

Agenda Mayor's Task Force
Lincoln General Sale Proceeds

November 20, 1997
Cornhusker Hotel, Yankee Hill Room
3:00-5:00 p.m.

Introduction of Committee	Tri-Chairs
Introduction of Staff	Tri-Chairs
Greetings and Charge	Mayor Mike Johanns
Brief Remarks from the Tri-Chairs	J. Robert Duncan Mike Seacrest Alan Hersch
Exploring the Possibilities	Jim Hudak
Committee Schedule/Time Frame	Tri-Chairs
Adjorn	

Next Meeting:
December 4, 1997 2:00-5:00p.m. Cornhusker Hotel

MINUTES Mayor's Task Force
On Lincoln General Sale Proceeds
November 20, 1997

PRESENT: J. Robert Duncan, Tri-Chair; Alan Hersch, Tri-Chair; Mike Seacrest, Tri-Chair; Pam Baker, Francene Blythe, Leola Bullock, Dr. Dale Ebers, Roxanna Fahrnbruch, Jack Goebel, Dr. Charles Gregorius, Marsha Halpern, Marilyn Harris, Dr. Teresa Johnson, Marcia Roth, Harry Seward III, Michael Tavlin, Curt Donaldson, City Council; and Coleen Seng, City Council.

OTHERS: Mayor Mike Johanns, Lori Seibel, Bill Austin, Larry Bare, Lori McClurg, Rachel Rezabek, Dr. Gregg Wright, and Jim Hudak.

The meeting was called to order at 3:05 p.m. by Tri-Chair J. Robert Duncan. The Committee and Staff introduced themselves.

Mayor Mike Johanns gave a welcome and presented his charge to the Task Force. He thanked the Tri-Chairs and all the members of the Task Force for their willingness to serve the community in this manner. He stated that the Task Force has a challenging task ahead -- but one which will forever change the landscape of the Lincoln community for the better. Mayor Johanns said his charge to the Task Force is to undertake a public process to assess community priorities, values, and expectations related to the use of funds generated from the sale of Lincoln General Hospital. Mayor Johanns reminded the Task Force that these funds belong to the citizens of Lincoln, and they will hold us accountable as to how the funds are used. Mayor Johanns asked the Task Force to think about how the funds from the sale of LGH should be used to make Lincoln the best and healthiest place to live, and he also asked the committee to keep in mind how to enhance and expand Lincoln's presence as a regional medical referral center while enhancing collaboration and cooperation among our hospitals.

Alan Hersch gave a response and stated that he believes the Task Force is charged with helping the Lincoln community move into an entire new era of health care. Due to the sale of the publicly owned hospital (Lincoln General), Lincoln will have a combination of health care facilities different from what we had before the sale. He stated that the Task Force has the important duty to first create a vision for what the new era of health care should look like in Lincoln and then decide how to invest and how to utilize the proceeds from the sale of LGH.

Alan thanked the members of the Task Force for coming together to create the vision for health care in Lincoln.

Mike Seacrest stated that the committee's task is a bit overwhelming. She asked the Task Force to think about the future and to utilize the research that has already been done.

Robert Duncan added that he believes the Task Force has a real opportunity to make a difference in the city of Lincoln. He stated that the process will be a formidable task, and he hopes to achieve other things from the Task Force's work as well. He hopes the Task Force members become friends, and he hopes everyone gains a respect for one another. He also hopes to have some fun while working together on a serious project.

Jim Hudak was present to talk about, "Exploring the Possibilities." Jim assisted Lincoln in the development of StarVenture in the late 1980's. Jim offered to help Lincoln in kicking off the work of the Task Force. (Note: Jim, who is a partner with Andersen Consulting, offered his assistance to the Task Force and was not at the meeting as a paid consultant.)

Jim Hudak gave a brief background on himself and a review of health care. He stated that the Task Force has a historic opportunity, and he encouraged the members to use the resource available correctly. Jim explained he would help the Task Force set into motion a process and a set of ideas that will profoundly impact the community in the year 2010. He encouraged the Task Force to explore where the money can be used in the future. He asked the committee to think about where they want to be, and this will be the vision for a healthy Lincoln.

Jim Hudak told the Task Force to ask the right question. For example, "What is our vision for a healthy Lincoln, and how can we use the money to have the maximum impact on health care?" Jim encouraged the committee to take a question similar to his example and spend some time to think about it. He stated that it is critically important to get the question right. If you do this, you will get to the right answer. Jim said that the Task Force may need to modify the question throughout process depending on input and facts received during the process.

Jim explained that his definition of "vision" is the best possible future based on an understanding of current realities and anticipated future change. He stated that a good vision has two elements: it's based in reality, and it anticipates future trends. Within this, the Task Force needs to decide what is the best possible future. Jim explained that starting with a vision allows you to see where you want to go.

Leola Bullock agreed that knowing the facts and developing a vision is helpful.

Robert Duncan explained that the Task Force's job is not necessarily to decide how to spend the money, but to think about what the future will look like to determine how to use the money to fill in the "gaps."

Mike Seacrest asked about the use of the word "leverage" in correlation with vision.

Robert Duncan stated that for him it means being able to take 2.5 million dollars a year and turn it into something that has an impact of 12-15 million dollars or more. Leverage gives you the opportunity to prove that it's having a much greater impact than the amount initially invested.

Jim Hudak believes there are three kinds of leverage that can happen. One is where you have money and people match it or you use it with other money to create a larger product. Secondly, if the Task Force defines a vision for a healthy Lincoln and identifies the gaps, there will be organizations who will offer to fill the gaps. The Task Force can have an impact without spending the money. Finally, throughout the process, the Task Force will be able to look at what can be done, not just with the money, but with the time and effort that others in the community can spend on creating a healthier Lincoln. There will be things that are not a priority now; however, when an opportunity arises the community will know where to direct the money. This is a valuable piece of leverage. Planning provides the framework to recognize an opportunity. Jim reiterated that there are several ways to leverage the money.

Robert Duncan explained to the Task Force that a Mission Statement will be written as result of today's meeting. He suggested implementing Jim Hudak's concept of creating a vision to decide how to utilize the funds. Robert suggested that the Task Force may be making a presumption in just spending the interest from the money. He asked the members to share their thoughts on whether or not to invade the corpus of this or to set up the process to just spend the interest.

Pam Baker feels the committee should not invade the corpus. She believes that as the Task Force envisions this process, the term, "interest" is very limiting. There may be other ways to look at using and investing the money for a gain other than interest.

Robert Duncan warned that keeping the corpus in place may be dangerous because eventually inflation erodes the corpus.

Dr. Gregorius said that it's his hope that this foundation (like others) becomes a place where people donate for the betterment of city of Lincoln.

Mayor Johanns stated that the sale proceeds is an asset, and we need to think about not only saving the corpus, but also how to preserve it in terms of investment strategy. He reminded the committee that we are fairly limited in what we can do with investments because of the City Charter. This may be an issue that the Task Force will need to address. The Mayor stated that when you contemplate the length of the fund an investment strategy is needed to weather inflation.

Mike Seacrest asked if the \$37 million was in the General Funds of the City.

Mayor Johanns stated that it was invested immediately in short term and now it is invested in a six-month investment strategy.

Larry Bare stated that the money is in the Lincoln General Hospital fund which is part of the City's funds.

Robert Duncan asked if anyone had a different opinion on preserving the corpus of the money and/or as a minimum. With none, Robert stated this would be included in the Mission Statement as well.

Jim Hudak added that if the Task Force can articulate the vision, City officials will get it done. He encouraged the committee to not let the vision be constrained by legal matters. The Task Force is much more valuable to the community if you focus on what needs to be done and how it can be done. Let others worry about the mechanics, etc.

Jim Hudak referred to his strategic question, "What's our vision for a healthy Lincoln, and how can we have the most impact with the money?" and described some issues on health care. He explained there is statistical information available, and it will be important for the Task Force to sort out the numbers for Lincoln. What are the real issues in Lincoln? One's health depends on the health care received and the environment in which they live. Health varies for everyone depending on their quality of life, health, and functional status. Jim told the committee that determining how to measure health will be one of the problems they will deal with during the process.

Jim Hudak encouraged the Task Force to decide on what the real issues in Lincoln are and then sort out 5-10 in which they can have an impact on and do something positive. Jim explained that these are not set in stone. They can be changed in 3-5 years if needed.

Jim Hudak told the Task Force that, "There are good decisions, but no perfect decisions!"

Jim reiterated the importance of vision and encouraged the Task Force to expand on thoughts about what health is and how to change it in our community. He suggested the Task Force follow a "road map" to keep the process moving. He said even when things seem unresolved, go on to the next item and come back to it. Jim told the committee to be comfortable with ambiguity.

Alan Hersch suggested building in a periodic evaluation. He feels there is a need to evaluate the results of the course chosen and to allow flexibility to adjust if needed. Alan also stated that the Task Force needs to be careful of "throwing money at immediate, identified emotional needs." Alan stated that the Task Force will receive a lot of public input, and it will be imperative to look for solutions into future.

Robert Duncan added that the Mission Statement should include verbiage on improving the health of the Lincoln community.

Mayor Johanns stated that whatever is put out by the Task Force has to be tested in the community. The Mayor stated that it seems logical and important to the community to concentrate on how to utilize the money to make Lincoln a healthier place since the fund was generated from health care issues. However, the Mayor cautioned the Task Force to test their ideas before the community before submitting their final recommendations.

Jim Hudak stressed the importance of a community process. He stated that the Task Force needs good answers. However, if the good answers are not accepted by the community, then they are not good answers. If the community doesn't support the ideas, then the process won't happen. He stated that input from the broader community is important, and it is critically important for the Task Force to address the public processes. Jim also suggested finding ways to seek opinions from the community. He encouraged the Task Force to look for those who don't or won't attend the Task Force meetings.

Curt Donaldson asked about the concept of wellness. He is interested in reviewing models of health education programs that have worked over time, and he recognizes there are lifestyle differences which have a tremendous impact. Robert Duncan stated that the Task Force will have the opportunity to look at other models. Jim Hudak stated that for him the term health also means wellness, and it is better to use the word health rather than health care.

Jack Goebel asked Jim Hudak to talk about timing of the process.

Robert Duncan answered saying that the suggestions being made will be used to write the Mission Statement. The draft Mission Statement will be given to each member for comments before the final statement is completed.

Jack Goebel questioned the amount of time it will take to receive the community's reactions.

Jim Hudak stated that in terms of overall timing, the Task Force recommendations should be ready by Mid-March. Jim said that the process should be as inclusive as possible. Community input should be welcomed through various means of communication -- web site, public events, etc.

Jack Goebel reiterated that feedback from the community is imperative. Robert Duncan stated that the Task Force will need to set some guidelines to have a successful, public process.

Roxanna Fahrnbruch believes the Task Force needs to get the Mission Statement written, and then get feedback from the community. She stated that each member of the Task Force brings a different vision. Roxanna suggested starting with the Mission Statement. She shared her vision for the Mission Statement, "To establish guidelines for investment policy which protects principal, maximizes earnings and appreciation, and provides a financial allocation plan. Secondly, to determine appropriate uses of allocations for community-wide benefit. Finally, to oversee implementation and administration."

Marsha Halpern stated that the Mission Statement shouldn't give the answer. Rather, the Mission Statement should define the Task Force's reason for existence which is to make recommendations to the Mayor on the investment policies and the use of funds as well as the implementation. Marsha warned against putting assumptions in the Mission Statement.

Marilyn Harris suggested writing a broad Mission Statement with a list of assumptions following.

Jim Hudak suggested that staff write a draft Mission Statement and then submit to members of the Task Force for editing. He encouraged the members to focus on discussing the issues that need review, rather than spending too much time on an issue that is already in agreement. The Mission Statement, along with some guiding principles, will be beneficial to the process.

Marsha Halpern stated that the Mission Statement is something you necessarily don't want to change. She encouraged the committee to start with the guiding principles.

Dr. Gregorius said that the Mission Statement can be rather broad, however, the principles need to be made available to the community. He warned that suggestions from the community could come from a large spectrum, and he believes the issues need to be narrowed down to health issues.

Jim Hudak outlined his thoughts on how the process should work based on his experience. He stated that the Task Force is welcome to alter his suggestions as they wish.

THE OVERALL PROCESS: 9 Steps (which may mean 9 meetings depending on the timeline)

Sets Context -- Possibilities and Design for Process (today's mtg. 11/20)

Mission & Principles (second meeting) -- History -- Health Data (Jim encouraged the Task Force to think about how to disseminate information to the community throughout the entire process.)

Community Health Information -- Look at Other Models -- Based on Data -- Preliminary Conclusion on Issues (sense of hypothesis of issues.) -- Discuss the Community Process (continue with general input from public)

Finalize Community Process -- Begin Creation of the Vision

Finalize Vision -- Decide on Key Indicators

GAPS -- Where are they? -- What are the Potential Solutions? -- Begin Structural Discussions -- Refer to Mission Statement and Principals -- "Are we on target?"

Public Retreat -- Feedback -- Ideas -- Solicit Ideas to Increase the Funds

Refine Vision and Solutions -- Look at Structural Issues -- City Charter

Final Report and Recommendations

Conclude with celebration! (Can be a great public relations marketing opportunity)
Robert Duncan asked for Lori Seibel's thoughts on the process. Lori Seibel stated that Jim's outline looks good, and she was glad to see his refinements.

Alan Hersch asked if the Task Force would be working in sub-groups. Jim Hudak stated that the group needs to have a shared mission and a shared vision to work by. However there will be opportunities to break up in small groups to discuss principles and solutions, key indicators, etc. The process design can involve the whole group and small groups.

Teresa Johnson referred to the second meeting -- health data of the community. She asked if the Task Force should discuss and collect thoughts at today's meeting in order to prepare for the next meeting.

Jim Hudak deferred to Lori Seibel. Lori encouraged the Task Force to think as broadly as possible. She plans to have the Lincoln Lancaster County Health Department, which is a great source of base line data, share information with the Task Force. Lori stated there has been work done with focus groups in the community. She added that the Consortium for Planning and Advocacy conducted surveys and key indicator studies which provide an overview of health status and human service status in the community. There are also studies from local hospitals -- community benefit reports, indigent care,

etc., as well as from the Lancaster County Medical Society. Lori stated that it is the intent to look at the issues in a general manner to provide a framework.

Jim Hudak encouraged members to ask for data. Teresa Johnson, who is a dentist, stated that she is interested in the dental health of Lincoln.

Jack Goebel asked about potential problems or projections of health care in the future. Dr. Gregg Wright stated that there are some projections, and for current issues, there is some evidence to make predictions. Jim Hudak suggested the Task Force look at the demographics of the community to gain a sense of direction. Marsha Halpern stated there is a study on projections -- "Chronic Care in America: A 21st Century Challenge," by the Robert Wood Johnson Foundation.

Dr. Gregorius referred to Jack Goebel's question on predicting the future of health care and stated that one's health and health care changes along with the demographics. In his opinion, the best you can do is to look five years into the future.

Francene Blythe stated that there is a high population in the community who don't use the services. She challenged the Task Force to search out those who don't use the services (i.e. low-income residents, people of color, etc.).

Leola Bullock said that she is interested in the trends of managed care, health care, the cost of health care, insurance, etc., and how people can afford these services.

Harry Seward, III asked for information on the Task Force's legal limitations in setting up the structure. Robert Duncan stated there are two approaches: 1. Understanding the constraints; or 2. Decide what we want to accomplish and then find out what needs to be changed to make it happen. Harry said that he is interested in knowing what the committee can't change. Alan Hersch added that the Task Force would be briefed by Bill Austin, City Attorney, at the next meeting. Bill Austin offered to send a memorandum to the Task Force on the legal constraints.

Alan Hersch stated that he does not believe the Task Force's purpose is to conduct primary research. He feels it would be advantageous to use information previously gathered. Alan also asked about the format of receiving input, and how the Task Force will make evaluations from the information.

Lori Seibel stated that she is not anticipating the Task Force will need to do primary research. There isn't a need to re-invent the wheel. Lori stated that she's not sure if it's possible to summarize the information that will be received throughout the process. It is

her hope that the presentations will allow the Task Force to see the highlights and to give the members the opportunity to ask questions.

Dr. Gregorius commended Lori Seibel for her work with the Health Department and stated that we are fortunate to have Lori spearheading this Task Force.

Pam Baker stated that it would be helpful to know which organizations disperse money for health purposes in Lincoln.

Marcia Roth would like information on domestic violence statistics.

Robert Duncan thanked Jim Hudak for taking time out of his busy schedule to guide the Task Force on this important project.

The next meeting will be December, 4, 1997.

Meeting adjourned at 5:00 p.m.