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Nevada Early Intervention Services 1020 Ruby Vista Drive, Ste. 102 Elko, NV 89801 775-753-1214

#### **Division of Public and Behavioral Health Staff Present**

- Melanie Flores, MSW, Quality Improvement Manager, Chronic Disease Prevention and Health Promotions (CDPHP), Bureau of Child, Family and Community Wellness (BCFCW)
- Mónica Morales, MPA, Deputy Bureau Chief, BCFCW, Division of Public and Behavioral Health (DPBH)
- Vickie Ives, MA, Integrated Health Systems Manager, CDPHP, BCFCW
- Jessica Lamb, Obesity Prevention Program Coordinator, CDPHP, BCFCW
- Vicky Kolar, EMT-P, Heart Disease and Stroke Prevention Coordinator, CDPHP, BCFCW
- Kimberly Fahey, Fiscal Manager, CDPHP, BCFCW
- Laura Valentine, Title IV Block Grant Manager, Maternal Child Health (MCH), BCFCW
- Deborah Duchesne, Rape Prevention and Education Program Coordinator, MCH, BCFCW

### **Others Present**

- Deborah Williams, MPA, MPH, CHWS, Chronic Disease Director, Southern Nevada Health District (SNHD)
- Lisa Coker, Immunize Nevada
- Ashley McHugh, Immunize Nevada
- Mary Headley, Registered Nurse, Elko County School District
- Kim Thompson, Registered Nurse, Elko County School District

### 1. Introductions

Jessica Lamb began the meeting at 1:12 pm with roll call.

2. Review of the Preventive Health and Health Services (PHHS) Work Plan for Fiscal Year 2015-2016

Jessica Lamb provided the attendees with an overview of the PHHS Work Plan for Fiscal Year 2015-2016 (FY15). Ms. Lamb explained that this agenda and the FY15 work plan was posted at the Division of Public and Behavioral Health (DPBH), Nevada Early Intervention Services, the Bureau of Health Care Quality and Compliance and at <a href="mailto:dpbh.nv.gov">dpbh.nv.gov</a>. Ms. Lamb reviewed the executive summary located on page three of the work plan. For clarification, Ms. Lamb explained 2015-2016 work plan activities are currently taking place

and have a timeline of October 1, 2015 to September 30, 2016. A public hearing and recommendations were already finalized January of 2015 for this work plan.

This work plan is for the Preventive Health and Health Services Block Grant (PHSBG) for Federal Year 2015. It is submitted by the DPBH, BCFCW as the designated state agency for the allocation and administration of PHHSBG funds. The total award for the FY 2015 PHHBG is \$596,915. The Administrative cost total \$89,622 which are used for high level oversight and grant management that includes fiscal, administrative staff time and associated operating costs. The overall amount is based on population figures provided by an allocation table distributed by the Centers for Disease Control and Prevention (CDC). There is a mandatory set aside for rape prevention totaling \$60,382.00. PHHSBG dollars provide supplemental support for population based categorical and state funding initiatives and are used when no other source or a very small amount of funding exists to address health concerns. Nevada has come to rely on these funds as an important source of investment for health promotion and prevention. Based on recommendations and feedback from the PHHS Advisory Committee (The Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease or CWCD), the following Health Objectives/activities were funded:

**CDPHP Infrastructure and Capacity:** An initiative to build chronic disease infrastructure and capacity so that Nevada will have the human resources, leadership and program capacity to implement the Nevada Chronic Disease State Plan. Activities include, asthma promotion targeting youth, training opportunities and CDPHP state plan implementation planning sessions with local health authorities.

<u>Health Objectives and Amounts:</u> ECBP-10 Community-Based Primary Prevention Services-\$156,025.00

**Community Health Workers:** An initiative to promote Community Health Workers in Nevada for preventative services as a means for better health outcomes, better care and lower costs. Activities include, establishing a CHW Association and a CHW return on investment study.

Health Objectives and Amounts: ECBP-10 Community-Based Primary Prevention Services- \$168,002.00

**Increase Physical Activity in Adults and Youth:** An initiative to promote physical activity among adults and youth in Nevada. Activities include developing and executing a media campaign focusing on physical activity, worksite wellness, and obesity prevention; as well as increasing the number of primary prevention and education awareness materials in Nevada.

Health Objectives and Amounts: ECBP-10 Community-Based Primary Prevention Services-\$111,811.00

**Raising a Healthier Generation:** An initiative to increase physical activity and nutrition standards in Early Care and Education settings as a means to decrease childhood obesity. Activities include providing training and technical assistance to providers on recommended standards and maintain a statewide ECE group to assist with these efforts.

Health Objectives and Amounts: NWS-10 Obesity in Children and Adolescents- \$26,662.00

**Rape Prevention:** An initiative on the prevention and education of statutory rape and sexual coercion among minor teens. Activities included mandating a social awareness campaign on statutory rape and sexual coercion targeting men between the ages of 18-24 years old in Nevada.

Health Objectives and Amounts: IVP-40 Sexual Violence (Rape Prevention) - 60,382.00

**Stroke and Heart:** An initiative to reduce the burden of stroke and heart disease in Nevada. Activities include establishing a statewide strategic plan for the prevention and management of heart disease and stroke in Nevada.

Health Objectives and Amounts: HDS-3 Stroke Deaths- \$10,910.00

**Worksite Wellness:** An initiative to improve overweight and obesity rates among employees in Nevada, thus improving work productivity and employee health. Activities include increasing the number of worksite wellness trainings, adopted policies and health promotion activities within the Division of Public and Behavioral Health.

<u>Health Objectives and Amounts:</u> ECBP-8 Worksite Health Promotion Programs- \$10,190.00

#### **Public Comment:**

Deborah Williams commented that written testimony was submitted by Washoe County Health District (WCHD). Additionally Ms. Williams asked, regarding the initiative, Raising a Healthier Generation and the Walkability Taskforce, if Local Health Authorities (LHAs) will be included in this activity and will they be invited to participate in the taskforce or is this activity just within state government? Ms. Lamb clarified again that this was a current activity. Ms. Lamb expressed this activity has largely been in collaboration with the Nevada Bicycle and Pedestrian Advisory Board (NBPAB) and that this board was largely made up of government agencies. Ms. Williams further commented that SNHD is working with a number of local partners and the regional transportation commission to do a Complete Streets Campaign and with the jurisdiction to complete trail activities to promote walkability. Ms. Williams inquired if the Regional Outdoor Space and Trails Group can be asked to contribute to the plan. Ms. Lamb will send Ms. Williams information regarding the next NBPAB meeting.

Kim Thompson stated she felt the plan was wonderful, but was curious if her county would receive funds for infrastructure and capacity, referring to that particular initiative within the work plan. Ms. Thompson further stated the plan does call for inclusion of a minimum of 10 counties. Ms. Lamb commented that Bobbie Shanks from Elko County School District has been involved with many activities regarding that particular initiative and that she would reach out to Ms. Shanks to invite Ms. Thompson to the next meeting moving forward. Ms. Thompson expressed that Elko was developing their own health board and would like Elko to be more involved.

Mary Headley and Ms. Williams inquired if any LHAs or counties will be funded? Mónica Morales expressed that the PPHSBG funds were for population health based services that move forward statewide initiatives. Additionally the State must meet a maintenance of effort with these funds, thus the State must agree to maintain a specified level of financial effort from its own non-federal resources. Melanie Flores explained the current efforts working with LHA's chronic disease leadership, which included Ms. Shanks and Karissa Smith in Elko to align agendas around clinical and community linkages and health care system interventions to implement the CDPHP State Plan for Chronic Disease. Ms. Lamb emphasized that these activities will help build infrastructure and capacity statewide.

### 3. Review the Proposed Objectives and Activities in the Preventive Health and Health Services (PHHS) Work Plan for Fiscal Year 2015-2016

Ms. Lamb said a high level overview was given during agenda item 2 and opened it up to public comment. No public comment was given.

## 4. Review of the Proposed Objectives and Activities in the Preventive Health and Health Services (PHHS) Work Plan for Fiscal Year 2016-2017

Ms. Lamb expressed that DPBH has not received federal allocations; therefore, this agenda item and proposed PHHSBG work plan for Fiscal Year 2016-2017 (FY16) is based on level funding from last year, FY15. Grant allocations are based on population calculations. Ms. Lamb explained this proposed work plan would be for the project period of October 1, 2016 to September 30, 2017. A five page proposed draft work plan was provided on <a href="https://dp.dpb.nv.gov">dpbh.nv.gov</a>. Level funding is \$596,915.00. The initiatives that DPBH is proposing are the following:

**CDPHP Infrastructure and Capacity:** An initiative to build chronic disease infrastructure and capacity so that Nevada will have the human resources, leadership and program capacity to implement the Nevada Chronic Disease State Plan. Activities include the implementation of professional development opportunities pertaining to epidemiology, evaluation, and care coordination.

Health Objectives and Amounts: ECBP-10 Community-Based Primary Prevention Services-\$109,169.00

**Community Health Workers:** An initiative to promote Community Health Workers in Nevada for preventative services as a means for better health outcomes, better care and lower costs. Activities include, establishing a CHW Association and a CHW program evaluation.

Health Objectives and Amounts: ECBP-10 Community-Based Primary Prevention Services-\$218,626.00

**Increase Physical Activity in Adults and Youth:** An initiative to promote physical activity among adults and youth in Nevada. Activities include developing and executing a media campaign focusing on physical activity, worksite wellness, and obesity prevention, as well as increasing the number of primary prevention and education awareness materials in Nevada.

Health Objectives and Amounts: ECBP-10 Community-Based Primary Prevention Services-\$106,204.00

**Raising a Healthier Generation:** An initiative to increase physical activity and nutrition standards in Early Care and Education settings as a means to decrease childhood obesity. Activities include providing training and technical assistance to providers on recommended standards and maintain a statewide ECE group to assist with these efforts.

Health Objectives and Amounts: NWS-10 Obesity in Children and Adolescents- \$102,535.00

**Rape Prevention:** An initiative on the prevention and education of statutory rape and sexual coercion among minor teens. Activities included mandating a social awareness campaign on statutory rape and sexual coercion targeting men between the ages of 18-24 years old in Nevada.

Health Objectives and Amounts: IVP-40 Sexual Violence (Rape Prevention) - 60,382.00

Ms. Lamb further noted that Stroke and Heart and Worksite Wellness initiatives have been proposed to be cut from the work plan due to other funding sources supporting these activities.

#### **Public Comment:**

Ms. Williams commented that looking at the FY15 work plan and looking at the FY16 proposed work plan it looks like there is less funding not level funding. Ms. Williams was referring to page 6 of the FY15 work plan which gives a total of \$602,695, not the level funding estimate of \$596,915. Ms. Lamb explained that CDC removes indirect and the mandated sex offense set aside before the funds come to the State. Ms. Lamb also explained that once numbers are officially entered into the Block Grant Management Information System (BGMIS), a calculation is made based on a formula that the State has no privy on. Ms. Lamb directed Ms. Williams to the top of the allocations chart where the final allocation amount is shown.

Ms. Thompson stated she was confused and inquired what Elko will receive regarding future funds for this grant. Ms. Morales emphasized that these funds were used for population based services that serve the whole State. Deborah Duchesne offered an explanation of how she utilizes her funds. Ms. Duchesne subgrants her funds to the Nevada Network Against Domestic Violence (NNADV), a statewide organization that provides advocacy, education and supportive services regarding domestic violence. This includes training professionals in several counties around the State to educate teens on rape prevention and domestic violence: A train-the-trainer model. These professionals can then take this expertise to their respective counties. Ms. Thompson expressed this example was helpful.

Monica Morales reiterated the intent of these funds are utilized to build statewide activities aimed at directing statewide population health initiatives.

Ms. Lamb commented that she received a letter and an email as part of public comment. Ms. Lamb read the letter from Kevin Dick, District Health Officer, from WCHD and the email submitted by Joseph P. Iser, Chief Health Officer from SNHD:

## Comment for record for January 22, 2016 Preventive Health and Health Services Block Grant Public Hearing

Thank you for publicizing the Preventive Health and Health Services Block Grant (PHHS) public hearing meeting information and posting the work plan and budget for the PHHS fiscal year (FY) 15/16 (to be covered in agenda items 2 and 3). Unfortunately the work plan for FY 16/17 (to be covered in agenda item 4) was not posted. Because the document was not made available prior to the hearing, the intent of providing an opportunity to local health districts, other agencies, and members of the public to review and provide meaningful input on the plan has not been met. Upon request, a copy of the draft proposal for FY 16/17 was provided to the Washoe County Health District and that forms the basis of these comments.

The PHHS work plan, as proposed, was created by the State Division of Public and Behavioral Health (DPBH) without engaging the local health districts in the development of the plan or the proposed

activities and budget allocations. This is not the approach that we feel is most beneficial in working together to meet the needs of the citizens in our State and local jurisdictions. We would like the DPBH to work more closely with the local health districts in establishing how chronic disease and wellness priorities of the state might best be addressed through the PHHS block grant and other federal funding opportunities. The DPBH should not be attempting to address these issues statewide without engagement of the health districts and other partners working together.

Opportunities for synergistic approaches and maximizing benefits from program activities and grant funding investments are being missed with the current approach that does not involve local health districts. With the limited preventive health dollars available in our state we cannot afford to miss these types of opportunities. The DPBH should understand and include local efforts and initiatives and work to support and integrate those within the PHHS block grant.

Specific examples of approaches might have included:

- As a next-step to the capacity that was built in FY 15/16 through education, trainings, and development of statewide plans, funding is needed at the local level to help implement plans and strategies that have been identified. Specifically, capacity now needs to be built by increasing the number of staff at the local level that can help advance preventative health efforts in areas such as community-clinical linkages, heart and stroke prevention and diabetes prevention and control. The significant investment in capacity development, through training of local health district personnel, does not serve Nevada well when the local health districts lack resources to be able to implement initiatives for which the training is being provided.
- The Metropolitan Planning Authorities (MPAs, in our case the Regional Transportation Commission , RTC) have already worked on active transportation initiatives in most of the population centers of the state. Our local Health District has participated in long range, and short term planning efforts that include complete streets, pedestrian and bicycle access. PHHS funds could potentially be used more effectively to support current plans for walkability, complete streets, etc. by capitalizing on the efforts that have already been done, or utilizing those funds to support other wellness areas that are not adequately addressed.
- •There are local health district initiatives in both the North and the South related to increasing physical activity and healthy eating among school-aged children through a "Coaches Challenge" program. Initiatives such as these can be supported though additional funding, assistance with promotion and marketing, and helping to expand the reach within current communities and into rural areas. The PHHS plans efforts with publications and media should link to, and support, these local health district initiatives.

Sincerely, Kevin Dick District Health Officer

Email from Joseph P. Iser, M.D., SNHD, received January 22, 2016 which stated:

Dear Jessica,

I agree with Mr. Dick's comments. Would you please also give him his comments, with his permission, to Dr. Green, Ms Phinney, and Mr. Whitley? I have not seen this plan at all, so I cannot support this plan.

Joseph P. Iser Chief Health Officer Southern Nevada Health District

Ms. Lamb solicited for additional public comment. No public comment was made.

### 5. Adjournment

The meeting was adjourned at 1:57pm.