

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

**Draft Minutes  
January 11, 2008  
Via Videoconference**

Legislative Building  
Room 3137  
401 S. Carson St.  
Carson City, NV

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

**TRUSTEES PRESENT:**

David Lupan, PhD  
Carol Sala  
Jade Miller, DDS  
Mary Anderson, MD, MPH  
Tyree Carr, MD  
Lawrence Sands, DO, MPH  
Sally Jost for Walt Rulffes  
Luana Ritch for Richard Whitley

**TRUSTEES ABSENT:**

Robin Titus, MD  
Beverly Neyland, MD  
Richard Whitley, MS  
Walt Rulffes, PhD

**OTHERS IN ATTENDANCE:**

Trina Dahlin for Cindy Pyzel, Attorney General's Office  
Karen Brumhall, Nevada State Health Division  
Mark Winebarger, Senior Deputy Treasurer  
Renee Parker, Chief of Staff to State Treasurer Kate Marshall  
Stacey Johnson, State Treasurer's Office

**1. Call to Order**

Dr. Lupan, acting Chair for Dr. Titus, called the meeting to order at 9:34 a.m. and a quorum was established.

**2. Approval of the October 5, 2007 Minutes**

**MOTION: Dr. Anderson moved to approve the minutes of October 5, 2007**

**SECOND: Carol Sala**

**PASSED: Unanimously**

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

Karen Brumhall, staff for the Trust Fund for Public Health, presented the three representatives from the State Treasurer's Office. Ms. Renee Parker explained she is Chief of Staff to State Treasurer Kate Marshall and with her were Mark Winebarger, Senior Deputy Treasurer and Stacey Johnson, who prepares the Trust Fund spreadsheets and monitors the budget.

Ms. Parker remarked that all three were attending because none of them had attended a TFPH meeting in the past and they're going to be each other's backup for the meetings, so they would have people familiar with the questions the Board might be asking and the information needed.

Ms. Parker proceeded to go through the Trust Fund report that had been prepared by the Treasurer's Office, line item by line item and then asked for questions.

Dr. Lupan asked what the 2008 projected allocation to the Fund's principal will be.

Ms. Parker replied \$4,399,953.

Dr. Lupan asked Karen if there was another \$200,000 for the upcoming grant year and was it addressed in the financial report?

Ms. Brumhall responded that if the budgeted administrative expenditures and the amount for the second year requests were subtracted from the unencumbered balance, the balance remaining would be \$315,000. After speaking with Ms. Johnson about the questions the Board asked last Board meeting and reviewing figures, there were more monies than thought for the upcoming RFP.

Dr. Lupan commented that's really good news because we didn't have a lot of money for funding for next year.

Ms. Parker added that there would be approximately \$30,000 more in interest than originally projected for the second quarter also.

#### **4. Approval of the Trust Fund for Public Health 2007 Annual Report for the Governor and the Legislature on Trust Fund Activities per NRS 439.615**

**MOTION: Dr. Miller moved to approve the 2007 Annual Report as written.**

**SECOND: Carol Sala**

**PASSED: Unanimously**

#### **5. Discussion and approval of the revised RFP Evaluation Criteria and Score Sheet for the 2008-2009 grant proposals**

Dr. Lupan explained this was the evaluation form the trustees had spent a couple of meetings talking about. The Board has had the opportunity to review the new revised form and there have been a few suggestions. The form was fairly straight forward and Dr. Lupan had no issues about the way the content was described. He said Dr. Sands, in the email included with the new form, had proposed some modifications and additions to the form, but he thought some of the suggestions were redundant and had already been addressed in the form.

Dr. Sands commented there were a few things he'd like to see for the next evaluations, namely proposals based on evidence based research or a logic model.

Dr. Lupan responded that he didn't know how many people understand what logic models are and it would be very difficult to address that in the RFP. From reading the proposals of last year or from reading the TFPH Annual Report one can see that a large number of our awards,

particularly those from rural Nevada, are from individuals and groups who have no idea what evidence based research is. Most are essentially developing proposals for health care needs and there may not be research or evidence to suggest that it's a good thing to fund. If we put language in the evaluation piece and subsequently into the RFP talking about evidence based research, we're going to disqualify a lot of people we want to seek proposals from. The concern would be that it would jeopardize the nature of the awards.

For those who have the ability to write quality grant applications it would certainly benefit but there's a large group who don't have those models in mind when they make proposals. Granted that makes it more difficult for the Board but we do not want to discourage people from applying.

Ms. Ritch agreed with Dr. Lupan and added, grant applications coming particularly from our underserved communities, rurals and organizations representing minority groups, often have difficulty with evidence based research and particularly logic models.

The goal may be to move toward evidence based and logic models, but to require it would be a barrier. Language that encourages and supports that direction, as something we'd like to see in proposals, is a good step, but to make it a requirement would be a barrier to some of the organizations representing some of the most vulnerable populations.

Ms. Sala clarified that the grantees we deal with, who are addressing the needs of the rural areas, are grassroots organizations and we do not want to make the application so technical to be far beyond their reach.

Ms. Jost noted that as the Board members are reviewing the proposals, if these models aren't actually in the proposal itself, they can see if the proposal is in line with evidence based research. The Board would like to believe that the applications being funded are the ones that research would suggest are going to be worthwhile.

Dr. Sands expressed not wanting to make this too technical but wanting different levels to be able to apply. He was looking at this as both an evaluator and as a Board member wanting to make the best use of funds.

Dr. Lupan suggested moving on to the other parts of the evaluation form, the *work plan* and *measurable goals and objectives*. He stated this was where he found some of the redundancy in what Dr. Sands proposed and what was already on the form.

Dr. Sands concurred but requested "time framed" be added to *goals and objectives*.

Dr. Lupan continued saying he did not understand what was meant by "budget includes inputs" in the *reasonableness of cost* section of the form.

Dr. Sands answered that "inputs" was really saying if an applicant were going to use different things such as equipment, certain activities or resources in their approach then those things needed to show up in the budget. Sometimes what is said in the narrative doesn't always show up in the budget or isn't clearly explained in the budget.

Carol Sala commented on *adequacy of proposed work plan* and the suggestion to "clearly identify staff responsible for each task." To drill down to real minute specific tasks would be a concern because when someone puts together a proposal it may be a general concept but as the

project is worked there might be more appropriate people to do different parts. If every task is defined it could cause a great deal of work every time something needed to be changed.

Dr. Lupan pointed out that all the grantees are given 10% budget flexibility to allow for things changing. We all want to agree when money is allocated for a specific purpose that both the grantee and grantor understand the purpose and how the budget is to be used.

Back to *reasonableness of cost* and the suggestion to add “budget requests do not supplant current funding sources.” The RFP is very clear on page 8 that funding can not be supplanted. It would be a violation of the RFP.

Dr. Sands responded it wasn't always clear on funding sources supporting the project as to whether the funding was to augment something already going on or was this a search for new funding to continue the project, or was this a totally new activity for the organization.

Dr. Sands said he also had questions about the cost per units changing from one year to the next in several of the proposals. He wanted to be sure we had complete information and understanding of how the budget was being used.

Dr. Lupan asked Karen if specific statements should be included or were these things already addressed?

Ms. Brumhall stated on page 16 of the RFP in the budget justification section, other sources of funding are to be listed. The costs per unit could be addressed in the review for a second year of funding.

Dr. Lupan indicated he saw Dr. Sand's point of view that budgets should be questioned during the initial proposal review.

Ms. Jost remarked that the reason the evaluation form was revamped was because of the conversation about inconsistencies during evaluations. To put more detail into this is to ensure that each group would be looking at the same kinds of things and those different points on the form are prompts to remind evaluators to be looking for those things in the applications.

Dr. Anderson added the form helps the evaluators look at those particular points to see if they are reasonable for whatever is being proposed.

Ms. Brumhall noted the *reasonableness of cost* section needed more development to encompass some of the suggestions made.

Dr. Lupan inquired if more user friendly verbiage could be used for “cost per unit” and what it means when assembling a proposal.

Lastly is the section, *project impacts health care needs of Nevada*.

Ms. Sala questioned, while we look at the statewide impact, should that be a factor on whether or not we grant? We're looking at meeting unmet needs, so we might have a grantee filling a hole out in the rurals, which wouldn't impact the whole state, and conversely a grantee in a large county might just be covering that area. We're looking at meeting unmet needs and grantees shouldn't be dinged for not having a statewide impact.

Dr. Sands stated we can look at projects and what they're doing in their particular area to see if there would be applicability down the line for the rest of the state for replication – a best practice or strategy that could benefit more than just the area receiving the funding for that project.

Dr. Lupan said the Board endorses what's been said, that projects address Nevada and all its citizens whether now or in the future, but in the past we've also funded projects very narrow in scope and have felt that was a worthwhile thing to do too.

Dr. Anderson remarked that the statement, "Is the size and type of population to be served significant enough to provide justification for project?" under *project impacts*, speaks to all the different potential levels of projects we see.

Dr. Sands requested the addition, under *project impacts*, of "could a program lead to new programs or services, help to justify additional resources, or effect policy or practices." These are important elements that we should be considering in impacts of a project. As we look at multiple projects we need to look at those things which will be the best investment for the dollars.

Dr. Lupan asked Karen to craft the last line into the evaluation page.

Finally, the Board needed to look at the evaluation point spread to the various categories and whether there should be different distribution in the allocation of points to each priority.

Dr. Miller stated the *project impacts* section had one of the lowest points possible but wasn't that the whole goal of our awarding grants? Should we look at adjusting the point scope of this particular item?

Dr. Lupan asked which category to decrease.

Dr. Miller suggested adjusting the first two sections to fifteen points or adjusting the higher rated ones so that one could be raised.

Dr. Anderson inquired about the last evaluation point wording of "health care." If we talk about health care that makes you think in a different line than if you say "project impacts health needs." Are we truly talking health care?

Ms. Ritch agreed with Dr. Anderson. It lines up with the mission of the Trust to be the "health needs of Nevada" and to eliminate the word care. As far as points go, reduce the points for the first section, *adequacy of proposed project*, because that's more like an introduction and add points to *project impacts*.

Dr. Lupan responded, he favored that suggestion and wondered why it hadn't been caught much sooner. We can take ten points out of the first category, *adequacy of proposed project*, and add them to the last category, *project impacts*.

**MOTION: Dr. Miller moved to accept the evaluation form as amended; eliminate the word "care" from the project impacts category; decrease the first category to ten points and increase the last category to fifteen points.**

**SECOND: Ms. Ritch**

**PASSED: Unanimously**

Dr. Sands made the observation that the *project impacts* category doesn't have the breakdown of points, so if this category was going to have fifteen points then we needed similar statements as the other categories had to be consistent.

Dr. Lupan concurred. Now that this category was of equal concern and was as important as the others, we needed the points delineated. Ms. Brumhall was asked to fix the last category to reflect the day's discussion.

Ms. Sala added that since points have been changed, the last two categories should be flipped to make the form flow better.

Dr. Lupan said it was nice to have this accomplished.

## **6. Discussion and approval of the Trust Fund for Public Health RFP (R0008) for the 2008-2009 funding cycle**

Dr. Lupan pointed out the RFP release date, January 21, was a national holiday, Martin Luther King's day.

Ms. Brumhall stated she had already noted that and had changed the release date to Friday, January 18. Also the RFP still had \$100,000 as the funding amount but that would be changed to \$300,000.

Dr. Lupan indicated the verbiage should read "at least" \$300,000 to give the suggestion that funding may be larger than what was projected.

Ms. Brumhall explained that the word "approximately" was already used but that could be changed to "at least."

Dr. Anderson commented the word "approximately" seemed a little safer.

Dr. Lupan agreed. On page 4 under section 3.1, in the second paragraph, he stated he'd rather see the words "project support" than "projected funding." Also, in the information to the authors in the section Phase II, page 5 about criteria for evaluation, "Adequacy of Goals and Objectives" was left out. We have a rewording of these evaluation categories and a reordering based on points, so this section needed to be reworked.

Ms. Ritch asked to go back to Dr. Sand's goal of trying to move people towards evidenced based interventions. Was there some way in section 3.5 under proposed elements, page 7, part b or c, to add in brief language asking the respondents what is the evidenced based model upon which the proposal is based? This might move organizations towards looking at and showing us that their proposals are evidence based, but not making it to the level of putting it in the evaluation criteria. At least it would be stated in the RFP.

Dr. Sands clarified that a statement or indication of what they're basing their proposal on, to achieve the outcomes they're looking for, whether it's based on specific research, or literature, or best practice model, or logic model would be an important piece to have in a proposal.

Dr. Anderson suggested the wording, "References to appropriate evidence based research or a best practice model are encouraged."

Dr. Lupan stated he gets very concerned that there is a segment of applicants that doesn't have evidence based research as part of their project. On the other hand, he does appreciate the notion of having strong history and references to do research. The concern is, we'll discourage a certain segment of applicants if we overly emphasize something like evidence based research as part of the RFP. If there were verbiage that allowed flexibility for the candidate who doesn't have that and it doesn't eliminate them from consideration, I'd be more accepting.

Dr. Anderson noted that one of the things she looks at is the sophistication of the organization from which the proposal comes. She views a product from the University differently than a proposal from a community based organization, and imagines all the evaluators do.

Dr. Lupan remarked, "References to appropriate evidence based research or a best practice model are encouraged," as suggested by Dr. Anderson, doesn't mean the applicant has to do it, but rather we'd like it. The words give a certain amount of flexibility. But, if you're going to encourage it on one hand and then not have the evaluation mechanism, why are you encouraging it? If we're going to include this line in the RFP, then also have it reflected in some fashion in the evaluation form.

Ms. Ritch reported there are RFPs, for example from the CDC, which have encouragement language in them but do not have requirements in their evaluation criteria. It's like the first step of educating the organizations that are applying for funds that this is something you're looking for. You're encouraging but not requiring.

Ms. Jost commented when the evaluators go through the proposals they are already looking at the information that might show if it's evidence based or research based. The committees are already looking even if it's not listed. Putting the encouraging comment in is good because it's letting people know that is something that's going to make a more positive impact.

Dr. Sands stated that encouraging people to reference based or best practice models doesn't mean there's an expectation that they do a very finely detailed narrative. It can be as simple as someone coming back from a conference where they learned about a best practice model that's working in another community. We're not talking about requiring a huge amount of research.

Dr. Lupan asked Ms. Brumhall to read back the sentence suggested by Dr. Anderson, so everyone understood what had been said.

Ms. Brumhall said, to be included in part b on page 7 a sentence which says, "References to appropriate evidence based research or a best practice model are encouraged."

Dr. Lupan asked for a motion to that effect.

**MOTION: Dr. Anderson moved that sentence be added to the RFP.**

**SECOND: Dr. Sands**

**PASSED: Unanimously**

Dr. Sands had one more question about the RFP. With the projection of approximately \$300,000 available, would we still be entertaining applications for projects up to two years or are we limiting to one year this cycle?

Dr. Lupan replied we can't afford to do that. It has to be one year.

**MOTION: Ms. Sala moved to release the RFP with the modifications as discussed.**

**SECOND: Ms. Jost**

**PASSED: Unanimously**

## **7. Discussion and recommendations for the timeline and process for granting 2<sup>nd</sup> year funding to current grantees**

Ms. Brumhall reported that \$1,225,163 was requested for 2<sup>nd</sup> year funding by thirteen of the current fifteen projects. Those current grantees will make their 3<sup>rd</sup> quarter reports the 15<sup>th</sup> of April, which is the week following the Board meeting when the approximate \$300,000 will be granted. After discussion in our last meeting it was recognized that those reports need to be reviewed before 2<sup>nd</sup> year funding decisions can be made.

Therefore, the conclusion was reached for the new grant funding to be made in the April meeting and then 2<sup>nd</sup> year decisions would be made after reviewing the 3<sup>rd</sup> quarter reports, due April 15, in another meeting.

If in that 2<sup>nd</sup> granting meeting there are monies not granted for some of the current projects' 2<sup>nd</sup> year requests, then the highest scoring proposals, not receiving funds in April because they were below the cutoff point, would be eligible for the remaining funds not granted for 2<sup>nd</sup> year requests.

The questions are, how do you want to look at the projects to determine 2<sup>nd</sup> year funding, and, how and when do you want to meet?

Dr. Lupan stated there are two challenges in awarding 2<sup>nd</sup> year funding. Do we automatically award funding and the Board decided that no, we do not. We award on the basis of success of the year one funding and the measure of that success is unfortunately not available to us until after the 3<sup>rd</sup> quarter report and as it plays out the 3<sup>rd</sup> quarter report is not due until we've committed the funds for the next cycle. There is the potential that funds could be saved from year two awards that could potentially go to the grantees of the year 08-09 cycle.

The meeting for April is set to award the \$300,000 in funding. We will have met and will have reviewed the new proposals and have discerned a list. The next question is when will we meet to discuss the continuation of existing grants for year two funding? If you recall at the last meeting one of the suggestions was that we either push back the meeting of the second week in April to a later time and do both, that was we consider the funding for 2<sup>nd</sup> year awards and also consider the funding of the new awards. Another suggestion was that we hold another meeting, possibly in May, maybe in June, to discuss the funding of the proposals for year two.

Then discussion followed about whether or not we are limited by statute to only four meetings per year and the answer was no, we are not; we may have more.

Ms. Sala asked Karen what would logistically work for her.

Ms. Brumhall replied it would be a cleaner process if the Board held two meetings. We would fund new projects in April and then have another meeting after we've had an opportunity to review the progress reports for the current projects to determine 2<sup>nd</sup> year funding. We have in

the past taken proposals that have scored right below the cutoff point and they have had the opportunity to be funded because we've had more money. The meeting or meetings depend upon all of your schedules in May.

Dr. Anderson suggested proceeding with the April meeting for granting the \$300,000. She then asked if a phone polling/discussion/rating for the 2<sup>nd</sup> year funding would work? Could little groups talk? Would that be effective?

Dr. Lupan said he would be against meeting in small groups to discuss continuation of funds since that's a whole Board decision rather than a subcommittee decision. The Board needed to agree entirely and do it in the same venue we're meeting in now.

Ms. Sala noted that even if the Board met by phone the public would need to be provided for in terms of input.

That's true came from several speakers.

Dr. Lupan stated after discussion, two meetings would be appropriate. We'll go forward with the April 11 meeting to discuss and award the new round of applicant funding and we'll convene a second meeting the first Friday in May to consider the renewal of year two awards. The afternoon of May 2 at 1:00 a.m. appeared to fit schedules. The purpose of that meeting then will be to consider the continuation of funds for projects that were funded in the 2007-2008 cycle. At the conclusion of that meeting those projects not funded, resulting in a return of revenue back to the Trust, will make funds available for additional 2008-2009 awards. Those awardees would have been held on a reserve list until we knew whether or not we had additional monies.

Ms. Brumhall asked if the trustees wanted the 3<sup>rd</sup> quarter reports for each of the projects to base their decisions upon or did they want report summaries? The summaries would be to determine whether or not the projects were meeting their goals and objectives, if they're on budget, if they're accomplishing what they said they would in a timely manner.

Dr. Miller responded that that information would expedite the decision making.

Dr. Lupan indicated that as much information as Ms. Brumhall could provide between April 15 and before the May 2 meeting for the Board members to review would be a benefit.

Ms. Brumhall asked if the Board wanted representatives of the projects to be present at the May 2 meeting?

Ms. Ritch commented it's an open and public meeting and it will be agendized.

Dr. Anderson said, perhaps not a formal invitation, but a notice of the meeting and its purpose be sent to the projects.

Dr. Lupan stated the meeting should be open and the projects should be notified we will be doing this. No one wants to hear, out of the blue, funds are or will be withdrawn, so it's appropriate.

Dr. Sands remarked it would be helpful in advance of the May meeting to forward questions to Karen to send on to the different projects, so that before the meeting we could get responses

back on any questions or concerns we might have in reviewing their current status. Also, the same would be helpful in reviewing the new proposals – to forward questions to get responses before that meeting.

Dr. Lupan replied the problem would be the timeframe because it would be a considerable challenge to get things back and forth.

Dr. Lupan asked for a **MOTION: to have a May 2 meeting to review the 2007-08 awardees for year two funding and at the conclusion of that meeting any residual dollars would be used to potentially award year 2008-09 applicants.**

**MOVED: Ms. Jost**

**SECOND: Dr. Miller**

**PASSED: Unanimously**

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

Ms. Brumhall stated she had included in the trustees' packets a project report with two of the projects marked so she could give additional information about them. The first project, SAFE House, had just hired a new program coordinator for the "Teen Council on Dating Violence" project, so they would be moving forward. The other project the members needed to know about was the UNR, SOM "NV Pregnancy and Diabetes Research Study." The UNR Institutional Review Board (the IRB) had not approved this grant. Dr. Lupan and she have communicated about the situation and perhaps he could give the Board more information.

Dr. Lupan reported there had been running dialogue between the investigator of the project and the University's IRB to allow him to study the project. The project had not moved forward and the protocol was up to the investigator to get it to move forward. At this point in time, he advised, let things stand but if things don't change we'll have another \$150,000 to award.

Dr. Miller asked with regard to that, what about the first year's funding?

Dr. Lupan answered that was the funding to which he was referring.

Ms. Brumhall added at some point the Board would have to make a decision about year two also.

Dr. Miller clarified potentially \$300,000.

Ms. Ritch questioned, the IRB has met and reviewed and returned findings to the investigator for response?

Dr. Lupan stated that's correct. If the Board concurred, the investigator needed to be contacted and the message given that his project was very much in jeopardy because it hadn't started.

Ms. Brumhall said she would send him a letter stating that information.

## **9. Direction to Staff**

Dr. Lupan indicated direction to staff had been given all through the meeting.

## **10. Confirmation of next meeting dates, times, locations**

Dr. Lupan stated the next meeting was April 11 and then went on to ask about meetings to evaluate proposals.

Ms. Brumhall replied she would contact each Board member to talk about committees and availability to participate in phone conferences for evaluation of the new proposals.

Dr. Lupan commented that the member's assignments were usually based on areas of personal interest or if there were no personal interest a member was asked to serve on a committee that lacked appropriate representation. As members of the Board had agreed upon in the past, the members wanted to be a part of the evaluation process rather than to just hear the results of the evaluations. Everyone had agreed to do this as partners.

Dr. Lupan asked to be placed where needed.

Ms. Sala asked to be placed on the committee that looked at senior citizens.

Ms. Jost requested assignment to committee three.

Dr. Sands and Dr. Miller requested either committee one or two.

Dr. Carr and Dr. Miller volunteered for committee one or three.

## **11. Public Comment**

No public comment

## **12. Adjournment**

The meeting adjourned at 11:15 a.m.