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Governor



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**Minutes (FINAL)
of the meeting of the
Nevada Office of Minority Health and Equity (NOMHE) Advisory Committee
Tuesday, November 9, 2021**

The Nevada Office of Minority Health and Equity (NOMHE) Advisory Committee held a public meeting on November 9, 2021, beginning at 10:01am at the following location:

This meeting was held via Conference Call

In accordance with Governor Sisolak's Declaration of Emergency Directive 006: Subsections 1: the requirement contained in NRS 241.023 (1)(b) that there be a physical location designates for meetings of public bodies where a member of the public are permitted to attend and participate is suspended.

1. Call to Order / Roll Call and Opening Statement:

The meeting was called to order at 10:01 am by Chair Erik Jimenez.

Committee Members present: Chair Erik Jimenez, Andrea Gregg, Dr. Crystal Lee, Cassandra Cotton, and Dr. Jennifer Kawi

Absent: Andre Wade, Rev. Dr. Karen Anderson

QUORUM achieved.

Also present were: Senator Patricia Spearman, Tina Dortch, Dominique Seck, Alexandra Neal, Lorene Addison, Princette Bowling, Carlos Ramirez, Amanda Annan, and Stephanie Woodard.

Chair Jimenez announced that closed captioning and ASL interpretation was available, and it will be accessible for all future Advisory Committee meetings. He asked that Advisory Committee members turn their cameras on to speak to be inclusive of members of the deaf and hard of hearing community.

Chair Jimenez invited guests to introduce themselves.

Sheila James, Regional Minority Health Analyst from the Office of the Assistant Secretary (OASH) Region 9 introduced herself. Bishop Thomas from Nevada Faith and Health Coalition introduced himself. Asma Awan, Grant Evaluation Coordinator at UNLV and process evaluator for the CDC Health Disparities Grant introduced herself. Godwin Nwando, the Health Equity Manager for the Chronic Disease Prevention and Health Promotion (DHHS) introduced himself.

2. Public Comment:

Chair Jimenez invited public comment. There was none.

3. Approval of August 17, 2021 Advisory Committee Meeting Minutes (For Possible Action):

Action Item. Chair Jimenez invited a motion to approve the August 17, 2021, NOMHE Advisory Committee Meeting minutes. Dr. Jennifer Kawi motioned to approve the minutes as presented. Second from Dr. Crystal Lee, motion carried unanimously; minutes approved with no changes.

4. Report and Discussion of NOMHE Sustainability / Budget

Program Manager Tina Dortch announced that the Board of Health approved Chair Jimenez to serve another two-year term at their September 3rd meeting. Ms. Dortch acknowledged October as Native American Heritage month, the presence of Native people on NOMHE's Advisory Committee, and NOMHE's efforts to address health disparities among this population.

In addition to the General Fund, the Office now has funding from the CDC Health Disparities Grant. Tina presented the handout titled Office of Minority Health—SFY 22 Budget Summary, last updated September 20, 2021. The General Fund's allocation for the Office is about \$139,000 and the largest portion of funding is dedicated to the program manager salary, fringe, operational line items, general business, and administrative matters. The Office will have a \$3,700 balance at the end of the fiscal year which is June 30, 2022. Due to recent legislative activity, any funds that are in the Minority Health and Equity Account will carry over to the next fiscal year.

The largest portion of the budget is the CDC Health Disparities Grant of 2.6 million. OMHE is engaged with Chronic Disease division of the Department of Public and Behavioral Health through an MOU. The Office is in year 1 of a 2 year plan. The grant period aligns with the state's fiscal year. The second year ends on May 31, 2023. The two major expenditures include engagement with community partners. The Office has 4 work orders: Social Entrepreneurs Inc. (SEI), UNLV School of Public Health Department of Environmental and Occupational Health, The Minority Health and Equity Coalition (MHEC), and UNR Trudy Larson Health Equity and Impact Institute. SEI and UNLV School of Public Health EOH are evaluators.

Although the grant was effective in July, the Office was unable to encumber the dollars until the August 18 Interim Finance Committee meeting. Therefore, the funds were not activated until late August and late September which is reflected in the invoicing section in the handout. There are pending work orders which include the faith community and another with the Nevada Broadcasting Partners, an entity that will help the Office develop a health disparities marketing campaign with a target date of April 2022 which is Minority Health Awareness month.

The CDC Health Disparities grant also includes contractual hires. The Office meets routinely with the Grants Management Unit to review grant activity, plan for adjustments, and prepare presentations to the finance committee as needed.

The Chair invited questions from the Advisory Committee. There were no questions.

5. Report and Discussion of NOMHE Impacts

Tina provided discussed changes to the Advisory Committee agenda which include the "Report and Discussion of NOMHE Impacts" agenda item. This will be a reoccurring section wherein NOMHE Staff provide updates on

its mission-driven activities, strategic partnerships/initiatives, and status of actioning its CDC Health Disparity Grant.

CDC Health Disparity Grant Update

Tina invited NOMHE's staff, contracted through the CDC Health Disparities Grant, to introduce themselves and to discuss their work products. She noted that 4 out of 5 possible positions are filled and their work with the Office began on September 1.

Lorene Addison is a Program Officer representing Northern Nevada. She is Princette Bowling's counterpart. Her role will be to develop a comprehensive policy to ensure equitable delivery of health services to racial, ethnic, and LGBTQ minorities, and underserved populations. They have developed a core values assessment that will identify the strengths and opportunities of existing processes within DHHS in order to develop an enhanced strategy to mitigate disparities that exist within the population served. The core values encompass areas of leadership, commitment to determine vision milestones, information collection to understand the minority populations served and factors needed to improve health services, individual and community engagement to develop relevant policies socio-cultural context to understand the environment, language services to ensure lines of communication, health literacy and workforce development to educate team members and those served by NOMHE, and performance evaluation to identify opportunities for improvement through strategic planning.

Princette Bowling said that her and Lorene are developing a Powerpoint introduction for DHHS' five divisions: Aging and Disability Services Division, Child and Family Services, Healthcare Financing and Policy, Public and Behavioral Health, and Welfare and Supportive Services. They will be working with the divisions' diversity liaisons. The needs assessments will determine where the health disparities and inequities exist within DHHS and communities. Once the assessment is completed, they will perform quarterly surveys and reports to ensure that there is continuous quality improvement and make recommendations, provide technical resources, and technical assistance.

Tina emphasized the value of Lorene and Princette's roles for the Office and state government. NOMHE now has the capacity to provide technical support and assistance to divisions within DHHS that service clients directly. They will be able to share the tool with NOMHE's Advisory Committee soon.

Carlos is a Program Officer who acts as NOMHE's liaison. He is responsible for cultivating and boosting collaborators across the state. One of his activities is to help NMHEC with their members. He is building a database of various organizations and developing stakeholder profiles that are aimed at reducing specific health disparities. He has helped the nonprofit, REACH which aims to support Latin immigration in Las Vegas. He connected REACH with All Of Us which resulted in All of Us awarding REACH with \$20,000.

Tina said that Carlos' work is linked to clinical trial diversification which is one of NOMHE's three mission pillars. Prior to the pandemic, NOMHE partnered with All of US program, an NIH funded mobile unit that travels that country bringing awareness and engagement in a virtual reality setting to communities that are typically not engaged when it comes to clinical trials. The Office is re-establishing that relationship. Carlos successfully incentivized REACH to partner with All of Us.

Amanda "Mimi" Annan is the Management Analyst. Her role is to capture and report trends of health disparities and equity focused responses in Nevada and to translate them into data-driven reports to improve health outcomes and drive policy changes. She developed NOMHE's management infrastructure such as designing data collection and survey tools and protocols but also designing methods to track and report NOMHE's CDC health disparities grant and its associated outcomes and impacts, connected and integrated internal state level peers

from Office of Public Health Informatics and Epidemiology and the Office of Analytics, and represented NOMHE on the data metrics project through Association of States and Territorial Health Organization (ASTHO).

Tina emphasized the importance of having a management analyst role for NOMHE's sustainability. The Program Officer II position is vacant. This person will be responsible for developing the statewide health equity plan which will include emergency preparedness, language access, and harm reduction strategies. She encouraged Advisory Committee members to check their emails for more information on the position. The Chair invited questions or comments. There were none.

Tina wasn't a lot of activity with CDC Funded Sub-Awardees due to their work orders recent execution. They will submit quarterly activity reports; thus far, they have submitted one. She will have more to share with the Advisory Committee in future meetings. In addition, 1 of the sub awardees will give an in-depth presentation. The Nevada Minority Health and Equity Collaborative will partner with NOMHE to create workshops that help community-based organizations (CBOs) utilize health equity tools. NMHEC will also assist with the creation of the statewide health equity plan. UNR has been a partner with NOMHE since 2018. Under their new contract they are going to help NOMHE identify modifications to equity focused legislation that did not make it through the last legislative session. An example is applying lessons learned during HIAP pilots to promote the adoption of health impact notes. This is part of the health equity worksheet concept that the Committee's Legislative Advisor, Senator Spearman proposed as part of SB 302. Social Entrepreneur's Inc. (SEI) is a continuation of the Governor's Proclamation naming racism as a deterrent to public health. Their work will overlap with Lorene and Princette because SEI will empower them to develop a policy and procedural manual in addition to supporting them in their other contracted duties. The evaluators with UNLV are performing a process-based evaluation per CDC requirements. The Office will use their reports to help sustain staffing levels via the 82nd legislative session.

Data Collection

Since the last quarterly meeting, NOMHE has been focused on data-driven projects. The EEOC is translating materials into 10 languages to expand their reach. The Office will be looking at the CDC's Minority Vulnerability Index tool. They are working on stratifying data such as the demographic category Native Hawaiian and Pacific Islander. The Office has been invited by the Robert Wood Johnson Foundation to discuss race and ethnicity surveillance and ASTHO become part of a health equity data metric workgroup. The Office will be examining the most used measurements of health equity and how they support strategic plans equity plans.

The Office has also partnered with OPHIE and the Nevada Department of Corrections (NDOC) on a COVID-19 testing and vaccinations project within the population of our correction system and its staffing. These projects help support the mission of the Office.

NOMHE's American Recovery Plan Proposal

Dominique Seck announced that NOMHE submitted a proposal for American Recovery Plan funding based on the Advisory Committee's recommendation during the annual meeting in August. If funding is awarded, it will be used to populate the Minority Health and Equity Account created by SB 341 during the 81st Legislative Session. There are 3 funding categories: customized social vulnerability indexing (SVI), and Harm Reduction Strategies. Customized SVI are data driven projects that analyze health disparities at the zip code level. It is important because it allows communities to effectively identify and quantify localized problems so that customized responses can be designed. Furthermore, community health workers and other community health professionals would benefit from up-to-date zip code level data to enhance emergency responsiveness in cases such as the COVID-19 pandemic. Understanding which communities are most at risk on a microlevel can improve resource allocation. The expected outcome is to increase the accuracy of community data. In addition, to creating the Minority Health and Equity Account, SB 341 instructs NOMHE to proactively develop public/private partnerships. CBOs that collaboratively address the impact of the COVID-19 pandemic and provide culturally

and linguistically appropriate services (CLAS) will be awarded. Both emerging and established CBOs will have access to this funding. The expected outcome is to ensure the development of a sustainable community-drive collaborative. Harm Reduction Strategy funding category will be initiatives that bring awareness and educates the community about additional COVID harm reduction strategies. These will serve the segment of the population that is unvaccinated and/or does not practice non-pharmaceutical protocols such as masking and social distancing. The expected outcome is to see a reduction in the severity of COVID-19 cases with high-risk populations.

The Chair invited questions or comments.

Bishop Thomas asked how Nevada Faith and Health Coalition can get access to the health equity worksheets so that they can start collecting data that will be necessary for social vulnerability index and harm reduction strategies. Tina asked for clarification if he meant how he can do social vulnerability indexing and utilize harm reduction strategies if NOMHE is not awarded ARP funding or if he is interested in adding this to his coalition's outreach efforts. Bishop Thomas said that it is part of his coalition's mission to increase community health workers in the ministries. They are developing a pilot program and he wants to ensure that they are tracking data appropriately to be eligible for any funding opportunities through NOMHE. Tina said NOMHE is developing a health equity lens which will be discussed during Dr. Woodard's presentation that will allow him to address and engage the community. Tina will meet with him to discuss applying an equity tool to his community outreach efforts.

Pandemic-Influenced Partnership & Outreach

Alex Neal presented NOMHE's partnership and outreach efforts throughout the COVID-19 pandemic. In 2020, NOMHE was involved in various outreach activities notably the DHHS DEI Steering Committee. Founded in October 2020, the committee's goal is to ensure that the department is modeling the principles of diversity, equity, and inclusion within DHHS and its service delivery. DEI efforts are underway at the departmental and divisional level. Subcommittees will provide feedback on how DHHS is doing. NOMHE will share additional information about the steering committee at the February 2022 Advisory Committee Meeting.

In 2021, NOMHE's efforts were centered on vaccine awareness and harm reduction strategies. For example, NOMHE is partnering with several faith-based partners on a pilot project for COVID-19 home testing kits. NOMHE is also working with American Indian communities through a vaccine education initiative. Additionally, NOMHE held the Fatigued and Taxed series which was a listening session for BIPOC healthcare providers to share their unique experience in the workplace, especially during the pandemic.

Tina emphasized that NOMHE is pivoting from emergency responsiveness to harm reduction strategies. At the August meeting, Dr. Crystal Lee expressed concern about vaccine responsiveness in tribal communities. NOMHE convened members from Immunize Nevada, Nevada's State Equity Task Force, and the Federal Region 9 HHS representative. They looked at service gaps and they realized there was a breakdown in communication. They used the FDA's recent approval to immunize children ages 5-11 as a starting point to improve communication between tribal communities and state government. NOMHE is investigating tribal consultation models for communication and engagement to ensure that the COVID-19 rollout for this age group is equitable.

Region 9 and looked at service gaps responses. There was a breakdown in communication, and she wanted to maximize a coordinated. NOMHE will further investigate tribal communication to ensure that the COVID-19 vaccine rollout for children 5-11 is equitable.

Dr. Crystal Lee stated that tribal consultation is a federal mandate to work with tribes in all areas that impact tribal communities such as education and healthcare. She said that Arizona has a good model for working with tribes. Nevada still has many gaps in need. One of the challenges is coordinating tribal communities with the

state. Arizona has tribal consultation and works with the tribal leaders and/or the tribal health organizations in the state. They meet quarterly to talk directly to the tribal leaders. Dr. Lee believes it is impactful because it recognizes the unique status and challenges of each tribe's access healthcare system and resources. She believes that tribal consultation honors, respects, and acknowledges these unique situations and allows. She would like the Advisory Committee to start tribal consultation to model for health equity.

6. Public Comments

Chair Jimenez invited public comment.

Godwin Nwando, the Health Equity Manager of the Chronic Disease Prevention and Health Promotion (DHHS), collaborates with NOMHE on projects such as the faith based coalition pilot. His division also manages the health disparity grant which includes NOMHE. He invited questions about their role in submitting reports to the CDC. He left his contact information in the chatbox. Mr. Nwando said that he is inspired by health equity work in Nevada and he expressed his appreciation for NOMHE.

Janet Serial asked Tina Dortch and Dr. Lee for clarification about the role of the tribal liaisons and the Commission housed within DHHS. Ms. Serial also wanted to know how their work will integrate with tribal consultation. Tina Dortch said that used to be one tribal liaison in the Director's Office of DHHS. They decided that the various divisions and programs within DHHS needed support. There are now liaisons at various levels within DHHS.

Ms. Dortch said that there is a break in communication among the liaisons, concern over gaps in service delivery, lack of trust, and disappointment in follow through. The tribal consultation model is designed to restore trust and improve the distribution network. The vaccine rollout for children ages 5-11 is an opportunity to use this model. The liaisons will still be involved but their approach is being recalibrated.

Dr. Lee is working with Nevada's tribes to address gaps in service delivery. She consults with individual nations and tribal council leaders. They have found that there is a disconnect between Medicaid and Medicare. The state Medicaid office reached out to Dr. Lee because they do not have working relationships with any of Nevada's tribal communities, especially mental and behavioral health services. This is an example of gaps in access to resources for tribal communities. Tribal consultation will help close communication gaps, identify available resources, and allocate resources in a culturally responsive manner.

Chair Jimenez reiterated that that Nevada has a mandatory tribal liaison and consultation. Based on feedback that he has received in the last several months, he would like revisit this topic. He suggested that it might be time to implement more structure on the agency side to encourage participation and engagement. He offered to meet with Dr. Lee to talk about strategies.

Tina Dortch said that upcoming legislation called The Respect Act will repeal substandard provisions and encourage conciliation with tribes. It will restore faith and trust by removing outdated federal laws. Acknowledgment of historical wrongdoing is the first step in understanding. Tina agreed with Chair Jimenez's suggestion that the tribal liaison's methods and processes are reevaluated. Immunize Nevada and Nevada Equity Task Force are committed partners on this initiative.

7. Presentation on NOMHE Legislative Actions – SB 390 Orientation (For Possible Action):

Dr. Stephanie Woodard, Senior Advisor, Department of Health and Human Services, Division of Public and Behavioral Health, Behavioral Health Wellness and Prevention invited the committee to review the presentation, “

Dr. Woodard provided a history of Opioid Settlement Litigation Laws. Big Tobacco Settlements in the 1990's often went to activities that did not prevent tobacco consumption or address the harms impacted by tobacco consumption. States did not want to repeat these mistakes. Policy experts advised states to enact legislation to ensure that opioid settlement funds are directed to communities that have been disproportionately impacted by the opioid crisis. 20 states have statutes in place, 13 of those states passed legislation in 2021. Nevada passed SB390 this year. The primary goal of opioid settlement litigation laws is to ensure that there is an open and transparent process to evaluate the needs of communities within the state and to ensure that the funds are reaching impacted communities to address harms and risks of opioid usage. Model legislation has been developed based on the legislation that has been passed in the 20 states. Nevada meets or exceeds most of the criteria. The Bill was sponsored by the Senate Committee on Health and Human Services, championed by Senator Ratti and Senator Kieckhefer, and supported by Assemblywoman Jill Tolles. There is a reciprocal relationship between SB 374 and SB 390 due to intentional language used within both bills that ensures that there are checks and balances between groups that deal with substance abuse and prevention and intervention.

Assembly Bill 374 reestablished the Attorney General's Substance Use Response Group (SURG) and defined SURG's scope of work. Their work will encompass all substance use. They will tackle issues such as prevention, early intervention, harm reduction, treatment, recovery, law enforcement, criminal justice, and data surveillance.

SB390 requires Department of Health and Human Services, in consultation with NOMHE to conduct a statewide needs assessment that is updated every four years. DHHS will use the needs assessment to inform the develop the state plan to determine the allocation of funding. Additionally, DHHS and the Advisory Committee for A Resilient Nevada (ACRN) will create all reports related to findings, recommendations, and funding. DHHS will utilize recommendations from NOMHE and ACRN to conduct a cross-sector needs assessment and form the state plan. NOMHE will develop a health equity tool to support ACRN in making recommendations. This will be “an objective method to define the potential positive and negative impacts of a priority on the health of affected communities with an emphasis on disproportionate impacts to any population target by that priority.” ACRN is comprised of individuals with lived experience with a substance use disorder whether personal or a family member, or experience and expertise in various areas related to substance use disorders. There is no state representation on ACRN to remain inclusive. The needs assessment will lead to a prioritization process of different types of activities that need to be included in the state plan. NOMHE's health equity tool will provide an objective method to prioritize these activities and ensures that settlement funds go to disproportionately impacted communities.

Johns Hopkins released five principles for the Use of Funds from Opioid Litigation as states develop legislation. Principle 1 is to spend money to save lives for programs like harm reduction and overdose prevention. An example is ensuring that naloxone is available in communities for those individuals who are most at risk of opioid overdose. Principle 2 is using evidence to guide spending and includes using qualitative and quantitative data which can be used within the needs assessment. DHHS, ACRN, and NOMHE will work together to develop community based participatory research to ensure that community input is part of the needs assessment. Principle 3 is investing youth prevention which includes increasing protective factors and addressing risk factors as they contribute to youth initiation of substance use, and that includes addressing issues like adverse childhood experiences. Principle 4 is focusing on racial equity which includes having racially diverse community

input. Principle 5 is to develop a fair and transparent process for deciding how to spend the funding which includes public engagement.

ACRN's next meeting will be on November 18th. They will discuss the needs assessment. They have a vendor who will help to collect necessary information. They are also working with UNLV's Minority Health and Equity Coalition on community outreach and engagement efforts through community based participatory research. ACRN has met once. Committee members include individuals from areas such as juvenile and criminal justice, individuals with experience in surveillance of overdoses, public health, child welfare, treatment, faith-based communities, addiction medicine, peer recovery prevention, harm reduction, housing, and primary education. NOMHE made several appointments to ACRN and they will retain that authority. NOMHE has helped ensure that ACRN is racially and geographically diverse.

The statewide needs assessment will use quantitative and qualitative data to help identify primary needs within Nevada which will help identify activities that need to be implemented, continued and/or expanded to address the impacts of all of the impacts and harms in Nevada's communities. The needs assessment will culminate in the prioritization process which will result in the development of the Resilient Nevada State Plan. The State Plan will allocate funding, especially to activities that address the risks and harms. After which DHHS and NOMHE will develop competitive awards to follow through on the activities identified in the state plan. It is possible that during the development of the state plan, DHHS finds that funding would be most beneficial going to regional, county, local, and tribal agencies in addition to disproportionately impacted communities. If this occurs, DHHS will work with those entities to develop their own needs assessment and plan to ensure they are coordinating efforts at the local, regional, and/or tribal level. Local jurisdictions have their own lawsuits. DHHS will ensure that they are not duplicating efforts and instead, developing synergy between state and local allocated funding.

The Chair invited questions.

Dr. Jennifer Kawi asked if there is an area of the priorities or needs assessment that considers the connections between opioid abuse/substance use disorders and inadequate chronic pain management. Dr. Kawi stated that it is difficult to expect a different outcome without addressing the root causes. Dr. Woodard said that the needs assessment will help identify that information such as pain management and alternative pain management strategies is a part of that. Activities will be prioritized based on ACRN as well as the impacted communities. Dr. Kawi said that state data is primarily focused on osteoarthritis incidents and prevalence. Nevada is currently lacking data related to chronic pain which can be caused by various medical conditions.

Senator Spearman mentioned Stephanie Woodard and others assisted her on a 2019 bill that would require the superintendent of education to develop a matrix to show social determinants that would impact the ability to learn in 1, 2, and 3 star schools. Senator Spearman asked if there is an opportunity to use opioid settlement funds for the 2019 program that address adverse childhood experiences (ACE) and social determinants of health. Dr. Woodard said that SB390 mentions adverse childhood experiences and its contribution to the initiation of substances. DHHS worked University of Nevada-Reno on the Youth Risk Behavioral Health Survey as well as the Adult Behavior Risk Survey to examine ACE and other indicators. It is possible that there will be an allocation of funding specifically for the prevention and early intervention for ACE.

Senator Spearman asked if it is possible to use settlement dollars to the work of the Kidney Disease Task Force created by SB 341 (2021). Dr. Woodard said that Notice of Funding Opportunity (NOFO) was released through the state's Mental Health and Substance Abuse Block Grants. There is \$36 million available through the NOFO. SAMHSA is allowing Nevada to use a portion of the funds to support children, family, and staff members in schools in the transition back to in-person learning environments, address the impact of the pandemic on

families, and address suicide prevention. Funding is available through a competitive process. Dr. Woodard will provide information about the NOFO to Tina to disseminate.

Senator Spearman encouraged DHHS to engage a wide-range of communities such as Black faith based communities and LGBTQ+ communities.

Tina Dortch said that NOMHE will present information about the health equity tool at ACRN's November 18th meeting. NOMHE is actioning SB341 in tandem with DPBH. They are currently looking for a home for the Kidney Disease Task Force. Ms. Dortch thanked Senator Spearman for recommending potential informants for the task force. Chair Jimenez stepped away. Vice Chair Andrea Gregg filled in.

8. Discussion and Approval of Future Meeting Dates, Agenda Topics (For Possible Action):

Vice Chair Andrea Gregg reminded the Committee that the next meeting is on February 8, 2022 from 10am-12pm. Future meetings were not voted on as there was no longer quorum.

Tina Dortch asked Vice Chair Gregg to add the location of the Advisory Committee's annual meeting as an agenda topic for the February 8, 2022 meeting.

9. Public Comment

Sheila James, Regional Health Analyst, OASH Region 9, will work with NOMHE to organize data trainings for AC and community-based organizations. Regional Minority Health Analysts will be trained to use CDC's Social Vulnerability Index. She would like to provide an orientation for interested committee members. The Census Bureau has the American Community Survey and the Community Health Resilience Estimates for Equity and Disasters also have health equity data. She will work with them to identify a training for organizations.

10. Adjournment

The meeting was adjourned the meeting at 11:42 am.