

## **Board of Directors Meeting Minutes October 17, 2018**

### **Call to Order:**

The October Board of Directors meeting of the Kansas Association of Local Health Departments was called to order at 9:36 a.m. on Wednesday, October 17, 2018 by Lindsay Payer.

### **Acknowledgement of Board Members and Attendees Present**

President Lindsay Payer  
President-Elect Jennifer Green  
District 1 Karla Heble  
District 2 Paula Bitter  
District 6 Alternate Rita McKoon  
Executive Director, Michelle Ponce  
Assistant Director, Heather Richardson  
Marilyn Gamblin  
Aften Gardner  
Loralee Tibbetts  
Kristina Romine  
Lisa Kenworthy  
Shelly Schneider  
Nick Baldetti – Member-at-large

### **Online Attendees**

Chardel Hastings  
Courtney Murrow  
Dana Rickley – Past President  
Emily Strange  
Jason Tiller – Member-at-large  
Lynnette Redington – District 5 Alternate  
Rebecca Adamson  
Sarah Hodges  
Teri Caudle, KDHE

### **Approval of Agenda**

Jennifer moved to approve the agenda, and Karla seconded. The agenda was approved unanimously with two additions:

- Opioid Grant Update
- Environmental Health



## **Approval of August Minutes**

Karla moved to approve the August minutes, and Paula seconded. The minutes were approved unanimously.

## **Executive Director's Report**

Read the entire report in PDF format at: <http://www.kalhd.org/wp-content/uploads/2018/10/ED-Report.pdf>

### **Important Dates:**

- KALHD Informatics Subcommittee: October 23, 11:00-12:00 via Adobe Connect
- KDHE-KALHD-WSU Medicaid Workgroup: October 26 in Topeka
- KALHD Annual Meeting: November 13, Wichita

## **Financial Report – Michelle**

Michelle presented the monthly financial report for September 2018. Nick motioned to approve the report, and it was seconded by Jennifer. The motion passed unanimously.

## **Informatics Subcommittee Update – Aaron**

The KALHD Informatics Subcommittee has continued to meet and work on researching opportunities to move Informatics work forward. As a reminder, the subcommittee is currently focusing energy on two main projects involving developing capabilities and addressing state-wide capacity.

1. To address capability: the team is working on a number of specific activities around what LHDs can do with Public Health data, as well as other informatics related skill-sets. The subcommittee is looking at develop a Public health Data-day as part of the KALHD mid-year meeting.
2. To address capacity: The subcommittee is still looking at opportunities to further develop the concept of regional Informaticians to support numerous health departments in their informatics and data needs. Currently, a small group of subcommittee members are looking forward to a discussion with the de Beaumont Foundation in November to discuss a state-wide pilot.
3. The subcommittee is working with KDHE and the Center for Public Health Initiatives for feedback and participation in the KDHE led ESSENCE Learning Collaborative. Review attached ESSENCE document and please consider assigning staff to participate. View it here: <http://www.kalhd.org/wp-content/uploads/2018/10/ESSENCE-Learning-Collaborative-Flyer.pdf>

## **Draft Policy Statement Review – Michelle**

View the draft statement that was discussed during the meeting: <http://www.kalhd.org/wp-content/uploads/2018/10/draft-leg-statement1.pdf>

Members agreed to add the following topics:

- Opioid Epidemic
- Tobacco21
- Regulation of Electronic Cigarettes/Devices
- Women, Infants, and Children (WIC) Nutrition Program
- Adverse Childhood Experiences (ACEs)

Michelle will revise the document and KALHD members will vote to adopt the new policy statement during the annual meeting in November. Heather will add a copy of the 2019 policy statement to the holiday cards sent to legislators.

## **FPHS Pathfinder Projects – Michelle**

The WSU/CEI Center for Public Health Initiatives compiled an initial summary of Pathfinder Projects identified during the KALHD Strategic Thinking and Doing Session facilitated by Kevin Bomhoff, Director of Strategic Initiatives at the Community Engagement Institute and held in Salina on September 19, 2018.

View the summary document here: <http://www.kalhd.org/wp-content/uploads/2018/10/Pathfinder-Projects-Memo-to-KALHD-9.24.2018-1.docx>



## PH Promotional Video Update and Messaging (Input Needed) – Lindsay and Michelle

Cristi Cain, KDHE is leading up the video project, and has asked for input from KALHD members. She posed the following questions: How would you describe Kansas Public Health in one sentence? Who are we and what do we do? View the notes from this discussion: <http://www.kalhd.org/wp-content/uploads/2018/11/October-17-KALHD-Video-Project-Discussion.pdf>

## Environmental Health – Nick Baldetti

Dr. Ablah at KU has spent the last couple of years working on an audit and a statistical report of water and well quality standards in Kansas. Ablah has hosted webinars to report her findings. In reaction to her findings, KDHE has hosted their own informational webinars. The most recent was Friday, October 12. In summary: as a result of KU's findings, KDHE is planning to create a full-scale PSA on water and well testing and quality in Kansas. Also during this webinar, KDHE asked the three involved counties (Reno, Franklin, and Saline) for feedback and concerns. KDHE also plans to update the technical guidance document. My assumption is that a concentrated PSA campaign around water quality will at some point lead to a discussion of environmental health and water quality standards in Kansas. I also feel that policy and regulation changes are imminent. I want to give KALHD members advance notice, so nobody is taken by surprise. KDHE plans to inform Kansas counties of the impending PSA.

## Opioid Grant Update

Opioid grant applications are due on November 9 with possible extension. They are recommending a regional approach or you can apply as an individual county as well. Questions? Contact Adrienne Hearrell, KDHE at 785-296-3683 or [Adrienne.Hearrell@ks.gov](mailto:Adrienne.Hearrell@ks.gov).

After the meeting, KDHE responded via email with clarification:

The Data-Driven Prevention Initiative (DDPI) cooperative agreement is for 10-20K available to 5-10 communities. The activities outlined in the RFP are not required and really, were outlined just provide guidance and generate ideas for proposals. There is significantly more "wiggle room" for communities to propose additional prevention initiatives, particularly if they have an innovative idea for addressing opioid misuse and overdose prevention in their locality. I mentioned addressing ACEs as an example for early primary prevention, but again, that is not required. Additionally, the activities presented in the DDPI RFP are quite distinct from those presented in the opioid overdose crisis agreement, (apart from the media campaign).

"These are the example activities pulled directly from the DDPI RFP:

Applicants are strongly encouraged to consult the Kansas Prescription Drug and Opioid Misuse and Overdose Strategic Plan to guide the development of proposed activities. Below is a list of activities that may be supported through DDPI funding agreements. These include but are not limited to:

- Community-based, data-driven, strategic planning to guide local prevention efforts.
- Coalition enhancement / interagency coordination and engagement (e.g. among health systems, schools, local first response, community partners, and social services) to address community-level prevention strategies.
- Developing and implementing locally-driven public awareness campaign(s) around the risks associated with misusing/abusing prescription and/or illicit opioids, and/or community-specific resources.
- Supporting the development and dissemination of signage addressing prevention messaging, especially in high-risk areas (such as CDC Rx Awareness campaign).
- Engaging community businesses in disseminating information on the opioid crisis, such as Kansas data, overdose prevention, naloxone and/or community-specific resources.
- Developing and disseminating culturally appropriate educational materials to Spanish-speaking communities.
- Disseminating informational and educational materials to faith-based organizations.
- Implementing initiatives to support school-based curriculum regarding opioid misuse and overdose prevention (e.g. Operation Prevention).
- Developing and implementing youth prevention initiatives specific to opioid misuse, opioid use disorder, and overdose.



- Implementing initiatives to prevent the root causes of opioid use disorder – e.g. addressing risk and protective factors such as adverse childhood experiences, trauma, and the social determinants of health.
- Educate local decision makers in evidence-based opioid overdose prevention, intervention, and harm reduction policies and strategies.

Priority will be given to applicants that address at least three or more activities from the above mentioned strategies, and/or other innovative initiatives.”

In addressing the differences between the two, the opioid overdose crisis response cooperative agreement also addresses prevention, but it is much larger, and much more prescriptive. There is 1M available for prevention initiatives for 15-25 communities. This cooperative agreement is composed of 5 domains, and within each domain, there is a list of allowable activities. Communities **must implement at least one activity in Domains 1, 2, and 3**, while domains 4 and 5 are optional. Proposals cannot deviate from the list of allowable activities.

The cooperative agreement requirements are outlined in each RFP. I hope this helps. Let me know if you have any more questions.

### **Adjourn**

Nick motioned to adjourn, and Karla seconded. The meeting adjourned at 11:46 a.m.

Minutes submitted by Heather Richardson



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