AARP - BETTER SCHOOLS, BETTER COMMUNITIES, FOR A HEALTHIER AMERICA

DAY 1 - OCTOBER 2, 2019

MS. POLANSKY:

Welcome to New Orleans, or The Big Easy, or the other great things that it's known as, but this is one of my favorite cities in America. It's really got a wonderful vibe and it's a great place, and we're happy to be welcomed here down South on purpose, really to balance off all of the recent things that we've been having. We had a meeting in Chicago, a meeting in Seattle, a meeting in Philadelphia, and this one in New Orleans to kind of spread the word and get to the meat of the matter. As you know, with any meeting there's an enormous of preparation and I hope you're enjoying this hotel and this room. Tonight at the reception you're going to be up on 11th floor in the chapel room. We're told this is a Masonic temple that was built over a 125 years ago and they -- it's on the National Historic Register and all of the ceilings, and the moldings, and the windows, and all of the chandeliers are all original. They've done some

1 get later upstairs that was actually the capital
2 room and you'll see how beautiful the ceilings are.
3 So enjoy being here in this wonderful hotel.
4 I want to welcome you all really officially.
5 We're more than happy to see you. And for most of
6 you in the room, either myself, or others have been
7 speaking to you over the past couple of months in
8 preparation for this meeting. So I want to the
9 thank the Robert Wood Johnson Foundation, as always,
10 and AARP, and a (indiscernible). Honestly it's hard
11 to believe still nine years and counting, and before
12 you know it the ball is going to fall and it's going
13 to 2020. Think about that it's October, so in just
14 a couple of months. So we're really happy. And I'm
15 happy to be joined my fellow director here in the
16 front, who's texting way, always working.
17 MS. HASSMILLER:
18 I'm about to tweet.
19 MS. POLANSKY:
20 There you go. She's about to tweet, watch out
21 for that. In the front we have two of our newest
22 members to our staff, Jasmine and Stacy who are
23 probably still outside. But there are three people
24 in the room, I know that Barbara's in the room,
25 without which we, I mean when I tell you this

1 meeting would have never happened. It's been a very
2 interesting last couple of, three, four months. And
3 those people are Barbara Mitchell-Swain, who like
4 all of you, got on a plane, and got a room, and got
5 here, and she's responsible for all of the meeting
6 planning and does that flawlessly. And over here,
7 Anna, who is a blessing in my life, came to us two
8 years ago and she and I are like shoulder to
9 shoulder at this point and time, and just a
10 tirelessly worker, worker bee. And Maureen, in the
11 back there, in the green. Maureen, who you can't
12 tell from her accent that she's from Boston. But
13 Maureen and Mary Sue Gorski, who's at the table
14 there waving, have been with this campaign from the
15 beginning. Maureen was actually in a state and was
16 one of the original AC people when we very, very,
17 very began the campaign. And Mary Sue and I
18 collided at Robert Wood Johnson nine years ago and
19 she's been working with us ever since as a
20 consultant on all of her education work and now the
21 culture (indiscernible) and health work. So without
22 them we really wouldn't be here. We're going to
23 have free session later, we're going to stay on
24 time. I threatened a lot of the presenters that I
25 didn't want have to ding them, so I'm taking the

1 bell to the back but we are going to make a real
2 effort to stay on time for you. And everyone's
3 bios, whether it's the staff, or the CCNA people, or
4 our speakers, they're all divided so we're not going
5 to take a lot of time and go through everybody's
6 resume like they do me. So as they present you can
7 just (indiscernible) see the bios and kind of catch
8 up on that as we go through.
9 The restrooms literally are straight out that
10 back door to the left. They're immediately to your
11 left, both the men's and the women's room are right
12 there. What else? We have a list of everyone and
13 their contacts. For those of you who
14 (indiscernible) AC's are in the packets, so when you
15 hear somebody, see somebody at your table remember
16 just put a star next to their name, we have their
17 name alphabetically and the contact. Now, we do
18 have something really special about this meeting,
19 and when Sue was talking to us down in DC about
20 having the meeting promoted to school based health
21 and school health a couple of people came
22 immediately to mind. For those of you who come to
23 us as a (indiscernible) through our (indiscernible)
24 network, believe it or not more than eight years ago
25 we sent out a poll for the state ACs to nominate

1 what we call "breakthrough leaders" in nursing. And
2 those breakthrough leaders, and we had second
3 (indiscernible) of those, later were trained up and
4 we got them coaches so that they could go out and be
5 ambassadors around the country for our campaign.
6 And they all know, and Sue knows, that we have been
7 very, very serious about the sustainability of all
8 of this work and having it go forward. So I am
9 going to really do an official hand-off today to
10 these young ladies because everybody's young to me
11 now. I reached the point in life where I don't
12 really meet anybody that I can't say that to. It's
13 pretty funny. But anyway, Andrea and Jessica in
14 particular, both of you, have just distinguished
15 yourselves. And it was like we watered a flower or
16 something and it just grew into this amazing thing.
17 So I'm going to ask Maureen and Mary Sue, two of our
18 original and sustaining nurse consultants. We
19 called them regional nurse consultants in the
20 beginning (indiscernible) names. But I happen to
21 have here, straight from Amazon Prime, I've only
22 done this one other time in the nine years and I
23 want to do it officially because this is really
24 important, because everyone of us in the room has to
25 hand off this work to somebody to follow because

1 we're all not going to be doing this the next 20-30
2 years whatever years. Our healthcare in America is
3 going to need help (indiscernible). We need to do
4 this again. But guess what, who knows what the
5 colors represent?
6 ATTENDEES:
7 Mardi Gras.
8 MS. POLANSKY:
9 These are the official New Orleans colors, and
10 I do have an entire box so, Maureen do you want to
11 come up here? Maureen wants the green one because
12 matches her jacket and she's Irish. We're coming
13 back to a table near you. Let's have a little fun
14 now. Have a little fun.
15 MS. TANNER:
16 Wow what an honor. I didn't realize I was
17 going to be starting the meeting, I might get a
18 little choked up. Okay, I'm going to put this for
19 safekeeping right here before we get started. My
20 name is Andrea Tanner, I am a school nurse, a
21 nationally certified school nurse for the last 17
22 years in school nursing, and I am proud to be a
23 school nurse in the United States of America.
24 There's not a better time to be a school nurse in
25 the United States of America. I'm excited that

1 every single one of you are here to join us in a
2 conversation about what school nurses and school
3 based health personnel can do to make America
4 healthier. But before we can talk about the future
5 of nursing I'd like to take us back in time to the
6 past of school nursing. Where did this all begin?
7 Why did we bring the world of healthcare and
8 education together to begin with? Well, let me tell
9 you, 1897, New York City, we had an influx of
10 children in our schools. We had children of
11 immigrant families, we had children from farmer
12 families who moved away from the farm to work in
13 industries, and we had schools with compulsory
14 education. Students had to be educated and there
15 were lots of them all in one place. And many of you
16 in this room are healthcare providers and you know
17 what happens when lots of people are all in one
18 place together, especially if they're young people.
19 We saw impetigo, we saw meningitis, we saw
20 tuberculosis, and disease was running rampant in
21 these schools. So New York City, the Department of
22 Education, and the (indiscernible) got together and
23 they decided we're going to put 150 physicians
24 inside our schools one hour a day, every day that
25 students are in school and they're going to come and

1 assess the students, and anyone who's not healthy
2 enough to be in school, they will be sent home.
3 That worked great for stopping the spread of
4 illness, really bad for school attendance. What we
5 realized was, those students never came back to
6 school afterwards. So New York City, it took a few
7 years to get this plan together, they decided to
8 join forces with Lillian Wald, public health nurse
9 coordinator who cast a vision for an experiment.
10 Let's try something, we're going to put one nurse in
11 New York City's schools, for a month, we'll see what
12 happens. So they did, and it was phenomenal. What
13 happened was, that school nurse, Leena Rogers
14 realized very quickly that many of those students
15 were going home so that they could get healthy than
16 most of the physicians were staying home with the
17 students that they only (indiscernible). And
18 sometimes even if they could (indiscernible) that
19 went home they were not able to afford medication or
20 the treatment that was required to get the students
21 to come back to school. So that one school nurse
22 with this one experiment was able to knock down
23 barrier after barrier to get students back in school
24 learning. After a year, we saw the numbers and I am
25 still amazed at the (indiscernible) numbers that we

1 impact.
2 In 1902, in October, 10,567 students were home
3 sick in the month of October. One year later, 1,120
4 students out sick for the month. Now, you don't
5 have to do real good math to realize that's about a
6 90 percent decrease in school absenteeism. Now, I
7 find that fascinating, amazing, and pretty darn
8 proud that that was the beginning of my role as a
9 school nurse. So that's the past of school nursing.
10 Let's talk about today's school nursing. Today
11 in school nursing we see school nurses, school based
12 health personnel, partnering, across the nation with
13 one another just trying to make change happen. And
14 amazing like seeing in New Jersey where we got an
15 action coalition that purposely partners with school
16 nurses because school nurses had access to
17 resources. They know what's going on in their
18 counties and communities. They're making sure that
19 school nurses are equipped with the mental health
20 skills that they need to take care of students of
21 today. We see school nurses that are taking
22 advantage of legislation and policy all around them.
23 I've got school nurses and school health personnel
24 that are a bonus committee in their school districts
25 and in their county because of USDA requirements.

1 At your school, there's a school lunch program,
2 school breakfast program, you got to have a wellness
3 committee and somebody with school based health has
4 to be there, and that's where school nurses are
5 finding leverage to make connections and to spread
6 their level of influence. We also see people taking
7 advantage of ACA. Many years ago when hospitals had
8 to do community needs assessments, school nurses
9 were there to take advantage of that and realize
10 what are the problems in our community? I can help
11 find those and I can help be a solution for that.
12 School nurses took advantage of that political
13 opportunity. And we still see that happening today.
14 That's not being unnoticed. We've got National
15 Academy of Medicine, we just put out a report on
16 vibrant and healthy kids, recognizing early
17 childhood education and the connection for child
18 health. We've got the American Academy of
19 Pediatrics who is very strongly advocating for
20 having at least one registered school nurse in every
21 single building in our nation. And we have
22 legislators that are also speaking up and asking for
23 nurses to be in their (indiscernible). We have
24 (indiscernible) a bill to the Senate and the House
25 (indiscernible) Wellness Nurse Act which would

1 bring nurses into the buildings at our most needy
2 schools. That is happening today. Well, what about
3 the future? That's what we're here to discuss
4 today. Where is the future of nursing in our
5 schools, in our communities going? We've got the
6 right people in the room to talk about it. We've
7 got action coalitions, we've got state leaders,
8 we've got school nurses, we've got executives and
9 experts from all over the world of healthcare and
10 education to answer these questions together. We've
11 got partners with National Association of School
12 Nurses, The American Public Health Association, and
13 many others in this room for the next two days to
14 talk about where we can go with the future of
15 nursing so that we can have better schools, better
16 communities, and to help a healthier America.
17 Together we are going to figure this out, and today
18 is the start of that. So thank you for being here,
19 thank you for letting me be a part of this as a
20 school nurse. I am excited to hear what everybody
21 has to say today. But without any further ado I
22 want to hand the baton over, not permanently, I get
23 to keep this right? But I get to introduce Sue
24 Hasmiller who is going to come up and introduce our
25 next speaker. But I want thank Sue for having very

1 much for having faith in me over the years. She has
2 been a mentor to me and supporter through my school
3 nursing career, leadership opportunities, and now as
4 a PhD student at Indiana University at the Robert
5 Wood Johnson Foundation and Future of Nursing
6 Scholar, she is (indiscernible), so thank you so
7 much Sue.
8 MS. HASSMILLER:
9 Okay, needless to say, I'm very flattered,
10 Andrea Tanner, wonderful to have you here. I'm very
11 excited to have everyone here today. We are -- we
12 have been having regional meetings across the
13 country. This is a regional action coalition
14 meeting which happens to have the theme of school
15 nursing because we believe school nursing is very,
16 very important to our vision.
17 We should kind of take a moment, you know not
18 that people are not that familiar with, I know we
19 have some special guests here today, for those of
20 you are not familiar with the action coalition, it
21 all started in 2010, at the end of 2010 when the
22 first future of nursing report came out from the
23 Institute of Medicine. And there was a lot of
24 energy from nurses across the country wanting to be
25 involved, and so, vice-president at Robert Wood

1 Foundation said we can't afford to let this report
2 sit on a shelf. And so, what did we do, we
3 partnered with the largest consumer organization in
4 the world because we felt that consumers
5 (indiscernible) were (indiscernible) by it,
6 (indiscernible), so we've been in this wonderful
7 partnership with AARP and AARP Foundation for about
8 nine or ten years now with a vision that we are
9 carrying out with this campaign, with all of our
10 action coalition across the country. And the vision
11 for this campaign is that we are working toward an
12 America in which everyone can live a healthier life,
13 right? First and foremost. (indiscernible). We
14 care that everyone in this country is living a
15 healthier life, here it is, supported by nurses as
16 essential partners with providing care and promoting
17 health, equity, and well being. And I think that
18 school nurses have a really big role to play in our
19 country. So thank you for everyone being here, and
20 this is like an A-Team. Pat, who has put this
21 together, if you only knew the background of how
22 fast this particular meeting was put together. We
23 have another one in a couple of weeks right on its
24 tail, and then we have (indiscernible) who made a
25 lot of very important meetings coming up. I think

1 some of you, not all of you know, that I am serving
2 now as the Senior Scholar-in-Resident which is my
3 primary affiliation these days. Senior Scholar-in-
4 Resident and advisor to the president of National
5 Academy of 18:33 Nursing and working on the next
6 Future of Nursing Report. That Future of Nursing
7 Report, I'd like to say is not a Future of Nursing
8 Report 2. It's not. You know, as if we didn't get
9 the first one right. So this one really has a lot
10 to do with the work that's been going on at Robert
11 Wood Johnson Foundation for about four or five years
12 now. So we're working on (indiscernible)
13 (indiscernible)heart foundation. I really, you
14 know, I really want to say came to light with the
15 research and efforts in this country, of what those
16 things were that were keeping people healthy and
17 well in the first place. And those are discussions
18 (indiscernible) had (indiscernible). So that is all
19 the Robert Wood Johnson Foundation. And it's funny,
20 if you go to the website that is all you will see.
21 And so, my work at the National Academy of Medicine
22 is really an extension of that work that's going on
23 at the Foundation. It is the Robert Wood Foundation
24 that is sponsoring the Report.
25 I want to thank all of the speakers who are

1 here, I think we have phenomenal speakers. Thank
2 you for saying yes in such a short amount of time.
3 You know, when we have such great speakers Pat, I
4 just think God this room should filled with a
5 thousand people to hear that (indiscernible) that we
6 have speaking. I'm really happy about that. We
7 want to encourage you, because the group is smaller,
8 we'd like to encourage a lot of dialogue coming to
9 the microphone and debating, or, you know, putting
10 exclamation points onto things somebody just said.
11 But in other words we really want a lot of
12 conversation going on here. So now it is my honor
13 to introduce one of my colleagues who happens to be
14 on -- serving on the committee of the National
15 Academy of Medicine Future of Nursing Report. We
16 have two wonderful co-chairs who are leading that
17 committee, Dr. Mary Wakefield, who is a nurse, and
18 then Dr. David Williams who is a very prominent
19 sociologist at Harvard, who is really
20 (indiscernible) and all that (indiscernible). So
21 we're very fortunate to have an extraordinary
22 committee. Before I bring Winston up I'd like to
23 say that we have Mark Pfefferson, indiscernible)
24 and also (indiscernible) who is also on the
25 committee, representing the young people in this

1 country. As you can see, we are trying to really be
2 extremely intentional about passing the baton to the
3 next generation and, Mark, we're happy to have you
4 on the National Academy of Medicine committee.
5 So here with me today is Dr. Winston Wong who
6 will be talking to us now. His bio is in your
7 folder, so you can see his full bio in there, and
8 that will tell you who he is. In addition to
9 serving on the (indiscernible) (indiscernible)
10 committee Winston is a board member of the school
11 based health alliance. And Winston you are the
12 actual chair of that right committee, right? You
13 might be in your last days that you have the chair
14 position? He's also the medical director, community
15 health director, (indiscernible) improvement, and
16 quality initiative, and (indiscernible) National
17 (indiscernible). So Dr. Winston Wong,
18 (indiscernible) and thank you very much.
19 MR. WONG:
20 Well, good afternoon everybody, and thanks Sue
21 for introducing me. It's a great group and it's
22 great to be (indiscernible). You know, bringing all
23 of this together I can't help but think of my first
24 experience with school nursing. I can remember as a
25 ten year old kid, we were in the auditorium and a

1 film was going and then the film was finished and
2 the teacher said, "Winston you look like you've seen
3 a ghost," (indiscernible). And, you know, I went up
4 to the school nurse's office and promptly threw up.
5 So I'm sure probably all of us has had some
6 experience like that. But you know, fast forward,
7 about a year ago, a year plus, I was actually
8 representing the school based health alliance at the
9 congressional offices speaking to some lawmakers as
10 well as some staffers, and the topic of interest was
11 how does the opiate epidemic affect children, with
12 their parents potentially being opioid addicted.
13 And that really strikes me as how much has really
14 changed between my experience with school based
15 health, and it's something that I just asked
16 (indiscernible) in regards to the impact on the
17 opioid epidemic and its relationship with schools
18 (indiscernible). So how many of you aren't familiar
19 with the school based health alliance?? Maybe about
20 half of you, thank you for supporting us. I'm not
21 sure if you're members or not. I am actually
22 officially the past chair (indiscernible) on the
23 last day. I turned down on the
24 (indiscernible)school based board. I was chairing
25 (indiscernible) on the last three or four years,

1 it's been a terrific experience. And why did I end
2 up being the chairperson besides the usual "No one
3 else is going to do it." I actually, as Sue
4 mentioned, I have leading (indiscernible) efforts to
5 address health equity as well as to make
6 partnerships with our (indiscernible) organizations
7 across the country. And several years ago, my boss
8 back then and I talked about the impact of dental
9 disease among (indiscernible) children. As you
10 probably know three(indiscernible) out of four have
11 never seen a dentist. So he actually embarked on to
12 a grand opportunity to then join the National
13 Association of School Based (indiscernible).
14 Subsequently we (indiscernible) in the school based
15 health (indiscernible) to initiate a school based
16 oral healthcare program, including screening
17 (indiscernible). So it just gave us an entry to
18 develop a relationship with (indiscernible)
19 association associate(indiscernible). Now, having
20 said that I want to make it clear, that school based
21 clinics are not synonymous with school health. They
22 are part of the (indiscernible). Here it states
23 school based nurses are not synonymous with school
24 health nor are they synonymous to (indiscernible),
25 so I understand that and I recognize that, but I do

1 want to maybe in the next few minutes outline some
2 of the big issues that I think, well, you probably
3 all know about. It's just really my job to kind of
4 square up what you will probably get into in the
5 next day and a half. So as I started off, if you
6 think about going to Congress and talking about the
7 opioid epidemic and its impact on children, children
8 that have parents or guardians who are impacted by
9 the opiate epidemic, the nature of our schools and
10 children have radically changed over the last ten or
11 20 years. The demographics of kids is really
12 profoundly changed from a couple of generations as
13 well. They are certainly (indiscernible), there's
14 great (indiscernible) among our schools, public
15 schools. There is much more diversity in the school
16 based (indiscernible), and by the way, there's an
17 app list if you're interested, the school based
18 health alliance (indiscernible) data set that
19 (indiscernible) are all on the website. School
20 based health centers specifically, in those sites
21 that we have school health centers, 38 percent of
22 the students (indiscernible) and 24 percent are
23 African-American. So just proportionally in terms
24 of our population, generally, are kids that are
25 received here in the school based health center.

1 Eighty-nine percent of school based health centers
2 are associated with Title 1 students, meaning those
3 schools that have financial assistance from the
4 federal government because they're
5 disproportionately (indiscernible). So as you know
6 the kids that we're caring for are basically getting
7 free lunch, or subsidized lunch, because their
8 families can't afford to put a regular nutritious
9 lunch in their backpack for the day. Seventy
10 percent of the students at school based health
11 centers are eligible for free or reduced priced
12 lunch. And as for (indiscernible) fifty-five
13 percent of children nationwide. So again,
14 (indiscernible) disproportionate in terms of
15 (indiscernible) income.
16 So the nature and the democracy of students has
17 changed, and the problems we're seeing. So those of
18 you who have been in this work for 20 years, you've
19 already seen it. And it used to be that maybe if we
20 would be focusing and, myself as a family physician,
21 you know, thinking about kids that have infectious
22 disease, as it was mentioned earlier,
23 (indiscernible), some of the things that happened in
24 New York City back in the day. You might have kids
25 with asthma, a kid ADHD, that used to be kind of the

1 nature of all the problems that you saw,
2 (indiscernible). But I (indiscernible) now
3 (indiscernible) mention (indiscernible) mention many
4 of these children have severe disease of the mouth,
5 caries, that affects their opportunity to learn, and
6 they're dealing with bullying everyday, both
7 (indiscernible), sexual health in terms of odd
8 issues with the (indiscernible)question of
9 reproductive health. Sexual identity is a big
10 issue. And also, the whole reflection and
11 understanding of average childhood experiences which
12 I think one of our speakers are going to talk about
13 there, and by the way, it's really a coincidence, a
14 nice consequence, that (indiscernible) was the first
15 organization that studied unhappy childhood
16 experiences, and (indiscernible) thinking about
17 trauma. Trauma in a way that's maybe very specific
18 to that child or parents of what they witnessed.
19 29:32 Maybe they heard a gunshot, you know, a half a
20 block down the street or maybe they've seen their
21 parents been incarcerated. Maybe they've seen
22 people that have been shooting up and are just lying
23 on the sidewalk. Maybe they think about the fact
24 that there's generational trauma that occurs because
25 they're starting to erase their memories. All these

1 aspects of what you're seeing in kids because of the
2 diverse population of kids is really
3 (indiscernible). So I think those nurses and those
4 personnel within the school based environment are
5 seeing problems, and challenges far different than
6 what we experienced in our generation as a kid. We
7 grew up It's much different. So, you know, when
8 you think about that the change in demography, the
9 change in the problem, then you have the big back
10 drop in terms of well how do provide care to these
11 kids in this case. And what I've learned
12 (indiscernible). School based health centers, for
13 instance, have so much of a variation in terms of
14 demography. In fact that's what we struggle with is
15 how do you define the school based health center.
16 And as you know, it is so localized that it is very
17 difficult to make general (indiscernible). It used
18 to be (indiscernible) part of the school campus and
19 there's something that's sectioned off then that's
20 where the healthcare personnel were. But that
21 doesn't have to be that anymore. For one thing
22 there are now -- the majority of school based health
23 centers are actually affiliated with their
24 (indiscernible). So I used to actually
25 (indiscernible) services committee, and as you

1 probably know, offers a grant, a planning grant, a
2 grant to get -- to allow (indiscernible) to set up a
3 school based health plan, (indiscernible)
4 Clearly 51 percent, the majority of school based
5 health centers actually to set up a school based
6 health center. At fifty-one percent the majority of
7 school based health centers actually have a
8 relationship with a (indiscernible). So that's a
9 really important factor.
10 And if you're familiar with (indiscernible),
11 I'm currently seeing patients at (indiscernible) the
12 medical record that brings a whole set of
13 expectations as far as (indiscernible) concerned, as
14 far as relationships with the mother, as we've seen,
15 and we -- (indiscernible) very good things. But
16 nevertheless, dimensions that maybe go far beyond
17 your traditional model of (indiscernible). Just out
18 of kind of tossing some statistics to you, how many
19 students do you think are cared for in school based
20 health centers, offhand? A few million, half a
21 million, ten million, any thought about that? In
22 how many schools? Let me ask you, how many schools
23 are there in the United States that's elementary and
24 high school? How many do you think, does anyone
25 know? But these are really -- it turns these

1 figures are pretty easy to remember. You probably
2 guessed it. It's roughly a hundred thousand public
3 schools, elementary, middle school and high schools.
4 There are 10,500 of those public schools with a
5 school based health center. So a little bit more
6 than ten percent of public schools have a school
7 based health center in this definition of receiving
8 some amount subsidy to establish an on onsite or
9 related onsite access point for children to get
10 (indiscernible). Now that reaches approximately 4.7
11 million students across the country without access
12 to a school based health center. That doesn't mean
13 that 4.7 million students have a center in their
14 school, they have an opportunity to go to a school
15 based health center, whether it's on another campus
16 or whether it's (indiscernible). But if you
17 consider there's actually 50 million kids in the
18 country, we're not leveraging nearly as much as what
19 we can do in regards to the need that is out there.
20 So roughly ten percent of public schools have a
21 school based health center. And ten percent of the
22 kids have access to the school based health center.
23 Again, it's not synonymous, we have (indiscernible),
24 but it gives you a rough estimate. So I mentioned
25 before (indiscernible) in relation (indiscernible)

1 chief component of this. But if you think about
2 other models, and some of you may live in those
3 different models, in some cases (indiscernible)
4 hospitals, children's hospitals can set up perhaps a
5 center in a school district. So Cincinnati
6 Children's is well known. There is a relationship
7 down in Arkansas, I believe, that also has
8 Children's Hospital established centers in certain
9 schools. The school district itself invests into
10 establishing the school based health center, so
11 therefore, the personnel could be employed by the
12 school district. As it converts to the situation
13 (indiscernible), the FUHC, Federally Qualified
14 Health Center, will be the employer to that
15 personnel. And in some cases we find private
16 foundations supporting that (indiscernible), and I
17 spoke to someone about CPS (indiscernible). And
18 sometimes I a philanthropic organization can work
19 with the community and work with a school based site
20 for healthcare. And in a few a cases there are
21 states (indiscernible) school based health centers.
22 If you look at the map of where the health centers
23 are, (indiscernible) I showed you, there's quite a
24 bit variation in terms of if you look at all these
25 different states and how many school based health

1 centers you have. And interesting, I was showing
2 this to (indiscernible), Connecticut has 166 school
3 based health centers as opposed to Alabama that has
4 eight. So there's a great deal of variation. If
5 you think about Connecticut not being the most
6 popular state and a very small geographic state
7 having 166 versus a state such as Alabama having
8 eight. So a tremendous variation in terms of
9 geographic numbers as well as the kind of states
10 that (indiscernible). (Indiscernible) has some
11 pretty robust programs (indiscernible) school based
12 health centers. But California, for example, has
13 specifics for school based health centers. It
14 divides the (indiscernible) a month.
15 So if you think about what we have to do in
16 terms of precisely getting a sense of what the
17 challenges are we have to think about the government
18 and the funding resources and the delivery
19 (indiscernible) that's put in place for any school
20 based health center. And with that we have to
21 become an expert in a number of these factors,
22 getting an understanding where our school based
23 health centers get their funding and support. So by
24 extension (indiscernible) financing. Now, if you
25 think about the good ole days I think basically, you

1 know, (indiscernible), you know (indiscernible)
2 you're running (indiscernible) parents. But these
3 days when you think about kids that are poor, kids
4 that have by definition low-income families, how are
5 they even insured? There is basically two funding
6 sources -- three, one is Medicaid. Number two is
7 (indiscernible) Esgen (phonetic) for those kids that
8 are a little bit above the poverty level as defined
9 by Medicaid. And number three is you could be
10 purely uninsured for whatever reason. So if you're
11 a school based center or you're a personnel within
12 the school based health center movement, you have to
13 think about where is the funds really going to come
14 from to pay for these kids. And in any given
15 locality that can be rapidly different. In
16 California there's essentially 40 different forms to
17 get Medicaid reimbursement. In other states,
18 there's a specific one (indiscernible), one source
19 of state funding for the kids. I can tell you at
20 Kaiser Permanente we have a contractual agreement,
21 but the (indiscernible) form of work at the school
22 district no accounting. To go through basically a
23 projected number of visits we anticipate our Kaiser
24 Permanente Medicaid kids to access that particular
25 healthcare system and then reimburse (indiscernible)

1 the school district for those kids. It becomes
2 extremely complex in terms of how the financing is
3 going to get done. And then on top of that if you
4 think about (indiscernible) based purchasing, which
5 is the way that Medicaid is to consider for a given
6 amount of money to any given population how much
7 value we're going generate in terms of care quality
8 it becomes another big issue. So typically what
9 happens at worse is the kids just come in, and you
10 come in, you're going to have to sit down and say,
11 "Well, is this kid really our kid? Is it a FUHC
12 kid? Who is the primary care provider? Is there a
13 primary care provider at Kaiser Permanente or
14 another insurer that actually is, for lack of better
15 terms, skimming the (indiscernible) to make sure
16 that this kid here is (indiscernible). So across
17 these different (indiscernible) of certainties, we
18 have a complexity of relationships that have to be
19 managed not only in terms of financial fiscal
20 billing opportunities, but probably but more
21 importantly and more profoundly, about the
22 coordination of services to that kid. And I would
23 say that any personnel that goes into a school based
24 health center is going to have a responsibility to
25 have an extremely sophisticated sense of the billing

1 sources in the fiscal report that comes into play
2 (indiscernible)40:40 in which kids are actually
3 cared for. It's a shame, frankly, that the
4 (indiscernible) get rid of all this mess and
5 basically say our focus to be or making sure the
6 kids get the best opportunity for health rather than
7 going through these different (indiscernible) to
8 figure out who's paying who, who's responsible and
9 who's going to actually process this.
10 The environment right now, is our school based
11 health center is besieged here to get one encounter
12 and then put in some sort of medical record that may
13 or may not have any relationship to the primary care
14 provider or to the school performance of that kid.
15 So we have not yet resolved the fact, but the issues
16 are between school performance and the health of
17 this to your child. Nor have we even gathered that
18 data in any real sense of looking at population
19 based healthcare that make then provide to the
20 community at large (indiscernible) or
21 (indiscernible). So that's some really critical
22 features when you come to think about the finances.
23 I mentioned a little bit about the electronic
24 health record. The electronic health is probably
25 the bane of our existence in healthcare based

1 centers. You probably have heard that physicians
2 are all considering retirement because they are
3 continually facing the (indiscernible) with the
4 computer as opposed to caring for patients. And
5 certainly, that is true in certain places of school
6 based health, that we have electronic health
7 records that may or may not be very sophisticated,
8 may only be accessed maybe a few times a week for a
9 few dozen students, as opposed to the backdrop of
10 (indiscernible) that is sent through (indiscernible)
11 at an FUHC or at a hospital are connected to billing
12 and to the insurance company. So the electronic
13 health record would be an effective way of us
14 navigating through the best opportunity and the best
15 outcome for the kids. We have hardly touched
16 (indiscernible) contact within the school based
17 center.
18 Additionally, you know, what's also been really
19 interesting in terms of (indiscernible) happening is
20 the added bonus and (indiscernible). So how many
21 of you are experimenting or have a (indiscernible)
22 kids? A few. If you look at school based health
23 centers, as I've defined it, and you can define them
24 as a school based health center on campus, you can
25 define it as a school based health center that is on

1 one campus but allows other kids to see that center
2 outside of the school campus, or you can define it
3 as a mobile van that goes around to school to
4 school. But telemedicine is actually the fastest
5 growing vehicle to establish healthcare access for
6 kids. It's typically in (indiscernible) states. So
7 as you can imagine if you're dealing with a state
8 probably, you know, the probably the most rapid
9 (indiscernible) would be in Alaska where the
10 geographic element has become really so gigantic for
11 us it's hard to imagine. Or even a state a little
12 bit more proximate to the continental U.S., so
13 something like Alabama, telemedicine is going to a
14 key vehicle in which kids are going to access
15 health. Now, then you have to get into if that's
16 going to be an emerging vehicle in which kids access
17 health, whether that's through behavioral health,
18 whether that's through looking at oral health,
19 (indiscernible) 45:07, it also means that
20 telemedicine finances a policy to go hand and hand
21 with the development of school based health. And
22 has you look at telemedicine and its regulations,
23 again, they tend to be very state specific and in
24 many cases require a physician to be involved in the
25 interaction. So the role of nurses relative to

1 telemedicine, relative to school health has yet to
2 be defined but needs to be considered in terms of
3 how we're going to be moving forward to advance the
4 next generation of what health is going to be for
5 kids at school. I would dare say that many,
6 particularly teenage kids, would be more comfortable
7 having interaction on their phones with someone
8 who's talking to them through telemedicine than
9 necessarily being looked at by their peers as they
10 go down to the basement where everyone's kind of
11 "what's her problem." So you have to consider that
12 that is going to be a vehicle we have to embrace and
13 get a handle on implication in terms of healthcare
14 we're addressing. It's like the social issues as
15 well as social (indiscernible).
16 The infrastructure that's required in
17 telemedicine is quite sophisticated. Sometimes it
18 sounds pretty easy because we described it today
19 pretty easily, but to set it up where you have a
20 camera placed and you have licensed personnel, and
21 you have kind of a building that's in place and that
22 you have the other site be able to handle the kind
23 of information and taking the documentation that's
24 necessary (indiscernible) that a visit becomes
25 pretty complex. Which really boils down to the

1 (indiscernible). And if you look at school based
2 health centers, 85 percent of the primary care
3 providers at school based health centers are
4 (indiscernible). So (indiscernible) twenty percent
5 are physician assistants, and physicians themselves
6 make up largely a 40 percent school based health
7 centers in terms of being around and being available
8 for a consult. Interestingly, two-thirds of all
9 primary care providers at school based health
10 centers partner with behavioral health. So
11 behavioral health is at the center of what we're
12 seeing in terms of the big challenges that we have
13 around school based health. But consider that
14 there's other people that are involved in school
15 based health centers, I'm going to state evident,
16 dentists or oral hygienists could be involved,
17 health educators, nutritionists, eye care,
18 optometrists, opticians, dieticians. A nurse is
19 going to have to be really at the center of
20 (indiscernible) meeting across the team of
21 interdisciplinary professionals. It's not going to
22 be a one-person show in terms of what the
23 (indiscernible) in terms of the complexity of
24 (indiscernible).
25 So just to kind of summarize, and we'll have a

1 few moments for some discussion, and questions and
2 answers, but this is what I was saying in terms of -
3 - and I didn't use any Powerpoint on purpose, what
4 needs to be discussed. One, as I mentioned,
5 behavioral health will be a key component. Care
6 coordination, in terms of making sure that, that kid
7 navigates across different care systems whether it's
8 your insurance plan, or whether it's the
9 (indiscernible) hospital at FUHC, as their problems
10 become more complex so does the coordination of
11 services. Information, technology, and EHR is going
12 to be a key component of how that particular child
13 is cared for. Consider the federally qualified
14 health center is going to play a major role in many,
15 many school based settings. And if you don't know
16 FUHC culture organization you're at a great
17 disadvantage in terms of how they import their
18 impact on the community through federal or state
19 resources. You will need a profound sense of the
20 payment structure that is entailed within the school
21 based health because all the circumstances that I
22 have described as far as being different, payment
23 revenue sources associated with the state and
24 federal support. And then as was stated I think by
25 (indiscernible), in addition, the champions of

1 school based health have to be champions in terms of
2 the (indiscernible). They have to know what this
3 community is about, what our kids are about, what
4 are they facing, and be a vital part of the advocacy
5 that's associated with that school and that
6 community. They have to know how the governance of
7 that school of that school district and the politics
8 that's associated. They have to know about
9 education problems. So if the school district is
10 under great pressure to raise the test scores, for
11 whatever reason, we have to be (indiscernible) is
12 talking about how a kid's health impacts the results
13 of the performance.
14 Obviously, being a creditable and trusted
15 source of information for the students themselves,
16 because the students are going to be ultimately to
17 blame (indiscernible) the efficacy in that
18 particular school center and the school nurse. And
19 then also public health coordination, as we think
20 about all of these different epidemics, I mentioned
21 the opiate epidemic, we could mention something like
22 (indiscernible), you could mention SPI's for
23 example, HIV, we have to be connected to how public
24 health departments look to school based health, look
25 to the students that might be effected in a way

1 that's actually multi-grown(indiscernible), to be
2 right in the middle of that discussion. So, you
3 know, those are some things for all of us to
4 consider. It's quite a challenge, but perhaps more
5 importantly it's kind of the right and important to
6 do. I mean, if you think about -- I just thought
7 about this before I came down here, think about our
8 social movements right now, they're actually lead by
9 young people. Our social movements in terms of
10 climate change lead by a sixteen (16)-year old from
11 Sweden, the whole issue around gun violence is lead
12 by the children and the students that were affected
13 down at the Florida school gun violence massacre.
14 We need to think about how we invest in these
15 children, because if children are actually the ones
16 that are advocating for the most profound changes to
17 lead us to the direction of what we promised our
18 generations, that will bring people a
19 gift(indiscernible) their (indiscernible). So our
20 investment in terms of school based health, and our
21 investment of being champions for these students is
22 really a champion for ourselves because these
23 students are (indiscernible).
24 So I just wanted to share with you some of the
25 reflections I had in terms of (indiscernible) and

1 thinking about what we have as a responsibility to
2 be advocates of champions and to think really in
3 terms of our total sense of accountability at all
4 these different levels of being at a school based
5 health. So thank you, and we have a few moments
6 (indiscernible).
7 MS. MARSHALL:
8 My name is Labrenda Marshall and I work for the
9 Alabama State Department of Education. And you were
10 talking about the school based clinics and you said
11 that there were eight in the state of Alabama.
12 MR. WONG:
13 Yes.
14 MS. MARSHALL:
15 And I wasn't just quite familiar with it.
16 (indiscernible) if it's in my capital city where I'm
17 from --
18 MR. WONG:
19 Yes.
20 MS. MARSHALL:
21 -- the Foley Health Department has just
22 recently opened up four of those clinics and the CVS
23 stores has come into the state of Alabama to open up
24 clinics as well. And then the Hill's clinic. And
25 then we have them popping them everywhere so much so

1 that we have to have a legislative law now to govern
2 just how they come to our systems because right now
3 they're in direct competition with our school health
4 rooms. And when I say that, it's because when they
5 come in, they come in for profit, they want a space
6 for free, they use the electricity and the water off
7 of the backs of taxpayers' dollars to educate our
8 children. And so, in 1992 when I started in
9 education, the school based clinics were all manned
10 by the public health departments, and they pulled
11 out because they said that the educational part did
12 not want to take their responsibility in how those
13 things remained, only to see this cycle come around
14 again. And not that I'm not for it, I just say that
15 there has to be some guidelines and some rules as to
16 how that we would govern it, you know, with our
17 children. And going back to what we say, yes,
18 because of Alabama having a lot of the Title 1 and
19 Title 4 funding then that makes them no paying
20 (indiscernible) for Medicaid, or the CHIP program,
21 or all kids' program because when they're a private
22 pay, (indiscernible) or whatever, they would not be
23 in direct competition for those because they would
24 sue them overseeing their students to
25 (indiscernible). So those are the comments that I

1 wanted to say. And we work directly, you know, with
2 all of our schools. Those that have opted to have
3 school based clinics to make sure that our meeting
4 that's set in November to bring about
5 (indiscernible) so that according to our state we
6 have a legislative law for our school nurses that
7 says that there shall be one school nurse for every
8 school district there and it is the lead nurse's
9 responsibility to be over all necessities of those
10 students and those issues. Thank you.
11 MR. WONG:
12 Yeah, thank you. Those are great comments.
13 And I apologize if I misenumerated the number of
14 centers in Alabama. I'm just going off the census
15 of the school based health clinics made about two
16 years. But I think the comments you made were part
17 of the scope (indiscernible), which I think this
18 group has not really addressed. Because it is our
19 responsibility to protect all kids with regards to
20 access for (indiscernible) health. And it is our
21 mission, as I think Sue's mission, with regards to
22 what we're trying to do with the nursing commission
23 is to make that we're addressing the most vulnerable
24 in our community and that no kid should have to get
25 disparate access to care because of their income or

1 because of their nationality, (indiscernible) status
2 or whatever. So I would applaud your efforts to not
3 just look at the fact that there should be one nurse
4 in every school in Alabama, but go beyond the one
5 nurse and think about how you would advocate for
6 those kids to not get exploited as a marketing
7 opportunity to the expense of other kids that are
8 not as insured (indiscernible).
9 MS. MARSHALL:
10 Let me clarify. I only meant that the law will
11 (indiscernible) pay you. We obviously have one
12 nurse for every school district. However, there are
13 more nurses and I was saying that for the sake of
14 Alabama that is (indiscernible). However, in every
15 system there are some students that have adversity
16 in every school. It just depends on the knowledge
17 of that community, however, in rural area, or what
18 we call (indiscernible) they are not as, you know,
19 (indiscernible) when it comes down to that
20 (indiscernible), so they might just have that
21 minimum of one nurse for that system and she goes to
22 each school. So you know, obviously that was state
23 law in 2009.
24 MS. LEE:
25 I'm also watching the clock. My name Sharon

1 Lee, I'm the president of the National Association
2 of (indiscernible), but I'm speaking as the state
3 (indiscernible) consultant for Vermont. What I like
4 about what you've said was value based care, I think
5 that is the concept that when you're talking in
6 maybe (indiscernible) where you have, you know, you
7 go in for short-term care or acute care without
8 coordinating with the medical home. So back to
9 value based care we appreciate that. It gets into
10 care coordination and being sure that the whole
11 child's needs are addressed. So how do we -- how do
12 we -- what's symmetric for that and what's the
13 outcome moving forward? I hope that we can find
14 some of that. Thank you.
15 MR. WONG:
16 Thank you. As (indiscernible) emphasized I
17 think we are in a school based (indiscernible) and
18 a fee for service universe, and we need to get out
19 of (indiscernible) fee for service and get
20 (indiscernible). Actually my colleague Benjamin
21 (indiscernible) and I, also a physician, we wrote a
22 couple of papers on alternative payment models. If
23 you're interested I can you the reference to those
24 papers. We looked at different models in terms of
25 how fee for service was left behind and the future

1 of alternative payment (indiscernible). I think we
2 need to become really astute students of alternative
3 payments (indiscernible) if school based health is
4 to remain the (indiscernible) providing quality
5 access for kids. Because the fee for service world,
6 those days are numbered with regards to not just
7 kids but for all of us. So thank you.
8 MS. POLANSKY:
9 I will go ahead and invite our first round of
10 panelists to come to the stage so they can get their
11 computers up. Thank you Dr. Wong for those
12 comments. I think that's a great start to our
13 discussion today and what we can do within our
14 schools working with nurses and other healthcare
15 professionals in our schools, with our schools, and
16 through our schools to improve the health of our
17 children and the health of our nation. Interesting
18 to note, I'm thankful that you mentioned some of the
19 numbers of the students that are covered by school
20 based health centers because definitely there's
21 still a vast gap in the care, and I think that
22 school nursing, in general, tries to fill that gap
23 to the tune of 56.6 million children in our nation
24 attending a school. And potentially, hopefully,
25 having access to the very least a school nurse. I

1 love our president of the National Association of
2 School Nurses (indiscernible) and I've learned our
3 hidden healthcare system. So we're going to be
4 talking about school nursing value and vision for a
5 bit today. And I'm going to first introduce, and
6 actually she can stay sitting or you can
7 (indiscernible) if you'd like, but Erin Maughan, she
8 is the Director of Research for the National
9 Association of School Nurses, and she is going to be
10 helping us dive into a deep look into
11 (indiscernible) along with the data, and our
12 schools, and that will be theme that is carried on
13 throughout our conversation and hopefully we'll tie
14 that back into the conversation we've been having.
15 So Erin, I'll let you start us off.
16 MS. MAUGHAN: (indiscernible-SHE WAS NOT SO GOOD.
17 COULDN'T MAKE OUT MOST OF WHAT SHE SAID)
18 Hi everyone. I'm better standing up. So this
19 is a perfect segway from what Dr. Wong was talking
20 about. It's the role of another group that works in
21 the school which is the school nurse. On the way
22 here I was reading an article that was talking about
23 a research setting regarding what social needs were
24 identified. And in this study it found that one in
25 five referrals to social services, which they

1 interpret to be food access, transportation,
2 utilities assistance, medications assistance, and
3 housing, one in five were for children under the age
4 of eighteen (18). That's the population which we're
5 working with. And the first thing that I wanted to
6 talk about is what does this really mean. The
7 National Association of School Nurses
8 (indiscernible), we developed this framework and
9 very (indiscernible) traditional model
10 (indiscernible). School nurses can do so much more
11 than that because there is so much more to students
12 nowadays. And I think as we talked about how to
13 develop this we had to look at what is the niche of
14 a nurse, and particularly a school nurse. But in
15 all of nursing I think there's (indiscernible) and
16 there is gray(indiscernible). But for us it was
17 what is the niche that a school nurse brings that
18 other personnel (indiscernible). And for us that's
19 the center of this framework, which is a holistic
20 approach that nursing brings to anyone
21 (indiscernible). For the students, but it's not
22 just the students, it's the families (indiscernible)
23 and that whole school community. Then
24 (indiscernible) are these principles that address
25 the various areas for which school nursing

1 (indiscernible). Care coordination (indiscernible)
2 nursing but we do a lot of help in that population.
3 And that's what I wanted to talk a little bit about
4 too because with this we work under the scope of a
5 registered nurse. Our majority of the nurses that
6 work in schools are registered nurses. Some people
7 might have degrees as nurse practitioners or
8 otherwise, and we do have licensed practical nurses
9 and professional and licensed vocational nurses, and
10 we have unlicensed personnel that help us. But the
11 majority are registered nurses and we need to make
12 sure that they're working (indiscernible). That was
13 another reason we developed this framework, so as
14 we're looking at the vision of what school nurse and
15 nursing in general is, that's where we need to start
16 making sure that we're using what we have. When you
17 have a (indiscernible) that worked in a
18 (indiscernible) and we'll get the (indiscernible)
19 practice and where school nurses work, apart from
20 these various principles (indiscernible) they're
21 already (indiscernible) community, which is where
22 we're looking at. Social (indiscernible), which are
23 (indiscernible) includes two parts that we
24 (indiscernible) we have the individual's social
25 needs that our school nurses work with with

1 individual students, and we also have that
2 population infrastructure, which are social
3 (indiscernible).
4 So going on we developed a research trajectory.
5 We knew a vision (indiscernible) school nurses and
6 then we wrote the vision of what school nursing is
7 going to look like. As a researcher we took an idea
8 of what's our ideal and then we walked it backwards
9 and we developed this research trajectory of what is
10 the data and what is the research we need to get us
11 where we want to go? Because we want to make sure
12 our (indiscernible). So to explain they are
13 actually all happening it at the same time, but I'm
14 going to start at the bottom because it starts with
15 partnerships. School health (indiscernible) is not
16 a one-man show, it's a group working together. And
17 even before that (indiscernible). But in reality
18 things have changed. We need your (indiscernible)
19 population standpoint and say what is left
20 (indiscernible) to be done in school (indiscernible)
21 infrastructure of a community that's addressing our
22 (indiscernible). And then once we do that we
23 partner with (indiscernible). Above that in the
24 purple is our national (indiscernible) every student
25 has. This is a national (indiscernible) initiative

1 and as this (indiscernible). And again, partnering
2 is a big part of this in this (indiscernible) data,
3 but first and foremost it's making sure our school
4 nurses have the skills and the confidence to collect
5 the right data (indiscernible), but more importantly
6 impact their own work so that they're estimating
7 their students (indiscernible).
8 I'm just going to wrap up with the other ones
9 that have to do with school infrastructure, which is
10 we need (indiscernible) districts because if we're
11 going to get change through we have to also focus on
12 not just what our school nurses (indiscernible) but
13 also the infrastructure which they (indiscernible)
14 nurses, and if not (indiscernible) enough standards
15 that provide (indiscernible). So as for
16 (indiscernible) there's a book that I'm
17 (indiscernible), this (indiscernible). It says --
18 it was a true story (indiscernible) and he was all
19 (indiscernible). He walked up to the
20 (indiscernible) and he gave him (indiscernible) and
21 it simply said (indiscernible).
22 MS. POLANSKY:
23 Thank for that. Next you're going to have
24 Katie Johnson coming to speak with us. She is the
25 Population Health Nurse (indiscernible) at the

1 University of Washington, Seattle, and she is going
2 to follow Erin's talk beautifully I think talking
3 about some really specific actions schools are
4 taking to (indiscernible) and do something with it
5 to get our students (indiscernible).
6 MS. JOHNSON:
7 I'm really just (indiscernible). I think, you
8 know, any of the nurses (indiscernible) amazing
9 stories of how they, and not (indiscernible). I
10 (indiscernible) and I want to talk a little bit
11 about what are some systems that we can build to
12 help advance how you've arrived, (indiscernible)
13 children in our schools. And one of those is to
14 look at what is the infrastructure and how it's to
15 work (indiscernible). And then the second piece,
16 what's the infrastructure and how what's the
17 infrastructure of how we do what our data says and
18 manage our data in the schools and use it the most
19 effectively for our children. So what we need to do
20 is go back and (indiscernible) the hospital's under
21 staffing (indiscernible) and most effective ways of
22 managing nurses, and then also looking at
23 (indiscernible) principles and how successful
24 they've been developing efficient, effective
25 (indiscernible) systems and (indiscernible)

1 hospitals. So I had some (indiscernible) school
2 nurses and the school nursing (indiscernible) and I
3 wondered those (indiscernible) principles, could
4 they be applied to schools and how best to
5 understand how to best support students.
6 So the things that (indiscernible) most
7 effective (indiscernible) nurse (indiscernible) and
8 there's very limited access. So nurses have
9 (indiscernible) three, four, five thousand students
10 don't have the support the nurse administrator who
11 (indiscernible) care. I'm (indiscernible)
12 professional involvement. How many school nurses
13 (indiscernible) key to their building and are told
14 (indiscernible)? This is a very specialized
15 practice and for me to have that specialized
16 training before we get that key in the lock and
17 taking care of kids we also need really regular
18 professional development. Nurses working in other
19 settings are (indiscernible) so they're professional
20 development that they get (indiscernible) in
21 schools. And part of professional development is
22 helping with evidence based practice in schools, and
23 how to develop that evidence (indiscernible)
24 research (indiscernible), but also having them push
25 that out to schools so that school nurses have

1 access to that data. And then (indiscernible) nurse
2 governments. How many school nurses feel like they
3 actually have (indiscernible) and can implement
4 (indiscernible) if they want to?
5 So another (indiscernible) that I want to talk
6 about in terms of setting up some standards is in
7 terms of data. And one of the (indiscernible) one
8 of the areas that I think (indiscernible) is how do
9 you manage immunizations. The (indiscernible) of
10 immunizations (indiscernible) first school
11 (indiscernible). Any school nurse will tell you is
12 about connecting with parents, (indiscernible) know
13 and understand (indiscernible), (indiscernible).
14 But often the time (indiscernible) immunizations is
15 running down (indiscernible) and gathering
16 (indiscernible), and turning in report. So what we
17 did in Washington State is we created this little
18 module in the patient registry that aggregates the
19 data by schools so that the -- in stead of when I
20 worked in the school district in (indiscernible)
21 program I did pay somebody to enter 16 days for
22 every one that I (indiscernible). I really needed
23 (indiscernible) to help (indiscernible). The daily
24 (indiscernible), let's pour it all together,
25 (indiscernible) so that we, the nursing coordinator

1 can look at that (indiscernible) immunization dates.
2 (indiscernible) to report.
3 And then secondly and lastly, (indiscernible)
4 that (indiscernible) and I thought gosh, wouldn't
5 it be wonderful if I (indiscernible). Before
6 sending (indiscernible) to school I could write the
7 emergency (indiscernible) plan, I could go talk to
8 the teacher and tell them, teacher, somebody thinks
9 (indiscernible) need to do is help that
10 (indiscernible). But assume, and hopefully their
11 parent comes to school so I can sit down with them,
12 help them understand their condition, do they
13 understand what their triggers are? (Indiscernible)
14 questions that (indiscernible). And if that student
15 started successfully in school.
16 So I'll finish by saying that school nurses are
17 trusted experts in healthcare communities. They're
18 (indiscernible) their communities. It's America's
19 Healthcare System and it's (indiscernible) the
20 shadows (indiscernible) . Education is a social
21 (indiscernible). It impacts the child's health and
22 he health of their children. School nurses
23 (indiscernible) and I'm so grateful for the
24 opportunity to be here . Thank you.
25 MS. POLANSKY:

1 Next we're going to hear from Michelle Bell.
2 She is the Nursing and Wellness Manager at
3 (indiscernible) High School District, San Diego
4 Unified School District. She is going to talk about
5 (indiscernible) work on from a different perspective
6 with absenteeism.
7 MS. BELL:
8 So like my colleagues shared before me there's
9 a lot of people that we have to follow in the school
10 districts. Specifically as it relates to education
11 law, education code, health code. But as it relates
12 to (indiscernible) and attendance we have to follow
13 federal laws first and foremost, No Child Left
14 Behind, and in 2015 they started following Every
15 Student Succeeds Act. And those provide district
16 and state partners of education, which I
17 (indiscernible) basis in our school buildings. So
18 for us pretty much, though I worked up until
19 September with one school district for seven years
20 and I moved back to my former school district where
21 I worked for 18 years, so I'm just going to talk
22 about both districts in this presentation.
23 So when we look at the Every Child (sic)
24 Succeeds Act the focus of that Act is
25 (indiscernible), reading and math and English

1 Language proficiency scores and high school
2 graduation and academic measures for elementary and
3 middle school students. But the great thing about
4 ESSA is that there is now this (indiscernible)
5 quality and student success portion of it where
6 districts can now hold you accountable for something
7 outside of academics and curriculum, not that those
8 aren't the most important things in school, they
9 are, but how do we take a look at what's happening
10 for our students on a daily basis. And by picking
11 something to focus on to success then we can look at
12 bullying, we can look at interventions for kids who
13 are moving around or have truancy issues. And in
14 California one of the things that we're going to
15 focus on is probably the absenteeism. But before
16 the state decided that chronic absenteeism was
17 something that we were going to focus on outside of
18 those other things, in the district we already
19 started focusing on that four years before the state
20 said oh these are things that are important to us as
21 educators within the school district. So we then at
22 the district looking at both our district policy on
23 students and then what are our department policies
24 for student attendance and how do we take a look at
25 how those align? How do we take a look at what

1 parents' involvement is in that system.
2 So at San Diego Unified four years ago myself
3 and several other managers came together and said we
4 need to change the area of student attendance. We
5 are losing hundreds of millions of followers,
6 collectively in the 40 districts that are in San
7 Diego County as it relates to chronic absenteeism
8 how do we change this narrative because parents look
9 at the rules and the regulations that districts have
10 to follow and they look at it as punitive. You have
11 school attendance for (indiscernible) teens, which
12 is usually at the site level, then you have the
13 district level attendance (indiscernible) which
14 usually involves probation and usually can involve
15 truancy officers, penalties, fine, and that just
16 rubs parents the wrong way, you know? And in
17 education (indiscernible). My father was in
18 education 40 years, and I haven't seen the narrative
19 of how (indiscernible) that parents and students
20 (indiscernible) attendance. Really see a big
21 change. So the last three years (indiscernible)
22 1:18:29, very much a priority. Very
23 (indiscernible). So at the district level I created
24 the (indiscernible) level (indiscernible). It was
25 myself, the manager from (indiscernible) Guidance,

1 the manager from Special Education, (indiscernible)
2 Transition, our LGBT (indiscernible) manager, our
3 restorative justice manager, and we came together
4 and we said how do we work the schools to help them
5 get a handle on absenteeism? Not just chronic
6 absenteeism, but just kids coming to school on every
7 day, how do we get kids and parents to understand
8 that coming to school every day matters. So we
9 started partnering from that committee, we met every
10 (indiscernible) for a year and talked about ways in
11 which we felt that we could help principals,
12 administrators and parents change how much they
13 looked at (indiscernible).
14 From that group we then created a protocol on
15 attendance. So I have 150 nurses in the department
16 with 110 para professionals, I'm the only
17 administrator for my group of 300 plus employees.
18 So it's how do we collectively use our resources to
19 better look at what we're doing within our own
20 offices every day. What can the classified employee
21 that's working, (indiscernible) technician that's
22 working the home office, along with a registered
23 nurse, do to work with kids or their family as it
24 relates to coming to school every day? So once we
25 created the protocol we worked and found a partner,

1 Attendance Works is the national partner, and I met
2 Hedy Chang at a conference, to be honest I can't
3 remember where I met Hedy. I remember
4 (indiscernible) three years now. But Hedy came out
5 and did training for my 150 nurses and my health
6 technicians and talked with us about where the
7 future is for our students and how we help
8 kindergarten, first grade, second grade parents
9 really understand what they need to do and why
10 coming to school every day is so important.
11 Dr. Chang spoke about the fact that there are
12 you know, school days (indiscernible), and I'm lucky
13 enough in my former district to have eight, and in
14 the district I currently work at we have four, and I
15 use those partners to help with all kinds of things
16 from immunization follow ups to attendance. So when
17 school based health center employees aren't busy
18 doing things they would work with the school nurses
19 on follow up for attendance, why was this student
20 absent, what was going on with this student, how can
21 either the clinic partner and/or the school
22 (indiscernible) help, whatever that is.
23 In 2017/18 after we had the training and I had
24 talked with principals at the end of the '16/'17
25 school year about the fact that I realistically

1 wanted to do a pilot project. And that project was
2 an attendance review project where we took a look at
3 27 schools in the district and from those 27 schools
4 with just a little bit of funding we were able to
5 make a significant difference in the day to day
6 function of how (indiscernible).
7 MS. POLANSKY:
8 We have some great examples of who's on the
9 ground, school nurses taking action (indiscernible)
10 taking action, leading the way, the various
11 (indiscernible) teams (indiscernible). Lastly we're
12 going to hear from Tommy Reddicks, executive
13 director and CEO of Paramount Schools Club
14 Excellence.
15 MR. REDDICKS:
16 Thank you. (Indiscernible). I'm probably
17 going to take some (indiscernible). Just pointing
18 out something, obviously I just came from
19 (indiscernible). School leaders don't truly
20 understand that improved health collaboration would
21 raise test scores (indiscernible). So this is
22 (indiscernible). In general our school leaders are
23 happy to have a school nurse, but not
24 (indiscernible). Many consider it (indiscernible).
25 (indiscernible) some of our nurses and just allowing

1 them to sit in one section over here and
2 (indiscernible). It illustrates kind of where we
3 look at this problem and how we identify what we
4 should do. We like to look at time(indiscernible),
5 and so, (indiscernible) there are 8,716 hours every
6 calendar year, students only attend school
7 approximately 180 days. 180 days times eight hours,
8 that's about 1400 hours of contact time per year for
9 those kids that are in school. This is a
10 (indiscernible) environment with a lot of access to
11 (indiscernible) typically get some kind of help
12 (indiscernible). So if you count (indiscernible)
13 show up you're talking about 22 to 40 percent of the
14 waking lives of children in the United States
15 between the ages of five (5) and eighteen (18) are
16 happening right there (indiscernible). For some
17 that's more time than they spend at home. And that
18 really in terms of public health should
19 (indiscernible) focusing our efforts in terms of
20 (indiscernible).
21 (Indiscernible) the American Public Health
22 Association (indiscernible) this is not new
23 information. I just want to quote a few things from
24 2010 from the American Public Health Association.
25 Number one, health and education are inextricably

1 intertwined. The lack of education (indiscernible).
2 Number two, graduation from high school is
3 associated with an increase in average life span of
4 six to nine years. So that graduation is academic,
5 life span is health. Number three, high school
6 graduates are less likely to commit crimes,
7 (indiscernible) healthcare (indiscernible) services
8 such as food stamps or housing assistance, are more
9 likely to raise healthier, better educated children.
10 So let's keep that in mind when (indiscernible)
11 second and say a student who can't (indiscernible)
12 by third grade is four times less likely to graduate
13 by the age of nineteen (19). Add poverty to that
14 mix, they're 13 times less likely to graduate by the
15 age of nineteen (19). Going back to the American
16 Public Health quote, it says six to nine years of
17 life extension is related to high school graduation,
18 but our kids in poverty are 15 times less likely to
19 graduate by age nineteen (19). That's where the
20 problem lies, and that's a really (indiscernible)
21 kids (indiscernible) 1,440 hours a year.
22 So to tackle this problem we started a
23 (indiscernible) in 2013 essentially tracking every
24 school based health encounter for every child and
25 then correlating that against academic achievement

1 (indiscernible). Many people tell me over and over
2 and over again this can't happen (indiscernible).
3 And they're very, very wrong. It's just a step
4 (indiscernible). But when we start comparing
5 academic achievements and school based health
6 encounter data (indiscernible). Here's how our
7 system works: We track (indiscernible) schools and
8 compare out academic data (indiscernible). We find
9 out (indiscernible). We also find that the number
10 of visits to our school based health center, if we
11 can get to that next slide right here, once you get
12 past the (indiscernible) to (indiscernible) academic
13 (indiscernible) for our students. Some of our
14 students will visit the nurse (indiscernible). So
15 we can get (indiscernible) visits (indiscernible)
16 realize that we've got an academic problem
17 (indiscernible). This is (indiscernible) is
18 groundbreaking because nobody's (indiscernible)
19 health and academic comparison (indiscernible) track
20 student health and education. In other words,
21 (indiscernible) health and (indiscernible), working
22 together or basically (indiscernible). And quite
23 legitimately what we're saying is academic support
24 can be a health (indiscernible). And I love saying
25 that over and over again, (indiscernible) people

1 when I say it, but academic support is something
2 (indiscernible) healthy child (indiscernible)
3 conversely (indiscernible) is also true, we can
4 definitely say that health support (indiscernible)
5 academic.
6 What makes all this so greatly important for us
7 is that we (indiscernible) health and academics for
8 our kids, especially in our low income
9 (indiscernible) schools. We're not changing any
10 (indiscernible), we're not changing how our school
11 nurses (indiscernible) in school, we're not changing
12 how our school deals with students who get
13 academically behind(indiscernible), what we're doing
14 is just removing various (indiscernible) things that
15 (indiscernible) and making (indiscernible) impact
16 (indiscernible) with our kids (indiscernible)
17 academic interventions to help (indiscernible) and
18 also to compel (indiscernible) to teach those
19 (indiscernible) (indiscernible) for their health
20 issues (indiscernible) sustain their health issues,
21 all (indiscernible).
22 So quite frankly, what we're finding is
23 students who visit their school nurse more than once
24 in a school year (indiscernible) health are at risk
25 (indiscernible). Students who visit more than eight

1 times in a calendar year (indiscernible). If we
2 know those two factors we can be predictive and then
3 start prescribing interventions and academic support
4 for those children and get ahead of this before they
5 fall off the (indiscernible). What's really
6 (indiscernible) about this approach is schools are
7 really good at this game. The schools do a first
8 test at start of the school year and second test
9 (indiscernible), then they can measure whether or
10 not students are on par with where they should be,
11 and if they're not then they can put systems in
12 place to support those children. (indiscernible)
13 January (indiscernible). If we utilize health data
14 (indiscernible) we get there ten or 20 times faster
15 and those kids can get serviced immediately and we
16 can stay ahead of it before they fall off the
17 (indiscernible). So really, really fantastic stuff.
18 The problem is this work is hard to understand,
19 there's not a lot of support locally for it, there's
20 not a lot of funding for it, and that leads us to
21 (indiscernible). And I have a list of kind of my
22 top five (indiscernible) implications
23 (indiscernible). Number one, child health must
24 become a (indiscernible) multi-sector effort,
25 (indiscernible). And (indiscernible) this effort

1 and talk about public health (indiscernible)
2 education, education doesn't always (indiscernible).
3 Number two, federal policy should compel states to
4 fund data-driven, measurable health initiatives like
5 (indiscernible) in the low income education sector
6 especially. Number three, a consent to treat,
7 coupled with a release of information should become
8 the rule and not the exception so the data shared
9 between sectors (indiscernible). In other words,
10 (indiscernible). Number four, the word school must
11 be (indiscernible) alongside the word education
12 (indiscernible). That absence removes the sense of
13 (indiscernible) from our schools and our states that
14 (indiscernible) prioritizes (indiscernible). Number
15 five, the phrase "academic health," (indiscernible).
16 Academic health should be introduced in the
17 (indiscernible) measurable, data-driven low income
18 (indiscernible).
19 (Indiscernible) boots to the ground is that our
20 principals, superintendents (indiscernible).
21 MS. TANNER:
22 Thank you to all of our panelists. You all
23 have done a wonderful job of introducing
24 (indiscernible) for hours on the work that you do
25 (indiscernible), so that this can be the beginning

1 of conversation in this room about the
2 (indiscernible) division of school nursing. So I
3 would like to open it up to the room now for anyone
4 who may have questions for any of our panelists.
5 And please (indiscernible) the microphone.
6 Introduce yourself and where you're from.
7 MS. EVA STONE:
8 Yes, I'm Eva Stone and I manage health services
9 for Jefferson County Public Schools in Louisville,
10 Kentucky. So I've got really a couple of
11 (indiscernible) a questions, so when we talk about
12 immunizations (indiscernible). So lack of
13 immunization clients(indiscernible) 1:31:00 is
14 indicative of a lack of access to healthcare. And
15 so, we talk about non compliance all the time but we
16 don't talk about lack of access to care, which
17 that's a symptom of. So when you talk about work
18 with registries and working with registries and you
19 mentioned (indiscernible), like in Kentucky we
20 can't, you know, the Department of Education will
21 not discuss working with the school district so that
22 the system can communicate in those immunizations
23 and we could actually have the records with the
24 children. So where do we begin with this HIPAA
25 (indiscernible) discussion and getting through some

1 of these barriers so that we can address the very
2 obvious lack of access to healthcare that we have
3 information on? Schools know this and
4 (indiscernible), but I mean it's managed care
5 organizations. They know the kids that are not
6 receiving services but none of these systems
7 communicates (indiscernible).
8 MS. JOHNSON:
9 Well, I can start (indiscernible). So
10 Washington State (indiscernible) on the certificate
11 of immunizations the parents actually sign that. So
12 just a little background, (indiscernible) the
13 immunization record can (indiscernible). Once it
14 comes to the school it becomes (indiscernible).
15 Once it goes back to the health department it
16 becomes their baby. So you have to have that
17 permission from the parent to share that
18 immunization record with the immunization registry,
19 so school nurses who are actually entering data in
20 the registry, that is missing (indiscernible). So
21 we have that (indiscernible) wonderful people at the
22 Department of Health in Washington
23 State(indiscernible). And I think the other piece
24 of it is again when I started (indiscernible) how
25 records (indiscernible) the talk of the town

1 (indiscernible) for a parent when they get their
2 electronic health record by (indiscernible) in their
3 medical clinic (indiscernible) want to share that
4 data with the school nurse they can (indiscernible).
5 But a lot of times documentation systems are
6 (indiscernible) permission of parents to share data
7 and we just haven't got to the place
8 (indiscernible).
9 MR. REDDICKS:
10 (Indiscernible) one exception (indiscernible)
11 all around the area of schools. They're not sharing
12 the data (indiscernible). At the same time
13 (indiscernible) happened to our kids
14 (indiscernible). Never getting (indiscernible).
15 (indiscernible) (Indiscernible) share this
16 information back to our schools (indiscernible).
17 MS. MAUGHAN:
18 I'd just like to add that (indiscernible) in
19 addition to (indiscernible) I just want to highlight
20 (indiscernible) of what is (indiscernible) versus
21 what is another person. (indiscernible) still taken
22 care of which is that (indiscernible)
23 misunderstanding what the data is being used for and
24 even if the nurse provided it (indiscernible).
25 That's actually a huge stumbling block in many

1 states, and particularly if the school nurse is not
2 being identified as a provider, so that's why
3 (indiscernible) but (indiscernible). So there are
4 (indiscernible).
5 MS. JOHNSON:
6 In Washington State (indiscernible) school
7 nurses (indiscernible) immunization registry they
8 were specifically described as providers.
9 MS. MAUGHAN:
10 The same in California.
11 MS. LAURIE COMBE:
12 Laurie Combe, I'm the president of the National
13 Association of School Nurses. (Indiscernible)
14 observation beginning with Dr. Wong's conversation
15 (indiscernible). I see this theme of fragmentation
16 in services (indiscernible) fragmented care for our
17 students because the HIPAA for school nurses
18 (indiscernible) physicians. And parents are
19 hesitant sometimes to offer that consent. So
20 (indiscernible). The fragmentation (indiscernible)
21 care (indiscernible) many school nurses are funded
22 with education dollars, (indiscernible) dollars, and
23 that's (indiscernible) leads to (indiscernible),
24 professional responsibilities. I understand you
25 Tommy to say that there's collaboration between your

1 administration and school nurses and (indiscernible)
2 would that be (indiscernible) across the United
3 States. And then the (indiscernible) ability of
4 data I think is a huge barrier to accomplishing what
5 we know needs to happen for the (indiscernible)
6 children in schools in this country.
7 MODERATOR:
8 Thank you, Laurie.
9 MS. MAUGHAN:
10 Dr. Wong alluded to with financing
11 (indiscernible) in our schools. I know that there's
12 issues with student health centers and how they're
13 financed, and as you mentioned, (indiscernible)
14 percentage (indiscernible) 82 percent of our school
15 nurses not connected with a school based health
16 center are funded by education dollars, not
17 healthcare dollars, (indiscernible). And
18 interesting to mention, I (indiscernible) for every
19 dollar (indiscernible) spends on a school nurse
20 working in a school building, it's Two Dollars and
21 Twenty Cents ($2.20)(indiscernible). So
22 (indiscernible) for every dollar spent you return
23 that. So just something to keep in the back of our
24 minds that who should be spending these dollars. It
25 shouldn't necessarily all be education money,

1 (indiscernible).
2 MODERATOR:
3 Can I (indiscernible) just to parallel?
4 (Indiscernible) I cannot understand this.
5 (Indiscernible) regarding school health for children
6 and we're funding those, and (indiscernible).
7 MS. MAUGHAN:
8 I think that also (indiscernible) also need to
9 talk about funding for the research we need.
10 (indiscernible), but as we mentioned, there's not a
11 lot of funding for school health (indiscernible) out
12 there. (indiscernible). There's going to be a new
13 analysis of it (indiscernible). (indiscernible)
14 issue if we had the money to start (indiscernible)
15 but (indiscernible) NIH funding and other funding
16 (indiscernible). So (indiscernible).
17 MS. JOHNSON:
18 I'd like to tag team on that. There's a
19 tremendous gap by state and (indiscernible) 1:39:20
20 Sixteen Thousand Dollars ($16,000.00) per pupil. So
21 New York State spends the most, and this is 2015/16
22 school year, Twenty-Four Thousand Six Hundred and
23 Sixty Dollars ($24,660.00) per pupil in New York
24 State. The lowest was Iowa(indiscernible) at Seven
25 Thousand Nine Hundred Dollars ($7,900.00). That's a

1 tremendous difference in -- so your Zip code is an
2 indicator for your access to registered nurses for
3 your students, and that shouldn't happen in the
4 United States.
5 MS. MAUGHAN:
6 (Indiscernible) show in that data
7 (indiscernible) school (indiscernible) pupil
8 services that they're more likely to have a school
9 nurse (indiscernible)?
10 MS. BELL:
11 And then when you have people who aren't coming
12 to school on top of that (indiscernible), you know,
13 (indiscernible) dollars every year. They cut
14 programs (indiscernible). (Indiscernible)
15 classroom, which we understand that they
16 (indiscernible) support staff supporting the kids
17 and the teachers and (indiscernible) counselors,
18 school psychologists, (indiscernible), and they're
19 not (indiscernible).
20 MODERATOR:
21 We've got about one more minute, so I can have
22 one more person come to the mic, (indiscernible)
23 really, really quick, come on up.
24 MS. SHARONLEE TREFY:
25 Sharon Lee Trefy, I am going to speak as the

1 National Association of School Nurses. Two things:
2 one, primary care is part primordial prevention,
3 getting kids to their annual well care visit is both
4 an a (indiscernible) or state (indiscernible) focus
5 as a crucial part, and the second part is I strongly
6 support for many reasons expressed here the school
7 nurse or no funds going through the school because
8 of the crucial role of the school nurse in school
9 culture, school government, and relationship
10 building. Relationship building with the students,
11 the families, and the school administrators and
12 school personnel. And that's where I feel it
13 begins. CMS, Medicaid has a crucial role in pushing
14 those funds through that system, (indiscernible).
15 Thank you.
16 MS. MAUGHAN:
17 (Indiscernible) so I'm going to (indiscernible)
18 is (indiscernible) structure and (indiscernible) is
19 needed is we need structure and standards
20 (indiscernible). Because we don't have
21 (indiscernible). There are no standards in school
22 health or nursing (indiscernible). So we need it at
23 the district level, we need it at the state level,
24 and only 29 states (indiscernible) and that is a
25 crucial role and it also (indiscernible) makes a

1 difference (indiscernible). (Indiscernible) and a
2 way to make sure that (indiscernible) in nursing.
3 MS. ANDREA TANNER:
4 Next I'm going to welcome Jessica Wagner to the
5 stage. She's another (indiscernible) panelist and
6 will continue the conversation even (indiscernible).
7 So we started (indiscernible), so we're going to
8 continue that conversation (indiscernible) so
9 welcome to the stage our next panelist.
10 MS. JESSICA WAGNER:
11 Thank you, Andrea. I'd like to ask all
12 (indiscernible) forward (indiscernible). To
13 everyone in the room I'm Jessica Wagner, and I went
14 from having a caseload of (indiscernible)
15 applications, (indiscernible) student athlete's
16 (indiscernible) being healthy and safe. And it's my
17 honor now to be their next panel (indiscernible)
18 information strategies across the life span
19 (indiscernible). Because as we (indiscernible)
20 facing our youth (indiscernible) continue on beyond
21 that. So I'm really excited to have our panelists
22 join us in just a bit to share the strategies that
23 school nurses can implement. Just a moment as they
24 get seated.
25 As they're getting seated I would like to say a

1 few opening words about our first panelist. Dr.
2 David Wyrick is founding director of the Institute
3 to Promote Athlete Health & Wellness at UNC
4 Greensboro. He is going to share with us his vast
5 knowledge of experiences of providing
6 (indiscernible) services to various communities,
7 including student athletes, students and
8 (indiscernible) projects that (indiscernible) with
9 high schools and nurses. So Dr. Wyrick,
10 (indiscernible).
11 DR. DAVID WYRICK:
12 Okay. It's a pleasure to be here. I hope what
13 I share today will be informative. I'm not a school
14 nurse, I don't have a background in school nursing.
15 My background training is in prevention science.
16 I've worked, I've (indiscernible) fundamentals of
17 prevention science to benefit the health and well
18 being of student athletes, whether we're talking
19 middle school, high school or collegiate. And so, I
20 hope that my comments, which will be centered around
21 some of the fundamentals of applied prevention
22 research, and then I'll go over some very practical
23 examples of how to apply those principles towards
24 the end of this that I think will be especially
25 appealing to the school nurses in the audience.

1 So with that said, I want to begin with just a
2 little quote from Myles Brand, who was the president
3 of the NCAA prior to Mark Emmert, and in terms of
4 framing athletics in an education based
5 (indiscernible) it's really critical, and I love
6 this quote of his, it's in an article that he
7 published around athletics being part of the
8 educational mission of our society and that we're
9 taking a very broad definition of education being
10 (indiscernible) human growth and development of out
11 young people.
12 So as a public health person I'm obviously
13 going to take a very population-level approach to
14 this. I'm going to talk a lot about the population
15 approach and a systems level approach, and I want to
16 emphasize that things have got to be very purpose
17 driven, that we've got to be purpose
18 (indiscernible). What we want to avoid here, or
19 what we see all too often in athletics, which is a
20 win at all costs model. We want to always remember
21 that our purpose is education based (indiscernible)
22 our students and what can we do to help them.
23 Some basic (indiscernible) science, I'm going
24 to focus on 3, 4 and 5, developing programs,
25 policies, and interventions; target (indiscernible),

1 the health problems and disorders that we're
2 concerned about, (indiscernible) evaluate those
3 programs, policies and initiatives, and then we need
4 to disseminate research related to those
5 interventions, initiatives, programs, policies, and
6 (indiscernible).
7 As most of you know, from a (indiscernible)
8 psychosocial perspective, if you want to prevent
9 alcohol abuse among college students you don't
10 target (indiscernible), you target it through
11 (indiscernible) we can change. We refer to those as
12 (indiscernible). That's the law of indirect effect,
13 and that's very important to what I'll be sharing
14 with you today. In addition to the law of indirect
15 effect you've got the law of maximum expected
16 potential, meaning of those variables that are
17 valuable which ones are the most predictive of
18 whatever problem or disorder we're trying to
19 (indiscernible). And those are the variables that
20 we need to focus on.
21 Now I'm going to use social norms as an example
22 here because there are lots of variables that are
23 highly indicative of (indiscernible) or disorders
24 (indiscernible) but they are very difficult to
25 change in various contexts. So for example, the

1 school health or school based prevention program,
2 we've had a lot of success in changing social norms.
3 We have not had as much success changing the
4 variables that are predictive of substance abuse, of
5 mental health disorders, of sexual violence, things
6 like behavioral (indiscernible) based on behavioral
7 intentions. Things like (indiscernible), to reduce
8 harm. So just because we know something is
9 predictive, doesn't mean that we can effectively
10 change at a level that will have meaningful public
11 health impact. So here with social norms we've got
12 a very powerful variable, one that is highly
13 predictive of individual behavior, group behavior,
14 organizational behavior, as well as taking a social
15 norms approach to changing other important
16 (indiscernible) variables.
17 In our research this is an example from the
18 collegiate model, there's a program that Jessica and
19 I have worked on together for (indiscernible)
20 experiences (indiscernible), and this is a little
21 more difficult to see than I would like, but the
22 point here is that we have taken a very
23 (indiscernible) approach to this intervention to try
24 to optimize the impact of social norm and
25 (indiscernible) intervention. And what you see is

1 (indiscernible) evaluation studies on a social norms
2 variable with revisions in between we'd be able to
3 consistently increase the effect of (indiscernible)
4 on social norms. And I know you can't see the exact
5 size levels here but we're (indiscernible) levels
6 and have now been matched (indiscernible) research.
7 We've done the exact same thing with a -- with a
8 grant at the high school level that we received
9 trying to increase concussion reporting among
10 student athletes when they've had concussive
11 symptoms or they experience concussive event, and we
12 see the same trend in terms of an incremental
13 improvement on social norms at a very powerful
14 level.
15 So let's get to the systems based approach. Of
16 all the best practices for (indiscernible) taking a
17 comprehensive approach is what I want to focus on.
18 And maybe you've probably seen different versions of
19 this model, (indiscernible) model. It's not news to
20 you. It's critical in terms of how we think about
21 the primary population (indiscernible). What I like
22 to say is if you really want to have an impact on a
23 culture you have to have a systems level approach.
24 If you take a systems level approach you start to
25 create a culture that can support prevention related

1 initiatives, programs and policies. You can take
2 the best well thought out policy, the best study
3 intervention and place it into a toxic environment,
4 toxic culture, and it will not be successful. You
5 will not be able to replicate that success.
6 So you guys can see this, this is just to
7 reiterate the comprehensive approach, and then we've
8 got (indiscernible). Okay. Real quickly, this is
9 kind of a fun graphic, (indiscernible) Greek
10 mythology character. The point is if we address
11 these social (indiscernible) it becomes easier to
12 (indiscernible). And then my slides will be
13 available but I really want you to (indiscernible).
14 Thank you.
15 MS. WAGNER:
16 Okay, thank you so much, Dr. Wyrick. And as
17 Dr. Wyrick mentioned, when we get to the Q and A
18 portion, please feel free to tap into his knowledge
19 and in the networking session as well. Between the
20 conversation about what is occurring in the eighteen
21 (18) to twenty-four (24) population and beyond I'd
22 like to invite Eileen Egan-Hineline, representing
23 the American College Health Association, and who
24 leads also a nurse section within that organization,
25 to share with us some insight on what is occurring

1 with this population, what are some strategies that
2 school nurses can employ with their population.
3 Eileen?
4 MS. EILEEN EGAN-HINELINE:
5 Thank you very much. And thank you for
6 inviting us. What I've already learned just in this
7 short time is that it is critical that American
8 College Health partner with the school health.
9 There is a gap that we have placed there that there
10 shouldn't be. There should be a continuum of care
11 that students come from high school being given
12 very, very substantive(indiscernible) healthcare in
13 K through 12, and now they're in college. And how
14 many of you have really heard of the College Health
15 Association? We're about to celebrate our hundredth
16 anniversary, our hundredth year. It started out
17 much like school (indiscernible). But it has
18 advanced so much further. College health
19 incorporates public health, as well as primary care,
20 mental health, and health education(indiscernible).
21 It's geared towards making sure that our colleges
22 and universities are supporting our students to
23 remove health related barriers to their academic
24 successes. American College Health is advocated to
25 move beyond the diagnosis and treatment of illnesses

1 to the (indiscernible) towards optimizing human
2 function. The reality is is that right now our
3 colleges and universities are having an increase in
4 enrollment. Approximately one-half of all eighteen
5 (18) and nineteen (19) year old students are
6 entering institutions of higher education. A
7 significant amount of those students are identified
8 as racial and minority, low income first generation
9 students (indiscernible). They have health
10 challenges that they have been experiencing the time
11 that they were in elementary school, part of it is
12 prevention, access to care, and when students go to
13 a university outside of their home state what a lot
14 of them don't realize is that that community health
15 plan that they were able to get while they were in
16 K-12 no longer exists and these students are grossly
17 underinsured or non-insured. So therefore, their
18 health (indiscernible).
19 The other issue that we have to acknowledge is
20 that the number one public health issue on college
21 campuses is mental health. That is the greatest
22 epidemic that universities have been facing. Right
23 now 63 percent of college students identify with a
24 significant mental health challenge. That
25 translates to 7 million students nationwide who have

1 mental health issues, and many of them in the LGBTQ
2 and the racially diverse communities are totally
3 unaware of resources that are available to them.
4 The options for college students are vast. We
5 have options like Telehealth, we have mental health
6 counseling on campus. It's not enough. We have
7 primary care, it's not enough. Our goal in college
8 health (indiscernible) is (indiscernible) ability to
9 remove health related barriers to our students'
10 academic success, but we need to look much further
11 than that. We need to develop and remove health
12 related barriers so that students will begin to live
13 a healthy life long after they leave the university
14 (indiscernible).
15 One thing that I advocate is that we think
16 about trying to develop a partnership where students
17 do not have to carry a burden when they go into the
18 university, that they are better prepared for higher
19 education so that the attention of the students are
20 greater. We can do that between college health
21 college health and school health. It can be done
22 and it will be done.
23 MS. WAGNER:
24 Thank you, Eileen. And I'd like to add ACHA,
25 many of the stats that Eileen mentioned in her

1 presentation you can find on their website. They
2 have one of the largest databases on the eighteen
3 (18) to twenty-four (24) collegiate health status of
4 students that not only do college campuses use but
5 also other (indiscernible) organizations such as the
6 NCA (indiscernible) how we approach healthcare with
7 our population. So thank you so much, Eileen.
8 Continuing on with the conversation of big
9 public health issues, we've been hearing about it
10 since the beginning of today's program, behavioral
11 health and how it's impacting our youth and emerging
12 adults and pretty much everyone in the general
13 population, and how are school nurses
14 (indiscernible) help provide support for our
15 students and our youth. And I'd like to turn it
16 over to Adrienne Kennedy, mental health advocate,
17 and also representing the National Alliance on
18 Mental Illness. I'm so thrilled to have her here
19 just to share some strategies and some insight on
20 the mental health of America.
21 MS. ADRIENNE KENNEDY:
22 Thank you. I really appreciate being here,
23 it's one of those things where I want to say I got
24 here as fast as I could, but you know, we want to be
25 partners, we need the kind of partnership that this

1 engaged community allows for (indiscernible) because
2 it's so important, so critical. What we know is the
3 mental health situations that we're seeing in our
4 homes and schools and our communities has got to be
5 addressed as early as possible and as often as
6 possible, and in all vectors of our society we've
7 got to have information flowing through health
8 educators, through educators in the schools, and
9 everyone (indiscernible) people can understand where
10 we are and where we need to go. It's not going to
11 get better unless we all get onboard (indiscernible)
12 and (indiscernible).
13 Let me tell you a little bit about how it is
14 such a passion for me. First of all, I started out
15 as a teacher in elementary schools in California.
16 (Indiscernible). And what was shocking to me was
17 when I first heard an (indiscernible) say
18 universally that four out of ten children, four
19 girls out of ten, will be sexually abused before
20 their teenage years. And when I heard that one out
21 of four girls (indiscernible) sexually abused it
22 suddenly sent a (indiscernible) on my whole teaching
23 profession. I knew that the school nurse and the
24 counselor were going to have to be my best friends
25 to really spot and get the best (indiscernible).

1 (indiscernible) now to a very important sense of
2 (indiscernible) access to a different
3 (indiscernible) mental illness. We know for
4 instance, first episode psychosis is one of the most
5 profound experiences that anybody anywhere can have,
6 and any individual can have. We also know that the
7 days between their first bout of psychosis and its
8 treatment actually is predictive of what the long-
9 term (indiscernible) will be. It's very, very
10 important. So (indiscernible) FEP, or first episode
11 psychosis, and all the work that has been done, Dr.
12 (indiscernible), First episode psychosis doesn't
13 just happen in eighteen (18) and twenty-four (24)
14 year olds and twenty-seven (27) year olds, which is
15 the highest (indiscernible) as well. We have people
16 in our (indiscernible) who (indiscernible) who
17 remember their first psychosis at five (5) and six
18 (6) years old. And also, by the way, suicidality
19 (indiscernible) is not limited just to thirteen (13)
20 to twenty-four (24) year olds (indiscernible) it
21 also happens earlier (indiscernible). And I think
22 we (indiscernible). And thank you for the head nod.
23 MS. WAGNER:
24 (Unintelligible).
25 MS. KENNEDY:

1 Okay. God bless you. And just so you know, I
2 want to tell you how important your work is in the
3 health education, or -- (Several unintelligible
4 sentences) you have to get early information
5 flowing, so we understand that it's (indiscernible)
6 that when parents say (indiscernible) or a teacher
7 will say well it's just this or it's just that, and
8 it's not just, maybe it's something else. And we
9 just want to be observers (indiscernible)
10 (indiscernible). This can impact a child's
11 trajectory, as we've said (indiscernible) in the
12 other presentation, (indiscernible) (several
13 unintelligible sentences) If we don't manage our
14 social (indiscernible) we're not going to
15 (indiscernible). (Indiscernible) study that was done
16 in 1998 which is now (indiscernible) . There's also
17 genetics, there are genetic probabilities, we know
18 that. My genes (indiscernible) and now I have five
19 children who also have -- three out of the five
20 experience mental health issues, and I have eleven
21 grandchildren, one of them is only three months old,
22 so (indiscernible). I see an anxiety disorder,
23 anxiety and how do we (indiscernible) and how do we
24 deal with it. It's school (indiscernible) and
25 nursing and the health education (indiscernible).

1 (indiscernible) a lot of (indiscernible) work in
2 this area that is meant to support and come side by
3 side with schools, ((indiscernible) speaker must be
4 moving a lot)). (Indiscernible) and she
5 (indiscernible) when she first (indiscernible) she
6 said (indiscernible) issues (indiscernible) training
7 (indiscernible), and she said (indiscernible). So
8 what I want you to know is that (indiscernible) work
9 like (indiscernible) give presentations to high
10 schools and to middle school as well. But we have
11 to also (indiscernible). (Indiscernible) put out a
12 very nice booklet called Starting a Conversation
13 (indiscernible). So those kinds of things
14 (indiscernible) important thing (indiscernible)
15 (indiscernible) early adolescence (indiscernible)
16 forward makes a difference. (Indiscernible)
17 milestones that (indiscernible) for success
18 (indiscernible). By the way, you probably know that
19 for ADHD there's a 12 times higher dropout rate for
20 children who are affected by ADD or ADHD, that can
21 be (indiscernible) interventions (indiscernible),
22 you know, (indiscernible) dropout rates that are so
23 much higher and they're higher (indiscernible)
24 children who are having symptoms and (indiscernible)
25 as you probably already know that 50 percent of all

1 mental illnesses is (indiscernible) symptoms by the
2 age of 14. That means (indiscernible)
3 conscientious. And also, it's college
4 (indiscernible) we know the (indiscernible)
5 (indiscernible) providers. There's (indiscernible),
6 there's (indiscernible), other information as far as
7 this, but we ask you to be part of (indiscernible)
8 getting the (indiscernible) pieces together.
9 Thanks.
10 MS. WAGNER:
11 Thank you so much, Adrienne for providing that
12 insight. And we're talking about prevention
13 strategies and (indiscernible) communities.
14 (indiscernible) that we didn't talk about how can
15 school nurses approach this from a policy approach.
16 And so, it is my pleasure to introduce our last
17 panelist, Dr. Lisa Campbell representing the
18 American Public Health Association and chair of the
19 Public Health Nursing section who's going to give us
20 some examples of how school nurses can provide
21 (indiscernible) policies for some of these issues
22 that we've been talking about.
23 DR. LISA CAMPBELL:
24 Thank you, Jessica. It's such a pleasure to be
25 with everybody here this afternoon. I have a deep

1 respect and appreciation for school nurses. My
2 mother was a school nurse, she's now retired, and
3 our daughter is a camp nurse for (indiscernible)
4 school program for fifth and sixth graders and
5 (indiscernible) in her office (indiscernible). It's
6 pretty awesome. So I really believe school nurses
7 are the anchor for (indiscernible), they're
8 dependent, and they're an important resource for
9 children, their families, the staff, and the
10 communities. As you know today school nurses are
11 faced with complex issues that are (indiscernible)
12 addressed that many of our panelists have already
13 addressed here, so I really don't need to list
14 those. But as such, school nurses are really the
15 safety nets for our children. Interventions
16 (indiscernible) and health equity are more
17 (indiscernible) approach are necessary
18 (indiscernible) school nurses abilities to address
19 social determinates (indiscernible) and impact the
20 population (indiscernible) ultimately.
21 I'm going to share an example with you today
22 that demonstrates how I believe school nurses could
23 work more (indiscernible) together. Social
24 determinates have (indiscernible) social means
25 (indiscernible) population (indiscernible). The

1 case example centers around environmental triggers
2 of asthma which we know is the primary chronic
3 illness for children and the primary reason for
4 absenteeism in schools. So let me tell you about
5 Laura. Laura is a school nurse at (indiscernible),
6 an elementary school with 87 percent minority
7 enrollment. Located in a Zip code where a majority
8 of the children live in Section 8 housing and
9 actually some of the children live in a house with
10 (indiscernible). When Laura manages a child with
11 asthma by administering rescue medications she is
12 working at the individual level (indiscernible), and
13 if Laura takes a step forward and refers the child
14 to social programs for services to address unmet
15 social needs like food and security,
16 (indiscernible), medication assistance for a HEPA
17 approved air filter, in making the referral Laura is
18 still working at the individual level, however,
19 she's now removed this string. (Indiscernible).
20 Addressing social needs are an important short-term
21 solution but are not sufficient to impact the entire
22 population, because they don't address the
23 structural barriers that affect social determinates
24 (indiscernible). However, if Laura now shifts her
25 focus to programs and policies instead of

1 (indiscernible) and procedures I can't take credit
2 for that, that's (indiscernible), that address
3 social determinates of (indiscernible) where we
4 live, where we're born, where we live, where we grow
5 and work and play, her work now is upstream. As an
6 example, Laura calculates the high prevalence of
7 asthma (indiscernible) and collaborates with
8 stakeholders that includes (indiscernible), staff,
9 community partners, and the health department to
10 improve school air quality. The stakeholders review
11 contributing factors of poor air quality such as
12 unnecessary school (indiscernible). We know that
13 diesel exhaust is identified as a carcinogenic to
14 humans and contains a significant amount of
15 (indiscernible). These particular (indiscernible)
16 lodge deep into the lungs and they can trigger
17 asthma attacks. After a series of meetings the
18 stakeholder group decides to focus on eliminating
19 unnecessary idling time of school bus operations.
20 Now (indiscernible) think we know where I'm going
21 with this. And presented a policy proposal to the
22 school board for approval. The policy is a
23 prevention strategy to reduce the risk of exposure
24 not only to the children in the school but benefits
25 the entire population, thus improving the health of

1 the community. Laura and her colleagues decide to
2 maintain the momentum with the stakeholder group and
3 explore innovative ways to further reduce school bus
4 emissions. The stakeholder group analyzes the
5 Volkswagen settlement money and they discover that
6 their state was one of the five lower states, lower
7 southern states, that has to prioritize the bus
8 replacement switching from diesel to electric, and
9 combined the proposal to include the newly released
10 EPA's grant to reduce diesel emissions in school
11 buses. The group presents the new proposal to the
12 school board and (indiscernible) grants from the VW
13 settlement money and the EPA to convert the entire
14 bus fleet from diesel to electric, thus improving
15 the school air quality. Laura and her colleagues
16 with the support of the stakeholders and the
17 approval of the principal now implement an upstream
18 health promotion program, the EPA's Air Quality Flag
19 Program. Many of you may know about this. The Flag
20 Program is managed in the school and sustained by
21 the science teachers and the students. The program
22 (indiscernible) children, families, school staff,
23 and the community to the local air quality forecast
24 and empowers them to change social behavior by
25 taking action to protect their own health and limit

1 outdoor physical activities. Each school raises --
2 (indiscernible). Well, here's the bottom line of
3 the whole thing: It's going to take policies and
4 programs to address the (indiscernible) barriers and
5 social (indiscernible) impact population
6 (indiscernible) and we have to do that
7 collaboratively. (indiscernible) cannot do it in
8 isolation.
9 MS. WAGNER:
10 Thank you so much, Dr. Campbell. We've heard
11 from the panelists, the face of America is changing.
12 The healthcare issues that we are facing as a nation
13 are changing, and we've heard that prevention
14 strategies are at the core of this, and I truly
15 believe that school nurses are a part of the
16 solution. So I'd now like to open up the floor to
17 the audience to (indiscernible) ask the panelists
18 some questions about this.
19 MS. LINDA ROBERT:
20 I was going to say good morning, because
21 (indiscernible). My name is Linda Roberts, I'm a
22 registered nurse from the state of Illinois. I am
23 not (indiscernible), she's the president of our
24 school nurse's association. And what I have heard
25 today are different things, and I apologize for the

1 casualistic (indiscernible) way I say this, but
2 school nurses can do transitioning, collaboration,
3 blah, blah, blah. So -- and again, I'm
4 (indiscernible). In Illinois we have Chicago, and
5 then we have the rest of state, and I
6 (indiscernible) Chicago and that's the way it is.
7 But the biggest issue for us is that we don't have a
8 school nurse in every school, we have extraordinary
9 variants from one side of town to the next. And not
10 having the school nurse, not having the access to
11 school health, not having that, and I believe Linda
12 will really fill in the details, but each district
13 does things differently. While I can see that there
14 are different things that we can be doing but if we
15 don't have that nurse and we only have two schools,
16 I think we're up to four schools now that do the
17 certification of school nurses, in Illinois, if we
18 don't have the work force that has the education,
19 the expertise, and the salaries to keep them in
20 place we can't (indiscernible).
21 MS. LINDA VOLLINGER:
22 I'm Linda Vollinger, I'm representing the
23 Illinois Association of School Nurses. And Ms.
24 Linda had said there's Chicago and there's the rest
25 of the state, and (indiscernible) sector, the north

1 and the south, and up in the northern part of the
2 state we have a pretty robust supply of school
3 nurses and we've just added two more colleges that
4 (indiscernible) school nursing, (indiscernible).
5 Administrators are saying there's (indiscernible)
6 and (indiscernible) some respect. When you look at
7 the southern part of the state there are nurses that
8 are covering an entire county. An entire county.
9 And to me that's (indiscernible) because I
10 (indiscernible) in the northern part of the state
11 and it's harder to listen all these great things and
12 taking notes to bring back to our annual meetings to
13 share with our Board and other members, but what I
14 hear from members who are those in the southern part
15 of the state how do I do this. How can I, you know,
16 how can I do the upstream work when we're still
17 stuck at the individual (indiscernible). We're not
18 (indiscernible) . So that's what makes it difficult
19 and that -- getting that qualified school nurse
20 certification is difficult because there's a
21 financial burden. There are administrators that
22 will tell nurses who want to take that step that
23 they (indiscernible) two years, (indiscernible)
24 schedule that they will be reimbursed for their
25 expertise.

1 Back in 2010 or '11 we (indiscernible)
2 certification in Illinois. Legislators proposed
3 legislation to get rid of speciality certification
4 for school nurses(indiscernible). (Indiscernible).
5 We spent about Sixty Thousand Dollars ($60,000.00)
6 to fight to preserve certification in Illinois only
7 to have a sunset clause put in there, which
8 (indiscernible) that would allow a (indiscernible)
9 to take a course through the State Board of
10 Education that would allow them to do medical review
11 and make recommendations. To basically do what a
12 school nurse was going to do. And all of our
13 training (indiscernible) to do that. And so, and a
14 lot of the nurses have been kind of helping their
15 administrators (indiscernible) certification. So
16 that's the (indiscernible) legislation.
17 MS. KENNEDY:
18 I'd like to point out something, and that is
19 the partnership (indiscernible) has been resounding
20 (indiscernible) many presenters, and (indiscernible)
21 landscape (indiscernible) partnership with non-
22 profits (indiscernible). So as an example, we
23 (indiscernible), not (indiscernible) certification
24 (indiscernible) my Master's degree, I was
25 (indiscernible) PhD in education when my son became

1 seriously ill (indiscernible). But the point is
2 that I now volunteer my time, and so do hundreds of
3 thousands of us across the nonprofit sector.
4 (indiscernible)? I mean we have (indiscernible)
5 provide (indiscernible) in schools for all
6 professional staff as well as (indiscernible) and
7 caregivers. So -- and that's just one of many, you
8 know. Tipper Gore gave (indiscernible) a Hundred
9 Thousand -- a Million Dollars to deliver -- ending
10 the (indiscernible) to rural populations
11 (indiscernible) specialized grants that go out and
12 there's a lot of great philanthropy coming into the
13 medical sector and I want you as nursing
14 professionals and school nurses to recognize that
15 once you start letting them (indiscernible) there
16 may be (indiscernible) collaborate these kinds of
17 philanthropy dollars, as well as corporate
18 sponsorship to deliver some of these things, you
19 know, (indiscernible) needs. Because you should
20 always (indiscernible) top of your expertise
21 (indiscernible) there are ways of enhancing that a
22 hundredfold by the volunteers (indiscernible). Just
23 to remind you of that.
24 MS. EGAN-HINELINE:
25 Don't be discouraged about the (indiscernible)

1 certification. I'm Board certified (indiscernible),
2 (indiscernible) because they took it away from us.
3 Part of it was that they said, well, there's just
4 not enough people that are taking the exam. Well,
5 part of the issue is that college health is a
6 phenomenal career just like school health and the
7 (indiscernible). So in the meantime (indiscernible)
8 to try to get that Board certification back,
9 (indiscernible), and that is one thing that I will
10 not let go of because I am extremely proud that
11 (indiscernible) does show a specialization, so what
12 the American College Health Association did is they
13 created a certification program within the
14 organization to continue to -- that provides
15 continuing education that's very, very specific. If
16 you (indiscernible) health statistics every college
17 health nurse and every college health professional
18 has to be a savvy mental health partner. I may not
19 be a counselor but 25 percent of my practice is
20 mental health (indiscernible). That part is very,
21 very critical, so when they developed a curriculum
22 for this that the school administrator
23 (indiscernible) so within the organization you had
24 actually developed a subset towards that
25 certification for your specialization. And I do

1 feel (indiscernible).
2 MS. WAGNER:
3 We have about fie minutes left. We'll get to
4 the next question.
5 MS. KATHY HAGER:
6 My name is Kathy Hager, I'm the immediate past
7 present of Kentucky Nurse's Association, and I think
8 the reason I'm here is (indiscernible) social
9 determinates (indiscernible) five years ago. I am
10 also a family nurse practitioner and teach at
11 university and work one day a week and see college
12 students and I was the first nurse practitioner to
13 (indiscernible). (Indiscernible) I'm a family nurse
14 practitioner and I am seeing psych and I am getting
15 referrals on suicidal ideation and I am no qualified
16 (indiscernible) mental health, nurse practitioner
17 (indiscernible). And I also teach health policy,
18 that's probably (indiscernible). I think we have to
19 mandate everything we're talking about, and if you
20 don't mandate it we're not going to get it because
21 we've seen it in Kentucky (indiscernible) and that's
22 the first thing that's cut. So I think there are
23 two states in the United States who mandate that
24 there's a school nurse in every school every day,
25 all day. I think that's Delaware and Massachusetts.

1 Kentucky has been working for five years
2 (indiscernible) to file a bill, and I also think
3 they're going to have mandate the school nurse
4 (indiscernible) curriculum that is a certification,
5 whatever, because if you are ever going to
6 (indiscernible) mental health (indiscernible). I'm
7 a diabetes educator and I just made a statement the
8 other day that mental health's more important than
9 physical health, and somebody said that's a strange
10 comment for you to say. I said well, if you're
11 mentally ill or commit suicide your diabetes really
12 does not matter. So I would just suggest to all of
13 us, Kentucky started with health and safety, they
14 started off with a safety measure that said they had
15 to have safety people, and we went to them and had
16 the word health added to it. I just think that
17 we're going to have to work at the policy level and
18 then when we do that (indiscernible) educating
19 people. (Indiscernible) care back to a lot of the
20 things that you all were talking about, if we as
21 healthcare professionals did not educate people what
22 (indiscernible)? I think if they knew they would
23 have supported (indiscernible).
24 MS. WINNIFRED QUINN:
25 Hi everyone, I'm Winnifred Quinn with AARP an

1 (indiscernible) Nurses of America. So Adrienne,
2 when you were talking it sparked something, and I
3 don't know if this would work or not, but 43 states
4 have passed something called the Care Act. And so,
5 this is a bill that's championed by the AARP and
6 it's for family caregivers to be listed on
7 (indiscernible)when a patient is admitted to a
8 hospital. So I emailed folks at AARP who basically
9 (indiscernible) asking them if mental hospitals are
10 also noted in any of the state Care Acts because
11 that way when the patient college student is being
12 admitted she or he (indiscernible) to identify a
13 family caregiver.
14 MS. KENNEDY:
15 Thanks (indiscernible). I'm very grateful for
16 that. This is one of the greatest conundrums that
17 we face, and that is thousands and thousands of
18 young people have lost their lives every year and
19 (indiscernible).
20 MR. RICHARD LAMPHIER:
21 My name's Richard Lamphier and I'm the
22 president of the (indiscernible). And we're talking
23 about partnerships adverse childhood experiences.
24 One of the things that we've started in Georgia is
25 partnering with the Sheriff's Office so

1 (indiscernible) I would go to the house and arrest
2 someone who (indiscernible) school nurse
3 (indiscernible) child in the school and
4 (indiscernible) can't make this out(indiscernible).
5 MS. ADRIENNE KENNEDY:
6 (Unintelligible).
7 MS. POLANSKY:
8 I'd like to make one quick comment. I just saw
9 (indiscernible) and (indiscernible) it was
10 (indiscernible) January 2016 (indiscernible)
11 (indiscernible) and it is actually (indiscernible).
12 And (indiscernible) next ten years -- the first ten
13 years was really research and the research coming
14 out, and (indiscernible). But it's one of those
15 unsung heros and I suggest (indiscernible) to get a
16 hold of it and see it, it's called Resilience, The
17 Biology of Stress and the Science of Both. It
18 absolutely addresses all of the (indiscernible)
19 social determinates in terms of (indiscernible) and
20 also in terms of the hopefulness that once we start
21 addressing the (indiscernible) reduce the impact
22 over our life span (indiscernible). How many of you
23 have ever heard of (indiscernible) already?
24 UNKNOWN SPEAKER:
25 (Unintelligible).

1 MS. POLANSKY:
2 Thank you.
3 MS. WAGNER:
4 Well, thank you for being our panelists,
5 (indiscernible).
6 MS. POLANSKY:
7 Thank you so much. I will now turn it over to
8 Mary Sue and (indiscernible). Thank you.
9 MS. MARY SUE GORSKI:
10 (Indiscernible) handing over the mic, you know
11 before I did the handoff. And there's more to one
12 reason to do a handoff. Your story, Jessica's
13 (indiscernible) is one of the coolest
14 (indiscernible) ever. Helping in the industry
15 itself understand the value of our nurses. So
16 (indiscernible) I want you to tell (indiscernible)
17 job. I'd repeat her story but she should tell
18 (indiscernible).
19 MS. WAGNER:
20 Thank you for that. And that's one of the
21 major questions I always get asked when I say, "Hi,
22 I'm Jessica Wagner and I'm a nurse with the NCA,"
23 they go, "Great, do you take blood pressures?" It's
24 a lot more than that, so I actually found a job in
25 my inbox and it was from Indeed.com and it showed

1 that the NCA was hiring (indiscernible) prevention
2 (indiscernible). I clicked and I said oh, what's
3 that, and they do that? So there's (indiscernible)
4 the position itself was just having someone with a
5 public health background and with healthcare
6 knowledge to address the different needs of student
7 athletes. (Indiscernible) mental health,
8 (indiscernible) and substance abuse, sleep,
9 nutrition, mental health, and other duties as
10 assigned. So I, you know, summoned up the courage
11 and applied. Long story short, they called me in
12 and I had an all day interview and then after that I
13 got a call back and I am now a (indiscernible) first
14 Registered Nurse at the NCA working under the First
15 Chief Medical Officer at the Sports Science
16 Institute, and every day when people ask me how did
17 I get this job and what do I do I tell them nurses
18 can do anything and we can be anywhere. It's like
19 (indiscernible).
20 MS. POLANSKY:
21 I think there's a lesson in here when we first
22 decided to do this meeting, and I mentioned to Sue I
23 wanted to bring these young people into this for
24 exactly that story that you just heard. And for
25 what Dr. Wong said and any of these speakers said

1 about (indiscernible). They are creating the world
2 those of us who are getting older (indiscernible).
3 I'm, you know, I have these five kids, now they have
4 kids, I have these grandchildren, I have a daughter
5 who's -- a granddaughter who's in nursing school,
6 and that's more shocking than how old I am
7 (indiscernible). My oldest son just came back from
8 celebrating his 25th wedding anniversary and I'm
9 like what? How is that happening? But you know,
10 I'm sitting here as remembering back to nursing
11 school to now and listening to the expertise from
12 this room I'm just absolutely blown away. Because
13 our country's future has really always been with
14 young people. Always been with young people. And
15 all of us remember our school nurse. I bet you
16 every person in this room (indiscernible). Most
17 people remember their school nurse. Remember going
18 there, remember the swing or whatever happened. But
19 now this (indiscernible) issues are fundamental to
20 really the survival of our country, of humanity, of
21 families, of everything we know that we're really
22 (indiscernible). So it was just an amazing, amazing
23 afternoon. Let me ask for a couple of brave people.
24 I don't want to pick on a table. Somebody. What
25 was the most stunning thing you heard? You

1 personally?
2 MS. GORSKI:
3 I might be the first one to say this
4 (indiscernible), but I will tell you what I've
5 learned about school nursing. I've always known
6 about school nursing, (indiscernible)
7 UNIDENTIFIED SPEAKER:
8 Do you mind speaking into the microphone
9 please?
10 MS. GORSKI:
11 So again, learned a lot about school nursing
12 today, but really what impressed me just right off,
13 and I'm looking forward to tomorrow also, is the
14 idea that there's two very complex systems
15 intersecting here, education and healthcare. I mean
16 I can't even think of two more complex systems. And
17 you-all are navigating those, both the nurses
18 (indiscernible). But the school children are funded
19 by a different (indiscernible) . So that's one
20 thing. The other is the impact and outcomes on
21 health in academics. That was really so
22 (indiscernible) illustrated you-all know that it
23 really hit me, health affects academics, academics
24 affects health. Education affects health. So thank
25 you for those (indiscernible).

1 MS. ALEXIS CHAVEZ:
2 So I think one of the things I noticed today
3 was not just the nature of the interconnectedness of
4 all the topics, but truly the interdependence of
5 them and how change to any one area requires change
6 in many areas, and thus it's going to require
7 something like this where we bring together the goal
8 from many different areas of the country working in
9 many different ways to understand how we can move it
10 all together (indiscernible).
11 MS. POLANSKY:
12 All the mics are on at all the tables.
13 DR. CAMPBELL:
14 (Indiscernible) so I want to thank you for
15 saying that. I really also believe that we're going
16 to have to redesign our funding portfolio. And what
17 I mean by that is we are disproportionately funding
18 medical care for our colleagues and we're not
19 funding public health in schools and we see this
20 huge disparity that we have got to really rethink
21 that, we have to rethink our infrastructure, we have
22 to innovate the way we do things. What I heard
23 today that really struck me was this whole notion of
24 FERPA, HIPAA, you know, who's on first, who's on
25 second, and there's -- it's (indiscernible) and

1 we've got to really look at policy change to really
2 impact the health of our children that are critical
3 for the health, for the future of our nation.
4 MS. MAUGHAN:
5 Just to add to that, what's sort of going
6 through my mind is with this interprofessionalism
7 (indiscernible), but it's we, you know, in education
8 (indiscernible) really interprofessionalism
9 (indiscernible) impact. But it's really focused on
10 a hospital system and I just keep thinking here as
11 we're talking interprofessionalism, that is a skill,
12 a coalition building (indiscernible) and it's a
13 different type of (indiscernible). It's not really
14 taught in nursing, it probably isn't taught, I don't
15 know, maybe it is or it isn't in education, and all
16 our other (indiscernible) and how do we
17 (indiscernible) when we're navigating something so
18 complex and so policy driven when that's not really
19 our background and our expertise. How do we bring
20 that (indiscernible) ourselves so that we can
21 continue so that we can fix the problem as we move
22 forward?
23 MS. EVA STONE:
24 And if I can just add to that a little bit, you
25 know we've talked about these different systems and

1 we've talked a lot about education not realizing
2 what nursing does. And I think a lot of the
3 education we need to start doing and targeting are
4 educators. Because education, I think there -- a
5 lot of that interconnectedness needs to go through
6 the education world so they know, you know last year
7 in Kentucky one of our state associations tweeted
8 out thanks to custodians, secretaries, and school
9 nurses for the work they do. And those are very
10 respectful jobs (indiscernible) school nurse is a
11 professional and needs to be recognized with the
12 professional staff, not with the custodian and the
13 secretary. Educators don't know that. And we
14 nursing and other healthcare professionals need to
15 be educated (indiscernible).
16 DR. WYRICK:
17 I just wanted to comment on the remarks you
18 made about partnering with your local Sheriff's
19 Department. The (indiscernible) research team just
20 did a national evaluation of their governmental
21 program. It's a really (indiscernible) doing that,
22 I don't know if most people realize now that
23 (indiscernible) and redefine themselves because of
24 that national infrastructure they have. As a
25 disseminator of that (indiscernible). So they've

1 adopted evidence based, well studied drug prevention
2 programs at the elementary and high school levels.
3 And so, what we are now doing an evaluation of is
4 can the DARE officer effectively (indiscernible)
5 programs (indiscernible) outcomes that those
6 programs have previously demonstrated. And so, in
7 the work that we're doing the DARE officers are
8 required to complete 80 hours of prevention training
9 (indiscernible) classroom teaching(indiscernible).
10 And so, I would just encourage all of you to look
11 for relationships that are both in school and
12 (indiscernible) DARE officer (indiscernible)
13 reevaluation (indiscernible). So I was glad to hear
14 you were working with the Sheriff's Department,
15 albeit in a very different way.
16 MS. WAGNER:
17 I was the most encouraged today hearing the
18 conversation about addressing and supporting our
19 most disadvantaged youth. So some person story
20 (indiscernible) earlier, I was born to high school
21 parents and I've been through every system that we
22 mentioned here. I grew up on WIC, Medicaid,
23 (indiscernible), you name it, and I wouldn't be
24 where I am today if it wasn't for school nurses
25 supporting my health so that I could be academically

1 well. So thank you for addressing and having a
2 focus on it.
3 MS. GORSKI:
4 I just want to throw something out at you in
5 that (indiscernible) next (indiscernible). To
6 consider that in school health nursing you've had to
7 push through these barriers already, even to make it
8 work the way it does now you had to work to get
9 strong (indiscernible) partnerships with your
10 community. And I would think as we're all looking
11 toward population health, (indiscernible) health and
12 incorporating it in social determinates in health
13 and what we would we do in terms of the whole
14 healthcare system you may be a little further down
15 the line than we think you are just in terms of what
16 I'm hearing. You've been dealing with those
17 barriers all along (indiscernible) resolve the
18 issues.
19 MS. EGAN-HINELINE:
20 Two things. (Indiscernible) about partnership
21 with parents, and one of the things (indiscernible)
22 is that first off, school health does not end until
23 an individual has completed their education. And I
24 might be fifty-three (53) years old, however, if
25 they are facing certain challenges and certain

1 stressors when an individual is going to an
2 institute of higher education and they're trying to
3 (indiscernible) as well as their education. So
4 there needs to be, as I said, there needs to be a
5 partnership that exists but where people talk about
6 the partnership and the concern about parents not
7 being (indiscernible). I just want to point
8 (indiscernible) college health a lot of students
9 come to the health facilities primarily because they
10 are dealing with issues at home that exist that once
11 they are in a college or university they are in a
12 safe environment and they are able to express what
13 is going on. So we have to respect a college
14 student, although they are young, and although they
15 do act like kids 99 percent of the time. But there
16 are times that we don't want to (indiscernible)
17 parents in our situation, in a college situation. I
18 understand it in K-12, but once they're in
19 university there has to be a sense of protection.
20 MS. KENNEDY:
21 As you probably know, this may seem like a real
22 outlier, but I think the comment about the Sheriff's
23 Department (indiscernible) Texas State Commission,
24 Texas Judicial Commission on Mental Health, and what
25 I want you to know is maybe you've (indiscernible)

1 which is how you (indiscernible) jail and prison
2 system and (indiscernible) public health
3 (indiscernible). But in fact the justice systems
4 across the United States have now
5 adopted(indiscernible) mental health. And
6 particularly here as one of their primary focuses
7 (indiscernible) and the idea here is everything
8 sweeps back through healthcare and the more we talk
9 about integrated healthcare the more that really,
10 you know, puts our (indiscernible) around each other
11 so that the partnerships (indiscernible) I do
12 believe that if you will look at, you know, go to
13 see where your justice system in your state is
14 (indiscernible) intervention, early healthcare,
15 integrated healthcare, and mental healthcare for
16 young people, and integrated healthcare, you
17 (indiscernible) ways of getting support and
18 encouragement because they recognize that healthcare
19 is going to get more expensive and more downstream
20 (indiscernible) and it's more effective, and like I
21 said, (indiscernible) upstream (indiscernible).
22 MS. POLANSKY:
23 Okay. What a great day. Tomorrow morning
24 (indiscernible) -- tomorrow morning there's going to
25 be breakfast in the Fleur-de-Lis room, which is on

1 this floor, full breakfast for you so please come
2 down between 8:00 and 9:00, that's a great time for
3 you-all to talk to the speakers and interact, as
4 well as tonight upstairs in our reception. All of
5 the panelists are going to be with us up there and
6 that's a good time to follow up with them.
7 So we're going to start promptly at 9:00 in the
8 morning, but 8:00 for breakfast. Same room after
9 you've had breakfast (indiscernible). Okay? And
10 now on the 11th floor (indiscernible) says actually
11 the Grand Chapel, it says Grand Chapel, 11th Floor
12 right on the elevator button. So just press that
13 and we'll have a lovely reception up there, free
14 drink. (Indiscernible) We'll see you all upstairs,
15 get a little refreshment and interact
16 (indiscernible). Thank you.
17 MEETING CONCLUDED AT 6:00 P.M.
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1 R E P O R T E R ' S P A G E
2
3 I, BRITTANY MOORE, Certified Court Reporter, in
4 and for the State of Louisiana, the officer, as
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3 I, BRITTANY MOORE, Certified Court Reporter, do
4 hereby that on the 2nd day of October, 2019,
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6 typewritten matter constitute a true and correct
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9 numbered cause.
10 I further certify that I am not related to
11 counsel for any party, or any other interested party
12 in the cause.
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14
15 This 18th day of November, 2019, Albany,
16 Louisiana.
17
18
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20
21
22 BRITTANY MOORE, CCR
23
24
25

A

A-Team 13:20
AARP 1:1 2:10 13:7,7 99:25 100:5,8
abilities 88:18
ability 68:3 81:8 115:8
able 8:19,22 32:22 57:4 77:2 78:5 80:15 111:12
above-entitled 115:8
absence 63:12
absent 56:20
absenteeism 9:6 52:6 53:15,16 54:7 55:5,6 89:4
absolutely 101:18 104:12
abuse 75:9 76:4 103:8
abused 83:19,21
AC 3:16
AC's 4:14
ACA 10:7
academic 53:2 59:4,25 60:5,8 60:12,16,19,23 61:1,5,17 62:3 63:15,16 79:23 81:10
academically 61:13 109:25
academics 53:7 61:7 105:21,23 105:23
Academy 10:15 10:18 14:5,21 15:15 16:4
accent 3:12
access 9:16 24:9 24:11,22 27:24 31:5,14,16 39:20,25 42:5 42:25 44:1 49:8 50:1 58:10 64:14,16 65:2 70:2 80:12 84:2 93:10
accessed 30:8
accomplishing 68:4
accountability 37:3
accountable 53:6
accounting 27:22
ACHA 81:24
achievement 59:25
achievements 60:5
acknowledge 80:19
ACs 4:25
act 10:25 52:15,24 52:24 100:4 111:15
action 9:15 11:7 12:13,20 13:10 57:9,10 91:25
actions 48:3
activities 92:1
Acts 100:10
actual 16:12
acute 41:7
add 59:13 66:18 81:24 86:20 107:5,24
added 30:20 94:3 99:16
addicted 17:12
addition 16:8 34:25 66:19 75:14
Additionally 30:18
address 18:5 44:24 65:1 78:10 88:18 89:14,22 90:2 92:4 103:6
addressed 39:18 41:11 83:5 88:12,13
addresses 101:18
addressing 32:14 39:23 46:21 89:20 101:21 109:18 110:1
ADHD 20:25 86:19,20
administering 89:11
administration 68:1
administrator 49:10 55:17 97:22
administrators 55:12 71:11 94:5,21 95:15
admitted 100:7,12
ado 11:21
adolescence 86:15
adopted 109:1
adopted(indisce... 112:5
Adrienne 82:16 82:21 87:11 100:1 101:5
adults 82:12
advance 32:3 48:12
advanced 79:18
advantage 9:22 10:7,9,12
adverse 100:23
adversity 40:15
advisor 14:4
advocacy 35:4
advocate 40:5 81:15 82:16
advocated 79:24
advocates 37:2
advocating 10:19 36:16
affect 17:11 89:23
affiliated 22:23
affiliation 14:3
afford 8:19 13:1 20:8
aforesaid 115:5
African-Americ... 19:23
afternoon 16:20 87:25 104:23
age 44:3 59:13,15 59:19 87:2
ages 58:15
aggregates 50:18
ago 1:22 3:8,18 4:24 10:7 17:7 18:7 54:2 98:9
agreement 27:20
ahead 42:9 62:4 62:16
air 89:17 90:10,11 91:15,18,23
Alabama 26:3,7 31:13 37:9,11 37:23 38:18 39:14 40:4,14
Alaska 31:9
Albany 115:15
albeit 109:15
alcohol 75:9
ALEXIS 106:1
align 53:25
alliance 16:11 17:8,19 19:18 82:17
allow 23:2 95:8,10
allowing 57:25
allows 31:1 83:1
alluded 68:10
alongside 63:11
alphabetically 4:17
alternative 41:22 42:1,2
amazed 8:25
amazing 5:16 9:7 9:14 48:8 104:22,22
Amazon 5:21
ambassadors 5:5
America 1:2,9 6:2 6:23,25 7:3 11:16 13:12 82:20 92:11 100:1
America's 51:18
American 10:18 11:12 58:21,24 59:15 78:23 79:7,24 87:18 97:12
amount 15:2 24:8 28:6 80:7 90:14
analysis 69:13
analyzes 91:4
anchor 88:7
and/or 56:21 114:6,11,16
Andrea 5:13 6:20 12:10 72:3,11
Anna 3:7
anniversary 79:16 104:8
annual 71:3 94:12
answer 11:10
answers 34:2
anticipate 27:23
anxiety 85:22,23
anybody 5:12 84:5
anymore 22:21
anyway 5:13
apart 45:19
apologize 39:13 92:25
app 19:17
appealing 73:25
applaud 40:2
applications 72:15
applied 49:4 73:21 103:11
apply 73:23
appreciate 41:9 82:22
appreciation 88:1
approach 44:20 62:6 74:13,15 74:15 76:15,23 77:15,17,23,24 78:7 82:6 87:15 87:15 88:17
approval 90:22 91:17
approved 89:17
approximately 24:10 58:7 80:4
area 40:17 54:4 66:11 86:2 106:5
areas 44:25 50:8 106:6,8
Arkansas 25:7
arrest 101:1
arrived 48:12
article 43:22 74:6 114:6
asked 17:15 102:21
asking 10:22

100:9
aspects 22:1
assess 8:1
assessments 10:8
assigned 103:10
assistance 20:3 44:2,2 59:8 89:16
assistants 33:5
associate(indisc... 18:19
associated 20:2 34:23 35:5,8 59:3
association 11:11 11:12 18:13,19 41:1 43:1,9 44:7 58:22,24 67:13 71:1 78:23 79:15 87:18 92:24 93:23 97:12 98:7
associations 108:7
assume 51:10
asthma 20:25 89:2 89:11 90:7,17
astute 42:2
Athlete 73:3
athlete's 72:15
athletes 73:7,18 77:10 103:7
athletics 74:4,7,19
attacks 90:17
attend 58:6
attendance 8:4 52:12 53:24 54:4,11,13,20 55:15 56:1,16 56:19 57:2
ATTENDEES 6:6
attending 42:24
attention 81:19
audience 73:25 92:17
auditorium 16:25
available 33:7 78:13 81:3
average 21:11 59:3
avoid 74:18
awesome 88:6

B

baby 65:16
back 3:11 4:1,10 6:13 7:5 8:5,21 8:23 18:8 20:24 22:9 38:17 41:8 43:14 48:20 52:20 59:15 65:15 66:16 68:23 94:12 95:1 97:8 99:19 103:13 104:7,10 112:8
backdrop 30:9
background 13:21 65:12 73:14,15 103:5 107:19
backpack 20:9
backs 38:7
backwards 46:8
bad 8:4
balance 1:12
ball 2:12
bane 29:25
Barbara 3:3
Barbara's 2:24
barrier 8:23,23 68:4
barriers 65:1 79:23 81:9,12 89:23 92:4 110:7,17
based 4:20 7:3 9:11 10:3 16:11 17:8,14,19,24 18:13,14,15,20 18:23 19:16,17 19:20,25 20:1 20:10 22:4,12 22:15,22 23:3,4 23:5,7,19 24:5,7 24:12,15,21,22 25:10,19,21,25 26:3,11,13,20,22 27:11,12 28:4 28:23 29:10,19 29:25 30:6,16 30:22,24,25 31:21 33:1,3,6,9 33:13,15 34:15 34:21 35:1,24 36:20 37:4,10 38:9 39:3,15 41:4,9,17 42:3 42:20 49:22 56:17 59:24 60:5,10 68:15 74:4,21 76:1,6 77:15 109:1
basement 32:10
basic 74:23
basically 20:6 26:25 27:5,22 29:5 60:22 95:11 100:8
basis 52:17 53:10
baton 11:22 16:2
beautiful 2:2
beautifully 48:2
bee 3:10
began 3:17
beginning 3:15 5:20 9:8 63:25 67:14 82:10
begins 71:13
behavior 76:13,13 76:14 91:24
behavioral 31:17 33:10,11 34:5 76:6,6 82:10
behind(indiscer... 61:13
believe 2:11 4:24 12:15 25:7 88:6 88:22 92:15 93:11 106:15 112:12
bell 4:1 52:1,7 70:10
benefit 73:17
benefits 90:24
Benjamin 41:20
besieged 29:11
best 29:6 30:14,14 49:4,5 77:16 78:2,2 83:24,25 115:7
bet 104:15
better 1:1,1 6:24 11:15,15 28:14 43:18 55:19 59:9 81:18 83:11
beyond 23:16 40:4 72:20 78:21 79:25
big 1:7 13:18 19:2 21:9 22:9 28:8 33:12 47:2 54:20 82:8
biggest 93:7
bill 10:24 99:2 100:5
billing 28:20,25 30:11
bio 16:6,7
Biology 101:17
bios 4:3,7
bit 24:5 25:24 27:8 29:23 31:12 43:5 45:3 48:10 57:4 72:22 83:13 107:24
blah 93:3,3,3
blame 35:17
bless 85:1
blessing 3:7
block 21:20 66:25
blood 102:23
blown 104:12
board 16:10 17:24 90:22 91:12 94:13 95:9 97:1 97:8
boils 32:25
bonus 9:24 30:20
book 47:16
booklet 86:12
boots 63:19
born 90:4 109:20
boss 18:7
Boston 3:12
bottom 46:14 92:2
bout 84:7
box 6:10
Brand 74:2
brave 104:23
breakfast 10:2 112:25 113:1,8 113:9
breakthrough 5:1 5:2
bring 7:7 11:1 15:22 36:18 39:4 94:12 103:23 106:7 107:19
bringing 16:22
brings 23:12 44:17,20
BRITTANY 114:3,20 115:3 115:22
broad 74:9
build 48:11
building 10:21 32:21 49:13 68:20 71:10,10 107:12
buildings 11:1 52:17
built 1:21
bullying 21:6 53:12
burden 81:17 94:21
bus 90:19 91:3,7 91:14
buses 91:11
busy 56:17
button 113:12

C

calculates 90:6
calendar 58:6 62:1
California 26:12 27:16 53:14 67:10 83:15
call 5:1 40:18 103:13
called 5:19 86:12 100:4 101:16 103:11
camera 32:20
camp 88:3
campaign 3:14,17 5:5 13:9,11
Campbell 87:17 87:23 92:10 106:13
campus 22:18 24:15 30:24

31:1,2 81:6
campuses 80:21 82:4
capital 2:1 37:16
carcinogenic 90:13
care 9:20 13:14,16 22:10 28:7,12 28:13 29:13 33:2,9,17 34:5,7 39:25 41:4,7,7,9 41:10 42:21 45:1 49:11,17 64:16 65:4 66:22 67:16,21 71:2,3 79:10,19 80:12 81:7 99:19 100:4,10 106:18
cared 23:19 29:3 34:13
career 12:3 97:6
caregiver 100:13
caregivers 96:7 100:6
caries 21:5
caring 20:6 30:4
carried 43:12
carry 81:17
carrying 13:9
case 22:11 89:1
caseload 72:14
cases 25:3,15,20 31:24
cast 8:9
casualistic 93:1
catch 4:7
cause 115:9,12
CCNA 4:3
CCR 114:20 115:22
ceilings 1:23 2:2
celebrate 79:15
celebrating 104:8
census 39:14
center 19:25 22:15 23:6 24:5 24:7,12,13,15,21 24:22 25:5,10 25:14 26:20 27:11,12 28:24 29:11 30:17,24 30:25 31:1 33:11,19 34:14 35:18 44:19 56:17 60:10 68:16
centered 73:20
centers 19:20,21 20:1,11 22:12 22:23 23:5,7,20 25:8,21,22 26:1 26:3,12,13,23 30:1,23 33:2,3,7 33:10,15 39:14 42:20 68:12 89:1
Cents 68:21
CEO 57:13
certain 25:8 30:5 110:25,25
certainly 19:13 30:5
certainties 28:17
certificate 65:10
certification 93:17 94:20 95:2,3,6 95:15,23 97:1,8 97:13,25 99:4 115:1
certified 6:21 97:1 114:3 115:3
certify 115:10
chair 16:12,13 17:22 87:18
chairing 17:24
chairperson 18:2
challenge 36:4 80:24
challenges 22:5 26:17 33:12 80:10 110:25
champion 36:22
championed 100:5
champions 34:25 35:1 36:21 37:2
chandeliers 1:25
Chang 56:2,11
change 9:13 22:8 22:9 36:10 47:11 54:4,8,21 55:12 75:11,25 76:10 91:24 106:5,5 107:1
changed 17:14 19:10,12 20:17 46:18
changes 36:16 114:11
changing 61:9,10 61:11 76:2,3,15 92:11,13
chapel 1:20 113:11,11
character 78:10
CHAVEZ 106:1
Chicago 1:14 93:4 93:6,24
chief 25:1 103:15
child 10:17 21:18 29:17 34:12 52:13,23 59:24 61:2 62:23 89:10,13 101:3
child's 41:11 51:21 85:10
childhood 10:17 21:11,15 100:23
children 7:10,10 7:11 17:11 18:9 19:7,7,10 20:13 21:4 24:9 36:12 36:15,15 38:8 38:17 42:17,23 44:3 48:13,19 51:22 58:14 59:9 62:4,12 64:24 68:6 69:5 83:18 85:19 86:20,24 88:9 88:15 89:3,8,9 90:24 91:22 105:18 107:2
children's 25:4,6,8
CHIP 38:20
choked 6:18
chronic 53:16 54:7 55:5 89:2
Cincinnati 25:5
circumstances 34:21
cities 1:9
city 7:9,21 8:6 20:24 37:16
City's 8:11
Civil 114:5,7
clarify 40:10
classified 55:20
classroom 70:15 109:9
clause 95:7
clear 18:20
Clearly 23:4
clicked 103:2
clients(indiscern... 64:13
climate 36:10
clinic 37:24 56:21 66:3
clinics 18:21 37:10 37:22,24 38:9 39:3,15
clock 40:25
Club 57:13
CMS 71:13
co-chairs 15:16
coaches 5:4
coalition 9:15 12:13,20 13:10 107:12
coalitions 11:7
code 52:11,11 70:1 89:7 114:7
coincidence 21:13
collaborate 96:16
collaborates 90:7
collaboration 57:20 67:25 93:2
collaboratively 92:7
colleague 41:20
colleagues 15:13 52:8 91:1,15 106:18
collect 47:4
collectively 54:6 55:18
college 75:9 78:23 79:8,13,14,18,24 80:20,23 81:4,7 81:20,21 82:4 87:3 97:5,12,16 97:17 98:11 100:11 111:8,11 111:13,17
colleges 79:21 80:3 94:3
collegiate 73:19 76:18 82:3
collided 3:18
colors 6:5,9
Combe 67:11,12
combined 91:9
come 4:22 6:11 7:25 8:21 11:24 27:13 28:9,10 29:22 37:23 38:2,5,5,13 42:10 70:22,23 79:11 86:2 111:9 113:1
comes 29:1 40:19 51:11 65:14
comfortable 32:6
coming 6:12 13:25 15:8 47:24 55:6 55:8,24 56:10 70:11 96:12 101:13
comment 99:10 101:8 108:17 111:22
comments 38:25 39:12,16 42:12 73:20
commission 39:22 111:23,24
commit 59:6 99:11
committee 9:24 10:3 15:14,17 15:22,25 16:4 16:10,12 22:25 55:9
communicate 64:22
communicates 65:7
communities 1:1 9:18 11:5,16 51:17,18 73:6 81:2 83:4 87:13 88:10
community 10:8

10:10 16:14 25:19 29:20 34:18 35:3,6 39:24 40:17 44:23 45:21 46:21 80:14 83:1 90:9 91:1 91:23 110:10
company 30:12
compare 60:8
comparing 60:4
comparison 60:19
compel 61:18 63:3
competition 38:3 38:23
complete 109:8
completed 110:23
complex 28:2 32:25 34:10 88:11 105:14,16 107:18
complexity 28:18 33:23
compliance 64:15
component 25:1 34:5,12
comprehensive 77:17 78:7
compulsory 7:13
computer 30:4
computers 42:11
concept 41:5
concern 111:6
concerned 23:13 75:2
CONCLUDED 113:17
concussion 77:9
concussive 77:10 77:11
condition 51:12
conference 56:2
confidence 47:4
Congress 19:6
congressional 17:9
connected 30:11 35:23 68:15
Connecticut 26:2 26:5
connecting 50:12
connection 10:17
connections 10:5
conscientious 87:3
consent 63:6 67:19
consequence 21:14
consider 24:17 28:5 32:11 33:13 34:13 36:4 57:24 110:6
considered 32:2
considering 30:2
consistently 77:3
constitute 115:6
consult 33:8
consultant 3:20 41:3
consultants 5:18 5:19
consumer 13:3
consumers 13:4
contact 4:17 30:16 58:8
contacts 4:13
contains 90:14
contexts 75:25
continental 31:12
continually 30:3
continue 72:6,8,20 97:14 107:21
continuing 82:8 97:15
continuum 79:10
contractual 27:20
contributing 90:11
conundrums 100:16
conversation 7:2 15:12 43:13,14 64:1 67:14 72:6 72:8 78:20 82:8 86:12 109:18
conversely 61:3
convert 91:13
converts 25:12
coolest 102:13
coordinating 41:8
coordination 28:22 34:6,10 35:19 41:10 45:1
coordinator 8:9 50:25
core 92:14
corporate 96:17
correct 115:6
correlating 59:25
costs 74:20
counsel 115:11
counseling 81:6
counselor 83:24 97:19
counselors 70:17
count 58:12
counties 9:18
counting 2:11
country 5:5 12:13 12:24 13:10,14 13:19 14:15 16:1 18:7 24:11 24:18 68:6 104:20 106:8
country's 104:13
county 9:25 54:7 64:9 94:8,8
couple 2:7,14 3:2 4:21 13:23 19:12 41:22 64:10 104:23
coupled 63:7
courage 103:10
course 95:9
court 114:3,13 115:3
covered 42:19
covering 94:8
CPS 25:17
create 77:25
created 50:17 54:23 55:14,25 97:13
creating 104:1
credit 90:1
creditable 35:14
crimes 59:6
critical 29:21 74:5 77:20 79:7 83:2 97:21 107:2
crucial 71:5,8,13 71:25
culture 3:21 34:16 71:9 77:23,25 78:4
currently 23:11 56:14
curriculum 53:7 97:21 99:4
custodian 108:12
custodians 108:8
cut 70:13 98:22
CVS 37:22
cycle 38:13

D

daily 50:23 53:10
dare 32:5 109:4,7 109:12
darn 9:7
dashes 114:10,14
data 19:18 29:18 43:11 46:10 47:2,5 48:17,18 50:1,7,19 60:6,8 62:13 63:8 65:19 66:4,6,12 66:23 68:4 70:6
data-driven 63:4 63:17
databases 82:2
dates 51:1
daughter 88:3 104:4
David 15:18 73:2 73:11
day 1:3 7:24,24 17:23 19:5 20:9 20:24 55:7,8,20 55:24 56:10 57:5,5 98:11,24 98:25 99:8 103:12,16 112:23 115:4,15
days 11:13 14:3 16:13 26:25 27:3 42:6 50:21 56:12 58:7,7 84:7
DC 4:19
deal 26:4 85:24
dealing 21:6 31:7 110:16 111:10
deals 61:12
debating 15:9
decide 91:1
decided 7:23 8:7 53:16 103:22
decides 90:18
decrease 9:6
deep 43:10 87:25 90:16
define 22:15 30:23 30:25 31:2
defined 27:8 30:23 32:2 114:5
definitely 42:20 61:4
definition 24:7 27:4 74:9
degree 95:24
degrees 45:7
Delaware 98:25
deliver 96:9,18
delivery 26:18
democracy 20:16
demographics 19:11
demography 22:8 22:14
demonstrated 109:6
demonstrates 88:22
denoted 114:18
dental 18:8
dentist 18:11
dentists 33:16
department 7:21 37:9,21 53:23 55:15 64:20 65:15,22 90:9 108:19 109:14 111:23
departments 35:24 38:10
dependent 88:8
depends 40:16
described 32:18 34:22 67:8
details 93:12
determinates 88:19,24 89:23

90:3 98:9 101:19 110:12
develop 18:18 44:13 49:23 81:11,16
developed 44:8 45:13 46:4,9 97:21,24
developing 48:24 74:24
development 31:21 49:18,20 49:21 74:10
diabetes 99:7,11
diagnosis 79:25
dialogue 15:8
Diego 52:3 54:2,7
diesel 90:13 91:8 91:10,14
dieticians 33:18
difference 57:5 70:1 72:1 86:16
different 22:5,7 25:3,25 27:15 27:16 28:17 29:7 34:7,22 35:20 37:4 41:24 52:5 77:18 84:2 92:25 93:14 103:6 105:19 106:8,9 107:13 107:25 109:15
differently 93:13
difficult 22:17 75:24 76:21 94:18,20
dimensions 23:16
ding 3:25
direct 38:3,23
direction 36:17
directly 39:1
director 2:15 16:14,15 43:8 57:13 73:2
disadvantage 34:17
disadvantaged 109:19
discouraged 96:25
discourse 114:10
discover 91:5
discuss 11:3 64:21
discussed 34:4
discussion 34:1 36:2 42:13 64:25
discussions 14:17
disease 7:20 18:9 20:22 21:4
disorder 75:18 85:22
disorders 75:1,23 76:5
disparate 39:25
disparity 106:20
disproportionate 20:14
disproportionat... 20:5 106:17
disseminate 75:4
disseminator 108:25
distinguished 5:14
district 25:5,9,12 27:22 28:1 35:7 35:9 39:8 40:12 50:20 52:3,4,15 52:19,20 53:18 53:21,22,22 54:13,23 56:13 56:14 57:3 64:21 71:23 93:12
districts 9:24 47:10 52:10,22 53:6 54:6,9
dive 43:10
diverse 22:2 81:2
diversity 19:15
divided 4:4
divides 26:14
division 64:2
documentation 32:23 66:5
doing 6:1 55:19 56:18 61:13 93:14 108:3,21 109:3,7
dollar 68:19,22
dollars 38:7 67:22 67:22 68:16,17 68:20,24 69:20 69:23,25 70:13 95:5 96:9,17
door 4:10
downstream 112:19
dozen 30:9
Dr 15:17,18 16:5 16:17 42:11 43:19 56:11 67:14 68:10 73:1,9,11 78:16 78:17 84:11 87:17,23 92:10 103:25 106:13 108:16
drink 113:14
driven 74:17 107:18
drop 22:10
dropout 86:19,22
drug 109:1
due 114:9
duties 103:9

E

E 114:1,1,1
earlier 20:22 84:21 109:20
early 10:16 83:5 85:4 86:15 112:14
easier 78:11
easily 32:19
easy 1:7 24:1 32:18
educate 38:7 99:21
educated 7:14 59:9 108:15
educating 99:18
education 3:20 7:8 7:14,22 10:17 11:10 35:9 37:9 38:9 51:20 52:10,11,16 54:17,18 55:1 58:25 59:1 60:20 63:2,2,5 63:11 64:20 67:22 68:16,25 74:4,9,21 80:6 81:19 85:3,25 93:18 95:10,25 97:15 105:15,24 107:7,15 108:1 108:3,4,6 110:23 111:2,3
education(indisc... 79:20
educational 38:11 74:8
educator 99:7
educators 33:17 53:21 83:8,8 108:4,13
effect 75:12,15 77:3
effected 35:25
effective 30:13 48:21,24 49:7 112:20
effectively 48:19 76:9 109:4
efficacy 35:17
efficient 48:24
effort 4:2 62:24,25
efforts 14:15 18:4 40:2 58:19
Egan-Hineline 78:22 79:4 96:24 110:19
EHR 34:11
eight 4:24 26:4,8 37:11 56:13 58:7 61:25
eighteen 44:4 58:15 78:20 80:4 82:2 84:13
Eighty-nine 20:1
Eileen 78:22 79:3 79:4 81:24,25 82:7
either 2:6 56:21
electric 91:8,14
electricity 38:6
electronic 29:23 29:24 30:6,12 66:2
element 31:10
elementary 23:23 24:3 53:2 80:11 83:15 89:6 109:2
elevator 113:12
eleven 85:20
eligible 20:11
eliminating 90:18
emailed 100:8
embarked 18:11
embrace 32:12
emergency 51:7
emerging 31:16 82:11
emissions 91:4,10
Emmert 74:3
emphasize 74:16
emphasized 41:16
employ 79:2
employed 25:11
employee 55:20
employees 55:17 56:17
employer 25:14
empowers 91:24
encounter 29:11 59:24 60:6
encourage 15:7,8 109:10
encouraged 109:17
encouragement 112:18
energy 12:24
engaged 83:1
English 52:25
enhancing 96:21
enjoy 2:3
enjoying 1:18
enormous 1:17
enrollment 80:4 89:7
entailed 34:20
enter 50:21
entering 65:19 80:6
entire 6:10 89:21 90:25 91:13 94:8,8
entry 18:17
environment 22:4 29:10 58:10 78:3 111:12

environmental 89:1
EPA 91:13
EPA's 91:10,18
epidemic 17:11,17 19:7,9 35:21 80:22
epidemics 35:20
episode 84:4,10 84:12
equipped 9:19
equity 13:17 18:5 88:16
erase 21:25
Erin 43:7,15
Erin's 48:2
Esgen 27:7
especially 7:18 61:8 63:6 73:24
ESSA 53:4
essential 13:16
essentially 27:16 59:23
establish 24:8 31:5
established 25:8
establishing 25:10
estimate 24:24
estimating 47:6
Eva 64:7,8 107:23
evaluate 75:2
evaluation 77:1 108:20 109:3
event 77:11
everybody 11:20 16:20 87:25
everybody's 4:5 5:10
everyday 21:6
everyone's 4:2 32:10
evidence 49:22,23 109:1
evident 33:15
exact 77:4,7
exactly 103:24
exam 97:4
example 26:12 35:23 75:21,25 76:17 88:21 89:1 90:6 95:22
examples 57:8 73:23 87:20
Excellence 57:14
exception 63:8 66:10
excited 6:25 11:20 12:11 72:21
exclamation 15:10
executive 57:12
executives 11:8
exhaust 90:13
exist 111:10
existence 29:25
exists 80:16 111:5
expectations 23:13
expected 75:15
expense 40:7
expensive 112:19
experience 16:24 17:6,14 18:1 77:11 85:20
experienced 22:6
experiences 21:11 21:16 73:5 76:20 84:5 100:23
experiencing 80:10
experiment 8:9,22
experimenting 30:21
expert 26:21
expertise 93:19 94:25 96:20 104:11 107:19
experts 11:9 51:17
explain 46:12
exploited 40:6
explore 91:3
exposure 90:23
express 111:12
expressed 71:6
extension 14:22 26:24 59:17
extraordinary 15:21 93:8
extremely 16:2 28:2,25 97:10
eye 33:17

F

face 92:11 100:17
faced 88:11
facilities 111:9
facing 30:3 35:4 72:20 80:22 92:12 110:25
fact 21:23 22:14 29:15 40:3 56:11,25 112:3
factor 23:9
factors 26:21 62:2 90:11
faith 12:1
fall 2:12 62:5,16
familiar 12:18,20 17:18 23:10 37:15
families 7:11,12 20:8 27:4 44:22 71:11 88:9 91:22 104:21
family 20:20 55:23 98:10,13 100:6,13
fantastic 62:17
far 22:5 23:13,14 23:16 34:22 87:6
farm 7:12
farmer 7:11
fascinating 9:7
fast 13:22 17:6 82:24
faster 62:14
fastest 31:4
father 54:17
favorite 1:9
features 29:22
federal 20:4 34:18 34:24 52:13 63:3 114:5
federally 25:13 34:13
fee 41:18,19,25 42:5
feel 50:2 71:12 78:18 98:1
fellow 2:15
felt 13:4 55:11
FEP 84:10
FERPA 106:24
fie 98:3
fifth 88:4
fifty-five 20:12
fifty-one 23:6
fifty-three 110:24
fight 95:6
figure 11:17 29:8
figures 24:1
file 99:2
fill 42:22 93:12
filled 15:4
film 17:1,1
filter 89:17
financed 68:13
finances 29:22 31:20
financial 20:3 28:19 94:21
financing 26:24 28:2 68:10
find 9:7 10:11 25:15 41:13 60:8,9 82:1
finding 10:5 61:22
fine 54:15
finish 51:16
finished 17:1
first 12:22 13:13 14:9,17 16:23 21:14 42:9 43:5 44:5 47:3 50:10 52:13 56:8 62:7 73:1 80:8 83:14 83:17 84:4,7,10 84:12,17 86:5 98:12,22 101:12 103:13,14,21 105:3 106:24 110:22
fiscal 28:19 29:1
five 14:11 43:25 44:3 49:9 58:15 62:22 63:15 84:17 85:18,19 91:6 98:9 99:1 104:3
fix 107:21
Flag 91:18,19
flattered 12:9
flawlessly 3:6
fleet 91:14
Fleur-de-Lis 112:25
floor 1:20 92:16 113:1,10,11
Florida 36:13
flower 5:15
flowing 83:7 85:5
focus 29:5 47:11 52:24 53:11,15 53:17 71:4 74:24 75:20 77:17 89:25 90:18 110:2
focused 107:9
focuses 112:6
focusing 20:20 53:19 58:19
folder 16:7
Foley 37:21
folks 100:8
follow 5:25 48:2 52:9,12 54:10 56:16,19 113:6
followers 54:5
following 52:14
food 44:1 59:8 89:15
force 93:18
forces 8:8
forecast 91:23
foregoing 115:5
foremost 13:13 47:3 52:13
form 27:21
former 52:20 56:13
forms 27:16
fortunate 15:21
forward 5:8 17:6 32:3 41:13 72:12 86:16 89:13 105:13 107:22
found 43:24 55:25 102:24
foundation 2:9 12:5 13:1,7 14:11,13,19,23 14:23
foundations 25:16

founding 73:2
four 3:2 14:11 17:25 18:10 37:22 49:9 53:19 54:2 56:14 59:12 63:10 83:18,18 83:21 93:16
fragmentation 67:15,20
fragmented 67:16
framework 44:8 44:19 45:13
framing 74:4
frankly 29:3 61:22
free 3:23 20:7,11 38:6 78:18 113:13
friends 83:24
front 2:16,21
FUHC 25:13 28:11 30:11 34:9,16
full 16:7 113:1
fun 6:13,14 78:9
function 57:6 80:2
fund 63:4
fundamental 104:19
fundamentals 73:16,21
funded 67:21 68:16 105:18
funding 26:18,23 27:5,19 38:19 57:4 62:20 69:6 69:9,11,15,15 106:16,17,19
funds 27:13 71:7 71:14
funny 5:13 14:19
further 11:21 79:18 81:10 91:3 110:14 115:10
future 7:4 11:3,4 11:14 12:5,22 14:6,6,7 15:15 41:25 56:7 104:13 107:3

G

G 114:1
game 62:7
gap 42:21,22 69:19 79:9
gathered 29:17
gathering 50:15
geared 79:21
general 22:17 42:22 45:15 57:22 82:12
generally 19:24
generate 28:7
generation 16:3 22:6 32:4 80:8
generational 21:24
generations 19:12 36:18
genes 85:18
genetic 85:17
genetics 85:17
geographic 26:6,9 31:10
Georgia 100:24
getting 20:6 26:16 26:22 64:25 66:14 71:3 72:25 87:8 94:19 98:14 104:2 112:17
ghost 17:3
gift(indiscernible) 36:19
gigantic 31:10
girls 83:19,21
give 86:9 87:19
given 27:14 28:5,6 79:11
gives 24:24
glad 109:13
go 2:20 4:5,8 5:4,8 11:14 14:20 23:16 24:14 27:22 31:20 32:10 40:4 41:7 42:9 46:11 48:20 51:7 73:22 80:12 81:17 83:10 96:11 97:10 101:1 102:23 108:5 112:12
goal 81:7 106:7
God 15:4 85:1
goes 28:23 31:3 40:21 65:15
going 1:20 2:12,12 3:22,23 4:1,4 5:9,17 6:1,3,17 6:18 7:23,25 8:10,15 9:17 11:5,17,24 14:10,22 15:12 17:1 18:3 19:6 21:12 27:13 28:3,7,10,24 29:7,9 31:13,14 31:16 32:3,4,12 33:15,19,21 34:11,14 35:16 38:17 39:14 43:3,5,9 46:4,7 46:14 47:8,11 47:23 48:1 52:1 52:4,21 53:14 53:17 56:20 57:12,17 59:15 69:12 70:25 71:7,17 72:4,7 73:4 74:13,14 74:23 75:21 83:10,24 85:14 87:19 88:21 90:20 92:3,20 95:12 98:20 99:3,5,17 104:17 106:6,15 107:5 111:1,13 112:19,24 113:5 113:7
good 9:5 16:20 23:15 26:25 43:16 62:7 92:20 113:6
Gore 96:8
Gorski 3:13 102:9 105:2,10 110:3
gosh 51:4
govern 38:1,16
governance 35:6
government 20:4 26:17 71:9
governmental 108:20
governments 50:2
grade 56:8,8 59:12
graders 88:4
graduate 59:12,14 59:19
graduates 59:6
graduation 53:2 59:2,4,17
grand 18:12 113:11,11
grandchildren 85:21 104:4
granddaughter 104:5
grant 23:1,1,2 77:8 91:10
grants 91:12 96:11
graphic 78:9
Gras 6:7
grateful 51:23 100:15
gray(indiscerni... 44:16
great 1:8,10 8:3 15:3 16:21,22 19:14 26:4 34:16 35:10 39:12 42:12 53:3 57:8 94:11 96:12 102:23 112:23 113:2
greater 81:20
greatest 80:21 100:16
greatly 61:6
Greek 78:9
green 3:11 6:11
Greensboro 73:4
grew 5:16 22:7 109:22
grossly 80:16
ground 57:9 63:19
groundbreaking 60:18
group 15:7 16:21 39:18 43:20 46:16 55:14,17 76:13 90:18 91:2,4,11
grow 90:4
growing 31:5
growth 74:10
guardians 19:8
guess 6:4
guessed 24:2
guests 12:19
Guidance 54:25
guidelines 38:15
gun 36:11,13
gunshot 21:19
guys 78:6

H

Hager 98:5,6
half 17:20 19:5 21:19 23:20
hand 5:25 11:22 31:20,20
hand-off 5:9
handing 102:10
handle 32:13,22 55:5
handoff 102:11,12
happen 5:20 9:13 60:2 68:5 70:3 84:13
happened 3:1 8:13 20:23 66:13 104:18
happening 10:13 11:2 30:19 46:13 53:9 58:16 104:9
happens 7:17 8:12 12:14 15:13 28:9 84:21
happy 1:11 2:5,14 2:15 15:6 16:3 57:23
hard 2:10 31:11 62:18
harder 94:11
harm 76:8
Harvard 15:19
Hasmiller 11:24
HASSMILLER 2:17 12:8

head 84:22
health 3:21 4:20 4:21 7:3 8:8 9:12,19,23 10:3 10:18 11:12 13:17 16:11,15 17:8,15,19 18:5 18:15,21,24 19:18,20,21,25 20:1,10 21:7,9 22:12,15,22 23:3,5,6,7,20 24:5,7,12,15,21 24:22 25:10,14 25:21,22,25 26:3,12,13,20,23 27:12 28:24 29:6,11,16,24,24 30:6,6,13,22,24 30:25 31:15,17 31:17,18,21 32:1,4 33:2,3,6,9 33:10,11,13,15 33:17 34:5,14 34:21 35:1,12 35:19,24,24 36:20 37:5,21 38:3,10 39:15 39:20 42:3,16 42:17,20 46:15 47:25 51:21,22 52:11 56:5,17 57:20 58:18,21 58:24,25 59:5 59:16,24 60:5 60:10,19,20,21 60:24 61:4,7,19 61:20,24 62:13 62:23 63:1,4,15 63:16 64:8 65:15,22 66:2 68:12,15 69:5 69:11 71:22 73:3,17 74:12 75:1 76:1,5,11 78:23 79:8,8,14 79:18,19,20,20 79:23,24 80:9 80:14,18,20,21 80:24 81:1,5,8,9 81:11,20,21,21 82:3,9,11,16,20 83:3,7 85:3,20 85:25 87:18,19 88:16 90:9,25 91:18,25 93:11 97:5,6,12,16,17 97:17,18,20 98:16,17 99:6,9 99:13,16 103:5 103:7,9 105:21 105:23,24,24 106:19 107:2,3 109:25 110:6,11 110:11,12,22 111:8,9,24 112:2,5
health's 99:8
healthcare 6:2 7:7 7:16 11:9 18:16 22:20 25:20 27:25 29:19,25 31:5 32:13 42:14 43:3 51:17,19 59:7 64:14 65:2 68:17 79:12 82:6 92:12 99:21 103:5 105:15 108:14 110:14 112:8,9 112:14,15,15,16 112:18
healthier 1:2 7:4 11:16 13:12,15 59:9
healthy 8:1,15 10:16 14:16 61:2 72:16 81:13
hear 4:15 11:20 15:5 52:1 57:12 94:14 109:13
heard 21:19 30:1 79:14 83:17,20 92:10,13,24 101:23 103:24 104:25 106:22
hearing 82:9 109:17 110:16
Hedy 56:2,3,4
help 6:3 10:10,11 11:16 16:23 45:2,10 48:12 50:23 51:9,12 55:4,11 56:7,15 56:22 58:11 61:17 74:22 82:14
helping 43:10 49:22 95:14 102:14
HEPA 89:16
heros 101:15
hesitant 67:19
Hi 43:18 99:25 102:21
hidden 43:3
high 23:24 24:3 52:3 53:1 59:2,5 59:17 73:9,19 77:8 79:11 86:9 90:6 109:2,20
higher 80:6 81:18 86:19,23,23 111:2
highest 84:15
highlight 66:19
highly 75:23 76:12
Hill's 37:24
HIPAA 64:24 67:17 106:24
hiring 103:1
Historic 1:23
hit 105:23
HIV 35:23
hold 53:6 101:16
holistic 44:19
home 8:2,15,16,19 9:2 41:8 55:22 58:17 80:13 111:10
homes 83:4
honest 56:2
Honestly 2:10
honor 6:16 15:12 72:17
hope 1:18 41:13 73:12,20
hopefully 42:24 43:13 51:10
hopefulness 101:20
hospital 25:8 30:11 34:9 100:8 107:10
hospital's 48:20
hospitals 10:7 25:4,4 49:1 100:9
hotel 1:18 2:3
hour 7:24
hours 58:5,7,8 59:21 63:24 109:8
house 10:24 89:9 101:1
housing 44:3 59:8 89:8
huge 66:25 68:4 106:20
human 74:10 80:1
humanity 104:20
humans 90:14
hundred 24:2 69:22,25 96:8
hundredfold 96:22
hundreds 54:5 96:2
hundredth 79:15 79:16
hygienists 33:16

I

idea 46:7 105:14 112:7
ideal 46:8
ideation 98:15
identified 43:24 67:2 80:7 90:13
identify 58:3 80:23 100:12
identity 21:9
idling 90:19
ill 96:1 99:11
Illinois 92:22 93:4 93:17,23 95:2,6
illness 8:4 82:18 84:3 89:3
illnesses 79:25 87:1
illustrated 105:22
illustrates 58:2
imagine 31:7,11
immediate 98:6
immediately 4:10 4:22 62:15
immigrant 7:11
immunization 51:1 56:16 64:13 65:13,18 65:18 67:7
immunizations 50:9,10,14 64:12,22 65:11
impact 9:1 17:16 18:8 19:7 34:18 47:6 61:15 76:11,24 77:22 85:10 88:19 89:21 92:5 101:21 105:20 107:2,9
impacted 19:8
impacting 82:11
impacts 35:12 51:21
impetigo 7:19
implement 50:3 72:23 91:17
implication 32:13
implications 62:22
import 34:17
important 5:24 12:16 13:25 23:9 36:5 53:8 53:20 56:10 61:6 75:13 76:15 83:2 84:1 84:10 85:2 86:14 88:8 89:20 99:8
importantly 28:21 36:5 47:5
impressed 105:12
improve 42:16 90:10
improved 57:20
improvement 16:15 77:13
improving 90:25 91:14
inbox 102:25
incarcerated

21:21
include 91:9
includes 45:23
90:8
including 18:16
73:7
income 20:15
39:25 61:8 63:5
63:17 80:8
incorporates
79:19
incorporating
110:12
increase 59:3 77:3
77:9 80:3
incremental 77:12
Indeed.com
102:25
Indiana 12:4
indicate 114:11,14
indicative 64:14
75:23
indicator 70:2
indirect 75:12,14
indiscernible 2:10
3:21 4:7,14,23
4:23 5:3,20 6:3
7:22 8:17,18,25
10:23,24,25
12:6 13:5,5,6,13
13:24 14:12,18
14:18 15:5,20
15:20,23,24
16:9,9,15,16,17
16:18,22 17:3
17:16,18,22,25
18:4,6,9,13,14
18:15,17,18,22
18:24 19:13,14
19:16,18,19,22
20:5,12,14,15,23
21:2,2,3,3,7,14
21:16 22:3,12
22:17,18,24,25
23:2,3,8,10,11
23:13,15,17
24:10,16,23,25
24:25 25:3,13
25:16,17,21,23
26:2,10,10,11,14
26:19,24 27:1,1
27:2,7,18,21,25
28:4,15,16,17
29:4,7,20,21
30:3,10,10,16,19
30:20,21 31:6,9
31:19 32:15,24
33:1,4,4,20,23
33:24 34:9,25
35:2,11,17,22
36:19,23,25
37:6,16 38:20
38:22,25 39:5
39:17,20 40:1,8
40:11,14,18,19
40:20 41:2,3,6
41:16,17,19,20
41:21 42:1,3,4
43:2,7,11 44:8,9
44:10,15,18,21
44:22,24 45:1,1
45:12,17,18,18
45:20,21,22,23
45:24 46:3,5,12
46:15,17,18,20
46:20,22,23,24
46:25 47:1,2,5,7
47:10,12,13,14
47:15,16,17,17
47:18,19,20,20
47:21,25 48:4,5
48:7,8,9,10,12
48:15,20,21,23
48:25,25 49:1,2
49:3,6,7,7,9,11
49:11,13,14,19
49:20,23,24
50:1,3,4,5,7,8,9
50:10,11,12,13
50:13,14,15,16
50:20,22,23,23
50:24,25 51:1,2
51:3,4,5,6,7,9,10
51:13,14,18,19
51:20,21,23
52:3,5,12,17,25
53:4 54:11,13
54:17,19,20,21
54:23,24,24,25
55:1,2,10,13,21
56:4,12,22 57:6
57:9,11,11,16,17
57:19,21,22,24
57:24,25 58:2,5
58:10,11,12,12
58:16,19,20,21
58:22 59:1,7,7
59:10,11,20,21
59:23 60:1,2,4,6
60:7,8,9,12,12
60:13,14,15,15
60:17,17,18,19
60:21,21,22,24
60:25 61:2,2,3,4
61:7,9,10,11,14
61:15,15,16,16
61:17,18,19,19
61:20,21,24,25
62:1,5,6,9,12,13
62:14,17,21,22
62:23,24,25,25
63:1,2,5,9,10,11
63:12,13,14,14
63:15,17,18,19
63:20,24,25
64:2,5,11,12,19
64:25 65:4,7,9
65:10,12,13,14
65:20,21,24,25
66:1,2,3,4,6,8,10
66:10,12,13,14
66:14,15,15,16
66:18,19,20,20
66:21,22,24
67:3,3,4,6,7,13
67:15,16,18,20
67:20,21,22,23
67:23 68:1,2,3,5
68:11,13,14,17
68:18,19,21,22
69:1,3,4,5,6,8,10
69:11,12,13,13
69:14,15,16,16
69:19 70:6,7,7,9
70:12,13,14,14
70:16,17,18,19
70:22 71:4,4,14
71:17,17,18,18
71:20,21,22,24
71:25 72:1,1,2,5
72:6,7,8,12,12
72:14,15,16,17
72:19,19,20
73:6,8,8,10,16
74:5,10,18,21,23
74:25 75:2,6,7
75:10,11,12,19
75:23,24 76:6,7
76:16,19,20,23
76:25 77:1,3,5,6
77:16,19,21
78:8,9,11,12,13
79:17 80:1,9,18
81:8,8,14 82:5,6
82:14 83:1,9,11
83:12,16,17,21
83:22,25 84:1,2
84:3,9,10,12,15
84:16,16,19,20
84:21,22 85:5,6
85:9,10,11,12,14
85:15,15,16,18
85:22,23,24,25
86:1,1,3,4,5,5,6
86:6,7,7,8,9,11
86:11,13,14,14
86:15,15,16,17
86:18,21,21,22
86:23,24 87:1,2
87:4,4,5,5,6,7,8
87:13,14,21
88:3,5,5,7,11,16
88:17,18,19,20
88:23,24,25,25
89:5,10,12,16,19
89:24 90:1,2,3,7
90:8,12,15,15,20
91:12,22 92:2,4
92:5,6,7,17,21
92:23 93:1,4,6
93:20,25 94:4,4
94:5,6,9,10,17
94:18,23,23
95:1,4,8,8,13,15
95:16,19,20,20
95:21,22,23,23
95:24,25 96:1,4
96:4,5,6,8,10,11
96:15,16,19,20
96:21,22,25
97:1,2,7,7,9,11
97:16,20,23
98:1,8,9,13,13
98:16,17,18,21
99:2,4,6,6,18,19
99:22,23 100:1
100:9,12,15,19
100:22 101:1,2
101:3,4,9,9,10
101:10,11,11,12
101:14,15,18,19
101:21,22,23
102:5,8,10,13,14
102:16,16,18
103:1,2,3,7,8,13
103:19 104:1,2
104:7,16,19,22
105:4,6,18,19,22
105:25 106:10
106:14,25 107:7
107:8,9,12,13,16
107:17,20
108:10,15,19,21
108:23,25 109:4
109:5,9,12,12,13
109:20,23 110:5
110:5,9,11,17,20
110:21 111:3,7
111:8,16,23,25
112:1,2,3,7,10
112:11,14,17,20
112:21,21,24
113:9,10,14,16
indiscernible-S...
43:16
indiscernible)40...
29:2
indiscernible)he...
14:13
indiscernible)qu...
21:8
indiscernible)sc...
17:24
indiscernible)w...
100:7
individual 46:1
76:13 84:6
89:12,18 94:17
110:23 111:1
individual's 45:24
industries 7:13
industry 102:14
inextricably 58:25
infectious 20:21
influence 10:6

influx 7:9
information 32:23 34:11 35:15 58:23 63:7 65:3 66:16 72:18 83:7 85:4 87:6
informative 73:13
infrastructure 32:16 46:2,21 47:9,13 48:14 48:16,17 106:21 108:24
initiate 18:15
initiative 16:16 46:25
initiatives 63:4 75:3,5 78:1
innovate 106:22
innovative 91:3
inside 7:24
insight 78:25 82:19 87:12
instance 22:13 84:4
institute 12:23 73:2 103:16 111:2
institutions 80:6
insurance 30:12 34:8
insured 27:5 40:8
insurer 28:14
integrated 112:9 112:15,16
intentional 16:2
intentions 76:7
interact 113:3,15
interaction 31:25 32:7 114:9
interconnectedn... 106:3 108:5
interdependence 106:4
interdisciplinary 33:21
interest 17:10
interested 19:17 41:23 115:11
interesting 3:2 26:1 30:19 42:17 68:18
Interestingly 33:8
interpret 44:1
interprofessiona... 107:6,8,11
intersecting 105:15
intertwined 59:1
intervention 76:23 76:25 78:3 112:14
interventions 53:12 61:17 62:3 74:25 75:5 86:21 88:15
interview 103:12
introduce 11:23 11:24 15:13 43:5 64:6 87:16
introduced 63:16
introducing 16:21 63:23
invest 36:14
investment 36:20 36:21
invests 25:9
invite 42:9 78:22
inviting 79:6
involve 54:14
involved 12:25 31:24 33:14,16
involvement 49:12 54:1
involves 54:14
Iowa(indiscerni... 69:24
Irish 6:12
isolation 92:8
issue 21:10 28:8 36:11 69:14 80:19,20 93:7 97:5
issues 19:2 21:8 29:15 32:14 39:10 53:13 61:20,20 68:12 81:1 82:9 85:20 86:6 87:21 88:11 92:12 104:19 110:18 111:10

J

jacket 6:12
jail 112:1
January 62:13 101:10
Jasmine 2:22
Jefferson 64:9
Jersey 9:14
Jessica 5:13 72:4 72:10,13 76:18 87:24 102:22
Jessica's 102:12
job 19:3 63:23 102:17,24 103:17
jobs 108:10
Johnson 2:9 3:18 12:5 14:11,19 47:24 48:6 65:8 67:5 69:17
join 7:1 8:8 18:12 72:22
joined 2:15
Judicial 111:24
justice 55:3 112:3 112:13

K

K 79:13
K-12 80:16 111:18
Kaiser 27:20,23 28:13
Kathy 98:5,6
Katie 47:24
keep 11:23 59:10 68:23 93:19 107:10
keeping 14:16
Kennedy 82:16,21 84:25 95:17 100:14 101:5 111:20
Kentucky 64:10 64:19 98:7,21 99:1,13 108:7
key 31:14 34:5,12 49:13,16
kid 16:25 20:25 22:6 28:11,11 28:12,16,22 29:14 34:6 39:24
kid's 35:12
kids 10:16 19:11 19:24 20:6,21 20:24 22:1,2,11 24:17,22 27:3,3 27:7,14,19,24 28:1,9 29:2,6 30:15,22 31:1,6 31:14,16 32:5,6 35:3 39:19 40:6 40:7 42:5,7 49:17 53:12 55:6,7,23 58:9 59:18,21 61:8 61:16 62:15 65:5 66:13 70:16 71:3 104:3,4 111:15
kids' 38:21
kind 1:15 4:7 12:17 19:3 20:25 23:18 26:9 32:10,21 32:22 33:25 36:5 58:2,11 62:21 78:9 82:25 95:14
kindergarten 56:8
kinds 56:15 86:13 96:16
knew 13:21 46:5 83:23 99:22
knock 8:22
know 1:17 2:12,24 5:6 7:16 9:17 12:17,18 14:1,8 14:14 15:3,9 16:22 17:3,6 18:10 19:3 20:5 20:21 21:19 22:7,16 23:1,25 27:1,1 30:18 31:8 34:15 35:2 35:6,8 36:3 38:16 39:1 40:18,22 41:6 48:8 50:12 54:16 56:12 62:2 64:20 65:3 65:5 68:5,11 70:12 75:7 76:8 77:4 82:24 83:2 84:3,6 85:1,17 86:8,18,22,25 87:4 88:10 89:2 90:12,20 91:19 94:15 96:8,19 100:3 102:10 103:10 104:3,9 104:21 105:22 106:24 107:7,15 107:25 108:6,6 108:13,22 111:21,25 112:10,12
knowledge 40:16 73:5 78:18 103:6
known 1:8 25:6 105:5
knows 5:6 6:4

L

Labrenda 37:8
lack 28:14 59:1 64:12,14,16 65:2
ladies 5:10
Lamphier 100:20 100:21
landscape 95:21
Language 53:1
large 29:20
largely 33:6
largest 13:3 82:2
lastly 51:3 57:11
Laura 89:5,5,10 89:13,17,24 90:6 91:1,15
Laurie 67:11,12 68:8
law 38:1 39:6 40:10,23 52:11 75:12,14,15
lawmakers 17:9
laws 52:13
lead 36:8,10,11,17 39:8
leaders 5:1,2 11:7 57:19,22

leadership 12:3
leading 15:16 18:4 57:10
leads 62:20 67:23 78:24
learn 21:5
learned 22:11 43:2 79:6 105:5 105:11
learning 8:24
leave 81:13
Lee 40:24 41:1 70:25
Leena 8:13
left 4:10,11 41:25 46:19 52:13 98:3 114:15
legislation 9:22 95:3,16
legislative 38:1 39:6
legislators 10:22 95:2
legitimately 60:23
lesson 103:21
let's 6:13 8:10 9:10 50:24 59:10 77:15
letting 11:19 96:15
level 10:6 27:8 54:12,13,23,24 71:23,23 74:15 76:10 77:8,14 77:23,24 89:12 89:18 99:17
levels 37:4 77:5,5 109:2
leverage 10:5
leveraging 24:18
LGBT 55:2
LGBTQ 81:1
licensed 32:20 45:8,9
lies 59:20
life 3:7 5:11 13:12 13:15 59:3,5,17 72:18 81:13 101:22
light 14:14
Lillian 8:8
limit 91:25
limited 49:8 84:19
Linda 92:19,21 93:11,21,22,24
line 92:2 110:15
Lisa 87:17,23
list 4:12 19:17 62:21 88:13
listed 100:6
listen 94:11
listening 104:11
literally 4:9
little 6:13,14,18 24:5 27:8 29:23 31:11 45:3 48:10 50:17 57:4 65:12 74:2 76:20 83:13 107:24 110:14 113:15
live 13:12 25:2 81:12 89:8,9 90:4,4
lives 58:14 100:18
living 13:14
local 91:23 108:18
locality 27:15
localized 22:16
locally 62:19
Located 89:7
lock 49:16
lodge 90:16
long 81:13 103:11
long- 84:8
longer 80:16
look 17:2 25:22,24 30:22 31:22 33:1 35:24,24 40:3 43:10 44:13 46:7 48:14 51:1 52:23 53:9,11 53:12,24,25 54:8,10 55:19 57:2 58:3,4 81:10 94:6 107:1 109:10 112:12
looked 32:9 41:24 55:13
looking 29:18 31:18 45:14,22 48:22 53:22 105:13 110:10
losing 54:5
lost 100:18
lot 3:24 4:5 12:23 13:25 14:9 15:8 15:11 38:18 45:2 52:9 58:10 62:19,20 66:5 69:11 74:14 76:2 80:13 86:1 86:4 95:14 96:12 99:19 102:24 105:11 108:1,2,5 111:8
lots 7:15,17 75:22
Louisiana 114:4,6 115:16
Louisville 64:9
love 43:1 60:24 74:5
lovely 113:13
low 61:8 63:5,17 80:8
low-income 27:4
lower 91:6,6
lowest 69:24
lucky 56:12
lunch 10:1 20:7,7 20:9,12
lungs 90:16
lying 21:22

M

maintain 91:2
major 34:14 102:21
majority 22:22 23:4,6 45:5,11 89:7
making 9:18 29:5 34:6 45:16 47:3 61:15 79:21 89:17
manage 48:18 50:9 64:8 85:13
managed 28:19 65:4 91:20
manager 52:2 54:25 55:1,2,3
managers 54:3
manages 89:10
managing 48:22
mandate 98:19,20 98:23 99:3
manned 38:9
map 25:22
Mardi 6:7
Mark 15:23 16:3 74:3
marketing 40:6
Marshall 37:7,8 37:14,20 40:9
Mary 3:13,17 5:17 15:17 102:8,9
Masonic 1:21
Massachusetts 98:25
massacre 36:13
Master's 95:24
matched 77:6
matches 6:12
material 114:17
math 9:5 52:25
matter 1:16 99:12 115:6
matters 55:8
Maughan 43:7,16 66:17 67:9 68:9 69:7 70:5 71:16 107:4
Maureen 3:10,11 3:13,15 5:17 6:10,11
maximum 75:15
mean 2:25 24:12 36:6 44:6 65:4 76:9 96:4 105:15 106:17
meaning 20:2 75:16
meaningful 76:10
means 31:19 87:2 88:24
meant 40:10 86:2
measurable 63:4 63:17
measure 62:9 99:14
measures 53:2
meat 1:16
Medicaid 27:6,9 27:17,24 28:5 38:20 71:13 109:22
medical 16:14 23:12 29:12 41:8 66:3 95:10 96:13 103:15 106:18
medication 8:19 89:16
medications 44:2 89:11
Medicine 10:15 12:23 14:21 15:15 16:4
meet 5:12
meeting 1:13,14 1:14,17 2:8 3:1 3:5 4:18,20 6:17 12:14 13:22 33:20 39:3 103:22 113:17
meetings 12:12 13:25 90:17 94:12
member 16:10
members 2:22 17:21 94:13,14
memories 21:25
men's 4:11
meningitis 7:19
mental 9:19 76:5 79:20 80:21,24 81:1,5 82:16,18 82:20 83:3 84:3 85:20 87:1 97:18,20 98:16 99:6,8 100:9 103:7,9 111:24 112:5,15
mentally 99:11
mention 21:3,3 35:21,22 68:18
mentioned 18:4 20:22 24:24 29:23 34:4 35:20 42:18 64:19 68:13 69:10 78:17

81:25 103:22 109:22
mentor 12:2
mess 29:4
met 55:9 56:1,3
method 114:12
mic 70:22 102:10
Michelle 52:1
microphone 15:9 64:5 105:8
mics 106:12
middle 24:3 36:2 53:3 73:19 86:10
milestones 86:17
million 23:20,21 23:21 24:11,13 24:17 42:23 80:25 96:9
millions 54:5
mind 4:22 59:10 105:8 107:6
minds 68:24
minimum 40:21
minority 80:8 89:6
minute 70:21
minutes 19:1 98:3
misenumerated 39:13
missing 65:20
mission 39:21,21 74:8
misunderstanding 66:23
Mitchell-Swain 3:3
mix 59:14
mobile 31:3
model 23:17 44:9 74:20 76:18 77:19,19
models 25:2,3 41:22,24
MODERATOR 68:7 69:2 70:20
module 50:18
moldings 1:24
moment 12:17 72:23
moments 34:1
37:5
momentum 91:2
money 28:6 68:25 69:14 91:5,13
month 8:11 9:3,4 26:14
months 2:7,14 3:2 85:21
MOORE 114:3,20 115:3,22
morning 92:20 112:23,24 113:8
mother 23:14 88:2
mouth 21:4
move 79:25 106:9 107:21
moved 7:12 52:20
movement 27:12
movements 36:8,9
moving 32:3 41:13 53:13 86:4
multi-grown(ind... 36:1
multi-sector 62:24
Myles 74:2
mythology 78:10

N

name 4:16,17 6:20 37:8 40:25 92:21 98:6 109:23
name's 100:21
names 5:20 114:16
narrative 54:8,18
nation 9:12 10:21 42:17,23 92:12 107:3
national 1:23 10:14 11:11 14:4,21 15:14 16:4,16 18:12 41:1 43:1,8 44:7 46:24,25 56:1 67:12 71:1 82:17 108:20,24
nationality 40:1
nationally 6:21
nationwide 20:13 80:25
nature 19:9 20:16 21:1 106:3
navigates 34:7
navigating 30:14 105:17 107:17
NCA 82:6 102:22 103:1,14
NCAA 74:3
near 6:13
nearly 24:18
necessarily 32:9 68:25
necessary 32:24 88:17
necessities 39:9
need 6:3,3 9:20 24:19 34:19 36:14 41:18 42:2 45:11,15 46:10,18 47:10 48:19 49:17 51:9 54:4 56:9 69:8,9 71:19,22 71:23 75:3,20 81:10,11 82:25 83:10 88:13 108:3,14
needed 50:22 71:19
needless 12:9
needs 10:8 32:2 34:4 41:11 43:23 45:25 68:5 89:15,20 96:19 103:6 108:5,11 111:4 111:4
needy 11:1
nets 88:15
network 4:24
networking 78:19
never 3:1 8:5 18:11 66:14
nevertheless 23:16
new 1:7,15 6:9 7:9 7:21 8:6,11 9:14 20:24 58:22 69:12,21,23 91:11
newest 2:21
newly 91:9
news 77:19
nice 21:14 86:12
niche 44:13,17
NIH 69:15
nine 2:11 3:18 5:22 13:8 59:4 59:16 69:25
nineteen 59:13,15 59:19 80:5
nobody's 60:18
nod 84:22
nominate 4:25
non 64:15
non- 95:21
non-insured 80:17
nonprofit 96:3
norm 76:24
norms 75:21 76:2 76:11,15 77:1,4 77:13
north 93:25
northern 94:1,10
note 42:18
noted 100:10
notes 94:12
noticed 106:2
notion 106:23
November 39:4 115:15
nowadays 44:12
number 26:21 27:6,9,23 39:13 58:25 59:2,5 60:9 62:23 63:3 63:6,10,14 80:20
numbered 42:6 115:9
numbers 8:24,25 26:9 42:19
nurse 5:18,19 6:20 6:21,23,24 8:8 8:10,13,21 9:9 10:20,25 11:20 15:17 33:18 35:18 39:7 40:3 40:5,12,21 42:25 43:21 44:14,14,17 45:5,7,14 47:25
49:7,10 50:1,11 55:23 57:23 60:14 61:23 66:4,24 67:1 68:19 70:9 71:7 71:8 73:14 78:24 83:23 88:2,3 89:5 92:22 93:8,10 93:15 94:19 95:12 97:17 98:10,12,13,16 98:24 99:3 101:2 102:22 103:14 104:15 104:17 108:10
nurse's 17:4 39:8 92:24 98:7
nurses 7:2 9:11,16 9:16,19,21,23 10:4,8,12,23 11:1,8,12 12:24 13:15,18 18:23 22:3 31:25 39:6 40:13 42:14 43:2,9 44:7,10 45:5,6,8,9,11,19 45:25 46:5 47:4 47:12,14 48:8 48:22 49:2,8,12 49:18,25 50:2 51:16,22 55:15 56:5,18 57:9,25 61:11 65:19 67:7,13,17,21 68:1,15 70:2 71:1 72:23 73:9 73:25 79:2 82:13 87:15,20 88:1,6,10,14,18 88:22 92:15 93:2,17,23 94:3 94:7,22 95:14 96:14 100:1 102:15 103:17 105:17 108:9 109:24
nurses(indiscer... 95:4
nursing 5:1 6:22 7:5,6 9:9,10,11

11:4,15 12:3,5 12:15,15,22 14:5,6,6,7 15:15 16:24 39:22 42:22 43:4 44:15,20,25 45:2,15 46:6 49:2 50:25 52:2 64:2 71:22 72:2 73:14 85:25 87:19 94:4 96:13 104:5,10 105:5,6,11 107:14 108:2,14 110:6
nutrition 103:9
nutritionists 33:17
nutritious 20:8

O

O 114:1
observation 67:14
observers 85:9
obvious 65:2
obviously 35:14 40:11,22 57:18 74:12
occurring 78:20 78:25
occurs 21:24
October 1:3 2:13 9:2,3 115:4
odd 21:7
offer 67:19
offers 23:1
offhand 23:20
office 17:4 55:22 88:5 100:25
officer 103:15 109:4,12 114:4
officers 54:15 109:7
offices 17:9 55:20
official 5:9 6:9
officially 2:4 5:23 17:22
oh 53:20 103:2
Okay 6:18 12:9 73:12 78:8,16 85:1 112:23 113:9
old 16:25 36:10 80:5 84:18 85:21 104:6 110:24
older 104:2
oldest 104:7
olds 84:14,14,20
ole 26:25
onboard 83:11
once 46:22 55:24 60:11 61:23 65:13,15 96:15 101:20 111:10 111:18
one-half 80:4
one-man 46:16
one-person 33:22
ones 36:15 47:8 75:17
onsite 24:8,9
open 37:23 64:3 92:16
opened 37:22
opening 73:1
operations 90:19
opiate 17:11 19:9 35:21
opioid 17:12,17 19:7
opportunities 12:3 28:20
opportunity 10:13 18:12 21:5 24:14 29:6 30:14 40:7 51:24
opposed 26:3 30:4 30:9
opted 39:2
opticians 33:18
optimize 76:24
optimizing 80:1
options 81:4,5
optometrists 33:18
oral 18:16 31:18 33:16
organization 13:3 21:15 25:18 34:16 78:24 97:14,23
organizational 76:14
organizations 18:6 65:5 82:5
original 1:25 3:16 5:18
Orleans 1:7,15 6:9
out(indiscernible) 101:4
outcome 30:15 41:13
outcomes 105:20 109:5
outdoor 92:1
outlier 111:22
outline 19:1
outside 2:23 31:2 53:7,17 80:13
overseeing 38:24

P

P 114:1,1
P.M 113:17
packets 4:14
pages 115:5
panel 72:17
panelist 72:5,9 73:1 87:17
panelists 42:10 63:22 64:4 72:21 88:12 92:11,17 102:4 113:5
papers 41:22,24
par 62:10
para 55:16
parallel 69:3
Paramount 57:13
parent 51:11 65:17 66:1
parents 17:12 19:8 21:18,21 27:2 50:12 54:8 54:16,19 55:7 55:12 56:8 65:11 66:6 67:18 85:6 109:21 110:21 111:6,17
parents' 54:1
part 11:19 18:22 22:18 35:4 38:11 39:16 47:2 49:21 71:2 71:5,5 74:7 80:11 87:7 92:15 94:1,7,10 94:14 97:3,5,20
particular 5:14 13:22 27:24 34:12 35:18 90:15
particularly 32:6 44:14 67:1 112:6
partner 33:10 46:23 55:25 56:1,21 79:8 97:18
partnered 13:3
partnering 9:12 47:1 55:9 100:25 108:18
partners 9:15 11:11 13:16 52:16 56:15 82:25 90:9
partnership 13:7 81:16 82:25 95:19,21 110:20 111:5,6
partnerships 18:6 46:15 100:23 110:9 112:11
parts 45:23
party 115:11,11
passed 100:4
passing 16:2
passion 83:14
Pat 13:20 15:3
patient 50:18 100:7,11
patients 23:11 30:4
pauses 114:11
pay 27:14 38:22 40:11 50:21
paying 29:8 38:19
payment 34:20,22 41:22 42:1
payments 42:3
Pediatrics 10:19
peers 32:9
penalties 54:15
people 2:23 3:3,16 4:3,21 7:17,18 10:6 11:6 12:18 14:16 15:5,25 21:22 33:14 36:9,18 45:6 52:9 60:1,25 65:21 70:11 74:11 83:9 84:15 97:4 99:15,19,21 100:18 103:16 103:23 104:14 104:14,17,23 108:22 111:5 112:16
percent 9:6 19:21 19:22 20:1,10 20:13 23:4,6 24:6,20,21 33:2 33:4,6 58:13 68:14 80:23 86:25 89:6 97:19 111:15
percentage 68:14
perfect 43:19
performance 29:14,16 35:13
Permanente 27:20 27:24 28:13
permanently 11:22
permission 65:17 66:6
person 66:21 70:22 74:12 104:16 109:19
personally 105:1
personnel 7:3 9:12 9:23 22:4,20 25:11,15 27:11 28:23 32:20 44:18 45:10 71:12
perspective 52:5 75:8
Pfefferson 15:23
PhD 12:4 95:25
phenomenal 8:12

15:1 97:6
Philadelphia 1:15
philanthropic 25:18
philanthropy 96:12,17
phones 32:7
phonetic 27:7 114:18
phrase 63:15 114:18
phrases 114:15
physical 92:1 99:9
physician 20:20 31:24 33:5 41:21
physicians 7:23 8:16 30:1 33:5 67:18
pick 104:24
picking 53:10
piece 48:15 65:23
pieces 87:8
pilot 57:1
place 1:10 7:15,18 14:17 26:19 32:21 62:12 66:7 78:3 93:20
placed 32:20 79:9
places 30:5
plan 8:7 23:3 34:8 51:7 80:15
plane 3:4
planning 3:6 23:1
play 13:18 29:1 34:14 90:5
please 64:5 78:18 105:9 113:1
pleasure 73:12 87:16,24
plus 17:7 55:17
point 3:9 5:11 24:9 76:22 78:10 95:18 96:1 111:7
pointing 57:17
points 15:10
POLANSKY 1:6 2:19 6:8 42:8 47:22 51:25 57:7 101:7
102:1,6 103:20 106:11 112:22
policies 53:23 74:25 75:3,5 78:1 87:21 89:25 92:3
policy 9:22 31:20 53:22 63:3 78:2 87:15 90:21,22 98:17 99:17 107:1,18
political 10:12
politics 35:7
poll 4:25
poor 27:3 90:11
popping 37:25
popular 26:6
population 19:24 22:2 28:6 29:18 44:4 45:2 46:2 46:19 47:25 74:14 77:21 78:21 79:1,2 82:7,13 88:20 88:25 89:22 90:25 92:5 110:11
population-level 74:13
populations 96:10
portfolio 106:16
portion 53:5 78:18
position 16:14 103:4
possible 83:5,6
potential 75:16
potentially 17:12 42:24
pour 50:24
poverty 27:8 59:13,18
powerful 76:12 77:13
Powerpoint 34:3
practical 45:8 73:22
practice 45:19 49:15,22 97:19
practices 77:16
practitioner 98:10
98:12,14,16
practitioners 45:7
precisely 26:16
predictive 62:2 75:17 76:4,9,13 84:8
preparation 1:18 2:8
prepared 81:18
prescribing 62:3
present 4:6 98:7
presentation 52:22 82:1 85:12
presentations 86:9
presented 90:21
presenters 3:24 95:20
presents 91:11
preserve 95:6
president 14:4 41:1 43:1 67:12 74:2 92:23 100:22
press 113:12
pressure 35:10
pressures 102:23
pretty 5:13 9:7 24:1 26:11 32:18,19,25 52:18 82:12 88:6 94:2
prevalence 90:6
prevent 75:8
prevention 71:2 73:15,17,21 76:1 77:25 80:12 87:12 90:23 92:13 103:1 109:1,8
previously 109:6
priced 20:11
primarily 111:9
primary 14:3 28:12,13 29:13 33:2,9 71:2 77:21 79:19 81:7 89:2,3 112:6
Prime 5:21
primordial 71:2
principal 91:17
principals 55:11 56:24 63:20
principles 44:24 45:20 48:23 49:3 73:23
prior 74:3
prioritize 91:7
prioritizes 63:14
priority 54:22
prison 112:1
private 25:15 38:21
probabilities 85:17
probably 2:23 17:5 18:10 19:2 19:4 23:1 24:1 28:20 29:24 30:1 31:8,8 53:15 57:16 77:18 86:18,25 98:18 107:14 111:21
probation 54:14
problem 22:9 32:11 58:3 59:20,22 60:16 62:18 75:18 107:21
problems 10:10 20:17 21:1 22:5 34:9 35:9 75:1
Procedure 114:6,7
procedures 90:1
proceeding 114:10,13
proceedings 115:7
process 29:9
profession 83:23
professional 45:9 49:12,18,19,21 67:24 96:6 97:17 108:11,12
professionals 33:21 42:15 55:16 96:14 99:21 108:14
proficiency 53:1
profit 38:5
profits 95:22
profound 34:19 36:16 84:5
profoundly 19:12 28:21
program 10:1,2 18:16 38:20,21 50:21 76:1,18 82:10 88:4 91:18,19,20,21 97:13 108:21
programs 26:11 70:14 74:24 75:3,5 78:1 89:14,25 92:4 109:2,5,6
project 57:1,1,2
projected 27:23
projects 73:8
prominent 15:18
promised 36:17
Promote 73:3
promoted 4:20
promoting 13:16
promotion 91:18
promptly 17:4 113:7
proper 114:12
proportionally 19:23
proposal 90:21 91:9,11
proposed 95:2
protect 39:19 91:25
protection 111:19
protocol 55:14,25
proud 6:22 9:8 97:10
provide 22:10 29:19 47:15 52:15 82:14 87:20 96:5
provided 66:24
provider 28:12,13 29:14 67:2
providers 7:16 33:3,9 67:8 87:5
provides 97:14
providing 13:16 42:4 73:5 87:11

proximate 31:12
psych 98:14
psychologists 70:18
psychosis 84:4,7 84:11,12,17
psychosocial 75:8
public 8:8 11:12 19:14 24:2,4,6 24:20 35:19,23 38:10 58:18,21 58:24 59:16 63:1 64:9 74:12 76:10 79:19 80:20 82:9 87:18,19 103:5 106:19 112:2
published 74:7
pulled 38:10
punitive 54:10
pupil 69:20,23 70:7
purchasing 28:4
purely 27:10
purple 46:24
purpose 1:12 34:3 74:16,17,21
purposely 9:15
push 49:24 110:7
pushing 71:13
put 4:16 6:18 7:23 8:10 10:15 13:20,22 20:8 26:19 29:12 62:11 86:11 95:7
puts 112:10
putting 15:9

Q

qualified 25:13 34:13 94:19 98:15
quality 16:16 28:7 42:4 53:5 90:10 90:11 91:15,18 91:23
question 98:4
questions 11:10 34:1 51:14 64:4 64:11 92:18
102:21
quick 70:23 101:8
quickly 8:14 78:8
Quinn 99:24,25
quite 25:23 32:17 36:4 37:15 60:22 61:22
quote 58:23 59:16 74:2,6

R

R 114:1,1,1
racial 80:8
racially 81:2
radically 19:10
raise 35:10 57:21 59:9
raises 92:1
rampant 7:20
rapid 31:8
rapidly 27:15
rate 86:19
rates 86:22
reached 5:11
reaches 24:10
reading 43:22 52:25
real 4:1 9:5 29:18 78:8 111:21
realistically 56:25
reality 46:17 80:2
realize 6:16 9:5 10:9 60:16 80:14 108:22
realized 8:5,14
realizing 108:1
really 1:10,12 2:4 2:14 3:22 4:18 5:9,12,23 8:4 13:18 14:9,13 14:14,22 15:6 15:11,19 16:1 17:13,13 19:3 19:11 21:13 22:2 23:9,25 27:13 28:11 29:21 30:18 31:10 32:25 33:19 36:22 37:2 39:18 42:2 44:6 48:3,7 49:17 50:22 54:20 56:9 58:18 59:20 62:5,7,17,17 64:10 70:23,23 72:21 74:5 77:22 78:13 79:14 82:22 83:25 88:6,13 88:14 93:12 99:11 101:13 104:13,20,21 105:12,21,23 106:15,20,23 107:1,1,8,9,13 107:18 108:21 112:9
reason 27:10 35:11 45:13 89:3 98:8 102:12
reasons 71:6
received 19:25 77:8
receiving 24:7 65:6
reception 1:19 113:4,13
recognize 18:25 96:14 112:18
recognized 108:11
recognizing 10:16
recommendations 95:11
record 23:12 29:12,24 30:13 65:13,18 66:2 114:8
records 30:7 64:23 65:25
Reddicks 57:12,15 66:9
redefine 108:23
redesign 106:16
reduce 76:7 90:23 91:3,10 101:21
reduced 20:11
reevaluation 109:13
refer 75:11
reference 41:23
114:17
referral 89:17
referrals 43:25 98:15
refers 89:13
reflection 21:10
reflections 36:25
refreshment 113:15
regarding 43:23 69:5
regards 17:16 24:19 39:19,21 42:6
regional 5:19 12:12,13
Register 1:23
registered 10:20 45:5,6,11 55:22 70:2 92:22 103:14
registries 64:18 64:18
registry 50:18 65:18,20 67:7
regular 20:8 49:17
regulations 31:22 54:9
reimburse 27:25
reimbursed 94:24
reimbursement 27:17
reiterate 78:7
related 24:9 59:17 75:4 77:25 79:23 81:9,12 115:10
relates 52:10,11 54:7 55:24
relation 24:25
relationship 17:17 18:18 23:8 25:6 29:13 71:9,10
relationships 23:14 28:18 109:11
relative 31:25 32:1
release 63:7
released 91:9
remain 42:4
remained 38:13
remarks 108:17
remember 4:15 16:24 24:1 56:3 56:3 74:20 84:17 104:15,17 104:17,18
remembering 104:10
remind 96:23
remove 79:23 81:9,11
removed 89:19
removes 63:12
removing 61:14
repeat 102:17
replacement 91:8
replicate 78:5
report 10:15 12:22 13:1 14:6 14:7,8,24 15:15 29:1 50:16 51:2
Reporter 114:3 115:3
reporter's 114:13
reporting 77:9
represent 6:5
representing 15:25 17:8 78:22 82:17 87:17 93:22
reproductive 21:9
require 31:24 106:6
required 8:20 32:16 109:8
requirements 9:25
requires 106:5
rescue 89:11
research 14:15 43:8,23 46:4,9 46:10 49:24 69:9 73:22 75:4 76:17 77:6 101:13,13 108:19
researcher 46:7
Resident 14:4
Resilience 101:16
resolve 110:17

resolved 29:15
resounding 95:19
resource 88:8
resources 9:17 26:18 34:19 55:18 81:3
respect 88:1 94:6 111:13
respectful 108:10
responsibilities 67:24
responsibility 28:24 37:1 38:12 39:9,19
responsible 3:5 29:8
rest 93:5,24
restorative 55:3
restrooms 4:9
results 35:12
resume 4:6
rethink 106:20,21
retired 88:2
retirement 30:2
return 68:22
revenue 34:23
review 57:2 90:10 95:10
revisions 77:2
Richard 100:20 100:21
rid 29:4 95:3
right 4:11 6:19 11:6,23 13:13 13:23 14:9 16:12,12 29:10 36:2,5,8 38:2 47:5 58:16 60:11 80:2,22 105:12 113:12
risk 61:24 90:23
Robert 2:9 3:18 12:4,25 14:10 14:19,23 92:19
Roberts 92:21
robust 26:11 94:2
Rogers 8:13
role 9:8 13:18 31:25 34:14 43:20 71:8,13 71:25
room 1:19,20 2:2 2:6,24,24 3:4 4:11 5:24 7:16 11:6,13 15:4 64:1,3 72:13 104:12,16 112:25 113:8
rooms 38:4
rough 24:24
roughly 24:2,20
round 42:9
rubs 54:16
rule 63:8 114:5
rules 38:15 54:9 114:5
running 7:20 27:2 50:15
rural 40:17 96:10

S

S 114:1
safe 72:16 111:12
safekeeping 6:19
safety 88:15 99:13 99:14,15
sake 40:13
salaries 93:19
San 52:3 54:2,6
savvy 97:18
saw 7:19,19,19 8:24 21:1 101:8
saying 15:2 34:2 40:13 51:16 60:23,24 94:5 106:15
says 39:7 47:17 48:17 59:16 113:10,11
schedule 94:24
Scholar 12:6
Scholar-in- 14:3
Scholar-in-Resi... 14:2
school 4:20,21 6:20,21,22,23,24 7:2,2,6,25 8:2,4 8:6,13,21,21,23 9:6,9,9,10,11,11 9:11,15,16,19,21 9:23,23,24 10:1 10:1,2,3,4,8,12 10:20 11:8,11 11:20 12:2,14 12:15 13:18 16:10,24 17:4,8 17:14,19 18:13 18:14,15,20,21 18:23,23 19:15 19:17,19,21,25 20:1,10 22:4,12 22:15,18,22 23:3,4,5,7,19,24 24:3,5,6,12,14 24:14,21,22 25:5,9,10,12,19 25:21,25 26:2 26:11,13,19,22 27:11,12,21 28:1,23 29:10 29:14,16 30:5 30:16,22,24,25 31:2,3,4,21 32:1 32:5 33:1,3,6,9 33:13,14 34:15 34:20 35:1,5,7,7 35:9,18,18,24 36:13,20 37:4 37:10 38:3,9 39:3,6,7,8,15 40:4,12,16,22 41:17 42:3,19 42:22,24,25 43:2,4,9,21,21 44:7,10,14,17,23 44:25 45:14,19 45:25 46:5,6,15 46:20 47:3,9,12 49:1,2,12,25 50:2,10,11,20 51:6,11,15,16,22 52:3,4,9,17,19 52:20 53:1,3,8 53:21 54:11 55:6,8,24 56:10 56:12,17,18,21 56:25 57:9,19 57:22,23 58:6,9 59:2,5,17,24 60:5,10 61:10 61:11,12,23,24 62:8 63:10 64:2 64:21 65:14,19 66:4 67:1,6,13 67:17,21 68:1 68:14,15,19,20 69:5,11,22 70:7 70:8,12,18 71:1 71:6,7,8,8,9,11 71:12,21 72:23 73:13,14,19,19 73:25 76:1,1 77:8 79:2,8,11 79:17 80:11 81:21 82:13 83:23 85:24 86:10 87:15,20 88:1,2,4,6,10,14 88:18,22 89:5,6 90:10,12,19,22 90:24 91:3,10 91:12,15,20,22 92:1,15,24 93:2 93:8,8,10,11,17 93:23 94:2,4,19 95:4,12 96:14 97:6,22 98:24 98:24 99:3 101:2,3 104:5 104:11,15,17 105:5,6,11,18 108:8,10 109:2 109:11,20,24 110:6,22
schools 1:1 7:10 7:13,21,24 8:11 11:2,5,15 17:17 19:9,14,15 20:3 23:22,22 24:3,3 24:4,6,20 25:9 39:2 42:14,15 42:15,16 43:12 45:6 48:3,13,18 49:4,21,22,25 50:19 55:4 57:3 57:3,13 60:7 61:9 62:6,7 63:13 64:9 65:3 66:11,16 68:6 68:11 73:9 83:4 83:8,15 86:3,10 89:4 93:15,16 96:5 106:19
science 73:15,17 74:23 91:21 101:17 103:15
scope 39:17 45:4
scores 35:10 53:1 57:21
screening 18:16
seated 72:24,25
Seattle 1:14 48:1
second 5:2 48:15 56:8 59:11 62:8 71:5 106:25
secondly 51:3
secretaries 108:8
secretary 108:13
section 58:1 78:24 87:19 89:8
sectioned 22:19
sector 63:5 93:25 96:3,13
sectors 63:9
security 89:15
see 2:2,5 4:7,15 8:11 9:11,21 10:6,13 14:20 16:1,7 31:1 38:13 54:20 67:15 74:19 76:21,25 77:4 77:12 78:6 85:22 93:13 98:11 101:16 106:19 112:13 113:14
seeing 9:14 20:17 22:1,5 23:11 33:12 83:3 98:14
seen 17:2 18:11 20:19 21:20,21 23:14 54:18 77:18 98:21
segway 43:19
Senate 10:24
sending 51:6
Senior 14:2,3
sense 26:16 28:25 29:18 34:19 37:3 63:12 84:1 111:19
sent 4:25 8:2 30:10 83:22

sentences 85:4,13
September 52:19
series 90:17
serious 5:7
seriously 96:1
service 41:18,19 41:25 42:5
serviced 62:15
services 22:25 28:22 34:11 43:25 59:7 64:8 65:6 67:16 70:8 73:6 89:14
serving 14:1 15:14 16:9
session 3:23 78:19
set 19:18 23:2,5 23:12 25:4 32:19 39:4
setting 43:23 50:6
settings 34:15 49:19
settlement 91:5,13
seven 52:19 69:24
Seventy 20:9
severe 21:4
sexual 21:7,9 76:5
sexually 83:19,21
shadows 51:20
shame 29:3
share 36:24 65:17 66:3,6,15 72:22 73:4,13 78:25 82:19 88:21 94:13
shared 52:8 63:8
sharing 66:11 75:13
Sharon 40:25 70:25
SHARONLEE 70:24
shelf 13:2
Sheriff's 100:25 108:18 109:14 111:22
shifts 89:24
shocking 83:16 104:6
shooting 21:22
short 15:2 79:7 103:11
short-term 41:7 89:20
shoulder 3:8,9
show 33:22 46:16 58:13 70:6 97:11
showed 25:23 102:25
showing 26:1
sic 52:23
sick 9:3,4
side 86:2,3 93:9
sidewalk 21:23
sign 65:11
significant 57:5 80:7,24 90:14
simply 47:21
single 7:1 10:21
sit 13:2 28:10 51:11 58:1
site 25:19 32:22 54:12
sites 19:20
sitting 43:6 104:10
situation 25:12 111:17,17
situations 83:3
six 59:4,16 69:22 84:17
sixteen 36:10 69:20
sixth 88:4
Sixty 69:23 95:5
size 77:5
skill 107:11
skills 9:20 47:4
skimming 28:15
sleep 103:8
slide 60:11
slides 78:12
small 26:6
smaller 15:7
social 32:14,15 36:8,9 43:23,25 45:22,24 46:2 51:20 75:21 76:2,11,14,24 77:1,4,13 78:11 85:14 88:19,23 88:24 89:14,15 89:20,23 90:3 91:24 92:5 98:8 101:19 110:12
society 74:8 83:6
sociologist 15:19
solution 10:11 89:21 92:16
somebody 4:15,15 5:25 10:3 15:10 50:21 51:8 99:9 104:24
son 95:25 104:7
sophisticated 28:25 30:7 32:17
sort 29:12 107:5
sounds 32:18
source 27:18 35:15
sources 27:6 29:1 34:23
south 1:11 94:1
southern 91:7 94:7,14
space 38:5
span 59:3,5 72:18 101:22
sparked 100:2
speak 47:24 70:25
speaker 11:25 86:3 101:24 105:7
speakers 4:4 14:25 15:1,3 21:12 103:25 113:3
speaking 2:7 10:22 15:6 17:9 41:2 105:8
special 4:18 12:19 55:1
speciality 95:3
specialization 97:11,25
specialized 49:14 49:15 96:11
specific 21:17 27:18 31:23 48:3 97:15
specifically 19:20 52:10 67:8
specifics 26:13
spend 58:17
spending 68:24
spends 68:19 69:21
spent 68:22 95:5
SPI's 35:22
spoke 25:17 56:11
sponsoring 14:24
sponsorship 96:18
spontaneous 114:9
Sports 103:15
spot 83:25
spread 1:16 8:3 10:5
square 19:4
Stacy 2:22
staff 2:22 4:3 70:16 88:9 90:8 91:22 96:6 108:12
staffers 17:10
staffing 48:21
stage 42:10 72:5,9
stakeholder 90:18 91:2,4
stakeholders 90:8 90:10 91:16
stamps 59:8
standards 47:14 50:6 71:19,21
standing 43:18
standpoint 46:19
star 4:16
start 11:18 42:12 43:15 45:15 46:14 60:4 62:3 62:8 65:9 69:14 77:24 96:15 101:20 108:3 113:7
started 6:19 12:21 19:5 38:8 51:15 52:14 53:19 55:9 59:22 65:24 72:7 79:16 83:14 99:13,14 100:24
starting 6:17 21:25 86:12
starts 46:14
state 3:15 4:25 11:7 26:6,6,7 27:19 31:7,11 31:23 33:15 34:18,23 37:9 37:11,23 39:5 40:22 41:2 50:17 52:16 53:16,19 65:10 67:6 69:19,21 69:24 71:4,23 80:13 91:6 92:22 93:5,25 94:2,7,10,15 95:9 100:10 108:7 111:23 112:13 114:4,8
State(indiscerni... 65:23
stated 34:24
statement 99:7
states 6:23,25 18:22 23:23 25:21,25 26:9 27:17 31:6 58:14 63:3,13 67:1 68:3 70:4 71:24 91:6,7 98:23,23 100:3 112:4
statistics 23:18 97:16
stats 81:25
status 40:1 82:3
stay 3:23 4:2 43:6 62:16
staying 8:16
stead 50:19
step 60:3 89:13 94:22
Stone 64:7,8 107:23
stopping 8:3
stores 37:23
stories 48:9
story 47:18 102:12,17 103:11,24 109:19

straight 4:9 5:21
strange 99:9
strategies 72:18 72:22 79:1 82:19 87:13 92:14
strategy 90:23
street 21:20
Stress 101:17
stressors 111:1
strikes 17:13
string 89:19
strong 110:9
strongly 10:19 71:5
struck 106:23
structural 89:23
structure 34:20 71:18,19
struggle 22:14
stuck 94:17
student 12:4 46:24 51:14 52:15 53:5,24 54:4 56:19,20 59:11 60:20 68:12 72:15 73:7,18 77:10 100:11 103:6 111:14
students 7:14,25 8:1,5,14,17,20 8:23 9:2,4,20 19:22 20:2,10 20:16 23:19 24:11,13 30:9 35:15,16,25 36:12,21,23 38:24 39:10 40:15 42:2,19 44:11,21,22 46:1 47:7 48:5 49:5,9 53:3,10 53:23 54:19 56:7 58:6 60:13 60:14 61:12,23 61:25 62:10 67:17 70:3 71:10 73:7 74:22 75:9 79:11,22 80:5,7 80:9,12,16,23,25 81:4,12,16,19 82:4,15 91:21 98:12 111:8
students' 81:9
studied 21:15 109:1
studies 77:1
study 43:24 78:2 85:15
stuff 62:17
stumbling 66:25
stunning 104:25
Subsequently 18:14
subset 97:24
subsidized 20:7
subsidy 24:8
substance 76:4 103:8
substantive(indi... 79:12
Succeeds 52:15,24
success 53:5,11 76:2,3 78:5 81:10 86:17
successes 79:24
successful 48:23 78:4
successfully 51:15
suddenly 83:22
sue 3:13,17 4:19 5:6,17 11:23,25 12:7 16:20 18:3 38:24 102:8,9 103:22
Sue's 39:21
sufficient 89:21
suggest 99:12 101:15
suicidal 98:15
suicidality 84:18
suicide 99:11
summarize 33:25
summoned 103:10
sunset 95:7
superintendents 63:20
supply 94:2
support 26:23 34:24 49:5,10 60:23 61:1,4 62:3,12,19 70:16 71:6 77:25 82:14 86:2 91:16 112:17
supported 13:15 99:23
supporter 12:2
supporting 17:20 25:16 70:16 79:22 109:18,25
sure 9:18 17:5,21 28:15 29:5 34:6 39:3 41:10 45:12,16 46:11 47:3 72:2 79:21
survival 104:20
sustain 61:20
sustainability 5:7
sustained 91:20
sustaining 5:18
Sweden 36:11
sweeps 112:8
swing 104:18
switching 91:8
sworn 114:7
symmetric 41:12
symptom 64:17
symptoms 77:11 86:24 87:1
synonymous 18:21,23,24 24:23
system 27:25 40:15,21 43:3 51:19 54:1 60:7 64:22 71:14 107:10 109:21 110:14 112:2,13
systems 34:7 38:2 48:11,25 62:11 65:6 66:5 74:15 77:15,23,24 105:14,16 107:25 112:3

T

T 114:1
table 3:13 4:15 6:13 104:24
tables 106:12
tackle 59:22
tag 69:18
tail 13:24
take 4:5 7:5 9:20 10:9 12:17 38:12 53:9,24 53:25 57:17 74:13 77:24 78:1 90:1 92:3 94:22 95:9 102:23
taken 66:21 76:22 114:8
takes 89:13
talk 7:4 9:10 11:6 11:14 21:12 44:6 45:3 48:2 48:10 50:5 51:7 52:4,21 63:1 64:11,15,16,17 65:25 69:9 74:14 87:14 111:5 112:8 113:3
talked 18:8 44:12 55:10 56:6,24 107:25 108:1
talking 4:19 16:6 19:6 32:8 35:12 37:10 41:5 43:4 43:19,22 48:2 58:13 73:18 87:12,22 98:19 99:20 100:2,22 107:11
talkovers 114:12
Tanner 6:15,20 12:10 63:21 72:3
tap 78:18
target 74:25 75:10 75:10
targeting 108:3
taught 107:14,14
taxpayers' 38:7
teach 61:18 98:10 98:17
teacher 17:2 51:8 51:8 83:15 85:6
teachers 70:17 91:21
teaching 83:22
teaching(indisce... 109:9
team 33:20 69:18 108:19
teams 57:11
technician 55:21
technicians 56:6
technology 34:11
teenage 32:6 83:20
teens 54:11
Telehealth 81:5
telemedicine 31:4 31:13,20,22 32:1,8,17
tell 2:25 3:12 7:8 16:8 27:19 50:11 51:8 60:1 83:13 85:2 89:4 94:22 102:16,17 103:17 105:4
temple 1:21
ten 13:8 16:25 19:10 23:21 24:6,20,21 62:14 83:18,19 101:12,12
tend 31:23
term 84:9
terms 19:23 20:14 21:7 22:10,13 25:24 26:8,16 28:2,7,15,19 30:19 32:2,13 33:7,12,22,23 34:2,6,17 35:1 36:9,20,25 37:3 41:24 50:6,7 58:18,19 74:3 77:12,20 101:19 101:20 110:13 110:15
terrific 18:1
test 35:10 57:21 62:8,8
testimony 114:8
Texas 111:23,24
texting 2:16
thank 2:9 11:18 11:19,25 12:6

13:19 14:25 15:1 16:18 17:20 37:5 39:10,12 41:14 41:16 42:7,11 47:23 51:24 57:16 63:22 68:8 71:15 72:11 78:14,16 79:5,5 81:24 82:7,22 84:22 87:11,24 92:10 102:2,4,7,8,20 105:24 106:14 110:1 113:16
thankful 42:18
thanks 16:20 87:9 100:15 108:8
theme 12:14 43:12 67:15
thing 5:16 22:21 44:5 53:3 77:7 81:15 86:14 92:3 97:9 98:22 104:25 105:20
things 1:8,13 14:16 15:10 20:23 23:15 36:3 38:13 46:18 49:6 53:8 53:14,18,20 56:15,18 58:23 61:14 71:1 74:16 76:5,7 82:23 86:13 92:25 93:13,14 94:11 96:18 99:20 100:24 106:2,22 110:20 110:21
think 2:13 13:17 13:25 15:1,4 16:23 19:2,6 21:12,23 22:3,8 23:19,24 25:1 26:5,15,17,25,25 27:3,13 28:4 29:22 34:24 35:19 36:6,7,14 37:2 39:16,17 39:21 40:5 41:4 41:17 42:1,12 42:21 44:12,15 48:2,7 50:8 65:23 68:4 69:8 73:24 77:20 81:15 84:21 90:20 93:16 98:7,18,22,25 99:2,16,22 103:21 105:16 106:2 108:2,4 110:10,15 111:22
thinking 20:21 21:16 37:1 107:10
thinks 51:8
third 59:12
thirteen 84:19
thought 23:21 36:6 51:4 78:2 114:11
thousand 15:5 24:2 49:9 69:20 69:22,25 95:5 96:9
thousands 96:3 100:17,17
threatened 3:24
three 2:23 3:2 17:25 27:6,9 49:9 54:21 56:4 59:5 63:6 85:19 85:21
three(indiscerni... 18:10
threw 17:4
thrilled 82:18
throw 110:4
tie 43:13
time 3:9,24 4:2,5 5:22 6:24 7:5 15:2 46:13 50:14 58:8,17 64:15 66:12 79:7 80:10 90:19 96:2 111:15 113:2,6
time(indiscernib... 58:4
times 30:8 58:7 59:12,14,18 62:1,14 66:5 86:19 111:16
Tipper 96:8
tirelessly 3:10
Title 20:2 38:18 38:19
today 5:9 9:10,21 10:13 11:2,4,17 11:21 12:11,19 16:5 32:18 42:13 43:5 73:13 75:14 88:10,21 92:25 105:12 106:2,23 109:17,24
today's 9:10 82:10
told 1:21 49:13
Tommy 57:12 67:25
tomorrow 105:13 112:23,24
tonight 1:19 113:4
top 28:3 62:22 70:12 96:20
topic 17:10
topics 106:4
tossing 23:18
total 37:3
totally 81:2
touched 30:15
town 65:25 93:9
toxic 78:3,4
track 60:7,19
tracking 59:23
traditional 23:17 44:9
trained 5:3
training 49:16 56:5,23 73:15 86:6 95:13 109:8
trajectory 46:4,9 85:11
transcript 114:15
transcription 114:13 115:7
Transition 55:2
transitioning 93:2
translates 80:25
transportation 44:1
trauma 21:17,17 21:24
treat 63:6
treatment 8:20 79:25 84:8
Trefy 70:24,25
tremendous 26:8 69:19 70:1
trend 77:12
tries 42:22
trigger 90:16
triggers 51:13 89:1
truancy 53:13 54:15
true 30:5 47:18 61:3 115:6
truly 57:19 92:14 106:4
trusted 35:14 51:17
try 8:10 76:23 97:8
trying 9:13 16:1 39:22 75:18 77:9 81:16 111:2
tuberculosis 7:20
tune 42:23
turn 82:15 102:7
turned 17:23
turning 50:16
turns 23:25
tweet 2:18,20
tweeted 108:7
twenty 33:4 68:21
twenty-four 69:22 78:21 82:3 84:13,20
twenty-seven 84:14
two 2:21 3:7 5:17 11:13 15:16 27:5,6 39:15 45:23 59:2 62:2 63:3 68:20 71:1 93:15 94:3,23 98:23 105:14,16 110:20
two-thirds 33:8
type 107:13
typewritten 115:6
typically 28:8 31:6 58:11

U

U.S 31:12
ultimately 35:16 88:20
unaware 81:3
UNC 73:3
underinsured 80:17
understand 18:25 49:5 50:13 51:12,13 55:7 56:9 57:20 62:18 67:24 69:4 70:15 83:9 85:5 102:15 106:9 111:18
understanding 21:11 26:22 115:8
unhappy 21:15
UNIDENTIFIED 105:7
Unified 52:4 54:2
uninsured 27:10
unintelligible 84:24 85:3,13 101:6,25
United 6:23,25 23:23 58:14 68:2 70:4 98:23 112:4
universally 83:18
universe 41:18
universities 79:22 80:3,22
university 12:4 48:1 80:13 81:13,18 98:11 111:11,19
UNKNOWN 101:24
unlicensed 45:10
unmet 89:14
unnecessary 90:12,19
unnoticed 10:14

unsung 101:15
ups 56:16
upstairs 2:1 113:4 113:14
upstream 90:5 91:17 94:16 112:21
USDA 9:25
use 34:3 38:6 48:18 55:18 56:15 75:21 82:4
usual 18:2
usually 54:12,14 54:14
utilities 44:2
utilize 62:13

V

valuable 75:17
value 28:7 41:4,9 43:4 102:15
van 31:3
variable 76:12 77:2
variables 75:16,19 75:22 76:4,16
variants 93:9
variation 22:13 25:24 26:4,8
various 44:25 45:20 57:10 61:14 73:6 75:25
vast 42:21 73:4 81:4
vectors 83:6
vehicle 31:5,14,16 32:12
verified 114:17
Vermont 41:3
versions 77:18
versus 26:7 66:20
vibe 1:10
vibrant 10:16
vice-president 12:25
violence 36:11,13 76:5
vision 8:9 12:16 13:8,10 43:4 45:14 46:5,6
visit 32:24 60:14 61:23,25 71:3
visits 27:23 60:10 60:15
vital 35:4
vocational 45:9
Volkswagen 91:5
Vollinger 93:21 93:22
volunteer 96:2
volunteers 96:22
vulnerable 39:23
VW 91:12

W

Wagner 72:4,10 72:13 78:15 81:23 84:23 87:10 92:9 98:2 102:3,19,22 109:16
Wakefield 15:17
waking 58:14
Wald 8:8
walked 46:8 47:19
want 2:4,8 3:25 5:23 6:10 11:22 11:25 14:14,25 15:7,11 18:20 19:1 38:5,12 46:11,11 48:10 50:4,5 58:23 66:3,19 74:1,15 74:18,20 75:8 77:17,22 78:13 82:23,24 85:2,9 86:8 94:22 96:13 102:16 104:24 106:14 110:4 111:7,16 111:25
wanted 36:24 39:1 44:5 45:3 57:1 103:23 108:17
wanting 12:24
wants 6:11
Washington 48:1 50:17 65:10,22 67:6
wasn't 37:15 109:24
watch 2:20
watching 40:25
water 38:6
watered 5:15
waving 3:14
way 2:16 19:16 21:13,17 28:5 30:13 35:25 43:21 54:16 57:10 72:2 84:18 86:18 93:1,6 100:11 106:22 109:15 110:8
ways 48:21 55:10 91:3 96:21 106:9 112:17
we'll 8:11 33:25 43:13 45:18 98:3 113:13,14
we're 1:11,21 2:5 2:14 3:22,23 4:4 6:1,12 7:23 8:10 11:3 14:12 15:21 16:3 20:6 20:17 24:18 28:7 32:3,14 33:11 39:22,23 43:3 44:4 45:14 45:16,22 47:10 52:1 53:14 55:19 57:11 60:23 61:9,10 61:11,13,22 69:6 72:7 73:18 74:8 75:1,18 77:5 79:15 83:3 85:14 87:12 90:4 93:16 94:16,17 98:19 98:20 99:17 100:22 104:21 106:15,18 107:11,17 109:7 110:10 113:7
we've 1:13 10:14 10:18 11:5,6,7,8 11:8,10 13:6 23:14 43:14 60:16 70:21 74:17 76:2,11 77:7 78:7 82:9 83:6 85:11 87:22 92:10,13 94:3 98:21 100:24 107:1,25 108:1
website 14:20 19:19 82:1
wedding 104:8
week 30:8 98:11
weeks 13:23
welcome 1:7 2:4 72:4,9
welcomed 1:11
wellness 10:2,25 52:2 73:3
went 8:19 17:3 72:13 99:15
WIC 109:22
Williams 15:18
win 74:20
windows 1:24
Winnifred 99:24 99:25
Winston 15:22 16:5,10,11,17 17:2
witnessed 21:18
women's 4:11
wondered 49:3
wonderful 1:10 2:3 12:10 13:6 15:16 51:5 63:23 65:21
Wong 16:5,17,19 37:12,18 39:11 41:15 42:11 43:19 68:10 103:25
Wong's 67:14
Wood 2:9 3:18 12:5,25 14:11 14:19,23
word 1:16 63:10 63:11 99:16
words 15:11 60:20 63:9 73:1 114:14,16
work 3:20,21 5:8 5:25 7:12 14:10 14:21,22 20:18 25:18,19 27:21 37:8 39:1 45:4,6 45:19,25 47:6 48:15 52:5 55:4 55:23 56:14,18 62:18 63:24 64:17 84:11 85:2 86:1,8 88:23 90:5,5 93:18 94:16 98:11 99:17 100:3 108:9 109:7 110:8,8
worked 8:3 45:17 50:20 52:18,21 55:25 73:16 76:19
worker 3:10,10
working 2:16 3:19 13:11 14:5,12 42:14 44:5 45:12 46:16 49:18 55:21,22 60:21 64:18,21 68:20 89:12,18 99:1 103:14 106:8 109:14
works 43:20 56:1 60:7
world 7:7 11:9 13:4 42:5 104:1 108:6
worse 28:9
wouldn't 3:22 51:4 109:23
Wow 6:16
wrap 47:8
write 51:6
wrong 54:16 60:3
wrote 41:21 46:6
Wyrick 73:2,9,11 78:16,17 108:16

X

Y

Yeah 39:12
year 8:24 9:3 16:25 17:7,7 55:10 56:25

58:6,8 59:21 61:24 62:1,8 69:22 70:13 79:16 80:5 84:14,14,20 100:18 108:6
years 1:22 2:11 3:8,18 4:24 5:22 6:2,2,22 8:7 10:7 12:1 13:8 14:11 17:25 18:7 19:11 20:18 39:16 52:19,21 53:19 54:2,18,21 56:4 59:4,16 83:20 84:18 94:23 98:9 99:1 101:12,13 110:24
York 7:9,21 8:6 8:11 20:24 69:21,23
you-all 105:17,22 113:3
young 5:10,10 7:18 15:25 36:9 74:11 100:18 103:23 104:14 104:14 111:14 112:16
youth 72:20 82:11 82:15 109:19

Z

Zip 70:1 89:7

0

1

1 1:3 20:2 38:18
1,120 9:3
1,440 59:21
1:18:29 54:22
1:31:00 64:13
1:39:20 69:19
10,500 24:4
10,567 9:2
11 95:1
110 55:16
114 115:5
11th 1:20 113:10 113:11
12 79:13 86:19
125 1:22
13 59:14 84:19
14 87:2
1400 58:8
1434(b) 114:6
15 59:18
150 7:23 55:15 56:5
16 50:21
16)-year 36:10
16,000.00 69:20
16/'17 56:24
166 26:2,7
17 6:21
18 44:4 52:21 58:15 78:21 80:5 82:3 84:13
18:33 14:5
180 58:7,7
1897 7:9
18th 115:15
19 59:13,15,19 80:5
1902 9:2
1992 38:8
1998 85:16

2

2 1:3 14:8
2.20 68:21
20 19:11 20:18 62:14
20-30 6:1
2009 40:23
2010 12:21,21 58:24 95:1
2013 59:23
2015 52:14
2015/16 69:21
2016 101:10
2017/18 56:23
2019 1:3 115:4,15
2020 2:13
22 58:13
24 19:22 78:21 82:3 84:13,20
24,660.00 69:23
25 97:19
25th 104:8
27 57:3,3 84:14
28 114:5
29 71:24
29:32 21:19
2nd 115:4

3

3 74:24
300 55:17
38 19:21

4

4 38:19 74:24
4.7 24:10,13
40 27:16 33:6 54:6 54:18 58:13
43 100:3
45:07 31:19

5

5 58:15 74:24 84:17
50 24:17 86:25
51 23:4
53 110:24
56.6 42:23

6

6 84:18
6:00 113:17
60,000.00 95:5
63 80:23

7

7 80:25
7,900.00 69:25

8

8 89:8
8,716 58:5
8:00 113:2,8
80 109:8
82 68:14
85 33:2
87 89:6

9

9:00 113:2,7
90 9:6
99 111:15

AARP - BETTER SCHOOLS, BETTER COMMUNITIES, FOR A HEALTHIER AMERICA

DAY 2 - OCTOBER 3, 2019

MS. SUSAN HASSMILLER:

Good morning everyone. NOLA, NOLA. So I'm very happy to be back here and that you all came back. There's a lot energy in the room. You know, I come from -- I'm so torn because I have just a few minutes up here and I was torn between reading to you a story about William (inaudible) and school nursing. I was inspired by Andrea, by telling her story except that I couldn't memorize the whole thing. I guess if I would memorize everything and I would be here reading the story which would be just fine. I think stories are really important. I'm not going to read it, instead I want to just tell you something from my heart instead. We had a little conversation yesterday, I don't remember who exactly I was talking to, but there was a little tinty tiny little debate that what mattered for data, or stories -- who was I talking, yeah -- and what -- there was a data side and there was a story side. So very interesting, you know, I come from,

1 although, I'm spending most of my time now with the
2 National Academy of Medicine now. But at Robert
3 Wood Johnson Foundation, you know what, we have a
4 huge, huge research department that's cranking out
5 data 24/7. And we have a equally huge, huge
6 communications and PR department that's cranking out
7 stories 24/7. So I was brought up at the foundation
8 to really understand that both are very, very
9 important. Sometimes it seems that my research
10 colleagues get frustrated especially those, Andrea,
11 the future of person scholar program where -- when
12 there new scholars working on their research and
13 it's all about that research, it's all about that
14 research and, you know, I always try to tell them
15 that, that's only the first step, you know. Having
16 a question and trying to get answers around the
17 research is really just the first step because
18 stories are incredibly important. And you know
19 that, yourself. Find what moves you. And even
20 thinking back to decades ago when we remember those
21 Hallmark commercials came on, we were all sitting at
22 the TV, boohooing our eyes out. And, you know, even
23 the commercials now, and I don't watch that much TV,
24 but you know what I mean. You hardly know what the
25 product is until the end because it's all about

1 family, and love, and, you know, (inaudible) and all
2 this. The stories really do move us as human beings
3 because we have hearts but we also have heads as
4 well.
5 Okay, so I wanted to sort of mention that --
6 and I wanted to say too that I know the Teen Act
7 Campaign for Action is kind of news to me and I'm
8 learning about this type of thing, laughing. And I
9 also -- when we invest in something, Robert Wood
10 Johnson Foundation or Campaign for Action, you know,
11 I really want to move mountains. It's just in my
12 body and my spirit to move mountains. And it's in
13 my soul yesterday and today that there is, I feel, a
14 big breakthrough with school nurses. I just feel
15 it. They are in schools doing the very hard work.
16 Sometimes in their corner. Sometimes in their
17 silence. People don't even know they exist. People
18 don't know the value but if there were ever a nurse
19 that is prying for doing that recommendation that we
20 came up with in the first future of nursing report,
21 that all nurses should practice the top of their
22 education and training, it is school nurses. So I
23 was going to ask you, but I'm going to ask you and
24 (inaudible) expect answers until the end because the
25 team has graciously given me a few minutes at the

1 end as well, but I'm going turn it over to you. But
2 what I want you to think about is -- and especially
3 about the return on investment on our investing in
4 you today to come here and meet together, and really
5 think big on how we're going to move this mountain
6 together. But it's about "What are you going to
7 take home?" and "What are you going to do?" Yeah,
8 it's like that, "What are you going to do on Monday
9 morning the day after this conference?" well, I
10 really mean it, you know, people say that but I'm
11 going to go around the room so be prepared. I am
12 going to ask you at the end of today or whenever
13 we're ending it at 1:00 Pat? Okay, so I'm going to
14 -- at 12:50, everyone should (inaudible) I'm going
15 to go around and do a pop up. Okay, so be prepared
16 and I need to know what you're going to do
17 singularly or in collaboration with X, Y, and Z.
18 And I'd love to hear the X, Y, and Z because I
19 expect people that you're working with think outside
20 of nursing. You know, that's the big thing now, we
21 talk about -- people are still talking about
22 interprofessional collaboration and I'm not cool
23 with interprofessional collaboration but medical
24 professional collaboration means to me nurses got
25 nurses. And I've been working under professional

1 collaboration for a decade, okay. We are now
2 talking about multi-sector partnerships, multi-
3 sector partnerships and that means working outside
4 them. You guys are going to lead the way for our
5 nursing profession. You and public health nurses
6 are going to lead the way for how to do what Lillian
7 Wall and really (inaudible) thought us how to do. I
8 don't have time read you the story about Lillian
9 Wall but it was so cool that I found it. I just --
10 plug it in, go do Lillian Wall school nurse and
11 you'll find the story of Louis. Okay, and find that
12 story of Louis. But the point is, we're going to do
13 this and, you know, in my lifetime please. In my
14 lifetime. We're working on the big future of
15 nursing report. This is what it's going to be about
16 how we are all, public health -- you know, somebody
17 said to me and they've said it a couple of times,
18 "Finally, Sue you're going to a report on for public
19 health." As if the first one was just for acute
20 care, or just for nurse practitioners -- it was a
21 lot about nurse practitioners but there was a reason
22 for that. But I'm here to tell you that addressing
23 social determinants and health equity is not just a
24 public health nursing issue. It's not. It's an
25 issue for every nurse -- I know I'm being exclusive

1 to people in here who are not nurses but that's just
2 the way it is. (indiscernible) Okay, so this is
3 about public health, school health, occupational
4 health, acute care, coronary care, emergency room,
5 every nurse no matter what their job should at the
6 very least understand what these social determinants
7 are about and what their role can be. And that
8 includes faculty. If we can't get the faculty of
9 this country invested, Susan Swider, in this issues,
10 I'm going to hold you personally responsible for
11 helping on this issue, for helping not a total
12 hundred percent but you got to think percentage
13 here, okay, very soon. So we got to do this. School
14 nurses breakthrough, okay? Be thinking about your
15 pop-up, what you're going to do, and to who you're
16 going to it with, to whom you're going to do it
17 with. On that note, I'm talking about future
18 leader, I bring up one of my greatest future
19 leaders, Andrea Tanner. On the team.
20 MS. ANDREA TANNER:
21 Yes, the team, yes.
22 MS. SUSAN HASSMILLER:
23 I was just told to bring you up.
24 MS. ANDREA TANNER:
25 Oh, well, we decided to have a healthcare

1 conversation. (indiscernible) our turn too. So we
2 started chatting last night just about upcoming
3 moments what really stuck out at us, and just were
4 beaming from ear to ear about the great conversation
5 that had been started and the excitement of a great
6 conversation that's going to continue today. And so
7 I wanted to just highlight a few things that came up
8 yesterday that we can carry over into our
9 conversations today. For me, as I thought about
10 everything that our first panel talked about, school
11 nursing, envision and value. I think the big, big
12 word, if I could sum it up in one word, I would have
13 to refer to Tommy and his academic health. I feel
14 like that, that is going to move us forward in a lot
15 of different ways. Because a lot of conversation
16 revolved around just bridging the gap between these
17 two huge systems. You know, it's hard to understand
18 all there is to know about education and I feel like
19 we've got one -- is it just you -- I think we may
20 have one school administrator in the room. And
21 thank goodness we can have one because sadly it is
22 difficult to find school administrators who
23 understand and value the role of the school nurse,
24 the role of health and education, and understand
25 that connection and I refer to as (inaudible) as

1 many of you have probably heard it's probably the
2 tag liners in some of your email but former US
3 General Joycelyn Elders said, "We can't educate
4 children who aren't healthy and we can't keep them
5 healthy if they're not educated." Those two are so,
6 so inclined with one another. It's hard to even
7 separate the two and yet we have two very separate
8 systems that don't communicate well together
9 actually. So I would love to -- and we don't have
10 much time, but maybe just a couple of people, I
11 would love to hear how things are going well in
12 ventures to bridge health and education. We talk
13 about data. We need data and we need stories. I
14 did a little review and looked at mental health
15 initiatives that are happening in the schools, the
16 school nurses are involved in. And it was
17 interesting, because a part of what I looked at is
18 what outcomes are we looking at. And there are
19 always mental health outcomes because obviously it's
20 a mental health initiative, they wanted mental
21 health outcomes. And sometimes, every once in a
22 while, there's a quality of light outcome that they
23 outcome that they've looked at but very seldom,
24 well, in actuality, (indiscernible) actually had an
25 academic outcome. They didn't know, you know, I

1 was looking at school nurses in school nursing
2 interventions. But we as the nurses need to make
3 sure that we are speaking the language of the people
4 all around us. And I know that all of you had
5 experience working in settings where you are
6 strictly a nurse surrounded by a whole lot of other
7 people who aren't nurses or medical providers at
8 all, and it's difficult unless you buy into what
9 they are doing. As a school nurse we have to buy
10 into the agency that we're working for. We have to
11 buy into their vision, their values. We have to
12 make it our business to be promoted education. To
13 promote it people being at school learning. That's
14 the whole reason we put school nurses in school to
15 begin with was to say, "We have kids in school
16 learning and we realize that they have to be healthy
17 to be there." We've got to learn to communicate one
18 another better. So personally, you know, I have
19 individual student's success stories about bridging
20 that gap between health and education, parents who
21 are struggling, and to get their child the care that
22 they need. A student with psychosis diabetes who
23 lives with a single dad. They had insurance but
24 their insurance paid for him to see an
25 endocrinologist that was two hours away. They had

1 no car. And at that time, the legal department paid
2 services to driving to that appointment two hours
3 away. And so we finally worked out, his
4 pediatrician, was willing to manage care -- it was
5 not (inaudible) but better than no care at all and -
6 - but they didn't always let me go to the
7 appointments with him because he needed a
8 translator. He needed somebody to build a bridge.
9 He didn't understand what the physician was saying.
10 He didn't know how to translate to the school. He
11 didn't really -- even understand how to ask the
12 health care provider to write some orders for the
13 school so that the school nurse could provide that
14 care in the school setting. So there's little,
15 little opportunities like that, that I'm going to
16 talk big scale opportunities. I'm going to talk big
17 scale ways that we can bridge healthcare and
18 education and relay those academic health. And if
19 we had each one event flyer, some positive story out
20 in the room at how you've been able to build a
21 bridge, between health and education, I'd love to
22 hear it. All right, Erin.
23 MS. ERIN MAUGHAN:
24 So CDC -- we have a contract (inaudible)
25 with CDC to look at chronic absenteeism and to

1 highlight a tool. And so we've been working with
2 six different school nurses in four different states
3 and we're in our second year into starting. But in
4 one in particularly literatures we've worked it's in
5 one in Massachusetts and the nurse worked so closely
6 with the -- I forgot the name, the officer that they
7 have to (inaudible) and with the principal and they
8 have developed an amazing team that really
9 understands that health and academics go hand and
10 hand and they've changed the entire school
11 atmosphere and it's spreading on to other -- other
12 schools in that district as well because it's all
13 about the (inaudible).
14 MS. ANDREA TANNER:
15 I agree.
16 MS. ERIN MAUGHAN:
17 And it's improving the health because it's
18 keeping the kids in school but it's also improving
19 their academic (indiscernible).
20 MS. ANDREA TANNER:
21 Awesome, I love it. And I think Michelle
22 really did well on that. But that is that -- when
23 we talk about outcomes, and something to measure,
24 chronic absenteeism really is a good outcome to
25 bridge those sectors together. Because they both

1 are so interclined with one another. So I think
2 we've hit nail on the head with that one and that's
3 fantastic.
4 Something else that came up in side
5 conversation, since you didn't get to have the
6 microphone and hear all the chatter all night last
7 night, something else that came up on this topic was
8 about our state's school nurse consultants. So I'll
9 kind of turn to (inaudible) too 'cause it's
10 interesting to hear the difference between those who
11 had a state's full nurse consultant within the Board
12 of the Education versus the Board of Health. And
13 that, that position was a key position in building a
14 bridge between the Department of Education and
15 Department of Health. And we had a health person
16 inside of the Department of Education
17 (indiscernible) state that has that. We do have a
18 state school nurse consultant within our Board of
19 Education. And it's amazing. She's phenomenal and
20 she does do a lot ungratefully for us. So those
21 are some ah-hah moments for me. And I know that
22 continues on into the curriculum issue because
23 curriculum issues whether there's Pre-k to 12th
24 range and beyond. So I'd love to hear some things
25 that you learned.

1 MS. JESSICA WAGNER:
2 Sure. So what stuck with me yesterday, was that
3 having side conversations and even during the
4 sessions, was that, a lot of the work that is being
5 (indiscernible) already doing in your action
6 coalitions. We've heard partnerships with other
7 members and other organizations per the school
8 nursing, and part of being the law enforcement. We
9 heard advocacy that we've been going up to the State
10 House and asking for this so personally I want to
11 thank everyone in the room. You are already setting
12 up a good foundation for the work that needs to be
13 done but what the next is, what next? How do we get
14 to that academic health? How do we get to that
15 prevention system model that the panelist spoke on
16 yesterday? And for me, what I see is that, is that
17 we need a turn, use great ideas and actions alive
18 through policy. And I think that we heard that a
19 lot yesterday. So how did we get that policy that
20 make shape for school nurses and how does that meet
21 to a sustainable model of healthcare now and for the
22 next ten years. And so Dr. Campbell touched on that
23 and gave examples. So I just encourage everyone in
24 the room to start thinking about, how do we get to
25 that academic health, how do we use data in the

1 school (inaudible) to get policy in place because
2 that is going to be the passport for the next years
3 and beyond. And I want to take a moment too and
4 since I'm talking about beyond and I'm here, you
5 know, with my baton, and we slept really nice
6 yesterday, so thank you for the confidence in being
7 next generation but to our school of nurses and our
8 much more our students nurses here, we had some side
9 conversations and I would like to open the floor to
10 you now to share what were some of the moments you
11 heard, what kind of (inaudible) bring to support you
12 coming into this profession and as Marcus and I
13 discussed this morning, the future of nursing in
14 2020 and 2030 is really going to be your frame work.
15 How your entering your profession. So I'd like to
16 open it up and share the floor with you, you know,
17 really pass the baton to you two right mow. So
18 Marcus ready (indiscernible).
19 MS. MARGUERITE DAUS:
20 Hi everyone I'm Marguerite Daus. I (inaudible)
21 Pennsylvania second year (inaudible). I am really
22 (indiscernible) and thank you for sharing your
23 experiences. I love hearing the (inaudible) where
24 we're talking about social terms in health at a
25 systematic level and that we really are talking

1 about addressing the disparities that are occurring.
2 Often times, (indiscernible) we're talking about
3 these issues and I really appreciate that. I think
4 for someone -- starting my career and looking at all
5 you in the room and trying to (inaudible) the
6 expertises, learning the pathways of how people got
7 to where they are, and really learning about -- and
8 different opportunities (indiscernible) because
9 they're so many different tracks of nurses it takes,
10 to see that in each of you in the room, as to how
11 you've taken nursing, making it your own, and you
12 also then changed different scepters and you've
13 worked intersectionality and it's really impressive
14 to do so. And I think coming here in that
15 (inaudible) institution surrounded by research all
16 the time it's nice to see in the community what's
17 going on and learning from those experiences and how
18 to integrate that into what we do. So for me,
19 hearing these stories has been eye opening and also
20 I just love for people to share their stories and
21 really talk about how they got to where they are.
22 Because for young people I think you often question
23 how did you get to be in this place where you're
24 doing this change and it's so impressive but for me
25 what does that look like right now, and I have been

1 doing, and really working together in partnership to
2 try to learn together so thank you.
3 MR. MARCUS HENDERSON:
4 (indiscernible). So I think the biggest thing
5 for me and I will be honest before I became a nurse,
6 you know, I was like (indiscernible) and then
7 throughout nursing school my community health
8 rotation I was at a place called (indiscernible) for
9 14 weeks as a nursing student. And it opened up my
10 world of the role of a school nurse does and how
11 they really are addressing social determinants in
12 action every single day. And using all of their
13 skills in unique ways to make research connections
14 and really care for the students and their families.
15 And I actually have students at that same high
16 school, now, as their clinical instructor where I
17 was a student when I was in nursing school. But
18 having them realize I think a lot of times when they
19 do their midterm (inaudible) it says, "Why is your
20 role as the school nurse here?", "I mean, I don't
21 see the role of nurse here" -- I mean, "I don't see
22 the role of nurse here", "What am I doing here?"
23 "I'm not doing blood pressures, I'm not checking
24 vital signs", "What's the role of the nurse?" And I
25 say to them, "Step back, why isn't this the perfect

1 place for a nurse?" And think about your critical
2 thinking skills, your care coordination and all
3 those other skills that you have to use because you
4 don't have the resources to provide. So it only
5 imagines that nurses function at (inaudible) levels
6 with limited resources and if we put the resources
7 behind, specifically school nurses, no brainer to
8 me. So I think, just, you know, it makes me go back
9 and think "How is Pennsylvania really supporting our
10 school nurses?" "Are the systems set up properly to
11 ensure the children are receiving the best
12 healthcare that they deserve (indiscernible)."
13 MS. KAREN SCHWIND:
14 Good morning, I'm Karen Schwind. I am the
15 administrator for the (indiscernible) which is a
16 small district in Texas. And in Texas we have
17 really no regulation to who might be at the health
18 clinic. It could be a medical assistant, it could
19 be a LPN, it could be an RN. And in our particular
20 district we've had a model where we have our larger
21 campuses covered with registered nurses, school
22 nurses, and then some of our smaller campuses
23 covered with the licensed vocational nurse or an
24 LPN. And as I became an administrator what I found
25 was annually I was replacing the LPNs. We were

1 having a real problem attracting them, number one
2 because of the salary. We were them basically a
3 little more than minium wage and they don't have
4 experience. LPNs coming out of the one-year program
5 right now can't get jobs because the hospitals don't
6 hire them and so they come to school and it just
7 wasn't a -- the best -- it wasn't what's best for
8 our children. So I began to collect some data on
9 the number of students that are being sent home when
10 LPN is on the campus as compared with the registered
11 nurse. I'm seeing so many more kids being sent
12 home. Our attendance rates at those campuses are a
13 much lower percentage. So there were a lot more
14 children absent. The medical needs were really not
15 being addressed as they were on the RN campuses.
16 And so I presented that to our staff and to our
17 administrators. The other thing I looked at was I
18 came up with a formula to be able to determine the
19 amount of my salary and my time that was being spent
20 orienting nurses every year and getting them finally
21 up to speed because again, they don't come to us
22 with any type of school nurse experience or
23 certification so that first really two to three
24 years of nurturing and supporting is huge and then
25 they leave because they find a Home Health job that

1 will pay them three times as much. And so there was
2 not that commitment to school nursing. So as a
3 result, as our LPNs are leaving we now have it in
4 place that they will be replaced with registered
5 nurses. Thank goodness.
6 And so the other obstacle we face with that is
7 that we have the Texas Association of School Boards
8 who writes a lot of our policies for our schools.
9 And they currently are in support of the LPN Model
10 because it saves the school money. So my battle
11 continues, and I will continue to present it, and
12 continue to support that data.
13 MS. ANDREA TANNER:
14 That's a perfect example of a school nurse
15 voice and in the (inaudible). That's a huge
16 political piece to canvass and I've heard a lot of
17 school nurses talking about that very thing. How
18 much time it takes to train a school nurse to be a
19 school nurse. That's not something anyone
20 exclusively comes to a school setting with -- unless
21 they've done it before or unless it's been something
22 heavily hit upon in their nursing curriculum and
23 maybe they worked with Marcus and so they understand
24 the role of school nurses. But this issue
25 (inaudible) that we can't just bring in school nurse

1 to cath lab and say be a school nurse and all of
2 sudden they essentially understand all the newons of
3 building these bridges, the communication, the
4 language, and just the heart and soul of school
5 nursing and public health nursing.
6 MS. LABRENDA MARSHALL:
7 I am LaBrenda Marshall. I am the State Nurse
8 Consultant. I have worked with the State Department
9 of Education so I do bridge the gap. I am a school
10 teacher as well as a nurse and so the two there
11 (inaudible) doing very well for myself. And so out
12 of all the things that I can think I can complain
13 about Alabama I could tell you there are so many
14 other things that's so right with Alabama. And one
15 of the things is the opioid crisis in America after
16 have being at the very top as the largest number of
17 opioid crisis and abuses so week before thinking and
18 one of our Senators, (inaudible) Senator, Darrel
19 wrote a grant Five Million Dollars ($5,000,000.00)
20 that he received to help law enforcers as well as
21 the EMTs to put Narcan on -- in their cars and into
22 the ambulance and things like that. So we then kind
23 of talked about being a fourth finger and wanting to
24 have a part in that. So they then did send some of
25 the money over to school nurses and we did our

1 delegation training where we actually purchased MZOS
2 and we put them in every one of our high schools so
3 that if there was any crisis there then they already
4 had those devices there. So what our nurses do, we
5 have both LPNs as well as RNs, and they train and
6 they delegate the training and the -- all the skills
7 to make people that if they recognize any of this on
8 our campuses -- all we had the funding for was just
9 our high schools. And so they're not at the middle
10 school, however, their grant is running out and so
11 now we're faced with October 31st that those devices
12 then will expire. So just recently our coordinator,
13 she wrote her grant, (inaudible) grant, that she is
14 allowed us to at least go out and to find a vendor
15 to go on and continue this project. Because if we
16 fall back, if anything happens to our students
17 again, we are this round ball trying to fit into
18 this square peg and you can't fit but there is a
19 (inaudible) with everybody has the lane to stay in
20 and then you have to then be able to merge when it's
21 time to merge over into the lanes to work together.
22 And so we're very successful at doing that because,
23 myself, and one other State Nurse Consultant we
24 write all of the curriculums, we do fire visual
25 trainings, we have a big mega conference where all

1 of our nurses gather in Mobile and we train them for
2 upcoming legislative things that are going to be
3 brought out. And then we partner with our
4 Children's Hospital. And all the doctors they
5 respect the work that we do so much so that I got
6 (inaudible) because we could not afford to have
7 nurses on every one of our buses that come
8 (inaudible) they have now come with a prescription
9 that Lily has with the City which is now (inaudible)
10 that is really help us to now be able to focus more
11 on the trainings and to do those things as needed to
12 transport, you know, transport our students back and
13 forth because we're not funded totally. And so then
14 we have so many other entities that collaborate with
15 us to try to help nurses in the school setting to
16 help their jobs daily.
17 MS. ANDREA TANNER:
18 Thank you and what a great guidance to I think
19 some of things we've seen today and some of the
20 tiniest. You know, you haven't had to leave you're
21 (inaudible) and you're already seeing some of the
22 tiniest.
23
24 And a lot of what you'll hear later with our
25 panel does deal with mental health and the substance

1 abuse issues that are really playing in our country
2 now. And really I think the biggest epidemic that's
3 out there. There was a lot of rich discussion
4 yesterday about the health and safety of our
5 students and this is really where it ties in, the
6 mental health in special populations, LGBTQ, suicide
7 prevention, and then again, all of the mental health
8 issues. And I think we need to look deeper at what
9 are all of those, you know, we talk about
10 prevention, but what are those extra layers for
11 levels of prevention and maybe we could be doing to
12 address some of these issues.
13 There's also a lot of opioid money coming into
14 states now. And I would like to see school nursing
15 some how tap into that money, like you said, to, you
16 know, have the locks on their schools because we
17 begged for our (inaudible) steel. I feel as a
18 school nurse I was a professional beggar actually.
19 (indiscernible) We probably shouldn't have to be
20 doing that. We shouldn't be having budgets that
21 really have a lot to do with things that our
22 children need. So we need to advocate for that, we
23 need policy around mental health, and how to deal
24 with that. I want to leave here with a quote that I
25 saw earlier this week, and it said, "Be who you

1 needed when you were young" so think about that. In
2 your classroom, your office, wherever you are, be
3 that person that you needed, think back, when you
4 were young. And Marcus you eloquently said how, you
5 know, a school nurse has such an impact and, you
6 know, we aren't task oriented, we are character
7 leaders, we're social learners, you know, we're
8 providers of all things, lunches, clothing, sanitary
9 products (indiscernible) just the wealth of things
10 that address social determinants in health and the
11 school nurse, the value of a school nurse is just so
12 deep reaching. So again, be that person and I think
13 this room is filled with a lot of those people. You
14 are here because you have that passion and that
15 drive to help students achieve, you know, the best
16 life that they can have as they grow
17 (indiscernible). With that, I think that's the
18 perfect transition to speaking with our next panel.
19 So if we can Sue Swider and the team come on up to
20 talk to us more about what's going in the world of
21 school nursing and how we can change the health of
22 our nation.
23 MS. SUSAN SWIDER:
24 So, good morning, and I'm Sue Swider and I'm
25 from Rush University College of Nursing in Chicago.

1 And we were fortunate enough to be the first non-
2 site (indiscernible) we were able to host a non-
3 study community in Chicago. And so today I brought
4 with me some of my colleagues that we highlighted at
5 work on the (indiscernible) was here because it's
6 relevant to school nursing. And even broader what I
7 think we've all been talking about is really school
8 health. It's really the health of children. We
9 think nurses have a unique role to play in the
10 health but it's really all those things that they --
11 kids healthy and (inaudible) learning to succeed in
12 life. And so the two people who I brought with me
13 today are going to talk -- it's a little bit of a
14 merger, it's built on yesterday, it's a little bit
15 of a merger of what's to talk about this morning.
16 They have data and stories for you. They're going
17 to share with you some of their data from their work
18 and stories of what they do. Sally Lemke here to my
19 left, is from the school base health centers and the
20 family center that we've run out of Rush University
21 for about (indiscernible). So -- and she's been
22 them for about seven. So lots of experience in
23 that. And we're going to start with Dr. Heidi
24 Cygan, my colleague to the right here, who has been
25 doing a lot of work with our students in schools but

1 also with school wellness for the Chicago Health
2 School System. And there are -- to our colleague
3 who said, "things about Alabama we could complain
4 about and things you love" there are lots of things
5 in Chicago that are a challenge. The Chicago Health
6 School System is a really large organization to
7 reach out to all of our kids. And so the work that
8 Heidi is doing really hits that whole system and how
9 we can work to make the system (inaudible). So I'm
10 going to start with Heidi to talk about her work.
11 MS. HEIDI CYGAN:
12 Okay. Thank you. I have to say I'm so
13 inspired. Inspired by all the work that is being
14 done in the student health and all the wonderful
15 stories we've heard. So I'm going to start by
16 telling a story as well. I have young children. My
17 five year old came home from school one day and
18 said, "Mommy, nurse Donna, is a gooder nurse than
19 you" and nurse Donna is a school nurse. I said,
20 "You know what she probably is but tell me more."
21 She said, "She has band-aids." So I said, "Well,
22 you know, we have band-aids." She said, "Well, she
23 has Neosporin" and I'm like, "We have Neosporin
24 right here." She said, "She puts the Neosporin on
25 the band-aid and then she puts it on you and she

1 gives you an ice pack. So I said, "Remember when
2 all your friends got sick and it was nurse Donna who
3 figured out why they got sick? And it was nurse
4 Donna who helped the kids who didn't have a place to
5 go to get healthy, find a place to get healthy.
6 That new playground equipment that you have that's
7 because nurse Donna wrote this big long letter to
8 someone and asked for money to get that new
9 playground equipment." So we have this, you know,
10 my husband calls it a "lecture." I call it a very
11 age appropriate conversation about this
12 (indiscernible). "Well, I think nurse Donna is a
13 gooder nurse than you." And so I guess, I should
14 probably say I'm not a school nurse. I'm a public
15 health nurse. But I've been working with school
16 nurses and school districts for the last 15 years to
17 improve student health. So you know, the three of
18 us were talking yesterday and I said this to Sally,
19 I'm like, "Oh, man everyone has stole my talk" and
20 she said "Me too and Sue what are we going to talk
21 about?" So a lot of what you hear today from both
22 of us is going to be concepts that we've already
23 talked about. Happiness and health, policy
24 research, policy work force, -- yes, yes but maybe a
25 little bit in a different perspective. So let's

1 start with population health. So over the past 20
2 years or so, we've seen a shift from public health
3 to population health in nursing and in our overall
4 healthcare system. So we're assessing social
5 determinants of health. Tracking outcomes but also
6 looking at those programs and policies that link the
7 two. So in a school setting we have a set
8 population. The student body accesses our
9 population and focuses on nursing interventions and
10 our ultimate goal is academic success and life
11 success but as we know, students who are not healthy
12 are challenged with academic success. And you say
13 healthy students are better learners but again that
14 is reciprocal right. Healthy students are better
15 learners or better students are healthier learners -
16 - oh wait, you know what I'm saying. It's a
17 reciprocal relationship. And so that's -- the
18 school nurse really has a big play there. Instead
19 of focusing just on occasional strategies, we have
20 to also focus on population, health, (inaudible)
21 interventions. But that's (inaudible) we know that
22 providing school nursing services to the individual
23 student is necessary but it's also very expensive.
24 So that's where school nurses are challenged.
25 They're challenged from moving from the individual

1 focus to the population focus, but in doing so, what
2 we do is start to shift the focus from volume to
3 value. And so when I say that I mean instead of
4 focusing on the number of individual students, we're
5 reaching those individual encounters, we start to
6 shift the focus to the value or the impact that
7 school nurses on the overall population. But, you
8 know, I think sometimes people get a little nervous
9 when we start talking about the shift of population
10 health. You know, I had some conversations
11 yesterday with many of you which said, "How are we
12 supposed to do this? You know, we're so overwhelmed
13 with the number of individual students that we are
14 seeing, how do we take time to, you know, change the
15 legislation around, you know, (inaudible) quality in
16 schools or whatever it may be" but sometimes it
17 doesn't have to be that big of a switch. It's doing
18 the same type of care that we've always do but with
19 the population health practice. So for example, in
20 Chicago public schools they just hired a small
21 number of Advanced Practice Nurses. So particularly
22 to focus on population health around their homebound
23 students. So this group of eight APNs came together
24 and formed a cure for a nation program where they go
25 into the homes of the students who are homebound,

1 access for social determinants of health, do a
2 physical assessment, provide prescriptions for
3 occupational therapy, physical therapy, which then
4 they totally provide and get reimbursed for, do care
5 plans, link the families that -- link services with
6 (indiscernible). And they're drawing in mental data
7 but they're also tracking population on top of that.
8 So out of all the students that they're seeing in
9 the homes they're tracking that data and then are
10 able to use that to not only make changes to their
11 programs that have better outcomes but drive policy
12 change to the school district. So it's not always
13 having these big changes to the way we're
14 practicing, it's just thinking about what we're
15 doing with the data that we're collecting or
16 thinking about how we better collect the data to
17 inform -- to change our practices and then to inform
18 district public policy which then can turn into a
19 larger public policy.
20 So and again, that's just one example of what
21 they're sort of doing but we can't do it in
22 isolation, right? Yesterday there was a lot of talk
23 about partnership. Today, there's a lot of talk
24 about partnership. And I think one model that we do
25 not utilize as well as we should in schools is

1 academic practice partnerships. So partnerships
2 between academic institutions and practice settings.
3 Now, ACM gives out an active and practice
4 partnership award every year and I went on their
5 website to see who the practice partners were and
6 eighty percent of the awarding over the last six
7 years are partnerships between academic
8 institutions, (inaudible) nursing, and either
9 hospital systems or healthcare systems There's only
10 one award that's been awarded to a partner
11 (indiscernible) school district. (indiscernible) But
12 we need to do is, think about the school districts
13 as practice settings. So for example, as you hire
14 public schools there's 250 school nurses who are
15 practicing that is a practice setting. And the
16 partnerships really allow school nurses to be able
17 to do some of this population health work that may
18 not come as easy or be just to put into the school
19 district. So part of our academic practice
20 partnership is the school base health center
21 (indiscernible). But I've also been fortunate
22 enough to be able to do some research and that is
23 hopefully driving a policy, which is what I want to
24 spend probably the next couple of minutes talking
25 about. I have no idea -- time right now, so

1 (indiscernible). So as part of this active practice
2 partnership, one of the things that's working at
3 Rush is using our students to impact public school
4 student's health. So I love Marcus's example, of
5 working with the school nurse. I also had the
6 opportunity when I was in nursing school to work
7 with a school nurse and that really opened my eyes
8 to everything the school nurses are doing. And so
9 we have our graduate and (inaudible) students who
10 are able to do their public health nursing rotation
11 actually at a public school. They do a number of
12 different things but mostly it's focused around
13 sexual health. Sexual health education and
14 (indiscernible) and schools around the sexual
15 health. With the long-term full of improving
16 student health outcomes related to sexual
17 transmitted infections (indiscernible). We also
18 have our advanced public health of nursing students
19 or (inaudible) students who -- we have a hand full
20 of them who have done their clinical rotation so --
21 doing over a 1,000 -- hours. Actually having public
22 schools in the opposite student -- they also do
23 their DNP project there too. So we're using our
24 students to be able to improve the health of other
25 students and it's a win, win situation. And we talk

1 a lot about the fact that education and healthcare
2 are so different and we don't speak the same
3 languages but I think our students in the schools
4 they get to see schools as a place where they can
5 practice. They see the value of a nurse. They see
6 the value of a school nurse. And then the educators
7 also start to understand the role of the school
8 nurse or (inaudible) nurses the value that they cane
9 bring to a school district. So it really -- we've
10 had really great outcomes with increasing student
11 knowledge around sexual health outcomes. But I
12 think the most important outcome that we've had is
13 the fact that we're actually sharing information
14 about the profession. We've had a number of our
15 students who've gone to work for CPS now in
16 different capacities which shows that's it's
17 working, right? Being there and being in front of
18 each other is working to show them applicable. You
19 know we've done -- the reasons we've been collecting
20 data that's also too. We talk a lot about policy
21 where it's important for nurses and school nurses to
22 advocate or work with professional accuracy. You
23 know, advocating for, you know, standards,
24 advocating for national (inaudible) guidelines. But
25 the first step in that is really doing research and

1 often times when we think about school nurse
2 research and school health research we automatically
3 go to research about specific programs. So how can
4 I evaluate this one program that this one nurse did
5 in this one school. And that's important because it
6 ensures that our practice is up there in space but
7 we need to think bigger and really start doing some
8 research on practice models. Yesterday Dr. Wong
9 showed us the -- framework for 21st century years in
10 practice. And currently -- and I verified this
11 before yesterday to make sure that I'm not just
12 speaking, but there is not a single publish original
13 study that uses that framework to examine just one
14 or two practice and impact. So we have this
15 framework this nationally recognized framework but
16 we don't have the data behind it to support it. So
17 when we say, "This is what our school nurses to do
18 so they can have what's been happening to students"
19 we have to start to build the data behind that so
20 that all the basic stories that everyone has about
21 care coordination, and leadership, and quality
22 (inaudible) in public health nursing that you will
23 grinch those two things together. So -- but that's
24 Austin Hospital isolation. So I think that's really
25 come back to idea partnerships particularly with

1 academic institutions to bring that knowledge to
2 expertise, the resources to be able to do those
3 larger scale of projects. And then with that, then
4 we can start to drive the policy, right? We don't
5 have national standards. National standards for
6 school nursing. If we can show on a big scale what
7 it takes to be able to do this the right way then we
8 can start to drive those policy changes. I know I
9 have to go. A million other things to talk about
10 too. So while we're talking about policy, another
11 way that I think school nurses and nurses in general
12 can really impact student health is to focus on the
13 policies that impact the health of the students. So
14 yesterday someone mentioned school health or school
15 wellness teams. And (inaudible) requirement to have
16 a school wellness team and get funds from UMCA. So
17 -- and not only are you required to have school
18 wellness teams but you have to have a wellness plan.
19 You have to evaluate those wellness -- the wellness
20 plan policies and you have to make it publically
21 known that evaluation that you're portraying.
22 What's the results of your health and wellness
23 policies in your school. Well, there is not a
24 single validated health policy mutation tool, right.
25 Most of complete is the school, health, and desk.

1 It's a needs assessment. All right, it' not an
2 (inaudible) tool so there's nothing there. I went
3 trough CPS as well the -- University (inaudible) and
4 public schools to create and validate a school
5 health policy mutation tool (indiscernible). And if
6 we convince experts -- oh, stop, okay. That was my
7 stop -- policy work and it takes leadership. It
8 takes school nurses. It takes nurse partners coming
9 together to really step up and say, "Okay, I'm going
10 to do this. This tool is not there, I'm going to
11 create the tool." "This, you know, there hasn't
12 been a study done about this, I'm going to do the
13 study." So I think we'll probably have something
14 (indiscernible).
15 MS. SUSAN SWIDER:
16 (indiscernible). Rush time.
17 MS. SALLY LEMKE:
18 All right. Rush time on a school base
19 health center. So yeah, I'm just delighted to be
20 here to talk a little bit more about something that
21 Dr. Wong started a conversation on yesterday which
22 is school base health centers. So I actually was
23 able to eliminate quite a bit on my clock because he
24 did provide some of the statistics but, you know,
25 what I wanted to do was do a little bit more of a

1 deep dive and maybe a personal look at what school
2 base health centers are for those of you that might
3 not know this model very well. Rush operates three
4 school base health centers in Chicago public schools
5 serving one, two, three, four, five schools but then
6 also a number of neighborhood schools surrounding
7 one of our school base health centers. So, you
8 know, this is -- in United States there are 2,500 --
9 there's over 2,500 school base health centers but
10 they serve over 10,000 schools so that's, you know,
11 one school base health center may serve a number of
12 different schools. So that was something in
13 relation of what Dr. Wong said yesterday.
14 School base health centers across the
15 nation are (inaudible). And as you heard yesterday,
16 about eighty-five percent of providers in school
17 base health centers are APRNs bringing nursing
18 framework, nursing (inaudible) right into the
19 school, right into practice. You know, school base
20 health centers are almost always located in low
21 resource neighborhoods. In neighborhoods where
22 there's large health equity gaps. Where there may
23 be a health center like in Chicago I mean, there's
24 health centers all over the place but yet there's
25 really a lot of structural and systemic barriers

1 that are causing challenges in accessing quality
2 healthcare for the young people in these schools.
3 They are truly, you know, essential part of our
4 nation's healthcare safety net and they're really a
5 powerful tool for (indiscernible) health inequities.
6 Registered nurses in school based health centers,
7 provide a number of different critical services to
8 support the provision of primary infinitive health
9 care. They may be providing ambulatory visits into
10 the absence or along side a nurse practitioner.
11 You're kind of doubling the ability to get
12 immunizations done, STI screenings done, risks
13 assessments done, that can all be provided by RN's
14 in school base health centers. A lot of school base
15 health centers managerial oversight is an RN and
16 being -- they're engaged individual, in classroom
17 education, and help promotion activities. They sit
18 on committees, of the wellness committees that we're
19 talking about. They also -- at our school base
20 health centers our RN's and our social workers',
21 I'll talk a little bit about our model and how we
22 arrived at what we have, sit on behavioral health
23 teams at each school as well being able to bridge
24 between what, you know, what's going on at the
25 school and what's services we can provide to the

1 school base health center. And also RNs at school
2 base health centers are largely involved in
3 oversight of all the improvement projects and
4 initiatives. And I'll talk a little bit about our
5 academic practice partnership as well and how our
6 nursing students are involved in those. So, you
7 know, inside school based health centers, nurses and
8 nurse practitioners are really working at the top of
9 their voices. We have a little bit of physician
10 contact. We have a medical director at our school
11 base health centers. That's a requirement. We're
12 certified school based health centers by Illinois
13 the Property of Public Health so we're held to a
14 certain bylaws and standards of care that need to be
15 better for the earth. And -- but nothing says you
16 have to have a physician working in your school
17 based health centers but it does say you have to
18 have a medical director. You know, the nurses and
19 nurse practitioners are providing evidence base care
20 but the school based health center model itself is
21 an evident space for model of care delivery that we
22 no longer use to health outcomes as well as academic
23 outcomes. So evidence based care within the
24 evidence case framework. School base health centers
25 are pretty well researched in studies so there are a

1 lot of, you know, a lot of data and stories that
2 come out of school base health centers and I'll tell
3 you a little bit about those as well. You know,
4 (indiscernible) we heard Dr. Wong talk about that
5 as well as others. You know, this is a real
6 critical point of what we're doing and all of our
7 staff have been -- gone through formal training on
8 what it needs (indiscernible) care. Many of our
9 staff come from the neighborhoods of, you know, in
10 this -- where our schools are located. So there's
11 that connection there as -- our staff, we provide
12 common formed support to our staff as well. As our
13 staff working in these settings also, you know,
14 makes very compassion fatigue or have a trigger so
15 it's something we think about. We think about that
16 with our teachers as well and provide information to
17 our teachers who often come from the same
18 neighborhoods as the students and is another way
19 that we can bridge and integrate with our schools.
20 You know, school base health centers are just
21 another piece of the school base population health
22 puzzle. We have school nursing, school base health
23 centers, national allies,(indiscernible) children
24 spend a majority of their time. You know, and as we
25 learned yesterday about ninety percent of school

1 base health centers are providing care to the
2 schools that are designated as type one. You know,
3 with a large percentage of low-income students and
4 over sixty percent of students served are minority.
5 But one thing that I think is super important is
6 that school base health centers are just a natural
7 opportunity to address social determinants of
8 health. We learned yesterday -- I hadn't heard it
9 put this way but it made so much sense. Education
10 is a social determinant of health. Of course I know
11 that, but it was just so powerful just to hear it,
12 you know, said so simply. And you know, providing
13 health care in the educational system is just a
14 perfect way to really learn more about what is
15 actually going on in the younger person's life. And
16 in the course of the care that our nurses and nurse
17 practitioners provide, you know, the assessing and
18 addressing social determinants of health, it's just
19 woven right into care systems. The conversations
20 that happen. The risk assessments that happen.
21 Seeing that the child is absent from school for the
22 third time that month. What is going on with the
23 transportation. Is it, you know, an issue with food
24 at home and their hungry or is it, you know, what is
25 it. Is it that their -- are their parents not

1 working or working, you know, schedules that don't
2 allow the child to get up and get ready and get to
3 the -- can't support getting their kid to school on
4 time. Those are a lot of the different things. So
5 you know, family and housing stability, can be
6 assessed for those. Items of everyday living that
7 just keep a kid from learning, you know, having
8 clean socks, or clean underwear, or toiletries.
9 Having school uniforms. At one of our schools a
10 couple of years ago, not having the proper uniform
11 on was the number one reason kids were sent home
12 from school how ridiculous is that? So you know,
13 having the white polo shirts and the black pants
14 around, you know, donations of black shoes in
15 different sizes those are the simple types of things
16 that we can assess for providing the school base
17 health center as well. One of our schools, our
18 school base health centers is located in a school of
19 schools who are made for pregnant and parenting
20 girls. But this is the group that was visiting for
21 the NOM visit in Chicago, and had the ability to
22 come and got to come in and visit this school. And
23 you know, so these -- this is a school exclusively
24 for pregnant and parenting girls in grades 6th
25 through 12th and so it's a very small middle school

1 and then, you know, high school there. And, you
2 know, we stop a number of things -- again, you just
3 learn about what kids need. Baby food, breast
4 feeding supplies, snacks, fresh water, things that
5 you're not really thinking make a big difference
6 but, you know, a 15 year pregnant girl who maybe
7 didn't have much to eat and isn't drinking water
8 because the school drinking fountains are disgusting
9 or, you know, doesn't carry a water bottle is
10 contracting and can't learn. So, you know, just
11 simple things like that to keep her in school
12 learning during the day. And in terms of those
13 partnerships we're talking about, you know, Rush
14 University Medical Center is a very large academic
15 health system with lots of resources. I have worked
16 in school base health centers since 2004 in less
17 resourced settings and so I feel very fortunate to
18 be connected Rush because I feel like you can
19 leverage a lot of the resources that Rush has.
20 We're able to get donations from our (inaudible) for
21 baby food, and diapers and wipes and things like
22 that. We keep them right in our health center.
23 Breast feeding supplies. Transportation, we were
24 able to get some donations to buy additional bus
25 passes so if somebody needs to get to a visit

1 outside -- if you were referring somebody to go
2 visit outside a school base health center now we
3 have a way to provide transportation to that
4 student. So (inaudible) those connections to be
5 able to support our work has been one of our
6 missions. And yesterday transitions of peer came
7 up. We talked about moving onto college and our --
8 and that's a social determinant in this world you're
9 right. And that's something that the Illinois
10 Department of Public Health has recognized as a
11 critical piece of school base health center care.
12 It's preparing our young people who, you know, it --
13 it's kind of nice to be able to just come to the
14 school base health center. And they know they come
15 when they need to. But, you know, how do you then
16 prepare them for moving beyond and then being able
17 to take care of their health afterwards. So we just
18 developed a policy this past year and are
19 implementing this policy for transitions of care so
20 our kids are much better prepared for moving on
21 after school -- high school.
22 So I just want to quickly go through some of
23 the data and then go over the stories. Why do you
24 have two nurses in the school base health center
25 (inaudible) research shows that kids in schools or

1 health centers are twenty-two percent more likely to
2 have a health care visit in the past year. It has
3 significantly less early dismissals. Eight percent
4 of students, ages 12 to 18, schools with clinics
5 receive age appropriate screenings and care for
6 mental health, immunizations, oral health and
7 asthma. Thirteen million school days yearly are
8 lost due to asthma. But according, you know, school
9 base health alliance, kids in schools with school
10 base health centers miss far less school when
11 there's kids in schools without -- health care
12 schools without school base health centers.
13 Intercity house schools are showing one study to be
14 21 times more likely to access mental health
15 services in a school base health center than a free
16 standing center. In our own school base health
17 centers in Rush, we've seen a steep decrease in
18 subsequent pregnancy rates among parenting girls
19 from 30 to three percent. After the first year of
20 services in the new school base health center
21 obviously (indiscernible). You got to keep
22 contraception on site, it's a no brainer, right.
23 Buckle up in Chicago. And we do online (inaudible)
24 on contraceptives in all our school base health
25 centers and in nursing care coordination to make

1 sure they're coming back, you're tracking, -- form
2 those relationships, we have an RN that's in charge
3 of nursing care coordination. A decline in STI
4 rates. Significant increases in immunizations,
5 administration, and (inaudible) rates. A
6 (inaudible) increase in identification of students
7 with asthma followed by appropriate treatment. An
8 increase of over five hundred percent in
9 identification of mental health issues. It's not
10 that they weren't there, we just weren't identifying
11 them. We didn't having symptoms in place. With a
12 seventy percent (inaudible) behavioral health care.
13 So many of these have been supported by our academic
14 partnership with Rush University's student work. We
15 have probably ten to 15 master's scholaring
16 projects, and (inaudible) projects going on at many
17 times in our school base health centers that support
18 all of these new quality equipment projects. We
19 couldn't do it without the partnership. And school
20 base health centers are awesome training sites for
21 teachers, nurses, and nurse practitioners. We
22 always have people that we have to turn away because
23 we just can't support everybody who wants to come
24 out. So I'm going to skip this big long story --
25 well, maybe I'll just tell you a little bit 'cause I

1 know I have like two seconds. (indiscernible) All
2 right. I just wanted to tell you the experience of
3 a recent graduate from one of our school base health
4 centers schools because it really shows sort of the
5 -- how bringing nurses that are fighting different
6 services in school base health centers are yet are
7 working together they have a real impact. So this
8 was a young man who after numerous hospitalizations
9 for depression psychosis with poor health for his
10 grandfather to come (indiscernible) an elderly
11 gentleman who was taking care of his grandson just
12 did not want to leave his grandson (indiscernible).
13 He made his way to our school base health center.
14 He had no followup after his hospitalization. So
15 whatever care coordination was in place those
16 hospitalizations fell through. He made his way to
17 one of our school base health centers coming
18 (indiscernible) check up okay for a whole lot of
19 basics for base care, but a check up, okay that's
20 code for a whole lot of basic school care, but a
21 check up. So you of course have the encounter with
22 the nurse practitioner it was discovered that he had
23 this -- you know, these episodes that drove him to
24 the hospital and he had some hospitalizations for
25 depression and psychosis. So the nurse

1 practitioner, when we were able to quickly connect
2 into our psychiatric mental health nurse
3 practitioner, we have one that rotates to our three
4 school base health centers, one daily, and then tell
5 our other systems where she leave if she's at one
6 school to a different school (inaudible). And we
7 were also able to engage in care coordination
8 services with our nurse practitioner -- with our
9 nurse, with our RN. He was able to be linked to a
10 supported living residence, (inaudible) he was able
11 to get the type of oversight and the ongoing support
12 that he needed for everyday living. His academics
13 and school attendance improved and he actually
14 graduated on time. You know, it was this team
15 coming together to support this young man, all their
16 (inaudible) and it made such a big difference. So I
17 have so much more but I have to stop.
18 MS. SUSAN SWIDER:
19 (indiscernible) There are couple of things that
20 I've been hearing as we've talked and then I've from
21 both these guys. We've talked a lot about policy in
22 school wellness. We've talked a lot about data and
23 the use of data. And we talked not as much about
24 financing and that's where I'm going to go in a
25 second. But I have to do a quick commercial for two

1 one data (inaudible). One is -- and I haven't heard
2 from (inaudible) or maybe you all use it but it's
3 the Community Guide Preventative Services
4 (indiscernible). They have looked at extensively
5 at school base programs, school health and wellness,
6 on a really large scale -- social determinants.
7 They've looked at the impact of year round school.
8 They've looked at the impact of after school
9 programs with education and health outcomes. So if
10 you're not familiar with the Community Guidance it's
11 a really (inaudible). Maybe all of you are already
12 using it and I apologize in advance but it doesn't
13 seem to get as much play. It's the community side
14 of like US (indiscernible). Lots of school base
15 data in there on what's worked. They are looking at
16 you can have a study here, a study here, and a study
17 here, they are looking at those studies together and
18 saying, "Do we have a (inaudible) evidence and what
19 can we do with it (indiscernible)." So check that
20 out. And then I wanted to speak on (inaudible) he's
21 talking about, the USBA has this requirement for
22 homeless committees. The Department of Education
23 requirements of health would require these
24 requirements under the Affordable Care Act. This
25 piece of it is dead now but was something called the

1 "National Prevention (inaudible)" and a piece of
2 what that was trying to do was to really (inaudible)
3 agencies together. So they were not having to
4 sorrow 48 different requirements but that maybe
5 education health and some were at the highest levels
6 of government could synchronize their requirements
7 in a way that allowed the school health and
8 education personnel to really focus on the kids and
9 not on meeting all of these (inaudible) guidelines
10 that they (inaudible). So I had raise that
11 (indiscernible). But I want to start with guidance
12 because I know that it's been an issue. Sally, in
13 her ten year at Rush has brought the school base
14 health centers to a place of positive budgeting and
15 that's been a really hard thing. This coordination
16 that she describes so nicely and that she's done so
17 well, nobody pays for it nobody pays for that.
18 MS. SALLY LEMKE:
19 Nobody pays for that right.
20 MS. SUSAN SWIDER:
21 (indiscernible) Tell me a little bit about how
22 you sustained what you do, what's -- where's
23 the money.
24 MS. SALLY LEMKE:
25 Yeah, where's the money. So yeah, our school

1 base health centers have gone from having a nurse
2 practitioner, in the medical center, and a medical
3 assistant there most of the time, to now having
4 teams of the front desk person and a medical
5 assistant, a nurse practitioner, and a full-time
6 social worker with a psych mental health NP that
7 rotate. So we've really expanded and it's taken --
8 it's been, you know, that -- it's been data and
9 stories that have helped us render the funding. We
10 are largely grant funded. So I professional -- who
11 was it that said you're a professional beggar? Oh,
12 my God, that definitively is how I feel. So but,
13 you know, about ten percent of our budget does comes
14 from Medicaid reimbursements. We are a non Medicaid
15 QHC school base health center so we do not get that
16 (inaudible) advancement reimbursement rate. We have
17 to fight for every dollar that we get because of
18 those (inaudible) plans and the little IR are pretty
19 stingy on what they'll reimburse. We also are very
20 reliant on corporate and foundation grants. That's
21 a lot of what I do so would have to be for that.
22 But you know, state of Illinois has -- Illinois
23 Department of Public Health does have a budget fund.
24 School base health centers as well we do receive
25 some funding from them. I can say we have leveraged

1 our kids to help push the policy on this. A couple
2 of years ago we had a student who went down to
3 Springfield on having a sick day (inaudible) before
4 a sudden day on funding day mental health services
5 in a school base health care that offers mental
6 health services and really talked about the value of
7 mental health services and what we see to use in
8 school base health centers. The following year
9 there was Three Million extra dollars put into the
10 budget. So (indiscernible).
11 MS. SUSAN SWIDER:
12 So the other thing that you mentioned in
13 leverage and I think you've done very effectively
14 and I know (indiscernible) Heidi, she mentioned
15 (indiscernible) that there are no practice
16 partnerships. And maybe those of you doing this
17 work are using these really, really well but I do
18 think it is a mechanism that we need to explore on a
19 (inaudible). I come from a health background, pure
20 and simple. With my (inaudible), about ten years,
21 doing some (inaudible) around this issues with
22 public health nurses, you said, "Well, you know, you
23 can only try and take nurses whenever we can, but it
24 takes this much of time and it would give me nothing
25 in return for it, absolutely nothing." I think one

1 of the things that we've done really at Rush that
2 Sally speaks on and then I wanted to ask you to
3 speak to, is we've really leveraged those
4 partnerships in a win, win way. The clinical sites
5 at school et cetera should not just be there as
6 sites for our students. We need to be giving --
7 those of (inaudible) need to be, you know,
8 (inaudible) something back so that it is a win, win
9 because it is taking (inaudible) and yes it is
10 educating the future, and it is helping them see how
11 far grown they have, and all of those good things
12 but the folks are strapped for time. And asking
13 them to take on students without any kind of a
14 (inaudible) or applaud and I think we've done this
15 effectively. (indiscernible) now speak to the
16 benefits of (indiscernible) the partnership and then
17 some of the challenges.
18
19 MS. HEIDI CYGAN:
20 Okay, yes. You know, after active
21 partnerships. I think he talks around the terms
22 sometimes "partnership," he may say, "Oh well, we
23 started our students at this clinical site it's the
24 academic practice part we're missing" but reality is
25 that not all of them are. And so really sitting

1 down and having an intentional discussion with
2 organizations about these are the resources that we
3 are able to bring. What resources can you bring to
4 this partnership? What benefits do you hope to get?
5 What benefits do we hope to get? So in (inaudible)
6 Chicago public health schools. For example, we even
7 realized, so if we're going to be in the schools and
8 we're going to be -- our students are going to be
9 teaching sex ed, there some equipment that they
10 need. They need power points, they -- or they AD
11 equipment, they may need, you know, flip charts,
12 they might need hand outs. Who's going to provide
13 that. And so things simple as that, was the school
14 saying, "Okay, we'll do the photocopying but you
15 guys have to bring your own laptops. We don't have
16 laptops. Then okay we can do that." But out of
17 that we expect that "X" number of students are going
18 to receive sexual health education. Okay, yes, so
19 we -- you over the last five years we provided
20 sexual health education to 3,500 (inaudible)
21 students but we've also, I believe, I don't --
22 adding into how many we have right now, over a 100
23 graduate gymnastics students who have done their
24 clinical rotation through the Chicago, Illinois
25 schools. So I think it takes that intentional

1 discussion about what the -- either the idea of
2 shared resources or shared verdict. You know, we're
3 all going to benefit from this but we also have to
4 put a little skip in me, right. And then building
5 upon that, we move from the state of the clinical
6 site to -- I started to do a lot of research in
7 Chicago public schools. Well, as an outsider, the
8 first time that I walked into a meeting, I said,"You
9 know, I have all these great ideas, this evaluation
10 work that I want to do" and they were like "No, no,
11 no, no, no. There's this one thing we want you to
12 do and we want you to execute your own policy. They
13 wanted me to find out why schools are having such a
14 hard time implementing their health and wellness
15 policies. I wanted to do things on obesity, and sex
16 ed, and they were like, "This is what we want." I
17 was not excited about this project, but I did it,
18 and I got really excited about it, and it's opened
19 so many doors. So forming these active and practice
20 partnerships it's intentional but it also takes time
21 and it's, you know, and there's a few ways to go
22 about doing it. It can start at the hyper low level
23 where you walk into the -- your neighborhood school
24 or where you have kids at school and say, "Hey, I'm
25 nurse, this is -- you know, this is what I was

1 thinking can I help with this?" or you can start at
2 the district level and say, "Hey, this is what our
3 institution, our academic institution has to offer
4 and we wanted to partner with you. But it's really
5 being persistent and forming those relationships.
6 And I mean, Sally, could (inaudible) to this to, the
7 relationships --
8 MS. SALLY LEMKE:
9 Oh, yeah.
10 MS. HEIDI CYGAN:
11 -- when it comes to this work are more
12 important than any written, you know, agreement that
13 you have it's really the relationships that drive
14 the trust and the ability to be able to do the work.
15 MS. SALLY LEMKE:
16 Right. To be able to really integrate
17 within the school system to do the real work and not
18 to go one on project of some sort.
19 MS. HEIDI CYGAN:
20 Well, and I think too, as academic
21 institutions, you know, school districts don't
22 really know what to do with (inaudible). I'll be
23 like "Oh, wait are you a nurse? Oh, wait but you
24 work out at which University so are you an
25 educator?" Well, so I'm both and, you know, it's the

1 same as school nurses, "Well, you're a nurse but you
2 work in the school so where do you fall?" You know,
3 you have one foot in each size and -- but as an
4 academic institution you almost have -- it works to
5 my benefit where I can speak the language of
6 education in some ways. I can speak the language of
7 nursing and try to bring the two together. So I
8 think that we need to leverage those -- our
9 position, as active academic institutions and say,
10 "Yes, we understand both and we can, you know, work
11 to bring them together.
12 MS. SUSAN SWIDER:
13 Maybe it's because we need to tell them you
14 weren't as good of a nurse as nurse Donna.
15 (indiscernible)
16 MS. HEIDI CYGAN:
17 (indiscernible) nurse Donna. Now I have to
18 live up to nurse Donna all the time. All the time.
19 MS. SUSAN SWIDER:
20 (indiscernible) My head was around financial
21 stability and active practice partnerships but I
22 wondered if anyone had questions for any in any area
23 (indiscernible)
24 DR. LISA CAMPBELL:
25 Wow, to the thunder I didn't do that. So

1 first of all, thank you. This is phenomenal. Your
2 speaking guys, you are all (inaudible). So thank
3 you very much and being in the public health space.
4 So Dr. Cygan, what I've heard yesterday and I want
5 to pull this forward in thinking about the
6 (indiscernible) about when we see things in the
7 population health and the public health nursing
8 lens. So yesterday, what I've heard and was spoken
9 is racism is a social determinant of health. And so
10 as we think about the policies and the inequity of -
11 - you heard from our public about family, about
12 funding, and also -- how our income affects the
13 ability of school districts to have school nurses,
14 right. So in thinking about that and the policy
15 work that you're engaged in where do you see
16 yourself approving to engage to address structural
17 racism, racism in terms of policy (indiscernible)?
18 MS. HEIDI CYGAN:
19 Absolutely. So -- and, you know, I don't
20 want to take credit for much of this work because
21 the Chicago, Illinois schools has really been
22 focused on equity and taking the step further. It's
23 not just focused on equity but to truly focus on
24 justice, right. So not just this idea of equity.
25 You know, we talk about the equalities and neither

1 or the same thing. You know, equity is giving
2 people what they need but then justice, you know,
3 removing those barriers. And so school districts
4 are definitely -- well, Chicago, Illinois schools
5 it's very intentional about removing a lot of those
6 barriers. And so for example, one of the things
7 that they've done is free breakfast and lunch for
8 everyone. So, you know, we think about policies
9 that are a good (inaudible) to give students what
10 they need. So the students who can't afford lunch
11 and you get free lunch. The students who can't
12 afford free breakfast you get free breakfast. Well,
13 we know there's stigma around that right, and so I
14 think school districts are -- particularly Chicago,
15 Illinois schools' they said,"You know, everyone gets
16 free lunch" and I've had parents who have said to
17 me, you know, "Well, why is that where our money is
18 going to give everyone free lunch?" And so I think
19 as nurses and as community members that's where we
20 need to support our schools and say, "Yes, this is
21 where the funding should go" and it may seem, you
22 know, silly to some of the community members and
23 parents to say, "Well, our school is going to be a
24 healthier school environment. Our students are
25 going to learn more if everyone is fed" right? And

1 so I think it's how -- and that's just a very
2 specific example and I know there's funding issues
3 that come along with how we do that, but the reality
4 is these pay for themselves, right. When students
5 eat they're in school, our crowning absentee rates
6 fall and then schools get more funding because kids
7 are in their seats and when we fund the nurses, then
8 kids stay in school. They stay healthier. Our
9 academic outcomes improve and then we get more
10 funding based on that. So I don't know if that
11 actually answered your question but --
12 DR. LISA CAMPBELL:
13 It did.
14 MS. HEIDI CYGAN:
15 Discussed it maybe?
16 DR. LISA CAMPBELL:
17 It did beautifully. I'm sitting here going
18 thank you.
19 MS. HEIDI CYGAN:
20 Okay.
21 DR. LISA CAMPBELL:
22 Thank you, thank you. Very good. Great
23 example.
24 MS. KATIE JOHNSON:
25 Katie Johnson, Washington State.

1 And so much of what you said has resonated in
2 me. I'd like to -- just comments really. One is,
3 what we're talking about here when we build these
4 partnerships is translational research. So I'm
5 involved with PhD. I have a DMP. I come from
6 school health. I know what those (inaudible)
7 problems are. She comes with the expertise and that
8 knowledgy. We did a focus -- some focus groups on
9 type one diabetes where parents record PTSD symptoms
10 and how does schools support those children.
11 Another story, but the funding to continue that
12 work, we don't fit in categories. So it's really
13 challenging. How do we get the money to continue
14 that research which we know as school nurses are
15 going to benefit children. And then the second
16 piece about building the tools, I've had probably 20
17 casual conversations, over the last maybe two years,
18 with school nurse leaders who have built tools to
19 manage the complexity in their students and how do
20 they allocate their limited resources. The problem
21 is, is these are (inaudible) things. We already
22 inventing the wheel. So what I want to say is
23 thanks to Dr. Montz's work the premise of our data
24 set was to be able to compare apples to apples and
25 to teach school nurses how to talk about their work

1 in standardize ways. And then second, we're ready,
2 we're ready for all of the support and visibility
3 that we're getting from this. We have that research
4 trajectory that has really carefully identified what
5 are the pieces that we need to move this forward and
6 to look at models, and funding mechanisms, et
7 cetera, et cetera, et cetera. Thank you.
8 MS. SUSAN SWIDER:
9 I think to your first point, you know, we
10 really do in here, and you said this yesterday, we
11 really do need to be looking at different ways of
12 funding. Whatever we want to call it translational
13 or, you know, all of this it's -- we've really
14 learned that human health can't be well (inaudible)
15 other basic sciences can. So how are (inaudible) to
16 catch up with that and how do we change the con-
17 trajectory from what we're (indiscernible) of
18 outcomes because it's common. Thank you.
19 MS. JESSICA WAGNER:
20 Hi I'm Jessica Wagner, and I'm really motivated
21 to hear you apply the public health principle to
22 school base health. And so my question is related
23 to that. In Gary, Indiana, so it's a county that's
24 facing a lot of health disparities and very close to
25 Chicago. Their FAQC actually conducts a social

1 determinant of health screening tool on every
2 patient that comes in through your clinic so that
3 they can address more than just the health that is
4 impacted with all the other issues. So do you feel
5 that something like that could be applicable to
6 school nurses and if so could you share some of
7 those tips because I keep on hearing from everyone,
8 you know, how do we not reinvent the wheel. This is
9 currently being done right now by public health
10 practitioners and would just love to hear your
11 thoughts on that and the ability on that?
12 MS. SUSAN SWIDER:
13 I can say from the school base health
14 center perspective, we're fortunate, because we're
15 able -- we have the staffing to do STOH, you know,
16 the screenings and then follow up on what we've
17 learned. And I think that's partly what's difficult
18 is the staffing and the resources and the time it
19 takes to address what we're learning. And I think
20 in systems where, you know, Chicago public schools
21 has, you know, a terrible school model, and I think
22 it would be very difficult to do in this current
23 state. I think it's a (indiscernible).
24 MS. HEIDI CYGAN:
25 And you know, to view back on that Sally thing,

1 I think that, you know, there's a fine line. It's
2 this idea of how many things do we want to ask the
3 school nurse to do. And if you think about that and
4 even in a primary care setting, how many things do
5 you expect the, you know, the primary care provider
6 to assess or him do in that one visit. And so we
7 have (inaudible) to be very intentional and I think
8 this where the idea of these national standards come
9 together. What exactly? What are the priorities?
10 and is it assessing the social determinants of
11 health. We all probably think about public health
12 access like the first problem (indiscernible) but
13 the screening is that we don't have a place to refer
14 then don't even screen, right? And so I think it's
15 a little bit of fair of should they be doing it?
16 Yes. In Gary, I think it should be done, but I
17 think it's probably already being done in a very
18 informal way but putting together that structure of
19 like this is what we're going to assess and these
20 are the systems to put together referrals are very
21 specific within your community. If the student says
22 (indiscernible) the student doesn't have a safe
23 place to go at the end of the day, what do you do
24 with that information. So I think it's, yes, I
25 think is the right answer but...

1 MS. SUSAN SWIDER:
2 You know, (indiscernible) but at Rush
3 University the nurses are actually in the inpatient
4 setting doing social determinants and health
5 screenings on everybody. But one of the biggest
6 challenges was, was what you just said --
7 MS. HEIDI CYGAN:
8 Right.
9 MS. SUSAN SWIDER:
10 -- feeling like they didn't have any time
11 on their job to do anything about it and so why do
12 you want me to at this data that I think important
13 and it really touches my heart but I don't have any
14 ability. So we've been doing some food insecurity
15 work and our nurses are much more engaged in that
16 but I think (indiscernible)
17 MS. ERIN MAUGHAN:
18 (indiscernible).
19 MS. EILEEN HINELINE:
20 Hi, I'm Eileen Hineline. I am the from the
21 American College Health Association.
22 (indiscernible). I would like to applaud what you
23 are doing school base health centers. They are a
24 phenomenal start for our students. And when we're
25 talking about healthcare across the (inaudible)

1 fifty percent of our 18 and 19 year old students are
2 attending colleges and Universities. A couple of
3 comments on this. Fifty percent of our students are
4 entering colleges and Universities. We can continue
5 the care that they've been receiving in a very, very
6 similar fashion through college health and
7 (inaudible). However, a lot of our students are not
8 prepared to enter institutes prior to education.
9 They're not being retained. More than fifty percent
10 are having to be mediated when they come in. So
11 we're having a very high -- a very poor retention
12 issue in higher ed. We're seeing the students at my
13 University who are receiving pell grants. Pell
14 grants or financial aids that are for low-income.
15 If they're not able to be retained they're not able
16 to get health care. These are students that are
17 coming in with the same situations, they're not able
18 to afford their (inaudible), they're not able to
19 afford their insulin, they are not on their parent's
20 insurance until the age of 26 because their parents
21 can not afford insurance. These are students who are
22 coming out of our foster care system that are
23 homeless. And our homeless centers in South Florida
24 do not accept students or do not accept individuals
25 until their 23 years old. So now we have a gap of

1 18 year old individuals for -- to 23, that are
2 totally homeless and have no place to go because
3 they're no longer in the foster care system and they
4 are no longer able -- and they are not able to
5 qualify for the homeless shelters. So what they do,
6 is they try to stay in college. Not to get an
7 education but to provide the basic needs in life.
8 And then in the meantime we try to educate them and
9 we try to help them and assist them with the social
10 disparities. Many, many colleges with Universities
11 have food (inaudible). We have students sleeping on
12 a -- bus stops so that they can attend their
13 classes 'cause they have no place else to go. I
14 don't know what the answer is, but if we want to
15 address health care through the life span we have to
16 stop using this gap of individuals who are too
17 young to care for themselves truly and too old to
18 qualify for something in federal assistance. And
19 you -- I don't expect you to have all the answers.
20 God bless you, you know, what you're doing. And
21 with the foundation that you're giving them it's
22 fantastic we just need to find a way through policy
23 to be able to protect our youth and are still in the
24 youth (indiscernible).
25 MR. TOMMY REDDICKS:

1 Hi, Tommy Reddicks, from Indiana. First
2 off, I love what most of you are doing. Thank you
3 so much for your work in Illinois. And Heidi, you
4 bring up in the second time in two days, the idea of
5 a wellness team, and wellness plan, IDUSDA. It
6 really struck me, when it came out the second time,
7 our schools individually in Indiana have about 180
8 reports due annually to send off to the state of a
9 180 days of the calendar year. So we -- the
10 regulation is pretty intense. And so a lot of times
11 these wellness plans are check marks that go
12 unchecked by the state of anyone else. And I think
13 for asking our local nurses just about raised the
14 flag and say, "Hey, if we're going to be a part of
15 this process we might not be making friends as much
16 as we would be (indiscernible)" and same with the
17 state level this needs to be a more thorough process
18 and not just a check mark (indiscernible). So I
19 think we want to look for more of our state
20 supporters or state administrators to push the habit
21 (indiscernible) to go through the process with a
22 little more (inaudible). The second part, looking
23 at what you were saying, Sally, about(indiscernible)
24 and we'll talk about this a little more today, I see
25 over, and over, and over, and over again about our

1 school districts in Indiana where (indiscernible)
2 form care is a educator driven event. It is a
3 (indiscernible) less rates, where schools are hiring
4 professionals that are not (indiscernible) and
5 spending thousands and thousands dollars on this
6 inclusive with health. And so our (inaudible) are
7 becoming very informed and they understand what to
8 look for. (indiscernible) Where they're not really
9 working with our health agencies (indiscernible).
10 So there's a money (inaudible) there and it's we're
11 spending a lot money almost (indiscernible). My
12 last thing is, in terms of finance for schools,
13 (indiscernible) schools have the money to afford
14 nurses. But getting back to the value of the next
15 argument, they don't value. And budgeting is a
16 value based process. So I think if we keep pushing
17 that -- I don't want schools to have to
18 (indiscernible) I'd sure like to find other ways to
19 do it but I think I don't except the fact that
20 schools don't have the money. They just don't value
21 it in that respect so thank you.
22 MS. LINDA ROBERTS:
23 My name is Linda Roberts. I'm a registered
24 nurse. The reason I say that, a hundred percent of
25 the time when I come to a microphone is, we know

1 that nurses, nurses are the most trusted profession
2 for the last bazillion years but people don't know
3 that the nurses in their community -- our nurses in
4 our communities are almost atomists. If you want to
5 hear my latest atomism project ask me when I'm going
6 to be doing that (inaudible) it's a long story. But
7 so I hope somewhere this will fit in but this my
8 ask. So I asks is to have opportunities such as we
9 have with public health nurse leaders grant, number
10 one. Number two, the asks is, is to have a
11 template. A template for us to use in the nursing
12 and healthcare community or how to get policies and
13 procedures and the district and the state and the
14 different levels. With Florida regarding the foster
15 children and the transition. My state senator,
16 Robert Peters, just passed what was a huge sponsor
17 for legislation to have pieces in place for foster
18 children once they get out of the system to help
19 them transition into going to school and what
20 they're doing next. In Illinois, again, we brought
21 up yesterday about the work force positive things
22 that we've done. We know through our legislators in
23 Illinois, we have been able to sustain having you're
24 going to be a school nurse, you will be a certified
25 school nurse in the state of Illinois, period,

1 that's the end of the conversation. When we talk
2 about it in Illinois, we talk about Chicago and the
3 rest of the state. Chicago and the five counties
4 are 65 to 69 percent of the individuals who live in
5 Illinois. We also know that there's extraordinary
6 disparities within the city of Chicago regarding
7 accessed care, quality of care who (indiscernible).
8 We also have the southern seven counties in Illinois
9 which had the most desperate need to improve in
10 social determinants in health. What Illinois has
11 done for their state (indiscernible) are ANA
12 Illinois, Illinois Organization of Nurse Leaders,
13 and the Illinois Nurse and Workforce Center, is we
14 have sustained the activities that were initially
15 funded by the Robert Wood Johnson grant in 2015.
16 Eileen (inaudible) continues her fellowship, ANA
17 Illinois continues their 40 out 40 recognition we're
18 in our 5th year, and my (inaudible) colleague is in
19 her 2nd year of our 40 under 40 nurse leadership.
20 The nursing workforce center, our link as been
21 education. Education including the public health
22 nurse leader center academic practice partnerships,
23 if you want to know what we have done on nickels and
24 dimes, I can tell you what we've done and sustained
25 for three years. We have included in our academic

1 practice partnerships and we adjusted the AACN grant
2 application model, is that all of the projects that
3 have been done, and we do about ten a year, we have
4 sustained the outcome deliverables from the County
5 Health Department. So we have done a fair amount.
6 We also have recently in our (inaudible) and
7 directors group, reaffirmed the 2014 position on BSN
8 transition from associate degree programs to
9 beckloran programs. So the work that we've done
10 continues and we would love to continue to do more.
11 MS. SUSAN SWIDER
12 Thank you Linda and I have (indiscernible)
13 thank you for the extra time. Thanks to the -- for
14 the attention and thanks to Heidi and Sally for your
15 time and all the good work you do. And we have our
16 next panel.
17 --BREAK--
18 MS. PAT POLANSKY:
19 Thank you, thank you. You know when they
20 got congress and they say Mr. Chair person and I
21 want to yield my time to the other person? So since
22 I'm kind the fact (indiscernible) I've taken the
23 liberty to reschedule the time of this 'cause we
24 really did want to hear from all of you and provide
25 as much time for questioning. So we're going to do

1 the same exact time for the rest of the
2 presentations for this morning and Mary Sue and I
3 are going to yield our time to Sue Hassmiller so
4 that picks up that little 15 minutes we just had in
5 here. So this next segment will go from 10:45 to
6 11:00 and then the panel from 11:00 to 11:45, and
7 then Sue is going to do her thing and keep the
8 honor's hat there so how's that? And we're going to
9 get you to your lunches and your (indiscernible).
10
11 They keep switching from that to this
12 right. I think we're all good.
13 MS. YVETTE FRANCIS:
14 We're good to go?
15 MS. PAT POLANSKY::
16 Yeah, (indiscernible) it's all good. It's
17 really exciting and one of the things we wanted to
18 do today, especially, and I think you can tell is
19 kind of do a further drill down to what's really
20 going on the ground and provide you with some of the
21 speakers to really expound just like Sue did with
22 her last group, you know, where's the money come
23 from? You know, how do you do that kind of thing?
24 So Yvette Hinsman Francis, is the regional vice
25 president seated right up there, at the Community

1 Health Center. Worked with Community Health Center
2 for 25 years. I think that more than qualifies you
3 for doing all these things. But more importantly,
4 oversees eight of the CHCI locations as well as
5 school base health services in over 200 schools. So
6 we're really thrilled to have you and talk to
7 everybody here about what you do and what is going
8 on up there and how do you experience that and kind
9 of pulling together some of what we've heard before
10 but how that affects you on a day-to-day basis and
11 how you've work with the student's issues 'cause 200
12 schools is a lot of schools., it is, and it's the
13 MS. YVETTE HINSMAN FRANCIS:
14 It is, it is a lot of schools. So I want to
15 say good morning to everyone and I am delighted to
16 be here and have the opportunity to add my voice to
17 the chorus of why this is really valuable and
18 important to work. And to really speak to the role
19 of nursing and changing health outcomes specifically
20 for children. So a Federal Public Health Center,
21 what is that? It is a -- it's a part of the
22 country's safety net in healthcare delivery system
23 and is a distinction that comes from the federal
24 government that identifies that the community that
25 we are serving is medically under served. That

1 there is not the accessed primary care that there
2 really should be for the residence of those
3 community. Our target population is the under
4 served. So primarily people living below two
5 hundred percent of the federal poverty level who
6 have had challenges in accessing health care for a
7 variety of reasons, largely around social
8 determinants of health, most significantly poverty.
9 Some of it about English proficiency, health
10 (inaudible). But primarily we're geared to take
11 care of our communities and most vulnerable
12 residence. And Community Health Center Inc., the
13 organization that I work for, is pretty innovative
14 in doing that work. We are focused on clinical
15 excellence. Each federal (inaudible) health center
16 provides medicine, dentistry, and behavioral health
17 services in an integrated and comprehensive manner
18 but CHC, Inc., has really looked at delivering
19 healthcare services where our patients are. So we
20 have 15 large primary care centers across the state
21 of Connecticut. We realize not everyone is going to
22 walk into our doors, so we've made a commitment to
23 going to where our patients are and providing those
24 health services in homeless shelters, domestic
25 violence shelters, and most importantly schools.

1 And so that's where children are. Serving families
2 that are under resourced, to say to them, "You have
3 to make a decision as to whether you are going to
4 ask for time off from work, try to get it, then try
5 to navigate transportation, then try to figure out
6 to get your child out of school, back to school to
7 go to a healthcare appointment." So we've said,
8 "Let's take that off the table" not for those
9 families to have to make that choice and to have
10 those critical health services delivered where that
11 child is, which is in the school. Of all the work
12 that I've done in the health center and all the work
13 that I have done, I have to say that the school base
14 health is really what resonates with me the absolute
15 most. I came from the community that we serve and
16 so I understand the challenges that under resourced
17 families face on -- in a very direct manner and so
18 when we have the ability to partner with school
19 nurses and school districts and to provide exciting,
20 innovative, and important career opportunities for
21 nurses, and spontaneously, bringing quality
22 healthcare services to children in a very free
23 manner, that is doing the right thing the right way
24 and we should all be engaged around doing that.
25 Think out of all the conversations, so I listed to

1 Dr. Wong, and I listened Sally, and I thought
2 everybody said everything that I was going to say
3 today. So I would say this -- I'm going to say it
4 again. School base health services do not replace
5 school nurses. I hear the (indiscernible) but I
6 talked to LaBrenda yesterday. School health
7 services do not replace school nurses. The
8 presidents of school base health services actually
9 allows a school nurse to do what he or she needs to
10 do much more efficiently and much more effectively.
11 I mean, just imagine being in one room and being
12 able to assess the child and to know that they need
13 connection to a female health provider or that they
14 need a well-child physical and to be able to walk
15 that child into the next room and to say, "Hey,
16 here's Pat, she's going to do your physical today."
17 And to be able to call home to that parent and to
18 say, "You are all set. You don't have to worry
19 about going to place A, B, or C outside of the
20 school building" but to really do that more
21 comprehensively. I just think it is very powerful
22 and very amazing.
23 The other piece of the work that I think is
24 absolutely critical is that children who are able to
25 get healthcare services in their school are going to

1 be that generation that knows first hand that
2 healthcare is their right and not a privilege. You
3 know, to be able to say that I have gotten -- to
4 take away the stigma of health services, of
5 behavioral health services why, because it's in
6 their school building. It's -- they get it just
7 like they learn how to do math and just like they
8 learn science. They go and talk to a licensed
9 clinical social worker or they seen by an advanced
10 practice nurse practitioner or get their teeth
11 cleaned by a hygienist and then they get their
12 cavities filled by a dentist. And just to be able
13 to go through their academic career and then
14 transition to higher ed and to know how to navigate
15 a health system that is regularly available to them
16 I think is powerful. I've seen heads nodding as we
17 say, "The kids are our future" well, we need them
18 know that they should be able to access healthcare
19 in a way that isn't filled with hurdles, and hoops,
20 and requirements but it is available regularly where
21 they are. And that's one of the benefits of school
22 base health services. I think that federal
23 (inaudible) health centers are just nationally
24 positioned to be a part of the implementation and
25 the spread of school base health services across the

1 country because of who we are, of who we serve, and
2 who we attract to work for us. So we attract the
3 work for us that should be driven, they want to
4 serve the community. And in organizations like
5 ours' attracts nurses because we still utilize
6 nurses to the top of their licensor of scope in
7 practice. And so you have a workforce that is
8 committed and engaged to the population, and you
9 have a presence, and you have a reputation
10 nationally of being, you know, of outcomes because
11 we are required to report our health outcomes.
12 There are standardization and there is also a
13 reimbursement rate I think in regards to policy, you
14 know, we has a country, we has a nation really need
15 to look at ensuring that health services are
16 reimbursable. That they are (inaudible) at each and
17 every level and that we should not have these
18 disparities depending on what community you're in,
19 what your zip code is, and what your delivery system
20 is. So when we can get behind that, I think that's
21 really where we need to look for policy change. And
22 I would -- and I know we're short on time so I just
23 want to share a situation, a story with you. One of
24 the things that we try to focus on is really meeting
25 school districts and where there at. So we don't

1 have the cookie cutter model for delivering school
2 base health. Dr. Wong talked about Connecticut
3 having a 166 school base health centers, and we do,
4 and those are the traditional model of that 166 I
5 oversee 36 of those. Traditional model meaning
6 there is a advanced nurse practitioner or a medical
7 provider, behavioral health clinician, and some type
8 of oral health service, and I think that's great.
9 And if we could have that in every single school I'd
10 sign up for it. That is the gold standards, but we
11 know that everyone isn't ready for the gold
12 standard. Every school district superintendent just
13 either buildings don't have the space or they're
14 Board of Education is nervous about it, don't know
15 what we're doing in schools, and Connecticut is a
16 small state but we have no county governments. So
17 there's 169 cities and towns that do things 169
18 different ways so while you're timing our
19 opportunities for conversations are multiplied 169
20 times. And so we enter into every single one of
21 those conversations as blank slate. What is that
22 you want? Here's our buffet of options. Gold
23 standard, full scope of comprehensive, you know,
24 multi disciplinaries, community health center in
25 your school or you just want behavioral health, just

1 do behavioral health. You just want oral health,
2 we'll just do oral health. And you start there.
3 And we become a part of the culture of the school.
4 We work hand and glove with that school nurse. You
5 can't any of this work without a school nurse. Our
6 school nurses are our absolute best partner in the
7 school base health services in the school. And so
8 we meet them where they are and then we evolve as
9 they evolve. And districts when we started out,
10 where they said, "We don't want don't want you to do
11 anything but the oral health services" now have
12 multiple confidants in school base health centers.
13 You build the relationship, you build the trust, you
14 provide outstanding care, the parents love it, the
15 kids love it. Kids are our best champions of the
16 work that we do. When a child is seen by one of our
17 practitioners and goes back to the classroom and
18 says, "Hey, I just got my teeth cleaned" or "Hey, I
19 just had group with my counselor" they are our best
20 marketing material. They normalize it. They can
21 speak to the value of it and you can see the
22 differences in the outcomes.
23 So in 2002, a school district that we had
24 approached because we knew some of the challenges in
25 that particular school district. At that time my

1 children were in that school district. And very
2 quickly, this is how challenging it was. My
3 daughter came home, second grade, came home one day
4 with a title one consent form. And I was like, "You
5 don't need title one" my mother was a title one
6 advocate so I knew what title one was and I knew my
7 daughter didn't title one services. So I called the
8 teacher and I said, "Why is Desiree getting this
9 letter?" and she says, "Desiree doesn't need the
10 services, there's another child who does but her mom
11 isn't going to fill out the consent and if you fill
12 out the consent then Perry can come in and help the
13 other student." Broke my heart, and I said, "We're
14 going to figure out another way to do this because
15 you're not going to have a title one consent form on
16 my child's school record" but that's how challenged
17 school district was. So humongous red flag for me.
18 We approached the school district, were not open to
19 any school base health services. But in 2002, they
20 approached us with a sense of urgency, "We need you
21 to partner with us so that we can provide access to
22 behavioral health services to kids in our
23 districts." What was the emphasis behind us as an
24 urgency? Daniel Scruggs was a 12 year old boy who
25 had been relentlessly bullied persistently for years

1 in the school system. His mother had some
2 significant behavioral challenges that were tepid in
3 Daniel and on January 24th of 2002 Daniel was found
4 hanged in his bedroom closet. It was the clarity of
5 call for that community but they needed to do
6 something different. And so we responded. And now
7 we have not only behavioral -- multiple behavioral
8 health clinicians in all the schools in the district
9 but four conferences in school base health centers.
10 On Tuesday night as I was packing to come here, I
11 got a call that they're was a 14 year girl who was
12 found hanged by 12 year twin sisters. I don't know
13 how you recover from that. I just don't know. But
14 I do know that the presence of school base health
15 services in schools is a part of the screening,
16 early identification, early connections to care,
17 removing barriers from families, not forcing
18 families to have to make those really what can be
19 life without choices, "Do I go to work or do I take
20 my child to this behavioral health appointment? How
21 do I find a behavioral health clinician that's going
22 to see my child that's on Medicaid after four
23 o'clock on the day that I need it that's culturally
24 aware? How do I that?" So any and every
25 opportunity that we had to make sure that every

1 child, in every school, in every state, from across
2 this nation has access to the health care services
3 that they need. We have the responsibility to do
4 it. The nurses own this. Nurses are the champions
5 for change. Nurses are collaborators. Nurses are
6 phenomenal communicators. Nurses are masters of
7 care coordination. Nurses work together and we need
8 you to do this work.
9 MS. PAT POLANSKY:
10 We're trying to stay on our time but if
11 anybody any one comment we're happy to take that
12 before we go to the next (indiscernible).
13 MS. LISA CAMPBELL:
14 Can I just say Amen!
15 MS. PAT POLANSKY:
16 Amen.
17 MS. LAURIE COMB:
18 (Indiscernible) to hear you acknowledge that
19 schools need school of nurses and school base health
20 centers. And when we hear school nurses saying they
21 don't have time to work on population health it's
22 because they're working fiercely to coordinate the
23 care in this fragment and system we've been talking
24 about. So imagine the future where every school had
25 a school base health center to manage episodic

1 preventative care and the school nurse to do
2 population health.
3 MS. PAT POLANSKY:
4 We'll take this one last comment and then...
5 MS. SHARON LEE TREFY:
6 I'm going to speak as the Vermont State's
7 school nurse and consultant. Back to my statement
8 from yesterday, primordial prevention, annual well-
9 care visits, we talk about episodic care and mental
10 health those are all pieces of annual well-care
11 visits as promoted by the American Academy of
12 Pediatrics Bright Futures most recently. And it
13 includes all of the components you've discussed and
14 we've discussed about screening but it also includes
15 building resiliency. I really like -- especially
16 like your statement about helping youth learn how to
17 use the healthcare system. So a school base health
18 center -- a school base that located facilities
19 health services is a key part of that and I really
20 appreciate that, thank you. But I'm going to keep
21 it going back to primordial prevention, annual well-
22 care visits, or health supervision is recommended by
23 the American Academy of Pediatrics to pick up on all
24 of those things to build resiliency. Thank you.
25 MS. PAT POLANSKY:

1 Thank you. And thank you (indiscernible).
2 MS. REBECCA KING:
3 Hi welcome to our panel. We're the, I
4 guess, the wrap up (inaudible) here so hopefully
5 we'll bring some -- a lot of the issues and tie in
6 what's been talked about up-to-date. My name is,
7 Becky King, and I'm the nursing director for the
8 Division of Public Health in Delaware. Actually,
9 not for much longer and that's going to be literally
10 after the time I retire onto the (Indiscernible).
11 Part of my career too, I was a school nurse. I
12 worked about eight or ten years in a school setting
13 with the age 12 so I've got a lot of experience
14 there. The other thing I have a lot of experience
15 with is -- and I know we talked, you know, our
16 stories very often, is I'm a mother of a daughter in
17 long-term recovery. My daughter has suffered a
18 traumatic sexual assault her second week of college.
19 (Indiscernible) anyway shortly after that she was
20 prescribed a large, you know, prescription of
21 Percocets and went down a very rough path of a
22 heroin addiction. I am very proud to say she is
23 eight years of sobriety now. When that trauma
24 (Indiscernible)and Tim is going talk about, you
25 know, the transition and the recovery is just so

1 important in our school settings. So I'm very happy
2 to talk to you and introduce our panel analyst this
3 is Dr. Alexis Chavez she's from the Trevor Project
4 and then we have Tim Rabolt from the Association of
5 Recovery in Higher Education. So Dr. Chavez
6 (indiscernible).
7 DR. ALEXIS CHAVEZ:
8 Great. Can everyone hear me all right? I'll
9 try to be mindful of my time. I've seen a lot of
10 people get the bell so (indiscernible). So I'm the
11 medical director at the Trevor Project. It's a
12 national non-profit for ending suicide among LGB
13 (inaudible) for young people. And there's a number
14 of things that I've things that I've learned that I
15 will be able to share with you. I'm not necessarily
16 an expert in school nursing so I know other ways
17 that I'll be talking is how we can integrate in how
18 we can conceptualize this as part of the broader
19 picture. I think that as many people have said
20 today and yesterday before me, that mental health is
21 a critical piece of the health of our young people.
22 Mental health education has to start early and it
23 continues across the life span. We have to be
24 proactive about it. We can't wait until somebody is
25 already deep into their struggles before we can even

1 ask ourselves what we can do about it. What's more,
2 we can't rely on kids to know exactly what they're
3 experiencing and when it isn't time to reach out
4 because they may not ever have been talked out in
5 the first place. Additionally, with regards to
6 policy level interventions. We have to make mental
7 health an explicit priority in our schools. Schools
8 are where young people spend most of their day.
9 There are a few, if any places, where they spend
10 more time in places other than school except their
11 house at home. We need to be serious that we are
12 able to do some of interventions. What's more is we
13 need incorporate addressing all of our disadvantage
14 youth. So I speak for my -- to specifically LGBT
15 for youth, that there are so many other areas in
16 which many of you I appreciate and I've touched on
17 during your presentations and during your comments.
18 Because when we care for those who are most
19 disadvantage we are really caring for all people in
20 the best way possible. So I'll give you a few
21 examples from what the Trevor Project does and help
22 understand how we might be able to address some of
23 these. At the structural level we have created
24 along with some other excellent organizations, thank
25 the American Foundation for Suicide Prevention,

1 we've created what we call "our school policy."
2 It's a what a school policy could look like that
3 could address suicide prevention at every level from
4 prevention, intervention, and post-vention. How do
5 we start looking at these things before they happen
6 so that we don't have to be asking ourselves, "What
7 could we have done differently?" And it corporates
8 being able to have skilled people, like school
9 nurses in the schools that are able to recognize
10 these and reach out and recognize the signs in the
11 young people and help them in their time of need,
12 and when needed connect them to outside resources
13 that might be helpful. It means that the
14 administrators are accepting and taking seriously
15 that this is a top priority for us and how do we
16 allocate the time and the resources to be able to
17 make that happen. How do we make sure that when
18 young people are struggling in their lives that they
19 get the time that they need and the people that they
20 need to talk to. Perhaps they are struggling and
21 they become hospitalize. How do we work to make
22 sure that the coordination care happens of what
23 happened in the hospital to make sure that when they
24 come back to the schools we are setting them up to
25 engage in the best way possible. That they are

1 making -- we are making sure that they are having
2 these conversations and then what happens beyond
3 that. The conversations that we have, the
4 reintegration, and to understand what kind of
5 (inaudible) about how we can begin to affect even
6 more younger people.
7 The second thing that I will address is
8 something that we have done (indiscernible). We
9 understand that young people all over the country
10 have an insight to each others's condition in a way
11 that an adult will not see until much later. 'Cause
12 the young people themselves pass all kinds of notes.
13 They have this communication. They understand what
14 are the current struggles that each one of them is
15 going through and so we have to leverage there
16 expertise to help us know how to help them. With
17 our lifeguard workshop we try to teach them the
18 emotional communication in how to talk to a trusted
19 adults. Who are those trusted adults at schools
20 that you can talk to? Because if we can identify
21 before hand, who are those people, like a school
22 nurse that you always know have your back and that's
23 it's been proven not just because the administrators
24 have told you this, but because they have shown you
25 this time and time again. If you know these people

1 ahead of time, then you are much more likely to talk
2 to them about -- open up about any of your problems,
3 about whatever is going on, even before perhaps the
4 youth themselves realize that there's a problem
5 going on.
6 The last piece I will touch on is, how do we
7 create spaces to make them safe for all young
8 people. There is a difference between the
9 environment that youth create for themselves and the
10 environments that we create when we put them in.
11 Some things that we don't have a choice over nor do
12 they. For example, I understand that there are not
13 all places in the country that are equally welcoming
14 for (indiscernible) young people. That's something
15 that is right now. It's a reality that we have to
16 work with. But that doesn't mean that we can't make
17 every school more inviting and more explicitly
18 excepting for these young people. I think that we
19 need to a better job at this and towards that, when
20 we recognize that there are issues in our schools we
21 need champions like school nurses that understand
22 the impact that these have on our young people to be
23 advocating or to make that happen. To make sure
24 that every young person, no matter where they come
25 from, no matter who they are, receives the best

1 education and the best health that they can because
2 they go hand and hand. When you realize that young
3 people also need to have -- to feel safe spaces.
4 Sometimes they need spaces that are outside of our
5 reach as well. We see them going on social media
6 and connecting with people in different ways that
7 we've seen before. One example I will talk you is,
8 we have something called "Trevor's Space" that's a
9 type of social media for LGBT young people. It's
10 curirated and we have some moderators that are
11 trusted adults from our behalf that are helping to
12 make sure that all this -- the content that's shared
13 is safe. I can't say that this is the perfect
14 solution for every youth but I can say, that as we
15 find spaces where young people who do upset them and
16 that they can share whatever they need to. Whether
17 it's social media, whether it's a little youth club
18 around the area, whether it's in the office of the
19 school nurse, wherever that is, help cultivate it
20 and connect people and help them find the areas in
21 which they can feel accepted if it's not the places
22 that they already found. And I think that as we
23 incorporate these together we understand how as
24 we've talked about earlier today and yesterday the
25 piece of mental health goes hand and hand with

1 education, with the help that the school nurses are
2 promoting, the health overall of young people. And
3 we can't separate any one individual facet without
4 ruling everything else. And so I know that this is
5 quite a bit that's going to need to happen, but I
6 very strongly believe but this is the place where it
7 can start.
8 MS. REBECCA KING:
9 Really some great examples of, you know,
10 policies and programs that can actual help thrive
11 some of this and I think getting that out to more
12 schools and more communities (indiscernible).
13 Mental health just ties right into the addiction
14 epidemic that we're facing and that students face
15 and we also have this other group. You know, school
16 nurses are facing the wave that's coming of the
17 children that are the babies and the (inaudible)
18 babies who are, you know, they've been exposed to
19 parents who are dying young. I actually happened to
20 know several young children that have no parents now
21 because the parents have died of a opioid overdose.
22 So school nurses are going to face this and the
23 teacher. And we really need to look at treatment of
24 addiction and recovery also (inaudible). I mean,
25 this starts pre-k, goes up through high school, and

1 then onto to college. And Tim is a friend of
2 Delaware and I'm very happy that he's here to talk
3 with us today (indiscernible).
4 MR. TIM RABOLT:
5 Great and thanks Becky. Real quick, one thing,
6 you know, I was thinking about as we were up here is
7 sometimes at events it's really nice to go last if
8 everyone else kind of before you set (indiscernible)
9 a low bar but this event is kind of opposite and the
10 bar is like up to the 11th floor so I have the work
11 cut out for me to match that in the next eight
12 minutes.
13 So I'm going to talk about substance abuse,
14 addiction, a little bit more on the addiction side.
15 And when we think about it, I think it's important
16 really to really address that whole continuing. So
17 prevention, intervention, treatment and recovery.
18 And I was also sitting here thinking about as I was
19 coming to this assembly how uncomfortable it still
20 is unfortunately to talk about addiction in any kind
21 of public settings. I mean, I've been in recovery
22 for over eight years. I'll stand up here and talk
23 about this all day. But I was thinking back, you
24 know, a decade ago when I was in school, and there's
25 no way I was going to be opening up about that.

1 Because your -- the students are worried the
2 consequences and, you know, what we're told over and
3 over again is, you know, just don't pick up. Don't
4 use, you know, don't ever start and I think it's
5 turning in a good direction but I think there's
6 still a lot progress to be made. So really quick
7 just on the work that we do, as I think it'll kind
8 of help frame the conversation for the points I'll
9 get to. The Association of Recovery in Higher
10 Education, we work colleges and Universities across
11 the country that have essentially addiction recovery
12 support services on campus for students. Those are
13 known as Collegiate Recovery Programs. And I'm kind
14 of the product of one of those. Whenever I got out
15 of recovery in high school and moved on throughout
16 college and had the benefit of, you know, meeting
17 new students and meeting regularly, having housing
18 accommodations, and space to meet and those are kind
19 of all the different components what a Collegiate
20 Recovery Program, you know, might look like. And
21 some of the limited data we do have because it's
22 still kind scratched from the service. I mean, we
23 have 136 schools as members of our association but
24 it's still a very good concept. And there was a
25 study a few years ago that looked at about 500

1 students in recovery in these programs that crossed
2 about 30 different institutions. And there two kind
3 of main findings from that. First, was around
4 student success measures. Compared to the average
5 student at the University, the students that are in
6 these programs at, you know, (inaudible) graduations
7 or GPAs that were significantly higher than the
8 average student. And, you know, when you go kind to
9 explain that it really kind of comes down like the
10 (inaudible) and grit that maybe he was in recovery
11 learning development are provided, adequate support
12 services (inaudible) services to support them as
13 they're pursuing their academic degrees and juggle,
14 you know, being in recovery. The other finding that
15 was really interesting that kind of ties in with the
16 points I'll get to quickly was that if you look at
17 the typical addiction life span. Individuals are
18 drinking or using for the first time, you know, at
19 12, 13, 14, 15 and then they usually having about a
20 period of 15 years of addiction related
21 consequences. And then, you know, if they're still
22 alive, they're generally having their first
23 treatment -- they go in treatment for the first time
24 around age 31, cycling for another five years, then
25 finally getting into stable recovery at 41. And

1 that's kind of been the typical life span for
2 addiction. Compared to the students who are in the
3 recovery programs they're still using and drinking
4 at, you know, the same kind of ages 13, 14, 15 and
5 then they're going to treatment generally at 21.
6 And they're staying in recovery from that point. So
7 it's not just that, you know, say one of you have
8 individuals who are more successful, healthier, more
9 engaged, things like that, and they're getting into
10 to recovery 15 years earlier. So that's the
11 difference between, you know, someone who's a big
12 cost to society and your community and, you know,
13 relationships aren't what they need to be versus,
14 you know, healthy, successful, because providers
15 wrap around support services. So all that is to
16 say, you know, you might be sitting here thinking
17 "Okay, what can nurses do to kind of get involved in
18 that?" And I have three points that I want to get
19 on quickly. So the first one, **** so a lot folks
20 might be familiar with it already. That stands for
21 Screening, brief intervention, or (inaudible) . So
22 screening for the severity of the substance abuse or
23 the substance use disorder. And then determining
24 the intervention piece the appropriate level of
25 care. You know, like what needs to happen next.

1 And then referring to that. So, you know, I also
2 don't work with the current nursing fees so I'm not
3 sure how prevalent it is. I know Becky and I have
4 talked about just a little bit but it would be
5 really helpful to see that incorporated a lot more
6 and to be able to address at a much earlier age. If
7 we're talking about some of the, you know, signs
8 that we're able to see addiction start to develop.
9 And then like for me I got in recovery at 18 but if
10 this was caught earlier I could have got into
11 recovery at 15. Who knows what, you know, the
12 benefits that could happen there. So the second
13 piece that I wanted to hit on, I heard care
14 coordination thrown quite a bit, and you know
15 whether it's that or just being a kind of community
16 connection. You know, the -- we talked about school
17 nurses being -- there was a quote yesterday "Trusted
18 health experts in the community" I love that. I
19 thought that was great. I'm not sure which panel it
20 was but the trust piece experts in health in the
21 community base and being able to know about the
22 different resources in the community. Connect, have
23 those relationships with either, you know, providers
24 or mutual age groups et cetera. Being able to
25 provide information to the families, to the staff at

1 the schools, to the students themselves, you know,
2 playing that role can't really be, you know,
3 overstated enough of how important that is for a
4 student to have that, you know, someone that's kind
5 of like a ally really. And that brings me to the
6 third point, is, you know, having nurses that are
7 seen as recovery allies. And so what I mean by
8 that, it can look, you know, different in a lot of
9 different scenarios. There's some different
10 trainings that are out there. A kind of recovery
11 community in the world I work in is still developing
12 a lot so there's not, you know, one set kind of
13 recovery at ally dream here. But what that looks
14 like is, you know, of course they have an
15 understanding and confidence around addiction and
16 recovery knowing the terminology and the language to
17 use. So it's funny, you know, being at certain
18 events that don't know how to specialize in the work
19 we do because you know we're very grateful that the
20 -- we're not grateful for the opioid crisis, we're
21 grateful that it's opened up a lot of people who
22 were never talking about this before to finally
23 talking about it. At the same time, it's not just
24 opioids, you know, and when this gets resolved and if
25 there's enough money it's going to be something

1 else. And that's just going to keep happening. But
2 it's not, you know, there's definitely an overdose
3 crisis, right? I mean tens of thousands of
4 individuals who are dying every year. But addiction
5 is much more widespread. It's not specific in one
6 substance. So understanding, you know, that piece.
7 You know, I know abuse kind of gets tied to
8 substances quite a bit. In our fields we do not say
9 "substance abuse" it -- you know, if you look at it
10 like, you know, domestic abuse, sexual abuse, child
11 abuse, and then substance abuse, at least for me
12 personally I don't want to be locked in with that.
13 You know, I don't see, you know, substance abuse
14 yeah, technically is it a crime not to list the
15 substances but we're talking about the medical
16 condition, right. The disease of addiction and so
17 using a different language to frame how we're
18 talking about it. And especially the person first
19 language. You know, yeah, at a 12 step meeting, I
20 may identify as an addict or alcoholic but out in
21 the community like that's not very helpful. So
22 talking to individuals especially a young student
23 who might be struggling, you know. Saying to that
24 person with, you know, with substance abuse disorder
25 or conflicted by addiction, you know things like

1 that, just to have a better conversation and open
2 some doors for that individual seek help. The third
3 piece of conduct, every ally component. The
4 grateful health was around trauma informed and
5 understanding, you know, how early it can start.
6 All the different ways that trauma can, you know,
7 kind of have a role in someone's life and just a
8 cheer of prevalence, of it is important. And I
9 think it's also another aspect for the recovering
10 addict needs to be, you know, culturally confident.
11 Another one was just to be able to meet individuals
12 where their at, understand that there might be a lot
13 of (inaudible) stories going on, it could be an
14 email -- you know, there's a lot of different areas
15 that really help. But you know, what it comes down
16 to again that quote yesterday that "school nurses
17 are the trusted experts in the community" and what
18 they, you know, what they've already done for so
19 many different things. And then how important and
20 critical they can really be in the addiction's space
21 if detection is a lot earlier on. And I think
22 there's a lot, you know, successful prevention work
23 being done but, you know, (inaudible) we're in the
24 recovery space and there's a lot individuals who are
25 going to end up, you know, battling addiction and to

1 get them the resources, and get the family the
2 resources. And you know, the last piece I'll kind
3 to say is, you know, instituting a culture of -- for
4 recovery and, you know, that looks different in
5 every single community. But, you know, I kind of
6 laughed last night as the, you know, people were
7 going up to the reception as "free drinks" and I was
8 like "Well, that's -- " for me now it doesn't bother
9 me at all but, you know, in college and in school
10 you are faced with that everywhere. You know, it's
11 not just drinking it's all sorts of things. So
12 being able to institute more of a culture of having
13 recovery and support every student and what they're
14 dealing with is, you know, kind of a role that
15 nurses play. And again I'm glad to be here and be
16 able to talk about all of the good work that we do
17 so thank you.
18 MS. REBECCA KING:
19 A lot of what both of you addressed is
20 having that same space in the school. Where a
21 student feels like they can really go and say really
22 what's on their mind or where maybe they don't have
23 that have social (indiscernible) that they can just
24 have that discussion and the school nurse can sort
25 that out and find the resources for them. I really

1 feel we need better structural supports and staffing
2 the schools and communities to address this. And
3 one single nurse in a school with 1,200 students
4 and, you know, a student comes in, in crisis and
5 there are 30 students ahead of them to seek services
6 how in the world is that nurse going to spend that
7 quality time and put that student who fell into what
8 might be a really deep conservation and I think we
9 need to do better on policy and constructious in
10 schools. Are there any questions? I do want to
11 pull out -- well, (indiscernible)
12 MS. KATHY HAGER:
13 I'm here from Delaware and I'm wondering if
14 you all have a set nurse curriculum and if so does
15 it include supplemental health like looking for red
16 flags for bullying, or substance, use or whatever?
17 MS. REBECCA KING
18 Well, actually Delaware, we are one of the
19 states that has a school nurse in every school. So
20 that does (inaudible) really (indiscernible). So
21 equity and acuity with the numbers is really still a
22 major issue. We are working with -- our Lieutenant
23 Governor has a behavioral health in (inaudible) that
24 she began. I chair the education and prevention
25 committee for that. And we are actually on

1 (inaudible) 11th regional state community wide
2 service. Where not me, it is actually providing
3 education that total health one on one for educators
4 and the school staff across our state. Now, mind
5 you Delaware is not very big so it's an easier task
6 for us to undertake. But we've heard through the
7 behavioral health association there was a very
8 strong need for teachers to be able to recognize,
9 know what to do, and then how to refer these
10 student's mental health issues. The nurse sustained
11 that health too. You know we need professional
12 development on understanding a lot of these. I
13 happen to have a lot of expertise on addiction only
14 because it's a living experience for me but there's,
15 you know, a lot of certifications and other training
16 out there to provide that school with that level of
17 education that we need to appropriately deal with
18 the student who is in recovery. And some are mental
19 issues.
20 MS. KATHY HAGER:
21 We have a huge -- some of last year in Kentucky
22 on substance abuse disorders. I did not know I
23 wasn't the but that's what we talking about and my
24 take away was that we needed to teach kids how to
25 cope with bullying and not being pretty enough, or

1 smart enough, or (inaudible) enough, or whatever
2 they're getting bullied for anxiety and depression
3 (indiscernible) And I guess what I wanted to know
4 is, if you all have, in Delaware, a certification
5 program that covers pretty much the co-pay? Does
6 anybody in the country have that? 'Cause I think we
7 need them to work for us on coming up with what the
8 curriculum looked like. I'm concerned that we're
9 going to get school nurses in schools and not be
10 able to prove they're affecting this. We need data
11 and it can't just be on absenteeism so I think
12 that's something that we could do as a group is make
13 sure they don't hold up the curriculum and it
14 catches everything (indiscernible).
15 MS. REBECCA KING:
16 And school nursing I mean it really is. It's
17 everything. And how can you be (indiscernible) but
18 if you look at the data in our community then you
19 know that you have that heavy burden one versus the
20 other. If there were these certifications out there
21 that provide you with a professional bone and the
22 expertise then that would be helpful.
23 MS. JODIE SHEETS:
24 I'm Jodie Sheets, I'm the president of the
25 Louisiana Civil Nurse Organization and I am

1 currently still a school nurse but (indiscernible)
2 And so I've been listening to everyone in this room
3 for the last two days and honestly I could take up
4 two days and sit up there and talk about the issues
5 as a school nurse that we have. And it just goes --
6 comes from so many different directions. As a
7 school nurse with, you know, my intentions to always
8 look out for the health and safety of the student
9 every single day and to keep them healthy and in
10 school. I'm no orange. I work under, you know,
11 with the State Board of Nursing so, you know, I have
12 a practice that I take (inaudible). So we have
13 Oranges is, we have the Department of Education,
14 let's call them apples, we have public health, let's
15 call them bananas, until we all go into one mode, no
16 but seriously, until we all go into one mode as a
17 fruit salad, we're going to continue to have the
18 issues that we have. Until we all have the same
19 focus for the children. We have so many wonderful
20 ideas, and so many wonderful research projects, and
21 so many things going on in this room but we are
22 preaching to the choir. We are all members of the
23 choir until we preach to the people that need to
24 hear it there will be no change. To me, this
25 platform should be at a superintendent's conference.

1 At a principal's conference. At conferences where
2 the people that need to hear it and understand it.
3 No one wants to understand what we do until they
4 meet us. The amount of money that school nurses
5 bring into the schools every single day with the
6 children that we see and that money goes into the
7 general fund, that's a lot of money. That money
8 should be generated back to our department to bring
9 in more nurses to generate more money. It's all
10 about the money and that is so sad to me. It should
11 not be about the money it should be about the
12 children. Data is what -- I did, through NASN, I
13 did some data work. I surprised myself with how
14 many children I kept in school instead of sending
15 home but it was because I was there. When I am not
16 there the children come in with a belly ache, or a
17 headache, or with a paper cut, "Call you're momma."
18 You think that child is not going to be able to say,
19 "Hey mom, I really need to go home" and then they
20 leave school. And then they miss a whole day's
21 worth of school for a paper cut. And I'm not
22 exaggerating. I'm not exaggerating. We have to be
23 in the schools. If we are not in the schools taking
24 care of the children, there is going to continue to
25 be a problem where these kids are not being educated

1 because they're either not healthy or they just
2 don't want to be there and it's an easy way to get
3 out saying that they're sick. We have such a
4 problem in this country and it's not just in
5 Louisiana it's everywhere where we are so
6 misunderstood. And if people would understand the
7 value of what we can bring to the table, I think
8 that (indiscernible). Thank you.
9 MS. LAURE MARNO:
10 Hello, Laure Marno, West Virginia.
11 (indiscernible). I'm going to be the voice of some
12 school nurses that I've been working with in West
13 Virginia. We recently had a round table as part of
14 a state-wide initiative to identify for the state
15 (inaudible) what we can speak to our legislators
16 about the policy issues at the next legislature
17 session. One of the things the school nurses are
18 asking for which I think speaks to this idea of a
19 curriculum it ends up with a curriculum like what's
20 the -- we do to take care of the sub set of kids who
21 are suffering on exposures to substitutes disorder.
22 So what they said to us is, "We need a syndrome" for
23 lack of the better word, I'm not sure I like that
24 but anyway stay with me on this, but the -- if you -
25 - if -- (inaudible) poor example feel out syndrome.

1 We recognize these the sub set kids had these
2 certain features and we labeled it and again, I
3 don't like that word but stay with me, you know we
4 had this set of kids, we had this -- they're
5 identified as such, we had this treatment plan that
6 goes with it, we need this service, that service,
7 and so on and so forth. The school nurses said to
8 us "We need the same thing for children whose
9 families are suffering from substance use of sort.
10 How can we do that?" Because once we have that then
11 we say well this is -- these are one, two, three,
12 four, five, six, seven, things that happen, that's
13 where a funding screen comes in because you then
14 have something attached to it and it's an
15 (inaudible) for care. So I'm wondering, you know,
16 what's your thought on that, how -- is that
17 something that would help children and families and
18 of course school nurses obviously, because they're
19 going be boots on the rack identifying
20 (indiscernible).
21 MS. REBECCA KING:
22 I think that one of the things that we have
23 to think positive about is we're creating some sort
24 of, you know, that -- we're clustering things
25 together is how can we have it provide the most

1 utilities and from one sort of intervention that
2 leads to how can we utilize it the best. And so we
3 want to make sure that -- I think that we're seeing
4 a lot of different missing kids troubled a lot by
5 things from things in the environment and I about
6 how was the best way to help them and I'm not sure
7 that I can have the answer to that.
8 MS. LAURE MARNO:
9 I feel like the school nurse knows what they
10 see. They get it. These kids have quite frankly a
11 lot similar issues and concerns and then it's that
12 supporting them to get them the services that need.
13 We had a big conversation last night about the
14 appropriate ways of using (indiscernible) I'm
15 personally am concerned about that. It's not really
16 designed to be used in the pediatric population.
17 It's designed to be used in the adult population. I
18 get it but the reason that we do that is really
19 identification and so that has a very good intent.
20 But I also you know labeling kids are whatever
21 because of using the tool when it wasn't designed
22 for that population so that is -- these are the
23 things that I'm sort of bringing to the corner.
24 What can we do to help school nurses and get the
25 resources that they need because they're identifying

1 the kids. You all are identifying the kids.
2 MS. REBECCA KING:
3 And especially this next week with the kids
4 that we are going to see.
5 MS. LAURE MARNO
6 Right.
7 MS. REBECCA KING:
8 You know, coming into the system that were NES
9 babies and were (indiscernible) like how are we
10 going to help them if we can't call somebody. And I
11 agree with you about the way we were even the stigma
12 that's attached to that but to get funding for that
13 and to measure and then to implement, you know,
14 programs and resources we have to call it something.
15 I agree with you. Thank you.
16 MS. ALEXIS CHAVEZ:
17 I think that's the one extra piece that's
18 recognizing as I stated many, many, times throughout
19 this. If the school nurses are identifying, they've
20 -- they -- they're saying these kids need help what
21 -- I don't even have the resources to do that then
22 that's not what we're bringing up on the table and I
23 don't think I've ever been so excited to make fruit
24 salad before but I think that's a really good
25 (indiscernible).

1 MS. KATHLEEN (KATIE)JOHNSON:
2 Hi, Katie Johnson. I just want to very quickly
3 highlight one of my favorite articles. It's from
4 2006 by Erickson it's called, "The Healthy Murder
5 Mile." So as we talk about all of the things that
6 school nurses can do we also can't -- we don't know
7 everything about everything. So one of the reaches
8 of that is one of my favorites the leadership model
9 but also clinical nurse specialist like we have in
10 hospitals who are experts in that particular area of
11 the care to provide support from the front line to
12 the nurses. So I just wanted to bring that up for
13 (indiscernible).
14 MS. SHARON LEE:
15 This is a question for Dr. Chavez. Can you
16 share some examples or strategies around supporting
17 resiliency in youth developing Pre.-K through twelve
18 who present consent with were questioning their
19 gender? I'd like to focus on recently
20 (indiscernible)
21 MS. ALEXIS CHAVEZ:
22 Sure. I can touch on a couple different
23 parts. One of them is that many is that -- any
24 child who is has some sort of diversity like sexual
25 orientation or gender identity there's their child -

1 - there's children that face all the same
2 experiences that anyone else plus they have your
3 common extra layer of perhaps discrimination that
4 something else they have to deal with. So many of
5 the areas that we focus on with resiliency are
6 strength. We can look back to what we're already
7 using for many of our children. So one program that
8 I see is called "Sources of Strength" which I really
9 appreciate and they focus on a strength based model
10 in resiliency and they go to schools and they teach
11 about what are some of the ways that we can leverage
12 family support, what are some of the ways we can
13 leverage school support, whether that's their faith
14 or their religion throughout the community and
15 (indiscernible) but I think it really speaks to the
16 fact that any time that there's a challenge that is
17 presented to you then how can we build out the web
18 the interconnectedness in everything that they're
19 involved in, in their lives to help strengthen those
20 protector factors. And recognizing that even if
21 there's a difficulty coming through one thread how
22 does it resinate from all the rest of that web. And
23 so I was at someone's questioning their general
24 identify or their sexual orientation and they're not
25 really sure where the -- where they have support

1 either in their family or their school or whatever
2 that is, what are the places where they feel like
3 they are themselves in their life so they are
4 supported. Are they engaged in activities, do feel
5 like school actually is supportive so the parent's
6 aren't. Are there clubs that they like to be a part
7 of. How can we strengthen those and if there are
8 areas that are particularly might be their family or
9 somebody else are there ways -- I truly think that
10 everyone wants to do the best and they just don't
11 know how. So if there are these how can I how can
12 we help to get to those areas more education,
13 connect them to more resources. I know that not
14 every person in the schools or not every person, not
15 every doctor is going to be able have some sort of
16 speciality that their going to know all the answers
17 to every question but how can we help them find the
18 resources and answers so they can get what they need
19 and I think that, that's really an important goal.
20 MS. SHARON LEE:
21 And what's the name of it again?
22 DR. ALEXIS CHAVEZ:
23 Source, Health, Strength.
24 MS. SHARON LEE:
25 Source, Health, Strength.

1 DR. ALEXIS CHAVEZ:
2 Yeah, it's based out of -- we think that
3 they may have started a quota and they now they have
4 a small presence(indiscernible).
5 MS. HEIDI CYGAN:
6 So a thought came to me as I heard
7 (indiscernible) data a lot, (inaudible) came up and
8 the tools that we use to measure. And one word that
9 I haven't heard or raised this couple days is
10 (inaudible), right. We have our data that's
11 collected and the way that we use that -- I don't
12 know if we're using that data as much as we can. I
13 actually just published it and asked that of a
14 school nurse about how school nurses can partner to
15 use (inaudible) data and I know it's cool to get on
16 your district level unless you're a larger district
17 but we're collecting data directly from our
18 students. We're asking them, you know, how do you
19 identify we're asking them about their experienced
20 in (inaudible) without using a survey that's
21 developed for (inaudible) and we're asking about
22 social problems that them asking what types of
23 fruits and vegetables they need for breakfast, you
24 know. All the data are there. And it's a matter of
25 being able to look at that data they'll provide and

1 to plan our policies and our programs around that.
2 And to figure out what questions we need to ask. So
3 for example this year, there is a question around
4 gender identity let's add it to (inaudible). In the
5 last five years there was a self recording teen
6 pregnancy question. So had you been pregnant or
7 gotten someone pregnant before. So we have the
8 ability as nurses and the school nurses to say these
9 are the questions that we want to know the answers
10 to and get them on this national scale. So I mean,
11 I don't know that I have a question but it's a
12 statement that these are things that we can use that
13 we need to figure out how to best utilize that data.
14 MS. REBECCA KING:
15 There's a lot of that data plus what ESM you
16 know that's all very helpful data. I think the
17 easier we talk about the fruit salad, you know,
18 school nurse from a school setting, you know,
19 administrators that may not know how to work at
20 (indiscernible) so I think that's where school
21 nurses play a role in helping them assess that
22 health data and what does that mean and then how can
23 that data information you've collected be structured
24 into programs. And services and having a funding
25 for those programs in the school settings. So I

1 think that's to leverage that is so important.
2 (indiscernible).
3 MR. MARCUS HENDERSON
4 Marcus University (indiscernible), School
5 nurse.
6 We talked a lot about billing capacities with
7 the schools with the work force in different areas
8 and building that culture of safety and circle in
9 the settings. But I think another thing would be --
10 I don't know if we've -- probably touched on a
11 little bit, but we need to focus more on it's not
12 just there that these children go home and that
13 culture is within their need. So I can feel safe in
14 the school, I can feel safe at my primary care
15 provider, I can feel safe in those settings, but
16 when I return home I don't feel because my parents
17 don't believe that I'm depressed. My parents don't
18 think that I can be suicidal because I have
19 everything possible and this happened to me. That,
20 you know, you went to IV League Institution, you're
21 doing all these wonderful things, "Why are you not
22 depressed, How could you be depressed?" But I was
23 in a supportive environment where I got the
24 resources that I needed so I was successful but
25 that's -- that doesn't happen all the time so we

1 need to (indiscernible) communities and build
2 capacity within our communities and that's really
3 our main goal. (indiscernible).
4 MS. REBECCA KING:
5 And I think that's why to students to be
6 advocates with their own self-care (indiscernible)
7 and self-care for those in recovery.
8 Well, just how would a school nurse help to leverage
9 a student to seek out services to be their own
10 advocate in their community? They may go home and
11 their parents are addicts too so how do they go home
12 and get out of that cycle and use minor resources?
13 MR. TIM RABOLT:
14 Yeah, it's tough. It's just probably piece by
15 piece and meeting the student where their at and
16 knowing what specific, you know, as far as resources
17 and that -- in that community. But yeah that's one
18 of the points I was saying. I think it's helpful
19 that you know what's out there and you get to know
20 more about the individual scenario of what it's like
21 at home or you know what's the parent's role
22 involvement and know some other aspects of the
23 individual's life outside of the school to really
24 have the best kind of understanding. But yeah, I
25 mean, you have to really have a solid grasp hold

1 that's individual's scenario. But it's tough in
2 general of knowing them.
3 MS. REBECCA KING:
4 Well, thanks everybody. (indiscernible).
5 MS. SUSAN HASSMILLER:
6 I just have one more statement.
7 MS. REBECCA KING:
8 Okay.
9 MS. EILEEN HINELINE:
10 What you all are doing is fabulous. We do
11 (indiscernible)in higher education. We do a lot of
12 GTQ treatments in higher education. What I am
13 advocating for our school nurses is to partner with
14 us and have the warmth that population is very
15 passionate about this (inaudible) population to
16 continue their education in an institutive higher
17 education and I don't care where it is, we have to
18 better prepare our children to be able to go in and
19 remain in an institute of higher education so that
20 they can grow and develop and mature into adult life
21 so that they can deal with these issues and that
22 they can go onto be successful adults. But if we
23 don't, we are going about through this life our
24 students at the age of 18 will go to the edge and
25 drop off and we don't want to see that happen. So

1 before we can collaborate with our educators
2 (inaudible). Thank you.
3 MS. SUSAN HASSMILLER:
4 Okay. Tremendous meeting. Really exceeded my
5 expectations. My expectation worries
6 presence(indiscernible). So the first thing we need
7 to do is thank the team that their (indiscernible).
8 Tremendous job in a very short amount of time you
9 just don't know. So the other thing is, I am going
10 to ask you to take the pad and paper that's on your
11 table -- I don't know what we'll be able to do with
12 all of this energy, and ideas, and data that has
13 been brought forward in these last 24 hours
14 (inaudible) but I'd like for you write something
15 down that you think we need to do, that you need to
16 do, that we need to do, but take a moment to do
17 that. And I will commend that staff will look at
18 all of these ideas to see how we might be a partner
19 with you doing something I don't what that might be.
20 But we're going to see what you're going home and
21 do. Maybe there's two things. What you might go
22 home and do, and then you're call to action for us
23 in a larger group. And while you're writing down, I
24 always completely agree that we can't always be
25 talking to the choir, that's after all why Robert

1 Wood Foundation chose to partner with AARP as
2 opposed to the Nursing Association. I think today
3 in this room that there were some people who met
4 each other for the first time. So it wasn't
5 completely talking to each other but we had a start,
6 okay. (indiscernible) And I'm going to ask you put
7 your name on those and put your -- I don't think we
8 need email addresses, right?
9 MS. REBECCA KING:
10 No, we don't.
11 MS. SUSAN HASSMILLER:
12 Just put your name down.
13 MS. REBECCA KING::
14 We know.
15 MS. SUSAN HASSMILLER:
16 We know who you are. Okay, you should have
17 something down. People are writing paragraphs and
18 that's funny. Everyone write, "We will accept"
19 because, you know, sometimes you have to -- I was
20 telling I think Pat up here, some people are more
21 (inaudible) articulating, you know, what was going
22 on and I think if we would put words around what's
23 going on and what we might need to
24 (indiscernible)and then if you can go home practice
25 this articulation of what went on here. I'm going

1 to ask people if you have data (indiscernible).I've
2 asked Derek to help with me data. There's been a
3 lot of data that's come forward and we have some
4 compelling data that is on your website that is
5 probably accessible, send it to me, okay? I'm going
6 to give you my NAS account so write this down too.
7 So it's shassmiller@nas, National Academy of
8 Science, shassmiller, H-A-S-S-M-I-L-L-E-R, @nas.edu.
9 MS. (inaudible)
10 Does it have an accent?
11 MS. SUSAN HASSMILLER:
12 NAS, National Academy of Science. We're
13 working the next future nursing report right now.
14 Yeah, repeat it one more time. It's shassmiller,H-
15 A-S-S-M-I-L-L-E-R, S as in my first name,
16 shassmiller, @nas, like National Academy of Science,
17 .edu. Okay, so -- and I'm finally going to ask
18 people who haven't spoken, a lot of people have been
19 to the microphone but if you have not come up -- you
20 have written something down so you should be nice
21 and brave, you can could read what you wrote right?
22 And come to microphone. I'm going to start out by
23 telling you a (inaudible) Kennedy left with me. She
24 was incredibly inspired. She is ready for action
25 and this is what she said. I said I'll read this,

1 she said, "This is my commitment, to engage
2 (inaudible) board, the national (indiscernible) to
3 engage in any board regarding school nurse impact in
4 relevance of our strategic plan." She's going to
5 put this in her strategic plan and the
6 intersexuality and two she's going to promote
7 partnership developments in three areas, in our
8 promatic work, in our policy advocacy and our states
9 that are fully in this engagement. That's really
10 big. Okay, so Adrienne has spoken. Come up. Yeah,
11 sure, come right up.
12 MS. EVA STONE:
13 Eva Stone. --
14 MS. SUSAN HASSMILLER:
15 This is just a pop up and I persuade because
16 these are pop ups, pop ups are short so you can't
17 like go on and on. You can give me paragraphs but
18 you just have to say one or two things and sit down,
19 okay?
20 MS. EVA STONE:
21 Gotcha. So Eva Stone, Major Health Services of
22 Kentucky. And what I want to say is there's a lot
23 of discussion nationally about school safety. And
24 that's focusing around gun violence and our worry in
25 school. So Kentucky just passed school legislation

1 addressing school safety. What is left out of that
2 conversation is safety for those kids with life
3 threatening conditions. And so I think framing a
4 conversation about it, if a child has a life
5 threatening allergy at school they're more risk --
6 more at risk of dying than the risk is for somebody
7 to come in and get shot. And while it's tragic with
8 the gun violence, I think as nurses we need to be
9 talking about school safety for those kids with
10 chronic health conditions.
11 MS. SUSAN HASSMILLER:
12 Okay, you're giving that call to the group,
13 what are you going to do?
14 MS. EVA STONE:
15 I've been doing it so we're trying to do that
16 in Kentucky.
17 MS. SUSAN HASSMILLER:
18 Okay, okay.
19 MS. EVA STONE:
20 But it hadn't been long.
21 (indiscernible)
22 MS. LT. COL. LAKISHA FLAGG:
23 Board of health nurse by trade. Really
24 inspired to be in this venue. What I wrote is that
25 I like for the conversation to continue but what I

1 have found in my own practices we often wait for
2 someone else to act. I think there's a lot of
3 advocates who were well put to initiate where they
4 sit, where they stand and I think that's really
5 important. But even if the conversation isn't
6 continued in a formal setting like this, wherever
7 you sit, wherever you planted, move, right? So
8 there was a conversation where there was a request
9 and to ask for a tool kit. Those that now how to
10 move forward with policy and make that happen get
11 with the person who mentioned that. So I think the
12 emphasis on us as individuals who are well in
13 certain areas to move those initiates forward.
14 MS. SUSAN HASSMILLER:
15 (indiscernible) concrete. What are you going
16 to do? What are you going to do as an individual
17 for your organization? Let's use (indiscernible)
18 what are you going to do?
19 MS. CYNTHIA BIENEMY:
20 Good morning, my name is Cynthia . I'm
21 Director of Louisiana Student of Nursing and also
22 (indiscernible) the we'd like thank you for coming
23 and -- to Louisiana, for this great meeting. I was
24 not able to be a part yesterday but my (inaudible)
25 was. But one thing I'd like to start off is to say

1 apologize that our meeting our president of
2 Louisiana School Nurses Association for the first
3 time, we communicated over the phone prior to this
4 meeting but she has not been an actual part of our
5 act of coalition. So the number one thing,
6 (inaudible) 'cause I sit here -- I'm not a school
7 nurse but I know that education is a social
8 determinant of health. And I know that everything
9 that's been said is part of that building the
10 culture of health is that we're going to make sure
11 that our school nurses are represented
12 (indiscernible) act of coalition.
13 MS. JOAN HLINOMAZE:
14 Hi, my name is Joan Hlinomaze. I am the
15 president of the Ohio Association of School Nurses,
16 but more importantly I am a middle school full nurse
17 -- full-time school nurse that takes care of 1,100
18 middle schoolers each day. And what I found that
19 resinated with me on this meeting is a need to
20 develop a sustainable model of school health
21 services and school nursing practices through our
22 country. And to do that we need to address the
23 areas of funding, policies and procedures that own
24 the local and state national level, and to access --
25 and access to nurse administrators for all school

1 nurses. My commitment --
2 MS. SUSAN HASSMILLER:
3 Thank you.
4 MS. JOAN HLINOMAZE:
5 -- to do that, to address these issues with
6 things to address it with the Ohio Department of
7 Education as I serve as a member on a work group
8 that they have developed. It is to address the
9 needs of the whole child and I think we can bring
10 these issues into that work group so that we can
11 address some of these needs at my state level.
12 MS. SUSAN HASSMILLER:
13 Okay, great. Make that profile.
14 MS. CAROL DRENNEN:
15 Hi I'm Carol and I'm also from Ohio. I'm with
16 the (indiscernible) And I want to echo what Cynthia
17 said that we're the same way in Ohio on our
18 committee we do not have the school nurses. So that
19 would be one of the first steps when I go back is to
20 make sure. And again, the same thing happened from
21 that year so we need to have better connections with
22 the (inaudible) and the school nurses. The other
23 thing I wanted to take back that I will do is we
24 have two public health nurse leaders in Ohio and
25 they have worked for many years in the last few

1 years on a project on this (indiscernible) and
2 creating an education module and a screening tool
3 that we hope to get across Ohio and they've been
4 working on that. But however, again, I have to go
5 back of what I learned here, while as we focused on
6 education, partners, colleges, and we focused on
7 acute care hospital. Again, in what we said today
8 that we need to expand that and make sure that we're
9 hitting the public schools with making sure that
10 they have that tool in education.
11 MR. DAVID WYRICK:
12 And I'm going to do two things, (indiscernible)
13 start a discussion as to why we do not have school
14 nurses (indiscernible). But the second thing that I
15 want to do right now is I'm going to ask Jessica, we
16 have obviously the school nurse representation SSI
17 that's huge but we have some (indiscernible)
18 MS. JESSICA:
19 We do not.
20 MR. DAVID WYRICK:
21 We do not. And so that's something we should
22 talk about. This is the committee (indiscernible)
23 NCAA that focus these a lot of the safety compliance
24 issues (indiscernible) and I know there's lots of
25 representation on the (indiscernible).

1 MS. SUSAN HASSMILLER:
2 Keep it coming.
3 MS. CINDY ZOLHIEREK:
4 Colleague at the Texas Action (indiscernible)
5 and also CEO of the Texas Nursing Associations. We
6 get by policy and I love my colleagues
7 (indiscernible) upstream. We have an initiative
8 right now of nurses in office trying to take off our
9 nurses on board. With the numbered resources to get
10 nurses in office with the primary focus of nurses on
11 school boards. So with the other thing I want to
12 do is and the concern of health of Texas Association
13 of School boards is how we can partner with the
14 Texas Association of School Boards to make sure they
15 have the information that links that event of
16 performance to school health. An important role of
17 nurses is that they value nurses in that and if we
18 can get their support maybe (indiscernible) a school
19 a nurse in every school.
20 MS. LILLIAN BRAVO:
21 Hi, everyone, my name is Lillian Bravo. I'm a
22 PhD student (indiscernible) at the University of
23 North Carolina (indiscernible) in nursing and I'm
24 also a child nurse (indiscernible). So thank you
25 for having me here. I've been really inspired by

1 all the work that you guys have been doing so far
2 and in setting us up for mental issues, and some so
3 I thank you for that. And I would like to which I
4 have heard I'm so excited about but I think there's
5 another part of the conversation and services that
6 we're linking (indiscernible) engage with. And then
7 what I will be doing is my research is in
8 (indiscernible) which I especially to focus on the
9 largest subset of youth in the United States around
10 the year 2060 so through my research I wanted to
11 understand the various that they had with one health
12 care treatment. When I think about school nurses
13 and how school base health care (indiscernible).
14 MS. SUSAN HASSMILLER:
15 And you are also going to go back to your home
16 and scholars group and tell them about this
17 conference and some bullet points of what you
18 learned? Yes.
19 MS. MARTHA DAWSON:
20 Thank you first. (indiscernible)
21 MS. SUSAN HASSMILLER:
22 Yeah, speak up. You have to (indiscernible)
23 it's on. (indiscernible) your voice. You got to use
24 your voice.
25 MS. MARTHA DAWSON:

1 Yes, my name is Martha Dawson I am the
2 president of National Black Nursing Association.
3 I'm here on behalf of (indiscernible). I've been
4 working with family property for about five or seven
5 years. One of the things that really caught my
6 attention is my only lack of knowledge
7 (indiscernible) so just by being in the room today I
8 can think one of the things that I would definitely
9 do is -- well the only (indiscernible) first of all,
10 but to try to do (indiscernible). We talked a lot
11 about interproffessionl activities we don't talk
12 here much mutual professional support and I think
13 that's what we need. And as we continue to engage
14 and have these type of conversations, no one nursing
15 speciality can solve these problems alone. We have
16 to come to the table to figure out how do we support
17 each other. So one of the things that I started
18 doing immediately, being the national president, I
19 have application and I looked down at all the
20 property roles I did not have school nurse so we
21 have added school nurse (indiscernible). The other
22 thing that I claim to do is, I just met my
23 colleague, you know, my governor colleague, we did
24 not know each other prior to this invitation was
25 done (inaudible). I suggested to her already that

1 we are going to put an article in the State Nursing
2 Association newsletter. We need to get one in the
3 black nurses newsletter, and we need to get
4 something back on (indiscernible) website. So I
5 think putting the word out there and having
6 conversations, and starting the Donald, that this is
7 much bigger than just, you know, giving out
8 (inaudible). All those are small things, which like
9 I said if you're guilty, you're just guilty. But I
10 heard some things if I could just take one more
11 moment just to say. Someone mentioned the concept
12 about bridging health and education, so my challenge
13 back to this group is how are you connected with
14 classroom years. So you have health education or
15 you get it with that biology teacher to talk about
16 clean air, clean soil, food sources, so what are you
17 doing when it comes math, are you reaching about the
18 cost going to those math teachers. You have to --
19 and someone else said, you have to be more than just
20 a nurse there, you have to provided to the academic
21 issue. If your nurse doesn't know that you support
22 academic issue then yes, (indiscernible) so you have
23 to get your voice heard, you have to connect with
24 them. How many of you have taken all of this health
25 care knowledge and all of this stuff about

1 population health, healthcare determinant, and asked
2 your principals that you come in and do a at the
3 PTA. So you have to create your platform some time.
4 We can't wait for someone to invite us there. So
5 now that I'm on this little change with the little
6 school nurses I will figure out to get you all
7 engaged with us and we will engage with you.
8 MS. SUSAN HASSMILLER:
9 We'll take about five more people but I'd like
10 for you to add to your list if you can think about
11 it now. And it can be any five people the ones that
12 have gotten up before, some people who have been up
13 a number times please feel free to get up again.
14 But if you can add to your list where you will be
15 speaking and who you want to speak for you, okay.
16 Where you will be speaking, it could a principal's
17 office, it could be a national conference, and who
18 you want to speak for you and maybe where you want
19 to publish. Okay, let's keep going.
20 MS. JODI SHEETS:
21 Jodi Sheets, Louisiana School Nurse
22 Organization. So I would like to practice what I
23 preach and I am going to contact the superintendent
24 -- the superintendent's organization I'm not even
25 sure what it is in Louisiana. And also the

1 principal's organization and request that I be a
2 speaker at their conferences.
3 MS. SUSAN HASSMILLER:
4 There you go.
5 MS. JODI SHEETS:
6 I think it's great that we focus on education
7 educators on the value that we bring to the table.
8 MS. SUSAN HASSMILLER:
9 I said five people so three more people please
10 need to come.
11 MR. RICHARD LAMPHIER:
12 Richard Lamphier, nurses Association. I have a
13 meeting next week similar to Kentucky. We have a
14 new program at the Department of Education that
15 saves schools from culture and we're meeting next
16 week to talk about that program about some of the
17 things that are not only safe for these schools with
18 active shooters but also the medical conditions that
19 turn a higher risk of death in schools.
20 (Indiscernible) Nurses to take back to their
21 community.
22 MS. LABRENDA MARSHALL:
23 Michelle Bell from Department of Education.
24 Made friends with Dr. Wong and get to talk to him
25 about these school base health and I invited him to

1 Alabama under knowing that he will be in Alabama to
2 visit the Civil Rights Museum is right down from my
3 office, so therefore I'm making the connection with
4 our state superintendent meeting and that we set the
5 platform and guard the school base clinics in
6 Alabama.
7 MS. ERIN MAUGHAN:
8 So as you know I work for a national
9 organization and I've been thinking one of the
10 things that come is, there's a lot going on with --
11 or kind of like, there's gaps the (Indiscernible) so
12 my goal is -- I work -- I'm also with the school
13 health section of APHA and we're just changing our
14 strategic operation plan to make it more about
15 population based (inaudible) health and with that
16 group +
17 , I'm going to pull that group together and also
18 look at our traditional partners who else school age
19 and really look at it from a population standpoint
20 to identify what we are doing together so we aren't
21 duplicating (Indiscernible) but then ultimately
22 finding our gaps so that we can address them from a
23 positive prospective and speak to those partners
24 that we don't often put there and we really focus on
25 the (Indiscernible).

1 MS. EILEEN HINELINE:
2 Hi. I'm going to take the step to the -- our
3 college health association where I can express that
4 I've learned today and yesterday to help develop a
5 health orientation for our 11th and 12th graders.
6 ACHA has online (Indiscernible) that they're
7 developing that should be produced in 2021. And
8 that should be initiated in every high school across
9 the nation to help better prepare students for
10 higher education. And so I will be advocating for
11 that. And I also believe that we need to develop a
12 (Indiscernible) and school base nurse components
13 through higher education. We are not school nurses
14 and college health nurses we are all nurses who
15 specialize in the health education and we need to
16 partner together.
17 MS. MICHELLE BELL:
18 Hi, I'm Michelle Bell, from San Diego, and I am
19 going to reach out to my community college nurses
20 because I work with my University nurses but not
21 with the community college that's in the area so
22 that's why I say I'll be reaching out to. The
23 second is that I'll continue to mentor the younger
24 nurses that I've hired over the last 14 years so
25 that they can move this work forward. I feel like I

1 do a good job at hiring nurses into the school
2 district who are brand-new grads and mentor them but
3 to continue to work with those who may come another
4 discipline with five years or so to continue to
5 mentor them. And I'm going to continue about what
6 school nursing is, and what we do, and how to
7 champion, and how to bridge that with our other
8 staplers that are not in the health profession.
9 MS. SUSAN HASSMILLER:
10 Okay, last two comments really quick.
11 MS. CHERYL VEGA:
12 Cheryl Vega with Future of Nursing. I'm not a
13 school nurse but I (indiscernible) what I'm going to
14 do is to (indiscernible)
15 MS. SHARON LEE TREFY:
16 Sharon Lee Trefy, National Association of State
17 School Nurse Consultants. I'm going to continue our
18 work with (inaudible) to move our numbers from 35
19 states that have a state school nurse consultant
20 towards 50 states that have state school nurse
21 consultant. This is a system that oversees school
22 nursing in the entire state and advocate for the
23 changes that we've talked about.
24 MS. SUSAN HASSMILLER:
25 Okay, we're going to move them out of here.

1 We're going to move them out. So take your paper
2 and give them to this -- at this table.
3 (Indiscernible) take the paper. Okay, I want to
4 thank everyone again for your full attention.
5 Everything thank you. The Louisiana for hosting
6 them. If anybody is interested I'm going to the --
7 I have my daughter coming, going to the city park
8 tonight for a concert tin the park. I don't know if
9 they have tickets left but let's enjoy Louisiana and
10 NOLA and safe travels to everyone.
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12 MEETING CONCLUDED AT 12:11 P.M.
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1 R E P O R T E R ' S P A G E
2
3 I, BRITTANY MOORE, Certified Court Reporter, in
4 and for the State of Louisiana, the officer, as
5 defined in Rule 28 of the Federal Rules of Civil
6 Procedure and/or Article 1434(b) of the Louisiana
7 Code of Civil Procedure, before whom this sworn
8 testimony was taken, do hereby state on the record:
9 That due to the interaction in the spontaneous
10 discourse of this proceeding, dashes (--) have been
11 used to indicate pauses, changes in thought, and/or
12 talkovers; that same is the proper method for a
13 court reporter's transcription of proceeding; that
14 the dashes (--) do not indicate that words or
15 phrases have been left out of this transcript; and
16 that any words and/or names which could not be
17 verified through reference material have been
18 denoted with the phrase "(phonetic)."
19
20 BRITTANY MOORE, CCR
21
22
23
24
25

1 CERTIFICATION

2

3 I, BRITTANY MOORE, Certified Court Reporter, do

4 hereby that on the 3rd day of October, 2019,

5 aforesaid, that the foregoing 138 pages of

6 typewritten matter constitute a true and correct

7 transcription of the proceedings to the best of my

8 ability and understanding in the above-entitled and

9 numbered cause.

10 I further certify that I am not related to

11 counsel for any party, or any other interested party

12 in the cause.

13

14 This 18th day of November, 2019, Albany,

15 Louisiana.

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21 BRITTANY MOORE, CCR

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A-S-S-M-I-L-L... 122:15
AACN 72:1
AARP 1:1 121:1
ability 38:11 42:21 56:14 58:13 63:11 65:14 76:18 116:8 140:8
able 10:20 18:18 21:20 22:10 25:2 30:10 31:16,22 32:10 32:24 35:2,7 36:23 38:23 43:20,24 44:5 44:13,16 48:1,7 48:9,10 54:3 56:14,16 61:24 63:15 66:15,15 66:17,18 67:4,4 67:23 70:23 77:12,14,17,24 78:3,12,18 87:15 88:12,22 89:8,9,16 98:6,8 98:21,24 101:11 102:12,16 104:8 105:10 107:18 114:15 115:25 119:18 120:11 125:24
about(indiscern... 68:23
above-entitled 140:8
absence 38:10
absent 18:14 41:21
absentee 60:5
absenteeism 10:25 11:24 105:11
absolute 76:14 81:6
absolutely 52:25 58:19 77:24
abuse 23:1 94:13 97:22 100:7,9 100:10,10,11,11 100:13,24 104:22
abuses 20:17
academic 7:13 8:25 10:18 11:19 13:14,25 28:10,12 31:1,2 31:7,19 35:1 39:5,22 43:14 46:13 53:24 56:3,20 57:4,9 60:9 71:22,25 78:13 96:13 132:20,22
academics 11:9 48:12
Academy 2:2 85:11,23 122:7 122:12,16
accent 122:10
accept 66:24,24 121:18
accepted 92:21
accepting 89:14
access 30:1 45:14 64:12 78:18 82:21 84:2 126:24,25
accessed 71:7 75:1
accesses 28:8
accessible 122:5
accessing 38:1 75:6
accommodations 95:18
account 122:6
accuracy 33:22
ACHA 136:6
ache 107:16
achieve 24:15
acknowledge 84:18
ACM 31:3
act 3:6 49:24 125:2 126:5,12
action 3:7,10 13:5 16:12 120:22 122:24 129:4
actions 13:17
active 31:3 32:1 53:20 55:19 57:9,21 134:18
activities 38:17 71:14 114:4 131:11
actual 93:10 126:4
actuality 8:24
acuity 103:21
acute 5:19 6:4 128:7
AD 54:10
add 74:16 116:4 133:10,14
added 131:21
addict 100:20 101:10
addiction 86:22 93:13,24 94:14 94:14,20 95:11 96:17,20 97:2 98:8 99:15 100:4,16,25 101:25 104:13
addiction's 101:20
addicts 118:11
adding 54:22
additional 43:24
Additionally 88:5
address 23:12 24:10 41:7 58:16 63:3,19 67:15 88:22 89:3 90:7 94:16 98:6 103:2 126:22 127:5,6 127:8,11 135:22
addressed 18:15 102:19
addresses 121:8
addressing 5:22 15:1 16:11 41:18 88:13 124:1
adequate 96:11
adjusted 72:1
administration 46:5
administrator 7:20 17:15,24
administrators 7:22 18:17 68:20 89:14 90:23 116:19 126:25
Adrienne 123:10
adult 90:11 110:17 119:20
adults 90:19,19 92:11 119:22
advance 49:12
advanced 29:21 32:18 78:9 80:6
advancement 51:16
advocacy 13:9 123:8
advocate 23:22 33:22 82:6 118:10 137:22
advocates 118:6 125:3
advocating 33:23 33:24 91:23 119:13 136:10
affect 90:5
afford 22:6 59:10 59:12 66:18,19 66:21 69:13
Affordable 49:24
aforesaid 140:5
age 27:11 45:5 66:20 86:13 96:24 98:6,24 119:24 135:18
agencies 50:3 69:9
agency 9:10
ages 45:4 97:4
ago 2:20 42:10 52:2 94:24 95:25
agree 11:15 111:11,15 120:24
agreement 56:12
ah-hah 12:21
ahead 91:1 103:5
aids 66:14
air 132:16
Alabama 20:13 20:14 26:3 135:1,1,6
Albany 140:14
alcoholic 100:20
Alexis 87:3,7 111:16 112:21 114:22 115:1
alive 13:17 96:22
allergy 124:5
alliance 45:9
allies 40:23 99:7
allocate 61:20 89:16
allow 31:16 42:2
allowed 21:14 50:7
allows 77:9
ally 99:5,13 101:3
amazing 11:8 12:19 77:22
ambulance 20:22
ambulatory 38:9
Amen 84:14,16
America 1:2 20:15
American 65:21 85:11,23 88:25
amount 18:19 72:5 107:4 120:8
ANA 71:11,16
analyst 87:2
and/or 139:6,11 139:16
Andrea 1:13 2:10 6:19,20,24 11:14,20 19:13 22:17
annual 85:8,10,21
annually 17:25 68:8
answer 64:25 67:14 110:7
answered 60:11
answers 2:16 3:24 67:19 114:16,18 116:9
anxiety 105:2
anybody 84:11 105:6 138:6
anyway 86:19 108:24
APHA 135:13
APNs 29:23
apologize 49:12 126:1

applaud 53:14 65:22
apples 61:24,24 106:14
applicable 33:18 63:5
application 72:2 131:19
apply 62:21
appointment 10:2 76:7 83:20
appointments 10:7
appreciate 15:3 85:20 88:16 113:9
approached 81:24 82:18,20
appropriate 27:11 45:5 46:7 97:24 110:14
appropriately 104:17
approving 58:16
APRNs 37:17
area 57:22 92:18 112:10 136:21
areas 88:15 92:20 101:14 113:5 114:8,12 117:7 123:7 125:13 126:23
argument 69:15
arrived 38:22
article 132:1 139:6
articles 112:3
articulating 121:21
articulation 121:25
asked 27:8 115:13 122:2 133:1
asking 13:10 53:12 68:13 89:6 108:18 115:18,19,21,22
asks 70:8,10
aspect 101:9
aspects 118:22
assault 86:18
assembly 94:19
assess 42:16 64:6 64:19 77:12 116:21
assessed 42:6
assessing 28:4 41:17 64:10
assessment 30:2 36:1
assessments 38:13 41:20
assist 67:9
assistance 67:18
assistant 17:18 51:3,5
associate 72:8
association 19:7 65:21 87:4 95:9 95:23 104:7 121:2 126:2,15 129:12,14 131:2 132:2 134:12 136:3 137:16
Associations 129:5
asthma 45:7,8 46:7
atmosphere 11:11
atomism 70:5
atomists 70:4
attached 109:14 111:12
attend 67:12
attendance 18:12 48:13
attending 66:2
attention 72:14 131:6 138:4
attract 79:2,2
attracting 18:1
attracts 79:5
Austin 34:24
automatically 34:2
available 78:15 78:20
average 96:4,8
award 31:4,10
awarded 31:10
awarding 31:6
aware 83:24
awesome 11:21 46:20

B

B 77:19
babies 93:17,18 111:9
baby 43:3,21
back 1:8,9 2:20 16:25 17:8 21:16 22:12 24:3 34:25 46:1 53:8 63:25 69:14 76:6 81:17 85:7,21 89:24 90:22 94:23 107:8 113:6 127:19,23 128:5 130:15 132:4,13 134:20
background 52:19
ball 21:17
bananas 106:15
band-aid 26:25
band-aids 26:21 26:22
bar 94:9,10
barriers 37:25 59:3,6 83:17
base 25:19 31:20 36:18,22 37:2,4 37:7,9,11,14,17 37:19 38:14,14 38:19 39:1,2,11 39:19,24 40:2 40:20,21,22 41:1,6 42:16,18 43:16 44:2,11 44:14,24 45:9 45:10,12,15,16 45:20,24 46:17 46:20 47:3,6,13 47:17,19 48:4 49:5,14 50:13 51:1,15,24 52:5 52:8 62:22 63:13 65:23 74:5 76:13 77:4 77:8 78:22,25 80:2,3 81:7,12 82:19 83:9,14 84:19,25 85:17 85:18 98:21 130:13 134:25 135:5 136:12
based 38:6 39:7 39:12,17,20,23 60:10 69:16 113:9 115:2 135:15
basic 34:20 47:20 62:15 67:7
basically 18:2
basics 47:19
basis 74:10
baton 14:5,17
battle 19:10
battling 101:25
bazillion 70:2
beaming 7:4
beautifully 60:17
beckloran 72:9
Becky 86:7 94:5 98:3
becoming 69:7
bedroom 83:4
began 18:8 103:24
beggar 23:18 51:11
begged 23:17
behalf 92:11 131:3
behavioral 38:22 46:12 75:16 78:5 80:7,25 81:1 82:22 83:2 83:7,7,20,21 103:23 104:7
beings 3:2
believe 54:21 93:6 117:17 136:11
bell 87:10 134:23 136:17,18
belly 107:16
benefit 55:3 57:5 61:15 95:16
benefits 53:16 54:4,5 78:21 98:12
best 17:11 18:7,7 24:15 81:6,15 81:19 88:20 89:25 91:25 92:1 110:2,6 114:10 116:13 118:24 140:7
better 1:1,1 9:18 10:5 28:13,14 28:15 30:11,16 39:15 44:20 91:19 101:1 103:1,9 108:23 119:18 127:21 136:9
beyond 12:24 14:3,4 44:16 90:2
BIENEMY 125:19
big 3:14 4:5,20 5:14 7:11,11 10:16,16 21:25 27:7 28:18 29:17 30:13 35:6 43:5 46:24 48:16 97:11 104:5 110:13 123:10
bigger 34:7 132:7
biggest 16:4 23:2 65:5
billing 117:6
biology 132:15
bit 25:13,14 27:25 36:20,23,25 38:21 39:4,9 40:3 46:25 50:21 64:15 93:5 94:14 98:4 98:14 100:8 117:11
black 42:13,14 131:2 132:3
blank 80:21
bless 67:20
blood 16:23
board 12:11,12 12:18 80:14 106:11 123:2,3 124:23 129:9
boards 19:7 129:11,13,14
body 3:12 28:8
bone 105:21
boohooing 2:22
boots 109:19
bother 102:8

bottle 43:9
boy 82:24
brainer 17:7 45:22
brand-new 137:2
brave 122:21
Bravo 129:20,21
BREAK-- 72:17
breakfast 59:7,12 59:12 115:23
breakthrough 3:14 6:14
breast 43:3,23
bridge 8:12 10:8 10:17,21 11:25 12:14 20:9 38:23 40:19 137:7
bridges 20:3
bridging 7:16 9:19 132:12
brief 97:21
Bright 85:12
bring 6:18,23 14:11 19:25 33:9 35:1 54:3,3 54:15 57:7,11 68:4 86:5 107:5 107:8 108:7 112:12 127:9 134:7
bringing 37:17 47:5 76:21 110:23 111:22
brings 99:5
BRITTANY 139:3,20 140:3 140:21
broader 25:6 87:18
Broke 82:13
brought 2:7 22:3 25:3,12 50:13 70:20 120:13
BSN 72:7
Buckle 45:23
budget 51:13,23 52:10
budgeting 50:14 69:15
budgets 23:20
buffet 80:22
build 10:8,20 34:19 61:3 81:13,13 85:24 113:17 118:1
building 12:13 20:3 55:4 61:16 77:20 78:6 85:15 117:8 126:9
buildings 80:13
built 25:14 61:18
bullet 130:17
bullied 82:25 105:2
bullying 103:16 104:25
burden 105:19
bus 43:24 67:12
buses 22:7
business 9:12
buy 9:8,9,11 43:24
bylaws 39:14

C

C 77:19
calendar 68:9
call 27:10 62:12 77:17 83:5,11 89:1 106:14,15 107:17 111:10 111:14 120:22 124:12
called 16:8 49:25 82:7 92:8 112:4 113:8
calls 27:10
Campaign 3:7,10
Campbell 13:22 57:24 60:12,16 60:21 84:13
campus 18:10 95:12
campuses 17:21 17:22 18:12,15 21:8
cane 33:8
canvass 19:16
capacities 33:16 117:6
capacity 118:2
car 10:1
care 5:20 6:4,4 9:21 10:4,5,12 10:14 16:14 17:2 29:18 30:4 34:21 38:9 39:14,19,21,23 40:8 41:1,13,16 41:19 44:11,17 44:19 45:2,5,11 45:25 46:3,12 47:11,15,19,20 48:7 49:24 52:5 64:4,5 66:5,16 66:22 67:3,15 67:17 69:2 71:7 71:7 75:1,6,11 75:20 81:14 83:16 84:2,7,23 85:1,9,9,22 88:18 89:22 97:25 98:13 107:24 108:20 109:15 112:11 117:14 119:17 126:17 128:7 130:12,13 132:25
career 15:4 76:20 78:13 86:11
carefully 62:4
caring 88:19
Carol 127:14,15
Carolina 129:23
carry 7:8 43:9
cars 20:21
case 39:24
casual 61:17
catch 62:16
catches 105:14
categories 61:12
cath 20:1
caught 98:10 131:5
cause 12:9 46:25 67:13 72:23 74:11 90:11 105:6 126:6 140:9,12
causing 38:1
cavities 78:12
CCR 139:20 140:21
CDC 10:24,25
center 25:20 31:20 36:19 37:11,23 39:1 39:20 42:17 43:14,22 44:2 44:11,14,24 45:15,16,20 47:13 51:2,15 63:14 71:13,20 71:22 74:1,1,20 75:12,15 76:12 80:24 84:25 85:18
centers 25:19 36:22 37:2,4,7,9 37:14,17,20,24 38:6,14,15,20 39:2,7,11,12,17 39:24 40:2,20 40:23 41:1,6 42:18 43:16 45:1,10,12,17 45:25 46:17,20 47:4,6,17 48:4 50:14 51:1,24 52:8 65:23 66:23 75:20 78:23 80:3 81:12 83:9 84:20
century 34:9
CEO 129:5
certain 39:14 99:17 109:2 125:13
certification 18:23 105:4 140:1
certifications 104:15 105:20
certified 39:12 70:24 139:3 140:3
certify 140:10
cetera 53:5 62:7,7 62:7 98:24
chair 72:20 103:24
challenge 26:5 113:16 132:12
challenged 28:12 28:24,25 82:16
challenges 38:1 53:17 65:6 75:6 76:16 81:24 83:2
challenging 61:13 82:2
champion 137:7
champions 81:15 84:4 91:21
change 15:24 24:21 29:14 30:12,17 62:16 79:21 84:5 106:24 133:5
changed 11:10 15:12
changes 30:10,13 35:8 137:23 139:11
changing 74:19 135:13
character 24:6
charge 46:2
charts 54:11
chatter 12:6
chatting 7:2
Chavez 87:3,5,7 111:16 112:15 112:21 114:22 115:1
CHC 75:18
CHCI 74:4
check 47:18,19,21 49:19 68:11,18
checking 16:23
cheer 101:8
Cheryl 137:11,12
Chicago 24:25 25:3 26:1,5,5 29:20 37:4,23 42:21 45:23 54:6,24 55:7 58:21 59:4,14 62:25 63:20 71:2,3,6
child 9:21 41:21 42:2 76:6,11 77:12,15 81:16 82:10 83:20,22 84:1 100:10 107:18 112:24

112:25 124:4 127:9 129:24
child's 82:16
children 8:4 17:11 18:8,14 23:22 25:8 26:16 40:23 61:10,15 70:15 70:18 74:20 76:1,22 77:24 82:1 93:17,20 106:19 107:6,12 107:14,16,24 109:8,17 113:1 113:7 117:12 119:18
Children's 22:4
choice 76:9 91:11
choices 83:19
choir 106:22,23 120:25
chorus 74:17
chose 121:1
chronic 10:25 11:24 124:10
CINDY 129:3
circle 117:8
cities 80:17
city 22:9 71:6 138:7
Civil 105:25 135:2 139:5,7
claim 131:22
clarity 83:4
classes 67:13
classroom 24:2 38:16 81:17 132:14
clean 42:8,8 132:16,16
cleaned 78:11 81:18
clinic 17:18 63:2
clinical 16:16 32:20 53:4,23 54:24 55:5 75:14 78:9 112:9
clinician 80:7 83:21
clinicians 83:8
clinics 45:4 135:5
clock 36:23
close 62:24
closely 11:5
closet 83:4
clothing 24:8
club 92:17
clubs 114:6
clustering 109:24
co-pay 105:5
coalition 126:5,12
coalitions 13:6
code 47:20 79:19 139:7
COL 124:22
collaborate 22:14 120:1
collaboration 4:17,22,23,24 5:1
collaborators 84:5
colleague 25:24 26:2 71:18 129:4 131:23,23
colleagues 2:10 25:4 129:6
collect 18:8 30:16
collected 115:11 116:23
collecting 30:15 33:19 115:17
college 24:25 44:7 65:21 66:6 67:6 86:18 94:1 95:16 102:9 136:3,14,19,21
colleges 66:2,4 67:10 95:10 128:6
Collegiate 95:13 95:19
COMB 84:17
come 1:10,25 4:4 18:6,21 22:7,8 24:19 31:18 34:25 40:2,9,17 42:22,22 44:13 44:14 46:23 47:10 52:19 60:3 61:5 64:8 66:10 69:25 73:22 82:12 83:10 89:24 91:24 107:16 122:3,19,22 123:10,11 124:7 131:16 133:2 134:10 135:10 137:3
comes 19:20 51:13 56:11 61:7 63:2 74:23 96:9 101:15 103:4 106:6 109:13 132:17
coming 14:12 15:14 18:4 23:13 36:8 46:1 47:17 48:15 66:17,22 93:16 94:19 105:7 111:8 113:21 125:22 129:2 138:7
commend 120:17
comment 84:11 85:4
comments 61:2 66:3 88:17 137:10
commercial 48:25
commercials 2:21 2:23
commitment 19:2 75:22 123:1 127:1
committed 79:8
committee 103:25 127:18 128:22
committees 38:18 38:18 49:22
common 40:12 62:18 113:3
communicate 8:8 9:17
communicated 126:3
communication 20:3 90:13,18
communications 2:6
communicators 84:6
communities 1:1 70:4 75:11 93:12 103:2 118:1,2
community 15:16 16:7 25:3 49:3 49:10,13 59:19 59:22 64:21 70:3,12 73:25 74:1,24 75:3,12 76:15 79:4,18 80:24 83:5 97:12 98:15,18 98:21,22 99:11 100:21 101:17 102:5 104:1 105:18 113:14 118:10,17 134:21 136:19 136:21
compare 61:24
compared 18:10 96:4 97:2
compassion 40:14
compelling 122:4
complain 20:12 26:3
complete 35:25
completely 120:24 121:5
complexity 61:19
compliance 128:23
component 101:3
components 85:13 95:19 136:12
comprehensive 75:17 80:23
comprehensively 77:21
con- 62:16
concept 95:24 132:11
concepts 27:22
conceptualize 87:18
concern 129:12
concerned 105:8 110:15
concerns 110:11
concert 138:8
CONCLUDED 138:12
concrete 125:15
condition 90:10 100:16
conditions 124:3 124:10 134:18
conduct 101:3
conducts 62:25
conference 4:9 21:25 106:25 107:1 130:17 133:17
conferences 83:9 107:1 134:2
confidants 81:12
confidence 14:6 99:15
confident 101:10
conflicted 100:25
congress 72:20
connect 48:1 89:12 92:20 98:22 114:13 132:23
connected 43:18 132:13
Connecticut 75:21 80:2,15
connecting 92:6
connection 7:25 40:11 77:13 98:16 135:3
connections 16:13 44:4 83:16 127:21
consent 82:4,11 82:12,15 112:18
consequences 95:2 96:21
conservation 103:8
constitute 140:6
constructious 103:9
consultant 12:11 12:18 20:8 21:23 85:7 137:19,21
consultants 12:8 137:17
contact 39:10 133:23

content 92:12
continue 7:6 19:11,12 21:15 61:11,13 66:4 72:10 106:17 107:24 119:16 124:25 131:13 136:23 137:3,4 137:5,17
continued 125:6
continues 12:22 19:11 71:16,17 72:10 87:23
continuing 94:16
contraception 45:22
contraceptives 45:24
contract 10:24
contracting 43:10
conversation 1:20 7:1,4,6,15 12:5 27:11 36:21 71:1 95:8 101:1 110:13 124:2,4 124:25 125:5,8 130:5
conversations 7:9 13:3 14:9 29:10 41:19 61:17 76:25 80:19,21 90:2,3 131:14 132:6
convince 36:6
cookie 80:1
cool 4:22 5:9 115:15
coordinate 84:22
coordination 17:2 34:21 45:25 46:3 47:15 48:7 50:15 84:7 89:22 98:14
coordinator 21:12
cope 104:25
corner 3:16 110:23
coronary 6:4
corporate 51:20
corporates 89:7
correct 140:6
cost 97:12 132:18
counsel 140:11
counselor 81:19
counties 71:3,8
country 6:9 23:1 79:1,14 90:9 91:13 95:11 105:6 108:4 126:22
country's 74:22
county 62:23 72:4 80:16
couple 5:17 8:10 31:24 42:10 48:19 52:1 66:2 112:22 115:9
course 41:10,16 47:21 99:14 109:18
court 139:3,13 140:3
covered 17:21,23
covers 105:5
CPS 33:15 36:3
cranking 2:4,6
create 36:4,11 91:7,9,10 133:3
created 88:23 89:1
creating 109:23 128:2
credit 58:20
crime 100:14
crisis 20:15,17 21:3 99:20 100:3 103:4
critical 17:1 38:7 40:6 44:11 76:10 77:24 87:21 101:20
crossed 96:1
crowning 60:5
cultivate 92:19
culturally 83:23 101:10
culture 81:3 102:3,12 117:8 117:13 126:10 134:15
cure 29:24
curirated 92:10
current 63:22 90:14 98:2
currently 19:9 34:10 63:9 106:1
curriculum 12:22 12:23 19:22 103:14 105:8,13 108:19,19
curriculums 21:24
cut 94:11 107:17 107:21
cutter 80:1
cycle 118:12
cycling 96:24
Cygan 25:24 26:11 53:19 56:10,19 57:16 58:4,18 60:14 60:19 63:24 65:7 115:5
Cynthia 125:19 125:20 127:16

D

dad 9:23
daily 22:16 48:4
Daniel 82:24 83:3 83:3
Darrel 20:18
dashes 139:10,14
data 1:23,24 2:5 8:13,13 13:25 18:8 19:12 25:16,17 30:6,9 30:15,16 33:20 34:16,19 40:1 44:23 48:22,23 49:1,15 51:8 61:23 65:12 95:21 105:10,18 107:12,13 115:7 115:10,12,15,17 115:24,25 116:13,15,16,22 116:23 120:12 122:1,2,3,4
daughter 82:3,7 86:16,17 138:7
Daus 14:19,20
DAVID 128:11,20
Dawson 130:19 130:25 131:1
day 1:3 4:9 16:12 26:17 43:12 52:3,4,4 64:23 82:3 83:23 88:8 94:23 106:9 107:5 126:18 140:4,14
day's 107:20
day-to-day 74:10
days 45:7 68:4,9 106:3,4 115:9
dead 49:25
deal 22:25 23:23 104:17 113:4 119:21
dealing 102:14
death 134:19
debate 1:22
decade 5:1 94:24
decades 2:20
decided 6:25
decision 76:3
decline 46:3
decrease 45:17
deep 24:12 37:1 87:25 103:8
deeper 23:8
defined 139:5
definitely 59:4 100:2 131:8
definitively 51:12
degree 72:8
degrees 96:13
Delaware 86:8 94:2 103:13,18 104:5 105:4
delegate 21:6
delegation 21:1
delighted 36:19 74:15
deliverables 72:4
delivered 76:10
delivering 75:18 80:1
delivery 39:21 74:22 79:19
denoted 139:18
dentist 78:12
dentistry 75:16
department 2:4,6 10:1 12:14,15 12:16 20:8 44:10 49:22 51:23 72:5 106:13 107:8 127:6 134:14,23
depending 79:18
depressed 117:17 117:22,22
depression 47:9 47:25 105:2
Derek 122:2
describes 50:16
deserve 17:12
designated 41:2
designed 110:16 110:17,21
Desiree 82:8,9
desk 35:25 51:4
desperate 71:9
detection 101:21
determinant 41:10 44:8 58:9 63:1 126:8 133:1
determinants 5:23 6:6 16:11 24:10 28:5 30:1 41:7,18 49:6 64:10 65:4 71:10 75:8
determine 18:18
determining 97:23
develop 98:8 119:20 126:20 136:4,11
developed 11:8 44:18 115:21 127:8
developing 99:11 112:17 136:7
development 96:11 104:12
developments 123:7
devices 21:4,11
diabetes 9:22 61:9
diapers 43:21
died 93:21
Diego 136:18
difference 12:10 43:5 48:16 91:8

97:11
differences 81:22
different 7:15 11:2,2 15:8,9,12 27:25 32:12 33:2,16 37:12 38:7 42:4,15 47:5 48:6 50:4 62:11 70:14 80:18 83:6 92:6 95:19 96:2 98:22 99:8,9,9 100:17 101:6,14 101:19 102:4 106:6 110:4 112:22 117:7
differently 89:7
difficult 7:22 9:8 63:17,22
difficulty 113:21
dimes 71:24
direct 76:17
direction 95:5
directions 106:6
directly 115:17
director 39:10,18 86:7 87:11 125:21
directors 72:7
disadvantage 88:13,19
disciplinaries 80:24
discipline 137:4
discourse 139:10
discovered 47:22
discrimination 113:3
discussed 14:13 60:15 85:13,14
discussion 23:3 54:1 55:1 102:24 123:23 128:13
disease 100:16
disgusting 43:8
dismissals 45:3
disorder 97:23 100:24 108:21
disorders 104:22
disparities 15:1 62:24 67:10
71:6 79:18
distinction 74:23
district 11:12 17:16,20 30:12 30:18 31:11,19 33:9 56:2 70:13 80:12 81:23,25 82:1,17,18 83:8 115:16,16 137:2
districts 27:16 31:12 56:21 58:13 59:3,14 69:1 76:19 79:25 81:9 82:23
dive 37:1
diversity 112:24
Division 86:8
DMP 61:5
DNP 32:23
doctor 114:15
doctors 22:4
doing 3:15,19 9:9 13:5 15:24 16:1 16:22,23 20:11 21:22 23:11,20 25:25 26:8 29:1 29:17 30:15,21 32:8,21 33:25 34:7 40:6 52:16 52:21 55:22 64:15 65:4,14 65:23 67:20 68:2 70:6,20 74:3 75:14 76:23,24 80:15 117:21 119:10 120:19 124:15 130:1,7 131:18 132:17 135:20
dollar 51:17
dollars 20:19 52:9 69:5
domestic 75:24 100:10
Donald 132:6
donations 42:14 43:20,24
Donna 26:18,19 27:2,4,7,12 57:14,17,18
doors 55:19 75:22
101:2
doubling 38:11
Dr 13:22 25:23 34:8 36:21 37:13 40:4 57:24 58:4 60:12,16,21 61:23 77:1 80:2 87:3,5,7 112:15 114:22 115:1 134:24
drawing 30:6
dream 99:13
DRENNEN 127:14
drill 73:19
drinking 43:7,8 96:18 97:3 102:11
drinks 102:7
drive 24:15 30:11 35:4,8 56:13
driven 69:2 79:3
driving 10:2 31:23
drop 119:25
drove 47:23
due 45:8 68:8 139:9
duplicating 135:21
dying 93:19 100:4 124:6

E

E 139:1,1,1
ear 7:4,4
earlier 23:25 92:24 97:10 98:6,10 101:21
early 45:3 83:16 83:16 87:22 101:5
earth 39:15
easier 104:5 116:17
easy 31:18 108:2
eat 43:7 60:5
echo 127:16
ed 54:9 55:16 66:12 78:14
edge 119:24
edu 122:17
educate 8:3 67:8
educated 8:5 107:25
educating 53:10
education 3:22 7:18,24 8:12 9:12,20 10:18 10:21 12:12,14 12:16,19 20:9 32:13 33:1 38:17 41:9 49:9 49:22 50:5,8 54:18,20 57:6 66:8 67:7 71:21 71:21 80:14 87:5,22 92:1 93:1 95:10 103:24 104:3,17 106:13 114:12 119:11,12,16,17 119:19 126:7 127:7 128:2,6 128:10 132:12 132:14 134:6,14 134:23 136:10 136:13,15
educational 41:13
educator 56:25 69:2
educators 33:6 104:3 120:1 134:7
effectively 52:13 53:15 77:10
efficiently 77:10
eight 29:23 45:3 74:4 86:12,23 94:11,22
eighty 31:6
eighty-five 37:16
Eileen 65:19,20 71:16 119:9 136:1
either 31:8 55:1 80:13 98:23 108:1 114:1
elderly 47:10
Elders 8:3
eliminate 36:23
eloquently 24:4
email 8:2 101:14
121:8
emergency 6:4
emotional 90:18
emphasis 82:23 125:12
EMTs 20:21
encounter 47:21
encounters 29:5
encourage 13:23
endocrinologist 9:25
ends 108:19
energy 1:9 120:12
enforcement 13:8
enforcers 20:20
engage 48:7 58:16 89:25 123:1,3 130:6 131:13 133:7
engaged 38:16 58:15 65:15 76:24 79:8 97:9 114:4 133:7
engagement 123:9
English 75:9
enjoy 138:9
ensure 17:11
ensures 34:6
ensuring 79:15
enter 66:8 80:20
entering 14:15 66:4
entire 11:10 137:22
entities 22:14
environment 59:24 91:9 110:5 117:23
environments 91:10
envision 7:11
epidemic 23:2 93:14
episodes 47:23
episodic 84:25 85:9
equalities 58:25
equally 2:5 91:13
equipment 27:6,9 46:18 54:9,11
equity 5:23 37:22

58:22,23,24 59:1 103:21
Erickson 112:4
Erin 10:22,23 11:16 65:17 135:7
ESM 116:15
especially 2:10 4:2 73:18 85:15 100:18,22 111:3 130:8
essential 38:3
essentially 20:2 95:11
et 53:5 62:6,7,7 98:24
Eva 123:12,13,20 123:21 124:14 124:19
evaluate 34:4 35:19
evaluation 35:21 55:9
event 10:19 69:2 94:9 129:15
events 94:7 99:18
everybody 21:19 46:23 65:5 74:7 77:2 119:4
everyday 42:6 48:12
evidence 39:19,23 39:24 49:18
evident 39:21
evolve 81:8,9
exact 73:1
exactly 1:21 64:9 88:2
exaggerating 107:22,22
examine 34:13
example 19:14 29:19 30:20 31:13 32:4 54:6 59:6 60:2,23 91:12 92:7 108:25 116:3
examples 13:23 88:21 93:9 112:16
exceeded 120:4
excellence 75:15
excellent 88:24
excepting 91:18
excited 55:17,18 111:23 130:4
excitement 7:5
exciting 73:17 76:19
exclusive 5:25
exclusively 19:20 42:23
execute 55:12
exist 3:17
expand 128:8
expanded 51:7
expect 3:24 4:19 54:17 64:5 67:19
expectation 120:5
expectations 120:5
expensive 28:23
experience 9:5 18:4,22 25:22 47:2 74:8 86:13 86:14 104:14
experienced 115:19
experiences 14:23 15:17 113:2
experiencing 88:3
expert 87:16
expertise 35:2 61:7 90:16 104:13 105:22
expertises 15:6
experts 36:6 98:18,20 101:17 112:10
expire 21:12
explain 96:9
explicit 88:7
explicitly 91:17
explore 52:18
exposed 93:18
exposures 108:21
expound 73:21
express 136:3
extensively 49:4
extra 23:10 52:9 72:13 111:17 113:3
extraordinary 71:5
eye 15:19
eyes 2:22 32:7

F

fabulous 119:10
face 19:6 76:17 93:14,22 113:1
faced 21:11 102:10
facet 93:3
facilities 85:18
facing 62:24 93:14,16
fact 33:1,13 69:19 72:22 113:16
factors 113:20
faculty 6:8,8
fair 64:15 72:5
faith 113:13
fall 21:16 57:2 60:6
familiar 49:10 97:20
families 16:14 30:5 76:1,9,17 83:17,18 98:25 109:9,17
family 3:1 25:20 42:5 58:11 102:1 113:12 114:1,8 131:4
fantastic 12:3 67:22
FAQC 62:25
far 45:10 53:11 118:16 130:1
fashion 66:6
fatigue 40:14
favorite 112:3
favorites 112:8
features 109:2
fed 59:25
federal 67:18 74:20,23 75:5 75:15 78:22 139:5
feeding 43:4,23
feel 3:13,14 7:13 7:18 23:17 43:17,18 51:12 63:4 92:3,21 103:1 108:25 110:9 114:2,4 117:13,14,15,16 133:13 136:25
feeling 65:10
feels 102:21
fees 98:2
fell 47:16 103:7
fellowship 71:16
female 77:13
fields 100:8
fiercely 84:22
fifty 66:1,3,9
fight 51:17
fighting 47:5
figure 76:5 82:14 116:2,13 131:16 133:6
figured 27:3
fill 82:11,11
filled 24:13 78:12 78:19
finally 5:18 10:3 18:20 96:25 99:22 122:17
finance 69:12
financial 57:20 66:14
financing 48:24
find 2:19 5:11,11 7:22 18:25 21:14 27:5 55:13 67:22 69:18 83:21 92:15,20 102:25 114:17
finding 96:14 135:22
findings 96:3
fine 1:17 64:1
finger 20:23
fire 21:24
first 2:15,17 3:20 5:19 7:10 18:23 25:1 33:25 45:19 55:8 58:1 62:9 64:12 68:1 78:1 88:5 96:3 96:18,22,23 97:19 100:18 120:6 121:4 122:15 126:2 127:19 130:20 131:9
fit 21:17,18 61:12 70:7
five 20:19 26:17 37:5 46:8 54:19 71:3 96:24 109:12 116:5 131:4 133:9,11 134:9 137:4
flag 68:14 82:17
FLAGG 124:22
flags 103:16
flip 54:11
floor 14:9,16 94:10
Florida 66:23 70:14
flyer 10:19
focus 22:10 28:20 29:1,1,2,6,22 35:12 50:8 58:23 61:8,8 79:24 106:19 112:19 113:5,9 117:11 128:23 129:10 130:8 134:6 135:24
focused 32:12 58:22,23 75:14 128:5,6
focuses 28:9
focusing 28:19 29:4 123:24
folks 53:12 97:19
follow 63:16
followed 46:7
following 52:8
followup 47:14
food 41:23 43:3 43:21 65:14 67:11 132:16
foot 57:3
force 27:24 70:21 117:7
forcing 83:17
foregoing 140:5
forgot 11:6
form 46:1 69:2 82:4,15
formal 40:7 125:6
formed 29:24

40:12
former 8:2
forming 55:19 56:5
formula 18:18
forth 22:13 109:7
fortunate 25:1 31:21 43:17 63:14
forward 7:14 58:5 62:5 120:13 122:3 125:10,13 136:25
foster 66:22 67:3 70:14,17
found 5:9 17:24 83:3,12 92:22 125:1 126:18
foundation 2:3,7 3:10 13:12 51:20 67:21 88:25 121:1
fountains 43:8
four 11:2 37:5 83:9,22 109:12
fourth 20:23
fragment 84:23
frame 14:14 95:8 100:17
framework 34:9 34:13,15,15 37:18 39:24
framing 124:3
Francis 73:13,24 74:13
frankly 110:10
free 45:15 59:7,11 59:12,12,16,18 76:22 102:7 133:13
fresh 43:4
friend 94:1
friends 27:2 68:15 134:24
front 33:17 51:4 112:11
fruit 106:17 111:23 116:17
fruits 115:23
frustrated 2:10
full 12:11 32:15 32:19 80:23 126:16 138:4
full-time 51:5 126:17
fully 123:9
function 17:5
fund 51:23 60:7 107:7
funded 22:13 51:10 71:15
funding 21:8 51:9 51:25 52:4 58:12 59:21 60:2,6,10 61:11 62:6,12 109:13 111:12 116:24 126:23
funds 35:16
funny 99:17 121:18
further 58:22 73:19 140:10
future 2:11 3:20 5:14 6:17,18 14:13 53:10 78:17 84:24 122:13 137:12
Futures 85:12

G

G 139:1
gap 7:16 9:20 20:9 66:25 67:16
gaps 37:22 135:11 135:22
Gary 62:23 64:16
gather 22:1
geared 75:10
gender 112:19,25 116:4
general 8:3 35:11 107:7 113:23 119:2
generally 96:22 97:5
generate 107:9
generated 107:8
generation 14:7 78:1
gentleman 47:11
getting 18:20 42:3 62:3 69:14 82:8 93:11 96:25 97:9 105:2
girl 43:6 83:11
girls 42:20,24 45:18
give 52:24 59:9,18 88:20 122:6 123:17 138:2
given 3:25
gives 27:1 31:3
giving 53:6 59:1 67:21 124:12 132:7
glad 102:15
glove 81:4
go 4:11,15 5:10 10:6 11:9 17:8 21:14,15 27:5 29:24 34:3 35:9 44:1,22,23 48:24 55:21 56:18 59:21 64:23 67:2,13 68:11,21 73:5 73:14 76:7 78:8 78:13 83:19 84:12 92:2 94:7 96:8,23 102:21 106:15,16 107:19 113:10 117:12 118:10 118:11 119:18 119:22,24 120:21 121:24 123:17 127:19 128:4 130:15 134:4
goal 28:10 114:19 118:3 135:12
God 51:12 67:20
goes 81:17 92:25 93:25 106:5 107:6 109:6
going 1:18 3:23 3:23 4:1,5,6,7,8 4:11,12,13,14 4:16 5:4,6,12,15 5:18 6:10,15,16 6:16 7:6,14 8:11 10:15,16 13:9 14:2,14 15:17 22:2 24:20 25:13,16,23 26:10,15 27:20 27:22 36:9,10 36:12 38:24 41:15,22 46:16 46:24 48:24 54:7,8,8,12,17 55:3 59:18,23 59:25 60:17 61:15 64:19 68:14 70:5,19 70:24 72:25 73:3,7,8,20 74:7 75:21,23 76:3 77:2,3,16,19,25 82:11,14,15 83:21 85:6,20 85:21 86:9,24 90:15 91:3,5 92:5 93:5,22 94:13,25 97:5 99:25 100:1 101:13,25 102:7 103:6 105:9 106:17,21 107:18,24 108:11 109:19 111:4,10 114:15 114:16 119:23 120:9,20,20 121:6,21,23,25 122:5,17,22 123:4,6 124:13 125:15,16,18 126:10 128:12 128:15 130:15 132:1,18 133:19 133:23 135:10 135:17 136:2,19 137:5,13,17,25 138:1,6,7
gold 80:10,11,22
good 1:7 11:24 13:12 17:14 24:24 53:11 57:14 59:9 60:22 72:15 73:12,14,16 74:15 95:5,24 102:16 110:19 111:24 125:20 137:1
gooder 26:18 27:13
goodness 7:21 19:5
Gotcha 123:21
gotten 78:3 116:7 133:12
government 50:6 74:24
governments 80:16
governor 103:23 131:23
GPAs 96:7
graciously 3:25
grade 82:3
graders 136:5
grades 42:24
grads 137:2
graduate 32:9 47:3 54:23
graduated 48:14
graduations 96:6
grandfather 47:10
grandson 47:11 47:12
grant 20:19 21:10 21:13,13 51:10 70:9 71:15 72:1
grants 51:20 66:13,14
grasp 118:25
grateful 99:19,20 99:21 101:4
great 7:4,5 13:17 22:18 33:10 55:9 60:22 80:8 87:8 93:9 94:5 98:19 125:23 127:13 134:6
greatest 6:18
grinch 34:23
grit 96:10
ground 73:20
group 29:23 42:20 72:7 73:22 81:19 93:15 105:12 120:23 124:12 127:7,10 130:16 132:13 135:16

135:17
groups 61:8 98:24
grow 24:16 119:20
grown 53:11
GTQ 119:12
guard 135:5
guess 1:15 27:13 86:4 105:3
guidance 22:18 49:10 50:11
Guide 49:3
guidelines 33:24 50:9
guilty 132:9,9
gun 123:24 124:8
guys 5:4 48:21 54:15 58:2 130:1
gymnastics 54:23

H

H-A-S-S-M-I-L... 122:8
habit 68:20
HAGER 103:12 104:20
Hallmark 2:21
hand 11:9,10 32:19 54:12 78:1 81:4 90:21 92:2,2,25,25
hanged 83:4,12
happen 41:20,20 89:5,17 91:23 93:5 97:25 98:12 104:13 109:12 117:25 119:25 125:10
happened 89:23 93:19 117:19 127:20
happening 8:15 34:18 100:1
happens 21:16 89:22 90:2
Happiness 27:23
happy 1:8 84:11 87:1 94:2
hard 3:15 7:17 8:6 50:15 55:14
Hassmiller 1:6 6:22 73:3 119:5 120:3 121:11,15 122:11 123:14 124:11,17 125:14 127:2,12 129:1 130:14,21 133:8 134:3,8 137:9,24
hat 73:8
head 12:2 57:20
headache 107:17
heads 3:3 78:16
health 5:5,16,19 5:23,24 6:3,3,4 7:13,24 8:12,14 8:19,20,21 9:20 10:12,18,21 11:9,17 12:12 12:15,15 13:14 13:25 14:24 16:7 17:17 18:25 20:5 22:25 23:4,6,7 23:23 24:10,21 25:8,8,10,19 26:1,5,14 27:15 27:17,23 28:1,2 28:3,5,20 29:10 29:19,22 30:1 31:17,20 32:4 32:10,13,13,15 32:16,18,24 33:11 34:2,22 35:12,13,14,22 35:24,25 36:5 36:19,22 37:2,4 37:7,9,11,14,17 37:20,22,23,24 38:5,6,8,14,15 38:20,22 39:1,2 39:7,11,12,13 39:17,20,22,24 40:2,20,21,22 41:1,6,8,10,13 41:18 42:17,18 43:15,16,22 44:2,10,11,14 44:17,24 45:1,2 45:6,6,9,10,11 45:12,14,15,16 45:20,24 46:9 46:12,17,20 47:3,6,9,13,17 48:2,4 49:5,9,23 50:5,7,14 51:1,6 51:15,23,24 52:4,5,6,7,8,19 52:22 54:6,18 54:20 55:14 58:3,7,7,9 61:6 62:14,21,22,24 63:1,3,9,13 64:11,11 65:4 65:21,23 66:6 66:16 67:15 69:6,9 70:9 71:10,21 72:5 74:1,1,5,19,20 75:6,8,9,12,15 75:16,24 76:10 76:12,14 77:4,6 77:8,13 78:4,5 78:15,22,23,25 79:11,15 80:2,3 80:7,8,24,25 81:1,1,2,7,11,12 82:19,22 83:8,9 83:14,20,21 84:2,19,21,25 85:2,10,17,19 85:22 86:8 87:20,21,22 88:7 92:1,25 93:2,13 98:18 98:20 101:4 103:15,23 104:3 104:7,10,11 106:8,14 114:23 114:25 116:22 123:21 124:10 124:23 126:8,10 126:20 127:24 129:12,16 130:11,13 132:12,14,24 133:1 134:25 135:13,15 136:3 136:5,14,15 137:8
healthcare 6:25 10:17 13:21 17:12 28:4 31:9 33:1 38:2,4 65:25 70:12 74:22 75:19 76:7,22 77:25 78:2,18 85:17 133:1
healthier 1:2 28:15 59:24 60:8 97:8
healthy 8:4,5 9:16 25:11 27:5,5 28:11,13,14 97:14 106:9 108:1 112:4
hear 4:18 8:11 10:22 12:6,10 12:24 22:24 27:21 41:11 62:21 63:10 70:5 72:24 77:5 84:18,20 87:8 106:24 107:2
heard 8:1 13:6,9 13:18 14:11 19:16 26:15 37:15 40:4 41:8 49:1 58:4,8,11 74:9 98:13 104:6 115:6,9 130:4 132:10,23
hearing 14:23 15:19 48:20 63:7
heart 1:19 20:4 65:13 82:13
hearts 3:3
heavily 19:22
heavy 105:19
Heidi 25:23 26:8 26:10,11 52:14 53:19 56:10,19 57:16 58:18 60:14,19 63:24 65:7 68:3 72:14 115:5
held 39:13
Hello 108:10
help 20:20 22:10 22:15,16 24:15 38:17 52:1 56:1 67:9 70:18 82:12 88:21 89:11 90:16,16 92:19,20 93:1 93:10 95:8 101:2,15 109:17 110:6,24 111:10 111:20 113:19 114:12,17 118:8 122:2 136:4,9
helped 27:4 51:9
helpful 89:13 98:5 100:21 105:22 116:16 118:18
helping 6:11,11 53:10 85:16 92:11 116:21
HENDERSON 16:3 117:3
heroin 86:22
Hey 55:24 56:2 68:14 77:15 81:18,18 107:19
Hi 14:20 62:20 65:20 68:1 86:3 112:2 126:14 127:15 129:21 136:2,18
high 16:15 21:2,9 43:1 44:21 66:11 93:25 95:15 136:8
higher 66:12 78:14 87:5 95:9 96:7 119:11,12 119:16,19 134:19 136:10 136:13
highest 50:5
highlight 7:7 11:1 112:3
highlighted 25:4
Hineline 65:19,20 119:9 136:1
Hinsman 73:24 74:13
hire 18:6 31:13
hired 29:20 136:24
hiring 69:3 137:1
hit 12:2 19:22 98:13
hits 26:8
hitting 128:9
Hlinomaze 126:13,14 127:4

hold 6:10 105:13 118:25
home 4:7 18:9,12 18:25 26:17 41:24 42:11 77:17 82:3,3 88:11 107:15,19 117:12,16 118:10,11,21 120:20,22 121:24 130:15
homebound 29:22,25
homeless 49:22 66:23,23 67:2,5 75:24
homes 29:25 30:9
honest 16:5
honestly 106:3
honor's 73:8
hoops 78:19
hope 54:4,5 70:7 128:3
hopefully 31:23 86:4
hospital 22:4 31:9 34:24 47:24 89:23 128:7
hospitalization 47:14
hospitalizations 47:8,16,24
hospitalize 89:21
hospitals 18:5 112:10
host 25:2
hosting 138:5
hours 9:25 10:2 32:21 120:13
house 13:10 45:13 88:11
housing 42:5 95:17
how's 73:8
huge 2:4,4,5,5 7:17 18:24 19:15 70:16 104:21 128:17
human 3:2 62:14
humongous 82:17
hundred 6:12 46:8 69:24 75:5
hungry 41:24
hurdles 78:19
husband 27:10
hygienist 78:11
hyper 55:22

I

ice 27:1
idea 31:25 34:25 55:1 58:24 64:2 64:8 68:4 108:18
ideas 13:17 55:9 106:20 120:12 120:18
identification 46:6,9 83:16 110:19
identified 62:4 109:5
identifies 74:24
identify 90:20 100:20 108:14 113:24 115:19 135:20
identifying 46:10 109:19 110:25 111:1,19
identity 112:25 116:4
IDUSDA 68:5
Illinois 39:12 44:9 51:22,22 54:24 58:21 59:4,15 68:3 70:20,23 70:25 71:2,5,8 71:10,12,12,13 71:17
imagine 77:11 84:24
imagines 17:5
immediately 131:18
immunizations 38:12 45:6 46:4
impact 24:5 29:6 32:3 34:14 35:12,13 47:7 49:7,8 91:22 123:3
impacted 63:4
implement 111:13
implementation 78:24
implementing 44:19 55:14
important 1:17 2:9,18 33:12,21 34:5 41:5 56:12 65:12 74:18 76:20 87:1 94:15 99:3 101:8,19 114:19 117:1 125:5 129:16
importantly 74:3 75:25 126:16
impressive 15:13 15:24
improve 27:17 32:24 60:9 71:9
improved 48:13
improvement 39:3
improving 11:17 11:18 32:15
inaudible 1:12 3:1 3:24 4:14 5:7 7:25 10:5,24 11:7,13 12:9 14:1,11,20,21 14:23 15:5,15 16:19 17:5 19:15,25 20:11 20:18 21:13,19 22:6,8,9,21 23:17 25:11 26:9 28:20,21 29:15 31:8 32:9 32:19 33:8,24 34:22 35:15 36:2,3 37:15,18 43:20 44:4,25 45:23 46:5,6,12 46:16 48:6,10 48:16 49:1,2,11 49:18,20 50:1,2 50:9,10 51:16 51:18 52:3,19 52:20,21 53:7,8 53:9,14 54:5,20 56:6,22 58:2 59:9 61:6,21 62:14,15 64:7 65:25 66:7,18 67:11 68:22 69:6,10 70:6 71:16,18 72:6 75:10,15 78:23 79:16 86:4 87:13 90:5 93:17,24 96:6 96:10,12 97:21 101:13,23 103:20,23 104:1 105:1 106:12 108:15,25 109:15 115:7,10 115:15,20,21 116:4 119:15 120:2,14 121:21 122:9,23 123:2 125:24 126:6 127:22 131:25 132:8 135:15 137:18
inclined 8:6
include 103:15
included 71:25
includes 6:8 85:13 85:14
including 71:21
inclusive 69:6
income 58:12
incorporate 88:13 92:23
incorporated 98:5
increase 46:6,8
increases 46:4
increasing 33:10
incredibly 2:18 122:24
Indiana 62:23 68:1,7 69:1
indicate 139:11 139:14
indiscernible 6:2 7:1 8:24 11:19 12:17 13:5 14:18,22 15:2,8 16:4,6,8 17:12 17:15 23:19 24:9,17 25:2,5 25:21 27:12 30:6 31:11,11 31:21 32:1,14 32:17 36:5,14 36:16 38:5 40:4 40:8,23 45:21 47:1,10,12,18 48:19 49:4,14 49:19 50:11,21 52:10,14,15 53:15,16 57:15 57:17,20,23 58:6,17 62:17 63:23 64:12,22 65:2,16,18,22 67:24 68:16,18 68:21 69:1,3,4,8 69:9,11,13,18 71:7,11 72:12 72:22 73:9,16 77:5 84:12,18 86:1,10,19 87:6 87:10 90:8 91:14 93:12 94:3,8 102:23 103:11,20 105:3 105:14,17 106:1 108:8,11 109:20 110:14 111:9,25 112:13,20 113:15 115:7 116:20 117:2,4 118:1,3,6 119:4 120:7 121:6 122:1 123:2 124:21 125:15 125:17,22 126:12 127:16 128:1,12,14,17 128:22,24,25 129:4,7,18,22 129:23,24 130:6 130:8,13,20,22 130:23 131:3,7 131:9,10,21 132:4,22 134:20 135:11,21,25 136:6,12 137:13 137:14 138:3
indiscernible)and 86:24 121:24
indiscernible)in 119:11

individual 9:19 28:22,25 29:4,5 29:13 38:16 93:3 101:2 118:20 125:16
individual's 118:23 119:1
individually 68:7
individuals 66:24 67:1,16 71:4 96:17 97:8 100:4,22 101:11 101:24 125:12
inequities 38:5
inequity 58:10
infections 32:17
infinitive 38:8
inform 30:17,17
informal 64:18
information 33:13 40:16 64:24 98:25 116:23 129:15
informed 69:7 101:4
initially 71:14
initiate 125:3
initiated 136:8
initiates 125:13
initiative 8:20 108:14 129:7
initiatives 8:15 39:4
innovative 75:13 76:20
inpatient 65:3
insecurity 65:14
inside 12:16 39:7
insight 90:10
inspired 1:13 26:13,13 122:24 124:24 129:25
institute 102:12 119:19
institutes 66:8
instituting 102:3
institution 15:15 56:3,3 57:4 117:20
institutions 31:2,8 35:1 56:21 57:9 96:2
institutive 119:16
instructor 16:16
insulin 66:19
insurance 9:23,24 66:20,21
integrate 15:18 40:19 56:16 87:17
integrated 75:17
intense 68:10
intent 110:19
intentional 54:1 54:25 55:20 59:5 64:7
intentions 106:7
interaction 139:9
Intercity 45:13
interclined 12:1
interconnected... 113:18
interested 138:6 140:11
interesting 1:25 8:17 12:10 96:15
interprofessional 4:22,23
interproffessionl 131:11
intersectionality 15:13
intersexuality 123:6
intervention 89:4 94:17 97:21,24 110:1
interventions 9:2 28:9,21 88:6,12
introduce 87:2
inventing 61:22
invest 3:9
invested 6:9
investing 4:3
investment 4:3
invitation 131:24
invite 133:4
invited 134:25
inviting 91:17
involved 8:16 39:2,6 61:5 97:17 113:19
involvement 118:22
IR 51:18
isolation 30:22 34:24
issue 5:24,25 6:11 12:22 19:24 41:23 50:12 66:12 103:22 132:21,22
issues 6:9 12:23 15:3 23:1,8,12 46:9 52:21 60:2 63:4 74:11 86:5 91:20 104:10,19 106:4,18 108:16 110:11 119:21 127:5,10 128:24 130:2
it' 36:1
it'll 95:7
Items 42:6
IV 117:20

J

January 83:3
Jessica 13:1 62:19 62:20 128:15,18
Joan 126:13,14 127:4
job 6:5 18:25 65:11 91:19 120:8 137:1
jobs 18:5 22:16
Jodi 133:20,21 134:5
Jodie 105:23,24
Johnson 2:3 3:10 60:24,25 71:15 112:2
Joycelyn 8:3
juggle 96:13
justice 58:24 59:2

K

Karen 17:13,14
KATHLEEN 112:1
KATHY 103:12 104:20
Katie 60:24,25 112:2
KATIE)JOHN... 112:1
keep 8:4 42:7 43:11,22 45:21 63:7 69:16 73:7 73:11 85:20 100:1 106:9 129:2 133:19
keeping 11:18
Kennedy 122:23
Kentucky 104:21 123:22,25 124:16 134:13
kept 107:14
key 12:13 85:19
kid 42:3,7
kids 9:15 11:18 18:11 25:11 26:7 27:4 42:11 43:3 44:20,25 45:9,11 50:8 52:1 55:24 60:6 60:8 78:17 81:15,15 82:22 88:2 104:24 107:25 108:20 109:1,4 110:4 110:10,20 111:1 111:1,3,20 124:2,9
kind 3:7 12:9 14:11 20:22 38:11 44:13 53:13 72:22 73:19,23 74:8 90:4 94:8,9,20 95:7,13,18,22 96:2,8,9,15 97:1 97:4,17 98:15 99:4,10,12 100:7 101:7 102:2,5,14 118:24 135:11
kinds 90:12
King 86:2,7 93:8 102:18 103:17 105:15 109:21 111:2,7 116:14 118:4 119:3,7 121:9,13
kit 125:9
knew 81:24 82:6 82:6
know 1:9,25 2:3 2:14,15,18,22 2:24,24 3:1,6,10 3:17,18 4:10,16 4:20 5:13,16,25 7:17,18 8:25,25 9:4,18 10:10 12:21 14:5,16 16:6 17:8 22:12 22:20 23:9,16 24:5,6,7,15 26:20,22 27:9 27:17 28:11,16 28:21 29:8,10 29:12,14,15 33:19,23,23 35:8 36:11,24 37:3,8,10,19 38:3,24 39:7,18 40:1,3,5,9,13,20 40:24 41:2,10 41:12,12,17,23 41:24 42:1,5,7 42:12,14,23 43:1,2,6,9,10,13 44:12,14,15 45:8 47:1,23 48:14 50:12 51:8,13,22 52:14,22 53:7 53:20 54:11 55:2,9,21,25 56:12,21,22,25 57:2,10 58:19 58:25 59:1,2,8 59:13,15,17,22 60:2,10 61:6,14 62:9,13 63:8,15 63:20,21,25 64:1,5 65:2 67:14,20 69:25 70:2,22 71:5,23 72:19 73:22,23 77:12 78:3,14 78:18 79:10,14 79:22 80:11,14 80:23 83:12,13 83:14 86:15,15 86:20,25 87:16 88:2 90:16,22 90:25 93:4,9,15 93:18,20 94:6

94:24 95:2,3,4 95:16,20 96:6,8 96:14,18,21 97:4,7,11,12,14 97:16,25 98:1,3 98:7,11,14,16 98:21,23 99:1,2 99:4,6,8,12,14 99:17,18,19,24 100:2,6,7,7,9,10 100:13,13,19,23 100:24,25 101:5 101:6,10,14,15 101:18,22,23,25 102:2,3,4,5,6,9 102:10,14 103:4 104:9,11,15,22 105:3,19 106:7 106:10,11 109:3 109:15,24 110:20 111:8,13 112:6 114:11,13 114:16 115:12 115:15,18,24 116:9,11,16,17 116:18,19 117:10,20 118:16,19,19,21 118:22 120:9,11 121:14,16,19,21 126:7,8 128:24 131:23,24 132:7 132:21 135:8 138:8

knowing 99:16 118:16 119:2 135:1

knowledge 33:11 35:1 131:6 132:25

knowledgy 61:8

known 35:21 95:13

knows 78:1 98:11 110:9

L

lab 20:1

labeled 109:2

labeling 110:20

LaBrenda 20:6,7 77:6 134:22

lack 108:23 131:6

LAKISHA 124:22

Lamphier 134:11 134:12

lane 21:19

lanes 21:21

language 9:3 20:4 57:5,6 99:16 100:17,19

languages 33:3

laptops 54:15,16

large 26:6 37:22 41:3 43:14 49:6 75:20 86:20

largely 39:2 51:10 75:7

larger 17:20 30:19 35:3 115:16 120:23

largest 20:16 130:9

latest 70:5

laughed 102:6

laughing 3:8

Laure 108:9,10 110:8 111:5

LAURIE 84:17

law 13:8 20:20

layer 113:3

layers 23:10

lead 5:4,6

leader 6:18 71:22

leaders 6:19 24:7 61:18 70:9 71:12 127:24

leadership 34:21 36:7 71:19 112:8

leads 110:2

League 117:20

learn 9:17 16:2 41:14 43:3,10 59:25 78:7,8 85:16

learned 12:25 40:25 41:8 62:14 63:17 87:14 128:5 130:18 136:4

learners 24:7 28:13,15,15

learning 3:8 9:13 9:16 15:6,7,17 25:11 42:7 43:12 63:19 96:11

leave 18:25 22:20 23:24 47:12 48:5 107:20

leaving 19:3

lecture 27:10

Lee 85:5 112:14 114:20,24 137:15,16

left 25:19 122:23 124:1 138:9 139:15

legal 10:1

legislation 29:15 70:17 123:25

legislative 22:2

legislators 70:22 108:15

legislature 108:16

Lemke 25:18 36:17 50:18,24 56:8,15

lens 58:8

let's 27:25 76:8 106:14,14 116:4 125:17 133:19 138:9

letter 27:7 82:9

level 14:25 55:22 56:2 68:17 75:5 79:17 88:6,23 89:3 97:24 104:16 115:16 126:24 127:11

levels 17:5 23:11 50:5 70:14

leverage 43:19 52:13 57:8 90:15 113:11,13 117:1 118:8

leveraged 51:25 53:3

LGB 87:12

LGBT 88:14 92:9

LGBTQ 23:6

liberty 72:23

licensed 17:23 78:8

licensor 79:6

Lieutenant 103:22

life 24:16 25:12 28:10 41:15 67:7,15 83:19 87:23 96:17 97:1 101:7 114:3 118:23 119:20,23 124:2 124:4

lifeguard 90:17

lifetime 5:13,14

light 8:22

Lillian 5:6,8,10 129:20,21

Lily 22:9

limited 17:6 61:20 95:21

Linda 69:22,23 72:12

line 64:1 112:11

liners 8:2

link 28:6 30:5,5 71:20

linked 48:9

linking 130:6

links 129:15

LISA 57:24 60:12 60:16,21 84:13

list 100:14 133:10 133:14

listed 76:25

listened 77:1

listening 106:2

literally 86:9

literatures 11:4

little 1:20,21,22 8:14 10:14,15 18:3 25:13,14 27:25 29:8 36:20,25 38:21 39:4,9 40:3 46:25 50:21 51:18 55:4 64:15 68:22,24 73:4 92:17 94:14 98:4 117:11 133:5,5

live 57:18 71:4

lives 9:23 89:18 113:19

living 42:6 48:10 48:12 75:4 104:14

local 68:13 126:24

located 37:20 40:10 42:18 85:18

locations 74:4

locked 100:12

locks 23:16

long 27:7 46:24 70:6 124:20

long-term 32:15 86:17

longer 39:22 67:3 67:4 86:9

look 10:25 15:25 23:8 37:1 62:6 68:19 69:8 79:15,21 89:2 93:23 95:20 96:16 99:8 100:9 105:18 106:8 113:6 115:25 120:17 135:18,19

looked 8:14,17,23 18:17 49:4,7,8 75:18 95:25 105:8 131:19

looking 8:18 9:1 15:4 28:6 49:15 49:17 62:11 68:22 89:5 103:15

looks 99:13 102:4

lost 45:8

lot 1:9 5:21 7:14 7:15 9:6 12:20 13:4,19 16:18 18:13 19:8,16 22:24 23:3,13 23:21 24:13 25:25 27:21 30:22,23 33:1 33:20 37:25 38:14 40:1,1 42:4 43:19 47:18,20 48:21 48:22 51:21 55:6 59:5 62:24 66:7 68:10

69:11 74:12,14 86:5,13,14 87:9 95:6 97:19 98:5 99:8,12,21 101:12,14,21,22 101:24 102:19 104:12,13,15 107:7 110:4,4 110:11 115:7 116:15 117:6 119:11 122:3,18 123:22 125:2 128:23 131:10 135:10
lots 25:22 26:4 43:15 49:14 128:24
Louis 5:11,12
Louisiana 105:25 108:5 125:21,23 126:2 133:21,25 138:5,9 139:4,6 140:15
love 3:1 4:18 8:9 8:11 10:21 11:21 12:24 14:23 15:20 26:4 32:4 63:10 68:2 72:10 81:14,15 98:18 129:6
low 37:20 55:22 94:9
low-income 41:3 66:14
lower 18:13
LPN 17:19,24 18:10 19:9
LPNs 17:25 18:4 19:3 21:5
LT 124:22
lunch 59:7,10,11 59:16,18
lunches 24:8 73:9

M

main 96:3 118:3
major 103:22 123:21
majority 40:24
making 15:11 68:15 90:1,1 128:9 135:3
man 27:19 47:8 48:15
manage 10:4 61:19 84:25
managerial 38:15
manner 75:17 76:17,23
Marcus 14:12,18 16:3 19:23 24:4 117:3,4
Marcus's 32:4
Marguerite 14:19 14:20
mark 68:18
marketing 81:20
marks 68:11
Marno 108:9,10 110:8 111:5
Marshall 20:6,7 134:22
Martha 130:19,25 131:1
Mary 73:2
Massachusetts 11:5
master's 46:15
masters 84:6
match 94:11
material 81:20 139:17
math 78:7 132:17 132:18
matter 6:5 91:24 91:25 115:24 140:6
mattered 1:22
mature 119:20
MAUGHAN 10:23 11:16 65:17 135:7
mean 2:24 4:10 16:20,21 29:3 37:23 56:6 77:11 91:16 93:24 94:21 95:22 99:7 100:3 105:16 116:10,22 118:25
meaning 80:5
means 4:24 5:3 89:13
measure 11:23 111:13 115:8
measures 96:4
mechanism 52:18
mechanisms 62:6
media 92:5,9,17
mediated 66:10
Medicaid 51:14 51:14 83:22
medical 4:23 9:7 17:18 18:14 39:10,18 43:14 51:2,2,4 80:6 87:11 100:15 134:18
medically 74:25
medicine 2:2 75:16
meet 4:4 13:20 81:8 95:18 101:11 107:4
meeting 50:9 55:8 79:24 95:16,17 100:19 118:15 120:4 125:23 126:1,4,19 134:13,15 135:4 138:12
mega 21:25
member 127:7
members 13:7 59:19,22 95:23 106:22
memorize 1:14,15
mental 8:14,19,20 8:20 22:25 23:6 23:7,23 30:6 45:6,14 46:9 48:2 51:6 52:4,5 52:7 85:9 87:20 87:22 88:6 92:25 93:13 104:10,18 130:2
mention 3:5
mentioned 35:14 52:12,14 125:11 132:11
mentor 136:23 137:2,5
merge 21:20,21
merger 25:14,15
met 121:3 131:22
method 139:12
Michelle 11:21 134:23 136:17 136:18
microphone 12:6 69:25 122:19,22
middle 21:9 42:25 126:16,18
midterm 16:19
Mile 112:5
million 20:19 35:9 45:7 52:9
mind 102:22 104:4
mindful 87:9
minium 18:3
minor 118:12
minority 41:4
minutes 1:11 3:25 31:24 73:4 94:12
missing 53:24 110:4
missions 44:6
misunderstood 108:6
Mobile 22:1
mode 106:15,16
model 13:15,21 17:20 19:9 30:24 37:3 38:21 39:20,21 63:21 72:2 80:1 80:4,5 112:8 113:9 126:20
models 34:8 62:6
moderators 92:10
module 128:2
mom 82:10 107:19
moment 14:3 120:16 132:11
moments 7:3 12:21 14:10
momma 107:17
Mommy 26:18
Monday 4:8
money 19:10 20:25 23:13,15 27:8 50:23,25 59:17 61:13 69:10,11,13,20 73:22 99:25 107:4,6,7,7,9,10 107:11
month 41:22
Montz's 61:23
MOORE 139:3 139:20 140:3,21
morning 1:7 4:9 14:13 17:14 24:24 25:15 73:2 74:15 125:20
mother 82:5 83:1 86:16
motivated 62:20
mountain 4:5
mountains 3:11 3:12
move 3:2,11,12 4:5 7:14 55:5 62:5 125:7,10 125:13 136:25 137:18,25 138:1
moved 95:15
moves 2:19
moving 28:25 44:7,16,20
mow 14:17
multi 80:24
multi- 5:2
multi-sector 5:2
multiple 81:12 83:7
multiplied 80:19
Murder 112:4
Museum 135:2
mutation 35:24 36:5
mutual 98:24 131:12
MZOS 21:1

N

nail 12:2
name 11:6 69:23 86:6 114:21 121:7,12 122:15 125:20 126:14 129:21 131:1
names 139:16
Narcan 20:21

nas 122:6,12,16
nas.edu 122:8
NASN 107:12
nation 24:22 29:24 37:15 79:14 84:2 136:9
nation's 38:4
national 2:2 33:24 35:5,5 40:23 50:1 64:8 87:12 116:10 122:7,12 122:16 123:2 126:24 131:2,18 133:17 135:8 137:16
nationally 34:15 78:23 79:10 123:23
natural 41:6
navigate 76:5 78:14
NCAA 128:23
necessarily 87:15
necessary 28:23
need 4:16 8:13,13 9:2,22 13:17 23:8,22,22,23 31:12 34:7 39:14 43:3 44:15 52:18 53:6,7 54:10,10 54:11,12 57:8 57:13 59:2,10 59:20 62:5,11 67:22 71:9 77:12,14 78:17 79:14,21 82:5,9 82:20 83:23 84:3,7,19 88:11 88:13 89:11,19 89:20 91:19,21 92:3,4,16 93:5 93:23 97:13 103:1,9 104:8 104:11,17 105:7 105:10 106:23 107:2,19 108:22 109:6,8 110:12 110:25 111:20 114:18 115:23 116:2,13 117:11 117:13 118:1 120:6,15,15,16 121:8,23 124:8 126:19,22 127:21 128:8 131:13 132:2,3 134:10 136:11 136:15
needed 10:7,8 22:11 24:1,3 48:12 83:5 89:12 104:24 117:24
needs 13:12 18:14 36:1 40:8 43:25 67:7 68:17 77:9 97:25 101:10 127:9,11
neighborhood 37:6 55:23
neighborhoods 37:21,21 40:9 40:18
neither 58:25
Neosporin 26:23 26:23,24
nervous 29:8 80:14
NES 111:8
net 38:4 74:22
never 99:22
new 2:12 27:6,8 45:20 46:18 95:17 134:14
newons 20:2
news 3:7
newsletter 132:2 132:3
nice 14:5 15:16 44:13 94:7 122:20
nicely 50:16
nickels 71:23
night 7:2 12:6,7 83:10 102:6 110:13
ninety 40:25
nodding 78:16
NOLA 1:7,7 138:10
NOM 42:21
non 51:14
non- 25:1,2
non-profit 87:12
normalize 81:20
North 129:23
note 6:17
notes 90:12
November 140:14
NP 51:6
number 18:1,9 20:16 29:4,13 29:21 32:11 33:14 37:6,11 38:7 42:11 43:2 54:17 70:9,10 87:13 126:5 133:13
numbered 129:9 140:9
numbers 103:21 137:18
numerous 47:8
nurse 3:18 5:10 5:20,21,25 6:5 7:23 9:6,9 10:13 11:5 12:8,11,18 16:5,10,20,21 16:22,24 17:1 17:23 18:11,22 19:14,18,19,25 20:1,7,10 21:23 23:18 24:5,11 24:11 26:18,18 26:19,19 27:2,3 27:7,12,13,14 27:15 28:18 32:5,7 33:5,6,8 34:1,4 36:8 38:10 39:8,19 41:16 46:21 47:22,25 48:2,8 48:9 51:1,5 55:25 56:23 57:1,14,14,17 57:18 61:18 64:3 69:24 70:9 70:24,25 71:12 71:13,19,22 77:9 78:10 80:6 81:4,5 85:1,7 86:11 90:22 92:19 102:24 103:3,6,14,19 104:10 105:25 106:1,5,7 110:9 112:9 115:14 116:18 117:5 118:8 123:3 124:23 126:7,16 126:17,25 127:24 128:16 129:19,24 131:20,21 132:20,21 133:21 136:12 137:13,17,19,20
nurses 3:14,21,22 4:24,25 5:5 6:1 6:14 8:16 9:1,2 9:7,14 11:2 13:20 14:7,8 15:9 17:5,7,10 17:21,22 18:20 19:5,17,24 20:25 21:4 22:1 22:7,15 25:9 27:16 28:24 29:7,21 31:14 31:16 32:8 33:8 33:21,21 34:17 35:11,11 36:8 38:6 39:7,18 41:16 44:24 46:21 47:5 52:22,23 57:1 58:13 59:19 60:7 61:14,25 63:6 65:3,15 68:13 69:14 70:1,1,3,3 76:19 76:21 77:5,7 79:5,6 81:6 84:4 84:4,5,5,6,7,19 84:20 89:9 91:21 93:1,16 93:22 97:17 98:17 99:6 101:16 102:15 105:9 107:4,9 108:12,17 109:7 109:18 110:24 111:19 112:6,12 115:14 116:8,8 116:21 119:13 124:8 126:2,11 126:15 127:1,18 127:22 128:14 129:8,9,10,10 129:17,17 130:12 132:3 133:6 134:12,20 136:13,14,14,19 136:20,24 137:1
nursing 1:13 3:20 4:20 5:5,15,24 7:11 9:1 13:8 14:13 15:11 16:7,9,17 19:2 19:22 20:5,5 23:14 24:21,25 25:6 28:3,9,22 31:8 32:6,10,18 34:22 35:6 37:17,18 39:6 40:22 45:25 46:3 57:7 58:7 70:11 71:20 74:19 86:7 87:16 98:2 105:16 106:11 121:2 122:13 125:21 126:21 129:5,23 131:2 131:14 132:1 137:6,12,22
nurturing 18:24

O

O 139:1
o'clock 83:23
obesity 55:15
obstacle 19:6
obviously 8:19 45:21 109:18 128:16
occasional 28:19
occupational 6:3 30:3
occurring 15:1
October 1:3 21:11 140:4
offer 56:3
offers 52:5
office 24:2 92:18 129:8,10 133:17 135:3
officer 11:6 139:4

oh 6:25 27:19 28:16 36:6 51:11 53:22 56:9,23,23
Ohio 126:15 127:6,15,17,24 128:3
okay 3:5 4:13,15 5:1,11 6:2,13,14 26:12 36:6,9 47:18,19 53:20 54:14,16,18 60:20 97:17 119:8 120:4 121:6,16 122:5 122:17 123:10 123:19 124:12 124:18,18 127:13 133:15 133:19 137:10 137:25 138:3
old 26:17 66:1,25 67:1,17 82:24
once 8:21 70:18 109:10
one-year 18:4
ones 133:11
ongoing 48:11
online 45:23 136:6
open 14:9,16 82:18 91:2 101:1
opened 16:9 32:7 55:18 99:21
opening 15:19 94:25
operates 37:3
operation 135:14
opioid 20:15,17 23:13 93:21 99:20
opioids 99:24
opportunities 10:15,16 15:8 70:8 76:20 80:19
opportunity 32:6 41:7 74:16 83:25
opposed 121:2
opposite 32:22 94:9
options 80:22
oral 45:6 80:8 81:1,2,11
orange 106:10
Oranges 106:13
orders 10:12
organization 26:6 71:12 75:13 105:25 125:17 133:22,24 134:1 135:9
organizations 13:7 54:2 79:4 88:24
orientation 112:25 113:24 136:5
oriented 24:6
orienting 18:20
original 34:12
others's 90:10
ours' 79:5
outcome 8:22,23 8:25 11:24 33:12 72:4
outcomes 8:18,19 8:21 11:23 28:5 30:11 32:16 33:10,11 39:22 39:23 49:9 60:9 62:18 74:19 79:10,11 81:22
outs 54:12
outside 4:19 5:3 44:1,2 77:19 89:12 92:4 118:23
outsider 55:7
outstanding 81:14
overall 28:3 29:7 93:2
overdose 93:21 100:2
oversee 80:5
oversees 74:4 137:21
oversight 38:15 39:3 48:11
overstated 99:3
overwhelmed 29:12

P

P 139:1,1
P.M 138:12
pack 27:1
packing 83:10
pad 120:10
pages 140:5
paid 9:24 10:1
panel 7:10 22:25 24:18 72:16 73:6 86:3 87:2 98:19
panelist 13:15
pants 42:13
paper 107:17,21 120:10 138:1,3
paragraphs 121:17 123:17
parent 77:17
parent's 66:19 114:5 118:21
parenting 42:19 42:24 45:18
parents 9:20 41:25 59:16,23 61:9 66:20 81:14 93:19,20 93:21 117:16,17 118:11
park 138:7,8
part 8:17 13:8 20:24 31:19 32:1 38:3 53:24 68:14,22 74:21 78:24 81:3 83:15 85:19 86:11 87:18 108:13 114:6 125:24 126:4,9 130:5
particular 17:19 81:25 112:10
particularly 11:4 29:21 34:25 59:14 114:8
partly 63:17
partner 22:3 31:10 56:4 76:18 81:6 82:21 115:14 119:13 120:18 121:1 129:13 136:16
partners 31:5 36:8 128:6 135:18,23
partnership 16:1 30:23,24 31:4 31:20 32:2 39:5 46:14,19 53:16 53:22 54:4 123:7
partnerships 5:2 5:3 13:6 31:1,1 31:7,16 34:25 43:13 52:16 53:4,21 55:20 57:21 61:4 71:22 72:1
parts 112:23
party 140:11,11
pass 14:17 90:12
passed 70:16 123:25
passes 43:25
passion 24:14
passionate 119:15
passport 14:2
Pat 4:13 72:18 73:15 77:16 84:9,15 85:3,25 121:20
path 86:21
pathways 15:6
patient 63:2
patients 75:19,23
pauses 139:11
pay 19:1 60:4
pays 50:17,17,19
pediatric 110:16
pediatrician 10:4
Pediatrics 85:12 85:23
peer 44:6
peg 21:18
pell 66:13,13
Pennsylvania 14:21 17:9
people 3:17,17 4:10,19,21 6:1 8:10 9:3,7,13 15:6,20,22 21:7 24:13 25:12 29:8 38:2 44:12 46:22 59:2 70:2 75:4 87:10,13 87:19,21 88:8 88:19 89:8,11 89:18,19 90:6,9 90:12,21,25 91:8,14,18,22 92:3,6,9,15,20 93:2 99:21 102:6 106:23 107:2 108:6 121:3,17,20 122:1,18,18 133:9,11,12 134:9,9
percent 6:12 31:6 37:16 40:25 41:4 45:1,3,19 46:8,12 51:13 66:1,3,9 69:24 71:4 75:5
percentage 6:12 18:13 41:3
Percocets 86:21
perfect 16:25 19:14 24:18 41:14 92:13
performance 129:16
period 70:25 96:20
Perry 82:12
persistent 56:5
persistently 82:25
person 2:11 12:15 24:3,12 51:4 72:20,21 91:24 100:18,24 114:14,14 125:11
person's 41:15
personal 37:1
personally 6:10 9:18 13:10 100:12 110:15
personnel 50:8
perspective 27:25 63:14
persuade 123:15
Peters 70:16

PhD 61:5 129:22
phenomenal 12:19 58:1 65:24 84:6
phone 126:3
phonetic 139:18
photocopying 54:14
phrase 139:18
phrases 139:15
physical 30:2,3 77:14,16
physician 10:9 39:9,16
pick 85:23 95:3
picks 73:4
picture 87:19
piece 19:16 40:21 44:11 49:25 50:1 61:16 77:23 87:21 91:6 92:25 97:24 98:13,20 100:6 101:3 102:2 111:17 118:14,15
pieces 62:5 70:17 85:10
place 14:1 15:23 16:8 17:1 19:4 27:4,5 33:4 37:24 46:11 47:15 50:14 64:13,23 67:2 67:13 70:17 77:19 88:5 93:6
places 88:9,10 91:13 92:21 114:2
plan 35:18,20 68:5 109:5 116:1 123:4,5 135:14
plans 30:5 51:18 68:11
planted 125:7
platform 106:25 133:3 135:5
play 25:9 28:18 49:13 102:15 116:21
playground 27:6 27:9
playing 23:1 99:2
please 5:13 133:13 134:9
plug 5:10
plus 113:2 116:15
point 5:12 40:6 62:9 97:6 99:6
points 54:10 95:8 96:16 97:18 118:18 130:17
POLANSKY 72:18 73:15 84:9,15 85:3,25
policies 19:8 28:6 35:13,20,23 55:15 58:10 59:8 70:12 93:10 116:1 126:23
policy 13:18,19 14:1 23:23 27:23,24 30:11 30:18,19 31:23 33:20 35:4,8,10 35:24 36:5,7 44:18,19 48:21 52:1 55:12 58:14,17 67:22 79:13,21 88:6 89:1,2 103:9 108:16 123:8 125:10 129:6
political 19:16
polo 42:13
poor 47:9 66:11 108:25
pop 4:15 123:15 123:16,16
pop-up 6:15
population 28:1,3 28:8,9,20 29:1,7 29:9,19,22 30:7 31:17 40:21 58:7 75:3 79:8 84:21 85:2 110:16,17,22 119:14,15 133:1 135:15,19
populations 23:6
portraying 35:21
position 12:13,13 57:9 72:7
positioned 78:24
positive 10:19 50:14 70:21 109:23 135:23
possible 88:20 89:25 117:19
post-vention 89:4
poverty 75:5,8
power 54:10
powerful 38:5 41:11 77:21 78:16
PR 2:6
practice 3:21 29:19,21 31:1,2 31:3,5,13,15,19 32:1 33:5 34:6,8 34:10,14 37:19 39:5 52:15 53:24 55:19 57:21 71:22 72:1 78:10 79:7 106:12 121:24 133:22
practices 30:17 125:1 126:21
practicing 30:14 31:15
practitioner 38:10 47:22 48:1,3,8 51:2,5 78:10 80:6
practitioners 5:20 5:21 39:8,19 41:17 46:21 63:10 81:17
pre-k 12:23 93:25
Pre.-K 112:17
preach 106:23 133:23
preaching 106:22
pregnancy 45:18 116:6
pregnant 42:19 42:24 43:6 116:6,7
premise 61:23
prepare 44:16 119:18 136:9
prepared 4:11,15 44:20 66:8
preparing 44:12
prescribed 86:20
prescription 22:8 86:20
prescriptions 30:2
presence 79:9 83:14
presence(indisc... 115:4 120:6
present 19:11 112:18
presentations 73:2 88:17
presented 18:16 113:17
president 73:25 105:24 126:1,15 131:2,18
presidents 77:8
pressures 16:23
pretty 39:25 51:18 68:10 75:13 104:25 105:5
prevalence 101:8
prevalent 98:3
preventative 49:3 85:1
prevention 13:15 23:7,10,11 50:1 85:8,21 88:25 89:3,4 94:17 101:22 103:24
primarily 75:4,10
primary 38:8 64:4,5 75:1,20 117:14 129:10
primordial 85:8 85:21
principal 11:7
principal's 107:1 133:16 134:1
principals 133:2
principle 62:21
prior 66:8 126:3 131:24
priorities 64:9
priority 88:7 89:15
privilege 78:2
proactive 87:24
probably 8:1,1 23:19 26:20 27:14 31:24 36:13 46:15 61:16 64:11,17 117:10 118:14 122:5
problem 18:1 61:20 64:12 91:4 107:25 108:4
problems 61:7 91:2 115:22 131:15
Procedure 139:6 139:7
procedures 70:13 126:23
proceeding 139:10,13
proceedings 140:7
process 68:15,17 68:21 69:16
produced 136:7
product 2:25 95:14
products 24:9
profession 5:5 14:12,15 33:14 70:1 137:8
professional 4:24 4:25 23:18 33:22 51:10,11 104:11 105:21 131:12
professionals 69:4
proficiency 75:9
profile 127:13
program 2:11 18:4 29:24 34:4 95:20 105:5 113:7 134:14,16
programs 28:6 30:11 34:3 49:5 49:9 72:8,9 93:10 95:13 96:1,6 97:3 111:14 116:1,24 116:25
progress 95:6

project 21:15 32:23 55:17 56:18 70:5 87:3 87:11 88:21 128:1
projects 35:3 39:3 46:16,16,18 72:2 106:20
promatic 123:8
promote 9:13 123:6
promoted 9:12 85:11
promoting 93:2
promotion 38:17
proper 42:10 139:12
properly 17:10
property 39:13 131:4,20
prospective 135:23
protect 67:23
protector 113:20
proud 86:22
prove 105:10
proven 90:23
provide 10:13 17:4 30:2,4 36:24 38:7,25 40:11,16 41:17 44:3 54:12 67:7 72:24 73:20 76:19 81:14 82:21 98:25 104:16 105:21 109:25 112:11 115:25
provided 38:13 54:19 96:11 132:20
provider 10:12 64:5 77:13 80:7 117:15
providers 9:7 24:8 37:16 97:14 98:23
provides 75:16
providing 28:22 38:9 39:19 41:1 41:12 42:16 75:23 104:2
provision 38:8
prying 3:19
psych 51:6
psychiatric 48:2
psychosis 9:22 47:9,25
PTA 133:3
PTSD 61:9
public 5:5,16,18 5:24 6:3 20:5 27:14 28:2 29:20 30:18,19 31:14 32:3,10 32:11,18,21 34:22 36:4 37:4 39:13 44:10 51:23 52:22 54:6 55:7 58:3,7 58:11 62:21 63:9,20 64:11 70:9 71:21 74:20 86:8 94:21 106:14 127:24 128:9
publically 35:20
publish 34:12 133:19
published 115:13
pull 58:5 103:11 135:17
pulling 74:9
purchased 21:1
pure 52:19
pursuing 96:13
push 52:1 68:20
pushing 69:16
put 9:14 17:6 20:21 21:2 31:18 41:9 52:9 55:4 64:20 91:10 103:7 121:6,7,12,22 123:5 125:3 132:1 135:24
puts 26:24,25
putting 64:18 132:5
puzzle 40:22

Q

QHC 51:15
qualifies 74:2
qualify 67:5,18
quality 8:22 29:15 34:21 38:1 46:18 71:7 76:21 103:7
question 2:16 15:22 60:11 62:22 112:15 114:17 116:3,6 116:11
questioning 72:25 112:18 113:23
questions 57:22 103:10 116:2,9
quick 48:25 94:5 95:6 137:10
quickly 44:22 48:1 82:2 96:16 97:19 112:2
quite 36:23 93:5 98:14 100:8 110:10
quota 115:3
quote 23:24 98:17 101:16

R

R 139:1,1,1
Rabolt 87:4 94:4 118:13
racism 58:9,17,17
rack 109:19
raise 50:10
raised 68:13 115:9
range 12:24
rate 51:16 79:13
rates 18:12 45:18 46:4,5 60:5 69:3
reach 26:7 88:3 89:10 92:5 136:19
reaches 112:7
reaching 24:12 29:5 132:17 136:22
read 1:18 5:8 122:21,25
reading 1:11,16
ready 14:18 42:2 62:1,2 80:11 122:24
reaffirmed 72:7
real 18:1 40:5 47:7 56:17 94:5
reality 53:24 60:3 91:15
realize 9:16 16:18 75:21 91:4 92:2
realized 54:7
really 1:17 2:8,17 3:2,11 4:4,10 5:7 7:3 10:11 11:8,22,24 14:5 14:14,17,21,25 15:3,7,13,21 16:1,11,14 17:9 17:17 18:14,23 22:10 23:1,2,5 23:21 25:7,8,10 26:6,8 28:18 31:16 32:7 33:9 33:10,25 34:7 34:24 35:12 36:9 37:25 38:4 39:8 41:14 43:5 47:4 49:6,11 50:2,8,15 51:7 52:6,17,17 53:1 53:3,25 55:18 56:4,13,16,22 58:21 61:2,12 62:4,10,11,13 62:20 65:13 68:6 69:8 72:24 73:17,19,21 74:6,17,18 75:2 75:18 76:14 77:20 79:14,21 79:24 83:18 85:15,19 88:19 93:9,23 94:7,16 94:16 95:6 96:9 96:15 98:5 99:2 99:5 101:15,20 102:21,21,25 103:8,20,21 105:16 107:19 110:15,18 111:24 113:8,15 113:25 114:19 118:2,23,25 120:4 123:9 124:23 125:4 129:25 131:5 135:19,24 137:10
reason 5:21 9:14 42:11 69:24 110:18
reasons 33:19 75:7
REBECCA 86:2 93:8 102:18 103:17 105:15 109:21 111:2,7 116:14 118:4 119:3,7 121:9 121:13
receive 45:5 51:24 54:18
received 20:20
receives 91:25
receiving 17:11 66:5,13
reception 102:7
reciprocal 28:14 28:17
recognition 71:17
recognize 21:7 89:9,10 91:20 104:8 109:1
recognized 34:15 44:10
recognizing 111:18 113:20
recommendation 3:19
recommended 85:22
record 61:9 82:16 139:8
recording 116:5
recover 83:13
recovering 101:9
recovery 86:17,25 87:5 93:24 94:17,21 95:9 95:11,13,15,20 96:1,10,14,25 97:3,6,10 98:9 98:11 99:7,10 99:13,16 101:24 102:4,13 104:18 118:7
red 82:17 103:15

Reddicks 67:25 68:1
refer 7:13,25 64:13 104:9
reference 139:17
referrals 64:20
referring 44:1 98:1
regarding 70:14 71:6 123:3
regards 79:13 88:5
regional 73:24 104:1
registered 17:21 18:10 19:4 38:6 69:23
regularly 78:15 78:20 95:17
regulation 17:17 68:10
reimbursable 79:16
reimburse 51:19
reimbursed 30:4
reimbursement 51:16 79:13
reimbursements 51:14
reintegration 90:4
reinvent 63:8
related 32:16 62:22 96:20 140:10
relation 37:13
relationship 28:17 81:13
relationships 46:2 56:5,7,13 97:13 98:23
relay 10:18
relentlessly 82:25
relevance 123:4
relevant 25:6
reliant 51:20
religion 113:14
rely 88:2
remain 119:19
remember 1:20 2:20 27:1
removing 59:3,5 83:17
render 51:9
repeat 122:14
replace 77:4,7
replaced 19:4
replacing 17:25
report 3:20 5:15 5:18 79:11 122:13
Reporter 139:3 140:3
reporter's 139:13
reports 68:8
representation 128:16,25
represented 126:11
reputation 79:9
request 125:8 134:1
require 49:23
required 35:17 79:11
requirement 35:15 39:11 49:21
requirements 49:23,24 50:4,6 78:20
reschedule 72:23
research 2:4,9,12 2:13,14,17 15:15 16:13 27:24 31:22 33:25 34:2,2,3,8 44:25 55:6 61:4 61:14 62:3 106:20 130:7,10
researched 39:25
residence 48:10 75:2,12
resiliency 85:15 85:24 112:17 113:5,10
resinate 113:22
resinated 126:19
resolved 99:24
resonated 61:1
resonates 76:14
resource 37:21
resourced 43:17 76:2,16
resources 17:4,6 17:6 35:2 43:15 43:19 54:2,3 55:2 61:20 63:18 89:12,16 98:22 102:1,2 102:25 110:25 111:14,21 114:13,18 117:24 118:12 118:16 129:9
respect 22:5 69:21
responded 83:6
responsibility 84:3
responsible 6:10
rest 71:3 73:1 113:22
result 19:3
results 35:22
retained 66:9,15
retention 66:11
retire 86:10
return 4:3 52:25 117:16
review 8:14
revolved 7:16
rich 23:3
Richard 134:11 134:12
ridiculous 42:12
right 10:22 14:17 15:25 18:5 20:14 25:24 26:24 28:14 30:22 31:25 33:17 35:4,7,24 36:1,18 37:18 37:19 41:19 43:22 44:9 45:22 47:2 50:19 54:22 55:4 56:16 58:14,24 59:13 59:25 60:4 63:9 64:14,25 65:8 73:12,25 76:23 76:23 78:2 87:8 91:15 93:13 100:3,16 111:6 115:10 121:8 122:13,21 123:11 125:7 128:15 129:8 135:2
Rights 135:2
risk 41:20 124:5,6 124:6 134:19
risks 38:12
RN 17:19 18:15 38:15 46:2 48:9
RN's 38:13,20
RNs 21:5 39:1
Robert 2:2 3:9 70:16 71:15 120:25
Roberts 69:22,23
role 6:7 7:23,24 16:10,20,21,22 16:24 19:24 25:9 33:7 74:18 99:2 101:7 102:14 116:21 118:21 129:16
roles 131:20
room 1:9 4:11 6:4 7:20 10:20 13:11,24 15:5 15:10 24:13 77:11,15 106:2 106:21 121:3 131:7
rotate 51:7
rotates 48:3
rotation 16:8 32:10,20 54:24
rough 86:21
round 21:17 49:7 108:13
Rule 139:5
Rules 139:5
ruling 93:4
run 25:20
running 21:10
Rush 24:25 25:20 32:3 36:16,18 37:3 43:13,18 43:19 45:17 46:14 50:13 53:1 65:2

S

S 122:15 139:1
sad 107:10
sadly 7:21
safe 64:22 91:7 92:3,13 117:13 117:14,15 134:17 138:10
safety 23:4 38:4 74:22 106:8 117:8 123:23 124:1,2,9 128:23
salad 106:17 111:24 116:17
salary 18:2,19
Sally 25:18 27:18 36:17 50:12,18 50:24 53:2 56:6 56:8,15 63:25 68:23 72:14 77:1
San 136:18
sanitary 24:8
saves 19:10 134:15
saw 23:25
saying 10:9 28:16 49:18 54:14 68:23 84:20 100:23 108:3 111:20 118:18
says 16:19 39:15 64:21 81:18 82:9
scale 10:16,17 35:3,6 49:6 116:10
scenario 118:20 119:1
scenarios 99:9
scepters 15:12
schedules 42:1
scholar 2:11
scholaring 46:15
scholars 2:12 130:16
school 1:12 3:14 3:22 5:10 6:3,13 7:10,20,22,23 8:16 9:1,1,9,13 9:14,14,15 10:10,13,13,14 11:2,10,18 12:8

12:18 13:7,20
14:1,7 16:7,10
16:16,17,20
17:7,10,21 18:6
18:22 19:2,7,10
19:14,17,18,19
19:20,24,25
20:1,4,9,25
21:10 22:15
23:14,18 24:5
24:11,11,21
25:6,7,19 26:1,2
26:6,17,19
27:14,15,16
28:7,18,22,24
29:7 30:12
31:11,12,14,16
31:18,20 32:3,5
32:6,7,8,11 33:6
33:7,9,21 34:1,2
34:5,17 35:6,11
35:14,14,16,17
35:23,25 36:4,8
36:18,22 37:1,4
37:7,9,11,14,16
37:19,19 38:6
38:14,14,19,23
38:25 39:1,1,7
39:10,12,16,20
39:24 40:2,20
40:21,22,22,25
41:6,21 42:3,9
42:12,16,18,18
42:22,23,25
43:1,8,11,16
44:2,11,14,21
44:21,24 45:7,8
45:9,10,12,15
45:16,20,24
46:17,19 47:3,6
47:13,17,20
48:4,6,6,13,22
49:5,5,7,8,14
50:7,13,25
51:15,24 52:5,8
53:5 54:13
55:23,24 56:17
56:21 57:1,2
58:13,13 59:3
59:14,23,24
60:5,8 61:6,14
61:18,25 62:22
63:6,13,21 64:3
65:23 69:1
70:19,24,25
74:5 76:6,6,11
76:13,18,19
77:4,5,6,7,8,9
77:20,25 78:6
78:21,25 79:25
80:1,3,9,12,25
81:3,4,5,6,7,7
81:12,23,25
82:1,16,17,18
82:19 83:1,9,14
84:1,19,19,20
84:24,25 85:1,7
85:17,18 86:11
86:12 87:1,16
88:10 89:1,2,8
90:21 91:17,21
92:19 93:1,15
93:22,25 94:24
95:15 98:16
101:16 102:9,20
102:24 103:3,19
103:19 104:4,16
105:9,16 106:1
106:5,7,10
107:4,14,20,21
108:12,17 109:7
109:18 110:9,24
111:19 112:6
113:13 114:1,5
115:14,14 116:8
116:18,18,20,25
117:4,14 118:8
118:23 119:13
123:3,23,25,25
124:1,5,9 126:2
126:6,11,15,16
126:17,20,21,25
127:18,22
128:13,16
129:11,13,14,16
129:18,19
130:12,13
131:20,21 133:6
133:21 134:25
135:5,12,18
136:8,12,13
137:1,6,13,17
137:19,20,21
schoolers 126:18
schools 1:1 3:15
8:15 11:12 19:8
21:2,9 23:16
25:25 29:16,20
30:25 31:14
32:14,22 33:3,4
36:4 37:4,5,6,10
37:12 38:2
40:10,19 41:2
42:9,17,19
44:25 45:4,9,11
45:12,13 47:4
54:6,7,25 55:7
55:13 58:21
59:4,20 60:6
61:10 63:20
68:7 69:3,12,13
69:17,20 74:5
74:12,12,14
75:25 80:15
83:8,15 84:19
88:7,7 89:9,24
90:19 91:20
93:12 95:23
99:1 103:2,10
105:9 107:5,23
107:23 113:10
114:14 117:7
128:9 134:15,17
134:19
schools' 59:15
Schwind 17:13,14
science 78:8 122:8
122:12,16
sciences 62:15
scope 79:6 80:23
scratched 95:22
screen 64:14
109:13
screening 63:1
64:13 83:15
85:14 97:21,22
128:2
screenings 38:12
45:5 63:16 65:5
Scruggs 82:24
seated 73:25
seats 60:7
second 11:3 14:21
48:25 61:15
62:1 68:4,6,22
82:3 86:18 90:7
98:12 128:14
136:23
seconds 47:1
section 135:13
sector 5:3
sectors 11:25
see 9:24 13:16
15:10,16 16:21
16:21 23:14
31:5 33:4,5,5
52:7 53:10 58:6
58:15 68:24
81:21 83:22
90:11 92:5 98:5
98:8 100:13
107:6 110:10
111:4 113:8
119:25 120:18
120:20
seeing 18:11
22:21 29:14
30:8 41:21
66:12 110:3
seek 101:2 103:5
118:9
seen 22:19 28:2
45:17 78:9,16
81:16 87:9 92:7
99:7
segment 73:5
seldom 8:23
self 116:5
self-care 118:6,7
senator 20:18
70:15
Senators 20:18
send 20:24 68:8
122:5
sending 107:14
sense 41:9 82:20
sent 18:9,11 42:11
separate 8:7,7
93:3
serious 88:11
seriously 89:14
106:16
serve 37:10,11
76:15 79:1,4
127:7
served 41:4 74:25
75:4
service 80:8 95:22
104:2 109:6,6
services 10:2
28:22 30:5 38:7
38:25 45:15,20
47:6 48:8 49:3
52:4,6,7 74:5
75:17,19,24
76:10,22 77:4,7
77:8,25 78:4,5
78:22,25 79:15
81:7,11 82:7,10
82:19,22 83:15
84:2 85:19
95:12 96:12,12
97:15 103:5
110:12 116:24
118:9 123:21
126:21 130:5
serving 37:5
74:25 76:1
session 108:17
sessions 13:4
set 17:10 28:7
61:24 77:18
94:8 99:12
103:14 108:20
109:1,4 135:4
setting 10:14
13:11 19:20
22:15 28:7
31:15 64:4 65:4
86:12 89:24
116:18 125:6
130:2
settings 9:5 31:2
31:13 40:13
43:17 87:1
94:21 116:25
117:9,15
seven 25:22 71:8
109:12 131:4
seventy 46:12
severity 97:22
sex 54:9 55:15
sexual 32:13,13
32:14,16 33:11
54:18,20 86:18
100:10 112:24
113:24
shape 13:20
share 14:10,16
15:20 25:17

63:6 79:23 87:15 92:16 112:16
shared 55:2,2 92:12
sharing 14:22 33:13
Sharon 85:5 112:14 114:20 114:24 137:15 137:16
shassmiller 122:8 122:16
shassmiller,H- 122:14
shassmiller@nas 122:7
Sheets 105:23,24 133:20,21 134:5
shelters 67:5 75:24,25
shift 28:2 29:2,6,9
shirts 42:13
shoes 42:14
shooters 134:18
short 79:22 120:8 123:16
shortly 86:19
shot 124:7
show 33:18 35:6
showed 34:9
showing 45:13
shown 90:24
shows 33:16 44:25 47:4
sick 27:2,3 52:3 108:3
side 1:24,25 12:4 13:3 14:8 38:10 49:13 94:14
sign 80:10
significant 46:4 83:2
significantly 45:3 75:8 96:7
signs 16:24 89:10 98:7
silence 3:17
silly 59:22
similar 66:6 110:11 134:13
simple 42:15
43:11 52:20 54:13
simply 41:12
single 9:23 16:12 34:12 35:24 80:9,20 102:5 103:3 106:9 107:5
singularly 4:17
sisters 83:12
sit 38:17,22 106:4 123:18 125:4,7 126:6
site 25:2 45:22 53:23 55:6
sites 46:20 53:4,6
sitting 2:21 53:25 60:17 94:18 97:16
situation 32:25 79:23
situations 66:17
six 11:2 31:6 109:12
sixty 41:4
size 57:3
sizes 42:15
skilled 89:8
skills 16:13 17:2,3 21:6
skip 46:24 55:4
slate 80:21
sleeping 67:11
slept 14:5
small 17:16 29:20 42:25 80:16 115:4 132:8
smaller 17:22
smart 105:1
snacks 43:4
sobriety 86:23
social 5:23 6:6 14:24 16:11 24:7,10 28:4 30:1 38:20 41:7 41:10,18 44:8 49:6 51:6 58:9 62:25 64:10 65:4 67:9 71:10 75:7 78:9 92:5,9 92:17 102:23 115:22 126:7
society 97:12
socks 42:8
soil 132:16
solid 118:25
solution 92:14
solve 131:15
somebody 5:16 10:8 43:25 44:1 87:24 111:10 114:9 124:6
someone's 101:7 113:23
soon 6:13
sorrow 50:4
sort 3:5 30:21 47:4 56:18 102:24 109:9,23 110:1,23 112:24 114:15
sorts 102:11
soul 3:13 20:4
Source 114:23,25
sources 113:8 132:16
South 66:23
southern 71:8
space 34:6 39:21 58:3 80:13 92:8 95:18 101:20,24 102:20
spaces 91:7 92:3,4 92:15
span 67:15 87:23 96:17 97:1
speak 33:2 49:20 53:3,15 57:5,6 74:18 81:21 85:6 88:14 108:15 130:22 133:15,18 135:23
speaker 134:2
speakers 73:21
speaking 9:3 24:18 34:12 58:2 133:15,16
speaks 53:2 108:18 113:15
special 23:6
specialist 112:9
speciality 114:16 131:15
specialize 99:18 136:15
specific 34:3 60:2 64:21 100:5 118:16
specifically 17:7 74:19 88:14
speed 18:21
spend 31:24 40:24 88:8,9 103:6
spending 2:1 69:5 69:11
spent 18:19
spirit 3:12
spoke 13:15
spoken 58:8 122:18 123:10
sponsor 70:16
spontaneous 139:9
spontaneously 76:21
spread 78:25
spreading 11:11
Springfield 52:3
square 21:18
SSI 128:16
stability 42:5 57:21
stable 96:25
staff 18:16 40:7,9 40:11,12,13 98:25 104:4 120:17
staffing 63:15,18 103:1
stand 94:22 125:4
standard 80:12 80:23
standardization 79:12
standardize 62:1
standards 33:23 35:5,5 39:14 64:8 80:10
standing 45:16
standpoint 135:19
stands 97:20
staplers 137:8
start 13:24 25:23 26:10,15 28:1
29:2,5,9 33:7 34:7,19 35:4,8 50:11 55:22 56:1 65:24 81:2 87:22 89:5 93:7 95:4 98:8 101:5 121:5 122:22 125:25 128:13
started 7:2,5 36:21 53:23 55:6 81:9 115:3 131:17
starting 11:3 15:4 132:6
starts 93:25
state 12:17,18 13:9 20:7,8 21:23 51:22 55:5 60:25 63:23 68:8,12 68:17,19,20 70:13,15,25 71:3,11 75:20 80:16 84:1 104:1,4 106:11 108:14 126:24 127:11 132:1 135:4 137:16,19 137:20,22 139:4 139:8
state's 12:8,11 85:6
state-wide 108:14
stated 111:18
statement 85:7,16 116:12 119:6
states 11:2 23:14 37:8 103:19 123:8 130:9 137:19,20
statistics 36:24
stay 21:19 60:8,8 67:6 84:10 108:24 109:3
staying 97:6
steel 23:17
steep 45:17
step 2:15,17 16:25 33:25 36:9 58:22 100:19 136:2
steps 127:19

STI 38:12 46:3
stigma 59:13 78:4 111:11
stingy 51:19
STOH 63:15
stole 27:19
Stone 123:12,13 123:20,21 124:14,19
stop 36:6,7 43:2 48:17 67:16
stops 67:12
stories 1:17,23 2:7,18 3:2 8:13 9:19 15:19,20 25:16,18 26:15 34:20 40:1 44:23 51:9 86:16 101:13
story 1:12,14,16 1:24 5:8,11,12 10:19 26:16 46:24 61:11 70:6 79:23
strapped 53:12
strategic 123:4,5 135:14
strategies 28:19 112:16
strength 113:6,8 113:9 114:23,25
strengthen 113:19 114:7
strictly 9:6
strong 104:8
strongly 93:6
struck 68:6
structural 37:25 58:16 88:23 103:1
structure 64:18
structured 116:23
struggles 87:25 90:14
struggling 9:21 89:18,20 100:23
stuck 7:3 13:2
student 9:22 16:9 16:17 26:14 27:17 28:8,23 32:16,22 33:10 35:12 44:4 46:14 52:2 64:21,22 82:13 96:4,5,8 99:4 100:22 102:13 102:21 103:4,7 104:18 106:8 118:9,15 125:21 129:22
student's 9:19 32:4 74:11 104:10
students 14:8 16:14,15 18:9 21:16 22:12 23:5 24:15 25:25 28:11,13 28:14,15 29:4 29:13,23,25 30:8 32:3,9,18 32:19,24,25 33:3,15 34:18 35:13 39:6 40:18 41:3,4 45:4 46:6 53:6 53:13,23 54:8 54:17,21,23 59:9,10,11,24 60:4 61:19 65:24 66:1,3,7 66:12,16,21,24 67:11 93:14 95:1,12,17 96:1 96:5 97:2 99:1 103:3,5 115:18 118:5 119:24 136:9
studies 39:25 49:17
study 25:3 34:13 36:12,13 45:13 49:16,16,16 95:25
stuff 132:25
sub 108:20 109:1
subsequent 45:18
subset 130:9
substance 22:25 94:13 97:22,23 100:6,9,11,13 100:24 103:16 104:22 109:9
substances 100:8 100:15
substitutes 108:21
succeed 25:11
success 9:19 28:10,11,12 96:4
successful 21:22 97:8,14 101:22 117:24 119:22
sudden 20:2 52:4
Sue 5:18 24:19,24 27:20 73:2,3,7 73:21
suffered 86:17
suffering 108:21 109:9
suggested 131:25
suicidal 117:18
suicide 23:6 87:12 88:25 89:3
sum 7:12
super 41:5
superintendent 80:12 133:23 135:4
superintendent's 106:25 133:24
supervision 85:22
supplemental 103:15
supplies 43:4,23
support 14:11 19:9,12 34:16 38:8 40:12 42:3 44:5 46:17,23 48:11,15 59:20 61:10 62:2 95:12 96:11,12 97:15 102:13 112:11 113:12 113:13,25 129:18 131:12 131:16 132:21
supported 46:13 48:10 114:4
supporters 68:20
supporting 17:9 18:24 110:12 112:16
supportive 114:5 117:23
supports 103:1
supposed 29:12
sure 9:3 13:2 34:11 46:1 69:18 83:25 89:17,22,23 90:1 91:23 92:12 98:3,19 105:13 108:23 110:3,6 112:22 113:25 123:11 126:10 127:20 128:8,9 129:14 133:25
surprised 107:13
surrounded 9:6 15:15
surrounding 37:6
survey 115:20
Susan 1:6 6:9,22 24:23 36:15 48:18 50:20 52:11 57:12,19 62:8 63:12 65:1 65:9 72:11 119:5 120:3 121:11,15 122:11 123:14 124:11,17 125:14 127:2,12 129:1 130:14,21 133:8 134:3,8 137:9,24
sustain 70:23
sustainable 13:21 126:20
sustained 50:22 71:14,24 72:4 104:10
Swider 6:9 24:19 24:23,24 36:15 48:18 50:20 52:11 57:12,19 62:8 63:12 65:1 65:9 72:11
switch 29:17
switching 73:11
sworn 139:7
symptoms 46:11 61:9
synchronize 50:6
syndrome 108:22 108:25
system 13:15 26:2 26:6,8,9 28:4 41:13 43:15 56:17 66:22 67:3 70:18 74:22 78:15 79:19 83:1 84:23 85:17 111:8 137:21
systematic 14:25
systemic 37:25
systems 7:17 8:8 17:10 31:9,9 41:19 48:5 63:20 64:20

T

T 139:1
table 76:8 108:7 108:13 111:22 120:11 131:16 134:7 138:2
tag 8:2
take 4:7 14:3 29:14 44:17 52:23 53:13 58:20 75:10 76:8 78:4 83:19 84:11 85:4 104:24 106:3,12 108:20 120:10 120:16 127:23 129:8 132:10 133:9 134:20 136:2 138:1,3
taken 15:11 51:7 72:22 132:24 139:8
takes 15:9 19:18 35:7 36:7,8,8 52:24 54:25 55:20 63:19 126:17
talk 4:21 8:12 10:16,16 11:23 15:21 23:9 24:20 25:13,15 26:10 27:19,20 30:22,23 32:25 33:20 35:9 36:20 38:21

39:4 40:4 58:25 61:25 68:24 71:1,2 74:6 78:8 85:9 86:24 87:2 89:20 90:18,20 91:1 92:7 94:2 94:13,20,22 102:16 106:4 112:5 116:17 128:22 131:11 132:15 134:16 134:24
talked 7:10 20:23 27:23 44:7 48:20,21,22,23 52:6 77:6 80:2 86:6,15 88:4 92:24 98:4,16 117:6 131:10 137:23
talking 1:21,23 4:21 5:2 6:17 14:4,24,25 15:2 19:17 25:7 27:18 29:9 31:24 35:10 38:19 43:13 49:21 61:3 65:25 84:23 87:17 98:7 99:22,23 100:15 100:18,22 104:23 120:25 121:5 124:9
talkovers 139:12
talks 53:21
Tanner 6:19,20 6:24 11:14,20 19:13 22:17
tap 23:15
target 75:3
task 24:6 104:5
teach 61:25 90:17 104:24 113:10
teacher 20:10 82:8 93:23 132:15
teachers 40:16,17 46:21 104:8 132:18
teaching 54:9
team 3:25 6:19,21 11:8 24:19 35:16 48:14 68:5 120:7
teams 35:15,18 38:23 51:4
technically 100:14
teen 3:6 116:5
teeth 78:10 81:18
tell 1:18 2:14 5:22 20:13 26:20 40:2 46:25 47:2 48:4 50:21 57:13 71:24 73:18 130:16
telling 1:13 26:16 121:20 122:23
template 70:11,11
ten 13:22 46:15 50:13 51:13 52:20 72:3 86:12
tens 100:3
tepid 83:2
terminology 99:16
terms 14:24 43:12 53:21 58:17 69:12
terrible 63:21
testimony 139:8
Texas 17:16,16 19:7 129:4,5,12 129:14
thank 7:21 13:11 14:6,22 16:2 19:5 22:18 26:12 58:1,2 60:18,22,22 62:7,18 68:2 69:21 72:12,13 72:19,19 85:20 85:24 86:1,1 88:24 102:17 108:8 111:15 120:2,7 125:22 127:3 129:24 130:3,20 138:4 138:5
thanks 61:23 72:13,14 94:5 119:4
therapy 30:3,3
thing 1:15 3:8 4:20 16:4 18:17 19:17 41:5 50:15 52:12 55:11 59:1 63:25 69:12 73:7,23 76:23 86:14 90:7 94:5 109:8 117:9 120:6,9 125:25 126:5 127:20,23 128:14 129:11 131:22
things 7:7 8:11 12:24 20:12,14 20:15,22 22:2 22:11,19 23:21 24:8,9 25:10 26:3,4,4 32:2,12 34:23 35:9 42:4 42:15 43:2,4,11 43:21 48:19 53:1,11 54:13 55:15 58:6 59:6 61:21 64:2,4 70:21 73:17 74:3 79:24 80:17 85:24 87:14,14 89:5 91:11 97:9 100:25 101:19 102:11 106:21 108:17 109:12 109:22,24 110:5 110:5,23 112:5 116:12 117:21 120:21 123:18 127:6 128:12 131:5,8,17 132:8,10 134:17 135:10
think 1:17 4:2,5 4:19 6:12 7:11 7:19 11:21 12:1 13:18 15:3,14 15:22 16:4,18 17:1,8,9 20:12 22:18 23:2,8 24:1,3,12,17 25:7,9 27:12 29:8 30:24 31:12 33:3,12 34:1,7,24 35:11 36:13 40:15,15 41:5 52:13,18 52:25 53:14,21 54:25 56:20 57:8 58:10 59:8 59:14,18 60:1 62:9 63:17,19 63:21,23 64:1,3 64:7,11,14,16 64:17,24,25 65:12,16 68:12 68:19 69:16,19 73:12,18 74:2 76:25 77:21,23 78:16,22 79:13 79:20 80:8 87:19 91:18 92:22 93:11 94:15,15 95:4,5 95:7 101:9,21 103:8 105:6,11 107:18 108:7,18 109:22,23 110:3 111:17,23,24 113:15 114:9,19 115:2 116:16,20 117:1,9,18 118:5,18 120:15 121:2,7,20,22 124:3,8 125:2,4 125:11 127:9 130:4,12 131:8 131:12 132:5 133:10 134:6
thinking 2:20 6:14 13:24 17:2 20:17 30:14,16 43:5 56:1 58:5 58:14 94:6,18 94:23 97:16 135:9
third 41:22 99:6 101:2
Thirteen 45:7
thorough 68:17
thought 5:7 7:9 77:1 98:19 109:16 115:6 139:11
thoughts 63:11
thousands 69:5,5 100:3
thread 113:21
threatening 124:3 124:5
three 18:23 19:1 27:17 37:3,5 45:19 48:3 52:9 71:25 97:18 109:11 123:7 134:9
thrilled 74:6
thrive 93:10
thrown 98:14
thunder 57:25
tickets 138:9
tie 86:5
tied 100:7
ties 23:5 93:13 96:15
Tim 86:24 87:4 94:1,4 118:13
time 2:1 5:8 8:10 10:1 15:16 18:19 19:18 21:21 29:14 31:25 36:16,18 40:24 41:22 42:4 48:14 51:3 52:24 53:12 55:8,14,20 57:18,18 63:18 65:10 68:4,6 69:25 72:13,15 72:21,23,25 73:1,3 76:4 79:22 81:25 84:10,21 86:10 87:9 88:3,10 89:11,16,19 90:25,25 91:1 96:18,23 99:23 103:7 113:16 117:25 120:8 121:4 122:14 126:3 133:3
times 5:17 15:2 16:18 19:1 34:1 45:14 46:17 68:10 80:20 111:18 133:13
timing 80:18

tin 138:8
tiniest 22:20,22
tinty 1:22
tiny 1:22
tips 63:7
title 82:4,5,5,6,7 82:15
today 3:13 4:4,12 7:6,9 22:19 25:3 25:13 27:21 30:23 68:24 73:18 77:3,16 87:20 92:24 94:3 121:2 128:7 131:7 136:4
toiletries 42:8
told 6:23 90:24 95:2
Tommy 7:13 67:25 68:1
tonight 138:8
tool 11:1 35:24 36:2,5,10,11 38:5 63:1 110:21 125:9 128:2,10
tools 61:16,18 115:8
top 3:21 20:16 30:7 39:8 79:6 89:15
topic 12:7
torn 1:10,11
total 6:11 104:3
totally 22:13 30:4 67:2
touch 91:6 112:22
touched 13:22 88:16 117:10
touches 65:13
tough 118:14 119:1
towns 80:17
tracking 28:5 30:7,9 46:1
tracks 15:9
trade 124:23
traditional 80:4,5 135:18
tragic 124:7
train 19:18 21:5 22:1
training 3:22 21:1 21:6 40:7 46:20 104:15
trainings 21:25 22:11 99:10
trajectory 62:4,17
transcript 139:15
transcription 139:13 140:7
transition 24:18 70:15,19 72:8 78:14 86:25
transitions 44:6 44:19
translate 10:10
translational 61:4 62:12
translator 10:8
transmitted 32:17
transport 22:12 22:12
transportation 41:23 43:23 44:3 76:5
trauma 86:23 101:4,6
traumatic 86:18
travels 138:10
treatment 46:7 93:23 94:17 96:23,23 97:5 109:5 130:12
treatments 119:12
Trefy 85:5 137:15 137:16
Tremendous 120:4,8
Trevor 87:3,11 88:21
Trevor's 92:8
trigger 40:14
troubled 110:4
trough 36:3
true 140:6
truly 38:3 58:23 67:17 114:9
trust 56:14 81:13 98:20
trusted 70:1 90:18,19 92:11 98:17 101:17
try 2:14 16:2 22:15 52:23 57:7 67:6,8,9 76:4,4,5 79:24 87:9 90:17 131:10
trying 2:16 15:5 21:17 50:2 84:10 124:15 129:8
Tuesday 83:10
turn 4:1 7:1 12:9 13:17 30:18 46:22 134:19
turning 95:5
TV 2:22,23
twelve 112:17
twenty-two 45:1
twin 83:12
two 7:17 8:5,7,7 9:25 10:2 14:17 18:23 20:10 25:12 28:7 34:14,23 37:5 44:24 47:1 48:25 57:7 61:17 68:4 70:10 75:4 96:2 106:3,4 109:11 120:21 123:6,18 127:24 128:12 137:10
type 3:8 18:22 29:18 41:2 48:11 61:9 80:7 92:9 131:14
types 42:15 115:22
typewritten 140:6
typical 96:17 97:1

U

ultimate 28:10
ultimately 135:21
UMCA 35:16
unchecked 68:12
uncomfortable 94:19
understand 2:8 6:6 7:17,23,24 10:9,11 19:23 20:2 33:7 57:10 69:7 76:16 88:22 90:4,9,13 91:12,21 92:23 101:12 107:2,3 108:6 130:11
understanding 99:15 100:6 101:5 104:12 118:24 140:8
understands 11:9
undertake 104:6
underwear 42:8
unfortunately 94:20
ungratefully 12:20
uniform 42:10
uniforms 42:9
unique 16:13 25:9
United 37:8 130:9
Universities 66:2 66:4 67:10 95:10
University 24:25 25:20 36:3 43:14 56:24 65:3 66:13 96:5 117:4 129:22 136:20
University's 46:14
up-to-date 86:6
upcoming 7:2 22:2
ups 123:16,16
upset 92:15
upstream 129:7
urgency 82:20,24
USBA 49:21
use 13:17,25 17:3 30:10 39:22 48:23 49:2 52:7 70:11 85:17 95:4 97:23 99:17 103:16 109:9 115:8,11 115:15 116:12 118:12 125:17 130:23
uses 34:13
usually 96:19
utilities 110:1
utilize 30:25 79:5 110:2 116:13

V

validate 36:4
validated 35:24
valuable 74:17
value 3:18 7:11 7:23 24:11 29:3 29:6 33:5,6,8 52:6 69:14,15 69:16,20 81:21 108:7 129:17 134:7
values 9:11
variety 75:7
various 130:11
Vega 137:11,12
vegetables 115:23
vendor 21:14
ventures 8:12
venue 124:24
verdict 55:2
verified 34:10 139:17
Vermont 85:6
versus 12:12 97:13 105:19
vice 73:24
view 63:25
violence 75:25 123:24 124:8
Virginia 108:10 108:13
visibility 62:2
vision 9:11
visit 42:21,22 43:25 44:2 45:2 64:6 135:2
visiting 42:20
visits 38:9 85:9,11 85:22
visual 21:24
vital 16:24
vocational 17:23
voice 19:15 74:16 108:11 130:23 130:24 132:23
voices 39:9
volume 29:2
vulnerable 75:11

W

wage 18:3
Wagner 13:1 62:19,20
wait 28:16 56:23 56:23 87:24 125:1 133:4
walk 55:23 75:22 77:14
walked 55:8
Wall 5:7,9,10
want 1:18 3:11 4:2 13:10 14:3 23:24 31:23 44:22 47:12 50:11 55:10,11 55:12,16 58:4 58:20 61:22 62:12 64:2 65:12 67:14 68:19 69:17 70:4 71:23 72:21,24 74:14 79:3,23 80:22 80:25 81:1,10 81:10 97:18 100:12 103:10 108:2 110:3 112:2 116:9 119:25 123:22 127:16 128:15 129:11 133:15 133:18,18 138:3
wanted 3:5,6 7:7 8:20 36:25 47:2 49:20 53:2 55:13,15 56:4 73:17 98:13 105:3 112:12 127:23 130:10
wanting 20:23
wants 46:23 107:3 114:10
warmth 119:14
Washington 60:25
wasn't 18:7,7 104:23 110:21 121:4
watch 2:23
water 43:4,7,9
wave 93:16
way 5:4,6 6:2 30:13 35:7,11 40:18 41:9,14 44:3 47:13,16 50:7 53:4 64:18 67:22 76:23 78:19 82:14 88:20 89:25 90:10 94:25 108:2 110:6 111:11 115:11 127:17
ways 7:15 10:17 16:13 55:21 57:6 62:1,11 69:18 80:18 87:16 92:6 101:6 110:14 113:11,12 114:9
we'll 36:13 54:14 68:24 81:2 85:4 86:5 120:11 133:9
we're 4:5,13 5:12 5:14 9:10 11:3 14:24 15:2 21:11,22 22:13 24:7,7 25:23 28:4 29:4,12 30:13,14,15 32:23 33:13 35:10 38:18 39:11,13 40:6 43:13,20 53:24 54:7,8 55:2 61:3 62:1,2,3,17 63:14,14,19 64:19 65:24 66:11,12 68:14 69:10 71:17 72:25 73:8,12 73:14 74:6 75:10 79:22 80:15 82:13 84:10,11 86:3 93:14 95:2 98:7 98:8 99:19,20 99:20 100:15,17 101:23 105:8 106:17 109:23 109:24 110:3 111:22 113:6 115:12,17,18,19 115:21 120:20 122:12 124:15 126:10 127:17 128:8 130:6 134:15 135:13 137:25 138:1
we've 7:19 9:17 11:1,4 12:2 13:6 13:9 17:20 22:19 25:7,20 26:15 27:22 28:2 29:18 33:9 33:12,14,19,19 45:17 48:20,21 48:22 51:7 53:1 53:3,14 54:21 62:13 63:16 65:14 70:22 71:24 72:9 74:9 75:22 76:7 84:23 85:14 89:1 92:7,24 104:6 117:10 137:23
wealth 24:9
web 113:17,22
website 31:5 122:4 132:4
week 20:17 23:25 86:18 111:3 134:13,16
weeks 16:9
welcome 86:3
welcoming 91:13
well- 85:8,21
well-care 85:10
well-child 77:14
wellness 26:1 35:15,16,18,18 35:19,19,22 38:18 48:22 49:5 55:14 68:5 68:5,11
went 31:4 36:2 52:2 86:21 117:20 121:25
weren't 46:10,10 57:14
West 108:10,12
wheel 61:22 63:8
white 42:13
who've 33:15
wide 104:1
widespread 100:5
William 1:12
willing 10:4
win 32:25,25 53:4 53:4,8,8
wipes 43:21
wondered 57:22
wonderful 26:14 106:19,20 117:21
wondering 103:13 109:15
Wong 34:8 36:21 37:13 40:4 77:1 80:2 134:24
Wood 2:3 3:9 71:15 121:1
word 7:12,12 108:23 109:3 115:8 132:5
words 121:22 139:14,16
work 3:15 13:4,12 14:14 21:21 22:5 25:5,17,25 26:7,9,10,13 27:24 31:17 32:6 33:15,22 36:7 44:5 46:14 52:17 55:10 56:11,14,17,24 57:2,10 58:15 58:20 61:12,23 61:25 65:15 68:3 70:21 72:9 72:15 74:11,18 75:13,14 76:4 76:11,12 77:23 79:2,3 81:4,5,16 83:19 84:7,8,21 89:21 91:16 94:10 95:7,10 98:2 99:11,18 101:22 102:16 105:7 106:10 107:13 116:19 117:7 123:8 127:7,10 130:1 135:8,12 136:20 136:25 137:3,18
worked 10:3 11:4 11:5 15:13 19:23 20:8 43:15 49:15 74:1 86:12 127:25
worker 51:6 78:9
workers' 38:20
workforce 71:13 71:20 79:7
working 2:12 4:19,25 5:3,14 9:5,10 11:1 16:1 27:15 32:2,5 33:17,18 39:8 39:16 40:13 42:1,1 47:7 69:9 84:22 103:22 108:12 122:13 128:4 131:4
works 57:4
workshop 90:17
world 16:10 24:20 44:8 99:11 103:6
worried 95:1
worries 120:5
worry 77:18 123:24
worth 107:21
woven 41:19
Wow 57:25
wrap 86:4 97:15
write 10:12 21:24 120:14 121:18 122:6
writes 19:8
writing 120:23 121:17
written 56:12 122:20
wrote 20:19 21:13 27:7 122:21 124:24
WYRICK 128:11 128:20

X

X 4:17,18 54:17

Y

Y 4:17,18

yeah 1:23 4:7 36:19 50:25,25 56:9 73:16 100:14,19 115:2 118:14,17,24 122:14 123:10 130:22
year 11:3 14:21 18:20 26:17 31:4 43:6 44:18 45:2,19 49:7 50:13 52:8 66:1 67:1 68:9 71:18 71:19 72:3 82:24 83:11,12 100:4 104:21 116:3 127:21 130:10
yearly 45:7
years 13:22 14:2 18:24 27:16 28:2 31:7 34:9 42:10 52:2,20 54:19 61:17 66:25 70:2 71:25 74:2 82:25 86:12,23 94:22 95:25 96:20,24 97:10 116:5 127:25 128:1 131:5 132:14 136:24 137:4
yesterday 1:20 3:13 7:8 13:2,16 13:19 14:6 23:4 25:14 27:18 29:11 30:22 34:8,11 35:14 36:21 37:13,15 40:25 41:8 44:6 58:4,8 62:10 70:21 77:6 85:8 87:20 92:24 98:17 101:16 125:24 136:4
yield 72:21 73:3
young 15:22 24:1 24:4 26:16 38:2 44:12 47:8 48:15 67:17 87:13,21 88:8 89:11,18 90:9 90:12 91:7,14 91:18,22,24 92:2,9,15 93:2 93:19,20 100:22
younger 41:15 90:6 136:23
youth 67:23,24 85:16 88:14,15 91:4,9 92:14,17 112:17 130:9
Yvette 73:13,24 74:13

Z

Z 4:17,18
zip 79:19
ZOLHIEREK 129:3

0

1

1,000 32:21
1,100 126:17
1,200 103:3
1:00 4:13
10,000 37:10
10:45 73:5
100 54:22
11:00 73:6,6
11:45 73:6
11th 94:10 104:1 136:5
12 45:4 82:24 83:12 86:13 96:19 100:19
12:11 138:12
12:50 4:14
12th 12:23 42:25 136:5
13 96:19 97:4
136 95:23
138 140:5
14 16:9 83:11 96:19 97:4 136:24
1434(b) 139:6
15 27:16 43:6 46:15 73:4 75:20 96:19,20 97:4,10 98:11
166 80:3,4
169 80:17,17,19
18 45:4 66:1 67:1 98:9 119:24
180 68:7,9
18th 140:14
19 66:1

2

2 1:3
2,500 37:8,9
20 28:1 61:16
200 74:5,11
2002 81:23 82:19 83:3
2004 43:16
2006 112:4
2014 72:7
2015 71:15
2019 1:3 140:4,14
2020 14:14
2021 136:7
2030 14:14
2060 130:10
21 45:14 97:5
21st 34:9
23 66:25 67:1
24 120:13
24/7 2:5,7
24th 83:3
25 74:2
250 31:14
26 66:20
28 139:5
2nd 71:19

3

3 1:3
3,500 54:20
30 45:19 96:2 103:5
31 96:24
31st 21:11
35 137:18
36 80:5
3rd 140:4

4

40 71:17,17,19,19
41 96:25
48 50:4

5

5,000,000.00 20:19
50 137:20
500 95:25
5th 71:18

6

65 71:4
69 71:4
6th 42:24