

**ADVISORY COUNCIL ON THE STATE PROGRAM  
FOR WELLNESS AND THE PREVENTION OF CHRONIC DISEASE  
DRAFT MINUTES  
August 25, 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  
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Northern Nevada Child and Behavioral Health  
2655 Enterprise Road  
Reno, NV 89512  
(775) 688-1600

**BOARD MEMBERS PRESENT**

John DiMuro, DO, MBA  
André DeLeón  
Christina Demopoulos, DDS, MPH  
Thomas McCoy, JD  
Benjamin Schmauss, MPH  
Deborah Williams, MPA, MPH, CHES  
Amber Joiner  
Joseph Hardy, MD  
Jack Kim, JD

**BOARD MEMBERS NOT PRESENT**

Rebecca Scherr, MD (joined call at: 1:35)  
Jeff Muehleisen  
Stacy Briscoe, RD  
Cassandra Cotton, BS, MA  
Angela Rodriguez, MBA, PHR, SHRMCP  
Jacque Ewing-Taylor, Ph.D

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

Shannon Bennett, Policy and Advocacy Manager, Chronic Disease Prevention and Health Promotion Section (CDPHP), Bureau of Child, Family and Community Wellness (BCFCW)  
Victoria Kolar, Heart and Stroke Coordinator, CDPHP, BCFCW  
Melanie Flores, MSW, Quality Improvement Manager, CDPHP, BCFCW  
Margie Franzen-Weiss, MPH, CHES, Diabetes Prevention and Control Program Coordinator, CDPHP, BCFCW  
Masako Berger, Chronic Disease Program Evaluator, CDPHP, BCFCW  
Allen Pai, DrPH, Education and Surveillance Manager, CDPHP, BCFCW  
David Olsen, Tobacco Data Analyst, CDPHP, BCFCW

David Ramirez-Silva, Administrative Assistant III, WIC, BCFCW  
Rose Sutherland, School Health Coordinator, CDPHP, BCFCW  
Debra Kawcak, Tobacco Cessation Coordinator, CDPHP, BCFCW  
Beth Handler, MPH, Bureau Chief, BCFCW  
Laura Urban, Food Security and Wellness Manager, CDPHP, BCFCW  
Jenni Bonk, MS, Chronic Disease Section Manager, CDPHP, BCFCW

### **OTHERS PRESENT**

Steven Messinger, Performance Improvement Analyst, NVPCA  
Michael Hackett, ALRUS/NVPCA

#### **1. Roll Call**

The meeting was called to order by Acting Chair, Thomas McCoy, at 1:29 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 due to this being Dr. John DiMuro's first meeting.

#### **2. Approve minutes from the April 28, 2016 Advisory Council meeting**

Mr. McCoy asked the council for any changes to the draft minutes of the January 14, 2016 meeting.

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

#### **3. Welcome Dr. John DiMuro as the new Chief Medical Officer for the Nevada Division of Public and Behavioral Health**

Mr. McCoy asked Mr. DiMuro to introduce himself and give some background. Mr. DiMuro explained he began on July 1, 2016 and took over for Dr. Tracey Green. He indicated he grew up in the Northeast part of the country, and has been practicing medicine in Northern Nevada for eight years. He is dually board-certified in anesthesiology and pain medicine. He completed his anesthesiology residency at Georgetown University and his fellowship at Cornell University. He gave up private practice to take this position. No questions were asked of Dr. DiMuro.

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

Ms. Bonk gave an update of staff changes; updates include Laura Urban, new Food Security and Wellness Manager. Helmuth Lehmann is the new Health Systems Coordinator for the Colorectal Program. Shawna Pascual oversees the training for the Women's Health Connection. Eric Fortenbury is the new Grants and Projects Analyst. Helmuth, Shawna, and Eric are at a site visit in Las Vegas today, so they were unable to join the meeting. Debra Kawcak is the new Tobacco Cessation Coordinator. Ms. Bonk added that since the last meeting some staff are no longer with the Section. This includes Monica Morales, whose position is currently being recruited and her replacement will be announced at the next Advisory Council. Duane Young, Tobacco Program Coordinator, accepted a position with the Grants Management Advisory Committee and left Chronic Disease in mid-August. Melanie Flores, the Quality Improvement Manager, has accepted the position of Public Health Accreditation Coordinator at the Washoe County Health District and will be leaving the Division. Candidates have been identified for the Community Health Worker Program Coordinator position. There is also a new grant called the "Connecting Kids to Coverage" grant that will be discussed later on. Ms. Bonk said her team is in the process of filling positions related to the grant. She said the Section is revising the Chronic Disease State Plan for 2018-2023. Once the draft is developed, it will be posted for public input sometime next year. Updates for the Women's Health Connection Program and Nevada Colorectal Cancer Program and Comprehensive Cancer Control Program can be found in the handouts provided. Regarding the Community Health Worker Program, CDPHP is the recipient of a competitive CMS grant called "Connecting Kids to Coverage" grant. It is a two year grant that puts six Community Health Workers into three locations. The sub-grantees include Northern Nevada HOPES, Children's Cabinet, and Lutheran Social Services. Community Health Workers will be hired to encourage enrollment in Medicaid, Nevada Check Up and the Silver State Health Exchange. The first year of the grant is a 10 month period and the second year is a full 12 months, ending in June 2018. The Nevada Community Health Workers Association continues to grow, as the Healthy Communities Coalition has hired Quinn Cartwright as their coordinator. Ms. Bonk would like to recognize Margie Franzen-Weiss, the Diabetes Coordinator, for her recognition as a Change Champion for her leadership by the American Association of Diabetes Educators. There will be an article featuring her in the September Journal "In Practice." The 2015 Stroke Registry Report was submitted to the LCB and the governor's office before June 1, 2016. Vicky Kolar was selected to participate in CDC Division of Heart Disease and Stroke Prevention expert panel to develop a Best Practice Guide; she will further self-monitoring and team-based care initiatives. September is Childhood Obesity Prevention Awareness Month for the Bureau. CDPHP has developed a media campaign addressing childhood obesity, promoting activity, and BMI screenings. The School Health Program Coordinator continues to work with schools to promote physical activity through offering Comprehensive School Physical Activity Program (CSPAPA) training to schools. The last trainings were conducted last April and May. The Tobacco Program worked with the Division of Health Care Financing and Policy (DHCFP) to identify new language for the Managed Care Organizations (MCO) contracts. Added language

in the contracts requires the MCOs to have their own tobacco quitline. A statewide quitline does exist currently, but the goal is to have the Nevada Quitline triage to all the other quitlines so that the appropriate provider is giving those services. The DHCFP and CDPHP are exploring the possibility of a federal match for the Nevada Quitline serving the fee-for-service population.

#### **Discussion:**

Ms. Williams commented that Southern Nevada Health District's Chief Health Officer, Dr. Iser has volunteered to help serve in the recruitment panel for the Monica Morales's former position. Ms. Bonk responded there is no longer an opportunity for input as interviews have already been conducted. Ms. Williams will inform Dr. Iser that his assistance is not needed at this time. Mr. McCoy asked what the age range is for the clientele of the Volunteers in Medicine Program (VMSN). Ms. Bonk did not know. Ms. Demopoulos stated the VMSN currently sees both adults and children at the facility in Las Vegas. Ms. Williams asked if VMSN has a second location. Ms. Demopoulos responded they only have one location from which VMSN operates. Mr. McCoy asked how VMSN is funded. Ms. Demopoulos did not know. Ms. Williams believes they have some grant funding but the majority of their staff are volunteers. They are not a Federally Qualified Health Center. Ms. Demopoulos asked if VMSN would be able to attend future Advisory Council meetings. Ms. Bonk expressed it is possible, and she will look into the matter. Ms. Bonk mentioned she forgot to mention Vickie Ives, the former Health Systems Manager, has taken a promotion as the Maternal Child Health Section Manager, leaving her former position vacant. Mr. McCoy expressed his and the council's gratitude toward Melanie Flores, Duane, and Monica Morales contribution toward this council.

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

Ms. Aaker gave her updates for Carson City Health and Human Services (CCHHS). She reported CCHHS achieved public health accreditation last May. Using a Community Health Worker (CHW) in the Human Services pilot, the CHW works with housing clients. The CHW is part-time and will help with anything the housing clients need to help them be successful within the housing program. Sandy will be working with Margie at the state to use the toolkit for pre-diabetes, diabetes, and referrals. In addition, she will be getting into providers' offices to educate on the toolkit in order to set up electronic referrals to diabetes education programs in the area. They will be working in the counties of Douglas, Lyon, and Carson City. For Tobacco Prevention and Control, they worked on a multi-unit housing project and media campaign to encourage landlords and tenants to engage in smoke-free policies for complexes. In the initial phase, there were no known complexes that were smoke free. They have found a couple complexes that do not allow smoking inside the units, but do not have a formal policy. This area is difficult due to not receiving any interest regardless of free signage or formal policies being offered. She said many of the complexes are owned by corporations outside of the state. They've been working with Western Nevada College (WNC) for over 18 months, writing policy to go tobacco free this fall. The first

year of the policy there will be designated smoking areas. Fall of 2017, all three WNC campuses will be tobacco-free, becoming the first tobacco-free public college in Nevada. They are working with Carson Tahoe Health System to implement electronic discharge cessation instructions. She said they were able to get customized electronic instructions that referred to the Nevada Quitline and their "Freedom from Smoking" classes. They are continuing to work with their physicians to improve discharge cessation instructions. They received approval from their board to use new instructions; will begin to gray out other instructions not current with evidenced-based practice. Instructions will include electronic devices and nicotine dependence. She reported she is reviewing cessation coverage to employees with Carson City employers, offering employers training on CCHHS' coverage for cessation. They are still working with Nevada Tobacco Prevention Coalition on strategies as well as preparing for the upcoming legislative session. Sandy has also been working with the state's Tobacco Program on Medicaid billing for cessation. She with health care providers for training with ICD-10 codes for billing and procedure codes. There is signage throughout Carson City to promote a smoke-free city, and education at high schools regarding electronic devices and nicotine products.

**Discussion:**

Mr. McCoy asked how the website for tobacco prevention is being promoted. Sandy responded that their website was recently remodeled and renamed to [gethealthycarsoncity.org](http://gethealthycarsoncity.org) and explained how to navigate the website to reach the tobacco site.

Ms. Williams explained the confusion that arose from the report that was handed out at the meeting due to the mislabeled month. Ms. Williams gave updates about OCDPHP. Aurora Buffington has resigned to pursue a position at the UNR Cooperative Extension. Mike Bernstein, the Injury Prevention Coordinator, has resigned from his service. In Mike's absence, Jessica Johnson will fill the role of Injury Prevention Coordinator on August 29. Amineh Harvey has filled Aurora's position on August 15, as well as Heart Disease and Stroke efforts. OCDPHP is optimizing its Get Healthy Clark County and Viva Saludable websites. They have noted a high percentage of users accessing the website from devices other than a computer, such as tablets and smartphones. Using different devices causes various formatting issues. They are in the process of optimizing sites to allow websites to conform to any devices being used. SNHD will also be enhancing the navigation and graphics of their site, expecting completion by the end of September. Beginning the process of accreditation was quite an overwhelming effort at first. They have completed the community health assessment which started the community health improvement process (CHIP), and three priorities were selected. The community chose Chronic Disease as one of the three priorities, the other two being access to care and policy and funding. Staff have been busy supporting the Chronic Disease portion CHIP. Thanks to HealthInsight and the American Heart Association, specifically Victor for co-chairing with Dr. Reeves on the Chronic Disease community health improvement plan. For the Tobacco Control Program, the Clark County Fair and Rodeo had their outdoor fairgrounds and rodeo arena smoke free for the five-day event. Presentation of e-cigarettes, emerging tobacco products, and the Tobacco Quitline was held at the American Lung Association Lung Force Expo. Empowered student leaders from

local communities came together to promote tobacco free lifestyles. A total of 648 student leaders attended. Students were trained to plan, develop, and implement youth-led tobacco prevention advocacy projects including other tobacco products. Recently, they worked with a Public Information Officer to issue a Father's Day press release promoting the 1-800-Quit Now, encouraging fathers to quit smoking. There was an increase in calls as a result. They continue to develop the Smoke-Free Housing Directory, and have identified more than 12,000 smoke-free apartments/complex units in Clark County. One thousand three hundred of those units are considered low income or affordable housing. For the Chronic Disease Prevention Program, they are working with Clark County School District through the Partnerships to Improve Community Health (PICH) grant to support implementation of CrossFit Functional Fitness throughout the school. As of September, they will have 50 schools actively implementing that program. They are working with hospitals to see who controls vending machines at their facilities; challenges arose from this inquiry. They also worked with many sub-committees in hospitals to promote the importance of healthy vending in hospitals as well as provide technical assistance upon request. They continue to work with the Safe Routes to School Program to support educating kids and parents about the importance of using active transportation to get to school in order to help kids meet physical health requirements. She reported they are also working with local jurisdictions to integrate bicycle and pedestrian support into master plans locally. Funding allocation is made by recommendations in the master plans. Working to put bicycle, pedestrian, and complete street verbiage into the master plan is critical. Was asked by staff to present highlights of the Southern Nevada Health Districts' Million Hearts Initiative on a National Association of County and City Health Officers webinar in May. Around 60 people participated in the webinar. Also working with the Body & Soul Program, a faith-based initiative predominately in African American churches, to have their health advocate members make referrals to the Care4Life diabetes texting program. SNHD has also expanded the Soda Free Summer initiative to Spanish-speaking partner organizations so the message is available in the Spanish-speaking community as well.

#### **Discussion:**

No discussion was made after Ms. Williams' updates.

Ms. Seals presented the program update for Washoe County Health District (WCHD). Erin Dixon is the new Public Health Supervisor for the Chronic Disease Prevention Program. Ms. Dixon used to work as the program coordinator. She now also supervises the WIC program at WCHD. The GetHealthyWashoe.com website is also going through some major updates. The website will be keeping the current URL, though will redirect to a different page on the WCHD website. They kicked off the Coach's Challenge program which was adapted from the Southern Nevada Health District's program. It is a collaboration of WCHD, Washoe County School District (WCSD), and the University of Nevada-Reno Athletics. The goal is to promote physical activity and healthy eating to elementary school students in Washoe County. The program started around three and a half weeks ago. Eleven classrooms are signed up, totaling about 300 kids. The goal is to sign up 20

classrooms. WCHD is participating in Open Streets efforts in the Reno-Sparks area; this involves a temporary closing of streets for automobiles to allow people to walk, job, or bicycle. Booths with information are set up and businesses are invited. This is the second year of an Open Streets event in Reno and the first year in Sparks. Both events were tobacco-free, and signage was made available. Continuing to work with WCSD, specifically their Student Wellness Advisory Committee, on the School Wellness policy. There remains a lot of work in educating students and teaching staff and parents about the School Wellness policy. WCHD is starting a new program called We Order Well (WOW); the goal is to help restaurants expand their menu to include more selections with smaller portion sizes. They are also working with the restaurants to provide healthier kids menus by featuring more fruits and vegetables, reducing fried foods, and limiting access to sugary sweets and beverages. For tobacco prevention, WCHD worked with Incline Village to develop 40 tobacco/vape free signs. They were posted around parks, beaches, ski resorts and golf courses. They were able to produce a video to inform health care providers about the Nevada Tobacco Quitline including Dr. Danko from HOPES. Currently, they have a draft outreach policy for the video; they worked with statewide partners although WCHD primarily developed the video. WCHD would appreciate any efforts from this council to help spread the video. WCHD had a great media campaign that collaborated with Carson City Health & Human Services; the campaign focused on multi-unit housing and the dangers of second hand smoke. They reached a lot of people through television and online ads, receiving lots of calls and feedback. Similar to SNHD, WCHD is also working on smoke-free housing. Currently have 36 properties listed on the smoke-free housing directory, representing 2,260 units that are free from exposure of secondhand smoke. Truckee Meadows Community College (TMCC) applied for a grant to go tobacco-free, working with WCHD to move forward with the process. WCHD provided Hospitality Hero Awards to local businesses in the service industry that provide smoke-free environments to both customers and employees.

#### **Discussion:**

Mr. Kim asked how many restaurants will be signed up for the WOW program. Ms. Seals explained the Action Plan is still in progress, and they have not done any outreach yet. Focus will be on local restaurants due to their ability to change menus, unlike larger chain restaurants. A target number for these restaurants has not been developed yet. Mr. Schmauss wanted to know if there has been any effort to bring educators and parents from outside the District Wellness Council to advocate positive physical activity opportunities and differentiate instructions that incorporate physical activity and nutrition wellness overall. Ms. Seals would like more information about the committee membership involved in the School Wellness group. Ms. Seals also clarified that there are positions available in the School Wellness group for students, parents, and community representatives. They are looking into focusing the parent positions to engage them to work with the Parent Teacher Organizations (PTO), Parent Teacher Associations (PTA), and Booster clubs at the schools. The committee abides by Open Meeting Law so it is open for public comment. Ms. Sutherland commented she went to the PTA conference held in April and will be putting together a training for PTA leaders and members which will provide materials on the Nevada School Wellness Policy and the Comprehensive

School Physical Activity program. She will also be working with Washoe County School District and Department of Agriculture toward developing a pamphlet about local School Wellness policies. Ms. Williams reported that three local health officials are preparing to launch a Nevada Association of Local Health Officials, which is another vehicle for coordinating across the local health jurisdictions. Ms. Akker commented that neither Elko nor Nye counties are involved because they do not have a local health departments.

**6. Make recommendation to continue service on CWCD for another two-year term: Benjamin Schmauss for 2(f) position as a representative of an organization committed to the prevention and treatment of chronic diseases and Deborah Williams for the 2(j) position representing a local health authority.**

Mr. McCoy recommended Benjamin Schmauss to serve another two years as the 2(f) representative. He also recommended Deborah Williams to continue to serve another two years as the 2(j) representative.

**Discussion:**

Joe Hardy supported the recommendation.

**MR. MCCOY ENTERTAINED A MOTION TO APPROVE THE RECOMMENDATIONS FOR BENJAMIN SCHMAUSS AND DEBORAH WILLIAMS TO CONTINUE SERVICE ON CWCD FOR ANOTHER TWO-YEAR TERM. THE MOTION PASSED UNANIMOUSLY WITHOUT PUBLIC COMMENT.**

**7. Thank Jack Kim for his continued service to CWCD. A vacancy notice for his position 2(c), one representative of the health insurance industry will be posted on [dpbh.nv.gov](http://dpbh.nv.gov).**

Mr. McCoy thanked Mr. Kim for his service of six years with the council. Melanie Flores comments that the 2(c) vacancy was posted on the DPBH website since the last meeting. She will also send the notification through the State of Nevada ListServ. Mr. Kim recommends Erin Russel.

**8. Propose candidates for the Patient Centered Medical Home (PCMH) subcommittee**

Mr. Hackett summarized the passing of Senate Bill 6 and what it entails. Members need to be appointed to this newly formed sub-committee. Two member vacancies are being requested to be filled by members of this current Advisory Council. Other member recommendations have been included in the attachments provided by Mr. Hackett.

**Discussion:**



Mr. McCoy asked when the subcommittee will actually meet to start the process. Mr. Hackett said the start date would depend on when the advisory council makes the appointments. Ms. Williams asked how many people are appointed to the subcommittee. Mr. Hackett said six to nine members. Ms. Flores responded with an affirmative to Mr. Hackett's response that it is up to the Advisory Council to determine how many members make up the subcommittee. Mr. Schmauss requested clarification that it is the Advisory Council's duty to select the members for the newly formed subcommittee. Mr. Hackett responded in the affirmative to Mr. Schmauss' observation, though he does mention the Advisory Council is allowed, but not required to establish the subcommittee. Mr. Schmauss questioned whether a group similar to this newly formed subcommittee already exists. Mr. Schmauss expressed concern that members appointed to the subcommittee will show lack of commitment due to an obligatory role. Mr. Hackett reiterated that only two members were asked to join this subcommittee, Thomas McCoy and Amber Joiner. The other candidates for the remaining positions do not sit on the advisory council so the demands of the new subcommittee will not be a burden to the rest of the advisory council. Mr. Hackett stated that he is not aware of another advisory group or subcommittee that is reviewing the subject of PCMHs. Mr. Hackett said this subcommittee is very important as a building block for future endeavors because it can advise the Legislative on building PCMHs. Ms. Flores advised Mr. Schmauss to refer to past presentation materials Mr. Hackett has provided. Mr. Hackett said the role of the subcommittee is to gather, compile, and interpret information to be used in a report given to the advisory council. From the recommendations found in the report, the Advisory Council will present to the governor in the Council's Annual Report. Ms. Williams commented that the Advisory Council amended its bylaws to incorporate the subcommittee, so the role of the Advisory Council has already been determined. Mr. McCoy said at the time the subcommittee was constructed, there were no other groups or organizations that fulfilled the role the subcommittee will play. Mr. Schmauss explained the concern he brought up earlier is due to the difficulty in bringing in busy medical professionals together to attend meetings rather than diminish the importance of the subcommittees' role. Mr. Kim asked if the candidates for the subcommittee expressed interest in becoming members on their own. Mr. Hackett confirmed that the candidates have applied by their own admission. Mr. Kim suggested approving all the applicants as members of the subcommittee. Mr. McCoy agreed with Mr. Kim's suggestion and asked for Mr. Hackett's opinion on this action. Ms. Williams agreed that having candidates from different sectors/organizations is important for the subcommittee.

**MR. MCCOY ENTERTAINED A MOTION TO APPROVE THE LIST OF PROPOSED CANDIDATES FOR THE PATIENT CENTERED MEDICAL HOME SUBCOMMITTEE AND TO MOVE FORWARD WITH APPOINTING. A MOTION TO APPROVE THE LIST AND MOVE FORWARD WITH THE APPOINTMENTS WAS MADE BY MS. WILLIAMS. AN AMMENDMENT TO THE MOTION WAS MADE BY DR. DEMOPOULOS TO GIVE THE ADVISORY COUNCIL THE AUTHORITY TO ADD ADDITIONAL MEMBERS TO THE PCMH SUBCOMMITTEE IF THE ADVISORY COUNCIL WARRANTS THE NEED. MR. DELEON SECONDED THE MOTION FOLLOWING THE VOTE. THE MOTION PASSED UNANIMOUSLY WITHOUT PUBLIC COMMENT.**

Mr. Kim expressed the need for the subcommittee to have some structure to the meetings such as an appointment to the co-chair position. Mr. Hackett recommended to leave the appointments of chairs to the subcommittee themselves. Mr. DeLeón commented that it is the function of the subcommittee to decide what structure their positions will take. Mr. DeLeón also seconded the motion previously when one did not exist. Mr. McCoy recommended for Mr. Hackett to move forward with the motion and report back to the advisory council at the October meeting on the progress of the subcommittee. Mr. Kim asked if the invitations for the subcommittee would come directly from the advisory council. Mr. Kim also suggested either Mr. McCoy or Ms. Joiner report at the next advisory council meeting on the status of the subcommittee. Mr. Hackett agreed with Mr. Kim that it would be more appropriate for either Mr. McCoy or Ms. Joiner to inform the interested candidates of their appointment.

## **9. Follow-Up Discussion on Public Health Funding for Nevada**

Mr. Schmauss commented the State of Nevada provided draft documents and comparative analysis concerning chronic diseases, heart disease, and diabetes to the advisory council. Mr. Schmauss asked for the council to give feedback to the State after the presentation. Mr. Schmauss thanks Mr. Hardy and Ms. Joiner for their feedback they provided for the draft documents. Mr. Schmauss recommended these documents be used to support the state investing in resources. He said there is no picture of how the return on investment will look. Depending on which reports are referenced, Nevada is either 51<sup>st</sup> or 49<sup>th</sup> in investing in Nevada's public health funding. Mr. Schmauss states it is clear that Nevada is not investing in Public Health, specifically chronic disease prevention. He points to the fact that there are federal grants not being pursued for which the state could apply. Mr. Schmauss recommended the Section put together a report that indicates Nevada's health standings within the various health programs and the return on investment the programs would have if state funds were invested into the needed programs.

### **Discussion:**

Dr. Demopoulos asked Dr. DiMuro to share a few points they previously discussed regarding leveraging public health funds to address chronic disease. Dr. DiMuro expressed a preference for using funds for early prevention and treatments rather than for expensive treatment after the fact. He stated that early intervention of diseases is worth looking into. Ms. Williams reminded the council that Clark County competed for direct federal funds six years ago. She emphasized the need to document the sources of those funds. She said that investing in the ability to document the capacity to meet the grant requirements is also necessary. By investing \$1 million in Clark County's infrastructure/staff, they were able to turn that into \$30 million in federal funds. She said the Council should start by identifying the biggest impact in the

communities, what partnerships are available to accelerate the work, what funding sources are available, and what expectations those funding sources have in terms of capacity. Ms. Williams emphasized state and local dollars should focus on capacity that can be documented which will allow Nevada to compete for those federal dollars. Mr. Schmauss mentioned a previous meeting he attended for Public Health funding where they discussed how to tackle the problem of underfunding. He said a reoccurring obstacle is the inability to ask state employees to advocate for additional programs. We as community organizations in the field need to be the ones making that argument because we cannot expect the Division to do it, as they are state employees, and this activity is outside of their job scopes. Dr. Demopoulos commented that a few Advisory Council meetings ago, this council did not have to give an Annual Report to the Administrator of the Division of Public and Behavioral Health. Drs. Demopoulos commented Oral Health sent an Annual Report with a wish list and evidence to the Administrator. She said it could be beneficial to compose a similar report with Mr. Schmauss's findings for the Administrator's review. Mr. Schmauss commented the Gov Rec is not utilized enough and a community voice is needed. The Advisory Committee needs to be proactive in providing recommendations to the Administrator to close the funding gaps. Mr. McCoy mentioned this issue has been talked about in the past. He said the state funds public health by looking at what funding programs are available that the state can seek. This creates the problem that if the Heart and Stroke Program does not currently have CDC funds, they won't ask for it. Mr. Schmauss recommended adding a problem statement to all reports to highlight the burden medically and economically. Lack of staff causes burden to other agencies, programs, and Medicaid spending. Mr. Schmauss also commented that the Governor's 4.1 plan is similar to what they are discussing. Mr. McCoy commented health education/literacy is needed more for the state to help in prevention of sicknesses through screenings. Mr. Schmauss asked the legislators what they wish to see or if they had any questions. Dr. Hardy commented on a shortfall of funds next session. Dr. Hardy would like to know what actions he can take to leverage existing Medicaid dollars to get more than is expected. Ms. Joiner commented she agrees with Dr. Hardy's points. She would like to see evidence from similar health programs from other states and how they leverage their funding. She said reviewing evidence-based reports for programs is a good start. Mr. Schmauss mentioned a document the Governor's Association adopted on tobacco which summarizes success of tobacco policy efforts and return of investment in those states. This document can be used as a blueprint for this argument. Mr. Schmauss asked for a recommendation from the advisory council to the state's prevention of chronic disease to look at other states' efforts to bring a return on investment. Mr. Kim commented this agenda item needs to be more specific and clarified for the public. Mr. Schmauss proposed to develop a list of programs not funded, and to outline effects on Nevada's return on investment by funding the top three to five programs. Mr. McCoy agreed that this item needs fine tuning and proposed to come back to this topic next October meeting. Mr. Schmauss recommended asking for data to identify what health program needs priority and which chronic diseases most affect Nevadans that could be addressed with additional funding. Once that is identified, a recommendation to fund those areas could be made and reported to the Administrator, Governor, and Legislature. Mr. McCoy

asked Ms. Bonk if it is possible to put Mr. Schmauss's idea in the October meeting. Ms. Bonk asked if this data request is different from what Julia Peek provided for this meeting. Mr. McCoy commented that the data used for the documents in question uses old data. Mr. Schmauss commented the documents are well written but do not prioritize health programs. Ms. Bonk replied she believes 2011 data is the latest data. Ms. Williams said solutions that addresses all health priorities must be identified. She asked if there are strategies that address heart disease, strokes and diabetes through a referral network. Ms. Williams said she does not want to be limited to Heart Disease or Diabetes. She requested to identify strategies the CDC have fostered through the 1305 and 1422 grants to look at changes to help move forward. Ms. Bonk said she will look into these suggestions towards the drafts presented. Ms. Flores confirmed the drafts presented are an example of what was asked for during the last meeting. Ms. Flores commented that Ms. Peek was thinking of providing a packet for each jurisdiction, accompanied with a health brief comparing a neighboring state's health status versus Nevada's health status. Ms. Flores requested feedback to enhance the drafts to be more useful to the Advisory Council. Mr. DeLeón suggested keeping the recommendations concise rather than generalized. He warned when someone asks for too many things, they often would receive nothing.

## **10. Presentation on the Profile of Chronic Disease in Nevada's Federally Qualified Health Centers (FQHCs)**

Mr. Messinger presented on the Profile of Chronic Disease in Nevada's FQHCs, which looks at diabetes, pre-diabetes, heart disease, stroke, and tobacco use. Most of the data came from CHA, HOPES, First Person Care Clinic, and Nevada Health Centers. Mr. Messinger presented results of patients in the study who had diabetes. Dr. DiMuro asks if Mr. Messinger has any data to present on insulin dependence of the diabetics. Mr. Messinger responded he does not. Dr. DiMuro asked if there is any data available showing what percentage of the overall patients with diabetes are insulin dependent. Mr. Messinger said the data does not exist at this time. Mr. Messinger commented there was an error in the data, specifically some of the patients' races were misclassified, causing some categories to report errors. Mr. Messinger presented the results of patients in the study that had pre-diabetes. Dr. DiMuro asked what defines a patient as having pre-diabetes. Mr. Messinger answered there is a risk test that gives a score, and depending if the score and Body Mass Index is high enough then pre-diabetes classification is recommended. Dr. DiMuro asked if there is a way to know if pre-diabetes classification is due to evidence-based diagnosis of a hemoglobin A1C. Mr. Messinger responded he is not sure whether they clinics used the code for pre-diabetes. He also stated there is no way to assure what definition of pre-diabetes the providers were using. Mr. Messinger noted that pre-diabetes data correlates in a reverse direction from the diabetes group. Mr. Kim asked if the metrics shown for pre-diabetes is similar to what is available for display to the general population. Mr. Messinger was not able to determine the answer for Mr. Kim. Mr. Kim asked if the data is mostly rural or urban. Mr. Messinger explained there is

no way to sift through patients based on urban or rural status. Mr. Messinger presented on the results of patients in the study that have hypertension and are obese. Dr. DiMuro asked how obesity was defined in the example provided. Mr. Messinger answered BMI was defined by a BMI calculation but the actual range is found in the report. Mr. Schmauss asked if overweight people were included in the obese population. Mr. Messinger answered the BMI for obesity is a higher threshold than the BMI definition for overweight people, so it is not included in this sample. Mr. Messinger presented on the results of patients in the study that use tobacco. Mr. Messinger presented on the results of patients in the study that have cardiovascular disease.

**Discussion:**

Dr. Demopoulos asked if the data can be separated by counties. Mr. Messinger responded no due to the data set he used for the report. He is hopeful that he would eventually have the ability to separate the data sets by clinic. Dr. Demopoulos asked if the clinics improved their data collection technique would Mr. Messinger's suggestions be better received. Mr. Messinger hopes that is the case. He also mentioned the more established clinics are more resistant to newer techniques due to having a defined established procedure for years. He mentioned the newer clinics are reaching out to the state for help on these procedures and are more receptive to adopt newer procedures.

**11. Presentation on the Stroke Registry in Nevada**

Ms. Kolar presented on the Stroke Registry and where everyone is at in the process. Ms. Kolar gives a brief background on Senate Bill 196. Ms. Kolar reports nine of 15 primary care stroke centers have returned agreements and are in compliance. The first report to the Governor was given to the LCB in May. The initial draft was presented to the Task Force, though not a lot of feedback was given at the time. Ms. Kolar went over report details such as performance measures. She went over registry barriers such as de-identified data, limited to the American Heart Association and Quintiles, and cost prohibitive. Ms. Kolar presented on FQHC Report Cards.

**Discussion:**

Dr. Demopoulos asked if it was First Med in Clark County or First Person. Ms. Kolar explained it is First Med due to not having first person data. Dr. DiMuro asked if this data is on first stroke patients only. Ms. Kolar answered it is not only first stroke, it is also acute stroke events. Dr. DiMuro asked if any data exists that details whether patients were on aspirin therapy. Ms. Kolar responded they could not collect that information at time of admission but they can collect data if the patient was placed on anti-platelet therapy at time of discharge. Dr. DiMuro asked if there is any data demonstrating how many of these patients would have suffered a second stroke or something subsequent. Ms. Kolar answered in the negative. Dr. DiMuro asked if any data exists on how many patients would have suffered a perioperative stroke. Ms. Kolar answered that the verbiage of the guidelines prevents that information from being collected. As such, post-secondary strokes are not collected. Mr. Schmauss wanted to correct

the cost of a stroke quoted for the rural hospitals. To participate in Get with the Guidelines, a stroke is not \$1,900 but half the cost of critical access hospitals; this would be \$780 per rural hospital. Law also does not mandate those rural hospitals to participate. Their hope is to be able to collect stroke data outside main population centers in some other format and add it to the reports. Mr. Schmauss commented the rate of people going to hospitals on their own is 34-38%, leading to an area we can improve, such as people calling 911 and reducing wait time at the hospital.

#### **12. Discuss and recommend agenda items for October 27, 2016 meeting**

Mr. McCoy asked the Council for recommendations on the October 27, 2016 meeting. Mr. McCoy proposed following up on the Patient Centered Medical Home subcommittee information. Ms. Williams proposed following up on the Public Health funding issue. In addition, having the Preventive Health and Health Service Grant as a regular agenda item rather than on a short notice item. Ms. Flores proposed on behalf of Nevada Cancer Coalition to present their cancer plan at the next meeting. Mr. McCoy agreed.

#### **13. Public comment**

No public comment noted.

#### **14. Adjournment**

The meeting adjourned at 4:12 PM.