

**THE ADVISORY COUNCIL ON THE STATE PROGRAM FOR WELLNESS AND THE
PREVENTION OF CHRONIC DISEASE
MINUTES
JANUARY 19, 2017
Time of Meeting 1:00 p.m.**

The Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease held a public meeting on 1/19/2017, beginning at 1:00 p.m., at the following locations:

Division of Public and Behavioral Health
4126 Technology Way
2nd Floor Conference Room
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' DeLeon
Christina Demopoulos, DDS, MPH
John DiMuro, DO, MBA
Senator Joe Hardy, MD
Assembly Woman Amber Joiner, MA
Ben Schmauss, MPH
Rebecca Scherr, MD
Deborah Williams, MPA, MPH, CHES

BOARD MEMBERS NOT PRESENT

Aubree Carlson
Cassandra Cotton, MA
Jacquie Ewing-Taylor, Ph.D
Jeff Muehleisen
Angela Rodriguez, MBA PHR, SCHRMCP

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH STAFF PRESENT

Jenni Bonk, MS, Section Manager, Chronic Disease Prevention and Health Promotion (CDPHP), Bureau of Child, Family and Community Wellness (BCFCW)
Jeanne Broughton, Administrative Assistant III, CDPHP, BCFCW
Margie Franzen-Weiss, Diabetes Prevention Coordinator, CDPHP, BCFCW
Reena Gupta, CDC Public Health Associate Program Assignee, CDPHP, BCFCW
Lily Helzer, Comp Cancer Coordinator, CDPHP, BCFCW
Karissa Loper, MPH, Deputy Bureau Chief, BCFCW Acting Section Manager, Immunizations
Kristi Robusto, Ph.D, Obesity Coordinator, CDPHP, BCFCW
Laura Urban, Food Security and Wellness Manager, CDPHP, BCFCW

OTHERS PRESENT

Chris Needham, Director of Health and Wellness for Hometown Health and Renown
Erin Dixon, Washoe County Health District
Bobbi Shanks, Elko County School District and Elko County Health Board
Margo Teague, Elko County Health Board
Nicki Acker, Director, Carson City Health and Human Services

1. Roll Call

Chairman Tom McCoy was running late. Therefore, the meeting was called to order by Vice-Chair, Dr. John DiMuro, at 1:13 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 (CWCD) was present, per NRS 439.518 § 2.

2. Vote on minutes from the October 27, 2016 meeting

Dr. DiMuro asked if there were any corrections to the minutes from the October 27, 2016 meeting. Ms. Williams requested two corrections.

DR. DIMURO ENTERTAINED A MOTION TO APPROVE THE MINUTES WITH THE CORRECTIONS. A MOTION TO APPROVE WAS MADE BY ASSEMBLYWOMAN JOINER. MR. DELEON SECONDED THE MOTION WHICH PASSED UNANIMOUSLY WITHOUT PUBLIC COMMENT.

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

Staff Updates

Jenni Bonk, CDPHP Section Manager, provided updates.

Jeanne Broughton is the new Administrative Assistant III for the section. Karissa Loper, the former Immunization Section Manager is the new Deputy Bureau Chief for Child, Family and Community Wellness. Two new people have joined the section's evaluation team. Ms. Mojde Mirarefin is the Tobacco Program Evaluator and Ms. Yanyan Qiu is the 1305 Grant Evaluator. Debra (Nichole) Millim has returned to the section as an Administrative Assistant II. Shannon Bennett, Policy and Advocacy Manager, has accepted the position of Immunization Section Manager. The Immunization Section will give a presentation at the next council meeting. Kimberly Fahey recently promoted to the Health Resource Analyst III position; however, she submitted her resignation and will be leaving to spend more time with her family. She has been with us for 13 years and has a tremendous amount of knowledge. She will be missed.

Two staff members achieved advancement in their educations. Kristi Robusto, the Obesity Prevention and Control Coordinator, completed her PhD in Public Health with an emphasis in Health Behavior at the University of California, San Diego; and Jonathan Lopez, fiscal trainee, recently completed his Bachelor of Science with a dual degree in Finance and Economics at the University of Nevada, Reno. Congratulations to both for their achievements.

Program Updates

Women's Health Connection and Colorectal Cancer Control

The Women's Health Connection and Colorectal Cancer programs received a site visit from the Centers for Disease Control and Prevention (CDC) in December 2016 that went very well. The Section received a lot of positive feedback and very few questions were asked, so all-in-all it was a very successful visit. Nevada Health Centers attended and their Community Health Workers (CHWs) presented to the group. Northern Nevada HOPES hosted a tour of their facility; the CDC team was very impressed with the site.

Public Law 106-354 was implemented in Nevada, which allows women who are diagnosed with breast or cervical cancer, and whose incomes are up to 250% of Federal Poverty Level, to enroll in Medicaid and receive treatment services. This offers more coverage for these individuals and allows them to receive services through Medicaid during their illness.

Comprehensive Cancer Control Program

The Nevada Cancer Control Program received a new grant opportunity for cancer control initiatives for the next five years. However, the Management, Leadership and Coordination (MLC) component, which is part of the existing grant, is not available in the current announcement. This loss will have an impact on the CDPHP section budget.

Community Health Worker Program and Connecting Kids to Coverage

Staff efforts continue improving and expanding the Community Health Worker (CHW) program. The CHW Program Coordinator is working with CHWs in Nevada to discuss the barriers and solutions regarding the acceptance of CHWs in various settings and communities. The section is funding a Return on Investment (ROI) study regarding the value of CHWs. Health Plan of Nevada is providing data and the University of Nevada, Reno (UNR) is providing data analysis. The results will be presented in a future meeting.

The Connecting Kids to Coverage Program is also going well. All sub-grantees have hired all budgeted CHWs. The CHWs are located at Children's Cabinet, Lutheran Social Services of Nevada, and Northern Nevada HOPES. Their objective is enrolling clients in Medicaid, Nevada Check-Up, and/or the Nevada State Health Exchange as appropriate.

Diabetes Prevention and Control Program

The Diabetes Program has been awarded an Association of State and Territorial Health Officer (ASTHO) grant to fund a statewide meeting to assess diabetes activities in Nevada and draft a "State Plan for Diabetes." More information regarding this opportunity will be presented in a future meeting.

Heart Disease and Stroke Prevention and Control Program

A new Heart and Stroke Coordinator has been hired. Her name is Jennifer Krupp and she will start on January 30th, 2017. She will take over the programs Vicky Kolar started.

Food Security and Wellness

On January 11, 2017, the Office of Food Security and Wellness hosted the meeting of the Governor's Council on Food Security. The Council discussed the priorities that will establish a revised work plan. The original plan was very ambitious, so they are breaking it down to manageable increments.

Obesity and Prevention Program

The Obesity Program worked on developing a statewide Active Transportation Plan which was presented to the Nevada Pedestrian and Bicycle Advisory Board. In September 2016, the program ran a childhood obesity campaign in movie theaters. This was the first time the section used this type of media campaign, and over 250,000 people were reached.

Ms. Williams asked if the statewide transportation plan could be sent out to counsel members. Dr. Robusto responded she is in the process of finalizing the report with a two-year strategic plan and it will be provided to the public as soon as it is routed and approved by Division and Department leadership.

School Health Program

The School Health Program is focused on implementing the comprehensive school activity program and working with schools interested in developing this program. Staff are also working on the wellness program with different schools.

Tobacco Prevention and Control

Tobacco Prevention is exploring its role with marijuana as recreational use is now legal in Nevada. Staff are hoping to gain a better understanding of the role Chronic Disease may be expected to play. Currently, the team is educating themselves as much as possible. However, there is no position dedicated to this topic.

Nevada celebrated the tenth anniversary of the "Clean Indoor Air Act" in December, 2016. Dr. DiMuro spoke at a celebration hosted at the Governor's mansion.

On December 8, 2016, the Surgeon General released a report titled, "E-Cigarette Use among Youth and Young Adults," which highlights the national trend of E-Cigarette use among youth. Nevada's youth use prevalence is 26%, significantly higher than the 16% reported nationally.

Preventive Health and Health Services (PHHS) Block Grant Information

For fiscal year 2015, 96% of the total PHHS block grant award was expended, equaling \$576,142. The annual report is due to federal funders on February 1, 2017. This is a two-year grant with expenditures happening in the second year. For fiscal year 2016 to date, 6% of the award has been expended. However, 97% of the award has been encumbered/obligated. The breakdown:

- 42% allocated to CDPHP infrastructure, operating, and assessment, including the Community Health Worker (CHW) Program;
- 52% allocated to community partners;

- 6% allocated to indirect costs for DPBH.

The process timeline for fiscal year 2017 is based on the federal fiscal year of October 1, 2017 to September 30, 2018. Once the funding opportunity announcement is received, the timeline will be reviewed. At the CWCD Advisory Council meeting in April 2017, the Council will make recommendations on the development and implementation of the 2017 Work Plan. There will need to be a public hearing. The work plan will be submitted on July 1, 2017.

In fiscal year 16, \$608,558 was received through the PHHS block grant. Even though it is a very flexible grant, the money was allocated to specific areas as approved, and it would be a good idea to continue in that mode, unless there is a specific problem, or reason not to do so. For CDPHP infrastructure \$83,713 is allocated; the CHW Program is budgeted at \$154,331; Diabetes at \$63,713; Heart and Stroke at \$63,713; Obesity at \$54,711; Childhood Obesity at \$54,342; and rape prevention at \$60,382. The goal is to operate using a similar template as most activities and objectives have not changed. The CDC prefers continuity within our work.

Ms. Williams commented there was an ongoing desire from the Local Health Departments to support and help with the planning and development of the statewide public health system.

Mr. McCoy, on behalf of the Council, commended Shannon Bennett for all her hard work with the Chronic Disease section and wished her success in her new position.

4. 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, Southern Nevada Health District, provided updates.

SNHD is a sub-grantee under the PHHS block grant, and they are using their funding to research an electronic health record (EHR) system being implemented at the Health District to refer clinical patients to the community-based programming on diabetes. They have selected E-Clinical as the system they will use, but it is not in place yet, since they are still negotiating the contract details. They are working with staff on work flow and policy requirements. The questions they were hoping to answer have only led to many more questions; it is a learning experience. They hope to have some capability by the end of 2017. They are optimistic about the program offering new capacity within the Health District.

The SNHD Tobacco Control Program continues to work towards identifying smoke-free meeting locations, which they publish in a directory on their website. They continue to find new smoke-free sites, such as the library system, to add to the list. They are still working with local event organizers to encourage smoke-free events, even if it is an outdoor venue. The most recent success was with the Las Vegas Pride event which agreed to be smoke-free this

year. It was publicized as smoke-free not only for cigarettes and smokeless tobacco products, but for E-cigarettes as well.

SNHD continues to provide tobacco intervention training for healthcare providers. They recently delivered this training to 74 primary care providers at the Veteran's Administration Hospital, which was one of the larger groups they have seen.

SNHD's Chronic Disease Prevention Program continues to work with community partners to educate priority populations. They participated in Fiesta Telemundo, a health fair for the Latino community, where they disseminated information about programming and the SNHD website to approximately 3,500 people. They also promoted the Spanish version of the "Get Healthy Clark County" website.

The "Half My Plate" mobile app officially launched in October 2016 in conjunction with "Food Day." The app encourages people to eat locally grown fruits and vegetables. It provides information about how many fruits and vegetables people should consume daily and allows users to track consumption in an engaging way. To date, there have been 971 app downloads.

SNHD participated in "Get Outdoors Nevada" on Nevada Day 2016. There was a local event to promote physical activity utilizing the local, state, and national parks.

SNHD worked with the Clark County School District to involve them in the "Fire Up Your Feet" program which is targeted at students, staff, and families. This year, 16 schools took part with 7,394 total participants. This program continues to grow each year.

SNHD worked with community partners at another event called "Celebrando Tu Salud" to provide health screening services. The most important part of this event was providing referrals to medical homes, particularly the Alliance Against Diabetes Clinic, which offers low or no-cost care. Thirty of the people screened at the event made follow-up appointments.

Finally, SNHD has been working with local farmer's markets and secured funding for a nutrition incentive program where SNAP benefits used at the farmer's markets can be matched at up to eight dollars (\$8.00) per visit. A social media campaign promoted this information and generated over 12,700 visits to the SNHD web page.

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

Ms. Erin Dixon, Chronic Disease Director, Washoe County Health District, presented updates.

Two hourly health educators were hired. One is working on tobacco efforts primarily on college campuses and the other is working on physical activity and nutrition policies primarily in outdoor locations. Some data analysis has already begun.

On December 1, 2016, WCHD CDPP hosted the "Healthy Living Forum" at UNR. They had some amazing speakers including keynote Chris Sherwin, who spoke about how New Orleans

went smoke-free even in their casinos. Additionally, there was a panel of regional planners from the Cities of Reno and Sparks and Washoe County. They spoke about how they are designing our communities for health. In return, CDPP was asked to present at their annual conference. It was great to see the connection being made between planning design and resident health. There were 90 participants at this event. As part of the ECHO Series, the event was recorded and will be available for anyone to enjoy in the future.

The “We Order Well” (W.O.W!) Program, which helps restaurants expand current menu selections to include smaller portion sizes and/or a healthier kid’s menu, is progressing well.

WCHD CDPP tobacco prevention and control activities included participation in the “1 Day Stand” events at both Sierra Nevada College in Incline Village and Truckee Meadows Community College (TMCC). Both events were very successful. TMCC is still working towards a smoke-free campus.

To date, smoke-free housing is up to 688 units in Washoe County. A survey of residents was conducted in multi-unit housing locations to identify smoke-free implementation successes.

The CDPP continues to Chair the Washoe County School District Student Wellness Policy.

Staff continues to present smoke-free Multi-Unit Housing (MUH) information at the City of Reno Crime-Free classes.

CDPP was invited to present to the Joint Commission of Parks and Recreation, City of Reno, City of Sparks, and Washoe County on the topic of tobacco-, smoke-, and vape-free parks and recreational areas. The presentation was very successful. WCHD staff anticipate new policies to be created in all three jurisdictions within the next six months.

Ms. Loper, Deputy Bureau Chief, BCFCW Acting Section Manager, Immunizations, asked whether the 688 smoke-free units were individual apartments, and whether there were smoking and non-smoking units within the same building. Ms. Dixon responded they were indeed individual apartment units within several complexes, but smoking and smoke-free units were not mixed within one building. Ms. Dixon also stated anything with less than four units is not counted as a complex.

Carson City Health and Human Services (CCHHS)

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

There are no new staff members at CCHHS.

A Forces of Change Assessment is the next step in the Community Health Needs Assessment process. CCHHS is using their PHHS sub-grant to help with their Community Health Needs Assessment and Community Health Improvement Plan. Effective January 1, 2017, Douglas County Community Health clinic is no longer operated and managed by CCHHS.

As a side note to Ms. Williams, Ms. Aaker stated CCHHS has been using the E-Clinical system for quite a while and extended an invitation to assist if needed.

Diabetes training and education on the statewide toolkit began for healthcare providers. Ten providers were reached in Carson City and Lyon County. Feedback from providers included: toolkit too large and need key points to address; too many toolkits in general and they end up in drawers; need specific information on how to refer patients; and would like more communication back on patients' attendance and completion of classes. CCHHS developed a fact sheet specific to their jurisdiction to include at the beginning of the toolkit, including key points on how to use the toolkit in the office. Fact sheets were developed in collaboration with two local program coordinators of the DPP and DSM classes. CCHHS plans to continue training providers on using the toolkit in 2017. Difficulties continue when trying to get into provider offices with no incentive to provide, such as lunch or breakfast, and they find themselves competing with pharmaceutical companies for the provider's time.

Western Nevada College (WNC) continues to implement tobacco-free campus policy efforts. The current policy has designated smoking areas, but they plan to go completely smoke-free next year. The implementation has been smooth with few issues. Any issues are brought to the task force and addressed quickly. During November 2016, CCHHS conducted an event on campus, the "One Day Stand against Tobacco." The event went well and included nursing school students doing blood pressure checks and assisting in the dissemination of education and cessation materials. Incentives were offered to those willing to turn in their tobacco products and commit to quitting for the day. A few people took advantage of this offer. Also, a survey was opened to all students, staff, and faculty via the WNC email system.

CCHHS completed the "Provider Guide to Tobacco and Nicotine Billing" and trained staff at Carson Medical Group and Carson Tahoe Cardiology, a large medical group in Carson City. They will continue to educate providers and answer questions as needed.

CCHHS also completed education and training on tobacco and nicotine addiction and prevention for Douglas High School health classes.

Efforts have begun to look at legislative issues that will have tobacco or secondhand smoke attached to a bill.

In regards to multi-unit housing efforts: a contract staff member has been hired and is being trained to work on this project. They continue to meet with resistance and barriers from MUH managers and landlords. The recent Housing and Urban Development (HUD) housing ruling may help with education, but there is no HUD housing in Carson City, only Section 8 housing. A few complexes with smoke-free policies, or smoking rules that only allow smoking outside the unit, have been located. These places say they have a policy, yet they allow individuals to smoke right outside the door of the unit and the smoke circulates back inside the complex. CCHHS is trying to work with some of those complexes.

CCHHS is working with Carson City Human Resources to understand employee health benefits related to smoking cessation. They conducted a smoking/tobacco survey of all city employees in December, 2016 and received over 200 responses. They will be working on a plan with the departments that have the highest number of smokers or employees concerned about being exposed to secondhand smoke.

Through Carson City Clinical Services and Douglas County Clinical Services, pap smears and breast exams are performed in both the Carson City and Douglas County public health clinics using Title X funding.

Within CCHHS Human Services Division, a CHW program is being piloted within the CSBG grant to work with housing clients who have medical/social needs. The CHW works with the housing clients and goes to appointments with them, or makes sure they are on the right track with their medical needs. This program is going very well and helps clients succeed within the housing program.

Mr. McCoy commented it is very encouraging to see what the health districts are accomplishing in tobacco control and smoke-free zones, especially working with the local colleges like WNC, TMCC, and UNR. Our hope is that someday the University of Nevada Las Vegas (UNLV) will join this group. He inquired to Ms. Williams if there was any progress in that area. Ms. Williams responded SNHD is continuously engaged in discussions with UNLV.

Mr. Schmauss commented he is continually monitoring the health funding challenges facing Nevada. It is great to hear reports about what is being done with the funds available, but we do not hear reports about what cannot be done because we do not have available funding. It would be good for the CWCD to have such a report, so recommendations can be made. As an advisory council, it would be a very helpful piece of information for the health districts and the State Department of Health & Human Services to provide the things you are doing in comparison with other states or health districts of a population of this size, and the things we are not doing, because we do not receive public health funding in those areas. Is that something we can do?

Ms. Bonk responded to Mr. Schmauss' inquiry: agenda item five addresses this issue through the creation of the jurisdictional health briefs. The Office of Public Health Informatics and Epidemiology (OPHIE) has already posted their part of this project, which breaks down each legislative jurisdictional area, and Ms. Franzen-Weiss will provide additional information in a few minutes.

Ms. Aaker also responded. She stated there is no funding to combat obesity in Carson City, which is something that has come up at the Board of Health as a need. The main program for CCHHS under Chronic Disease is tobacco prevention, which is not even a full-time FTE.

Mr. Schmauss further inquired of Ms. Aaker if they had extensive funding, would tobacco still be your focus? Because priorities may be different if more funding were available. For

instance, we have people working on tobacco prevention, because it is a large available funding stream, versus heart disease, diabetes, or some of the other issues that exist. These are the types of questions he is hoping to bring attention to and to learn about from the people in the field.

Ms. Aaker responded they would continue with the tobacco prevention efforts with the funding they are receiving, because tobacco is a pre-cursor to many chronic disease conditions.

Ms. Williams agreed with Ms. Aaker. A survey was completed among the local health departments where they looked at the number of staff and funding across a wide array of topics. Most of the local health departments focus on tobacco, obesity, physical activity, and nutrition as primary prevention. No one really has the capacity to do a lot of work on specific diseases. Although prevention is critical, we are never going to treat our way out of the chronic disease burden. At least 50% of adults have a chronic disease condition and most have more than one. So, there is a need for a public health approach to secondary and tertiary prevention, but no one has the resources. We should absolutely continue to do what we are doing. Would we expand if we had more funding? Absolutely. No one is really dealing with arthritis, yet that is a condition which afflicts a large percentage of the population. It would be nice to have the funding for specific diseases, in addition to finding the issues that cross multiple sectors.

Mr. Schmauss: If we spent on public health to the level of Utah or Arizona, what would we spend that money on?

Ms. Williams: That would be nice, but we must focus on what we can do with prevention, like eating healthier and better nutrition practices. We know that since 2010 we have seen a significant reduction in tobacco use and consumption of sugary beverages among youth. We can document all of that, which is the good news. The bad news is, just because you have implemented policies, if you are not monitoring those, it is easy to have those policies ignored or overturned. Our PICH funding is ending at the end of 2017. Without those funds, we will not be able to continue to do all those things we just spoke about. If we get more funding, then we will be able to continue in the capacity we have developed, and may even be able to expand into the other areas that we have talked about.

Mr. Schmauss began a discussion on making a recommendation: "as I understand it, the January meeting makes recommendations that go to the Governor in February." Recommendation that one year from now, as we have our next three meetings, this issue should be put on the agenda. He would like to make a recommendation that includes a budget number that includes our State Chronic Disease Division, SNHD, CCHHS, WCHD and the Rural Health District, and we recommend that funding be put into the budget at this level for these things that we have a justification for, and that this investment will bring this level of return. We are an advisory board and we should advise on those issues. I believe that (a lack of) public health funding is leading to...it's costing our state money; it's costing lives and

it's making us not the healthy place to be. I think even if our recommendation is not met with the amount of funding we want, it forces us to articulate the argument. I think we have a responsibility to do that and work together. State staff may not be able to make budget-related recommendations, but we (as the Advisory Council) can.

Mr. McCoy: What you are really saying is for everyone involved to come up with a "wish list." This is what we would like to be able to do, say in Clark County, if we had funding. List exactly what it's going to take, for example, two FTE and a certain dollar amount over what the program costs currently. Based on some of the programs districts are already operating, it should not be that difficult to estimate. This State, as well as others, is going to have to start looking at their own pocketbooks going forward.

Mr. Schmauss to Ms. Bonk: I spoke to one of your staff who recently received her Ph.D., and I am impressed with the quality of people you are recruiting, and they are going to have a significant impact on our State. I want to retain those people, because they allow us to look at this information and make recommendations, and I want this to be meaningful and for these meetings to have impact. As you bring data to us, I want to make these recommendations (to decision-makers) and not just meet and record what we're doing.

Mr. McCoy: Good ideas; let's work with Jenni to get some things on future agendas. It is going to be a work in progress, not something that is going to be presented at our very next meeting, but something that the districts and the State people can work on over time.

Ms. Loper: I feel the legislature knows how and what programs are funded for the most part. I believe it is clear to them which programs are federally-funded and that the General Fund is not paying for those FTEs, etc. Ben, what kind of document do you want to see, and what information would be on it?

Elko County

Bobbi Shanks, Elko County School Nurse Coordinator, gave updates.

The biggest success so far was with the Elko Board of Health and the block grant.

Using the 2013 Chronic Disease State Development Plan, they wonder how they can acquire some of these things in Elko and the rural areas. There is a lack of infrastructure in many of the rural areas, especially in Elko where there is no public or community health clinic. There does not seem to be a way to apply the State Plan in rural areas. Some things are completely missing in Elko, such as comprehensive cancer control, diabetes prevention, cardiovascular disease prevention, and obesity prevention. There is a local doctor who would like to get some things going on obesity prevention. There are some activities being done through Nevada Health Centers with the Women's Health Connection Program and the Colorectal Cancer Control Program. There are three CHWs in Elko, one through Pace Coalition and two at Nevada Health Centers. Some training is going on through the School Health Program, such as the Comprehensive School Activity Program and a Train the Trainer Program. Elko

would like some additional support for the School Wellness Program. There is minimal funding going to tobacco prevention from the Pace Coalition. They are showing some success with establishing a local Board of Health, and they did receive some of the PPHS block grant funding.

Margo Teague reported on block grant activities and progress. Elko just formed their very first local Board of Health and is trying to determine the Board's priorities. They spent some time going through many health assessments conducted by students from UNR School of Medicine and are trying to synthesize this work with the goals of the Elko Board of Health. They are working on a Chronic Disease report by putting what they know about Elko County in context with the State of Nevada and the United States to try and give the Board of Health more guidance on determining priorities for the County. They are hoping to provide priorities to the Board of Health by September 1st, 2017.

5. Present on Chronic Disease Jurisdictional Health Briefs

Ms. Margie Franzen-Weiss, Diabetes Prevention Coordinator, CDPHP, BCFCW, presented updates.

Jurisdictional briefs are being prepared for all programs using the diabetes template shared at the last meeting. Very few states have specific category funding for health programs. For example, funding for diabetes programs comes mainly from the CDC. Nevada's population most closely resembles that of New Mexico. Although New Mexico is smaller than Nevada, they have twice as much State funding to support public health efforts.

Each program coordinator is working on a jurisdictional brief to match the diabetes format as closely as possible. At the end of each brief is a statement about what the program would like to see happen if there were more funding available.

There are many program areas like arthritis and asthma that are not addressed at all. If those are areas that need to be considered more, then it could be done. However, since there are no coordinators in those areas, it is a little harder to put those briefs together. If the Council has some recommendations about who we should work with, then that would be helpful.

Packets are being assembled for each Senator and Assemblyperson, so they can look at what is going on in their own jurisdiction, as far as the type of disease incidence and how their jurisdiction compares to the rest of Nevada. They can look at a document that gives information for each disease.

Mr. McCoy asked about the diabetes rate in Nevada. Ms. Franzen-Weiss responded it is ten percent, which is about average with the rest of the country. Mr. McCoy asked if New Mexico had a higher diabetes rate and if that was the reason they are state-funded. Ms. Franzen-Weiss replied that is not the case at all, New Mexico actually used some of their tobacco refund money to fund their program operations. Mr. McCoy pointed out that New Mexico

has ear-marked their tobacco money for cancer research and cessation programs, and these are things we don't do in Nevada, which could be another part of the equation.

Ms. Williams asked when the briefs would be ready and how the Council members could access them. Ms. Franzen-Weiss said they would be ready by the end of this month, so they could be given to the legislators upon the beginning of Session. The briefs will also be posted on the CDPHP website.

Ms. Frazen-Weiss is the Vice-President of the Nevada Public Health Association and suggested issues could be moved forward better if there were a stronger and more active Health Association. State employees may not be able to express their interests as employees, but they can as advocates in private professional organizations. She invited interested parties to contact her for more information about the Nevada Public Health Association.

6. Recommend a candidate for appointment to vacancy: position 2(c), one representative of the health insurance industry. Present two candidates:

Mr. McCoy advised the Council there were two candidates for this vacant position. One of the candidates, Mr. Chris Needham, was available to speak. Mr. Needham spoke about his qualifications for the open seat, his availability, and his desire to bring his expertise and ability to contribute meaningfully to the Council.

Dr. Erin Russell was unavailable to attend today's meeting. Several people spoke on her behalf regarding her availability and qualifications, especially her connections within the Nevada.

MR. MCCOY ENTERTAINED A MOTION TO VOTE ON WHICH CANDIDATE SHOULD BE SELECTED TO FILL THE VACANT SEAT. A MOTION TO VOTE WAS MADE BY MR. DELEON. MS. WILLIAMS SECONDED THE MOTION. A VOTE WAS TAKEN. BY MAJORITY VOTE, DR. ERIN RUSSELL WAS SELECTED TO FILL THE SEAT. THERE WAS NO PUBLIC COMMENT.

7. Legislative Bill Draft Requests (BDRs)

Jenni Bonk, CDPHP Section Manager, gave an update on the legislative Bill Draft Requests that may affect DPBH in the upcoming legislative session. She listed all the BDRs and the program each might affect. The manager from that program will be following the bill through the legislative process. The following BDRs were listed.

Programs Affected	BILL #	Summary	Sponsor
Obesity Prevention and Control	SB46	Revises provisions governing the background checks required for operators, employees and residents of child care facilities	Senate Committee on Health and Human Services
School Health	SB3	Revises provisions governing the Breakfast After the Bell Program in public schools	Senate Committee on Finance

	AB77	Revises provisions related to teachers and other educational personnel	Department of Education
Women's Health Connection	AB83	Makes various changes relating to insurance	Department of Business and Industry
Comprehensive Cancer & Diabetes Prevention and Control	SB50	Provides for advance directives governing the provision of psychiatric care	Division of Public and Behavioral Health
Comprehensive Cancer, Diabetes Prevention and Control, & Women's Health Connection	AB18	Ratifies the Nurse Licensure Compact	State Board of Nursing
Comprehensive Cancer	SB71	Revises provisions relating to medical facilities and facilities for the dependent	Division of Public and Behavioral Health
CDPHP Section	SB12	Repeals certain provisions relating to governmental administrative tasks	Department of Administration
	SB84	Makes various changes relating to the Commission on Ethics	Commission on Ethics

Mr. McCoy commented there may be a few other BDRs in other areas that may affect DPBH and the CWCD such as: advanced nursing capabilities, pharmaceuticals, BMI, E-cigarettes, and water fluoridation. Mr. McCoy stated it is very helpful to the Council to know what is happening in the legislature. He requested Ms. Bonk send along any pertinent information about bills to the CWCD members.

8. Public Comment

There was no public comment.

9. Adjournment

MR. MCCOY ENTERTAINED A MOTION TO ADJOURN. A MOTION WAS MADE BY MR. SCHMAUSS. MS. WILLIAMS SECONDED THE MOTION. THE MEETING WAS ADJOURNED AT 3:50 P.M.