

Nebraska Department of Health and Human Services
Nebraska Preventive Health Advisory Committee
Minutes of Meeting
March 13, 2019, 10:00am – 12:00pm
Nebraska State Office Building (NSOB), Chief Medical Officer's Office

Call to Order

Sue Medinger called the meeting to order at 10:00am.

Roll Call of Members

Sue thanked everyone for coming, and introductions were made. **Committee member affiliations appear at the end of these minutes.** Attendance was as follows:

Members Present: Kerry Kernen (teleconference), Bill Kovarik, Lynne Lange, Kristen Larsen, Dave Palm, Mark Pyle, and Josie Rodriguez

Members Excused: Janelle Ali-Dinar, Peggy Reisher, Lori Seibel

Members Absent: Teresa Anderson, Elizabeth Chentland, Holly Dingman, Alex Gray

Presenters: Dr. Charles Craft, Jill Hanson

DHHS Staff Present: Gwen Hurst, Sue Medinger, Dr. Charles Craft, Nikki Krause

Public: None

Quorum: Not Met

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. A quorum was not present for today's meeting.*
- *Nebraska Department of Health and Human Services Interim Director Bo Botelho appointed Deputy Director Mark Pyle to serve as chairperson of the Nebraska Preventive Health Advisory Committee. Mark delegated Sue Medinger as chair for this meeting, as it was his first.*

Approval of Agenda

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

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

Approval of Minutes of Previous Meeting

Sue asked the group to review the meeting minutes from the June 6, 2018, Advisory Committee meeting.

*Dave moved and Josie seconded the motion to approve the minutes as presented. **Motion carried. Meeting minutes approved.***

**Program Report: Nebraska Teeth Forever and Use of Emergency Department for Oral Health Care –
Dr. Charles “Fritz” Craft**

Dr. Charles “Fritz” Craft, Dental Health Director, presented a report on the *Problems of Oral Health Care and Use of ERs for Non-Emergent Dental Conditions in Nebraska and the Nation*.

Oral health is essential to overall health across the lifespan. Unfortunately, there is no vaccination against dental disease (decay, cavities, and gum disease). Dental disease is one of the most preventable of all health problems.

National Healthy People 2020 monitors diseases, and of the diseases monitored, all are either stable or improving except for two: dental health and mental health. Fewer than 45% of Americans annually visit the dentist. Dental disease is the most common childhood disease in the US. The most vulnerable groups are the very young and elderly. In Nebraska, the dental disease rate is highest in rural areas where there is less access to dental services and preventive care. A survey of Nebraska third graders (funded with PHHS funds) found that 64% had experienced dental disease compared to 52% of third graders in the US. Dental decay was more prevalent in rural areas (81%) than in urban areas (54%). Nebraska and the US are facing an oral health care crisis.

In the past decade, there has been a dramatic increase across the US in individuals using emergency rooms/departments (ER, ED) for non-emergent dental conditions.

Some of the reasons cited for the increase in dental disease and the use of ERs for non-emergent dental conditions in Nebraska are: rural areas not having access to dental care (in 2017, 52 of the 93 counties [56%] were general dentist shortage areas, and 20 counties had no full-time dental services); decrease in the number of dentists who accept Medicaid; three of the largest cities (Grand Island, Hastings, and Beatrice) do not fluoridate the water; and lack of dental health insurance.

Dental disease is preventable if individuals go to a dentist. ER visits can be reduced and education on dental disease prevention can be provided by having a dental home. A dental home provides comprehensive and accessible dental care, as well as an ongoing relationship between the dentist and the patient.

Nebraska’s Office of Oral Health & Dentistry has five strategic focus areas: public policy, physical surveys, access to dental care services, community based prevention programs, and continual education campaigns. The report *Problems of Oral Health Care and Use of ERs for Non-Emergent Dental Conditions in Nebraska and the Nation*, funded through PHHS, reflects a major increase in use of EDs/ERs for dental conditions.

Next steps in addressing the use of EDs for oral health care include convening stakeholder meetings to: discuss partnerships; develop a state-wide awareness campaign to educate the public on dental health; encourage individuals to have a dental home; and inform high risk hospitals and counties about the need to have a referral program to connect people to existing local dental resources. Preventive services need to be done where the people are. The ultimate goal is to get oral health care at the local level.

Program Report: S.T.E.A.D.I. Report – Peg Ogea-Ginsburg

Peg Ogea-Ginsburg, Injury Prevention Program Manager, was unable to attend the meeting. She provided a brief report and materials, which Gwen presented on Peg's behalf. Work is being done on ways to help keep older adults in their homes by focusing on preventing falls. S.T.E.A.D.I. (Stopping Elderly Accidents, Deaths and Injuries) is a risk prevention assessment that a medical provider can conduct with older adults. Some of the techniques provided to prevent falls are very practical. The physicians can charge insurance or Medicaid for this assessment. PHHS pilot funds go to two local health departments to work with the physicians to provide the assessment. The Committee encouraged DHHS to continue this program.

CDC Compliance Visit Report

In December 2016, the CDC conducted their compliance visit. The report has not been received, but there were no findings. The number one concern the CDC cited is to be diligent in spending allocated funds. Reasons for this difficulty are the two year grant cycle and underspending by subrecipients and by some programs within the Division of Public Health.

Allocations Reports

FY 2017 Annual Report Update – as submitted to CDC

The *Nebraska FY 2017 Preventive Health and Health Services Block Grant Annual Report UPDATE* was attached to the meeting invitation for review. The annual report covers October 1, 2017 to September 30, 2018. It is also available on the DHHS website <http://dhhs.ne.gov/Pages/Preventive-Health-and-Health-Service-Block-Grant-.aspx>. Please contact Gwen with questions or ideas.

FY 2018 Annual Report – as submitted to CDC

The *Nebraska FY 2018 Preventive Health and Health Services Block Grant Annual Report* was attached to the meeting invitation for review. This covers October 1, 2018 to December 31, 2018. It will be posted to the DHHS website after the CDC completes its review. Please contact Gwen with questions or ideas.

FY 2018 Allocation Changes for Review

The Advisory Committee needs to be consulted when shifting funds from one approved program to another, as long as the shifts address items already in the Work Plan. 10% of the funds are allowed to be shifted among categories without prior approval from the CDC. Current additional needs are in the area of data governance. Ming Qu and Maya Chilese requested funding for GIS Mapping. As the end of the grant cycle approaches, it is allowable to utilize funding to pay for STD testing. The Committee agreed that these are appropriate uses of funding and recommended that the shifts be allowed.

FY 2019 Allocation Update, Process and General Announcements

October 1, 2018, was the date to start spending the FY2019 allocation. At this time, it is still unknown what the dollar amount of that allocation is. The CDC has recommended that recipients assume level funding.

Internal requests for funding are due March 15, 2019. If level funding is received, the next step will be an Advisory Committee review of the funding requests line by line at the May meeting. Some of the CDC requirements include addressing: *Healthy People 2020 objectives*, state defined priorities, and state defined gaps in service. Once adjustments have been made to the funding requests, the committee will offer their recommendations to the State Health Director.

Community Report: Asthma Coalition – Dr. Jill Hanson

Dr. Jill Hanson, Pediatric Allergy and Immunology Specialist at Boys Town, provided an overview of *The State of Asthma in Nebraska and the Nebraska Asthma Coalition*. Asthma is a chronic disease. While it cannot be cured, it can be controlled. The prevalence of Asthma in adults and children in Nebraska is lower than the US as a whole; however, of the 39 states reporting data, Nebraska had the highest mortality rate per million people.

In Nebraska, the race/ethnicity with the highest rate is African Americans followed by Native Americans, and Asians. The locations in Nebraska that have the highest rate of mortality are the Loup Basin (the middle of the state), the Northeastern and Southeastern parts of the state, and the Omaha metro area. Individuals aged 65+ have the highest healthcare utilization, while ER visits are highest for those ages 0-4. In 2018, Omaha appears on the list of the top 20 most challenging places to live with Asthma coming in at number 12.

The Nebraska Asthma Coalition's Mission is to improve health outcomes and the quality of life for all individuals affected by Asthma. Some of the Coalition's partners are: Children's Center for the Child and Community, the American Lung Association, UNMC, and NDHHS.

Long-term goals for the Coalition include: data/surveillance, environment, clinical care, and education/awareness. By addressing these goals, the Coalition hopes to achieve: reduction in Asthma deaths, improved quality of life, increased use of guideline based care, reduction in healthcare utilization, and increased asthma surveillance.

Current projects of the Coalition include: developing partnerships to increase collaboration, landscape analysis, locating/combining data sources, a pilot project with Wellcare/Omaha Healthy Kids Alliance, considering how to target the high risk groups, and identifying/applying for grant funding.

Announce Next Meeting Dates and Choose Program Reports

The next Advisory Committee meeting, which includes a Public Hearing, will be on May 8, 2019 from 10:00am to 12:00pm at the Nebraska State Office Building, Conference Room Lower Level A. The Committee will hear from the programs DHHS programs requesting funding.

At the June 6, 2019 meeting, the Committee suggests hearing from the Nebraska Coalition to End Sexual and Domestic Violence and from the Office of Health Disparities and Health Equity regarding the success story submitted with the annual report to the CDC in early 2019.

Reimbursement Documents for Meeting Travel

Gwen provided forms for those needing reimbursement for travel expenses.

Adjournment

Sue adjourned the meeting at 12:00pm.

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

Bill Kovarik, Interim Administrator, Highway Safety Office, Nebraska Department of Transportation

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

Kristen Larsen, Executive 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

Lori Seibel, President/CEO, Community Health Endowment

NDHHS Staff

Gwen Hurst, Administrator, Health Promotion Unit, Division of Public Health and, PHHSBG Coordinator, PHHS Block Grant, NDHHS

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

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

Prepared by Nikki Krause. Reviewed by Sue Medinger and Gwen Hurst.

Approved by PHAC _____ (date of meeting when approved)

The State of Asthma in Nebraska and the Nebraska Asthma Coalition

Jill Hanson, MD

Allergist

Boys Town National
Research Hospital

Chairperson

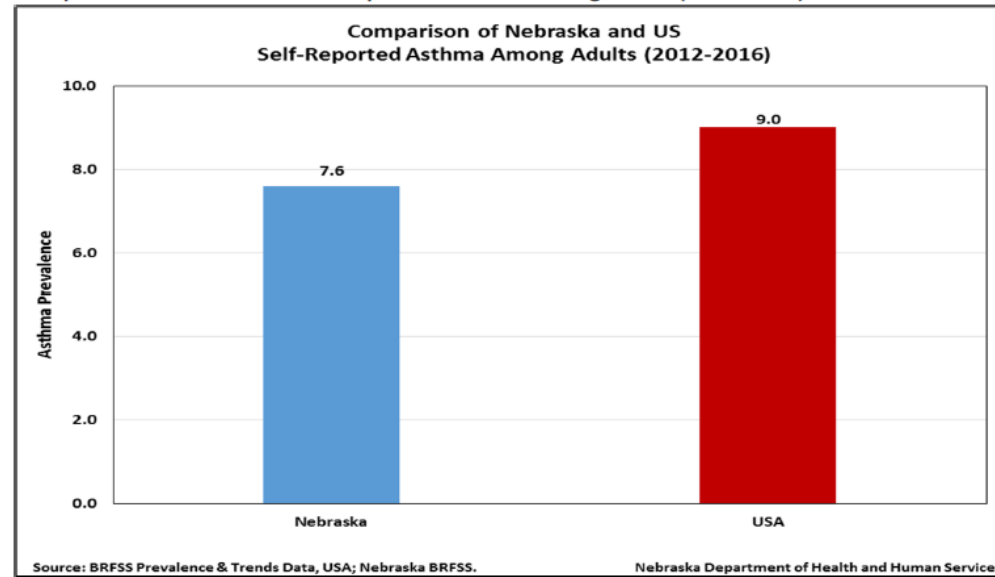
Nebraska Asthma
Coalition

Asthma

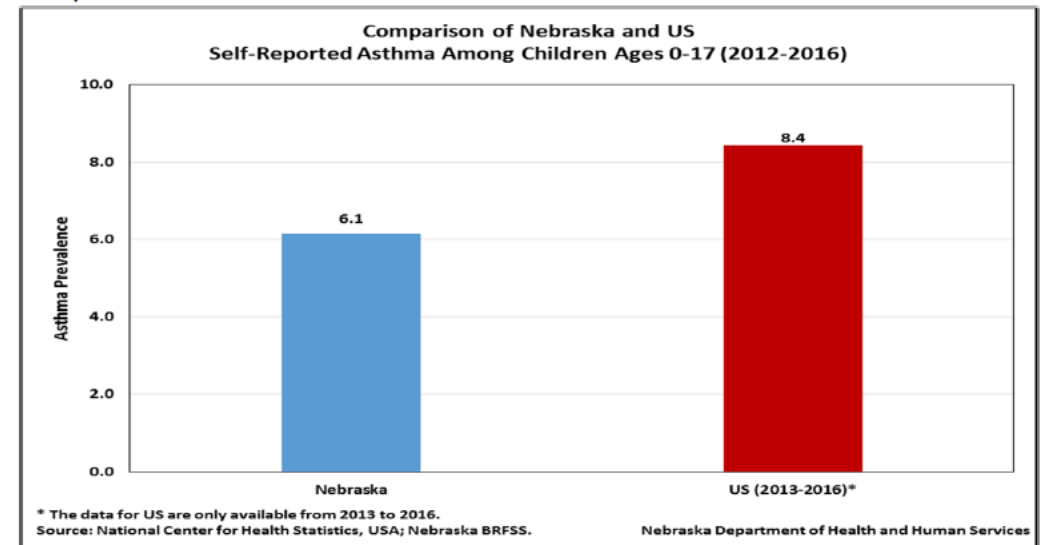
- Chronic disease, often lifelong
- Results in recurrent episodes of cough, wheeze, shortness of breath and chest tightness
- Exacerbations of asthma may require ER or Urgent Care visits, hospitalizations and systemic steroid courses
- Can result in reduced quality of life, missed school/work days

Asthma Prevalence

Comparison of NE and US: Self-reported asthma among adults (2012-2016):



Comparison of NE and US: Self-reported asthma among Children and Adolescence (2012-2016):

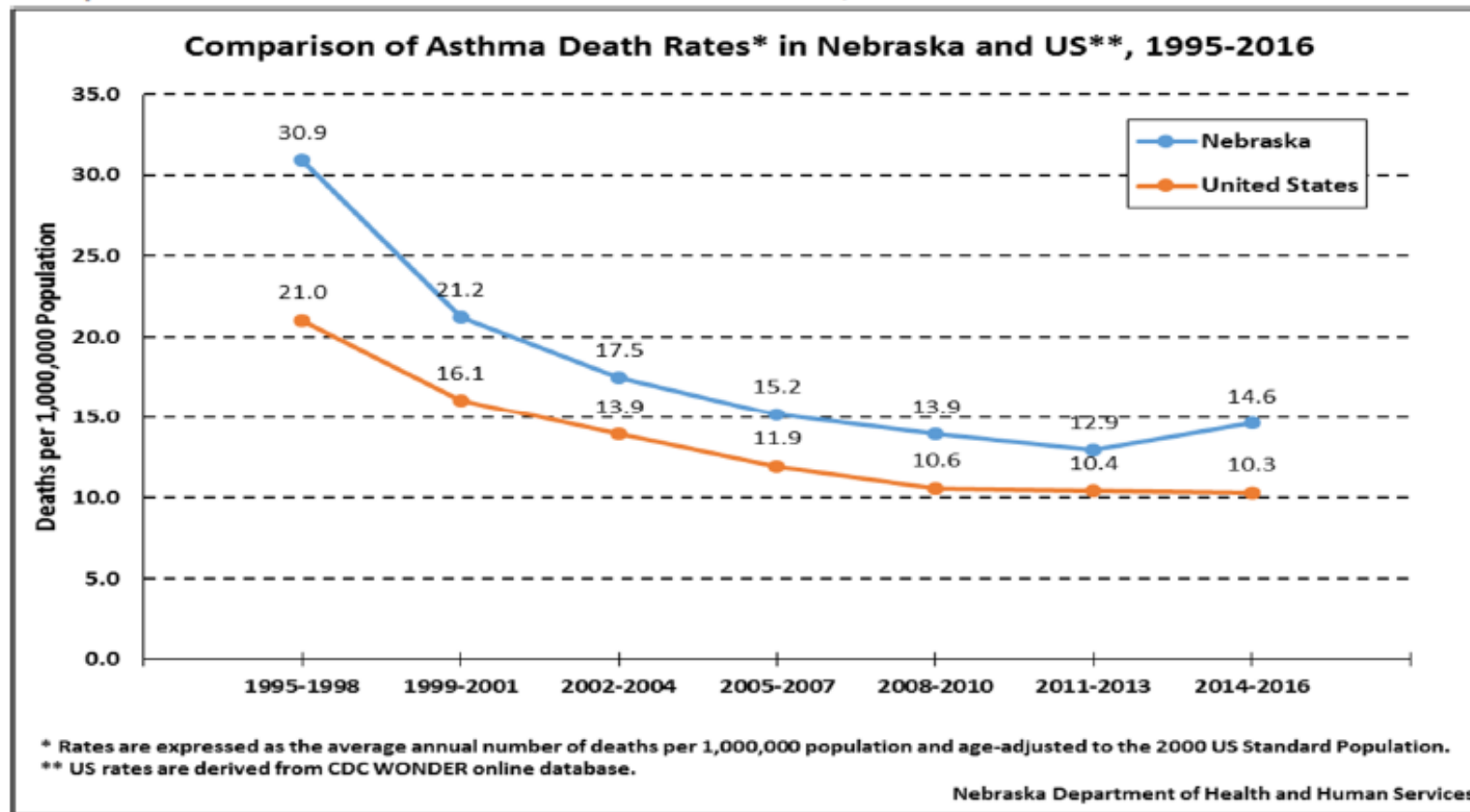


Asthma Deaths

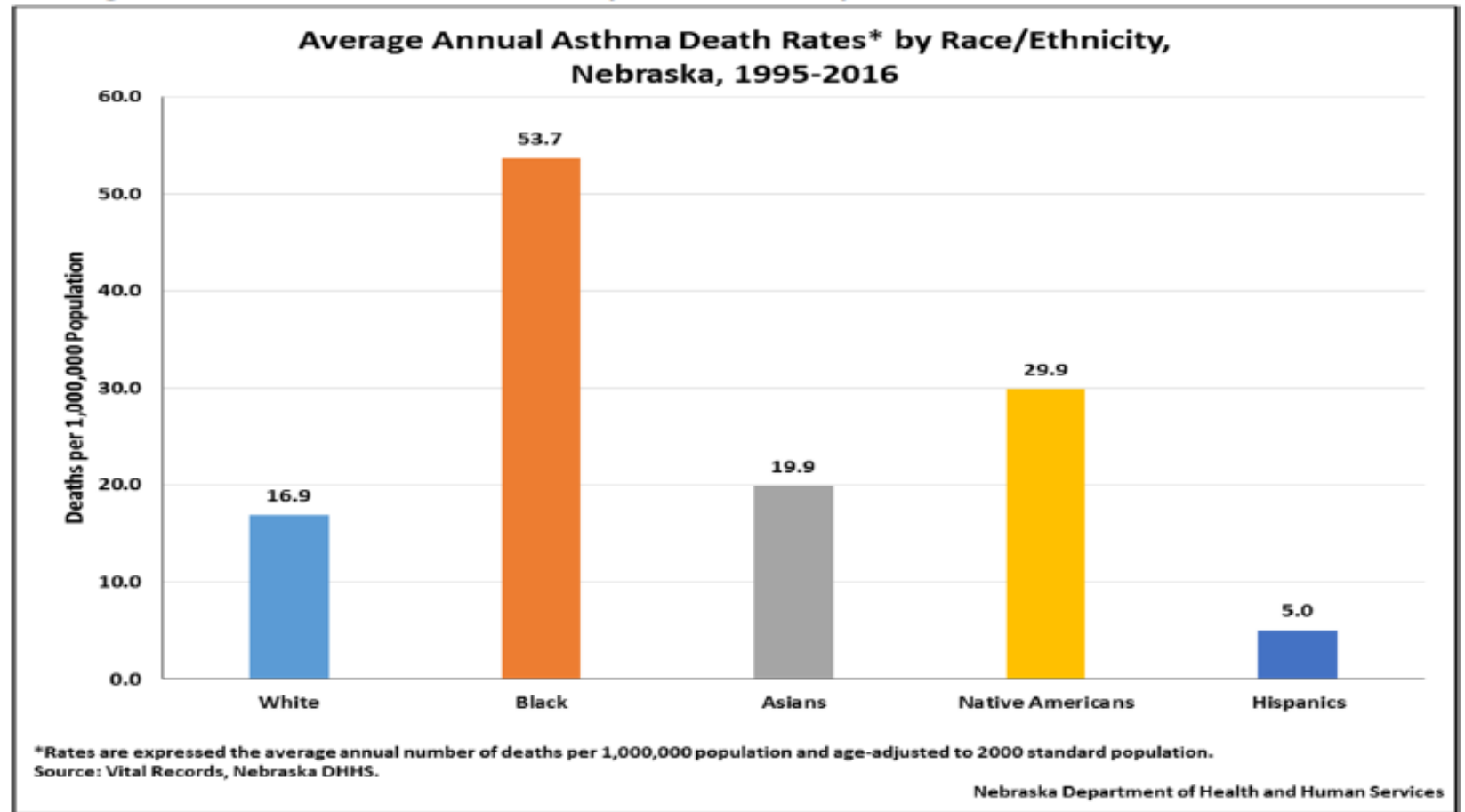
Of 39 states reporting data, **Nebraska had the highest death rate per million people.**

https://www.cdc.gov/asthma/most_recent_data_states.htm

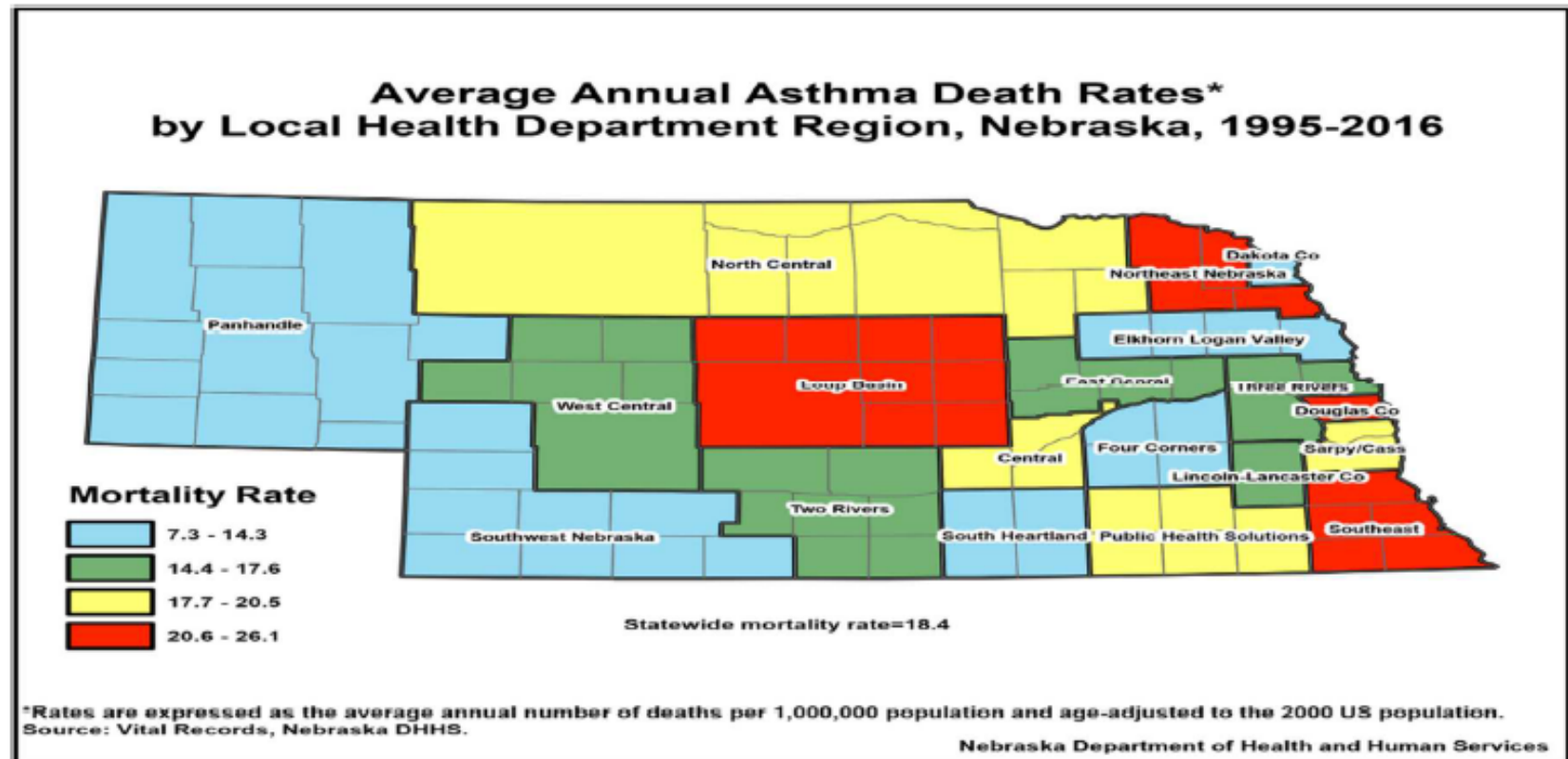
Comparison of Nebraska and US Asthma Death Rates, 1995-2016:



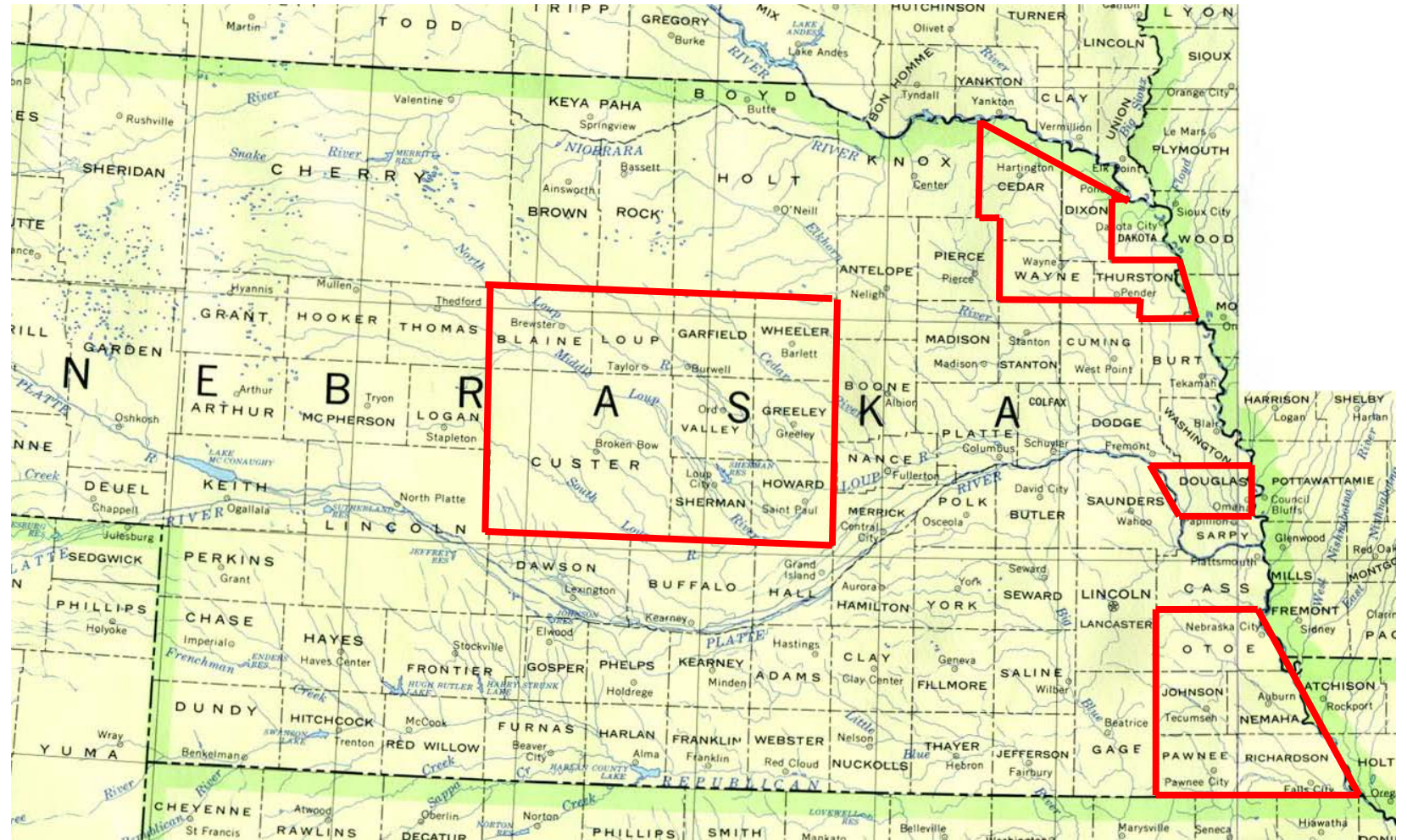
Asthma Deaths by Race/Ethnicity



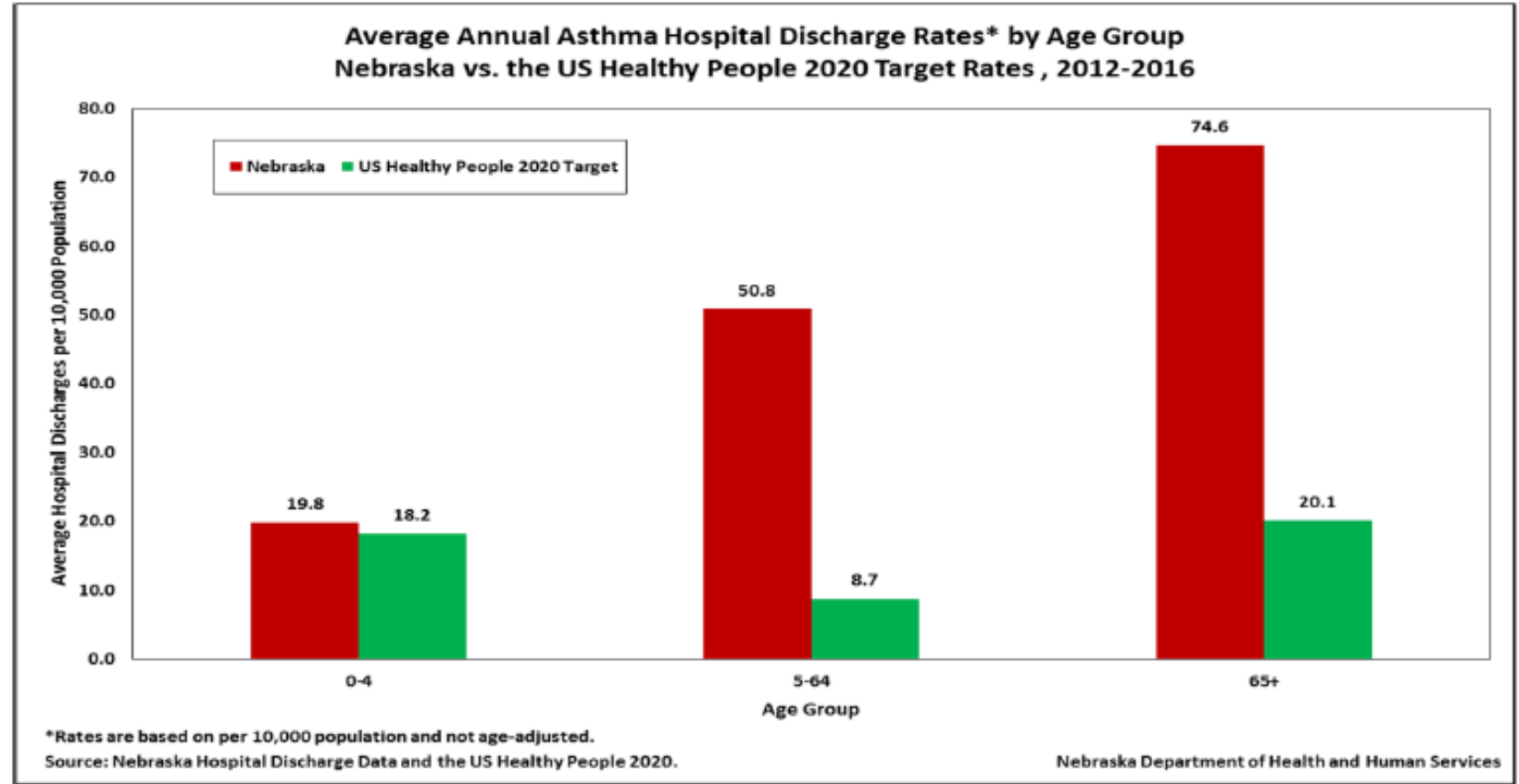
Asthma Deaths by Location



Asthma Deaths by Location

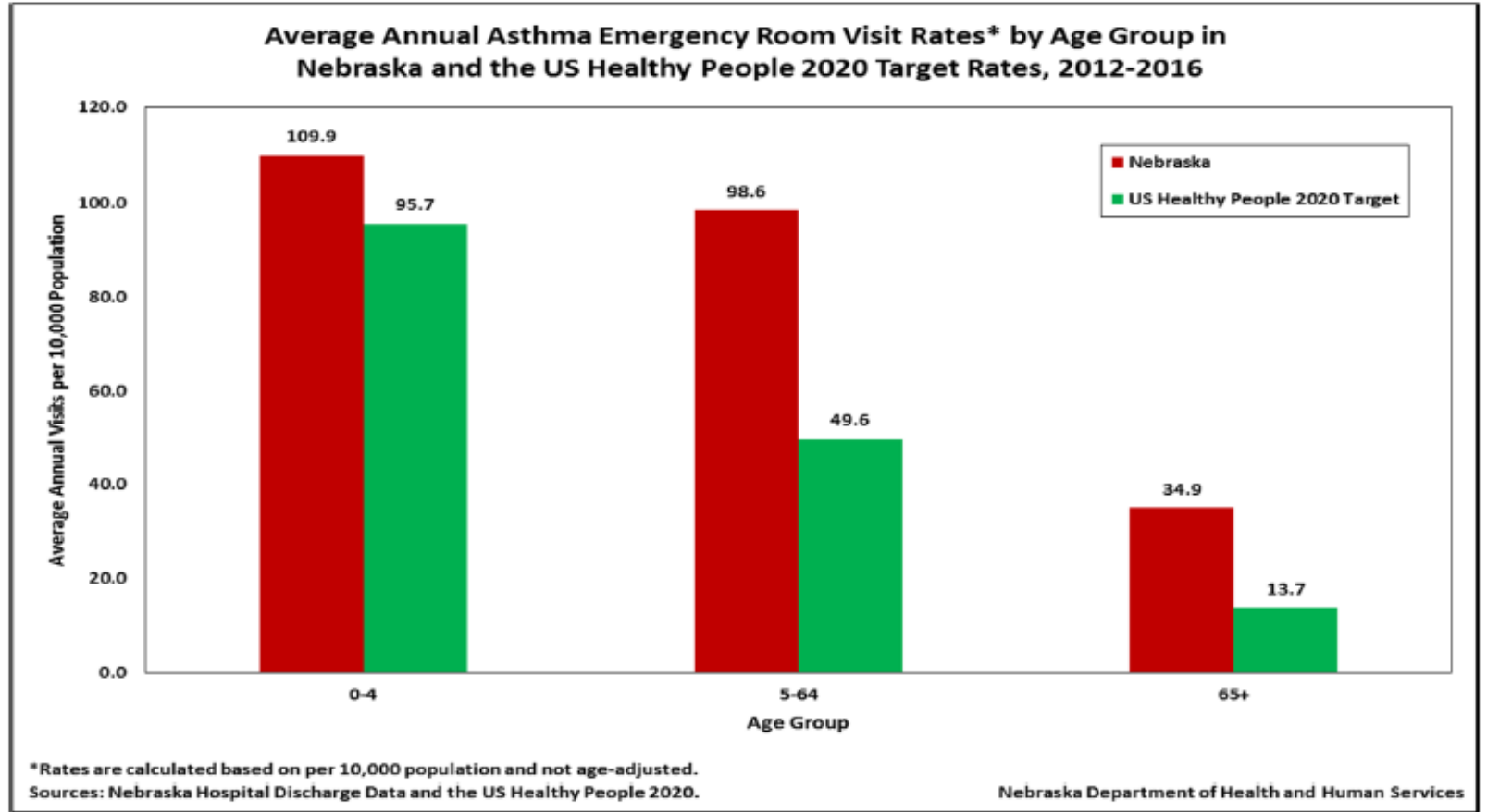


Healthcare Utilization Inpatient



Healthcare Utilization

ER Visits

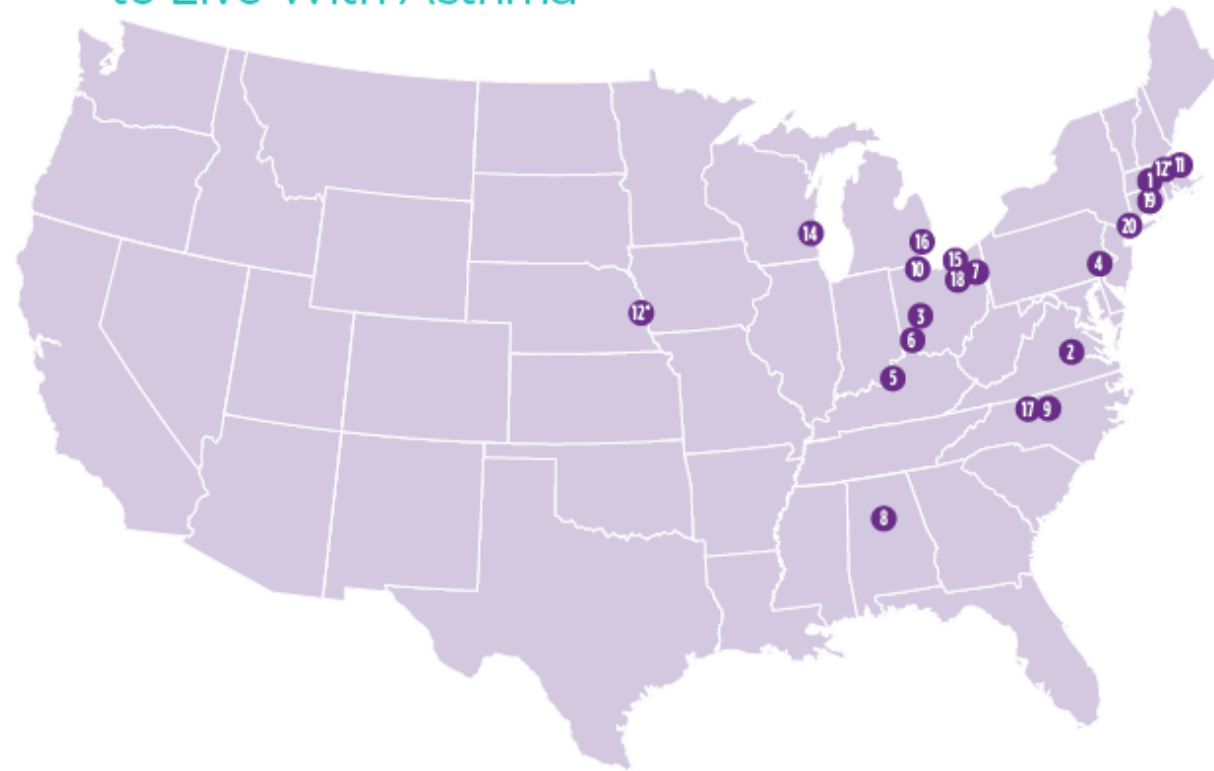


Prevalence

Mortality

ER visits

The Top 20 Most Challenging Places to Live With Asthma



These are the top 20 Asthma Capitals based on estimated asthma prevalence, emergency department visits due to asthma and asthma-related fatalities. The full list of top 100 cities can be found on [page 35](#) in this report.

The State of Asthma in Nebraska

Summary

- Low prevalence
- High mortality
- High healthcare utilization (ER visits, hospitalizations)
- Disparities (race, age, geographic location)

Nebraska Asthma Coalition

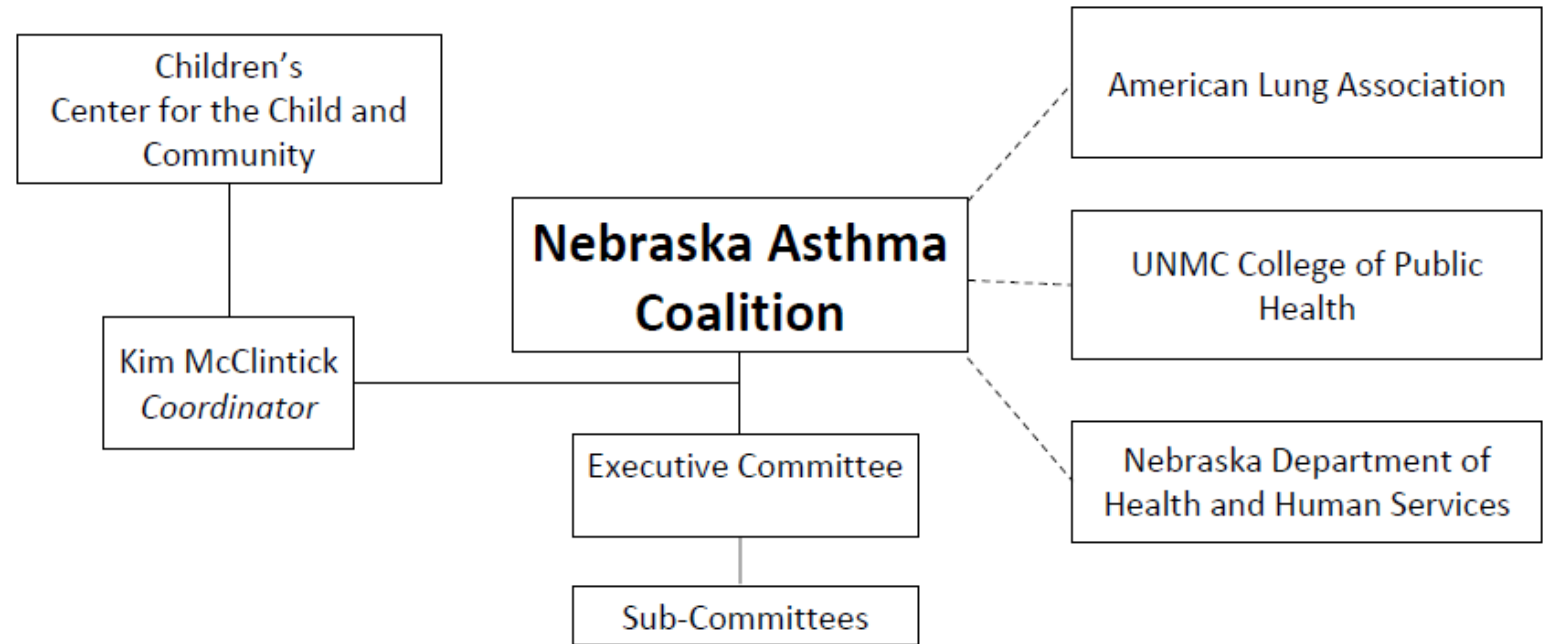
Mission

- Improve health outcomes and quality of life for all individuals affected by asthma through statewide collaboration.

Vision

- Nebraska is a place where those affected by asthma thrive.

Nebraska Asthma Coalition



Executive Committee

Chairperson

Jill Hanson, MD, AE-C

Coordinator

Kim McClintick, RN

Members

Tonja Frank, BSN RN

Alecia Jongeling, MS

Bryan Krajicek, MD

Shannon Melton, MPH

Donna Polk-Prim, PhD, LMHP

Rachel Shirk MHP, RRT-NPS, AE-C

Erin Smith, MPH CHES

Melanie Surber, MSN, RN

Debbie Tomek, MD

Terry York, MBA

Ex-Oficio Members

Karla Lester, MD

Boys Town

Children's Center for Child & Community

Omaha Public Schools

Genentech

CHI Health

Omaha Healthy Kids Alliance

Nebraska Urban Indian Health Coalition

Children's Hospital

American Lung Association

Wellcare

Children's Center for Child & Community

Novartis

Children's Center for Child & Community

Long-Term Goals

<p><u>Data/Surveillance</u> Gather and interpret baseline asthma data, determine outcome measures and assess effectiveness of interventions over time.</p>	<p><u>Environment</u> Expand environmental control measures to reduce exposure to asthma triggers at home, school, work and in the community at large.</p>
<p><u>Clinical Care</u> Increase use of asthma guidelines for diagnosis and management of asthma within the healthcare system.</p>	<p><u>Education/Awareness</u> Promote asthma self-management education for patients and caregivers and raise awareness of asthma in the community.</p>



Healthy People 2020

- Reduced asthma deaths
- Improved quality of life
- Increased use of guideline based care

- Reduced healthcare utilization
- Increased asthma surveillance

Current Projects

- Developing partnerships to increase collaboration between asthma stakeholders in Nebraska
- “Landscape Analysis” – identifying existing activities, gaps/needs
- Locating/combining data sources, determining outcomes to track over time
- Pilot project with Wellcare/Omaha Healthy Kids Alliance to demonstrate ROI for home-based asthma services
- Considering how we can target specific high-risk populations (race/ethnicity, age, geographic location)
- Identifying and applying for grants

Questions?

7205 West Center Road, Suite 103

Omaha, NE 68124

575 South 70th Street, Suite 435

Lincoln, NE 61510

402-392-7676

Jill.Hanson@boystown.org

