

Iowa Department of Public Health
Communication Forums
Final Report

Prepared for the Iowa Department of Public Health Executive
Team

By

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Introduction

This report contains the process, results, summary and recommendations from six community communication forums held across Iowa.. The purpose of the forums, requested by Dr. Mary Mincer Hansen, Director of the Iowa Department of Public Health (IDPH), the Executive Team and the Office of Communications was to capture information to use in creating a strategic plan to enhance communication among IDPH, local public health and contractors.

Discussion

During January 2006, communication forums were held in Mason City, Independence, Fairfield, Indianola, Storm Lake and Atlantic. The forums were facilitated by Janan Wunsch-Smith, Consultant. Office of Communications staff Joyce Allard attended all forums and Kevin Teale was present at Mason City and Independence.

Attendance at the forums ranged from 10 to 30 with representation from local public health agencies, Boards of Health, Board of Supervisors, hospitals, private medical practice and a wide representation from contracting agencies. Each site had attendees representing various agencies and contractors.

The format of the forums included introductions, overview of the purpose, a brief summary of the activities of the Office of Communications and large group brainstorming answering the questions

1. What types of communication do you currently receive from IDPH?
2. What methods do you use to communicate with IDPH?
3. What are strengths of IDPH communication efforts?
4. What's not effective and should be adjusted?
5. What ways do you currently use information from IDPH in your work?

The groups were then divided in to small groups of 5-6 people to discuss the questions:

1. How can we improve our current communication between IDPH and you?
2. Are there other things we should be doing that we are not doing now?
3. What additional types of communication strategies/techniques would be helpful?
4. What types of information do you need to support local public health activities and improve health outcomes?
5. How should IDPH assist you in public health education and related programs/services?

Each small group reported on their discussion. A time for final comments ended each forum.

During the forums all attendees were very engaged and had input into the discussion.

The information was recorded on flip charts and additional notes taken by staff. The information from each forum was combined under the discussion questions. Duplication of answers was then removed. (See Appendix I: IDPH Communication Forums-Combined by Question) The content was then reviewed to identify cross cutting topics, and recommended changes. (See Appendix II: IDPH Communication Forums-Categories Combined)

Summary and Conclusions

The results of the forums were very consistent with no significant geographic variation. Those representing entities outside local public health had comments very similar to the local public health agencies.

In summarizing the results from the questions we find the following: (see appendix for full listing)

1. What types of communication do you currently receive from IDPH?
The most prevalent type was e-mail, but many others were listed
2. What methods do you use to communicate with IDPH?
The most prevalent was again e-mail
3. What are strengths of IDPH communication efforts?
The strength of the current communication activities focused on the timely response by IDPH staff, quality of information shared, linkage to additional sources of information and the face-to-face communications with the Regional Community Health Consultants.
4. What's not effective and should be adjusted?
 - The e-mail system is inconsistent, with non-standardized formatting or required information. Distribution is random with no process for preventing extreme redundancy. However, there were also situations cited where those who needed a message did not receive it.
 - Media was cited as an issue most often due to information being out to the media before the local partners have received it. This puts them in the awkward position of not knowing information when asked which undermines their credibility. Also, there are times when the local situation is different than what the state is portraying.
 - HAN usage has become too general. The initial intention for emergency related use seems to have changed and it is now used for general information as well. There were questions as to who should have access now that it is being used for much more information. In addition, it was noted that information has been put on without dates or author.
 - The Department provides much information in many formats but there is too much redundancy which takes time out of the already over burdened work schedules of the local partners. Providing more information just to have something in print is not always better when local partners are already short on time. Also, there are many times when meetings are scheduled on top of each other so local partners have to choose between two important meetings or send someone that may not be working on the project. ICN is still a good option for meetings when the sites are strategically selected.
 - There needs to be a consistent message coming from the department on all topics with good identification of the original source. It is often difficult to access someone who can answer questions i.e. voice mails are full, wrong date messages on phones, difficult to access staff on Friday afternoon and many do not know who to contact for information on specific topics. There is nothing on the web page to help with this problem
 - Web page is noted as being extremely difficult to navigate and not user friendly. This was agreed upon by everyone. Even though it was identified as providing good information, it was noted that some data was outdated and was not beneficial for grant and report writing. Many comments that the site should be kept more current.
5. What ways do you currently use information from IDPH in your work?
 - Information is used to inform local media, write grants, create newsletters, inform local health care providers, help in policy development, and in local communicable disease follow up.

6. How can we improve our current communication between IDPH and you?

The answers to this question were varied with the following topics discussed most frequently.

- For meetings, investigate the most cost efficient means of communicating (ICN, conference calls, traveling, teleconference), rotate locations of mandatory trainings, save-the-dates more than a month ahead (3-6 months is not too soon), create a master calendar, be specific with objectives and agendas. Send objectives and agendas out before the meeting and get information to be used for ICN meetings to contact person a minimum of one (1) week ahead.

If a meeting is mandatory, rotate locations across the state to include all regions.

- Communications released should be sent to all parties at the same time, including subcontractors
- Set up policy and procedures for electronic communication including regular review of electronic mailing lists to avoid duplication (however, would rather receive duplicates than be missed), messages should be short and concise, with an identifiable title in the subject line and the person sending identified with contact information. Improve internal communication processes at IDPH to reduce redundancy in e-mail.
- IDPH should be more aware of all the local players involved in public health (i.e., hospitals, EMS, etc.) Include hospitals in the circulation of Quick Reads and Focus articles.
- Create a training component for the HAN
- Web site – need to know where programs and staff fall within the organization structure so information can be accessed in a timely manner. (Need a directory on the Web page. Include a “contact us” button (per subject and name). The Web site should be redesigned to be more user friendly. It is difficult to access all of the good information that is available on it.
- Don’t assume everyone has access to e-mail and Internet
- Send a comprehensive weekly newsletter which includes only the “I have to know” information from each bureau

7. Are there other things we should be doing that we are not doing now?

The content of the answers to this question was repetitive. The Web site directory, e-mail policies and procedures and message map for press releases dominated the discussion.

8. What additional types of communication strategies/techniques would be helpful?

A diverse set of answers to this question included focus on

- Centralization of communication. This would help prevent duplication of information.
- When sending urgent or time sensitive information through the mail, follow it with a phone call or urgent e-mail message to alert local partners
- Narrowing down the means of communication
- Ensuring back up staff is available for vacations and holidays
- Creating a central place on the Web site where individuals can share and gain information

9. What types of information do you need to support local public health activities and improve health outcomes?

Responses to this question focused again on the Web page with mention of updated material, making it user friendly, a calendar of events, and links to other state

departments. Educational components targeted education for county attorneys, marketing tools for public health and health education materials at lower reading levels and in more languages.

10. How should IDPH assist you in public health education and related programs/services?

The focus was on providing assistance in communication and education i.e., templates, curriculum, manuals, feedback on specific reports and expected outcomes, increased collaboration in assisting with education at local level and suggestions and bulleted points for interacting with legislators

In review of all the information from the forums, five topics are clearly areas to be addressed in the department's communication strategic plan. These are

- E-mail and phones
- Web site
- HAN
- Media
- Department

Recommendations

The following recommendations are based on the amount of discussion related to the identified topics and the indication for needed change. Within the recommendations, there may be suggestions that are very similar or the same as existing activities at the IDPH. These were included based on the amount of comment and discussion related to the topic. When this occurs, it is an indication of the need for communicating the department's current activities and informing the local partners where and how to access information. This education/training strategy should be written as an action in the strategic plan.

It may not be possible to create a strategic plan that addresses each recommendation due to the amount of time and resources necessary to address the topics. It is however, important to communicate to the local partners what will be included in the plan and which areas will be addressed at a later time. The final scope of the plan will need to be realistic and attainable.

Phones

1. Assure a staff person is available and reachable to cover program questions until 4:30 p.m.
2. Set policies and establish guidelines for voicemail messaging regarding keeping it current on a daily basis including a contact person and number if out of office
3. When in office keep voicemail box cleared on a regular basis

E-mail

1. Establish policies and guidelines regarding the construction of e-mail messages, subject line contents, identification and contact information of sender, identification of those receiving message i.e., MCH contractors, WIC agencies, etc. and use of blind c.c. so all e-mail addresses do not print out
2. Determine a method to reduce the redundancy in e-mail messages received at the local level (some received as many as 10 of the same notice for these forums). This might include a central point of distribution, list serves that local partners can sign up for or delete themselves from.

3. Create a plan for inclusion of subcontractors, hospitals and other local partners in distribution of public health information

Web site

1. Restructure the Web site to be more user friendly. The planning should include a task force representing local agencies, contractors and other key partners who can give input into changes from a local user perspective.
2. Review and provide timely and updated data
3. Format documents on web page so they are easier and quicker to print out.
4. Create a “search system” that is easy and effective
5. Create a calendar for all outside meetings
6. Create a directory of staff, programs they are affiliated with and contact information

HAN

1. Review purpose of HAN and share with all local public health agencies and contractors.
2. Create policy and criteria for types of material placed on HAN. Assure dates and authors on included on all submissions.
3. Restructure HAN to make it more user friendly and provide information/training to users to help them access the information

Media

1. Create a message map for distribution of press releases
2. Develop a process for notifying local partners of press releases prior to media obtaining the information (when possible)
3. Develop a process for acquiring local input, when appropriate, into press releases to assure they are relevant at the local level
4. Put press releases on the Web site
5. Provide templates for local partners to use in drafting local press releases and educational materials

Education

1. Create a marketing plan including tools that can be used at the local level to promote public health
2. Assess need for and availability of health education materials in other languages and at appropriate reading levels for a variety of audiences
3. Explore the opportunity for creating additional manuals for use at the local level (Epi manual was cited as an excellent example)

Department

1. Develop a master calendar
2. Provide consistent message from all divisions
3. One comprehensive weekly newsletter (too many places to look for information)
4. Feedback on required reports and outcomes
5. Schedule meetings and educational presentations more than 1 month ahead (3-6 months ahead is not too soon)
6. Bullet points to educate legislators on relevant public health topics

Appendix

I: IDPH Communications Forums: Combined by Questions

Large group brainstorming

1. What types of communication do you currently receive from IDPH?
 - E-mail
 - Epi updates
 - Focus
 - Quick Reads
 - Friday Facts
 - U.S. mail
 - IDPH Web site
 - Face-to-face (i.e., CHCs)
 - FAX
 - Telephone
 - Conferences
 - ICN
 - HAN
 - Legislative updates
 - Pagers
2. What methods do you use to communicate with IDPH?
 - E-mail
 - U.S. mail
 - Face-to-face (CHCs)
 - FAX
 - Telephone
 - ICN
 - Reports
3. What are some of the strengths of IDPH communications efforts?
 - E-mail response time
 - Staff are responsive and helpful
 - Face-to-face communications with the CHCs
 - Provide good information as well as feedback
 - Information is out quickly
 - Serve as a connection to other resources
 - Information provided is valuable and can/should be shared in the community
 - ICN can provide a good means of communication on tight budgets
4. What current communication efforts are not effective and should have adjustments to work better?
 - A. Telephone and e-mail
 - Find full mailboxes and sometimes slow responses
 - E-mails are not shared with advocacy groups

- Multiple e-mails and redundancy of information
- Some always go to voicemail
- Need to know who e-mails go to in order to avoid duplication (i.e., hospital administrators)
- Centralized e-mail --- it is better but still needs work to avoid duplication
- Due to the use of e-mails, expectations regarding turn around time are not always practical

B. Media

- Sequence of information/press releases shared – media receives it before the local officials (makes it difficult for local officials to be prepared to answer questions from the media)
- Sometimes messages do not concur with local information

C. HAN

- Too much information is posted which makes it more difficult to use
- Duplication of information
- Dates are not provided for postings – need to sort through information to determine if it is new
- Postings do not have authors
- Time consuming – access
- HAN has become a “catch all” for informational postings
- Alerts should be health related and pertinent to public health officials
- Should be left solely to emergency alerts
- Needs to be more organized – difficult to find information
- Need more information and education on the purpose, users, etc.

D. Department

- Lack of coordination between departments
- Lack of coordination and communication between bureaus and divisions within IDPH
- Hours of operation hamper communication and follow-up – no one is available after 4:30 p.m.
- Real body in the office on Fridays until 4:30 p.m.
- Do not always receive new contact information when there is a staff change
- Need protocol for accessing state epi. etc. on weekends and after hours during week (put on Web?)
- Divisions need to communicate internally to have consistent messages
- No way to request information
- Need to always have IDPH logo on official documents

E. Web site

- Difficult to navigate
- Although contains a great deal of information, it is not user friendly
- Bureau names keep changing so difficult to find information
- Hard to find names and contact information for staff members
- Table of organization

- Format of e-mails – stop using columns in the newsletter (color and pictures take time and extra ink)
- Too many steps
- Searches are useless
- Difficult to find data for grants
- Data not current – some information is more than two years old
- Provide occasional status reports on topics such as the bird flu and other department activities
- Not updated often enough
- Sometimes links are not current
- Need better links to other departments and information at the state level
- Press releases should be posted on the Web
- Difficult to find information unless you have the direct link

F. Meeting /calendar conflicts

- More are scheduled in Des Moines for convenience
- Location of meetings – not always easy to get to Des Moines
- ICN is still a good option
- Need centralized calendar that is department wide (and, if possible, across all state departments)

5. In what ways are you currently using information from IDPH in your work?

- Information shared can be used with local media, radio, PSAs
- Share with other health care providers
- Use reports for program development and grants
- Use information from Tobacco and Focus newsletters for own newsletter
- Calendars are useful
- Forward information onto school nurses for education
- Help with policy development
- Data, statistics, surveys for presentation written communication, grants, fact sheets
- Communicable disease follow-up
- State media used as link with local information/story

Small group discussion

1. How can we improve our current communication between IDPH and you?

- Keep up-to-date about upcoming changes – awareness is key to not getting caught off guard
- Meetings: Investigate the most cost efficient means of communicating (ICN, conference calls, traveling, teleconference). If meetings are mandatory rotate locations across the state to include all regions. Save-the-dates more than a month ahead (3-6 months out is not too early). Create a master calendar that includes mandatory trainings to avoid meetings being scheduled at the same times. Perhaps the State can have one central calendar that would include events/activities from all the departments in the executive branch. Be specific regarding the objectives of a meeting as notices are sent. Hold mini forums that provide face-to-face information, send agenda ahead of time, make clear the purpose of the forum

- Communications released should be sent to all parties at the same time, including subcontractors
- Review electronic mailing lists to avoid duplication (however, would rather receive duplicates than be missed). Messages should be short and concise and contain information in the subject line identifying the message. They should also identify who the message is coming from, including contact information.
- Be more aware of all of the players involved in public health (i.e., hospitals, EMS, etc.) Include hospitals in the circulation of Quick Reads and Focus articles
- HAN needs a training component to help navigate through it
- List serve – one-way communication and information and we don't know how to disperse it
- Web site – need to know where division falls to find information and need to have a way to pull-up a person (include a directory). Include a “contact us” button (per subject and name). The Web site should be redesigned to be more user friendly. It is difficult to access all of the good information that is available on it.
- Redesign internal communication between divisions to cut down on e-mails to be more streamlined
- Don't assume everyone has access to e-mail and Internet
- Create an 800 number
- Send once a week a comprehensive newsletter with solely the “I have to know” information from each bureau

2. Are there other things we should be doing that we are not doing now?

- Create a registry that can be used to request information on various topics
- Create a staff directory and categorize based on area of expertise – update regularly
- Have a live person answer the phone - would improve customer service. Also empty voicemails, change voicemail messages, respond to e-mails
- Communicate across the department to improve data in various systems
- Use a 12 point font on all messages (ADA guidelines)
- State relay information on topics like hog lots and more education nutrition programs in the schools
- E-mail changes
 - List serve manager – create a unified system to eliminate duplications
 - Teach local users how to block and sort e-mails
 - Learn to adjust reply line so it doesn't go to all on list serve
 - Use blind “cc” to eliminate printing all the addresses
 - Include identifying who the message is to go to
 - Have the ability to unsubscribe
- IT manager
- Create a master calendar
 - Include conference registration links that contain conference information materials
 - Include information for all state agencies
- Help to get the message out on “What is public health?”
 - Consistency of messages shared by everyone
 - Continue public health campaigns

- Create a message map for press releases
 - Use e-mail or HAN
 - Make sure messages are received by everyone
 - Work with local for input on use of media releases
 - Bring back orientation for new employees
 - Identify a point of contact
3. What additional types of communication strategies/techniques would be helpful?
- Have a central intake person for communication – it is frustrating having to resend things
 - Get e-mail back on CADs list
 - Web
 - Create a centralized place on the Web where individuals can share and gain information. Post events. Create a place where questions can be posted and appropriate IDPH staff can respond.
 - ICN – increase the use to avoid some of the excess lengthy travel to Des Moines. Increase use of teleconferencing. Use it more frequently and effectively. Be interactive so can sit at desk and participate in the meeting.
 - Calling tree with state level. Communication matrix at state level and then who at local level.
 - Focus and Quick Read – increase more information from a broader range of public health
 - Send communications through the mail and follow-up with an e-mail or fax.
 - Would be nice to have consistent communication from all programs and divisions. Narrow down the means of communication.
 - Ensure back up staff is available (especially during the holidays)
 - Create an 800 number. All e-mails should include contact information (including a phone number)
4. What types of information do you need to support local public health activities and improve health outcomes?
- Support of IDPH to train and inform local county attorneys
 - Web site changes:
 - Integrated, interactive Web site with current data information. Trending available for retrieving data based on geographic regions by entering area codes or zip codes.
 - Create a directory for locating additional data sources.
 - Create a directory of each county structure to be found on the Web
 - Create a calendar of events
 - Make it more user friendly
 - Add links to other state departments and health organizations
 - Update data and make easily accessible for grant writing
 - Include hospitals in e-mails
 - News releases at a third grade reading level?
 - Print materials in English and Spanish. Need fact sheets in other languages.
 - Create marketing tools

- Have the ability when call in to talk to a live person not voicemail. Phone calls should always be returned.
5. How should IPDH assist you in public health education and related programs/services?
- Provide specific feedback on reports submitted and specific outcomes desired (U of I has a good system). We don't want to feel that we are sending reports into a black hole.
 - Keep regional meetings and provide boundaries for all regions. Use the ICN.
 - Educate the people providing the programs to be more qualified.
 - Help local information officers by providing templates and distribution
 - Need assistance in writing and promoting what they are doing at the local level
 - Provide more printed materials (epi manual is an excellent resource)
 - Increase collaboration on education provided at the local level. Includes schools, community colleges, nursing homes, etc. Solicit input and curriculum for ideas (assess local needs and requests)
 - A-Z index of departmental activities (similar to CDC)
 - Create a central calendar. Provide 2 weeks notice for meetings and events
 - Provide newer data
 - Provide suggestions/bullet points for interacting with legislators

II. IDPH Communication Forums Categories Combined

A. Telephone and e-mail

- Find full mailboxes and sometimes slow responses
- E-mails are not shared with advocacy groups
- Multiple e-mails and redundancy of information
- Some always go to voicemail
- Need to know who e-mails go to in order to avoid duplication (i.e., hospital administrators)
- Centralized e-mail --- it is better but still needs work to avoid duplication
- Due to the use of e-mails, expectations regarding turn around time are not always practical

Changes:

- List serve manager – create a unified system to eliminate duplications
- Teach local users how to block and sort e-mails
- Learn to adjust reply line so it doesn't go to all on list serve
- Use blind "cc" to eliminate printing all the addresses
- Include identifying who the message is to go to
- Messages should be short and concise and contain information in the subject line identifying the message
- Have the ability to unsubscribe
- Create an 800 number.
- All e-mails should include contact information (including a phone number and who the message is from)
- Send communications through the mail and follow-up with an e-mail or fax
- Include hospitals in e-mails
- Get e-mail back on CADs list

- Have the ability when call in to talk to a live person not voicemail. Phone calls should always be returned. Would improve customer service.
- Empty voicemails and change voicemail messages.
- Respond to e-mails
- Redesign internal communication between divisions to cut down on e-mails to be more streamlined

B. Media

- Sequence of information/press releases shared – media receives it before the local officials (makes it difficult for local officials to be prepared to answer questions from the media)
- Sometimes messages do not concur with local information

Changes:

- Create a message map for press releases
 - Use e-mail or HAN
 - Make sure messages are received by everyone
 - Work with locals for input on use of media releases
- Press releases written at a third grade reading level?
- Print materials in English and Spanish. Fact sheets in other languages
- Create marketing tools
- Communications released should be sent to all parties at the same time, including subcontractors
- Help local information officers by providing templates and distribution
- Need assistance writing and promoting what they are doing at the local level
- Provide more printed materials (epi manual is an excellent resource)

C. HAN

- Too much information is posted which makes it more difficult to use
- Duplication of information
- Dates are not provided for postings – need to sort through information to determine if it is new
- Postings do not have authors
- Time consuming – access
- HAN has become a “catch all” for informational postings

Changes:

- Alerts should be health related and pertinent to public health officials
- Should be left solely to emergency alerts
- Needs to be more organized – difficult to find information
- Need more information and education on the purpose, users, etc.
- Needs a training component to help navigate through it

D. Department

- Lack of coordination between departments
- Lack of coordination and communication between bureaus and divisions within IDPH

- Hours of operation hamper communication and follow-up – no one is available after 4:30 p.m.
- Real body in the office on Fridays until 4:30 p.m.
- Do not always receive new contact information when there is a staff change
- Need protocol for accessing state epi. staff etc. on weekends and after hours during week (put on Web?)
- Divisions need to communicate internally to have consistent messages
- No way to request information
- Need to always have IDPH logo on official documents

Changes:

- Bring back orientation for new employees
- Identify a point of contact
- Have a central intake person for communication – frustrating to have to resend things
- Ensure back up staff is available, especially during the holidays
- Would be nice to have consistent communication from all programs and divisions. Narrow down the means of communication.
- IT manager
- Help get the message out on “What is public health?”
 - Consistency of messages shared by everyone
 - Continue public health campaigns
- Support of IDPH to train and inform local county attorneys
- Use 12 point font on all messages (ADA guidelines)
- Be more aware of all of the players involved in public health. Include hospitals and EMS in Quick Reads and Focus when distributing.
- Send once a week a comprehensive newsletter with information that solely focuses on information “I have to/need to know” from each bureau.
- Provide suggestions/bullet points for communicating on various topics with legislators

E. Web site

- Difficult to navigate
- Although contains a great deal of information, it is not user friendly
- Bureau names keep changing so difficult to find information
- Hard to find names and contact information for staff members
- Table of organization
- Format of e-mails – stop using columns in the newsletter (color and pictures take time and extra ink)
- Too many steps
- Searches are useless
- Difficult to find data for grants
- Data not current – some information is more than two years old
- Provide occasional status reports on topics such as the bird flu and other department activities
- Not updated often enough
- Sometimes links are not current
- Need better links to other departments and information at the state level

- Press releases should be posted on the Web
- Difficult to find information unless you have the direct link

Changes:

- Create a centralized place on the Web where individuals can share and gain information. Post events. Create a place where questions can be posted and appropriate IDPH staff can respond. Create a registry that can be used to request information on various topics
- Integrated, interactive Web site with current data information. Trending available for retrieving data based on geographic regions by entering area codes or zip codes.
- Create a directory for locating additional data sources
- Create a directory of each county structure to be found on the Web
- Create a calendar of events
- Make it more user friendly
- Add links to other state departments and health organizations
- Update data and make easily accessible for grant writing
- Create a staff directory and categorize based on area of expertise – update regularly
- Need to know where division falls to find information and need to have a way to pull-up a person (include a directory). Include a “contact us” button (per subject and name). The web site should be redesigned to be more user friendly. It is difficult to access all of the good information that is available on it.
- Keep communities up-to-date about upcoming changes – awareness is key to not getting caught off guard.
- Provide newer data
- A-Z index of departmental activities (similar to CDC)

F. Meetings and Creation of a Master Calendar

- Include conference registration links that contain conference information materials
- Include information for all state agencies
- ICN – increase the use to avoid some of the excess lengthy travel to Des Moines. Increase use of teleconferencing. Use it more frequently and effectively. Be interactive so can sit at desk and participate in the meeting.
- Investigate the most cost-efficient means of communication (ICN, conference calls, traveling, teleconference). If meetings are mandatory rotate locations across the state to include all regions. Save-the dates should be sent more than one month in advance of the event (3-6 months preferred). Create a master calendar that includes mandatory trainings to avoid meetings being scheduled at the same times. Perhaps the State can have one central calendar that would include events/activities from all the departments in the executive branch. Be specific regarding the objectives of a meeting as notices are sent. Hold mini forums that provide face-to-face information, send agenda ahead of time and make clear the purpose of the forum.
- Create a central calendar that provides 2 weeks notice for meetings and events.