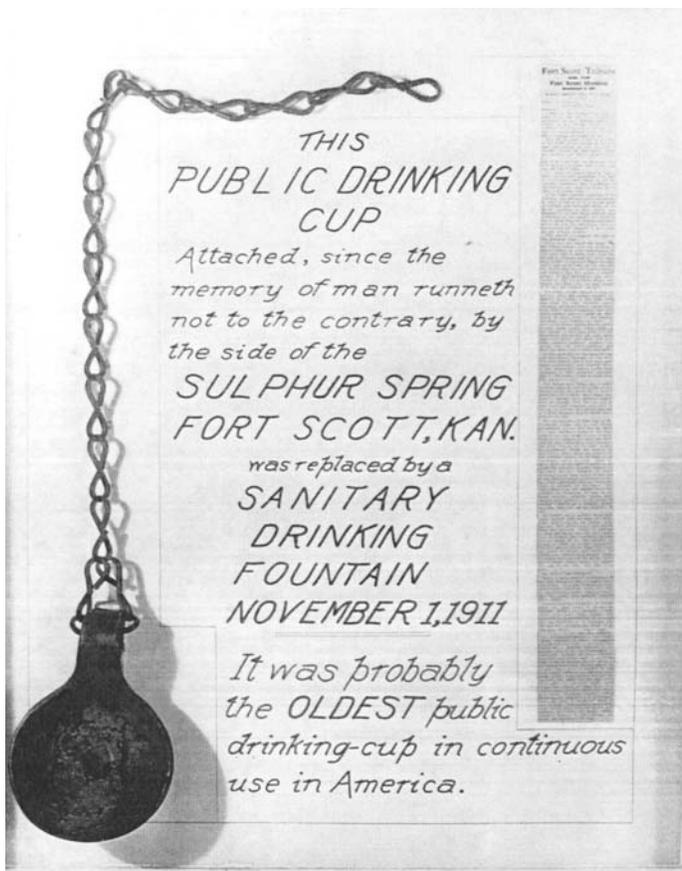
On June 14, 1885, the Kansas Legislature created the State Board of Health to "protect the sanitary interests of Kansans." Gov. John Martin passed the act. Dr. J.W. Redden of Topeka was appointed president of the State Board of Health. The Kansas Legislature appropriated an annual budget of \$9,200.

Samuel J. Crumbine (pictured right) was eventually named the Secretary of the Kansas Board of Health in 1904 and served in that position for 20 years. He was involved in several health reforms during his tenure.

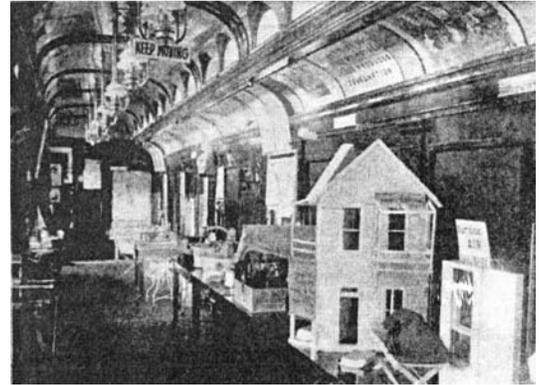
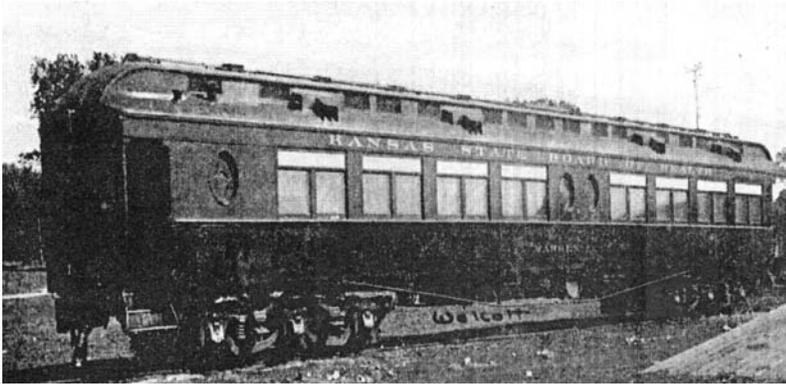


He worked to abolish the public drinking cup and hand-roller towel racks in Kansas to curb the spread of tuberculosis. Crumbine said he launched his campaign against the drinking cup after watching TB patients on a train use a cup which non-infected children also used. In 1914, he waged war on the common housefly as a public health menace. During July and August, the Hutchinson Board of Health placed a bounty on dead houseflies and rewarded a two silver dollar bounty to the boy or girl that produced the most dead flies each Monday morning at their office. The weekly highest average bounty hunter in July and August was rewarded with a one year's membership to the Y.M.C.A.

Crumbine was also known for his unique use of cartoons and prose to convey public health concepts. According to a May 1907 bulletin called *Health*, an early mission statement for the board was: "Health is that state of happiness, faith and love whose prototype was the first man---Adam; whose ideal is the Christ."



Crumbine also used innovative methods to conduct public outreach, including the use of a traveling rail-car to help educate the public.



With a career in public health spanning 50 years, Crumbine’s innovative work on public health issues earned him respect and notoriety across the globe, earning him the title “the father of public health.” A conference room on the 5th floor of the Charles Curtis State Office Building at 1000 S.W. Jackson Street in Topeka is named in his honor.



In the “Atomic Age” of the 1950s, the state laboratory monitored radioactive fallout from a rooftop monitor at its downtown Topeka location at the National Reserve Life Building on Kansas Avenue.

STATE DEPARTMENTS; PUBLIC OFFICERS, EMPLOYEES  
 CHAPTER 351  
 (Amended by Chapter 352)

**EXECUTIVE REORGANIZATION ORDER No. 3**

On this 6th day of February, 1974, pursuant to the authority vested in the Governor of the state of Kansas by section 6 of article 1 of the Constitution of the state of Kansas, I do hereby issue Executive Order No. 3 in form and substance as appears below, and I do consider the same necessary for the efficient administration of the executive branch of the state government of Kansas.

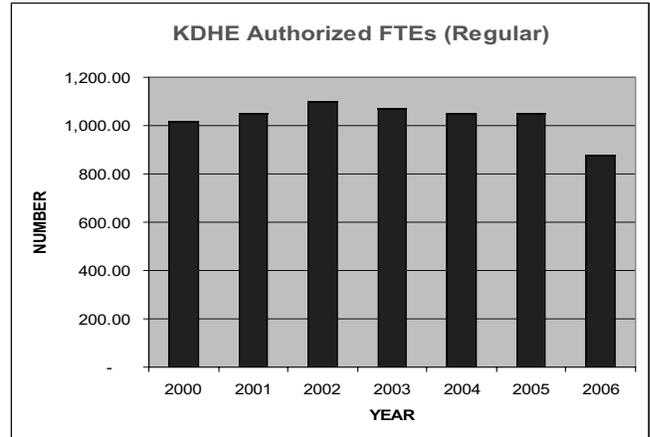
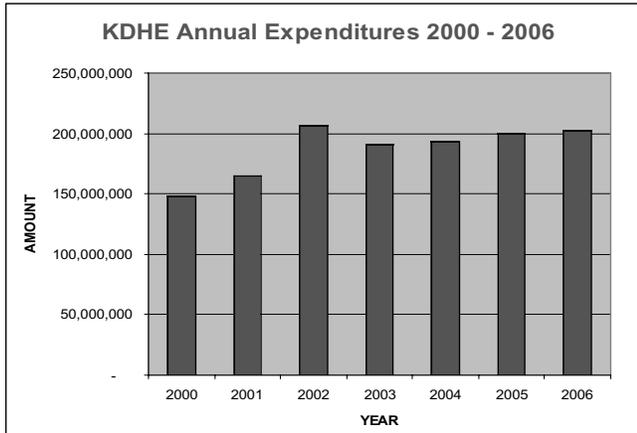
Robert B. Docking, *Governor of Kansas*

In 1974, the Kansas Department of Health and Environment (KDHE) was created. The official Kansas Record publication of Executive Reorganization Order No. 3 marked the beginning of KDHE, on February 6, 1974.

Thirteen people have been appointed Secretary of the agency and have led the state’s public health efforts. The following individuals have led the agency:

1974	Dwight F. Metzler	Appointed by Governor Docking
1979	Joe Harkins	Appointed by Governor Carlin
1983	Barbara Sabol	Appointed by Governor Carlin
1985	Richard Morrissey	Appointed by Governor Carlin
1989	Jack Walker	Appointed by Governor Hayden
1989	Stanley C. Grant	Appointed by Governor Hayden
1993	Azzie Young	Appointed by Governor Finney
1993	Robert Harder	Appointed by Governor Finney
1995	Bob Mead	Appointed by Governor Graves
1995	James O’Connell	Appointed by Governor Graves
1997	Gary Mitchell	Appointed by Governor Graves
1999	Clyde Graeber	Appointed by Governor Graves
2003	Roderick L. Bremby	Appointed by Governor Sebelius

Today, KDHE employs more than 1,000 employees statewide. The agency operates on a budget that totals more than \$220 million. The following charts show an overview of the KDHE budget and staffing levels in recent years.



## 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

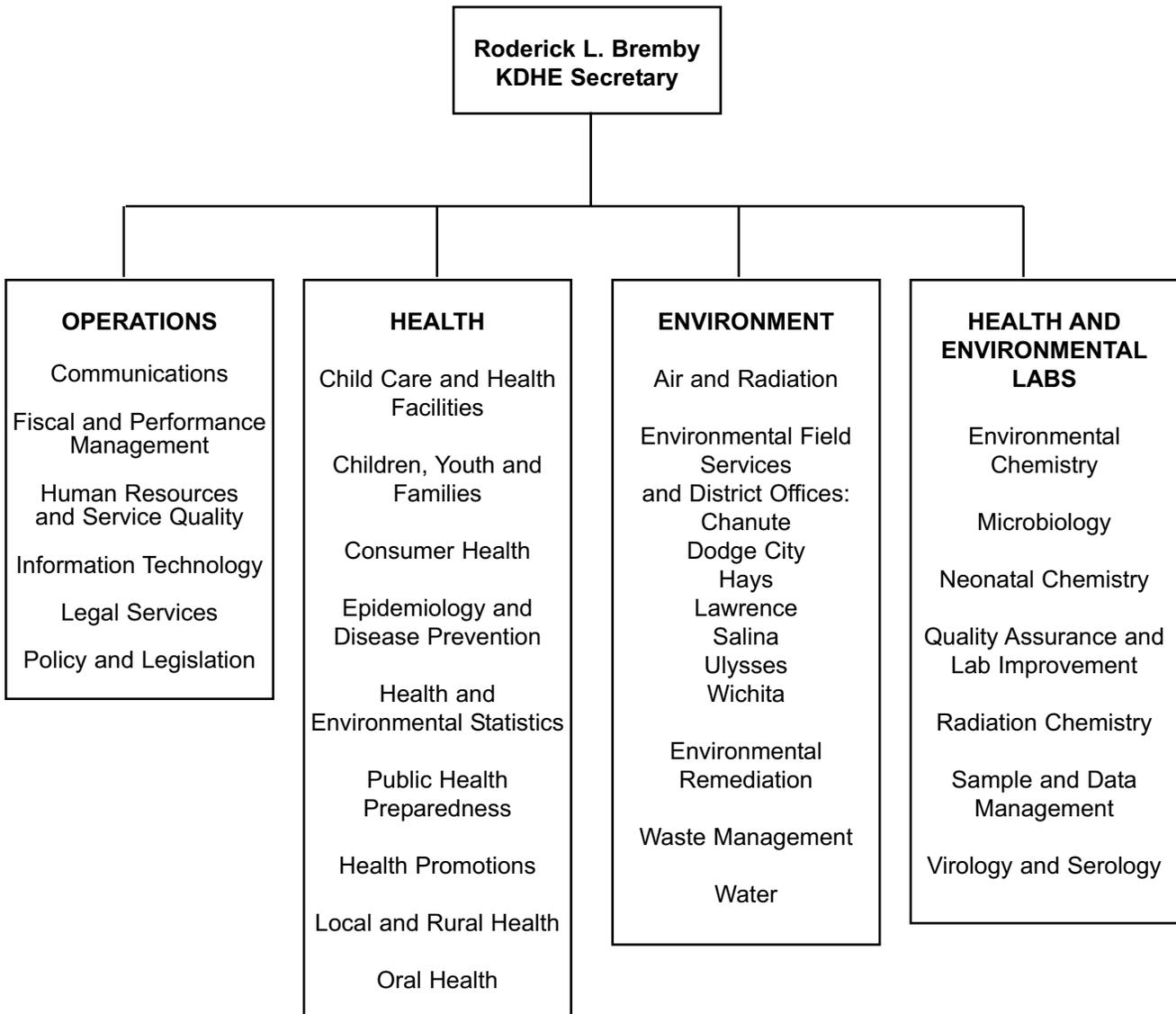
**Accountability**---Assuming ownership of our individual and collective roles in tending to our state's health and environment issues

**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

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



The three divisions are responsible for the activities listed below.

## Division of Health (DOH)

- Licensing and regulating a variety of day cares, preschools, foster homes, residential centers, hospitals and treatment facilities, and restaurants
- Credentialing health care workers
- Investigating disease outbreaks and helping to prevent the spread of disease by promoting healthy actions and immunizations
- Educating the public about chronic disease and injury prevention
- Helping Kansas communities establish 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 chronic disease and disability
- 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

## **Division of Environment (DOE)**

- Conducting regulatory programs for public water supplies, industrial discharges, wastewater treatment systems, solid waste landfills, hazardous waste, air emissions, radioactive materials, asbestos removal, 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
- Working with the Environmental Protection Agency (EPA) to preserve the state's natural resources

## **Division of Health and Environmental Laboratories (DHEL)**

- Providing information for public health programs and certifying the quality of Kansas laboratories
- Providing information to help diagnose and prevent diseases
- Providing information to help guard public drinking water, ambient air, and water quality

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# Leadership Profiles



## **Roderick L. Bremby, KDHE Secretary**

Roderick L. Bremby was appointed Secretary of KDHE in January 2003. Prior to joining KDHE, he served as a research assistant professor and associate director of the Work Group on Health Promotion and Community Development at the University of Kansas (KU). He served 10 years as the assistant city manager of Lawrence. Bremby earned a master's degree in public administration and undergraduate degrees in psychology and communication studies at KU. He also completed postgraduate study at the Brookings Institution, the Lyndon B. Johnson School of Public Affairs, and completed an executive development course through the Center for Creative Leadership. Secretary Bremby is a graduate of Leadership Fort Worth, Leadership Lawrence and Leadership Kansas. He is also a Kansas Health Foundation Fellow.

## **Doug Farmer, Assistant Secretary**

Doug Farmer was appointed Assistant Secretary in 2003. In this role, he serves as operations officer and provides management guidance on budget, personnel, legislative and policy issues. Before coming to KDHE, Farmer was the Assistant Secretary on Aging, where he was responsible for managing human resources, finance and public information functions. Farmer earned a bachelor's degree in political science from the University of California, Davis, and a master's degree from James Madison University in Harrisonburg, Virginia.



## **Susan Kang, Director of Policy**

Susan Kang has served as the policy director since 2003. She is responsible for guiding the legislative agenda for the agency and working with the legislature, the Governor's Office, and partners to ensure passage of critical bills. Before joining KDHE, she practiced law for 13 years in a variety of positions and served as an assistant attorney general for the Commonwealth of Massachusetts. Kang earned her law degree from Northeastern University in Boston and her undergraduate degree from the University of Wisconsin, Madison.

## **Aaron Dunkel, Director of Fiscal & Performance Management**

Aaron Dunkel joined KDHE as the Director of Fiscal and Performance Management in January 2005. In this position, he manages all central and fiscal functions for the agency. He graduated from Wichita State University with a master's degree in public administration. Prior to joining KDHE, Dunkel worked for the Sedgwick County Manager's Office and the Kansas Division of Budget.



### **Sharon Watson, Director of Communications**

Sharon Watson has served as the Communications Director for five years. Her role is to oversee external and internal department communications, including media relations and the development of speeches, publications, marketing campaigns, Web site content, and crisis communication planning/training. Before joining the department, Watson worked as a broadcast journalist for more than 10 years. She worked at news stations in Missouri, Kentucky, and Kansas, including the Kansas City metro market, and also worked as a newspaper reporter. Sharon has a bachelor's degree from William Jewell College with a double major in Communications and Public Relations.



### **Linda Kinney, Director of Human Resources and Service Quality**

Linda Kinney was appointed director of Human Resources in 2003. She is responsible for providing leadership and policy direction for the agency's comprehensive human resources management program and quality support services in the areas of employee health, wellness, safety, building services, and facilities management. Kinney earned her bachelor's degree from Washburn University and her master's degree from the University of Kansas. She is a past member of Leadership Topeka and is active in the Society of Human Resource Management.

### **Brian Huesers, Chief Information Officer**

Brian Huesers has extensive information systems and technology leadership experience derived from more than 20 years within service-based and education industries. He has expertise in strategic planning, organizational change management, systems development, wide area network design and implementation, Web and client-server application development, IT support and operations. Huesers has a bachelor's degree in computer science from Washburn University. He is a member of the Kansas Information Technology Management Council (ITMC), the Information Technology Advisory Board of Kansas (ITAB), and the Kansas State IT Vendor Management Steering Team.



### **Yvonne Anderson, Chief Legal Counsel**

Yvonne Anderson has worked as both general counsel and legal director at KDHE for 20 years. She earned her bachelor's degree from the University of Minnesota; a master's degree from the University of Kansas; and a law degree from Washburn University School of Law.

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# 2005 Legislative Review

The following issues were discussed and resolved during the 2005 Legislative Session:

**Pay Increases**---Classified employees received a 1.25 percent cost of living adjustment (COLA) in July 2005. An additional 1.25 percent increase took effect in January 2006. For unclassified employees, the agency received a 2.5 percent unclassified merit pool for July 1 through December 21, 2005.

**Funding Increases**---Select KDHE programs received the following funding increases during the 2005 Legislative Session:

- \$750,000 Federally Qualified Health Centers
- \$300,000 Smoking Cessation
- \$200,000 Tiny K Program
- \$300,000 Pregnancy Maintenance
- \$230,000 Breast Cancer Prevention
- \$50,000 Ryan White AIDS Fund
- \$300,000 Stream Segment Analysis
- \$200,000 Contamination Remediation

**Bills**---KDHE-supported bills that Governor Sebelius signed into law during the 2005 Legislative Session:

**SB 216 Quarantine/Isolation**---SB 216 passed as part of HB 2264. The statute clarifies local authority to order isolation and quarantine of infected persons and establishes notice and appeal procedures for persons subject to an order issued under the statute. The bill also gives local health officers the authority to: order persons exposed to infectious disease to seek medical evaluation or treatment; order isolation and quarantine of persons refusing vaccination or medical treatment; and order local law enforcement authorities to assist in enforcing orders issued under the statute.

**SB 217 Tuberculosis Screening**--- SB 217 passed as part of HB 2264. Requires TB screening for certain college/university students who were born in, lived in, or traveled to countries identified by the Centers for Disease Control and Prevention (CDC) as areas where TB is a health risk.

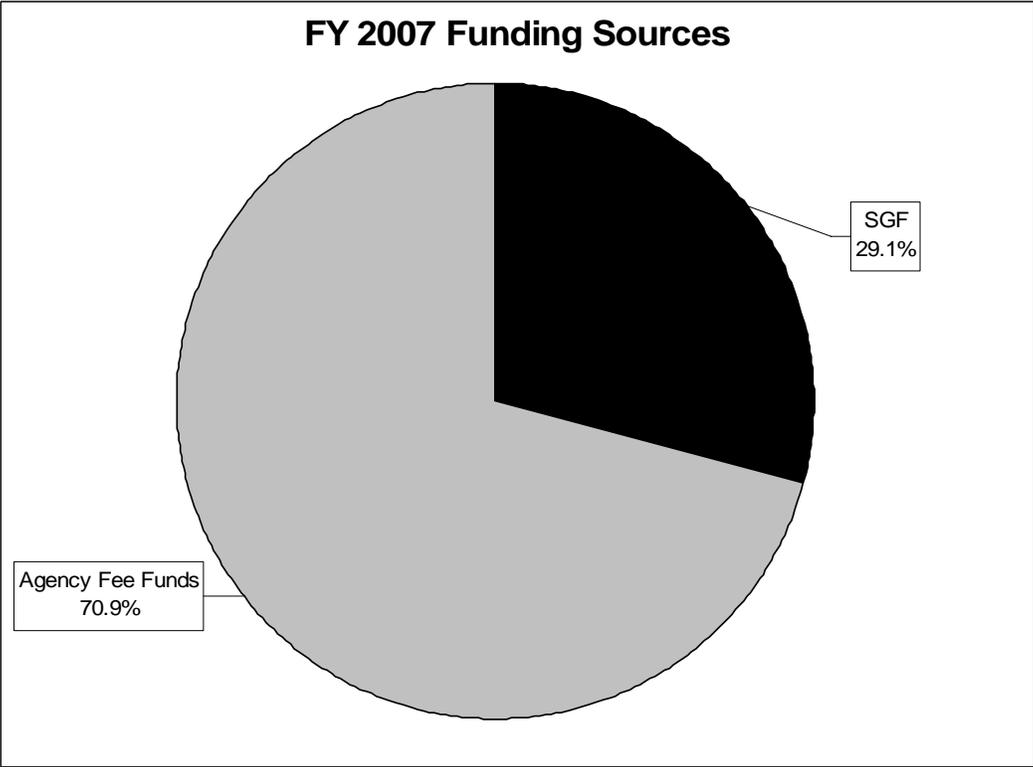
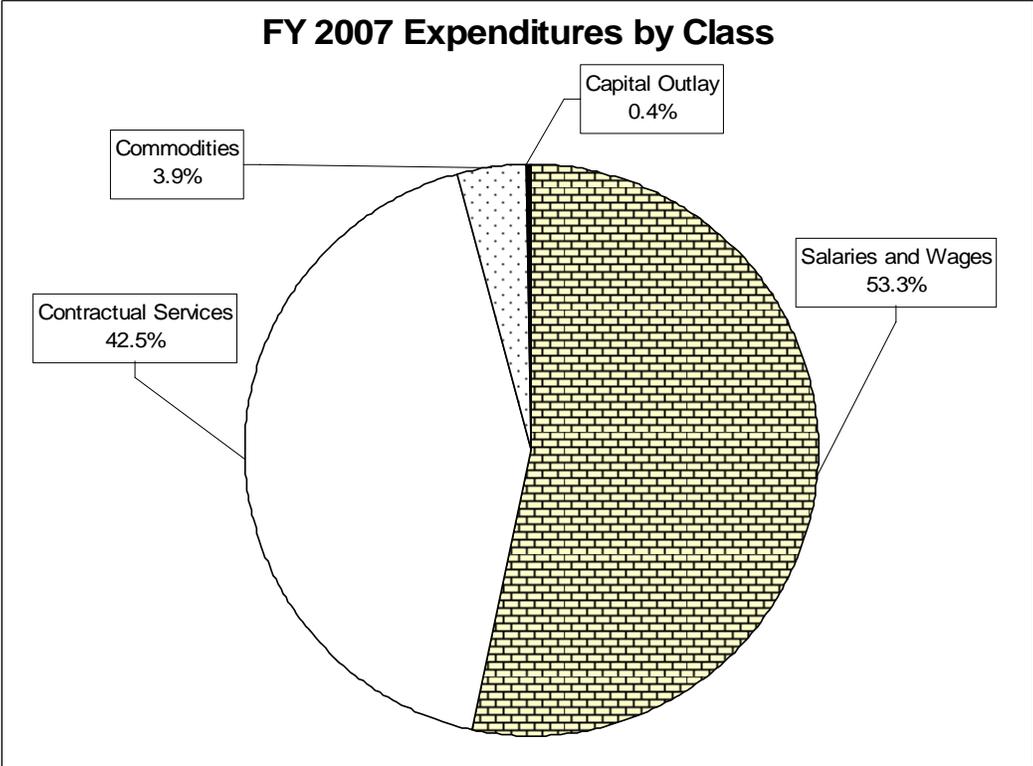
**HB 2086 Licensed Home Health Agencies**---Amends state law regarding survey frequency for licensed-only home health agencies to be consistent with federal maximum requirements. This will increase the survey intervals for licensed-only home health agency surveys from at least once every 15 months to at least once every three years.

**HB 2087 Fraudulent Vital Records/Identity Theft**---Increases penalty for fraudulent creation, alteration, and use of vital records from a misdemeanor to a level 8 felony.

**HB 2264 Director of Health-Period of Appointment**---Amends K.S.A. 75-5603 to state that the Health Director will be appointed for a term of four years.

**HB 2052 Establish KDHE Authority to Define Uncontaminated Soil in Regulation**---Establishes new KDHE statutory authority to define the term "uncontaminated soil" in regulations to be adopted by the Secretary. This authority would allow the use of minimally contaminated soil as backfill rather than require its disposal in a permitted landfill.

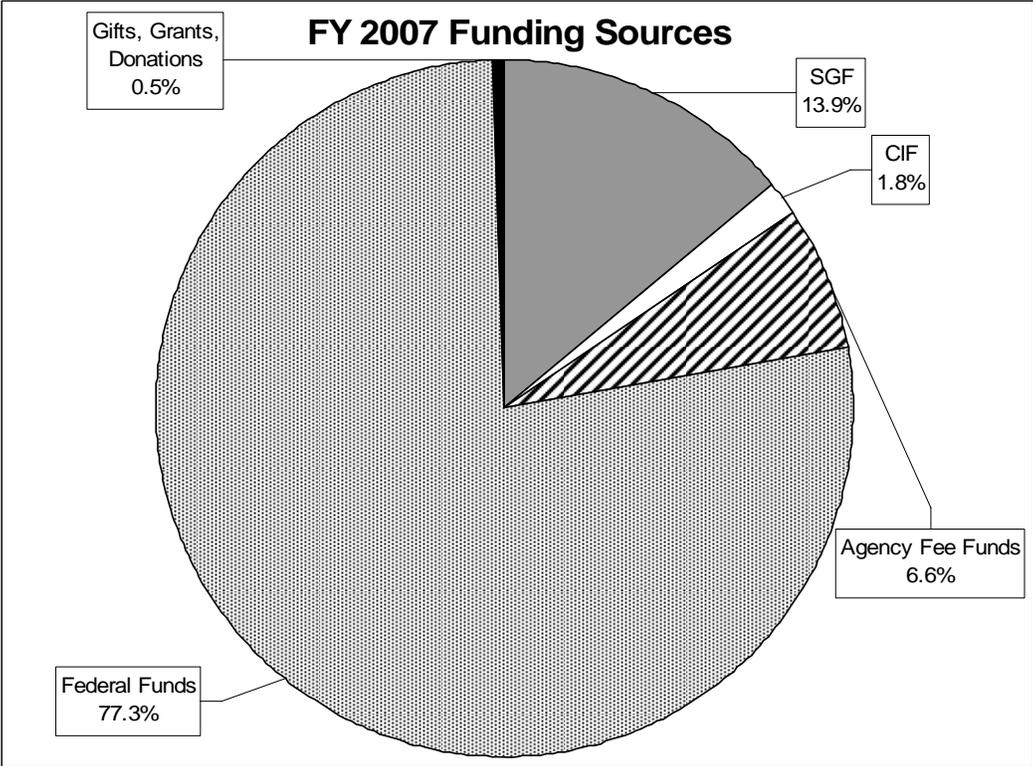
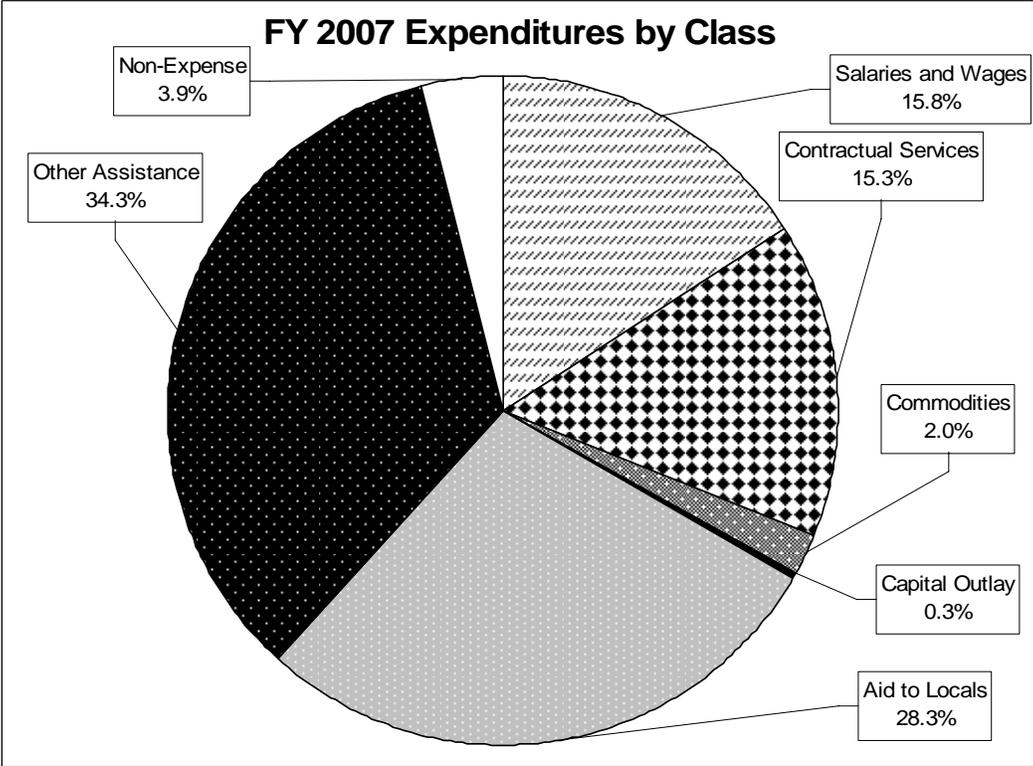
# Budget Information – Administration



## Budget Information – Administration

	FY 2005 Actuals	FY 2006 Adjusted Budget	FY 2007 Revised Request	FY 2007 Adjusted Budget
Expenditure by Object				
Salaries and Wages	5,551,177	6,268,103	6,148,398	6,103,563
Contractual Services	2,077,195	4,863,246	4,864,276	4,864,276
Commodities	448,041	441,675	441,675	441,675
Capital Outlay	77,820	49,002	46,074	46,074
<b>Subtotal State Operations</b>	<b>8,154,233</b>	<b>11,622,026</b>	<b>11,500,423</b>	<b>11,455,588</b>
Non-Expense Items	106,000	-	-	-
<b>Total Expenditures by Object</b>	<b>8,260,233</b>	<b>11,622,026</b>	<b>11,500,423</b>	<b>11,455,588</b>
Expenditures by Fund				
State General Fund	3,182,911	3,445,633	3,470,241	3,339,081
Agency Fee Funds	4,947,242	8,176,393	8,030,182	8,116,507
Federal Funds	100,259	-	-	-
Gifts, Grants, Donations	29,821	-	-	-
<b>Total Expenditures by Fund</b>	<b>8,260,233</b>	<b>11,622,026</b>	<b>11,500,423</b>	<b>11,455,588</b>

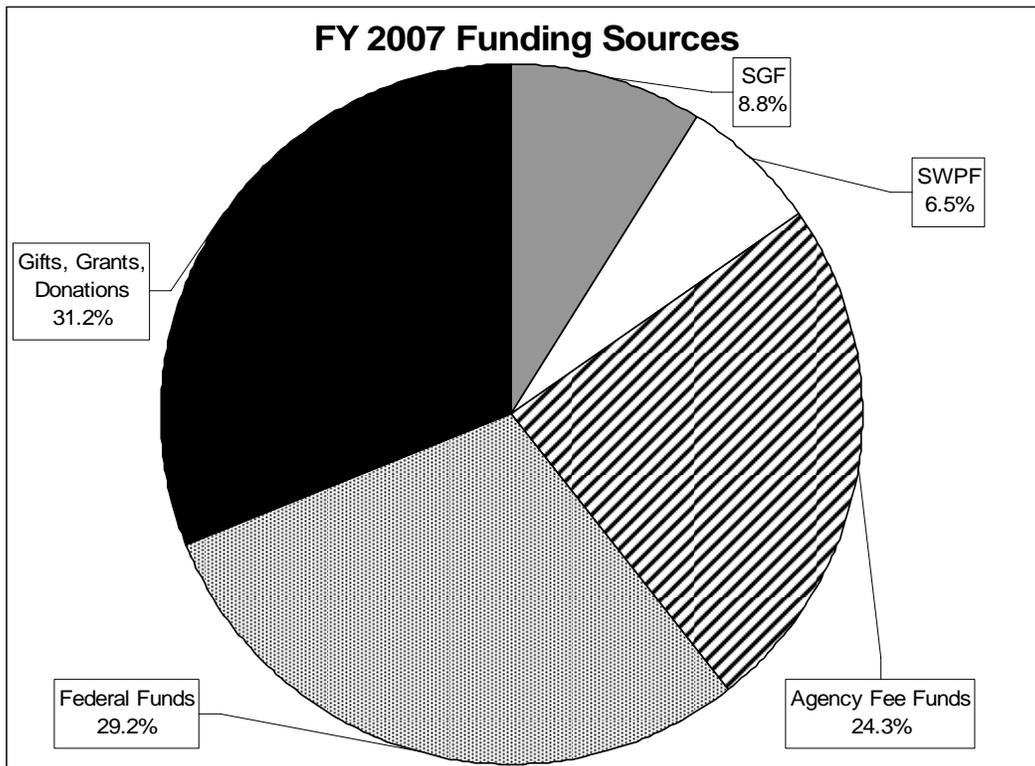
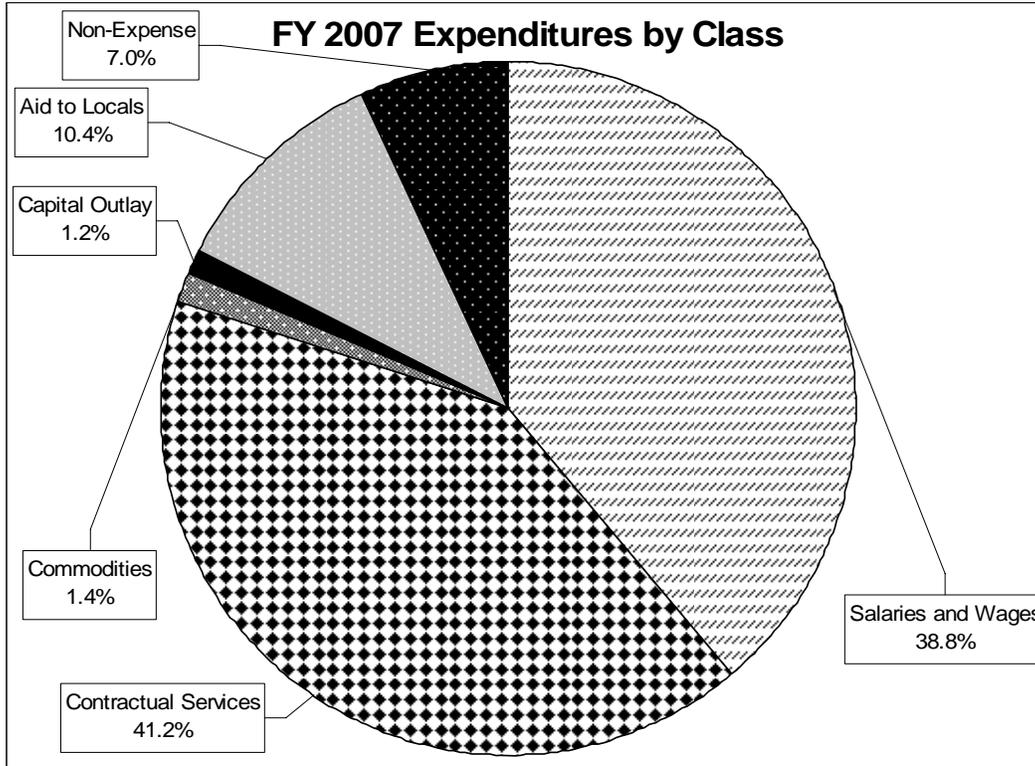
# Budget Information – Health



## Budget Information – Health

	FY 2005 Actuals	FY 2006 Adjusted Budget	FY 2007 Revised Request	FY 2007 Adjusted Budget
Expenditure by Object				
Salaries and Wages	18,100,587	21,965,259	21,607,354	22,079,807
Contractual Services	24,922,375	23,544,678	21,075,664	21,325,664
Commodities	2,983,192	3,002,791	2,585,529	2,835,529
Capital Outlay	1,903,567	409,437	142,612	402,612
<b>Subtotal State Operations</b>	<b>47,909,721</b>	<b>48,922,165</b>	<b>45,411,159</b>	<b>46,643,612</b>
Aid to Locals	40,965,163	38,712,102	38,101,589	39,501,589
Other Assistance	42,976,201	38,720,000	40,320,000	47,803,333
<b>Total Reportable Expenditures</b>	<b>131,851,085</b>	<b>126,354,267</b>	<b>123,832,748</b>	<b>133,948,534</b>
Non-Expense Items	6,777,432	5,637,392	5,472,415	5,472,415
<b>Total Expenditures by Object</b>	<b>138,628,517</b>	<b>131,991,659</b>	<b>129,305,163</b>	<b>139,420,949</b>
Expenditures by Fund				
State General Fund	13,619,938	16,202,339	15,957,217	19,361,723
Children's Initiative Fund	1,550,000	2,050,000	2,050,000	2,450,000
Agency Fee Funds	8,898,963	9,328,525	9,071,871	9,186,082
Federal Funds	112,820,200	102,990,847	101,521,764	107,709,789
Gifts, Grants, Donations	1,739,416	1,419,948	704,311	713,355
<b>Total Expenditures by Fund</b>	<b>138,628,517</b>	<b>131,991,659</b>	<b>129,305,163</b>	<b>139,420,949</b>

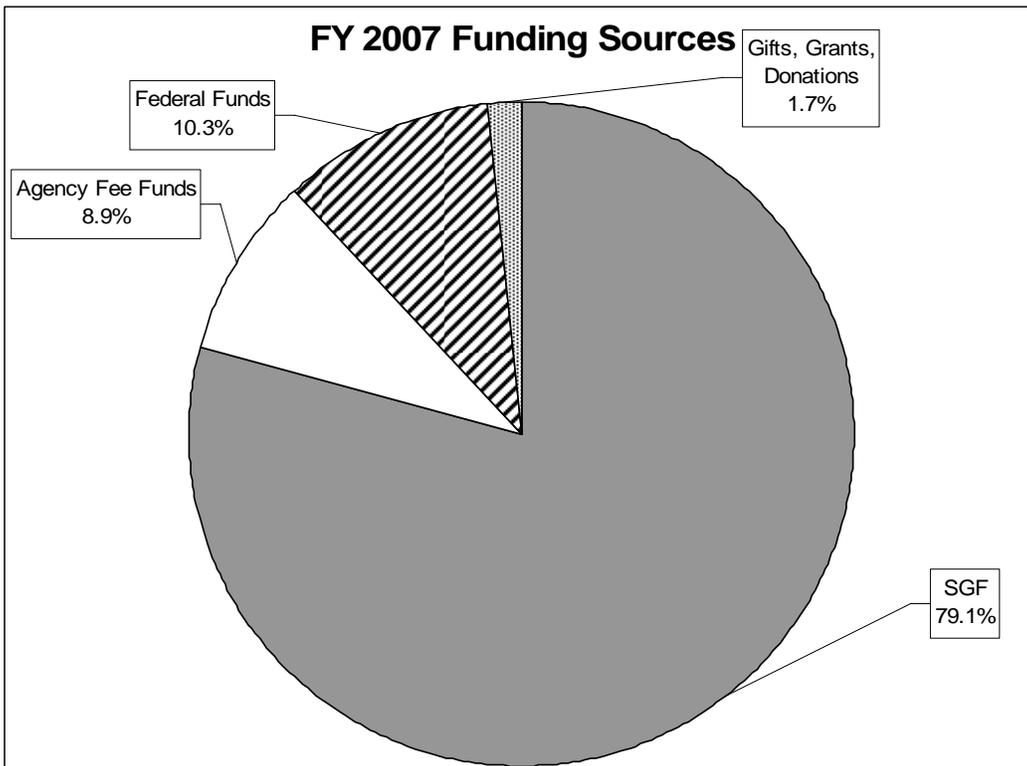
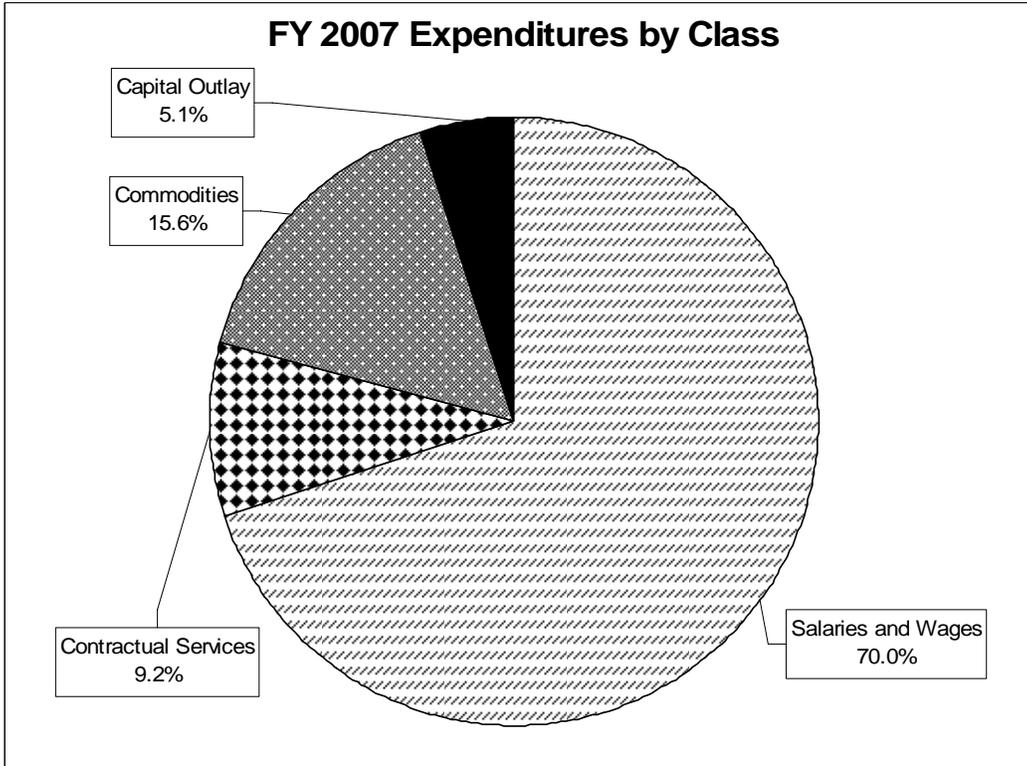
# Budget Information – Environment



## Budget Information – Environment

	FY 2005	FY 2006	FY 2007	FY 2007
	Actuals	Adjusted Budget	Revised Request	Adjusted Budget
Expenditure by Object				
Salaries and Wages	20,450,622	22,904,552	22,428,877	22,998,056
Contractual Services	25,920,621	26,278,719	24,531,997	24,447,826
Commodities	718,438	759,994	755,770	815,161
Capital Outlay	325,378	775,936	424,046	711,646
<b>Subtotal State Operations</b>	<b>47,415,059</b>	<b>50,719,201</b>	<b>48,140,690</b>	<b>48,972,689</b>
Aid to Locals	7,524,830	7,558,003	6,157,880	6,157,880
<b>Total Reportable Expenditures</b>	<b>54,939,889</b>	<b>58,277,204</b>	<b>54,298,570</b>	<b>55,130,569</b>
Non-Expense Items	5,579,258	4,168,570	4,164,961	4,164,961
<b>Total Expenditures by Object</b>	<b>60,519,147</b>	<b>62,445,774</b>	<b>58,463,531</b>	<b>59,295,530</b>
Expenditures by Fund				
State General Fund	5,260,337	5,134,582	4,718,437	5,198,718
State Water Plan Fund	3,073,299	4,480,220	4,179,139	3,848,830
Agency Fee Funds	13,734,984	15,494,178	14,095,277	14,415,709
Federal Funds	19,354,384	18,074,521	17,072,805	17,340,064
Gifts, Grants, Donations	19,096,143	19,262,273	18,397,873	18,492,209
<b>Total Expenditures by Fund</b>	<b>60,519,147</b>	<b>62,445,774</b>	<b>58,463,531</b>	<b>59,295,530</b>

# Budget Information – H&E Laboratories



## Budget Information – H&E Laboratories

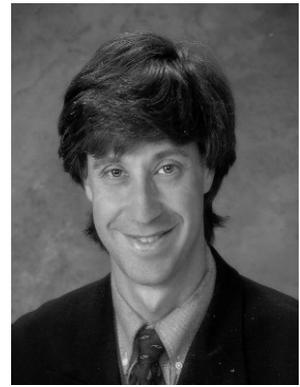
	FY 2005	FY 2006	FY 2007	FY 2007
	Actuals	Adjusted Budget	Revised Request	Adjusted Budget
Expenditure by Object				
Salaries and Wages	3,670,263	4,033,688	3,948,927	4,036,203
Contractual Services	1,038,125	526,562	532,052	532,052
Commodities	914,336	889,863	901,846	901,846
Capital Outlay	134,223	649,348	294,949	294,949
<b>Subtotal State Operations</b>	<b><u>5,756,947</u></b>	<b><u>6,099,461</u></b>	<b><u>5,677,774</u></b>	<b><u>5,765,050</u></b>
Non-Expense Items	35,117	-	-	-
<b>Total Expenditures by Object</b>	<b><u>5,792,064</u></b>	<b><u>6,099,461</u></b>	<b><u>5,677,774</u></b>	<b><u>5,765,050</u></b>
Expenditures by Fund				
State General Fund	4,166,211	4,556,618	4,481,883	4,562,368
Agency Fee Funds	748,447	769,757	507,131	510,963
Federal Funds	783,712	675,826	591,500	594,459
Gifts, Grants, Donations	93,694	97,260	97,260	97,260
<b>Total Expenditures by Fund</b>	<b><u>5,792,064</u></b>	<b><u>6,099,461</u></b>	<b><u>5,677,774</u></b>	<b><u>5,765,050</u></b>

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## Division of Health

- Bureau of Child Care and Health Facilities
- Bureau for Children, Youth and Families
- Bureau of Consumer Health
- Bureau of Epidemiology and Disease Prevention
- Center for Health and Environmental Statistics
- Center for Public Health Preparedness
- Office of Health Promotion
- Office of Local and Rural Health
- Office of Oral Health

# A Message from Dr. Howard Rodenberg KDHE Director of Health



The Division of Health is charged with promoting and protecting health and preventing disease and injury among the people of Kansas. We do so by assessing the health status of the state, developing policies to meet our needs, and providing services that meet these goals. As director, I'm proud and honored to lead nearly 400 professionals dedicated to making that vision a reality.

Our activities reach into every aspect of health. We work to reduce illness and death from preventable causes such as tobacco use, obesity and injury. We ensure the safety of restaurants, child care facilities and hospitals. Our staff is focused on promoting immunizations and preventing transmission of infectious disease. We provide families in need with nutritional foods and medical care, and work to ensure the health of every child born in Kansas. Our programs help local hospitals, health departments and clinics to serve their communities. We promote dental health throughout the state. We serve as the state health information archive, providing vital records to policymakers and the public. We work to ensure that Kansas is prepared for public health emergencies of all kinds.

As you look through this report, I think you'll be impressed with the scope of work. More importantly, I hope you take away excitement for our future prospects. We're working hard to address such issues as planning for pandemic influenza, and in promoting nutrition, fitness, clean air, and safety within our state. We're developing tool kits to help local communities make informed health choices. We're opening a new section within our division to address racial and ethnic disparities in health and disease. We're participating in the work of the Kansas Health Policy Authority as they determine the future of health and health care services in our state. These are exciting times, and we hope you'll join us as we strive to make Kansas the healthiest state in the nation.

Dr. Howard Rodenberg was appointed director of the Division of Health at KDHE in February 2005.

Prior to his appointment at KDHE, he served as the director of the Volusia County Health Department in Daytona Beach, Fla. He was also an emergency physician at Halifax Medical Center in Daytona Beach. Dr. Rodenberg served as EMS medical director for Volusia and Alachua Counties in Florida, and as medical director for EMS Programs at Central Florida Community College. He earned his undergraduate degree in biology and his medical degree from the University of Missouri-Kansas City School of Medicine; and a master's degree in public health from the University of South Florida, Tampa. He has written more than 20 peer-reviewed papers, and co-edited 10 chapters and books, and presented at many national and international meetings.





**Richard Morrissey, Deputy Director of Health**

Richard Morrissey is the deputy director of the Division of Health. He assists the director with policy development and management of the division and oversees the division's public health preparedness and bioterrorism preparedness efforts. Morrissey's career with KDHE includes experience as a health planner, regulator and public health administrator. He recently served as interim division director and directed the Office of Local and Rural Health.

**Dr. Gail Hansen, State Epidemiologist**

Dr. Gail Hansen was appointed state epidemiologist in July 2005. She has been an infectious disease epidemiologist with the state since October 1996. She is the chair of the KDHE Human Subjects Review Committee. In 2002, she was awarded the Samuel Crumbine Medal by the Kansas Public Health Association for public health achievement. She has an adjunct faculty position at Kansas State University and works with programs of public health at both Kansas State University and the University of Kansas. Before coming to Kansas, Dr. Hansen served as an epidemiologist at the Seattle-King County Health Department in Washington. She also worked for 14 years as a veterinary clinician. Dr. Hansen earned her veterinary degree from the University of Minnesota and her master's degree in public health from the University of Washington.



# Bureau of Child Care and Health Facilities

## Mission/Purpose/Goals

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

- To 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
- To complete state licensure 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).
- To promote and assure safe, healthy and accessible care for children and maternity patients

## Programs/Sections

The bureau is comprised of three major programs:

### **Health Facilities**

- Develops and enforces regulations related to health facilities such as hospitals, home health agencies, ambulatory surgical centers and other health care providers
- Documents compliance with state regulations and federal certification standards through surveys
- Investigates allegations of abuse, neglect or exploitation

### **Health Occupations Credentialing**

- Conducts research necessary to make recommendations to the legislature concerning credentialing for health care occupations
- Reviews and approves training courses
- Administers certification process for nurse aides, medication aides and home health aides
- Administers criminal record checks
- Licenses adult care home administrators, dietitians, speech-language pathologists and audiologists

### **Child Care Licensing and Registration**

- Establishes and enforces regulatory safeguards for maternity centers, child care facilities and family day care homes
- Conducts inspections with local health departments
- Issues licenses and certificates
- Inspects maternity centers annually



**Joseph F. Kroll**  
**Director**

Joseph F. Kroll is a graduate of Wichita State University and is a licensed (non-active) adult care home administrator. His experience includes 23 years with KDHE as well as eight years in managing adult care homes. His experience includes facility administrator, work at the corporate level, and regional and national directorships.

Kroll has developed and taught health care management courses for Washburn University in Topeka and other seminars, workshops and presentations on management and regulatory affairs.

He has served as director since 1989.

## **Data and Statistics (fiscal year 2005)**

- The bureau licenses or certifies for Medicaid and Medicare more than 890 health care facilities.
- The Health Occupations Program administers licensing programs for more than 3,000 health occupation licensees and maintains certification records for more than 51,000 nurse aides, home health aides and medication aides.
- The Child Care Program licenses and certifies approximately 11,300 child care providers.

## **Accomplishments (fiscal year 2005)**

- Provided Web-based access to the Kansas Nurse Aide Registry
- Developed a training curriculum for paid nutrition assistants in adult care homes
- Expanded Child Care Licensing and Registration Information System (CLARIS), the Web-based management information system, which makes child care licensing and registration information available to other agencies. Staff in approximately 90 agencies were trained and given access to CLARIS.
- Licensed and registered approximately 11,300 facilities and agencies statewide
- Worked with Kansas Department of Social and Rehabilitation Services to implement a procedure to expedite the licensing of kinship families for children entering the foster care system. This allows children to be placed with a family that is familiar to them and provides a process for addressing assessment and safety concerns.

## **Frequently Asked Questions**

### ***I want to provide child care in my home. Who do I contact to get started?***

To operate a child care facility or home in Kansas, a license or certificate is required. In most counties, the local health department holds orientation sessions and provides application forms to prospective child care providers to help them get started. County contact information is available on the KDHE Web site at: [www.kdheks.gov/bccclr](http://www.kdheks.gov/bccclr).

### ***I want to provide foster care. Who do I contact to get started?***

To provide family foster care in your home in Kansas, a family assessment and a family foster home license is required. Contacting a child placement agency serving your community is the first step to becoming a foster parent. The KDHE Web site ([www.kdheks.gov](http://www.kdheks.gov)) contains the regulations for providing family foster home care and has a link to the Children's Alliance, which can locate child placement agencies in your area.

### ***Does the bureau inspect or license physician offices?***

No. The Kansas Board of Healing Arts has oversight of physicians. The board can be reached at 785-296-7413.

### ***How do I file a complaint regarding care or services in a hospital?***

In cooperation with the Kansas Department on Aging, KDHE maintains a telephone hotline for this purpose. The number is 1-800-842-0078.

### **Contact Information**



Bureau of Child Care and Health Facilities	785-296-1240
Web site	<a href="http://www.kdheks.gov/bccchf">www.kdheks.gov/bccchf</a>
Fax Number	785-296-7025
Child Care Licensing and Registration	785-296-1270
Child Care Section	785-296-1270
Foster Care Section	785-368-7015

## **How do I find a good child care provider?**

Each community in Kansas is serviced by a child care and resource referral agency. These agencies provide helpful information on how to select a child care setting that will meet the needs of your child and of your family. They will also provide referrals to licensed or registered child care providers that have openings for the age of your child.

To find a child care resource and referral agency in your community, call the Kansas Association of Child Care Resource and Referral Agencies' toll-free number 1-877-678-2548, or access their Web site at [www.kaccrra.org](http://www.kaccrra.org).



### **Tips for looking for a child care provider:**

- Ask if the child care setting is licensed or registered. Child care regulations reduce predictable risks of harm to children cared for in child care settings.
- Ask to see any recent inspection findings. These reports will tell you what the surveyors found on their inspection.
- Visit different child care settings. Look and listen closely.
- Is the child care home or center a busy, happy place with clean, uncluttered space, sturdy play equipment and a variety of play materials? Are activities conducted both inside and outside? Are poisons and other dangerous substances locked up? Is there room for children to engage in active play, quiet play and rest?
- Are children encouraged to express themselves and satisfy their curiosity? Are they actively engaged in activities? Do the children appear to be enjoying themselves? Are the children welcomed? What do the children do in a typical day? Are the children given choices among activities that are appropriate for the age range of children in care?
- Are the adults working with the children warm, accepting and understanding of the children? Are the adults supervising the children well and at the same time enjoying their time with the children? Are the adults educated and trained to work with children?
- How many children are in care? How many adults work with a group of children? A smaller number of young children in a group is most beneficial in meeting each child's needs.
- Are child care practices like discipline, toileting or napping similar to your beliefs and practices? Are children encouraged to learn self-control? How often are children in diapers changed? How do the adults in the program include you in your child's time in care?
- What basic services are provided by the program? What type of meals are served to the children? Does the program provide transportation services?
- After visiting several programs, choose the program that will best meet the needs of your family.

# Bureau for Children, Youth and Families

## Mission/Purpose/Goals

The mission of the Bureau for Children, Youth and Families is to provide leadership to enhance the health of Kansas women and children through partnerships with families and communities. The bureau has two goals:

- To improve access to comprehensive health, developmental, and nutritional services for women and children, including special needs children
- To strengthen Kansas' maternal and child health infrastructure and systems to eliminate barriers to care and health disparities

## Programs/Sections

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

- **Children and Families Section**---support services for women prior to pregnancy and pregnant women, infants, children and adolescents
- **Services for Children with Special Health Care Needs**---coordinates medical speciality services and systems for children and youth
- **Children's Development Services**---provides newborn metabolic and hearing screening, and early intervention services for infants and toddlers with disabilities
- **Nutrition and WIC (Women, Infants and Children) Services**---assures nutrition education and supplemental foods for low-income pregnant, breastfeeding, and postpartum women and their young children

## Data and Statistics (fiscal year 2005)

- More than 70 percent of mothers breastfed their infants at hospital discharge
- More than 87 percent of mothers received prenatal care beginning the first trimester of their pregnancy
- 97 percent of newborns with out-of-range metabolic screens and 100 percent of those with a confirmed condition received appropriate follow-up and diagnosis
- More than 96 percent of newborns received a hearing screening prior to 1 month of age
- 11,432 pregnant women and infants received Maternal and Infant Health services (M&I)
- 50,363 children received health/dental screens through Maternal and Child Health grants
- 13,865 families were visited by a Healthy Start home visitor
- 49,366 women received family planning and women's health services
- 11,486 children with special health care needs (age 0-21 years) received services
- 5,482 infants and toddlers with disabilities (birth-age 2) received early intervention services through Infant-Toddler Services
- 16,346 pregnant, postpartum or breastfeeding women were served by WIC each month
- 17,479 infants were served by WIC each month
- 34,391 children (age 1-5 years) were served by WIC each month



**Linda Kenney**  
**Director**

Since 2000, Linda Kenney has served as director of the Bureau for Children, Youth and Families and Title V Maternal and Child Health director for the state. Before that, she served as the director of the Children and Families Section of the bureau. She has held positions as director of the state Breast and Cervical Cancer Screening Program, director of a state mental hospital-to-community transition project, case management supervisor for a community disability organization, and director of a community agency. She has served on the Board of the Kansas Public Health Association. She holds a master's degree in public health from the University of Pittsburgh, Pa. and a bachelor's degree from Indiana University.

## **Accomplishments (fiscal year 2005)**

- Completed five-year Maternal and Child Health state needs assessment involving more than 70 stakeholders. Nine state priorities were selected. See MCH 2010 report at: [www.kdheks.gov/bcyf](http://www.kdheks.gov/bcyf)
- Recognized by the U.S. Office of Special Education Programs for the Kansas Infant-Toddler Services general supervision program evaluation system. The Kansas annual report was also identified as a model for other states.
- Provided training and technical assistance to school nurses to implement oral health screenings and referrals
- Received a USDA grant to implement a Breastfeeding Peer Counselor (BFPC) program in 10 counties: Butler, Crawford, Douglas, Greeley, Johnson, Lyon (and Chase), Reno, Shawnee, Sheridan, and Wyandotte.

## **Frequently Asked Questions**

### ***Where can school nurses get KDHE guidelines for school services and information on training opportunities?***

Go to [www.kdheks.gov/c-f/school.html](http://www.kdheks.gov/c-f/school.html) for more information.

### ***How do I enroll my child in Infant-Toddler Services?***

The KDHE program called "Make a Difference" serves children with special needs. Call the Make a Difference toll-free number at 1-800-332-6262.

### ***What is WIC (Women, Infants and Children) and where do I apply for services?***

WIC is a program for low-income women, infants and children up to age 5 who are at nutritional risk. It provides nutritious foods, breastfeeding support, information on healthy eating, and referrals to health care. Contact your local health department or get more information at [www.kdhe.state.ks.us/nws-wic](http://www.kdhe.state.ks.us/nws-wic).

### ***Why does Kansas screen for four newborn conditions and other states screen for more?***

Kansas is working with national experts to determine the feasibility of adding new tests.

"Thank you so very much for the funds you sent to help with purchasing Zach's power wheelchair...what a difference it has made in our lives. Now he has gained back the independence of being able to move around by himself and even carry small items. He doesn't have to rely on someone to push him anymore...It's a wonderful improvement."

*---mother of child helped by Children With Special Health Care Needs*

"I found the networking (during the MCH 2010 process) to be professionally and personally interesting. I see that Kansans may not network enough between professionals and professions, geographic areas, and between government entities. I did like the cross-fertilization of ideas and discussion from so many perspectives."

*---participant in Maternal and Child Health assessment process*



## **Contact Information**

Bureau for Children, Youth and Families  
Web site  
Make a Difference toll-free number  
Nutrition and WIC Services  
Children's Developmental Services  
Children and Families Section  
Children with Special Health Care Needs

785-291-3368  
www.kdheks.gov/bcyf  
1-800-332-6262  
785-296-1320  
785-296-6135  
785-296-1300  
785-296-1311

## ***WIC provides nutritious food to women, infants and children to supplement their diets!***

### **WIC achieves positive outcomes for Kansas women and children through...**

- Nutrition counseling and education
- Breastfeeding promotion and support
- Nutritious foods, at no cost to participants, worth a minimum of \$54 per month
- Immunization screenings and referrals
- Health and social service referrals

### **Nutrition staff meet with each WIC participant to...**

- Assess their diet and identify nutritional needs
- Provide individual nutrition counseling
- Determine appropriate foods

### **WIC serves Kansas residents who are...**

- Pregnant
- Breastfeeding, up to baby's first birthday
- Non-breastfeeding mothers, up to six months after baby's birth
- Children under 5 years old

### **What are the income guidelines?**

- Household income at or below 185 percent of the poverty level. A household of two can earn up to \$23,736 a year and be eligible. A household of four can earn up to \$35,798 per year and be eligible.
- Families receiving Food Stamps, Temporary Assistance for Families, and Medicaid are eligible for WIC

### **What kind of food is available through WIC?**

- For infants: iron-fortified infant formula, infant cereal, and juice
- For women and children: milk, cheese, cereal, dry beans, eggs, dry peas, juice and peanut butter, as well as tuna and carrots for breastfeeding women



# Bureau of Consumer Health

## Mission/Purpose/Goals

The mission of the Bureau of Consumer Health is to advance public health in Kansas by ensuring safe food and consumer products; ensuring sanitary lodging conditions; and ensuring safe residential lead levels.

## Programs/Sections

The bureau is comprised of two main programs:

**Food Protection and Consumer Safety Program**---ensures safe food and prevents foodborne illness and injury by regulating restaurants, schools, senior meal sites, special events, and lodging facilities. Over the past several years, the process of ensuring food safety in food service establishments has become more epidemiology and biology based. The program has become a recognized source for technical knowledge for both the regulated industry and regulatory professionals.

**Kansas Childhood Lead Poisoning Prevention Program**---coordinates statewide lead poisoning prevention activities, including blood lead testing, medical and environmental follow-up, case management of children with elevated blood lead levels, and educational outreach through the distribution of prevention materials. This program enforces rules and regulations regarding lead activities and renovation/remodeling practices in residential settings to ensure the safe elimination of lead hazards. The Kansas Childhood Lead Poisoning Prevention Program provides support to local health agencies, industry and the public to ensure that Kansas children are protected from injury associated with lead hazards.

## Data and Statistics (fiscal year 2005)

- Responsible for licensing and regulating 10,320 food establishments
- Conducted 17,285 inspections
- Inspected 98 percent of food service establishments
- Inspected 100 percent of high-risk food service establishments
- Developed 954 food service risk control plans
- Investigated 1,750 consumer complaints
- Investigated 16 foodborne illness outbreaks
- Investigated 184 accidents
- Provided 637 accident consultations
- Trained 10,158 food workers
- Conducted 166 lead environmental assessments
- Conducted 131 lead environmental abatement inspections
- Conducted 171 enforcement inspections
- Cleared 113 HUD housing units of lead
- Tested 27,723 children for lead
- Tested 7,915 adults for lead
- Confirmed 222 cases of lead in children
- Confirmed 472 cases of lead in adults
- Licensed 298 lead inspectors, risk assessors and supervisors
- Licensed 33 lead removal firms



**Mary Glassburner**  
**Director**

Mary Glassburner began her career at KDHE in 1991 as a field investigator with the Food Protection and Consumer Safety program in Southeast Kansas. She served as the bureau's first health educator from 1998-1999 and managed the "Did You Wash 'Em" educational grant campaign. She was promoted to director of the Food Protection Program in 1999 and director of the bureau in 2005. She is active in professional organizations and is dedicated to promoting food safety. She also has a background in nursing and education. She has a bachelor's degree in education with a major in biology from Missouri Southern State University. She is also a Certified Food Safety Professional through the National Environmental Health Association.

## **Accomplishments (fiscal year 2005)**

- The Food Protection and Consumer Safety Program provides food safety consultation and educational services to the food service industry in Kansas. The program provided food safety education to more than 10,000 food workers and helped the industry develop nearly 1,000 risk control plans during fiscal year 2005.
- The Childhood Lead Poisoning Prevention Program's Lead Safe KCK project ensured the successful abatement of lead hazards in more than 113 homes in Wyandotte County during fiscal year 2005, ensuring a lead-safe environment for more than 130 children. Wyandotte County families are benefitting from Project Lead Safe KCK with healthier environments, elimination of lead contamination risks to children, as well as increasing employment opportunities and training for contractors.

## **Frequently Asked Questions**

### ***Is it safe to eat at a particular restaurant?***

It is the responsibility of the manager of the establishment to have day-to-day control of food safety practices that ensure the safety of the food served in the restaurant. Inspectors visit the establishments annually, and visit more often if there are concerns regarding food safety. Enforcement of food safety issues is progressive---during the initial inspection, the operator of the establishment is expected to correct all food safety issues while the inspector is on-site. If the operator of the establishment cannot control the food safety risk factors and the facility is considered a hazard to public health, it is closed for a period of time to allow the operator to fix the problems.

### ***Is a license required to operate a restaurant?***

Yes, the law requires anyone operating a food service establishment to be licensed and for the establishment to be in compliance with food safety regulations. License application can be made on our Web site at [www.kdheks.gov](http://www.kdheks.gov), by calling the Topeka office at 785-296-5600, or by contacting the area inspector.

### ***Who do I call if I have a complaint regarding a restaurant?***

Call the Topeka office at 785-296-5600 or your local inspector. Consumer complaints are reviewed within 48 hours. Complaints of foodborne illness are reviewed within 24 hours.

### ***How are children exposed to lead?***

Exposure to lead-based paint and lead-contaminated dust found in housing built prior to 1978 is the primary way children come into contact with lead. Approximately 72 percent of the housing units in Kansas were built prior to the 1978 ban on lead-based paint and likely contain lead-based paint. Children are also exposed to lead in imported candy, cookware, and from dust as a result of home remodeling or improvements if the home was built before 1978.

### ***Who is at risk of lead poisoning?***

Children under age 6 are at the greatest risk. Young children tend to be on the floor more and put objects that could be contaminated into their mouths. Children from all social and economic levels can be affected by lead poisoning, although children living at or below the poverty level tend to live in older housing, placing them at greatest risk. Johnson, Reno, Saline, Sedgwick, Shawnee and Wyandotte counties are considered high risk areas due to the number of older homes and the population size. Adults are also at risk and can be poisoned due to certain occupational hazards.

### ***Should my child be tested and when should testing take place?***

Children can be tested between 6 months and 6 years of age. Testing can be completed at well-child check-ups or at periodic health screenings.



## **Contact Information**

Food Protection and Consumer Health 785-296-5600  
[www.kdheks.gov/bch](http://www.kdheks.gov/bch)  
Childhood Lead Poisoning Prevention 785-296-7278  
1-866-865-3233 toll-free hotline  
[www.unleadedks.com](http://www.unleadedks.com)



## **Proper Hand Washing Prevents Disease!**

The following 12 most common infectious diseases can be prevented by effective handwashing:

- Shigellosis
- Hepatitis A
- E.coli 0157:H7
- Salmonellosis
- Campylobacteriosis
- Common cold
- Influenza
- Giardiasis
- Impetigo
- Fifth Disease
- Conjunctivitis (Pink-Eye)
- Enterobiasis (Pinworms)

## **Proper Hand Washing Includes:**

- Using soap and warm, running water
- Rubbing your hands vigorously for 20 seconds
- Washing all surfaces, including backs of hands, wrists, between fingers, tips of fingers, and under fingernails
- Rinsing your hands well
- Drying your hands with a paper towel



# Bureau of Epidemiology and Disease Prevention

## Mission/Purpose/Goals

The Bureau of Epidemiology and Disease Prevention is responsible for programs designed to prevent and control communicable diseases of crucial public health concern.

## Programs/Sections

The bureau is comprised of three sections:

**Epidemiologic Services** maintains the statewide communicable disease surveillance system. The section conducts investigations of disease outbreaks and serves as the principal point of contact for federal communicable disease surveillance and investigation. Staff also provide technical assistance and training to local health departments and other state entities regarding surveillance, prevention, and control of communicable diseases.

The **HIV/STD/TB Prevention and Control Section** provides prevention services to persons who have HIV and other sexually transmitted diseases. The section also monitors infection patterns and trends. The section administers federal grant programs which ensure that persons with HIV and AIDS receive critical medical, social, and pharmaceutical services. The program distributes STD medications to persons who have syphilis, gonorrhea, and chlamydia.

The Tuberculosis Program ensures that proper screening and treatment for tuberculosis (TB) occurs in Kansas. Program staff work with local health departments and other providers to care for persons with tuberculosis and their contacts. The program provides medicine for treatment of patients with tuberculosis.

The **Immunization Program** promotes immunizations to prevent disease in Kansas. 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.

## Data and Statistics (fiscal year 2005)

- More than 4,000 calls were made to the Epidemiology Hotline
- 81 percent of eligible children were immunized with the recommended four doses of diphtheria, tetanus, pertussis; three doses of polio; and one dose of measles vaccine
- 99 local health departments across Kansas entered into a Bioterrorism Planning and Preparedness Contract with KDHE
- 3,162 Kansans were treated for tuberculosis
- 53 Kansans were newly diagnosed with HIV
- 27,656 women were screened for gonorrhea and chlamydia
- 6,598 cases of communicable diseases, excluding HIV and STDs, were reported to KDHE in FY 2004



**Sharon Wenger**  
**Director**

Sharon Wenger has served as the director since 2002. For two years prior to her appointment, she served as KDHE's assistant secretary. Wenger came to KDHE in 1998 as assistant to the director of the Division of Health. She also spent seven years as a performance auditor for the Kansas Legislative Division of Post Audit. She earned a bachelor's degree in political science from Kansas State University and a master's degree in public administration from the University of Kansas. She completed the Public Health Certificate Program in 2002 and was a Kansas Health Foundation Leadership Fellow in 2003.

## **Accomplishments (fiscal year 2005)**

- KDHE began using HIV rapid testing in the state HIV counseling and testing program. This new testing technology, used within high-risk settings, produced three times the rate of new positive results in comparison with clinic-based testing.
- KDHE launched a statewide “Immunize and Win a Prize” campaign to improve children’s immunization rates. The original 10-county campaign focused on counties with low immunization rates in their Medicaid populations. The program exceeded its goal, increasing immunization rates between 14 and 44 percent.

## **Frequently Asked Questions**

### ***Where can I get tested for HIV and other STDs?***

Kansas has about 80 sites that provide HIV counseling and testing, including those at local health departments and community-based organizations. HIV counseling and testing is available within 75 miles of every Kansas resident. Contact your local health department for information on testing and treatment for sexually transmitted diseases including HIV. Counseling and testing sites can be found by calling your local health department, KDHE or online at [www.kdheks.gov/bedp](http://www.kdheks.gov/bedp).

### ***How many people in Kansas have HIV?***

As of June 30, 2005, there are 531 people living with HIV and 1,133 people living with AIDS for a total of 1,664 people living with HIV disease in Kansas. Cumulative "reported" cases, including deaths, total 3,095.

### ***What should I do if I find a dead bird in my yard and suspect West Nile Virus?***

Kansas is not collecting dead birds as of 2005, as they have not been shown to be good indicators of where the virus is located. Dead birds should be carefully disposed of by putting them in two plastic bags and placing them in the trash. As with any dead animal, avoid touching dead birds with your bare hands. It is a good idea to wash your hands with soap and water for at least 20 seconds after disposing of a dead bird.



**Immunize**  
and  
**win a Prize!**

Topeka band Kipper’s Cradle, Ms. Jackson and her 2nd Grade music class at Most Pure Heart of Mary School, and Mike J. Parsons of the KDHE Immunization Program created an immunization jingle to encourage vaccination for children under age 2. The jingle was broadcast statewide in public service announcements as part of the “Bee Wise, Immunize” public awareness campaign.

### **“Get Me Immunized” Jingle**

*I’m just little; it’s up to you.  
So please protect me before I’m two.  
It may be scary. I’m sure I’ll cry.  
But after all, I’m your prize.  
Hey Mom, Hey Dad!  
Do you love me?  
Won’t you get me immunized!*

# AHH-CHOO!

## What you need to know about colds and the flu



**What's the difference between a cold and the flu?  
How is the flu prevented and treated?**

### **COMMON COLD:**

- Centers on the nose
- Stuffy/runny nose
- Sneezing
- Low fever
- Virus is in nasal secretions
- Symptoms last 1-5 days
- No vaccine
- Most common infectious disease
- Occurs year-round

### **INFLUENZA:**

- Sudden symptoms, feeling sick all over
- Body aches, headache
- High fever
- Cough, sore throat
- Virus is in respiratory secretions
- Symptoms last 2-3 days
- Vaccine available
- Antibiotics do not help
- Flu season is November-February

### **HOW TO PREVENT THE FLU**

- Wash hands
- Stay home when sick
- Cover mouth when coughing
- Avoid crowds during an outbreak
- Get a flu shot each year

### **HOW TO TREAT THE FLU**

- Treat symptoms
- Drink plenty of fluids
- Get plenty of rest
- Take medication to reduce fever (not aspirin)
- Get a prescription for anti-viral medication if necessary

## **What's the difference between seasonal flu and pandemic flu?**

There has been a great deal of news coverage about a potential influenza pandemic. A pandemic flu differs from seasonal flu in several ways. Seasonal flu is a flu strain humans have some immunity to fight. It usually makes people sick in the winter months. Each year, the flu strain is monitored and a vaccine is developed to help lessen the number of people that fall ill to the flu. Seasonal flu can affect anyone, however the elderly, children and people with compromised immune systems are more vulnerable.

A pandemic flu strain is a different kind of flu. It is a worldwide outbreak of a flu strain that humans have no immunity to fight. Flu pandemics have happened in years past with devastating consequences. There was the "Spanish Flu" in 1918, the "Asian Flu" in 1957, and the "Hong Kong Flu" in 1968. These viruses can make anyone sick, even young, healthy adults. Pandemic flu has the potential to spread quickly around the globe and kill millions of people, overwhelm the health care system, and disrupt the world economy. Scientists are monitoring a flu strain in Asia and Eastern Europe called H5N1 that they believe could mutate and spark the next flu pandemic. Currently, the H5N1 virus is in birds and is occasionally passed to people who are exposed to infected birds and their droppings. Governments worldwide are working on emergency plans to prepare for a potential flu pandemic. If the virus mutates and can be transmitted easily from person to person, it will take six to eight months to develop a vaccine and many more months, if not years, to manufacture enough vaccine to protect the world's population. Scientists disagree on the likelihood of a pandemic in the next few years. Whether it occurs or not, it is one of the most important health care topics in the world today.

***What is MRSA and how is it prevented?***

Methicillin Resistant *Staphylococcus aureus* (MRSA) is a bacterial infection that is resistant to many common antibiotics. It is found on the skin and in the noses of healthy people, but can cause bad infections in some people. Handwashing is the best way to prevent spreading these bacteria.

***What can I do to keep from getting or spreading disease?***

Handwashing is one of the most effective methods to prevent spreading or getting many diseases. Covering your mouth when you cough, staying up-to-date on vaccines, and staying home when you are ill will prevent the spread of many, though not all, of the infectious diseases.

***What is TB and how is it treated?***

TB is caused by an organism called *Mycobacterium tuberculosis* or tubercle bacillus. TB is spread from person to person through the air. When a person with infectious TB disease (TB that can be spread) coughs or sneezes, tiny particles containing *M. tuberculosis* may be expelled into the air. If another person inhales air that contains these particles, transmission may occur. At first, the tubercle bacilli multiply in the lungs and a small number enter the bloodstream and spread throughout the body. Within two to 10 weeks, however, the body's immune system usually intervenes, preventing further spread. Such persons are referred to as infected because they usually have a positive tuberculin skin test result, are asymptomatic and not infectious. About 10 percent of infected persons will develop TB disease at some time in their life, but the risk is considerably higher for persons who are immunosuppressed. Treatment is available for persons with infectious TB disease (to cure and prevent further spread of the disease) and for individuals who have TB infection (to prevent them from breaking down with disease).

***What immunizations should my child have?***

Children need to receive certain vaccinations by certain ages all the way up to 18 years of age. Your local health department or pediatrician will know the schedules for these and you should contact them for information on your child's needs. You can also find the schedule for these online at the Kansas Department of Health and Environment's Web site at [www.kdheks.gov](http://www.kdheks.gov). Vaccinations and series of vaccination combinations include hepatitis B, diphtheria/tetanus/pertussis, polio, measles/mumps/rubella, varicella, pneumococcal, influenza and hepatitis A.

***I moved and don't have my child's immunization records anymore. What should I do?***

You should contact your child's physician who administered the shots and request a duplicate copy. You may be required to give written permission for release. If your child received shots from the local health department, contact them and request the records. You can also contact the local health department in your new location to ask if they are participants in the State Immunization Registry. Finally, you can schedule an appointment with your child's new doctor and request that a test be completed. This test is known as a "titer." It is a blood draw with lab analysis to determine your child's immunity. Once completed the doctor can sign and date the report and it will serve as your permanent record.

***Are immunizations harmful to my child?***

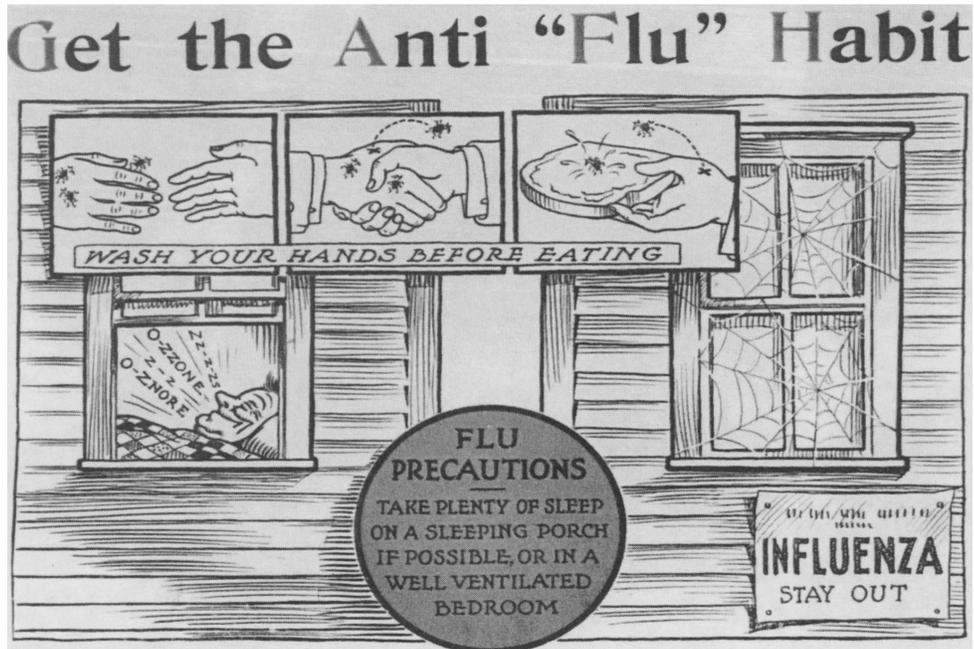
There are sometimes reasons why an individual child should not receive certain vaccines. A close relationship with your health provider can determine through a medical history of the child whether there are allergies and/or previous experiences that might make it so your child should not receive certain vaccines. Vaccine Information Statements (VIS) will be provided to you at the time of vaccination to inform you of the benefits and risks. It must be remembered that vaccine-preventable diseases are very dangerous, and sickened and killed thousands of people every year before vaccinations were available. If we do not keep the levels of vaccination high, there could be a resurgence of disease that could be very harmful not only to children and families but to communities. We all have a responsibility to protect other family and community members.

## Contact Information



Epidemiology and Disease Prevention  
Web site  
Epidemiology Services  
Kansas Bioterrorism Program  
Kansas HIV/STD/TB Program  
Kansas Tuberculosis Program  
Kansas Immunization Program

785-296-1059  
[www.kdheks.gov/bedp](http://www.kdheks.gov/bedp)  
1-877-427-7317  
785-296-8605  
785-296-6174  
785-296-5589  
785-296-5591



This 1950s flu ad reinforces our current prevention theme of handwashing. Kansas and the world have been preparing for a potential influenza pandemic that will challenge public health systems worldwide if an avian or other flu strain mutates and attacks humans. The same advice for preventing flu remains unchanged after 50 years.

# Center for Health and Environmental Statistics

## Mission/Purpose/Goals

The goal of the Center for Health and Environmental Statistics is to provide vital records, data and information to the agency, the public, policymakers, program managers, and researchers. The center pursues the following objectives:

- File all State of Kansas vital events in accordance with state statutes and provide vital records services to citizens in accordance with the Vital Statistics Act
- Ensure that data are timely, complete and meet high standards of quality
- Maintain a population-based health care database and ensure data are accessible
- Develop health decision support systems for data partners
- Assure confidentiality of individual Kansas citizens' information maintained by the center

## Programs/Sections

The **Office of Vital Statistics (OVS)** registers and provides permanent storage of birth, delayed birth, death, fetal death, marriage, divorce certificates, and induced termination of pregnancy reports. It also provides certified copies of issuable vital records to the public.

The **Office of Health Care Information (OHCI)** collects and analyzes health data. The office manages a health care database for the state, analyzes and publishes health statistics and provides statistical support for internal and external partners.



**Dr. Lorne Phillips**  
**Director**

Dr. Phillips is the state registrar and director of the Center for Health and Environmental Statistics. He has served as state registrar since 1987. Dr. Phillips earned a bachelor's degree in sociology from Oklahoma Baptist University, a master's degree from Oklahoma State University, and a doctorate from Washington State University. He has been an adjunct assistant professor for the University of Kansas Medical Center. Dr. Phillips has served as a member of various state and national committees for health statistics, health education and training, alcohol and drug abuse, and information resource management. He is also a member of the Kansas Child Death Review Board.

### **Every day, Kansans experience...**

#### **108 live births:**

- 35 out of wedlock live births (more than 75 percent of these are to women over age 20)**
- 16 abortions**
- 11 live births to teenagers**
- 8 low birthweight births**
- 1 stillbirth and 1 infant death**

#### **909 hospital discharges:**

- 9 hip fractures in the elderly**
- 14 heart attacks**
- 35 discharges due to pneumonia**
- 11 discharges due to diabetics**

#### **65 deaths:**

- 16 due to heart disease**
- 14 due to cancer**
- 4 due to chronic lower respiratory disease**
- 1 due to motor vehicle accidents**
- 1 due to suicide**

## **Data and Statistics (fiscal year 2005)**

- Vital records are filed with OVS by 86 hospitals/birthing centers, 315 funeral homes, and 110 district courts.
- OVS registered 98,554 Kansas vital events (birth, death, marriage, divorce) and issued 371,260 certified copies to eligible applicants.
- OVS received an average of 800 requests per day from customers needing vital record copies. Two-thirds of those requests came from priority ordering methods---walk-ins, priority mail services, and through credit card services (telephone, fax, Internet). Priority services provide a turnaround on the request in eight to 72 hours. Walk-in customer requests are processed within 20 minutes.
- OHCI responds to more than 2,600 personal data requests each year, publishes a quarterly statistical report, distributes the "Annual Summary of Vital Statistics," and maintains an Internet query system called Kansas Information for Communities (KIC) that logs an average of 30,000 visits per month.
- Approximately 11,500 abortion statistical reports are filed with the center each year. Information from these reports is summarized in the "Preliminary Abortion Report" issued in the spring each year and final statistics are published in the "Annual Summary of Vital Statistics."
- OHCI maintains hospital discharge data which is used to evaluate the conditions causing Kansans to enter a hospital. In addition, the office centralizes health care professional data from eight boards and 60 professions that is used to assess the availability of health professionals to provide service to Kansans. OHCI provides data and analytic services to state agencies such as the Division of Worker's Compensation and the Kansas Insurance Department. OHCI is responsible for databases that contain more than 300 million records with insurance claims for 900,000 people.

## **Accomplishments (fiscal year 2005)**

- Re-engineered Web-based vital statistics system implemented January 1, 2005. The re-engineered system enhances the timeliness and efficiency of both the registration and issuance of vital records.
  - 98 percent of all births are now registered using this system.
  - 45 percent of all deaths have fact of death information completed using the new system.
  - Funeral homes continue to request and receive training for access to use the new system.
  - Two courts are filing marriage certificates using the new system.
  - The next phase of this project is the full electronic death registration system (EDRS).
- Introduced new standard certificates for all vital records in January 1, 2005. The revised certificates provide enhanced, more comprehensive data collection and analysis.
- Initiated pilot project to collect emergency medical service data, acquired data from specialty hospitals to augment community hospital data and assisted the Worker's Compensation Division with development and publication of its medical fee schedule.

### **Top Ten Baby Names in Kansas, 2004**

#### **BOYS**

1. Aiden
2. Jacob
3. Kaden
4. Ethan
5. Michael
6. Caleb
7. Andrew
8. Alexander
9. Matthew
10. William

#### **GIRLS**

1. Emma
2. Kaitlyn
3. Abigail
4. Emily
5. Madison
6. Hannah
7. Grace
8. Olivia
9. Brianna
10. Hailey



## **Frequently Asked Questions**

### ***How do I get a copy of a vital record and how much does it cost?***

Certified copies of vital records may be requested through: regular mail, priority mail, telephone, fax, Internet, and walk-in customer service. Detailed instructions for making each type of request are available by calling our automated customer service telephone line at 785-296-1400 or by accessing our Web site at [www.kdheks.gov/vital](http://www.kdheks.gov/vital). The cost of birth, marriage, and divorce certificates is \$12 for the first copy and \$7 for each additional copy of the same record ordered at the same time. Death certificates cost \$13 for the first copy and \$8 for each additional copy of the same record ordered at the same time.

### ***How do I amend a record?***

There are several state statutes and regulations which govern the process to amend birth records. Depending on the item and the type of record being amended, the procedures vary. Contact the Amendment Unit in OVS at 785-296-1434 for further instructions and information.

### ***Where can I get the forms I need?***

Forms can be downloaded from the OVS Web site at [www.kdheks.gov/vital](http://www.kdheks.gov/vital). Forms may also be obtained in the customer service lobby located at the Curtis State Office Building, Suite 120, 1000 S.W. Jackson, Topeka. You may also call the office at 785-296-1400 and request that a form be mailed to you.

### ***How do I find quick health statistics for my county?***

Data can be found within our Annual Summary of Vital Statistics. The document is posted to the KDHE Web site at [www.kdheks.gov/hci](http://www.kdheks.gov/hci). Our Internet query tool, KIC, allows you to create data tailored to your specific needs and download it to a spreadsheet on your computer desktop. KIC can be accessed at <http://kic.kdhe.state.ks.us/kic/>. Other inquiries can be made by calling OHCI at 785-296-8627.

### ***I need to obtain a list of health professionals to advertise for a continuing education class.***

#### ***What do I do?***

Please call OHCI at 785-296-8627 and an analyst will help you with your request.



### **Contact Information**

Office of Vital Statistics

Office of Health Care Information

785-296-1400

[www.kdheks.gov/vital](http://www.kdheks.gov/vital)

785-296-8627

[www.kdheks.gov/hci](http://www.kdheks.gov/hci)

# Ding Dong the Witch is Dead!

STATE OF KANSAS State Board of Health-Division of Vital Statistics		STANDARD CERTIFICATE OF DEATH		Do not write
1. PLACE OF DEATH: County <u>Land of Oz</u> Township _____ Registered No. _____ or City <u>Munchkin City</u> No. _____ St. <u>Middle of a ditch</u> Ward <u>East</u> (If death occurred in a hospital or institution, give its NAME instead of street and number.)				In this space
2. FULL NAME <u>The Wicked Witch of the East</u> (a) Residence. No. _____ St. _____ Ward <u>East</u> (Usual place of abode) (If nonresident, give city or town and state.) Length of residence in city or town where death occurred <u>N/A</u> yrs. _____ mos. _____ ds. How long in U.S. if of foreign birth _____ yrs. _____ mos. _____ ds. Was deceased ever a member of the Army, Navy, or Marine Corps of the United States? <u>No</u> If so, state Organization _____ Rank _____ Period of service _____				
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH
3. SEX <u>Female</u>	4. COLOR OR RACE <u>Witch</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>		21. DATE OF DEATH (month, day, and year) <u>May 06 1938</u>
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____				22. I HEREBY CERTIFY, That I attended deceased from _____ <u>May 06 1938</u> to <u>May 06 1938</u>
6. DATE OF BIRTH (month, day, year) <u>Long ago</u>				I last saw her alive on <u>May 6 1938</u> death is said to have occurred on the date stated above at <u>12:30 p.m.</u> The principal cause of death and related causes of importance in order of onset were as follows:
7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.	<u>Very old</u>			<u>Reduced to just a stitch</u> <u>Seconds</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Wicked Witch</u>		<u>Kitchen took a slash</u> <u>Minutes</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Magic</u>		<u>House began to pitch</u> <u>Minutes</u>	
	10. Date deceased last worked at this occupation (month and year) <u>May 1938</u>		11. Total time (years) spent in this occupation <u>N/A</u>	
12. BIRTHPLACE (city or town) <u>Munchkinland</u> (State or country) <u>Land of Oz</u>				<u>Kansas cyclone</u> <u>Hours</u>
FATHER	13. NAME <u>Warlock</u>		Contributory causes of importance not related to principal cause: <u>Flying on a broomstick,</u> <u>thumbing for a hitch</u>	
	14. BIRTHPLACE (city or town) _____ (State or country) <u>Land of Oz</u>		Name of operation _____ Date of _____	
MOTHER	15. MAIDEN NAME <u>Witch</u>		What test confirmed diagnosis? _____ Was there an autopsy? _____	
	16. BIRTHPLACE (city or town) _____ (State or country) <u>Land of Oz</u>		23. If death was due to external causes (violence) fill in also the following: Accident suicide or homicide? <u>Accident</u> Date of injury <u>May 06 1938</u> Where did injury occur? <u>Munchkinland</u> Specify whether injury occurred in industry, in home, or in public place. <u>Public place</u> Manner of injury <u>Freak of nature</u> Nature of injury <u>Flatten spirit</u>	
17. INFORMANT <u>Sister - Wicked Witch of West</u> (Address) <u>Haunted Forest, Land of Oz</u>				24. Was disease or injury in any way related to occupation of deceased? <u>Yes</u> If so specify <u>Hazard of broomstick flying</u> (Signed) <u>Meinhardt Raabe</u> (Address) <u>Wamego, KS</u>
18. BURIAL, CREMATION, OR REMOVAL Place <u>Where the Goblins go</u> Date <u>May 06 1938</u>				
19. UNDERTAKER <u>Rob Campanella - Wamego, KS</u> (Address) _____				
20. FILED <u>October 14 19 2005</u>				

On October 15, 2005, the Wicked Witch of the East was finally declared legally dead--67 years after the onscreen character died in the hit movie classic, "The Wizard of Oz." Meinhardt Raabe, the 90-year old actor who played the coroner of Munchkinland in the 1939 MGM musical signed the certificate in Wamego, Kan., as part of the Oztoberfest festival. As state registrar, Dr. Lorne Phillips accepted the death certificate from a Wamego funeral director.

# Center for Public Health Preparedness

## Mission/Purpose/Goals

The mission of the Center for Public Health Preparedness (CPHP) 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.

## Programs/Sections

CPHP was created in 2005 to provide leadership for the agency in the health and medical response to all public health emergency situations, whether caused by natural events or acts of terrorism. The center evolved from the KDHE Bioterrorism Program, which was a part of the Bureau of Epidemiology and Disease Prevention from 2002 through 2005. The first funding for bioterrorism preparedness was awarded to Kansas in 1999 from the Centers for Disease Control and Prevention (CDC). Following the attacks of September 11, 2001, and with the increased recognition in the United States that the civilian population is at risk for terrorist attacks, federal bioterrorism funding was dramatically increased. Funding for Kansas increased by 1,400 percent. Since that time, the center has tremendously increased its capacity in both dollars and scope and is comprised of three main sections:

The **Operations Section** develops state-level preparedness and response plans and standard operating guides (SOGs) for all-hazards emergencies, and develops templates and SOGs for local health departments and hospitals to use in their preparedness and response planning efforts. Additionally, the Strategic National Stockpile (SNS) coordination and all-hazards drill and exercise activities are managed in this section. The current priority is on pandemic influenza planning and developing and implementing a comprehensive, year-long drill and exercise schedule that will culminate in a full-scale SNS exercise in August 2006.

The **Administration Section** works with other homeland security partners and manages all contracts, including a multi-million dollar aid-to-local contract program, which provides funding to local health departments and hospitals for their preparedness and response efforts. All purchasing and administrative support for the center is coordinated through this section.

The **Health Alert Network Section** manages the statewide pager notification system and Public Health Information Exchange (PHIX) system, which is a secure, Web-based, two-way communication system. All 105 Kansas counties participate in both the Health Alert Network and PHIX.

Five components of CPHP are housed in other divisions and bureaus, which collaborate with the staff and programs of the center:

- The Surveillance and Epidemiology function is managed within the Bureau of Epidemiology and Disease Prevention.
- The Biological and Chemical Laboratory Preparedness Programs are managed within the Division of Health and Environmental Laboratories.
- The Information Technology projects and staff are part of the Division of Information Technology.
- The Risk Communications activities are a component of the Office of Communications.
- The Education and Training function is managed within the Office of Local and Rural Health.



**Mindee Reece**  
**Director**

Mindee Reece has served as the director since the center was created in 2005, and has been a KDHE employee for 14 years. Since 2002, she held the position of bioterrorism program director. She has worked in both the divisions of Health and Environment in the areas of program management, public affairs/communications, health education, and infectious and chronic disease. She earned a bachelor's degree in communication studies/public relations from Washburn University of Topeka, and is a past-president of the Kansas Public Health Association.

## **Data and Statistics (fiscal year 2005)**

- All 99 local health departments and 127 community hospitals participate in the PHIX system.
- All 99 local health departments participate in the Health Alert Network and in the local bioterrorism contract program.
- Fifteen public health bioterrorism preparedness regions are active in the state, with 98 percent of counties participating.
- Of the state's 127 participating community hospitals, 122 (96 percent) have the capability to hold at least one patient in negative pressure isolation.

## **Accomplishments (fiscal year 2005)**

- Kansas scored in the top one-third in the country in meeting the Trust for America's Health preparedness standards. Only six states scored higher than Kansas; we are one of eight states to meet seven out of 10 standards.
- A state-of-the-art Emergency Operations Center was built and equipped as a resource for the entire agency.
- The Kansas Pandemic Influenza Preparedness and Response Plan was drafted, deemed compliant with the federal National Incident Management System standards, and posted on the agency Web site at [www.kdheks.gov](http://www.kdheks.gov).

## **Frequently Asked Questions**

### ***What is the difference between bioterrorism and chemical terrorism?***

Bioterrorism is the intentional use of (or threat to use) biological agents like anthrax or plague to hurt people, create fear, and/or disrupt society. Chemical terrorism is the intentional use of (or threat to use) chemical agents, such as sarin or cyanide, to hurt people, create fear, and/or disrupt society.

### ***What is Kansas doing to protect the public from bioterrorism or any other public health emergency?***

KDHE has been preparing for several years to respond to any possible attack that could threaten the public health and safety of the state's residents. Working closely with local health departments, hospitals, health care professionals, and public safety agencies, KDHE has developed plans to minimize the risk and to treat those who may become ill. KDHE is continually enhancing laboratory, surveillance, and communication capabilities to be better prepared for all types of public health emergencies. In a terrorist attack, state officials would direct a coordinated response among public health, emergency management, law enforcement, fire departments, and other local, state, and federal agencies.

### **Contact Information**



Center for Public Health Preparedness  
Web site

785-296-8605  
[www.ksprepared.org](http://www.ksprepared.org)

#### ***To report an act of terrorism:***

KDHE Reporting Hotline  
Kansas Bureau of Investigation (KBI)  
Federal Bureau of Investigation (FBI)

1-877-427-7317  
1-800 KS-CRIME (1-800-572-7463).  
1-866-327-8200 (Kansas)  
1-866-328-8200 (Missouri)  
1-816-512-8200 (KC Metro Area)

# Are you prepared for an emergency?

Use this checklist to keep safe when disaster strikes!

2005 was a memorable year worldwide with the Asian tsunami and the Pakistani earthquake. Hurricanes Katrina and Rita struck closer to home. In the future, Kansas is not immune to terrorist attacks or a pandemic flu outbreak. An old-fashioned blizzard, ice storm or a tornado is more likely to strike our state. Regardless of the emergency, it is smart to think ahead and be prepared. Use the following checklist to be prepared in case of emergency or disaster.

## BASIC HOME EMERGENCY KIT

- Food and water
- Manual can opener
- Utensils
- First-aid kit
- Flashlight
- Battery-operated radio
- Cash in small denominations
- Unscented liquid household bleach to purify water
- Personal hygiene items, including toilet paper, feminine supplies and soap
- Sturdy shoes
- Heavy gloves
- Warm clothes, hat, rain gear
- Local map
- Extra prescription eyeglasses, hearing aid, or other vital personal items
- Plastic sheeting, duct tape and utility knife for covering windows
- Tools including pliers and shut-off wrench to turn off utilities
- Blanket or sleeping bag
- Extra keys to house and vehicle
- Copy of important documents and phone numbers
- Paper towels and aluminum foil
- Fire extinguisher
- Paper and pencils
- Large plastic bags for waste and sanitation
- Diapers and other items for babies and children
- Special needs items for family members with mobility problems such as a cane or manual wheelchair
- Tent
- Matches in waterproof package
- Signal flare
- Needles and thread

## FOOD

Store enough food to feed your family for at least three days:

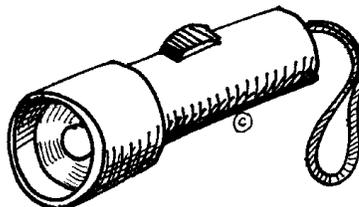
- Ready-to-eat canned meats, fruits and vegetables
- Canned juices, milk and soup
- High-energy foods such as peanut butter, crackers and granola/protein bars
- Comfort foods such as candy, cereal and cookies
- Dried foods and nuts
- Instant meals that do not require cooking or water
- Vitamins

## WATER

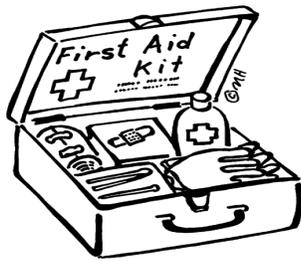
- Store one gallon of water per person per day
- Seal water containers tightly in a clean food-grade plastic container, label with date, and store in cool, dark place
- Rotate water supplies every six months
- Keep small bottle of liquid unscented bleach to purify water (eight drops/gallon of water, stir, let stand for 30 minutes)

## PET CARE

- At least three-day supply of pet food and water
- Pet carrier or crate for each pet, large enough to allow your pet to stand up and turn around inside
- Collar, ID and license tag, leash and muzzle for each pet
- Newspapers, plastic bags, cleansers, disinfectant and kitty litter to handle pet waste
- Make sure pet's rabies and other vaccinations are current. Gather pet records in a waterproof package. Include a recent photo of you and your pet with a copy of current vaccination certificate
- See if local animal shelters provide emergency shelter or foster care for pets in a disaster



Information from USA Today, November 2005.



### FIRST AID KIT

- Disposable gloves
- Sterile dressings
- Gauze bandage
- Cleansing agent/soap and antibiotic wipes
- Antibiotic ointment
- Burn ointment
- Thermometer
- Adhesive bandages in a variety of sizes
- Adhesive tape, two inches wide
- Eye wash solution
- Cold pack
- Scissors
- Cotton swabs
- Tweezers
- Over-the-counter medicines such as aspirin or other pain reliever, laxative, anti-diarrhea medication, antacid
- Daily prescription medications such as insulin, health medicine or asthma inhaler
- Prescribed medical supplies such as glucose and blood pressure monitoring equipment

### EVACUATION BAG

An easy-to-carry bag with an ID tag for each member of the family for use in an evacuation should include the following:

- Some water, food and a manual can opener
- Flashlight and batteries
- Battery-operated radio
- Whistle
- Personal medications and prescriptions
- Extra keys to your house and vehicle
- Walking shoes, warm clothes, and a hat and rain gear
- Extra prescription eyeglasses, hearing aid or other vital personal items
- Toilet paper, plastic bags and other hygiene supplies
- Dust mask
- Pocket knife, compass
- Paper, pens and tape for leaving messages
- Cash in small denominations
- Copies of insurance and identification cards
- A recent picture of your family members and pets
- In your child's bag include a favorite toy, game or book, as well as his or her emergency card with reunification location and contact information

### IMPORTANT DOCUMENTS

Keep originals of legal documents in an off-site safe-deposit box:

- Birth certificates, adoption papers
- Marriage certificate
- Social Security cards
- Military discharge
- Health Insurance ID cards
- Life insurance policies
- Property insurance policies
- Auto registration and ownership papers
- Naturalization documents
- Power of attorney
- Will
- Passport
- Real estate deeds of trust
- Previous year tax returns
- Your attorney's contact information
- Inventory of valuables with photographs

### MAINTAINING CONTACT

- Determine the best two escape routes from your home
- Plan where to meet if your home becomes unsafe. Choose two places, one just outside your home and one outside your neighborhood
- Designate a contact person far enough away to not be affected by the same emergency. Instruct family members to call this person to tell them their location.
- If you have a cell phone, include an emergency contact in your phone book. Put the letters ICE for "in case of emergency" before a person's name to let rescuers know who to contact.



# Office of Health Promotion

## Mission/Purpose/Goals

Through partnership with the people of Kansas, the Office of Health Promotion promotes healthy behaviors, policies and environmental changes that improve the quality of life and prevent chronic disease, injury and premature death.

## Programs/Sections

The office is comprised of four main sections that study and monitor health statistics, form programs to address health problems, and work to make Kansans healthier in areas related to chronic disease:

The **Cancer Prevention and Control Section** facilitates the Comprehensive Cancer Control and Prevention Program (CCCP) and the Early Detection Works Breast and Cervical Cancer Screening and Early Detection Program.

Cancer is the second leading cause of death in our state, affecting every community in Kansas. Over 125 individuals and organizations have worked together to develop a Kansas Cancer Plan, which outlines strategies to improve prevention, screening and early detection, ensure quality treatment, pain management and survivorship, and end of life care.

The Early Detection Works (EDW) Breast and Cervical Cancer Screening and Early Detection Program contracts with more than 100 providers across the state to provide screening and diagnostic services to underinsured women who meet income and age guidelines. Eligible women receive Pap tests, clinical breast exams, mammograms and diagnostic procedures when necessary. Last year, EDW screened nearly 6,000 women. Forty-two were diagnosed with breast cancer and 27 were diagnosed with cervical cancer.

The **Disease Prevention** programs work to reduce the burden of diabetes, heart disease, stroke and arthritis in Kansas through public awareness, early diagnosis, self-management, improved quality of care, and community change activities. The prevalence of health risk behaviors among adults and youth are monitored through surveys to inform policy leaders of changes in the health status of Kansans and to design more effective programs. The Arthritis Program works with partners across the state to increase awareness of the importance of early diagnosis and provide science-based, self-management programs to reduce pain and disability associated with arthritis.

The **Tobacco Use Prevention Program** (TUPP) provides health promotion outreach to reduce the financial and health costs of tobacco use. Kansas operates a toll-free Quitline (1-866-KAN-STOP), available 24 hours a day, seven days a week to give Kansans one-on-one counseling and develop a personalized plan to quit using tobacco. More than 500 Kansans currently use the Quitline services each month.



**Paula Marmet**  
**Director**

Paula Marmet has served as director of the Office of Health Promotion since its establishment in 1990.

Her background includes grant development and management, as well as facilitating statewide efforts to address the leading injury and chronic disease risk factors, including tobacco use, physical inactivity and unhealthy nutrition practices. She has worked in the areas of clinical dietetics, human resources, food retail, nutrient research, and wholesale food marketing. Marmet has a master's degree in foods and nutrition and is a registered dietitian, licensed to practice in Kansas.

The **Nutrition and Physical Activity Program** provides leadership to Kansas LEAN (Leadership to Encourage Nutrition and Physical Activity) initiatives. In conjunction with partners, staff coordinate an annual Kansas Kids Fitness and Safety Day that involves over half of the state's third graders and utilizes school-based programs to promote physical activity and other initiatives aimed at promoting physical activity and healthy eating practices among children and adults. Health promotion staff provide technical assistance and training through a local grants program for communities and schools.

The **Injury and Disability Prevention Program** aims to improve the health of Kansans by increasing awareness of injury prevention. The program provides support to the Safe Kids Kansas coalition, which promotes the use of bicycle helmets, child passenger safety restraints, smoke alarms and carbon monoxide detectors. Safe Kids Kansas has grown to include five local coalitions and 25 chapters covering more than 70 percent of Kansas kids ages 0 to 14. Emergency Medical Services for Children provides continuing education for professionals working to respond to the special needs of children. The Fire/Burn Program provides local grants, distributes smoke alarms, and works with communities that have identified fire and burn-related injuries as a health issue. The office also coordinates a Suicide Prevention Coalition and a Rape Prevention education program aimed at stopping domestic violence among women with disabilities.

## **Data and Statistics (fiscal year 2005)**

### **Tobacco Use Prevention Program:**

- Approximately one in five adult Kansans are current smokers (19.8 percent).
- Tobacco use is the number one underlying cause of premature death in Kansas. Nearly 4,000 adult Kansans die each year as a result of smoking-related illnesses. Additionally, tobacco-related illnesses account for \$724 million in direct health care expenditures and \$811 million in lost productivity costs.
- More than one in five high school students in Kansas are current smokers (21.1 percent); 188,000 youth today will become smokers; 60,000 today will die prematurely as a result of smoking in Kansas.
- Kansas is ranked 42nd among all states for the percentage spent on tobacco control versus the recommended level of funding by the Centers for Disease Control and Prevention (CDC).

### **Cancer Prevention and Control:**

- Approximately 12,000 Kansans are diagnosed with invasive cancer each year. About 5,400 Kansans die from cancer each year.
- Lung and bronchus cancer is the leading cause of cancer deaths in men and women.
- Breast cancer is the leading type of invasive cancer diagnosed in women.
- Prostate cancer is the leading type of invasive cancer diagnosed in men.

### **Childhood Obesity/Physical Activity:**

- In 2002-2003, 11 percent of Kansas adolescents in grades 6-12 were overweight and 13.6 percent were at risk for being overweight.
- An estimated 24 percent of Kansas middle school students and 31 percent of Kansas high school students do not get the minimum recommended level of physical activity.

### **Adult Obesity/Physical Activity:**

- Sixty-one percent of adults in Kansas are overweight or obese.
- Twenty-three percent of adults in Kansas are obese.
- Fifty-three percent of adult Kansans do not participate in the recommended amount of physical activity (moderate physical activity at least five times per week for at least 30 minutes or vigorous physical activity at least three times per week for at least 20 minutes).
- Seventy-five percent of adults in Kansas do not participate in the recommended amount of vigorous physical activity (three times per week for at least 20 minutes).

## **Accomplishments (fiscal year 2005)**

- OHP established a statewide Tobacco Quitline, operating 24 hours a day, seven days a week in late 2003. A statewide media campaign was launched in July 2005. Following this campaign, the number of callers who reported seeing a television ad increased by 150 percent. The target audience for the media campaign was current smokers age 19-55 with an annual household income of \$24,999 or less. In addition, a Medicaid-directed Tobacco Quitline promotion was implemented to reach all 175,000 Medicaid recipients in the state.
- Saline County achieved a 100 percent compliance rate for youth access to tobacco. Saline County is the only comprehensively funded tobacco control program in Kansas. Prior to implementing the comprehensive program, their compliance rate was 81 percent.
- The Safe Kids Kansas "Ready to Roll" program distributed about 5,300 bike helmets in 2004. Since the program's inception in 1993, more than 79,000 helmets have been distributed to Kansas children. The program has been credited with at least 10 documented lives saved. The program is a recipient of the National Bell Sportsmanship Award from Bell Sports in 2000, 2001, 2004 and 2005 and the Secretary's Award for Excellence from the U.S. Department of Health and Human Services.
- Kansas Kids Fitness and Safety Day was held on May 6, 2005. Forty-one sites hosted the event with a total of 16,492 third graders participating in the event. Two flagship sites, Cedar Crest in Topeka and Ft. Larned, hosted 696 and 622 children, respectively.

## **Frequently Asked Questions**

### ***I want to quit smoking. Where is the best place to start?***

Call the toll-free Kansas Tobacco Quitline (1-866-KAN-STOP or 1-866-526-7867). The Tobacco Quitline provides free, one-on-one counseling to help you quit. It's available 24 hours a day, seven days a week.

### ***Are safety helmets really necessary when children ride a bike?***

Yes. Preventable injury is the number one killer of Kansas children. Bicycles are associated with more childhood injuries than any other consumer product except the automobile. On average, 168 Kansas children ages 0 to 14 die or are injured in bicycle accidents each year. Head injury is the leading cause of death in bicycle crashes. In 1999-2000, traumatic brain injuries occurred in 45 percent of Kansas children hospitalized for injuries sustained during a bicycle crash. The single most effective safety device available to reduce head injury and death from bicycle crashes is a bicycle helmet.

### ***Am I eligible for breast and cervical cancer screening from the Early Detection Works Program?***

EDW pays for breast and cervical cancer screening services for Kansas women who:

- Are age 40 or older; limited services to younger women
- Are uninsured or have high, unmet deductibles
- Meet income guidelines

### ***Where do I go for breast and cervical screening services?***

EDW is divided into regions with a nurse and outreach worker for each area. More than 95 health care providers participate in the EDW program and can provide screening services to eligible women. Call toll-free 1-877-277-1368 for the nearest location.



## Contact Information

Office of Health Promotion  
Web site

785-296-8916  
[www.kdheks.gov/bhp](http://www.kdheks.gov/bhp)



Kansas **Tobacco Use Prevention Program**  
Kansas Department of Health and Environment

**TOLL-FREE QUITLINE** **1-866-KAN-STOP**  
(1-866-526-7867)



### The Early Detection Works Program

## Early detection can save your life.

One out of every eight women will develop breast cancer at some point during her life.

An estimated 4,600 women will die from cervical cancer.

**The good news is** routine screening and prompt treatment can reduce deaths from breast and cervical cancer.

**Early detection works.**



**early detection works**

call to see if you qualify for a free screening

1-877-277-1368

[www.preventforworkskansas.com](http://www.preventforworkskansas.com)

# Office of Local and Rural Health

## Mission/Purpose/Goals

The Office of Local and Rural Health helps Kansas communities enhance local health care delivery systems. The office's mission is to assist communities to ensure access to quality public health, primary care, and prevention services for all Kansans. The office has three primary goals:

- Kansas achieves the highest standards of health through delivery models that focus on core public health functions and philosophy.
- Public policy for health care is consumer and community driven.
- Kansas communities succeed in the health care marketplace through consumer-oriented, integrated systems of care.

## Programs/Sections

The office is comprised of four sections:

**Local Health** focuses on public health issues and support of local health departments. Ninety-nine local health departments serving all Kansas counties play a key role in providing services to rural and urban communities. Communities and their leaders are encouraged to become involved in problem-solving and decision-making on fundamental health issues. Activities include training and technical assistance for local health departments, public health workforce development, and coordination of the KDHE aid-to-local funding process.

**Rural Health** works with rural areas to promote systems development and networking between communities, agencies and health care organizations. Activities include serving as an information clearinghouse for rural health providers (through programs like the Kansas Rural Health Information Service); helping rural communities identify health care grant programs, sources of capital, and other resources; and administering federal grant programs that provide funding to rural communities to improve the quality of health care services and promote financial sustainability.

**Primary Care** seeks to ensure that all Kansans receive primary medical, dental, and mental health care services regardless of their county of residence, insurance status, or ability to pay. Activities include providing state funds and other aid to support a community-based primary care clinic safety net; monitoring gaps and developing strategies to resolve problems with health service availability or access; tracking the supply and practice location of health care professionals; and administering programs to support the recruitment of health professionals.

The **Trauma Program** works to establish trauma systems across the state so that each patient is properly triaged and matched to the hospital with the most appropriate resources as quickly as possible. Activities of the Trauma Program include implementation of a statewide trauma plan; development of regional trauma plans; support for a statewide data collection system on trauma; and support for the Advisory Council on Trauma and Regional Trauma Councils.



**Chris Tilden**  
**Director**

Chris Tilden has been the director of the Office of Local and Rural Health since 2003. He joined KDHE in 2001 as the director of Rural Health Programs. In addition to his administrative responsibilities, he coordinates several federal grant programs.

He serves on the Board of Directors of the National Organization of State Offices of Rural Health (NOSORH) and received the NOSORH National Award of Merit in 2004 and NOSORH Recognition Award in 2005. Tilden earned a master's degree in health policy and management from the University of Kansas and has a doctorate in biological anthropology and anatomy from Duke University. He serves on the adjunct faculty of health policy and management at the University of Kansas Medical Center.

## **Data and Statistics (fiscal year 2005)**

- Sponsored medical interpreter training for more than 100 health care and social service professionals
- Organized and conducted cultural competency training for approximately 100 professionals to establish internal and external partnerships with health and social service agencies who work with immigrant populations
- Provided emergency preparedness training to almost 2,000 public health professionals and first responders in the state through the KS-TRAIN learning management system
- Supported injury prevention programs that distributed 100 car seats for infants and 300 bike helmets to children
- Supported training programs offered to more than 500 health care professionals to promote the optimal care of seriously injured trauma patients
- Managed a primary care case-managed voucher program that served 3,377 migrant and farm worker clients
- Helped six small, rural hospitals secure enhanced Medicare reimbursement through the Critical Access Hospital program. Eighty-four rural hospitals in Kansas now benefit from this program.

## **Accomplishments (fiscal year 2005)**

- Provided \$1.52 million to 15 local clinics operating in more than 25 locations across the state that resulted in more than 133,000 patient visits to underserved Kansans in 2004
- Supported placement of 53 health professionals in underserved areas around the state through the designation of health professional shortage areas (HPSAs)
- Awarded more than \$800,000 to 95 rural hospitals to enhance their quality improvement programs and to ensure compliance with federal patient privacy and data security standards
- Provided \$105,000 in loan repayment assistance that helped five physicians and one dentist to relocate to Kansas to practice in underserved areas of the state

## **Frequently Asked Questions**

### ***Where can I find contact information for local health departments?***

You may find the Public Health Directory at: [www.kdheks.gov/olrh/download/health\\_directory.pdf](http://www.kdheks.gov/olrh/download/health_directory.pdf)

### ***Is our community an underserved area?***

Underserved area information is available on the OLRH Web site at [www.kdheks.gov/olrh](http://www.kdheks.gov/olrh). The Health Resources and Services Administration (HRSA) maintains a searchable database for HPSAs at <http://hpsafind.hrsa.gov/HPSASearch.aspx>. Information on medically underserved areas and populations is also available online at <http://bphc.hrsa.gov/databases/newmau/>.

### ***Where can I find information on health care grant opportunities?***

You can start at the OLRH Web site at [www.kdheks.gov/olrh](http://www.kdheks.gov/olrh). Another excellent resource is the Rural Assistance Center at [www.raconline.org](http://www.raconline.org) or 1-800-270-1898.

### ***Where can I find the proposed criteria for a Level III trauma center?***

The verification criteria that has been proposed for Level III trauma centers can be found on the OLRH Web site at [www.kdheks.gov/olrh](http://www.kdheks.gov/olrh).

### ***How can I keep up to date on issues affecting rural health providers?***

Sign up for the Kansas Rural Health Information Service at <http://krhis.kdhe.state.ks.us>. You can sign up to receive information on grant opportunities, educational opportunities, reimbursement policy, and other topics.

### ***Where can I get information about public health training opportunities?***

Register for KS-TRAIN at <http://ks.train.org>. Here you can find and register for courses, track your continuing education with a personal online transcript, and access information to improve your learning experience.



## **Contact Information**

Office of Local and Rural Health  
Web site

785-291-1200  
[www.kdheks.gov/olrh](http://www.kdheks.gov/olrh)

# Office of Oral Health

## Mission/Purpose/Goals

The Office of Oral Health (OOH) works with communities, schools, health professionals, local health departments, professional groups, and various governmental agencies to promote the importance of oral health and improve oral health status by providing education, consultation and training that focuses on health promotion and disease prevention. OOH has developed a strong oral health coalition in the state and ensures quality oral health guidelines in schools and child care settings. OOH has secured grant funds and provided oral health training for public health personnel, school nurses, and child care workers. The office has increased oral health promotions and enhanced its Web site as a resource for oral health issues.

## Data and Statistics (fiscal year 2005)

- There are 1,130 general dentists in Kansas with an in-state license.
- There are 1,383 registered dental hygienists with an in-state license.
- There are four dental hygiene schools in the state: Wichita State University, Colby Community College, Johnson County Community College, and Ft. Scott Community College.
- There are 12 community-based, low-income dental clinics in Kansas.
- There are two health departments with dental programs in Kansas.
- There are 573 dentists enrolled as Medicaid providers in the state. Of those, only 212 dentists had paid claims of more than \$10,000.
- There are 291 dentists enrolled as SCHIP providers in the state. Of those, only 117 dentists had paid claims over \$10,000.
- Thirty-five percent of Kansas counties do not have an enrolled Medicaid dental provider with paid claims over \$10,000.
- Sixty-two percent of Kansas communities have fluoridated water. The minimum under the Healthy People 2010 goals is 75 percent.
- Safety Net Clinics served approximately 12,027 people last year. These are state-funded primary care clinics, Federally Qualified Health Centers (FQHCs), local health departments, and other non-profit clinics supported in part by public funds, faith-based organizations, private foundations, or local contributions. Their mission is to increase access to primary care for the dentally underserved, regardless of ability to pay.
- Early Childhood Caries Prevention Training was provided to 281 public health nurses, head start health specialists, school nurses, and child care providers.
- Fluoride varnish was applied more than 1,993 times by public health nurses in local health departments.



**Dawn McGlasson**  
Deputy Director

Dawn McGlasson was named deputy director in January 2005. She previously served as the state oral health consultant for three years. She has more than 20 years experience as a practicing dental hygienist. She is adjunct faculty at both Wichita State University and the University of Missouri at Kansas City. McGlasson earned her bachelor's degree in dental hygiene at Northern Arizona University and is currently working on her master's in public health at the University of Kansas. She was selected to be part of the Kansas Dental Champions Leadership Program; serves on the boards of Oral Health Kansas; Kansas Public Health Association; Children's Oral Health Coalition; and Dental Workforce Oversight Committee.

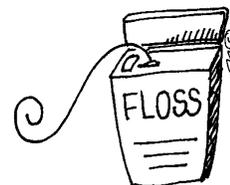


**Tooth decay is an infectious, transmissible disease. It is the single most common chronic childhood disease. It is five times more common than asthma.**

## **Accomplishments (fiscal year 2005)**

- OOH received a \$195,000 Health Resources and Services Administration (HRSA) grant to pilot a first-ever school-based sealant program of Kansas' second and sixth grade students to provide preventive oral health services and obtain baseline information on the oral health status of children in Lyon, Chase, Osage, and Greenwood counties. The registered dental hygienists will provide dental prophylaxis; dental sealants; fluoride varnish; Tooth Prints dental identification; and referral when appropriate. Oral health education will be provided individually and in the classroom.
- As part of that grant, KDHE partnered with Kansas Action for Children (KAC) to launch a statewide media campaign to increase awareness of children's oral health issues.
- OOH developed an oral health growth chart in conjunction with KAC detailing the developmental milestones for oral health care to be provided to pediatricians, family practitioners, school nurses, and child care providers for distribution to families with children.
- In January 2006, OOH received a \$100,000 private grant to support the use of fluoride varnish in medical settings. In September 2005, a change in Medicaid policy allowed for reimbursement of a fluoride application up to three times a year by private practice physicians, physicians assistants and nurse practitioners. Local health departments and Head Start programs may bill for this preventive service.
- KDHE received a \$75,000 HRSA grant to determine the oral status and treatment needs of Kansas children. The results were published in *Smiles Across America 2004, the Oral Health of Kansas Children*. This study showed that only one out of three children in third grade have dental sealants on their molar teeth to prevent decay; minorities and children attending schools in low-income areas have poorer dental health and are less likely to receive dental treatments; and one out of four children has untreated dental decay.
- An innovative project involving the training of 90 Kansas nurses with a non-invasive laser fluorescent dental device (DIAGNOdent) to screen children for dental caries is underway. Children are referred to local dentists as needed and the nurses act as case managers to assure follow-up treatment. The project is made possible by \$200,000 in private funding.
- OOH collaborated with the Kansas Child Care Training Opportunities (KCCTO) office to develop an oral health curriculum and video for providers of children birth to age 5. The "train the trainer" sessions were made available to the 200 community-based trainers and 100 area sponsors already a part of the KCCTO network. This training helps to provide education on what are considered normal and abnormal conditions of the mouth.
- Technical assistance was provided for an Early Head Start (EHS) training project that targets 1,200 children in 34 counties to reduce early childhood caries. The training teaches periodic screening for signs of dental decay, fluoride varnish applications, and age-appropriate oral health hygiene practices and materials. Each Early Head Start program is coordinating oral health services with community health providers.

**Nearly 75 percent of all adults have some form of gum disease. Gum disease has been linked to premature and low birth-weight babies, diabetes, lung disease, and heart disease. Frequent snacking on sticky, sugar-laden carbohydrates is a major contributor to dental decay.**



## **Frequently Asked Questions**

### ***What is an Extended Care Permit for registered dental hygienists?***

A dentist may sponsor up to five Registered Dental Hygienists (RDHs) to provide preventive services unsupervised in Head Start centers, schools, local health departments, indigent health care clinics, and correctional institutions. The patients must be eligible for Medicaid, HealthWave or the federal free and reduced lunch program (less than 185 percent of the federal poverty level). The dental hygienist must have performed 1,800 hours of care, or been an instructor in a dental hygiene program for four semesters during the previous three years. The RDH operating in the expanded role must have liability insurance and be sponsored by a Kansas licensed dentist with whom they have a signed agreement, and who will monitor the RDH.

### ***How do I get Medicaid or HealthWave for my child's dental needs?***

Contact the Kansas Department of Social and Rehabilitation Services (SRS) at 1-800-792-4884.

### ***At what age should I take my child for their first dentist visit?***

Children should see a dentist for the first time by age 1, according to the American Academy of Pediatrics.

### ***I am over age 21, have dental problems and can't afford care. How do I get help?***

- Contact the Community Health Center in your area. If you need more information to find one with dental services, call the Kansas Association of the Medically Underserved at 785-233-8483 or visit [www.kspca.org](http://www.kspca.org).
- If you are disabled and lack income to pay for needed dental care, you can contact the Donated Dental Services (DDS) program at 785-273-1900.
- Contact the Kansas Dental Association at 785-272-7360 for a referral to a dentist in your area.
- If you live in the Kansas City area, you may want to consider the University of Missouri at Kansas City, School of Dentistry. To find out more about how to become a patient and schedule an appointment, call 816-235-2111.



### **Contact Information**

Office of Oral Health  
Web site

785-296-1314  
[www.kdheks.gov/ohi](http://www.kdheks.gov/ohi)

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## Division of Environment

- Bureau of Air and Radiation
- Bureau of Environmental Field Services
- Bureau of Environmental Remediation
- Bureau of Waste Management
- Bureau of Water

## A Message from Ron Hammerschmidt KDHE Director of Environment

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The mission of the Division of Environment is the protection of the public health and environment. The division conducts regulatory programs involving public water supplies, industrial discharges, wastewater treatment systems, solid waste landfills, hazardous waste, air emissions, radioactive materials, asbestos removal, refined petroleum storage tanks, and other sources affecting the environment. In addition, the division administers other programs to remediate contamination, lessen nonpoint pollution, and improve environmental conditions across the state. The activities of the division affect the lives of every Kansan.

In addition to regulatory functions, the Division of Environment has several programs to assess the environmental condition of the state, including air and surface water quality, along with planning and outreach programs directed at specific concerns. In addition, there are several programs focused on education and compliance assistance for individuals and regulated entities. These efforts reflect our emphasis on the importance of compliance to achieve our goals of protecting the public health and environment.

The most important assets of the Division of Environment are dedicated staff performing important professional, technical and administrative functions. These employees provide meaningful and effective services to their fellow Kansans. Without their ongoing contributions, the Division of Environment would not be able to serve the people of Kansas.

Ronald F. Hammerschmidt has been the director of the Division of Environment since 1995. Prior to becoming director, he served in a number of positions with the division and KDHE Laboratories. He received his Ph.D. from the University of Nebraska in 1978.



# Bureau of Air and Radiation

## Mission/Purpose/Goals

The purpose of the Bureau of Air and Radiation is to protect the public health and environment from radiation and air pollution. Four goals have been adopted to guide the day-to-day functioning of the bureau:

- Control air pollution from regulated sources
- Conserve air quality from non-regulated sources
- Protect the public health and safety from asbestos and radiation
- Provide quality service to customers

## Programs/Sections

The bureau is comprised of three sections: Radiation and Asbestos Control; Air Monitoring, Inventory, and Modeling; and Air Permit and Compliance.

Air quality activities include:

- Monitoring air quality
- Tracking air pollutant emissions
- Conducting air modeling
- Developing an air quality plan for Kansas
- Inspecting and testing of permitted sources
- Permitting regulated sources of air pollution
- Working with communities to reduce air emissions
- Reducing pollution from mobile and lawn care sources
- Maintenance of the Toxic Release Inventory
- Monitoring the removal of asbestos from building projects
- Issuing certifications to asbestos workers to ensure that workers are properly trained

Radiation activities include:

- Licensing and inspecting x-ray machines, radioactive materials, and mammography facilities to ensure compliance with state and federal standards and guidelines
- Promoting public awareness to lower radiation exposure
- Conducting an environmental surveillance program for the area surrounding Wolf Creek Nuclear Generating Station
- Planning, training and participating in drills to ensure that the public health and environment is protected in case of a radiological emergency
- Responsibility for radioactive waste management disposal site issues

**Natural sources of radiation (not man-made) account for 82 percent of radiation exposure. Natural sources of radiation include radon gas (55 percent), outer space (8 percent), rocks and soil (8 percent), and your own body (11 percent).**



**Clark Duffy**  
**Director**

Clark Duffy has served as the director since May 2003. Duffy manages a bureau comprised of highly credentialed, professional staff members dedicated to serving the citizens of Kansas. The bureau maintains a quality assurance program to ensure that customers receive the highest quality service.

## **Data and Statistics (fiscal year 2005)**

- Sixteen percent or 429,075 tons of air pollution is from regulated sources.
- Eighty-four percent or 2,161,769 tons of air pollution is from non-regulated activities such as on-road mobile (839,864 tons), non-road mobile (329,451 tons) and area sources (929,354 tons).
- Issued 396 air construction permits and related documents
- Issued 252 air operating permits and related documents
- Issued 320 radioactive material licenses
- Issued 51 asbestos licenses
- Approved 1,242 asbestos project notifications
- Inspected 233 asbestos removal projects
- Certified 1,213 asbestos workers
- Registered 6,862 radiation producing devices
- Inspected 120 mammography and 52 x-ray facilities
- Reviewed 11,842 reports required by Tier II Emergency Planning and Community Right-to-Know Act
- Inspected 95 radioactive material licensees

## **Accomplishments (fiscal year 2005)**

- All jurisdictions in the state are in compliance with air quality standards.
- Air pollution from regulated sources was reduced by 3.1 percent.
- Air pollution from non-regulated activities was reduced by 3.38 percent.
- There were no exposures from radiation incidents above health limits.
- Less than 2 percent of identified asbestos exposures were above permissible limits.
- A Web-based application was implemented for reporting Tier II chemical storage data.
- Remediation of one of the largest radioactive thorium sites in the country was completed.

## **Frequently Asked Questions**

### ***How is the air quality in Kansas?***

Even with a growing population and an expanding economy, air pollution in Kansas has declined in recent years. Kansas meets and exceeds all seven National Ambient Air Quality Standards. For more information on air quality, visit our Web site at [www.kdhe.state.ks.us/bar](http://www.kdhe.state.ks.us/bar).

### ***How can I avoid exposure to radiation?***

We cannot eliminate radiation from our environment. Radiation is energy that travels in the form of waves or high-speed particles. We generally think of radiation as coming from nuclear power plants, nuclear weapons or radiation treatments for cancer, but it is also correct to add microwaves, radon, cellular phones and sunshine to the list. The amount of radiation exposure increases with the time people spend near the source of radiation and the closer the person is to the source of radiation. Controlling our exposure to radiation may reduce the health risks. For more information on radiation protection basics, visit: [www.epa.gov](http://www.epa.gov)

### ***Should I be concerned about radon?***

Yes. Radon is a naturally occurring radioactive gas that becomes a health hazard when it is concentrated inside a building. Radon is odorless, tasteless, and invisible and can go undetected for years, placing the health of those exposed to it at significant risk for lung cancer. For more information on radon and how to test your home, contact the Kansas Radon Hotline at 1-800-693-KDHE (1-800-693-5343), or visit our Web site at <http://radon.oznet.ksu.edu>.



## **Contact Information**

Bureau of Air and Radiation  
Web site

785-296-6024  
[www.kdheks.gov/bar](http://www.kdheks.gov/bar)

## **What can I do to protect clean air in Kansas?**

- Keep all engines tuned.
- Wait until evening to fill up with gas and do not “top off” tank.
- Minimize lawn care. If you do mow, do it in the evening.
- Use water-based paints.
- Limit use of pesticides, solvents and petroleum products and keep them capped when stored.



## **Regional Haze and Clean Air Mercury Rules**

The Environmental Protection Agency (EPA) has been monitoring visibility in national parks and wilderness areas since 1988. In 1999, the EPA announced a major effort to improve air quality in those areas. The federal government has now adopted a Regional Haze Rule that requires state and federal agencies to work together to improve visibility in 156 national parks and wilderness areas.

On March 15, 2005, the EPA issued the federal Clean Air Mercury Rule targeted at reducing mercury emissions from coal-fired power plants. Coal-fired power plants are the largest man-made source of mercury emissions. When fully implemented, the new rule will reduce mercury emissions from power plants by 70 percent.

The federal rules require the State of Kansas to submit a State Implementation Plan (SIP) to the EPA. In the case of the Federal Regional Haze Rule, the State of Kansas will have to include controls on Kansas air pollution sources that affect national parks and wilderness areas in neighboring states. The Clean Air Mercury Rule will require Kansas to either establish an emissions trading program or develop a state program that would have the same federal allocations. The State of Kansas needs to ensure there is clear statutory authority to complete these State Implementation Plans. Without this authority, EPA will implement a Federal Implementation Plan for the State of Kansas.

# Bureau of Environmental Field Services

## Mission/Purpose/Goals

The mission of the Bureau of Environmental Field Services is to gather and analyze data to identify environmental conditions and trends for regulatory, technical, and pollution prevention purposes. The bureau has three main areas of activity:

- District field staff work with other KDHE environment bureaus to conduct regulatory inspections and investigate environmental complaints.
- Bureau staff monitor water quality of Kansas streams and lakes. This includes collecting water samples, assessing quality of biological life, identifying areas of concern, conducting use attainability analyses, and determining the impact of mining operations.
- Bureau staff provide support services to the public, communities, and small businesses, which include grants and technical assistance.

## Programs/Sections

BEFS consists of staff located in Topeka and in six district field offices: Chanute, Dodge City, Hays, Lawrence, Salina, Wichita, and a satellite office in Ulysses.

## Data and Statistics (fiscal year 2005)

- Sampled 262 locations as a part of the department's statewide water quality monitoring effort
- Conducted recreational Use Attainability Assessments on 926 stream segments and 25 lakes
- Conducted 550 compliance inspections of major air pollution sources statewide
- Conducted 400 compliance inspections of wastewater treatment plants statewide
- Conducted 350 compliance inspections of public water supply systems statewide
- Investigated 150 new leaking underground storage tank sites and inspected 600 underground storage tank sites
- Provided responses to 500 spills
- Conducted 300 hazardous waste generator and facility inspections statewide
- Conducted 450 solid waste facility inspections statewide
- Investigated thousands of environmental complaints statewide
- Provided technical assistance to thousands of Kansas businesses on environmental issues



**John Mitchell**  
**Director**

John Mitchell has served as director since March 2005. He is responsible for statewide operations of environmental programs in KDHE's six district offices, as well as directing the work of the Topeka-based Technical Services and Use Assessment sections. He has worked for KDHE for over 25 years in a variety of positions, most recently in the Bureau of Waste Management. Mitchell received a bachelor's degree in biology and microbiology from the University of Kansas and a master's degree in environmental health science.

**In the past 38 years, BEFS has collected more than two million pieces of water quality data related to Kansas rivers, lakes, and groundwater.**

**BEFS staff includes a broad spectrum of biologists, chemists, hydrologists, and other scientists to monitor Kansas water quality.**

## **Accomplishments (fiscal year 2005)**

- The North Central District (NCD) staff assisted the Bureau of Waste Management in completing the Statewide School Chemical Sweep by visiting a total of 86 schools and collecting 4,860 containers of potentially hazardous waste and properly disposed of it. Overall, the project helped remove thousands of pounds of outdated and toxic chemicals from schools.
- In January 2004, the new year was only a few days old when a severe ice storm blanketed most of the nine counties in the South Central District (SCD), temporarily leaving thousands without power. Damage was so extensive that Governor Sebelius included all nine counties in a State of Disaster Emergency declaration. District staff worked with counties, cities and communities to address collection and disposal of downed trees and limbs, issued boil water notices for public water supplies, assisted wastewater treatment facilities, and responded to spills and leaks. Damage assessment validated by the Kansas Division of Emergency Management and FEMA was placed at more than \$150 million, making the storm the most expensive disaster in Kansas history.
- In March, a block of historic buildings in Ft. Scott was largely destroyed by fire. Southeast District (SED) staff responded to complaints of improper disposal of rubble and debris. Staff working closely with Ft. Scott officials helped identify disposal options and ensured that waste was properly handled, transported and disposed. A site where waste had been temporarily disposed was cleaned up under KDHE supervision.
- The Southeast District Office (SEDO) was hit with severe thunderstorms in July 2004, and several counties were declared disaster areas. SEDO staff made visits to areas in Neosho, Crawford and Cherokee counties. Staff provided technical assistance on the proper disposal of waste, provided guidance on open burning, and assisted water and wastewater treatment facilities impacted by the storms.

## **Frequently Asked Questions**

### ***How do you properly dispose of floor tile and siding that contains asbestos?***

The type of asbestos contained in these products is designated as "nonfriable" (any asbestos-containing material that, when dry, cannot be crumbled, pulverized, or reduced to powder by hand pressure). The material should be collected in a plastic bag (keeping breakage to a minimum), and be disposed at either a permitted municipal solid waste landfill or construction demolition landfill.

### ***Do I need a permit for my confined animal feeding facility?***

You do, if:

- The number of head exceeds 1,000, or;
- The facility has man-made structures to collect wastes, or;
- A stream runs through or adjacent to pens, or;
- The facility has a daily discharge, or;
- The facility is in excess of 300 animal units and has significant water pollution potential.

### ***Why does my tap water have an odor?***

These odors are typically caused by small amounts of impurities in the water after treatment. Contact your water supplier or KDHE if the odor persists for an extended period.

### ***How do I report a spill?***

Report spills to KDHE, 24 hours a day, by calling 785-296-1679.

### ***How do I obtain an open burning permit?***

Obtain and complete an application for open burning approval from your KDHE district office.

### ***Can I burn an old building?***

Typically, the answer is no. KDHE does not grant open burning approval for old buildings. An exemption may be granted for buildings on farms, or if the burning is being conducted for training of fire department personnel. The demolition debris should be disposed of at the local landfill.

***Is my well water safe to drink?***

KDHE generally does not test water from private wells unless that well is part of a public water supply system. If testing of private well water is desired, a laboratory certified by KDHE should be contacted.

***We may have mold in our house. Does KDHE test for mold, and how do we get rid of it?***

KDHE does not test for mold. Staff can provide you with a list of companies that do provide such services. The best way to treat mold is to remove the affected material and dispose of it in your trash. You should also try to prevent moisture from getting into your house.

***How do I dispose of old buildings? Can I use my property for disposal?***

The first step for disposal involves inspecting and identifying asbestos or potentially hazardous wastes that need to be removed and handled as special wastes. Old buildings cannot be burned without an open burn exemption authorized by your KDHE district office. On-site burial is discouraged and can only be conducted following Bureau of Waste Management authorization upon the building's property. Building demolition wastes need to be directed to a permitted landfill (construction demolition or municipal solid waste landfill). Foundation and drive-way materials consisting of clean concrete, bricks and asphalt paving may be handled separately and used for fill or recycling, provided that plastic, wood, metal, and related trash are not co-mingled.

***Are there environmental problems associated with a (any particular) property?***

Environmental audit questions may first be discussed informally with district program staff relating known remediation issues within the immediate vicinity of the property. Staff may direct inquiries to Donna Fisher at KDHE's Topeka office for formal response identifying permit and files available for public review in accordance with the Kansas Open Records Act.

***My neighbor's property looks bad, smells bad, etc. What can be done?***

The district office receptionist receiving the call first determines the primary use of the property and refers the inquiry to the most appropriate district program for response. These inquiries are normally referred to the District Environmental Administrator or program supervisors/lead workers. Staff encourages seeking local voluntary solutions and compromises that are protective of health and environment. Referrals are sometimes made to city, county, and local entities, which may have zoning or land use ordinances.

***My house is a health hazard, and my landlord won't do anything. Can you help?***

These situations vary tremendously, and depending on the nature of the problem, KDHE may be able to offer guidance and determine if the agency has any regulatory authority. KDHE does not have regulations that address landlord-tenant disputes. Occasionally, we have regulations which might be applicable. If someone believes they are ill, they should first consult a physician. If a county or city code is possibly applicable, the caller would be directed to those entities. Sometimes an issue arises with which the local health department or county sanitarian may be of assistance.

***There is sewage on the ground behind my neighbor's house. What can I do?***

If in a city, the local health department should be contacted. If in an unincorporated or rural area, the county health department or county sanitarian should be contacted. KDHE can provide contact information and will work with your local authority to advise them on addressing the concern.

***My drinking water (or creek or pond water) tastes/smells odd. What can I do?***

Depending on the surface water conditions (fish kill, bad taste, foam or algae on water, strangely-colored water), KDHE may respond or a local authority will investigate the site for possible causes. If it is a private water well issue, KDHE may recommend that the local authority or Kansas State University Extension Office take water samples and have the samples analyzed. KDHE provides a list of laboratories certified to perform testing in Kansas if the inquiring party wishes to sample the water themselves.

**How do I become a certified water/wastewater operator?**

Kansas regulations require a person to have a specific amount of education and experience working at a water/wastewater facility before taking the exam to become certified. These requirements for education and experience vary depending on the class of operator (small system through Class 1, 2, 3, and 4). Teresa Schuyler in the KDHE Topeka office (785-296-6603) may be contacted for details on testing locations and dates.

**Can I burn household trash on my property if I am the landowner?**

Kansas regulations (K.A.R. 28-19-645) prohibit open burning, however, there are exceptions allowed. Open burning of any materials is allowed if the open burning is carried out on a residential property containing five or less dwelling units and incidental to the normal habitation of the dwelling units, unless prohibited by local authority. There are other exceptions noted in the regulation.

**Where can I dispose of my old tires?**

Disposal of used tires is permitted at a used tire facility, tire monofill (a type of landfill containing only one type of waste), or landfill. Charges at each facility will apply.

**Why does the water from my faucet look red or brown?**

Discoloration frequently is caused by a break in a water line or some other disruption in service that suspends mineral deposits in the line. District staff will typically contact the system operator to determine what recent occurrences may have caused the discoloration. District staff often advise the operator to flush the service lines in the affected area to eliminate suspended minerals, and to check chlorine residuals to ensure they are adequate to protect the water from biological contaminants.

**An upstream development site is causing flooding on my property. What can KDHE do to stop this?**

KDHE does not regulate flooding and advises the caller to contact the local planning and zoning agency that regulates development and stormwater. Under some circumstances, the Kansas Division of Water Resources may become involved. The development most likely is required to have a National Pollutant Discharge Elimination System permit for stormwater run-off from construction activities. Staff can inspect the development site to determine if appropriate sediment controls have been installed and are being maintained.

**Contact Information**



Bureau of Environmental Field Services	785-296-6603
FAX	785-291-3266
Web site	<a href="http://www.kdheks.gov/befs/">www.kdheks.gov/befs/</a>
Small Business Public Advocate	785-296-0669 or 1-800-357-6087
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

## Mission/Purpose/Goals

The mission of the Bureau of Environmental Remediation is to manage environmental contamination through pollution source control, containment, remedial actions, and to respond to emergencies of an environmental nature that may affect the health and safety of the general public. Potentially contaminated sites are referred to the bureau in many different ways, including environmental audits, spill reporting, self-reporting of contamination, referrals from the Environmental Protection Agency (EPA) or other government agencies, routine sampling of water supply wells, or complaints from the public.

The bureau provides a framework of policies and the quality assurance and quality control procedures to ensure that reliable data is collected that is consistent and acceptable to EPA and the Office of Surface Mining (OSM). Important elements of the framework are the consistent cleanup standards used by all programs and priority ranking systems used to ensure that limited resources are focused on the sites that pose the greatest risk to the general public. A primary limitation of the bureau is that each funding source has specific criteria regarding how the funds can be used.

The bureau is responsible for the following activities:

- Identifying potentially responsible parties, assessing risks to the public and environment, and managing remedial activities
- Assessing potentially contaminated sites to determine if environmental concerns exist
- Regulating petroleum storage tanks to reduce the likelihood of future releases
- Responding to hazardous and non-hazardous spills in the state
- Abating abandoned mine land hazards to protect the public and responding to emergencies created by past coal mining activities. Coal mining lands eligible for reclamation are those left abandoned or inadequately reclaimed prior to August 3, 1977.
- Regulating active coal mining through permitting and inspections
- Regulating dry cleaners to ensure proper chemical disposal and clean-up
- Working with the Kansas Bureau of Investigation (KBI) and local law enforcement officials to respond to illegal drug laboratories
- Promoting the redevelopment and reuse of environmentally contaminated properties
- Promoting public awareness through the Kansas "Meth Watch" program

## Programs/Sections

BER contains four sections:

- Assessment and Restoration
- Remedial
- Storage Tank
- Surface Mining



**Gary Blackburn**  
**Director**

Gary Blackburn has been director of the Bureau of Environmental Remediation since December 1999. Prior to that, he served as chief of the Storage Tank Section since 1989. Gary is a licensed geologist who has worked for the agency since July 1979. He has a bachelor's degree in earth science from Emporia State University.

## **Data and Statistics (fiscal year 2005)**

- Operates a release prevention program for underground storage tanks (USTs) to ensure that active tanks are in compliance with current standards and to track which tanks have received permits. In 2005, KDHE issued 6,501 UST permits which represents a 99.8 percent compliance rate.
- KDHE registered and permitted 9,935 aboveground storage tanks (ASTs).
- Trust funds for ASTs and USTs are operated to provide financial assistance and regulatory oversight at 2,201 AST and UST sites that have released petroleum into the environment. Remedial systems were in design or active remediation at 384 sites with cleanups being completed at 90 sites during 2005.
- Conducted four Brownsfields workshops across the state for municipalities and non-profit organizations.
- Operated the Environmental Use Control (EUC) program to track and monitor sites where cleanups required long-term stewardship to ensure that residual contamination does not pose an exposure risk to the public. Applications were submitted and processed for 11 new sites. Records searches and inspections were completed on 41 properties with institutional controls implemented prior to the EUC statute in July 2003. KDHE drafted regulations for the EUC program and submitted them to the Department of Administration for review.
- The Voluntary Cleanup and Property Redevelopment Program managed 282 sites, issued 23 No Further Action letters, approved 21 cleanup plans, approved 40 applications for new sites and published the Voluntary Cleanup and Property Redevelopment Manual in July 2005, which outlines programmatic processes.
- The State Cooperative Program worked with responsible parties to manage 148 sites to perform soil remediation measures at 24 sites, groundwater remediation measures at nine sites, innovative technology pilots at six sites and resolved the site contamination issues at six sites. In addition, the program worked in a state/local/private partnership to address contamination at two former refineries and a fertilizer facility.
- The State Water Plan Program completed remedial activities to resolve 10 contaminated sites; responded to two emergencies, which involved providing alternative water supplies; and completed focused assessments at 23 former smelter operations across the state where responsible parties were unavailable or unwilling to address the sites.
- Completed federally funded site assessments at 87 contaminated sites with 12 completed at chrome plating operations for the Sector Assessment Program. Assessments were performed to determine the source, responsible parties, extent of contamination, and risk to the public.
- The Dry Cleaning Program operates a trust fund to manage environmental problems at 111 facilities. The program conducted groundwater assessment, monitoring and remediation at 49 sites and connected 46 properties to city water systems after their wells became contaminated. To prevent future releases, 144 active dry cleaning facilities were registered and 45 active dry cleaning facilities were inspected for pollution prevention requirements.
- The Landfill Remediation Program funded three city dump repairs and one Phase I dump repair feasibility study/design, and inspected 103 closed landfills.
- The Clandestine Lab Program assessed and cleaned up 212 sites with environmental and health hazards and hosted 22 Meth Watch county town hall meetings.



- The Spill Program responded to 12 mercury spills and provided tracking and regulatory oversight for 1,471 spills.
- The Abandoned Mine Land (AML) Program abated the hazards associated with 3,445 feet of Priority 2 dangerous coal highwalls, and filled 46 coal vertical openings and 76 lead and zinc vertical openings. Through the Emergency Program, the Surface Mining Section has abated the hazards associated with 21 vertical coal openings, one acre of Priority 2 dangerous coal slides, one-half acre of Priority 2 coal mine fire, and abated five emergency sites requiring drilling and grouting. All the reclamation work was done using federal AML funds.

## **Accomplishments (fiscal year 2005)**

- The Brownsfields Program assisted 17 communities in redevelopment activities by conducting 160 Phase I assessments and 18 Phase II environmental assessments. These federally funded assessments saved communities more than \$400,000 during 2005.
- Federal Facilities Program required the U.S. Army Corps of Engineers to install a public water supply for residents with impacted drinking water wells at the Forbes Atlas S-7 Missile Site in Wamego and to provide public water to residences that were impacted or threatened from contaminants from a landfill at the Forbes Air Force Base, Topeka.
- Recent amendments to the Surface Mining Program has allowed AML Program funding to be used to fill and cap 76 dangerous abandoned vertical mine openings left by lead and zinc mining in the Tri-State Lead and Zinc District in Kansas.
- The Storage Tank Program worked with responsible parties and affected communities to develop remedial systems which treat contaminated public water supply (PWS) wells. Currently, systems are treating water from 28 public water supply wells that serve 151,000 Kansans. Together these systems supply more than 13,000 gallons of potable water per minute while cleaning up the groundwater.

## **Frequently Asked Questions**

### ***How small of a spill of a pollutant or hazardous substance needs to be reported?***

There is no minimum size. All spills which are detrimental to the quality of waters of the state or can cause pollution of the soil should be immediately reported to KDHE.

### ***Is my house/ property undermined?***

KDHE responds to many requests by reviewing available maps of mined areas to determine the history of each site. Also, several zoning board requests are reviewed each year before building sites are approved.

### ***What are my environmental liabilities if I buy this contaminated property?***

Staff provide the public with an overview of the liabilities related to the properties based on the available information. Many times there is not enough information available to provide a clear assessment of liabilities.

### ***Is any funding available to help repair landfills?***

KDHE's City Dump Grant Program typically has annual funding for city dumps that closed prior to regulations requiring landfill permits and proper closure implemented in 1972. The grant funding helps repair caps on city dumps to prevent risk to human health and the environment. City dump grant funds are not available to open or closed permitted landfills.

### ***How many meth labs has KDHE cleaned up?***

KDHE has responded and provided technical advice for 1,284 cleanups since 1999. The average cost to clean up a meth lab is approximately \$1,200. In addition to cleanups, KDHE provides residential and environmental assessments and the remediation for environmental damages. Remediation at a meth lab may entail contaminated building material removal and disposal, contaminated soil investigation and removal, and ground water investigation.

***Does a contractor have to be licensed to install, remove, repair or test underground storage tanks?***

Yes. A contractor must be licensed before they can perform these activities. In addition, KDHE must approve plans for any work on USTs including new installations, upgrades, modifications and repairs.



**Contact Information**

Bureau of Environmental Remediation  
Web site

785-296-1660  
[www.kdheks.gov/ber](http://www.kdheks.gov/ber)

**Kansas Mining History Lesson...**

Over the past 140 years, 300 million tons of coal have been mined and over 50,000 acres have been disturbed either on the surface, undermined or both.

The Tri-State Lead and Zinc Mining District covered 120 square miles of southeast Kansas with much of the area being found in Cherokee County around the towns of Baxter Springs, Galena, and Treece. Between 1876 and 1970, there were 2.9 million tons of zinc and 690,000 tons of lead recovered. A 1983 report detailing the legacy of problems associated with past lead and zinc mining identified 2,328 acres that were covered by mine and mill waste, 3,545 shafts, and an additional 2,220 acres that are known to have been underground mined.

**What are Brownsfields?**

Brownsfields are property in Kansas that represent significant obstacles to development because of the presence or potential presence of a hazardous substance, pollutant or contaminant. Often the potential liability associated with contamination complicates business development, property transactions or expansion of these properties.

The Brownsfield program assists communities and developers by performing assessments of potential environmental hazards on a property, then works with the principals to bring that property back to a useful existence.

This new life for a property can result in unique opportunities, like the City of Derby's aquatic center, which was built on a former Brownsfield site and added valuable property back to the tax rolls.

# Bureau of Waste Management

## Mission/Purpose/Goals

The mission of the Bureau of Waste Management is to minimize the health and environmental impact associated with the generation, storage, transportation, treatment and disposal of all solid and hazardous waste in Kansas. The bureau accomplishes its mission through the following activities:

- Administers permitting, inspection, and enforcement programs to ensure that all entities that store, treat, or dispose of hazardous and solid wastes do so in a manner that is protective of human health and the environment
- Provides technical training and assistance to waste generators and handlers
- Administers grant programs to improve waste management practices, especially as related to recycling, composting, and household hazardous waste collection
- Works with communities to clean up illegal dump sites
- Conducts waste "sweeps" to remove common hazardous materials from the Kansas environment including unusable school laboratory chemicals, mercury, dioxins, and agricultural pesticides
- Educates the public about recycling, composting, and household waste collection through the "Kansas, Don't Spoil It" public awareness campaign

## Programs/Sections

The bureau is comprised of three sections:

- Solid Waste Permits
- Hazardous Waste Permits
- Waste Reduction, Compliance and Enforcement

## Data and Statistics (fiscal year 2005)

- Ninety percent of the Kansas population is served by permanent household hazardous waste facilities.
- Ninety-five percent of hazardous waste inspections found no violations or minor violations.
- Ninety-nine percent of solid waste inspections found no violations or only minor violations.
- Conducted 750 solid and hazardous waste inspections
- Investigated 252 waste complaints
- Cleaned up 62 illegal dump sites
- Kansans recycled and composted 710,000 tons of waste statewide
- Oversaw waste handling activity at 551 permitted solid waste facilities
- Monitored hazardous waste generation at over 2,000 facilities
- Awarded 37 grants totaling \$1,358,000 for projects related to recycling, composting, and household hazardous waste collection

**The average Kansan disposes of about 5.43 pounds of waste per day.**

**Kansas imports about one million tons of solid waste per year and exports about 400,000 tons.**



**Bill Bider  
Director**

Bill Bider has been the director of the Kansas Bureau of Waste Management since 1993. He is responsible for all state regulatory programs related to the management of solid and hazardous wastes. Prior to this position, he was the corporate manager of Environmental Protection at Trans World Airlines for eight years. Bider received a chemistry degree from Bethany College in Lindsborg and a master's degree in environmental health science from the University of Kansas.

## **Accomplishments (fiscal year 2005)**

- Implemented the “Get Caught Recycling” campaign with well-known Kansans
- Initiated Kansas e-waste planning process
- Worked with 40 stakeholders to prepare a revised State Solid Waste Management Plan
- Facilitated re-utilization of contaminated industrial property in Coffeyville to become the site of a new school and park
- Coordinated a major project with Barton County to clean up a major illegal dump in South Hoisington
- Approved more than 100 burial sites at confined animal feeding operations to be used if a foreign animal disease like foot-and-mouth should ever strike Kansas

## **Frequently Asked Questions**

### ***What should I do with my old computer and other electronic waste?***

Recycling is the best option, and several new companies now provide that service (see BWM Web page). Landfilling is still legal but undesirable because e-waste takes up a lot of landfill space, contains some hazardous heavy metals, and it contains valuable natural resources that could be recycled.

### ***How much waste is landfilled each year in Kansas?***

About six million tons (including municipal, industrial, and construction and demolition wastes) are landfilled each year in Kansas.

### ***What is the Kansas recycling rate for municipal solid waste?***

Kansas recycles about 20 to 23 percent of municipal solid waste each year, including yard waste composting.

### ***Are grants available to help manage solid waste?***

Over the past decade, KDHE has awarded over \$20 million in grants for solid waste planning, recycling, composting, household hazardous waste collection, and waste tire cleanup and recycling. Depending upon the availability of funds as generated by the \$1 per ton tipping fee, each of these programs is still active except the planning grant program. The next grant round will be announced in June 2006 if adequate funding is available.

### ***What happens to old tires in Kansas?***

Kansas law allows cut waste tires to be disposed of in landfills. Most go in landfills called “monofills.” Waste tire recycling is beginning to grow in Kansas including major new users of tire-derived fuel, such as cement kilns and ethanol plants.

### ***Do I need a permit to set up a recycling facility?***

No permit is required as long as the wastes received have been segregated by the waste generator. Such recyclables may be collected and processed by baling, crushing, etc. and shipped to users of the material without a permit. If mixed wastes are received by the facility, it is classified as a “dirty” material recovery facility (MRF), and it requires a solid waste processing facility permit.





## Contact Information

Bureau of Waste Management  
Toll-Free "Kansas Don't Spoil It"

Waste Tire Hotline  
Web site

785-296-1600  
1-800-282-9790  
[www.kansasdontspoilit.com](http://www.kansasdontspoilit.com)  
1-866-8KS-TIRE  
[www.kdheks.gov/waste](http://www.kdheks.gov/waste)

# It's a slam dunk!

## You can make a difference



Kansas Department of Health and Environment  
Bureau of Waste Management



**Wayne Simien, NBA Miami Heat**  
- former KU All American basketball star  
with Kansas kids who care about our environment

# Get Caught Recycling!



Reduce - Reuse - Recycle

*Miami Heat NBA player and former University of Kansas All-American basketball star Wayne Simien shoots hoops with kids who care about the environment. KDHE launched the "Get Caught Recycling" campaign in 2005. A series of posters were created featuring other well-known Kansans to promote recycling, including Kendra Wecker, Bill Kurtis, Senator Sam Brownback, Mike Hayden, and Stan Herd.*

**KDHE's Clean Sweep Initiative visited middle and high schools in Kansas offering assistance to rid their science laboratories and schools of explosive and toxic materials. The sweep removed a large variety of dangerous materials in thousands of containers. Some schools didn't even know these hazards existed. KDHE's efforts were recognized when NBC Nightly News interviewed Jim Rudeen from the Hazardous Waste Program about the success of the sweep. The waste sweep program, which had previously collected mercury and dioxin-containing pesticides, is a national model of success!**



# Bureau of Water

## Mission/Purpose/Goals

The mission of the Bureau of Water is to improve and protect public health and the environment by ensuring clean water.

## Programs/Sections

The Bureau of Water is comprised of eight sections:

- Public Water Supply
- Industrial Programs
- Livestock Waste Management
- Municipal Programs
- Geology
- Watershed Management
- Watershed Planning
- Technical Services

The bulk of the bureau's work involves carrying out requirements of the Federal Clean Water and Safe Drinking Water Acts. Both federal acts specify the role of states in implementing federal programs at the state level. Program activities carried out by the bureau include:

- Issuing permits for wastewater and stormwater runoff discharges
- Pretreatment of industrial wastes
- Ensuring public water systems are providing safe drinking water
- Ground water protection
- Ensuring proper water well construction, safe underground injection of wastes, and proper storage of liquid hydrocarbon in salt caverns
- Permitting of livestock waste systems
- Training operators of water and wastewater systems
- Providing low-interest loans to municipalities for construction of water and sewer infrastructure
- Ensuring water quality standards for streams and lakes
- Identifying impaired streams and reservoirs
- Establishing plans to remedy impaired waters (Total Maximum Daily Loads)
- Addressing nonpoint sources of pollution

## Data and Statistics (fiscal year 2005)

- Kansas has 1,059 public water systems
- 89 percent of public water systems were in total compliance
- 14 loans totaling \$30 million were made to local drinking water systems
- 11 loans totaling \$20 million were made to small drinking water systems
- 803 municipal wastewater discharges were permitted in Kansas
- 40 percent of Kansas municipal wastewater systems operated without a discharge
- 21 loans totaling \$42 million were made to local wastewater utilities
- 619 industrial wastewater discharges were permitted in Kansas
- 90 percent of wastewater discharges were in total compliance
- 2,700 stormwater permits issued in Kansas
- 194 water well drillers licensed in Kansas



**Karl Mueldener, P.E.**  
**Director**

Karl Mueldener is a graduate of Kansas State University. He earned a bachelor's and master's degree in civil engineering and is a professional engineer. He has been involved with state drinking water and wastewater programs since joining KDHE in 1975, serving as director of the Bureau of Water since 1989. Professional association activities include the Water Environment Federation, American Water Works Association, International Water Association, National Society of Professional Engineers, American Academy of Environmental Engineers, and the Water Environment Research Foundation.

- 7,894 water well records processed for newly drilled and plugged wells
- 600 active underground hydrocarbon storage wells were operational
- 56 permitted Class I injection wells are in use for waste disposal
- 136 permitted salt solution mining wells are in service
- 4,732 Class V wells were identified in an inventory
- 10 of 12 basins have Total Maximum Daily Loads completed under court order
- 2,300 TMDLs were completed across the state
- 20 wastewater treatment plants are implementing nutrient control in Kansas
- 4,222 water and wastewater operators are certified by the state
- 93 percent of wastewater systems have a certified operator
- 95 percent of Kansas drinking water systems have a certified operator
- 102 Kansas counties have an environmental code
- 480 Kansas livestock operators have a state and federal wastewater permit
- 1,300 Kansas livestock operators have a state permit for their pollution controls

## **Accomplishments (fiscal year 2005)**

- Watershed initiative kicked off to encourage local, state, and federal comprehensive planning and implementation on a watershed basis
- Updated regulations for Kansas to maintain primacy for Safe Drinking Water Act
- Adopted groundwater protection regulations for industrial, commercial, and municipal lagoons
- Adopted regulations allowing local groundwater protection efforts in the Equus Beds region
- Expanded loans available to municipalities through bond issues totaling \$161 million
- Started Emergency Operator Program helping small water and wastewater utilities
- Sponsored workshops on Vulnerability and Emergency planning for water utilities
- Initiated required federal permit program for stormwater permitting
- Developed Kansas Nutrient Reduction Plan to address nutrients in surface water
- Completed development of electronic database for water supplies
- Issued brine storage pond permits for hydrocarbon storage well facilities
- Developed more than 400 TMDLs to restore impaired waters

## **Frequently Asked Questions**

### ***Why am I hearing more public notices to boil drinking water?***

Twenty years ago, boil water notices were rarely issued. Today it has become a standard precaution to issue a boil water notice if there is an event that has possibly contaminated the drinking water. Most boil water notices are precautionary. Boiling water is intended to disinfect, which reduces the threat of illness from a variety of bacteria and viruses. Several waterborne disease outbreaks in the previous decade made the public and the drinking water industry more keenly aware of the dangers of microbial pollution and the role of water suppliers in protecting public health. Therefore, it has become standard practice to issue warnings when there is an event which could result in microbial contamination of the drinking water. These possible contamination events could include major line breaks, treatment plant problems, lack of chlorine residual, or loss of pipeline pressure. The notices are used as a method to help protect the public's health until the problem is corrected.

### ***My livestock feeding facility is less than 300 head, so why do I need to register?***

Registration would result in KDHE reviewing the livestock facility to assess its pollution potential. Usually a permit is not needed with a facility this size. With a small facility, KDHE will offer advice on what changes could be made, if needed, to avoid a permit being issued. If no permit is issued, a certification is provided which states the facility does not need a permit if operated under the existing conditions. Possession of this certification provides the operator certain advantages regarding separation distances if the facility is to be expanded in the future. Facilities of 300 animal units and larger are required to register with KDHE. This does not necessarily mean a permit is needed.

### ***Is my drinking water safe?***

If you are served by a public water supply, the answer is yes. If there is a problem with the quality of a public supply, customers are notified. Most drinking water violations involve a failure to test or report water quality as often as required. Drinking water regulations continue to get stricter. Stricter regulations mainly deal with chronic or long-term health impacts. This is different than bacterial contamination that can lead to waterborne disease outbreaks and is considered an acute problem. Water systems are now dealing with stricter standards for disinfection by-products, which are formed by the use of chlorine that is used to control microbial problems. Water suppliers are now balancing the need to disinfect against a requirement to control by-product formation. This balancing act is particularly challenging for small systems, which compose the majority of the state's utilities. These small systems generally have plans to meet the stricter regulations.

### ***Is my well water safe?***

Maybe. Private well water is not necessarily tested regularly, at least not to the same frequency as a municipal water supply. If the well is hand dug or over 50 years old, it is likely contaminated by surface water seeping into the well. The best screening test for possible contamination is a test for nitrates. This test can be easily and inexpensively run by your local health officials, a home water treatment representative or a private lab. If the nitrates are found to be greater than 10 -15 mg/l, there is a strong possibility the well is being contaminated from a pollution source. Regarding bacteria testing, any hand dug well will test positive for bacteria. Replacement of a hand dug well, which would be very old, is generally recommended. The safest solution for obtaining safe water is either connection to a public water supply or construction of a new water well by a KDHE licensed water well contractor.



### **Contact Information**

Bureau of Water  
Web site

785-296-5500  
[www.kdheks.gov/water/](http://www.kdheks.gov/water/)

### ***Did you know?***

- More than 2.6 million Kansans are served by public water systems.
- Kansas has 1,059 public water systems.
- Sixty percent of Kansas water systems serve populations of less than 500.
- The six largest water systems in Kansas serve a total of 1.3 million people.
- Approximately 6,500 water wells are constructed each year.
- On average, a Kansan uses 100 gallons of tap water each day.

# A Message from Dr. Duane Boline KDHE Director of Health and Environment Laboratories

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The Division of Laboratories provides a broad range of testing services to identify potential threats to the health of Kansas residents. Clinical specimens are tested for the presence of infectious disease. Environmental samples are analyzed for chemical, biological or radiological contaminants that could pose a threat to human health and safety. The information obtained by the laboratories is provided to support the programs of the Division of Health and the Division of Environment.

The diversity of challenges presented to the laboratory requires the use of specialized instrumentation operated by highly skilled scientists. A team of chemists and microbiologists with expertise in a variety of technical fields work together to obtain data needed to determine the health threat to a single individual or an entire community. Although the primary focus is on infectious disease or toxic exposure related to natural causes, the laboratory is also prepared to provide testing services related to terrorist events.

The laboratory staff, working through professional organizations, is a part of a regional and national network of scientists providing testing services and communication of results for protection of the health of all Kansans.



Dr. Duane R. Boline is the director of the Division of Health and Environmental Laboratories.

He began his professional career as a secondary school teacher and then a professor of chemistry at Emporia State University. He managed private environmental chemistry laboratories for more than 20 years prior to assuming his current position. He has published numerous papers and made presentations in the areas of analytical chemistry and laboratory management. Dr. Boline is a member of the Association of Public Health Laboratories (APHL) environmental health committee. He serves as the APHL representative on the advisory committee for the CDC childhood blood lead prevention program and the ASTHO Mosquito Control Collaborative. He earned a bachelor's and master's degree in chemistry from Emporia State University and a doctorate in chemistry from Kansas State University.

# Division of Health and Environmental Laboratories

## Mission/Purpose/Goals

The Division of Health and Environmental Laboratories (DHEL) provides essential analytical services directly to the public, indirectly through local and county health organizations, and through data provided by KDHE programs.

## Programs/Sections

The division is comprised of laboratories providing testing services that are mandated by statute, not available from other providers, or necessary to provide required laboratory services for those who are unable to pay a private lab.

In addition to the services provided by the in-house laboratories, the **Office of Laboratory Improvement** provides support for external laboratories and testing facilities. DHEL provides services that directly affect the quality of life for all Kansans. Beginning with the neonatal chemistry testing provided for our youngest citizens and continuing with the childhood blood lead prevention program, this laboratory provides testing services needed to identify the need for preventive care or medical treatment at the earliest possible time.

The **Microbiology Laboratories** provide clinical, reference and molecular microbiological services aimed at the prevention and diagnosis of infectious diseases with public health impact. These laboratories also provide accurate, comprehensive laboratory analysis to assure the quality of water supplies in Kansas. These services provide a foundation for the control of infectious and waterborne diseases in Kansas.

The major role and mission of the **Environmental Chemistry Laboratory (ECL)** is to provide essential analytical services and data on the occurrence and extent of chemical contamination in a variety of environmental matrices for the protection and safety of human health and the environment. To accomplish this task, ECL is comprised of four major program areas: Blood Lead, Chemo-Terrorism, Public Water Supply, and Agency Environmental Analytical Services.

The **Blood Lead Program** provides testing of lead levels in blood to determine elevated lead levels in Kansas children. This testing allows for the timely clinical intervention to prevent learning disabilities and other toxic side effects of lead poisoning.

The role of the **Chemo-Terrorism Program** is to develop the capability and capacity within the state public health laboratory to provide chemical analysis of clinical samples in the event of a terrorist attack using toxic chemicals. Nationally, state labs are being set up at three different levels of capability to respond as defined by the CDC. This laboratory has been established as Level 2 per the CDC definition.

DHEL has the capability to provide accurate and timely data in response to terrorist events and to analyze specimens/samples for agents of biological and radiological terrorism. The **Chemistry Laboratory** has Level 2 testing capabilities as defined by the CDC.

The **Public Water Supply Program** provides specific analytical services on a fee basis as allowed by statute for the various public water supply (PWS) systems of Kansas to assure the quality and safety of public drinking water. The scheduling of analytical services is directed by the ECL to assure that PWS systems meet the regulatory timelines required by federal and state statutes governing the regulation of inorganic and organic contaminants in drinking water.

The **Environmental Analytical Services Program** utilizes highly sophisticated analytical instrumentation and experienced scientists to analyze and test for a variety of toxic organic and inorganic pollutants in the environment through a U.S. Department of Homeland Security grant to obtain the instrumentation, facility enhancements, and training required to provide these services.

The **Radiochemistry Laboratory** provides testing to protect residents and the Kansas environment from the adverse effects of radiation. A comprehensive radio-analytical program detects, identifies, and measures radioactive material in the Kansas environment. The Power Plant Monitoring Act, H.B. 2275 of 1978, directs KDHE to adopt rules and regulations for monitoring the environmental impact of nuclear facilities. DHEL provides these services for the Wolf Creek Nuclear Power Generating Facility as directed by this legislation. Samples collected within a 50 mile radius of the plant are analyzed for radioactive contaminants.

The Radiochemistry Laboratory has the capability to screen incoming specimens/samples submitted for biohazard testing or analysis of environmental samples for the presence of radiological agents. The chemistry laboratories have instrumentation capable of detecting metals and inorganic substances (cyanide) that could be utilized as agents of terrorism. The instrumentation required for the detection of organic agents (nerve agents, blister agents, and general toxins) is not currently available. DHEL is currently seeking funding through the U.S. Department of Homeland Security to obtain the instrumentation, facility enhancements, and training required to provide these services.

The **Quality Assurance (QA) Office** is responsible for providing leadership and management for the DHEL quality program. These responsibilities include an annual review of the QA manual and all supplements and to make recommendations for any revisions necessary. The QA office monitors the performance testing program results to ensure implementation of corrective action as needed.

The **Environmental Laboratory Certification Program** certifies laboratories to assure the data they produce meets National Environmental Laboratory Accreditation Program (NELAP) standards. Approximately 280 laboratories are accredited to report environmental data for use by the State of Kansas.

The **Clinical Laboratory Improvement Act (CLIA) Program** office monitors and maintains a database of more than 2000 CLIA-certified laboratories in Kansas. This program is provided to assure clinical tests provided for the residents of Kansas are performed in accordance with good laboratory practices and provide accurate data that can be used for diagnosis and treatment. The Laboratory Improvement Specialists provide on-site surveys for the laboratories providing clinical testing.

The **Breath Alcohol Program** provides support and training for law enforcement officers to qualifying them to perform breath alcohol testing and obtain legally defensible data. Training is provided to law enforcement personnel in the correct use of breath-testing instrumentation, the correct procedures for acquisition and documentation of data provided by this test procedure, the laws governing the acquisition, documentation and use of these data. Training is provided for approximately 250 law enforcement agencies throughout the state including the Kansas Highway Patrol, sheriff's departments, police departments and military facilities.

## **Recent Accomplishments (fiscal year 2005)**

- **Blood Lead Screening**---Elevated blood lead levels in Kansas children are still a problem due to a variety of factors. Children with elevated levels of lead may suffer from impaired cognitive development and behavioral problems. Early identification of these at-risk children will allow intervention, and decreasing developmental problems. In 2003, DHEL developed a method to analyze lead extracted from filter paper dried blood spots. The goal of the project was to increase screening for blood lead levels in children because this type of specimen collected can be conducted in a wide range of settings. Fiscal year 2005 was the first full year of testing with the filter paper screening implemented. Screenings did increase by five-fold with over 12,000 specimens analyzed, which meets and exceeds the goal to increase screening.

- **Influenza**---The introduction of real-time polymerase chain reaction (PCR) testing of influenza subtypes was a major improvement over the classical viral and immunology method traditionally used. Specimens inadequate (too old or poorly taken) for viral isolation can be identified based on amplification of available specific viral nucleic acid.

## **Frequently Asked Questions**

### ***What is the LRN?***

The Laboratory Response Network (LRN) is a national network of laboratories including the following types: federal, state and local public health, military, food testing, environmental, veterinary, and international.

### ***What is a Level 2 LRN Laboratory?***

Nationally there are 41 laboratories that participate in Level 2 activities. At this level, laboratory personnel are trained to detect exposure to a limited number of toxic chemical agents in human blood or urine.

### ***How do I know if I need a CLIA certificate? Where can I obtain an application? How can I make changes to my certificate?***

Any facility that performs laboratory testing on specimens derived from humans for the purpose of providing information for the diagnosis, prevention, and treatment of disease, or impairment of, or assessment of health is required to have a certificate. Go to the Centers for Medicare and Medicaid Services (CMS) Web site and look for certificate application: [www.cms.hhs.gov/clia/](http://www.cms.hhs.gov/clia/). Or, you can call the CLIA Program at 785-296-3811 and request we mail or fax you an application. To make a change, use the form found at: [www.kdheks.gov/lipo/CLIA\\_certificate\\_change\\_form.pdf](http://www.kdheks.gov/lipo/CLIA_certificate_change_form.pdf).

### ***Does Kansas have a license for laboratories or their personnel?***

No. The State of Kansas defaults to the federal CLIA regulations (42 CFR 493) for licensing.

### ***Does Kansas regulate Drugs of Abuse Testing?***

Yes. To obtain information go to the KDHE Web site: [www.kdheks.gov](http://www.kdheks.gov) or contact CLIA Program Office staff.

### ***How do I find a Kansas accredited laboratory to analyze drinking water and environmental samples?***

Go to [www.kdheks.gov/envlab](http://www.kdheks.gov/envlab). At the bottom of the page next to "Go to Downloads," select "Labs Approved for Environmental Testing." A new page will be generated and at the bottom of that page, click "I Agree" to continue. On the next page, you can refine your search based on the topic.

### ***How does an out-of-state lab get certified in Kansas?***

Kansas environmental certification is secondary certification based on the laboratory's primary certification with a National Environmental Laboratory Accreditation Program (NELAP) approved lab. The application should be submitted with the methods list plus the primary NELAP certificate and analysis list.



### **Contact Information**

Division of Health and Environmental Laboratories  
Web site

785-296-1620  
[www.kdheks.gov/labs](http://www.kdheks.gov/labs)

# KDHE Contact Information

KDHE General Telephone Number 785-296-1500  
KDHE Web site [www.kdheks.gov](http://www.kdheks.gov)

## **Emergency Phone Numbers**

Child Care Center Complaints 785-296-1270  
Emergency Spill Response 785-296-1679  
Mercury Spills 785-296-1679  
Meth Lab Cleanup 785-368-7300  
Bioterrorism Incident 1-877-427-7317  
Report a Public Health Incident 1-877-427-7317  
Hazmat Hotline 1-866-542-9628  
FBI 1-866-327-8200  
Mid-America Poison Control Center 1-800-222-1222  
Kansas Health Service Guide 785-296-1086

## **Office of the Secretary**

Main Telephone Number 785-296-0461  
Office of Communications 785-296-5795  
Division of Fiscal and Performance Management 785-296-1520  
Division of Human Resources and Service Quality 785-296-1290  
Information Technology 785-296-0462  
Legal Services 785-296-5334

## **Division of Health**

Bureau of Child Care and Health Facilities 785-296-1240  
    Child Care Licensing and Registration 785-296-1270  
Bureau for Children, Youth and Families 785-291-3368  
    Make a Difference 1-800-332-6262  
Bureau of Consumer Health:  
    Food Protection and Consumer Health 785-296-5600  
    Childhood Lead Poisoning Prevention 785-296-7278 or  
    1-866-865-3233  
Bureau of Epidemiology and Disease Prevention 785-296-1059  
Center for Health and Environmental Statistics:  
    Office of Vital Statistics 785-296-1400  
    Office of Health Care Information 785-296-8627  
Center for Public Health Preparedness 785-296-8605  
Office of Health Promotion 785-296-8916  
Office of Local and Rural Health 785-291-1200  
Office of Oral Health 785-296-1314

**Division of Environment**

Bureau of Air and Radiation	785-296-6024
Bureau of Environmental Field Services	785-296-6603
Small Business Public Advocate	785-296-0669 or 1-800-357-6087
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	785-296-1660
Bureau of Waste Management	785-296-1600
Kansas Don't Spoil It	1-800-282-9790
Bureau of Water	785-296-5500

**Division of Health and Environmental Laboratories**

Main Telephone Number	785-296-1620
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**Primary KDHE Partners**

Centers for Disease Control and Prevention	<a href="http://www.cdc.gov">www.cdc.gov</a>
Environmental Protection Agency	<a href="http://www.epa.gov">www.epa.gov</a>

# Access to Open Records

The public has the right to request and obtain certain records kept by government agencies. The following are guidelines for persons requesting open records. These guidelines are also posted on the KDHE Web site at [www.kdheks.gov/open\\_records.html](http://www.kdheks.gov/open_records.html).

## **Guidelines for Persons Requesting Records**

### **When requesting a record:**

- Consult with our Freedom of Information Officer, Dennis Highberger, at [dhighber@kdhe.state.ks.us](mailto:dhighber@kdhe.state.ks.us) or by calling 785-296-3426, to determine if the record you need exists or is available.
- Be ready to provide a specific description of the record you seek.
- You may be asked to submit your request for information in writing. Make your request as specific as possible to expedite the process.
- Most records will be produced within three business days from the time the request is received.
- If the request is delayed or denied, you will receive a written explanation for the delay or denial within those three business days.

### **Your rights:**

- To inspect and obtain copies of public records which are not exempted from disclosure by a specific law
- To obtain a copy of the agency's policies and procedures for access to records, and to request assistance from the agency's Freedom of Information Officer
- To receive a written response to your request within three business days
- The response may inform you that it will take additional time to produce the records. Reasons for additional time may include voluminous records, complicated request parameters, unresolved legal issues, or difficulty in accessing archived records.
- The response may deny your request, in whole or in part. If the request is denied, we will identify the records to be denied, and the specific legal authority for the denial.
- To bring a private lawsuit or to file a complaint with the Kansas Attorney General's Office if you feel you are wrongfully denied records

### **Your responsibilities:**

- You must request records--written, photographic, or computerized. The Kansas Open Records Act does not require an agency to answer questions or prepare reports.
- An agency may require you to put your request in writing, and you must provide proof of your identity, if requested.
- Reasonable fees, not exceeding actual cost, may be charged for access to records, copies of records, and staff time for processing your request.

### **Exceptions to the Open Records Act:**

The Kansas Open Records Act recognizes that certain records contain private or privileged information.

The act lists several exceptions, including:

- Personnel information of public employees
- Medical treatment records
- Records protected by attorney/client privilege
- Records closed by the rules of evidence
- Records containing personal information compiled for census purposes
- Notes and preliminary drafts
- Criminal investigation records
- Several other specific types of records as outlined

### **Additional Information:**

A list of additional exemptions can be found in K.S.A. 45-221. An agency is only required to provide public records that already exist. There is no requirement for the agency to create a record upon request. This information pertains to laws in effect on July 1, 2004. Dennis Highberger is the KDHE Freedom of Information Officer. He can be reached at [dhighber@kdhe.state.ks.us](mailto:dhighber@kdhe.state.ks.us) or by calling 785-296-3426.

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