

**ADMINISTRATION, KANSAS DEPARTMENT OF**

**Moderator: Miranda Steele**  
**January 28, 2014**  
**11:00 a.m. ET**

Operator: Good morning. My name is (Heather) and I will be your conference operator today. At this time, I would like to welcome everyone to the Monthly Population Health Conference Call.

All lines have been placed on mute to prevent any background noise. After the speaker's remarks, there will be a question and answer session. If you would like to ask a question during this time, simply press star, then the number one on your telephone keypad. If you would like to withdraw your question, press the pound key.

Thank you. Miranda Steele, you may begin your conference.

Miranda Steele: Thank you, (Heather). Good morning everyone. Happy New Year. This is the first monthly statewide population health call of calendar year 2012. Again, welcome.

(Off-mike)

Miranda Steele: I'm sorry, 2014. Two years late. (Laughs) We have our local health departments, hospitals, ambulatory surgical centers, school nurses and other members of our public health system calling in this morning. Thank you to all.

We also have some special guests with us today in the Department Operations Center. And we'll get to that here in a moment. Let me run through the agenda real quickly.

We are going to have Secretary and State Health Officer, Dr. Robert Moser to provide a few updates on the Governor's Budget, KanCare, and newborn screening. And then our state epidemiologist, Charlie Hunt, will give us an update on influenza in Kansas, followed by our environmental health officer, Dr. Farah Ahmed, who will talk about blood lead screening, and then Tom Langer, bureau director for Environmental Health, with an update on Radon Action Month.

And then from our Bureau of Community Health System, in particular, the Center for Population Health, Deb Nickels in for Jane Shirley with a few updates from that Bureau. And then we will have Ginger Park from our Bureau of Health Promotion describe some of the findings from the 50th anniversary of the Surgeon General's Report on smoking. She will also let you know where we are with Get Active Kansas, the initiative from our Governor's Council on Fitness, as well as with K-FIT. And then we'll have the Health and Environmental Laboratories tell you where things are on the new laboratory information management system.

Before we can enter preparedness, I'll share with you any updates that I have. As state before, we have members from the CDC, Public Health Emergency Preparedness Program, with us this morning to share some information from the federal government program perspective.

So we will go ahead and get started. We, of course, will have the question and answer session following all of the remarks today from our speakers.

So with that, I'll introduce Dr. Moser.

Robert Moser: Thank you, Miranda. Good morning everybody. Thanks for joining us again today.

Lately, we're talking about what's going on in the legislature and with our agency budget. As you know, we're under a two-year budget. We're in the second year – going into the second year budget. So we really don't have any new items. Obviously, the governor submitted his budget proposal. And in that, we're looking at an increase in funding to cover all-day kindergarten,

returning some of the funding that was lost to the Board of Regents last year, and then the Department of Corrections needing some additional funding.

From the Department of Health and Environment, as far as funding changes go, there is nothing new there to report to at this time. We are monitoring the discussions in the legislature and will keep you posted on legislation that impacts the health system budget and operations. I did want to just touch a little bit on KanCare, the Kansas Medicaid program which many of you are aware of and again, reiterate what our goals are with this new model which is to coordinate and integrate care centered on the patient to deliver the services they need.

It's been talked about as being a medical model but that's not really the case, as you know. It's really directed at bringing all services and we know that quality of life or good health has to do with not only physical health, but also with mental health and social service needs. So we are currently in conversations with CMS on our 1115 waiver amendment with plans this year to bring all of the populations and services which will include our intellectual and developmental disabled population clients and long term support services into KanCare. And we've been given approval to go ahead and continue with the enrollment and provider and client education on that transition, which we plan to implement on February 1st.

So, we're currently working on the details of the special terms and conditions with CMS and should have those finalized soon, obviously with the 1st of February approaching quickly. But as we continually say: until the ink is dry on the line, it's not final but it looks very promising going forward.

And as you know also, KanCare being in operation since January 1st of 2013, we had the open enrollment for those groups that were rolled into KanCare on January 1st, last year. And that started in December, and that's continuing on. But we also have put up another one of our KanCare Advisor newsletters, that came out on the 23rd and you can catch up on all of the KanCare information on our [kancare.ks.gov](http://kancare.ks.gov) website. So, I'd refer you to that.

There will be a lot of activity going on the first six months with KanCare and developing the Health Home program. Health Homes is a model of implementing risk stratification of clients, those who need more intense services into a model that is an even more intense integrated, coordinated care model. Because there is a lot of activity going with that, you'll have an opportunity across the state if you are interested to attend a number of steering committee meetings and provider engagement meetings.

Next, we've been talking about accreditation at the Department of Health and Environment for the last three years. We continue to proceed along with that effort. We did submit a letter of intent last month. We continue to work on a number of features around accreditation, including institutionalizing quality improvement efforts across KDHE. And I just wanted to give you an update on one of the projects, and that's on our newborn screening.

We're looking at a couple of things on that - one is around the timeline of when we receive specimens from hospitals and doctors and when the lab reports go back out from KDHE. The second thing with newborn screening - the advisory committee on newborn screening last year recommended that we consider the congenital critical heart defect as one of those screening test in the Newborn Screening program and make it mandatory; the uniqueness of that is it's not a blood test but it's a pulse oximetry test done on the newborn.

And we think that about 75 percent of our hospitals are already doing this test without any mandate. So, it's really become a standard of care which we think can be standardized and enhanced through a quality improvement process with our Kansas Hospital Association partners. We can probably increase that participation rate without requiring any new statutes. And so stay tuned, we'll give you some updates on that as we go forward.

So, there are many activities going on with the legislature in session. One bill that has been introduced with a hearing scheduled that you might find of interest is the Fluoridation bill (House Bill 2372). I think the hearing's been scheduled during the first week of February.

And it's not a very well written bill, still I really hate to see it come forward. If you get an opportunity I would certainly recommend you look at that, and see if any of your representatives or senators will be serving on that committee and send a nice letter to them regarding your feelings about fluoridation. It would be very appropriate. And we'll keep you abreast of the other bills that are introduced that are of public health interest.

So, with that, I'll turn it back over to Miranda.

Miranda Steele: Thank you, Dr. Moser. Now our state epidemiologist, Charlie Hunt.

Charlie Hunt: Thank you and good morning everyone. The first thing I would like to talk about, of course, is influenza. We are right in the heart of influenza season here in Kansas, as well in the rest of the U.S. I'm sure many of you are aware that we started seeing a significant increase in influenza activity starting in about mid-December and it's been sustained at a pretty high level ever since.

For example, for the week ending January 22nd, about six percent of visits to our outpatient clinic providers were due to influenza-like illness which is – again, it's a fairly high rate. We are continuing to report widespread geographic activity to the CDC and we're one of, I think, 10 states that CDC has classified as having high activity level throughout the U.S.

One of the things that's different this year of course is that we've seen a reemergence of the 2009 AH1N1 strain which is the same virus that caused the 2009 influenza pandemic. Through our own testing at our state lab, 35 of 97 specimens that we tested had been positive. And of those, 32 have been the 2009 AH1N1 strain, nationally about 62 percent of all positive influenza specimens have been the 2009 AH1N1 strain. This season's vaccine appears to be a good match for the circulating strains to date.

Again, one of the implications of course with the reemergence of this strain is that the epidemiology is a little bit different. It tends to affect young adults and middle-aged adults a little bit more severely than other strains have been. For example, nationally about 51 percent of influenza-related hospitalizations have been among those 18 to 64 years of age this season. And that compares to just 34 percent during the 2012- 2013 season.

Now, the hospitalization rates are still highest among 65 years of age and older but we are seeing a fairly high percentage of hospitalized cases among the younger age group.

And unfortunately, vaccinations tend to be lowest among the working age adults. Based on our most recently available data from the Behavioral Risk Factor Surveillance Survey, for example, we know that only about 49 percent of children had been vaccinated against influenza. Among 18 to 24 year olds, only 26 percent have been vaccinated, and then the percentages gradually increased from there.

We do a little better among the 65 years in age and older with 68 percent, but that's still a substantial percentage of the population that's not vaccinated. So, again, it's not too late and so we're still encouraging vaccination, and of course the other prevention methods for influenza - washing hands, staying home while recovering, covering coughs and sneezes.

I know that KHEL is going to talk a little bit about the laboratory later. But I would like to mention one thing regarding hepatitis B surveillance. I've been talking about the evolution of our hepatitis surveillance and control strategies over the last several months on these calls. And the most recent, I guess changes that we are now going to be conducting post-vaccination is serological testing for infants born to hepatitis B positive mothers.

As you're probably aware, infants born to mothers infected with hepatitis B virus should receive hepatitis B immunoglobulin and hepatitis B vaccination at birth. As well as completing the hepatitis B vaccination series on time.

The serological testing with these infants for hepatitis B surface antigen and the antibody, the hepatitis B surface antigen is recommended at 9 to 18 months of age to assess for potential infection or for immune response.

And our state lab can now provide testing for these infants with approval from our office, the Bureau of Epidemiology and Public Health Informatics. And this will help ensure that we have complete surveillance information and are

following those infants appropriately. And this will also be published in our Epi Updates newsletters which should be posted within the next day or so.

The next thing I'd like to talk about is the EpiTrax user survey that we completed within the last couple of weeks or so. I would like to thank everyone on the call if you responded to that survey. The question is focused on training, evaluation and needs and comfort using specific features and functions, communication from our office regarding of EpiTrax issues and any problems or concerns with the system.

I am pleased to say that feedback was generally positive and it provided a lot of good information about what you all are using or needing. The one concern that came through loud and clear was the slowness of the system and that's a problem that we recognized as well. And we are all working with our vendor to address those concerns and hopefully, that will improve soon.

We'll have the survey summarized within the next week or so. And get that posted and we'll certainly let you know when that's done.

And then finally I'd like to welcome a new staff member, her name is (Michelle Cooper), she is the senior administrative assistant in our office. So, you'll hear a new voice when you call in to the epidemiology hotline. So, please take a moment and welcome her aboard. And that's all I have.

I'm going to turn things over to Dr. Farah Ahmed who's going to talk blood lead surveillance.

Farah Ahmed: Good morning. I just I wanted to provide a quick update on where we are with blood lead surveillance activities. KDHE did begin routing elevated blood lead test results for the children and adults to local health departments via EpiTrax on January 2nd of this year. We encourage all local health departments to please accept those cases and please investigate the cases. KDHE will begin running weekly reports with cases that have not been accepted yet by the local health department. And we'll begin to send reminder e-mails.

The disease investigation guidelines can be found on KDHE Epidemiology and Public Health Informatics website located along with all of the other disease investigation guidelines. The investigation guidelines were also discussed in the EpiTrax training for elevated blood lead investigators, which is now available on KS-TRAIN. The course number is 1047905, again that's 1047905. And if you have any questions regarding elevated blood lead surveillance or investigation guidelines, please feel free to contact me by at fahmed@kdheks.gov.

Thank you.

Miranda Steele: Thanks, Farah. So now I'll turn now to Tom Langer from Bureau of Environmental Health.

Thomas Langer: Good morning everyone. Glad to have the opportunity to chat this morning just a little bit about our activities during the month of January which was proclaimed the Kansas Radon Action Month by the Governor in December.

It's hard to believe that we're almost in the last week of January right now. But so far the activity that we've engaged in, we believed has been a resounding success. The great response from the public to our outreach activity has truly exceeded our initial goal which was to increase testing in individual homes for the presence of radon and to raise that awareness.

Our initial plan was to distribute around 1,500 health kits test kits throughout the state which was basically double the volume of testing that normally occurs during a month. The response was so great that we've actually – well we were able to find a few more dollars and we distributed over 2,200 test kits to over 80 locations in the State.

The reports that we have from the counties that have participated is that the vast majority of those have been dispensed and many of them have run out of test kits. They ask for more and when we didn't have them, some counties, too, in particular, Marion and Franklin Counties, actually approached their board of county commissioners, received the authority to go ahead and purchase them from the KSU extension offices, so that they could go ahead

and provide the kit to individuals they had promised them to. And for those types of actions, we are just absolutely ecstatic and we thank you for making that kind of commitment to Population Health.

Right now, where we are at in the process, of course is we're waiting for the total distribution to conclude. And then we're going to ask everybody to remember to send the forms to KDHE so that we can tabulate exactly who had the test and we can proceed with our follow ups.

We will see the test results coming in from the laboratory in the month of report that they provide. So we anticipate that the mid-February and the end of February reports should be pretty robust. At which point in time, we will try to get a better idea for the general impact that we've had on the population.

Currently, I can report that we know of two specific cases where we've received calls from individuals who had never test that their homes previously, who took advantage of the program, received a test kit, put them in their houses, sent them in, got their results back and were quite alarmed at the numbers that they saw which was well above the recommended levels for household exposure. And, you know, that was just anecdotal information that came back from few people. We understand, there are probably quite a few of those that we will see back.

We're also very, very pleased that the response that we've had in our central and our western state.

As we conclude our activities, we will, of course, compile numerous reports that will go into a one larger report about this project and we will provide that to everybody that's interested including all of the counties that participated, to our federal partners and stakeholders, and we plan on presenting that later this year at the national conference.

So again, thank you all for the support that you provided us. We really do appreciate it. And Miranda, if I might ask your permission, I have one other thing that was not in the agenda that I might like to just comment on. And that is another activity that we're taking care of in the Bureau of Environmental Health. And that's kind of, right now, we're tracking weather

related casualties or mortality that occurred due to the weather. And it's been quite extreme. We've seen numerous cold fronts come through that had just been very arctic in nature, we've seen precipitation, and we've seen dust storms, all of which have contributed to the public – the population health.

We know right now, from the information that we've gathered with our colleagues in informatics that there are at least seven deaths that are attributed just to the extreme cold in our state.

And I know that there are a couple of more that were related to traffic fatalities due to dust storms a couple of weeks ago out in northwest Kansas. So those numbers are going to continue to climb unfortunately.

So if anybody has questions that they would like to get information from that, we would invite them to contact Miranda who would then of course route it to the appropriate individual here in BEH. That's it. Thank you very much.

Miranda Steele: Thank you, Tom. So now, we'll turn over to Deb Nickels with our Bureau of Community Health System.

Debbie Nickels: Thank you, Miranda. I have several calendar announcements this year. These announcements will be in the February issue of Public Health Connections as well as the transcript from this call.

The links to Public Health Connections as well as the KDHE Statewide Population Health Call can be found on the KDHE website community health systems, local public health page, left-hand column.

First I want to give the information about the final report from last summer's Impacting Population Health State Summit and series of regional meetings. The final document is now posted on a local public health page of the KDHE website under recent news events and documents. We would like to announce that plans are underway for another series of regional meetings which will continue the discussions started last year at the Impacting Population Health events.

Six regional sessions are being planned where we will focus on the state health assessment, Healthy Kansans 2020 and the connections with local community health assessments and improvement plans with the state health improvement plan.

We hope to have the attendees includes representatives from a broad group of healthcare providers including public health, hospitals, primary care clinics, primary care providers and others.

Dates and locations are as follows: April 24th in Chanute; May 7th in Hutchinson; May 15th, Oakley; May 16th, Garden City; May 28th, Beloit; June 10th in Topeka. Additional details will be distributed and registration will be posted soon.

Next an announcement for all our local public health listeners. Please save the date for the Kansas Accreditation and Readiness Project Summit on Thursday, April 17th at Wichita State University. The summit has been posted to Kansas TRAIN and the course number is 1048695. This project will provide technical assistance to local health departments to review PHAB standards and measures, gather materials to support documentation, and to assess accreditation readiness.

The kickoff summit will bring together representatives from local health departments that are considering pursuing accreditation that need some knowledge, tools and discipline to get moving.

Interested health departments will be recruited to then begin meeting as a learning group via webinar to work each month on selecting, comparing, and sharing domain evidence

Finally, registration will soon be open for the 9th annual Governor's Public Health Conference being held April 29th through May 1st in Wichita. The theme for this year's conference is Connecting the Dots for Healthy Kansans and we'll have something for everyone in public health.

The initial keynote session will include comments from Michael Lu, the administrator of the HRSA Maternal and Child Health Bureau, and Hani Atrash, the director of the HRSA Healthy Start and Perinatal Services

Division. The conference will conclude with an entertaining and educational presentation of "Red Blood and High Purpose" a live dramatic portrayal of Samuel Crumby, the Kansas pioneer of public health. Be watching for registration information to be released very soon.

Details for registration and all information is to be released very soon. Thank you.

Miranda Steele: Thank you Deb, all right. Ginger from Health Promotion.

Ginger Park: We have a call to action to make the next generation tobacco-free. The recent Surgeon General's report states that if currently continue 5.6 million Americans younger than 18 who are alive today are projected to die prematurely from smoking-related death. CDC estimates this number to include 61,000 Kansas youth.

Despite significant progress since the report 50 years ago, smoking remains the single largest cause of preventable death and disease in the U.S. One out of three cancer deaths is caused by smoking. And this report added two new cancers to a long list of cancers caused by smoking, colorectal cancer, and liver cancer.

For more information about the report, visit [surgeongeneral.gov](http://surgeongeneral.gov) and this site includes a plain language consumer piece that can be useful when talking to patients.

I'd also like to talk to you for a little bit about Get Active Kansas. [Getactivekansas.org](http://Getactivekansas.org) is the website and this contains information about the physical activity champions and a list of Kansans by county so please check this out. And just in the last couple of weeks, they added a Facebook page at [Facebook.com/getactivekansas](https://www.facebook.com/getactivekansas). They included highlights from PA champions around the state, physical activities, tips, and photos from Get Active events.

And many on this call had been invited to an invitation-only call at 11:00 today. The Kansas Health Foundation, the Kansas State Department of Education, and the Kansas Department of Health and Environment will announce the results of a new study that indicates, on average, students who

are physically fit score above standard on Kansas State Assessment in Reading and Math and missed fewer days of school.

Prior to this formal news conference, we are having this call where we invite you to join and learn about what will be revealed and ask questions about the program.

And Miranda, I'd just like to add one thing if I may. You will also receive in the next couple of weeks an invitation for a Healthy Kansans 2020 face-to-face meeting. And this will be a broad meeting of public health partners to complete the Healthy Kansans 2020 work plan and finalize activities. So please mark your calendars for February 24th and we hope you all can attend. Thank you.

Miranda Steele: Thank you, Ginger. And a note about the K-FIT invitation-only conference call taking place later this morning at 11:00, that call is being hosted by the Kansas Health Foundation and with the participation of course from KDHE and Department of Education.

The call information did go to our local health department administrator's contact in the e-mail group used by our office of Local Public Health. If you are a hospital or school nurse, or other member of our public health system that would like to call in at 11:00 and get a preview of the K-FIT report that's to be announced later this week in a press conference, do send me an e-mail and I can send you that information. My e-mail address is M for Miranda, Steele, that's S-T-E-E-L-E, at kdheks.gov. So if you would like an invitation, let me know.

So now, I will turn it over to Leo Henning and Lori Boline from our Health and Environmental Laboratory.

Leo Henning: Thank you. This is Leo Henning. And I'm here to talk to you about the new laboratory information system at the Kansas Health and Environmental Laboratories. We launched our new system on December 2nd. And with the new system, we anticipated – with any new system, some delays in reporting issues, as well as system bugs.

We are here today to let you know we are still having some of those issues, and we are working to fix the bugs as fast as we can. We're working to get the results to our clients faster than they currently are.

And what I'm doing today is inviting everyone that is experiencing delays or having late reports to let us know so that we can investigate and fix the problem.

Please send any concerns on reports to Lori Boline, and our phone number is 785-296-1646. And I'll repeat that, 785-296-1646. We ask that you be patient with us as we work out these issues. And our goal is to provide great customer service.

I ask for your patience, but it's going to take us a while to get there.

Next thing, Lori is going to talk about the new universal form.

Lori Boline: Thank you. Good morning. This is Lori Boline. As Leo mentioned, we are having a few bumps in the road with our LIM system. So please don't hesitate to call me with any questions or concerns.

As many of you have heard, we have developed a new universal sample submission form. It is now one page instead of the two-page form that we've used in the past. Those forms are now ready to be ordered. So if you would follow the ordering process and send your order in, you will receive the new forms. Along with those news forms, there will also be a memo on some of the changes in how to use these forms. And I've also included commonly used diagnosis codes.

The most noticeable change on this form is the use of diagnosis codes. Many of you are familiar with them. If not, please contact me, I'll be glad to help out. So as soon as you go ahead and order those forms now, as soon as you receive them, you can discard your old forms and begin using a new form.

Another change on the form is an MRN number. I've had many calls about this. The MRN number is a medical record number. That's your facility's medical records number. If you have one, go ahead and put it in. It will be

included on your report and help you identify the patient. If your facility doesn't use MRN numbers, that's fine, too. That is an optional field.

Another reminder, if you have a Medicaid patient, please include the Medicaid number on the forms so we can use that. Any other questions or comments about the new universal forms or the LIM system, please call me. Like Leo said, the number is 785-296-1646.

I'll be glad to help out wherever I can. Thank you.

Miranda Steele: Thanks, Lori and Leo. Well, for everyone on the call today, it's probably not any news that the topic within public health that's getting the most attention from our partners in the news media is influenza. And so in addition to what Charlie Hunt, our state Epi, was able to provide earlier on the call, I just wanted to talk about a couple of things related to media relations on that topic. And a lot of our time in talking with reporters, whether that's with TV stations, radio, print, is to remind them and describe to them the process in our state for tracking influenza.

A lot of it is around media education around our influenza-like illness (ILI) net. Sentinel surveillance is conducted by approximately 40 clinics or sites that voluntarily report those rates, so we're always looking at that rate and not a definite number of confirmed cases. We also get questions about the occurrence of death related to flu. And while right now, we are not providing the county-level data or even really the regional level data on deaths related to flu, what we are talking to reporters about are the statewide statistics.

So as of this week, we have 11 deaths that have been reported in our Office of Vital Statistics this flu season where the death was directly related to flu. And then when you combine pneumonia and influenza, when you talk about both direct and contributing factors of death, that number climbed as high as 600. So that's where we are on those statistics. We talked about this from the perspective of a general public audience to let everyone know of the severity and the impact of flu in our state right now.

Miranda Steele: We want to remind everyone of the importance of getting that annual vaccination. So we're thankful for our partners in the media and for you guys at the community level for also sharing those messages.

The other thing that I wanted to make sure I mentioned this morning was an update to our information in Public Information and Communication (PIC) training related to Capability 4 and our public health emergency preparedness support plan. And that's for KDHE and with the local health department.

So what I want to update you on is really specific to those in the western part of our state. You might remember that we were working to schedule training for PIC, for the public information and communication training grantees to meet the work plan deliverable.

That has been scheduled for March the 27th in Scott City. And that session is going to last from 9:00 a.m. to 1:00 p.m. and it will take place at the Wheatland Broadband facility which is also called the Bryan Education Building. And in addition to the training that will take place from 9:00 to noon, we will also have lunch as you would in a conference that you might attend like the Kansas Association of Counties Conference last October and the upcoming mid-year meeting for KALHD (Ks Assoc of Local Health Depts) which is in June of this year. So, those are the three locations where we are offering this public health emergency preparedness communications training.

And so in Scott City, you will see me, (Aimee Rosenow), the public information officer for our public health programs, in addition to Michael McNulty in our preparedness program.

Do look for the details on Kansas TRAIN. Again, the course number for that if you didn't already have it is 1047477. And a flyer about that either should have already or will be sent from our Preparedness Program.

And this next update I have before I turn it over to the preparedness program comes from our deputy secretary, Aaron Dunkel who is also the health information technology coordinator for the state of Kansas. You might

remember that the Kansas Health Information Exchange Inc. had certain roles and responsibilities for Health IT in Kansas, and those activities carried out by that body, as of last summer, have moved under the Kansas Department of Health and Environment. One of the responsibilities is the facilitation of council meetings, in particular, the KanHIT Advisory Council Meeting.

KALHD, I think, has a representative or two on this council. Of course, our hospitals are well-represented on the council. The first meeting of this body as the new KanHIT advisory council will take place on February 17th here in Topeka at the Curtis State office building.

If you want to know more information about health information technology in Kansas, visit the KanHIT website, that's K-A-N-H-I-T.org.

And that's it for me. I'll turn it over at this time to Mindee Reece, our director for the Bureau of Community Health Systems.

Mindee Reece: Good morning everyone. As you know – or I believe you know, David Meek resigned the position of Preparedness Program Director a few weeks ago. So I am serving in an acting capacity at this time. Our plans for that position are to wait a little while before we move forward on hiring a replacement. We are coming up on grant writing and other challenging topics, so it will probably be spring before we have someone other than me filling that role. So bear with us and we will keep moving forward.

I wanted to let you know that it was announced officially a week or so ago that the Hospital Preparedness Program funding was going to be reduced at the federal level by approximately 30 percent. What that means for Kansas, we're not completely sure at this time. They haven't yet announced how that reduction will be factored in to the overall funding scheme at the federal level. What we're planning to do in Kansas is to plan for a best case and a worst case scenario for the funding that would begin July 1, 2014 and last for the coming year.

So, I wanted to give you all a heads up about that. And, as we receive more definitive information, we will definitely share it. It sounds like the grant guidance will be released to states the first week of March; at least that is the

goal. So if we don't have definitive information to share prior to that time, we should have it at that time. It will include the funding allocation from the Hospital Preparedness Program for the state of Kansas for the coming year.

We are fortunate, as Miranda stated, to have two visitors from the Centers for Disease Control and Prevention with us this week for our annual site visit. Anthony Davis, who is our project officer, and Lisa Walker who is his team lead. And they are here this morning so we've asked them to share some information directly with all of you.

So, I'll turn it over to Lisa.

Lisa Walker (CDC): Thank you, Mindee. Good morning everyone. Thanks for having us in Kansas. Just a few updates: just to follow up with what Mindee was saying. For the public health emergency preparedness program, appropriations from the Congress remain very stable year after year. So, we do not seem to experience the same cuts as HPP. You know, we still don't have the complete funding picture yet, as more details come out, we'll be sharing that with our awardees, which are the states.

As Mindee mentioned, we are here on a site visit which consists of state and local and technical systems review. We're discussing the current status of work plans. It's really an opportunity for us at the federal level to hear and learn of strengths and challenges with accomplishing activities and the capabilities, as well as issues with ongoing issues of grant alignment and to identify technical assistance needs.

We truly appreciate all of the work that the locals are doing to support public health preparedness and response. We're hearing great things.

With that, we are committed to reducing what we're referring to as awardee burden. We have already seen a reduction in some of the set performance measures. And we're continuing to streamline our application process. We continue to welcome feedback to make improvements, which help to make it easier for all of you to get the work done. We hope this will have a roll-down effect to the awardees, which are the local health departments and other sub-recipients of the award.

Leadership continues to work through grant alignment efforts with emergency management and other agencies to reinforce that coordination is important; with cost cutting, we work with public health, preparedness partners, healthcare, emergency management, homeland security, EMS and others to improve all the coordination of the preparedness efforts and hopefully leverage funding streams.

So, you know, we are really committed to that at the federal level. We've already heard some great insights from the folks here on ways we could do that better. We are hoping, as Mindee said, that the grant guidance will be released the first week of March. And we're incorporating some things into the guidance to help improve that alignment with FEMA and others. And with that, Anthony, do you have anything to add?

Anthony Davis: I don't have anything else to add. I just wanted to say thank you for allowing me to be here. And it's been a pleasure to be here so far. Hopefully everything keeps going the way it is. And, you know, we'll continue to work through some of the challenges. Thank you.

Mindee Reece: Thank you both for those comments. Lisa Williams now is going to share some information about a policy change related to exercises.

And so Lisa, I'll turn it over to you.

Lisa Williams: Yes. And it's been really great news. The locals and the regional groups and the coalitions are all doing a great job on planning for exercises. So I actually think this clarification that we've received will help.

What we've found out is that, you know, for the five-year grant period that you do an annual exercise which can be a discussion-based exercise or a tabletop exercise. And then one time within the five-year grant period, you need to do a more robust exercise which was going to be a full scale exercise.

That requirement has cut back a little bit for those counties that are not within a CRI, Cities Readiness Initiative. So if a county is not within a CRI, one time within the five-year grant period, you will be required to do a functional

exercise as opposed to a full scale. We will still test capabilities, 3, 6, and 10. And there are some particular functions that we have to test within those capabilities. But if you are not within a CRI, your exercise requirement has been cut back to a functional exercise.

And I think that functional will still be extremely valuable to the communities and we can make sure that it's a very robust exercise, to test capabilities within your community. We've also been working with many of the regions in the healthcare coalition to start planning for your functional exercise. It takes a while to get back up and going and use the exercise process and assess what your needs are beforehand and work up to those before you do the functional exercise. So you will need to allow yourself probably 12 to 18 months before you do your functional exercise or full scale if you're in a CRI. But we've been working with the coalitions and the regional groups to really plan those.

I'm happy to help you in any way that I can in your planning. And again, our goal is to make it as valuable, meaningful, and robust for your county and your region that's still kind of – to help you reduce that burden if we can.

Is there anything else you want to (inaudible)?

Mindee Reece: No. I think that does it. And that's it for the Preparedness Program update. We are happy to answer questions as part of the overall Q&A session at the end of the call. And if you have questions directly for any of our CDC visitors, you may ask them as well. So I'll turn it back to Miranda.

Miranda Steele: Absolutely. Before we go to Q&A, I did want to pass on a note from our labs about that universal submission form that was discussed recently by Lori. There is a course on this - on submitting this form. You register for it on Kansas TRAIN, and the course number for that is 1047090.

So at this time, (Heather), let's open the line for Q&A.

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

Miranda Steele: Thank you.

Operator: There are no questions at this time.

Miranda Steele: OK. Well, we're going to take this opportunity to turn to Dr. Moser for a couple more topics he's like to address.

Robert Moser: Thank you, Miranda. Yes, just to follow up on a couple of things, the Get Active Kansas efforts to promote increased physical activity - this falls along the lines of some of the work we've been doing the last couple of years to reduce obesity in Kansas. We've had the Obesity Summit this last September as well as the first summit a year before that. And our focus is recognizing that studies definitely show that no matter what your BMI is, the more fit you are, the lower your health risk and your quality of life is improved.

And so, you'll hear a little bit more about that with the K-FIT conversations today. Obviously, we have some local evidence that fitness has a great variety of benefits. So I'd recommend to definitely keep up on the Get Active Kansas website.

But I'd like to ask you as well, to go to the website and look at the counties that have participating physical activity champions. And if you notice that your county doesn't have one and you know of someone in the community that's either encouraging Zumba classes or walking activities, anything at all, they don't have to be in any particular profession. But if they're just actively engaged in promoting physical activity in your community, submit their names and contact information to us. Or if you're interested in volunteering to help coordinate some of the efforts within your community, please feel more than free to volunteer to do that. We'd really like to get all 105 counties represented on this campaign.

The second is a follow-up on our flu activity. Obviously, we continue to stress the importance of vaccination. And we have heard a few things and actually I've read it in a local print and across the state where providers have mentioned that they've seen patients who have gotten the vaccination that have gotten the flu. And yes, indeed, that can certainly happen because

vaccinations are not 100 percent effective for each and every patient that takes them. However, if you are getting your flu vaccination on a regular basis, you're more than likely to continue to bump up that immunity response.

So I hate to see physicians and providers quoted in the papers saying things about people getting the flu after having the vaccine because then it gives people that are a little less motivated to get their vaccination a reason not to. So let's continue to provide the right educational talking points out there if we could so that we encourage more vaccination rates across Kansas. Thank you.

Miranda Steele: Thank you, Dr. Moser. (Heather), any questions on the line?

Operator: And there are no questions.

Miranda Steele: OK, great. It's been a wonderful call this morning. A lot of valuable topics and discussions. So feel free at any time to follow up with any of us on those topics as the weeks go on.

I also want to remind you that transcripts for these monthly calls are found on the KDHE website on the Local Public Health page. The transcript for this call, of course, won't be available for probably another week but it will be out there.

The next meeting is February the 25th, 2014. OK, with that, I will – we will close the call. Thank you, (Heather), and thanks everyone for calling in.

Operator: Thank you and have a great day. And this does conclude today's conference call. You may now disconnect.

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