



## Oklahoma Health Equity Campaign Meeting Minutes January 23, 2013

*(See complete list of attendees starting on page 8)*

### **Welcome and Introduction of Speakers: Jeff Hamilton**

### **Update on Health Equity Position on Housing and Health – Richard Marshall**

A new draft dated January 18, 2013 on the housing and health position statement is now available. This position statement has been in process for some time and continues to be in a draft format. In this statement, you will find some facts on housing and health concerns related to housing conditions and how it affects health and housing affordability. The position statement includes four new policy recommendations.

1. Identify permanent affordable housing solutions to support homeless veterans and the 100,000 homes campaign.
  - The nationwide goal is to get 100,000 homeless individuals and veterans off the streets and into homes.
  - The goal in Oklahoma City is to get 300 homeless people off the streets in a 4 year period.
  - The policy recommendation is to come up with some solutions to help homeless individuals and veterans get the support they need so they do not have to live on the streets.
2. To recognize the huge and growing need for affordable housing for moderate and low income families.
  - Income is not keeping pace with the cost of housing construction as well as acquisition cost for housing. So the need to ensure that families get the livable wage that they need in order to afford a decent place to live is one of the recommendations.
3. To develop plans to deal with current and future reduction in federal dollars.
  - Current assistance programs to help with down payments will be reduced, and in the subsidized housing programs the waiting lists are closed in many locations, and there are no new monies to help those that need subsidized housing so something has to be done in the way of policy to make the effort more affordable for everyone.
4. Long term planning goals to address affordable housing needs of baby boomers.
  - Retirements nest eggs are not there anymore for some people, so those who are aging need to be in a position to where they can live comfortably after they retire. In addition to that because of the numbers and because of health concerns many are going to be in need of affordable assisted living. We need a policy in place to make sure that those who are frail and those that need other supported services to help with the activities of daily living will have the assistance they need.

*We are still taking comments if you wish to provide policy recommendations.*

### **Health and Literacy Updates – Leslie Gelders**

Following the Oklahoma Health Equity Campaign's adoption of the Health and Literacy Position Statement in 2011, short but attainable goals were identified and approved.

- One of the goals accomplished in 2012 was Oklahoma's first Health Literacy Summit.
  - 290 health and literacy professionals attended
  - Oklahoma's new health literacy website was launched as the "go to place" for related resources and information. [www.okhealthequity.org](http://www.okhealthequity.org)
- In November, the Oklahoma Health Equity Campaign hosted a follow up meeting from the 2012 Health Literacy Summit. Representatives from more than 15 organizations participated.  
The group:
  - reviewed evaluations and feedback from the summit
  - reviewed results from plain language/clear communication activity that took place during the summit
  - made three recommendations for the future

1. form subcommittee to review website and assure its ease of use and quality of content
  2. create a team of health and literacy partners who are trained to review health documents using clear communication techniques
  3. establish a health literacy subcommittee that will continue to identify strategies to improve health literacy in Oklahoma
- In 2013, the Oklahoma Department of Libraries (ODL) is partnering with the Oklahoma State Department of Health to offer four, six-week (15 hour) *Living Longer Living Stronger* workshops throughout the state. Additionally, five local literacy programs are expanding their services to include health literacy and health outreach. ODL's new health literacy activities are being funded through a federal grant from the Institute of Museum and Library Services.

*The Living Longer Living Stronger* workshops will be held at the following locations during the next few months.

1. Edmond Public Library, starts March 5
2. Will Rogers Public Library, Claremore, starts February 16
3. Bartlett-Carnegie Public Library, Sapulpa, starts May 1
4. Herman and Kate Kaiser Public Library, Tulsa, starts March 15

### **Presentation: Dr. Kate Lorig**

Kate Lorig is Professor Emeritus from Stanford University School of Medicine and Director of the Stanford University Patient Research Center. She has a Master's Degree in Nursing and a Doctorate in Public Health with a specialty in health education. She has developed and evaluated community based patient education programs for people with Diabetes and other chronic conditions. These programs are offered by small groups and the internet reaches more than 60,000 people a year in 25 countries.

### **Why should we care about Self Management programs?**

The reason we should care is that most of us live 99% of the time outside of the health care system and what people with chronic disease do in that 99% of their time greatly determine their health, quality of life and their utilization of the healthcare system. Self-management is helping people learn the skills to lead that 99% of that time. As you know the old, the poor, the mentally ill and those with low self literacy are the sickest among us and in most need of self-management.

Self-Management is a universal need. It is not just for the rich, just for the poor, just for the low literate, or the highly literate. It is a human problem and a human need.

### **What is Self-Management?**

The definition of Self-Management from the Institute of Medicine:

"The tasks that individuals must undertake to live with one or more chronic conditions. These tasks include having the competence to deal with medical management, role management and emotional management."

Self-Efficacy is confidence in one's belief that they can accomplish something.

### **Stanford Self-Management Programs:**

- All programs are peer led.
- All programs are given in the community.
- Standardized training for all leaders.
- Highly structured teaching protocols.
- Standardized material for participants.
- No literacy requirements: (although the internet version does require literacy at a 7<sup>th</sup> or 8<sup>th</sup> grade level), small group program does not require literacy. Leaders do have to be literate and read at an 8<sup>th</sup> – 10<sup>th</sup> grade level.
- Several topics per session.
- Self-tailored: Each group is tailored to its own needs.
- Evaluated in randomized trials: The scientific validity of the programs have encouraged wide acceptance within the health community.

### **Three core skills are taught in the Chronic Disease Self-Management Program?**

- Problem Solving
- Action Planning

- Decision Making

**Other subjects included in the program are:**

- How to manage symptoms such as pain, fatigue and depression.
- Relaxation techniques.
- How to start and maintain an exercise program
- Healthy eating
- Communication skills
- And some medication management

**Six month outcomes of study on chronic disease self-management:**

- Better self-rated health
- Less physical disability
- Better role function
- Less fatigue
- Less stressed or depressed about their health
- Less stays in hospital

**Question and Answers:**

**1. Q: The Chronic Disease Self-Management Program is it a voluntary basis or could it be a referral from a physician?**

**A:** Everything that everyone does is voluntary. If I am prescribed a medicine it is voluntary on my part that I take it. The program is even voluntary in the correctional institutions. What happens is that people tell other people, and it frequently spreads through participants telling others about the program. Yes, you can get referrals from physicians, although getting physician referrals is very difficult. The reason it is difficult to get referrals from physicians is that they do not have the time to explain the program. What you really need to do is set up a system by which they can refer. The two systems that Kate has seen that work pretty well is one that is used in the federally funded health systems in Denver Co. As part of the electronic medical record, the Dr. can say to the patient we have this great program, can I have someone call you about it? The patient will almost always say yes, they put a note in the electronic medical record, that goes to a community agency which the calls the patient and talks to them about the program and tries to find a location for them to attend close to their home. There other program is in Humble County in Northern California, where they have actually gotten the physicians in the area to fax the referral to a central community agency in the area, and they call the people and get them involved. Every month all the doctors in the system get a record back of how many patients they referred as well as the number of patients the other doctors have referred. In that county 5 % of the people with chronic illnesses have taken the program.

**2. Q: What is the dropout rate for the program?**

**A:** The program considers course completion 4 out of 6 sessions. The reason is that sometimes life gets in the way. So we consider anyone who completes 4 out of the 6 sessions to have completed the program. The national percentage of people who complete the program is approximately 70-75%.

**3. Q: Do patients sign a contract that they will be committed to the program?**

**A:** There is no patient contract, and the reason why is a patient contract says that I am doing this for you, and one of the things that really make self-management different is that it is really for the individual. The person participating makes an action plan; it is theirs not the leaders. People hate the word contract, at one time we called our action plans contracts, and people did not like it because it was so legalistic.

**4. Q: How do you become a trainer or master trainer?**

**A:** There are three levels of trainers, 1<sup>st</sup> you have a leader, these are the people who teach the program to participants. Leaders attend a four day leaders training given by a master trainer. I believe it is given all over the state. To become a master trainer, you must attend a master training class, which is 4 ½ days training. These trainings are given at Stanford University, and some locations in other states. Unless you are serving a very large population you do not need master trainers. The biggest mistake that the program has made is training too many master trainers. Most of our master trainers have not trained leaders. It is very expensive to train master trainers. Kate is recommending that states and large organizations train only 3-4 master trainers. If you really want to have a master trainer you can look at the website at Stanford, [www.patienteducation.stanford.edu](http://www.patienteducation.stanford.edu), go to the

training link. In Oklahoma we currently have 15 master trainers, and we are trying to partner together throughout the state to offer any future leader trainings. We will be introducing the Spanish version of the Chronic Disease Self Management Program so we will be training additional trainers in that. ***Please contact Marisa New or Zach Root to see how this program can be implemented in your community.***

**5. Q: What agencies are Zach Root and Marisa New with?**

**A:** Zach Root is with Oklahoma Department of Human Services Aging Division and Marisa New is with the Oklahoma State Department of Health, Health Equity and Resource Opportunities (HERO) Division.

**6. Q: If someone wanted to have a leaders training what would they have to do?**

**A:** (Zach Root, DHS Aging Services Division) we have a three year grant that goes through August 2015, and we are slated to schedule 2-3 leader trainings per year. So, if you have an interest in having a leaders training I will leave information at the table for you to pick up, or you can contact Marisa New or Zach Root to set up leader trainings.

**7. Q: Will the power point handouts be available? Can we get access to those?**

**A:** Yes, those will be available on our website, [www.okhealthequity.org](http://www.okhealthequity.org).

**8. Q: Can you talk about children with Chronic Disease? Does this program work for them?**

**A:** There is a kids program that was developed by Children's Hospital in Edmonton Canada. It seems to be a fairly good program. The problem is that sick kids do not want to go to groups. It is almost impossible to recruit kids for these groups. A lot of people have tried and they have not been very successful with it. I think that if you really want to reach kids you must do it with technology. We have not done the online self-management program with kids but it is something that I would love to try.

**9. Q: Would it be problematic to extend the workshop to 12 weeks instead of the 6 week format?**

**A:** Yes, there are two reasons. It really does not work that way. It is hard to hold people for 6 weeks much less 12 weeks. It would be a very hard sell. The problem with breaking the sessions up to 1 hour sessions is that the sessions are put together pretty carefully. If you did that you would only be doing an action plan every other week, with the feedback coming the weeks between. The sequencing of things in the program is pretty well thought out. It could be done, but it would take a lot of rewrite. It is not something that we at Stanford have decided to put our efforts into. We may at some point because we are frequently ask this question.

**10. Q: Kate can you comment on the fact that some people want to shorten the 6 week class format?**

**A:** Some people want to shorten the classes because they say that people won't sign up for a six-week class, but that is not true. We just had 100,000 people sign up for a six-week class, so it is not true that people won't sign up for a six week class. They have tried a variety of lengths of classes with other programs such as the arthritis program, but there seems to be a magic number with six sessions.

**11. Q: Is the internet program open to everyone or is it a pilot program open to certain states?**

**A:** The internet program is offered for several programs not only chronic disease. It is offered for Arthritis, Chronic Disease Self-Management, Diabetes, Cancer Survivors, and Building Better Caregivers. The programs are built on a similar platform; there is a learning center that is interactive, with pretty much the same content week by week that the course does. Each week in the learning center they are ask a variety of questions and the answers are posted in the discussion center which is a threaded bulletin board and everyone can see the problem and they can respond to each other's problems. The participants are known to each other by screen names. The real cores of the online program are these bulletin boards; each one will normally have 500-700 posts. The program is facilitated by two peer facilitators whose job is to keep things on track. There is a tool section where participants can keep track of calories, medication logs, all kinds of things that they can use. There is also a post office section where people can correspond individually. Stanford University has licensed all of their online courses to the National Council on Aging. So, if an organization wants to offer a course, they need to contact the National Council on Aging, [julie.kosteas@NCOA.org](mailto:julie.kosteas@NCOA.org).

**12. Q: Concerning the study on the number of Hispanic individuals, was the entire study completed only on the Hispanic population?**

**A:** The entire study started out with 550 individuals and at the end of the study with approximately 475 individuals. In order to take part in the study you had to be Spanish speaking. The study was done completely in Spanish.

13. **Q: Could you please give a couple examples of an action plan?**

**A:** An action plan might be

- This week I will not eat between meals on Monday, Wednesday and Friday.
- This week I will walk around the block on Tuesday, Thursday and Saturday.
- This week I will clean out my closets for two hours on Sunday.

14. **Q: In your experience what is the best way to recruit participants?**

**A:** Let's talk about a process instead of a best way to recruit. The process will work almost anywhere.

Do not think about recruiting a group of people to go to a class on Thursday afternoon at Calvary Baptist Church, think about recruiting for the program. If you are in a geographic area, start putting together a data base of every single publicity source you can think of. Include neighborhood listservs, church bulletins, newsletters, and put in the contacts for those sources. So when you are giving a program at a specific location you go to your publicity lists about 2 months before the program and you look at all the publicity sources in the geographic area and you call up the contact people on your lists and ask them if they will do something for us. They will tell you what they will do. When you have someone to register for the course you get the name, address and if at all possible the email address. This info goes into your database, that person may not be able to go to your class on the specific date you have chosen, you say to them that when we have another class in the area we will contact you. It stays in the database for three years and every time there is a class in their area they received notification of the class. Every time I gave a talk in a community setting we would say at the start, OK, this is the advertisement. I have these clipboards here and during the talk if you think you would like to come to one of these programs or lead one of them we want you to put your contact information down. These clipboards need to circulate during the presentation. You don't put them at the back door for people to sign on their way out. If you circulate them during the presentation you will almost always leave the room with 2/3 of the people registered. If you put it at the back door you will leave with 10% of the people signed up. Your purpose is to get names, addresses and phone numbers so that you can call them in the following days to discuss the program.

15. **Q: How do you motivate people when they don't want to change?**

**A:** That is very simple, it is their choice. When they don't want to change a lot of the time they are playing the "you are going to have to make me" game. You don't get any attention for not doing anything; you get attention for doing things. Most of the time when I tell someone that it is their choice, they are totally taken a back because they are used to someone trying to make them.

16. **Q: If a person is going through depression sometimes it is apparent that they don't want to change, so how do you motivate them?**

**A:** If someone is depressed what I often say is "can you think of one small thing that you can do."

Encourage them to not think of big things, but to focus on small things. They might say "Well I want to get dressed before noon one day this week. I will ask them how sure you are that you can get dressed one day this week are. So, tell us how it goes next week. Sometimes all you can do is to get people started. **Our motto is to go for the real, not the ideal.** The real can be as small as anyone wants it to be, baby steps, not the perfect. We just looked at a study of Hispanics that were clinically depressed and they did exceedingly well. People that were clinically depressed in our program did exceedingly well. They lowered their depression scores by 7 points, and 5 points is considered a clinical change.

17. **Q: Do you think it is beneficial to any self management program such as a diabetes self-management program that is voluntary to require that they sign a contract before they receive any of their benefits they receive to stay healthy as a diabetic?**

**A:** I don't know enough about Indian Health Services or their programs for me to comment about this. As a scientist I would say what I would probably do is try one group one way, then try another group the other way and see which groups A1C's changed the most.

18. **Q: What does a facility need to conduct a class?**

**A:** [Two trained leaders plus] A facility needs is a room that will hold 15-20 people that is ADA accessible. That is pretty much all that is required. The leaders will bring with them everything they need to hold a workshop.

19. **Q: What type of liability does the trainer have while leading a self-management program?**

**A:** That is something that you are going to have to check with the organization that handles the license for the program. Stanford University is very clear that the program has to be given by a licensed agency, and the reason

for that is that Stanford is very clear that they do not have the liability. The organization giving the program should be covering the trainer. If there is real concern for this you should discuss this with the licensing agency.

**20. Q: Relating to adults with low level reading skills, how are they helped in a group?**

**A:** They will not be able to read any better, but they are helped because they learn using oral and group interaction techniques the basic skills they need to deal with their chronic conditions. And they are given the confidence to be able to do this through the action planning, role playing and other techniques that are taught in the classes.

**21. Q: Has there been success having the sessions at federally qualified health clinics?**

**A:** I think you can do them at federally qualified clinics, but quite frankly, most of them are so busy that they don't have room for you. You are often better off holding them across the street at a church or other community building that is close by.

**22. Q: Can you give us an update on Medicaid and Medicare Reimbursements?**

**A:** At this point, there are only two types of reimbursement. You can get a Medicaid and Medicare waiver program started. This has been done in the state of Washington. The second is if the Diabetes program is given as part of a certified Diabetes program by the ADA or the AADE program then you can get reimbursement for Medicare for Diabetes. At the present time there are currently four places in the US that have completed certification and are getting reimbursement for the Stanford Diabetes program.

**ADDENDUM: Questions posed but due to limited time Dr. Lorig was unable to answer [until now].**

**Q: What is the cost for leader training?**

**A:** Please contact Zach Root, OKDHS ASD, (405) 522-3121 or Marisa New, OSDH Health Equity & Resource Opportunities, (405) 271-9444, ext. 56410. They are coordinating statewide training.

**Q: Describe the process for training – Master Trainers and Leaders?**

**A:** During the trainings, participants take part in every activity, they also have two practice teaches and we go over with them lots of scenarios of things they might encounter and how to handle them. In addition, we discuss the reasons for both the activities and how the process for each works. These trainings are very scripted and standardized.

**Q: How are the Patient Education Grants funded?**

**A:** [From OKDHS ASD] The current CDSME grant program is funded through the Empowering Older Adults and Adults with Disabilities through Chronic Disease Self-Management Education Programs financed by 2012 Prevention and Public Health Funds and administered by the U.S. Administration on Aging. The statutory authority for cooperative agreements under this program is contained in Section 1701 (a)(3)(A-B), Section 1701(a)(4), and Section 1703(a)(4) of the Public Health Service Act; and Consolidated Appropriations Act, Fiscal Year 2012, Public Law 112-74; and the Patient Protection and Affordable Care Act, Public Law 111-148; and Title IV, Section 4002 of the Affordable Care Act (PPHF).

So, it is funded through federal funds but many of our partners are also using their own funds to sustain the program.

**Q: Are individuals patient referred only or strictly participating on a volunteer basis?**

**A:** Both but in both cases remember they are volunteers. You cannot force folks to come.

**Q: Are participants incentive to participate?**

**A:** Usually not but sometimes they get snacks.

**Q: Is there a charge for the class or program?**

**A:** At this time, all of our workshops are free to the public but in other states, participants have made donations to support future workshops. Others have charged small fees to support paying for the time and effort of their leaders.

**Q: Who designed your online program and created the content?**

**A:** Stanford created both the software and the content

**Q: How do we get these services to rural isolated areas it is difficult to get peer leaders, senior population may not have internet accessibility, transportation to larger communities with accessibility. It is difficult to get volunteer leaders.**

*A: Figure out where rural people go and hold workshops there. No not everyone has Internet but more people than you think do. As of last June, 67.9% of people in Oklahoma use the Internet. Just because everyone are not doing something is no reason no one should.*

**Q: The Native American Study where was that conducted?**

*A: It was conducted by Stanford via the Internet and participants came from more than 50 tribes across the US.*

**Closing Statement: Given by Jeff Hamilton**

**Next OHEC Meeting:**

- **Mar 28 (Thur) – Oklahoma State Department of Health, 1000 NE 10<sup>th</sup> St., Room 314, OKC, 2-4 p.m.**
- **May 23 (Thur) – Oklahoma State Department of Health, Room 314, OKC, 2-4 p.m.**

**Attendees:**

**VC= Video Conferencing**

Josie Alberson, Student/Pontotoc Tech, Ada (VC)  
Nicole Alexander, Community Health Centers Incorporated. (CHCI)  
Adrienne Allen, Cleveland Area Hospital, Norman (VC)  
James Allen, Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS)  
Kay Anthony, Oklahoma Department of Human Services (OKDHS)  
Linda Armstrong, Lawton (VC)  
Marlene Asmussen, Oklahoma Health Care Authority (OHCA)  
Kayla Babb, Student/Pontotoc Tech, Ada (VC)  
Tom Bach, Ability Resources, Sapulpa (VC)  
Cassandra Bachrach, OK Health Wellness  
Mike Bailey, Oklahoma City County Health Department  
Pat Bailey  
Melody Ball, Empower Oklahoma  
Norman Barber, People's Church  
Brenna Barnwell, Oklahoma State Department of Health (OSDH), Delaware County Health Department, Afton (VC)  
Wende Battle, Oklahoma Department of Human Services Area Agency on Aging (AAA)  
Betty Bays, Stillwater (VC)  
Melody Bays, OHCA  
Joy Benderdz, Moore/Norman Technology Center, Norman (VC)  
Connie Berson, Tulsa City County Health Department, Claremore (VC)  
A. Black, Joy Free Clinic  
Gail Boe, Osage Tribe, Bartlesville (VC)  
Melva Bostik, Cleveland Area Hospital, Bartlesville (VC)  
Rebecca Boston, Oklahoma City County Health Department  
Karey Boyd, Northcare  
Elaine Bradley, Living Longer Living Stronger (LLLS) Master Trainer  
Betty Brannan  
William Brigden, Ponca City (VC)  
Lance Brittan, Northcare  
Lara Brooks, Oklahoma State University Extension Office (OSU Ext.)  
Karla Brown, OSDH Health Equity & Resource Opportunities Division  
Kyla Brown, Oklahoma University (OU) Student  
Laura Brown, OKDHS  
Marlene Brown, ODMHSAS, Woodward (VC)  
Marta Brown, INTEGRIS Health  
Tara Brown, Association of South Central Oklahoma Governments (ASCOG), Durant (VC)  
Teresa Brown, Chickasaw Nation, Wayne (VC)  
Teresa Brown, Norman Regional Healthcare Center, Norman (VC)  
Amber Browning, Norman Regional Healthcare Center, Norman (VC)  
Cyndi Brian, OHCA  
Joyce Bulcoming, Indian Health Service, El Reno (VC)  
Terry Burris, Indian Health Service, Stillwater (VC)  
Glenda Calverly, OSDH, Beckham County Health Department, Sayer (VC)  
Pam Campbell, Lifecare, Norman (VC)  
Cara Carroll, Rogers County Literacy Council, Claremore (VC)  
Shannon Casady, ASCOG, Duncan (VC)  
Chad Castleberry, Chickasaw Nation, Ardmore (VC)  
Robin Chipman, OSDH, Center for the Advancement of Wellness  
Cordelia Clapp, Pawnee Tribal Nurse Consultant, Ponca City, (VC)  
Marsha Cleaver, Grove INTEGRIS Hospital, Afton (VC)  
Dr. Terry Cline, OSDH Commissioner  
April Collom, OSDH, Tillman County Health Department, Frederick (VC)  
Karen Conboy, Western Tech Center Instructor, Weatherford (VC)  
Latisha Cornelson, Student/Pontotoc Tech, Ada (VC)  
Amanda Cribbs, OSDH, Center for the Advancement of Wellness  
Elizabeth Crites, Durant Literacy Council, Durant (VC)

Sherry Crosthwait, OKDHS  
 Alicia Cupps, Student/Pontotoc Tech, Ada (VC)  
 Charles Danley, Grand Lake Mental Health, Bartlesville (VC)  
 Andrew Davis, Oxford Healthcare, Sapulpa (VC)  
 Brenda Davis, Norman Regional Healthcare Center, Norman (VC)  
 Rachel Deaton, INCOG, Sapulpa (VC)  
 Irene Deer, Indian Health Services, El Reno (VC)  
 Robbie DaHaas, ODMHSAS, Woodward (VC)  
 Jerry Deming, Norman Regional Healthcare Center, Norman (VC)  
 Aaron Denny, Indian Health Services, El Reno (VC)  
 Candace Donald, Indian Health Services  
 Threase Duncan-Anderson, Grove INTEGRIS Hospital, Afton (VC)  
 Mandy Durham, Tulsa Public Library, Sapulpa (VC)  
 Sherry Ehrhart, OKDHS Aging Services  
 Dustin Elam, Oklahoma Economic Development Agency (OEDA) Agency on Aging, Woodward (VC)  
 Sharon Elder, Eastern Oklahoma Development District (EODD) Area on Aging, Kansas (VC)  
 Lisa Elledge, Cleveland Area Hospital, Bartlesville (VC)  
 Renieri Espania, Latino Community Development Agency (LCDA)  
 Erin Evenson, OHCA  
 Yvon Fils-Aime, ODMHSAS  
 Leslie Fitzhugh, Areawide Aging Agency  
 Iris Fraticelli, Lawton (VC)  
 Rana Frazier, Student/Pontotoc Tech, Ada (VC)  
 Lauren Garcia, Student/Pontotoc Tech, Ada (VC)  
 Tonia Garner, INTEGRIS Health  
 Shirlene Gathright, Moore Norman Technology Center, Norman (VC)  
 Leslie Gelders, Oklahoma Department of Libraries  
 Susan Geurin, HHHcare Services  
 Cassie Giles, Student/Pontotoc Tech, Ada (VC)  
 Maria Gomez, LCDA  
 Lorri Green, Southern Oklahoma Nutrition Program (SONP)  
 Michelle Green, OSDH, Pottawatomie County Health  
 Della Gregg, OHCA  
 Tiffany Griffin, OHCA  
 Coleen Guererro, Indian Health Services, El Reno (VC)  
 Eileen Guerra Lawton (VC)  
 Brook Hall, Muskogee Swim & Fitness  
 Carol Hamilton  
 Jeff Hamilton, First Christian Church, OKC  
 Jennifer Hankins, OSDH  
 Rhonda Harding-Hill, Oklahoma Department of Commerce  
 Alexandria Hart-Smith, OSDH, Center for the Advancement of Wellness  
 Dione Harjo, Indian Health Services  
 Brooke Harris, Student/Pontotoc Tech, Ada (VC)  
 Sherris Harris-Ososanya, OHCA  
 Greg Heartsill, Oklahoma City County Health Department  
 Azure Herrera, Northcare  
 Donna Herrod  
 Patty Hickman, Medical Center of Southeast Oklahoma (MCSO), Durant (VC)  
 Ashlee Higgins, Student/Pontotoc Tech, Ada (VC)  
 Melissa Hill, Oklahoma Foundation for Medical Quality  
 Dorothy Hodge  
 Janea Hogan, OSDH, Craig County Health Department, Afton (VC)  
 Loria Holleman, OU College of Nursing  
 David Holt, ODMHSAS  
 Blake Irvin, Student/Pontotoc Tech, Ada (VC)  
 Lissa James, Grand Lake Mental Health (GLMH), Afton (VC)  
 Marilyn Jarrett, Pontotoc Tech Instructor, Ada (VC)  
 Donna "M'Liss" Jenkins, OSDH, Washington County Health Department, Bartlesville (VC)  
 Anna Johnson, Oklahoma City County Health Department  
 Maronda Johnson, Oklahoma City County Health Department  
 Audrey Jones  
 Joni Jones, Oklahoma City County Health Department  
 Ken Jones, ASCOG, Duncan (VC)  
 Tonya Jones, Student/Pontotoc Tech, Ada (VC)  
 Corie Kaiser, OSU Extension  
 Jean Kelsey, Variety Care  
 Jean Kidd  
 Dena Kinchion, Volunteer  
 Dana Kirpatrick, ODMHSAS, Woodward (VC)  
 Maleaha Knighten, Student/Pontotoc Tech, Ada (VC)  
 Bonnie Kraft, Indian Health Services, Omega (VC)  
 Carla Lawson, Ability Resources, Sapulpa (VC)

David Lee, OSDH Health Equity & Resource Opportunities Division, LLLS Master Trainer  
 Jessica Lee, Student/Pontotoc Tech, Ada (VC)  
 LaShawn Lee, LLLS Master Trainer  
 Shirley Lee, Volunteer, Wetumpka (VC)  
 April Lehring, South Eastern Oklahoma State University (SEOSU), Durant (VC)  
 John Lieber, Contractor, Sapulpa (VC)  
 Rebecca Lindsey, Volunteer, Wetumpka (VC)  
 Molly Livesay, Student/Pontotoc Tech, Ada (VC)  
 Christina Logsdon, Lawton (VC)  
 Aline Ludwig, Young Men's Christian Association (YMCA), OKC  
 Morgan Luttrell, Western Technology Student, Sayer (VC)  
 Lynn Maas, Volunteer, Wetumpka (VC)  
 Sandi Maffeo, ODMHSAS, McAlester (VC)  
 Jan Maples, OSU Extension, Wetumpka (VC)  
 Richard Marshall, Oklahoma City Housing Authority  
 Rosa Martinez-Harris, Ability Resources, Sapulpa (VC)  
 Sheri Mashburn, Osage Tribe, Bartlesville (VC)  
 Brian Maves, Pfizer  
 Shondra McCage, Chickasaw Nation  
 Shelly McClendon, Chickasaw Nation, Ardmore (VC)  
 Vanita McGehee, OSDH  
 Tiffany McIntosh, Lawton (VC)  
 Molly McQuay, Student/Pontotoc Tech, Ada (VC)  
 Mechelle Meeks, Ability Resources, Sapulpa (VC)  
 Rogelio Meza, OSDH, Community Development Service  
 Jo Miller, Hope Clinic, Burns Flat (VC)  
 Jenna Mitchell, Northcare  
 Anna Moore, OKDHS  
 Diane Murphree, Norman United Way, Norman (VC)  
 Grant Muse, Hope Community Services Incorporated (Hope CSI)  
 Anna Naukam  
 Gene Naukam, LLLS Master Trainer  
 Shannon Nelligan, Student/Pontotoc Tech, Ada (VC)  
 Amy Nelson, OSDH, Disease and Prevention Services  
 Pam Nelson, Chickasaw Nation, Ardmore (VC)  
 Jeanette New, OSDH, Comanche Co. (VC Lawton)  
 Marisa New, OSDH Health Equity & Resource Opportunities  
 Samilya Nixon, OSDH, Community Development Service  
 Don Nowlin, Woodward (VC)  
 Renee O'Leary, Norman United Way, Norman (VC)  
 Virginia Pack, OKDHS  
 Beca Paiva, Office of Management Enterprise Services (OMES)  
 Julie Paris, Woodward (VC)  
 Pam Patty, INTEGRIS Health  
 Kathy Payne, OSDH Community Development Service  
 Janice Pennington, OSDH, Johnston County Health Department, Ardmore (VC)  
 Leona Perry, OEDA Area on Aging, Woodward (VC)  
 Monica Perry, Indian Health Services, El Reno (VC)  
 Stephanie Plante-Burks, OSDH, Okfuskee County Health Department, Wetumpka (VC)  
 Adreanna Ponce, Indian Health Service  
 Stacey Post-Vails, Metro Technology Center  
 Linda Potts, Durant Literacy Council, Durant (VC)  
 Deborah Price, Salvation Army  
 Paula Price, Norman Regional Healthcare, Norman (VC)  
 Katie Privett, Student/Pontotoc Tech, Ada (VC)  
 Debbie Purton, OSDH, Protective Health Services  
 Rita Reeves, OSDH, Prevention and Preparedness  
 Tabitha Roa, Student/Pontotoc Tech, Ada (VC)  
 Shelly Roberson  
 Scott Robison, Indian Health, Wetumpka (VC)  
 Melissa Rogriguez, Student/Pontotoc Tech, Ada (VC)  
 Katelynn Rulo, Osage Tribe, Bartlesville (VC)  
 Zohre Salehezehidih, OKDHS  
 Connie Schlittler, OKDHS  
 Dontae Sewell, Oklahoma City County Health Department  
 Carolyn Shade, Advantage Waiver Program  
 Debra Shandy, OSDH, Center for the Advancement of Wellness  
 Michael Shepherd, American Lung Association  
 Rena Shetty, Indian Nations Council Of Governments (INCOG), Sapulpa (VC)  
 Heather Sladek, ASCOG, Duncan (VC)  
 Carolyn Smith, Private Citizen  
 Kathy Smith, INTEGRIS Health  
 Stacy Smith, OCCHD

Dina Sohrabmanesh, Telligen  
Ruben Sotelo, ASCOG, Duncan (VC)  
Bertha Spears, CHCI  
Melanie Spector, Oklahoma Department of Corrections (ODOC)  
Kierstin Spencer, Student/Pontotoc Tech, Ada (VC)  
Cassie Spindle, Tulsa Public Library, Sapulpa (VC)  
Mary Diane Steltenkamp, Catholic Charities  
Lauren Stewart, OSDH Women, Infants, and Children (WIC)  
Gaylene Stiles, Mercy Hospital  
Marsha Sturges, OSDH, Delaware County Health Department, Afton (VC)  
Juaneta Sue, KTHC Indian Health  
Steve Thore, OKDHS  
Faye Tucker, ODOC  
Raelina Tucker, OSDH, Pottawatomie County Health Department  
Lisa Turner, Ability Resources, Sapulpa (VC)  
Stacy Turner, EODD Agency on Aging, Kansas (VC)  
Sandra Thunderbull, Indian Health Services, El Reno (VC)  
Stephanie VanHooser, ODMHSAS, (VC)  
Leslie Vick, OSDH, Okfuskee County Health Department, Wetumpka (VC)  
Jeannie Vigneron, OHCA  
Angela Villerreal, OKDHS  
John Vincent, Area-wide Aging Agency  
Debi Wagner, OSDH, Disease and Prevention Services  
Susan Waldron, OFMQ  
Robert Walker, OSDH, McAlester (VC)  
Elanor Wallis, OFMQ  
Pete Walton, OSU Extension  
Eric Ward, Grand Lake Mental Health, Afton (VC)  
Debbie Wardworth, Abundant Life Community Network  
Gary Wardworth  
Jennifer Watkins, ODMHSAS, McAlester (VC)  
Angela Watkins, OSDH, Community Development  
Ann Way, Norman United Way, Norman (VC)  
Esther Webb, Lawton (VC)  
Lisa Webb, Hope CSI  
Vesta Webb, ODMHSAS, Woodward (VC)  
Betty Weber, OSDH, Ada (VC)  
Lynda Weeks  
Sierra Wells, Western Technology Student, Sayer (VC)  
Lauren West OUHSC Student  
Fiona Wetselline, Lawton (VC)  
Sandy Wheeler, Western Technology Center Instructor, Sayer (VC)  
Autumn Whitaker, ODMHSAS, Woodward (VC)  
Kim White, Student/Pontotoc Tech, Ada (VC)  
Donna Williams, Student/Pontotoc Tech, Ada (VC)  
J'Q Williams, Oklahoma City County Health Department  
Rebekah Williams, LLLS Volunteer  
Cheryl Willis, Chickasaw Nation, Ada (VC)  
Teresa Willis, OHCA  
Ashley Wilson, Student/Pontotoc Tech, Ada (VC)  
Vita Wilson, Western Technology Student, Sayer (VC)  
Alicia Wright, OSDH Beckham County Health Department, Sayer (VC)  
Mary Young, Literacy  
Bee Jay Zeober, LLLS Leader, Durant (VC)

**New Members:**

Josie Alberson, Nicole Alexander, Adrienne Allen, Kay Armstrong, Linda Armstrong, Marlene Asmussen, Kayla Babb, Tom Bach, Mike Bailey, Pat Bailey, Norman Barber, Brenna Barnwell, Betty Bays, Melody Bays, Joy Benderdz, Connie Berson, Melva Bostik, Karey Boyd, Betty Brannan, William Brigden, Lance Brittan, Lara Brooks, Kyla Brown, Laura Brown, Marlene Brown, Marta Brown, Teresa Brown, Joyce Bullcoming, Terry Burris, Glenda Calverly, Cara Carroll, Shannon Casady, Chad Castleberry, Marsha Cleaver, April Collom, Karen Conboy, Latisha Conelson, Amanda Cribbs, Sherry Crosthwait, Alicia Crupps, Charles Danley, Andrew Davis, Rachel Deaton, Irene Deer, Robbie Demass, Aaron Denny, Threase Duncan-Anderson, Dustin Elam, Lisa Elledge, Erin Evenson, Yvon Fils-Aime, Leslie Fitzhugh, Iris Fraticelli, Rana Frazier, Lauren Garcia, Shirlene Gathright, Coleen Guererro, Susan Geurin, Cassie Giles, Maria Gomez, Lorri Green, Della Gregg, Tiffany Griffin, Coleen Guererro, Eilene Guerra, Brook Hall, Carol Hamilton, Jennifer Hankins, Alexandria Hart-Smith, Brooke Harris, Sherris Harris-Ososanya, Greg Heartsill, Azure Herrera, Donna Herrod, Patty Hickman, Ashlee Higgins, Melissa Hill, Dorothy Hodge, Janea Hogan, Loria Holleman, Blake Irvin, Lissa James, Marilyn Jarrett, Donna Jenkins, Anna Johnson, Maronda Johnson, Audrey Jones, Ken Jones, Corie Kaiser, Dena Kinchion, Carla Lawson, Jessica Lee, LaShawn Lee, Molly Livesay, Christina Logsdon, Aline Ludwig, Morgan Luttrell, Lynn Maas, Rosa Martinez-Harris, Sheri Mashburn, Brian Maves, Shondra McCage, Shelly McClendon, Vanita McGehee, Tiffany McIntosh, Molly McQuay, Mechelle Meeks, Rogelio Meza, Jenna Mitchell, Diane Murphree, Grant Muse, Gene Naukam, Shannon Nelligan, Pam Nelson, Samilya Nixon, Don Nowlin, Renee O'Leary, Beca Paiva, Julie Paris, Leona Perry, Monica Perry, Adreanna Ponce, Stacey Post-Vails, Deborah Price, Katie Privett, Rita Reeves, Tabitha Roa, Shelly Roberson, Scott Robison, Melissa Rodriguez, Katelynn Rulo, Dontae Sewell, Carolyn Shade, Rena Shetty, Heather Sladek, Ruben Sotelo, Kierstin Spencer, Cassie Spindle, Gaylene Stiles, Juaneta Sue, Raelina Tucker, Lisa Turner, Stacy Turner, Sandra Thunderbull, Stephanie VanHooser, Jeannie Vigneron, Angela Villerreal, Debi Wagner, Elanor Wallis, Eric Ward, Debbie Wardworth, Jennifer Watkins, Angela Watson, Ann Way, Esther Webb, Lisa Webb, Vesta Webb, Sierra Wells, Fiona Wetselline, Sandy Wheeler, Autumn Whitaker, Kim White, Donna Williams, J'Q Williams, Rebekah Williams, Cheryl Willis, Teresa Willis, Ashley Wilson, Vita Wilson, Alicia Wright and Bee Jay Zeober.