

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

**DECEMBER 9, 2008  
10:00 A.M.**

**Nevada Office of Minority Health  
3811 West Charleston Blvd., Suite 205  
Las Vegas, NV 89102**

**AT&T Teleconference  
Toll-Free 888-557-8511  
Access Code 9598732**

**BOARD MEMBERS PRESENT:**

Dr. William Dougan (Las Vegas)  
Dr. Debra Toney, Chair (Las Vegas)  
Dr. Somphool Premsrirut (Las Vegas)  
Elena Brady (Reno)  
Sherria Taylor (Reno)  
Gerold Dermid (Reno)

**BOARD MEMBERS NOT PRESENT:**

Emilia Guenechea  
Larry Curley, Vice-Co-Chair  
Maggie Petrel, Vice-Co-Chair

**HEALTH DIVISION STAFF PRESENT:**

Mary E. Wherry, Deputy Administrator, Nevada State Health Division (NSHD)  
Todd Myler, Administrative Services Officer (ASO), NSHD  
Maria Canfield, M.S., Chief, Bureau Child, Family and Community Wellness (BCFCW)  
June Coleman, Dr. P.H., Health Program Manager, Office of Minority Health (OMH)  
Mae E. Norris, Health Resource Analyst, OMH

**1. Call to order and Roll Call**

Dr. Debra Toney called the meeting to order at **10:05 am** and welcomed everyone to the OMH Advisory Committee meeting.

Roll call was conducted and a quorum was established.

**2. Approval of the minutes from the October 8, 2008 meeting**

Dr. Toney called for a motion to approve the meeting minutes for October 8, 2008 as presented.

**MOTION: Dr. William Dougan made a motion to approve meeting minutes**  
**SECOND: Dr. Somphool Premsrirut**  
**PASSED: UNANIMOUSLY**

**3. Information on 2010 – 2011 Budget Requests**

Todd Myler stated in order to have adequate operating funds for the OMH fiscal year 2010-2011, a proposal would be submitted to the legislature requesting to cut the Health Resource Analyst (HRA) position. He noted the legislature could decide not to cut the HRA's position. Mary Wherry added that due to the Governor's recommended overall budget cuts and the legislature, the total budget cuts could total 34%. If so, additional operating funds generated from the HRA position for the OMH to use at its discretion, could no longer exist.

Dr. Toney asked the following questions:

- Were the budget cuts included in the current budget? Dr. June Coleman replied no.
- Is the HRA position funded 100% by the federal grant? Mr. Myler indicated yes and in order to achieve the required proposed general fund budget cuts, which affect the Program Manager's position, it required cutting the HRA's position from the 2010-2011 federal grants and reallocating those funds to the Program Manager's position. Ms. Wherry explained the FUND Map and how it allows the state to have discretion in reallocating federal funds.
- Is the HRA position totally eliminated or is it being moved to another department or program? Ms. Wherry stated the HRA's position is set to be cut if the legislature approves the Governor's recommended budget. She also noted that all employees positions scheduled to be cut have been met with and given several months advance notice to secure other employment. In addition, as state employees they have rights and can bump others, if a position becomes available.
- Is OMH in jeopardy of being totally cut? Ms. Wherry stated that she was not aware if the OMH is up for discussion at this point in time.

Gerold Dermid asked if the budget cuts will require the Strategic Plan to be adjusted being that the Committee is already asking a lot to be done with so little. He also asked how the Strategic Plan would be submitted to the Federal office or other grantors without appropriate staffing. Elena Brady suggested finding other sources of funding to implement the Strategic Plan.

Ms. Wherry stated the cuts have been very difficult and noted the State has had to propose cutting funds for children 0-3 years of age who are developmentally delayed. She suggested not rewriting the Strategic Plan, but to document what may not be accomplished if the HRA's position is eliminated. If another funding source is identified, the Strategic Plan will not have to be reworked. Ms. Wherry stated the State strongly recommends all State programs seek other funding sources. Dr. Toney questioned the stability of the OMH if they apply for other grants, would they be cut or moved around as other programs have. Ms. Wherry noted they would be if they were State funds. Also Federal funds may be at risk, because the Federal government is struggling to meet the bailouts and get funds as well. In addition, she suggested not losing sight of what funding the OMH can get from the legislature when the State rebounds and the economy turns around in 2012 or maybe 2015. Additionally, she noted this is the opportunity for the Committee to work with staff and identify priorities that are actionable and document dollars needed and why.

Dr. Toney asked if all questions were answered concerning the 2010-2011 budget request and if the current year's budget was going to be cut. Ms. Wherry stated the budget is built on a biennial fiscal two year budget at a time, and there are no cuts for FY09 in the OMH 2010-2011 budget.

Mr. Dermid asked Dr. Coleman if she felt the cut of the HRA position would put the OMH in jeopardy of meeting its goals and objectives or losing the Federal grant. Dr. Coleman replied

no. Ms. Wherry agreed this was a good question and stated this is a concern for many of the grants. With the State not being able to match Federal funds; this would put many programs at risk. She also added this is a national economic crisis and many states are going through the same thing and feels the State has to be very judicial in how they apply for funds in these economic conditions. Dr. Coleman stated the Project Director for the National OMH mentioned they are aware of what is going on and will be making adjustments to programs concerning their deliverables.

It was established that the Strategic Plan was already approved, no action was required.

#### **4. OMH Financial Status Report**

Mae Norris gave an overview of the State and Federal financial status reports for the OMH budget. The State's year to date balance as of November 26, 2008 was \$76,519. A correction was noted on the encumbered/personal salary date to be 2008 not 8/31/2009. The Federal's year to date balance as of November 26, 2008 was \$119,252. The same correction was noted as previously mentioned for the State.

Ms. Wherry suggested OMH share performance measures with the Committee to assist with future funding sources to show how the OMH performance measures are linked to the goals, objectives and the Strategic Plan.

#### **5. Update on HIV/AIDS SOCIAL MARKETING CAMPAIGN**

Tabled

#### **6. Review Bylaws**

The annual review of the Bylaws per NRS for updates or changes was done with no requests for changes.

#### **7. Re-Appointments Update**

Dr. Coleman indicated renewal applications were sent to all nine Committee Members. Dr. Premsrirut stated she will not be with OMH after her term expires. Ms. Brady stated she sent her application directly to the Governor's office. Dr. Coleman noted the other seven Committee renewal applications were sent to Janet Osalvo. Recommendations were made to fill Dr. Premsrirut available seat with a faith based or a community person.

#### **8. Update Committee Member Roster**

Committee Members were asked to submit updated contact information.

#### **9. Review Updates to Strategic Plan**

Dr. Toney stated she reviewed the Strategic Plan and it is not possible to complete the activities without any money. She also noted minorities are disproportionately affected by illness and disease and the OMH cannot address these issues without any funds. The Committee reviewed the Strategic Plan and recommended changes.

Research: Tactical Objective 1.1 Develop and Publish a Nevada Minority Health Community Action Plan

Mr. Dermid stated additional funding for the OMH was not possible without a Community Action Plan. Maria Canfield stated there were ways to get things done by using a consultant with funds in the next biannual budget and use existing data sources and building on that over time. Dr. Coleman stated we need epidemiological data and a needs assessment and maybe can request it from the Health Division.

Sherria Taylor suggested using an on line survey such as Survey Monkey to reduce costs. Ms. Canfield suggested using focus groups, which is cheaper. Ms. Taylor questioned the possibility of carrying out these objectives with a staff of two. Ms. Canfield suggested using volunteers from various organizations. Mr. Dermid stated the Strategic Plan is actions and visions of the OMH; a map of where the office is heading in the future. He cautioned taking information out of the Strategic Plan as OMH wants to get additional funding in the future. Ms. Taylor reminded the committee that Ms. Wherry suggested not taking information out of the Strategic Plan but to prioritize to fit the funding available.

Brief discussion ensued on prioritizing items on the Strategic plan. Dr. Coleman suggested bringing the updated Strategic Plan to the next meeting. Mr. Dermid noted the order of the items in each objective could not be changed because the order determines the next step. He also gave an example of a needs assessment and epidemiological profile. Ms. Canfield suggested asking staff to come up with ways to do tasks to reduce costs and bring them back to the next meeting. Mr. Dermid offered tools on needs assessment surveys that could be tweaked to accommodate the Strategic Plan.

Government Affairs: Tactical Objective 2.1 Create Government Affairs Subcommittee and develop a plan identifying stakeholders, their relation to the Office of Minority Health and specific issues to be addressed

Mr. Dermid noted he could get a student to assist but he needed a list of measurable objectives. He also asked the information be provided to him as soon as possible.

Ms. Canfield asked if it is anticipated the OMH will interact with the legislature during the legislative sessions and noted staff cannot interact with the legislature. Issues discussed earlier need input from the Committee which can provide testimony and a structure needs to be in place to mobilize this effort. Mr. Dermid and Dr. Toney agreed the Committee should be the lobbyists for the OMH and added several members are already lobbying. Ms. Brady asked if the OMH was connected with the Commission on Minority Affairs (CMA) and suggested connecting with them. She also mentioned CMA was having a community outreach event during the week at Nevada Partners. Dr. Coleman noted the OMH was already working with Wei Lyn on a foreclosure workshop in January 2009 and shared the OMH had worked with Ms. Lyn and her Program in the past. Mr. Dermid asked if the Government Affairs objective could

be added to communication. Dr. Toney confirmed that everyone was in agreement to combine Government Affairs with Communications.

Outreach: Tactical Objective 3.1 Create, identify and conduct outreach activities that include different audiences

Dr. Toney noted outreach was very costly and suggested combining outreach with communications. Mr. Dermid noted if the OMH had funds, subgrants could be provided to community organizations to accomplish the objectives for the OMH and outreach are done in a community setting.

Monitoring: Tactical Objective 4.1 Ensure research conducted by others is following standards and considers minority issues, as well as cultural and ethnic diversity

Monitoring: Tactical Objective 4.2 Create and implement a monitoring program that will ensure ethical provider practice and compliance to requirements that affect minority health

A discussion ensued regarding monitoring research of others. Ms. Canfield noted monitoring of research was not a part of the mandates from the legislature for the OMH. As a result the Committee agreed to delete the monitoring objective from the Strategic Plan.

Training: Tactical Objective 5.1 Educate healthcare providers and organizations on requirements issued by Federal and State agencies regarding specific minority populations

Dr. Toney questioned which libraries to develop partnerships with and suggested using the phone book as a database for healthcare providers and also agreed training and education should be given to providers. Ms. Canfield suggested linking this objective to mandate to improve access to service for minorities around which outcome oriented performance indicators can be developed.

Training: Tactical objective 5.2 Conduct trainings on the Nevada Minority Health Community Action Plan that considers all groups and ages

Training: Tactical Objective 5.3 Develop mentor/fellows program for minority high school students to increase diversity in health related professions

Dr. Toney suggested partnering with other agencies doing mentoring programs, as the OMH has done by partnering with Area Health Education Centers of Southern Nevada (AHECSN) on their Summer of Discovery Program, which is a school based program.

Coalition Building: Tactical Objective 6.1 Engage internal and external entities to support initiatives that address minority health issues

A discussion ensued regarding initiatives that address minority health issues. Dr. Coleman noted this objective was one related to program requirements. Mr. Dermid suggested changing the meeting to annual instead of bi-annual; the Committee agreed.

Communications: Tactic Objective 7.1 Develop a communications plan that establishes the Office of Minority Health as the source of information regarding minority health issues

Ms. Canfield noted in the next couple of months there will be a system to make the updating websites easier and right now due to the budget crisis, it is impossible for any programs to update their websites.

Dr. Toney stated people do not know the OMH exists and question what the OMH does. She noted for exposure some radio and print media could be used for free and minorities are affected the hardest during budget cuts; the communications and education component of the Strategic Plan would definitely come into play. Dr. Toney asked if Committee members could speak to the media on behalf of the OMH. Ms. Canfield stated staff or state employees cannot lobby or advocate for the OMH, but the Committee members certainly could. She also noted the Committee does not work for the State and if Committee members decide to advocate for the OMH inform the Bureau of Child, Family and Community Wellness (BCFCW) so they could tune into it. Mr. Dermid reiterated the sole purpose of the Committee is to advocate for the OMH because the staff cannot and added the OMH needs to be branded even though it is part of the State. Dr. Toney stated Senator Harry Reid's office is in full support of eliminating health disparities and the OMH needs to use them to its full advantage and move ahead on items in the Strategic Plan. A meeting to review and update the Strategic Plan was set for January 22, 2009.

Dr. Permsrirut indicated she would like to be kept informed about the OMH, after her term expires.

**10. Press Release, Sample Culturally and Linguistically Appropriate Services (CLAS) Standards Templates/Forms and Website Update**

Dr. Toney inquired about the status of the Press Release at the last meeting. Dr. Coleman stated the Press Release had been approved.

She also noted the CLAS information was a sample of what would be available on the website once issues regarding updating the websites are resolved.

**11. 2009 Calendar of OMH Advisory Committee Meetings**

The Committee set the following calendar of meeting dates for 2009: March 10, 2009, June 6, 2009, September 8, 2009 and December 8, 2009. The Committee also agreed to have all meetings via teleconference due to budget issues.

**12. Public Comment**

Dr. Toney asked about the OMH having a Health Disparities Conference in conjunction with Senator Reid's Office and other stakeholders in the community and also noted it would be important to build on the 2007 Minority Health Report to talk about true issues. She suggested using radio and doing interviews to make the OMH more visible. Dr. Toney stated the OMH

could be in jeopardy of being cut if people felt the OMH was not productive and there would not be a need for the OMH.

Dr. Coleman mentioned the Communities of Health (CoH) Disparities Conference on Thursday 12/11/08.

Ms. Taylor commented on an earlier meeting at the beginning of the year with the BCFCW from the Health Division (HD) and noted within all departments in the HD, minorities play a part in each issue and are linked to health disparities.

Ms. Canfield noted the name change of the Bureau to the "Bureau of Child, Family and Community Wellness" (BCFCW). She also noted she and Dr. Coleman are working together to make the OMH the internal expert on all minority issues and asked to be informed of any new ideas or information as the OMH is high on her agenda.

Dr. Toney adjourned the meeting at **12:05 p.m.**