

**ADVISORY COUNCIL ON THE STATE PROGRAM FOR WELLNESS AND THE PREVENTION OF  
CHRONIC DISEASE  
MINUTES  
October 27, 2016  
1:00 PM**

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

Bureau of Health Care Quality and  
Compliance  
4220 S. Maryland Parkway  
Building, 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

There is no Reno location for this  
teleconference. The call in number remains  
available for those who cannot travel to  
locations in Carson City, Elko or Las Vegas

**BOARD MEMBERS PRESENT**

Deborah Williams, MPA, MPH, CHES  
Christina Demopoulos, DDS, MPH  
Amber Joiner, MA  
Tom McCoy, JD  
Joseph Hardey, MD  
Staci Briscoe, RD  
Benjamin Schmauss, MPH  
Angela Rodriguez, MBA, PHR, SHRMCP

**BOARD MEMBERS NOT PRESENT**

Jacque Ewing-Taylor, Ph.D  
John DiMuro, DO, MBA  
André DeLeón  
Rebecca Scherr, MD (joined later via phone)  
Cassandra Cotton, MA  
Jeff Muehleisen

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

Shannon Bennett, Policy and Advocacy Manager, Chronic Disease Prevention and Health Promotion (CDPHP) Section, Bureau of Child, Family and Community Wellness (BCFCW)

Jenni Bonk, MS, CDPHP Section Manager, BCFCW

Masako Berger, Health Systems Manager, CDPHP, BCFCW

Allen Pai, Ph. D, Evaluation and Surveillance Manager, CDPHP, BCFCW

Laura Urban, Food Security and Wellness Manager, CDPHP, BCFCW

Karissa Loper, MPH, Deputy Bureau Chief, BCFCW Acting Section Manager, Immunization Program

Mike Lowe, Ph. D, CDC Public Health Associate, CDPHP, BCFCW

Shawna Pascual, Women's Health Connection Program Officer, CDPHP, BCFCW

Reena Gupta, CDC Public Health Associate Program Assignee, CDPHP, BCFCW

Amanda Santos, Community Health Worker Coordinator, CDPHP, BCFCW

Tom Weber, Connecting Kids to Coverage Grant Coordinator CDPHP, BCFCW

Rani Reed, Community and Clinical Linkages Manager, CDPHP, BCFCW

Rhonda Pena, Administrative Assistant II, CDPHP, BCFCW

Helm Lehmann, MBA, MA, Health Systems Analyst, CDPHP, BCFCW

Margie Franzen-Weiss, Diabetes Prevention Coordinator, CDPHP, BCFCW

## **OTHERS PRESENT**

Duane Osborne, MBA Nevada Rural Health Partners

Rebecca Edgeworth, MD, Volunteers in Medicine

Joshua Etchegoyhen, MA II, Public Employees Benefit Program (PEBP)

Kelly Seals, MPH, Washoe County Health District

Erin Dixon, MPH, Chronic Disease Director, Washoe County Health District

Nicki Aaker, RN, Chief Health Officer, Carson City Health and Human Services

Kristin Power, Communications Director, Nevada Cancer Coalition

Quin Cartwright, Project Manager, Nevada Community Health Worker Association

### **1. Roll Call**

The meeting was called to order by Acting Chair, Thomas McCoy, 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, Thomas McCoy was the Acting Chair for this meeting. Dr. John DiMuro was not present, but his proxy, Julia Peek was in attendance.

## **2. Approve Minutes from the August 25, 2016 Advisory Council meeting**

Mr. McCoy asked if anyone had changes to the draft of August 25<sup>th</sup> minutes. There were no corrections.

**MR. MCCOY MADE A MOTION TO APPROVE THE MINUTES WITHOUT EDITS. THE MOTION PASSED UNANIMOUSLY WITHOUT PUBLIC COMMENT.**

## **3. Present Chronic Disease Prevention and Health Promotion (CDPHP) Section Updates and Program Reports**

Jenni Bonk, CDPHP Section Manager, provided staffing updates. Masako Berger has transitioned from the 1305 Evaluator to the Health Systems Manager, replacing Vickie Ives. David Olsen has transitioned from the Tobacco Program Evaluator to the Tobacco Coordinator. Kellie Ducker is the new Women's Health Connection Evaluator. Jonathan Kotchevar is the new CRC Evaluator. Amanda Santos is the new Community Health Worker Coordinator. Tom Weber is the new Connecting Kids to Coverage Grant Coordinator. Jonathan Lopez has joined the team as the Connecting Kids to Coverage Fiscal Trainee. Rhonda Pena is serving as the new Administrative Assistant II (AA). Reena Gupta is the new CDC Public Health Associate Program Assignee. She will be working under the Office of Food Security for the next two years. Vicky Kolar, the Heart & Stroke Coordinator, left for a Quality Improvement position with HealthInsight. DPBH is in the process of recruiting for that vacancy as well as the Women's Health Connection Coordinator. DPBH is in the process of recruiting for Melanie Flores' position, Health Resource Analyst III. She left to work at Washoe County Health District. Masako Berger's previous position as 1305 Evaluator, as well as David Olsen's Tobacco Evaluator position is also being recruited. Stephanie Abeyta, an AA II, left the section in September. There are currently two open AA positions. The hiring process to fill those positions has begun.

### ***Nevada Colorectal Cancer Control Program (CRCCP)***

The new Colorectal Cancer Data Analyst, Jonathan Kotchevar, began his position August 29, 2016. Jonathan will ensure contractor compliance to CDC guidelines through quality assurance oversight of enrollment, intake and fiscal data received from the contractor, assistance from CDC to improve data analysis, and provide feedback to the program's sub grantees. He will be responsible for data collection, analysis and reporting. The CRCCP began working with Volunteers in Medicine (VMSN), a nonprofit health organization that provides medical care at no cost to the uninsured and underserved residents of Clark County, on August 18, 2016. CRCCP placed a Community Health Worker (CHW) at VMSN to increase the utility and uptake of colorectal cancer screening tests among VMSN's patients and implement evidence-based interventions (EBIs) recommended in The Guide to Community Preventive Services (Community Guide), including the implementation of provider reminders, client reminders, and reduction of structural barriers. The

CRCCP, in partnership with the Nevada Cancer Coalition (NCC) and the American Cancer Society (ACS), hosted a very successful Nevada Colon Cancer Roundtable Conference in Las Vegas on August 26, 2016. The purpose of the Roundtable was to bring together key stakeholders in Nevada who can make the greatest impact on colorectal cancer through a united effort statewide. Discussions and presentations during the conference focused on systems to increase screening, diagnosis and treatment, as well as access, throughout the state.

### ***Comprehensive Cancer Control Program (NCCCP)***

NCCCP has recently completed an evaluation of progress made on the initiatives of the 2016-2020 Nevada Comprehensive Cancer Control Plan. This report will be made available on the NCCCP website. NCCCP, in collaboration with the (NCC), is currently working to design and conduct a number of focus groups identifying the unique needs of cancer survivors in Nevada. Focus groups are tentatively scheduled to occur in early 2017, and results will be available in June 2017. These results will be used to guide future program survivorship efforts. Prevention efforts continue through the Sun Smart Schools Program skin cancer prevention initiative and the continued partnership for radon control efforts with the Nevada Radon Education Program.

### ***Obesity Prevention Program***

The program completed work on major statewide projects including the development of the active transportation report, "Active Transportation in Nevada: Charting a Course for the Road Ahead." Current activities of this program include drafting a statewide Active Transportation Plan, completion of the Early Childhood (0-8 years) Obesity Prevention State Plan (nearly complete) and preparing a media campaign that ran during September for Childhood Obesity Prevention Awareness Month. The purpose of the campaign was to spread awareness of childhood obesity and prevention, emphasize immediate and long-term health issues related to childhood obesity, increase screening for obesity in children, and increase physical activity for children and the family unit as a means of prevention. Movie theatre ads and social media posts (Facebook, Twitter and Pinterest) ran the entire month of September to get the message out, and reached approximately 200,000 people statewide.

### ***School Health Program***

The School Health Coordinator is collaborating with the Nevada Department of Agriculture and the Nevada Afterschool Network to provide nutrition training to afterschool coordinators and Parent Teacher Association members and parents. Trainings will be offered in Carson City and Clark, Washoe and Elko counties. This training will review the nutrition components of the Nevada/Local School Wellness Policy (SWP) and the Smart Snack Standards that align with the policy. The training will emphasize sodium intake in relation to student health, healthy fundraising, celebrations and curriculum ideas to help promote healthy schools. Participants will go through learning activities and receive a packet of resources to improve student health.

### ***Office of Food Security & Wellness***

The Governor's Council on Food Security motioned to prioritize activities in the Nevada Food Security Action Plan. Surveys, stakeholder interviews, and data will determine the future of the plan as well as identify activities and target population for a 2017 Action Plan. Council meetings for October and December have been cancelled and will resume next year.

### ***Community Health Worker & Connecting Kids to Coverage Programs***

The Community Health Worker (CHW) training program continues to support the CHW hybrid training. The most recent training was for a group of AmeriCorps volunteers who will serve in their own communities. Another class will begin in January, and it is almost full. Nevada System of Higher Education (NSHE) is launching its first online-only CHW training program in addition to the in-person class it supports.

The CHW Association hosted its Board of Directors meeting in September. The Association continues to define the different roles of CHWs in Nevada. For sustainability, the Association and the CDPHP Section are communicating with Medicaid on potential reimbursement for some services.

The University of Nevada – Reno (UNR) is performing a return on investment (ROI) study on the impact of CHW interventions on high cost patients through a partnership with Health Plan of Nevada, a Managed Care Organization for Nevada Medicaid. The study is being funded by the CDPHP Section. UNR anticipates having data to share with the CWCD in the spring.

The Section has begun work on the new Connecting Kids to Coverage grant which focuses on enrolling children and families into Medicaid, Nevada Check Up and the Silver State Health Exchange. The CDPHP Section has hired two staff associated with this project, Jonathan Lopez (fiscal) and Tom Weber (coordinator). Currently, the program is in the process of ensuring the training of six CHWs in Nevada who will become Certified Application Counselors (CACs), with additional funds provided by the Silver State Health Exchange.

### ***Diabetes Prevention and Control Program***

The Nevada Statewide Quality and Technical Assistance Center (QTAC) for Diabetes Education has scheduled training for lay leaders for the Stanford Diabetes Self-Management Education and Training (DSME/T) for January 23-26, 2017 in Las Vegas. The QTAC held National Diabetes Prevention Program (DPP) health coach trainings October 13-14, 2016 in Henderson. The Diabetes Prevention and Control Program (DPCP) Coordinator facilitated partner calls to respond to the Centers for Medicare and Medicaid Services (CMS) proposed rule changes, document outlines, and reimbursement for the provision of the National Diabetes Prevention Program. Nevada provided comments on the proposed rules via the Improving Diabetes and Obesity Outcomes (iDO) Committee. The NVDiabetesEd.org website lists offerings throughout the state for diabetes education.

### ***Tobacco Prevention and Control Program***

The Tobacco Program has partnered with the Division of Health Care Financing and Policy to develop and finalize comprehensive tobacco cessation language for the upcoming Managed Care Organizations

(MCOs) contracts. This will ensure all Nevadans covered by Medicaid will have access to comprehensive tobacco cessation coverage without barriers. The program is working to increase referrals to the Quitline through a partnership with the Division of Welfare and Supportive Services and by setting up provider referrals through the Health Information Exchange (HIE). The Quitline has recently expanded nicotine replacement therapy (NRT) medications from eight to twelve weeks for the uninsured. The program is currently writing the grant for continued funding that will cover March 29, 2017 - March 28, 2018. A meeting for funded partners to increase collaboration and receive targeted technical assistance has been planned for January 19-20, 2017. The Tobacco Program and partners communicated with the Nevada Housing Division about increasing tax credits for building low-income, tobacco-free housing. However, the Housing Division decided to maintain, but not increase, the tax credit incentive at one point instead of the recommended three points.

***Mr. McCoy requested that Agenda Item 5 be covered next to allow Volunteers in Medicine of Southern Nevada (VMSN) staff to return to work.***

***Item 5. Presentation by Dr. Rebecca Edwards, VMSN***

Dr. Rebecca Edwards presented an overview of the VMSN clinics. The clinics provide services at no cost to the uninsured. Even with the implementation of the ACA, there are still over 250,000 Nevadans without insurance. VMSN has received a new grant which allows them to continue providing these services. Founded in 2010, VMSN opened a second clinic in May of last year. This clinic provides dental, medical and social services. Twelve percent of the 2,500 patients are children. All patients must have NO insurance and may earn an income of up to 250% above the federal poverty level. The clinics refer to patients as the “working poor,” defined as people who don’t qualify for Medicaid, yet cannot afford insurance on the Exchange. The clinics have over 400 volunteers including medical professionals at all levels who provide services free of charge. The paid staff includes one physician and two nurses. The clinics are also a training site for UNLV schools of nursing, medicine and dentistry and are funded through grants, private donations and in-kind corporate donations. VMSN also partners with Women’s Health Connection, Colorectal Cancer Control and the Tobacco Cessation programs. Their facilities have a fully licensed pharmacy in-house and provide patients with free medications. VMSN would like to bring in eligibility workers to navigate patients to additional resources.

***Discussion***

Mr. McCoy: “How do you promote your services?”

Dr. Edwards: “Through community outreach, public speaking venues and television and newspaper media.”

Mr. Schmauss: “What would you say is the greatest need? And what is the lowest hanging fruit?”

Dr. Edgewood: “We would like to add more patients and to do so would require additional grant funding. Money is probably the easiest answer. That’s probably true for many of us, right? The low

hanging fruit would be to be able to have in-house eligibility workers at the clinics to provide patient navigation for those who may qualify for Medicaid.”

Ms. Williams: “Eligibility workers may be available to assist you. They’ve been trained through a grant by the Dignity Health Care System. They are required to do outreach and are trained specifically for Medicaid.”

Dr. Edgewood: “That’s a really good idea. Thank you.”

Ms. Briscoe: “I’m the program manager for the Reno –Sparks Indian colony. You may find, if you reach out to the tribal communities, new patients for both medical and dental care. There are a lot of tribes in Southern Nevada. You may want to reach out to any of the tribal community public information officers to do outreach through them.”

Dr. Edgewood: “Are those uninsured people?”

Ms. Briscoe: “They’re eligible for insurance through the Indian Health Service, so they’re not uninsured.”

Dr. Edgewood: “Got it. Just to be clear, we are not short on patients. Those that are insured are not the patients we outreach to. I do appreciate the thought though. Thank you.”

Dr. Edgewood concluded by providing her contact info [Redgeworth@vmsn.org](mailto:Redgeworth@vmsn.org) : “Please feel free to reach out to me if you think of anything else or if you’d like to stop by the clinic at any time. Thank you very much for giving me the opportunity (to speak).”

Mr. McCoy: “Alright doctor we’re going to let you get back to those patients. Thank you doctor, for giving us your time. One of the advantages of having this type of open discussion and outreach is that we're able to share information from the organizations that make up the council and other healthcare communities and get information that some people on the council may not be aware of. I only learned about this group at the CRC roundtable and that was August. Not living in Southern Nevada, I think most of us from other parts of the state are just not aware of what they’re doing there.”

#### ***Item 4. Present Local Health Authority (LHA) Chronic Disease Prevention and Health Promotion Updates and Program Reports***

##### ***Southern Nevada Health District (SNHD)***

Ms. Williams, Chronic Disease Director, Southern Nevada Health District, provided updates. Under section news, staff did presentations and led breakout presentations and posters last month at the Nevada Public Health Association annual conference. They facilitated five break-out presentations discussing their work and progress on youth tobacco prevention, smoke-free multi-housing units, online diabetes education tools, and integrating equity and health in urban and pedestrian planning. Their website is currently being improved and should be online at the end of next week. The tobacco control program continues to work

with community partners in creating smoke-free policies. There are 12,202 smoke-free apartments and 124 smoke-free meeting venues. The Revolt night club, an LGBT club, opened in Planet Hollywood on the Strip and is completely smoke-free including e-cigarettes. Some of the youth events do program surveys; of high school students who responded, forty-eight percent reported having used hookahs. SNHD provided technical assistance to community partners to assist with tobacco cessation programs.

The “Half My Plate” program released a new app designed to help people track their nutritional consumption to increase their consumption of fruits and vegetables. The group conducted an environmental assessment of vending machines in hospitals and government buildings with the goal of increasing nutritional value in vending machines. They worked with local farmer’s markets providing technical assistance, as many of the markets accept EBT. The group completed the “Soda Free Summer” campaign targeted mainly at the Spanish speaking community. The Annual Coach’s Health Challenge kicked off in September and is designed to increase student’s physical activity; currently 13,000 students are participating. Chief Health Officer, Dr. Iser, submitted written testimony for the Nevada Administrative Code (NAC) changes related to licensed child care centers and the importance of comprehensive physical activity and nutrition programs.

### ***Discussion***

Mr. McCoy stated in reference to the smoke-free LGBT night club in Planet Hollywood, “I think the significance of the Revolt Club is that, I’m not sure if everyone on the council is aware, that the smoking rate amongst the LGBT community is much higher than the more traditional groups. This is a real strong movement in that respect because it goes against what you’d typically see in that community.”

### ***Washoe County Health District (WCHD)***

Kelly Seals, MPH, WCHD, reported on behalf of Erin Dixon. WCHD is currently recruiting for a part-time position to assist with tobacco free campuses and also with the LGBT community. WCHD is working on the [Gethealthywashoe.com](http://Gethealthywashoe.com) website which will (hopefully) be up and running by the end of the year. They are working on transferring the “get healthy” website to the health district website. With regards to physical activity and nutrition, they have modeled their program based on Southern Nevada’s *Coaches’ Challenge*, which they are piloting now. They currently have 13 classrooms signed up with just over 300 students. Planning for the “We Order Theirs,” working with local restaurants to provide more nutritious children’s menu items as smaller-portion menus. Washoe County School District shared data from their BMI survey and they’ll be sharing that data on their website under Epi News. The survey covered 4<sup>th</sup>, 7<sup>th</sup> and 10<sup>th</sup> grade students and showed no significant change from past years. “Food Day” was a big success. Washoe County Policy Council worked with local leaders and they received proclamations from Reno, Sparks and the county’s Board of Commissioners in support of Food Day and addressing food security issues.

The 2016 Healthy Living Forum will be held December 1, 2016 at the Joe Crowley Student Union on UNR campus. The focus is on healthy lifestyles, nutrition, physical activities, and tobacco use and exposure. They also surveyed a small number of people from the LGBT community and found that 60% reported tobacco use.



WCHD is putting a lot of time and effort into the smoke-free campus efforts at TMCC and Sierra Nevada College. Both colleges will celebrate the One Day Stand in conjunction with the Great American Smoke Out. TMCC has received a grant from the Truth Initiative and is moving forward with their tobacco free campus efforts. Sierra Nevada College has not made a decision yet. They continue to work with multi-unit housing to promote voluntary smoke-free policies. WCHD has been working with the city of Reno, which now has what they call Prime Free classes which owners, managers and leasing agents are required to attend. As of September, there are 240 smoke-free apartment units.

### ***Carson City Health and Human Services (CCHHS)***

Nicki Aaker, CCHHS, reported they are a very small division with no new staff on which to report. The group has partnered with Carson Tahoe Regional Medical Center as they are required to conduct a community needs assessment. On October 10<sup>th</sup> and 11<sup>th</sup>, they conducted four separate meetings with a total of 135 attendees representing 37 organizations.

The October 10<sup>th</sup> morning segment focused on community health planning and policies, epidemiology, and public health preparedness. The afternoon segment focused on data collection and sharing health education and information. On October 11<sup>th</sup>, the morning segment focus was community organization partnerships and programs, referral systems, and program evaluations. The afternoon segment on October 11<sup>th</sup> focused on community health, workforce development, research, and use of best practices.

Next steps for CCHHS will be a Forces of Change assessment to produce data to be included in the 2017 Community Health Needs Assessment to develop the Community Health Improvement Plan.

Influenza vaccination outreach efforts include 25 schools and 35 community locations, reaching over 5,000 individuals. The Chronic Disease Prevention program and diabetes prevention and control signed agreements with Dignity Health to help fund prevention efforts in Carson City, and Douglas and Lyon counties through diabetes grant funds. The group is providing education to a minimum 20 providers for referrals management using Nevada DSME toolkit and appropriate screening and referrals to the CDC.

The Tobacco Prevention and Control program is continuing to work with Western Nevada College on a tobacco free policy. They have finally assembled a task force and have appointed a Chair to head that task force. They were awarded a \$10,000 grant from the Truth Initiative. This fall, the college has implemented designated smoking areas and the rest of the campus is tobacco free. In fall 2017, the campus will become completely tobacco free. Carson Tahoe Regional Medical Center agreed to use CCHHS's smoking cessation template as their only cessation discharge efforts in line with evidence-based practices.

The provider guide was completed and used to train providers at the Carson Medical Group and Carson City Cardiology as well as educational events for Carson and Douglas High Schools' health classes on tobacco and nicotine education and prevention.

CCHHS began a large media campaign in order to reach multi-unit housing owners and tenants for smoke-free housing. Media included newspaper inserts, ads, social media and radio. This continues to be an uphill battle in Carson City and has generated minimal interest.

### **Women's Health Connection**

118 women have enrolled in and received services in Carson City and Douglas County since April.

### **Comprehensive Cancer Control Program**

Clinical and breast exams are performed and funded under Title 10 and, when indicated, colonoscopies are performed in the Carson City clinic. There is a CHW who assists clients within the Human Services Division. This is a pilot program funded by a CDC grant. The CHW works with housing clients who have medical and social needs. In the future, they will look into generating funds for more CHWs to serve clients in health programs as identified in the needs assessment.

### **Heart and Stroke Prevention Program**

The CCHHS program has continued its participation in the state's program. This program is funded under the state's Health to School program. Since April, it has provided educational events encouraging students to exercise, including bike riding and walking to school. The program held educational events in eight schools and distributed over 115 helmets in Fernley. Nineteen schools participated in Walk to School Day.

### **Discussion**

Mr. McCoy: "I'd be remiss if I didn't mention the American Cancer Society. If you haven't yet done so, go to American Cancer Society site at [cancer.org](http://cancer.org) for information and handouts on the Great American Smoke Out taking place on November 17<sup>th</sup>."

### **Item 6. Recommend a candidate for appointment to vacancy: position 2(c), one representative from the health insurance industry**

Mr. McCoy: "We have a vacancy on the Council. As many of you know we have a statutory obligation for specific breakouts for members of the council, looking for a representative to seat 2(c) we need one from the health insurance industry. Have we sent out a vacancy announcement Jenni?"

Ms. Bonk: "I don't believe we have. We had some discussion at the last meeting; there was a candidate referral from Dr. Kim, if that's what you'd like to do next."

Mr. McCoy: "Those of you that are new to this, the folks here in Carson send out a vacancy announcement. It provides those of us on the Council and others the opportunity to submit recommendations for people to submit resumes. The announcement provides people with all the information they need to submit. My hope would be that between now and the next meeting in January, we have submissions to review during that meeting. Any comments?"

Ms. Williams: "We have meetings with the local health departments the week before this meeting. I'm Interested in getting an application to an individual who had been in public health and is now working for Aetna. We would like to get that recruitment letter and form as soon as possible; we will work to get that to her."

Ms. Bonk: "I will try to get the announcement out next week."

Mr. McCoy: "Thank you, Deb. This is open so if you know of someone interested from the insurance industry, this is where we want to recruit."

#### **Item 7. Recommendations for the Patient Centered Medical Home subcommittee**

Tom McCoy stated that this subcommittee is part of this Council. Mr. Hackett presented a slate. "I asked all who were on that list if they wanted to continue and everyone said yes." In addition to those members, Ms. Joiner and Mr. McCoy would be part of that subcommittee. "The agenda item that we're considering this afternoon is a recommendation from the Council to accept the roster that had been presented in August. Then we would move forward within the structure of the department and get letters out to those members. Any discussion? Hearing none, I would accept a motion to accept the roster presented to you in August."

#### **DR. JOSEPH HARDY SO MOVED. MS. WILLIAMS SECONDED. MOTION APPROVED.**

Mr. McCoy: "I'm glad we got that taken care of because the subcommittee was authorized by the Legislature in January, 2015. So, the sooner we get moving the better off we will be."

Ms. Williams: "Going forward will you and/or someone from that committee be bringing reports back as an agenda item for this Council?"

Mr. McCoy: "Yes, or some member from that group will. We will consider that report just like these other reports."

Ms. Demopoulos: "I have a recommendation that Dr. Capurro be selected as a member of that committee as well."

Dr. Capurro was asked to speak to her background.

Dr. Capurro: "I'm a Las Vegas native. I am a doctor of dental medicine, I have a Master's in Public Health and a Master's in Business Administration. I've been on the faculty at UNLV for five years and became the Dental Officer in August of this year. So I've been busy gathering data to track disease so far and then we'll be writing policies to address disparities in our state. This is a new position; we haven't had it full-time funded since the 1980s."

Mr. McCoy: "This fits well with the Patient Medical Home Group. We need to back up to amend the earlier approved Item 7. I'm looking for a motion to add Dr. Capurro to the subcommittee."

#### **Mr. Schmauss so moved. Ms. Williams seconded. Motion approved.**

Mr. McCoy: "Thank you Dr. Capurro. All this will be finalized and we'll be moving towards having a meeting as soon as we possibly can. Thank you for attending today here and thank you for your future service not only for the state and being on the committee, but also as the State Dental Health Officer."

Dr. Capurro: "Thank you so much, I'm so glad to be here."

## **Item 8. Follow-Up discussion on Public Health Funding for Nevada**

Mr. Schmauss thanked the Council and other state programs for their feedback over the last 14 – 16 months regarding the use of funds. He referred to the Council’s August meeting minutes, pp 11-13. One goal is to reduce state funding and increase federal funding, such as increasing Medicaid funds. Prior to ACA, Nevada had 220,000 people enrolled in Medicaid. Now that number is close to 600,000. A proposal has been put together and sent to the Governor’s and legislative offices. The hope is to receive funding for local health authorities. Hypertension is a major issue leading to heart disease and stroke and is prevalent in 49.2% of Nevada’s adult Medicaid population. We want to work with targeted interventions that will show cost reduction over the long term for our state. We are seeking funding for that proposal. The intent is to use funds for disease prevention rather than expensive after diagnosis treatment. Jenni Bonk was asked to offer further explanation.

Jenni Bonk: “Just to clarify, the Community Paramedicine program has done a really great job in Reno through federal grant funding. Medicaid allows paramedics to work at the height of their license. There is no expansion of their scope of work. The vehicle Ben describes is a primary care version of the Mammovan. They could also put a CHW on the van as well. The van would be supplied with telehealth and screening equipment. It’s something that the funding would pay for, but we would have someone else manage it. That’s what we envisioned for the rural communities because there is such a shortage of providers out there. It would travel primarily in the rural areas. There is considerable interest in doing this. Medicaid has reimbursed for this service as of July 1<sup>st</sup>.”

Mr. Schmauss: “We’re looking at doing this over a three-year period. If we can be successful with this, we can save the state money and lives.”

Ms. Williams: “It sounds like the focus will be hypertension. Do you have a program for evidence-based strategies that local health departments will be looking for or will you ask if local health departments, with their limited FTEs, will be asked to build the programs?”

Mr. Schmauss: “There are EBI already established by the CDC, so we’ll be looking to implement that. The van is on the cutting edge of some really interesting workforce opportunities.”

Ms. Williams: “The van is just in the rural areas then, not in the larger metropolitan areas?”

Mr. Schmauss: “We’ll have to define that in the proposal. We’re still getting feedback from this and other committees as to whether this van should focus only in rural areas or whether it could be used in particular areas of the urban communities.”

Dr. Edgeworth: “I do believe we have a need for this in urban areas especially where people have limited transportation. In fact, the Southern Nevada Health District is exploring having a mobile immunization van just for that reason. We do believe lack of transportation is limiting access.”

Ms. Aaker: “I haven’t been part of these conversations. Can someone reach out to me to get Carson City involved?”

Mr. Schmauss: “Absolutely, we’d be happy to have you involved.”

Mr. McCoy: “One in ten Nevadans is diabetic. Do you see this as an opportunity to address some of these other things, especially as we get into the rurals? That’s where we have some issues with diabetes and obesity. Is there any reason to limit this strictly to hypertension?”

Ms. Bonk: “The way the paramedics can bill is based on a visit code. So, their scope of practice would not limit them to a particular focus.”

Mr. Schmauss continued with the report. This proposal will not limit what we’re doing, but at this point in time, we’re focusing on heart disease and stroke. In the long term we would not limit it just to that, but expand to other risk factors.

Mr. McCoy: “I was visiting with Humboldt General Hospital last week. We asked what they were doing within the paramedic community. They are going out to the homes of people who can’t come to the hospital. And they’re doing these things that you’re talking about. I hope you might visit those people in Winnemucca and get some of their ideas.”

Mr. Schmauss continued with the report. We need to show a return on investment. We have gotten many great ideas from the rural communities that are doing cutting edge things and that Humboldt model is something we’re looking at in what we’re trying to do here.

### ***Discussion***

Ms. Williams thanked Mr. Schmauss for his efforts. She also noted that the Nevada Public Health Association (NPHA) is working with the local health department officials to develop recommendations for chronic disease funding and recommended that Mr. Schmauss coordinate his proposal with theirs to assure synergy.

Mr. Schmauss: “I agree with everything you’re saying. We’re trying to build a foundation, but we don’t want to build a foundation that we can’t add on to. We want to do a project that, if we’re able to get this funding, that these are the outcomes we are shooting for and if we demonstrate that, we can make an argument that this saves lives, this saves money and that investment in this yields a return on that investment. That doesn’t mean we can’t add on to that house (foundation) in other essential areas.”

Mr. McCoy: “Well, thank you, Ben. I know that you and I visited on this one on one. I know you’re extremely passionate about it and, on behalf of the council, I want to thank you for all the effort you have put into this. Let’s just see where it goes from here.”

### **Item 9. Presentation on the Nevada Comprehensive Cancer Control Program (NCC)**

Kristen Power, Nevada Cancer Coalition presented an update on the Nevada Comprehensive Cancer Control program and an update on the 2016-2020 Nevada Cancer Control Plan. This is the third iteration of the plan (2006, 2012, 2016) which is closely aligned with the State plan. The 2016 Plan was formed through an evaluation of the 2012 Plan. One of the successes of the previous Plan was the growth in the number of partners as part of the Nevada Cancer Coalition and the increase in the state tobacco tax.

The plan includes five priority areas:

1. Primary Prevention: Vaccinations, Tobacco, Radon, Obesity and UV Exposure
2. Early intervention and screening for breast, cervical, colorectal and lung cancers
3. Diagnoses, treatment and palliation
4. Survivors and Quality of Life
5. Cancer surveillance and research

Year One evaluation was just completed. Success measures are 20% increases year over year. Half of the Priority One objectives attained that goal, including tobacco cessation, smoke-free TMCC and UNR campuses, school sun exposure programs and Radon testing. Priority Two: increase screening and development of educational tools for patients and providers, and partnering with the State CRCCP program in bringing together the statewide colorectal roundtable in Las Vegas. Priority Three: more than a third of the objectives are moving forward, with some being quantitative and others qualitative in nature. Medicaid agreed to suggestions that would increase coverage for more men and women to be screened, as well as working with partners to enhance clinical trials access and public knowledge of them. Priority Four has great opportunity to bring together information on medical records, barrier reduction for survivors and enhancing quality of life issues. Priority Five: two thirds of these objectives are in progress including modifications to NAC. Challenges include building complete reports with limited data while trying to show the value of such reports to ensure greater provider compliance in supplying more complete data.

Mr. McCoy commented that many here and others worked to put the plan together. "This is a living document to make changes based upon events within the environment as needed." He would like an update from the Cancer Registry in a future meeting as well.

## **10. Update on Jurisdictional Health Briefs**

Margie Franzen-Weiss, CDPHP Diabetes Coordinator, provided an overview of Diabetes in Nevada. New Mexico was used as a benchmark for funding comparisons with Nevada. New Mexico closely resembles Nevada in geography and demographics and receives considerably more funding for diabetes prevention than Nevada, including state funding mechanisms which Nevada does not provide. Current CDC funding cannot be used for training, which limits the number of entities that can engage in the Diabetes Prevention Program (DPP). Diabetes incidence data was provided and broken down by county and zip codes across the state as well as Assembly and Senate districts. Assemblywoman Joiner was pleased to see the breakdown and requested more information as to how the zip code data was sliced, as many zip codes in her district spill over into other districts as well. Based on BRFSS data the zip code breakdown is the most representative of that data. Mr. McCoy added that such a breakdown is invaluable to office holders wanting to gain insight into the risk factors of their constituents. Ms. Franzen-Weiss asked for suggestions

as to how this Council would like to see future chronic disease incidence and risk factors displayed, such as GIS mapping which Ms. Franzen-Weiss presented today. A suggestion was offered to display the data in terms of most prevalent to least prevalent across the districts.

**Item 11. Determine 2017 CWCD Meeting Dates**

Mr. McCoy led a conversation on which dates will work best for the Council in 2017. Of three options, after Council input, Option C was selected:

January 19  
April 20  
August 17  
October 19

**Item 12. Public Comment**

No public comment.

**Item 13. Adjournment**

Meeting adjourned at 3:21 PM