



## 3/8/17 Statewide LHD Call Summary

*Hosted by the West Virginia Bureau for Public Health, Center for Local Health (CLH)*

Participants: Local Health Departments Represented – 38  
Bureau Staff – 10  
Guests – 1

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### Avian Influenza (HPAI) H7N9

*Shannon McBee, MPH, CHES*

*Interim Director, Division of Infectious Disease Epidemiology*

On March 7<sup>th</sup>, the United States Department of Agriculture announced the detection of highly pathogenic avian influenza (HPAI) H7N9 in a chicken flock in Lincoln county, Tennessee.

Since the previous HPAI detections in 2015 and 2016, there was a need identified for health monitoring of response workers involved with the HPAI response. The WV Bureau for Public Health and WV Department of Agriculture has collaborated to develop guidance for the protection of employees involved with avian influenza control and eradication activities.

This document along with the updated surveillance protocol for avian influenza are available on DIDE website at [www.dide.wv.gov](http://www.dide.wv.gov).

WV has commercial poultry farms in multiple counties including Hampshire, Mineral, Grant, Hardy, Pendleton, Fayette, Greenbrier, and Monroe Counties. Backyard flocks are not immune to high path; therefore, any county in the state that has a backyard flock could be impacted.

We encourage you to maintain situational awareness through the weekly influenza partner emails and health alerts. On May 31, 2017, a National Veterinary Stockpile Tabletop exercise will be held in Moorfield, WV. Counties with commercial poultry farms should expect an invitation in the coming weeks.

For additional information please contact Shannon McBee, Interim Division Director, Division of Infectious Disease Epidemiology at 304-356-4019.

## Indirect Costs Rate Guidance

**Brandi O'Dell**

**Sub-Recipient Grants Manager**

Avenues for obtaining an approved Indirect Cost Rate:

1. Federal cognizant agency-applies only to agencies that receive a certain amount in federal funds directly.
2. State cognizant agency-not aware of any WV State agencies that serve as a cognizant agency.
3. CPA Firm Attestation

If a grantee does not have an approved negotiated indirect cost rate, the OMB Circular permits the use of a 10% de minimis rate. However, certain exclusions apply. Grantees cannot take 10% of the total direct costs if certain line items exist within the budget. If items listed below are included in the budget, then the grantee must take 10% of the total “modified” direct costs. See the highlighted information below for these exclusions:

§200.68 Modified Total Direct Cost (MTDC).

“*MTDC* means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). *MTDC* excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.” [79 FR 75880, Dec. 19, 2014]

### How to Charge Indirect Rates Appropriately when Invoicing:

Throughout the grant period, it is possible that grantees may have cost overruns and underruns within categories. Grantees are permitted to spend over in categories up to 10% of the grant amount without a formal change order. Approval from program staff must be provided in writing, however. Further, grantees may not add line items not previously approved in the budget without a formal change order, regardless of the dollar amount.

It is important to note that the 10% leniency **does not apply** to the indirect cost rate category on the budget. Because the indirect cost rate percentage does not fluctuate from month to month, a grantee may not overcharge or undercharge in this category.

If a grantee is using a 10% de minimis rate, then the indirect costs for a monthly or quarterly invoice must be calculated as follows:

**Total Modified Direct Costs \* 10% = Indirect Cost Rate charged per invoice.**

Link to OMB Circular Information:

<http://www.ecfr.gov/cgi-bin/text-idx?SID=337d359c399e641aa21fc2cac2a928c9&mc=true&node=pt2.1.200&rgn=div5>

Please be sure to refer to Exhibit G of your grant agreement to ensure compliance with reporting deadlines. The Sworn Statement of Expenditures form is now due with the final expenditure report for every grant, whereas in the past, this form was completed two years after a grant end date. Beginning with 2016 grants, DHHR changed the timeframe for which these forms must be submitted. If these forms are not filed timely, this can result in debarment status from the Department.

## Cross ROADS Survey

*Eric Bowen, PhD*

*Research Assistant Professor, WVU Bureau of Business and Economic Research*

In July of 2016 the Center for Public Health kicked off the Cross ROADS Initiative to study and promote cross-jurisdictional sharing of health care services. This effort is designed to assess the level of cross-jurisdictional sharing of public health services currently underway in West Virginia and to promote additional service sharing for those health departments interested in resource sharing as a means of improving operational efficiencies or service delivery across the state.

The WVU Bureau of Business and Economic Research has been asked to conduct a survey to inventory sharing initiatives at local health departments. The survey will be the basis for a report produced by the BBER detailing the types of service functions currently being shared at the state's local health departments, and offering potential opportunities for greater sharing statewide.

All health departments should have received an email with a link to the survey instrument on March 8, 2017. Those health departments participating in the Cross ROADS Initiative will receive a link to the detailed survey. Other departments will receive a link to a shorter, less detailed survey. We ask that the surveys be completed by **Friday, March 24**.

# LHD Data Collection and Reporting Survey Results

*Candice Travis, MPH*

*Preparedness and Communication Specialist*

*Amy Atkins, MPA*

*Director, CLH*

To obtain LHD input into the development of an annual report and ways to improve the reporting process, the CLH launched a survey. The results of the survey are reported below. The CLH received 30 responses; however only 26 agencies completed the survey, representing 56% of local health departments.

## Reporting Requirements

- 33% stated they provide additional programs and/or services that were not reflected on the required reporting forms.
- 23% reported problems and/or difficulties when completing data forms. Problems included template errors (inability to save), difficulty in breaking down FTEs, specifics into where to insert numbers, and how to report sick/annual leave costs.
- Suggested improvements included allowing larger LHDs more time to complete reports, seeking LHD input before releasing reports, uniform guidance on how to complete reports, demonstrating actual cash, user friendly reports, and changing reporting requirements to include all services agencies provide.

## Development of an Annual Report

- 11 respondents suggested topics to include in the annual report. Some topic suggestions included how much funding the state receives and how much funding LHDs receive; data sets; the number of public health services; the number of agencies who are either in the accreditation process, applied, or have achieved accreditation.
- 19 respondents suggested types of standards, benchmarks or targets that are useful for evaluating WV's local public health system.
- Respondents indicated the annual report should be distributed to legislature; county commission; community partners; funding agencies; public, dental, and healthcare agencies and public health programs at WV colleges.
- 24 respondents indicated outcomes their agency hopes to see from the development and publication of an annual report. The outcomes listed on the survey were inform policy makers

at the local, regional and/or state levels (23 respondents); improve understanding of local health department operations and administration (23 respondents); provide LHDs with the data necessary to improve the local public health system (22 respondents); increase transparency and accountability for public funds (18 respondents); support university efforts and research interests (11 respondents); none (2 respondents); other-BPH and CLH should be transparent and accountable as well (1 respondent).

- Additional comments that were mentioned regarding the annual report included LHDs should have the opportunity to review data prior to publication; graphs are useful and report should be meaningful and easily understood by non-public health professionals; report will be limited in scope; needs to be broader than code requirements; and needs to improve uniformity in reporting.

### Future Implications

The CLH will draft an annual report taking into consideration the feedback the Center received from the survey. As a result, the Center will be working with each of the lead TP agencies to schedule regional meetings during the week of April 17-21, 2017. During the regional meetings, the Center will identify potential reporting requirement changes and present a draft version of the annual report. This will allow the Center to obtain additional feedback and publish the report prior to the start of FY 2018.

## Community Health Assessment (CHA) Resources

***Samantha Batdorf, MPH***  
***Epidemiologist, CLH***

- A new webpage has been added to the CLH website  
([http://www.dhhr.wv.gov/localhealth/data\\_qi/CHA/Pages/Secondary-Data-Sources.aspx](http://www.dhhr.wv.gov/localhealth/data_qi/CHA/Pages/Secondary-Data-Sources.aspx))
- Based on feedback from the CHA survey, various secondary data sources were compiled into one table. Currently, the table contains 19 sources. The page is called “Secondary Data Sources” and can be found under the Data and QI tab of our website or by clicking the link above.
- The table contains the following information: the name of the data source, the year or years that the data reflect, whether or not county-level data are available, a brief description of the data source, and the health topics that are included in each data source.
- In cases where the data source is a report (not an interactive data tool), the table links to the most recent report available. For example, the WV BRFSS report is from 2013, though older reports can be found on the WV Vital Statistics website.
- Please reach out to Samantha Batdorf if you would like to see additional resources included in the table. These could be data sources that you already use successfully, or maybe you have suggestions

for additional topics to be included. Samantha can be reached via email at ([Samantha.batdorf@wv.gov](mailto:Samantha.batdorf@wv.gov)) or phone at (304-356-4235). The Center welcomes your feedback.

- Per the feedback from the CHA survey, the next focus for the CHA Resources Webpage will be frameworks for community health assessment and planning

## New SharePoint Procedures

*Amy Atkins, MPA*

*Director, CLH*

Updated BPHS Guidance Document – The CLH updated and released the guidance document for local health departments. An email was sent on February 27 with the details. The new procedures are part of an effort to improve transparency and accountability, maintain consistency of operations and establish procedures related to data integrity and data sharing. The updates include the following changes:

- Procedure for Requesting Corrections to FY 2016 End of Year Financial Reports – A form has been created in SharePoint. LHDs can submit requested changes using this form and CLH will make the changes, return the file to the LHD to confirm the changes are accurate. The LHD is then responsible for sharing the updated information with their LBOH.
- LHD Email Distribution Lists – Changes can be sent to [dhhrbphclh@wv.gov](mailto:dhhrbphclh@wv.gov). This procedure also includes instructions for individuals or agency staff to verify which groups they are currently in.
- LHD Data Request Procedure – A form has been created in SharePoint. State and local health department employees that have access to SharePoint can submit a form to request the data. When data is requested by external partners, CLH will complete the form.
- Record of Changes – To indicate when and what changes are made as the guidance is updated.

The FY 2016 Financial Report and FY 2016 Fees for Services Report are available in the list view. State and local health department employees that have access to the SharePoint site can create various views in SharePoint, filter the data and/or export data in excel or other formats.

## Other Updates

### Disaster Epidemiology Workshop

- The Bureau for Public Health is excited to announce that a Disaster Epidemiology Workshop will be provided by the Centers for Disease Control and Prevention (CDC) National Center for Environmental Health (NCEH), the National Institute for Occupational Safety and Health

(NIOSH), and the Agency for Toxic Substances and Disease Registry (ATSDR) in Morgantown during March 28-30.

- This 3-day workshop was requested by the WV Bureau for Public Health (BPH) in an effort to strengthen preparedness in West Virginia to better respond to and recover from disasters.
- This workshop will bring together training for three existing federal tools for disaster situations – the Community Assessment for Public Health Emergency Response (CASPER), Emergency Responder Health Monitoring System (ERHMS), and the Assessment of Chemical Exposures (ACE) – into one convenient location.
- The intent of the workshop is to provide disaster epidemiology training to a diverse audience with varied epidemiology experience and enhance knowledge, awareness, and capacity of these tools. The training is open to up to 100 persons including WV BPH staff, WVU SPH students and faculty, local health department staff, public health practitioners, emergency management officials, and public health partners. The training is not limited to epidemiologists.
- Each course is 6-8 hours in length. There is no cost to take the training courses and lodging will be covered by BPH.
- For more details, please contact Erica Thomasson at [Erica.r.thomasson@wv.gov](mailto:Erica.r.thomasson@wv.gov) or 304-356-4983.

### Try This West Virginia

- Try This WV for Health Professionals – The conference will begin this year with a one day healthcare professional's conference on June 1 from 9-5. Physicians, nurses and dieticians can receive 11 hours of continuing education credit (6 on Friday and 5 on Friday and Saturday).