

**NEVADA OFFICE OF MINORITY HEALTH
ADVISORY COMMITTEE MINUTES**

July 30th, 2008

10:00 a.m.

**Department of Health and Human Services
Office of Minority Health
8050 S. Maryland Parkway #100
Las Vegas, NV 89123-0855**

COMMITTEE MEMBERS PRESENT-LAS VEGAS:

Debra Toney, Ph.D., Chairperson
Maggie Arias-Petrel, Vice-Co-Chair
William Dougan, M.D.
Somphool Premsrirut, M.D.
Emilia Guenechea, MA

COMMITTEE MEMBERS PRESENT-RENO:

Larry Curley, Vice-Co-Chair
Gerold Dermid
Sherria Taylor
Elena Brady

OFFICE OF MINORITY HEALTH STAFF PRESENT:

Dr. June Coleman, Dr.P.H., Program Manager
Mae E. Norris, Health Resource Analyst
Irene Jimenez-Muir, Administrative Assistant

HEALTH DIVISION STAFF:

Maria Canfield, M.S., Bureau Chief
Lyell Collins, HIV Prevention Program Coordinator
Charlene Herst, Chronic Disease Section Manager

Todd Myler, ASO
Charlene Howard, Health Program Specialist
Janet St. Amant, Grants & Project Analyst

OTHER ATTENDEES:

Maria Marinch, Facilitator
Linda Anderson, Office of the Attorney General
Ms. Belinda Thompson, Executive Director, GCDC

Jay Deogracias, Student Intern
Ericka Morales, Vice President, CALA
John Mierzwa, Vice President, CALA

1. Call to order and Roll Call

Dr. Debra Toney opened the meeting at 10:15 a.m. and welcomed everyone to the Advisory Committee meeting.

Roll call was conducted by June Coleman and a quorum was established.

2. Approval of minutes from the meetings of March 4, 2008

Meeting minutes to be approved March 4, 2008.

Dr. Toney called for a motion to approve meeting minutes for Mar 4, 2008 as presented.

MOTION: Dr. Toney made a motion to approve as presented Meeting Minutes dated Mar 4, 2008

SECOND: Larry Curley

PASSED: UNANIMOUSLY

3. Introduction of Bureau Chief (Maria D. Canfield) with “Family and Community Health”

Bureau Chief, Maria D. Canfield, provided an overview of the integration between the Nevada Office of Minority Health (OMH) and the Bureau of Community Health (BCH). She stated that there had been additional changes such as the name of the bureau which was due to additional programs merging. She also noted that originally it was the “Bureau of Community Health” and it is now the “Bureau of Family and Community Health” and that changes are still pending. She listed several programs involved in the Bureau of Family and Community Health such as:

- 1) Communicable disease; 2) Hepatitis; 3) HIV/AIDS; 4) Sexually Transmitted Diseases;
- 5) Tuberculosis; 6) Comprehensive cancer; 7) Diabetes; 8) Tobacco control;
- 9) Women’s Health Connection (breast and cervical cancer); 10) Childhood and adult immunizations; 11) Children’s special needs; and the 12) Rural health program

Ms. Canfield also identified several priorities to facilitate the integration of the Office of Minority Health into the Health Division and communities statewide and how to insure OMH plays a bigger role within the Health Division and the department. The priorities included:

- 1) Increasing competitive funding; 2) Integrating the OMH staff and Advisory Committee into existing staff forces and work groups; 3) Diversify funding to address health disparities; 4) Leverage resources between groups/programs to expand influence; and
- 5) Increase OMH visibility

Ms. Canfield also mentioned the frustration that had been expressed by OMH with the lack of available funding and noted that Family and Community Health was eager to address the concern and wanted to hear ideas on how to partner more effectively to meet OMH’s goals and implement its Strategic Plan.

She further noted that the New Deputy Administrator, Mary Wherry, was interested in looking at data and building a case now to build a budget and talk about health disparities before the legislature. She also encouraged everyone to begin to identify needs for the program. She asked what kinds of things could be done by the Family and Community Health staff along with her and Todd Myler to help with the transition of OMH to help make it better and stronger.

Questions

Dr. Toney asked the effect of the integration and transition of OMH and BCH on OMH's Strategic Plan, its Advisory Committee and its ability to move forward? Dr. Toney also stated that the OMH Advisory committee would like to leave a strong foundation in place when the Advisory Committee's term is over and would like a true transition plan. She also asked the length of time for the transition?

Ms. Canfield responded that the transition of OMH into Family and Community Health was an administrative process and had already occurred and should not have any impact on the Advisory Committee, and that its work should continue unaltered.

Dr. Toney also asked for an explanation for the purpose of the integration?

Ms. Canfield explained that Richard Whitley had stated to her that OMH needed administrative support (personnel and accounting) that could no longer be provided by Administration because of personnel changes and budget cuts. She also noted he felt that the functions of OMH could be better integrated and supported by the Bureau of Community Health and OMH could benefit from her background and expertise.

Dr. Coleman commented that the integration of the two programs would benefit the OMH in expanding its program activities to better serve communities.

Ms. Brady noted that she liked the idea of the integration and that it would improve the efficiency of the program.

4. Presentation and Discussion of New HIV Prevention Project by, Lyell Collins, HIV Prevention Program Coordinator and Belinda Thompson, Executive Director, of the Goshen Community Development Coalition (GCDC)

Mr. Lyell Collins gave a brief overview of the Human Immunodeficiency Virus (HIV) Prevention project. Mr. Collins noted that a new \$300,000 grant was just funded with GOSHEN Community Development Coalition along with Southern Nevada Health District. He noted the focus of the grant was to target communities of color and to concentrate outreach efforts with the African-American and Latino communities. He also commented that the strategy was to have a targeted media campaign aimed at African/American and Latino communities along with concentrated outreach workers to target about 2,500 people for HIV testing and getting them to know their HIV status. He also mentioned that data they have look at shows the number of people incarcerated in the south are predominantly people of color, and therefore, they will include the correctional systems which will allow for testing 5,000 more people, for a total of 7,500 people.

Goshen Director, Belinda Thompson re-iterated the information shared by Mr. Collins and stated that OMH will take an active role as advisors.

Questions

Dr. Dougan asked if there has been any community input or support? Mr. Collins responded that the grant had just begun, but they are in the process of bringing coalitions on board.

Ms. Petrel asked about media exposure and what stage was it at? Mr. Collins noted that the grant just began the first part of July and they are still working on getting things going. He noted that he is cognizant of fact that staff must be culturally and linguistically competent.

Dr. Dougan stated that those two entities (coalitions and media) are critical to the success of program and whatever criteria used must be shared with OMH to assist them in identifying culturally and linguistically competent staff.

Ms. Guenechea made a statement that people must be competent and educated in the language and must be proficient.

Ms. Petrel also noted that staff for the program must be a community advocate that is connected with the community.

Dr. Toney asked where the majority of the funds were distributed and if the OMH would be receiving any funding?

Mr. Collins responded that there was no funding at this time but could possibly write OMH into the next grant for some funding.

Ms. Taylor asked why Northern Nevada was not included?

Mr. Collins stated that the burden of disease lies in the south and funding for the initiative was Centers for Disease Control (CDC) funds and wasn't State funding.

Ms. Canfield noted that the burden of disease in the majority of people of color was reflected in the south.

Dr. Prim asked if there was any HIV education in high schools?

Mr. Collins stated that it's difficult to get into Clark County due to curriculum restrictions.

Ms. Canfield suggested trying universities or sororities because they are high risk also.

Mr. Curley asked to what extent were the tribes involved in the planning?

Mr. Collins stated that the Tribes were not consulted but they are looking at other funding opportunities to target the Native American community.

5. Presentation and Discussion of Strategies to eliminate Tobacco-related disparities by Charlene Howard

Charlene Howard, Health Program Specialist provided a Power point that identified the vision and mission of the Tobacco-related disparities strategic plan. She spoke of a number of challenges faced trying to get the program underway. Ms. Howard identified various collaborative strategies being used to eliminate tobacco-related disparities, which included: collaboration with non-traditional partners, compiling data to identify gaps and produce a tobacco-related disparities data profile, and to educate policy stakeholders. Ms. Howard also noted some statistics and identified programmatic steps, which included establishing small workgroups, distribute the strategic plan to non-traditional partners, and to plan a session to educate legislators before the new session begins.

Questions

Ms. Brady suggested that the information be shared with other programs related to Community Health.

Dr. Prim asked about the law on smoking age and why laws exist that restricts drinking and gambling age but not on smoking.

Ms. Howard responded that there was a law, but it was on purchasing cigarettes. She also noted that it is difficult because cigarettes are also accessible through the internet and it's hard to monitor.

Dr. Dougan asked if smokeless tobacco was also being considered in this project? Ms. Howard responded that any of the efforts put into place will also address smokeless tobacco.

Ms. Taylor commented that minority populations should be added to the targeted populations because the media targets blacks and Latinos differently when it comes to the issue.

Mr. Curley also stated that they should try to reach the Navajo Nation about a law just passed regarding no smoking on the reservation.

Dr. Toney called for a break @ 11:30 am. Dr. Toney resumed the meeting @ 11:42 am.

6. Recommendations for Strategic Plan Development by Maria Marinch, Strategic Planning Facilitator

Maria Marinch, Strategic Planning Facilitator, gave a brief overview of the Strategic Plan Final draft. She explained that the Strategic Plan draft is a basis or a tool to begin work on and to keep updating it as OMH grows. She also noted that the Strategic Plan should be used to guide the organization but also to inform the community as to what you are doing.

Ms. Marinch pointed out that OMH may need to take a look at the timelines and resources required because they may not be realistic at this time and that there is still work to be done.

Dr. Coleman thanked Ms. Marinch for her assistance on such a lengthy process and also thanked everyone else for coming together on building a road map for OMH.

Dr. Toney confirmed that this concluded the work of Ms. Marinch on the Strategic Plan. She also noted that Ms. Marinch would be handing over the draft document over to the OMH Advisory Committee as a foundation to continue to work on and a decision was needed on accepting it in its draft format.

Motion to accept Strategic Plan Final “Draft”

Dr. Toney called for a motion to accept the Strategic plan Final draft as presented.

MOTION: Elena Brady made a motion to accept Strategic Plan Final draft, dated July 14, 2008

SECOND: Sherria Taylor

PASSED: UNANIMOUSLY

Mr. Curley stated that he had a comment and a change to the motion. He stated that in Scottsdale, AZ Regional Grantees meeting, he had a discussion with Dr. Coleman regarding local versus national objectives. He also noted that he understood that out of that meeting there would be a Blue print for OMH Nationally. He then stated to Dr. Coleman, that he felt there should be some connection between the OMH Strategic Plan and the national recommendations.

Motion to accept Strategic Plan Final draft recommendations, as a “work in progress” document subject to revision.

Dr. Toney called for a motion to accept the Strategic Plan Final draft.

MOTION: Larry Curley made a motion to accept the Strategic Plan Final draft as a “work in progress”.

SECOND: Maggie Petrel

PASSED: UNANIMOUSLY

Mr. Curley also asked in regards to the Strategic Plan draft, if OMH had an electronic file to facilitate any modifications?

Dr. Coleman responded that OMH had an electronic file and has access to Ms. Marinch in case there are still questions.

7. Public Comment

Ms. Guenechea stated that OMH awarded a grant to Latinos United Celebrating Health (L.U.C.E.S.) to develop a Resource Directory for the Hispanic/Latino community that was updated based on surveys and resources available. She also noted that the resource directory will be available to the community.

Jay Deogracias, OMH intern spoke about two projects he is working on. He noted he is developing a “Minority Health Disparities Fact Sheet” for OMH and a resource directory for the Asian community in Southern Nevada in collaboration with Dr. Prem.

Ms. Erica Morales from CALA Academy, a language school focusing on cultural awareness, noted that they were available to provide assistance related to cultural concerns.

Dr. Toney acknowledged that there were no more public comments. She advised everyone of the next scheduled Advisory Committee meeting which is tentatively set for September 5, 2008.

Dr. Toney called to adjourn the meeting @ 12:40pm.