Master of Public Health

Integrative Learning Experience Report

MULTIPROJECT REPORT TO INCREASE RILEY COUNTY HEALTH DEPARTMENT PUBLIC HEALTH PROFESSIONAL INTERCONECTIVITY

by

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submitted in partial fulfillment of the requirements for the degree

MASTER OF PUBLIC HEALTH

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Summary/Abstract

There is a need for a strong interconnection between public health professionals to provide fluid and cohesive responses to changes in community or disease trends. These public health professionals include those currently in the public heath workforce, those soon to be entering the public heath workforce, and those in the general population. The need for interconnection becomes even more essential during pandemics. Three ways that were identified to accomplish increased interconnectivity are by surveying current health care professionals, developing an Academic Heath Department (AHD), and providing educational fliers.

Surveying health care professionals allow health departments to enhance relationships with professionals by understanding attitudes toward procedures, identify gaps in knowledge for disease reporting or programs available, and provide resources or programs as needed to aid these workers in their essential duties.

An AHD agreement enhances the partnership of a health department and university in the proximity to create a mutually beneficial partnership. An AHD partnership allows for shared resources, enhanced student learning, relevant research, and readily available health department continuing education.

Three preparatory documents were created for Riley County Health Department to expedite the formation of an AHD with Kansas State University Master of Public Health Department. These documents provided templates for legal formation of the AHD, timelines and recommendations based on literature review, and evaluation of current resources. A cross-sectional study was designed to identify reasons for disease underreporting among health care professionals. Additionally, two fliers were created for the Kansas State University Master of Public Health Program regarding COVID-19 for evaluation and use on website displays for the education of the general population.

Subject Keywords: AHD, RCHD, survey, COVID-19

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Chapter 2 - Literature Review

Riley County Health Department (RCHD) in Kansas is the central health department for the cities of Leonardville, Manhattan, Ogden, Randolph, and Riley and various townships within Riley County. The MPH 840 Applied Learning Experience (APE) was completed virtually due to the COVID-19 pandemic. The preceptor, Edward Kalas, holds a Master of Public Health with an environmental management emphasis from the University of Oklahoma. He worked as a Sanitarian in Tulsa, Oklahoma and a Food Safety Audit inspector in the Kanas City area. Previously, he held the position of the Shawnee County Health Department (SCHD) of Public Health Protection Division Manager. During completion of the APE, Mr. Kalas was the Health Educator/Accreditation Coordinator at RCHD. At present, he is the Education Program Consultant at Kansas Department of Health and Education (KDHE) and Registered Instructor/Proctor at ServSafe.

The Applied Practice Experience (APE) project products were prepared to address needs identified by RCHD and Kansas State University Master of Public Health Program. RCHD had identified a need to better communicate with local health care practitioners. The practitioners span agencies such as Fort Riley Department of Public Health, Lafene Health Center, and Kansas State University Master of Public Health Program. The project products developed provided key elements for increasing inter-agency connection, specifically regarding mandatory disease reporting and Academic Health Department (AHD) formation feasibility. Additional products for the Kansas State University Master of Public Health Program sought to provide communication to potentially aid in mitigating the spread of SARS-CoV-2.

Reportable Diseases

Public health departments throughout the United States frequently identify shortfalls related to disease surveillance. In the United States, there is no standard disease reporting method. Therefore, each state's procedure for disease reporting and even the list of reportable diseases differ. Underreporting and delayed reporting are two common complaints from health department personnel nationwide. In Kansas, the disease reporting system suffers from similar problems to other states, but research specific to Kansas counties is limited. Riley County is no exception. Interest was formed into concurrently evaluating mandatory disease reporting and strengthening RCHD's relationship with its associated health care professionals.

In Kansas, mandatory human disease reporting occurs with suspected or confirmed reportable diseases by mandated reporters, if their facility conducted a laboratory test. These

mandatory reporters are identified in the Kansas Statutes Chapter 65. Public Health § 65-118. titled “Reporting to local health authority as to infectious or contagious diseases; persons reporting; immunity from liability; confidentiality of information” (Kansas Revisor of Statues, 2013). Mandatory disease reporting individuals include “Each person licensed to practice the healing arts or engaged in a postgraduate training program approved by the state board of healing arts, licensed dentist, licensed professional nurse, licensed practical nurse, administrator of a hospital, licensed adult care home administrator, licensed physician assistant, licensed social worker, and teacher or school administrator” (Kansas Department of Health and Environment [KDHE] 2020a).

Health care professionals report to specific state departments regarding specific mandatory diseases. Appendix I lists the reportable human diseases in the state of Kansas. RCHD shares county disease reporting with KDHE due to the proximity of the office locations. KDHE receives disease reporting on enteric diseases whereas RCHD receives disease reports on all other reportable diseases. Special forms are required for reporting varicella, perinatal hepatitis B, and pertussis. In Kansas, online PDFs must be completed and either faxed or mailed to KDHE for disease reporting. Diseases requiring immediate reporting are required to be telephoned in (KDHE 2020b).

Slight differences exist between human mandatory disease reporting and animal mandatory disease reporting. Veterinary professionals report to the State Veterinarian in Topeka regarding specific mandatory diseases. Appendix J lists the reportable animal diseases in the state of Kansas. Reportable diseases are classified as “any unusual occurrence of any exotic or newly-recognized disease the animal health commissioner determines to be immediately reportable.” (Kansas Department of Agriculture 2016). These diseases are reported via phone call to the Kansas Department of Animal Health.

Academic Health Department

An academic health department partnership (AHD) is formed by the formal affiliation of a health department and an academic institution that trains future health professionals (“Academic Health Department Partnerships” n.d.). RCHD had interest in identifying the requirements, timeline, and methods of achieving a successful AHD partnership with Kansas State University Master of Public Health Program. Factors found statistically significant for an active AHD partnership include a local health department located fewer than 23 miles from the nearest academic institution, establishing a formal working agreement, serving greater than 400,000 people, employing greater than 69 employees, and employing at least one epidemiologist or

one health educator (Hanny 2006). There are many benefits for both entities to enter into an AHD agreement. A summarized list of benefits for both partners are listed in Table 1.1 below.

Table 1.1 Respective Benefits for AHD Partnership

Academic Institution	Public Health Department
• Increased opportunities for applied research addressing local public health issues as well as access to communities and community-based data for research purposes (London, Chmelar, and Hoganson 2015) • Enhanced graduate knowledge about career opportunities • Increased student awareness and appreciation of public health practice and respect for public health professionals (London, Chmelar, and Hoganson 2015) • Provides a mechanism for the real-world perspective of public health practitioners and access to population for research projects (Erwin and Keck 2014)	• Increased capacity for premising core public health functions and meeting community needs (London, Chmelar, and Hoganson 2015) • Enhanced recruitment of public health graduates and professionals into practices into academic environments (London, Chmelar, and Hoganson 2015) • Better prepared graduates to enter workforce in governmental public health institutions (London, Chmelar, and Hoganson 2015) • Provides types of research that will be needed to answer critical operations and address realistic questions as the implications of the Affordable Care Act proceed (Erwin and Keck 2014) • Supports schools and programs of public health to achieve and maintain accreditation by enhancing ability to assess readiness for public health agency accreditation (Erwin and Keck 2014)

There are three key components to an AHD: 1) a defined academic-health agency relationship (memorandum of understanding, memorandum of agreement, or similar document), 2) a mutually beneficial relationship between institutions (a formal working agreement), and 3) shared resources for specific operations (Erwin and Keck 2014).

Having a well-defined inter-agency relationship allows both agencies to know what decisions and actions are their responsibilities. Typically, the relationship is defined in a Memorandum of Agreement (MOA) (also known as a memorandum of understanding or letter of agreement). The MOA is necessary to provide a clear understanding of agency expectations (Kent, Saddler, and Mase 2014). It is also a way to "create a sustainable partnership that broadens faculty and practitioner participation in public health student mentoring, public health workforce development, practice-based research, program evaluation, and community health improvement" (Hamilton et al. 2014).

COVID-19

The COVID-19 Pandemic began crossing the globe in Spring 2020. Initially, little was known about the disease and the associated virus. However, as the pandemic continued worldwide and countermeasures intensified, scientific knowledge about the disease increased, and a worldwide effort to develop a vaccine ensued.

In December 2019, COVID-19 was first identified in Wuhan, China. The virus rapidly spread to other countries. By the end of March, many schools in the United States had plans to prevent students returning to campus from Spring Break, electing to transition to all online coursework (Son 2020). Besides schools transitioning mid-semester to online schooling, most states implemented a lockdown from mid-March 2020 to the beginning of May 2020 (Chen et al. 2020). Nearly all "nonessential" activities were eliminated with "essential workers" defined as first responders, medical workers, grocery stores workers, online vendors, and transportation providers. By the first week in April 2020, two-hundred countries and territories had reported cases of COVID-19 (Rod et al. 2020).

In early December 2020, vaccines had been approved and Russia and Britain began voluntary vaccination. As of December 28, 2020, Pfizer-BioNTech and Moderna's COVID-19 vaccines had been recently authorized for use in the United States. AstraZeneca, Janssen, and Novavax's COVID-19 vaccines were still in Phase 3 planning or progress (CDC 2020). In 2021, the pandemic continues to alter educational learning, essential worker lifestyles, and social interactions.

COVID-19 is caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Liu et al. 2020). The virus belongs to the same family as the severe acute respiratory syndrome (SARS-CoV) and Middle East respiratory syndrome (MERS-CoV). It is hypothesized the virus originated in animals and spilled over to humans (Liu et al. 2020). A wide range of symptoms can be displayed in humans. Mild symptoms include fever, dry cough, loss of taste, and malaise whereas more severe infections can cause viral pneumonia and dyspnea. In severe infections, viral pneumonia can cause a cytokine release "storm" leading to acute respiratory distress syndrome (ARDS), multisystemic organ failure and death (Ragab et al. 2020). Those with most severe symptoms tend to be the elderly and individuals with pre-existing medical conditions (CDC 2021). Although fatality rates are ambiguous they are considered greater than seasonal influenza fatality rates. It should be noted that the accuracy of all scientific information is subject to change as more is learned. Current methods used to mitigate the spread of the virus include mask wearing (covering nose and mouth), physical distancing (six feet apart), deep and frequent cleaning of public spaces, and remote working.

Chapter 3 - Learning Objectives and Project Description

In preparation for the APE, key learning objectives and activities were identified. At conception, the initial learning objectives and expected activities were the following:

Table 2.1 APE Learning Objectives and Expected Activities

Learning Objectives*	Expected Activities
1. Acquire an understanding of reportable diseases in Kansas 2. Become acquainted with common struggles involved with county health department and physician communication	3. Identify reportable diseases, individuals with mandated reporting, and health care individuals in Riley County 4. Evaluate if mandatory disease reporting has a standard practice or evidence based practice 5. Design and implement a survey for health care professionals with procedural and attitudinal questions regarding mandatory disease reporting 6. Contact similar county health departments regarding their county disease reporting 7. Evaluate work load effects of increased mandatory reporting

* Learning objectives identified by preceptor from project description and approved by major professor and department director.

Activities Performed

- Identified reportable diseases, individuals with mandated reporting, and health care professionals within Riley County
- Identified similar county health departments for future contact either regarding AHD or disease reporting procedures
- Evaluated mandatory disease reporting as an evidence-based practice established per county
- Designed and implemented a survey for health care professionals, including the creation of questionnaires with procedural and attitudinal questions regarding mandatory disease reporting

- Updated CITI Certifications for IRB approval - IRB Researchers and personnel on IRB protocols
- Updated CITI Certifications for IRB approval - Responsible Conduct of Research (RCR)
- Researched feasibility, procedure, activities, and best practices associated with AHD implementation
- Developed two fliers regarding COVID-19

Expected activities #6 (contacting similar county health departments regarding their county disease reporting) and #7 (evaluating workload effects if increased mandatory reporting) were not performed due to the shared nature of the survey project and APE time constraints.

Chapter 4 - Results

The products produced during the APE changed as the needs and situations of RCHD changed. Product changes were approved by the preceptor and Kansas State University Master of Public Health Program director. The portfolio products produced during the APE are listed below in Table 3.1.

Table 3.1 Summary of Portfolio Products

Portfolio Product		**Description**
1	Health care professionals survey	Questionnaires for health care professionals with procedural and attitudinal questions regarding mandatory disease reporting
2	AHD Paper	Report outlining the attributes, timeline for implementation, and suggested activities of a successful Academic Health Department (AHD)
3	Template Memorandum of Agreement	Template Memorandum of Agreement developed from a review and compilation of template memorandums provided by the Public Health Foundation
4	Template Formal Working Agreement	Template Formal Working Agreement developed from a review and compilation of template memorandums provided by the Public Health Foundation
5	COVID-19 fliers	Two informational fliers related to SARS-CoV-2 for Kansas State University MPH Department

Health Care Professionals Survey

A survey study was jointly designed with fellow APE student Amanda Preczewski which consisted of quantitative and qualitative questionnaires for both health care professionals and veterinary medicine professionals.

Motivation for creating the health care professional survey was based on preceptor observation that disease reporting appeared below expected levels in Riley County in comparison to his previous experience at Shawnee County Department of Health (SCDH). The

survey intent was to identify ways to increase the ease and subsequent increase in frequency of disease reporting. The objective was to identify if there was a deficiency in reportable cases reporting, and if so, from quantitative and attitudinal questions, identify if there were programs or changes that could strengthen disease reporting.

The qualitative and quantitative questionnaires were developed to address compliance, knowledge, attitudes, and barriers associated with mandatory disease reporting in Kansas. The questionnaires were reviewed for completeness by additional RCHD professionals and finalized when no additional significant recommendations were identified. The quantitative questionnaire allowed us to analyze current practitioner knowledge and attitudinal directives toward current reporting programs. It also allowed for direct interaction with either the professional or the office of the professional to better build trust and rapport between the RCHD and the professional and/or their organization. Both quantitative and qualitative data would generate different but complementary data. The survey was submitted to the Kansas State University's Institutional Review Board (IRB) for approval.

The study population was predefined as public health professionals in the state of Kansas. Inclusionary participant characteristics included individuals practicing public health professions in Kansas with contact information from Kansas Board of Healing Arts and Kansas Veterinary Medicine Association professional database systems. Exclusionary characteristics included public health professionals practicing outside the public health sphere or not practicing. The entire population was to be contacted requesting questionnaire completion. Study sampling was non-randomized and limited to questionnaire response participants. The quantitative questionnaire was prepared for distribution using the university’s Qualtrics system. The quantitative questionnaire was further projected to be conducted via telephone or in-person interviews. After development, IRB submission for exemption delayed the distribution and administration of the questionnaire. Questionnaires were to be distributed based on the Kansas Board of Healing Arts and Kansas Veterinary Medicine Association professional database systems for human medical professionals and veterinary professionals respectively. Due to the delay in IRB submission, distribution of and responses to the questionnaires were surrendered to fellow APE student Amanda Preczewski for completion resulting in the timeframe for implementation being beyond the scope of this APE. At the time of project separation, a list of recipients had not been received, the questionnaires had not been distributed, and therefore, data for analysis had not been ascertained.

AHD Paper and Corresponding Products

A selective review of relevant scientific literature identified via PubMed search was used to analyze the feasibility of RCHD establishing an AHD. From the review and an analysis of current RCHD capacities, the AHD Paper was created as an internal report to RCHD professionals presenting the feasibility of RCHD establishing an AHD. The AHD Paper outlined the attributes, timeline for implementation, and suggested activities of a successful AHD. The associated documents, the Template Memorandum of Agreement and the Template Formal Working Agreement, were created from resources identified during the comprehensive review and were created to prepare RCHD to enter into an AHD partnership.

COVID-19 Fliers

In March, MPH students had the opportunity to create COVID-19 fliers for the Kansas State University Master of Public Health Program webpage. The objective of creating the flier was to help disseminate information about COVID-19 disease symptoms. This opportunity, albeit limited, was viewed as an opportunity to assist with the pandemic response by creating a tool to inform the public about the COVID-19 pandemic.

Information obtained from the Center for Disease Control (CDC), KHDE, and the World Health Organization (WHO) webpages was integrated and organized as content for two COVID-19 fliers. After review by the major professor, the fliers were submitted to the Kansas State University Master of Public Health Program for evaluation for future use on their webpages.

Chapter 5 - Discussion

Health Care Professionals Survey

Responses from survey questionnaires were meant to provide the opportunity for additional analysis and interpretation. Survey responses were to be used to identify ways to overcome barriers of disease reporting, to identify shortcomings in health care professional knowledge, to analyze inefficiencies in mandatory disease reporting procedures, and to streamline mandatory disease reporting based on the most efficient reporting methodology. A need was also identified to review health department preparedness for increased disease reporting and to evaluate causes of hospital reporting delays.

Two key aspects of the health profession survey study that could be improved upon include evaluation of the baseline assumptions and the survey revision methods. Both factors of the survey study could be further evaluated for improved study quality and participants' response.

Initial concern about mandatory disease underreporting at RCHD by the preceptor was based on his previous experiences at SCHD. Specifically, there were more mandatory disease reports in Shawnee County, Kansas than in Riley County, Kansas in a given time period. Whereas fewer reports may be indicative of disease underreporting in Riley County, various other factors (e.g., county demographics and/or population size) could be responsible and should be evaluated to determine their possible influence on disease reports.

Riley County, Kansas and Shawnee County, Kansas have differing population size, demographics, and population occupation statistics. By population, Shawnee County, Kansas is nearly 2.5 times larger than Riley County, Kansas (Shawnee 2021). It is expected that larger counties would have an increased number in mandatory disease reports than smaller counties, however, even the evaluation of disease reports by population size fails to be comparable due to demographic differences. Shawnee County, Kansas has a higher percent of its population over the age of 65 (Shawnee 2021). Riley County, Kansas population has many college students and stationed military individuals. These populations (by age and/or physical health) are less likely to contract disease and, therefore, have fewer mandatory disease reports. Additionally, much of Riley county's population is connected to agriculture work. Individuals working in agriculture often live a long distance from medical facilities and may make fewer doctors' visits.

For a more accurate analysis to determine if there is decreased disease reporting in Riley County, Kansas, a county with similar demographics should be contacted to compare rates of disease reporting. Similar counties comparable to Riley County, Kansas can be located at County Health Ranking's Peer Counties Tool (Tools 2021).

Additionally, for best questionnaire evaluation, the health profession survey study questionnaires should be pre-tested by a random selection of health care professionals. As of current, the questionnaires were refined based on review by RCHD professionals. However, for a more accurate evaluation of questionnaires' understanding by the targeted population, the questionnaires should be reviewed by the targeted participants (health care professionals). A select group of public health professionals should have initially been solicited to take and then evaluate the questionnaire before being distributed to the rest of the select population.

Regardless of survey findings, conversations should begin between counties as to how to better engage health care professionals. There is the ability for the survey study expansion to other comparable health departments for inter-county analysis. Such information would be a useful publication for AHD versus non-AHD county analysis of health care professional connectivity.

AHD and Corresponding Products

The recommendation made in the AHD Paper (Appendix A) is that RCHD enter into an AHD partnership with Kansas State University Master of Public Health Program. RCHD is readily prepared to enter into and is at an advantage for a successful AHD partnership. Template Memorandum of Agreement and Template Formal Working Agreement have already been provided to aid in the implementation process, however, could not be initiated or completed in the scope of the APE due to time constraints placed on the RCHD during the pandemic.

The recommended steps to create a successful and exemplary AHD partnership include the following:

- Creation of a formal defined academic-health agency relationship via Memorandum of Agreement
- Request AHD status be listed on Public Health Foundation's Academic Health Department Partnerships' webpage
- Creation of a mutually beneficial relationship between RCHD and Kansas State University Master of Public Health Program with defined tasks via a Formal Working Agreement

- Joint hiring or identifying an AHD Coordinator to liaison and communicate between agencies

Hiring dedicated AHD Coordinator is highly recommended. Such a position allows for uniform student coordination and smooth inter-agency transition should initial partners change career positions.

The actual process of implementing the AHD could not be initiated or completed in the scope of the APE. It is possible that a future APE student could coordinate the implementation at RCHD. The AHD Coordinator would ideally be the APE student's preceptor.

The AHD could also provide a pre-prepared relationship and opportunity for students who are looking to complete their APE, whose APE plans don't come to full fruition, or are in need for last-minute changes in APE plans. Due to the COVID-19 pandemic, many students had APE plans that required last minute changes. Some APEs canceled far enough in advance for students to find other opportunities, others canceled mere weeks before planned start dates. Both Kansas State University Master of Public Health Program and RCHD rapidly identified projects for students which allowed many students to complete their APE via RCHD virtually. By forming an AHD, APE projects could be pre-identified, allowing students to have a better prepared APE experience, even in emergency APE changes.

COVID-19 Fliers

As the COVID-19 fliers were created at the end of March, the content, while still relatively accurate, had become so well publicized by the end of May that their need had drastically decreased. Decreased relevance is a limitation to rapidly developing areas of science. Information can be developed rapidly but then must be continually updated as new or corrected insights are identified. The fliers created were written in English and, therefore, were limited to English-reading recipients. Pictorial characterizations on the fliers, however, sought to aid in increasing communication via non-written means. To remain relevant, these fliers should be updated, further identifying vaccination procedures, vaccine availability, and timeframe of execution.

Skills

APE participation during a pandemic brought new challenges. Many skills were employed to adjust to working online and from remote locations. The ability to be flexible and

adapt became critical for scheduling and work completion given ever-changing organizational needs and agendas.

Foresight is also needed to plan and then prepare for changes. Backup plans allow a rapid response for fluid and changing situations. An AHD formed between RCHD and the Kansas State University Master of Public Health Program would show foresight in a desire to be prepared to help students who find alternative APE projects when initial plans fall through.

An additional recommendation is that all students and preceptors have IRB CITI certification. This allows student projects to not be delayed if preceptor or plans change and project IRB approval is needed. It is difficult for preceptors and students to find time to complete the needed training for when these situations arise and still meet APE deadlines.

Chapter 6 - Competencies

Student Attainment of MPH Foundational Competencies

Table 5.1 Summary of MPH Foundational Competencies

Number and Competency		Description
2	Evidence-based Approaches to Public Health	Select quantitative and qualitative data collection methods appropriate for a given public health context
5	Public Health and Health Care Systems	Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings
7	Planning and Management to Promote Health	Assess population needs, assets, and capacities that affect communities' health
9	Planning and Management to Promote Health	Design population-based policy, program, project or intervention
13	Policy in Public Health	Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes
16	Leadership	Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making
18	Communication	Select communication strategies for different audiences and sectors
19	Communication	Communicate audience-appropriate public health content both in writing and through oral presentation
21	Interprofessional Practice	Perform effectively on interprofessional teams

The competencies addressed in the APE and identified above in Table 5.1 are only nine of the twenty-two core Public Health Foundational Competencies. These competencies are formed from the traditional public health core knowledge areas (biostatistics, epidemiology, social and behavioral sciences, health services administration and environmental health sciences) as well as cross-cutting and emerging public health areas. The full list of competencies, their associated competency number, and the courses in which they are taught are found in Table 5.2 below.

Table 5.2 MPH Foundational Competencies and Corresponding Course

22 Public Health Foundational Competencies Course Mapping	MPH 701	MPH 720	MPH 754	MPH 802	MPH 818
Evidence-based Approaches to Public Health					
1. Apply epidemiological methods to the breadth of settings and situations in public health practice	x		x		
2. Select quantitative and qualitative data collection methods appropriate for a given public health context	x	x	x		
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate	x	x	x		
4. Interpret results of data analysis for public health research, policy or practice	x		x		
Public Health and Health Care Systems					
5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings		x			
6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels					x
Planning and Management to Promote Health					
7. Assess population needs, assets and capacities that affect communities' health		x		x	

22 Public Health Foundational Competencies Course Mapping	MPH 701	MPH 720	MPH 754	MPH 802	MPH 818
8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs					x
9. Design a population-based policy, program, project or intervention			x		
10. Explain basic principles and tools of budget and resource management		x	x		
11. Select methods to evaluate public health programs	x	x	x		
Policy in Public Health					
12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence		x	x	x	
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes		x		x	
14. Advocate for political, social or economic policies and programs that will improve health in diverse populations		x			x
15. Evaluate policies for their impact on public health and health equity		x		x	
Leadership					
16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making		x			x
17. Apply negotiation and mediation skills to address organizational or community challenges		x			
Communication					
18. Select communication strategies for different audiences and sectors	DMP 815, FNDH 880 or KIN 796				
19. Communicate audience-appropriate public health content, both in writing and through oral presentation	DMP 815, FNDH 880 or KIN 796				
20. Describe the importance of cultural competence in communicating public health content		x			x
Interprofessional Practice					
21. Perform effectively on interprofessional teams		x			x
Systems Thinking					
22. Apply systems thinking tools to a public health issue			x	x	

MPH Foundational Competency #2 is associated with the category “Evidence-based Approaches to Public Health.” It is described as the following: “select quantitative and qualitative data collection methods appropriate for a given public health context.” The competency was obtained during the development of a health care professional survey for RCHD. The survey questionnaires were developed with procedural and attitudinal questions regarding mandatory disease reporting. These attitudinal questions were of a qualitative nature while the procedural questions tended to be more of a quantitative nature. During the attainment of this competency, multiple revisions of the health professional survey occurred. These revisions led to a better understanding of the importance of survey design. Revisions were made to increase clarity for health providers and ensure responder confidentiality. Specifically one questionnaire version contained regional and duration of practice questions. Through group discussion, it was identified that with these two pieces of information, many health professionals could possibly be identified. These questions were then revised in the final questionnaire to provide responder confidentiality.

MPH Foundational Competency #5 is associated with the category “Public Health and Health Care Systems.” It is described as the following: “Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings.” The competency was obtained during the development of health care professional survey for RCHD. Multiple scientific papers and health department websites were researched to analyze disease reporting processes and mandatory reportable diseases in preparation for creating the health care professional surveys.

MPH Foundational Competency #7 is associated with the category “Planning and Management to Promote Health.” It is described as the following: “Assess population needs, assets, and capacities that affect communities’ health.” The competency was obtained during the development of final AHD documents to RCHD. Given the pandemic environment, it was learned that with AHD partnership, RCHD and Kansas State University Master of Public Health Program could be better prepared to assist students whose APE projects fall through. Lacking a well-defined backup plan is detrimental to student and future public health professional wellbeing. The creation of an AHD can help address these students’ needs and provide projects which could then better help the community. Multiple documents were prepared to help RCHD enter into this partnership. The AHD Paper outlined the attributes, timeline for implementation, and suggested activities of a successful AHD. Associated documents, the Template Memorandum of Agreement and the Template Formal Working Agreement, were prepared to assist RCHD in entering into the partnership.

MPH Foundational Competency #9 is associated with the category “Planning and Management to Promote Health.” It is described as the following: “Design population-based policy, program, project or intervention.” The competency was obtained during the development of two informational fliers related to SARS-CoV-2 for Kansas State University MPH Department. These fliers were designed to help provide audience-appropriate public health information of a written and pictorial nature to aid in the education of the population about SARS-CoV-2 and ways to intervene in the spread of COVID-19. While attaining this competency, graphic arts skills were applied. Months later, in reviewing the fliers, it was identified that some aspects of the flier content could have been further clarified. This observation serves as a reminder of the need to constantly revise and improve products.

MPH Foundational Competency #13 is associated with the category “Policy in Public Health.” It is described as the following: “Strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes.” MPH Foundational Competency #16 is associated with the category “Leadership.” It is described as the following: “Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making.” Both of these competencies were obtained through the development of AHD documents and a health care professional survey for RCHD. The AHD and heath care professional survey are both ways to foster connection with different stakeholder populations. The development of an AHD seeks to establish a program for continued partnership with the nearby university while the health care professional survey seek to deepen health care professional relationships with RCHD. It was learned that to reach different stakeholders, different methods must be employed. Balancing stakeholder and individual agendas are key to building a partnership for attaining desired outcomes. Most successful outcomes have mutually beneficial returns for all within the partnership.

MPH Foundational Competency #18 is associated with the category “Communication.” It is described as the following: “Select communication strategies for different audiences and sectors.” The competency was obtained in all products produced. COVID-19 fliers sought to reach the general population on concerns regarding pandemic symptoms. The AHD paper was prepared with health professionals in mind. Memorandum of Understanding and Formal Working Agreement Templates were drafted for health professionals but legally worded for pristine clarity. Additionally, heath care professional surveys were created for individuals with higher education degrees.

MPH Foundational Competency #19 is associated with the category “Communication.” It is described as the following: “Communicate audience-appropriate public health content both

in writing and through oral presentation." The competency was obtained with the presentation of the previous fliers for evaluation and posting to the Kansas State University Master of Public Health website to provide information about SARS-CoV-2 and the COVID-19 pandemic.

MPH Foundational Competency #21 is associated with the category "Interprofessional Practice." It is described as the following: "Perform effectively on interprofessional teams." The competency was obtained during the development of health care professional survey for RCHD. These surveys were developed while working with a fellow RCHD MPH APE student, APE preceptor, and various other professionals at RCHD.

Student Attainment of MPH Emphasis Area Competencies

Table 5.3 Summary of MPH Emphasis Area Competencies

MPH Emphasis Area: Infectious Diseases/Zoonoses		
Number and Competency		**Description**
1	Pathogens/pathogenic mechanisms	Evaluate modes of disease causation of infectious agents.
2	Host response to pathogens/immunology	Investigate the host immune response to infection.
3	Environmental/ecological influences	Examine the influence of environmental and ecological forces on infectious diseases.
4	Disease surveillance	Analyze disease risk factors and select appropriate surveillance.
5	Disease vectors	Investigate the role of vectors, toxic plants and other toxins in infectious diseases.

Table 5.3 displays the core competencies and descriptions of the zoonotic/infectious disease emphasis. Whereas APE products did not directly apply to these competencies, core and elective coursework have attained competency competition. The completion of the emphasis competencies are outlined in Table 5.4 below.

Table 5.4 MPH Emphasis Area Competencies Attained

Pathogens/Pathogenic Mechanisms		
DMP 801	Toxicology	Studied "the effects of harmful substances on the animal body"
DMP 812	Vet Bacteriology & Mycology	Studied "the morphology, biology, and classification of pathogenic bacteria and fungi and their relation to the causes of disease"
Host Response to Pathogens/Immunology		
DMP 705	Veterinary Immunology	Studied "the innate and adaptive defense mechanisms in domestic animals"

DMP 801	Toxicology	Studied "the effects of harmful substances on the animal body. Emphasis on toxicologic principles and poisoned patient management"
Environmental/Ecological influences		
DMP 888	Globalization, Cooperation, and the Food Trade	Studied influences and challenges to ensuring safety, policy, security, and environmental impact of a global food & agricultural system with complex economic, social, and political dimensions
DMP 710	Introduction to One Health	Studied a broad introduction to One Health and the zoonotic diseases and environmental issues that impact the disease triad
MPH 802	Environmental Health	Studied "the professional practice of environmental sciences, epidemiology, toxicology, occupational health and industrial hygiene, and consumer health and safety"
Disease Surveillance		
MPH 754	Introduction to Epidemiology	Introduction to the basic principles and methods of epidemiology in order to recognize and understand how disease affects populations. Preparation course to solve current and future challenges to disease triad issues
STAT 705	Regression Analysis of Variance Disease	Studied data analysis techniques such as simple and multiple linear regression, analysis of covariance, correlation analysis, multi-variance analysis; applications including use of computers; blocking and random effects
STAT 720	Design of Experiments	Studied data analysis techniques so as to minimize error variance and avoid bias. Methods learned included Latin squares; split-plot designs; switch-back or reversal designs; incomplete block designs
MPH 701	Fundamental Methods of Biostatistics	Studied "the emphasis of concepts and practice of statistical data analysis for the health sciences"
Disease Vectors		
DMP 812	Vet Bacteriology & Mycology	Studied "the morphology, biology, and classification of pathogenic bacteria and fungi and their relation to the causes of disease"

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Appendix A - AHD Paper

I.

Preparation Material for RCHD Path to Creating an Academic Health Institution

Anna Kucera

August 29, 2020

MPH 840: Public Health Field Experience

Major Professor: Robert Larson

Preceptor: Edward Kalas

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Introduction

Riley County Health Department (RCHD) identified the need to better connect with its local health practitioners. These individuals span health agencies such as Ft. Riley Department of Public Health, Lafene Health Center, and Kansas State University Master of Public Health Department. Interest was formed to identify requirements, timeline, and methods of success to help RCHD become partnered with the Kansas State University Master of Public Health Department to form an academic health department. Through research of pre-existing cooperatives, the following document was prepared to help begin the formational planning of the RCHD as an academic health department. Additional resources for and about academic health departments can be found at the associated citation ("Academic Health Department Learning Community" n.d.).

Description

An academic health department partnership (AHD) is formed by the formal affiliation of a health department and an academic institution that trains future health professionals ("Academic Health Department Partnerships" n.d.). There are many benefits for both entities to enter into an agreement for an AHD. A summarized list of some of the benefits to both partners are listed in the table on the following page.

Academic Institution	Public Health Department
• Increased opportunities for applied research addressing local public health issues as well as access to communities and community-based data for research purposes (London, Chmelar, and Hoganson 2015). • Enhanced graduate knowledge about career opportunities. • Increased student awareness and appreciation of public health practice and respect for public health professionals (London, Chmelar, and Hoganson 2015). • Provides a mechanism for the real-world perspective of public health practitioners and access to population for research projects (Erwin and Keck 2014).	• Increased capacity for premising core PH functions and meeting community needs (London, Chmelar, and Hoganson 2015). • Enhanced recruitment of public health graduates and professionals into practices into academic environments (London, Chmelar, and Hoganson 2015). • Better prepared graduates to enter workforce in governmental public health institutions (London, Chmelar, and Hoganson 2015). • Provides types of research that will be needed to answer critical operations and address realistic questions as the implications of the Affordable Care Act proceed (Erwin and Keck 2014). • Supports schools and programs of public health to achieve and maintain accreditation by enhancing ability to assess readiness for public health agency accreditation (Erwin and Keck 2014).

Critical Factors of an AHD Partnership

There are three key components to an AHD: 1) defined academic-health agency relationship (memorandum of understanding, memorandum of agreement, or similar document), 2) a mutually beneficial relationship between institutions, and 3) shared resources for specific operations (Erwin and Keck 2014).

Having a well-defined inter-agency relationship allows both agencies to know what decisions and actions are their responsibilities. Typically, this relationship is defined in a memorandum of understanding (MOU) (also known as a memorandum of agreement or letter of agreement). The MOU is necessary to provide a clear understanding of agency expectations (Kent, Saddler, and Mase 2014). It is also a way to "create a sustainable partnership that broadens faculty and practitioner participation in public health student mentoring, public health workforce development, practice-based research, program evaluation, and community health improvement" (Hamilton et al. 2014). An example AHD MOU and other example AHD documents from other

local health departments and academic institution can be found at the denoted citation ("Academic Health Department Partnership Agreements" n.d.). An MOU has been compiled from reviewing the AHD partnership document examples provided by Knox County/University of Tennessee, Northern Kentucky Independent District Health Department, Lawrence-Douglas County Health Department/University of Kansas, and Virginia Department of Health/Virginia Tech. This document should be reviewed with both agencies present and revised for the proposed AHD (Kent, Saddler, and Mase 2014). This review time is an opportunity for both groups to evaluate their needs, understanding, and expectations for this relationship.

RCHD is at an advantage for a successful AHD partnership. Factors found statistically significant for an active AHD partnership include an local health department located less than 23 miles from nearest the academic institution and employment of at minimum one epidemiologist or one health educator (Hanny 2006).

Attributes for a Successful AHD Partnership

Studies have shown certain factors and behaviors aid in the success of an AHD partnership. Solid partnership relationship, a formal working plan, and an AHD coordinator are key factors for an active, progressive AHD.

Relationship

An open, well developed relationship between leaders, boundary spanners, and support staff are key for a successful AHD partnership. A highly successful AHD is much more than a paper commitment but a mentality and a partnership bound by mutual trust and understanding. Individuals in leadership positions influence the collaborative atmosphere with external agencies. These leaders must be committed to building cross-agency ties through verbal support and an attitude of encouragement for cross-agency collaboration. Additionally, the success of an AHD is definitely linked the involvement of agency boundary spanners ("Academic Health Department Partnership Agreements" n.d.). Boundary spanners are from either agency cross-employed at the other agency. Examples include faculty who have had part-time health department appointments or public health practitioners who have faculty appointments. These individuals work on the operational level of the agency and have connections and opportunities

to promote the AHD's many facets in addition to understanding the nuances of each agency (Erwin and Keck 2014). Finally, it is essential to not only have the support of leaders and boundary-spanning individuals, but also the support of staff who, while possibly not boundary spanners, are integral in their respective agency's function. These individuals know the strengths and interests of the professionals around them and are important to recruiting additional individuals (Erwin et al. 2016). For individuals hesitant or reluctant to support or assist with the AHD, the review of past successes can be used as a means to engage these or new individuals to become active contributors and enthusiastic participants in the AHD program ("Academic Health Department Partnership Agreements" n.d.).

Formal Working Plan

Successful AHD programs have not only an MOU, but also a formal working plan. While the MOU establishes a formal partnership, the formal working plan discusses long term vision, short term goals, and working plans for improved agency collaboration. This document is important to build and sustain the momentum of the partnership and should be updated with relative frequency as new partnership ideas, activities, and programs come to fruition. A check-list working plan example is provided by the Florida Department of Health in Leon County/Florida State University at the listed citation ("Academic Health Department Partnership Agreements" n.d.).

AHD Coordinator

Finally, a coordinator is vital to the planning and executing of any AHD activity ("Academic Health Department Partnership Agreements" n.d.). Having a coordinator has statistically been proven to increase partnership success. This coordinator can be hired and their salary contributed to by both the local health department and the academic institution through shared funds and grants or the coordinator can be an existing staff member. However, an existing employee may need their job duties altered to provide time for them to coordinate the AHD. An AHD coordinator needs to be organized and people oriented, having the capacity to connect with individuals from both agencies, understand the challenges of both agencies, and be willing to drive both individuals to better collaboration ("Academic Health Department Partnership Agreements" n.d.). Having an AHD coordinator helps insure the enduring success of the AHD

by decreasing the time and effort needed to reestablish agency connection when personnel turnover occurs (Hamilton et al. 2014).

Activities Timeline for Creating an AHD

- ❑ Formal letter from RCHD by President of the Board of Health (or equivalent) to the Dean of the Kansas State University Master of Public Health Department requesting formal association (Erwin and Keck 2014)

  Document should include the following points:

  - Should list essential elements identified for association (eg. MOU, relationship, shared resources)
  - Should indicate how association will benefit the MPH department and community (Erwin and Keck 2014). Examples include:
    - Enhance quality of educational experience and training for students (Erwin and Keck 2014)
    - Enhance quality of and capacity to perform core public health functions (Erwin and Keck 2014)
    - Improves access to quality care for un and underinsured (Erwin and Keck 2014)
    - Improves public health and medical competencies (Erwin and Keck 2014)
    - Provides support for achieving and maintaining CEPH accreditation (Erwin and Keck 2014)
    - Enhances capacity and ability to conduct practice-based research (Erwin and Keck 2014)
    - Enhances potential for external grants through collaborative research (Erwin and Keck 2014)
    - Improve public health graduates' preparation to enter the workforce (Erwin et al. 2016).

- ❑ Creation and agreement on MOU/initial formal partnership document

  Document should include the following points:

- Purpose of Partnership
- Responsibilities of agencies
    - If any positions are established or liaison designation
    - Create policies, procedures, processes and documents in place for research related issues
    - Process for reviewing and modifying MOU
    - Scope of activities

❑ Request PHF to be listed as an AHD on their website

- According to PHF's website (http://www.phf.org/programs/AHDLC/Pages/Academic_Health_Departments.aspx), an email can be directly sent to Kathleen Amos at kamos@phf.org.

❑ Development of Formal Working Plan

- Discussion and creation of document outlining initial intern and cross-partnership activities

Suggested Activities

Things to note from previous activities by AHD's is that active engagement and constructive criticism are important for activity improvement ("Academic Health Department Partnership Agreements" n.d.). One AHD attempted grand round table activities in between faculty and practitioners and found there was little application knowledge practitioners at the local health department could use (Hamilton et al. 2014). It is key to make sure needs are met and projects are addressing real needs as identified by the partners ("Academic Health Department Partnership Agreements" n.d.).

Group Identification of Research Needs

At the Knox County Health Department in Tennessee, one successful activity between faculty and practitioners sought to increase research relevance and build team fidelity. The activity focused on identifying relevant and researchable practitioner questions, concerns, or problems available for community-based participatory research. Prior to the meeting, the health department director and fellow program leaders identified possible answers to the question "If

there was one question that you would like for someone to research and help you (or your staff) do better, improve your programs, or evaluate effectiveness, what would your question be?" The staff reviewed these questions and condensed the list to approximately ten questions. At the joint meeting, mixed teams of practitioners and faculty were each furnished one of these questions and asked to identify the following:

- "Why is this important? Why will the answers matter?
- "How can questions be answered (who, how, when)?
- "How will the information be used?"

Group discussion after these breakouts helped identify a single or couple of questions that could be jointly researched (Hamilton et al. 2014).

Intern Experience Intensive

Kent County Health Department in Michigan provided a short one-day "Boot Camp" to educate their student interns about the resources the public health department provides. This was an excellent time for interns to connect with each other and gain an understanding of the purpose and programs of the public health department. Topics and recommended topics included the following Overview of the Health Department; The Public Health System; Policy, Procedures, and Logistics; Public Health Accreditation; CHNA and CHIP; Epidemiology Overview; Quality Improvement in Public Health; Grant Writing and Seeking Funding Sources; Health Equity; and Public Health Communication. All student interns strongly agreed that Boot Camp was informative and an appropriate requirement. It was recommended instead of a one-day event that the Boot Camp be spread into two-half day events with additional group interaction and discussion (London, Chmelar, and Hoganson 2015).

Additional Note

Kent County Health Department in Michigan has additionally created an online form for their current staff to submit project proposals for their interns. A request has been made to see the entirety of the project proposal form and will be attached if received soon. Part of form can be found on slide 45 of this citation (London, Chmelar, and Hoganson 2015).

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Appendix B - Template Memorandum of Agreement

II.

Template Memorandum of Agreement

Anna Kucera

August 29, 2020

MPH 840: Public Health Field Experience

Major Professor: Robert Larson

Preceptor: Edward Kalas

The following is a template of a Memorandum of Agreement gleaned from a review and compilation of the Memorandum of Understanding (MOU) and Memorandum of Agreement (MOA) provided by the following organizations:

Knox County/University of Tennessee

Northern Kentucky Independent District Health Department

Lawrence-Douglas County Health Department/University of Kansas

Virginia Department of Health/Virginia Tech

These documents and other example MOU's and MOA's can be found at http://www.phf.org/resourcestools/Pages/AHD_Partnership_Agreements.aspx.

MEMORANDUM OF AGREEMENT
between
RILEY COUNTY HEALTH DEPARTMENT
and
KANSAS STATE UNIVERSITY MASTER OF PUBLIC HEALTH DEPARTMENT
regarding the formation of an
ACADEMIC HEALTH DEPARTMENT

1. **PURPOSE**

The purpose of this Memorandum of Agreement (MOA) is to provide for the formation of an Academic Health Department whose purpose is to develop academic and educational cooperation on the basis of equality and reciprocity and to promote sustainable partnerships and mutual agreement, and mutually reinforcing activities between the Riley County Health Department (herein referred to as RCHD) and the Kansas State University Master of Public Health Department (herein referred to as KSUMPHD). Both KSUMPHD and RCHD may be referred to as the "party" or collectively as "parties." RCHD and KSUMPHD will remain separate entities, but for the purpose of participating in this MOA the combined efforts and activities will be referred to as an Academic Health Department (AHD). The goal of this mutually beneficial partnership shall be to… (insert desired goal)

EXAMPLES

- Enhance public health instruction, practice, research and workforce development and to improve community health in Riley County.
- Address the basic conditions that effect the health and well-being of all those in the community and to strengthen the multi-faceted system that affects health and health equity.
- Establish an affiliation between RCHD and KSUMPHD in which RCHD is designated as and agrees to serve as a community-based public health AHD for one or more academic or professional programs of KSUMPHD, and sets forth the responsibilities of the parties and terms and conditions of the affiliation established.

2. **PARTNERSHIP PRINCIPLES**

2.1. The work of the AHD and KSUMPHD shall adhere to the following *principles*:

2.1.1. Establish clear and open communication by striving to understand each other's needs and interests, and potential contributors.

2.1.2. Promote co-learning about community health and improvement;

2.1.3. Respect the unique nature of each partner and the contribution of each partner;

3. **PAYMENT**

3.1. This agreement does not involve the exchange of money between the parties, except where agreed upon by mutual consent for specific activities.

4. **RESPONSIBILITIES OF KSUMPHD**

4.1. KSUMPHD will maintain general responsibility for the formal academic education and evaluation of related academic matters involving Student's assignment at RCHD.

4.2. KSUMPHD will require Student to develop and execute, in conjunction with RCHD and KSUMPHD, a Learning Contract that specifies the deliverables to RCHD expected of Student as part of Student assignment at RCHD. Such Learning Contract, however, shall not be construed as part of this Agreement. Deliverables outlined in said Learning Contract required by KSUMPHD may be altered after creation with the express agreement of both KSUMPHD and RCHD.

4.3. KSUMPHD agrees to provide and maintain general liability insurance for a minimum amount of $1,000,000.00 per occurrence covering Student when physically present at RCHD or another location as part of assignment to RCHD, including travel between such locations. Upon request, KSUMPHD will provide RCHD with a certificate of insurance evidencing such coverage.

4.4. KSUMPHD will advise Student to have health insurance.

4.5. KSUMPHD will ensure that Student has training on HIPAA and human subjects' protection prior to their assignment at RCHD.

4.6. KSUMPHD acknowledges that RCHD owns Student's work product done at or for RCHD under this Affiliation Agreement and for which a Learning Contract has been agreed upon by the parties as described in paragraph B.3.

4.7. To the extent that it can on its own, KSUMPHD will make educational opportunities open and available to the AHD.

4.8. The formal education of undergraduate and graduate students shall continue to be the sole responsibility of KSUMPHD.

4.9. KSUMPHD agrees that it shall utilize the facilities and staff of RCHD for the education of undergraduate and graduate students so long as high standards of education and community service are maintained.

4.10. To the extent that it can on its own, the KSUMPHD will make educational opportunities open and available to the AHD, to include the MPH Seminar, and will facilitate the process for auditing courses through the Graduate School.

4.11. KSUMPHD will seek appointment of the Director of RCHD as Adjunct faculty. The adjunct faculty status will be non-paid unless the Director teaches a public health course, in which the Director will be paid as other adjuncts who teach.

5. **RCHD RESPONSIBILITIES**

5.1. Treatment of patients and execution of public health programs at the AHD shall continue to be the sole responsibility of the RCHD and shall be governed by its rules and regulations.

5.2. The Director (chair or head of the KSUMPHD) shall be named as non-paid consultant to RCHD.

5.3. The costs attributed to public health programs shall remain the financial responsibility of RCHD.

5.4. RCHD agrees to accept students of KSUMPHD and will make a best effort to provide an appropriate assignment for Student in RCHD that is consistent with supporting student involvement in local teaching, research, study and service learning while taking into consideration requirements and desires of RCHD, program of study, Student, and KSUMPHD. In no case shall RCHD be held liable for failure to provide such assignment.

5.5. For extended Student assignments, as determined by mutual agreement of KSUMPHD and RCHD, RCHD personnel will provide direction and supervision to Student concerning Student's work at or for RCHD and will participate in periodic meetings with Student and KSUMPHD personnel.

5.6. AHD shall establish an online documentation and support system to be used by both parties in the evaluation of community health initiatives.

5.7. The AHD and KSUMPHD shall reciprocate in the exchange of research and educational materials, publications and academic information including:

5.7.1. Jointly utilize the online documentation and support system to evaluate community health initiatives

5.7.2. The Organization and participation in seminars, symposia, short-term academic programs and academic meetings

5.7.3. Discussion of potential community health initiatives, case studies and public health issues in the community at KSUMPHD research meetings.

5.7.4. Broker relationships with other resources at KSUMPHD.

5.8. RCHD will participate in the development of any Learning Contract, as described in paragraph 4.2.

5.9. As determined by mutual agreement of KSUMPHD and RCHD for extended Student assignments, RCHD will provide to Student appropriate working space and, if applicable, computer equipment, for the time during which Student is at RCHD.

5.10. RCHD will provide to Student all rules and regulations of RCHD.

5.11. RCHD will notify KSUMPHD immediately of any situation or problem which threatens Student's successful completion of Student's assignment at RCHD.

5.12. RCHD shall not compensate Student for any work performed under the terms and conditions of Agreement.

5.13. RCHD will assist Student requiring emergency medical care in the case of injury or illness during Student's presence at RCHD. The cost for such treatment shall be borne by the Student or Student's health insurance.

5.14. When required for accreditation or upon KSUMPHD request, RCHD will provide KSUMPHD with information, reports, or other data concerning RCHD activities in areas to which Student has been or is about to be assigned, provided that RCHD is not legally prohibited from providing such information. RCHD acknowledges that KSUMPHD cannot guarantee the confidentiality of any information provided under this paragraph.

5.15. RCHD shall maintain the confidentiality of all Student records produced by it or furnished to it by KSUMPHD, and will not disclose information except as KSUMPHD may request for its own use or as Student may direct.

5.16. RCHD agrees to provide and maintain general liability and professional liability insurance with limits of at least $1,000,000.00 per occurrence and $3,000,000 aggregate covering its employees and agents. Upon request, RCHD will provide KSUMPHD with a certificate of insurance evidencing such coverage.

6. MUTUAL RESPONSIBILITIES/GENERAL PROVISIONS

6.1. GENERAL

6.1.1. Although independent, RCHD and KSUMPHD shall work together for common goals.

6.1.2. The AHD shall support the placement of a 0.1 FTE KSUMPHD position to promote evaluation, capacity building and guide the implementation of activities governed by this MOA. This individual shall have designated work space in both locations. Details of specific job responsibilities and management will be mutually agreed upon by both parties.

OR

A shared position between parties will be created, to serve as the Coordinator of Student Activities. Each party will contribute exactly one-half of the total salary and benefits of the Coordinator. This individual shall have designated work space in both locations. Details of specific job responsibilities and management will be mutually agreed upon by both parties. Details of specific job responsibilities, supervision, and management will be mutually agreed upon by both parties and elaborated in a separate activity agreement and contract.

OR

Coordinators shall be named by both RCHD and KSUMPHD to serve as liaisons to promote evaluation, capacity building, and guide the implementation of this MOA and its associated Formal Working Agreement. All activities conducted under the auspice of this MOA must have the endorsement of the coordinators. At KSUMPHD, the coordinator will be (insert individual's name and title), and at RCHD, the coordinator will be (insert name and title). Coordinators shall notify their counterpart should a new person be named to the position.

6.2. INTELLECTUAL PROPERTY RIGHTS

6.2.1. RCHD agrees to encourage its staff to participate in reach projects and to provide facilities and access to data for research to the facility of KSUMPHD in accordance with its capacities.

6.2.2. The RCHD Institutional Review Board (IRB) Committee can be the mechanism for reviewing and recommending for approval reach projects, including those initiated by either party. When projects involve staff in both parties, the Director of RCHD shall appoint a person to serve on the KSUMPHD IRB Committee to participate in the review and approval recommendation process of the research project.
OR
When deemed appropriate by either KSUMPHD or RCHD, KSUMPHD will require Student, with assistance from KSUMPHD and RCHD personnel, to obtain either approval or exemption from an appropriate Institutional Review Board ("IRB") prior to performing an activity at or for RCHD that has been deemed to require IRB review. Such IRB review, however, will not be required prior to Student being assigned to RCHD. In the absence of a requirement by RCHD for use of a particular IRB, KSUMPHD's IRB will be used.

6.2.3. If RCHD owns the Student's work product as allowed for in paragraph B.8, RCHD agrees to grant use rights for Student's work product for RCHD done under this Affiliation Agreement to Student and to KSUMPHD. In doing so, RCHD may require additional terms and conditions for the use of said work product, but such terms and conditions shall not be unreasonable nor imposed with the intent of preventing use of said work product for legitimate purposes that are part of or associated with Program.

6.2.4. Any publication as a result of research at the AHD by members of the faculty of KSUMPHD shall acknowledge both RCHD and KSUMPHD.

6.3. GRANTS

6.3.1. Grant funds obtained for projects involving both KSUMPHD and RCHD shall be distributed as determined by the granting agency or on such equitable basis as may be agreed upon by both parties

6.3.2. Each party shall continue under the control of its own officers and boards of directors or trustees, and each shall remain solely responsible in all respects for the management of its own affairs.

6.3.3. RCHD and KSUMPHD shall support the joint development of grant applications that support the purpose of this MOA.

6.4. APPLIED PRACTICE EXPERIENCE SPECIFIC

6.4.1. Facilities at KSUMPHD shall not be allocated to the exclusive use of RCHD and facilities at RCHD shall not be allocated to the exclusive use of the KSUMPHD; however, each party is committed to identifying space which can be used by the other, while still respecting who owns the space.

6.4.2. KSUMPHD and RCHD personnel will consult periodically to review Student progress and to review the affiliation in general.

6.4.3. Upon recommendation of RCHD, KSUMPHD agrees to withdraw Student from an assignment at RCHD if Student does not abide by RCHD's rules and regulations or, for other reasons, is performing unsatisfactorily. Questions and disputes concerning Student's removal from RCHD assignment will be resolved by a joint conference between KSUMPHD and RCHD personnel.

6.4.4. All rules and regulations of RCHD will apply to Student during RCHD assignment, which may include requiring Student to sign a confidentiality or non-disclosure agreement with RCHD. KSUMPHD will advise Student of this requirement.

6.4.5. Students are required to comply with KSUMPHD's criminal background check policy.

6.4.6. Students are responsible for complying with KSUMPHD's and RCHD's immunizations and health requirements policies and/or practices.

6.4.7. Both parties shall be in compliance with applicable local state and federal laws and regulations, will not discriminate on the basis of race, religion, color, sex, age, national origin, handicap, sexual preference, disabled or Vietnam era veteran status, or financial status in admission or access to, or treatment or employment in, its programs and activities. Both parties also acknowledge the existence of state and federal laws regarding sexual harassment and agrees that such laws pertain to the

Student's relationship with RCHD, KSUMPHD, and their respective personnel.

6.4.8. Neither party shall assign its duties and obligations under Agreement without the prior written consent of the other party.

6.4.9. Agreement is not intended to conflict with or affect any existing or future affiliation between the parties and institutions not party to Agreement.

6.4.10. Agreement represents the entire understanding of the parties with respect to the subject matter covered herein and supersedes and nullifies any previous agreements between the parties.

6.4.11. KSUMPHD and RCHD acknowledge that if RCHD is a covered entity as defined in the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), to the extent that Student or KSUMPHD personnel have access to protected health information ("PHI"), as such is defined under HIPAA, due to their participation in Student's assignment at RCHD, it is agreed that for HIPAA compliance purposes only such Student and KSUMPHD personnel are deemed to be part of RCHD's "workforce" and involved in RCHD's "healthcare operation," as such terms are defined under HIPAA. Student and KSUMPHD personnel shall be subject to RCHD's policies and procedures governing the use and disclosure of PHI. The parties further agree that the affiliation established by Agreement does not constitute a business associate relationship under HIPAA. Notwithstanding the foregoing, nothing herein.

7. **Renewal, Termination and Amendment**

7.1. This MOA shall remain in force for a period of five years from the date of the last signature. This MOA may be extended by the written consent of both parties. Prior to the completion of the initial term of this MOA, RCHD and KSUMPHD will assess the impact and effectiveness of this partnership and report their recommendations for future agreements to each party's respective governing entity.

7.2. This MOA shall be reviewed annually by the chief executive officers of RCHD and KSUMPHD or by the joint Advisory Committee (established in the Formal Working Agreement) to address issues identified by either party to this agreement. Subject to such revisions as are mutually agreeable at the time of

annual review, the duration of the Agreement shall be continuous unless terminated in accordance previously stated.

7.3. This MOA may be amended only by the written consent of the parties.

7.4. Termination

7.4.1. This MOA may be terminated by either party giving written notice to the other party, with or without cause, at least 180 days in advance of the stated termination date. Termination of this MOA shall not affect activities in progress pursuant to specific activity agreement, which shall continue until concluded by the parties in accordance with their terms or as otherwise agreed to by the parties in writing.

7.4.2. Agreement may be terminated by either party at any time if the other party defaults in any material obligation, but only if such default shall have continued for a period of thirty (30) days after receipt of written notice thereof by the other party.

7.4.3. In the event of the termination of Agreement as provided for in paragraphs D.9 and D.10, any Student assigned to RCHD at the time of such termination shall be permitted to complete the assignment.

In witness thereof with intent to be legally binding, the parties have offered their signatures hereto cause Agreement to be executed by their duly authorized representation, as Effective Date:

Name Date	Name Date
Vice Chancellor for Finance & Admin.	Director
Kansas State University	Riley County Health Department
Name Date	Name Date
Dean, Master of Public Health Department	Mayor
Kansas State University	Riley County

Appendix C - Template Formal Working Agreement

III.

Template Formal Working Agreement

Anna Kucera

August 29, 2020

MPH 840: Public Health Field Experience

Major Professor: Robert Larson

Preceptor: Edward Kalas

The following template Formal Working Agreement is gleaned from a review and compilation of the Memorandum of Understanding (MOU) and Memorandum of Agreement (MOA) provided by the following organizations:

Knox County/University of Tennessee

Northern Kentucky Independent District Health Department

Lawrence-Douglas County Health Department/University of Kansas

Virginia Department of Health/Virginia Tech

These documents and other example formal working agreements can be found at http://www.phf.org/resourcestools/Pages/AHD_Partnership_Agreements.aspx. It is recommended that suggested activities mentioned in the "Preparation Material for RCHD Path to Creating an Academic Health Institution" be incorporated into this document.

FORMAL WORKING AGREEMENT
of
ACADEMIC HEALTH DEPARTMENT
entered into by
RILEY COUNTY HEALTH DEPARTMENT
and
KANSAS STATE UNIVERSITY MASTER OF PUBLIC HEALTH DEPARTMENT

1. **Scope of Activities**
   1.1. RCHD and KSUMPHD, aim to cooperate in areas that may include, but are not restricted to, all those activities mentioned in this section (2.1- 2.8). Before any activity may be implemented, the Academic Health Department Advisory Committee (see 2.5) shall discuss the issues relevant to the satisfaction of each party. The parties will enter into specific agreements based on the mutually agreed objectives and outcomes of the activity. Activity agreements will include such terms as the following:

   1.2. Promote co-learning regarding community health and improvement.

   1.3. Respect the unique nature of each partner and the contribution of each partner.

2. **Opportunities for collaborative public health professional preparation**

   2.1. RCHD will host MPH students and, as appropriate, undergraduate students for internship according to KSUMPHD guidelines.

   2.2. RCHD will host Master of Public Health (MPH) students for practicum opportunities for which the students will receive academic credit. Each student will provide a minimum of 300 hours of work. RCHD will identify adequate local supervisor(s)/preceptor(s). KSUMPHD will provide a faculty advisor and practicum coordinator. [Refer to MPH practicum handbook and to the existing MOA between KSUMPHD for the MPH program.]

   2.3. KSUMPHD Student may assist RCHD through involvement in research, study, and service learning.

3. **Opportunities for workforce development**
   3.1. The RCHD will plan and implement workforce development training based on needs identified by RCHD, KSUMPHD faculty and community partners as part of the Public Health Program's objectives to enhance the public health workforce in the region.

4. **Opportunities for enhanced public health practice and collaborative research**
   4.1. KSUMPHD faculty and students may assist RCHD with data analysis.

4.2. RCHD and KSUMPHD may collaborate on research projects, including communicating research interests, applying for joint funding, supplying letters of support, writing joint publications and following all proper Institutional Revenue Board (IRB) protocols.

4.3. RCHD and KSUMPHD may participate on joint community health initiatives.

4.4. RCHD and KSUMPHD will provide technical assistance and consultation to each other as requested and when appropriate.

4.5. The AHD coordinator will facilitate interactions and data requests between KSUMPHD faculty and RCHD staff.

5. **Shared personnel and resources**

5.1. Exchange of research and educational materials, publications, and academic information

5.2. KSUMPHD faculty may work with RCHD by participating on advisory committees, investigations, or other opportunities as they arise.

6. **Advisory Committee**

6.1. The Director of the RCHD and the Department Head of KSUMPHD will identify staff members and faculty to form an AHD advisory committee composed of representatives from RCHD and KSUMPHD.

6.2. The purpose of the Advisory Committee is to oversee and inform all activities of the AHD including new research opportunities, student projects, workforce development training needs, latest developments in the field, etc.

6.3. The Advisory Committee will consist of two representatives of each party and the AHD Coordinator.

6.4. The Advisory Committee will meet on a regular basis (see 2.7.1). 2.5.2 The Advisory Committee will create a joint AHD Coordinator position with a defined job description.

7. **Shared resources**

7.1. When appropriate, both parties will identify areas where resources can be leveraged or shared.

7.2. RCHD will provide office space and a computer for students to use onsite.

7.3. RCHD and KSUMPHD will both provide office space and use of a computer for the joint faculty position/ AHD coordinator.

8. **Timely Communication**
   8.1. Advisory committee members will attend regularly scheduled meetings to discuss progress of the AHD. RCHD and KSUMPHD will agree to a mutually agreeable meeting schedule.

   8.2. RCHD and KSUMPHD will identify and establish a specific mechanism for communicating and sharing information on a timely basis. RCHD and KSUMPHD will annually assess the effectiveness of communication between the two parties and recommend appropriate modifications when indicated.

9. **Future possibilities**
   9.1. Investigate options for AHD growth.

Appendix D – COVID-19 Flier 1

STAY WELL DURING COVID-19

Why should I worry about getting sick?

While an initial quarantine for COVID-19 has ended, the concern for contracting COVID-19 is not over. Stay alert and informed to protect yourself and those around you from contracting COVID-19.

What should I watch for?

Mild Sickness Signs		Emergency Signs			
 Fever	 Cough	 Confusion	 Difficulty staying awake	 Persistent chest pain/pressure	 Trouble breathing

Who should I contact?

If you are experiencing mild sickness signs and think you may have COVID-19, stay home. Most people have mild illness and don't need medical treatment. Seek medical treatment immediately if you experience any emergency signs or other concerning signs.

How should I stay informed?

Want to learn more? The most informed news sources from a public health perspective include the following locations:

Center for the Disease Control
https://www.cdc.gov/coronavirus/2019-ncov/index.html

Kansas Department of Health and Environment
https://www.coronavirus.kdheks.gov/

World Health Organization
https://www.who.int/emergencies/diseases/novel-coronavirus-2019

Created May 25, 2020

Appendix E – COVID-19 Flier 2

STAYING WELL DURING COVID-19

Why should I worry about getting sick?

While an initial quarantine for COVID-19 has ended, the concern for contracting COVID-19 is not over. Stay alert and informed to protect yourself and those around you from contracting COVID-19.

How to protect myself?

There are many ways to protect yourself from getting COVID-19. Wearing a cloth mask helps protect others around you in case you have COVID-19 but no symptoms. Physically distancing yourself 6 feet (or 2 meters) away from people also helps to prevent the spread of disease. Also, don't forget to wash your hands for at least 20 seconds with soap and water.

Who should I contact?

If you are experiencing mild sickness signs, such as fever and cough, or think you may have COVID-19, stay home. Most people have mild illness and don't need medical treatment. Seek medical treatment immediately if you experience any emergency signs such as confusion, difficulty staying awake, persistent chest pain, trouble breathing, or other concerning signs.

How should I stay informed?

Want to learn more? The most informed news sources from` a public health perspective include the following locations:

Center for the Disease Control
https://www.cdc.gov/coronavirus/2019-ncov/index.html

Kansas Department of Health and Environment
https://www.coronavirus.kdheks.gov/

World Health Organization
https://www.who.int/emergencies/diseases/novel-coronavirus-2019

Created May 25, 2020

Appendix F – Health Professional Interest Survey

Interest Survey

Riley County Health Department (RCHD) would like your help in an upcoming survey. RCHD is trying to better connect with public health professionals regarding disease reporting. Please complete this couple question survey about how best to reach you and we will schedule a meeting.

How would you prefer to complete the survey? (multiple choice)

- Email survey link
- Zoom meeting
- In person
- Officer manager complete survey
- Phone call

Professional's name _____

Email address _____

Phone number _____

Main Office Name _____

Main Office Address _____

Appendix G – Human Healthcare Professional Survey Questionnaires

Survey Questions for Human Healthcare Professionals (MDs/DOs)

The survey will be administered using Qualtrics, so the formatting will appear differently than in this version.

Demographics

1. What year did you graduate from medical school?
   _____
2. What is your medical specialty?
   - Family medicine
   - Internal medicine
   - Urgent Care
   - Pediatrics
   - Emergency Medicine
   - OB/Gyn
   - Other _____
3. What category best describes your current practice?
   - Private practice
   - Group practice
   - Health Maintenance Organization (HMO)
   - Hospital-based

Knowledge Based Questions

According to Kansas statutes and regulations (K.S.A. 65-118, 65-128, 65-6001 - 65-6007, K.A.R. 28-1-2, 28-1-4, and 28-1-18), please indicate whether the following diseases are reportable or not and select the appropriate reporting timeline. Do not use resources to complete this portion of the survey. Results will remain anonymous and will help inform future disease reporting training.

1- Anthrax

___ Reportable (within 4 hours) ___ Reportable (within 24 hours)

___ Not reportable ___I do not know

2- Blood lead levels

___ Reportable (within 4 hours) ___ Reportable (within 24 hours)

___ Not reportable ___I do not know

3- Influenza deaths in children <18 years of age

___ Reportable (within 4 hours) ___ Reportable (within 24 hours)

___ Not reportable ___I do not know

4- Tetanus

___ Reportable (within 4 hours) ___ Reportable (within 24 hours)

___ Not reportable ___I do not know

5- Varicella

___ Reportable (within 4 hours) ___ Reportable (within 24 hours)

___ Not reportable ___I do not know

6- Leptospirosis

___ Reportable (within 4 hours) ___ Reportable (within 24 hours)

___ Not reportable ___I do not know

7- Carbon monoxide poisoning

___ Reportable (within 4 hours) ___ Reportable (within 24 hours)

___ Not reportable ___I do not know

8- Severe Acute Respiratory Syndrome-associated coronavirus (SARS-CoV)

___ Reportable (within 4 hours) ___ Reportable (within 24 hours)

___ Not reportable ___I do not know

9- Gonorrhea

___ Reportable (within 4 hours) ___ Reportable (within 24 hours)

___ Not reportable ___I do not know

10- E. coli

___ Reportable (within 4 hours) ___ Reportable (within 24 hours)

___ Not reportable ___I do not know

Awareness/Knowledge of Reporting Requirements

4. To your best of your knowledge, is disease reporting mandated by law or just good medical practice?
   - Mandated by law
   - Good medical practice, but not legally mandated
   - I don't know

5. Are you familiar with the list of notifiable diseases in Kansas?
   - Yes
   - No
   - Familiar with some but not all

Are you aware of the timeline requirements for reportable diseases in Kansas?

   - Yes
   - No
   - Familiar with some but not all

Interlude

For your benefit, this is the list of Kansas notifiable diseases. https://www.kdheks.gov/epi/download/KANSAS_NOTIFIABLE_DISEASE_LIST.pdf

Attitudes/Compliance

7. Approximately how many times per month do you diagnose a reportable disease?

   _____

8. Why do you feel that it is important to report notifiable diseases when suspected/diagnosed? Please select all that apply.
   - It's not important to report
   - To prevent further spread
   - Human health implications
   - It's the law
   - Other :_____

9. When a reportable disease is diagnosed, how frequently do you report to either Riley County Health Department (RCHD) or Kansas Department of Health and Environment (KDHE)?
   - Rarely
   - 30-50% of the time
   - 50-70% of the time
   - 70-90% of the time
   - All the time

How do you most frequently report notifiable diseases?

- Online form
- Phone an individual
- Email an individual
- Fax
- Other: _____

Barriers

What are common barriers or challenges that prevent you from reporting diseases? Please select all that apply.

- Lack of time
- Lack of knowledge of Kansas reportable diseases
- Process for reporting is inefficient/time consuming
- Begin report but cases are lost in administrative shuffling
- Fear of negative public opinion
- Other:_____

12. When you diagnose a reportable disease, what are other steps you take to trace contacts of the patient? Please select all that apply.

- Instruct individual to inform those they've been in contact with
- Have your office contact the patient's contacts
- Remain in contact with the patient to see how the case progress
- Contact the health department
- No additional action
- Other:_____

In addition to diagnosis and treatment, do you provide any additional medical advice/support to those with diagnosed zoonotic diseases (i.e. salmonellosis, ringworm, parasitic diseases)?

- Yes
  - Please explain: _____ _____
- No

14. What would be your preferred method of reporting notifiable diseases?

- Online form
- Individual to call
- Individual to email
- Fax

15. Do you have interest in participating in RCHD-led grand round table talks/focus groups to identify improved methods of disease reporting?

- Yes
  - Contact info : _____
- No

16. Have you practiced medicine in a state other than Kansas?

- o Yes
- o No

17. If you have practiced in another state, was that state's procedure for reporting diseases better than here in Kansas?

- o Yes (please explain how the process differed)

  _____

  _____

- o No

Appendix H – Veterinary Health Professional Survey Questionnaires

Survey Questions for Veterinarians

The survey will be administered using Qualtrics, so the formatting will appear differently than in this version.

Demographics

1. What year did you graduate from veterinary school?
   _____
2. What is your specialty (if applicable)?
   _____
3. What category best describes your current practice?
   - Private practice
   - Group practice
   - Animal Shelter
   - Hospital-based
   - Other: _____
4. Which types of animals do you generally diagnose/treat?
   - Dogs
   - Cats
   - Food Animal
   - Equine
   - Exotics
   - Zoo/wildlife
   - Other: _____

Knowledge of Reporting Requirements

According to regulations published by Kansas Department of Agriculture, please indicate whether the following diseases are reportable or not. Do not use resources to complete this portion of the survey. Results will remain anonymous and will help inform future disease reporting training. A link to a listing of reportable diseases will be provided immediately upon completion of this portion of the survey.

1- Vestibular Stomatitis

___ Reportable ___ Not reportable

___I do not know

2- Rabies

___ Reportable ___ Not reportable

___I do not know

3- West Nile Virus (WNV)

___ Reportable ___ Not reportable

___I do not know

4- Tetanus

___ Reportable ___ Not reportable

___I do not know

5- Brucellosis

___ Reportable ___ Not reportable

___I do not know

6- Avian Influenza

___ Reportable ___ Not reportable

___I do not know

7- Psittacosis

___ Reportable ___ Not reportable

___I do not know

8- Severe Acute Respiratory Syndrome-associated coronavirus (SARS-CoV)

___ Reportable ___ Not reportable

___I do not know

9- Tuberculosis

___ Reportable ___ Not reportable

___I do not know

10- E. coli

___ Reportable ___ Not reportable

___I do not know

Answer Key:

***Tetanus and E. coli are not reportable diseases

Awareness

5. To your best of your knowledge, is disease reporting mandated by law or just good medical practice?
   - Mandated by law
   - Good medical practice, but not legally mandated
   - I don't know

Are you familiar with the list of notifiable diseases in Kansas?

   - Yes
   - No
   - Familiar with some but not all

Are you aware of the timeline requirements for reportable diseases in Kansas?

   - Yes
   - No
   - Familiar with some but not all

8. Have you ever diagnosed a reportable disease?
   - Yes
   - No

9. Approximately how many times per month do you diagnose a reportable disease?

   _____

Interlude

For your benefit, this is the list of Kansas animal notifiable diseases. https://agriculture.ks.gov/divisions-programs/division-of-animal-health/animal-diseases#:~:text=A%20%22reportable%20disease%22%20is%20any,at%20785%2D564%2D6601.

A poster can be found here: https://agriculture.ks.gov/docs/default-source/rc-ah-large-animal/reportable-disease-poster.pdf?sfvrsn=f2eaadc1_42

Compliance

10. When a reportable disease is diagnosed, how often do you report?
    - Rarely
    - 30-50% of the time
    - 50-70% of the time
    - 70-90% of the time
    - All the time

Attitudes/ Barriers

11. Why do you feel it is important to report notifiable diseases when diagnosed? Please select all that apply.
    - It's not important to report
    - Prevent further spread of disease
    - Human health implications for zoonotic diseases
    - Legal obligation to report
    - Other :_____

12. What are barriers that prevent you from reporting diseases? Please select all that apply.
    - Lack of time
    - Lack of knowledge of Kansas reportable diseases
    - Process for reporting is inefficient/time consuming
    - Begin report but cases are lost in administrative shuffling
    - Fear of negative public opinion or loss of client
    - Other:_____

Do you provide any additional support to owners/clients with animals that are diagnosed with zoonotic diseases? If so, what?

- Yes
  - Please Explain: _____
- No

1. What would be your preferred method of reporting?
    - Online form
    - Individual to call
    - Individual to email
    - Fax
    - Other: _____

Have you practiced in a state other than Kansas?

- Yes
- No

16. If you have practiced in another state, was that state's procedure for reporting diseases better than here in Kansas?

- Yes (please explain _____)
- No
- Not applicable

Appendix I – Kansas Human Mandatory Reportable Diseases

REPORTABLE DISEASES IN KANSAS

(K.S.A. 65-118, 65-128, 65-6001 - 65-6007, K.A.R. 28-1-2, 28-1-4, and 28-1-18. Changes effective as of 5/11/2018)

For 4-hour reportable diseases report to the KDHE Epidemiology Hotline: 877-427-7317. For all other reportable diseases fax a Kansas Reportable Disease Form and any lab results to your local health department or to KDHE: 877-427-7318 within 24 hours or by the next business day.

Acute flaccid myelitis
Anthrax ☎
Anaplasmosis
Arboviral disease, neuroinvasive and nonneuroinvasive (including chikungunya virus, dengue virus, La Crosse, West Nile virus, and Zika virus)
Babesiosis
Blood lead levels (any results)
Botulism ☎
Brucellosis
Campylobacteriosis
Candida auris 🖷
Carbapenem-resistant bacterial infection or colonization 🖷
Carbon monoxide poisoning
Chancroid
Chickenpox (varicella)
Chlamydia trachomatis infection
Cholera ☎
Coccidioidomycosis
Cryptosporidiosis
Cyclosporiasis
Diphtheria ☎
Ehrlichiosis
Giardiasis
Gonorrhea (**include antibiotic susceptibility results, if performed**)
Haemophilus influenzae, invasive disease 🖷
Hansen's disease (leprosy)
Hantavirus
Hemolytic uremic syndrome, post-diarrheal
Hepatitis, viral (A, B, C, D, and E, acute and chronic)
Hepatitis B during pregnancy
Hepatitis B in children <5 years of age (**report all positive, negative, and inconclusive lab results**)
Histoplasmosis
Human Immunodeficiency Virus (HIV) (**Report the CD4+ T-lymphocyte cell counts, report viral load of any value, and report each pregnancy of women diagnosed with HIV**)
Influenza deaths in children <18 years of age
Leptospirosis
Influenza, novel A virus infection ☎
Legionellosis
Listeriosis 🖷
Lyme disease
Malaria
Measles (rubeola) ☎
Meningococcal disease 🖷 ☎
Mumps ☎
Pertussis (whooping cough)
Plague (Yersinia pestis) ☎
Poliovirus ☎
Psittacosis
Q Fever (*Coxiella burnetii*, acute and chronic)
Rabies, human ☎
Rabies, animal
Rubella ☎
Salmonellosis, including typhoid fever 🖷
Severe Acute Respiratory Syndrome-associated coronavirus (SARS-CoV) 🖷 ☎
Shiga toxin-producing *Escherichia coli* (STEC) 🖷
Shigellosis 🖷
Smallpox ☎
Spotted fever rickettsiosis
Streptococcus pneumoniae, invasive disease 🖷
Syphilis, all stages, including congenital syphilis
Tetanus ☎
Toxic shock syndrome, streptococcal and other
Transmissable spongioform encephalopathy (TSE) or prion disease
Trichinellosis or trichinosis
Tuberculosis, active disease 🖷 ☎
Tuberculosis, latent infection
Tularemia, including laboratory exposures
Vaccinia, post vaccination infection or secondary transmission
Vancomycin-intermediate and resistant *Staphylococcus aureus* (VISA and VRSA)
Vibriosis (all *cholerae* and non-*cholerae Vibrio* species) 🖷
Viral hemorrhagic fevers ☎
Yellow fever

☎ **Outbreaks, unusual occurrence of any disease, exotic or newly recognized diseases, suspect acts of terrorism, and unexplained deaths due to an unidentified infectious agent should be reported within 4 hours by telephone to the Epidemiology Hotline: 877-427-7317**

☎ **- Indicates that a telephone report is required by law within four hours of *suspect* or *confirmed* cases to KDHE toll-free at 877-427-7317**

🖷 **- Indicates that bacterial isolate, original clinical specimen, or nucleic acid must be sent to:**
Division of Health and Environmental Laboratories, 6810 SW Dwight St, Topeka, KS 66620-0001
Phone: (785) 296-1620

Appendix J – Kansas Animal Mandatory Reportable Diseases

Kansas Animal Health Reportable Diseases

The Kansas Department of Agriculture's Division of Animal Health mission is to ensure the public health, safety and welfare of Kansas' citizens through the prevention, control and eradication of infectious and contagious diseases and conditions affecting the health of livestock and domestic animals in Kansas. Below is list of animal diseases the Animal Health Commissioner has determined to be immediately reportable to Kansas Animal Health officials. Other diseases the livestock commissioner determines to be immediately reportable due to an animal health emergency situation may be added at any time.

Kansas Department of Agriculture

CERVID & CAMELID

- Foot and Mouth Disease
- Vesicular Stomatitis
- Tuberculosis (active and latent)
- Anthrax
- Brucellosis
- +Rabies
- Chronic Wasting Disease
- Johne's Disease

CATTLE

- Foot and Mouth Disease
- Vesicular Stomatitis
- Tuberculosis (active and latent)
- Anthrax
- Brucellosis
- +Rabies
- Rinderpest
- Psoroptic Mange
- Scabies
- Johne's Disease
- Trichomoniasis
- Bovine Spongiform Encephalopathy

EQUINE

- Piroplasmosis
- Vesicular Stomatitis
- Equine Infectious Anemia
- Anthrax
- Brucellosis
- +Rabies
- Equine Herpesvirus Myeloencephalopathy (EHM)
- Western, Eastern and Venezuelan Equine Encephalomyelitis
- West Nile Virus

SHEEP & GOATS

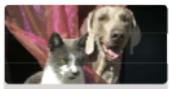
- Foot and Mouth Disease
- Vesicular Stomatitis
- Scabies
- Anthrax
- Scrapie
- Psoroptic Mange
- Brucellosis
- +Rabies
- Tuberculosis (active and latent)
- Johne's Disease

SWINE

- Foot and Mouth Disease
- Vesicular Stomatitis
- Classical Swine Fever/ Hog Cholera
- Anthrax
- Vesicular Exanthema
- Pseudorabies
- Brucellosis
- +Rabies
- African Swine Fever

AVIAN

- Avian Influenza
- Fowl Typhoid
- Exotic Newcastle Disease
- Psittacosis
- Pullorum



DOGS & CATS

- Avian Influenza
- Brucellosis
- +Rabies

ZOONOTIC (HUMANS)

A zoonotic disease is an infectious disease that can be transmitted from animals to humans.

Many of these diseases, when diagnosed in humans, are reportable to KDHE and include;

- Anthrax
- Brucellosis
- Psittacosis
- Rabies
- Tuberculosis, and
- West Nile Virus

A complete list of reportable diseases in humans can be found at www.kdheks.gov/epi

+Report all suspect or confirmed cases of rabies, including rabies in animals, to KDHE at 1-877-427-7317.

KDA: (785) 564-6601 • KDHE Hotline: (877) 427-7317

KDA Division of Animal Health • 1320 Research Park Drive, Manhattan, KS 66502 • (785) 564-6601 • agriculture.ks.gov/animalhealth