

**THE ADVISORY COUNCIL ON THE STATE PROGRAM FOR WELLNESS AND THE
PREVENTION OF CHRONIC DISEASE
MINUTES
AUGUST 17, 2017
1:15 p.m.**

The Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease held a public meeting on 8/17/2017, beginning at 1:15 p.m., at the following locations:

Division of Public and Behavioral Health
4150 Technology Way
Room 303
Carson City, NV 89706

Bureau of Health Care Quality & Compliance
4220 S. Maryland Parkway
Building D, Suite 810
Las Vegas, NV 89119

Division of Health Care Financing & Policy
1010 Ruby Vista Drive
Suite 102
Elko, NV 89801

Division of Health and Human Services
Aging and Disability Services Division
2667 Enterprise Road
Reno, NV 89513

BOARD MEMBERS PRESENT

Tom McCoy, JD, Chair
Stacy Briscoe, RD
Andre' DeLeón
Christina Demopoulos, DDS, MPH
John DiMuro, DO, MBA
Jacquie Ewing-Taylor, PhD
Senator Joe Hardy, MD
Assemblywoman Amber Joiner, MA
Angela Rodriguez, MBA, PHR, SCHRMC
Erin Russell, PhD
Rebecca Scherr, MD
Ben Schmauss, MPH
Deborah Williams, MPA, MPH, CHES

BOARD MEMBERS NOT PRESENT

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH STAFF PRESENT

Karissa Loper, MPH, Deputy Bureau Chief, Bureau of Child, Family and Community Wellness (CFCW), Division of Public and Behavioral Health (DPBH)
Jenni Bonk, MS, Section Manager, Chronic Disease Prevention and Health Promotion (CDPHP), CFCW, DPBH
Kristi Robusto, PhD, Quality Improvement Manager, CDPHP, CFCW, DPBH
Masako Berger, RD, MPH, Health Systems Manager, CDPHP, CFCW, DPBH
David Olsen, MPH, Policy, Systems and Environmental Change Manager, CDPHP, CFCW, DPBH

Rose Sutherland, School Health Program Coordinator, CDPHP, CFCW, DPBH
Amanda Santos, MPH, Health Systems Coordinator, Colorectal Cancer Program, CDPHP, CFCW, DPBH
Jeanne Broughton, Administrative Assistant III, CDPHP, CFCW, DPBH

OTHERS PRESENT

Chris Needham, Director of Health and Wellness for Hometown Health and Renown
Erin Dixon, MS, Washoe County Health District (WCHD)
Bobbi Shanks, RN, Elko County School District and Elko County Health Board
Elizabeth Christiansen, PhD, Director, Center for Program Evaluation, School of Community Health Sciences, University of Nevada, Reno

1. Roll Call

Chairman Tom McCoy

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 (CWCD) was present, per Nevada Revised Statute (NRS) 439.518 § 2.

2. Vote on minutes from the April 20, 2017 meeting

Chair McCoy asked if there were any corrections to the minutes from the April 20, 2017 meeting.

CHAIR MCCOY ENTERTAINED A MOTION TO APPROVE THE MINUTES WITH ONE CORRECTION. A MOTION TO APPROVE WAS MADE BY DEBORAH WILLIAMS. ERIN RUSSELL SECONDED THE MOTION WHICH PASSED UNANIMOUSLY WITHOUT PUBLIC COMMENT.

3. Review of Committee Openings and Reappointments

Chair McCoy deferred to Jenni Bonk to furnish this information.

Ms. Bonk: Please see agenda Item three (3) in the Board packet. There is a spreadsheet which lists the current board members and the current vacancies, as well as a copy of the NRS which defines the positions. There are vacancies for the following: 2e, "One representative of the Nevada Association for Health, Physical Education, Recreation and Dance or its successor organization;" 2h, "One representative who is a member of a racial or ethnic minority group appointed from a list of persons submitted to the Administrator by the Advisory Committee of the Office of Minority Health within the Office for Consumer Health Assistance of the Department;" and 2i, "One representative of private employers in this State who has experience in matters relating to employment and human resources."

Chair McCoy: With the adoption of Assembly Bill (AB) 141 [in 2017], the Office of Minority Health and Equity is being established and someone from that office will be appointed to fill the 2h position.

Ms. Bonk: We need resumes and applications for the remaining two (2) positions.

Chair McCoy: If the members of the Board have any suggestions for people to fill these positions, it would be appropriate for you to reach out to those interested. Ms. Bonk, how do we obtain the information from interested persons who wish to apply?

Ms. Bonk: The interested person can send me or Jeanne Broughton their resume. We will compile the resumes to submit to the Board for consideration at the next meeting.

Dr. Joe Hardy: Vance Farrow used to be with the Governor's Office of Economic Development, and I would like to put forth his name for either of the open positions.

Ben Schmauss: I think asking Vance would be an excellent suggestion. He has an extensive public health background.

4. Approve Proposed CWCD Meeting Dates

Chair McCoy: Item number four (4) in your packet is a list of proposed meeting dates for 2018. I believe we will be going for the 1 p.m. meeting time next year, is that correct?

Jeanne Broughton: Yes. The meeting will begin at 1 p.m. The dates are what we are looking at now. The room has been changed for Las Vegas. The Carson location is the same as this year.

Ms. Bonk: The proposed dates for 2018 are January 18th, April 19th, August 16th, and October 18th. All meeting times are 1-4 p.m.

Chair McCoy: Does anyone have any immediate conflicts with those times?

Dr. Jacquie Ewing-Taylor: I will not be in the country on January 18, 2018.

CHAIR MCCOY ENTERTAINED A MOTION TO APPROVE THE MEETING DATES FOR 2018. A MOTION TO APPROVE WAS MADE BY DR. HARDY. MS. WILLIAMS SECONDED THE MOTION, WHICH PASSED UNANIMOUSLY WITHOUT PUBLIC COMMENT.

5. Discuss the Patient-Centered Medical Homes (PCMH) Subcommittee and Make Recommendation for Meeting Dates

Chair McCoy: We have a Subcommittee of this Council we have been trying to move forward since the beginning of the year. It is the Patient-Centered Medical Homes Subcommittee. We have had extreme difficulty coming up with dates which work for everyone, so we can act. Ms. Broughton, where are we on dates that will work for the majority of the members?

Ms. Broughton: After sending out several polls and not being able to find a date which would work for everyone, I sent an email asking what day would work best, and received a much better response. Friday in the morning is the best day of the week for everyone, with Wednesday as a second choice.

Chair McCoy: Thank you for all your work Jeanne. Some of you may not know we had a kick-off meeting. It was just informational and we had several people come and make presentations prior to the meeting, but there was no quorum, so we did not meet afterwards.

Ms. Russell: Is the Subcommittee comprised of all the Advisory Council members?

Chair McCoy: It is a separate Subcommittee of the Advisory Council. Presently, Assemblywoman Amber Joiner and myself are members with others from the community. I am Interim Chair until we can have a meeting to select someone else. Interested persons from this Council are welcome to serve on the Subcommittee as well.

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

Jenni Bonk, CDPHP Section Manager, provided updates.

Staff Updates

The Chronic Disease Section has filled the following positions: Eric Fortenbury is the new Management Analyst 2, Fiscal Manager. Amanda Santos, MPH, formerly our Community Health Worker (CHW) Coordinator, has moved into the Business Process Analyst, Health Systems Coordinator position with the Colorectal Cancer Program. Dr. Kristi Robusto has promoted from the Obesity Prevention and Control Coordinator to Quality Improvement Manager. Helen See has accepted the Biostatistician position with the Office of Public Health Informatics and Epidemiology (OPHIE) and is located in the Reno office.

Vacant state positions include: The Population Health Manager position which oversees all cancer programs. Rani Reed, who previously held the position, left to work at the Cancer Registry. The Grants and Projects Analyst II, a fiscal position, is also open. The Section

continues to recruit and interview for the Obesity and Tobacco Coordinator positions. Both are Health Program Specialist I positions.

The Section is also in the process of filling three (3) contract positions. These include the CHW Coordinator, the Tobacco Youth Prevention Coordinator, and the Connecting Kids to Coverage Program Coordinator.

Program Updates

Women's Health Connection (WHC) and Colorectal Cancer Control (CRCCP)

Many of you may know when AB388 passed, the WHC Program was awarded \$500,000 per year for the next two (2) years [July 1, 2017 – June 30, 2019]. This will enable many women in Nevada to receive medically necessary breast and cervical cancer screenings.

CRCCP received the Notice of Grant Award for year 3 of the 5-year Centers for Disease Control and Prevention (CDC) Cooperative Agreement. The focus of the award is to work with individual clinics or payers to implement the four (4) recommended colorectal cancer screening evidenced-based interventions (EBI), which include provider reminders, client reminders, reduction of structural barriers, and provider assessments and feedback.

CRCCP has added two (2) CHWs, for a total of four (4), within Nevada Health Centers clinics. In total, two (2) CHWs are in Las Vegas; one (1) in Carson City; and one (1) in Elko.

Community Health Worker (CHW) Program

The CHW Program finalized the Return on Investment (ROI) study in collaboration with Health Plan of Nevada and the University of Nevada, Reno (UNR). Later in the meeting, there will be a presentation about that study.

Nevada is now offering a CHW "Train the Trainer" course modeled after Washington State's. This offers more volunteers to help teach the expanding Hybrid CHW Training in Nevada. To date, 343 CHWs have been trained through all three (3) of the CHW trainings offered in Nevada. The CHW Association continues to offer the hybrid CHW training quarterly.

Connecting Kids to Coverage (CKC) Program

The CKC Program, a grant project through the Centers for Medicare and Medicaid Services (CMS), continues to fund six (6) CHWs to conduct outreach and promote enrollment into Medicaid, Nevada Check-Up, and the Silver State Health Exchange for eligible children and their families. The recently submitted semi-annual report indicated 247 Nevada children had submitted new and/or renewal applications through this program with 216 successfully

enrolling or reenrolling. Additionally, 192 parents have submitted new and/or renewal applications since the inception of the program with 113 successfully enrolling or reenrolling. The grant will end in June 2018.

Diabetes Prevention and Control Program (DPCP)

The DPCP held a second very successful partner meeting on June 16th in Reno as part of the Association of State and Territorial Health Officer's (ASTHO) demonstration project: Strengthening State Systems to Improve Diabetes Management and Outcomes. The *Three-Year Nevada Diabetes Action Plan* draft received input from stakeholders during this meeting and the final Plan was completed and has gone to print. It will be distributed to partners to share with their leadership and policymakers statewide.

In July, the new proposed Medicare Diabetes Prevention Program Model Expansion guidelines were released, with public comments being accepted until September 11, 2017. The proposed 2018 Diabetes Prevention Recognition Program (DPRP) Standards were also released, and written public comments must be received on or before September 12, 2017.

September 13th will be Marjorie Franzen-Weiss' last day as the Diabetes Prevention and Control Program Coordinator as she begins retirement. We wish her well in her new adventures.

Heart Disease & Stroke Prevention Program

The Blood Pressure Self-Monitoring Program continues to be successful and has been expanded to FirstPerson Care Clinic in Las Vegas.

Office of Food Security

The Supplemental Nutrition Assistance Program-Education (SNAP-Ed) was awarded funds to conduct a gap analysis of current senior nutrition programs and the overall food systems supporting senior nutrition efforts in collaboration with the Office of Food Security and the Governor's Council on Food Security (GCFS). The analysis will assess funding and strategies needed to ensure program sustainability. The results and recommendations will be presented at the November 15, 2017 GCFS meeting.

The GCFS motioned for the creation of two (2) Subcommittees to review and update *Food Security in Nevada: Nevada's Plan for Action*. Both Subcommittees have met once, and motioned to meet a second time.

Obesity Prevention and Control Program

Senate Bill (SB) 165, defining obesity as a chronic disease and reinstating height and weight measures in schools, was approved by the Governor on June 1, 2017. The bill requires school districts of a certain population to conduct examinations of height and weight of certain pupils in 4th, 7th, and 10th grades. DPBH staff will be required to compile the data and publish and disseminate an annual report on Nevada obesity statistics and the effort to reduce childhood obesity. The Obesity Prevention and Control Coordinator will lead this effort, in collaboration with the School Health Program Coordinator acting as the school liaison.

School Health Program

All 17 Nevada school districts were offered training on a Comprehensive School Physical Activity Program (CSPAP) to implement 60 minutes of physical activity daily for students. Thirteen (13) school districts accepted and received CSPAP training between November 2016 and June 2017. Schools implementing CSPAP are being tracked and supported by the School Health Program Coordinator.

Nutrition education targeting parents, Parent Teacher Association (PTA) members, and afterschool providers was conducted to increase engagement of these stakeholders to support an improved school nutrition environment. Eight (8) trainings were provided in Washoe, Clark, Elko, and Carson City from October 2016 to June 2017 on the Nevada School Wellness Policy, Smart Snack Standards and practices that support healthy fundraising and celebrations, and sodium intake reduction. Two (2) of those trainings were conducted at large conferences: Nevada PTA Conference and the Nevada Nutrition Association Conference.

A nutrition media campaign was conducted in June 2017 on the Nevada Wellness website, on social media, and in movie theaters, targeting parents and school staff. The campaign had an emphasis on recommended sodium intake in the diet, healthy fundraising, Tips for Teachers: non-food rewards, parent engagement, and Smart Snack Standards. The campaign reached 76,505 people in Nevada and 25,842 have engaged with the social media posts.

Tobacco Prevention and Control Program (TPCP)

In early June and again in July, the Nevada Tobacco Quitline reached spending limits on Nicotine Replacement Therapy products. The state's Oral Health Program was helpful in providing funding to bridge the service into the next fiscal year. Availability is currently restricted to the uninsured and priority populations of pregnant/post-partum and Native Americans/American Indians.

A new project to address youth prevention and develop tobacco merchant training is set to start October 1st. The project was delayed from starting earlier. Funding will be provided by

the Substance Abuse Prevention and Treatment Agency (SAPTA) from the Substance Abuse Block Grant.

Chair McCoy: Thank you for your summary. Members, if you have any questions you may ask them now. I have a question. When is the Heart Disease and Stroke Task Force meeting?

Ms. Bonk: It has been moved to November. I will have a definite date to share at the October meeting.

Chair McCoy: Assemblywoman Teresa Benitez-Thompson should be recognized for pushing forward the legislation which got the Women's Health Connection Program funding. This is the first time this program has been funded by the state. This is significant. Prior to this, it was solely funded through the CDC's National Breast and Cervical Cancer Early Detection Program.

Ms. Williams: Congratulations to Dr. Robusto for being promoted to oversee the Preventive Health and Health Services (PHHS) Block Grant. Can we get a one-page summary on the impact of the PHHS grant in the state that can be used when we are doing advocacy through that funding source? This Council continues to be the Advisory Council for that funding source, and I believe we had talked about having PHHS as a regular agenda item. I would like to request we follow through on that.

Regarding SB165, the bill states "the Division of Public and Behavioral Health in consultation with the Board of Trustees of each school district and each local health district, as applicable, shall determine the number of pupils necessary." We [Southern Nevada Health District (SNHD)] were wondering about an update on the process, specifically how the health departments and the local education agencies in Clark and Washoe Counties will be engaged in that process?

Dr. Kristi Robusto: We are in the preliminary discussions of addressing the sample size now. We are starting to develop the process with OPHIE, UNR, and the health districts to make sure we are making the sample sizes appropriate. We have only had one (1) internal meeting about this to try and make sure we are using the proper methodology.

Ms. Williams: Perfect. We want to participate with you, but did not know how far along the process was.

Rose Sutherland: We may be reaching out to local health districts even more depending on whether the schools need additional support in getting height and weight. I will be the liaison for communicating the requirements to the superintendents. I am sending a letter to all superintendents with a spreadsheet for the School Health data collection.

Ms. Bonk: We can add PHHS as regular agenda item, so there will be quarterly updates.

Ms. Williams: That would be helpful and would help us be better prepared.

Mr. Schmauss: During the testimony for SB165, one of the things heard from school districts was they never received a presentation on the data and how it benefited them. I would recommend a yearly "one-pager" be compiled that outlines the data and the recommendations based on the data. Or, ask school districts to look at the data and make recommendations with us. We need to publish the information to show it is being used for a purpose with a return on investment.

Dr. Robusto: Thank you for the comments. Per legislation language, we are in process of developing how to publish those reports and how the Division will get those reports back to the school districts within 12 months as is mandated by the bill, including recommendations. We will be adhering to that.

Chair McCoy: There has been some good return on investment. Let us make sure it continues. I have a question about the Tobacco Program for Mr. Olsen. I was looking at a report about which states provide counseling through traditional Medicaid versus Medicaid expansion. Where are we with traditional Medicaid counseling for people who want to stop smoking?

David Olsen: By traditional, do you mean Chantix and Zyban?

Ms. Bonk: The package that was built for the Medicaid expansion population is a seamless benefit package, so anything that was a benefit pre-Affordable Care Act (ACA) is also a benefit to the expansion population. There is no differentiation. Anything that is available to one group is also available to the other in equal amounts.

Chair McCoy: That was not my understanding and it is not the feedback we are getting.

Ms. Bonk: It [counseling] would have to be initiated by a physician. It is billable, but whether physicians are taking Medicaid up on the offer is a different question.

Chair McCoy: Do we have any data which shows Medicaid is actually doing these referrals? The Medicaid costs connected to tobacco use and health issues is staggering.

Mr. Olsen: We can make a request to Medicaid. The Section looked at it through fee for service through two (2) MCOs in the past to see what they are prescribing and what nicotine replacement therapy they are providing. That is something we can look at, but we do not house that data, so we would have to make that data request through Medicaid.

Ms. Bonk: We could try to get it broken down by older and newer populations; we will see what we can do.

Chair McCoy: This is a reality. Those on Medicaid typically have twice the smoking habits of those who are not. We do need to get more data.

Thank you. Are there any more comments on Ms. Bonk's report?

Mr. Schmauss: Yes. Regarding the School Health Program, I was very excited to hear so many districts took us up on the physical activity training and the offer to help train. Was there any feedback?

Ms. Sutherland: It has varied quite a bit per school district. Some districts had better attendance than others. For instance, Nye County had 30 participants and some other counties only had five (5). There was a post-training survey used for collecting feedback. It asked where the District was in the process, since there are seven (7) steps to implementing the program. This is a new concept for a lot of schools. For those who have agreed to participate, steps have been taken to connect directly to their wellness coordinator, superintendent, and principal. Interested parties are taken through an action plan template, and it looks very different for each school.

Mr. Schmauss: What gets measured, gets done in schools. The Every Student Succeeds Act (ESSA) requires schools to put together a plan for their students including how much physical activity and education is being provided. It would be great if physical education and activity was part of the ESSA in Nevada. Parents confuse recess with actual physical activity.

Ms. Sutherland: There are some schools with Physical Education teachers, and some that do not have them. Nevada has already submitted the ESSA plan for our state. It can be reviewed online at the Department of Education website. It does discuss physical education and activity, but not a lot.

Ms. Russell: You mentioned the word “targeted” several times. Does that mean the school district or the school itself?

Ms. Sutherland: Those who participated in the professional development are the targeted schools. There are certified trainers in four (4) counties. We are looking for those who are willing to take the next step.

Mr. Schmauss: Thank you for the work you are doing. It is nice to hear this effort is going on across our state. This is about our kids’ futures. Let me know if I can help.

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

Southern Nevada Health District (SNHD)

Ms. Deb Williams, Chronic Disease Director, SNHD, provided updates.

Chronic Disease Prevention Program (CDPP) staff continued to collaborate with SNHD Clinical Services staff to explore integration of referral prompts into the electronic health record system (EHR) being implemented at SNHD. While there have been some delays in implementation of the EHR, staff have promoted integration of referral capabilities. In the interim, I will acknowledge when we first met with clinical staff, we were met with some resistance. They were “too busy” and were not quite sure what we were asking. That has changed with continued dialog. Staff has recommended modifications to client intake forms to better collect chronic disease data. Staff is also continuing to work with Clinical Services to improve non-electronic referral of SNHD clients to community-based programs and identify opportunities to place educational materials in clinical waiting areas.

We greatly appreciate the PHHS funding which has allowed us to reach out internally and to develop new and stronger partnerships.

The Tobacco Control Program (TCP) staff continues to work on quite a few different initiatives. We are working with the Nevada Tobacco Prevention Coalition to provide technical assistance regarding tobacco and clean indoor air policy development to members of the Mesquite Citizens for Clean Indoor Air Coalition. This is a group of people in Mesquite who have an interest in expanding the Clean Indoor Air Act, so we continue as partners to try to help them.

Staff is currently working with multiple entities to secure a health systems change by implementing a system for electronic referral to the Tobacco Quitline directly from the healthcare provider. In March, staff met with the Paramedicine program coordinator to discuss e-referral to the Quitline. University Medical Center (UMC) requested additional information related to e-referral to the Quitline for incorporation into their EHR. Staff also met with SNHD Clinical Services leadership to discuss e-referral to the Quitline and modification of tobacco use status questions on SNHD intake forms.

We continue to maintain the Smoke-Free Meeting Directory as well as the Multi-Unit Smoke Free Housing Directory. The number of entries in the directories as well as the downloads from the public have increased.

Staff was asked to provide technical assistance to Las Vegas PRIDE organizers to adopt and implement a smoke-free (including electronic products) festival last Fall. The TRUTH Initiative recently featured the Smoke-free Las Vegas LGBT Pride Festival as a highlight in their nationwide newsletter as a success and model policy in tobacco control. It is great that the work the Tobacco Control Program is doing in conjunction with Mr. Olsen's team is getting national notice.

In May, the Stratosphere Hotel and Casino designated their sports book as a non-smoking environment. Any time an establishment on "the strip" decides to go smoke free, it makes us very happy.

Over the course of an 18-month period, the Regional Transportation Commission (RTC) worked to update the Regional Bicycle and Pedestrian Plan. This effort was supported by SNHD and Partnership to Improve Community Health (PICH) grant resources. In May, the plan was presented to the RTC Board and was adopted unanimously. The revised Regional Bicycle and Pedestrian Plan will be included as an appendix in the Regional Transportation Plan which the RTC will be submitting in 2017.

The City of North Las Vegas (CNLV) has been working with project partners, including SNHD, to develop a Complete Streets Policy for more than a year. The final draft policy has been reviewed by city staff, SNHD, and the National Complete Streets Coalition and was presented for a conformity review at the Southern Nevada Regional Planning Commission Planning Directors Meeting in March. In May, after receiving approval from the CNLV Planning Commission, the City adopted a Complete Streets Policy and amended their Comprehensive Master Plan to include the policy. CNLV is the first city in Southern Nevada to adopt a policy that includes all ten (10) of the recommended elements in a model Complete Streets Policy.

Adoption of this policy by CNLV also represents the completion of a major PICH grant objective.

Soda Free Summer (SFS) Initiative activities kicked off in April. The SFS challenge is designed to inspire participants to make a lasting commitment to health by reducing or eliminating sugar sweetened beverages from their diets over the summer months. The annual initiative will feature information on both the Get Healthy and Viva Saludable websites and targeted outreach to the Hispanic community. Staff did a lot of events in culturally appropriate languages. It was a very successful program. Schools and students participated in CrossFit courses.

Staff attended the American Heart Association/American Stroke Association's Las Vegas Get with the Guidelines Cardiovascular & Stroke Workshop.

Chair McCoy: Does anyone have any questions or comments?

Mr. Schmauss: I would like to commend SNHD for the work they have done on the Bicycle and Pedestrian plan and the Complete Streets work. Sometimes we have headwinds or tailwinds working for or against us. Some of question five (5) concerned safe bike paths to work and school. Now, there are local and state plans. Nice to see the Local Health District looking five and ten years ahead. Very good work.

Ms. Williams: Even though we provided the funding, the RTC had to step up and do the "heavy lifting" and it was great to have a non-traditional partner such as RTC.

Mr. Schmauss: There are many good things going on this area to make it friendlier for our state.

Washoe County Health District (WCHD) Chronic Disease Prevention Program (CDPP)

Ms. Erin Dixon, Chronic Disease Director, WCHD, presented updates.

I would also like to see PHHS become a regular agenda item.

Regarding the obesity data, our statistician has been analyzing our data and I want to make sure we are included as the process moves forward.

The CDPP team is excited to welcome Stephanie Chen to the team as a full-time Health Educator. We have several part-time staff as well.

The CDPP conducted an audit of public parks in one (1) Washoe County zip code, assessing the physical condition of parks and developing a better understanding of park users and usage in Washoe County. This data is being used to collaborate with the City of Reno and Truckee Meadows Parks Foundation to initiate changes in some high-risk areas, including the potential inclusion of edible landscaping, increased access to potable water, and increased physical activity opportunities.

The Wolf Pack Coaches Challenge program is gearing up to work with 50 classrooms this year with a focus on Title I schools.

Staff attended the 2017 Northern Nevada PRIDE event on July 23rd to educate about tobacco and promote smoke-free policies. This was very exciting for our staff.

CDPP staff received training on the Tobacco-Free Baby Program with Washoe County WIC staff. The program is a joint tobacco cessation intervention for low-income pregnant and post-partum women and their families. The program provides free diapers from Wal-Mart to women and their partners that quit and stay quit for up to one (1) year after delivery. Women can earn four (4) vouchers prior to birth and 12 after birth. The program has been shown to reduce the rate of low birth weight babies among participants as compared to the general population. It has had a slow start, but it is gearing up now and we are excited about that.

Carson City Health and Human Services (CCHHS)

Ms. Nicki Aaker, Director, Carson City Health and Human Services

Ms. Williams provided the highlights from the CCHHS report on behalf of Ms. Aaker, who was not able to attend.

CCHHS hired a new part-time Public Health Nurse to work on opioid and diabetes prevention.

The Community Health Needs Assessment draft was released for public comment. It is in the process of being finalized. The Community Health Improvement Plan priorities will be discussed at Carson City's Board of Health meeting on September 21st.

Western Nevada College (WNC) will be implementing their 100% Tobacco-Free policy in Fall 2017. Education and marketing has started and a Tobacco-Free Campus will be implemented when students and staff return, with the final policy to be signed by November 2017.

Smoke-Free multi-unit housing efforts: We completed our first Multi-unit housing seminar for landlords and managers in Carson City and surrounding areas.

At the time of this report, the Opioid Crisis Program will be forced to be eliminated 9/30/17 due to funding cuts from DPBH to Partnership Carson City under the SAPTA Block Grant. We will try to find alternate funding sources. CCHHS has created a campaign called “If You Care, Don’t Share.” This campaign directs those with opioids to not share their prescriptions or medications. A set of facts are attached to the campaign, such as most teenagers tried their first opioid from a friend or family member providing it. Initial steps have started to provide customized discharge instructions to all patients prescribed an opioid.

Under the Comprehensive Cancer Control Program, the Title X funding is in jeopardy under this federal administration. CCHHS current funding is through March 31, 2018.

Chair McCoy stated, “I would like to acknowledge the work done at WNC to make that program come to fruition.”

Elko County

Bobbi Shanks, RN, Elko County School Nurse Coordinator, and Margo Teague presented updates.

We have finished our Health 101 training with Valerie and had a lot of good input from our community.

The Elko needs assessment will be reviewed by the Board of Health on October 3rd. As a result of Valerie working with us, a group of non-profits got together to see what they could do to help and have formed a group called the Public Health Initiative Team (PHIT). They are working with us to create Elko’s Community Health Improvement Plan.

8. Present on Comprehensive Cancer Control Evaluation

Mr. David Olsen, Policy and Advocacy Manager, CDPHP, gave the presentation.

Chair McCoy: Are there any comments for Mr. Olsen?

Ms. Williams: With all the cancer programs, we have been excited to hear there is going to be additional State investment. How are we doing with referrals for people who have been identified through screenings then being able to get treatment? Is it getting better, or are there still challenges?

Ms. Bonk: Last year it was better because of the Medicare Treatment Act, which directly funnels patients who are diagnosed with cancer, and who were not otherwise eligible for Medicaid, into Medicaid services.

Mr. Olsen: The Comprehensive Cancer Control Program is different than the Cancer Screening Programs. What we do is partner to provide funding for education. Those measures would fall into the Women's Health Connection and Colorectal Cancer Control Program.

Mr. Schmauss: Earlier when Ms. Bonk gave her update about the funding that was received, I was wondering if there was money for an ROI built into that? I would love to see ROI studies on any investment the State has made into these types of health programs, and then have them compiled and presented to us in a report which can be used to show how these programs are helping Nevada.

Ms. Bonk: There was not an ROI built into the bill. The funding will be disseminated to increase screenings performed in the State of Nevada for eligible women. ROIs cost money. However, we do have a full evaluation team who will be doing an evaluation on how we spend the funds and will be happy to share those evaluation results after years one (1) and two (2).

Mr. Schmauss: Is there a way we can make this an intern project, so they can work with the evaluation team to do this reporting?

Ms. Bonk: I understand your request, but I do not have a health economist on staff. I believe it would take someone with that level of training to do what you are asking. When the new Cancer Manger is on board, we will be considering this more to show the State how the Section is being good stewards of the funds. We are focused on showing the benefits to the State to ensure future funding.

Mr. Schmauss: I am excited we have funding for health in Nevada and the programs you oversee.

Chair McCoy: This is all very important. We are going to hear in a minute about the Community Health Workers and their Return on Investment. We did ask the legislature to give us some money and let us show you what we can do with that money. ROI is very important.

Ms. Bonk: I would like to add, the PHHS Grant funded this ROI project that we are about to see.

9. Present on Community Health Workers: Return on Investment

Elizabeth Christiansen, PhD, Center for Program Evaluation, University of Nevada, Reno gave the presentation.

Chair McCoy: Thank you, Dr. Christiansen. Does anyone have any comments or questions?

Dr. Christina Demopoulos: What type of intervention were the CHWs focused on for a chronic condition? Did they focus on a medical condition, or oral health, or did they refer to a primary care physician?

Dr. Christiansen: I do not have the information about what type of health information the CHWs provided. I do know they were able to connect patients to a variety of resources and providers.

Ms. Bonk: I doubt they made oral health referrals because this was for a Managed Care Organization – Health Plan of Nevada. Nevada Medicaid does not cover adult dental services.

Dr. Demopoulos: It is true. They do not offer comprehensive care, but they do offer urgent care and education.

Mr. Schmauss: On page five (5) it talks about acute and re-admits being down 18%. I am trying to understand what does a CHW do and what is the timeline? When are they talking to the patient initially?

Dr. Christiansen: Those in the study were existing members who had three (3) or more Emergency Room (ER) visits within last six (6) months. Those selected and invited to work with a CHW were high utilizers, or “super users,” of the ER. They were given an opportunity to enroll with a CHW who worked with them to make sure they had a primary care provider and were linked to other community resources.

Mr. Schmauss: Were there 100 super users connected to a CHW and an equal group who were not, and you tracked both groups separately to compare them?

Dr. Christiansen: No. We did not use that design. We used each member who was enrolled as their own control. We looked at the 90 days prior to CHW intervention and compared it to the 90 days post-CHW intervention.

Dr. Rebecca Scherr: This was a great presentation. Our favorite patients are the ones with a CHW, because we know they will come to their appointments, and if they do not show up, someone is going to be calling. They stay healthier.

Chair McCoy: It is obvious to me from your presentation that this is going in the right direction of health improvement and health literacy for Nevada.

Ms. Bonk: I would like to thank Dr. Christiansen. She did a lot, especially considering the parameters and time restrictions. We appreciate your hard work on this project. We are looking at this with Medicaid. This study helps the case with us.

10. Public Comment

Chair McCoy: Is there any public comment?

There was no public comment.

11. Adjournment

CHAIR MCCOY ENTERTAINED A MOTION TO ADJOURN. A MOTION WAS MADE BY MR. SCHMAUSS. ANDRE DELEÓN SECONDED THE MOTION. THE MEETING WAS ADJOURNED AT 3:11 P.M.