

**Nebraska Department of Health & Human Services
Nebraska Preventive Health Advisory Committee
Minutes of Meeting
March 7, 2018, 1:30-3:00 p.m.
Nebraska State Office Building (NSOB), Conference Room 5G**

***Members present:** Janelle Ali-Dinar, Teresa Anderson (phone), Elizabeth Chentland (phone), Holly Dingman, Kerry Kernan (phone), Kristen Larsen, Dave Palm, Peggy Reisher, Josie Rodriguez (phone), Lori Seibel (phone) and Fred Zwonechek

***Members excused:** Lynne Lange, Judy Martin

***Members absent:** Alex Gray

***Committee member affiliations appear at the end of these minutes.**

DHHS Staff present: Maya Chilese, Gwen Hurst, Sue Medinger, Ming Qu, Syd Reinartz and Kay Wenzl

Quorum: Met

Notes:

- *Committee bylaws define a quorum as a simple majority (half plus one) of the total number of voting members, which would be six voting members at this time. A quorum was present for today's meeting.*
 - *Nebraska Department of Health & Human Services Chief Medical Officer and Director of the Division of Public Health Dr. Tom Williams appointed Deputy Director Judy Martin to serve as chairperson of the Nebraska Preventive Health Advisory Committee. Judy was unable to attend this meeting, so she appointed Health Promotion Unit Administrator Kay Wenzl to preside.*
-

Call to order

Kay Wenzl called the meeting to order at 1:05 p.m.

Roll call of members

Kay thanked everyone for coming. She noted that Judy Martin was not able to attend the meeting and appointed Kay to serve as chair. She asked all present to introduce themselves, giving their affiliations. Committee members' affiliations appear at the end of the minutes.

Approval of agenda

Kay asked everyone to review the Agenda and entertained a motion to approve.

*Fred moved and Janelle seconded the motion to approve the agenda as presented. **Motion carried. Agenda approved.***

Approval of minutes of previous meeting

Kay asked the group to review the meeting minutes from the May 17, 2017, Advisory Committee/Public Hearing meeting.

*Fred moved that the minutes be approved as presented; Dave seconded the motion. **Motion carried. Meeting minutes approved.***

Program report

Ming Qu provided information about epidemiology, surveillance and data and how PHHS funds are used to support those activities within DHHS and on behalf of local health departments. Maya Chilese provided information about a data governance project and gave an update on the State

Health Improvement Plan and Nebraska Department of Health strategic plan. A copy of Maya's slide deck is included with these minutes.

CDC compliance visit report

Gwen reported that Nebraska's CDC Project Officer and Grants Management Specialist visited Nebraska in December to review both fiscal and programmatic aspects of the PHHS block grant. We have not received their written report yet, but their verbal exit report was very good. They noted in the exit interview that we may have a finding due to PHHS not being part of the state single audit prior to the 2016 state fiscal year. CDC's legal experts have since determined that as long as the entity that houses the PHHS grant is part of the single audit each year, PHHS itself does not need to be audited as part of the statewide single audit each year. With this interpretation, Nebraska will NOT have a finding related to the single audit.

FY2017 Allocation report

- FY2017 Annual Report – was submitted to CDC and has been approved. It covers the grant activity for October 1, 2017, through about mid-January, 2018. In December, we will submit an update of activities January through September, 2018. The Annual Report can be accessed [here](#).
- FY2017 allocation changes for review. Utilizing the attached “Projects Funded” worksheet, Gwen identified proposed changes to budget allocations for review by the Committee. ***The committee approved all proposed changes.***
 - Building public health infrastructure – add money to increase amount available for data governance activities in work plan.
 - LHD accreditation support – reallocate money due to LHDs and Tribes that chose not to utilize funds or all the funds allocated.
 - Chronic renal data – may not utilize all funds projected for contracts with pharmacists. Will reallocate to other projects within work plan.
 - Cancer-related evidence-based projects – DHHS Accounting request to move salary to Informatics Development to better align with Unit paying that salary.
 - Data availability – may need to transfer money into this line item to cover actual salary costs that will be above estimates
 - Administrative costs – reducing amount in this line item due to paying indirect costs differently than in past (at request of DHHS Accounting and Internal Audit)
 - HIV prevention – would like option to transfer money at end of grant period for allowable expenses
 - Informatics development – at request of DHHS Accounting, move some money to this line for salary; also transfer some money out for data governance (in public health infrastructure)
 - Minority health – add money due to oversight in setting up budget (inadvertently omitted funding for Developmental Disabilities project)
 - STD prevention – would like option to transfer money at end of grant period for allowable expenses

FY2018 allocation update and general announcements

Gwen reported that since we have no federal budget yet, we do not know what our FY18 allocation is (for grant period October 1, 2017 to September 30, 2019). CDC recommended assuming flat funding and to budget/plan accordingly. That is the guidance we have used in preparing internal applications for funding. We hope to have a federal budget and allocation information in time for our May meeting and public hearing. Internal applications are in process and are due March 16th.

Next meeting dates and program reports

The next meeting of the Advisory Committee is scheduled for May 15, 2018, 10:00 a.m. – 12:00 p.m. and will include a Public Hearing. Location is Nebraska State Office Building, Conference Room Lower Level C. Program report for the May meeting will be Injury Prevention with Peg Ogea-Ginsburg.

The Advisory Committee will also meet June 12, from 10:00 a.m. to 12:00 p.m. in Conference Room Lower Level B of the Nebraska State Office Building. Program report for the June meeting will be Local Health Department Accreditation/Liaison with Greg Moser.

Adjourn

Janelle moved, and Peggy seconded a motion to adjourn. Motion carried. Kay declared the meeting adjourned at 2:52 p.m.

NPHAC Members and affiliations

Judy Martin, Deputy Director, Nebraska Dept. of Health & Human Services (NPHAC Chairperson)

Janelle Ali-Dinar, Vice President Rural Health, MyGenetx

Teresa Anderson, Health Director, Central District Health Department

Elizabeth Chentland, Associate Program Director, Alzheimer's Association, Nebraska Chapter

Holly Dingman, Manager, Center for the Child and Community, Children's Hospital

Alex Gray, Clinical Director, Inroads to Recovery, Inc.

Kerry Kernen, Division Chief Community Health and Nutrition Services, Douglas County Health Department

Lynne Lange, Executive Director, Nebraska Coalition to End Sexual and Domestic Violence

Kristen Larsen, Director, Nebraska Planning Council on Developmental Disabilities

Dave Palm, Associate Professor Department of Health Services Research and Administration, UNMC College of Public Health

Peggy Reisher, Executive Director, Brain Injury Association of Nebraska

Josie Rodriguez, Administrator, Office of Health Disparities and Health Equity, NDHHS

Lori Seibel, President/CEO, Community Health Endowment

Larry Voegle, Chief Executive Officer, Ponca Tribe of Nebraska

Fred Zwonechek, Administrator, Nebraska Office of Highway Safety, Department of Roads

DHHS staff

Gwen Hurst, Program Manager, PHHSBG Coordinator, Division of Public Health, PHHS Block Grant, NDHHS

Sue Medinger, Administrator, Community and Rural Health Planning Unit, NDHHS

Syd Reinartz, Administrative Assistant, Division of Public Health, NDHHS

Kay Wenzl, Administrator, Health Promotion Unit, Division of Public Health, NDHHS

Prepared by Gwen Hurst. Reviewed by Kay Wenzl.

Approved by PHAC May 15, 2018

NEBRASKA

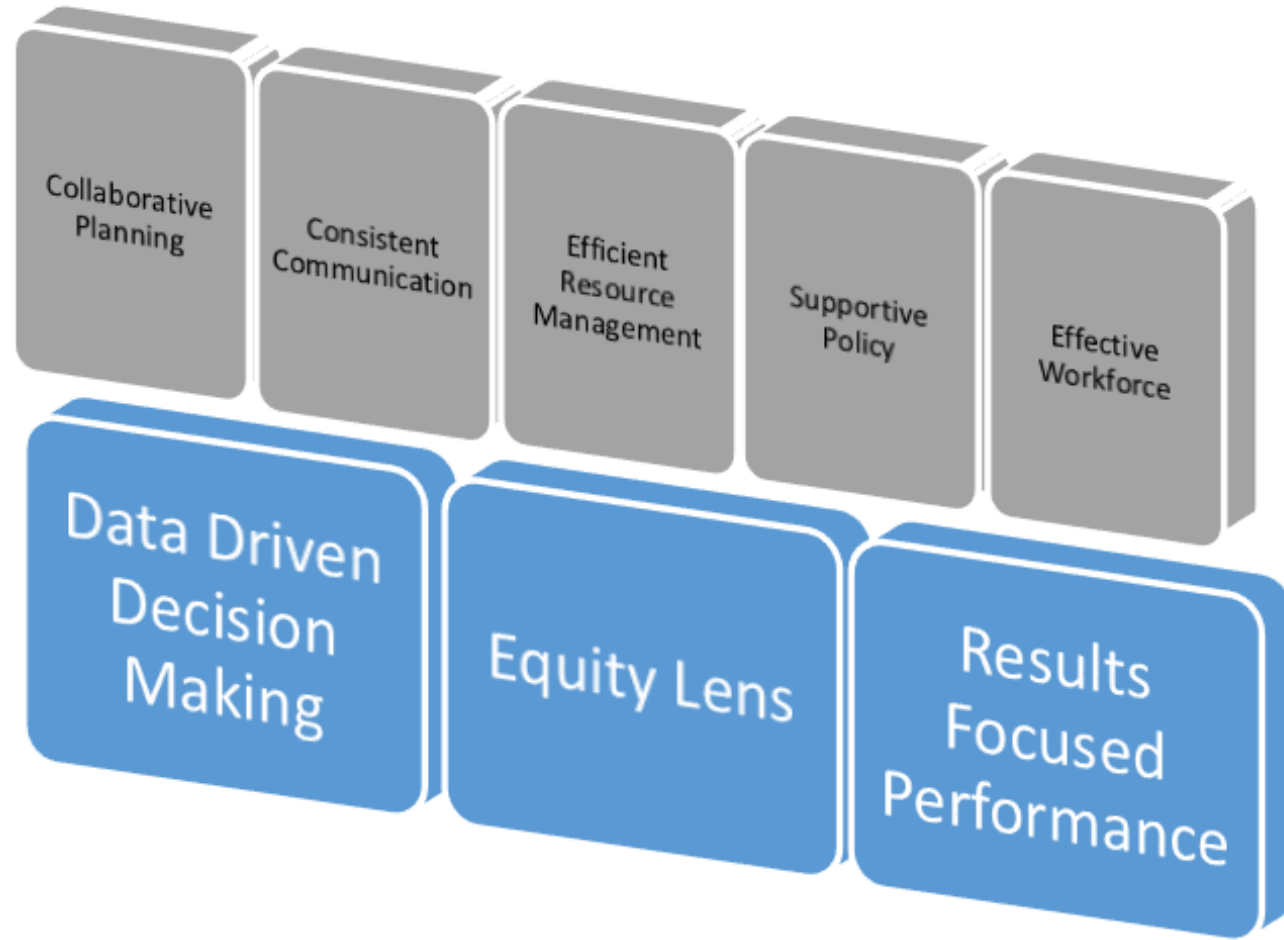
Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Division of Public Health

Office of Community Health and Performance Management

Performance Management System Vision: The DPH is a high performing organization.



Providing the Ten Essential Public Health Services to Nebraska

Data Governance Program

- ▶ **Purpose:** Data Governance is a framework to establish a discipline for the effective management of data - Aligns to/supports Lean Efforts
- ▶ **Value:** Directly enables the DPH Vision - to be the trusted source of public health data (From culture of inefficient silos and associated risks to data as a strategic, safeguarded and shared asset)
- ▶ **Why Needed:** Enables the shift to a Data-Driven Culture, where we can more fully leverage our data resources with facts to drive decision making for the best outcomes, positively impacting the lives and health of the communities we serve

Why Implement Data Governance?

Move From....

- Functional and departmental objectives and initiatives
- Inefficient or disparate, undocumented processes
- Multiple Tools
- Varying levels of data quality
- Untrustworthy reporting
- Little measurement
- System limitations
- Unsecured data

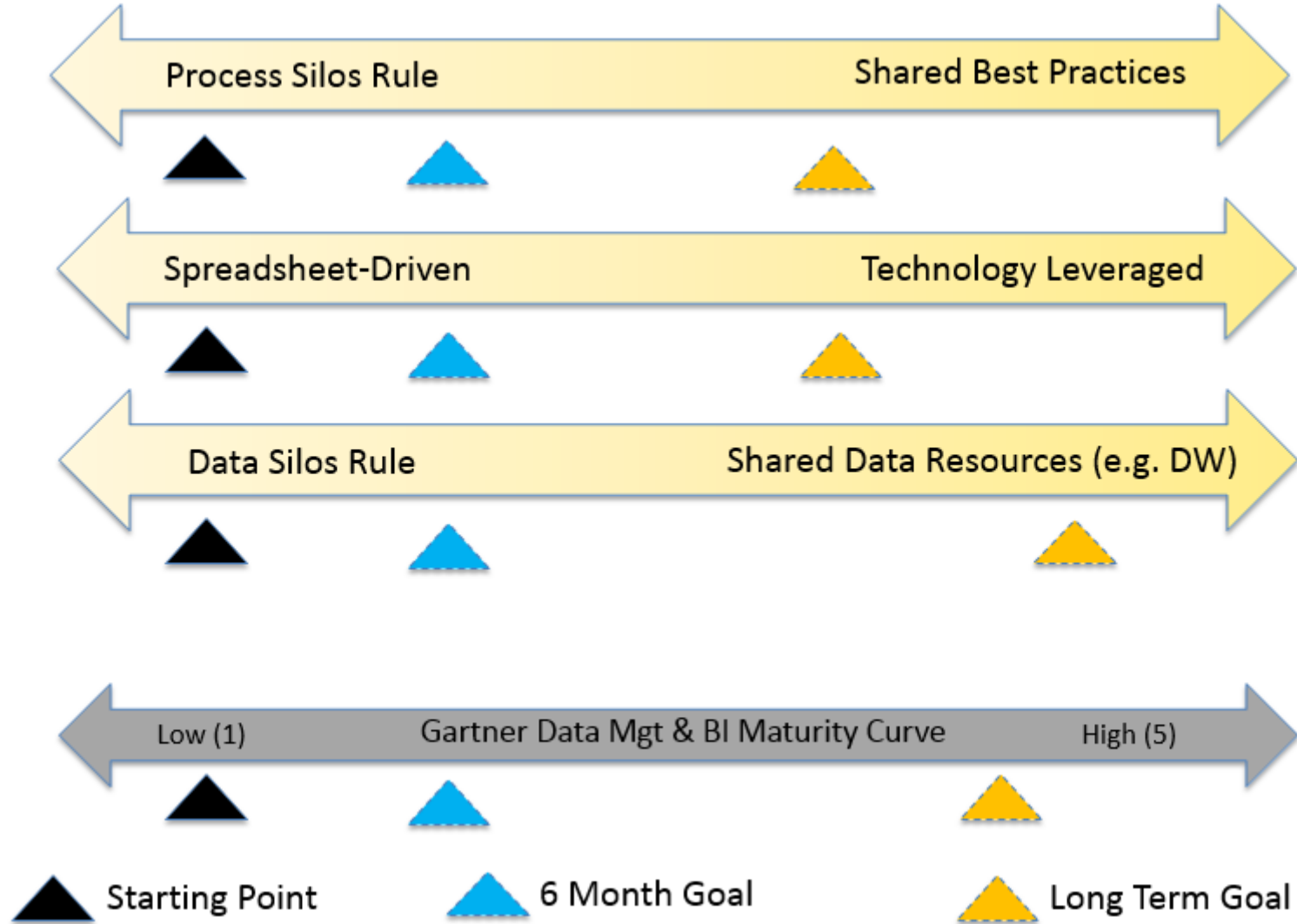
Barrier and Constraint

To Consistent...

- Enterprise accountability for data
- Common processes
- Optimized decision-making
- Common tools
- Data quality
- Trusted reporting
- Effective measurement
- Minimal data-related process interruptions
- Safeguarded data

Strategic Enterprise Asset

Key Themes



Division of Public Health: Mission, Vision and Values

Mission	Helping People Live Healthier Lives
Vision	A Healthy and Safe Nebraska – Everyone, Everywhere, Every Day
Values	<p>Integrity: Assuring honesty in our dealings with others. We can be counted on to be reliable, responsible, and consistent.</p> <p>Commitment: Investing, personally and organizationally, in our work to achieve quality outcomes.</p> <p>Quality: Striving to achieve excellence by setting high standards, being prepared, using accurate data, being equitable, and using evidence-based strategies. We continuously improve and measure our performance. We are effective and innovative, and do not accept mediocrity.</p> <p>Stewardship: Respecting the valuable resources placed in our trust. The public good is our goal; caring and cared-for employees are our promise. We acknowledge and honor diversity among ourselves and those we serve.</p>

Division of Public Health: 2017-2021 Strategic Plan Priorities

Culture and Communication	The Division of Public Health has a thriving culture and consistent, seamless communication.
Data	The Division of Public Health is a trusted source of timely and accurate public health data.
Equity	The Division of Public Health promotes equity in all activities, programs and services.
Planning and Performance	The Division of Public Health has a performance management system that integrates planning, measurement and improvement strategies.
Policies	The Division of Public Health has updated, accessible and standardized policies.
Workforce	The Division of Public Health has a healthy, engaged and effective workforce.

Division of Public Health Strategic Plan

6 Priorities

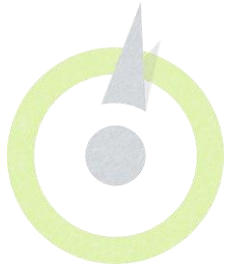
- ▶ **PRIORITY:** The DPH has a thriving **culture** and consistent, seamless **communication**.
- ▶ **PRIORITY:** The DPH is a trusted source of timely and accurate public health **data**.
- ▶ **PRIORITY:** The DPH promotes **equity** in all activities, programs and services.
- ▶ **PRIORITY:** The DPH a **performance management** system that integrates planning, measurement and improvement strategies.
- ▶ **PRIORITY:** The DPH has updated, accessible and standardized **policies**.
- ▶ **PRIORITY:** The DPH has a healthy, engaged and effective **workforce**.

nebraska
SHIP
state health
improvement plan

State Health Improvement Plan – 2017-2021

Choosing Priorities, Creating a Plan



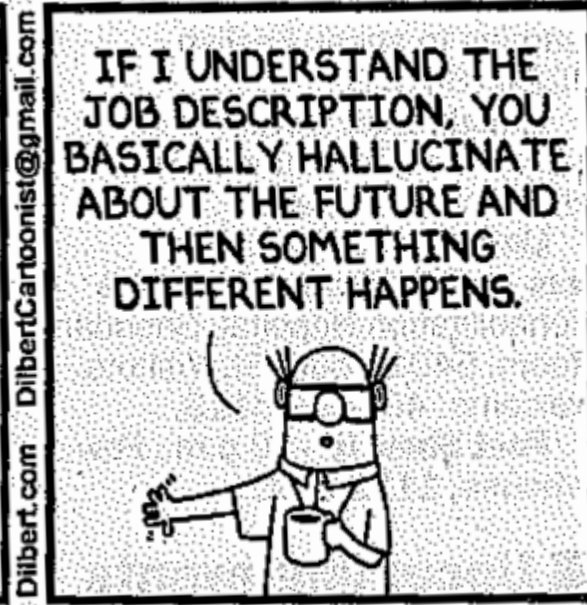


State Health Improvement Plan Vision Statement

- ▶ **Working together to improve the health and quality of life for all individuals, families, and communities across Nebraska.**

DILBERT

By SCOTT ADAMS



Dilbert.com DilbertCartoonist@gmail.com

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What is SHIP?

- ▶ A community health improvement plan is a long-term, systematic effort to address public health problems on the basis of the results of community health assessment activities and the community health improvement process. A plan is typically updated every three to five years.

The Nebraska State Health Improvement Plan (SHIP):

- Is a collaborative, community driven project with many statewide partners
- Is a data-driven plan that outlines health system and health status priorities based upon findings from the State Health Assessment (SHA)
- Has 5 priorities for the new 2017-2021 SHIP
- Uses the Collective Impact model

Collective Impact

Collective Impact (CI) is a structured process for cross-sector leaders to set a common agenda to address a specific social problem, deploying a disciplined approach.

- ▶ CI has 3 prerequisites: influential champions, resources and necessity of action.
- ▶ CI has 5 key elements:
 - Common agenda
 - Shared measurement
 - Mutually reinforcing activities
 - Continuous communication
 - Backbone organization support

SHIP Co-Launch Leadership Partners

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES



UNIVERSITY OF NEBRASKA MEDICAL CENTERSM

COLLEGE OF PUBLIC HEALTH

NHA Nebraska
Hospital
Association

The influential voice of Nebraska's hospitals

NALHD 
Nebraska Association of
Local Health Directors

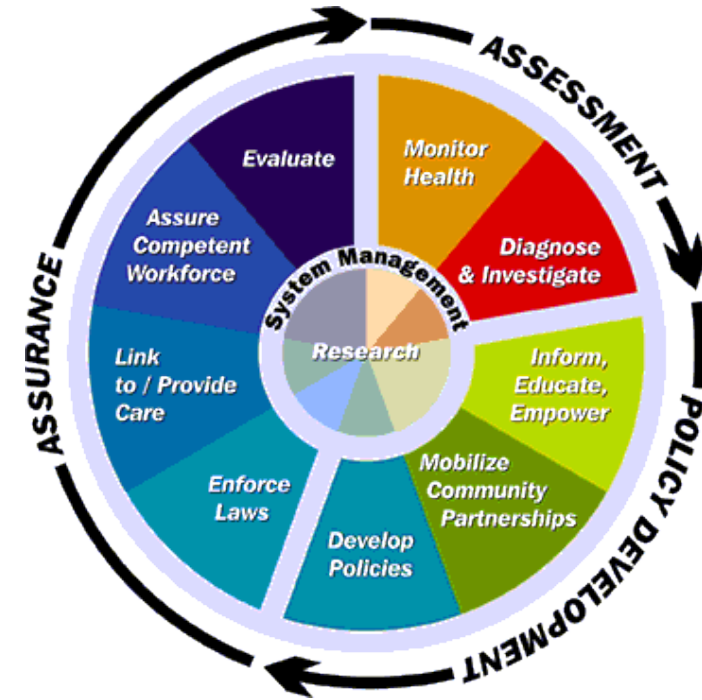
PHAN

Advocates for a
Healthy Nebraska

The SHIP begins with the SHA

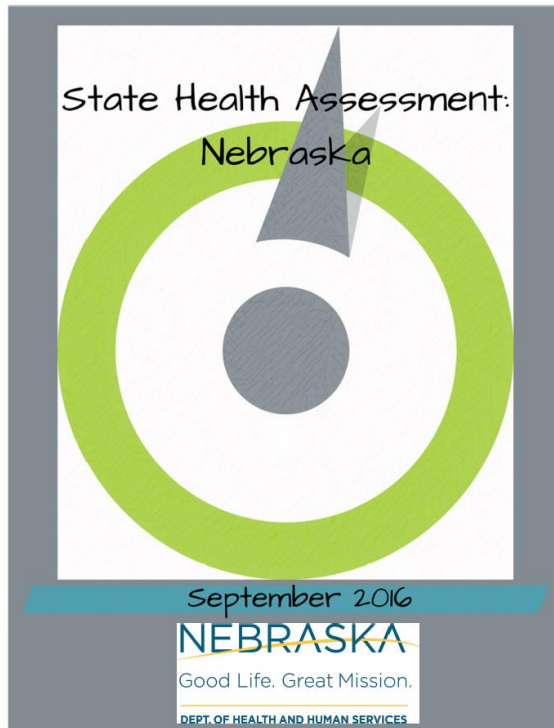
- ▶ State Health Assessment (SHA) involves the collection, analysis, and use of data to educate and mobilize partners, develop priorities, garner resources, and plan actions to improve public health*....
 - Assessment is one of the three core functions of public health
 - It allows public health to identify and address the areas of greatest need
 - It allows for engagement and buy-in from a diverse set of public health stakeholders
 - It is a prerequisite for public health accreditation

* *Assessment in Action: Improving Community Health Assessment Practice*, Clegg and Associates, 2003);
Institute of Medicine. *The Future of Public Health*. Washington, DC: National Academy Press, 1988);



“Give me six hours to chop down a tree and I will spend the first four sharpening the axe.”
- Abraham Lincoln

Nebraska 2016 State Health Assessment (SHA)



- ▶ All data were compiled by February 2016
- ▶ Many needs assessments over past 20 years focused on specific populations or health issues
- ▶ Last comprehensive health needs assessment completed in mid-1980s; used MAPP in January 2012 and again in 2016
- ▶ Served as foundation for setting state health priorities
- ▶ Used to assess statewide health trends and patterns

Mobilizing for Action through Planning and Partnerships: The Four MAPP Assessments

- **Community Themes and Strengths Assessment:**
Provides an understanding of the issues residents feel are important.
- **Local Public Health System Assessment:**
Focuses on all of the organizations and entities that contribute to the public's health.
- **Community Health Status Assessment:**
Identifies priority community health and quality of life issues.
- **Forces of Change Assessment:**
Focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate.



Choosing Priorities

*A five step process:

1. Meeting #1: Review the Nebraska State Health Assessment 2016 findings
2. Meeting #2: First round of priority choosing
3. Survey to rank potential priorities
4. Meeting #3: Choose final priorities
5. Meeting #4: Project desired results



2017-2021 SHIP Priorities

- Health System Integration
- Depression and Suicide
- Obesity
- Healthcare Utilization and Access
- Health Equity

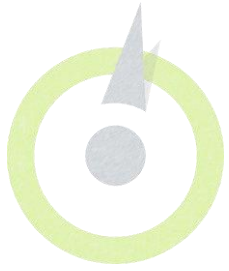
**DISCLAIMER: These priority topics are final, but the implementation plans with specific strategies are yet to be determined. The following slides provide a high level overview of the intended focus and general direction for each priority as recommended by the SHIP Priority Choosing Community Group. As Implementation Teams form, actionable efforts will be defined and may vary depending on determined statewide need, changeability, stakeholder readiness to address and commitment of partners to lead initiatives.*





We're done,
right?
Um, no....

Creating an
Action Plan



Creating a Plan: 2017-2021 SHIP

- ▶ Establishing Action Plans
- ▶ Building Teams
 - ▶ Basecamp project management and communication tool
- ▶ Identifying Performance Measures
 - ▶ Utilizing Results Based Accountability
- ▶ Telling the Story
 - ▶ Performance Dashboards
- ▶ Next Steps for 2018





DHHS DPH

Questions ?

Follow what we're doing on
the DHHS Division of Public
website at:

<http://dhhs.ne.gov/CommunityHealthPerformance>

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Thank you!

Please contact us at: DHHS.SHIP@Nebraska.gov

Check out the SHIP Performance Dashboard at: dhhs.ne.gov/CommunityHealthPerformance

For more questions about the SHIP, please contact Maya Chilese or Julie Lubisi at:

Email: maya.chilese@Nebraska.gov; or julie.lubisi@Nebraska.gov

For more questions about the SHA, please contact Jeff Armitage at:

Email: jeff.Armitage@Nebraska.gov

**Nebraska Department of Health & Human Services
Preventive Health & Health Services Block Grant
Projects Funded**

Grant Period: October 1, 2017 through September 30, 2018

Project Title	FFY17 original allocation	FFY17 adjusted allocation	FY17 External	Reason for change	Project Description
Building public health infrastructure	\$ 483,550	\$ 548,550	\$ -	Added \$35K from Admin and \$30K from Informatics Development for data governance	Support the Division of Public Health and local health departments to build and maintain public health infrastructure, promote and institutionalize performance management and support the provision of the 10 Essential Public Health Services
LHD accreditation support	\$ 250,000	\$ 250,000	\$ 250,000	Internal reallocations due to some LHDs not utilizing accreditation support	Support for local health department accreditation and community health improvement planning
Chronic renal disease data collection and analysis	\$ 10,700	\$ 10,700	\$ -	May reduce amount due to lower than anticipated contract usage	Data collection and reporting regarding Nebraska low-income and under/uninsured residents diagnosed with End-Stage Renal Disease (ESRD)
Cancer-related evidence-based projects	\$ 100,000	\$ 60,000	\$ 60,000	Moved salary to Data Center for internal purposes (BU set up)	Provide competitive subawards to entities to implement evidence-based strategies to reduce cancer utilizing the 2017-2021 Nebraska State Cancer Plan as a guide; provide subject matter expertise
Data availability in Nebraska	\$ 38,731	\$ 38,731	\$ -	May need to transfer IN due to indirect costs	Continually increase availability of public health statistical indicators

Administrative costs	\$ 252,744	\$ 204,644	\$ -	Change in way we are able to charge indirect costs \$35K to data governance	Maximum 10% allowed for costs related to administering the block grant; indirect costs; staff training directly related to block grant; federally required travel to annual coordinator meeting
Emergency health systems	\$ 82,500	\$ 82,500	\$ -		Provide stroke system of care training, public awareness, subject matter expertise and data collection
GIS services	\$ 17,500	\$ 17,500	\$ -		Coordinate GIS activities by providing technical support, mapping and geocoding
HIV prevention	\$ 30,962	\$ 30,962	\$ -	May transfer near end of grant period for spend down	Provide confidential HIV lab testing at no cost to the and facilitate follow-up with Disease Intervention Specialists at selected clinics to change risk behaviors and prevent additional transmission of infection
Informatics development	\$ 125,505	\$ 135,505	\$ -	Transfer \$30K to Infrastructure for data governance Transfer \$40K from Cancer for salary	Update health informatics development plan; address the resources for concurrent public health informatics; recommend training and education for public health workforce in informatics
Informatics data center	\$ 125,275	\$ 125,275	\$ -		Contract with UNMC College of Public Health to continue to enhance data quality, utilization and integration and improve data utilization to support public health practices

Injury prevention	\$ 320,207	\$ 320,207	\$ 163,000	Some internal reallocations due to mini grants	Support Safe Kids activities (child passenger safety instruction and car seat checks; traumatic brain injury and concussion awareness; medication disposal; older adult falls (through Tai Chi and Stepping On) and rape prevention education
Minority health	\$ 301,351	\$ 314,451	\$ -	Added \$12,500 for DD (GF) Added \$600 due to mistake in initial set up	Gather, organize, collect and make available data related to minority health and health disparities; identify health status and needs for refugees in Nebraska; training workforce in CLAS; perform surveillance, surveys and needs assessments
Oral health	\$ 228,416	\$ 228,416	\$ 75,000		Provide subawards for Oral Health Access for Young Children; continue and expand Enduring Smiles; support health promotion and dental educational activities
Sex offense set-aside	\$ 40,835	\$ 40,835	\$ 40,835	Federally required. Cannot change amount or reallocate.	Required set-aside to address sexual offense; pass-through funds to the Nebraska Coalition to End Sexual and Domestic Violence
STD prevention	\$ 80,000	\$ 80,000	\$ -	May transfer near end of grant period for spend down	Provide STD screening in non-clinical settings to disparate and targeted populations and include prevention education and treatment for persons testing positive and their partners

Worksite wellness	\$ 80,000	\$ 80,000	\$ -		Build capacity, plan for sustainability and conduct evidence-based health promotion activities for workers, documenting improvement in their health status; support Governor's Awards
Totals	\$ 2,568,276	\$ 2,568,276	\$ 588,835		

CDC Allocation	
Total allocation	\$2,568,276
Sex offense set aside	\$40,835
Basic	\$2,527,441
10% (max for Direct Costs)	\$252,744