KALHD
KANSAS ASSOCIATION OF LOCAL HEALTH DEPARTMENTS
Healthy People Build Strong Communities

Kansas Association of Local Health Departments
715 SW 10th Avenue
Topeka, KS 66612
Phone: 785-271-8391
www.kalhd.org

Draft 11.13.24

December XX, 2024

Secretary Janet Stanek
Kansas Department of Health and Environment
Curtis State Office Building
1000 SW Jackson
Topeka, Ks 66612

Deputy Secretary Ashley Goss
Kansas Department of Health and Environment
Curtis State Office Building
1000 SW Jackson
Topeka, Ks 66612

**Subject: Taskforce Review of LHD Participation in Public Health Meetings**

Dear Secretary and Deputy Secretary:

In the summer of 2024, the Kansas Association of Local Health Departments (KALHD) expressed concerns about the number of meetings, conferences, symposiums, webinars, and other events that either require or strongly encourage participation by Local Health Departments (LHDs). In response, a taskforce was formed to assess these meetings in the context of current operational challenges faced by member health departments and their respective county commissions.

This review aimed to prioritize staff time allocation and manage expenditures while ensuring effective communication and knowledge acquisition essential to delivering public health services. As county commissions face increasing pressure from constituents to reduce property taxes, the time LHD staff spend in meetings, instead of delivering services, and the associated costs (e.g., fuel, vehicle maintenance, food, hotels, registration fees), are subject to heightened scrutiny. This is particularly true for small and medium-sized LHDs with limited tax bases.

**Taskforce Findings:**

- **Time Spent in Meetings:** Taskforce members spend an average of 42.5 hours per month in public health-related meetings. Of this, 26.5 hours are KDHE-sponsored, 9.7 hours are sponsored by other organizations (e.g., WSU, KALHD), and 6.3 hours are required by County entities (e.g., department or commission meetings). Annually, this equates to one-quarter of each LHD administrator's scheduled working hours.

- **Meeting Volume:** A review of public calendars on the KDHE and Kansas Public Health Collaborative (KPHC) websites revealed 43 different meetings, ranging from annual multi-day events to recurring weekly, monthly, or quarterly meetings. These meetings often convey critical

information related to public health service delivery, assuming LHDs have the time and resources to participate.

- **Travel Expenses:** In-person meetings incur significant costs, including travel, accommodations, and meals, which strain smaller LHDs, especially those with limited budgets.

- **Staffing Challenges:** For 77% of LHDs with 10 or fewer staff, and especially the 40% with five or fewer staff, maintaining regular office hours while attending meetings is a challenge.

This review was initiated to build upon existing successes by enhancing communication quality and resource utilization. As we work towards these improvements, it is essential to recognize key strengths within KDHE that may serve as models for further expansion:

1. **Improved Communication:** Communication between KDHE and LHDs is significantly better today than in the pre-pandemic years. Specific areas of strength include the Local Public Health Program and PHEP.

2. **WIC Program Newsletters:** These newsletters are highly valued for their consistent distribution and high-quality content.

3. **Virtual Training through PHEP:** The use of KS Train and virtual meetings has greatly reduced travel time and expenses for LHDs.

4. **Regional Public Health Specialists:** These specialists serve as vital mentors and liaisons, providing on-site technical assistance to LHDs.

With this context, we are grateful for the opportunity to present our recommendations to further enhance these meetings, ensuring LHDs can better serve all Kansans.

**General Recommendations:**

1. **KDHE-Funded Attendance:** KDHE should fully fund the cost of required in-person meetings, rather than shifting these expenses onto county budgets. When KDHE intends for a grant to cover attendance costs (e.g., the Immunization Grant covering the Immunization Conference), no more than 10% of the total grant award should be allocated to meeting attendance, preserving the majority of the funds for direct services to Kansas citizens.

2. **Hybrid Meeting Options:** All in-person meetings should offer a virtual participation option, allowing LHDs to attend live or view recorded sessions later. This would minimize conflicts with service delivery by sustaining office hours and provide access for staff who are unable to travel.

3. **Documentation for Required Meetings:** Any meeting that mandates LHD attendance must be clearly defined in grant or other official documents. With County Commissioners increasingly questioning the need to fund and approve LHD participation, this documentation would help justify such requests.

4. **Written Communication of Program Changes:** Official information or program changes must be communicated to LHD administrators in writing, through multiple channels (e.g., memoranda, newsletters, emails). While in-person meetings and conferences offer valuable opportunities for

Draft 11.13.24

discussion, written follow-up is essential to ensure all LHDs receive the necessary information, regardless of attendance.

5. **Transition to Hybrid Conferences:** KDHE-sponsored conferences should also adopt a hybrid format. Providing both in-person and virtual participation options could increase attendance and revenue, while reducing travel and time costs for public health professionals.

6. **Federal Grant Applications and Workplans:** We understand that KDHE must include activities to justify expenditures when applying for federal grants and developing workplans. And based upon the response to our question that was received on October 14, 2024, it appears that "mandatory" attendance at such events is not a federal requirement, rather a requirement that KDHE self-imposed on local health departments in how those documents were written. We recommend that future documents submitted to federal partners focus on the activities that result in services delivered to Kansas citizens, and less, or not at all, on LHDs attending trainings and meetings. Changing these internal KDHE practices will better demonstrate the impact of federal funding, while increasing the portion of those funds spend on direct services due to reduced, or eliminated, expenditures associated with attending events.

7. **Contact Information:** With these recommendations, the importance of KDHE and LHDs keeping staff names and contact information current and bi-directional sharing of that information becomes more essential. Originally introduced to LHD's by KDHE Epidemiology, the PHEP program requires LHDS to provide and update primary and secondary contact information for KDHE using KCOMS. Based on experiences with other KDHE work units, it appears they would benefit from using this system as well if LHD's entered all staff into this system. And then if all KDHE staff information were entered into this system as well, it would create a bi-directional contact information source for everyone.

**Meeting-Specific Recommendations:**

The following recommendations apply to each of the meetings listed below, in addition to the general recommendations:

1. **Governor's Public Health Conference:**
   As the most prestigious event on the public health calendar, we recommend consolidating all other KDHE-sponsored in-person conferences into this annual event. This would offer several benefits, including:
   - Reducing KDHE staff time dedicated to planning multiple events.
   - Allowing base costs (venue, staff, materials) to be shared across KDHE units.
   - Reducing travel costs and time away from the office for both LHDs and KDHE staff.
   - Fostering collaboration among the broader public health community.
   - Avoiding duplication of sessions presented at multiple conferences.
   - Potentially increasing attendance and reducing registration fees.

2. **Regional Public Health Meetings:**
   These meetings are underutilized and should become the primary in-person forum for meaningful collaboration between KDHE and LHDs. We recommend continuing quarterly meetings in each of the six regions, with the following enhancements:
   - Participation by leadership from each KDHE work unit, not just the Local Public Health Team, to ensure consistent communication across programs.

Draft 11.13.24

- Prioritize agenda items that directly impact LHD service delivery, foster skill development, or facilitate problem-solving. General updates are better suited for newsletters or emails.
- Provide structured time for discussion and collaborative problem-solving, reducing the amount of presentation-based content.
- With these changes, we will emphasize the value of attending these meetings to our peers and expect increased attendance. It is also reasonable for KDHE to expect that information shared at these meetings will be acted upon by LHDs as necessary.

3. **Local Health Department Update:**
   This communication channel was vital during the COVID-19 pandemic. As no declared emergency exists currently, we recommend the following changes:
   - Reduce the frequency from weekly to monthly (one to two hours per session, based on agenda items).
   - Consolidate Power Hour 2 (Mondays at 3 pm) and LHD Updates (Wednesdays at 3 pm) into this new format. Consider combining the COVID-19 Update for Local Partners (first Thursday of the month at 10 am), though we recognize the broader audience may make this infeasible.
   - Schedule the new meeting format outside the first week of the month and avoid high-volume service delivery times.
   - Continue leadership by the KDHE Local Public Health Team, and require participation from all KDHE work units who work with LHDs. This will ensure they are available for questions in addition to any relevant updates they may present based on the meeting agenda.
   - We believe that with reduced frequency, increased in meeting interaction, and consolidated content, participation will increase, and it is reasonable to expect LHDs to act on information shared in this format.

   This recommendation will reduce the current eight meetings to one, increasing staff time for other functions for both KDHE and LHDs.

**Discussion of Draft Recommendations:**

We appreciated the opportunity to share and discuss the draft recommendations with Deputy Secretary Goss, Chief of Staff Matt Lara, and Derik Flerlage during our meeting on November 6, 2024. Our Taskforce members noted KDHE's genuine interest in collaborating to implement as many recommendations as possible. This includes promptly adjusting the local public health update meeting schedule starting in January 2025 and initiating internal discussions on the potential phased implementation of additional recommendations. We value KDHE's initial responsiveness, acknowledge that some recommendations may impact existing conference contracts and require time to execute, and look forward to receiving periodic updates from KDHE on these recommendations.

The Taskforce sincerely appreciates your unwavering support for local health departments and the essential services they provide to Kansans. We look forward to hearing your thoughts or questions and to continuing our partnership as we implement these recommendations.

Respectfully submitted,

Randy Bowman
Executive Director

Draft 11.13.24

Taskforce Members:

Eli Caldwell – Wyandotte
Jonathan Smith – Douglas
Jennifer Cure – Sherman
Keriann Ehrlich – Ellsworth
Paula Bitter – Russell
Lynnette Redington – Harvey
Shalei Shea – McPherson
Chair Brie Greeson - Seward
Staff Randy Bowman

Draft 11.13.24