Joe Lombardo *Governor*

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DEPARTMENT OF
HEALTH AND HUMAN SERVICES





Richard Whitley, MS *Director*

Kidney Disease Advisory Committee Meeting Agenda

Date: January 30, 2025 **Time:** 1:30 PM

Microsoft Teams Need help?

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Dial in by phone

+<u>1 775-321-6111,,456265266#</u> United States, Reno Find a local number

Phone conference ID: 456 265 266#

For organizers: Meeting options | Reset dial-in PIN Thank you for planning to attend this Teams meeting.

Members of the public wishing to provide public comment during the public comment periods set forth in the following agenda must raise their hand to signal that public comment would like to be made. If using the Microsoft Teams application, an individual may raise their hand by clicking the "Raise Your Hand" button (signified by a hand graphic) on the bottom tool bar of the application. (If utilizing the Teams application on a mobile phone, the "Raise Your Hand" function may be found by clicking the "..." button and selecting "Raise Hand."

Members of the public utilizing the call-in (audio only) number may raise their hand by pressing *5.

Note: Agenda items may be taken out of order, combined for consideration, and/or removed from the agenda at the Chairperson's discretion.

1. Call to Order and Roll Call

Members: Dr. Lary Lehrner, Elizabeth Britton, Katrina Russel, Dr. Krista Schronrock, Rayleen Earney, Justin Iorri

- 2. Public Comment: No action may be taken on a matter raised under this item unless the matter is included on an agenda as an item upon which action may be taken. The Chair of the Kidney Disease Advisory Committee (KDAC) will place a five (5) minute time limit on the time individuals addressing the KDAC. To provide public comment telephonically, dial 775-321-6111. When prompted to provide the meeting ID, enter 456 265 266#. Members of the public utilizing the call-in (audio only) number may raise their hand by pressing *5. Persons making comments will be asked to begin by stating their name for the record and to spell their last name.
- **3. For Possible Action:** Approval of October 10, 2024, and December 13, 2024, meeting minutes Sarah Rogers, Interim Chair
- **4. Informational Item:** Introduction of new Chair for the Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease (CWCD) Sarah Rogers, Interim Chair
- **5. Informational Item:** Discussion regarding allowed proxy designations Sarah Rogers, Interim Chair
- **6. Informational Item:** Review of KDAC membership landscape and opportunities for new members Sarah Rogers, Interim Chair
- 7. Informational Item: Updates following December 2024, KDAC special meeting (KDAC Annual Report) Sarah Rogers, Interim Chair
- **8. Informational Item:** MP-CPI-25-002 Innovative Approaches for Reducing Disparities in Kidney Health grant application updates Darlene Douthitt, Diabetes Program
- **9. For Possible Action:** Discussion and recommendations on kidney disease resources from the American Diabetes Association to be added to the CWCD website Sarah

Rogers, Interim Chair

- **10. For Possible Action:** Discussion and approval on 2025 meeting dates Sarah Rogers, Interim Chair
- 11. Public Comment: No action may be taken on a matter raised under this item unless the matter is included on an agenda as an item upon which action may be taken. The Chair of the KDAC will place a five (5) minute time limit on the time individuals addressing the KDAC. To provide public comment telephonically, dial 1-775-321-6111. When prompted to provide the meeting ID, enter 456 265 266#. Members of the public utilizing the call-in (audio only) number may raise their hand by pressing *5.
- **12.** For Possible Action Sarah Rogers, Interim Chair

Division of Public and Behavioral Health 4220 S. Maryland Parkway Las Vegas, NV

Nevada WIC Office 680 W. Nye Ln, Suite 205 Carson City, NV 89703 Division of Public and Behavioral Health 4150 Technology Way Carson City, NV

Division of Public and Behavioral Health 4126 Technology Way Carson City, NV

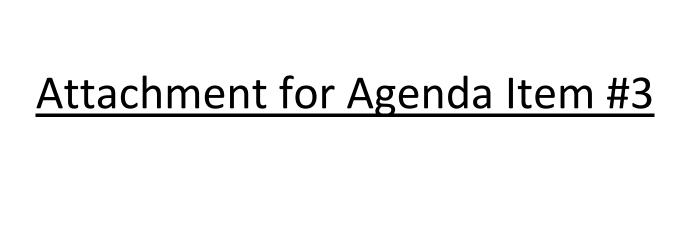
We are pleased to make reasonable accommodations for members of the public who are living with a disability and wish to attend the teleconferenced meeting. If special arrangements are necessary, please notify Rory Fuller in writing by email (r.fuller@health.nv.gov), by mail (Kidney Disease Advisory Council, Nevada Division of Public and Behavioral Health, 4150 Technology Way, Suite 210, Carson City, NV 89706) or by calling (775) 684-2203 before the meeting date. Anyone who would like to be on the KDAC mailing list must submit a written request every six months to the Nevada Division of Public and Behavioral Health at the address listed above.

If you need supporting documents for this meeting, please notify Rory Fuller, Division of Public and Behavioral Health, Bureau of Child, Family and Community Wellness, at (775) 684-2203 or by email at r.fuller@health.nv.gov. Supporting materials are available for the public on the Nevada Division of Public and Behavioral Health website at CWCD Meeting Schedule for 2025 (https://dpbh.nv.gov/Boards/CWCD/Meetings/2025/CWCD_and_KDAC_2025_Meetings/) and on the Department of Administration's website at https://notice.nv.gov/.

This body will provide at least two public comment periods in compliance with the minimum requirements of the Open Meeting Law prior to adjournment. No action may be taken on a matter raised under public

comment unless the item has been specifically included on the agenda as an item upon which action may be taken. Written comments more than one (1) typed page on any agenda items which requires a vote are respectfully requested to be submitted to the KDAC at the below address thirty (30) calendar days prior to the meeting to ensure that adequate consideration is given to the material.

KDAC, DPBH, Attn: Rory Fuller 4150 Technology Way, Suite 210 Carson City, Nevada, 89706





DEPARTMENT OF HEALTH AND HUMAN SERVICES





MEETING OF THE KIDNEY DISEASE ADVISORY COMMITTEE (KDAC)

Date: October 10, 2024
Time: 1:31 p.m.
Location: Virtual/Phone Conference
Chair: Sarah Rogers (Interim Chair)

1. Call to Order

The meeting was called to order by Sarah Rogers, acting as the interim chair, at 1:31 p.m. The chair confirmed that the meeting would be recorded to ensure accurate transcription of minutes.

2. Roll Call

Sarah Rogers conducted the roll call of committee members:

- Dr. Larry Lerner
- Elizabeth Britton
- Katrina Russell
- Raylene Earney

Additional attendees were asked to enter their names and organizations into the chat for the record.

3. Opening Remarks

Chair Rogers informed the attendees about the protocol for the meeting, reminding them to state their names before speaking and to mute when not addressing the assembly. She emphasized that this was the last meeting of the current year.

4. Approval of Previous Meeting Minutes

The minutes from the April 30, 2024, meeting were reviewed:

Motion: To approve the minutes as presented.

- Moved by: Raylene Earney
- Seconded by: Katrina Russell
- Discussion: None
- Vote: Unanimous approval

5. Review and Discussion of Kidney Disease Resources

Sarah Rogers reported that the Kidney Disease Resources compiled by the committee had been reviewed and approved by the CWCD (Chronic Disease Working Committee).

Discussion:

• It was proposed that further resources, such as those from the American Diabetes Association, be reviewed and potentially added to a resource hub on the CWCD website.

Outcomes:

- Members agreed to submit additional resources for consideration at the next meeting.
- Chair Rogers would present these additional resources to CWCD for approval and inclusion on the website.

6. Review and Approval of the KDAC Annual Report

The KDAC Annual Report draft was distributed for review. Members were asked to verify statistical data and provide feedback on the draft to ensure it reflected the committee's work accurately.

Discussion:

- Members discussed the importance of having the report accurately reflect their accomplishments and ongoing projects.
- Discussion: Members emphasized the report accurately reflect their accomplishments and ongoing projects. There was discussion around the inclusion of prevalence data. Members expressed a desire to review current data sources and requested that relevant prevalence statistics be added to future reports to accurately convey the impact of CKD in Nevada.
- Outcomes: Members agreed to submit additional resources and prevalence data for consideration at the next meeting. Chair Rogers would present these additional resources to CWCD for approval and inclusion.
- Program will review NRS and update the report to reflect references and amend according to any additional statutory requirements.

Plan:

- A special session was scheduled for November 14, 2024, to finalize and approve the report.
- 7. Discussion and Approval of Future Meeting Dates for 2025

Proposed meeting dates based on the second Thursday of the respective months were discussed:

- Special Session: November 14, 2024
- 2025 Dates: January 9, April 10, July 10, October 9

Motion: To approve the meeting dates as outlined.

- Moved by: Raylene Earney
- Seconded by: Katrina Russell
- Vote: Unanimous approval

8. Public Comment

The chair opened the floor for public comment with a five-minute limitation per speaker. Participants were also invited to submit comments via email.

No comments were received, and the public comment period was closed.

9. Adjournment

With no further business, the meeting was adjourned at 2:07 p.m.

Motion: To adjourn the meeting.

- Moved by: Katrina Russell
- Seconded by: Unspecified
- Vote: Unanimous consent

The next special meeting session is scheduled for November 14, 2024, at 1:30 p.m.



Joe Lombardo

Governor



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Cody L. Phinney, **MPH**

Administrator

Ihsan Azzam, Ph.D., M.D.

Chief Medical Officer



MS Director



KIDNEY DISEASE ADVISORY COMMITTEE (KDAC)

(Draft) Meeting Minutes

December 13, 2024, 1:00 PM

Location: Microsoft Teams meeting

Type of meeting: Special meeting

Attendance:

Members present:

- Dr. Larry Lehner
- Dr. Krista Schonrock
- Elizabeth A. Britton
- Rayleen D. Earney

Members absent:

- Katrina Russell
- Justin Lori

Staff:

- Sarah Rogers (Interim Chair)
- Michelle Harden
- Terri Reyome/Rory Fuller (Support Staff)

Call to Order:

Time the meeting was called to order: 1:00 PM

Name of the presiding officer: Sarah Rogers, Interim Chair. Roll call was performed, and quorum established.

Public Comment:

First Public Comment Period:

No public comments were made during the first period.

Agenda Items:

Note: Agenda Items may be taken out of order, combined for consideration, or removed from the agenda at the chairperson's discretion.

3. For possible action: Review and approve KDAC annual report draft.

The committee members previously reviewed the Annual Report Draft. Members agreed that the Draft was good to approve.

Motion to approve the draft by Larry Lehrner, Second by Rayleen D. Earney. Motion approved unanimously.

Public Comment:

Second Public Comment Period:

No public comments were made during the second period.

Adjournment:

The meeting was adjourned at 1:11 PM.

Next Meeting:

Regular Meeting:

Date: January 9, 2025

Time: 1:30 PM

Location: Remote only (virtual meeting)

Attachments:

Meeting agenda and packet (posted online and at physical locations in accordance with Open Meeting Law).

*Minutes prepared by **Terri Reyome** using the following reference:

Robert, H. (2020). Robert's rules of order: Newly revised (12th ed.). Da Capo Press.

Nevada Revised Statutes. Open Meeting Law (NRS 241).







KIDNEY DISEASE ADVISORY COMMITTEE 2024 ANNUAL REPORT



State of Nevada

Department of Health and Human Services
Division of Public and Behavioral Health

Chronic Disease Prevention and Health Promotion Section

Joe Lombardo Governor State of Nevada Richard Whitley, MS

Director

Department of Health and

Human Services

Cody L. Phinney, MPH

Administrator

Division of Public and Behavioral

Health

Ihsan Azzam, PhD, MD
Chief Medical Officer
Division of Public and Behavioral
Health



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INTRODUCTION

This annual report, in compliance with Nevada Revised Statutes (NRS) 439.261, provides an update on the activities, progress, and challenges met in addressing racial health disparities related to kidney disease in Nevada. The focus of these efforts includes improving early detection, promoting kidney transplantation, and mitigating the exacerbation of kidney diseases among racially diverse communities. Each year, by February 1st, this report is compiled for the Legislative Counsel Bureau, summarizing past achievements and strategic directions necessary for ongoing progress.

OVERVIEW OF INITIATIVES

Chronic kidney disease (CKD) affects an estimated 4.3% of Nevada's adult population, with diabetes and hypertension as principal contributors. Current state initiatives aim to integrate CKD management within broader chronic disease programs while overcoming challenges like rural health. Legislative support is essential for equitable healthcare access and improved resource allocation for CKD-specific interventions. Proposals include expanding community health worker programs and seeking dedicated funding through partnerships to support comprehensive CKD outreach across the state

GRANT APPLICATIONS AND STATUS

The Bureau of Child Family and Community Wellness in the Division of Public and Behavioral Health, seeks to address CKD by integrating it into broader health programs (DHHS, 2024). Despite limited CDC funding, various financial resources have been leveraged to integrate CKD prevention and management into initiatives targeting cardiovascular health, diabetes, and smoking cessationcontinues to prioritize CKD education and management, ensuring these elements are encompassed within existing health campaigns. While these are promising endeavors, no grant applications were submitted in the prior fiscal year.

ESTABLISHMENT OF ADVISORY COMMITTEE

Following NRS 439.261(2), a diverse advisory committee was formed to address CKD issues. This group, which meets regularly, includes healthcare professionals, Washoe Tribe



delegates, representatives from national kidney organizations, and other partners. The Committee emphasizes culturally responsive CKD education and service delivery tailored to community needs.

KEY ACTIVITIES AND ACCOMPLISHMENTS

Educational Outreach

To address kidney health disparities, various educational programs are being implemented, with a focus on creating culturally and linguistically appropriate content for diverse groups. These programs include both community-based workshops and online seminars, which help overcome barriers to access such as transportation issues and conflicting schedules. The initiatives are continuously refined based on participant feedback, ensuring the equitable delivery of health education. Furthermore, KDAC members have gathered kidney disease resources and made them available on the DPBH website, improving community access to crucial health information. Efforts focus on promoting early detection of kidney disease through health fairs and community screenings, particularly in minority groups. These events are conducted in partnership with local entities at accessible locations. The integration of Community Health Workers (CHWs) is vital in promoting community involvement and ensuring effective follow-up care for high-risk populations.

CHALLENGES AND CONSIDERATIONS

The absence of dedicated funding presents challenges in addressing CKD-related issues. The Advisory Committee is actively exploring innovative approaches and forging strategic alliances to improve access to services and reduce financial burdens. Efforts continue to seek increased financial support and structural improvements for enhanced education and screening initiatives.

FUTURE DIRECTIONS AND RECOMMENDATIONS

The focus remains on broadening the impact of grant-funded initiatives and exploring new funding avenues to enhance program effectiveness. Partnerships with academic institutions aim to collect evidence-based data to refine intervention strategies and ensure



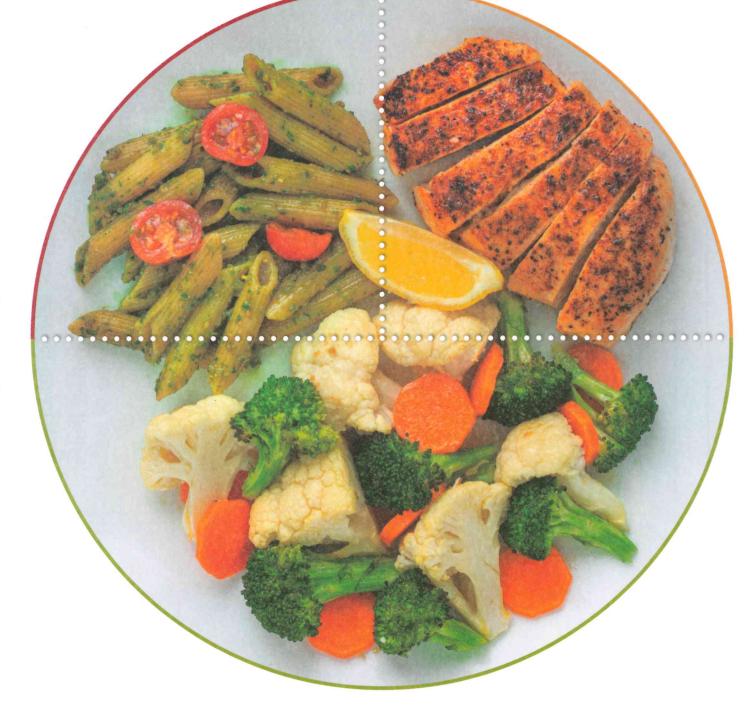
long-lasting impacts. Dedicated funding is recommended to promote health equity and systemic changes in kidney disease outcomes.

CONCLUSION

In conclusion, the report indicates significant efforts have been made in tackling health inequalities related to race in kidney disease, but continued vigilance and additional efforts are required. The initiatives implemented over the past year have established a strong groundwork for improving early detection, awareness, and prevention of kidney disease among Nevada's diverse communities. Sustained commitment is crucial to further reduce these disparities and enhance kidney health outcomes for all residents of Nevada.

Attachment for Agenda Item #9

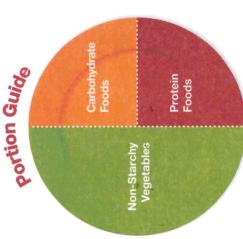
iabetes and Kidney Friendly **Meal Planner**



All plate images are based on a 9-in plate

eal Planning Guide was developed for individuals who are not on dialysis.





Eat a variety of foods.

eggplant, spinach, green beans Cabbage, zucchini, cucumbers, Non-Starchy Vegetables:

Plant based: tofu, beans, lentils Animal based: lean turkey and chicken, eggs, shrimp Protein:

low-fat yogurt, apples, berries tortillas, oats/oatmeal, milk Potatoes, sweet potatoes, Carbohydrates:

Your Registered Dietitian Nutritionist nutritional needs and plan portions will help you individualize your for combination foods.



nd Kidney Friendly Action Plan: Your Diabetes a

Sodium:
Lower in
Foods
Choose

- or frozen Choose whole grains and fresh vegetables and fruit.
- are low in sodium or have no added salt*. If choosing canned or packaged foods, check food labels and choose foods that foods with added potassium chloride. and Limit the use of salt substitutes
- Flavor food with herbs and spic

Notes:

Choose More Heart-Healthy Fats:

- □ When using fats, use liquid plant oils like olive, canola, and avocado rather than tropical oils like coconut and palm.
- butter, □ Use less animal-based fats like lard, and ghee.

Choose Fluids like Water or 0-calorie Drinks:

- Choose water as your primary drink.
- coffee, unsweetened tea, or 0-calorie clear Other fluid options are flavored waters, carbonated drinks.
- Limit sports drinks, alcoholic drinks, and dark colored carbonated drinks.

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Choose Healthier Carbohydrate Sources:

proper portion sizes for meals and snacks.

Nutritionist to help you plan portions

that are right for you.

Work with your Registered Dietitian

Use your hand as a guide to estimate

- fruit, and starchy vegetables prepared simply without much added fat or sugar. □ Choose whole grains, fresh or frozen
- choose fruits in their own juice or water If choosing packaged or canned fruits, or labeled no added sugar.

2 cups

Choose More Plant-Based Proteins:

~ 1 tbsp

- □ Try replacing one or more meat-based proteins in a meal with plant-based protein sources like beans, lentils, peas, nuts, and tofu.
 - When choosing meat, select white chicken or turkey meat and fish more frequently.

~ 1 cup

tes:	
9	

Action Plan Goals:

~ 40Z

~ 10Z

American Diabetes Association。

