

**ADVISORY COUNCIL ON THE STATE PROGRAM
FOR WELLNESS AND THE PREVENTION OF CHRONIC DISEASE
MINUTES
APRIL 28, 2016
1:00 P.M.**

Division of Public and Behavioral Health
4150 Technology Way
Room 303
Carson City, NV 89706
(775) 684-4285

Bureau of Health Care Quality & Compliance
4220 S. Maryland Parkway
Building D, Suite 810
Las Vegas, NV 89119
(702) 486-6520

Nevada Early Intervention Services (NEIS)
1020 Ruby Vista Drive, Suite 102
Elko, NV 89801.
(775) 753-1214

BOARD MEMBERS PRESENT

Thomas McCoy, JD
Julia Peek, MPA
André DeLeón
Rebecca Scherr, MD
Benjamin Schmauss, MPH
Deborah Williams, MPA, MPH, CHES
Amber Joiner, MA
Jack Kim, JD
Jeff Muehleisen
Christina Demopoulos, DDS, MPH
Angela Rodriguez, MBA, PHR, SHRMCP

BOARD MEMBERS NOT PRESENT

Cassandra Cotton, BS, MA
Joseph Hardy, MD
Jacque Ewing-Taylor, Ph.D

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH STAFF PRESENT

Monica Morales, MPA, Deputy Bureau Chief, BCFCW
Jenni Bonk, MS, Section Manager, CDPHP, BCFCW
Melanie Flores, Quality Improvement Manager, MSW, Chronic Disease Prevention and Health Promotion Section (CDPHP), Bureau of Child, Family and Community Wellness (BCFCW)
Shannon Bennett, Policy and Advocacy Manager, CDPHP, BCFCW
Allen Pai, DrPH, Education and Surveillance Manager, CDPHP, BCFCW
Vickie Ives, MA, Integrated Health Systems Manager, CDPHP, BCFCW
Margie Franzen-Weiss, MPH, CHES, Diabetes Prevention and Control Program Coordinator, CDPHP, BCFCW
Jonathan Kotchevar, Women's Health Connection Data Analyst, CDPHP, BCFCW

Duane Young, Tobacco Program Coordinator, CDPHP, BCFCW
Lily Helzer, Comp Cancer Program Coordinator, CDPHP, BCFCW
Kristi Robusto, PhDc, M.S., Obesity Coordinator, CDPHP, BCFCW
Amanda Silva, Administrative Assistant III, CDPHP, BCFCW
Nichole Millim, Administrative Assistant II, CDPHP, BCFCW

OTHERS PRESENT

Margaret Reidl, Registered Dietitian, School of Medicine and Red Rock Medical
Duane Osborn, MBA, Nevada Rural Healthscope Partners
Kelli Goatley-Seals, MPH, Washoe County Health District
Nikki Aaker, MSN, MPH, RN, Carson City Health and Human Services
Nichole Alberti, Washoe County Health District
Laurie Olsen, Chief of the Office of Community Partnerships and Grants
Stacie Briscoe, RD candidate for Advisory Council
Linda Anderson, JD, Chief Deputy Attorney General, Attorney General's Office
Delmo Amdreozzi, Elko County Commissioner
Bobbi Shanks, Elko County School District

1. Roll Call

The meeting was called to order by Acting Chair, Julia Peek, at 1:07 PM. 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.

Pursuant to requirements of the Preventive Health and Health Services (PHHS) Block Grant, Julia Peek was the Acting Chair for this meeting in the Chief Medical Officer's absence and Thomas McCoy was Co-Chair.

2. Approve minutes from the January 14, 2016 and January 29, 2016 Advisory Council meetings

Ms. Peek asked the Council for any changes to the draft minutes of the January 14, 2016 meeting. Deborah Williams directed staff to page eight of nine; the top paragraph makes several references to 'Ms. Rossalin', which should be changed to 'Ms. Brooks', Rossalin being her first name, Brooks being her last name.

MS. PEEK ENTERTAINED A MOTION TO APPROVE THE MINUTES WITH EDITS. A MOTION TO APPROVE THE MINUTES WAS MADE BY MR. MCCOY AND SECONDED BY MS. WILLIAMS. THE MOTION PASSED UNANIMOUSLY WITHOUT PUBLIC COMMENT.

3. Vote to approve the Preventive Health and Health Services (PHHS) Block Grant Fiscal Year 2016 Work Plan

Melanie Flores gave an overview of the updated Fiscal Year 16 PHHS Block Grant to the Council. Ms. Flores explained to the committee they technically approved the work plan in January; however, based on public comment from both the public hearing and the committee the Chronic Disease Prevention and Health Promotion (CDPHP) Section made revisions to the work plan. As

a result, the Council would need to review and approve the revised work plan, which now includes the federal allocations.

Discussion:

Benjamin Schmauss asked how the State determined funding allocations to the community. Ms. Flores explained the new allocations were negotiated with the Local Health Authorities (LHAs) and Dr. Green. Additionally, Ms. Flores explained the Block Grant Information System (BGMIS), which breaks down the cost for each health objective. Ms. Flores mentioned there was a glitch in the Centers for Disease Control and Prevention (CDC) system which over inflates the allocations when indeed the State only receives what is determined on the federal allocation table. Mr. Schmauss referred to page eight, asking if the percentage breakdown was federal or state funding. Ms. Flores clarified these are federal funds, supporting state employees. Ms. Williams commended the State staff for reaching out to the LHAs to collaborate on the PHHS Block Grant initiatives. She noted State staff has done a great job. Ms. Williams also wanted to clarify the dates of the FY 2016 work plan for anybody who might be confused and referred to an email exchange with Ms. Flores. Ms. Flores confirmed technically the FY 2016 work plan spans a two-year period of October 2015 through September 2017; however, each state has the option to revise the work plan every year, which Nevada has chosen to do. The Board will have to approve another work plan in January of 2017 for the next two-year cycle.

MS. PEEK ENTERTAINED A MOTION TO VOTE. THE MOTION PASSED UNANIMOUSLY WITHOUT PUBLIC COMMENT.

4. Present Chronic Disease Prevention and Health Promotion (CDPHP) Section Updates and Program Reports

Ms. Flores gave an update on staff changes and updates including the new Section Manager who previously worked with the Division of Health Care Financing and Policy (DHCFP), Jennifer Bonk. Ms. Bonk spoke briefly to the Council expressing this was her third week in the Section and she looks forward to working with everyone in the future. Eliane Fuentes, who was previously a contracted employee with the Section as the Community Health Worker Program Coordinator, is now the Colorectal Cancer Control Program Coordinator. Kristi Robusto, who was previously a contracted employee as the Colorectal Cancer Data Analyst, is now the Obesity Control Program Coordinator. Ms. Robusto spoke to the Council, informing them she is currently finishing her Doctorate in Public Health and Health Behavior with her dissertation being on childhood obesity prevention, tying nicely into the program. She has her Master's Degree in Exercise Physiology and a Bachelor's Degree in Kinesiology. Coming from an exercise science background will allow her to help with the program. Jonathan Kotchevar is the new Women's Health Connection Data Analyst. Mr. Kotchevar explained to the Council he came from Aging and Disability Services and has his Bachelor's Degree in Public Health. Ms. Flores went on to inform the Council they are still in the process of hiring a School Health Coordinator, a Health Systems Coordinator for the Colorectal Program, a Data Analyst with the Colorectal Program, a Food Security Manager, a Tobacco Cessation Program Coordinator and a Financial Management Analyst. These positions are anticipated to be filled before June.

Discussion:

Mr. Schmauss asked if there are specific requirements for each position. Ms. Flores responded they do need a Bachelor's degree with a few years of background in the health field they are applying. There are also Data Analyst and Health Resource Analyst positions, which do not have such a rigorous minimum requirement.

5. Present Local Health Authority (LHA) Chronic Disease Prevention and Health Promotion Updates and Program Reports

Ms. Williams wanted to thank the State as this is the first time the local health authorities have been invited to submit a report similar to what the State is doing. She went on to tell the Council Southern Nevada Health District (SNHD) has filled the Director of Community Health position with Dr. Michael Johnson. Dr. Johnson holds a PhD in Clinical and Community Psychology, a Master's Degree in Behavioral Medicine and a Bachelor's Degree in Psychology, with over 28 years of experience evaluating Chronic Disease and Injury Prevention Programs. Dr. Johnson was previously a State contracted researcher with the Tobacco program, he is very familiar with Nevada and the Tobacco Program. Ms. Williams was pleased to announce SNHD has recently been awarded a supplementary award which will provide funding to match dollars spent at farmer's markets. People who are redeeming Electronic Benefit Transfer (EBT) at farmer's markets are now getting a two-dollar match for every five dollars spent. Ms. Williams also mentioned they have just submitted their year three continuation application for the Partnerships to Improve Community Health (PICH) grant. Ms. Williams then gave way for the LHAs in Carson City and Washoe County to present on their own behalf.

Nikki Aaker gave an update on Carson City Health and Human Services (CCHHS), reporting they expanded Public Health Week into Public Health Month. They collaborated with Carson Tahoe Hospital and Partnership Carson City and put on a Public Health Town Hall where the public can come talk with public health figures to discuss issues such as access to healthcare, mental health, behavioral health services, chronic disease, healthy behaviors, and how they receive their health information. They are looking to collect data from the public for their next community health needs assessment.

Discussion:

Mr. McCoy asked when the Carson City Public Health Town Hall was taking place. Ms. Aaker responded it was April 28, 2016, from 5:30-7:30 in the Bristlecone Room at Carson Tahoe Hospital. Amber Joiner asked where this event was publicized. Ms. Aaker responded it was posted on their Facebook page, on Carsonnow.org, as well as publicized through flyers posted at a number of different organizations whose staff also told individuals with whom they interact.

Kelli Goatley-Seals gave an update on Washoe County Health District (WCHD). They currently have a supervisor position who has 20% time allocated to chronic disease, two full time staff, two part time staff, and they work with interns and other health facilities. Many activities, primarily nutrition and physical activity programs, are funded through local dollars. Grant funding goes toward tobacco activities, and obesity prevention efforts focused on physical activity and healthy eating within elementary schools in Washoe County. WCHD is adapting a menu-labeling program, which was not

as successful as anticipated, but is working towards an overhaul with restaurants to look at nutrition, healthy beverages and portion sizes. The school district's Superintendent recently accepted the recommendations on the School Wellness Policy, which includes nutrition and information on physical activity during school days. Ms. Goatley-Seals explained WCHD is working on activities in schools such as 'Bike Week' and collecting Body Mass Index (BMI) data, even though it is not a current legislative mandate. They have also spent time working on RenOpen Streets, to get people active within their community. This movement expanded from Reno to Sparks, as well.

Tobacco prevention activities include smoke free multi-unit housing; smoke free campuses; smoke free event venues; as well as ads on television and online. WCHD has collaborated with Carson City as well as SNHD for publication of the ads. There have been new efforts with the Lesbian, Gay, Bisexual, Transgender (LGBT) community; working to increase relationships and efforts based on data which shows high tobacco use in this community. Staff are also working with the organization Join Together Northern Nevada (JTNN) to identify any correlation between marijuana use and the use of e-cigarettes, tobacco and the Nevada Clean Indoor Air Act.

Discussion:

Mr. McCoy noted SNHD identified 723 smoke free apartments in their report and asked for clarification. Ms. Williams explained there are some apartments where the entire complex is smoke free, and other apartments where certain buildings within the complex are designated smoke free. You can find the listing in the smoke free multi-unit housing directory at www.getthehealthyclarkcounty.org.

6. Make recommendation to fill member vacancy for NRS 439.518(2)(g), "one registered dietitian"

Six resumes were received for the NRS 439.518(2)(g) vacancy for one registered dietitian. The six applicants included Lynice Anderson, Stacy Briscoe, Elise Compston, Brianne Madsen, Sherry Poinier and Margaret Riedl. Stacy Briscoe, Elise Compston and Margaret Riedl were in attendance and each presented a brief introduction.

Discussion:

Several members of the Council expressed all six candidates were of great quality. They specifically expressed their interest in including the Native American population as part of the discussion, as this very at-risk and important population has not been addressed often. It was agreed the Council could greatly benefit by bringing in an individual who is involved in this community. Jack Kim made a recommendation for Stacy Briscoe, and noted this was a difficult decision. Ms. Joiner added Ms. Briscoe's thesis topic was childhood obesity, which is a great fit for the Chronic Disease Advisory Council. André DeLeón made reference to two candidates who stood out, one being Margaret Riedl having publication experience, as this is a skill set which is not currently on the Board, the second being Ms. Briscoe for her experience with the Department of Education in addition to her work with the Native American population. Mr. McCoy brought the vote to the Council.

MR. MCCOY ENTERTAINED A MOTION TO APPROVE THE RECOMMENDATION FOR STACY BRISCOE TO FILL THE NRS 439.518(2)(G) VACANCY. A MOTION TO APPROVE

WAS MADE BY MR. KIM AND SECONDED BY MR. SCHMAUSS. THE MOTION PASSED UNANIMOUSLY WITHOUT PUBLIC COMMENT.

7. Review and approve added language into the bylaws

Mr. McCoy explained the changes in the bylaws to the Council, making note the subcommittee for Patient Centered Medical Homes has not identified any members yet.

MR. MCCOY ENTERTAINED A MOTION TO APPROVE THE BYLAWS. A MOTION TO APPROVE WAS MADE BY MS. WILLIAMS AND SECONDED BY MS. JOINER. THE MOTION PASSED UNANIMOUSLY WITHOUT PUBLIC COMMENT.

8. Public Health Funding for Nevada

Mr. Schmauss gave a presentation on Public Health Funding to the Council, explaining in the State of Nevada, Chronic Disease, and more specifically heart disease and stroke, are not being funded adequately at either the Federal or the State level. Mr. Schmauss went on to advise the Council throwing money at a problem does not necessarily solve the problem. Evidence-based practice is the solution to the problem; looking at what the State is doing, looking at what other states are doing, what is working, what is not working, and creating a plan of action to mirror the more successful states. Mr. Schmauss also noted this Council will play a role in making recommendations to fund that plan. Mr. Schmauss then played a video for the Council on youth stroke: http://dph.nv.gov/layouts/master/images/file_icons/video.png.

Mr. Schmauss spoke about the importance of advocacy. One out of three people in Nevada die of heart disease and stroke. Sixty-one percent of deaths in Nevada are attributed to the top five chronic diseases. This makes a huge impact on the State, not just on individuals. The cost of heart disease, cancer, arthritis, stroke and diabetes are costing taxpayers money on top of the burden on individual families. Looking at the economic burden over all, the indirect cost is in the multi-billions. Mr. Schmauss noted there is not a direct relationship to show the amount of state funding affects the outcome. However, there are programs which could be funded, with evidence-based outcomes, to invest in the future. The State of Nevada is in the bottom three states for funding toward the top five chronic diseases. Nevada is funded ten times less than Utah, which is just under average compared to the rest of the Nation's funding.

In conclusion, Mr. Schmauss brought the following questions to the Council for contemplation: What are we not funding? What would it take to get to where we need to be? What programs are we not aware of that are effective in other states? How much do those programs cost? What would the impact be if we invested in these programs and what is the detrimental impact of not investing in these programs? Mr. Schmauss explained the goal of these investments is to see less death, disability and poor quality of life from chronic disease in Nevada, which would ultimately lead to less cost for treating chronic diseases. Studies have shown that a one-dollar investment can return as much as five dollars and sixty cents in savings, specifically for Nevada. When the State starts to invest in chronic disease, there is a higher potential for federal funding and even potential for federal match. Mr. Schmauss took a moment to publicly praise Julia Peek for sending out an email to her entire division, encouraging staff to make meetings into walking meetings

whenever possible. A perfect example of changing the culture, and circle of influence. Focusing on problems rather than influence, will make the problem bigger and influence smaller.

Discussion:

Mr. McCoy pointed out over 50% of adult Nevadans have at least one chronic disease, and some have even more. He went on to explain it all gets back to funding, then questioned where the funding was coming from. Mr. Schmauss made a specific recommendation for this Advisory Board to identify how the lack of funding affects Nevadans. He suggested doing a direct comparison to other successful states, to identify the problems in Nevada. Ms. Joiner explained some of the sources of data are of concern. When reporting data, other states may not be reporting exactly the same data, so it is hard to make a direct comparison. From a practical perspective, we need to look at what is actually feasible. The State is in the process of building budgets right now and there may be timing limitations, or the staff may already be working on these things. Ms. Peek explained the Executive Branch's roll is to educate the public. They have come up with a few ideas to bring funding up, as Nevada is second to last, if not last for funding in the Nation. The Executive Branch is looking into how people absorb information to identify the most impactful way to present it to the public and to legislators. Ms. Peek explained they are proposing a breakdown by congressional district, to show people in each community exactly how many people are dying around them, from specific chronic diseases. Ms. Peek noted the decision should be easy to make when looking at what other states are doing, looking at how much they invested, where the funds came from, over what amount of time and what the outcome was.

Mr. DeLeón asked what resources there are in regards to a curriculum targeting the top five chronic diseases as far as awareness, prevention and community support. Ms. Williams responded one of the best resources is the Guide to Community Preventive Services; this shows a nationwide compilation of data for evidence-based practices to help determine where to invest if you have funding. Mr. Kim questioned if accessible federal funds have been identified and how much state funds needed to be obtained toward chronic disease in order to obtain the federal funds. Mr. Kim gave the example of giving legislators calculated information of putting one dollar of state funding in, in order to obtain ten dollars of federal funding. Ms. Peek stated CDPHP goes for every grant. The reason Nevada is not extremely competitive is because if the State is not funding, the federal level does not want to be funding the program at 100%. Mr. Kim questioned if any organizations can be reached out to do some of the research rather than using state funding on the research. Ms. Peek responded the State absolutely wants to use outside resources. Mr. Schmauss made a recommendation of evaluating Nevada's findings compared to a minimum of five other states, volunteering to help in the evaluation. Ms. Peek advised she would have state staff work on an evaluation to present at the next meeting, emphasizing time spent towards this project will detract attention from other job duties.

Mónica Morales spoke about how she attempted to do this two and a half to three years ago. She warned it is extremely difficult to compare to other states. Ms. Morales further explained the surrounding states do not have the same chronic disease programs Nevada has; for example, Arizona is composed of four programs, Oregon has about eight programs and California does not include tobacco in chronic disease. She noted Mr. Schmauss' approach is correct, to start with

the five most similar states to Nevada and take it from there. In addition, the National Association of Chronic Disease (NACDD) has attempted to make this comparison and has failed for the same reason. Ms. Morales suggested calling other states' chronic disease offices, as well as their budget offices in order to dig deep and identify what they are doing. Ms. Morales mentioned another thing to make note of is communication with other state agencies. There are efforts taking place in the Substance Abuse, Prevention and Treatment Agency (SAPTA) and Maternal, Child and Adolescent Health (MCAH) Section related to chronic disease issues. Ms. Morales explained to the Council the CDC has been questioned repeatedly on why they are not funding more poor states, rather than the states which are already performing adequately. The CDC is working on turning this around. Mr. Schmauss stated the majority of his presentation was from Ms. Morales' research and white paper. What he would like to bring to focus is the language needs to be tailored to people in a more health literate manner. He wants to see a more appealing approach using the data; evidence-based practice, packaged with a price tag, to get the public's support. Ms. Williams brought up on March 23, 2016, there was a public health day, and the local health officers are currently working on this. They would be a good resource to reach out to for combining efforts.

Mr. McCoy stated, unsurprisingly, politics plays a role in funding. When looking at life expectancy for Clark County alone, the life expectancy is 16 years less than the statewide average. These statistics make a big impact which people will listen to. Ms. Peek suggested using a different tactic, rather than a direct comparison, show health profiles by congressional district. Essentially providing a menu of programs known to be effective evidence based programs, along with potential outcomes and an overview of what the investment will look like. This would be a much easier solution, rather than spending time doing research on other states, providing a breakdown of what it would look like to implement evidence-based programs already known to work. Ms. Joiner added she would love to hear from other states with the best outcome to compare the percentage of state funding versus federal funding. Mr. McCoy closed the discussion by putting a plan into motion. Ms. Peek will organize a plan to collect the data and bring it back to the Council in the next meeting. This data will help identify the outcome of investing state funds.

9. Presentation on Medicaid's Coverage of Prevention Services

Jenni Bonk presented a PowerPoint on behalf of Betsy Aiello, as she recently moved to CDPHP from Medicaid, and Betsy could not attend the meeting. Preventive Services policy is located in Medicaid Services Manual (MSM), Chapter 600: Physicians Services. Nevada Medicaid reimburses preventive medicine services for women, men and children as recommended by US Preventive Services Task Force (USPSTF). USPSTF assigns grades to these services with A being the most urgent and highest level of recommendation: Medicaid reimburses for A and B services. The federal match for these services is 65% with Nevada Medicaid reimbursing the remaining 35% with state dollars. There is a higher match for family planning, using 90% federal funds, and only 10% state funds. Nevada Checkup is currently receiving a high Federal match at about 98% with only 2% state funding, but this may change after Fiscal Year 2017 (FY17). The Early Periodic Screening Diagnosis and Treatment (EPSDT) Program for children follows the Bright Futures guidelines, which show exactly what should be done for each child's visit to a doctor. EPSDT ensures children receive anything medically necessary, even if it is not explicitly covered. The

Health Care Guidance Program is the State's care management organization for chronic conditions providing services at multiple levels based upon the recipients' needs.

Discussion:

Mr. McCoy pointed out, for men, there is no prostate screening provided, even though prostate cancer is just as prevalent as breast cancer. He also noted without providing education to the public, the health illiteracy problems are not going to be solved, regardless of the solutions they come up with.

10. Presentation on Tobacco Master Settlement Agreement

Laurie Olsen presented to the Council, explaining the agreement started in 1998 to recover state costs incurred from treating sick and dying cigarette smokers. This settlement forbade advertising and marketing to children under the age of eighteen. Ms. Olsen explained the State is not required to spend the funds in any particular way. Each state legislature is responsible for determining how to allocate the funds. In 2009, the funds were transferred from the Department of Health and Human Services (DHHS) to the state Tobacco Program, which came up with a new distribution system. In 2011, the Legislature removed the allocation formula from the statute to allow funds to be expended where the greatest need existed. An evaluation is performed every few years and the funds cannot be expended on anything which can be reimbursed by another payer source. From there it has to make it through the Governor's recommended budget and then through the Legislature. A few of the priorities for the current biennium include health, mental health, family support, Nevada 211 and hunger. Ms. Olsen concluded they are expecting to receive between \$27,000,000 and \$28,000,000 in the upcoming biennium.

Discussion:

Mr. McCoy explained one of the things people may not be aware of, is some states widely set aside the Master Settlement Agreement (MSA) funds in a trust account to accrue interest, from there things are paid from interest accrued rather than on principal. Ms. Olsen stated the next meeting for the Funds for a Healthy Nevada (FHN) will be held on May 5, 2016, at 9:00 AM followed by two more meetings taking place on May 24, 2016, and June 9, 2016, and there are three more meetings where comment can be made. Ms. Olsen commended Southern Nevada Health District (SNHD) for its success using FHN funding to implement urbanfuel.com, a campaign targeted at youth. In 1990, youth smoking rates were around 30 percent and today are around 7 percent. Ms. Williams explained the graph in Ms. Olsen's presentation regarding FHN funding shows FY06 funding was the highest and then it slowly declined. At that time, SNHD solidified its own Federal funding source for tobacco programming; if it were not for state funding, SNHD would not have been able to build capacity and compete for these dollars. Ms. Williams explained this is a perfect example of how funding up front brings success as without the FHN dollars, they would not have been able to successfully compete for Communities Putting Prevention to Work (CPPW) funding.

11. Presentation on the Diabetes Prevention and Control Program (DPCP)

Marjorie Franzen-Weiss presented to the Council. Last year was an extremely exciting year for the Diabetes Program. Ms. Franzen-Weiss explained many times diabetes is not counted as a

cause of death because the person dies from another chronic disease, even though diabetes is a contributing factor. In the last 20 years, Nevada has gone from around seven percent to 9.6 percent of the population with diabetes and is right around the national average with one in ten people having diabetes. Ms. Franzen-Weiss went on to explain the prevalence of prediabetes and how this does not paint a true picture because there are many undiagnosed individuals in the community. Most people with prediabetes do not know they have it. Ms. Franzen-Weiss explained she is the only person working on diabetes and prediabetes in the state sector, and is funded completely through the 1305 grant. The goal is to promote awareness of prediabetes, and increase participation in diabetes self-management and lifestyle intervention programs such as the National Diabetes Prevention Program. The National Ad Council has developed an ad campaign with CDC, to encourage people to take a risk assessment to know if they have prediabetes. The ad can be viewed at doihaveprediabetes.org.

The DPCP assisted in the development of the Diabetes Education Stakeholder Group, a group made up of all diabetes educators across the State. Feedback received from this group led to the creation of a communication hub on the Nevada Wellness website. This can be accessed at NVdiabetesed.org, and is a place to find resources on diabetes for both patients and providers. Additionally, it was identified, people are not being referred to self-management resources from the physician's office; therefore, the group developed a Diabetes Self-Management Education (DSME) Toolkit and Nevada branded the American Medical Association (AMA)/CDC Prevent Diabetes STAT Toolkit. These toolkits can help the clinical sector incorporate algorithms into their Electronic Medical Record (EMR) systems, in addition to putting forth systems for identification, treatment and referral protocols for patients who have diabetes or prediabetes. The CDC also put forth a Diabetes Prevention Recognition Program. As of now, there are three recognized organizations through this program. Lastly, as of March 23, 2016, Health and Human Services (HHS) Secretary Burwell announced her intention to recommend coverage under Medicare for the Diabetes Prevention Program (DPP). Some states have been very proactive in this and have been getting different private insurance companies to cover DPP, including state employee insurance companies. Ms. Franzen-Weiss encouraged the Council to continue to help find ways to get people coverage for diabetes prevention.

12. Discuss and recommend agenda items for August 25, 2016 meeting

Mr. McCoy asked the Council for recommendations on the August 25, 2016 meeting. He recommended feedback from Ms. Peek on public health funding. Ms. Flores added Michael Hackett from Alrus Consulting and the Nevada Primary Care Association would be present to give a presentation on patient center medical homes and recommendations for the subcommittee.

13. Public comment

No public comment noted

14. Adjournment

The meeting adjourned at 4:25 PM.