



Discussion on Public Health Funding in Nevada

Friday July 29, 2016

11:00am – 12:00pm

Teleconference # 1-877-848-7030, Access Code: 2541093

Attendance

- Melanie Flores, CDPHP
- Jenni Bonk, CDPHP
- Shannon Bennett, CDPHP
- Julia Peek, DPBH
- Kevin Dick, WCHD
- Erin Dixon, WCHD
- Joseph Iser, SNHD
- Deb Williams, SNHD
- Nicki Aaker, CCHHS
- John Packham, NPHA
- Michael Hackett, NPHA
- Ben Schmauss, AHA
- Bobbi Shanks, Elko

Agenda:

I. Introduction an purpose – *Melanie Flores, Nevada Division of Public and Behavioral Health*

Melanie Flores introduced the purpose and outcomes of the meeting and provided some historical background from the Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease (CWCD).

Purpose:

The CWCD in their February 2016 report recommended a state investment in resources for local and state programs to improve health outcomes for chronic disease including but not limited to heart disease, stroke, asthma and/or diabetes. This meeting is to hold a wider discussion and align agendas and strategies around the above recommendation.

Outcomes:

- Understand the various activities going on from the perspectives of CWCD, the Nevada Division of Public and Behavioral Health (DPBH), the Local Health Authorities (LHAs), and the Nevada Public Health Association (NPHA)
- Understand points of collaboration
- Develop next steps for all parties
- Develop discussion points for the CWCD meeting happening August 25, 2016

II. Report of Activities from the Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease (CWCD) – *Ben Schmauss, American Heart Association and CWCD Council Member*

a. Legislative Health Briefs – *Jenni Bonk and Julia Peek, Nevada Division of Public and Behavioral Health*

Ben Schmauss presented a PowerPoint for the group discussing the CWCD report to the Governor and highlighting data that presented the need for more public health funding for Nevada. Mr. Schmauss called for a collaboration and identification of gaps that would require more funding. In addition, Mr. Schmauss stressed the need to specifically identify and prioritize the “ask” and consistent talking points.



Julia Peek discussed the original request from CWCD to create legislative health briefs or “epi profiles” that would highlight the burden of chronic disease by legislative jurisdiction in addition to educating legislators on best practice initiatives the State are pursuing and how other states may compare in regards to public health funding. Ms. Peek clearly stressed that as employees of the Executive Branch, we are to only educate legislators; whereas, other entities on the call may have the power to actually advocate for public health funding. Ms. Peek emphasized the State must remain neutral.

III. Report of Activities from Local Health Authorities – Kevin Dick, Health Officer, Washoe County Health District

Kevin Dick emphasized that we must all work together to decide priorities and educate the Governor before the budget is decided. Mr. Dick, on behalf of the Local Health Authorities (LHAs) educated the group on their financial dynamic. The LHAs do have non-federal dollars; however only 1-2% of their budget comes from the State. Mr. Dick emphasized that other states have a quarter of their funding from the State. Mr. Dick expressed that they needed more engagement to make decisions for federal funding. He also expressed that all of the LHAs have put together Community Health Needs Assessments and Community Health Improvement Plans, so they know their identified health issues and where to spend the money. Mr. Dick referenced a JAMA article. Lastly, Mr. Dick reported a presentation they gave at the Interim Legislative Committee on Health Care to fund support of implementing the Community Health Improvement Plans at the county level which identify very particular chronic disease topics.

Joseph Iser and Nicki Aaker agreed with Mr. Dick and did not need to add anything.

IV. Report of Activities from the Nevada Public Health Association – John Packham and Michael Hackett

Michael Hackett expressed the Nevada Public Health Association and their policy work group have developed an advocacy agenda which identified six priorities that could potentially be tied in with the request for public health funding: 1) Tobacco and E-cigarette prevention and control, 2) Promoting healthy lifestyles through nutritious eating and active living, 3) Protecting Maternal, Child, and Adolescent Health, 4) Improving access to clinical and preventive health services, 5) Supporting evidence-based injury and violence prevention, and 6) Advocating for local, state, and federal investment in public health and other social determinants of health. This can be viewed here: <http://www.nphaonline.org/documents/2016/NPHA%202016%20Advocacy%20Agenda%20-%20Approved%201-15-16%20V2.pdf>. In addition, Mr. Hackett expressed that we need to look at each priority and assess what are our true priorities and which ones need funding.

John Packham asked Mr. Schmauss about slide number six from his PowerPoint and expressed it was a powerful slide. Dr. Packham expressed that we need to ask ourselves how we can improve those investments for public health and that we should start thinking about the return on investment and shared messaging.

Mr. Hackett expressed he was putting on his Nevada Primary Care Association (NVPCA) hat and told the group their priority was transforming health care delivery through payment reform such as the Patient Centered Medical Home model. NVPCA have had several conversations with payers to address this priority. Mr. Hackett expressed appreciation for Ms. Peek’s comment on roles and responsibilities of the



State, education vs. advocacy. He also mentioned he would be meeting with Mike Willden soon and will take this conversation to the table.

V. Collaboration Discussion and Next Steps

Deb Williams asked for the group to go back to Mr. Schmauss' PowerPoint and asked how they are spending their money. Mr. Schmauss was not sure of the methodology but that he would look into it. Mr. Schmauss did know they had robust funding for heart disease at one point, but this might have changed since the implementation of the CDC 1305 grant. Ms. Peek wanted to point out that most of the data used in Mr. Schmauss' presentation came from the Trust for America's Health (<http://healthyamericans.org/assets/files/TFAH-2015-InvestInAmericaRpt-FINAL.pdf>). Ms. Peek mentioned we may be able to look at the funding and correlate burden. Ms. Flores also brought mention back to the epi profiles/legislative health briefs to which staff cold called various states to ask them their funding stratification by program. Mr. Schmauss also expressed that we needed to be careful to correlate spending with outcomes. West Virginia spend the most money on health per capita but they have the worst health outcomes. Dr. Iser also wanted to point out the slide was portraying total public health funding and not chronic disease specifically. Mr. Schmauss also emphasized that funding does not include Medicaid or Medicare either.

Dr. Iser expressed that Oregon, Washington or Texas might be the most comparable states to Nevada. Mr. Dick expressed that it might be valuable to identify funding for these states and determine how much is used for chronic disease, referencing slides four and five of the PowerPoint. Mr. Schmauss expressed that we need to come back to education and training, saying that we need to understand what our state if funding for chronic disease. In addition, Mr. Schmauss said we also should find out the prioritization for non-funded stuff.

Ms. Peek brought the group back to the intention of the epi profiles/legislative health briefs which will dive into funding, staffing infrastructure...etc. The State is developing these education packets to provide to legislators.

Mr. Dick expressed this was an important conversation to have and suggested monthly calls. Ms. Peek suggested the group move this conversation to the NPHA policy calls as a platform. The NPHA calls happen every 3rd Friday of the month at 8:30am. Dr. Packham said he would ensure everybody on this call will be invited to the next NPHA policy call.