
Maternal and Child Health Advisory Board

MEETING AGENDA

DATE: December 16th, 2022, TIME: 9:00 AM

The meeting will be held via teleconference only. Members of the public who wish to attend and participate remotely are strongly encouraged to do so by utilizing the following meeting link or call-in number:

CALL-IN NUMBER: +1 (775) 321-6111 ACCESS CODE: 267 207 129#

ONE TAP PHONE NUMBER: [+1 775-321-6111](tel:+17753216111),[267207129#](tel:+17753216111267207129)

VIDEO CONFERENCE LINK: [Click here to join the meeting](#)

If calling in using a cell phone, please remember to mute your phone

Note: Unless a specific time is noted, agenda items may be taken out of order, combined for consideration, and or removed from the agenda at the chairperson's discretion.

1. Call to order/roll call – Linda Gabor, MSN, RN, Chair

Members: Linda Gabor, MSN, RN (Chair), Melinda Hoskins MS, APRN, CNM; Fred Schultz; Marsha Matsunaga Kirgan, MD; Keith Brill, MD; Noah Kohn, MD; Fatima Taylor, M.Ed., CPM; Katie Hackler, BSN, RN, RNC-OB; Lora Carlson, BSN, RN, RNC-OB, C-FMC; Senator Marilyn Dondero Loop; and Assemblywoman Claire Thomas

2. FOR POSSIBLE ACTION: Approval of draft minutes from the Maternal and Child Health Advisory Board (MCHAB) meeting on August 5, 2022 – Linda Gabor, MSN, RN, Chair

PUBLIC COMMENT

3. FOR POSSIBLE ACTION: Discussion and possible approval of Updated Maternal Child Health Advisory Board Committee Bylaws – Linda Gabor, MSN, RN, Chair

PUBLIC COMMENT

4. FOR POSSIBLE ACTION: Discussion and possible recommendations regarding consideration of new appointees and/or to renew expiring terms for MCHAB members. Recommendations will be submitted to the Administrator for consideration of submission to the Nevada State Board of Health for consideration of renewal appointment – Linda Gabor, MSN, RN, Chair

PUBLIC COMMENT

5. INFORMATIONAL: Presentation on Health Workforce Shortages and Policy: Implications for Maternal and Child Health in Nevada–John Packham, M.D., Associate Dean, Office of Statewide Initiatives, Co-Director, Nevada Health Workforce Research Center, University of Nevada, Reno School of Medicine

PUBLIC COMMENT

6. **FOR POSSIBLE ACTION: Presentation and possible recommendations to the Division of Public and Behavioral Health regarding Maternal and Child Health (MCH) COVID-19 Data and Resources – Praseetha Balakrishnan, MS, Biostatistician II, Office of Analytics, Department of Health and Human Services (DHHS)**

PUBLIC COMMENT

7. **INFORMATIONAL: Presentation on Children’s Advocacy Alliance 2023 Legislative Priorities—Janelle Nance, Strong Start Prenatal-to-Three Director, Children’s Advocacy Alliance**

PUBLIC COMMENT

8. **INFORMATIONAL: Presentation on Nevada Early Childhood Comprehensive System (ECCS) Strategic Priorities –Denise Tanata, J.D., ECCS Director, The Children’s Cabinet**

PUBLIC COMMENT

9. **INFORMATIONAL: Presentation on Health in All Policies (HiAP) – Joyce Abeng, MPH, Public Health Diversity Advisor, Larson Institute, University of Nevada, Reno School of Public Health**

PUBLIC COMMENT

10. **FOR POSSIBLE ACTION: Discussion of Maternal and Child Health Bill Draft Requests, including BDRs 40-380, 15-425, 15-40, 44 and 64, and possible recommendations to the Administrator of DPBH, including possible recommendations to form a BDR subcommittee—Linda Gabor, MSN, RN, Chair**

PUBLIC COMMENT

11. **FOR POSSIBLE ACTION: Updates and possible recommendations to the Division of Public and Behavioral Health regarding the Alliance for Innovation on Maternal Health (AIM) and the Maternal Mortality Review Committee (MMRC) – Tami Conn, MCAH Section Manager, DPBH**

PUBLIC COMMENT

12. **INFORMATIONAL: Presentation on MCH Reports and MCH Updates – Kagan Griffin, MPH, RD, Title V MCH Program Manager, MCAH, DPBH**

PUBLIC COMMENT

13. **FOR POSSIBLE ACTION: Make recommendations for future agenda items – Linda Gabor, MSN, RN, Chair**

PUBLIC COMMENT

14. **FOR POSSIBLE ACTION: Approval of MCHAB meeting dates for 2023—Linda Gabor, MSN, RN, Chair**

- February 10, 2023
- May 5, 2023

- August 4, 2023
- November 3, 2023

15. Public Comment

No action may be taken on a matter raised under this item unless the matter is included on an agenda as an item upon which action may be taken. The Chair of the Maternal and Child Health Advisory Board will place a five (5) minute time limit on the time individuals addressing the Maternal and Child Health Advisory Board.

16. Adjournment

NOTICES OF PUBLIC MEETING HAVE BEEN POSTED AT THE FOLLOWING LOCATIONS:

The Nevada Division of Public and Behavioral Health website at <https://dpbh.nv.gov/Boards/MCAB/Meetings/2022/2022NVMCHAB/>

The Department of Administration's website at <https://notice.nv.gov/>
The Division of Public and Behavioral Health - 4150 Technology Way, Carson City, NV, 89706

We are pleased to make reasonable accommodations for members of the public who are living with a disability and wish to attend the teleconferenced meeting. If special arrangements are necessary, please notify Kagan Griffin in writing by email (kgriffin@health.nv.gov), by mail (Maternal and Child Health Advisory Board, Nevada Division of Public and Behavioral Health, 4150 Technology Way, Suite 210, Carson City, NV 89706) or by calling (775) 684-4134 before the meeting date. Anyone who would like to be on the Maternal and Child Health Advisory Board mailing list must submit a written request every six months to the Nevada Division of Public and Behavioral Health at the address listed above.

If you need supporting documents for this meeting, please notify Kagan Griffin, Division of Public and Behavioral Health, Bureau of Child, Family and Community Wellness, at (775) 684-4134 or by email at kgriffin@health.nv.gov. Supporting materials are available for the public on the Nevada Division of Public and Behavioral Health Website at www.dpbh.nv.gov.

This body will provide at least two public comment periods in compliance with the minimum requirements of the Open Meeting Law prior to adjournment. Additionally, it is the goal of the Maternal and Child Health Advisory Board to also afford the public with an item-specific public comment period. No action may be taken on a matter raised under public comment unless the item has been specifically included on the agenda as an item upon which action may be taken. The Chair retains discretion to only provide for the Open Meeting Law's minimum public comment and not call for additional item-specific public comment when it is deemed necessary by the chair to the orderly conduct of the meeting.

Written comments in excess of one (1) typed page on any agenda items which requires a vote are respectfully requested to be submitted to the Maternal and Child Health Advisory Board at the below address thirty (30) calendar days prior to the meeting to ensure that adequate consideration is given to the material.

Attachment for Agenda Item #2

MATERNAL AND CHILD HEALTH ADVISORY BOARD
MINUTES
August 5, 2022
9:00 AM

The Maternal and Child Health Advisory Board (MCHAB) held a public meeting on August 5, 2022, beginning at 9:00 A.M. at the following locations:

Call in Number: 1-775-321-6111

Access Code: 474 010 031#

Video: https://teams.microsoft.com/l/meetup-join/19%3ameeting_MjkwYzVkMzgtNDkyZi00MzMlLWJmNmUtYzczNTJhZmIwNTI1%40thread.v2/0?context=%7b%22Tid%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22Oid%22%3a%22bb84ca8a-3f3b-4056-a6d9-384f4ed76533%22%7d

BOARD MEMBERS PRESENT

Chair Linda Gabor, MSN, RN
Fatima Taylor, M.Ed., CPM
Marsha Matsunaga-Kirgan, MD
Keith Brill, MD
Melinda Hoskins, MS, APRN, CNM,
IBCLC
Katie Hackler, BSN, RN, RNC-OB, C-FMC

BOARD MEMBERS NOT PRESENT

Fred Schultz
Noah Kohn, MD
Lora Carlson, BSN, RNC-OB, C-FMC
Senator Marilyn Dondero Loop
Assemblywoman Claire Thomas

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH) STAFF PRESENT

Vickie Ives, MA, Deputy Bureau Chief, Child Family and Community Wellness (CFCW)
Tami Conn, Section Manager, Maternal, Child, and Adolescent Health (MCAH) Section, CFCW
Kagan Griffin, MPH, RD, Program Manager, Title V Maternal and Child Health (MCH), MCAH, CFCW
Jazmin Stafford, Program Coordinator, Teen Pregnancy Prevention, MCAH, CFCW
Perry Smith, Early Hearing Detection and Intervention (EHDI) Coordinator, MCAH, CFCW
Desiree Wenzel, Administrative Assistant III, Office Manager, MCAH, CFCW
Rhonda Buckley, Administrative Assistant II, EHDI, MCAH, CFCW
Elli Komito, MPH, Program Coordinator, Maternal, Infant, and Early Childhood Home Visiting (MIECHV), MCAH, CFCW
Rebecca Clark, Program Coordinator, Account for Family Planning, MCAH, CFCW
Sarah Jane Smith, MPH, MA, Health Equity Project Manager, MCAH, CFCW
Taliman Afroz, PhD, State Systems Development Initiative (SSDI) Manager, MCAH, CFCW
Eileen Hough, MPH, Adolescent Health and Wellness Coordinator, MCAH, CFCW
Cassius Adams, MSHCD, Children and Youth with Special Healthcare Needs Coordinator, MCAH, CFCW
Samm Warfel, Program Coordinator, Rape Prevention and Education (RPE), MCAH, CFCW
Anastasia Cadwallader, MBA, Contracted Grants & Project Analyst I, MCAH, CFCW
Allison Gonzalez, MD/MPH, RPE Health Resource Analyst, DPBH
Tierra Sears, Administrative Assistant II, DPBH, CFCW
Stephanie Camacho, Administrative Assistant IV, DPBH, CFCW

OTHERS PRESENT

Hayley Owens, Management Analyst IV, Supervisor, Child and Family Services Unit, Office of Analytics, Department of Health and Human Services (DHHS)

Elizabeth Kessler, MPH, Office of Public Health Investigations and Epidemiology (OPHIE)
Surveillance Manager, OPHIE, DPBH

Savannah Law, Disease Control Specialist, OPHIE, DPBH

Carla DeSisto, PhD, MPH, Epidemiologist, Centers for Disease Control and Prevention (CDC)

Janice Enriquez, APRN, UNLV School of Nursing, Student, Doctor of Nursing Practice

Marcia O'Malley Project Coordinator, Family Navigation Network, Nevada Center for Excellence in Disabilities, University of Nevada, Reno

1. Call to Order- Roll Call and Introductions- Linda Gabor, MSN, RN, Chair

Chair Linda Gabor called the August 5th, 2022, meeting to order at 9:03 A.M.

Roll call was taken, and it was determined a quorum of the MCHAB was present.

Desiree Wenzel requested that attendees identify themselves in the Microsoft Teams chat box.

2. FOR POSSIBLE ACTION: Approval of draft minutes from the Maternal Child Health Advisory Board meeting on May 6, 2022– Linda Gabor, MSN, RN; Chair

DR. MARSHA MATSUNAGA-KIRGAN ENTERTAINED A MOTION TO APPROVE THE JANUARY 12, 2021, MEETING MINUTES. DR. KEITH BRILL SECONDED THE MOTION WHICH PASSED UNANIMOUSLY.

No Public Comment.

3. FOR POSSIBLE ACTION: Discussion and possible approval of Updated Maternal Child Health Advisory Board Committee Bylaws – Linda Gabor, MSN, RN, Chair

Chair Gabor stated the vote is to update the MCHAB Committee Bylaws to align with changes made to the relevant Nevada Revised Statutes (NRS) during the 81st legislative session.

Assembly Bill (AB) 287 codified changes to gender neutral language resulted in wording changes in the objectives of the MCHAB as set forth in NRS 442.137. Under Article 2, the purpose and objectives on objective number 12 changed the word *mothers* to *persons who are pregnant and giving birth or have given birth*.

Chair Gabor conducted a vote on the motion to approve the changes to the MCHAB Bylaws.

THE MOTION TO APPROVE THE CHANGES TO THE MATERNAL CHILD HEALTH ADVISORY BOARD BYLAWS WAS APPROVED WITH A MAJORITY VOTE WITH FOUR MEMBERS VOTING TO APPROVE AND TWO (DR. MARSHA MATSUNAGA-KIRGAN AND MELINDA HOSKINS) ABSTAINING. CHAIR GABOR STATED THE MOTION PASSED.

[Sic.; this agenda item will need to be heard on the next meeting agenda as initial motion and a second were not voiced].

No Public Comment.

4. INFORMATIONAL: Presentation on Centers for Disease Control and Prevention (CDC) Levels of Care Assessment Tool (LOCATe) – Janice Enriquez, APRN, University of Nevada, Las Vegas (UNLV) School of Nursing, Student, Doctor of Nursing Practice

Janice Enriquez presented her project utilizing the CDC Levels of Care Assessment Tool (LOCATe) and progress with implementation in Nevada. Ms. Enriquez is using the LOCATe tool to calculate the rate of risk-appropriate care in Nevada and identify disparities in risk-appropriate care in Nevada. The guidelines for these levels of care are set by the American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG) and the Society for Maternal Fetal Medicine (SMFM) and have been embraced by many states. The project has currently been approved by UNLV Institutional Review Board (IRB) and contact information has been obtained for three of the eighteen Nevada hospitals. Ms. Enriquez stated she is still seeking contact information from other interested hospitals. Ms. Enriquez stated she is planning to submit data to CDC for calculation in October, and to share final results with participants by December 23, 2022.

Dr. Marsha Matsunaga-Kirgan asked if there has been any challenge in getting information from University Medical Center. Dr. Matsunaga-Kirgan stated she can assist with providing that information.

Katie Hackler asked if Ms. Enriquez needed contact information for the Northern Nevada Hospitals?

Ms. Enriquez stated she has the information for Renown Health from Lora Carlson, but she does not have other hospital information.

Ms. Hackler stated she will send contact information for Carson-Tahoe Regional Medical Center.

No Public Comment.

5. FOR POSSIBLE ACTION: Presentation and possible recommendations to the Division of Public and Behavioral Health regarding Maternal and Child Health (MCH) COVID-19 Data and Resources – Hayley Owens, Management Analyst IV, Supervisory, Child and Family Services Unit, Office of Analytics, Department of Health and Human Services (DHHS)

Hayley Owens presented up to date COVID-19 statistics, as well as data relevant MCH populations. Ms. Owens mentioned data in the presentation are subject to change. Ms. Owens shared that most data are available for public view on the COVID-19 data dashboard, which is updated weekly at <https://nvhealthresponse.nv.gov>.

Kagan Griffin read a question in the comment chat box from Marcia O'Malley. The question was is there data that breaks down information for individuals who have disabilities?

Ms. Owens stated she did not believe data is publicly reported on this topic. Ms. Owens stated she will check and provide an answer over email to Ms. Griffin.

No Public Comment

6. FOR POSSIBLE ACTION: Updates and possible recommendations to the Division of Public and Behavioral Health regarding the Alliance for Innovation on Maternal Health (AIM) and the Maternal Mortality Review Committee (MMRC) – Tami Conn, MCAH Section Manager, DPBH

Tami Conn presented the AIM and MMRC updates. Ms. Conn stated the MMRC has met one time in 2022 and has a meeting scheduled for later in August. Ms. Conn stated the MMRC plans to meet one more time this year, with the possibility of meeting twice. Ms. Conn stated there is an opening for a MMRC member and provided contact information if interested in applying. Ms. Conn stated for AIM there are six birthing facilities and one acute care facility enrolled to start the fall Hypertension Bundle implementation.

Dr. Matsunaga-Kirgan asked if University Medical Center is enrolled as an AIM hospital?

Ms. Conn asked Dr. Matsunaga-Kirgan to contact her personally to discuss University Medical Center's AIM status.

No Public Comment

7. INFORMATIONAL: Presentation on the Congenital Syphilis Review Board – Elizabeth Kessler, MPH, Office of Public Health Investigations and Epidemiology (OPHIE) Surveillance Manager, OPHIE, DPBH, and Savannah Law, Disease Control Specialist, OPHIE, DPBH

Savannah Law presented information on congenital syphilis (CS) including education on the definition of CS, diagnosis, treatment, and the increasing number of cases in Nevada.

Elizabeth Kessler presented the methodology used for case review boards and provided updates on the implementation of a CS case review board in Nevada. Ms. Kessler also provided preliminary CS Review Board findings, including the common themes of unstable housing, lack of childcare, transportation issues, substance use, and difficulty making time to attend appointments in many CS cases.

Ms. Griffin stated there is a statewide CS Action Plan that was developed in 2020 that will be updated in the fall to include details of the CS Review Board. Findings from the CS Review Board will be utilized to update other items within the action plan.

Ms. Ives stated DPBH is in the final stages of hiring a specialized epidemiologist in partnership with CDC to continue the work that MCH has done around CS and convening state partners across the Department of Health and Human Services in updating the action plan.

Chair Gabor read a comment from the chat box. Ms. O'Malley asked about how the CS Review Board mirrors the population and demographics of the population served. Ms. O'Malley asked if there are individuals who have experienced syphilis participating in the program.

Ms. Kessler stated they do not ask specifically if someone has syphilis, but they are mindful of recruiting members to mirror population demographics.

Chair Gabor read a comment from the chat box. Fatima Taylor asked if the state action plan includes interventions and resources for addressing the developmental needs of infants with a CS diagnosis.

Ms. Griffin stated MCH engaged with Aging and Disability Services (ADSD) and Early Intervention Services to discuss support services available for infants diagnosed with CS.

No Public Comment

8. INFORMATIONAL: Presentation on MCH Reports and MCH Updates– Kagan Griffin, MPH, RD, Title V MCH Program Manager, MCAH, DPBH

Ms. Griffin presented updates on the Title V MCH Program. Ms. Griffin introduced Samm Warfel as the new RPE Coordinator and Marcia O'Malley as the new Title V Family Representative. Ms. Griffin provided updates on needs assessment work being done with University of Nevada, Reno.

No Public Comment

9. FOR POSSIBLE ACTION: Presentation and possible recommendations to the Division of Public and Behavioral Health regarding highlights of the Title V MCH Block Grant Application and Report on Federally Available Data (FAD) – Kagan Griffin, MPH, RD, Title V MCH Program Manager, MCAH, DPBH

Ms. Griffin presented the updated Federally Available Data (FAD) used in Title V MCH reporting. The FAD is provided by the Maternal Child Health Bureau to assist states in reporting Title V National Outcome Measures and National Performance Measures. Ms. Griffin presented on positive and negative data trends for Nevada and provided comparisons to the national data.

No Public Comment

10. FOR POSSIBLE ACTION: Make recommendations for future agenda items – Linda Gabor, MSN, RN, Chair

Chair Gabor stated for future meetings she would like to have progress updates on LOCATe in a year and progress updates on the Congenital Syphilis Review Board. Chair Gabor stated she did not have any recommendations for the meeting in November.

No Public Comment

Meeting adjourned at 10:35 A.M.

Attachment for Agenda Item #3

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
ADVISORY BOARD ON MATERNAL AND CHILD HEALTH
BYLAWS**

ARTICLE I – CREATION

The name of this group shall be the Advisory Board on Maternal and Child Health, hereinafter referred to as the MCH Advisory Board, which is created under Nevada Revised Statute (NRS) 442.133 through 442.150.

ARTICLE II – PURPOSE AND OBJECTIVES

As set forth in NRS 442.137, the purpose of the MCH Advisory Board is to advise the Administrator of the Division concerning perinatal care to enhance the survivability and health of infants and ~~mothers~~persons who are pregnant, are giving birth and have given birth, and concerning programs to improve the health of preschool children, to achieve the following objectives:

1. Ensuring the availability and accessibility of primary care health services;
2. Reducing the rate of infant mortality;
3. Reducing the incidence of preventable diseases and handicapping conditions among children;
4. Identifying the most effective methods of preventing fetal alcohol syndrome and collecting information relating to the incidence of fetal alcohol syndrome in this state;
5. Preventing the consumption of alcohol by women during pregnancy;
6. Reducing the need for inpatient and long-term care services;
7. Increasing the number of children who are appropriately immunized against disease;
8. Increasing the number of children from low-income families who are receiving assessments of their health;
9. Ensuring that services to follow up the assessment are available, accessible and affordable to children identified as in need of those services;
10. Assisting the Division in developing a program of public education that it is required to develop pursuant to NRS 442.385, including, without limitation, preparing and obtaining information related to fetal alcohol syndrome;
11. Assisting the University of Nevada School of Medicine in reviewing, amending and distributing the guidelines it is required to develop pursuant to NRS 442.390; and
12. Promoting the health of infants and ~~mothers~~persons who are pregnant, are giving birth or have given birth by ensuring the availability and accessibility of affordable perinatal services

The MCH Advisory Board shall not have policy-making or regulatory authority. The MCH Advisory Board shall advise the Division Administrator, including recommendations, in order to:

1. Assist the Division of Public and Behavioral Health personnel in determining the needs of local communities and in setting priorities for the promotion of maternal and child health; and
2. Assist in the development of performance indicators, accountability measures, reporting requirements and program policies

ARTICLE III – BOARD REQUIREMENTS

A. Membership:

As specified in NRS 442.133, the MCH Advisory Board consists of:

1. Nine voting members to be appointed by the Nevada State Board of Health from a list of persons provided by the Administrator of the Division of Public and Behavioral Health;
2. A nonvoting member who is a member of the Senate appointed by the Legislative Commission; and
3. A nonvoting member who is a member of the Assembly appointed by the Legislative Commission

Voting members are appointed to serve two-year terms. Non-voting legislative representatives serve terms that begin on the third Monday in January of odd-numbered years and end the third Monday in January of the next odd-numbered year. Each voting member shall sign a conflict of interest form provided by the Department of Health and Human Services and updated as needed.

Each member is expected to actively participate in a majority of the meetings and participate in assigned tasks. The MCH Advisory Board may, after discussion, request a member to resign due to two absences without cause.

B. Terms:

Any member of the MCH Advisory Board may be reappointed. One term renewal may occur automatically. For all subsequent renewals, MCH Advisory Board members will review the contributions of the member prior to the next renewal period. Their recommendations will be sent forward to the Division of Public and Behavioral Health for justification to the State Board of Health office for renewing or terminating the membership.

C. Officers:

The members of the MCH Advisory Board shall elect a chairperson and a vice chairperson from among their membership at the second meeting of the biennium. Election shall be by a majority of all voting members. Ballots shall be written unless there is only one nominee for the office. If a majority vote is not received on the first ballot, balloting shall continue until one member receives a majority.

The terms of office for the chairperson and vice chairperson, in accordance with all other members, shall be for two (2) years with eligibility for re-election. When a vacancy occurs in the office of chairperson, the vice chairperson shall assume the office and duties of the chairperson.

The chairperson shall preside at all meetings and generally supervise the affairs of the MCH Advisory Board, or designate a representative to do so if the vice chairperson is unavailable. The vice chairperson shall act for, and in behalf of, the chairperson in all cases of his/her absence.

D. Voting:

According to Open Meeting Law a majority of all members required to take action by vote represents a quorum of that body. As there are nine (9) voting members, a total of five (5) members shall constitute a quorum.

Each appointed member shall have one vote. In accordance with NRS 241.025, (1)(a) the public body may not designate a person to attend a meeting of the public body in the place of a member of the public body; and (1)(b), a member of the public body may not designate a person to attend a meeting of the public body in his or her place unless such designation is expressly authorized by the legal authority pursuant to which the public body was created.

ARTICLE IV – MEETINGS

The MCH Advisory Board shall meet at least quarterly and at the times and places specified by the call of the chairperson. Agenda items may be submitted in writing, no later than 30 days before the next scheduled meeting and can be submitted by MCH Advisory Board members and/or Division of Public and Behavioral Health personnel.

Meetings shall be conducted in accordance with NRS Chapter 241 – Nevada’s Open Meeting Law. MCH Advisory Board members shall, to the extent practicable, inform Division of Public and Behavioral Health personnel at least 24-hours in advance of an anticipated absence.

ARTICLE V – COMPENSATION

As described in NRS 442.133(4), except during a regular or special session of the Legislature, each Legislator who is a non-voting member of the MCH Advisory Board is entitled to receive the compensation provided for a majority of the members of the Legislature during the first 60 days of the preceding regular session for each day or portion of a day during which he/she attends a meeting of the MCH Advisory Board or is otherwise engaged in the work of the MCH Advisory Board and the per diem allowance and travel expenses provided for state officers and employees generally. The salaries, per diem and travel expenses of the Legislative members must be paid from the Legislative Fund.

Each voting member of the MCH Advisory Board serves without compensation but is entitled to receive the per diem allowance and travel expenses provided for state officers and employees

generally. The per diem allowance and travel expenses must be paid from the Account for Maternal and Child Health Services.

ARTICLE VI – SUBCOMMITTEES

The chairperson may appoint a subcommittee to study and make recommendations regarding a specific issue as requested by the Administrator or a MCH Advisory Board member. Terms and membership of a subcommittee appointment include:

1. The terms of the members of each subcommittee shall be determined by the MCH Advisory Board chairman;
2. Any member of a subcommittee may be reappointed;
3. A subcommittee shall remain active, until terminated, by a majority vote;
4. At least one (1) MCH Advisory Board member shall serve on each subcommittee;
5. Non-voting members and non-members may also serve;
6. Subcommittees shall be chaired by a member of the MCH Advisory Board; and
7. The MCH Advisory Board shall be informed of subcommittee activities by periodic reports

ARTICLE VII – STAFFING

Staff to the MCH Advisory Board shall be provided by the Nevada Division of Public and Behavioral Health for purposes of secretarial, research and other needs.

ARTICLE VIII – AMENDMENTS

Proposed amendments to the bylaws shall be submitted in writing to any member of the MCH Advisory Board 30 days prior to any regularly scheduled meeting. The bylaws may be amended as approved by a majority of the MCH Advisory Board voting members. These bylaws may be altered, amended, or replaced by a majority of the MCH Advisory Board members at any of its regularly-scheduled meetings subject to affirmation of the Administrator.

ADOPTED AND APPROVED this _____ day of _____.

Chairperson, Maternal and Child Health Advisory Board

Board Members:

APPROVED:

Cody L. Phinney, MPH, Administrator, Division of Public and Behavioral Health

Adopted by the Maternal and Child Health Advisory Board on 3/5/1992

Revision 11/30/1995

Revision 9/16/2005

Revision 7/7/2006

Revision 7/10/2009

Revision 6/24/2011

Revision 6/7/2017

* CONFLICT OF INTEREST FORM - SEPARATE DOCUMENT

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
MATERNAL AND CHILD HEALTH ADVISORY BOARD (MCHAB)
DISCLOSURE STATEMENT

The Maternal and Child Health Advisory Board (MCHAB) Bylaws include the following statements regarding Conflicts of Interest:

The Department will survey its Advisory Board members annually to collect information regarding their affiliations outside of the Division of Public and Behavioral Health. If a member's personal or employment circumstances change before twelve (12) months have elapsed, it is the member's responsibility to update the Disclosure Statement and submit it to the Division of Public and Behavioral Health.

Conflicts of interest must be declared by members prior to discussion of any matter that would provide direct financial benefit for that member, or otherwise have the appearance of a conflict of interest. When funding or other decisions are made regarding an organization with which the member has an affiliation, the member shall state his intention to abstain from making specific motions or casting a vote, before participating in related discussion. The Chairperson, or a majority of the Advisory Board, may also declare a conflict of interest exists for a member, and ask that the member be removed from the voting process.

Please list any of the following affiliations in the lines below: 1) Employers; 2) Boards or Commissions; 3) Organizations in which you or any member of your immediate family has a substantial or material interest and, to your knowledge, the MCHAB has a grant, contract or cooperative agreement with; 4) Any allegiance or financial interest you or any member of your immediate family has that might affect or appear to compete with your duties on the MCHAB.

- 1. _____
- 2. _____
- 3. _____
- 4. _____

- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

Name (please print)

Signature

Date

Please complete the form and return it by mail to:

Division of Public and Behavioral Health

Maternal and Child Health Program

4150 Technology Way, Suite 210

Carson City, NV 89706

or, Fax it to: (775) 684-5998

Thank you very much for your adherence to the Bylaws.

Attachment for Agenda Item #5

Healthcare Workforce Shortages and Policy: Implications for Maternal and Child Health in Nevada

John Packham, PhD

Associate Dean, Office of Statewide Initiatives
Co-Director, Nevada Health Workforce Research Center
University of Nevada, Reno School of Medicine

December 16, 2022



Enduring Access to Care and Population Health Issues ...

- Insurance coverage and access to care
- Affordability and rising cost-sharing regardless of insurance coverage
- Health care spending and cost containment, esp. Medicaid
- Prescription drug costs, spending, and price transparency
- Mental and behavioral health crisis
- Opioid and methamphetamine epidemics
- Post-pandemic public health system in Nevada, esp. PHE “unwinding”

... Opportunities to Address Provider Shortages

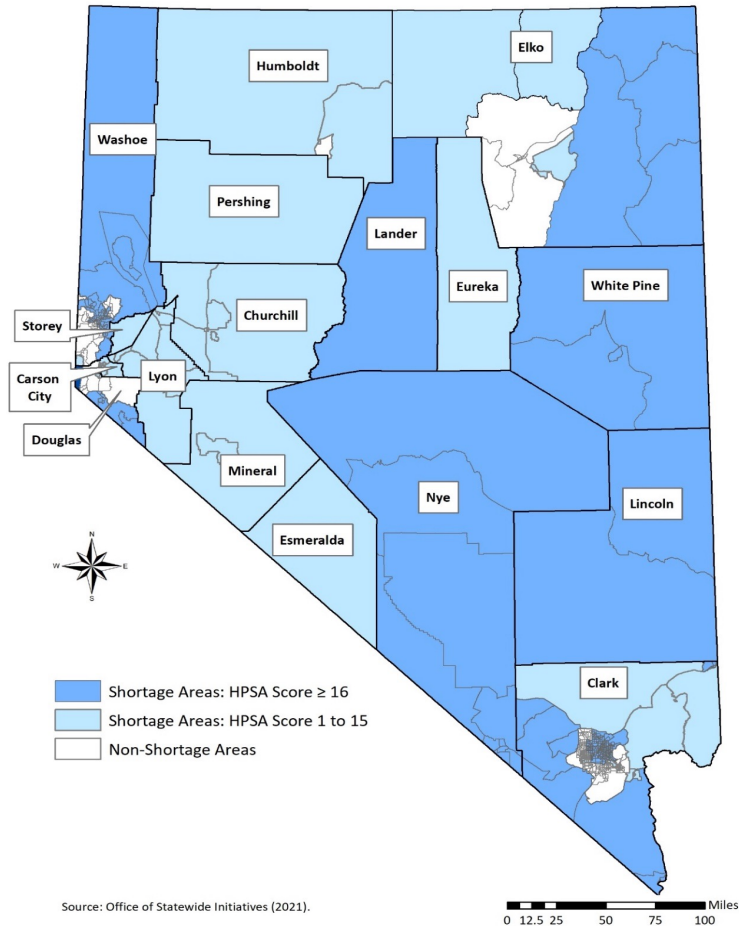
- Health workforce development to address provider shortages in primary care and a wide-range of health care specialty areas
- Need for targeted strategies to address geographic maldistribution of the health workforce and medically underserved areas of the state
- Health workforce development = economic development and diversification

Health Workforce Demand in Nevada

- Population growth, aging, and diversification
- Gains in public and private insurance coverage
- Economic growth and diversification
- Current and emerging population health needs
- Health system and technological change

Health Workforce Supply in Nevada

- Persistent workforce shortages in medicine, nursing, behavioral health, public health, and many other health professions
- Steady growth of licensed health professionals, yet “treading water” in per capita growth of licensees in many professions
- Aging health workforce serving an aging population
- Diversity mismatch between providers and populations
- Geographic maldistribution of health professionals

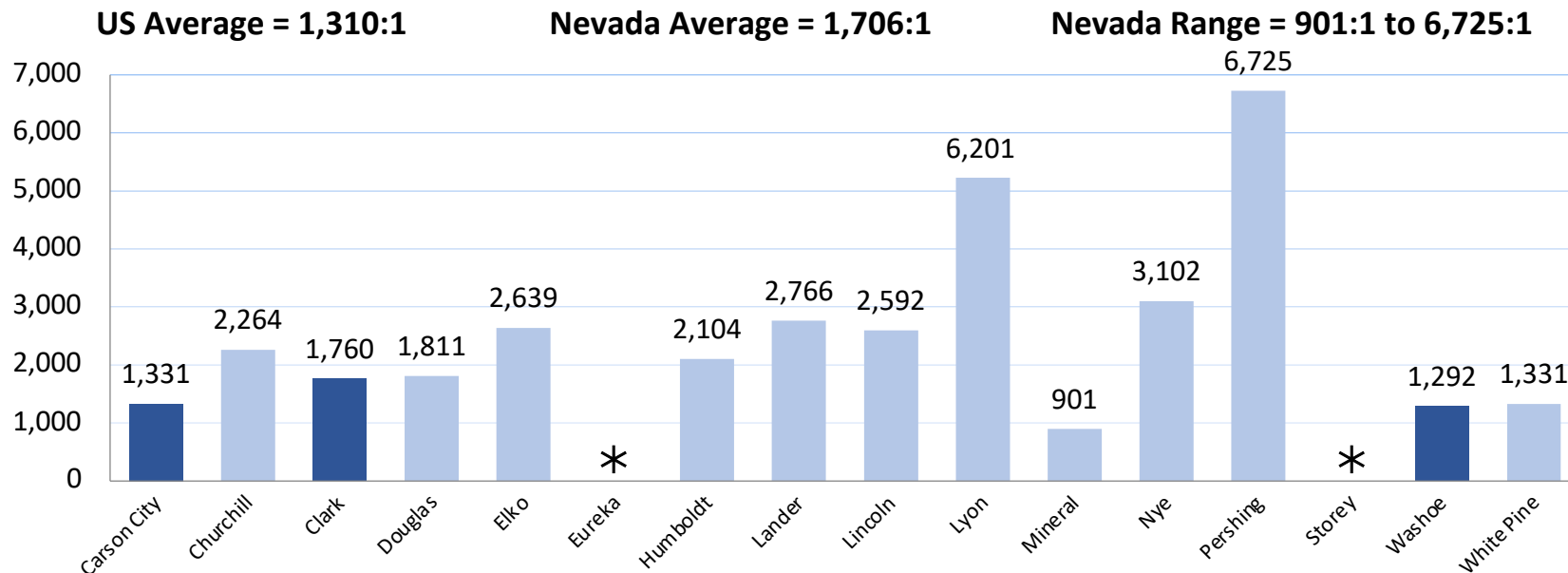


Source: Office of Statewide Initiatives (2021).

Primary Care Workforce Shortages

- 1.95 million Nevadans reside in a primary care health professional shortage area (HPSA) or 57.6% of the state's population
- 11 of 14 rural and frontier areas of Nevada are single-county primary care HPSAs

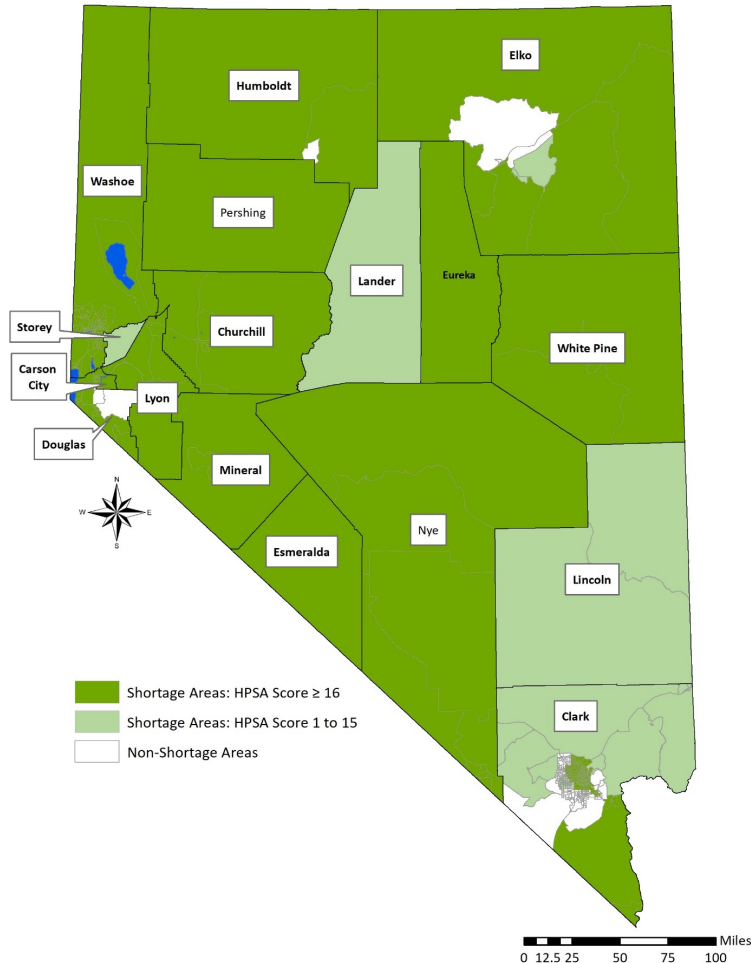
Ratio of Population to Primary Care Physicians



Source: Area Health Resource File/American Medical Association (2019). * = No primary care physicians in Eureka and Storey Counties in 2019

Note: Primary care physicians include family medicine, general internal medicine, and pediatric physicians.

Dental Workforce Shortages



Source: Office of Statewide Initiatives (2021).

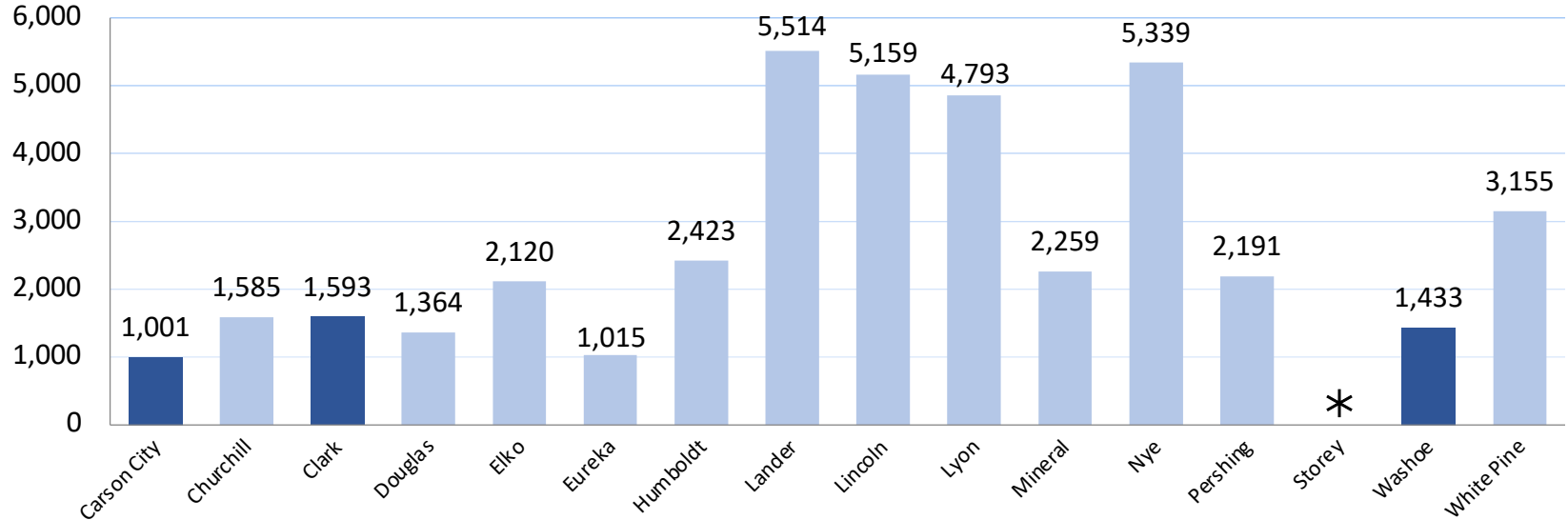
- 2.2 million Nevadans reside in a dental HPSA or 70.0% of the state's population
- 12 single-county dental HPSAs in Nevada, including 11 of 14 rural and frontier counties of Nevada

Ratio of Population to Dentists

US Average = 1,400:1

Nevada Average = 1,601:1

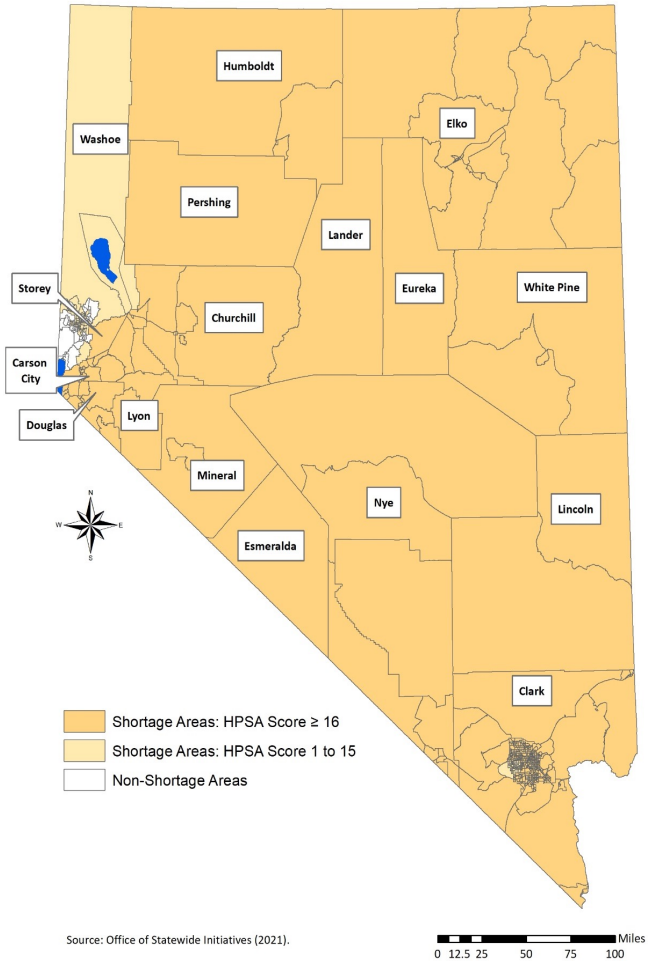
Nevada Range = 1,001:1 to 5,514:1



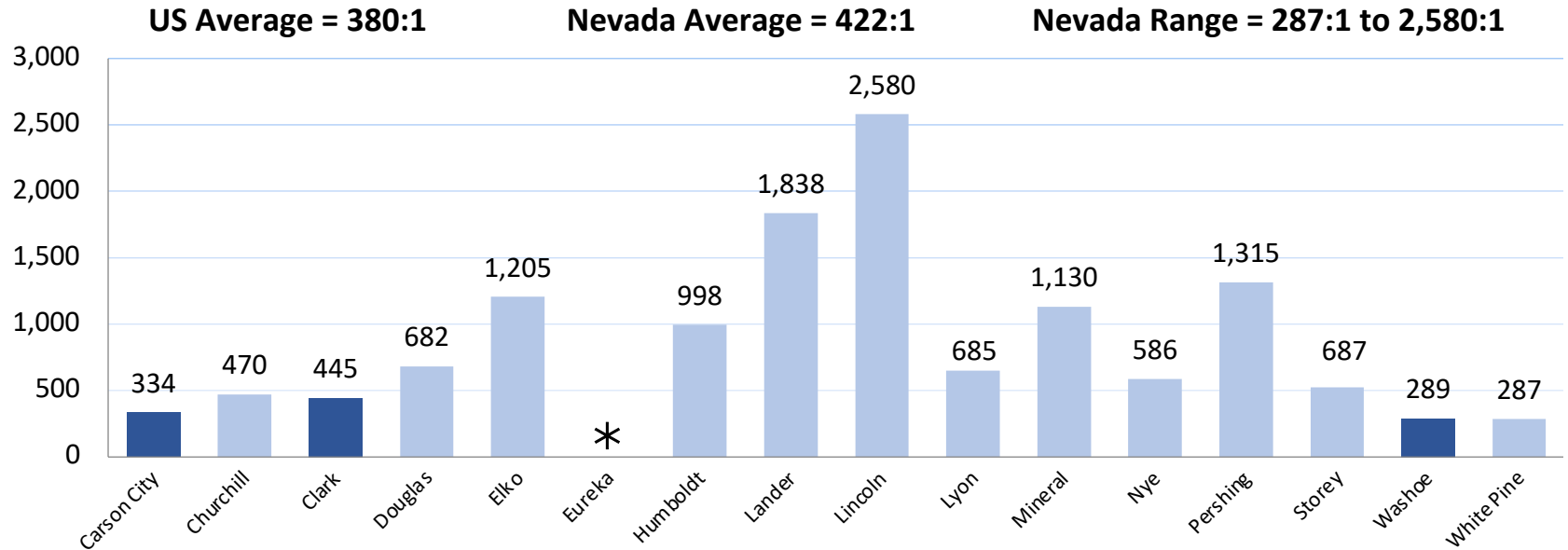
Source: Area Health Resource File/National Provider Identification File (2020). * = No dentists in 2020

Mental Health Workforce Shortages

- 2.8 million Nevadans reside in a mental HPSA or 74.1% of the state's population
- 15 single-county mental HPSAs in Nevada, including all 14 rural and frontier counties of Nevada



Ratio of Population to Mental Health Providers



Source: Centers for Medicare and Medicaid Services/National Provider Identification File (2021). * = No mental health providers in 2020

Note: Mental health providers are defined as psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, mental health providers that treat alcohol and other drug abuse, and advanced practice nurses specializing in mental health care.

What it Takes to be Average – Nursing

To meet national population-to-provider averages, Nevada would need an additional:

- 3,439 licensed practical nurses (LPNs)
- 4,290 registered nurses (RNs)
- 5,719 certified nursing assistants (CNAs)
- 323 certified registered nurse anesthetists (CRNAs)
- 817 nurse practitioners (NPs)

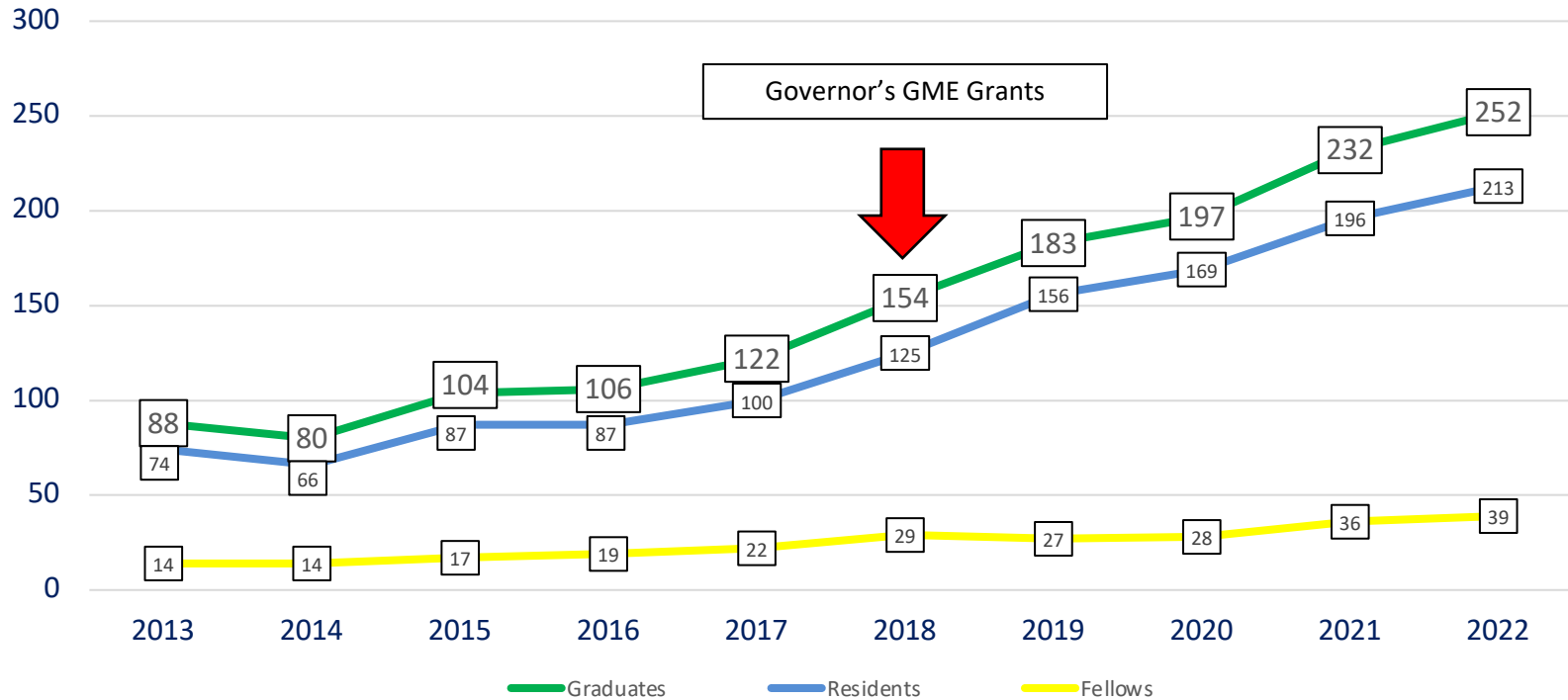
Addressing Health Workforce Shortages

1. “Grow your own” – Increase the number and diversity of health care education graduates
2. Stretch the existing health care workforce
3. Beg, steal, borrow, or barter health care workers from other states (and countries)

1. Grow Your Own (and Keep those You Grow)

- Expand publicly supported health care education programs
- Create new publicly supported health care education programs
- Support innovative industry-higher education partnerships and programs
- Apprenticeships and new paths to licensure
- Broaden and expand GME programs for physicians
- Create residency and fellowship programs for advanced practice clinicians
- Scholarship programs for current health care students
- Loan repayment and forgiveness programs for health care graduates
- Support and expand health care career pipeline programs and STEM
- Maximize use of federal health workforce development programs

GME Graduation in Nevada – 2012 to 2022



Source: Griswold, T. et al. 2022. *GME Trends in Nevada – 2022*. Nevada Health Workforce Research Center.

Loan Repayment for Health Professionals

- Since 1989, Nevada Health Service Corps (NHSC) has supported over 200 practitioners in every Nevada county
- Over the past five years, 70.4% of NHSC-supported health professionals have remained in Nevada
- Currently, 46 NHSC-supported physicians and other health professionals are practicing in 11 Nevada counties, including Clark and Washoe
- SB233 appropriated \$500,000 in state match to \$500,000 in federal support for NHSC during the current biennium

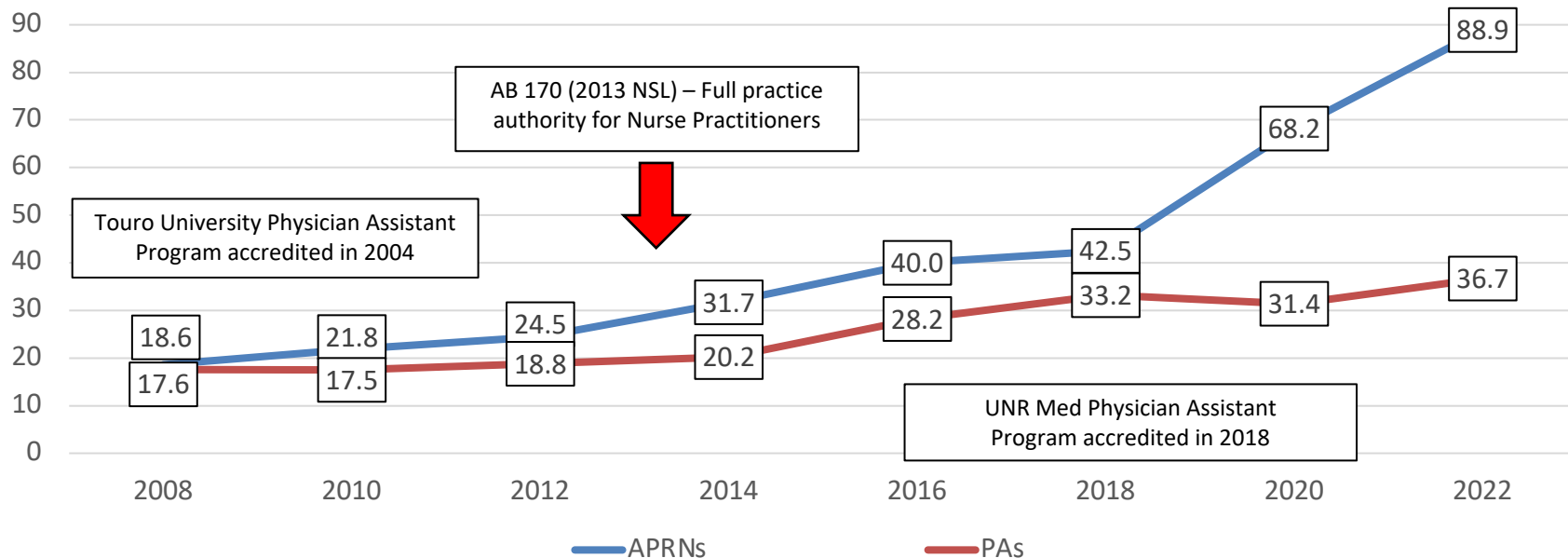


2. Stretch the Existing Health Care Workforce

- Expand team-based models of care across a range of health care settings
- Increase utilization of non-physician clinicians practicing at the top of their scope of practice to improve the efficiency and effectiveness of care
- Explore expanding the scope of practice of current health professionals
- Preserve and expand what worked during the public health emergency
- Support and reimburse traditional telemedicine consultations
- Support and reimburse ECHO telehealth applications
- Address a wide range of work environment issues, including salary, benefits, childcare, internal career ladders, hybrid work options, CE/CME

Scope of Practice and New Programs for Advanced Practice Clinicians

Number of Licensees per 100,000 Population



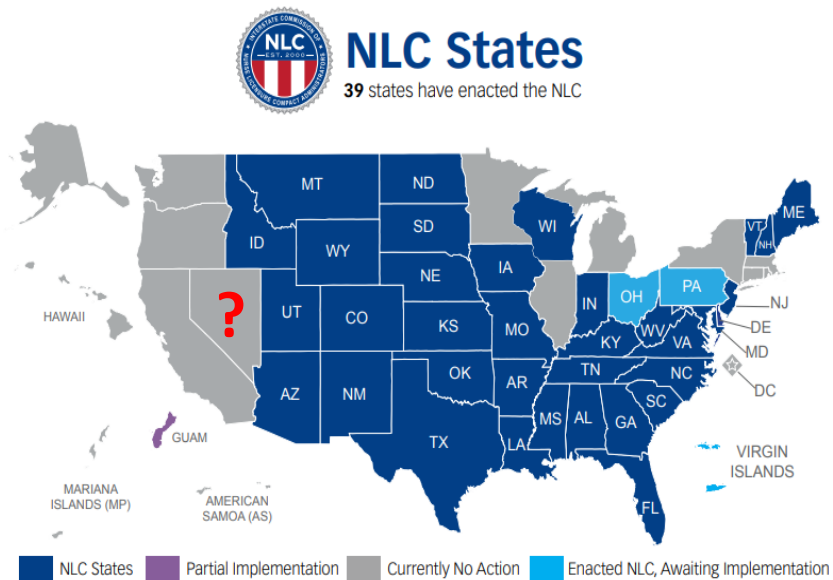
Source: Packham, et al., *Health Workforce in Nevada: A Chartbook* (Forthcoming 2023), Nevada Health Workforce Research Center.

3. Beg, Steal, Borrow or Barter

- Licensure compacts and reciprocity
- Foreign trained health professionals, e.g., J-1 Visa Waiver Program
- State and County Medical Reserve Corps (SERV-NV)
- Battle Born Medical Corps (Directive 11)
- Re-engage inactive licensees and recent retirees
- Underemployed immigrants and resettled refugees
- Traveling nurses and agencies
- Signing bonuses and other financial incentives
- Poaching from other health facilities

Nurse Licensure Compact (NLC)

- Enables nurses to practice in-person or remotely to patients located across the country without having to obtain additional licenses.
- Allows nurses to quickly cross state borders and provide vital services during disasters.
- Facilitates telenursing and online education.
- Makes practicing across state borders affordable and convenient.
- Removes a burdensome expense for organizations that employ nurses and may share the cost of multiple licenses.



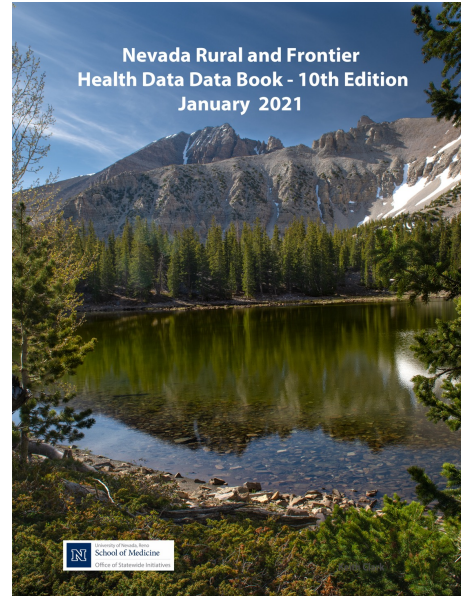
Nevada Health Workforce Research Center

NEVADA INSTANT ATLAS

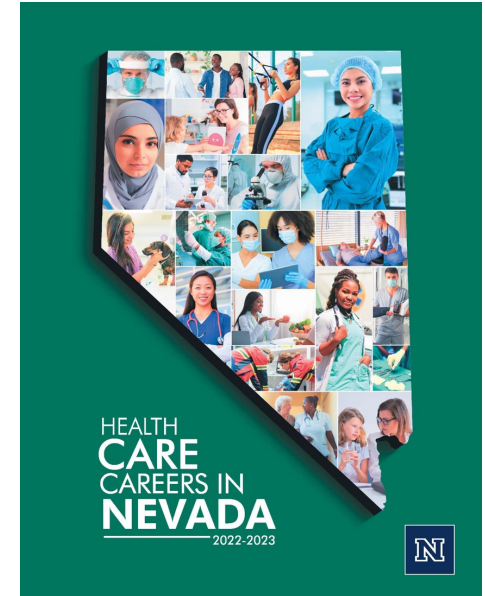
Nevada's County-Level Health Database



<https://med.unr.edu/statewide/nevada-instant-atlas>



<https://med.unr.edu/statewide/reports-and-publications>



Questions?

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Nevada Health Workforce Research Center
University of Nevada, Reno School of Medicine

<https://med.unr.edu/statewide>





Overarching NPHA Advocacy and Policy Priorities

The mission of the Nevada Public Health Association (NPHA) is to serve as the voice for public health in Nevada in order to improve health and achieve health equity in Nevada. In keeping with its mission and our vision of a healthy Nevada, NPHA organizes its advocacy and policy activities around five overarching advocacy and policy priorities:

- Building public health infrastructure and capacity
- Creating health equity
- Ensuring the right to health and health care
- Promoting evidence-based policymaking
- Advocating for Health in All Policies

As an affiliate of the American Public Health Association (APHA), NPHA's overarching goals and related advocacy efforts are closely aligned with APHA's advocacy and policy agenda.

2022 NPHA Advocacy Agenda

During 2022 and consistent with NPHA's overarching advocacy and policy goals, NPHA will focus its advocacy efforts on the following issue areas and current policy priorities:

- Advocating for permanent sources of flexible funding for public health to address current and emerging threats to public health, including pandemic preparedness
- Building public health capacity, infrastructure, and preparedness in Nevada, including the establishment of independent city, county or regional health districts in rural areas of the state
- Supporting efforts to expand and diversify dedicated revenue streams to support public health, health care, and human services in Nevada
- Ensuring access to affordable, high-quality clinical and preventive health services for all Nevada residents, including oral health services, substance use treatment, and behavioral health care
- Supporting policies and budget recommendations to reduce greenhouse gas emissions and mitigate the effects of climate change, including implementation of the State Climate Strategy
- Advocating for education on reproductive health, sexually transmitted infections, and healthy relationships in Nevada's public schools

- Advocating for sustained and stable funding for evidence-based tobacco and e-cigarette prevention and control, and comprehensive smoke-free workplaces
- Supporting evidence-based gun violence prevention and firearm safety measures, including advocacy for the enforcement of existing policy on background checks on all gun purchases
- Promoting healthy lifestyles through the support of nutritious eating and active living, including policy that supports the creation of built environments and complete streets that integrates physical activity into daily life, increases access to healthy foods, and eliminates food deserts
- Protecting and promoting maternal, child, and adolescent health in Nevada, including advocacy for increased access to reproductive services for women
- Supporting efforts to increase access to recommended immunizations for all ages and efforts to address vaccine hesitancy and misinformation
- Support for evidence-based injury prevention in Nevada, including funding for programs and policies to reduce transportation-related injuries
- Advocating for HIV and sexually transmitted infections modernization and reform
- Supporting efforts to mitigate and reduce intimate partner violence and domestic violence
- Supporting the spectrum of prevention and treatment for mental and behavioral health disorders, including addiction and substance use disorders
- Promoting an effective public health framework for regulating legal cannabis sales and use in Nevada
- Advocating for funding and policy to ensure a qualified and culturally-competent public health, behavioral health, and clinical workforce
- Advocating for policy measures that address health equity and the social determinants of health in Nevada

NPHA has the flexibility to educate, inform and act, when appropriate, on other pressing public health issues that may not easily be categorized under the overarching NPHA advocacy and policy priorities and our 2022 advocacy agenda and current policy efforts.

NPHA Advocacy and Policy Committee

The NPHA Board of Directors established its Advocacy and Policy Committee (APC) to oversee the development and implementation of the association's advocacy, legislative, and policy activities.

For additional information about the Nevada Public Health Association and the work of the NPHA Advocacy and Policy Committee in 2022, visit www.nphaonline.org or contact NPHA Policy Director, Dr. John Packham at john.f.packham@gmail.com.

Approved by the NPHA Board of Directors on January 11, 2022

Addressing Nevada’s Nursing Workforce Shortages: A Call to Action

DECEMBER 2022

**Prepared by John Packham, PhD, Naisha Shamim, and Tabor Griswold, PhD
Nevada Health Workforce Research Center, Office of Statewide Initiatives,
University of Nevada, Reno School of Medicine**

A Call to Action

Nevada policymakers and nursing stakeholders must expand the nursing workforce supply to meet the evolving health care needs of Nevada residents and the growing demand for registered nurses in our state across a wide range of health care settings. The nursing shortage threatens access to health care in Nevada when available hospital beds and service lines are reduced or, worse, closed due to inadequate staffing. The nursing shortage also results in added costs borne by Nevada citizens and health care employers, including productivity losses due to instability in the existing workforce, premiums paid to traveling nurses and extended overtime for existing nursing staff, additional recruitment costs, training and onboarding costs for new hires, and patient safety failures and medical errors when facilities are understaffed.

In the simplest terms, the nursing shortage refers to a demand for registered nurses by employers in Nevada in excess of the available supply registered nurses. Despite temporary, pandemic-induced disruptions in demand for health care services over the past three years, population growth and aging, continued insurance coverage expansion, and a recovering economy will drive steady demand for health care services and, thus, the need for additional registered nurses in Nevada in the coming decade. Nevada has recently made steady progress in expanding the supply of licensed health professionals across the state, including impressive

gains in both the number and per capita number of registered nurses and advanced practice nurses over the past decade. However, hospitals and other employers of nurses in Nevada continue to report high vacancy rates and turnover for registered nurses, as well as ongoing reliance on expensive travel nurses. Nevada’s nursing workforce shortage is compounded by an aging nursing workforce and ongoing labor market volatility associated with the pandemic-fueled “Great Resignation.”

Analysis by the Nevada Health Workforce Research Center (the Center) reveals persistent, widespread health professional shortages in Nevada. For example, despite steady growth in the number of new nursing graduates from Nevada nursing programs and registered nurses moving to Nevada from other states over the past decade, the Center estimates that Nevada currently needs over four thousand additional registered nurses simply to meet the national population-to-RN average. Additionally, the Center estimates that 1.9 million Nevadans or 67% of the state’s population reside in primary medical care health professional shortage areas (HPSA) and nearly 2.8 million Nevadans reside in mental HPSAs. Efforts to address the nursing shortage have added urgency given enduring unmet population health needs in Nevada that have arguably worsened over the course of the COVID-19 pandemic (e.g., the opioid and methamphetamine epidemics, mental health care crisis, rising obesity rates), not to mention a growing backlog of delayed and postponed surgery and procedures across the state over the past three years. Indeed, addressing the current nursing shortage is critical to improving population health and reducing health disparities in Nevada.

Nursing workforce shortages will require state leaders in Nevada to pursue policy measures and strategies to increase the supply of registered nurses, improve the diversity of the nursing workforce, and address the geographic maldistribution of the state’s nursing and health workforce. Increasing the supply of nurses will require expanded and targeted investments in public nursing degree programs to increase the number of graduates at all degree levels across all regions of Nevada.

Policy Options and Recommendations

The Nevada State Legislature plays a critical role in ensuring that Nevada’s health, education, and workforce policies address access barriers, control health care costs, and meet the health care needs of its residents. The twelve overlapping policy measures outlined in this brief highlight key strategies that nursing stakeholders in Nevada and other states are already employing to educate, train, recruit, and retain more registered nurses.

In the broadest terms, state policy measures and actions to address nursing and other health workforce shortages fall into three general categories or “buckets”:

- “Grow your own” strategies and policy measures that expand existing Nevada System of Higher Education (NSHE) nursing and health care education programs and capacity in Nevada.
- Strategies and policy measures that “stretch” the existing nursing and health workforce in Nevada, including the utilization and reimbursement of telehealth technologies and efforts to maximize the use of nurses and other health professionals practicing at the top of their scope of practice and licensure.
- “Beg, steal, borrow, or barter” strategies and policy measures that tap the available nursing workforce in other states and countries, such as the participation in inter-state licensure compacts and reciprocity agreements.

Addressing current and projected nursing workforce shortages will require state policymakers to prioritize and implement proven policy measures and strategies from all three buckets. Some measures will require new or expanded general fund support from the state legislature for NSHE nursing programs, while other measures will require policy changes to existing state law, or administrative and licensing regulations for nursing education and health facilities. All successful strategies and policy measures will require greater collaboration and

coordination among state policymakers and an increasingly diverse set of nursing workforce stakeholders in Nevada during the 2023 legislative session and beyond.

Twelve overlapping policy options and strategies that will “move the needle” on nursing shortages in Nevada include:

1. Expand public funding to increase the capacity of NSHE nursing programs and higher education institutions to enroll and graduate more registered nurses over the next

decade. Additional funding and policy change is needed to address the:

- shortage of faculty, clinical instructors, and preceptors in NSHE nursing programs;
- low salaries of nursing faculty and clinical instructors in NSHE nursing programs as compared to nurses employed in hospitals and other patient care settings;
- shortage of clinical placements for nursing students;
- inadequate training for precepting, heavy workloads, and noncompetitive pay for preceptors;
- inadequate facilities, equipment and resources in NSHE nursing programs needed to increase program capacity;
- need for long-term, sustainable funding outside of the current funding formula for NSHE nursing education programs, faculty salaries, and facilities; and
- post-secondary education pathways from associate degree in nursing programs (ADN) to bachelor-of-science in nursing (BSN) programs in Nevada, as well as pathways for BSN-credentialed nurses to masters and doctoral degrees in nursing.

2. Support and incentivize innovative higher education-industry programs and partnerships in Nevada, including:
- paid apprenticeships for nursing students in hospitals and health systems;
 - clinical ladders and new paths to licensure in nursing within hospitals and health systems;
 - joint appointments and salary support between hospital-based educators and NSHE nursing programs;
 - clinical placement opportunities in non-hospital settings, such as community and behavioral health centers, health departments, nursing homes, schools, and other community-based sites;
 - graduate and post-graduate training to practicing nurses through state funded fellowship and residency programs to increase health care services provided by nurse practitioners and registered nurses in high-need specialty areas and to vulnerable populations in Nevada;
 - industry support for new graduate hiring and continuing education costs; and
 - professional and career opportunities for nursing applicants, nursing students, and new nursing graduates in Nevada to reduce attrition and to address the expectations-reality mismatch of new entrants to nursing practice.
3. Support opportunities for developing and expanding career ladders to nursing within and beyond the health professions in Nevada, including bridge programs that facilitate and support:
- licensed practical nurses to transition to registered nurses;
 - paramedics to transition to registered nursing; and
 - Veterans, retired military corpsmen and medics, and others interested in nursing as a second career.

4. Expand funding and policy change for State of Nevada nursing and health workforce development programs, including:

- certification and training for certified nursing assistants and other entry-level health professionals in Nevada who are not currently eligible for financial aid or support from state workforce development agencies;
- grants, scholarships, stipends, and other financial incentives for nursing students to train, begin practice, and remain in Nevada;
- paid apprenticeships for high school students to become certified nursing assistants before they graduate and NSHE nursing students working toward their associate and bachelor's degrees in nursing; and
- measures permitting emergency medical technicians, certified nursing assistants, nurse apprentices, and armed forces corpsmen or medics to apply clinical work hours toward nursing degrees and eligibility for nursing scholarship programs.

5. Support Nevada's participation in federal Title VII Health Professions and Title VIII Nursing Workforce Development Programs, including:

- Advanced Nursing Education (ANE) Program;
- Advanced Nursing Education – Nurse Practitioner Residency (ANE-NPR) Program;
- Advanced Nursing Education – Nurse Practitioner Residency Integration Program (ANE-NPRIP) Program;
- Advanced Nursing Education – Sexual Assault Nurse Examiners (ANE-SANE) Program;
- National Health Service Corps (NHSC);
- Nevada Health Service Corps / Student Loan Repayment Program (SLRP);
- Nurse Anesthetist Traineeship (NAT);
- Nurse Education, Practice, Quality and Retention (NEPQR) program;

- Nurse Corps Loan Repayment Program;
- Nurse Faculty Loan Program (NFLP); and
- Nursing Workforce Diversity (NWD) Program.

Nevada policymakers and nursing stakeholders must also pursue collaborative efforts with the Nevada Congressional delegation to expand federal support for nursing workforce development programs, including Title VIII nursing programs in the Public Health Services Act and U.S. Department of Labor.

6. Support strategies and policy measures to increase the diversity of the nursing workforce and participation from traditionally underrepresented groups in nursing education programs in Nevada, including targeted assistance and support to:
 - students with low incomes;
 - racial and ethnic minority students;
 - military veterans;
 - learners with disabilities; and
 - students likely to work in rural and medically underserved areas of Nevada.

7. Assess and support strategies and policy change to improve working conditions and work-life balance for nurses and health care teams to mitigate exhaustion and burnout, increase career satisfaction, and decrease turnover in health care, including measures that address:
 - adequate lifelong salary and benefits;
 - career development and advancement opportunities and barriers;
 - on-site childcare;
 - hybrid work options;
 - physically safe and mentally healthy work environments;

- minimum patient-to-nurse staffing ratios and other patient safety measures;
 - limits on overtime and mandatory overtime;
 - positioning nurses in leadership roles in hospitals and health systems;
 - expanded access to collective bargaining; and
 - continuing education needs of nurses.
8. Expand funding for strategies and measures to promote nursing as a career choice to high school students in Nevada, including support for:
- K-12 health care career pipeline programs in nursing and health care;
 - measures to increase health-related and STEM pre-requisite course completion for high school students;
 - summer nursing and other health professions camps and shadowing opportunities for high school students in Nevada, e.g., UNLV nursing summer camp;
 - early nursing education pathways and tracks from high school to community college to university-based RN programs; and
 - Nevada Area Health Education Center (AHEC) program and partners.
9. Assess and address policy change that supports team-based models of care across a range of inpatient and outpatient health care settings to stretch the existing registered nurse workforce in Nevada, including measures that:
- expand the scope of practice and utilization of non-physician clinicians and team members practicing at the top of their scope of practice, and
 - address the associated need for inter-professional education and training of health professions students, such as the Nevada AHEC Scholars Program.

10. Assess and implement policy measures to expedite the licensure of registered nurses and nurse practitioners from other U.S. states, including legislation:

- permanently extending temporary expedited licensure and reciprocity measures for registered nurses enacted during the COVID-19 public health emergency;
- enacting Nevada’s participation in the Nurse Licensure Compact; and
- enacting Nevada’s participation in the Advanced Practice Nurse (APRN) Compact.

11. Assess and implement policy changes to address clinical faculty-to-student ratios in nursing education regulation and other potential changes to the Nevada Nurse Practice Act to improve the quality, quantity, and geographic distribution of the nursing workforce in Nevada.

12. Fund and support a statewide Nevada Nurse Workforce Center. The Center will serve as a hub to advance nursing education, practice, leadership, workforce development, and policy in Nevada. The Center will address the nursing shortage by:

- studying the unique characteristics of the nursing workforce in Nevada;
- developing strategies to increase the number of new nurses in the state;
- recruiting nurses to the profession;
- implementing strategies to retain nurses in the workforce; and
- advocating for changes in policy to improve the stability of the nursing workforce in Nevada.

In conclusion, the twelve overlapping policy measures outlined in this Call to Action provide a blueprint for state policymakers to consider as we tackle current and projected nursing workforce shortages in the 2023 session of the Nevada State Legislature and beyond. Eliminating the current nursing shortage is an essential component of our state’s strategy to improve access to care, contain health care costs and spending, and improve population health in the coming decade.

Acknowledgements

Addressing Nevada’s Nursing Workforce Shortages: A Call to Action was prepared by John Packham, Naisha Shamim, and Tabor Griswold from the Nevada Health Workforce Research Center in the Office of Statewide Initiatives at the University of Nevada, Reno School of Medicine. This “Call to Action” is an outgrowth of the Northern Nevada Nursing Summit held in Reno, Nevada on July 13, 2022. The authors would like to acknowledge the contributions and feedback from Summit participants and numerous nursing stakeholders across Nevada.

For additional information on this policy brief or its contents, please contact Dr. John Packham at jpackham@med.unr.edu. For additional information on research and policy analysis undertaken by the Nevada Health Workforce Research Center at the University of Nevada, Reno School of Medicine, please visit <https://med.unr.edu/statewide/nhwrc>.

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Attachment for Agenda Item #6

PLACEHOLDER FOR UPDATED PRESENTATION

Steve Sisolak
Governor



Richard Whitley
Director

State of Nevada Department of Health and Human Services

Update on COVID-19 (Coronavirus) within the Maternal Child Health Population

Office of Analytics

Praseetha Balakrishnan, MS



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

Attachment for Agenda Item #7



Children's
Advocacy
ALLIANCE

2023 Legislative Priorities

Maternal Health

Key Policies

- 12-months Postpartum Coverage



12-months Postpartum Coverage

Where we are now:

- Nevada Medicaid currently provides 60 days postpartum coverage
 - Leaves new parents vulnerable
 - Worse health outcomes
- NV = **no** legislative action toward postpartum expansion

Where we should be:

- Expand the policy to 12-months
- Reduce:
 - The burden of finding new coverage
 - Certain Medicaid costs
 - Preventable deaths
- Foundational for maternal/child health improvements

Child Health

Key Policies

- 12-months of Continuous Eligibility
- Update language to Fetal Alcohol Spectrum Disorder (FASD)



12-months Continuous Eligibility

Where we are now:

- Continuous eligibility in Nevada CHIP program (Yay!)
 - Nevada Check Up (NCU)
 - Children under 19 years old
- No progress for continuous eligibility in Medicaid
- Enrollment “churning” = gaps in care
- Disenrollment “lock-out” period of 90 days

Where we should be:

- Increase grace-period: 60 days to 90 days
 - Allow more time before disenrollment
- Eliminate the lock-out period
 - Reduces risk of losing PCPs and necessary prescriptions
- Expand coverage to 12-months
 - Cost effective
 - More supportive for families



FASD Language & Definition Update

Where we are now:

- Current NRS definition only includes Fetal Alcohol Syndrome
 - Narrow, limiting, misaligned with current science
- Major barriers restricting access to necessary services

Where we should be:

- Expand definition to Fetal Alcohol Spectrum Disorder (FASD)
 - Reflective of current research and practices
 - Increases access to vital intervention services
- Provide immediate and long-term benefits for children and families



Next steps

Expand Medicaid Postpartum Coverage to 12 month

- Support parents, increase access to care services during vulnerable period

Expand Medicaid Continuous Eligibility for 12 months

- Increase grace period to 90 days
- Eliminate “lock-out” period following disenrollment
- Ensure coverage despite fluctuating incomes

Update NRS definition to Fetal Alcohol Spectrum Disorder

- Increase access to intervention resources for children affected by FASDs
- Increase screening opportunities for young children



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12-month Continuous Eligibility

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Racine AD, Harbaugh N, Droge M, et al. Children's Health Insurance Program (CHIP): Accomplishments, Challenges, and Policy Recommendations. *American Academy of Pediatrics*. 2014;133(3):e784-e793. doi.org/10.1542/peds.2013-4059

FASD

Denny LR, Coles S, & Blitz RK. Fetal Alcohol Syndrome and fetal Alcohol Spectrum Disorders. *American family physician*. 2017;96(8):515-522. <https://pubmed.ncbi.nlm.nih.gov/29094891/>

Subramoney, S., Eastman, E., Adnams, C., Stein, D. J., & Donald, K. A. (2018). The early developmental outcomes of prenatal alcohol exposure: A review. *Frontiers in Neurology*. 2018;9(1108), 1-19. doi.org/10.3389/fneur.2018.01108

Questions?

Contact Carissa Pearce, Health Policy Manager CAA
carissa.pearce@caanv.org



Children's
Advocacy
ALLIANCE

Thank you!



Children's
Advocacy
ALLIANCE

Attachment for Agenda Item #8



NV Early Childhood Comprehensive System (ECCS) Strategic Priorities

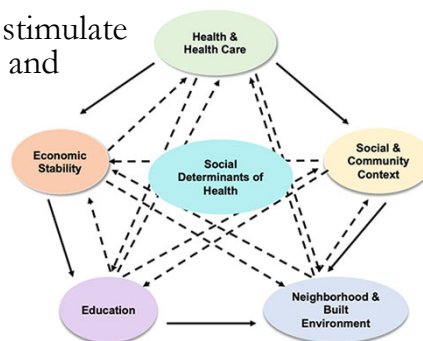
Denise Tanata, J.D.
ECCS Director
The Children's Cabinet

ECCS - Early Childhood Defined

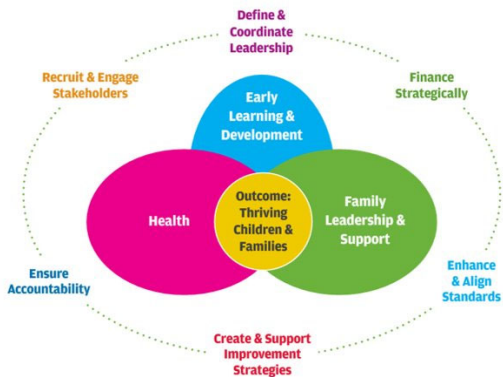
Period from **BIRTH to AGE 8** that also recognizes the importance of quality prenatal care in early childhood outcomes.

Rapid and critical development which encompasses multiple components to stimulate children's physical, cognitive, linguistic and social-emotional development:

- Nutrition
- Health Care
- Protection
- Play
- Early Learning
- Personal Connections



HRSA Early Childhood Comprehensive Systems: Health Integration Prenatal to Three Initiative



To build **integrated maternal and early childhood systems of care** that are equitable, sustainable, comprehensive, and inclusive of the health system, and that promote early developmental health and family well-being and increase family-centered access to care and engagement of the prenatal-to-3 year old (P-3) population.



HRSA ECCS Alignment with Nevada ECAC



Nevada Early Childhood Advisory Council



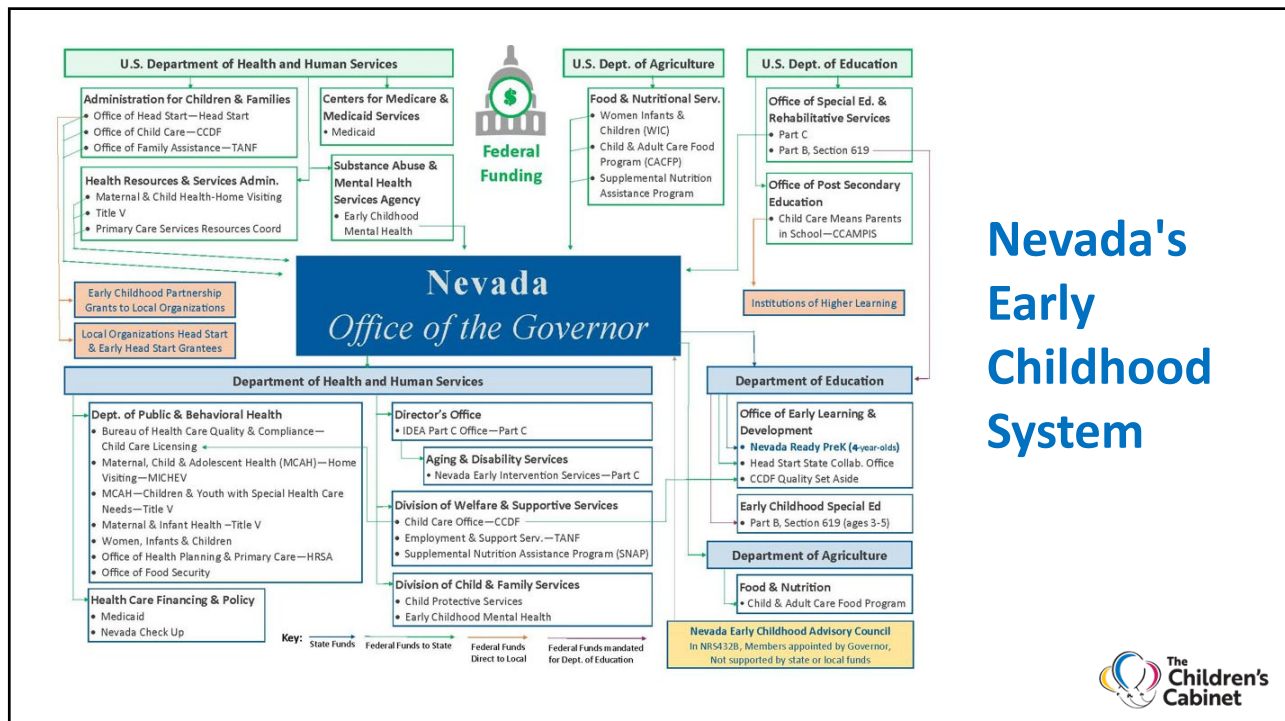
Provider & Family Leadership in Decision-Making



Early Childhood Systems Projects

- Cost Modeling Analysis
- Fiscal Mapping
- Network Analysis
- Landscape Analysis
- Data Integration
- Workforce Development Framework
- Market Research & Outreach Campaign
- Family & Parent Leadership & Equity Assessment

Identification of Assets & Gaps in the Early Childhood System to Identify Strategic Infrastructure Improvements Needed



ECCS Strategic Systems Priorities

Governance and Infrastructure:

- Establish the Governor's Office of Early Childhood to align policy and fiscal decision making for the early childhood system across relevant agencies
- Restructure the NV ECAC to establish program and community level advisory support to the Governor's Office of Early Childhood and the State Legislature

Prioritize maternal and child health, early care and education as policy and fiscal priorities to support equitable access to programs & services that meet the needs of children and families.



ECCS Strategic System Priorities

Integrated and Aligned Data:

- Early Childhood Integrated Data System (ECIDS) to improve service delivery, data collection, outcome analysis and identification of needs
- Centralized and Coordinated Intake and Referral System (CIRS) to streamline access and utilization of services

Streamline data collection and increase utilization to inform decision-making, improve access to services and assess impact in priority populations.



ECCS Strategic System Priorities

Financing:

- Cost modeling analyses to identify true cost of high quality programs and services
- Braid and streamline existing funding sources to maximize impact of high quality EC programs and services
- Identify new funding sources to scale high quality EC programs and services

Adequately fund high quality (evidence-based, where available) programs and services that meet the needs of children and families and ensure equitable access using a targeted universalism approach



NV Early Childhood Comprehensive Systems – Health Integration Project

Denise Tanata
 ECCS Director
 The Children's Cabinet
 Email: dtanata@childrenscabinet.org
 Phone: 702-544-9629



<https://www.childrenscabinet.org/early-childhood-comprehensive-systems/>

Attachment for Agenda Item #9

Health in All Policies (HiAP)

Joyce Abeng, MPH
Public Health Diversity Advisor
Larson Institute, School of Public Health (University of Nevada, Reno)



Overview

- Health in All Policies integrates health considerations into policymaking across sectors to improve the health of all communities.

Projects

- Birthing Resources Directory
- Community Partnerships
 - Doulas in Northern, Southern and rural Nevada
 - Nevada Certification Board
 - Doula Co-Op
- Health Notes
- Engaging with Policymakers
- AB 256 and beyond

Attachment for Agenda Item #10

82nd (2023) Legislative Session Bill Draft Requests for Discussion

Maternal Child Health Advisory Board Scope per NRS 442.137

As set forth in NRS 442.137, the purpose of the MCH Advisory Board is to advise the Administrator of the Division concerning perinatal care to enhance the survivability and health of infants and persons who are pregnant, are giving birth and have given birth, and concerning programs to improve the health of preschool children, to achieve the following objectives:

1. Ensuring the availability and accessibility of primary care health services;
2. Reducing the rate of infant mortality;
3. Reducing the incidence of preventable diseases and handicapping conditions among children;
4. Identifying the most effective methods of preventing fetal alcohol syndrome and collecting information relating to the incidence of fetal alcohol syndrome in this state;
5. Preventing the consumption of alcohol by women during pregnancy;
6. Reducing the need for inpatient and long-term care services;
7. Increasing the number of children who are appropriately immunized against disease;
8. Increasing the number of children from low-income families who are receiving assessments of their health;
9. Ensuring that services to follow up the assessment are available, accessible and affordable to children identified as in need of those services;
10. Assisting the Division in developing a program of public education that it is required to develop pursuant to NRS 442.385, including, without limitation, preparing and obtaining information related to fetal alcohol syndrome;
11. Assisting the University of Nevada School of Medicine in reviewing, amending and distributing the guidelines it is required to develop pursuant to NRS 442.390; and
12. Promoting the health of infants and persons who are pregnant, are giving birth or have given birth by ensuring the availability and accessibility of affordable perinatal services

Identified BDRs of Interest

- AB6 (BDR 40-380)
Assembly Committee on Health and Human Services
Revises provisions relating to the cost of health care.
- SB38 (BDR 15-425)
Senate Committee on the Judiciary
Revises provisions relating to offenses against children.
- BDR 15-40
Assemblywoman Rochelle Nguyen
Revises provisions governing women's health.
- BDR 44
Senator Cannizzaro
Revises provisions relating to women's health.
- BDR 64
Assemblywoman Thomas
Revises provisions governing the Maternal Mortality Review Committee.

Attachment for Agenda Item #12

Maternal and Child Health Advisory Board (MCHAB) Maternal Child Health (MCH) Program Updates

12/16/2022

Updates are for July 1, 2022, through September 30, 2022

Maternal and Infant Health Program (MIP)

The MIP provides technical assistance, resources and support to private and public agencies serving women, ages 18 through 44, mothers and infants. The MIP Coordinator works closely with these agencies as well as the Title V MCH Program Manager and MCAH Section Manager to improve the health outcomes of women of childbearing age, mothers, and infants.

Maternal and Infant Health Program Title V/MCH Funded Partners

MCH Coalition

- The NV Statewide MCH Coalition continues to distribute materials promoting the Go Before You Show campaign, the Nevada Children’s Medical Home Portal, Perinatal Mood and Anxiety Disorders (PMAD), Nevada 211, SoberMomsHealthyBabies.org, NevadaBreastfeeds.org, and the Nevada Tobacco Quitline.
 - During this quarter, 71 New Mama Care Kits were distributed to post-partum individuals by the South MCH Coalition. The North MCH Coalition is in the process of expanding New Mama Care Kits distribution to the North and rural areas.
- A new campaign “Count the Kicks” started in October of 2021 to shed light on and prevent stillbirths in Nevada.
- The following meetings have been held this quarter:
 - North MCH Coalition Meetings:
 - August 11, 2022
 - South MCH Coalition Meetings
 - September 13, 2022
 - Steering Committee Meetings:
 - August 18, 2022
- Social Media Posts
 - From July 1, 2022, to September 30, 2022, for Facebook and Instagram followings:
 - Facebook followers increased from 551 to 598 with an increase of 47 over three months from July 1, 2022, to September 30, 2022.
 - Facebook likes increased from 513 to 542 with an increase of 29 over three months from July 1, 2022, to September 30, 2022.
 - Instagram followings increased from 776 to 824 followings, an increase of 48 followings over three months from July 1, 2022, to September 30, 2022.
 - Instagram posts increased from 440 to 480 posts, an increase of 40 posts over three months from July 1, 2022, to September 30, 2022.

The Regional Emergency Medical Services Authority (REMSA)

- REMSA continues to provide safe sleep media outreach and conduct activities with safe sleep partners as part of their Cribs for Kids Program, including community event participation statewide.
 - 0 Infant Safe Sleep Brochures were distributed this quarter.
 - 236 survival kits were purchased and distributed this quarter.
- REMSA also focuses on injury prevention and distributed 0 posters and 0 binders this quarter.
- The program coordinator position has been vacant this quarter, so training and distribution numbers may differ from prior reports.

Washoe County Health District (WCHD)

- Title V MCH Block Grant currently funds all WCHD Fetal Infant Mortality Review (FIMR) efforts. WCHD continues to review records for FIMR.
 - Three Case Review Team (CRT) meetings were held from July 1, 2022, to September 30, 2022, with twelve cases presented and discussed. Six new FIMR cases were received between July 1, 2022, and September 30, 2022.
 - FIMR staff continue to assist with the dissemination of materials for the “Count the Kicks” fetal movement awareness campaign and assists Healthy Birth Day, Inc. With outreach efforts as needed.
 - FIMR staff will be assisting with the implementation and distribution of “New Mama Care Kits” in Northern Nevada once the project rolls out in Northern Nevada.

Carson City Health and Human Services (CCHHS)

- CCHHS conducted 372 adult wellness screenings. Referrals were made for 12 women experiencing intimate partner violence, 4 afflicted with mood disorders, 10 who use alcohol, and 10 with a history of substance use.
- CCHHS counseled self-identified persons who use tobacco/nicotine with a Brief Tobacco Intervention resulting in 2 referrals to the NTQ to change smoking/vaping habits. CCHHS posted one-monthly message on the clinic signage and one Facebook campaign promoting the NQL. Social media reached 1,578 with 34 clicking on links to learn more.
- During clinic visits, 39 youth or family members received information about health care transition and were provided with resources to learn more.
- CCHHS referred 16 women receiving positive pregnancy test results to WIC for breastfeeding education and support.
- CCHHS works collaboratively with the in-house WIC office and discussed the value of a medical home with 170 individuals and or families.
- As many as 197 vaccination reminder cards were sent for infants/toddlers ages four-months through 35-months old in need of recommended vaccines.
- CCHHS posted one monthly PRAMS awareness message on the clinic signage and conducted one Facebook campaign. Social media reached 1,322 viewers and 22 clicked on the link.
- CCHHS posted one monthly Nevada 211 and Medical Home Portal awareness message on the clinic signage. The one-month Nevada 211 Facebook campaign reached 1,993 individuals with 276 engaged users.

Community Health Services (CHS)

- CHS conducted wellness screenings for adults up through age 44. Referrals were made for individuals afflicted by domestic violence, mood disorders, and substance use. Additionally, patients were provided with nutrition, weight, and exercise information.
- CHS counseled self-identified persons who use tobacco/nicotine with a Brief Tobacco Intervention.
- CHS provided preventive education services with a focus on well-care screenings, contraceptives, sexually transmitted infection (STI) screens, immunizations, as well as nutrition, weight, and exercise information to individuals.

Other MIP Efforts

Substance Use During Pregnancy

- All subgrantees continue to promote the SoberMomsHealthyBabies.org website
- Title V MCH staff participate in Substance Use workgroups and collaborate with the Substance Abuse Prevention and Treatment Agency (SAPTA) on the Comprehensive Addiction Recovery Act (CARA) initiatives. This includes the Infant Plan of Safe Care, Promoting Innovation in State/Territorial Maternal and Child Health Policymaking (PRISM) Learning Community and Opioid Use Disorder, Maternal Outcomes, and Perinatal Health Initiative (formerly Neonatal Abstinence Syndrome Initiative (OMNI)) efforts.

Breastfeeding Promotion

- NevadaBreastfeeds.org continues to be maintained, and the Breastfeeding Welcome Here Campaign continues to be promoted.

Media Campaigns and Outreach Efforts

Safe Sleep

- A TV and Radio Campaign ran from March 1, 2022, through April 30, 2022, with 534 total TV spots aired and 3,146 radio spots aired
 - TV
 - North: 106 English, 26 Spanish
 - South: 157 English, 245 Spanish
 - Radio
 - North: 1,127 English, 103 Spanish
 - South: 1,563 English, 353 Spanish

SoberMomsHealthyBabies.org

- A TV and Radio Campaign ran from March 1, 2022, through April 30, 2022, with 498 total TV spots aired and 3,025 radio spots aired
 - TV
 - North: 103 English, 23 Spanish
 - South: 117 English, 255 Spanish
 - Radio
 - North: 1,000 English, 106 Spanish
 - South: 1,780 English, 139 Spanish

Rape Prevention and Education Program (RPE)

The Nevada RPE Program is part of a national effort launched by the Centers for Disease Control and Prevention (CDC) in response to the Violence Against Women Act of 1994. The RPE Program focuses on preventing first-time perpetration and victimization by reducing modifiable risk factors while increasing protective health and environmental factors to prevent sexual violence. CDC funds the RPE Program, along with sexual violence funds set-aside through Preventive Health the Health Services (PHHS), and the Title V Maternal and Child Health (MCH) Program Block Grant.

RPE Funded Partners

University of Nevada, Las Vegas (UNLV)

- UNLV received 23 applications for their CARE Peer Program (CPP) during this reporting period; applications will be reviewed and interviews will be conducted in May 2022.
- Director Attended virtual site fair for Human Service interns to promote CPP, approximately 10 students reached. Instagram was used to promote CPP with a reach of 620 unique users.
- UNLV conducted 2 live presentations to the Academic Success Center and COLA 100 class. There were also 8 virtual presentations.

Safe Embrace

- Safe Embrace attended three community outreach events during this reporting period. In addition, two staff members were able to attend two in-person bystander intervention trainings by another RPE recipient, Signs of Hope in Las Vegas, NV.
- Safe Embrace has conducted outreach and scheduled trainings with three new hospitality and entertainment venues. Since the program's start in late 2019, 23 establishments have MOUs in place and receive information, training, and policy guidance.
- Safe embrace has completed six trainings with local hospitality and entertainment venues.

Signs of Hope (formerly Rape Crisis Center of Las Vegas)

- Signs of Hope continues to institutionalize relationships with MGM Resorts International and Wynn Resorts and seek new partnerships to expand safety practices. In the last year, 27 presentations were given at 8 different properties.
- Signs of Hope continues to support a 24-hour crisis response hotline.

Nevada Coalition to End Domestic and Sexual Violence (NCEDSV)

- NCEDSV is continuing the work of the statewide Economic Justice Workgroup; they currently have 15 organizations across Nevada that participate. The workgroup convened four times during this reporting period. To help raise awareness around the workgroup and educate policymakers, NCEDSV has created a sign-on letter that workgroup members have added their names and organizations to. The letter will be sent to Governor Sisolak in April 2022.

Nevada Pregnancy Risk Assessment Monitoring System (PRAMS) Program

The Pregnancy Risk Assessment Monitoring System (PRAMS) is a joint research project between the Nevada Division of Public and Behavioral Health and the Centers for Disease Control and Prevention (CDC). The purpose is to determine protective factors for healthy, full-term births as well as risk factors for short-term births, babies born with disabilities, and maternal health. To do this, the questionnaire

asks new mothers questions about their behaviors and experiences before, during, and after their pregnancy. The overall goal of PRAMS is to reduce infant morbidity and mortality and to promote maternal health by influencing maternal and child health programs, policies, and maternal behaviors during pregnancy and early infancy.

PRAMS Data Collection Efforts

Supplemental Questions

- NV PRAMS completed the disability supplemental questions for 2021 births with MCH Title V Program and State general funds and switched to opioid supplemental questions in 2022. The disability and opioid supplement will continue to rotate every other year. Data from the survey will inform future data driven MCH efforts.
- NV PRAMS completed the COVID-19 supplemental questions for July 2020 through June 2021 births. This supplement was only completed once, and data will inform future data driven MCH efforts related to pandemic response.

Response Rates

- 2017 Nevada PRAMS data had a response rate of 41% and 2018 data had a response rate of 39%, which is under the Centers for Disease Control and Prevention (CDC) required response rate threshold of 55% to publish data. 2019 weighted data was received in February and had a response rate of 42% which is under the CDC threshold of 50% to publish data. This data should be interpreted with caution due to the response rate.
- 2020 Nevada PRAMS data was received back from CDC October 2021, and had a response rate of 43%. This is under the CDC threshold of 50%, and data should be interpreted with caution due to the response rate.
- The primary goal for Nevada PRAMS is to increase response rates moving forward. A focus group is being conducted with University of Nevada, Reno to get feedback on if different letterheads might increase participant response.

PRAMS Data Requests

- Data can be requested via the Office of Analytics at data@dhhs.nv.gov.

Media Campaigns and Outreach Efforts

PRAMS TV and Radio Campaign

- March 2022- May 2022: 561 Total TV Spots Aired, 3,308 Radio Spots Aired
 - TV
 - North: 90 English, 31 Spanish
 - South: 208 English, 232 Spanish
 - Radio
 - North: 1,135 English, 98 Spanish
 - South: 1,807 English, 268 Spanish

Promotional Items

Children's Health and Adolescent Health and Wellness Program (AHWP)

The Title V MCH Section focuses on children's health as part of the adolescent health program. The Adolescent Health and Wellness Program (AHWP) uses the public health approach by addressing risk factors which increase the likelihood of negative health outcomes in youth. Adolescence, the transition from childhood to early adulthood, is a critical phase in human development. While adolescence may appear to be a relatively healthy period of life, health patterns, behaviors, and lifestyle choices made during this time have important long-term implications.

Adolescent Health and Wellness Program Title V/MCH Funded Partners

Carson City Health and Human Services (CCHHS)

- CCHHS conducted 39 adolescent wellness screenings. One referral was made a youth using alcohol
- During clinic visits, 39 youth or family members received information about health care transition and were provided with resources to learn more.
- CCHHS posted one monthly adolescent well-visit awareness message on the clinic signage and conducted one Facebook campaign. Social media reached 4,120 viewers and 39 clicked on the link.
- Implementation of the electronic youth-friendly risk assessment began during well-visits. Adolescent Preventive Services (RAAPS) was filled out by 25 clients (ages 9 – 25 y.o.) and 7 who were sexually active responded to the questions inside Adolescent Counseling Technologies (ACT).

Community Health Services (CHS)

- CHS administered age-appropriate infant and child immunizations in the clinic setting and through community immunization clinics.
- CHS conducted adolescent wellness screenings. Referrals were made for individuals afflicted by domestic violence, with mood disorders, and substance use. Additionally, youth were provided with nutrition, weight, and exercise information.
- CHS provided preventive education services with a focus on well-care screenings, contraceptives, sexually transmitted infection (STI) screens, and immunizations.

Urban Lotus Project (ULP)

- Urban Lotus Project Trauma-Informed Yoga for Youth conducted 89 no-cost yoga classes to 480 adolescents. Seven agencies hosted the yoga sessions with ULP conducting virtual classes each week. Most students attended multiple yoga classes resulting in several exposures to help them cope with daily stressors.

Nevada Institute for Children's Research and Policy (NICRP)

- Preparations are being made to clean data for The Kindergarten Health Survey 2021-2022. The annual report each year is placed inside <https://nic.unlv.edu/reports.html>
- Surveys have been sent to all 17 school districts for the 2022-2023 survey & many districts have returned the completed questionnaires to NICRP.

Other Children's Health and AHWP Efforts

Adolescent Well Visits

- *Does Your Teen Need Health Coverage?* brochures were disseminated to various agencies and at outreach events addressing the value of adolescent well-visits and how to apply for health insurance.
- The annual pre-order resulted in requests for 34,000 brochures titled *Does Your Teen Need Health Coverage?* with a mix of 19,000 English/15,000 Spanish. These brochures will be disseminated at least one month before open insurance enrollment starts (fall 2022).

Health Care Transition

- Resources from www.gottransition.org were disseminated to partners and at community events.

Sexual and Behavioral Health Collaboratives

- MCAH staff attended LEAHP project meetings to help develop state action plans for adolescent reproductive and sexual health education and services, as well as safe and supportive environments.

CoIIN Participation

- Title V MCH staff served as the HRSA representative on the Comprehensive School-Mental Health CoIIN. This partially funded HRSA project focused on supports and services promoting a positive school climate, social-emotional learning, and mental health and well-being while reducing the prevalence and severity of mental illness.

Media Campaigns and Outreach Efforts

Adolescent Well Visits and Health Care Transition

- DP Video and MCH staff made plans for the creation of animated videos on the topics of (1) adolescent well visits and (2) health care transition. Research shows animation, as well as videos draw in audiences, especially youth. The videos will conform with the content of the text messages developed in prior social media campaigns.

Children and Youth with Special Health Care Needs (CYSHCN) Program

CYSHCN Program Title V/MCH Funded Partners

Nevada Center for Excellence in Disabilities (NCED) and NCED Family Navigation Network

- NCED completed the last four (of six total) evening summer learning series for youth with special health care needs, their families/caregivers, and agencies serving this population. The sessions focused on topics of interest for special needs children (e.g., medications, Katie Beckett/Medicaid, supported decision making and behavioral health issues. Sessions were promoted through flyers and television/radio interviews and were attended by 22-46 individuals depending on the topic. Most participants were families with children experiencing special health care needs, lending to rich discussions in the 30-minute question and answer period.

- NCED Family Navigation Network supports families of children and youth with special health needs to navigate complex healthcare systems. Family Navigation Network provides free one-to-one support, training, and printed materials to families and professionals who serve them.
 - During this quarter, 23 calls to the hotline were answered. 15 calls were about therapy options, 6 were about school-related issues, 6 were about insurance/payment/Katie Beckett issues, none were about college options for a child with a developmental disability. 18 referrals were made for educational advocacy, therapies, and paying for services.
 - 90% of staff trained on the Medical Home Portal.
 - 10 families were trained.

Children's Cabinet

- The Family Engagement Coordinator with The Children's Cabinet provides technical assistance and facilitates parent involvement in social emotional Pyramid Model (TACSEI) activities. From July 1st, 2022, to September 30th, 2022, two Technical Assistance trainings with 8 participants were conducted and 6 preschools and daycare centers were contacted and given informational materials.
- Data collection and evaluation for Pyramid Model activities is ongoing, with 12 sites collecting data. 210 children have received Ages and Stages Questionnaire screenings.

Medical Home Portal

- Medical Home Portal reports are located separately in the packet.

Other CYSHCN Program Efforts

- Title V MCH staff continued participation in the Pediatric Mental Health Care Access Program (PMHCAP) with the Nevada Division of Child and Family Services (DCFS). PMHCAP uses telehealth strategies like Mobile Crisis Response teams to expand mental health services for children in Nevada. Title V MCH staff recently peer reviewed the Early Childhood Mental Health Brief Development process and protocols initiated by PMHCAP and the Nevada Institute for Children's Research and Policy (NICRP).
- Title V MCH staff presented to the Nevada Governor's Council on Developmental Disabilities (NGCDD) on CYSHCN Programs and provided data and reporting.
- Title V MCH staff attended several meetings to learn about updates related to CYSHCN efforts.
- Title V MCH staff assisted in efforts to create and disseminate sensory-friendly vaccine kits designed to help medical providers through the process of vaccinating CYSHCN who experience difficulties during the vaccination process.

Media Campaigns and Outreach Efforts

Family Navigation Network

- A social media campaign for Family Navigation Network will run through September in an effort to promote the Medical Home Portal.

Cross-Cutting Programs and Efforts

Nevada 211

- Nevada 211 received 254 calls/texts from individuals who were pregnant or living with someone pregnant. Callers were given information and/or referrals to the following Title V MCH endorsed programs: PRAMS (53), Sober Moms Healthy Babies website (1), Medical Home Portal (17), Text 4 Baby (88), Cribs for Kids (2), and Nevada Tobacco Quitline (2). No callers needed referrals for Perinatal Mood & Anxiety Disorder.

Tobacco Cessation

- As appropriate subgrantees continue to promote the Nevada Tobacco Quitline (NTQ).

Other Title V MCH Program Efforts

- Title V MCH worked with University of Nevada, Reno NCED to conduct focus groups of youth ages 12 through 18 to gather youth-identified priorities, facilitators, and barriers for increasing youth engagement. Three of these focus groups were comprised of youth from the following priority populations:
 - Youth with special health care needs
 - Youth of color
 - Youth who are Spanish speaking
 - Youth residing in rural counties/areas
- Surveys were administered to parents of these youth to identify family priorities.
- A focus group with families served by UCED's program for substance-exposed maternal-infant dyads was conducted to inform maternal and infant health priorities.
- From these focus groups and surveys, a final report was completed that includes an action plan, recommendations, and road map for increasing youth and family engagement in the future, and key information learned from the substance exposed maternal-infant dyad focus group.



Medical Home Portal

FFY2022 Q4 REPORT

1. FEATURE UPDATES

Features that have been significantly reworked or updated during the Quarter ending September 30, 2022.

A. Improvements for Service Maintainers

- i. A feature was added, for those that have back-end Service Maintenance access, to search categories by open text field while editing records and importing records.
- ii. Additionally, the ability to see the description of a category when hovering was also added.

B. Service Provider Category Review and Updates

- i. The Portal team continued its review of Service Provider Categories and associated mapping to AIRS Taxonomy codes. The following category groups were reviewed and updated this quarter:
 1. *Education*
 2. *Equipment*
 3. *Haircuts and Grooming*
 4. *Healthcare, Dental*

2. CONTENT UPDATES

Content that has been published or updated during the Quarter ending September 30, 2022.

A. New Content

- i. Clinical
 1. *Screening for Eating Disorders*
 2. *Type 1 Diabetes (diagnosis module)*

B. Updated Content

- i. Clinical
 - 1. *Congenital Hypothyroidism (newborn disorder page)*
 - 2. *Glutaric Acidemia Type 2 (newborn disorder page)*
 - 3. *Homocystinuria- Classic (newborn disorder page)*
 - 4. *Homocystinuria (diagnosis module)*
- ii. Other
 - 1. *Editorial Board*

3. GOOGLE ANALYTICS

Google Analytics July 1 – September 30, 2022. Traffic Refined for Quality Segment.
(Percentage change from previous quarter.) [Percentage change from previous year.]

A. Nevada

- i. Users: 10,554 (+40.74%) [+7.98%]
- ii. Sessions: 11,999 (+39.67%) [+9.38%]
- iii. Pageviews: 19,081 (+33.41%) [+41.78%]*

B. Nationwide

- i. Users: 55,137 (-3.74%) [+27.71%]
- ii. Sessions: 63,223 (-4.00%) [+28.50%]
- iii. Pageviews: 80,229 (-4.93%) [+31.63%]*

C. Aggregated Subdomains

- i. Users: 136,884 (+6.78%) [+10.39%]
- ii. Sessions: 148,517 (+5.46%) [+10.75%]
Pageviews: 224,374 (+3.17%) [+2.81%]*

**[Percentage change from previous year] for this report were not compared to actual numbers but to estimates generated for Q4 FY 2021 and calculated manually - due to a data anomaly that occurred half-way through the Q4 FY 2021 reporting period, the actual numbers were over-inflated and inaccurate.*