

**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT**

**Moderator: Miranda Steele**  
**April 23, 2013**  
**10:00 a.m.**

Operator: Good morning. My name is (Juala). And I will be your conference operator today. At this time, I would like to welcome everyone to the Monthly Public Health Call conference call.

All lines had been placed on mute to prevent any background noise. After the speakers' 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.

Ms. Steele, you may begin your conference.

Miranda Steele: Thank you, (Juala). Good morning, everyone. Welcome to the April public health call. My name is Miranda Steele. I'm the communication's director at the Department of Health and Environment. We have a packed house this morning here at Topeka in the Department Operations Center.

I'm going to run through the agenda for you just so you know what's to come on the call. And then we will get on to the announcements. Following all announcements, we will open it up for the live question and answer session.

First, we are going to have our secretary, Dr. Robert Moser give an update from the secretary's office and from the desk of the State Health Officer. Then Charlie Hunt, our State Epidemiologist who is offsite today, will be giving an update from the Bureau of Epidemiology and Public Health Informatics.

And then our Department Operations Director, Michael McNulty, will give a briefing on procedures for suspicious packages. And then our bureau director for Community Health Systems, Mindee Reece, will notify everyone of some grant awards that we have received. And then Lori Haskett from our Bureau of Health Promotion will provide an update on Denim Day and tell you what it is and why we are observing it.

And then I will give a brief update on communication activities before turning it over to our Director of Local Health, Jane Shirley.

Before Dr. Moser provides his update, I wanted to let all of our public health partners know that we learned over the weekend that Dr. Moser has been elected by his peers to serve as representative of region 7 for ASTHO - that is the Association of State and Territorial Health Officials. So we congratulate Dr. Moser on serving in that capacity and representing the State of Kansas so very well. This region includes the States of Kansas, Missouri, Iowa and Nebraska. So congratulations, Dr. Moser on that.

Robert Moser: Thank you, Miranda.

Miranda Steele: So now, I will turn over to you.

Robert Moser: All right. Yes, I was joking when they announced it that I was glad to finally find something to do. Well, there are lot of activities going on as usual around the state within KDHE and Public Health. And I wanted to share a little bit on some legislative update.

I'm sure you probably have noticed that the governor signed a number of bills pertinent to public health. I'm pleased to announce that our bill to change the name of our division of health to the division of public health is now law and will be official July 1st. We will probably use the abbreviation DPH since we like to use lots of acronyms in government. If you start seeing that on some letter heads or other material from KDHE you will know that that's the division of public health.

So I'm excited about that. Some folks may not think that's a big deal going from division of health to division of public health. But I think it's important that we put forth the name under which we work and do a lot of our efforts going forward because you ask a lot of lay people what is Public Health and they don't really have perhaps a clear understanding of that. And I think this gives us an opportunity to continue that education across the state that the Public Health system is everything that touches one's lives from hospital systems, emergency management, the doctor's office, local health department, et cetera. So I think that's going to help us moving forward.

Charlie Hunt, our State Epidemiologist, will probably talk a little bit about the Substitute House Bill 2183 which was really a fascinating study and how the bill is introduced, and work its way through to become law. It was a little more controversial - for interesting reasons - than what we thought it would be.

It was really to address first responders on exposure to infectious or contagious diseases as well as to give the secretary of health and state health officer statutory authority for defining infectious and contagious diseases. And also how to best go about the evaluation treatment and management from the public health perspective.

As we move forward with rules and regulations, we will be working with a number of stakeholders. And I think this will be very beneficial to public health and health care systems going forward.

We are obviously in the middle of the legislative break until I think on May 8 when they come back. So meanwhile, we still have a lot of work to do as far as the legislature on both the budget and tax issues. And so, from a state health agency, we are just standing by waiting to see what that may look like, what the impact will be on us. And what we will need to communicate to our stakeholders. We will definitely keep you informed as we know more.

Some of the other activity that's been going on, I have been working with national groups like the Institute of Medicine and the Association of State and Territorial Health Officers on the re-visit of integration of primary care and

public health. And again, I just want to make certain everybody understands when we define that, that they know what public health is.

The primary care is really the model that incorporates everything that a patient might need. So behavioral health, physical health, and then social needs as well since we know that there are many determinants of health and not all of them are physical.

So as we have been working nationally, we have been looking for successful examples of integration. And we've got a couple of great ones have been turned in from across the State of Kansas that we are going to be sharing with our national partners as examples of this.

The other thing I'm excited about is that on June 11th here in Topeka we are going to have a summit on the integration of primary care and public health. We've got a key note speaker Dr. Bruce Bagley who by training is a family physician who is the interim president for TransforMED, the organization that is assisting primary care practices in developing the patient-centered medical home.

So, we understand the importance of integrating services and care across the community to serve patients. And I think a couple of things that will come out of this is that we will have the opportunity to be able to learn from efforts currently underway, what are some of the obstacles, the short-comings and how that might apply to health care and health care delivery systems in Kansas.

So after this stakeholder meeting, the good news is, we are going to have six meetings across the state in different regions because health care and public health is indeed a local issue. I think it's important that each region has an opportunity to hold similar discussions to see what health care and services delivery systems might look like in your particular area.

We are not talking about necessarily anybody getting absorbed by someone else, but how do we do a better job of our particular roles and responsibilities in times of decrease resources, and address the community needs. So a lot of activity going on, exciting times, challenging times as I'm sure you all know.

So I'm going to close with that and turn it over to Miranda to introduce Charlie Hunt.

Miranda Steele: Thank you, Dr. Moser. (Juala), did Charlie Hunt get on the line as a speaker?

Operator: Yes, ma'am.

Charlie Hunt: I am here.

Miranda Steele: Hi, Charlie. Thank you. Good morning.

Charlie Hunt: Good morning. Thank you very much. This is Charlie Hunt. And I did want to follow up on a couple of issues related to House Bill 2183 and what Dr. Moser has mentioned. Dr. Moser alluded to the controversy surrounding this bill and I actually presented on some of that during last month's call.

The bill did pass. The controversy really was around the perception that KDHE was seeking authority for isolation related to HIV. And as we have stated numerous times that was not the case.

During the time of the conference committee between the House and Senate, one of the things I did state that I would do was, within the regulations that are going to be developed, I would state by disease which diseases are subject to isolation or quarantine actions and which are not. So HIV will not be separated out from the other diseases but it will be one of many diseases that we really don't recommend in the isolation or quarantine requirements.

That seemed to satisfy folks that were concerned. I did go last week and present some information on the bill through the Kansas HIV planning council in the KC Metropolitan area. And I think that that helped address the concerns as well.

So I do want to also talk a little bit about the disease regulations. Of course House Bill 2183 will impact the disease regulations to some degree primarily regarding the post-exposure management of health care workers and EMS workers, and other public places where occupational exposure might occur to

not only HIV but other infectious diseases. We will be incorporating that into the disease regulation.

As I mentioned on the call last month, I had been in the process of revising our disease regulations even before House Bill 2183 came up. And so I'm getting ready to communicate to stakeholders about this. I will be presenting some information at the Governor's Public Health conference next week. Actually on Friday this week Johnson County Health Department is hosting the disease control workshop. And I will be talking about the regulations and what we are proposing.

And then we have the Association for Practitioners in Infection Control and Epidemiology chapter meetings coming up in May. I will be talking about the disease regulations, in particular the revisions through the reportable disease list and the prevention and control measures related to that.

So if you are at the Governor's Public Health conference, I will be happy to address any questions you have there.

And then very briefly, I wanted to mention H7N9 influenza that's going on in China. We have been communicating with CDC about this and monitoring the situation closely. The health alert network (KS-HAN) message was issued on April 5<sup>th</sup>, and that contains a lot of details.

As you know, most of the cases in China have been associated with exposure to poultry. And there has not been any of the human to human transmission. But again it's something we are monitoring.

And that's it for me.

Miranda Steele: Thank you very much, Charlie. And safe travels.

Charlie Hunt: Thank you.

Miranda Steele: OK now, I will turn it over to Mindee Reece, our Bureau of Community Health Systems.

Mindee Reece: OK. I can talk about some medicine grant awards that we have recently received in the Bureau of Community Health Systems. Anecdotally they have potentially been linked to sequestration but nothing has been provided in writing.

So at this time, we are correlating the reductions and funding to the continuing resolution at the federal level. The health facilities program within the bureau have received notification from Centers for Medicare and Medicaid Services that the fiscal year '13 Medicare budget has been reduced by 5.2 percent below the fiscal year 2012 budget level.

The non-long term carry reduction that is heading our way in the health facilities program is about \$99,939. The good news is that we do have some carry forward funds for this fiscal year which is '12 that we can roll into fiscal year '13. So this will be a pretty painless process for the health facilities program as it now stands.

The Federal Primary Care Office Program also received an across-the-board reduction of 5.1 percent. Our full primary care office reward should be in the neighborhood of \$121,000 which would be the 5.1 percent reduction from the amount we applied for, which is \$127,000.

Due to the timing of the continuing resolution, the awards made to the State Primary Care office are actually 60 percent of the new base award. So on April 5th, we received notification of an award of \$72,800 which is significantly less than the 2012 amount of \$127,854. That is going to pose a little challenge related to the staffing at the state level.

However, we are looking at the possibility of using some rural health program funds to offset some of that reduction. This will not, in anyway, impact the amount of funding that is made available to the primary care clinic because that comes from a separate part of funding. These funds just impact or potentially impact the state primary care office.

We also have been told we will be informed that at some point of the status of our remaining fiscal year 2013 funding. So hopefully our ultimate end point will be that we receive a 5.1 percent reduction in funding which will be easily

absorbed as supposed to the large amount of reduction that we are seeing at this time.

The staff are aware of this. We have no plans to reduce staffing at this time. But that is something we wanted everyone to be aware of. I think everyone is already aware of what happened with the federal preparedness funds for the cycle that starts July 1, 2013. But just to reiterate, the Public Health Emergency Preparedness funding from the Centers for Disease Control and Prevention, we received 4.87 percent reduction which was easily absorbed.

And on the hospital preparedness program side - the reduction at this point is less than one percent. So far, we prepared well in the preparedness arena. I just wanted to share those updates with everyone. And we will pass along additional information as it becomes available.

Miranda Steele: Thank you very much, Mindee. And now, our Department Operations director, Michael McNulty.

Michael McNulty: Good morning. I just have a little bit of a reminder after the events of last week - we all saw what happened in Boston. But other incidents may have not been picked up by some people. There actually have some true bioterrorism maintenance in the nation.

Some ricin was sent to the United States Capitol and to the White House and to many other places. So this is a good reminder to take your suspicious package procedures that you all have and kind of dust them off. Make sure that your contacts with your local health and medical partners, and your law enforcement partners are in good shape.

We have made contact and have done that ourselves with our partners at the FBI and others. So we are ready. Should that happen in the State of Kansas, we are able to support the response.

Miranda Steele: Thank you, Michael. Lori, from our Bureau of Health Promotion.

Lori Haskett: Thank you, Miranda. I am excited to announce that along with KDH&E, 39 organizations are participating in the Kansas Denim Day tomorrow. Denim Day is a response to 1999 Italian Supreme Court ruling that over turned a rape conviction because the victim wore tight jeans. Since then wearing jeans on Denim Day has been a symbol of support for victims of sexual violence and protest against the idea that a victim could cause their own rape.

According to the Centers for Disease Control and Prevention, in the U.S. nearly one in five women, and one in 71 men, have been raped in their lifetime. According to the 2011, Kansas Behavioral Risk Factors Surveillance Survey or BRFSS, one in ten women 18 years and older had experienced unwanted sex in their lifetime in Kansas. Also Kansas women who experience unwanted sex will more likely to have diagnosed depression, diagnosed anxiety, self rated fair or poor health, and thought about taking their lives in the past year.

If you would like to participate in Kansas Denim Day, please contact me at lori\_haskett. My e-mail address is lhaskett H-A-S-K-E-T-T lhaskett@kdheks.gov or give me a call at 785-296-8163. Thank you.

Miranda Steele: Thank you, Lori. And for those of you who are on our distribution for news releases coming from KDH&E, you probably saw the press release announcing Denim Day earlier this month. And if you want to be added to the email group for KDH&E news releases in the future, send me an e-mail at msteele@kdheks.gov.

So on to additional communications items, again KDH&E will be participating in Denim Day tomorrow along with Walk at Lunch Day. National Walk at Lunch Day is tomorrow, April 24th. And here in Topeka, we are going to be observing that in an event sponsored by the Blue Cross Blue Shield of Kansas.

And Blue Cross is also sponsoring Walk at Lunch Day in Salina and Wichita and other cities around Kansas will be participating as well.

I wanted to mention an initiative that the Governor's Council on Fitness is taking on. The council is looking at a physical activity campaign for later this

year. They want to announce it this summer. And what they are going to be doing with this campaign is identifying physical activity champions. This will include one or two people from every county in our state, and they will serve as a communication network for all the initiatives that are taking place with the council, with Governor Brownback, with KDHE, anything related to physical activity that we look to implement statewide. The physical activity champions who are identified in each county will help us get that information out and collect information as needed.

So if you are contacted by chance from anyone who is a member of the council, that's what that's in regard to. And if you have any questions about the physical activity campaign, you can contact Paula Clayton in our Bureau of Health Promotion. And Paula's number is 785-296-8916.

And on that note of physical activity, most of you are aware of our Governor's Weight Loss Challenge that began in January and concludes on May 15th. It's not just a State of Kansas employee program, it was open to all residents in our state. And the American public health association magazine, The Nation's Health, in their April edition, they have an article on weight loss challenges around the country. And Kansas was featured in that article, the Governor's Weight Loss Challenge was featured. So if you happen to have an opportunity to look for that article, I encourage you to do so.

Next I wanted to let all of our public health partners know about a project that the communications office here at KDHE, along with our Center for Performance Management, Brenda Nickel in particular. We are looking to implement a public survey similar to the way our BRFSS (behavioral risk factors surveillance system) uses random digit of dialing.

And it's a project that will go through the University of Missouri center for advance social research. And the survey results will be used to develop a communication strategic plan that's tied to the agency strategic plan. So we have our KDHE strategic plan which is currently on the KDHE website under the secretary's office page.

And the survey that we'll undergo this summer will help us develop a communication strategy for that plan and all of the great work that our public health partners are doing. So be on the look at for that this summer.

The next item I wanted to make everyone aware of is Kansas Kids Fitness Day, that's something that's on my calendar and maybe on yours. That's going to be taking place May 3rd. It's always the first Friday of May.

And the last thing I want to note here from communications is the KanCare Rapid Response calls are held twice a week now on Tuesdays and Thursdays from nine to ten. And the call-in information for the KanCare Rapid Response call can be found on the KanCare website under the consumers or the providers sections for events.

And that was the last item that I had. So I will turn it over to Jane Shirley.

Jane Shirley: And I simply want to mention that we are looking forward to seeing many of you at the Governor's Public Health conference next week in Wichita, April 29th to May 1st. We believe we have around 300 registered attendees. And I think that will be an exciting and very active learning for three days.

I did learn this morning it was confirmed that Lieutenant Governor Colyer will be joining us Tuesday morning at 8:00 o'clock to welcome everyone and give us some insight from his office and the governor's. So I'm looking forward to seeing everyone at that event. And that's really all I have.

Thanks, Miranda.

Miranda Steele: Thank you, Jane. Does anyone else here in the room at KDHE, do you have anything to add?

Robert Moser: Yes, Miranda.

Miranda Steele: Dr. Moser.

Robert Moser: Dr. Moser again. If I could, I failed to mention earlier when we are talking about the integration of public health and primary care. I want to reach out

and say thanks to all of the local health department administrators, hospital administrators and some of our clinic administrators.

We had four KU School of Medicine students who were working on a health of the public effort to fulfill one of their requirements for graduating. And so I took advantage of their need for some type of public health project and asked them to put together a survey to look at successful models of integration. And to begin to look into the reasons why they work, why they don't work, et cetera.

I was over at the school of medicine yesterday, they presented their study to me. And I thought they did an outstanding job within a month's time. And we will have this information available to share with you, all of you both hospitals and local departments, and also our various practice locations. I think they were very good studies, it's very interesting. We will share that in June at the summit as well as with the regional meetings.

So thanks to all of you who participated. I think we had almost 70 percent of local departments respond. A little over 50 percent of the hospital systems responded. And I limited it to communities of less than 25,000 just because of the size of our state. And that's still, you know, was about 83 counties for these students to call.

So they were very strategic about how they did it realizing they might not get a hold of everybody. So they did a fairly good job looking at the regions. Some of you may have been unable to spend time talking to them. I know how busy the day is, and I think they may have instead sent you an e-mail. The study is still open. So if you do have time and can complete that e-mail survey and get that back to the students so incorporate that into the final analysis.

And again, I just really appreciate you taking time. I know what it is like doing surveys all the time. But there is a lot of value to be had from this as we go forward. So thanks.

Miranda Steele: Thank you, Dr. Moser. And Lori has something to add as well.

Lori Haskett: If you would like more information about Kansas Kids Fitness Day May 3rd, let me know. Again this is Lori Haskett. We always are looking for volunteers in our community. So we have about 15,000 third graders across the state that will participate in Kansas Kids Fitness Day. So if you want to help out, let us know. I'm sure we can find a place for you to volunteer.

Miranda Steele: Thanks, Lori. So with that, (Juala), we will turn it over to you to open up the line for questions.

Operator: At this time, I would like to remind everyone in order to ask a question please press star then the number one on your telephone keypad. We will pause for just a moment to compile the Q and A roster.

There appears to be no questions at this time.

Miranda Steele: OK. Well thank you. Then Jamie Hemler from our preparedness program will read the discussion from this point forward on preparedness activities.

Jamie Hemler: Great. Thank you, Miranda. We are going to start of with our bureau director, Mindee Reece providing some staffing update.

Mindee Reece: Hello, again. I am pleased to let you all know that we have conducted the interview for the preparedness director position and have some really good candidates. We are in the process of checking references and we will be moving forward this week with the paperwork with the hope of making an offer either by the end of this week or early next week to our top choice candidate. So that is good news for me especially, one less hat to wear.

We also have re-opened the Medical Countermeasures Manager's program manager position. We are accepting applications with the plan to start moving forward on that one once the preparedness director process is complete.

Another change I want you to be aware of involved with an existing staff person, Gilbert Tabares. Gilbert is the technology and planning specialist for the preparedness program. In light of some changes and priorities with our systems and preparedness, we are diversifying his role so that it will support

not only preparedness and our priorities but also the rural health program within the Bureau of Community Health Systems.

As of Monday of next week, Gilbert will still be supporting the Kansas Health Alert Network and all things technology related to preparedness and response. He also will start working with the critical access hospitals from the perspective of the rural health program in providing technical assistance and support for their activities.

He also will be responsible for day to day operations, the management of Kansas Rural Health Information System or the KRHIS system. What that means for preparedness is that the Countermeasure and Response Administration System which is our inventory management system. It will be managed by the new medical Countermeasure program manager position.

Also, we are in the process of integrating our boards and processes on the WebEOC system with the division of emergency management system. So we are not taking a step backwards. However, we are going to integrate into a single system rather than have a dual WebEOC operation in the State of Kansas.

Emily Nickel will continue to manage and support the K-SERV systems. So nothing changes with that. And I think Gilbert is excited about his new challenge. He is smiling so I'm taking that as a yes. And it just gets into the mindset of strategic position management at the state level and really wanting to maximize the capabilities and the skills that our existing staff have to meet the overall needs of not only the state agency but also the hospitals, local health departments, primary care clinics and other partners and customers.

So I want to share that all with you. And I will turn it back to Jamie for the next topic.

Jamie Hemler: Thank you. I just wanted to share a few updates on grants and contracts. Our grant application for a budget period two is currently routing internally. And we plan to submit our applications through the CDC and the Assistant Secretary for Preparedness and Response (ASPR) once that is complete.

Our local health department work plans have been finalized as a result of the KALHD board meeting that was held. The hospital work plans will be finalized on Friday when that particular group meets. The guidance document for this year's work and deliverables was being put together this week as well.

So we are looking at getting all of the work plans and the new guidance document out on our website during the first and second week of May. The local health departments will be receiving a contract attachment through the preparedness e-mail account soon as we are merging the preparedness contracts into the currently existing Aid to Local process.

This will be the only year you will need to sign the contract attachment as a part of this process. That contract attachment will contain general contracting language and does not include anything specific to the 2013-2014 grant year.

And then on or before July 1, local health departments will receive their notice of grant awards from KDHE and this will detail the award amount plus the work plan deliverables.

So from budget period two onward, you will check the box for preparedness on your universal contract. And then you will get the notice of grant award every summer. We really hope that this new process for the preparedness contracts will help ease some burden of the contracts every year.

And then we are also looking into the possibility of getting the regional public health contracts included in this process but we may still issue separate contracts for the regions in BP2.

As many of you know Kelsey Gordon has been on our preparedness staff for several years now either as an intern or part-time employee. Her internship with us is going to be coming to a close on Friday, May 17th. And I just wanted to say how much I've appreciate having Kelsey on staff and all the tremendous work that she has been able to do for us. So I wish her well in her future endeavors.

After May 17th, we are going to have one of our contract field planners start reviewing the local AAR and IPs which are the After Action Reports and

Improvement Plans that you all submit after your exercises. And that field planner will be able to provide you with feedback. That's all I have.

I will turn it over to Tabetha for an update.

(Tabatha): Hi, everybody. This is going to be short and sweet. We are now well into the fourth quarter of the 2012-2013 preparedness contract. So as we are approaching the end of the contract, I'm working on getting in touch with folks to see, to determine plans for end of year spending.

I just ask that you please be aware of the timeline.

I'm going to turn it over to (Kelsey Gordon). She's got a few exercise updates to share.

(Kelsey Gordon): Hi, everybody. We are in the process of creating some new exercises and you will be able to find those in our exercise library online. We are currently updating our AAR, the after action reports. They are going to be a lot shorter which will be a lot easier for you guys. And we are creating easier to use evaluate guide or EEG. And all these documents will be updated and put it on our website by June 1st. Thanks.

Jamie Hemler: OK. The shorter AAR/IP form will not be able to be used until the beginning of next grant year. So probably July 1, you might see that one there. We are still checking with our federal project officer on the approval of that.

Michael has some updates next.

Michael McNulty: Thank you. First, I would like to welcome on board the new regional person that we have (Ron Starbuck) is out of the (Wyandotte County) health department. He will be doing plenty efforts on the eastern board of the state. He will be also doing some plan reviews and also helping out folks with exercise. He is actually down in southeast part of the state now and helping out with exercise that will be delivered soon. He comes with a lot of experience. A lot of first responder type staff as well. And so, we welcome (Ron) aboard.

Additionally, I know a number of counties have outreach to the Kansas Division Emergency Management, KDEM about their ESF8 planning and working within the BOLD system. And so I just got a phone call a little earlier from Andrew down there. And he has offered to do a webinar for ESF8 specific planning and getting folks into that system and helping them walk it through in a number of KDHE staff will be down there to help answer some content question as well.

That webinar is scheduled for May 9 at 1 o'clock. So registration will be through Kansas training, we just talked about it about an hour ago. So information still fluid right now. But as soon as that's available, we will get that e-mail then shout out to everybody. If you have questions you can let Andrew or I know and we will get you some more information.

Jamie Hemler: Thank you. And our last update will come from Gilbert Tabares.

Gilbert Tabares: Hello, everyone. I just like to remind everyone about KS-HAN. Right now it's really important to make sure that your profile is kept up to date. If your profile is not just up to date, there is a chance that you will not receive health alerts that have been going out.

Please make sure that the work address information matches your county that you work at. If it doesn't, there is a possibility that you may not get an alert since it does match. So please go ahead, make sure that your phone numbers are up to date, your e-mail and especially your work address because that will cause you not to get alert.

If you have any question or need assistance you can contact me at [gtabares@kdheks.gov](mailto:gtabares@kdheks.gov). Or you can reach me via phone 785-296-3380. And that's all I have. Thank you.

Jamie Hemler: OK. And that wraps up the preparedness update.

Miranda Steele: (Juala), can you open up the Q and A line, please.

Operator: Yes, ma'am. Again I would like to remind everyone, if you would like to ask a question, please press star one on your telephone keypad. We will pause for a moment to compile the Q and A roster.

And your first question comes from (Kevin Clutsky).

(Kevin Clutsky): Hey, Mike. I'm sorry. I missed what you were talking about for May 9th at 1:00 p.m. registration on Kansas (Inaudible), what was that again?

Michael McNulty: The Kansas division of emergency management will be having a webinar training about walking through the (bold) super system. So if people are working on updating their ESF8 portion of their plans, Andrew will be available to help get people to the right place and talk about the activities and action that are outlined in there.

(Kevin Clutsky): All right, awesome, thanks.

Michael McNulty: OK.

Operator: Your next question comes from (Janice Kern).

(Janice Kern): Would you be able to record that May 9th webinar and have it available on Kansas Train?

Michael McNulty: I can talk to them since it is coming out of a different agency. I don't know what their capabilities are but I will discuss that with Andrew, see if we can do that.

(Janice Kern): Thank you.

Operator: Your next question comes from (Marybeth Herman).

(Marybeth Herman): On May 9th that conflicts with the call of district meeting which involves a large section of the north and central part of Kansas. So I guess I'm wondering if you could consider scheduling a second one because there will be a lot of health department administrators who are going to be in another meeting at that time.

Michael McNulty: Yes, I can ask. This just came up this morning. It's actually at a request from emergency management as they were giving a number of questions from you guys and so wanted to try to make that available. So I will touch base with Andrew on a number of different options.

Operator: And there are no further questions at this time.

Miranda Steele: All right. Thanks, (Juala). Thanks everyone on the line for calling in today. I think this is working out fairly well having the regular monthly public health call with our preparedness call - our public health practitioners around the state can just join one call versus two.

And I want to thank all of our presenters today and to those who asked a question. So thank you very much. And our next call is May the 28th at 10:00 a.m. Thank you.

Operator: This concludes today's conference call. You may now disconnect.

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