

**ADVISORY COUNCIL ON THE STATE PROGRAM FOR WELLNESS AND THE PREVENTION  
OF CHRONIC DISEASE  
DRAFT MINUTES  
AUGUST 14, 2014**

Division of Public and Behavioral Health  
4150 Technology Way, Room 204  
Carson City, NV 89706

Nevada Early Interventions Services  
2667 Enterprise Road  
Reno, NV 89512

Bureau of Health Care Quality & Compliance  
4220 South Maryland Parkway  
Building D, Suite 810  
Las Vegas, NV 89119

AT & T Conferencing  
Dial-In Toll-Free Number 1-877-848-7030

**BOARD MEMBERS PRESENT**

Thomas McCoy (Chair)  
Jeffery Muehleisen (Vice Chair)  
Senator Joseph P. Hardy, MD  
Assemblyman Andy Eisen, MD  
Dr. Tracey Green  
Dr. James Greenwald  
Virginia Beck  
Dr. Christina Demopoulos  
Gerold Dermid  
Jacque Ewing-Taylor, Ph.D.  
Marci Schmiedege

**BOARD MEMBERS NOT PRESENT**

Jack Kim  
Deborah Williams  
André DeLeón

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH STAFF PRESENT**

Mónica Morales, Section Manager, Chronic Disease Prevention and Health Promotion  
(CDPHP) Section, BCFCW  
Melanie Flores, Wellness Manager, CDPHP, BCFCW  
Michael Lowe, Chronic Disease Epidemiologist CDC State Assignee  
Jessica Lamb, Obesity Prevention Program Coordinator, CDPHP, BCFCW  
Melodie Swan-Fisher, Administrative Assistant 2, CDPHP, BCFCW

**OTHERS PRESENT**

Kelli Goatley-Seals, Chronic Disease Prevention Program, Washoe County Health District  
(WCHD)  
Ben Schmauss, American Heart Association (AHA)

Thomas McCoy, Chair, called to order the meeting of the Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease at 1:09 pm. Mr. McCoy indicated the

meeting had been properly posted at the locations listed on the agenda in accordance with the Nevada Open Meeting Law.

### **1. Roll Call**

Roll call was taken, and it was determined a quorum of the Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease was present, per NRS 439.518 § 2(a–k).

### **2. Vote on minutes from the June 4, 2014 meeting**

Mr. McCoy asked if there were any changes to the draft minutes from the June 4, 2014 meeting. There were none.

**MR. MCCOY ENTERTAINED A MOTION TO APPROVE THE MINUTES AS DRAFTED. A MOTION TO APPROVE WAS MADE BY DR. JAMES GREENWALD. DR. JACQUE EWING-TAYLOR SECONDED THE MOTION, WHICH PASSED UNANIMOUSLY WITHOUT PUBLIC COMMENT.**

### **3. Staff reports**

#### **a. CDPHP Section updates**

Mónica Morales briefed the Council on staff changes as follows:

Dr. Michael Lowe, Chronic Disease Epidemiologist CDC State Assignee, had been assigned to the CDPHP Section by the Centers for Disease Control and Prevention (CDC) and will serve in in the Section until 2018. Melodie Swan-Fisher is new to CDPHP and is now the administrative support staff person for CWCD meetings. Recruitment to fill the Clinical Systems/Cancer Unit Manager position, which has been vacant since June 2014, has begun. Recruitment for a coordinator for the Stroke and Heart Program will begin soon. Ms. Morales asked for the Council to help spread the word in the search for a suitable candidate for the Stroke and Heart Program Coordinator.

Funding updates were detailed as follows:

Grant award amounts had nearly doubled. CDPHP received approximately \$350,000 more from the Preventive Health and Health Services (PHHS) Block grant. The Diabetes, Stroke, and Heart/School Obesity grant award had doubled. The National Association of Chronic Disease Directors (NACDD) Planning Grant, a one-time grant, will be used to reach the Medicaid population through health screenings. The grant gives CDPHP the opportunity to shift toward practices set forth by the Affordable Care Act (ACA), including beginning the use of Electronic Health Records (EHR).

National Jewish Health® has been contracted as the new tobacco cessation vendor for the Tobacco Prevention and Control Program. This vendor replaces the Tobacco Quitline, CDPHP's former vendor that closed its doors. The 1-800-QUITNOW number is still in operation, however.

**DISCUSSION:** Mr. McCoy mentioned federal programs rate tobacco cessation programs differently; there is no surcharge for federal programs. This may be something CDPHP could propose for their programs.

**b. Program report**

Melanie Flores reported on chronic disease prevention and health promotion. For more details, see Agenda Item 3B.

**4. CWCD business**

**a. Introduction of new Advisory Council members**

Mr. McCoy announced Deborah Williams as the Council's newest member. Ms. Williams is with Southern Nevada Health District (SNHD).

**b. Review of member matrix**

Jessica Lamb reviewed the member matrix document. For more details, see Agenda Item 4B.

**c. Make recommendation to Division Administrator to fill known vacancies**

Ben Schmauss, American Heart Association (AHA), is being considered for membership to fill the Council vacancy detailed in NRS 439.518 § 2(f) which states, "Three representatives of organizations committed to the prevention and treatment of chronic diseases;".

**DISCUSSION:** Mr. McCoy solicited feedback and recommendations from Council members. Mr. McCoy recommended approving Mr. Schmauss for membership.

**MR. MCCOY ENTERTAINED A MOTION TO APPROVE MR. SCHMAUSS FOR MEMBERSHIP TO THE ADVISORY COUNCIL. A MOTION TO APPROVE WAS MADE BY JEFF MUEHLEISEN. ASSEMBLYMAN ANDY EISEN SECONDED THE MOTION, WHICH PASSED UNANIMOUSLY WITHOUT PUBLIC COMMENT.**

**DISCUSSION:** Mr. McCoy solicited feedback and recommendations from members on how to handle Council vacancies. Dr. Greenwald recommended the process become more efficient. Senator Joseph Hardy recommended targeting prospective members and querying them regarding their background and goals. Senator Hardy also suggested the Council actively seek prospective members rather than wait for applicants to respond. Mr. McCoy recommended appointing a committee of Council members to seek prospective members.

**MR. MCCOY ENTERTAINED A MOTION TO APPROVE THE RECOMMENDATION THE ADVISORY COUNCIL CHAIR APPOINT A SEARCH COMMITTEE TO SEEK OUT CANDIDATES WHEN VACANCIES OCCUR, AND MAKE RECOMMENDATIONS TO THE ADVISORY COUNCIL. A MOTION TO APPROVE WAS MADE BY SENATOR HARDY. ASSEMBLYMAN EISEN SECONDED THE MOTION, WHICH PASSED UNANIMOUSLY WITHOUT PUBLIC COMMENT.**

**d. Make recommendation to Division Administrator to reappoint term limit memberships**

**DISCUSSION:** Mr. McCoy acknowledged the great responsibility members are charged with and thanked them for their participation, saying he hopes the Council can make a difference for the people of Nevada to improve wellness and fight chronic disease. Mr. McCoy asked for feedback regarding term limits. Dr. Greenwald supports the provision for term limits. His term will end in March 2015. Ms. Lamb shared that Jack Kim submitted his renewal application; his first term expired in March 2014. At present, legislation provides for members to serve three two-year terms, for a total of six years. Mr. McCoy recommended the provision for members to serve up to six years remain.

**MR. MCCOY MOVED TO APPROVE THE RECOMMENDATION FOR ADVISORY COUNCIL TERM LIMITS TO REMAIN AT THREE TWO-YEAR TERMS OR UP TO SIX YEARS. DR. GREENWALD SECONDED THE MOTION, WHICH PASSED UNANIMOUSLY WITHOUT PUBLIC COMMENT.**

**DISCUSSION:** Ms. Lamb asked whether the Council wants to recommend to the Administrator that Mr. Kim serve a second term. Gerold Dermid's term renewal also needs to be approved. However, once the list is pulled from the Office of Minority Health, Mr. Dermid's term will have expired. It would be acceptable for Mr. Dermid to renew his membership and continue to represent the Office of Minority Health.

Dr. Ewing-Taylor asked for clarification on how the member roster details the positions and which Council members hold them, in accordance with the requirements listed in Article 4, Section 4.1 of the bylaws.

Ms. Lamb explained staff is required to formulate the member roster and position designations based on what the Administrator has detailed in the letter of appointment he sends to new members. Seeing discrepancies in the organization's members represented versus what the Administrator had designated them to, CDPHP staff made appropriate changes to the list. According to Article 4, Section 4.1 of the Council bylaws, the details on the membership roster differ from the way designations are shown in statute. Ms. Lamb recommended referring to NRS 439.514 and suggested amending the bylaws to reflect how membership designations are detailed in the statute.

Dr. Ewing-Taylor inquired further about the process for obtaining a recommendation for the designee from the Nevada System of Higher Education. Ms. Morales explained the process for obtaining recommendations had been followed.

**e. Vote to amend bylaws to reflect statutory revisions effective July 1, 2013**

**DISCUSSION:** Mr. McCoy reviewed the following changes under Article 4: Membership: 4.1, changed number of voting members from 13 to 15, changed from two representatives (f) to three and the addition of 4.6, a narrative regarding Council vacancies recruitment protocol. Also, under Article 5: Voting, 5.1, increased voting members from 7 to 8 to constitute a quorum, and revised 5.4 to state the only parties eligible for a proxy vote are

the State Health Officer and the Superintendent of Public Instruction. For more details, see Agenda Item 4E.

**MR. McCOY MOVED TO CHANGE THE BYLAWS AS NEEDED TO ALIGN WITH THE PROVISIONS IN NRS 439.514. DR. GREENWALD SECONDED THE MOTION, WHICH PASSED UNANIMOUSLY WITHOUT PUBLIC COMMENT.**

**MR. McCOY ENTERTAINED A MOTION TO RECOMMEND MR. KIM TO THE ADMINISTRATOR FOR REAPPOINTMENT TO MEMBERSHIP WITH THE ADVISORY COUNCIL. A MOTION TO APPROVE WAS MADE BY DR. GREENWALD. DR. EWING-TAYLOR SECONDED THE MOTION, WHICH PASSED UNANIMOUSLY WITHOUT PUBLIC COMMENT.**

5. Due to an error, there was no item 5 on the agenda.

**6. Nevada Wellness website update**

Ms. Lamb reported staff is in the process of developing a marketing plan that will include campaigns to address physical activity, nutrition, and tobacco use. The plan will also address outreach methods, e.g., media and LISTSERV. At present, there are approximately 120 subscribers to the CDPHP Section's LISTSERV. Ms. Lamb urged Council members to subscribe to the LISTSERV, which includes monthly updates on all of the CDPHP Section's programs. Subscribers can sign up by e-mailing [LISTSERV@LISTSERV.state.nv.us](mailto:LISTSERV@LISTSERV.state.nv.us) and noting in the subject line "Subscribe me to the Chronic Disease Section LISTSERV."

The Nevada Wellness logo had been added to all outreach activity materials generated by the CDPHP Section. Tobacco cessation commercials have been airing in rural Nevada, and the Nevada Wellness logo is included in them as well.

Ms. Morales said that approximately 14 months ago the Council tasked CDPHP with doing a better job of promoting the Section's programs to the public. The LISTSERV was created as a way to disseminate information about grant opportunities, program changes, items of interest from the federal level, and more. She asked the Council for input regarding LISTSERV content. Ms. Lamb said Google Analytics is now being used to evaluate the website; the tool will enable the CDPHP to better target outreach.

**7. Preventive Health and Health Services Block (PHHS) Grant update**

Ms. Flores reported the PHHS grant funding increased to \$604,963 in May 2014. According to the grant's requirement, the Council met June 4, 2014 to review, discuss, and approve the proposed Fiscal Year 2014 (FY14) Work Plan and budget. The grant also required a public hearing, which was held June 5, 2014. All documents were submitted to the CDC by the June 17, 2014 deadline. The FY14 Budget and Work Plan are available for questions that may arise. The programs, along with their designated funding amounts and number of full-time employees (FTEs) for FY14, are as follows:

Rape Prevention and Education – \$60,102, 0 FTEs  
Rural and Community Nursing – \$179,320, 14 FTEs  
Chronic Disease Prevention and Health Promotion – \$314,572, 7 FTEs  
Administrative Costs (10 percent maximum) – \$52,645, 0 FTEs  
Total from PHHS grant: \$606,639, 21 FTEs

#### **8. Report on Body Mass Index (BMI) collection in schools**

Ms. Lamb reported the Council was given a presentation on school BMI data at their January 30, 2014 meeting. The community has since taken this matter on and has developed a group to assess the barriers and success of the data collection. The CDPHP Section will continue to provide ongoing technical assistance to the group, which consists of Northern, Southern, and rural Nevada representatives who are engaged in talking about the issues and about possibly extending the sunset of the data collection.

CDPHP staff met internally with the Office of Public Health Informatics and Epidemiology (OPHIE) to develop a more streamlined process for handling the data. Next steps will include a one-page guide for school districts that outlines where to turn in the data, timelines, what data are needed, and what the data are used for. The goal is to collect and publish the data in a more time-efficient manner so districts can use these reports for their needs, e.g., for grant applications. This data collection is mandated for Washoe and Clark Counties and will be sunset June 30, 2015.

#### **9. Stroke and Heart Program Presentation**

Ms. Morales reported that as of July 2014, the CDPHP Section received funding for a comprehensive stroke and heart program. In a recent CWCD meeting, CDPHP expressed the desire to garner more input from the Council regarding the Section's approach to chronic disease prevention and health promotion. The grant has specific requirements, and CDPHP staff is tasked with incorporating some of the goals of the Advisory Committee for the Prevention and Treatment of Stroke and Heart Disease, a committee slated to sunset in 2015. Recently, CDPHP staff held a strategic planning meeting with stakeholders regarding stroke and heart prevention and treatment and a gap analysis. Staff will present results of the gap analysis and a more comprehensive preview of the stroke and heart program to the CWCD Advisory Committee at the October 23, 2014 meeting.

To detail the grant requirements as put forth by the CDC, Ms. Flores led a PowerPoint presentation that included information on stroke prevention and was titled "State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health (1305)." This presentation was also given to stakeholders in Las Vegas at the newly formulated heart and stroke work group.

The final point made in the PowerPoint detailed several performance measures that will be used to execute the stroke and heart project. The Council can help by giving input and ideas to help CDPHP staff learn more about the state's health systems and to bridge the gap between public health and the clinical care system.

**DISCUSSION:** Regarding the findings on blood pressure, Mr. McCoy wondered if the findings of 30.8 percent of Nevadans having reported they had high blood pressure were low. Ms. Flores explained the findings were gathered from the Behavioral Risk Factor Surveillance System (BRFSS). Devised by the CDC, BRFSS is a cross-sectional telephone survey of the state's population. Ms. Morales added that some of the grant's requirements are designed to engage the public more. If CDPHP gets support and participation from the clinical sector, the staff will be able to report data and track information more accurately. The data CDPHP receives at present is two to three years old. Mr. McCoy suggested that using technology, like Smartphone apps, could aid in the high-risk population's awareness of high blood pressure prevention and the reporting and tracking of trends.

Ms. Morales advised the grant will force CDPHP to identify whether the clinical sector has EHR, and the grant requires the collection of confidential, non-classified aggregate data provided by the clinical sector. The aim is to engage the public for epidemiological evaluation. Working with Federally Qualified Health Centers (FQHC) like Nevada Health Centers, CDPHP could analyze data to identify clients at high risk for hypertension, diabetes, and tobacco use, and could monitor trends. The information could then be shared with health centers to enable them to better target at-risk individuals. These practices fall within requirements set by the Affordable Care Act (ACA), Meaningful Use, and for patients in FQHC settings. CDPHP's role of providing education, promotion, and referrals can help produce positive change in public health. CDPHP needs more support from the clinical sector, however, to enable the more time-efficient collection and analysis of data. Public involvement will also aid in the accurate reporting of data.

Saying the Public Employees' Benefits Program (PEBP) has claims data for over 70,000 people, Dr. Ewing-Taylor suggested using data from PEBP and other employers with large numbers of employees. Mr. McCoy recommended contacting casinos whose employee benefits include wellness programs, health fairs, and more. Ms. Morales will follow up with Dr. Ewing-Taylor.

Dr. Christina Demopoulos said the University of Nevada, Las Vegas School of Dental Medicine is developing an on-line assessment tool for their patients. There is federal funding through the National Institutes of Health.

Dr. Lowe noted that each outcome in the grant has a work plan, along with a few activities and performance measures for each. He suggested highlighting at the Council meetings a sampling of the activities and performance measures and reporting on CDPHP's progress meeting them. Dr. Greenwald pointed out that CDPHP could take advantage of the information about categorized health risks medical science now affords. Ms. Flores said she would make the work plan available to the Council as a way to apprise the Council of some of CDPHP's activities. Dr. Greenwald advised considering Type 2 diabetes, in its early stage,

as a preventable and reversible disease. Discussion concluded with Mr. McCoy affirming the comments made.

Mr. Schmauss suggested performance measures be more targeted, specific, and measurable, even if it means narrowing them down to three to five specific outcomes. Mr. Schmauss further expressed his enthusiasm about the Council's role to provide community resources, ideas, and advice on the direction of public health.

## **10. Arthritis Update**

Ms. Morales reported CDPHP often gets feedback regarding what the Section is *not* doing, and requests have been made for new programs on asthma and arthritis. Though it is the desire of CDPHP is to administer more programs, the Section cannot do so without funding. Referring to the 1305 grant alone, CDPHP has four programs funded by the grant yet only two staff members to administer them. At least six staff members are needed to administer the 1305 grant.

Recently, CDPHP staff was tasked with considering beginning an arthritis program. At present, the State has the Advisory Committee on the Arthritis Prevention and Control Program, but it is not active. Though it may take years, CDPHP will seek funding sources for an arthritis program, and CDPHP staff will continue to report to the Council regarding fund development and potential grants to target. Ms. Morales recommended the Council join with CDPHP to begin development of an arthritis program. She also recommended including arthritis discussion as a standing agenda item for future Council meetings. At the October 23, 2014 meeting, CDPHP staff will present a comprehensive report on the burden of arthritis in Nevada, a disease that affects approximately 23 percent of Nevadans, and ideas for fund development, including potential grants to target. She asked Council members for ideas that may not have been considered.

**DISCUSSION:** Dr. Greenwald said the American Academy of Orthopaedic Surgeons (AAOS) has a study group that addresses arthritis. Their findings assert arthritis can be traced to overweight. Mr. McCoy cited other forms of arthritis whose causes are not related to weight gain and whose victims are not always elderly. Mr. McCoy welcomed the opportunity for the Council to incorporate the oversight of an arthritis program.

## **11. Review advisory council member binders**

Ms. Lamb explained that in formulating the binders, it was staff's intention for Council members to have the tool as a ready reference for materials and notes relating to the work of the Council. Binders were mailed beforehand or distributed in person at today's meeting. Ms. Lamb asked Council members to e-mail their mailing addresses to Melodie Swan-Fisher at [mswanfisher@health.nv.gov](mailto:mswanfisher@health.nv.gov) if they have not yet received their binders. Ms. Lamb highlighted each section of the binder's table of contents as follows:



1. Introduction – An outline of what the Council does—the purpose, role, membership, and the commitment and terms of service. A save-the-sates flyer listing the Council’s quarterly 2014 meeting dates is included as well.
2. Current Members – The membership roster and a membership renewal form.
3. Bylaws – The Council’s bylaws.
4. NRS Chapter 439. Titled “State Program for Wellness and Chronic Disease,” this chapter describes the Council’s role and details the required configuration of the Council’s membership.
5. CDPHP Program Documents – A place to file any reports generated by CDPHP. At present, the Section’s organization chart is filed here.
6. Past Agendas and Minutes – Minutes from meetings held April 17, 2014, June 4, 2014, and June 5, 2014 are included. Council members may continue to file agendas and minutes from past meetings in this section.
7. Supplemental Documents – Empty at present, this section will be used to file articles and other documents of interest Council members may want to forward to fellow Council members.
8. Miscellaneous/Notes – Lined paper for members to take notes.

**DISCUSSION:** Council members thanked staff for preparing the binders, saying they will be a great help to keep members organized.

## **12. Discuss and recommend agenda items for October 23, 2014 meeting**

**DISCUSSION:** Mr. McCoy suggested having a report and discussion on breast cancer awareness in honor of Breast Cancer Awareness Month. A presentation by the Women’s Health Connection (WHC) Program would be beneficial. Ms. Morales agreed.

Dr. Ewing-Taylor recommended inviting a representative from PEBP to report on their claims data. Ms. Morales affirmed the idea and suggested reviewing a report PEBP issued containing data and statistics on State employees who had participated in the NVision Health & Wellness Program. In the meantime, she will forward the PEBP report, titled “HIOD PEBP/State of NV, June 26, 2014,” to the Council. Dr. Ewing-Taylor also suggested having Dr. Tracey Green share her insights on obesity through her personal testimonial.

Mr. McCoy suggested the information and presentations done for the Council be configured in such a way they could be disseminated to the media.

Mr. McCoy reviewed proposed Council meeting dates for 2015 as follows: January 29, April 16, August 13, and October 22. All 2015 meetings occur on Thursdays, from 1:00 to 4:00 pm. He acknowledged the April 2015 meeting may present a conflict for Council members serving in the upcoming legislative session. As there was no objection, staff will forward the save-the-dates flyer to Council members.

Mr. Schmauss suggested doing a short presentation on the CDPHP's State Plan. Ms. Morales agreed, adding that because of the transition within the Council's members, it would be advantageous for her to present it at the next meeting.

**13. PUBLIC COMMENT:**

There was no public comment.

**14. ADJOURNMENT**

The meeting adjourned at 2:42 pm.