

Steve Sisolak  
Governor



**DEPARTMENT OF  
HEALTH AND HUMAN SERVICES**  
**DIRECTOR'S OFFICE**

*Helping people. It's who we are and what we do.*



Richard Whitley, MS  
Director

**OFFICE OF MINORITY HEALTH & EQUITY**

3320 W Sahara Avenue, Suite 260

Las Vegas, Nevada 89102

Telephone (702) 486 - 2151 · Fax (702) 486 - 3586

<http://dhhs.nv.gov/Programs/CHA/MH/>

Nevada Office of Minority Health and Equity (NOMHE)  
Quarterly Advisory Committee Meeting  
February 8, 2022 Minutes

**Call to Order / Roll Call and Opening Statement:**

The meeting was called to order at 10:03 am by Chair Erik Jimenez.

Members present: Erik Jimenez (Chair), Andrea Gregg (Vice Chair), Andre Wade, Dr. Crystal Lee, Rev. Dr. Karen Anderson, Cassandra Cotton, Dr. Jennifer Kawi

ALL members present. QUORUM achieved.

Also present were Senator Patricia Spearman, Tina Dortch, Dominique Seck, Alexandra Neal, Princette Bowling, Carlos Ramirez, Amanda Annan, Dr. Erika Marquez, and Dr. Mitch DeValliere.

Chair Jimenez expressed gratitude for Andre Wade, Cassandra Cotton, Dr. Jennifer Kawi for their service on the Advisory Committee. They have reached the end of their terms. He asked if they would like to make a statement.

Ms. Dortch referenced slides with Certificates of Service while giving the following remarks:

- Andre Wade, director of Silver State Equity, joined the Advisory Committee in 2018 and he volunteered to serve as the chair. He was instrumental in passing equity-focused bills during the 81<sup>st</sup> Legislative Session.
- Cassandra Cotton, Community Outreach Manager of Nathan Adelson Hospice served as one of NOMHE's first advisors before the Office went dormant. She provided a historical perspective of the Office's purpose. She has also influenced recent efforts to institutionalize health equity.
- Dr. Jennifer Kawi, Associate Professor of UNLV School of Nursing. She has provided guidance and resources related to her profession. She served as a subject matter expert during NOMHE's Minority Tax Listening Session series.

Andre Wade said that he was grateful for the opportunity to serve on the Advisory Committee. He said that Ms. Dortch's hard work is evident based on the growth of NOMHE. He will continue to engage with NOMHE as an external stakeholder and he wished the Committee good luck in their future endeavors.

Cassandra Cotton thanked Ms. Dortch and Chair Jimenez for her leadership of NOMHE. She joined the Committee to fight for health equity. She is now leaving the Committee with the knowledge that there are people that will continue the work. She quoted Zola Neal Hurston who said, "Some offer questions, some offer answers." She stated that she is in the year of answering and she will be retiring from Nathan Adelson Hospice after 31 years. She is excited for the journey ahead. She will continue working for health equity but taking a different approach. She has an organization named after her late daughter that is focused on grief and loss. She thanked everyone for the opportunity to serve the Committee.

Dr. Jennifer Kawi thanked everyone. She said it's been an honor to serve on the Committee and see NOMHE's growth. She encouraged her fellow members to reach out if they need anything.

Chair Jimenez announced Committee vacancies which represent the diversity of the State and communities most impacted by health disparities.

#### Public Comment:

Chair Jimenez invited public comment. There were no comments.

#### Approval of November 9, 2021 Advisory Committee Meeting Minutes

Action Item. Chair Jimenez invited a motion to approve the November 8, 2021 NOMHE Advisory Committee Meeting minutes. Vice Chair Andrea Gregg motioned to approve the minutes as presented. Second from Dr. Crystal Lee, motion carried unanimously; minutes approved with no changes.

#### Report and Discussion of NOMHE Sustainability / Budget:

Chair Jimenez stated that NOMHE has a new revenue stream, the CDC Health Disparities Grant.

Program Manager Tina Dortch presented the slide NOMHE's Budget SFY 22 last updated December 31, 2021. There are two budget account items that reflect revenue. Budget account #3150 is the General Fund which is about \$104,000 which was applied to personnel costs. The balance of the budget is dedicated to operational expenses. There has been very little activity in this area due to the pandemic. The most activity is Budget Account #3150, the CDC grant, which has two categories. It has funded 5 staff members and 3 external partnerships. The expenditures are related to the workforce, time, and the programmatic activities of grantees.

Senator Spearman said that the Attorney General's Office announced that opioid settlement funds will be released soon. She asked if NOMHE will be able to access that money to offset future costs that are not covered in the budget.

Ms. Dortch stated that opioid settlement dollars will be dedicated to organizations that are addressing the crisis NOMHE is involved with the Advisory Committee for A Resilient Nevada which is part of SB 390. The Office is identifying ways to equitably distribute settlement dollars. However, this is not one of the Office's main focal points or programmatic activities.

Chair Jimenez reminded advisory committee members that NOMHE needs to fill the Health Equity Account. The state is approaching budget season. He encouraged everyone to advocate for funding.

Senator Spearman added that the Interim Finance Committee is part of the Legislative Session. She stated that money had to be taken out from the bill to ensure its passage. It is important to put money back in.

Ms. Dortch clarified Senator Spearman's last statement. She said that the Minority Health and Equity Account was created by SB 341. At the recommendation of the Committee, NOMHE submitted an ARP proposal. The Office is waiting to learn the outcome. Additionally, any unused funding in the Minority Health Account will not revert back to the general fund.

## Report and Discussion of NOMHE Impacts:

### *CDC Health Disparity Grant Updates*

Ms. Dortch invited NOMHE's staff to update the Advisory Committee on their activities since the last advisory committee.

Carlos Ramirez Gomez is a Program Officer responsible for fostering community engagement and development of sustainable collaboratives. In early January, he presented at The United Way's nonprofit sector meeting attended by over 60 organizations. His presentation included NOMHE's recent work and event calendar. This provided the opportunity to meet new partners. Mr. Ramirez-Gomez's primary functions is to promote and increase membership of the Nevada Minority Health and Equity Coalition (NMHEC). He also attended a Spanish-speaking group called Social Sector and Community Board. The meeting gives Spanish-speaking community leaders the opportunity to collaborate and network in their native language. He was also introduced to the organization Chispa (translation "spark"). Their mission is to create healthier environments within Latinx communities and other communities of color. Their work on climate change aligns with NOMHE's climate change activities. The Office will amplify Chispa's work and assist in implementing President Biden's Justice 40 Executive Order, a federal initiative to ensure that at least 40% of the federal climate investments go directly to frontline communities most affected by poverty and pollution.

Amanda Annan is the Management Analyst provides ongoing CDC Health Disparity Grant reports to CDPHP and CDC which includes NOMHE and its sub-awardees (UNR Trudy Larson for Health Impact and Equity, UNLV Nevada Minority Health and Equity Coalition, UNLV Evaluations, Social Entrepreneurs Inc., The Nevada Broadcasting Association, and the Nevada Faith-Based Coalition). There has been an uptick in requests for NOMHE's input on local and national health resources for the CDC and the Association of State and Territorial Health Organization (ASTHO), as well as the national COVID-19 Resiliency Network regarding further collaborations and partnerships on COVID-19 and equity-related activities. NOMHE has joined national workgroups with ASTHO and Strategies to Repair Equity and Transform Community Health (STRETCH) that will provide resources for NOMHE's health equity plan.

Ms. Dortch emphasized that Ms. Annan's role is proof of NOMHE's expanded capacity. NOMHE has always been asked to participate in surveying and other data collection, but The Office did not have the capacity to fulfill all the requests. Ms. Annan's support allows The Office to be more responsive.

Princette Bowling is one of the Program Officers who is a policy coordinator and trainer. She will launch DHHS' Core Values Assessment on March 1st. The assessment will evaluate the strengths and opportunities that exists within the 5 divisions of DHHS. The objective is to minimize and eliminate any disparities and inequities that currently exist in the service delivery of health and wellness services to racial, ethnic, and marginalized populations. NOMHE has taken the lead facilitator role for the BIPOC Support Group, which has been implemented as a means of an employee assistance program, and it is offered to all DHHS staff to help cope

with work concerns, crisis, stress, etc. The BIPOC Support Group is held every Thursday evening from 5:30pm-6:30pm. Each week, she begins with check-ins to see how their week is going along with weekly discussions on different topics and providing them with resources.

April Cruda is the Program Officer II. She began working with the Office in the beginning of January. She completed her undergrad at San Jose State University, and she received her Master of Public Health at UNLV. She has worked with Stanford Health Improvement Program, City of San Jose Parks and Recreation Department, and with nonprofits. Her last role was with UNLV School of Public Health where she helped develop COVID-19 responses in Southern Nevada and the UNLV campus. Her role with NOMHE is to support the Program Officers and to ensure that their projects are successful which serves as a reflection for the Office. For example, she assisted Mr. Ramirez with the Lit Parent Meeting on February 1. They set up a table and conducted outreach to around 70 people. They provided attendees with information on NOMHE, available resources, and upcoming events. They were also able to collect data to add to NOMHE's distribution list. This will be used for upcoming engagements with stakeholders in the community. She is also assisting Princette with developing questions to guide the BIPOC Support Groups. Her primary role is to develop the State Health Equity Action Plan. The plan will emphasize COVID-19, emergency preparedness, and language access. She is currently researching other health equity plans, developing a table of contents, and establishing goals and outcomes. She is partnering with Nevada Minority Health and Equity Coalition and each section will be informed with subject matter experts. The next step is to hold key informant interviews. Community engagement will also be a component of this process. At the beginning the public will provide input on the plan and its focus areas and at the end of the process they will provide feedback on the effectiveness of the health equity action plan. She hopes to have a draft to present to the NOMHE's Advisory Committee by the November meeting. This will also provide time for Director Whitley's feedback and the legislative session in February 2023.

Ms. Dortch reiterated the importance of the key informant input on the health equity action plan. NOMHE will be working with former state Senator Julie Ratti and the Washoe Health District on a regional project.

Ms. Dortch announced that NOMHE is actively seeking a Program Officer 1 in Northern Nevada to serve as Ms. Bowling's counterpart.

Senator Spearman stated that there are recent bills that will enhance previously mentioned social services. SB188 that allows an Individual Development Account for people receiving social services to have a savings account so they can save to purchase a home, start a business, etc. The ID accounts are available to children in foster care to create a safety net for when they age out of the system. Andre Wade worked on the SOGI bill. She believes that the data collected from this bill will be helpful for services for older adults and people living with disabilities who are not connected to healthcare or other services. It will be helpful to be able to identify these people.

Chair Jimenez said that the Advisory Committee would like to review the health equity plan early in the process to have input. He believes that the plan will be a powerful tool.

Ms. Dortch said that April can present the draft to the Advisory Committee during the May meeting.

Chair Jimenez said that the state could do more to improve access to care and affordability for the LGBTQ community especially trans folk. He would like to engage organizations like Silver State Equality in the creation of the plan.

Ms. Dortch asked if Andre Wade would be a key informant during the health equity plan interview process. He said he would.

### *CDC Sub awardees Update from Nevada Minority Health and Equity Coalition*

Ms. Dortch said NOMHE submitted their second activities report to the Chronic Disease Prevention and Health Promotion division of DPBH, the primary holder of the CDC Health Disparities Grant. There will be a meeting to review the content of the action report for October-December 2021 and she expects positive feedback. Ms. Dortch meets once a month with each of the grantees. One of the sub-awardees will provide an update at future Advisory Committee meetings.

Dr. Erika Marquez, from UNLV spoke on behalf of Nevada Minority Health and Equity Coalition. She presented Nevada Minority Health and Equity Coalition's slides Building Capacity to Address Health Disparities. The coalition is an academic and community partnership focused on three areas 1) building capacity in the community 2) informing policy and 3) conducting research. The CDC grant aligns with the Coalition's mission.

Dr. Marquez and Executive Director Dr. Amanda Haboush-Deloye co-direct health equity research for The Coalition. Samantha Smith covers vaccine outreach efforts and coordinates on the Nevada Vaccine Equity Collaborative. James Shoung supports the entire team.

The goal of The Coalition's project is to build the capacity of community partnerships and research abilities to address health disparities. They are focused on continuing their ability to work with community partners after the grant ends and support the efforts to develop programs, interventions, evaluation efforts to improve the health outcomes of families in Nevada.

Every year The Coalition surveys their membership to determine the key areas of focus. They consider the topics that are important to members and community partners. The Coalition team used survey data to develop a list of areas that they wanted to build capacity among community partners and agencies. They came up with a series of workshops that they will be developing and hosting over the next year for faculty and community partners. Topics include grant-writing, managing budgets, analyzing budgets from a programmatic perspective, implementing Community Based Participatory Research, how to use data to make it actionable on a programmatic level. They are excited that 75 faculty members from UNR and UNLV as well as community partners who will be help development and execution of the workshops beginning as early as Summer 2022.

The Coalition will develop a communication toolkit for how to conduct cultural and linguistically appropriate outreach. They hope to have the draft completed by Summer 2022.

They are working with the Research and Evaluation Steering Committee to guide efforts. Their feedback included the recommendation that they host workshops on survey development and technical writing which is important in creating reports. The Steering Committee also highlighted the importance of researchers' ability to analyze health disparities data. The Coalition is working with faculty to offer a series of workshops for junior faculty and graduate students to analyze this complex data. This will enable researchers in the state to apply for grants opportunities that are sometimes missed.

The Coalition is assisting Ms. Cruda on the development of the health equity action plan.

Finally, The Coalition are developing a health disparities campaign with NOMHE's. As an example, through the #OneCommunity Campaign, The Coalition developed culturally engaged COVID-19 vaccine education and

outreach. The new campaign will also emphasize the importance of culture and community input in campaign development.

In the short term, The Coalition wants to increase capacity of social service and community-based agencies to address health disparities. In the long term, The Coalition wants to improve capacity and service delivery of health and human service providing entities to prevent and control COVID-19 infection (or transmission) among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities. They also hope to improve and increase testing and contact tracing among populations at higher risk and that are underserved.

### *NOMHE's Equity Filter*

Ms. Dortch reminded the Advisory Committee of the November 2021 Legislative Update for SB 390. The Advisory Committee for Resilient Nevada asked NOMHE to create a health equity filter for their member so be able to equitably determine decision making outcomes, rank their exercises, and to set priorities. NOMHE put together an outline.

Dominique Seck presented the slide titled NOMHE's Health Equity Filter. Its purpose is to allow decisionmakers to perform a health equity assessment of programs, policies, legislation, and resource allocations. The filter introduces the concept of Choice Points which are decision-making opportunities that influence outcomes. This mindful approach decreases the chance of replicating implicit biases and creates opportunities to institute equitable change.

In this first section, the end user will identify Choice Points. For example, a funding announcement might have 4 major Choice Points such as 1) Establishing criteria for the funding opportunity 2) Developing the funding announcement 3) Promoting the funding opportunity and finally, and 4) Selecting reviewers for submitted proposals

Next, the end user will identify who is impacted at each choice point and there is a comprehensive list of folks to consider such as age, sexual and gender minority groups, race, immigration status as well as often overlooked groups such as those that are criminal-legal system involved.

Then the end user will gauge the anticipated and desired outcomes that the program, policy, legislation and/or resource allocation will have on people's health, well-being, and quality of life using the 5 social determinants of health which are 1) Neighborhood and Built Environment 2) Community and Social Context 3) Economic Stability 4) Healthcare Access and Quality 5) Education Access and Quality.

In the community involvement section, the end user considers how the community has been integrated into the process. Examples include questions like:

- Were impacted communities provided ample opportunities to participate in outreach activities?
- Do outreach materials use culturally and linguistically appropriate standards as well as accessibly appropriate standards?
- Is there a sustainability plan in place to keep the community engaged throughout the process?

In the data analysis section, the end user analyzes the data presented including the impact on affected communities. This means looking at the diversity of the data.

- For example, is the geographic specific data broken down by state, city, county, and/or neighborhood?

- The goal of this section is for the end user to make the most informed decision as possible.

The final section is ensuring that there is accountability and inclusivity. Examples include questions like:

- What method will you use to inform the community how their participation impacted decision making?
- How are you providing data back to the community and to community partners?
- Are you regularly reporting results via mediums like a dashboard?

The filter can be used in strategic action planning, prioritizing decisions, funding development processes, and ranking needs. However, some of the questions may not be applicable to every evaluation.

Ms. Dortch stated that the filter is still in draft phase. Chair Jimenez had to step away from the meeting and Vice Chair Andrea Gregg will lead the duration of the meeting.

Ms. Dortch stated that NOMHE is presenting the tool in concept form to receive feedback. The goal is for it to be universally applicable although the original request came from ACRN for use in the opioid settlement distribution process. However, it has utility beyond this process.

Vice Chair Andrea Gregg asked what the methodology is to obtain the information through the filter.

Ms. Dortch said the tool is the methodology and the filter is a set of questions divided into sections. The Choice Point Concept requires the end user to consider every possible decision-making opportunity and consider its equity impacts as a conscious way of conducting and creating new initiatives. The filter points are the methodology. Ms. Dortch stated that Ms. Seck is willing to do a presentation once the filter is in its final form.

Alexandra Neal clarified that the health equity filter was created to be used in various circumstances, not just for the opioid settlement funds.

#### *NOMHE's "Equity Champion" Recognition Initiative*

Alexandra Neal presented NOMHE's Diversity, Equity, and Inclusion Champion Recognition Initiative. DEI work focuses on equitable outcomes over equal outcomes. Failure to recognize the difference exacerbates health disparities. Equity is accomplished by identifying and eliminating barriers, by increasing justice and fairness within the procedures and the process of institutions, or systems as well as their distribution of resources. Equally important is creating environments in which any individual or group can feel welcomed, respected, supported, and valued. Failure to embody these characteristics lead to the devaluing of individuals, the hindrance of the economy, and stagnation of community development overall. By adopting DEI efforts, governmental workforces institutionalize disparity, inequity, and racism. Nevada is prioritizing DEI within the state government.

NOMHE is proposing a DEI Champion Recognition Initiative. The Office envisions this as an annual recognition where the DEI Champions of government who exhibit leadership and implement equity initiatives, detailed in recent legislation, demonstrate a general commitment to improve workplace conditions to be more inclusive and equitable service delivery. This would provide the opportunity for public recognition.

Ms. Neal said that NOMHE would like to recognize 3 state departments. Eligibility is limited to departments, divisions, offices, and programs of state government. NOMHE cannot be nominated as The Office is the creator of the initiative. Nominees must excel in DEI work in one of the following categories: 1) collection or use of data, workforce inclusivity and diversification and 3) inclusive outreach or awareness efforts. They will have to identify



how they fit into these categories and what actions are being taken. Each entrant can be nominated by anyone within the public, within state government, or can self-nominate.

The selection criteria include looking at the most impactful action or incorporation of stratified data. For example, does the entrant collect stratified data by race, ethnicity, sexual orientation, gender identity, ect? Do they break down race and ethnicity categories by national origin? Do they collect data on language, language access, socioeconomic status? Other questions include: how diverse is staff in relation to the population served? How inclusive outreach or awareness efforts? Does outreach utilize culturally and linguistically appropriate standards?

NOMHE staff will select three DEI Champions for each category. The incentives associated with this initiative include recognition from through the Governor's Office, NOMHE Advisory Committee recognition, and local news recognition and through DHHS social media network.

The proposed timeline is introducing the concept in the April Minority Health Month proclamation, nominations will open in the first week of April and close in the last week of April. Initial and final selection will be completed between the second and third week of May. The winner will be announced in the first week of June.

Ms. Neal presented the following questions to the Advisory Committee:

1. How can the nomination categories be further refined?
2. NOMHE is proposing an annual initiative. Should we consider a bi-annual process to provide time for offices, divisions, and departments to action new legislation that occurs? The next Champion would be recognized in 2024.
3. What incentives would you like to provide for DEI Champions?
4. Do you want to be a part of identifying Champions during the May quarterly meeting?

Vice Chair Andrea Gregg thinks that the initiative is a great.

Senator Spearman suggested that NOMHE partner with community-based organizations to share costs. She provided HRC and Silver State as examples. She thinks that the initiative is an excellent way to highlight the disparities in healthcare delivery system among BIPOC communities. She advised partnering with Senator Donate who may be the next Chair of Health and Human Services. This partnership could defray costs and help people understand the importance of DEI work.

Ms. Dortch clarified that Senator Spearman's suggestions would amplify the initiative.

Senator Spearman said the 2020 census is proof that Nevada has a diversity of races, ethnicities, and languages. The DEI presents the opportunity to engage these people.

Ms. Dortch asked Dr. Karen Anderson what incentives should be offered.

Dr. Karen Anderson believes that the recognition itself will be appreciated. She believes that statewide recognition will be enough to get people to participate and increase collaboration.

Dr. Jennifer Kawi said that NOMHE should look for sponsors to increase incentives. She thinks that nominees should be able to identify deliverables and outcomes completed, not just plans as part of the criteria. She believes this will improve the selection process.



Ms. Dortch agreed with Dr. Kawi. She thinks that supports the plan to select a Champion every two years.

Dr. Kawi said that nominating a champion every 2 years would give people time to accomplish more DEI goals. However, it may be too much time depending on the number of participants.

Senator Spearman suggested that NOMHE look at SB 267 which was a diversity audit which can be used as a framework for this initiative. Beginning in 2023, UNLV will ask businesses and government entities to report on their diversity. This will reveal how committed they are to inclusivity.

Ms. Dortch said that equity-focused bills are listed on the nomination form. Nominees are expected to be implementing bills that are relevant for their categories.

Vice Chair Andrea Gregg asked if anyone considered promoting the teach-back method or peer-to-peer method. She would like to consider how to leverage the work of the DEI Champion to support others that are struggling instituting DEI principles. This would be an opportunity to share information.

Ms. Dortch concluded the Program Manager's Update with the following remarks:

NOMHE is still actioning the work of the DHHS, Diversity Equity, and Inclusion Steering Committee Update. The group went on a hiatus but has since resumed meeting. As a result, steering committee cohorts have been created at the division level of DHHS. There is an advisory group that serves as a conduit between staff and the DEI Steering Committee.

NOMHE worked with the Governor's Office on his Federally Qualified Healthcare Center Tour, specifically to Nevada Health Center in Las Vegas. They chose this center because DHHS has an incubator program that funds them. Nevada Health Center is spending those dollars on a robotic pharmacy dispensing system.

The Governor's Office has a new climate advisor, Kristen Averyt. NOMHE will be leading one of the climate action groups that has an environmental justice focus. The Climate Action Team has not yet convened but the climate action teams will implement the Justice 40 program.

NOMHE also identified 24 minority-serving organizations to distribute COVID-19 test kits.

NOMHE is hosting the Black Maternal Health Awareness Roundtable on February 18, 2022. The QR code and Zoom link to register were made available for all attendees.

Finally, AllofUs, the mobile research lab, will return to Nevada in December 2022. They build awareness and recruit for clinical trials.

[Presentation on the Implementation of an Advisory Committee for Kidney Disease as Required by SB 341 of the 2021 Legislative Session](#)

Dr. Mitch DeValliere, the quality improvement manager from the Chronic Disease and Health Promotion section within Division of Public and Behavioral Health, presented the Kidney Disease Advisory Committee slides.

SB 341 Overview

This bill allowed DBPH to apply for grants that address healthcare disparities and outcomes based on race, color, or other demographics. The bill also allows DPBH to establish and consult with an advisory committee to increase education regarding kidney disease. DPBH has been collaborating with NOMHE to determine the formation of this committee.

### Chronic Kidney Disease

In 2019, 3 percent of Nevada's population were diagnosed with kidney disease (this does not include kidney stones, bladder infection, and incontinence). Nevada ranks #27 along with California for chronic kidney disease which is slightly higher than the national average of 2.9 percent. The CDC estimates that 1 in 7 or 15% of the US adult population has chronic kidney disease. About 9 out of 10 adults with CKD do not know that they have it.

### *End Stage Kidney Disease*

Some people living with CKD develop severe kidney damage and low kidney function. This condition is called End Stage Kidney Disease (ESKD) and at this point kidney dialysis and/or a kidney transplant is needed for survival. Although women have a slightly higher rate of CKD, for every two women who develop ESKD, three men develop ESKD. African Americans are 3 times more likely to develop ESKD than whites. According to the American Kidney Fund, 6,898 Nevadans are living with ESKD.

A graph titled Kidney Disease Mortality 2014 to 2019 shows the number of deaths and the rates per 100,000 in Nevada. The rate per 100,000 was high in 2014 and then there was a downward trend with rates stabilizing around 2017-2019. The number of deaths increased slightly because there was an increase in the state's population.

A graph titled Kidney Disease Mortality 2019 shows the kidney disease rate per 100,000 broken down by race, ethnicity, and gender. The rate for men is higher across race and ethnicity. The rate for women is highest in the Black community. It is lower for Hispanic community. The combined rate is about the same between Black and white people, slightly lower with Asian/Pacific Islanders, and lowest in Hispanic community.

### Deputy Attorney General Recommendations

The Deputy Attorney who assists Chronic Disease Prevention and Health Promotion authorizes the division to create an advisory committee to assist the division. The Division may establish and consult with an advisory committee to establish a sustainable plan to increase education concerning awareness of kidney disease. The Division is not mandated to create an advisory committee, but it is authorized to do so to assist in the implementation of SB 341. The composition of the Advisory Committee must be composed of representatives of providers of health care and medical facilities who provide care for kidney disease, patients with kidney disease, organ procurement organizations, and national kidney organizations. An existing advisory committee such as Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease (CWCD) can serve as the Kidney Care Advisory Committee. The bylaws of an existing advisory committee would need to be updated to reflect NRS requirements. The CWCD carries out the provisions in accordance with NRS 439.52 and specifically provides recommendations to CDPHP section. The CWCD will discuss the current bylaws to determine if they are an appropriate forum for the Kidney Disease Advisory Committee (KDAC) and would need to update the bylaws to reflect NRS requirements. CDPHP actively partners with NOMHE on the KDAC.

After CWCD's Advisory Committee, one of the attendees asked if the bylaws allow a subcommittee to recruit members from the general public or if they must be CWCD members. They also discussed whether CWCD would function as the KDAC or if a subcommittee would take on this role. It was decided that members do not have to meet the statutory requirements, but they would be non-voting if they served on the subcommittee. Additionally, other members of CWCD would be allowed on KDAC. Another question was if healthcare

providers and required members be added to the subcommittee. They decided that they can be added but not as voting members. Individuals can provide testimony if they are eligible to be a member of the subcommittee. They would also be encouraged to apply to CWCD or the subcommittee if they are open positions. The board tabled the creation of a subcommittee and urge CWCD staff to reach out to the Deputy Attorney General to receive direction on how to form the subcommittee. The topic will be revisited at the April 28, 2022 meeting.

Senator Spearman thanked Dr. Devalliere for his presentation. She said that the work of SB 341 is continuation of the work that she has been doing since 2019. There was a man named Sean that testified during the 81<sup>st</sup> legislative session who wrote the book *The Black Tax*. It analyzes the impact of healthcare and education disparities in the Black community. She said that the health disparity statistics show that although it may not personally impact someone, it costs society. She stated that she will always be an advocate for these types of committees because racism is a public health crisis.

Ms. Dortch said that Senator Spearman's comments reflect the importance of having diverse representation if the subcommittee is lifted.

#### Discussion and Approval of Future Meeting Dates, Agenda Topics:

Action Item. Vice Chair invited a motion to approve the next meeting for May 10, 2022 from 10am-12pm. Dr. Lee motioned to approve the May meeting date. Second from Dr. Lee, motion carried unanimously, May meeting date approved.

Vice Chair Gregg invited a motion to approve the annual meeting for August 16, 2022 from 10am-1pm. Ms. Dortch would like to have the meeting in Northern Nevada, however the location is pending. Dr. Kawi motioned to approve the August meeting date. Second from Dr. Lee, motion carried unanimously, August meeting date approved.

Vice Chair invited a motion to approve the final Advisory Committee meeting for the year for November 15, 2022 from 10am-12pm. Dr. Lee motioned to approve the November meeting date. Second from Dr. Kawi, motion carried unanimously, November meeting date approved.

Ms. Dortch suggest the following topics for the May 10, 2022 meeting:

- Update on health equity action plan
- Update for SB 222
- Discuss BDRs which are finalized in July 2022

Dr. Kawi suggested that NOMHE's subawardees provide an update.

Ms. Dortch agreed. Social Entrepreneurs Incorporated (SEI) will provide the update for the May meeting.

#### Public Comments

Janet Serial asked if Mr. Ramirez' activities and Ms. Bowling's BIPOC Support Group meetings are held in Northern Nevada. She agreed with Senator Spearman's comments about the work groups.

Ms. Dortch said that Mr. Ramirez's activities were based in Southern Nevada. However, there is a NOMHE vacancy for someone that works in Northern Nevada. The BIPOC Support Group is currently for DHHS staff. NOMHE hopes it can serve as a model for other state agencies. It is not external facing.

Ms. Serial stated that she wants to ensure that all activities intentionally include Northerners.

### Adjournment

The meeting was adjourned at 11:59am.