

**Nebraska Department of Health & Human Services
Nebraska Preventive Health Advisory Committee
Minutes of Meeting
May 15, 2019, 10:00 a.m. – 12:00 p.m.
Nebraska State Office Building (NSOB), 301 Centennial Mall South, Lincoln, NE
Conference Room Lower Level C**

Call to order

*Mark Pyle called the meeting to order at 10:05 AM.

Notes:

** Nebraska Department of Health & Human Services Interim Director of the Division of Public Health Bo Botelho appointed Deputy Director of Community and Rural Health Mark Pyle to serve as chairperson of the Nebraska Preventive Health Advisory Committee. Appointment letter is on file.*

Roll call of members

For roll call, board members present introduced themselves and identified their affiliation. A list of committee member affiliations appear at the end of these minutes.

Members present: Holly Dingman, Bill Kovarik (representing Mark C. Segerstrom, Highway Safety Administrator), Kristen Larsen, Peggy Reisher, Josie Rodriguez

Members via conference call: Janelle Ali-Dinar, Teresa Anderson

Members excused: Lynne Lange, Mark Segerstrom, Lori Seibel

Members absent: Elizabeth Chentland, Alex Gray, Kerry Kernan, Dave Palm

DHHS Staff present: Jessica O. Ball, Maya Chilese, Charles Craft, Renae Furl, Elizabeth Green, Jamie Hahn, Gwen Hurst, Jason Kerkman, Suzanne Forkner, Peg Ogea-Ginsberg, Sue Medinger, Monica Pribil, Mark Pyle, Ming Qu, Syd Reinartz, Tammy Wenz, Anthony Zhang

Public: Susan Bockrath, Lisa Henning, Rachel West

Quorum: At the time of the meeting it was stated that a quorum had been met; however, further investigation of [Nebraska Open Meetings Act](#) reveals that persons joining via telephone are not included in the count for quorum (only persons joining by video). Votes requiring a quorum will be readdressed at the next committee meeting, if a quorum exists.**

Notes:

*** Committee bylaws define a quorum as a simple majority (half plus one) of the total number of voting members, which would be eight voting members at this time.*

Introduction of new PHHS program manager:

Mark Pyle asked Gwen Hurst to introduce Suzanne Forkner as the new PHHS Program Manager. Suzanne Forkner started on May 6, 2019.

Approval of agenda

Mark asked everyone to review the Agenda and entertained a motion to approve. Holly Dingman moved that the agenda be approved as presented; Peggy Reisher seconded the motion. **Motion carried. Agenda approved.**

Approval of the minutes of previous meeting

Mark asked the group to review the meeting minutes from the March 13, 2019 Advisory Committee meeting.

Peggy Reisher moved that the minutes be approved as presented; Josie Rodriguez seconded the motion. **Motion carried. Meeting minutes approved. ****

Presentation of FY 2019 funding proposals

Mark Pyle suggested a time limit for presenters: four minutes for program and two minutes question and answer period.

Comprehensive Cancer

Presentation by Elizabeth Green. The Healthy People 2020 objective is to reduce the overall cancer death rate. Will use PHHS funding to release a Request for Application (RFA) for local health departments (LHDs), federally qualified health centers (FQHCs) and other local entities to implement evidence-based strategies to support the state cancer plan. 100% of the funding goes out the door.

Talking points included:

- Lowering the cancer rate
- Creating a synergistic strategic plan
- Creating an RFA
- Evidence-based cancer prevention
- Previous funding has gone statewide to local health departments, FQHCs, 501c3, and healthcare providers

Discussion points following the presentation included Peggy Reisher asking about how the program was able to work statewide. Elizabeth Green responded that it depends on the number of applicants. Past applicants have predominantly been in the western area of the state. Josie Rodriguez asked about the need to address the state cancer plan. Elizabeth Green responded that a plan must be selected, and that California has some very good examples from which to draw. Holly Dingman asked about how to summarize the outcomes, and Elizabeth Green explained that it would be based on the overall results. Results are reported in the PHHS Annual Report to CDC. She hopes to utilize some funding from the Comprehensive Cancer grant to evaluate and provide an evaluation report.

Chronic Disease

Presented by Jamie Hahn. The focus is on impacting obesity through nutrition and physical activity efforts. The Healthy People 2020 goal is to reduce the proportion of adults with obesity. State priority includes walking as part of the Nebraska DHHS Business Plan.

Talking points included:

- Physical activity, nutrition, and obesity reduction
- Continue to support and build capacity for the NE Walkable Communities Initiative
 - Helps to improve mental/social relations to disease
- Proposed using some funding to support State staff time
- Add one additional Walkable Community for 14 communities total (13 currently exist)
- Impact by food pantries and community gardens

Discussion points following the presentation included Kristen Larsen asking Jamie Hahn to share some examples of the rural areas they are working in across Nebraska. Jamie Hahn mentioned they are all smaller communities and gave examples such as Crete, Sydney, Alliance, and Grand Island (the largest community). Holly Dingman asked if the amount being requested was enough to support the program. Jamie Hahn responded that it is not and noted the funding will help Nebraska maintain a minimal presence in the area of physical activity and nutrition and stay on top of resources through CDC and other partners.

Chronic Renal Disease

Presented by Monica Pribil. The Chronic Renal Disease program is a State-funded, client assistance program that has been in existence since early 1970s. It serves eligible Nebraskans diagnosed with chronic kidney disease with the cost of medications and dialysis. Since inception the program has served thousands of people. PHHS funds over the past few years have 1) converted hand-written files and records to electronic, searchable records that also provide real-time client data; 2) consultation with a nephrologist and the Nebraska Pharmacists Association.

Talking points included:

- There are currently 440 active participants
- Medication coverage/assistance
- PHHS helped fund database
- PHHS BG funding has provided infrastructural support for the Nebraska Renal Program that has been tremendously helpful. Thank you.

No questions regarding this program.

Epidemiology and Informatics

Presented by Dr. Ming Qu. Proposals from Epidemiology and Informatics address Healthy People 2020 objectives PHI 7-10, centering on data collection and analysis. PHHS funding fills the gaps in data integration, informatics and GIS to support public health surveillance. Use the PHBG to address three major areas: public health data center, public health informatics, and GIS services; these services are critical for public health surveillance, public health emergency preparedness, and intervention, core functions of public health.

Talking points included:

- Public Health Data Center established in 2011 is to promote data inventory, integration and utilization, which provides data linkage, data analysis and data report, to maximize use the existing data sources.
- Public health informatics is a relatively new area that takes advantage of current IT development to enhance public health practices. The success and effectiveness of current and future public health is dependent upon public health informatics. The funding from PHBG helps fill out gaps addressing critical public health informatics projects such as electronic lab reporting, syndromic surveillance system, cancer registry, and potentially many other health conditions that current categorical federal funds do not support.
- GIS is a critical component of public health practices, particularly for public health emergency preparedness and responses as well as public health surveillance. GIS also plays major role in data reporting and visualization, i.e Logi applications.

Discussion points following the presentation included Josie Rodriguez asking if funding was used to hire staff, and Peggy Reisher asking how the information was distributed and what was done with the information. Dr. Qu responded that staff members include a GIS specialist who shares time (and is funded) with other DHHS programs. Other staff working on PHHS projects are contracted. He said that information is distributed and available through many channels, including the DHHS website. He noted some of the work of his area includes data governance and setting up and running Logi Analytics, a new tool to help DHHS bring together over 100 data sets.

Health Disparities & Health Equity

Presented by Anthony Zhang. The program goal for Health Disparities and Health Equity Program is to reduce disparities in health status among racial and ethnic minorities and vulnerable populations residing in Nebraska.

Talking points included eight projects:

- Health disparity and health equity presentations
 - Provide presentations on social determinants of health (SDOH), culturally and linguistically appropriate services (CLAS) and cultural intelligence (CI) to stakeholders
- Educational and public health service for American Indians
 - Improve the health of Americans Indians in Nebraska through funding or programming for four federally recognized tribes and organizations who have a substantial American Indian clientele
- Minority data collection and analysis
 - Collect minority population data, behavioral risk factor data, socioeconomic and vital statistics data
- Minority reports
 - Three reports addressing disparities in socioeconomic status, health status and minority population growth
- Needs assessment for American Indians
 - Analyzing Tribal BRFSS data and reporting for each Tribe
- Refugee needs assessment project

- Will establish three Nebraska Refugee BRFSS data sets to identify and report behavioral risk factors for refugees in Nebraska, Karen refugees in Nebraska, Bhutanese refugees in Nebraska, the refugees in Omaha and the refugees in Lancaster County, Nebraska.
- Social Determinants of Health (SDOH) project focus on refugees
 - Publish five educational videos, translate at least two brochures, and print and distribute at least 100 documents.
- State Health Improvement Plan implementation and Minority Health Conference

Discussion points following the presentation included Holly Dingman asking about how the work of the office connects with other PHHS projects. Anthony Zhang responded that OHDHE works with many other groups and specifically cited the Chronic Disease program. Kristen Larsen expressed appreciation that funding would go to support the Minority Health Conference and then gave high praise for the Minority Health Conference this year organized by OHDHE. In response to Josie Rodriguez's question about how SHIP priorities are incorporated in the PHHS work, Anthony Zhang responded that the office provides training and information to LHDs.

Emergency Health Systems

In the absence of Tim Wilson, Program Manager, Sue Medinger, Administrator, Community and Rural Health Planning Unit, represented Emergency Health System.

Presented by Sue Medinger. The office of Emergency Health Systems (EHS) proposes to use PHHS funds for several initiatives including evaluation, continued access to the Cardiac Arrest Registry to Enhance Survivability (CARES) and the Trauma Quality Improvement Program registry. PHHS grant funding will also focus on providing educational opportunities on trauma, stroke, and cardiac response for EMS and hospital staff. This is education that would not otherwise be supported within the state. The EMS application for PHHS funds requests support for 20% of one staff member and 15% of another. Additionally, the grant will help provide education to staff through conferences on the TQIP, trauma, and stroke and STEMI heart attacks to ensure staff are well educated on the programs and how to accurately use the registries.

Talking points included:

- 2020 Healthy People Objective - Heart Disease and Stroke, Objective 3: Reduce Stroke Deaths
 - Provide Stroke System of Care training and education to dispatchers, EMS services, critical access hospitals, and the public.
- 2020 Healthy People Objective - Heart Disease and Stroke, Objective 19: Timely Artery-Opening Therapy
 - Provide ST elevation myocardial infarction (STEMI) education to EMS services within the state and Critical Access Hospitals (CAH).
- 2020 Healthy People Objective – Injury and Violence Prevention, Objective 1: Reduce fatal and nonfatal injuries
 - Evaluate the Nebraska Trauma Registry and the TQIP data.

Discussion points following the presentation included Josie Rodriguez asking if funding for any permanent staff salaries is proposed. Sue Medinger responded that 20% of an Administrative Assistant and 15% of a Trauma Nurse salary are proposed.

Infectious Disease

Presented by Renae Furl and Tammy Wenz. Proposed use for PHHS funds is for testing for infectious diseases. This includes three areas of focus starting with the goal is to increase the percentage of high-risk persons tested for HIV/AIDS. Second, is to reduce the prevalence of chlamydia and gonorrhea infections among Nebraska's adolescent and young adult females and males, aged 15 to 34 years. Third, increase awareness of Hepatitis in minority communities.

Talking points included:

- **Healthy People 2020 Objective: Increase Awareness of HIV Status in Nebraska**
 - Work with partners in high-risk areas to provide anonymous and confidential HIV testing at no cost to the client
 - Increase the percentage of high-risk persons tested, focusing on those who do not know their serostatus
 - Limit HIV in Nebraska, including providing PrEP education
 - Program adding emphasis to the new national Presidential priority to end HIV
- **Healthy People 2020 Objective: Reduce chlamydia and gonorrhea infections among adolescents and young adults**
 - Program targets the highest risk groups, counties with the highest morbidity
 - Tests are at no cost to the client
 - Contract laboratory services that provide chlamydia and gonorrhea tests at over 130 clinics and health departments
 - Chlamydia is the most common STD in Nebraska, accounting for 8,037 cases in 2018
 - Gonorrhea is the second most common STD in Nebraska, accounting for 2,715 cases in 2018.
- **Healthy People 2020 Objective: increase the number of Nebraskans who know they have Hepatitis from 40% to 42%**
 - Increase awareness in minority communities
 - Providing testing, rapid testing
 - Provide linkage to medical care
 - Identify and target the highest risk populations in the highest risk communities, specifically Native American and Hispanic communities in Nebraska
 - There are currently six testing sites (five in Omaha and one in Lincoln)

Discussion points following the presentation included Josie Rodriguez asking about how the amount would be split over the objectives. Tammy Wenz stated \$18,402 would go towards contract lab fees and \$20,700 would go towards the rapid testing.

Injury Prevention

Presented by Peg Ogea-Ginsburg, Jason Kerkman, and Rachel West (Nebraska Coalition to End Sexual and Domestic Violence – “Coalition”). Proposed use for some of the funding is to support the DHHS Safe Kids Coordinator staff and to support local programming. Local uses of funds go towards continuing the Safe Kids programs into the injury areas such as home safety, sports, concussions, fire, burn, falls and other injury risk areas as shown by hospital discharge data and death data. The coordinator will also assist local coalitions in developing resources and conducting injury prevention activities throughout the year.

Talking points included:

- Healthy People 2020 objective (IVP-1) Reduce fatal and non-fatal injuries
 - Contract with a local partner to provide technical assistance to the local health departments who are implementing the evidence-based older adult fall prevention programs.
- Healthy People 2020 objective (IVP-2) Reduce fatal and non-fatal traumatic brain injuries
 - Concussion prevention programming
 - Brain Injury Alliance of Nebraska to coordinate the Nebraska Concussion Coalition and other TBI prevention activities.
- Healthy People 2020 objective (IVP-16) Increase age-appropriate vehicle restraint system use in children
 - Safe Kids coordinator, Jason Kerkman
 - Responsible for PHHS BG administrative activities
 - Assists local coalitions in developing resources to conduct childhood injury prevention programming
 - Maintains child passenger safety programming
 - Child passenger safety mini-grants
 - Safe travel for all children
 - Transporting children with special healthcare needs
- Healthy People 2020 objective (IVP-23) Prevent an increase in fall-related deaths
 - Tai Chi/Stepping On implementation – six sub-awards to LHDs
 - STEADI implementation – Agreements will be established with two local sites to implement STEADI with partners in their respective communities.
- Healthy People 2020 objective (IVP-40) Reduce sexual violence
 - The Nebraska Coalition to End Sexual and Domestic Violence – “Coalition” provides support and assistance to 20 local domestic violence/sexual assault programs across Nebraska.
 - The Coalition provides training and capacity building (e-learning programs) to network programs and community partners, leads peer reviews of network programs, builds collaborative partnerships with state and national organizations, and leads policy initiatives related to sexual and domestic violence.
 - The Coalition is also working to improve its capacity to lead primary sexual violence prevention efforts across the state. Most of these initiatives are supported with PHHS Block Grant funds.
- NPA drug disposal
 - Education about safe disposal of unwanted/unneeded medications with the Nebraska Pharmacists Association that implements the Nebraska MEDS Project to provide education and public awareness of poisonings and the risks of leftover medications.

Discussion points following the presentation included Kristen Larsen noting that the risk for sexual violence is higher among those with intellectual or developmental disabilities (ID/DD) and asked if the Coalition addresses that disparity. Rachel West noted that the Coalition now has a Community Engagement Coordinator. Part of that Coordinator’s portfolio is to address disparities, including among those with ID/DD. Jason Kerkman reported that Nebraska’s Safe Kids Coalitions are part of a worldwide Safe Kids organization. Josie Rodriguez asked if the injury prevention activities address disabilities, particularly the Safe Kids activities. Jason Kerkman said they do not specifically address but make information available and access to purchasing of safe car seats for specific conditions. Holly Dingman asked if there is a summary of Safe Kids activities throughout the state. Jason Kerkman referred the

Committee to the website where Safe Kids information is regularly updated and said that he hopes to produce a year-end summary in the future.

Gwen Hurst reminded everyone of the federal requirement amount (\$40,835) for sexual offense, which DHHS has chosen to pass through to the Nebraska Coalition to End Sexual and Domestic Violence.

At 10:55 a.m. a five-minute break was called by Mark Pyle.

PUBLIC HEARING

Mark Pyle opened the public hearing at 11:03 a.m.

Lisa Henning, Nebraska Safety Council/WorkWell, was the only member of the public requesting to address the committee. See attachments for provided copy of presenter's notes.

Mark Pyle referred to the printed testimony provided by the Panhandle Public Health Department that was part of the advance meeting materials and available at the Hearing (see attachment for written copy of comments).

There were no further public comments or testimony.

Holly Dingman moved and Josie Rodriguez seconded a motion to close the public hearing. **Motion carried.**

Mark Pyle closed the public hearing at 11:20 a.m.

Presentation of FY 2019 funding proposals continued

Office of Oral Health & Dentistry (OOHD)

Presented by Dr. Charles Craft. The OOHD presented two proposals. One proposal was for level funding, the other for an increase in funding, spurred by interest expressed by the Advisory Committee at the March 13, 2019 meeting. OOHD currently conducts activities aligned with three of the national oral health objectives under the CDC's Healthy People 2020 program. Oral Health Objective (OH-16) is to increase state dental disease surveillance, OH-8 is to increase dental services for low-income children and OH-7 is to increase access for children, adolescents and adults to the oral health care system.

Talking points included:

- **The first OOHD budget proposal request for PHHS FY 2019-2020**
 - Keep level funding as it was in 2018-2019, \$279,462.
 - This budget covers salary, benefits and indirect costs for one FTE program manager, 0.31 FTE of the dental director and 0.51 FTE for UNL contracted oral health epidemiologist.
 - It also covers membership to the Nebraska Dental Association and the American Dental Association along with registration and staff travel to the annual PHAN meeting and the National Oral Health Conference.

- The OOHD also contracts with three local health departments to provide preventive care through the Oral Health Access for Young Children (OHAYC) program and contracts with the UNMC COPH Health Professional Tracking Service to produce the annual Public Health Hygienist Service Report.
- From 2016 to 2019 the OOHD also received funding through an HRSA Oral Health Workforce Grant that allowed the OOHD to create the Nebraska Teeth Forever (NTF) program that trained community dental disease prevention teams of Public Health Hygienists and Community Health Workers at seven rural Nebraska health departments in rural dental shortage areas. The grant funding will end on August 31, 2019.
- **The second OOHD budget proposal request for PHHS FY 2019-2020**
 - Asks for increased funding up to the amount of \$425,929.
 - This budget would cover the same activities as listed above and asks for a \$146,467 increase specifically to contract with four LHDs (\$100K/\$25K each) to continue their vital NTF activities and to fully fund the UNL contracted oral health epidemiologist at 1.0 FTE (\$46,467). This request is critical to maintain and expand the progress on dental disease prevention and oral health surveillance that was gained through the recent HRSA grant.
 - With this budget, the OOHD would be supporting preventive services through seven Local Health Departments, which represents about 35% of Nebraska's counties. A private community foundation has also pledged to help support NTF activities through four other LHDs.

Discussion points following the presentation included Josie Rodriguez asking about the end time for the HRSA funding. Dr. Craft responded that the no cost extension ends August 31, 2019. Sue Medinger asked about the number of LHDs funded and how many additional LHDs the private funding might support. Dr. Craft responded that there are currently eight LHDs funded or OHAYC and NTF. The program works to start LHDs with the OHAYC program, then step up to NTF, then become self-sustaining so they are not reliant on federal funding.

In response to Josie Rodriguez's question about the epidemiologist, Dr. Craft said that the OOHD currently has a contract position through UNL. Later Josie Rodriguez asked a follow up question about what the full-time epidemiologist would do. Dr. Craft responded that the epidemiologist would continue work on the oral health surveillance system that gathers data for about 53 indicators, produce a surveillance report every 2-3 years, and help with the older adult survey to be completed in 2020. Holly Dingman asked which entities have OHAYC. Dr. Craft said OHAYC is currently in the Northeast District Health Department, the Lincoln-Lancaster County Health Department, and OneWorld. The OneWorld OHAYC is transitioning to a new site, as OneWorld has become self-sustaining, and OOHD is prioritizing rural areas (OneWorld is in Omaha). Holly Dingman said she assumed OOHD would be working with schools. Dr. Craft said that LHDs work closely with WIC, HeadStart, and schools for the OHAYC program and with long-term and assisted care facilities for NTF.

Public Health Infrastructure

Presented by Maya Chilese. The Public Health Infrastructure program encompasses several Healthy People 2020 objectives focusing on public health infrastructure. PHHS funds support the public health network, helping to ensure high performing health departments. Funding supports the state and LHDs to meet and address national public health standards as outlined by the Public Health Accreditation

Board (PHAB). Funding provides infrastructure support for securing and/or maintaining PHAB accreditation.

Talking points included:

- Propose addressing three main objectives for FY19
 - Support accreditation through subawards to LHDs
 - Next year (2020), the State will begin efforts to re-up accreditation through work on the strategic plan and the state health assessment (State health departments must renew every five years)
 - Public health workforce
 - Provide training and support for the state health department and LHDs
 - Address retention and succession planning
 - Continue partnership with the University of Omaha College of Public Health as an academic health department
 - Data
 - Working on a public facing health data portal
 - Developing Logi, a data platform
 - Providing data governance regarding collection, use, analysis, etc.
- Grant is not only funding source; office uses a combination of State and PHHS funds
 - PHHS proposal includes approximately 50% employee/50% projects such as LHD support, software, data governance
- There is 0.5 FTE designated for the State Health Improvement Plan (SHIP)

Discussion points following the presentation included Holly Dingman asking about the Wellness Council funds that have come through Maya Chilese's office the past few years. Mark Pyle asked that Gwen Hurst provide some background. Gwen Hurst said that two years ago, DHHS staff met with the two Wellness Councils currently funded with PHHS money. At that time, DHHS asked the Wellness Councils to develop sustainability plans so that they could become self-sustaining within two years, as PHHS funds would no longer fund Wellness Councils after two years. Subaward agreements the past two years have included deliverables of both a sustainability plan and a marketing or communication plan. Maya Chilese noted that the Governor's Award is separate from the Wellness Council work and that it will no longer be funded through PHHS. It will move to State funding.

Holly Dingman asked for an update on the State Health Improvement Plan (SHIP). Maya Chilese noted that there are five priority areas. 0.5 FTE are dedicated to the SHIP. The Program Manager position was vacant for several months, so SHIP activities slowed.

Presentations ended at 11:37 a.m.

Discussion and initial recommendation regarding FY2019 Work Plan

Mark Pyle asked Gwen Hurst to describe what is needed of the Advisory Committee. Gwen Hurst noted that the budget as presented is over-budget, so changes will be needed. The committee is advisory in nature. The committee is to review information provided and make recommendations to the State Health Officer through Mark Pyle regarding PHHS funding. As a result of this meeting, the committee could recommend: 1) that staff finalize the budget based on their subject matter expertise or 2) request changes to be presented at the June 4, 2019 meeting for committee review and recommendation.

Mark Pyle asked if there were specific priorities the committee wanted to see addressed.

- Sue Medinger mentioned the dental health shortage, and Kristen echoed, specifically pointing to support for access in rural areas and access for people who have intellectual or developmental disabilities. Kristen said she supports a significant increase for oral health.
- Peggy Reisher supported data collection and the development of sound policies for data use and governance. She expressed a desire to move beyond filling holes with PHHS funding.
- Holly Dingman noted that the grant is meant for prevention and to fill gaps in public health. She noted the #1 chronic disease is obesity. She said that as CDC funding has decreased, PHHS funding should increase for chronic disease. She said DHHS needs a chronic disease infrastructure. She also said she wants to find a way to support Worksite Wellness and the Governor's Award. She'd like to see a balance of chronic disease and public health infrastructure. She fully supports oral health.
- Josie Rodriguez emphasized the importance of prevention. She noted that businesses and companies provide funding for Worksite Wellness.
- Mark Pyle noted that there are two separate components to the wellness funds in question: 1) Governor's Award, 2) Worksite Wellness
- Peggy Reisher noted that businesses are reaping the benefit of PHHS funding for worksite wellness.
- Mark Pyle noted that not every LHD is fully funded. He said that when a business is operating and does not have enough income, it cuts expenses or finds ways to increase revenue. He asked the committee to consider who and how PHHS is funding partners: do they have the opportunity to have customers provide financial support?
- Peggy Reisher wanted to know what percentage of buy-in there is on the part of businesses into worksite wellness. She spoke of the benefits of PHHS seed money provided to support brain injury work. With PHHS seed money, she was able to leverage funds to obtain other funding for an even more extensive project.
- Kristin Larsen said she sees the BIAN leveraging of funds as a really good return on investment. She saw it as similar to a juvenile justice project with persons who have ID/DD.

Confirm June meeting date and desired agenda items

Mark Pyle recommended that staff take into consideration the discussion and priorities mentioned and come to committee in June for the committee's final recommendation.

Mark Pyle announced the next meeting date of June 4, 2019, from 10:00 a.m. - 12:00 p.m. at the Nebraska State Office Building, Conference Room Lower Level B.

There was some concern about whether there would be a quorum. If there will not be a quorum, the meeting date will be changed.

Other business

Syd Reinarz provided forms for those needing reimbursement for travel expenses.

Adjourn

Mark Pyle adjourned the meeting at 12:00 p.m.

NPHAC Members and Affiliations

Mark E. Pyle, Deputy Director, Public Health, NDHHS (NPHAC Chairperson)

Janelle Ali-Dinar, Vice President Rural Health, MyGenetx

Teresa Anderson, Health Director, Central District Health Department

Elizabeth Chentland, Regional Director of Communications, 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 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

Mark C. Segerstrom, Highway Safety Administrator, Nebraska Department of Transportation

Lori Seibel, President/CEO, Community Health Endowment

NDHHS Staff

Gwen Hurst, Administrator, Health Promotion Unit, Division of Public Health, NDHHS

Sue Medinger, Administrator, Community and Rural Health Planning Unit, Division of Public Health, NDHHS

Suzanne Forkner, PHHSBG program manager, PHHS Block Grant, Division of Public Health, NDHHS

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

Prepared by Syd Reinartz and Suzanne Forkner

Reviewed by Gwen Hurst and Mark Pyle

Approved by PHAC 6.13.2019

PERCENT CHANGES BY INTERVENTION TYPE

Tobacco % Change FOR PARTICIPANTS	12.44
PA % Change FOR PARTICIPANTS	25.94
FRUITVEGGIE % CHANGE FOR PARTICIPANTS	110.37
BMI >25 % CHANGE FOR PARTICIPANTS	-1.37
BMI >30 % CHANGE FOR PARTICIPANTS	5.31
Normal BP % CHANGE FOR PARTICIPANTS	17.33
TOTAL # STRESS INTERVENTIONS	8

Lisa Henning

From: Lisa Henning
Sent: Thursday, April 25, 2019 10:09 AM
To: Hurst, Gwen; Moser, Greg; Chilese, Maya
Cc: Jessica Davies (jdavies@pphd.org); Laurie Klosterboer
Subject: RE: just an FYI
Attachments: University Foundation.docx; Hexagon Testimonial.pdf; Grant Questions; Lincoln Industries Health Care Cost Trends Data.xls

Importance: High

Tracking:	Recipient	Read
	Hurst, Gwen	
	Moser, Greg	
	Chilese, Maya	
	Jessica Davies (jdavies@pphd.org)	
	Laurie Klosterboer	Read: 4/25/2019 10:12 AM
	Nicole Osborne	Read: 4/25/2019 10:28 AM

Hello Gwen,

Here are some responses to your questions. Again, the University Public Policy Center has more study information that should be considered.

Gwen's Question: What is the evidence base for use of the Governor's Award as a public health intervention?

Response:

- The summary article by Ron Goetzel on the essential elements of comprehensive programs discussed multiple studies and their outcomes taking the population based approach over the last 30 years.

Goetzel RZ, Henke RM, Tabrizi M, Pelletier KR, Loeppke R, Ballard DW, Grossmeier J, Anderson DR, Yach D, Kelly RK, McCalister T, Serxner S, Selecky C, Shallenberger LG, Fries JF, Baase C, Isaac F, Crighton KA, Wald P, Exum E, Shurney D, Metz RD. Do workplace health promotion (wellness) programs work? *J Occup Environ Med.* 2014 Sep;56(9):927-34.

Please note that Dr. Grossmeier noted in the Goetzel study has reviewed our award and is seeking to partner with us as we have the only known data-base of small and mid-sized businesses with information on evidence-based worksite health programs.

- The Community Guide has some good evidence on worksite health as a public health strategy: <https://www.thecommunityguide.org/findings/worksite-assessment-health-risks-feedback-ahrf-change-employees-health-ahrf-plus-health>
- If you want single intervention topic evidence, go to this section of the Community Guide <https://www.thecommunityguide.org/topic/worksite-health>

- More people are at work than any other place to receive health message. In addition, the Nebraska Department of Labor statistics indicate that 25% of Nebraska's are at 125% of poverty or less and 92% of minorities work. Both are public health targeted populations.

Gwen's Question: What is the evidence that directly links changes in behavior noted in these data with participation in the Governor's Award?

Response:

- The data is directly mined from the applicant Governor's Award Wellness Plans. The applicant must provide pre and post data as well as interventions that were used to address the issue (ex: tobacco use). Analysis of previous year's data by Raheem Sanders, Epidemiologist showed excellent standard deviation for each identifier reviewed. In that analysis, Raheem found that:

Tobacco % Change FOR PARTICIPANTS	12.44
PA % Change FOR PARTICIPANTS	25.94
FRUITVEGGIE % CHANGE FOR PARTICIPANTS	110.37
BMI >25 % CHANGE FOR PARTICIPANTS	-1.37
BMI >30 % CHANGE FOR PARTICIPANTS	5.31
Normal BP % CHANGE FOR PARTICIPANTS	17.33

The 5-year analysis used the same process as the one previously analyzed by Raheem.

Gwen's Question: What is the direct impact of the Governor's Award?

Response:

- More than 300 companies have demonstrated evidence-based practices and received the award. Several have applied multiple times where they have advanced their program or have demonstrated that they have maintained their program. Applicants must re-apply/recertify every three years. I would say the best impact is the data provided on the five year analysis. Reduction of tobacco use of 9.1%, Increase in Surgeon General Guideline Compliance of 20.4%, Increase in consumption of 5 or more fruits and vegetables a day by 36.5%, and essentially staying level on overweight obesity. I would argue that even though this is not random sample data, the N is large enough that it is impacting overall state outcomes. I would also like to point out that these are likely the best outcomes seen at a public health program level. The Governor's Award compliments all of the good work done at DHHS.

Gwen's Question: Would Nebraska businesses participate in worksite wellness activities if there were no Governor's Award?

Response:

- Yes, but prior to the award, there was practically no penetration west of Lincoln with worksite wellness. Only one company (Monsanto -with a national wellness program), received the award the first year. When the Governor announced the new award on January 2, 2008, there were more than 200 inquiries by the end of the day about worksite wellness. Many of those inquiries were from central and western Nebraska. The Governor's Award provides an awareness/catalyst to spur interest in worksite wellness. Since the inception of the award, more than 100 companies have received the award outside of Lincoln and Omaha. I believe the award has led to a culture shift in our state. We are regarded by other states and nationally respected leaders as the most advanced state in the country in worksite wellness. During the CDC National Healthy Worksite Program, three Nebraskans were hired to work on the project, including the current WorkWell Director as the National Program Director.

Gwen's Question: What is the financial impact of the Governor's Award? Stated another way, what is the return on investment?

Response:

There are two meta-analysis studies that demonstrate the financial return on investment of worksite health programs. Both studies are showing similar results. Basically the data in the Baiker study is showing:

An analysis of 22 large-employer studies showed significant positive impacts on healthcare costs and absenteeism:

- Employee healthcare costs were reduced \$3.27 for every \$1 spent on comprehensive worksite health programs.
 - Absenteeism costs dropped by \$2.73 for every \$1 spent.
- o Chapman LS. Meta-evaluation of worksite health promotion economic return studies: 2012 update. Am J Health Promot. 2012 Mar-Apr;26(4):TAHP1-TAHP12.
 - o Baicker K, Cutler D, Song Z. Workplace wellness programs can generate savings. Health Aff. 2010;9:1-8.
- The new application criteria requires all applicants to submit their wellness budgets. Prior to 2019, only some companies provided this data. With the new financial information, we can provide a direct ROI for just Governor's Award applicants using validated ROI calculators. Other tangible benefits (VOI) cited by businesses include; reduced turnover and improved recruiting advantage. New graduates are asking companies if they have a wellness program. Nebraska puts a high value on retaining our new graduates in state. Having any recruiting advantage is helpful.

Lisa Henning
workwell director

nebraska workwell

P: 402.483.2511 ext 109 \ F: 402.483.2513

NEW LOCATION

3270 Folkways Blvd , Ste. 201
Lincoln, NE 68504-9903
www.nesafetycouncil.org

From: Hurst, Gwen <Gwen.Hurst@nebraska.gov>

Sent: Thursday, April 4, 2019 7:52 AM

To: Lisa Henning <LHenning@nesafetycouncil.org>; Moser, Greg <Greg.Moser@nebraska.gov>; Chilese, Maya <Maya.Chilese@nebraska.gov>

Cc: breynoldson@unlcogroup.com

Subject: RE: Just an FYI

Thank you. This is helpful information, Lisa, and good news for the health of Nebraskans.

Some questions:

- What is the evidence base for use of the Governor's Award as a public health intervention?
- What is the evidence that directly links changes in behavior noted in these data with participation in the Governor's Award?
- What is the direct impact of the Governor's Award?
- Would Nebraska businesses participate in worksite wellness activities if there were no Governor's Award?
- What is the financial impact of the Governor's Award? Stated another way, what is the return on investment?

Thanks!

Gwen L. Hurst

The information in this e-mail may be privileged and confidential, Intended only for the use of the addressee(s) above. Any unauthorized use or disclosure of this information is prohibited. If you have received this e-mail by mistake, please delete it and immediately contact the sender.

From: Lisa Henning [<mailto:LHenning@nesafetycouncil.org>]

Sent: Wednesday, April 03, 2019 1:24 PM

To: Coyle, Brian <Brian.Coyle@nebraska.gov>; Moser, Greg <Greg.Moser@nebraska.gov>; Chilese, Maya <Maya.Chilese@nebraska.gov>; Hurst, Gwen <Gwen.Hurst@nebraska.gov>

Cc: breyoldson@unicogroup.com

Subject: just an FYI

Here is some outcome data for you to see. I think you should be proud of the work by our businesses.

In a five year study of businesses that received the Governor's Award:

- Reduced tobacco use by 9.1% (n=4772)
- Increased the percentage of employees meeting Surgeon General Guidelines for Physical Activity by 20.4% (n=4259)
- Increased compliance of 5 or more fruits and vegetables a day by 36.5% (n=2148)
- Increased overweight (BMI 25-29.9) by 1.3% (n=10,367) – negative likely because obese moved to this category
- Reduced obesity (BMI 30+) by 5.3%
- Overall reduction in overweight/obese by .06% (n=21,338)

Return on Risk, which is primarily productivity loss avoidance using cohort data is \$2.5 million for our the book of business that uses the Impact Survey.

Lisa Henning
workwell director

nebraska work

P: 402.483.2511 ext 109 | F: 402.483.2513

NEW LOCATION

3270 Folkways Blvd., Ste. 201



April 23, 2019

Jessica Sorensen
University of Nebraska Foundation
Wellness & HR Administrator
1010 Lincoln Mall, Suite 300
Lincoln, NE 68508

To whom it may concern:

Worksite wellness was an initiative we knew we needed to invest in to impact our culture. The foundation believes that good health is a valuable possession — a healthy employee is a strong asset to the workplace. The mission of Healthy U is to enhance the lives of employees through our wellness commitment. Workplace wellness is vitally important to our future success. It involves caring for the whole person — physically, mentally, socially and emotionally.

In our efforts to make wellness a priority, WorkWell became an important resource and partner in our wellness plan. We were motivated by the Governor's Award to demonstrate that our commitment was strong and that we were going to set ourselves apart by being one of the best wellness programs. The award has made us strive to be better, offer more, and focus on the right things with our initiatives. The award is more than a document to us, it shows our employees their health matters. We are willing to commit our time for the award to show that our investment matters. This aligns with our driver to balance a strong work ethic with a commitment to personal wellness.

Stemming from the incorporation of our wellness program, we have found correlations in our records. Furthermore, the culture of our organization has been impacted positively by the wellness program. Recently we incorporated a companywide step challenge encouraging employees to work together towards a goal. With this goal, employees have been noticeably more active as a group and it has become a “water cooler” topic around the office. The wellness program is also responsible for the Foundation Fun Events, which includes an employee bowling event and family event at the zoo. Although the shift in culture can be difficult to demonstrate in statistics, it has been apparent through our data.

WorkWell has been valuable in not only the development of our wellness program, but as a reliable and knowledgeable resource. What we appreciate most is the communication and vast amount of information that WorkWell provides regarding not only the Governor's Award, but other awards that they believe our program should be candidates for. I rely on the communication and assistance from WorkWell to apply for and receive awards. Perhaps most importantly is that the group at WorkWell understands our program and therefore has been able to provide customizable resources to fit our needs.

Sincerely,
Jessica Sorensen

Kearney
718 W 19th Street, 7th Floor 2670
Kearney, NE 68848
408.608.5270

Lincoln
1010 Lincoln Mall, Suite 300
Lincoln, NE 68508
402.450.1100

Omaha
3306 South 27th Street, Suite 200
Omaha, NE 68106
402.502.0300



1) Did the Governor's Award help your organization become interested in worksite wellness? If not, what did or was it a combination of the award and other things.

- a. Yes; Hexagon (Lincoln location) specifically began our "wellness journey" in 2015. Prior to this, workplace wellness was not a common terminology or concept in the organization. With the help of the Nebraska Safety Council/WorkWell Staff and other associates, Hexagon was able to establish a formal Wellness Committee, which shared relevant and pertinent health and wellness related information which greatly improved the holistic health of our organization. The Governor's Award was always something we had on our strategic plan and was a great accomplishment for us!

2) Have you experienced improvements in health?

- a. Absolutely. As an organization, our people are much healthier, energized and engaged. Through on-site wellness coaching sessions, health screenings, wellness challenges, group and team workouts, Hexagon is leaps and bounds of where we were only a few short years ago. Specifically, Hexagon Lincoln has experienced a 43% reduction in tobacco use through our adoption of cessation education and a Tobacco-Free Campus design. Metabolic syndrome has decreased >37% through education and focus on health and wellness and the overall health of our organization is trending in the right "positive" direction.

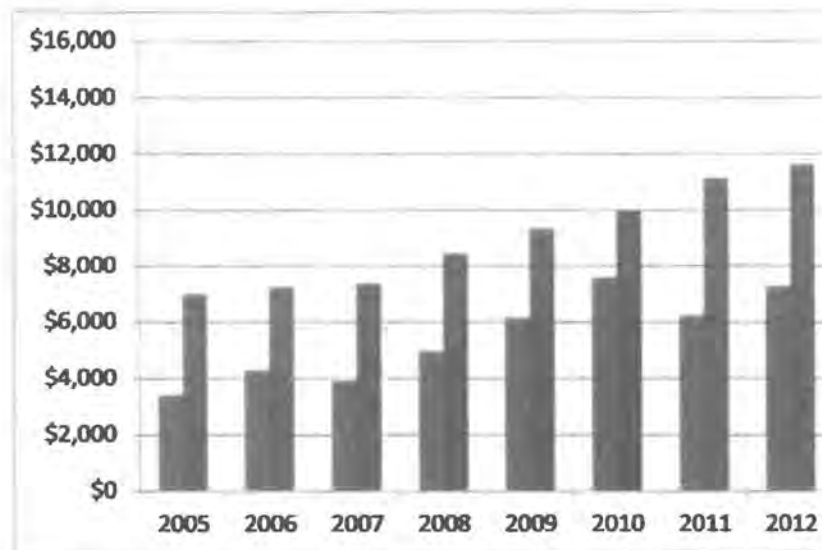
3) Has your company experienced return on investment in wellness?

- a. Hexagon has experienced a very steady decrease in Healthcare renewal costs which is directly attributed to the wellness centric culture we have forged. Similar manufacturing organizations had experienced a 15% or greater Healthcare renewal for 2019—Hexagon received <4% increase. Because of this, Hexagon was postured to transition from a fully insured to a self-insured healthcare design; however, a recent acquisition led for the decision to remain fully insured throughout 2019.

4) Has WorkWell provided a value to your organization in the development and continuation with your wellness program and applying for the Governor's Award?

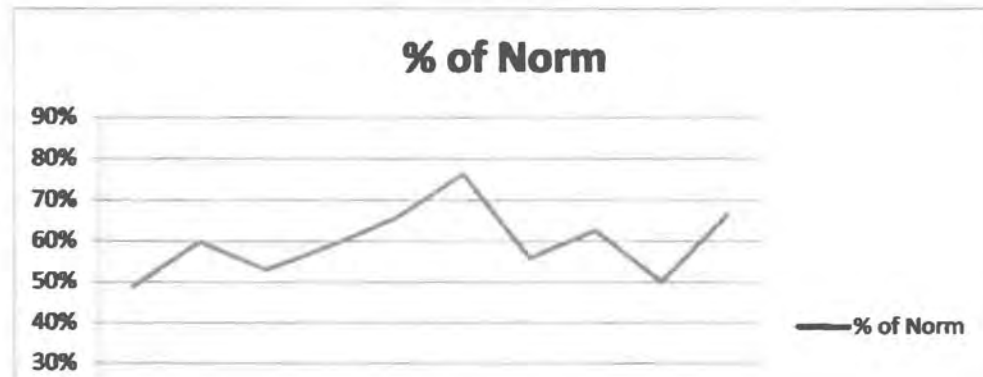
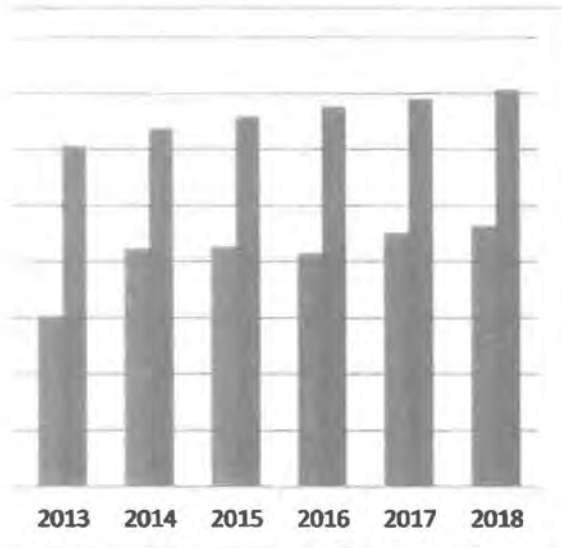
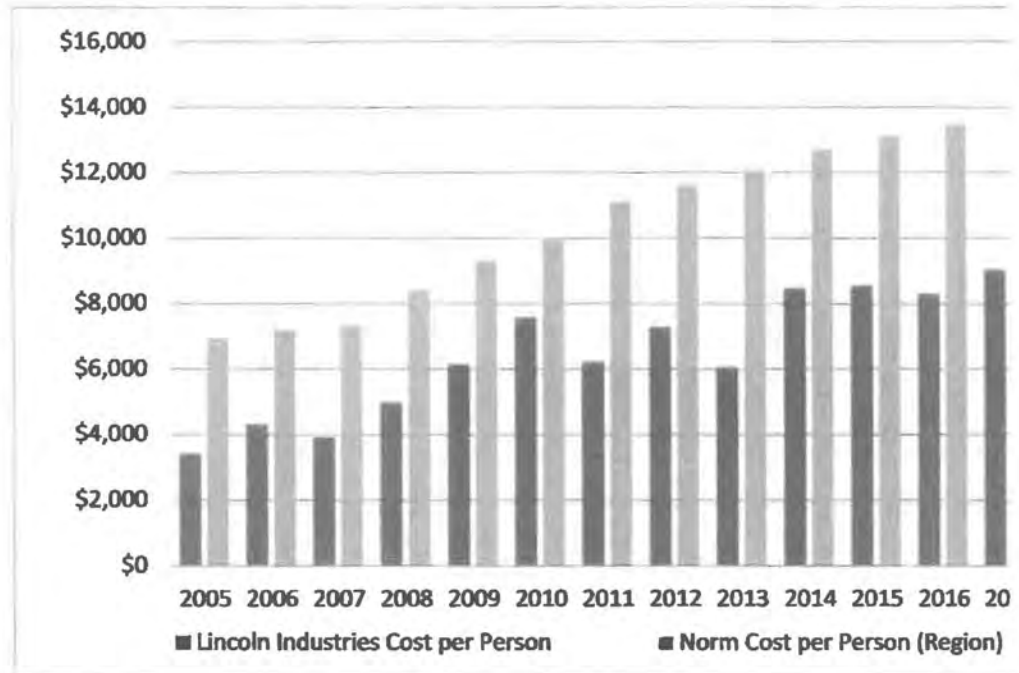
- a. Without question, WorkWell has been a staunch champion and partner of Hexagon and has helped our organization achieve the improved wellness culture we have today. The WorkWell staff consistently goes above and beyond to serve our people and continues to positively influence our growing and diverse culture. When applying for the Governor's Award WorkWell held a workshop that helped Hexagon & others with the application process, which made applying a lot less overwhelming and educational. We look forward to applying for the Harvester Award in a couple years.

Year	Lincoln Industries Cost per Person	Norm Cost per Person (Region)	Difference below Norm	% of Norm
2005	\$3,434	\$7,015	\$3,581	49%
2006	\$4,338	\$7,257	\$2,919	60%
2007	\$3,918	\$7,394	\$3,476	53%
2008	\$5,007	\$8,481	\$3,474	59%
2009	\$6,176	\$9,378	\$3,202	66%
2010	\$7,605	\$9,967	\$2,362	76%
2011	\$6,249	\$11,176	\$4,927	56%
2012	\$7,311	\$11,664	\$4,353	63%
2013	\$6,074	\$12,136	\$6,062	50%
2014	\$8,489	\$12,768	\$4,279	66%
2015	\$8,569	\$13,186	\$4,617	65%
2016	\$8,318	\$13,544	\$5,226	61%
2017	\$9,061	\$13,820	\$4,759	66%
2018	\$9,298	\$14,156	\$4,858	66%



Norm Cost per Person (Size Norm Cost per Person (Industry)

\$6,902	\$6,646
\$7,142	\$6,879
\$7,364	\$7,066
\$8,395	\$7,989
\$9,208	\$8,439
\$9,792	\$9,631



20%

10%

0%

2005 2006 2007 2008 2009 2010 2011 2012 2013 2014

Lisa Henning

From: Alyssa Walton <Alyssa.Walton@lincolnindustries.com>
Sent: Tuesday, April 23, 2019 4:49 PM
To: Lisa Henning
Subject: Grant Questions
Attachments: Copy of Health Care Costs_Trend (version 1).xls

Follow Up Flag: Follow up
Flag Status: Flagged

1. Has your company experienced return on investment in wellness?

Year over year, we see our program pay dividends. We continue to sit well below benchmark for industry averages when it comes to total medical spend and cost per person. Though average cost has increased across the board over the years, as health care costs rise, we are still seeing a 66% lower cost on our people when compared to the industry. See attachment.

2. Has WorkWell provided a value to your organization in the development and continuation with your wellness program and applying for the Governor's Award?

WorkWell continues to be a valued partnership and asset to our company and the success of our wellness program. The Governor's Award application allows us to deeply evaluate our program and current practices. This comprehensive review gives us the chance to celebrate the things we're doing well and identify areas of opportunity or refinement. Our program analysis steers the direction and drives the strategic development of our program. We are committed to serving our people, their families, and our community by competing with industry best practices and pursuing the latest research to design leading edge programs and initiatives - the Governor's Award holds us accountable to that.

Alyssa Walton, Wellness Specialist
402-473-2180 (W) | 308-830-2387 (M)
600 West E Street | Lincoln, Ne 68522 | www.LincolnIndustries.com

LINCOLN INDUSTRIES / INNOVATION INSPIRED.®

Suzanne Forkner
PHHSBG Public Comments
PO Box 95026
Lincoln NE 68509-5026

Dear Suzanne,

The Preventive Health and Health Services Block Grant provides critical funding to Panhandle Public Health District to maintain and enhance capacity in worksite wellness. It provided the foundational funding for our health district to formalize services as a membership-based, worksite wellness council in 2011. Worksite wellness is a core strategy of our Community Health Improvement Plan and integrates evidence-based training, resources, and supports as organizational strategy.

This past year we provided service to upwards of 50 Panhandle businesses, encompassing over 12,000 employees with an estimated 14,400 family members. This conduit ultimately impacts over 30% of the Panhandle's population. Our approach is heavily emphasized through organizational policy, systems, and environmental support strategies. Examples include from the 2018 annual membership survey:

- 95% of members have at least one policy in place regarding food served
- 79% of members have at least one policy in place regarding support for breastfeeding
- 62% of members have at least one policy in place to support physical activity among employees
- 77% of members have at least one policy in place regarding tobacco use

Employees go to work 8, 10, or 12+ hours a day, spending more than 1/3 of their day at work. The ability to positively impact their lives through health protection, promotion, and chronic disease prevention is very high.

The following are evidence-based programs we've braided into the worksite wellness structure:

- National Diabetes Prevention Program
- Health Coaching
- Living Well

The Nebraska Department of Health and Human Services has conducted a survey of Nebraska businesses at three intervals with the latest data set being from 2016. Of the nearly 2000 businesses that completed the survey, nearly half were small businesses (10-49 employees), 44% were medium (50-199 employees), and 10% were large (200+ employees). The final recommendations included:

- Businesses would benefit in multiple ways by shifting to more upstream interventions (prevention and control).
 - *Local public health is specially trained in ways to do this cost-effectively and to maximize impact.*
- Community resources can be important to address worksite wellness and can often offset direct costs and responsibility of the business.
 - *This is a cost-efficient model when they are directed to their local public health district.*
- Since organizations vary significantly, there is a need to have flexibility in creating a customized, effective health and wellness program.
 - *Local public health districts can do this because we have access to data points reflective of their employee populations and staff understand the contextual conditions of their employee populations as well.*

In a recent survey to local health directors, four indicated they were already providing worksite wellness services and 16 others said they would like to start offering worksite wellness assuming adequate funding for the program was provided.

We have numerous local examples of how worksite wellness has directly impacted businesses in the Panhandle. Here are a few:

- At Chadron Community Hospital, employees at high-risk for developing diabetes, a costly and devastating disease, dropped by almost 10% in the past year alone. This is a huge success considering research shows employers spend on average \$4,413 more annually for employees with diabetes compared to employees without.
- The hospital has a multi-level, tobacco-free, organizational strategy that has dropped employee usage rates to 9%, less than half of Panhandle and national rates of 17-20%.
- At Bayard Public Schools, staff have improved consumption of fruit and vegetables by 11% and decreased risk for saturated fat consumption by 10%. In addition, there has been an 11% increase in those meeting physical activity requirements. They offer National Diabetes Prevention Program not just for employees but the community as well. They've also started a small garden.
- The City of Chadron has increased the percentage of employees meeting wellness goals. They are documenting measurable changes in absenteeism cost with \$236 less cost for individuals with no health risks as compared to employees with health risks. As the impact of healthy eating, exercise, sleep patterns, and stress management becomes more and more clear, the city continues to advocate for employee wellness.

These examples all maintain evidence-based wellness programs and have been honored with the Governor's Wellness Award at the Grower Level, meaning they are producing outcomes with their programs. Panhandle Public Health District, through our worksite wellness council, is integrally involved in this work.

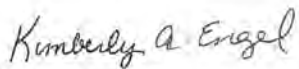
The following Panhandle businesses have received awards since the award was created:

- Banner County Schools
- Bayard Public Schools
- BNSF
- Box Butte General Hospital

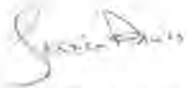
- Cabela's
- Chadron Community Hospital
- Cirrus House
- City of Chadron
- City of Gering
- Educational Service Unit 13
- Fred A. Lockwood & Co, PC (FALCO)
- Hemingford Telephone Company/Mobius Communications
- Kimball Health Services
- Northwest Community Action Partnership
- Panhandle Public Health District
- Regional West Health Services
- Sidney Regional Medical Center
- South Platte NRD
- Upper Niobrara White NRD
- Western Nebraska Community College

We appreciate the opportunity to share how the Preventive Health and Health Services Block Grant has impacted our public health work. Please let us know if there's any additional information we can provide.

Thank you,



Kim Engel, Director



Jessica Davies, Assistant Health Director



90% of US health care expenses are for chronic and mental health conditions (CDC)

MODIFIABLE RISK FACTORS FOR CHRONIC DISEASE ARE

1)Physical Activity 2)Nutrition 3)Tobacco Use

18.6%

of Panhandle adults smoke cigarettes (2017)¹

35.8%

of Panhandle adults are obese (2017)¹

82.6%

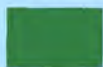
of Panhandle adults do not meet aerobic physical activity and muscle strengthening recommendations (2017)¹

37.5%

of Panhandle adults eat fruit less than once per day (2017)¹

¹Nebraska Behavioral Risk Factor Surveillance System

Panhandle Worksite Wellness Council partners with employers to provide training, resources and guidance on developing effective worksite wellness programs.



For every **\$1** spent on worksite wellness programs, employers can save up to **\$6**



Healthy worksites = Healthy communities

Worksite wellness policies reach more than only agency employees

PWWC has 48 members with over 12,000 employees



But impacts an estimated additional 14,400 family members of employees

Worksite wellness policies collectively reach 30% of the Panhandle population.

What can PWWC do for you?



95%

of members have at least one policy in place regarding food served



79%

of members have at least one policy in place regarding support for breastfeeding



62%

of members have at least one policy in place to support physical activity among employees



77%

of members have at least one policy in place regarding tobacco use

Join Panhandle Worksite Wellness Council today to improve your employees' health and your business's bottom line.

Nebraska Preventive Health Advisory Committee Meeting

Sign-in Sheet
May 15, 2019

Name	Signature	City
Committee members		
Ali-Dinar, Janelle	<i>via conference call</i>	
Anderson, Teresa	<i>via conference call</i>	
Chentland, Elizabeth	Absent	
Dingman, Holly	<i>Holly Dingman</i>	
Gray, Alex		
Kernen, Kerry	<i>Via conference call ?</i>	
Kovarik, Bill	<i>Bill Kovarik</i>	
Lange, Lynne	Absent	
Larsen, Kristen	<i>Kristen Larsen</i>	<i>no June 4</i>
Medinger, Sue	<i>Sue Medinger</i>	<i>non voting.</i>
Palm, Dave	Absent	
Pyle, Mark	<i>Mark Pyle</i>	<i>10-out a/c</i>
Reisher, Peggy	<i>Peggy Reisher</i>	<i>Lincoln no</i>
Rodriguez, Josie	<i>Josie Rodriguez</i>	<i>Lincoln</i>
Seegerstrom, Mark	Absent	
Seibel, Lori	Absent	
DHHS staff		
Chilese, Maya	<i>Maya Chilese</i>	<i>Lincoln</i>
Craft, Charles	<i>Charles Craft</i>	
Furl, Renae	<i>Renae Furl</i>	<i>Lincoln</i>
Green, Elizabeth	<i>Elizabeth Green</i>	
Hahn, Jamie	<i>Jamie Hahn</i>	<i>Lincoln</i>
Hurst, Gwen	<i>Gwen Hurst</i>	<i>Lincoln</i>
Kerkman, Jason	<i>Jason Kerkman</i>	<i>Lincoln</i>
Forkner, Suzanne	<i>Suzanne Forkner</i>	<i>Lincoln</i>
Ogea-Ginsberg, Peg	<i>(Tentative) Peg Ogea-Ginsberg</i>	<i>Lincoln</i>
Pribil, Monica	<i>M. Pribil</i>	<i>Lincoln</i>

