

WCDHD Board of Health Agenda

November 1, 2023

BOH Members: Gaites, Woodburn, Bruns, Watson, Lucas, Arensdorf, Daly, Haumann, Crisp, Mironenko, Vasa, Jones

Open Qtr 1 2023-2024 Regular Board Meeting– President, Scott Gaites

PHAB: 10.3.2

Meeting called to order by Gaites at 7:00pm.

Present: Gaites, Woodburn, Arensdorf, Daly, Crisp, Jones, Bruns (arrived 7:23pm)

Absent: Vasa

Excused: Watson, Mironenko, Lucas, Haumann

Review and approve Qtr 4 -9/25/2023 meeting minutes

PHAB: 10.3.2

Arensdorf made a motion to approve the minutes with the correction of the end time of the . Crisp seconded. Prior to voting, Daly asked if moving forward with a vote would be allowable as quorum was not met with only 6 of 12 active board members. Daly suggested that any reports could be reviewed, but voting on minutes and expenditures would need to wait. Discussion was paused while an attempt to reach Vasa and Bruns. Bruns advised he was enroute. Gaites stated they will move to the Director's Report and return to approving prior meeting minutes and expenses.

Returned to vote following Director's Report at 7:42pm.

Aye: Crisp, Arensdorf, Daly, Gaites

Nay: None

Abstain: Woodburn, Bruns, Jones

Not present: Watson, Mironenko, Lucas, Haumann

Review and approve Qtr 1 (July-Sept 2023) Expenses

PHAB 10.2.4

Vanderheiden stated that looking at the areas where grants are in the negative, there is an additional \$142,000.00 that have been billed to the state and are awaiting payment. She stated that on the profit/loss budget vs. actual that goes through October 27, 2023 the document shows a deficit of \$141,558.76; however there are approximately \$142,000.00 billed and awaiting payment. Vanderheiden stated that there is a miscellaneous amount of \$480.62 noted. She stated this is interest. She stated that looking at the July-October profit/loss budget vs. actual, WCDHD is below the budgeted expenses projected.

Bruns made a motion to approve the Q1 expenses. Arensdorf seconded.

Total expenditures of \$480,977.02.

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Aye: Gaites, Jones, Bruns, Crisp, Daly, Arensdorf, Woodburn

Nay: None

Abstain: None

Not present: Watson, Mironenko, Lucas, Haumann

Gaites asked if there is no payment for West Nile Virus.

Directors Report, Shannon Vanderheiden

PHAB: 8.1-8.2

Standing Agenda Items *(need BOH input to guide, advocate for and engage with the health department on above)*

PHAB: 10.2.5

Program/Services Review -

Legislature

Strategic Planning

Maple Lots

SALBOH

Vanderheiden stated that at the last meeting, Lucas asked if the funding looked the same as in past years. Vanderheiden stated that she pulled information from past years and compared, and funding is similar over the years; however, in recent years Nebraska has become a model for partnering on funding. Vanderheiden stated that NALHD (Nebraska Association of Local Health Directors) was founded in 2010 and has 20 members (19 local health departments, 1 tribal department) and covers all 93 counties.

Vanderheiden displayed a Nebraska image that identifies all local health departments in Nebraska, and lists all directors. Vanderheiden directed the attention of the board to an example of a funding model through collaboration and partnership that is available to LHDs through NALHD. She stated that the partnerships through NALHD are key, and Nebraska Local Health Departments are a model on receiving funding from CDC using collaboration. The LHDs originally began work with United Healthcare to provide services to UHC Medicaid individuals. This has now expanded to other MCOs (Managed Care Organization).

Vanderheiden discussed the NALHD support foundation of statewide collaboration, local workforce modernization, inclusive communication, and foundational capacity at the local health departments. Vanderheiden stated that the departments use a collaborative approach to communication

Data is a problem within the state, so through the partnership with NALHD, the LHDs have been able to identify barriers and provide recommendations and issues to the state.

Vanderheiden referenced the Foundational PH Services slide that helped LHDs identify progress and how to move the marker forward.

Vanderheiden discussed the Cost Assessment which was available for no cost to all local health departments, through work with NALHD and Ohio Department of Public Health, and the process will identify data to be used in public health decision making about what additional funding is needed and how resources are best allocated across the state to

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serve communities. Local health departments benefit from this assessment to better understand gaps in their specific jurisdiction.

Vanderheiden spoke about the Local Environmental Public Health program. She presented the timeline of the grant period. Beginning in March 2023 planning began, and WCDHD and other departments are currently working on work plans for the upcoming years that will end in 2028. The NE LHDs identified lead, drinking water, and air quality

Vanderheiden stated that the local health departments have been able to make significant changes in how funding is received and utilized through multiple partnerships.

United Healthcare Community Plan, UHC funding is another funding opportunity that became available. Based off of HEDIS scores (Healthcare Effectiveness Data and Information Set), is information that identifies the ideal range for patients to be in. She stated that all LHDs across the state are working together to decrease high blood pressure HEDIS scores for patients within their UHC Medicaid population.

Vanderheiden discussed a Prediabetes Risk Survey available through UNMC. The survey is available for free and determines a person's risk for prediabetes. Vanderheiden asked that each member present please take the survey to allow for additional data. Vanderheiden showed the available resources on the site and stated that WCDHD will be sending a few staff members to attend the National Diabetes training to be able to provide diabetic education through the UNMC program. Vanderheiden displayed the UNMC Diabetes Survey result dashboard that is an interactive way for LHDs to identify the diabetes risk of people within the state who have completed the survey.

Bruns arrived at 7:23pm.

Vanderheiden provided an update from the Nebraska Dental Association. She stated that Dr. Meske will be leading a meeting on November 10th in Lincoln. Vanderheiden stated that previously, Medicaid individuals had MCNA dental which was separate from their medical insurance. Vanderheiden stated that beginning January 1, 2024, Nebraska Medicaid will be moving to also covering dental so a person's Medicaid card will include health and dental services. Vanderheiden stated that the Nebraska Dental Association meeting on November 10th will be offering a Medicaid Bootcamp that will discuss upcoming changes in dental Medicaid. Vanderheiden stated this is a huge step in the right Woodburn asked if this was only for dentists. Vanderheiden stated that only the Medicaid Bootcamp was for dentists. Woodburn stated he would hope it would be open to anyone within a dental clinic. Woodburn stated that it could be for. Vanderheiden stated that there is a chain dental clinic in Eastern Nebraska that is no longer accepting any Medicaid patients when they previously did. Vanderheiden stated that she received notification today that Bagley with Nebraska Medicaid has resigned effective December 1, 2023. Vanderheiden stated if you are interested in attending the morning portion of the November 10th meeting, there is a virtual link available and registration is not required. Vanderheiden discussed the performance management process. She stated that since the network compromise, the timeline for performance management was accelerated. She stated that there are multiple changes taking place in performance management that spread across all systems including the EMR (Electronic Records).

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Vanderheiden moved the conversation to the CHA/CHIP (Community Health Assessment/Community Health Improvement Plan). She directed the BOH to the page that highlights the priority areas identified. The areas are 1) Mental Health; 2) Substance Use; 3) Health Literacy; 4) Preventative Care. Vanderheiden stated that all of the priority areas align with Great Plains Health's CHIP. Vanderheiden stated that GPH was a previous partner to WCDHD on CHA/CHIP; however, due to the pandemic, and differing timelines, GPH had to move forward so a decision was made to have two separate CHIPs.

Vanderheiden stated that SALBOH has slightly dissolved and there has been a restructuring. Vanderheiden stated that she and some other health directors are on the board helping to determine what needs to take place to have it be successful. Vanderheiden stated she would appreciate any feedback tonight, or in the future, from board members on how to make it successful. Woodburn stated that the meetings were helpful and he felt it was trending in the right direction with the previous director. He stated that having a mobile training where they would travel to the boards and provide training would be helpful. Vanderheiden stated that she would keep the board members informed as information comes forward.

Vanderheiden provided the board members with a final copy of the COVID-19 Pandemic After Action Report for WCDHD. She stated that she previously provided board members with the draft copy. The report looks at strengths, challenges, and improvements identified. She stated that on the third page for analysis for capacity, the survey provides the information from responses. She stated that the majority of facilities that educate are 100% excellent and good, community based organization = 100% excellent and good. Vanderheiden stated that what stands out to her is the healthcare portion that rated WCDHD fair in collaboration and 16.7% stated that they didn't work very much with WCDHD. The overall rating WCDHD received from all survey participants related to experience with the Covid 19 pandemic, the 25% fair rating, would have been the result of healthcare respondents

Returned to agenda items related to meeting minutes at 7:42pm.

Vanderheiden stated that for vaccines, COVID-19, Flu, and RSV . First RSV for a child was administered on 10/31/2023. Vanderheiden stated that vaccines across the country are sparse.

Gaites asked if the flu is bad yet. Jones stated not yet, but rhinovirus is currently circulating.

Review and approve policy updates, as applicable

PHAB: 5.1.1

No policy to review.

Aye: NA

Nay: NA

Abstain: NA

Not present: Watson, Mironenko, Lucas, Haumann

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Executive Session to protect and assure confidentiality about sensitive matters,

Meeting Adjourn -

Meeting was adjourned by Gaites at 7:54pm.

Bruns and Daly stated they will be attending NACO in Kearney.

Next meeting – Feb 7th, 2024

Upcoming meeting date: May 1, 2024

APPROVED 2-7-24

Dana Watson
2-7-2024

