

## KALHD/KDHE PHEP Advisory Committee

### Workplan Discussion Meeting (Online-Only) 1-24-2020

#### Attendees

Dennis Kriesel

Tom Langer

Andrew Adams

Dana Rickley

Steve Maheux

Carl Lee

Denise Kelly

Kendra Baldrige

Cristi Cain

Tamara Wilkerson

Jennifer Hermon

#### Meeting

##### **11:07 am meeting start.**

Dennis described the purpose of the meeting and summarized some information Denise provided on Thursday (1/23/2020).

Denise described some of the current issues regarding deliverable dates and changes made (including a correction of the July 8, 2021 date to July 15, 2021).

Discussion started with the CDC Project Officer triggering the concept of three work plans (as CDC suggested an individual work plan for each health department). Tom noted the prior discussions that started with the CDC desire for individual plans, which is not realistic, but that the three-plan layout KDHE has provided is workable. Tom only had specific item concerns when he asked for feedback, not that the separate workplans being unworkable and thus is a good starting point.

Steve noted having counties in all three plan tiers. He noted he really likes the layout of the workplans and how explicit and instructional the new versions are. Steve noted his questions are mostly around ties to CRI and overlap (such as the acceptability of double-dipping on exercises and counting them towards both requirements).

Steve brought up item 9 in the Large plan (community outreach). Denise explained the idea there is outreach to at least 5,000 people across the activities such as fairs and classroom presentations. Tom noted the question is verification: how to prove 5,000 people were reached. Denise noted it would just be best guess. Tom doesn't want anyone to cheat the figure either and thinks guidance would be very

helpful on how to try and track this. Carl agreed and asked about a possible reporting solution. Denise noted the desire, particularly for the large counties, is actual face time with the community to help them get prepared. Denise and Tom agreed this is already done, it's just a question of how to count it. Denise confirmed the 5,000 total is cumulative across the entire year of the plan. Denise did say the count of reach is negotiable and the current figures were based around the populations in the counties as they were categorized.

Andrew noted all his counties are in the Medium sized grouping. He attempted to crosswalk by PHEP domain against the Medium plan, and he found Domains 2 and 4 were the focus of the Medium plan, but he wasn't sure if that was the goal. When he looked at the exercises they seemed to focus on Domains 3, 4, 5, and 6. Andrew wanted to know if that was by design. Denise noted no, they did not approach creation of the plans with domains in mind, but instead built on the SFY 2020 workplan rather than a fresh approach. She did note that Jennifer's work on the exercises is designed so each exercise builds on the work from the prior year. But workplan adjustments have been designed around trying to appease the CDC project officer.

Tom did ask if his county (Cowley) is a small or a medium as it is in both categories on the current KDHE listing, and there are some others in both groupings. Denise noted that will be corrected.

Denise went on to explain that natural breaks around population were used to try and do the small/medium/large classifications. She explained the threshold breaks reflected in the spreadsheet KDHE provided. Tom noted you may want to make some sort of notation regarding CRI counties. Denise noted CRI counties do have to do both plans. Steve gave an example of counties that won't have an exercise requirement under the current Small plan but will be participating in exercises because they are CRI counties.

Starting with the Small plan, Denise noted the question #1 added a virtual attendance option. Dennis indicated some have said they meet bi-monthly but others are quarterly and suggested removing that specification. Denise indicated she would change that.

Question #3 is new and requires KDHE approval for conferences and out-of-state training. Denise noted the CDC project officer has been asking for the names of who attends and currently KDHE doesn't know. Andrew asked if the conferences are named in the budget, and the budget is approved, would that count as approval and just the names be sent on. Denise confirmed that is correct, but before getting paid KDHE wants to know who went. Tom said it seems slightly redundant if you list pre-approved names to get them re-approved. Denise confirmed that you can just go with the pre-approval and send on the names but stressed if a name changes and it wasn't changed before the trip happened; it will not get paid. Tom brought up sending people with local dollars. Denise said she does not need those names and won't list a requirement for them in the workplan guidance but is fine with having those details to share with CDC if voluntarily provided. Carl echoed the perceived value in all known Kansans attending these events being shared to KDHE. Denise indicated KDHE is happy to have the information. Andrew supported the current wording and said the guidance document could say it's fine to provide additional, optional details.

Question #4 was updated to KDEM's requirements. Andrew asked about AWR314's selection specifically. Jennifer noted there have been a lot of requests for Pod training and AWR314 covers a lot of

that. Tom asked who determines the “designated” in “designated staff”. Denise noted it just means the local health department and that will be in the guidance document.

Question #6 was changed because not all counties have been getting the KS-HAN alert so a space is provided so those not getting alerts can indicate as such. Tom noted the KS-HAN item has evolved quite a bit over the years. Tom suggested KDHE consider focusing on how face PHEP staff respond as that may positively impact response rate figures versus the involvement of local health department staff more broadly. Andrew noted similar situations in his region. Denise suggested a small communications workgroup on the PHEP side to help improve these sorts of things, and that maybe that could be in the regional workplan. Discussion leaned to keeping Question #6 as written but trying to improve this to help with the response rate in the future.

Question #7 deals with IMATS and training will be on KS-TRAIN and online. Just one training. If the training is not ready, this requirement will be voided. Jennifer noted the problem is another system (SAMS) is required for credentialing and then IMATS can be joined. This is where the problems seem to be coming from, as you have a 60-day window from SAMS to IMATS. Carl noted he’s had a lot of people inform him they can’t get this done and it’s likely this issue as he wasn’t aware there was a 60-day kick-out. Tom said technical guidance will probably be necessary to help with this question. Tom also indicated the small group may push back on the minimum of two staff. Denise noted there must be two, in case something happens to one, but it doesn’t have to be two from the health department specifically (an example provided was a regional coordinator could serve). Denise said KDHE would work on the wording to show options beyond just local health department staff.

Meeting end time was reached at this point. Denise asked for written feedback on the rest of the workplan questions by Wednesday evening (1/29/2020).

Meeting adjourned 12:07 pm.