Public Health Infrastructure Grant (PHIG) Opinion Survey

At the KALHD Mid-Year Meeting, Deputy Secretary Goss shared an update that KDHE currently estimates approximately $5.0 million dollars of PHIG funding as unobligated and available to be spent prior to November of 2027. According to www.usaspending.gov this is a portion of the $40.6 million the federal government has obligated for Kansas.

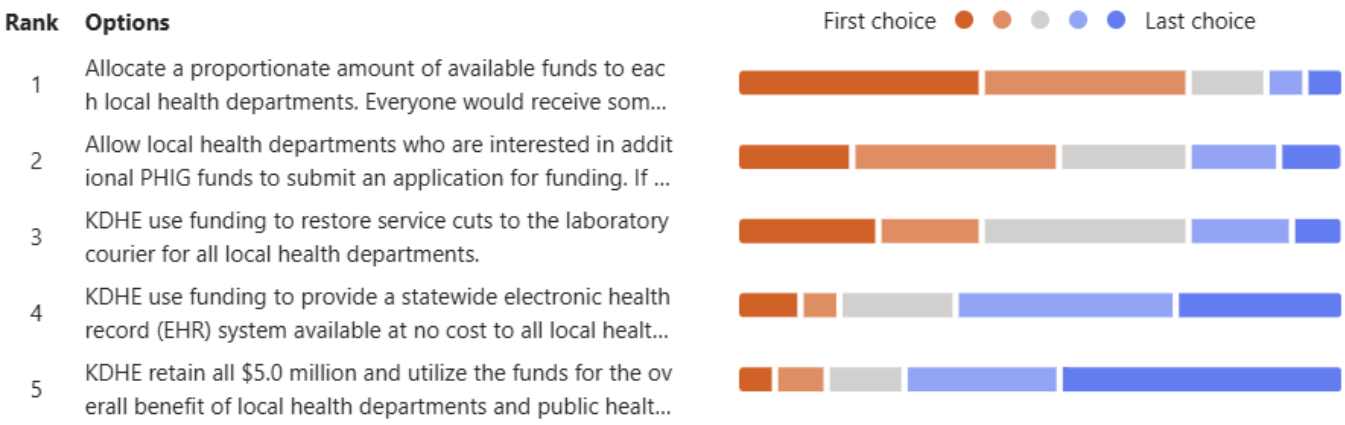
KDHE would like input from local health departments and the KALHD Board on prioritizing use of these funds. To help inform a discussion by the Board at our July 21st meeting, please take a few moments to respond to this survey.

The survey was conducted from June 22 through June 30, 2026 and each Local Health Department Administrator had the opportunity to respond to this survey. A total of 47 responses were received.

Responses to each question:

1. Please rank the below choices from 1 what you believe should be the highest priority to 5 the lowest priority for use in Kansas of remaining PHIG funds.

47 Responses



Full length questions for reference:

1. Allocate a proportionate amount of available funds to each local health departments. Everyone would receive some amount of PHIG funds. To receive a share the required application documents would be submitted to KDHE for approval.
2. Allow local health departments who are interested in additional PHIG funds to submit an application for funding. If more applications are received than are funds available, not everyone would receive funds.
3. KDHE use funding to restore service cuts to the laboratory courier for all local health departments.
4. KDHE use funding to provide a statewide electronic health record (EHR) system available at no cost to all local health departments.
5. KDHE retain all $5.0 million and utilize the funds for the overall benefit of local health departments and public health in Kansas.

2. Please list any additional idea(s) for funding priorities.

1	anonymous	Allocate evenly to all LHD that would not require justifications because we all need funding that isn't in a box with red tape.
2	anonymous	Regional disease investigator.
3	anonymous	na
4	anonymous	Funding to improve KGMS - improvements so far have been good. Invest in some other functions such as Read only spot for Multi-County Grants/Regional Funds, so each health department can see what the budget is and what the amounts are for each. - Preparedness grants, WIC grant, and CCL. This helps keep everyone accountable and transparent in regards to funding. Besides the check marks in the Dashboards - add who court the process is in. I can't see if the Project Manager is still reviewing my FSR or if it has gone to Financial Processing. Add on the FSR what documentation is required to be submitted with each grant FSR. Every grant is different. Changes in how the funding is triggered so the up front payment is spent prior to other funds being released so the FSR isn't so confusing for state and local leaders. Prior to releasing grant activities and guidance each year, have an expert at the Local County Governments to see if there are activities that would be needed to be vetted. Such as is a MOU required for this work, if it a one year grant a policy change may not be able to be done in the middle of the year, clothing purchases need to be added to W-2 because it is a benefit. Those type of things so when the Director uses funding they also know what they need to do at the local level. A depository of Helps for Local Health Departments Directors and Staff such as WSU helping with this Grant, KU is helping with this grant and time frames such as this will be from 2026 to 2029 with contact names, e-mails and numbers. Traditional staff - nurses and dieticians are hard to hire. - Look at alternative disciples that could do the work and organize the accelerated training such as 6-8 weeks to get someone up to speed. (Like an accelerated CNA class.) First need job descriptions of what disciplines would be acceptable, and then a shortened version of just the required information the person will need to know to actually do the work. Short and concise as possible. Staffing is going to become a huge concern in the next few years. Look at ways to partner to get courier services. There has to be some way to continue the service without using a dedicated service just for KDHE.
5	anonymous	Have more free continuing education opportunities for all licensed staff available. Include RD's and Social Workers and not just nurses. Have appropriate trainings for non-professional staff as they relate to customer service etc. Have certified medical interpreter trainings available for our staff that translate/interpret for us. Thee above trainings can be virtual training but also helpful to have regional sites for in person meetings so travel is not a great distance for those not in eastern Kansas.
6	anonymous	none
7	anonymous	I'm a little concerned about using PHIG funds to restore the courier when there may be greater opportunity (with more years left on the grant) through the Rural Health Transformation Grant (and you cannot fund something that is currently being funded). I think a mix of distributing to LHDs and KDHE using the money to pay conference registration fees (GPHC, KAC, Biller's Conference, WIC, Immunization, Preparedness Summit etc.) for health departments would support workforce development and would benefit all.

8	anonymous	Billing Symposium
9	anonymous	I don't typically like the idea of giving the money to KDHE to do what they please, but if they could improve their software systems, DAISEY, WebIZ, Epitrax. Make them work better for all with this money, I would be open to this money going towards that. Or a statewide referral software that is free for all to utilize.
10	anonymous	Possibly allocate the funds to some of the required conferences LHDs are attending and present them with no cost to the attendees.

3. Would you be interested in applying for funding as a group of local health departments or as a region if that option were available?

4. Are you interested in applying for additional PHIG funding and able to commit to full expenditure of any awarded funds by November of 2027?

5. If your local health department were eligible to receive additional PHIG funding, please describe how those funds would be used in your department (please be specific).

1	anonymous	EHR system.
2	anonymous	Training and conference costs
3	anonymous	I would want to see if the possibility of break room items indoor/outdoors items would be allowed.
4	anonymous	We would use the funds to increase capacity of staff. We have new staff in key roles that would benefit form additional trainings.
5	anonymous	To help cover Salary for a new Nurse
6	anonymous	To pay and retain RNs! And the Administrator!
7	anonymous	Would use funds for staff retention and recruitment.
8	anonymous	Continuation of workforce efforts to retain staff.
9	anonymous	We would replace 5 computers that are reaching end of life and get 2-3 standing desks. We would purchase some clothing with our logo on it (scrubs, t-shirts, jackets). We could work as a region on policy updates and disease investigation.
10	anonymous	Training, for example having a breast feeding expert. County wide education on different topics. Chronic Disease Prevention, Heart disease prevention, Diabetes education, Healthy eating and nutrition, Physical activity and exercise, Weight management.
11	anonymous	One focus would be retaining qualified public health professionals and supporting workforce development through ongoing professional education, leadership training, and certification opportunities. Investing in staff development helps ensure a skilled and knowledgeable workforce capable of addressing current and emerging public health challenges. Additional funding would also support emergency preparedness efforts by strengthening planning, training, and response exercises related to infectious disease outbreaks, natural disasters, and other public health emergencies. Funds would be used to purchase, maintain, and update critical equipment and supplies necessary for effective emergency response and continuity of operations. To improve preventive health outcomes, funding would support initiatives designed to increase screening rates and appointment adherence. These efforts may include providing small incentives, such as reusable water bottles, pill organizers, and modest-value gift cards, to encourage participation in screenings and follow-up care. Funding would also help sustain and enhance our Electronic Health Records (EHR) system, supporting ongoing maintenance, upgrades, staff training, and improvements in data management and reporting capabilities. A strong EHR system is essential for efficient service delivery, accurate recordkeeping, care coordination, and the collection of timely public health data to inform decision-making Finally, additional resources would expand community outreach activities, allowing us to strengthen partnerships, increase public awareness of available services, and engage underserved populations through targeted education and outreach efforts.

12	anonymous	If the Ness County Health Department were eligible to receive additional Public Health Infrastructure Grant (PHIG) funding, the funds would be used to strengthen workforce capacity, modernize public health infrastructure, improve emergency preparedness, and expand access to essential health services throughout our rural community. We plan to utilize the funding in the following ways: 1. Community Health Worker (CHW): By establishing Community Health Workers, we can offer outreach, health education, and care coordination, helping individuals navigate healthcare systems and ultimately breaking down barriers to access for our vulnerable populations. 2. Workforce Recruitment and Retention: We aim to retain skilled public health professionals by offering competitive salaries and professional development opportunities, addressing the workforce shortages that affect our rural area. 3. Technology and Data Modernization: We will upgrade our electronic health records and enhance our data collection processes to empower effective use of data. 4. Emergency Preparedness: Investing in updated emergency plans, training, and essential equipment will improve our coordination with local healthcare and emergency management teams. 5. Immunization and Preventive Services: We plan to expand outreach efforts to increase vaccination rates and promote essential disease prevention education. 6. Maternal and Child Health Services: Strengthening our WIC services will ensure that underserved families receive the nutrition education and support they need. With additional PHIG funding, we can build a sustainable workforce, modernize our public health infrastructure, and enhance access to essential services for the residents of Ness County.
13	anonymous	Computer New telephone system and telephones Fridge and microwave to support staff training events AED Machine Clothes branded with LHD logo
14	anonymous	Need more time to visit with our leadership team at our department to be specific on how to spend funds.
15	anonymous	I would be interested in applying for funds for intentional and strategic professional development for all LHD staff, as well as possible retention bonuses for RNs and APRNs.
16	anonymous	If eligible to receive additional PHIG funding, the funds would be used to strengthen and sustain our public health workforce, modernize infrastructure, and expand services that address priority health needs in our community. Specifically, funding would support employee recruitment and retention efforts, including professional development, training, and workforce wellness initiatives to ensure we maintain a skilled and resilient public health workforce. Additional funding would also be used to enhance data and technology systems, including upgrades to electronic records, reporting platforms, cybersecurity measures, and equipment that improve efficiency and data-driven decision-making. We would invest in public health emergency preparedness capabilities through staff training, planning activities, and equipment needed to respond effectively to public health threats. Furthermore, funds would support community health initiatives focused on behavioral health, chronic disease prevention, health education, and outreach to underserved populations in our rural service area. These investments would help improve access to services, strengthen partnerships with community organizations, and address health disparities while building long-term public health capacity.
17	anonymous	Continue the work that began with Workforce Development Funding. Further the education of the Public Health Workforce already in place and encourage "new" participants to the Public Health Arena!

18	anonymous	Costs associated with attending trainings and conferences (registrations, mileage, hotels), technology support (EHR, interfacing, staff desktops, work mobile phone/hotspot, server update, office printer), branding (supplies for community events, uniforms for staff, branded office supplies)
19	anonymous	Use the funds to retain critical staff
20	anonymous	Training opportunities, to pay for speakers, and travel for training
21	anonymous	We would use the monies to provide services through staff retention. Additionally, we would expand the education efforts for the county by hiring a person - possibly contracted - to develop programs and hold education events for maternal child health, women's health, and drug endangered children efforts.
22	anonymous	Contract services to improve the workflow of our EHR, to make it more align with our needs. What we have works but there are improvements that could be made that none of our staff have the time for. Could be 6 months of work that we would contract someone to come in and do for us.
23	anonymous	I am worried about how long the KIPHS program is going to be around and need to figure out what other options we have available and use PHIG funds to pay for multiple years so we have longer to figure out how we are going to pay for these services in the future.
24	anonymous	We did not receive the funding so I have not kept up on what eligible expenses would be. Something I would have to look into if funding becomes available.
25	anonymous	Tuition, training, EHR.
26	anonymous	purchase new equipment such as computers, office furniture, vaccine fridge, scales, otoscopes, blood pressure machine, etc....
27	anonymous	It would depend on what the guidelines are for it being used.
28	anonymous	We are really wanting to look into getting an EHR so I'd love to spend the funds on that. If that is not an option, I would like to update any of our necessary day to day equipment, like computers, printers, monitors, copiers, etc. I also would possibly update vaccine refrigerators. I did appreciate the ability to give retaining "bonuses" to my staff that have been here in public health through hard times- so that would be nice to be able to do that again. I would also use it to pay for our IT managed services that we have monthly. We spend close to $12,000 a year on it. I know there are other things I will think of when I'm done with this survey.
29	anonymous	We would be interested working with other health departments on a shared medical billing position if the person were appropriately credentialed for medical billing. We submit our own medical bills successfully now. We don't have time to credential with some private insurance companies, resubmit more complicated claims for review, deal with payors that require claims submission on their website, request a formal claim appeal or code some primary care services correctly. The purpose of the billing position is to improved revenue outside of grants. We would utilize funding to continue expansion of primary and preventative care services provided to multiple county organizations, an addiction

		treatment center, a corrections facility and the community, daycare, schools and the public. The funds would be used to support the nurse practitioners' salaries.
30	anonymous	Help cover the costs of providing additional services to the communities.
31	anonymous	policy help
32	anonymous	Our department's budget was cut by $200,000 for this fiscal year. This affects us each year moving forward as we had to have a reduction in our workforce. The funding would help support staff and, hopefully, allow us to rehire for the loss position which in turn help reduce staff burnout, and help share capacity.
33	anonymous	We would invest in training and staff positions that work with our infrastructure (policies, strategic planning).

6. Other: Please provide any additional information that you think would be helpful for the Board to discuss.

1	anonymous	Given the very specific uses allowed, we spent the remainder of our PHIG grant towards an EHR purchase, so I don't know how else we could spend more by November.
2	anonymous	I support the concept of a state-provided EHR and recognize the benefits it could offer local health departments. My concern is the timing. Many departments have already committed substantial PHIG funding toward purchasing and implementing EHR systems. Had a statewide EHR initiative been communicated earlier, some of those resources may have been allocated differently, potentially avoiding duplication of investments.
3	anonymous	I agree that there are courier needs however I think this should be outside the PHIG funding opportunity. It needs to be something budgeted for.
4	anonymous	N/A
5	anonymous	LHD are struggling to pay any type of wages. LHD have a very low pay rates. It is hard to get anyone to work because we cannot pay what the people want. This is any type of nurse.
6	anonymous	With the new Bureau being formed maybe for this year there should be some Liaison group or dedicated staff to help with the transition. I am already getting questions from my community that I can't answer. Such as which programs from the school are included? this would make a smoother transition for everyone at the local community level who look to health departments to be the expert about these things.
7	anonymous	none
8	anonymous	The FCHD feels that it is very important to provide services at the local level and allow the health departments to define those needs such that funding can be placed where it is needed the most - at the tip of the spear of providing services...local health departments. It is also pivotal that numbers given as to awards are correct. Now, more than ever, the County Commissioners and Community are scrutinizing every single line item. When the amounts are incorrect, it makes the HD's look like we don't know what we are doing and worse yet, that we are hiding something in a bait and switch situation. It is the role of KDHE to support LHD's by providing a unified, patient/client centered approach.
9	anonymous	Finding RN's to come work at our small health departments is stressful. Is there a way that you can help us find the needed help and how to retain it? Paying them a wage that is compatible with local clinics and hospitals is not an option for our small health departments.
10	anonymous	As discussed previously at the MYM, if the funding is used to implement or bring back a service there has to be a plan to sustain funding after the grant money has been exhausted. I am also curious as to how there is so much money still remaining to be allocated when there was such a big push to pull back money from health departments who had not spent their allocations.