

**BOARD OF TRUSTEES  
FOR THE TRUST FUND FOR PUBLIC HEALTH**

**Draft  
July 14, 2006  
Via Videoconference**

Legislative Building  
401 S. Carson Street, Room 3137  
Carson City, NV 89701

Grant Sawyer Building  
555 E. Washington Ave., Room 4412  
Las Vegas, NV 89102

**TRUSTEES PRESENT:**

Robin Titus, MD  
Mary Anderson, MD, MPH  
Tyree Carr, MD  
Sally Jost for Walt Rulffes, PhD  
Donald Kwalick, MD, MPH  
Bradford Lee, MD  
Terrence McGaw, MD  
Jade Miller, DDS  
Carol Sala

**TRUSTEES ABSENT:**

Alex Haartz, MPH  
David Lupan, PhD

**OTHERS IN ATTENDANCE:**

Lawrence Sands, DO, Southern Nevada Health District  
Dorcas Masson, Area Health Education Center for Southern Nevada  
Janice Wright, State Treasurer's Office  
Kerry Seymour, UNR Cooperative Extension  
Erin Dixon, Washoe County District Health Department

**1. Call to Order**

Dr. Titus, Chairperson, called the meeting to order at 9:34 a.m. and a quorum was established.

**2. Approval of the Minutes from April 14, 2006, meeting**

**MOTION: Dr. McGaw moved to approve the minutes of April 14, 2006**

**SECOND: Dr. Lee**

**PASSED: Unanimously**

**3. Financial Statement Report on Trust Fund for Public Health Investments**

Ms. Janice Wright from the State Treasurer's Office reported the current Trust Fund for Public Health financial status by reviewing the balance sheet provided to all the Board members. She stated the federal fund rate is at 5 ¼ and anticipates there may be one more increase in August. The rate has been moving up about 25 basis points each meeting and most independent forecasters expect it to rise to a 5.5 rate. Even though the economy is slowing, it is not stalling and appears to be near the end of the tightening schedule.

The current balance in the nonexpendable Trust Fund for Public Health is approximately \$28 million. The \$4 to \$3.9 million projection for 2006 dropped to \$3.2 million due to an unexpected development. In the MSA agreement there is a provision which states that any tobacco company may reduce its annual payment if it loses more than 2% of its market share to the nonparticipating manufacturers. Both RJ Reynolds and Lorillard claim they have lost more than 2% so their payments are being set up in a disputed account. A number of lawsuits are pending in Nevada as well as other states. The outcomes have not yet indicated there has in fact been a reduction in the market share.

The Treasurer's Office is required to make an annual projection of what is expected in MSA receipts. From the original 1999 WEFA projections, it was thought the estimates were going to be pretty high. In 2005, the Treasurer's Office began to rely on the projections of Bear Stearns which are considerably less. At this point in time the 2007 projection is that revenues will decrease by 18% which translates to approximately \$3.2 million total revenue for the Trust Fund. This does not adversely affect the Trust Fund as much as other funds because the principle is nonexpendable. Although growing more slowly, interest to be used for grants is earned on the principle. Each year the Attorney General's Office takes its administrative funds off the top of the MSA payment.

What's going to happen with the economy? Rising federal rates are slowing the economy. Business investments are continuing to remain strong but government spending is a bit of a drag. We saw good returns in 2004-2005. The 1<sup>st</sup> quarter of 2006 jumped to 5.6% earnings but that seems to be moderating now. The feds tell us they are almost done raising rates by the language they use, saying they are "data dependent." We believe this is a signal of slowing down. We have also noted the real interest rates are significantly above the beginning of the cycle which indicates the federal fund rate, minus inflation, is the real interest rate. What we normally see is the yield curve flattens out at the end of a tightening cycle and we are getting close to those figures. The economy may be at a revenue neutral stage rather than a defensive stage. We do not see the unemployment rising, so we think we're in fairly good shape.

Finally, the short-term bond rate return is very good. This usually happens at the end of a federal tightening cycle. The Trust Fund is invested in the General Portfolio and those returns are generating in excess of 4% and hopefully will go to 5%.

We had talked about alternative investments, and I recognize that this Board wants to remain conservative, but we've had the opportunity of looking at one type of investment called a Guaranteed Investment Contract (GIC). At the last Board meeting I told you I was going to watch one state agency do this and see how it worked. The State Housing Division did this on June 30 and the results were good. This is something that would be relatively easy to do and would be relatively safe and perhaps guarantee a slightly larger return on the Trust Fund's money. Only one state agency has done this and it's not enough to decide it that's an appropriate investment. What you're in right now is short-term with rising interest rates and that's pretty good. I'll continue to explore the GIC and perhaps a portion of the principle could be allocated towards that and we'd see how it goes. If it generates more money it may in fact offset the decrease in the MSA payments.

Dr. Titus asked if it's an option to take a certain percent of the Trust Fund and put it in different places. How does that work and how are those decisions made?

Ms. Wright replied that the Board would make that decision, after bringing to it a proposal of something she thought was safe. She also stated that she would probably not recommend placing

100% of the principle into that type of account but to do it on a trial basis. Start with a percentage, measure returns and see how it works for the Trust Fund. It would not impact the Fund's ability to receive those monies. It is a very liquid state and does not lock up the funds for a lengthy period of time. What it does is it gives some protection from a future legislature wanting to tap into the principle balance and I know that is something this Board is concerned about. This could lock funds for about a year. This is an option I'm researching and considering and will bring recommendations to the Board.

Dr. Lee asked, could you explain how this protects us from the legislature?

Ms. Wright stated if you take a portion of the Trust Fund balance and invest it in a GIC it would not be liquid and available for the legislature, so it would protect that money. Otherwise the money sitting in the Trust Fund is available and is liquid.

So the issue is that the amount would be less liquid, not that they couldn't get it, asked Dr. Lee.

Ms. Wright answered they would have to wait and you would have advance warning. If they were to take those actions, the funds would be tied up at your choice and you could decide whether or not the money would be available or liquid. It gives you a little more control over it and I know that is something this Board has wanted.

Dr. McGaw inquired are the expenses for the GIC investments higher than those for the general fund?

Ms Wright said fortunately the way the GIC would be structured there would be no expense for you. The State Treasurer's Office does not currently charge for investing your money in the General Portfolio. The way it works currently is that it's auctioned off and the bidders pay. They pay over and above what the actual guarantee is to you so you are able to lock in an interest rate with no expense. The successful vendor pays basis points outside the contract guarantee.

This is much better for a board such as the Trust Fund for Public Health than to hire an investment manager where there are ongoing expenses and where there is a percentage of the trust balance automatically paid to the manager. That can be very expensive and I don't want you to get in a position where the expenses exceed the limited amount of earnings that are available.

Dr. Titus asked Ms. Wright to clarify the numbers we're looking at on the beginning balance and what we have spent and allocated before making any decisions today. According to the Treasurer's Office there is \$566,086 in unobligated funds.

Karen Brumhall, TFPH Grant Analyst, stated some of the available funding has been allocated but not all since the Board has been conservative this granting cycle.

Dr. Titus remarked that she didn't see the figure of \$483 thousand on the paper that was sent to the members.

Ms. Wright said her most recent information is \$473,000 expended plus \$268,000 still available and the numbers are reflected in the bottom line.

Ms. Brumhall added there are three grants that will not end until the end of '06 and those expenditures are not yet included.

Dr. Titus clarified so part of the \$268,000 is for grants not yet ended?

Ms. Brumhall said yes.

**4. Discussion and possible selection of additional Grantees for 2006-2007: (a.) Area Health Education of Southern NV (AHEC) for “Student Development Program” and (b.) UNR Cooperative Extension for “Nutrition in the Garden: Grow Yourself Healthy”**

Dr. Titus asked Ms. Brumhall to give an overview. Ms. Brumhall stated that at the last Board meeting two organizations were asked to resubmit their proposals for the Board’s review for possible funding. Those two groups were AHEC, interested in doing a student development program, and UNR with a school nutrition program being submitted through Cooperative Extension. Someone from each organization was invited to answer any questions the Board might have.

Dr. Titus then asked if anyone had a question, comment or suggestion on how to proceed?

Dr. Kwalick started by saying he had a question. He asked why not start with baseline information from one high school, rather than three big schools, as a demonstration project? He further commented that the other two schools could be used as control and thereby see what is happening with the various parameters that might be impacted with grant funds.

Dr. Titus spoke asking if there was someone from AHEC in attendance and would that person come up and answer questions.

Ms. Dorcas Masson came forward and gave her name and said she is the student development program manager for AHEC. She continued, we wanted to try to implement this program in these three large high schools because we are already working with these magnet programs and with these student populations. We have a four or five year rapport with these three schools in the urban area. The schools have committed to us, we have offices there, and the staff works with us well. They are pleased with our work and the outcomes.

This is an evidence based program in existence over 30 years and tried and tested in over 10,000 schools across the country.

We are flexible and could work with one of the school principals to use one school and use the other two as the control group.

Dr. Anderson asked for a clarification on the numbers of students that would be impacted by this particular study. She said, on page eight, under the plan of action, it indicates 500 students will be targeted. A little further down it says to deliver the program to 500 students at Valley, Rancho and Clark. In addition 125 students are to get academic enrichment services. The basic question is, is this a total of 500 students or is it 500 students at each school and is the 125 part of the 500 or in addition to the 500?

Ms. Masson replied it depends on the total funding. We've been working with the magnet coordinators at each school and we have to be flexible with whatever each has available for us. When I initially talked to all the instructors I found we might be in the 9<sup>th</sup> grade health classes at one school and in another school we might be in the career opportunity classes. Each high school has a different vision as to how this will fit in. We actually believe if we work at all three high schools we'll have more than 500 students. We felt 500 was a safe number for the scope of work and the amount of funds we could ask for. Our academic enrichment service for the students is a referral and resource service where we bring in other agencies to deliver information. Just looking at the past number of students in the three schools, 125 might be part of the 500 or not. We try to work with each school individually.

Dr. McGaw remarked, in the outline this program is described as the bronze level, which is the most basic program level.

Ms. Masson elaborated on the levels saying there's a gold level and a silver level. Across the country some school systems start in kindergarten and go through high school. The lower the level of schools involved the lower the fidelity rate. With the lower number of schools, the number of staff and the level of funding, we could only do the bronze level.

Dr. McGaw questioned, on page 10 is the success rate that's been quoted a conglomeration of all the different levels?

Ms. Masson replied, yes, it's the average depending on how the program is implemented. In Clark, Valley and Rancho the principal and staff are very supportive and will use their accountability records to start our baseline.

Dr. McGaw then asked is there any duplication in services that AHEC is currently offering that this will take the place of?

No, these are brand new ideas and programs, said Ms. Masson.

Dr. McGaw spoke saying I like Dr. Kwalick's idea that because this is an expensive program perhaps selecting one school would be the best for introducing this and the other two could be used as the control.

Sally Jost representing Dr. Rulffes said because I am with the Clark County School District I am familiar with the programs in place. You already have some coordinators in place at the schools, so in regard to the budget are these additional persons?

Ms. Masson answered, no. What we'd like to do is maintain one FTE in each school. This past year we were not able to fund someone at Rancho so we split staff up.

Ms. Jost questioned, then the additional budget is to add the additional .5 FTE and the .75 FTE so there will be a full FTE, with what you already have, at each school?

Dr. Lee requested clarification about what Ms. Masson was saying. I thought this was a new program so these are all new positions. The budget form I'm looking at has FTEs which implies there are no bodies currently or future funded and this funding should go to a single person. But

listening to you say that people are already funded, that this would be part of FTEs is all very confusing.

Ms. Masson replied we have been working in the schools and try to have one full-time person at each of the high schools. Each position is grant funded and the FTEs are pieced together with grants. With this grant is the hope to fund .5 of one person at one school and .75 of another person at another school and so on.

Dr. Lee commented that what he was seeing on the grant application was one FTE not .5 FTE.

Ms. Masson responded that with matching funds from another grant paying for a .5 person and with the .5 she might receive from the TFPH grant that would pay for a full position.

Ms. Jost added that if you look at Part A of the Personnel Costs in the RFQ budget you'll see the .5 at Clark, the .5 at Rancho and so on, and the grant would fund additional time for the part-time personnel already at the schools, so the program could be added.

We are trying to fund one full-time person for each school, said Ms. Masson, and because of the need to piece together all the grants, to end up with enough salary and fringe benefits for each position, all the grantors share expenses for a program.

Dr. Lee asked for an explanation of why the annual salary per FTE went up 10% between the original grant proposal and the resubmission.

Ms. Masson communicated that AHEC was paying their coordinators \$12 per hour and realized in order to keep well-educated staff they would have to increase salaries for public health educators. As an agency it was decided to raise the base wage to \$14-\$15 per hour so they could maintain quality staff and do quality programming. The fringe benefit package was also increased.

Dr. Lee then asked why four FTEs were getting 100% fringe?

There are four positions and if you take 24.58% of the total paid to the four, that's the fringe, said Ms. Masson.

Dr. Lee asked Dr. Kwalick if he could explain since he apparently understood the calculations.

Dr. Kwalick replied that it's not really four FTEs being paid fringe for their total salaries. It's the amount of their salaries that's going into running the program. He then asked Dr. Lee if that was his concern?

Dr. Lee answered that he was just trying to understand. There are four bodies but they're contributing two full-time FTEs, but we're being charged for four FTEs when we're paying salary for two FTEs.

Dr. Kwalick said the fringe is for two total FTEs even though the number here is four being funded on the program but not all with our funds.

Ms. Masson further explained in order for the student development department to function and work and do this program you have to have four full-time people. You are not paying for four full-

time people, you are paying for .5 for one coordinator at Rancho, .5 for one coordinator at Clark, .75 for one at Valley and .25 for a manager. The other parts of those salaries and fringes will be paid by other grantors.

Dr. Kwalick asked, the fringe benefit is based on those partial FTEs?

Ms. Masson said absolutely.

Dr. Lee remarked, it just looked like, based on the justification, that we were being charged for four FTEs.

But you're not, Dr. Lee, replied Ms. Masson.

Dr. Titus spoke saying, getting back to the merits of the application, we just want to be good stewards of this money as we award or grant it. If everyone has looked at it and no one has any more questions, I'd like to clarify that we have the money to award additional grants and call for a vote to see if there's interest in awarding this request as submitted. She asked for motions.

Dr. Kwalick commented the program has been going on for four or five years and it's been demonstrated throughout the country in thousands of sites. I wonder if for Nevada we should have a demonstration that's really going to show that it does impact on these three big schools. Based on the discussion we'll have in a little bit about the utilization of funds, I think we really have to be looking at things that are going to demonstrate activities that impact on large population groups and based on that be able to go to the legislature to come up with money to really raise the health status throughout the state. I just wonder if we should fund a demo project at one school and use the others as control sites to get those baseline figures and see what the impact is.

Ms. Jost added one thing to think about is with each school having a different take on how they're going to implement the program, perhaps funding two schools and tracking the way in which each implemented would give a little more information.

Dr. Anderson said, I'd like to follow up on Dr. Kwalick's thought. Given that there's a total of 500 students that will be impacted by this, it seems to me having a large number of students at one school impacted, rather than three smaller groups at three schools, might have a beneficial effect in spreading the word further throughout the student body. So there might be a mass effect based on 500 students at one school rather than the dispersal throughout a larger number of schools. That might be another reason to look at the prototype school and use it as a starting point for the study.

Dr. Titus responded I'm getting a general sense that there's some uneasiness with the way this grant has been submitted and we certainly are in no obligation to pass it this way and we certainly can reject this with the openness that if they want to reapply, taking what our thoughts were today as advice, they may. I'll entertain a motion at this point.

**MOTION: Dr. Lee said, given what I've understood, I'll make a motion to ask AHEC to resubmit the grant for one school and let us look at it at our next meeting.**

**SECOND: Dr. McGaw**

**PASSED: Unanimously**

Dr. Titus said, moving on to the next proposal is there a representative from UNR here?

Ms. Seymour spoke to the Board saying, my name is Kerry Seymour and I am an Area Nutrition Specialist of the University Cooperative Extension housed in Washoe County. The proposal came to us by an interesting route, so you will notice a significant difference between the initial proposal and this submission. The individual who first presented a proposal had a change of position at the University so it was offered to Cooperative Extension.

When it was offered to Cooperative Extension to see if there was interest, the proposal elicited a large amount of interest because we have a nice group of investigators with a breadth and depth of expertise in the area of nutrition education, curriculum design and school gardens who wanted to pursue this project.

Dr. Titus asked if there were questions for Ms. Seymour.

Dr. Anderson responded with I have a comment if I may. I like the breadth of the second proposal and the fact that it includes not only the garden events, which are sometimes successful and sometimes not depending on the growing season, but the fact that it includes lots of other nutritional elements throughout the school year. I think the breadth of the new proposal is significantly improved over the prior proposal.

Thank you for explaining why the two proposals are different, said Dr. Titus. That helps us look at two relatively different proposals.

Dr. McGaw remarked I'm impressed with the bibliography which has fairly recent data supporting these kinds of things. I have one question that is more of a curiosity than anything else. You're going to use pedometers with the kids to track their activity as part of increasing their exercise. Does gardening really have a lot of activity for kids?

Ms. Seymour replied, yes, it's interesting. There is just beginning to be some evidence supporting that. The horticulture specialist was adamant that that be included in the proposal because of experience in Colorado school gardens showing increased activity.

Anything that gets kids to be focused on better nutrition and exercise has got to be a good thing, said Dr. McGaw.

Dr. Titus asked, if I'm correct this is the first application we've had from Cooperative Extension, is it not?

Ms. Brumhall answered, yes, it is.

Dr. Titus expressed the desire to see different applications come to this committee since it is unique and can entertain some interesting and alternative types of proposals.

Dr. McGaw reminded that one of the comments from the last meeting was the thought that Cooperative Extension should be involved in this project, so this is in keeping with that.

Dr. Kwalick wondered why in the original application there was no request for travel to a national meeting but there was a \$3,200 request in the new proposal to go to a national meeting as well as local travel. Have things increased in other line items that should be looked at?

Ms. Seymour replied that the travel costs reflect the realities of the staff having to travel to and from the site to participate in the project. The request for travel to professional meetings is a mandate from the University to disseminate project findings and this provides an opportunity to do that.

Dr. McGaw spoke saying I have a comment about \$67,641 benefiting 40 students. That comes out to \$1,691 per student and I have real concerns about that per student cost. I think this has a lot of merit but there could be redesigns to offer the program at significantly reduced costs.

Ms. Seymour said this is a pilot and demonstration project so there are some infrastructure costs in terms of building the garden and creating the nutrition curriculum and library that goes along with that. Our intent is to continue the program, to expand it from 4<sup>th</sup> and 5<sup>th</sup> grades to all grades, then to use this as a pilot and demo project to place in other schools that are interested. So, we're hoping the effect is far and above those 40 students.

Dr. Anderson added she had a thought that followed Ms. Seymour's comment. Obviously infrastructure to set up the garden, to buy the tools and those sorts of items, which hopefully can be passed from year to year to year, could be spread out over a longer period of time if we look at this as a sustainable project to be supported through the years.

Ms. Seymour continued by saying a key concern was of sustainability and that's why focus groups were built in to incorporate the parents and the community as well as draw in the Boys and Girls Club. Through those collaborations the effect is much grander than the 40 students would suggest.

Dr. McGaw remarked he has a concern with the sustainability of this project in planting a garden that would perhaps be an eyesore a year later. Considering the costs and investments would it be possible, since it's with Cooperative Extension, to use garden facilities at UNR or some other location where students could actually have the true garden experience without having the cost at that school? Other schools could become involved in this too. Would that be possible to have one specific location where all schools could go rather than set up gardens in each school? It seems that would be a cost savings.

Ms. Seymour replied that the project was modeled on the edible schoolyard concept of nutrition in the garden after California's statewide goal of having a garden in every school because they see it as a positive hands-on experience of day to day access to the site. It also has a benefit above and beyond just those students involved. It has a community benefit as well. In those projects some secondary benefits derived have been an increase in community health and less graffiti when there's a school garden locally sited.

Dr. Titus said she agrees with having a garden at each individual school because there is a sense of ownership and there's less cost for travel. If you have to bus the kids or take the kids to UNR or another location then it's not that same sense of ownership. If it's your school you have that sense of ownership. If you don't want it to be an eyesore you get the kids onboard.

I don't know if you've been to Mariposa Academy and looked at their garden site, but I think the word eyesore applies currently and the building of the garden will be an improvement, said Ms. Seymour.

Dr. Titus asked Dr. Kwalick if he had a question.

Dr. Kwalick answered that he had had the same idea for field trips but with the mention of liability and cost of travel he would yield.

Dr. Titus then asked for a motion if there were no other questions.

**MOTION: Dr. Anderson moved that the resubmission of the grant “Nutrition in the Garden: Grow Yourself Healthy” be approved.**

**SECOND: Dr. McGaw**

**PASSED: Unanimously**

**5. TFPH and Fund for a Healthy Nevada grant program to prevent chronic disease: Dr. Kwalick**

You all received my letter to Ms. Dimmitt and the concept paper to try to get the limited funds that go into public health activities for chronic disease and wellness concentrated on specific priorities. We’ve been unsuccessful for whatever reasons with the legislature to have a specific fund built. We need a statewide group to try to come up with wellness and chronic disease prevention priorities so the limited funds that we have can really hone in on those priorities with scientifically based decisions being made, with outcomes being fostered by the applicants, and with an evaluation mechanism. Who knows in the next few years, maybe the legislature will buy something.

The recent report of the Trust for America’s Health has Nevada as 48<sup>th</sup> as far as state funding per capita for public health. There is no money that goes into wellness and chronic disease prevention other than federal grants from CDC. General Fund money is committed for specific programs, and Trust Fund for Public Health and Task Force for a Healthy Nevada monies also are directed to specific projects.

I threw this out there based upon the request from the focus groups that were meeting with Burns and Associates to try to come up with a Health of Nevada Task Force. It may take some legislation involving the Tobacco Settlement utilization. The Task Force for a Healthy Nevada supported the idea and Senator Washington will be bringing it forward to the interim healthcare committee based upon Burns and Associates recommendation that something should be done for the state to have some activities that relate to wellness and chronic disease prevention.

I or Dr. Sands would be glad to answer any questions. We’re trying to stimulate other ideas as they relate to a system whereby the state will attack the chronic disease problem that we have on a statewide basis and put the resources where they should be.

Dr. Titus asked are you looking for a commitment or direction from this committee to allocate some of our funds to this program, or are you looking at support and theory that we need better prevention programs?

Dr. Kwalick replied probably both, in light of what Ms. Wright from the Treasurer’s Office said about the potential investment for some of the Trust Fund money into something else to get a bigger return. Maybe that would be money that could be used as a demonstration, that indeed if

there is a plan, a group of people who want to set particular priorities maybe will be able to demo something.

Dr. Anderson said she'd like to reemphasize what Dr. Kwalick said with respect to the figures. The American College of Preventative Medicine sent the link to go to the site that listed the numbers by state for investment in the state's health. The number for Nevada is \$3.76 per capita. The national average is \$35 per capita, so Nevada is substantially below the national average for investing in overall prevention efforts for chronic disease. Dr. Kwalick's push to find a solution for this is very important if we are going to get out of the 48<sup>th</sup> place. It's 48<sup>th</sup> because two states did not respond.

Dr. Titus responded with the bad news that Nevada is 48<sup>th</sup>, 50<sup>th</sup> or 47<sup>th</sup> for many programs across the board and it's just not chronic disease. She said I'm definitely sympathetic about the lack of prevention we have in our state. I share everyone's concern, but it's just not this one problem in our state.

Don, do you see the legislature perhaps convening an agency in this state that would be in charge of overseeing the health of the state with regard to chronic disease, asked Dr. McGaw.

Dr. Kwalick reported that Senator Washington is supposedly going to bring this forward based on Burns and Associates recommendations to do something relative to wellness and chronic disease prevention. One thing that was recommended in the report that's going to the healthcare committee and then on to the legislature is to set up a health planning group, not the old certificate of need health planning, but to truly have health planning that looks at the entire state, involves various stakeholders, local health agencies along with the Nevada Division of Health to set priorities for wellness and for chronic disease prevention and control. A group that will look at the things that are really going to impact people and to pick one or two and concentrate on them and really demonstrate that something can be done. Based upon that, produce a ground swell of support from the local levels to get to the legislature to say that health is important and the way you deal with health is to prevent diseases from happening and not just spend money once people are sick and ready to die.

Dr. Titus spoke saying I agree and the wonderful thing about this committee is that we're formed from various groups of backgrounds and it's a pretty good forum for discussion like this. I think we have some input that could be gained from asking Dr. Miller who happens to be on the State Board of Health.

Certainly the State Board of Health is in support of any plan or strategy to improve the health and well-being of the citizens said Dr. Miller. The Board of Health is not a policy making board but certainly one that will implement policy. I agree with Dr. Kwalick that this is something the state really needs to take seriously and address with allocating appropriate funds. If there is a strategy that makes sense to them and they say yes let's enroll in that, then I believe the State Board of Health would be in support.

Cindy Pyzel, legal counsel from the Attorney General's Office, reflected that a few sessions ago the legislature empowered the Director's Office to do strategic planning in several areas of human services and that ended up in four different subcommittees that were facilitated by groups of all sorts of stakeholders brought together to talk about issues, to set priorities so that when moving forward there would be a uniform policy push. It sounds as though the public health arena is in that area of critical mass and that might be one of the solutions the legislature would be looking at to do

a similar process. In the public health realm that does lead to some strategic planning down the road and the ability to marshal resources in a better coordinated fashion so that you can achieve your goals of positive outcomes in certain areas. This isn't legal advice but just an observation she said.

Dr. Anderson said she'd like to make a generic comment /question. It would seem that our Nevada Public Health Foundation, which has sponsored a number of forums on the issues related to Nevada's public health at large, might be a vehicle by which some of these goals could be accomplished. I know the organization is relatively young and has a small staff but is that a possible idea?

Dr. Kwalick replied the Foundation is looking for various kinds of activities to see what kind of public health system exists in Nevada and this could be a start. Nobody knows at any point in time whether all the money being expended out there has any impact on other things going on in other parts of the state. I think the Foundation might be a good place and there is a meeting Monday so Rota might be able to send it out to the members of the Foundation as a follow-up to the summit they had a couple of months ago and look towards another summit that would bring various stakeholders together.

Dr. Titus said just a comment; this is a wonderful state including north, south and rural and as the rules person for this committee, I want to make sure any ideas or programs started are critical for everyone and make sure that the interests of all people are considered. That's part of why this committee works with people appointed by the legislature from many diversities.

Dr. Anderson reported at the last forum for the Nevada Public Health Foundation there was an excellent discussion about investing the rurals in the knowledge set of what might be their particular problems in different areas. She went on to say I don't think it would be the same across the board and we were discussing the possibility of putting together a publication by county that would indicate what may be the top 3-5 problems for each Nevada county. That would give a document by which to pursue some realistic strategies to overcome those individual county problems.

Dr. Titus responded saying she can't but feel after having done this for a number of years that we sometimes reinvent the wheel. She said I was involved in the Healthy Nevada 2010 and we addressed some of these issues and crises in our state and then it never gets beyond that step and we're now at 2006 and still dealing with these issues. It sounds as if some people want to get past the discovery stage and start seeing some change and progress in the health of our citizens and state. I'm certainly an advocate of a program that doesn't just talk about something but will actually address something.

Dr. Kwalick said Dr. Sands has a comment to make related to this topic.

Dr. Titus said we can move on and get to public comment so Dr. Sands may speak.

Dr. McGaw requested continuing this discussion as an action item for the next Board meeting.

## **6. Staff Report on TFPH Activities**

Ms. Brumhall reported that we are two weeks from the close of the fiscal year and the 05-06 grantees have until the 30<sup>th</sup> of July to submit their final reports and last requests for reimbursement. The Trust Fund granted a total of \$738,750 in 05-06, but three grants have ending dates past June 30<sup>th</sup> so there is cross-over funding into the 06-07 fiscal year. With the Cooperative Extension grant the 06-07 total is \$550,935.

She went on to say that the 06-07 projects are underway and she will be monitoring them very closely starting with a trip to Elko next week to meet with the Shoshone Tribe. It is her intention to meet with them monthly to be sure the project is on target and accomplishing its goals.

Work is continuing on the annual report and the Trust Fund webpage update.

#### **7. Direction to staff regarding TFPH activities and agenda items**

Dr. Titus repeated the request to put on the next agenda the chronic disease issue presented by Dr. Kwalick and then asked if there were any other directions to staff.

#### **8. Confirmation of the next meeting date: Oct 6, 2006**

The date was changed to October 20 since several members had conflicts.

#### **9. Public Comment**

Dr. Sands from Southern Nevada Health District spoke saying I'd like to add some additional background in context of the development of the concept paper as you consider it after this meeting. I like what you said about moving beyond discovery. We have gone to the legislature and made proposals and talked to the health committee as part of this development of the Nevada Health Plan with Burns and Associates. We've talked about the importance of chronic disease and what we're doing in Nevada and the different health authorities. It seemed in the responses we got that there is recognition that yes this is important but it's just that it seems to be a hard thing to get their hands around in terms of how to structure this. Through their comments it was made clear they are looking for something that is well defined and has accountability. They want to know, if they're going to invest in chronic disease prevention programs, what does that really mean and how best do we do that. Those two things are what we hoped to develop in the concept paper as a model. By looking at what other states have done and even some federal programs we can propose a model with better definition for activities of what we're trying to address here. We need enough flexibility for local communities to be able to adapt to what their particular needs are and have the accountability the legislature is looking for based on the comments we've gotten with other initiatives we've done in the past. I wanted to share that with you as you review the proposal again.

Dr. Titus said thanks to all of you for making these meetings. I know you have to take time out of your day, but it's important.

#### **10. Adjourn**

The meeting was adjourned at 11:00a.m.