
Maternal and Child Health Advisory Board MEETING AGENDA

DATE: May 8, 2020 TIME: 9:00 AM

The meeting will be virtual through phone conference line, in accordance with Governor Sisolak's emergency directive on public meetings to maintain government transparency and protect public safety.

Please use landline to call into teleconference number

CALL-IN NUMBER: 1-877-336-1831

ACCESS CODE: 62214424

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

Note: 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 – Veronica Galas, RN, BSN; Chair

Members: Veronica Galas, RN, BSN (Chair), Tyree G. Davis, D.D.S; Fred Schultz; Marsha Matsunaga Kirgan, MD; Keith Brill, MD; Linda Gabor, MSN, RN; Noah Kohn, MD; Melinda Hoskins, MS, APRN, CNM; and Fatima Taylor, M.Ed.,CPM

2. Approval of draft minutes from the February 7, 2020 meeting –Veronica Galas, RN, BSN; Chair

PUBLIC COMMENT
FOR POSSIBLE ACTION

3. Updates and possible recommendations on Alliance for Innovation on Maternal Health (AIM) and the Maternal Mortality Review Committee (MMRC) – Vickie Ives, MA, Maternal, Child and Adolescent Health Section Manager, Division of Public and Behavioral Health

PUBLIC COMMENT
FOR POSSIBLE ACTION

4. Discussion and sharing of agendas of the Interim Legislative Committee on Health Care – Mitch DeValliere, DC, Title V Maternal and Child Health, Program Manager, Division of Public and Behavioral Health

PUBLIC COMMENT

5. Discussion on the Title V MCH Needs Assessment– Tami Conn, Health Program Specialist II, State Systems Development Initiative, Division of Public and Behavioral Health

PUBLIC COMMENT

6. Discussion and possible recommendations on Reports and MCH Updates – Mitch DeValliere, DC, Title V Maternal and Child Health, Program Manager, Division of Public and Behavioral Health

PUBLIC COMMENT
FOR POSSIBLE ACTION

7. Discussion of Fetal Infant Mortality Review (FIMR) committee findings - Linda Gabor, RN

PUBLIC COMMENT

8. Adjournment

In accordance with Nevada Governor Sisolak’s Declaration of Emergency Directive 006 there will not be a physical location for the Maternal and Child Health Advisory Board meeting. The public is strongly encouraged to participate by phone using phone number 1-877-336-1831, Access Code 62214424 and downloading any material provided for the meeting at the website addresses below.

- As per Nevada Governor Sisolak’s Declaration of Emergency Directive 006; Subsection 3: The requirements contained in NRS 241.020 (4) (a) that public notice agendas be posted at physical locations within the State of Nevada are suspended.
- As per Nevada Governor Sisolak’s Declaration of Emergency Directive 006; Subsection 4: Public bodies must still comply with requirements in NRS 241.020 (4)(b) and NRS 241.020 (4)(c) that public notice agendas be posted to Nevada’s notice website and the public body’s website, if it maintains one along with providing a copy to any person who has requested one via U.S. mail or electronic mail.
- As per Nevada Governor Sisolak’s Declaration of Emergency Directive 006; Subsection 5: The requirement contained in NRS 241.020 (3)(c) that physical locations be available for the public to receive supporting material for public meetings is suspended.
- As per Nevada Governor Sisolak’s Declaration of Emergency Directive 006; Subsection 6: If a public body holds a meeting and does not provide a physical location where supporting material is available to the public, the public body must provide on its public notice agenda the name and contact information for the person designated by the public body from whom a member of the public may request supporting material electronically and must post supporting material to the public body’s website, if it maintains one.

Agenda and supporting materials posted online on the following sites:

- On the Internet at the Nevada Division of Public and Behavioral Health website: <http://www.dpbh.nv.gov>
- On the Department of Administration’s website at <https://notice.nv.gov/>

We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the teleconferenced meeting. If special arrangements are necessary, please notify McKenna Bacon in writing by email (mcbacon@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) 684-4235 before the meeting date. Anyone who wants 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 McKenna Bacon, Division of Public and Behavioral Health, Bureau of Child, Family and Community Wellness, at (775) 434-9150 or by email at mcbacon@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.

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 five (5) 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
DRAFT MINUTES
February 7, 2020
9:00 AM**

The Maternal and Child Health Advisory Board (MCHAB) held a public meeting on February 7, 2020 beginning at 9:00 A.M. at the following locations:

Division of Public and Behavioral Health
4150 Technology Way, Room 303
Carson City, NV 89706

Healthcare Quality and Compliance
4220 S. Maryland Pkwy, Suite 810, Bldg. D
Las Vegas, NV 89119

Call in Number: 1-877-336-1831
Access Code: 62214424

BOARD MEMBERS PRESENT

Veronica (Roni) Galas, RN, Chair
Tyree G. Davis, D.D.S
Linda Gabor, MSN, RN
Keith Brill, MD
Melinda Hoskins, MS, APRN, CNM, IBCLC
Marsha Matsunaga-Kirgan, MD

BOARD MEMBERS NOT PRESENT

Senator Patricia Farley
Assemblywoman Amber Joiner
Fred Schultz
Noah Kohn, MD
Fatima Taylor, M.Ed.

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH) STAFF PRESENT

Candice McDaniel, MS, Bureau Chief, Child, Family and Community Wellness (CFCW)
Karissa Loper, MPH, Deputy Bureau Chief, CFCW
Vickie Ives, MA, Section Manager, Maternal, Child, and Adolescent Health (MCAH)
Mitch DeValliere, DC, Program Manager, Title V Maternal and Child Health (MCH), MCAH
Evelyn Dryer, Program Manager, Maternal, Infant, and Early Childhood Home Visiting, MCAH
Perry Smith, Program Coordinator, Nevada Early Hearing Detection and Intervention (EHDI), MCAH
Sarah Metcalf, MPH, NDTR, CLC, Program Coordinator, Maternal Infant Health, MCAH
Eileen Hough, MPH, Program Coordinator, Adolescent Health and Wellness, MCAH
Tami Conn, Health Program Specialist II, State Systems Development Initiative, MCAH
Larissa White, MPH, CPH, Program Coordinator, Children and Youth with Special Health Care Needs, MCAH
Lawanda Jones, Grants and Projects Analyst, MCAH
McKenna Bacon, Administrative Assistant IV, CFCW
Stephanie Camacho, Administrative Assistant II, EHDI, MCAH

OTHERS PRESENT

Sherry Hopkins, Certified Professional Midwife (CPM)
Jennifer Vanderlaan, PhD, MPH, CNM, FNP, Assistant Professor, School of Nursing, University of Nevada, Las Vegas
Linda Bowman, Director of Operations, Nevada Nurses Association
Amanda McDonald, CPM
Tiffany Hoffman, CPM
Tori Hinkle, Direct Entry Midwife (DEM)
Jollina Simpson, IBCLC, President, Kijiji Sisterhood

Genevieve Burkett, RN, Director of Nursing, Serenity Birth Woman's Care Center
Alyson Janeal Butler, CPM, CLM, Admissions Director, College of Utah
Allison Genco, Ferrari Public Affairs for Dignity Health
Jackie Kennedy, M.Ed., CHW, Program Manager, Nevada Statewide MCH Coalition
Tara Rain, Community Member
April Clile, Community Member

1. Call to Order- Roll Call and Introductions

Chair Veronica (Roni) Galas called the meeting to order at 9:10 AM.

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

2. Approval of draft minutes and discussion of letter from November 1, 2019 MCHAB meeting

CHAIR GALAS ENTERTAINED A MOTION TO APPROVE THE NOVEMBER 1, 2019 MEETING MINUTES. DR. TYREE DAVIS MADE A MOTION TO APPROVE THE MINUTES, AND MELINDA HOSKINS SECONDED THE MOTION WHICH PASSED UNANIMOUSLY WITHOUT PUBLIC COMMENT.

3. Discussion of updates on the Alliance for Innovation on Maternal Health (AIM) and the Maternal Mortality Review Committee (MMRC) - Vickie Ives, MA, Maternal, Child and Adolescent Health Section Manager, Division of Public and Behavioral Health

Vickie Ives stated the MMRC appointments have been made and the first meeting is scheduled for February 2020. No cases will be reviewed, but they will set up bylaws and data systems. She stated staff presented to the Interim Legislative Committee on Health Care on January 15, 2020 on the implementation of Assembly Bill (AB) 169 of the 80th Legislative Session and ongoing reporting.

Ms. Ives reported AIM has provided an estimated time for approval in March.

Ms. Ives reported there is a January 2020 National Center for Vital and Health Statistics Report on the impact of pregnancy check box and misclassification on Maternal Mortality Trends in the U.S 1999-2017. If it is of interest, the report will be sent out following the meeting. Links to the report can also be shared.

Dr. Keith Brill is excited to hear about the MMRC, and asked if there was a list of members available.

Ms. Ives stated the Nevada Department of Health and Human Services (DHHS) Director's Office made the appointments based on the requirements of AB 169. She further stated there are six (6) members from Southern Nevada, and six (6) members from Northern Nevada.

Ms. Ives listed the following names as members of the Nevada MMRC:

- Joseph Adashek, MD, FACOG
- James Alexander, MD
- Daniella Courban, MD, FACOG
- Melinda Hoskins, MS, APRN-CNM, IBCLC
- Brian Iriye, MD
- Laura Knight, MD, Chief Medical Examiner and Coroner, Washoe County

- Sandra Koch, MD, FACOG
- Natalie Nicholson, DNP, MBA, RN, CENP
- Jolina Simpson, IBCLC, CHW, Kijiji Sisterhood
- Wilfredo Torres, MD, FACOG
- Jennifer Vanderlaan, PhD, MPH, APRN, CNM, FNP
- Ericka Washington, Make It Work Nevada

Chair Galas asked if the MCHAB members wanted links to the available materials.

Board members replied yes.

Chair Galas asked about the delay in the AIM funding and if the state will be able to receive funds that will have to be spent so quickly, or will timelines be adjusted on the funding received.

Ms. Ives replied the award should equal \$26,000, and she does not anticipate any issues on spending if it is received in March 2020. She added funding for the following year would equal approximately \$9,000.

No public comment was made.

4. Discussion and sharing of agendas of the Interim Legislative Committee on Health Care - Mitch DeValliere, DC, Program Manager, Title V Maternal and Child Health, Division of Public and Behavioral Health

Dr. Mitch DeValliere stated MCHAB had a request in the prior meeting to attach Interim Legislative Committee on Health Care Agendas to the MCHAB materials packet. He added the MMRC was discussed at the Interim Legislative Committee on Health Care meeting on January 15, 2020.

Chair Galas stated the Interim Committee meetings could be informative and could help the MCHAB identify items/topics of interest for the upcoming Legislative session.

Melinda Hoskins asked if there are any ways members could receive alerts when these meetings are scheduled?

Dr. DeValliere replied there is a website listing this information, but he does not know if there is a timeline on when the full summary of meetings will be posted.

Chair Galas asked if there is a way for individuals to sign up for e-mail notifications related to these meetings.

Dr. DeValliere confirmed there is the ability to sign up for and receive e-mail notifications about these meetings using the Nevada Legislature website.

Ms. Hoskins asked if MCAH staff could let Board members know when the summary of the meeting is posted, because the website does not notify subscribers of these updates.

Dr. DeValliere replied MCAH staff will be happy to notify members as requested.

Dr. Tyree Davis stated the next Interim Legislative Committee on Health Care meeting would be held February 19, 2020 and a significant amount of time is going to be spent discussing oral health issues, particularly for children.

Dr. DeValliere added the meeting would be held February 19, 2020 at 9:00 AM.

Chair Galas stated members can visit the Legislature's website for more information on the Committee meetings and can watch the meetings as they happen live at www.leg.state.nv.us.

No public comment was made.

5. Presentation of World Health Organization (WHO) designation of 2020 as the “Year of the Nurse and Midwife” – Melinda Hoskins, MS, APRN, CNM, Linda Bowman, Darlene Bujold, and Sherry Peyton Hopkins, CPM

Dr. Brill asked if Ms. Hoskins could summarize the process allowing CPMs to legally practice in Nevada.

Ms. Hoskins replied this allowance comes from a judicial ruling in 1981. A judge ruled it was clear from the record the Nevada Legislature recognized midwifery as a separate profession from those practicing medicine. The fact the Nevada Legislature chose not to regulate midwifery practice did not mean midwives could not practice. The next year the Director of the Nevada Board of Health (BOH) requested a corresponding Attorney General (AG) opinion. The AG stated until the Legislature chooses to regulate midwifery as a separate profession from medicine, then midwives were free to practice, and the BOH needed to facilitate their ability to be compliant with the tasks mandated in law.

Ms. Hoskins introduced Sherry Peyton Hopkins, CPM, to share information about the Direct Entry Midwives in the Las Vegas valley.

Ms. Hopkins stated she would like to use this opportunity to help people learn about the role of CPMs and how the organization would like to help care providers improve birth outcomes.

Dr. Davis stated when a high-risk patient has used a midwife during their pregnancy and then at the end decides to go to a physician, sometimes the physician will deny care to the mother. He asked if this situation has improved.

Ms. Hoskins replied they have seen some improvement in certain geographic areas because there are local physicians who are willing to team up with midwives to care for their pregnant patients; however, other physicians do not engage in this collaboration, because they believe it is illegal.

Dr. Marsha Matsunaga-Kirgan said she works at the University of Nevada, Las Vegas, and they will always accept any pregnant woman in their clinic regardless of who were her past care providers.

Dr. Davis asked if there were recommendations on what the MCHAB could do to increase the integration of medicine and midwifery.

Ms. Hopkins mentioned Board Members can help educate traditional physicians on what midwives do.

Dr. Brill mentioned midwife licensing issues but added he did not hear any of the CPMs mention they would like to pursue licensure.

Genevieve Burkett replied the American Association of Birth Centers supports CPMs being in birth centers and licensure would be helpful for getting accredited birth centers, as well.

Ms. Hoskins stated Dr. Brill brings up a good point. She added whether the recommendation for licensure would come from this Board or not is the question at hand and it would be timely to look at the issue this year.

Dr. Brill stated the recommendation could be one the Board brings to the 2021 Legislature, but if Nevada's CPMs don't want licensure, then he would not want the Board to pursue making a recommendation.

Allison Butler is a CPM practicing in Las Vegas for the past 11 years. Ms. Butler stated when it comes to licensure for CPMs there are many different opinions; some midwives will be against it due to legitimate concerns regarding laws affecting birth choice.

Chair Galas stated the Board can assist in facilitating discussions, but their role is to make recommendations to the Administrator of the Division of Public and Behavioral Health. If the Board believes the Administrator could have an impact on this issue, then members could make a recommendation after discussion.

Tiffany Hoffman, CPM, stated she has been in support of CPM licensure in Nevada for many years, but there have been many barriers encountered. There are very few CPMs practicing in Nevada, so creating a new Board to regulate the CPM licenses and the fees to maintain that Board and manage compliance could be excessive, ultimately limiting the number of midwives able to practice in Nevada. She added there are different types of midwives practicing in Nevada, and she believes the community is open to and would like to be part of this conversation as it progresses.

Perry Smith asked if the data Ms. Hoskins presented is included for any other types of birth assistance, such as doulas, or if it was strictly information on midwives.

Ms. Hoskins replied the data she provided was strictly about midwives.

Mr. Smith asked what organization is collecting the data Ms. Hoskins presented today.

Ms. Hoskins replied the data was collected by researchers at the University of British Columbia Birth Lab.

Eileen Hough asked how CPMs help with preconception health.

Ms. Hopkins replied midwives receive training on preconception health and some midwives will work on diet and nutrition, as well as hormone testing, to help patients in the preconception stage.

Ms. Butler added midwives also conduct health screenings, as well as provide open access to patients, where care can happen immediately, instead of them having to call a doctor and possibly wait for an appointment.

Ms. Hoskins added as a Certified Nurse Midwife (as opposed to the Certified Professional Midwife), there is not a lot of difference from the activities Ms. Butler outlined; but as an APRN she can order lab work for patients and discusses with them birth spacing and other family planning topics.

Jollina Simpson added that in Southern Nevada most midwives offer care to all persons, including those who are gender non-conforming, and they open a pathway to birth in a way the patients feel is protective of their gender identity.

Dr. DeValliere read an email from Maggie Alvarez, a patient in Las Vegas:

Good morning! I am pleased to see that this board is joining the World Health Organization in recognizing the importance of nurses and midwives. I would like to take a moment to share just a few of ways that my beloved midwife has had an impact on our community.

Firstly, she provides low-cost, no-hassle prenatal care. Thousands of women struggle to maneuver the costly and confusing medical insurance system, often delaying prenatal visits. My midwife keeps her services affordable, and her paperwork system simple. This is important for those families who are still figuring out their options.

Families also appreciate how attentive midwifery care is. A prenatal visit with my midwife is often an hour or longer and focuses heavily on education. She is present for the long hours of labor and birth, allowing her to closely monitor and assist for more of the process. But it is during the postpartum period that families really feel supported. A decades-long breastfeeding expert and the mother of many herself, my midwife places a high priority on breastfeeding support, and will often stay with a mother and newborn for hours to ensure that they are off to a good start. This support continues, via La Leche League meetings and one-on-one help, for as long as the mother desires.

Which brings us to what is perhaps the most important way that her care has impacted lives. From the moment a new mother reaches out to my midwife, she is deliberately drawn into a vibrant and supportive community. Her prenatal visits are partly held in a group setting, her birth will likely be attended by a new friend or two, and for many years after her birth, she will be surrounded by caring and experienced moms to help her on her journey. Those who have challenges have many opportunities to ask for help and get in touch with a staggering list of resources.

In many, many cases, these mothers become experts themselves and widen the circle of impact. They become lactation consultants, nutrition coaches, and fitness trainers. Some go on to become midwives themselves. Dentists, general doctors, mental health professionals, and pediatricians count her a close friend and work to connect with her clients. It is difficult for a struggling mother to fall through the cracks in this community.

It has been my pleasure and honor to be a part of this community for seventeen years, and I look forward to many more.

Thanks for your support of traditional midwives!

*Sincerely,
Maggie Alvarez
Las Vegas*

Chair Galas asked if today's conversation has spurred interest in a possible taskforce and conversations beyond this meeting and the MCHAB.

Dr. Davis replied he thinks we need to ask what the midwives would like and how this Board can help. He added he believes we need more information to help them appropriately.

Ms. Simpson asked if midwives should create a taskforce to ask and answer these questions.

Chair Galas stated she is not asking for a commitment from Board Members or others; she is asking if the Board should pursue continuing the conversation in a formal manner. She further added this agenda item is not an action item today, but just an informational item. It could be a future agenda item with the purpose of making a recommendation to the Administrator.

Dr. Brill stated he thinks MCHAB is a great avenue for this discussion but is not the only avenue.

Tara Rains asked as the Board is discussing midwife licensure, would they also consider the geographic areas and physical locations where midwives are practicing in Nevada and whether the State is open to the development of birth centers.

Magdalena Alvarez, a retired traditional midwife in Las Vegas, thanked the person who read her letter. Ms. Alvarez would also like to speak for the community of midwives who prefer not to pursue licensure. She stated Nevada is one of the last states to remain unregulated in this manner, so many patients will travel to Nevada from other states to seek care from a midwife.

Ms. Hoffman stated Ms. Alvarez brings up a good point regarding the lack of care options in other states. Ms. Hoffman and her colleague Amanda McDonald are open to conversations on this topic from all midwives in Nevada.

Chair Galas stated she believes it is important to name the barriers to licensure and determine if there is a common ground that would satisfy all stakeholders.

Dr. Matsunaga-Kirgan stated UNLV's University Medical Center (UMC) offers V-BAC, and they deliver for any mother who walks through their door no matter the circumstances. Although UMC cannot offer the home-environment or some other services the midwives provide, the facility successfully handles different types of births every day.

Dr. Brill stated he appreciates all these comments, and he thinks their purpose is to do what is best for the population, including looking at safety data. Dr. Brill stated it is not his preference for Nevada to be the only state in the country with no regulations on the practice of midwifery; his concern is for patient safety and health outcomes for mother and baby.

Chair Galas stated further conversation on this topic is necessary and 2020 could be the year when these topics can be addressed in Nevada.

Dr. Brill proposed this topic as an action agenda item for a future meeting.

Ms. Hoskins stated it might be better for the Board to hold further discussion on the topic until the midwife community can have a thorough conversation among themselves.

Chair Galas agreed the topic may be outside of this Board's domain and added agenda items can be presented for inclusion up to 30 days before the next meeting date.

No public comment was made.

6. Discussion of updates on MCH Reports and MCH Updates - Mitch DeValliere, DC, Program Manager, Title V Maternal and Child Health, Division of Public and Behavioral Health

Dr. DeValliere stated the finalization of the Nevada Title V MCH Needs Assessment will be an agenda item for the Board in May 2020. He added MCH is completing the annual report and application for the Title V MCH Block Grant.

Linda Gabor asked when is the deadline for the grant application.

Dr. DeValliere replied the final grant application is due in mid-July.

Ms. Gabor asked for a future agenda item to present findings from the Fetal Infant Mortality Review Committee.

Ms. Hoskins stated there is a MCH Coalition 2-day webinar on maternal mental health; if anyone is interested, they should visit the MCH Coalition website.

No public comment was made.

7. Adjournment

The meeting was adjourned at 11:07 AM

Attachment for Agenda Item #4

Legislative Committee on Health Care (NRS 429.B.200)

Posted Meetings Link :

<https://www.leg.state.nv.us/App/InterimCommittee/REL/Interim2019/Committee/1570/Meetings>

January 15, 2020 Meeting Minutes Link:

<https://www.leg.state.nv.us/App/InterimCommittee/REL/Document/15047>

[Overview](#) [Meetings](#) [Members](#) [Staff](#)

Expand Discussion Items for All Meetings

Wednesday, June 17, 2020 9:00 AM

This is the sixth meeting of the 2019-2020 Interim. The agenda is not yet available.

[Add to calendar](#) [Meeting not available](#) [Agenda not available](#) [Minutes not available](#)

Location(s)

- Room 4401 of the Grant Sawyer State Office Building, 555 E. Washington Ave., Las Vegas, NV.
- Videoconferenced to Room 3137 of the Legislative Building, 401 S. Carson St., Carson City, NV.

Wednesday, May 20, 2020 9:00 AM

This is the fifth meeting of the 2019-2020 Interim. The agenda is not yet available.

[Add to calendar](#) [Meeting not available](#) [Agenda not available](#) [Minutes not available](#)

Location(s)

- Room 4401 of the Grant Sawyer State Office Building, 555 E. Washington Ave., Las Vegas, NV.
- Videoconferenced to Room 3137 of the Legislative Building, 401 S. Carson St., Carson City, NV.

Wednesday, April 15, 2020 9:00 AM (Cancelled)

Wednesday, March 18, 2020 9:00 AM (Cancelled)

Wednesday, February 19, 2020 9:00 AM

This is the fourth meeting of the 2019-2020 Interim. Please see revised agenda for details.

[View Archived Meeting](#) [Agenda](#) [Minutes not available](#)

Expand All Meeting Links

▶ Meeting Material

Location(s)

- Room 4401 of the Grant Sawyer State Office Building, 555 E. Washington Ave., Las Vegas, NV.
- Videoconferenced to Room 3137 of the Legislative Building, 401 S. Carson St., Carson City, NV.

Wednesday, January 15, 2020 9:00 AM

This is the third meeting of the 2019-2020 Interim. Please see the agenda for details.

[View Archived Meeting](#) [Agenda](#) [Minutes](#)

Location(s)

- Room 4401 of the Grant Sawyer State Office Building, 555 E. Washington Ave., Las Vegas, NV.
- Videoconferenced to Room 3137 of the Legislative Building, 401 S. Carson St., Carson City, NV.

Attachment for Agenda Item #5



Steve Sisolak
Governor



Richard Whitley
Director

State of Nevada
Department of Health and Human Services

Title V Maternal and Child Health (MCH) Need Assessment
Division of Public and Behavioral Health

Lisa Sherych
May 8, 2020





Overview of Title V MCH Needs Assessment Community Survey

Tami Conn

Statewide Systems Development
Coordinator

Division of Public and Behavioral Health,
Maternal, Child and Adolescent Health
Program

tconn@health.nv.gov

Kagan Griffin, MPH, RD

MCH Epidemiologist

Division of Public and Behavioral Health,
Maternal, Child and Adolescent Health
Program

kgriffin@health.nv.gov

Needs Assessment requirement for MCH

- Required by HRSA for Title V Block Grant (TVGB) – Due July 15, 2020
- Target populations: women of childbearing age, pregnant women, children and adolescents, children and youth with special health care needs (CYSHCN) and infants
- A requirement of the MCH TVBG is to conduct a community needs assessment every 5 years and submit with grant application
- HRSA encouraged a joint effort with the Maternal and Infant Early Childhood Home Visiting Program (MIECHV)

Community Survey

- 2 surveys: Community Members and MCH Professionals and Providers
- Posted online from November 21st, 2019 to December 16th, 2019
- 341 survey responses
 - 46% Community member (n=157)
 - 46% Service provider/partner or public health professional in maternal and child health services (n= 159)
 - 7% Service provider/partner or public health professional in a maternal, child and infant home visiting program (n=25)

Methodology

- Contracted with Health Management Associates (HMA)
- Focused on 7 population groups
 - Woman of reproductive age (15 - 44 years of age)
 - Pregnant women and women one-year postpartum
 - Newborns and Infants (Birth up to 1 year of age)
 - Young Children (1 - 5 years of age)
 - Children (6 - 11 years of age)
 - Adolescents/Young Adults (12 - 21 years of age)
 - CYSHCN (Birth to 21 years of age)

Methodology

(continued)

- Mixed Methods
 - **Community Survey**
 - Key Informant Interviews
 - Focus groups
 - Population Health and Surveillance Data
 - Evaluation of the Quality and Capacity of Home Visiting Programs

Community
Member and
Public Health
Professional or
Provider Survey
Responses



What do you think are the top THREE things currently in your community that benefit women, children, and families? These are the things that you feel are a strength in your community, and are available, accessible, affordable, and/or high quality. Select one to three options

Community Member

- Recreational facilities (e.g., parks, trails, community centers) (32%)
- Good place to raise children (23%)
- Schools (22%)

MCH Professionals and Providers

- Recreational facilities (e.g., parks, trails, community centers) (24%)
- Schools (24%)
- Early childhood education programs (19%)

What do you think are the top THREE things in your community LACKING OR MISSING that benefit women, children, and families? These are the things that you feel need improvement in your community, and are not available, accessible, affordable, and/or high quality. Select one to three options

Community Member

- Childcare options (37%)
- Mental health/counseling services (34%)
- Good paying jobs and a livable wage (29%)

MCH Professionals and Providers

- Mental health/counseling services (47%)
- Childcare options (33%)
- Housing (30%)

Top THREE most important health problems/health issues in the community: **Women of Reproductive Age**

Community Member

- Mental health (i.e., anxiety, depression, etc.) (49%)
- Equitable pay (20%)
- Domestic or intimate partner violence (20%)
- Illicit substance use (i.e., heroin, cocaine, etc.) (20%)

MCH Professionals and Providers

- Mental health (i.e., anxiety, depression, etc.) (61%)
- Illicit substance use (i.e., heroin, cocaine, etc.) (24%)
- Domestic or intimate partner violence (25%)
- Not receiving regular health screening (17%)

Top THREE most important health problems/health issues in the community: **Pregnant Women**

Community Member

- Mental health (i.e., postpartum depression, anxiety, etc.) (39%)
- Health care insurance (23%)
- Postnatal care (22%)

MCH Professionals and Providers

- Mental health (i.e., postpartum depression, anxiety, etc.) (48%)
- Health care insurance (23%)
- Prenatal Care (24%)

Top THREE most important health problems/health issues in the community: **Newborns and Infants (Birth up to 1 year of age)**

Community Member

- Child abuse / neglect (43%)
- Not receiving developmental screenings (30%)
- Maternal substance use during or after pregnancy (29%)

MCH Professionals and Providers

- Maternal substance use during or after pregnancy (37%)
- Not receiving developmental screenings (29%)
- Low birth weight / Born before estimated due date (preterm birth) (28%)
- Child abuse / neglect (27%)

Top THREE most important health problems/health issues in the community: **Children (1 to 5 years of age)**

Community Member

- Access to affordable childcare and/or pre-school (35%)
- Child abuse / neglect (30%)
- Caregiver substance use or mother/father substance use (23%)

MCH Professionals and Providers

- Access to affordable childcare and/or pre-school (39%)
- Caregiver substance use or mother/father substance use (32%)
- Child abuse / neglect (22%)

Top THREE most important health problems/health issues in the community: **Children (6 to 11 years of age)**

Community Member

- Overuse of technology/excessive screen time (29%)
- Physical activity (27%)
- Child abuse / neglect (26%)

MCH Professionals and Providers

- Obesity (27%)
- Poor eating habits (27%)
- Mental health (i.e., anxiety, depression, etc.) (27%)

Top THREE most important health problems/health issues in the community: **Adolescents/Young Adults (12 to 21 years of age)**

Community Member

- Mental health (i.e., anxiety, depression, etc.) (43%)
- Lack of social, ethical, emotional, physical and cognitive skills needed during adolescence and to transition into adulthood (29%)
- Health care insurance (16%)

MCH Professionals and Providers

- Mental health (i.e., anxiety, depression, etc.) (36%)
- Lack of social, ethical, emotional, physical and cognitive skills needed during adolescence and to transition into adulthood (27%)
- E-cigarettes or vaping (16%)

Top THREE most important health problems/health issues in the community: **Children and Youth with Special Health Care Needs (CYSHCN) (Birth to 21 years of age)**

Community Member

- Mental health (i.e., anxiety, depression, etc.) (30%)
- Health care insurance (24%)
- Lack of social, ethical, emotional, physical and cognitive skills needed during adolescence and to transition into adulthood (20%)
- Navigation of the system of care for CYSHCN (20%)

MCH Professionals and Providers

- Lack of adequate access to specialty medical care (36%)
- Navigation of the system of care for CYSHCN(27%)
- Lack of social, ethical, emotional, physical and cognitive skills needed during adolescence and to transition into adulthood (26%)

Seeking
information and
resources
(Community
Member
Reported)



Information Source	Women/Maternal Issues, including prenatal, pregnancy, and post-natal care	Caregivers of infants (Children zero up to 1)	Caregivers of and/or Children 1 to 21 years, without special health care needs	Caregivers of and/or children 1 to 21 years, with special health care needs	Total
I don't know	52%	56%	56%	72%	25
Faith-based organizations	67%	55%	52%	48%	33
Community based organizations	75%*	63%	58%	67%	48
Advocacy organizations	51%	41%	34%	78%*	41
Schools	20%	13%	78%*	67%	45
Government services (Women, Infants and [WIC], local health departments, etc.)	88%*	77%*	56%	63%	52
Health clinics/hospitals	89%*	67%	60%	67%	57
Virtual/internet groups/ social media	81%*	64%	68%	72%	47
Face-to-face groups	53%	44%	33%	64%	36
Libraries	48%	33%	57%	52%	21
Ads or brochures in public places	56%	52%	68%	76% ⁸	25
Word of mouth (from friends and family)	85%*	79%*	75%*	73%	48
Nevada 211	63%	53%	42%	68%	19

Next steps

- Full needs assessment report is under final reviews
- Report will be shared after its approval
- Report will be published on our website
 - <http://dpbh.nv.gov/Programs/TitleV/dta/Publications/TitleV> - Publications/

Questions?

- Tami Conn
 - tconn@health.nv.gov
- Kagan Griffin, MPH, RD
 - kgriffin@health.nv.gov



Attachment for Agenda Item #6

Maternal and Child Health Advisory Board (MCHAB)
May 8, 2020 Update

- **Domain: Women/Maternal Health**

- Increase the percent of women ages 15-44 receiving routine check-ups in the previous year
- Increase the percent of women receiving prenatal care in first trimester

- **Title V/MCH Program and Partners –**

- Community Health Services (CHS) provided 3,494 preventive education services, 354 well-care screenings, 609 contraceptives, 213 Sexually Transmitted Infection (STI) screens, 51 immunizations, and 410 clients received nutrition, weight, and exercise information. All women presenting for reproductive health visits were screened for domestic violence and behavioral health, as well as depression. Six women were referred to mental health providers.
- The Partners Allied for Community Excellence (PACE) Coalition Community Health Worker (CHW) attended an elementary school fair and handed out the following materials to women: 25 Kids in the Kitchen cook books, 5 smoking cessation pamphlets, 9 Naloxone kits and other various MCH-population pertinent materials.
- Carson City Health and Human Services (CCHHS) promoted annual wellness exams through a community outreach event at the Carson City Library. CCHHS conducted 516 well visits for women. Referrals were made for 7 women afflicted by domestic violence, 81 for mood disorders, 105 for substance use, and 306 reporting alcohol use were educated about risks of alcohol use with pregnancy.

- **Rape Prevention & Education (RPE) Program –**

- The Nevada Rape Prevention and Education (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. It continues through reauthorization and expansion of the original legislation. The RPE Program focuses efforts on preventing first-time perpetration and victimization by reducing modifiable risk factors while increasing protective health and environmental factors in the prevention of sexual violence. The RPE Program is funded by CDC, 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 is implementing sexual violence (SV) strategies using the Public Health Approach, based on the best available evidence and data. RPE is prioritizing the increased implementation of community and societal-level strategies, focusing on state and local-level data sources.
- RPE focus, currently, is working on capacity building activities, indicators, data, and impact. Data is a central theme of the work, including how it is used to identify priority populations and address health disparities. Although no community is immune to violence, it is the most socioeconomically disadvantaged populations who face a disproportionate burden of violence. Demographics such as race, ethnicity, gender, educational inequality, intellectual disabilities, poverty, and employment status increase risk factors for priority populations.
- RPE recognizes that while violence (sexual violence, intimate partner violence, explicit or implicit violence) can be prevented, a cross-sector public health approach is required, and partnerships through other sectors and interests are needed. Including, but not limited to, public health, education, faith-based, nonprofit, housing, business, economic development, transportation, zoning, and land use.
- The successful implementation of RPE relies on identifying, establishing, and leveraging partnerships and resources, and sustaining the work of the RPE Program beyond the current five-year cooperative agreement with the CDC. Through developing, new partners and new

ways of streamlining processes have already emerged. As RPE is implemented, we expect to uncover further opportunities to increase the capacity of subrecipients and partners to work at the community and societal levels of the Social-Ecological Model (SEM) and ultimately change the Nevada context decreasing sexual violence (SV) occurrence.

- In response to RPE's data focus, the program will be taking steps to establish a memorandum of agreement (MOU) to optimize the planning and tracking of state indicators to evaluate public health outcomes of violence prevention. Including, providing technical assistance to RPE's four subrecipients through meetings and person-to-person calls to increase community and societal-level strategies for the prevention of interpersonal violence.

- **MCH Coalition (north, south and statewide) –**

- 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, Nevada 2-1-1, Sober Moms Healthy Babies and the Nevada Tobacco Quitline. In addition, monthly e-newsletters, educational opportunities, and Program updates are provided to Coalition members. Social media campaigns promoting maternal, child, and adolescent health continue on Facebook and Instagram.
 - Southern Nevada MCH Coalition meeting was held:
 - January 14, 2020
 - February 11, 2020
 - March 10, 2020
 - Northern Nevada MCH Coalition meeting was held:
 - January 9, 2020
 - February 13, 2020
 - The MCH Statewide quarterly steering committee meeting on February 20, 2020
 - Statewide Coalition meeting
 - January 9, 2020
 - Provided a brochure in English and Spanish on Filing for Unemployment Insurance Benefits in an update to the Coalition
 - Six Perinatal Mood and Anxiety Disorder (PMAD) support group meetings were conducted, two per month.
 - Facebook followers increased by 12 from January to April
 - Instagram followers increased by 42 from January to April

- **Domain: Perinatal/Infant Health**

- Increase the percent of children who are ever breastfed
- Increase the percent of children who are exclusively breastfed at 6 months
- Increase the percent of baby-friendly hospitals in Nevada

- **Title V/MCH Program and Partners –**

- The PACE Coalition CHW created content on the Breastfeeding Welcome Here Campaign (BFWH) which was placed on the agency website, Facebook posts, sent to members on their listserv, and materials went out to all businesses registered with the Chamber of Commerce. A brochure was created about Perinatal Mood and Anxiety Disorder (PMAD), and materials are in process about general prenatal health, nutrition for nursing women, including infant nutrition-based comic/coloring content. The CHW helped families with referrals for three car seat installations.

- CCHHS reached out to 35 businesses to educate about breastfeeding laws, encourage participation in the BFWH Campaign, and check interest in needing a space established for staff to feed their infants. Five businesses will be provided with Title V funded supplies for a designated employee/patron breastfeeding area. The building which houses the clinic will be updating their breastfeeding space. CCHHS promoted health topics on the clinic's outside digital sign promoting infant immunizations and the Pregnancy Risk Assessment Monitoring System (PRAMS) survey. As many as 112 vaccination reminder calls were made for infants/toddlers four through 35-months old. During clinic visits, staff educated women receiving positive pregnancy test results about breastfeeding and referrals were made to WIC for support. Furthermore, ten pregnant women were educated about the value of participating in the PRAMS survey and informed about Sobermomshealthybabies.com.

Safe Sleep Media Campaign

- January-March 2020: 153 Total TV Spots Aired, 1,510 Radio Spots Aired
 - TV
 - North: 18 English, 20 Spanish
 - South: 106 English, 9 Spanish
 - Radio
 - North: 825 English, 29 Spanish
 - South: 633 English, 23 Spanish

SoberMomsHealthyBabies.org Media Campaign

- January-March 2020: 138 Total TV Spots Aired, 778 Radio Spots Aired
 - TV
 - North: 37 English, 19 Spanish
 - South: 65 English, 17 Spanish
 - Radio
 - North: 385 English, 16 Spanish
 - South: 351 English, 26 Spanish

MCH fully funds the Washoe County Health District (WCHD) Fetal Infant Mortality Review (FIMR)

- FIMR staff continued to:
 - Educate community stakeholders about the FIMR process
 - Improve the process for obtaining FIMR cases
 - Improve data abstraction procedures
 - Coordinate the Case Review Team (CRT) and the Community Action Team (CAT)
 - Implement recommendations

The FIMR team provided recommendations based on data from FY2019:

1. Avoid interpregnancy intervals shorter than 6 months and counsel about risks of pregnancy sooner than 18 months

- FIMR members will encourage more providers to offer LARCS at or near delivery to improve access to family planning counseling, contraception and prevent unplanned pregnancy.
 - Washoe County Health District Family Planning staff have been offering and placing Long Acting Reversible Contraceptives (LARCs) to women who are incarcerated in the Washoe County Detention Center and who are interested.
 - Postpartum LARC access has been championed by multiple practitioners on the CRT. A large practice serving the low-income population has started giving LARCs during the post-partum period.

- Identify barriers to offering LARCs at or near delivery. Providers believed that LARC at or near delivery was not covered or paid for by insurance companies, especially Medicaid. Through the CRT discussions in past years, it was clarified that LARC is unbundled from the delivery package cost and is covered as a billable service under Medicaid plans.
 - The group is still searching for solutions to barriers of stocking LARCs (including financial barriers for small practices). A large local clinic with a pharmacy has begun to stock LARCs and is working on an implementation plan to assist with immediate availability of LARCs in the community.
2. Evaluate prevalence of marijuana and substance use among pregnant women. Women must have access to education and resources to help them into care before or during pregnancy.

- The WC FIMR will continue to support NDHHS DPBH's efforts with the Sober Moms, Healthy Babies campaign.
- FIMR is tracking marijuana use during pregnancy on the issues summary separate from other substance use to evaluate prevalence in cases that are reviewed at the Case Review Team.
- A local women's clinic has begun a universal urine screening for marijuana to determine prevalence and to guide educational initiatives

3. Increase awareness of syphilis through education of providers and patients

- WCHD staff members participate on a statewide syphilis workgroup that is currently focusing on reduction of congenital syphilis.
- FIMR staff encouraged OB providers and ER staff to make sure syphilis testing is done on pregnant women during their prenatal care and at delivery. This was done through phone calls and in-person contact at meetings.

- **Safe Sleep/Cribs for Kids (C4K)-**

C4K provides safe sleep media outreach and conducts activities with safe sleep partners, including community event participation statewide, maintains consistent partner communication and continue with the train-the-trainer model, and works with hospital partners to implement Infant Safe Sleep practices and increase awareness by presenting at a minimum of four hospitals per year. This includes Infant Safe Sleep brochures in the PINK packets and delivering program supplies and equipment while continuing to purchase more safe sleep kits to distribute to partners, as well as continuing to promote 2-1-1, Nevada Tobacco Quitline and Nevada Children's Medical Home Portal.

- **Maternal-Infant Program –**

- Critical Congenital Heart Disease (CCHD) data collection continues
- Participation continues in the AMCHP-led Infant Mortality CoIIN focused on the Social Determinants of Health
 - The IM CoIIN ended 03/2020, a budget update was submitted 12/2019
 - MIP Coordinator continued to sit on monthly AMCHP IM CoIIN meetings where all states who are participating in the IM CoIIN attend; however, the MIP was promoted and there is a vacancy in the program.
- Breastfeeding Welcome Here Campaign

- A new National Breastfeeding Month banner is in the process of being approved. This banner will be hung over Carson Street during a week in August to promote National Breastfeeding Month and the nevadabreastfeeds.org website.
- New campaign materials are also in the approval process
- KPS3 is continuing to host the website address for nevadabreastfeeds.org.
- **OMNI ASHTO**
- MCAH staff continue to be active in the ASHTO ColIN and CARA Infant Plan of Care efforts focused on reducing substance use in pregnancy
- **COVID-19 resource sharing**
- Technical Bulletin on Telehealth coverage and Medicaid one of several resources shared widely with partners related to MCH populations and COVID-19; includes federal resources from numerous partners.
- **Domain: Child Health**
- Increase the percent of children (10-71 months) who receive a developmental screening using a parent-completed screening tool
- Increase the percent of children (6-11) who are physically active at least 60 minutes a day
- **Title V/MCH Program and Partners –**
- Community Health Services (CHS) provided 60 children with fluoride varnish and oral health educational materials. Immunizations were administered in the clinic, schools, and community resulting in 156 infants/children being vaccinated. CHS provided 13 well-child visits.
- The PACE Coalition placed content about maternal and child coping during COVID19 on the agency website and sent it to their listserv.
- CCHHS works collaboratively with the in-house WIC office whose staff disseminated an infographic to 338 individuals about the importance of and how to access a medical home. Additionally, Nevada 2-1-1 and medical home portal promotional materials were discussed with CCHHS clients and made available in the clinic area. Staff provided three developmental screens on uninsured children and one child was referred to local providers due to findings outside age-based norms.
- Nevada Institute for Children’s Research and Policy (NICRP) received 8,054 health surveys of children entering kindergarten for the school year starting fall of 2019. Data was cleaned for entry into the *Health Status of Children Entering Kindergarten in Nevada* annual report (2019-2020 results) to be posted on NICRP’s website and statewide to stakeholders. Results from these annual surveys provide estimates for monitoring MCH indicators and for reporting to local, state, and federal entities.
- **Children’s Healthy Weight ColIN**
- Title V MCH staff continued participation in the Collaborative Innovation and Improvement Network (ColIN) facilitated through the Association of State Public Health Nutritionists (ASPHN). Title V MCH developed a collaborative relationship with the Nevada Supplemental Nutrition Assistance Program – Education (SNAP-Ed) and their network of partners and implementing agencies through the Nevada Nutrition Assistance Consortium. Title V MCH will collaborate with the Nevada Office of Food Security and Obesity Prevention and Control programs to conduct a social media campaign promoting a series of fact sheets to assist Early Care and Education centers in implementing the Child and Adult Care Food Program (CACFP). In Nevada, the CACFP is recommended to help childcare settings improve childhood nutrition, prevent obesity, and address food insecurity. CACFP provides reimbursement for healthier meals and snacks served in

licensed childcare settings. Despite these benefits, Nevada has low CACFP enrollment rates, ranking among the lowest in the country.

- MCH continues to help support two Nevada Home Visiting local implementing agencies in efforts to support parenting skills, reduce infant mortality and child maltreatment and link participating families to needed referrals and supports.
- MCAH staff continue to participate in the Statewide Executive Committee to Review the Deaths of Children.

- **Domain: Adolescent Health**

- Increase the percent of adolescents aged 12-17 with a preventive medical visit in the past year
- Increase the percent of middle school and high school students who are physically active at least 60 minutes a day
- Reduce pregnancies among adolescent females aged 15 to 17 years and 18 to 19 years

- **Title V/MCH Program and Partners –**

- Community Health Services (CHS) provided 516 preventive education services, 67 well-care screenings, 109 contraceptives, 61 STI screens, and provided 75 adolescents with nutrition, weight, and exercise information. Adolescents presenting for reproductive health visits were screened for domestic violence and emotional/mental health issues including depression. Immunizations were administered in the clinic, schools, and community resulting in 77 adolescents being vaccinated.
- PACE Coalition created content for their Facebook page promoting adolescent mental health through mindfulness during social distancing due to COVID19.
- Carson City Health and Human Services (CCHHS) promoted annual adolescent wellness exams through the clinic digital signage and a community outreach event at the Carson City High School. CCHHS conducted 52 well visits for adolescents. Referrals were made for 3 girls experiencing intimate partner violence, 2 for mood disorders, 12 for substance use, and 13 reporting alcohol use were educated about risks of alcohol use with pregnancy. Sobermomshealthybabies.com was promoted during clinic visits.
- Urban Lotus Project (ULP) held Trauma-Informed Yoga for Youth courses, serving Northern Nevada adolescents at locations such as schools, public community hubs, drop-in centers, treatment facilities, and human service entities. Yoga teachers taught 241 classes to 343 adolescents at 18 facilities. Due to COVID19, they started offering virtual yoga classes and partnered with Join Together Northern Nevada (JTNN) to hold a class as part of their Wellness Wednesday's series. Outreach was done to schools and other affected agencies informing them of the no-cost virtual yoga classes. Unfortunately, most are not set up or comfortable using a virtual platform to host the courses. Prior to COVID-19, ULP introduced their program to five new agencies, left fliers to promote classes with multiple agencies, and conducted quality improvement measures through teacher evaluations and student response surveys. They started the process of implementing ULP into a trauma-informed organization and met with Washoe County School District staff about how to enhance their trauma-informed platforms.
- DP Video conducted a month-long social media campaign displaying videos and messages promoting physical activity among adolescents and families with teens. Six video ads (three English/3 Spanish) were displayed on Twitter resulting in 214,746 media impressions, and Facebook 55,181 views, 78,126 media impressions, which included 35,584 engaged users.

- **Adolescent Health and Wellness Program –**

- The Adolescent Health and Wellness Program (AHWP) Coordinator initiated bringing together the three local health authorities and Nevada Primary Care Association (NVPCA),

including clinics they invited, to attend three presentations about clinic adolescent quality improvement measures. CCHHS elected to implement the Rapid Assessment for Adolescent Preventive Services (RAAPS) electronic youth-friendly tool, performed during well-visits, intended to solicit honest information to identify risk behaviors and depression.

- The CYSHCN Director and AHWP Coordinator served on the NVPCA Youth Advisory Council to help the agency best meet their objectives in the Healthy Tomorrows Partnership for Children Program three-year grant. Title V MCH shared updated information about RAAPS which precipitated the vendor presentation resulting in clinic engagement. MCAH also suggested additional contacts to fill youth spots on the council.
- The AHWP Coordinator disseminated best practice resources on health care transition from pediatric to adult care which was displayed on the MCH Coalition and Office of Primary Care e-newsletters.

- **Domain: Children and Youth with Special Health Care Needs (CYSHCN)**

- Increase the percent of children with special health care needs with a medical home
- Increase the percent of children without special health care needs with a medical home
- Increase the number of WIC, Home Visiting, Healthy Start, and other program participants that received information on the benefits of a medical home
- Increase the number of referrals to Nevada's medical home portal

- **Title V MCH Program and Partners –**

- Family TIES of Nevada (FTON) continues to maintain the children and youth with special health care needs (CYSHCN) helpline, provide translation services for families with CYSHCN, conduct Parent to Parent (P2P) program trainings assisting families with CYSHCN and educate families on how to navigate the Medical Home Portal. Over 250 families were assisted either with specialized information referrals, care coordination, translation services, insurance eligibility assistance, family planning, and/or transportation.
- Nevada Center for Excellence in Disabilities (NCED) continued to train and provide information for CYSHCN professionals and parents on transition health care, the value of the medical home, and the Medical Home Portal. NCED staff gave three presentations to WCSD and UNR CYSHCN students, parents, mentors, and professionals for a total of 61 training attendees. NCED staff also attended a Healthcare Transition Learning Group workshop to receive updated resources to share with professionals and families. NCED scheduled eight presentations in rural and frontier Nevada on youth health care transition, alternatives to guardianship, and supported decision-making, but these unfortunately had to be rescheduled due to COVID-19. Presentations were rescheduled for August.
- The Northern Nevada Cleft Palate Clinic (NNCPC) provided no-cost craniofacial services during their monthly clinics to ten patients. NNCPC also coordinated with FTON to provide translation services to these patients and their families.
- The Children's Cabinet (TCC) and the Technical Assistance on Social Emotional Intervention (TACSEI) continued to engage families through use of social emotional Pyramid Model trainings serving CSHCN 0-5 years of age. TCC enhanced parent involvement through newsletters and meetings, and enhanced health literacy to parents/caregivers through distribution of Milestone Moments books, Making Life Easier: Holidays Strategies for Success, Backpack series materials, and developmental screenings using the Ages and Stages Questionnaire (ASQ). TCC-TACSEI screened 203 children at twenty implementation sites.
- The University Center for Autism and Neurodevelopment (UCAN) provided no-cost diagnostic evaluations during monthly clinics to five patients for children in need to improve differentiation between autism and other neurodevelopmental disorders.

- **Children and Youth with Special Health Care Needs (CYSHCN) Program**
 - Title V MCH staff continued participation in the AMCHP Emergency Preparedness and Response Action Learning Collaborative (EPR ALC) in collaboration with the Nevada DPBH Public Health Emergency Preparedness (PHEP) Program. Through this opportunity, AMCHP and CDC are providing technical assistance to Nevada and other participating states to aid in developing or enhancing the integration of MCH populations in their emergency preparedness and response plans. This quarter, Title V MCH staff assisted PHEP in drafting the state's first Pediatric Medical Surge Annex.
 - Resources from EPR ALC were shared with federal PRAMS staff and state partners related to pregnant women and survey development
 - 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 community health needs assessment for Nevada pediatric psychiatry solutions developed by PMHCAP and the Nevada Institute for Children's Research and Policy (NICRP).
- **Domain: Cross-Cutting/Lifecourse (activities within this domain are included within each subpopulation above), which include the following objectives:**
 - Reduce the percent of women who smoke during pregnancy
 - Increase the percent of women who call the Nevada Tobacco Quitline for assistance
 - Reduce the percent of women using substances during pregnancy
 - Reduce the percent of children who are exposed to secondhand smoke
 - Increase the percent of adequately insured children
 - Increase the percent of callers to Nevada 2-1-1 inquiring/requesting health insurance benefits information
- **Tobacco Cessation:**
 - All subgrantees continue to promote the Nevada Tobacco Quitline (NTQ). CCHHS endorsed tobacco/nicotine cessation and the NTQ through the clinic digital signage and a Facebook campaign which reached 3,834 users with 52 engagements. CCHHS and CHS referred tobacco users to the NTQ. CCHHS counseled self-identified nicotine users with a Brief Tobacco Intervention resulting in 180 referrals to the NTQ due to desire to change smoking/vaping habits. CHS referred 9 women of childbearing age (15-44 years old) to the NTQ.
- **Substance Use During Pregnancy:**
 - All Title V MCH subrecipients promote the SoberMomsHealthyBabies.org website
- **Adequately Insured Children:**
 - CCHHS partners with the Division of Welfare and Supportive Services (DWSS) by placing insurance enrollment staff on-site. In-reach was provided to uninsured clients seeking services through CCHHS. Carson City newly enrolled 78 people, and Douglas County enrolled 71
- **Nevada 2-1-1:**
 - Nevada 2-1-1 received 176 calls/texts from within the MCH population with 95% being pregnant. PRAMS program information was provided to 23 women, 15 referrals were made to the Medical Home Portal, 14 recommendations were given for Text 4 Baby, and one each

for sobermomshealthybabies.org, resources to deal with perinatal mood and anxiety disorder, and the Nevada Tobacco Quitline.

- All subgrantees continue to promote Nevada 2-1-1.
- CCHHS contacted seven local businesses to educate on the value of listing services inside Nevada 2-1-1 web portal. Two agencies expressed interest and were informed how to submit the forms.
- PACE Coalition shared the value of businesses listing their services inside the Nevada 2-1-1 web portal to attendees at the Rural Providers Meeting.

Nevada Pregnancy Risk Assessment Monitoring System (PRAMS) Program

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 received \$36,798 in supplemental funds in year 4 of the grant that runs from May 1, 2019 to April 30, 2020. These supplemental funds allow for the continuation of the additional opioid and disability questions through March of 2020.
- Nevada PRAMS is waiting to receive a NOGA for year 5 funding, starting May 1, 2020 through April 30, 2021. NV PRAMS applied for core and disability question funding in year 5 and will continue opioid supplemental questions with MCH Title V program and state general funds.
- A total of 18 supplemental questions will continue on the survey relating to pregnancy and disability, as well as opioid use in pregnancy. Data from the survey will inform future MCH efforts.

Nevada PRAMS received the weighted data set from 2017 births, in late 2018. The 2017 data is a half year of data collection. Nevada did not meet the CDC required response rate threshold of 55%; thus, data should be interpreted with caution.

- Data for 2018 births is the first full year of data collection and was received from CDC in November 2019.
- The 2019 birth data set is expected in Fall of 2020.

Data can be requested via the Office of Analytics at data@dhhs.nv.gov. The primary goal for Nevada PRAMS is to increase response rates moving forward.

Primary Care Office (PCO)

Our Mission

The PCO is an administrative unit of the Nevada Division of Public and Behavioral Health that works to improve the health care infrastructure of Nevada. The PCO supports the Division's mission to promote the health of Nevadans by working to:

- Improve access to primary health care services for Nevada's underserved;
- Increase availability of primary care providers in underserved areas;
- Increase access to maternal and child health care service for underserved populations; and
- Improve provider access to health care financing resources.

Programs and Services

The PCO is funded by federal grants from the Health Resources Services Administration (HRSA) to support multiple programs through the following services:

- Complete applications for federal designation of Health Professional Shortage Areas (HPSAs) or Medically Underserved Areas of Populations (MUA/Ps). These designations support eligibility for increased federal funding and recruitment of health care professionals;
- Review applications and provide letters of support for the J-1 Physician Visa Waiver program to bring international medical graduates to underserved areas in Nevada; and
- Review site applications and provide recommendations for the National Health Service Corps loan repayment and scholar programs.

The PCO also engages in the following activities:

- Support primary care workforce development through linkages with education and training, licensure and certification, and recruitment and retention.
- Review applications for certificates of need for construction, or expansion, of facilities providing medical care in counties with less than 100,000 population, or communities with less than 25,000 population in counties with more than 100,000 population.

Oversight

The Primary Care Advisory Council was established in 2008 to enhance oversight of the PCO and the services provided, in an advisory capacity to the Administrator of the Division of Public and Behavioral Health. Creation of the PCAC led to statutory and regulatory changes to ensure compliance with the J-1 Physician Visa Waiver program, under NRS 439A.130-185 and NAC 439A.700-755.

Linkages

The PCO works with many public and private partners to support the health care safety net, including: Nevada Primary Care Association, Federally Qualified Health Centers, Rural Health Centers, Critical Access Hospitals, National Health Service Corps sites, State Office of Rural Health, Nevada Rural Hospital Association, University of Nevada School of Medicine, Western Interstate Commission for Higher Education, Nevada Division of Health Care Financing and Policy, and multiple health professional licensing boards. Facilitated activities include strategic planning for shortage designations, primary care data development and sharing, recruitment and retention strategies, and workforce development.

Contact

Joseph Tucker, Manager, Jtucker@health.nv.gov 775-684-2232

PCO Highlights from January 2020 – March 2020

- National Health Service Corps (NHSC) outreach activities during this quarter included five health clinic site visits, two student outreach events reaching about 1,000 youth, and four webinars. One new site was added to the NHSC-approved list of safety net sites and another site renewed their site certification. These activities increase awareness of the program and subsequent program participation, which leads to increased recruitment and retention of health providers for underserved maternal, pediatric and adolescent populations. These safety net health care sites serve all patients regardless of ability to pay and represent critical primary care, mental health, and dental access points for maternal, pediatric, and adolescent populations in Nevada.
- Four applications were reviewed, public hearings were held, and letters of support were completed for five physicians to practice in Nevada under the J-1 Physician Visa Waiver program. One of the physicians specializes in pediatric critical care and will serve the underserved populations of Southern Nevada in Las Vegas. These doctors will serve underserved populations including maternal, pediatric, and adolescent populations in Las Vegas and Carson City. The J-1 program has received five applications this program year.

- Additionally, the PCO conducted four J-1 site visits that consisted of pediatric outpatient clinics and a pediatric critical care practice located in Children's Hospital of Nevada at UMC. The site visits increase the practice's efficiency in serving maternal, pediatric, and adolescent populations in Nevada. Furthermore, they help strengthen relationships among safety net sites and increase the opportunity for community collaboration.
- The PCO Office participated in the Nevada Health Day. This event brought together the Primary Care Association, the University of Nevada, Reno Office of Rural Health, local health care providers, local coalitions and state of Nevada public health leaders for a community forum and discussion on the current state of the health workforce, primary care facing Nevada.
- The PCO Office presented to over 400 residents and future healthcare providers in primary care, mental and dental health through the University of Las Vegas School of Medicine. This event provided expanded networking opportunities and connected the providers to employment opportunities in Nevada rural areas and with Nevada's urban underserved populations.
- The Winter PCO Newsletter was published in January 2020 and included multiple articles that support maternal, child, and adolescent health. Informational articles included the new resources for the Food Insecure Patients, resources to Promote Healthy Behavioral and Emotional Development in Adolescents, Bright Futures Highlights and information on Well-Child visits.
- Meetings with our safety net partners continue on a monthly or quarterly basis to collaborate on data development and sharing, provider recruitment and retention, shortage designations, and workforce development.
- If you would like to receive our PCO Quarterly Newsletter, you can sign up online through [constant contact](#).

Attachment for Agenda Item #7

Fetal Infant Mortality Review

Washoe County Health District

Linda Gabor, MS, RN

May 8, 2020

FIMR in Nevada

- Rate of infant deaths per 1,000 live births in Washoe County ranked near the top of the list in 2011
 - National average: 5.1
 - Nevada: 5.7
 - Washoe County: 7.4
 - Clark County: 5.3
- Healthy People 2020 infant mortality rate goal was 6.0 per 1,000 live births



Grant Funding

- **FIMR activities are funded through a Nevada Department of Health and Human Services, Title V MCH Block Grant (FY15 – B04MC26680)**



Why FIMR?

- **Fetal mortality (fetus >20 weeks gestation) is an often overlooked public health problem although nationally nearly as many fetal deaths as infant deaths occur each year.**
- **“Infant mortality is viewed as a sentinel event that serve as a measure of a community’s general health status as well as its social and economic well being” (NFIMR, 2008).**

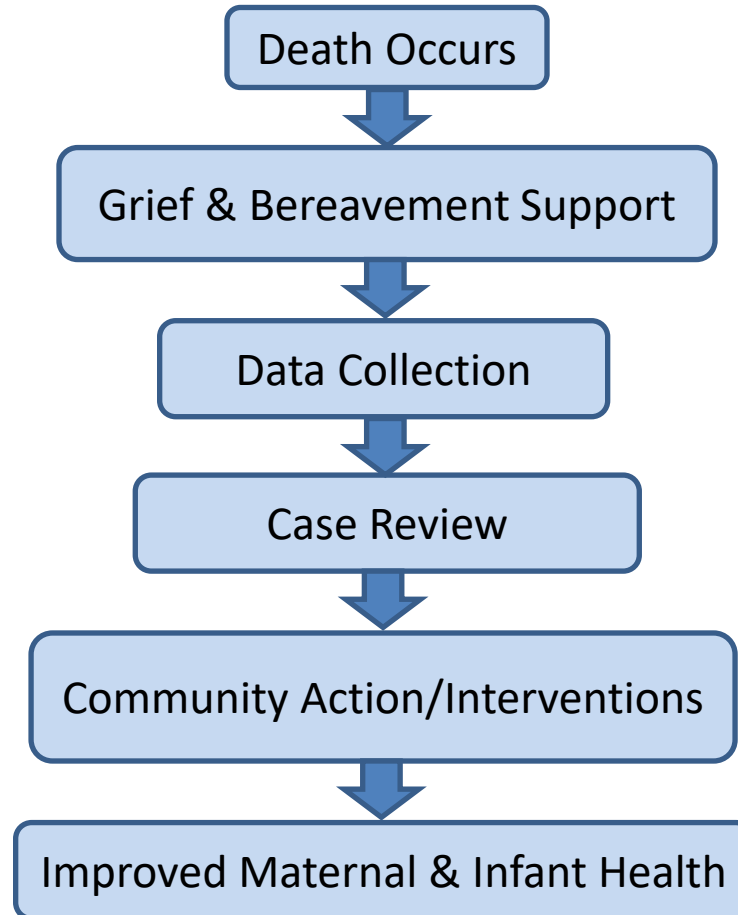


FIMR Goals

- **Understand how issues may relate to fetal/infant loss**
- **Utilize information to enhance service delivery systems and community resources for women and infants to reduce deaths**



The FIMR Process



Case Review Team

- **Case Review Team (CRT):**
 - Multidisciplinary team – medical and non-medical representatives
 - Reviews case findings such as:
 - What health systems and resources helped the family?
 - Were the family's needs for resources and services met?
 - Where there gaps in community resources and health delivery systems?
 - Is it possible to improve the current system? If so, how?

Community Action Team

- **Community Action Team (CAT):**
 - Hosted by the Northern Nevada Maternal Child Health Coalition
 - FIMR Coordinator gives brief, periodic updates based on CRT recommendations
 - CRT recommendations are considered for action
 - Plan/Policy development
 - EX: “Go Before You Show”



Child Death Review Board (CDRB)

- **Coordinating FIMR and CDRB**
 - FIMR and CDRB coordinators discuss which cases will be reviewed by CDRB and which will be part of FIMR process
 - Cases involving possible abuse/neglect, in litigation, or with law enforcement involvement will not be reviewed by FIMR

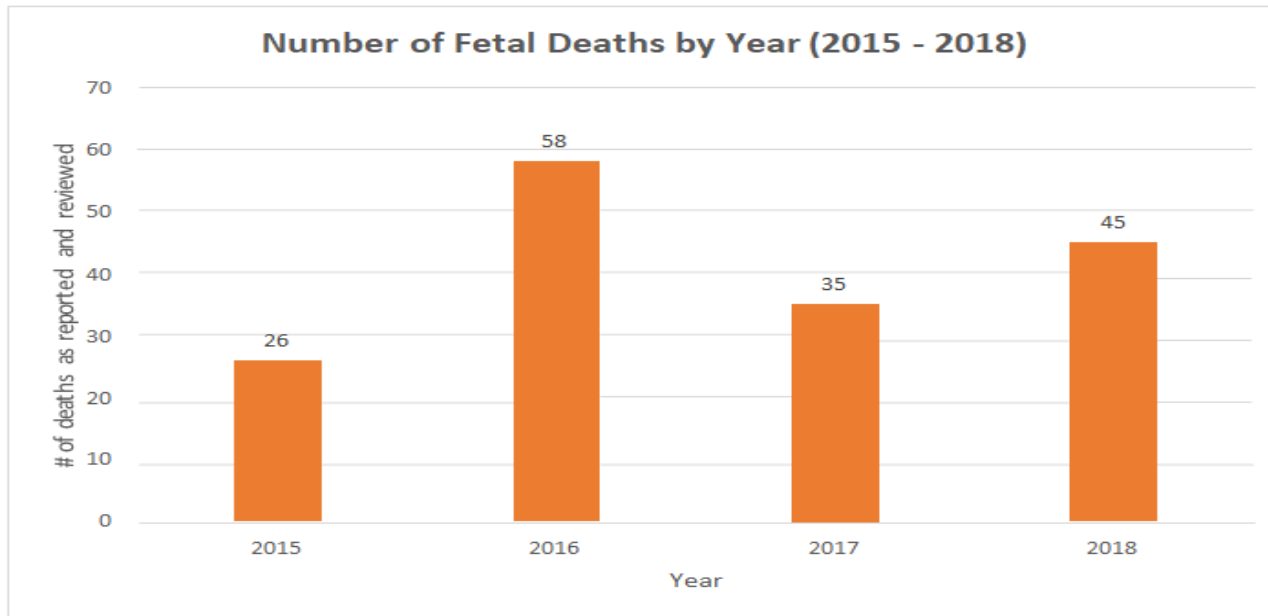


FIMR Executive Summary Data

- Date range 7/1/2015 – 12/31/2018
- Total cases included = 290
- All data is de-identified and data points are not linked



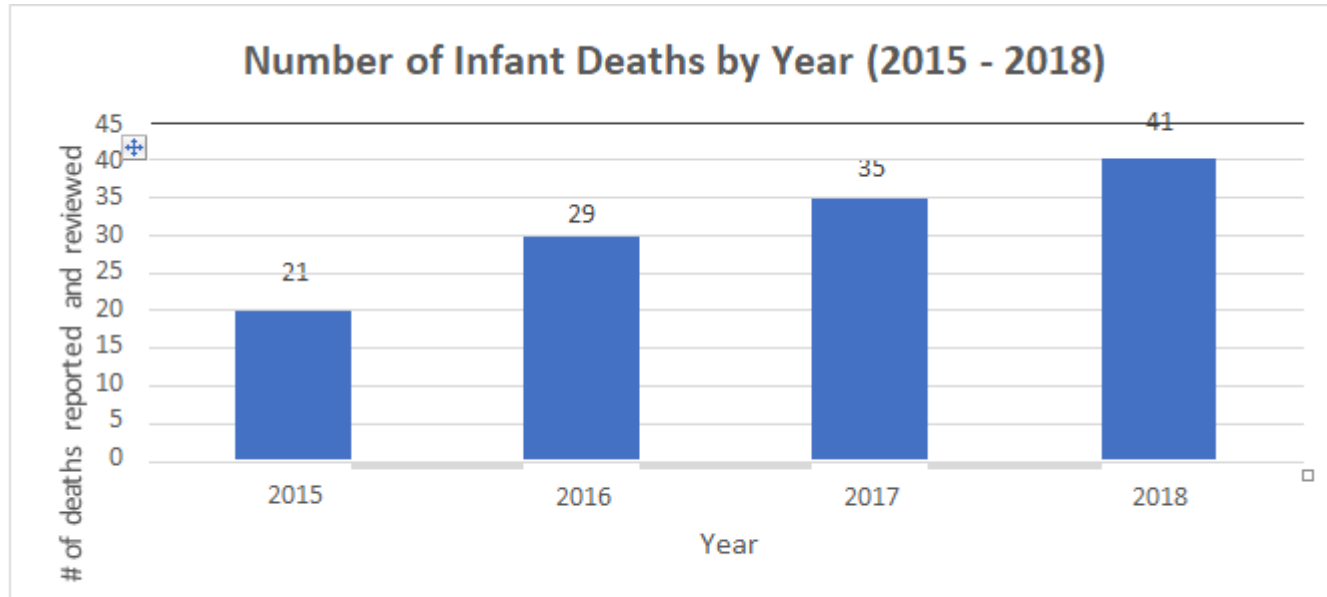
Fetal Deaths



REDCap code book, fields 2, 3, 16.

*2015 data is not a complete calendar year (7/1/2015-12/31/2015)

Infant Deaths

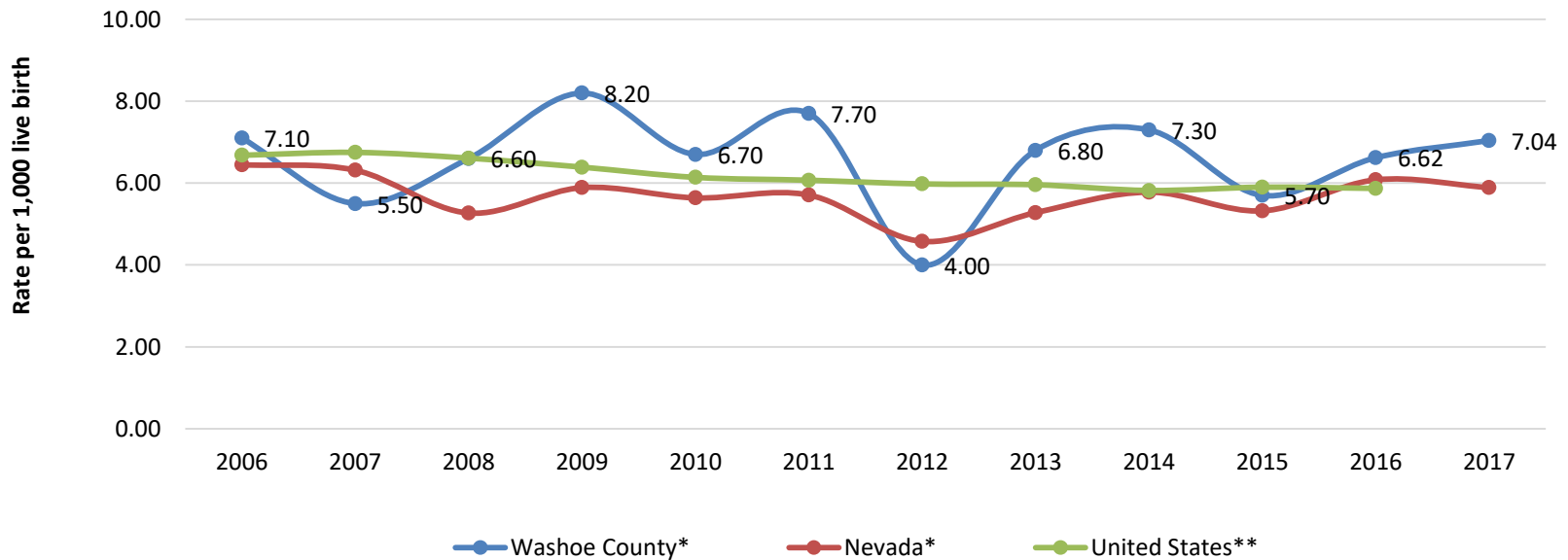


REDCap code book, fields 2, 3, 9.

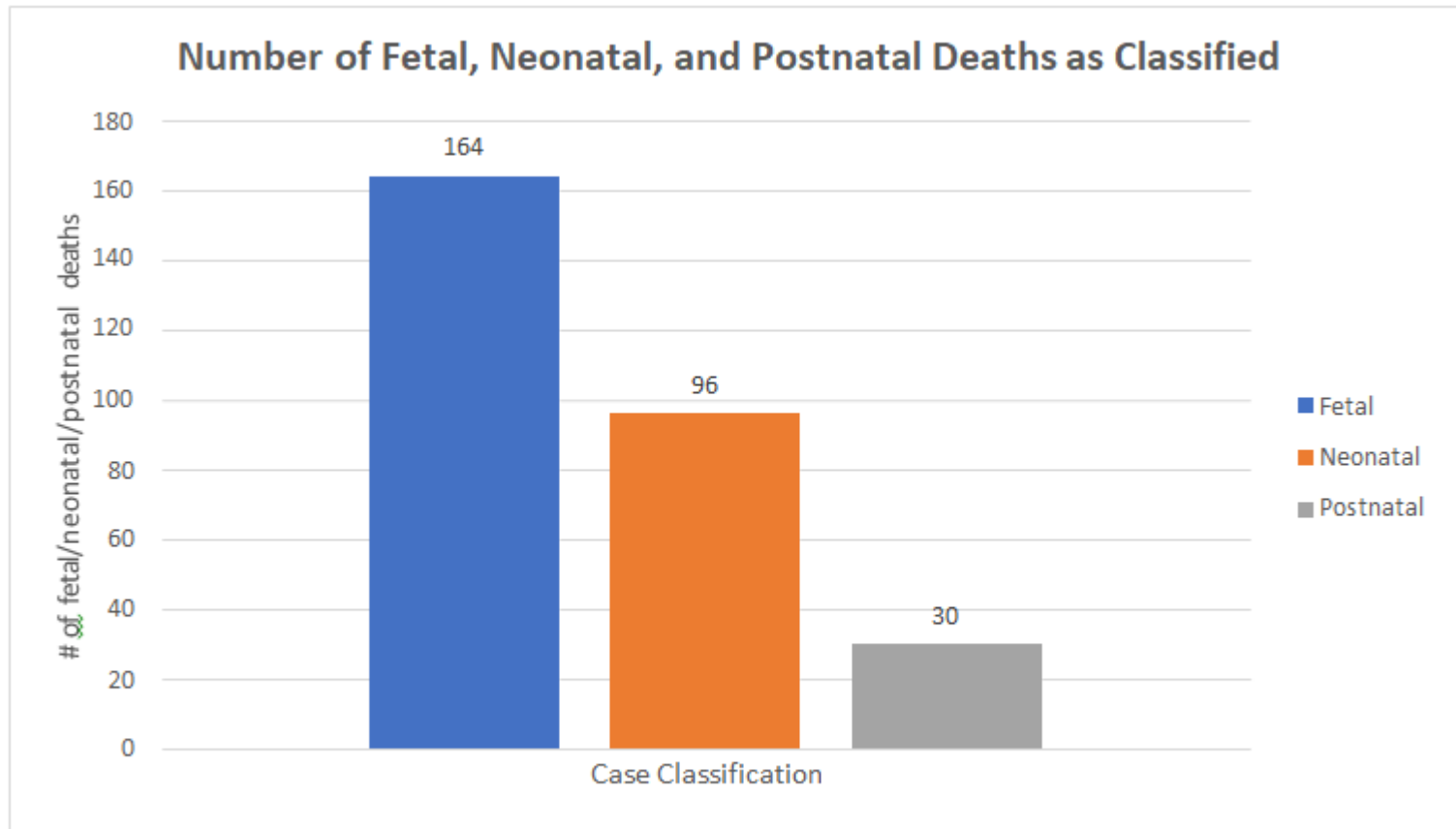
*2015 data is not a complete calendar year (7/1/2015 – 12/31/2015)

Infant Mortality Rate

Infant Mortality Rate (<1 year), Washoe County, Nevada, and the United States, 2006-2017



Cumulative Case Classification



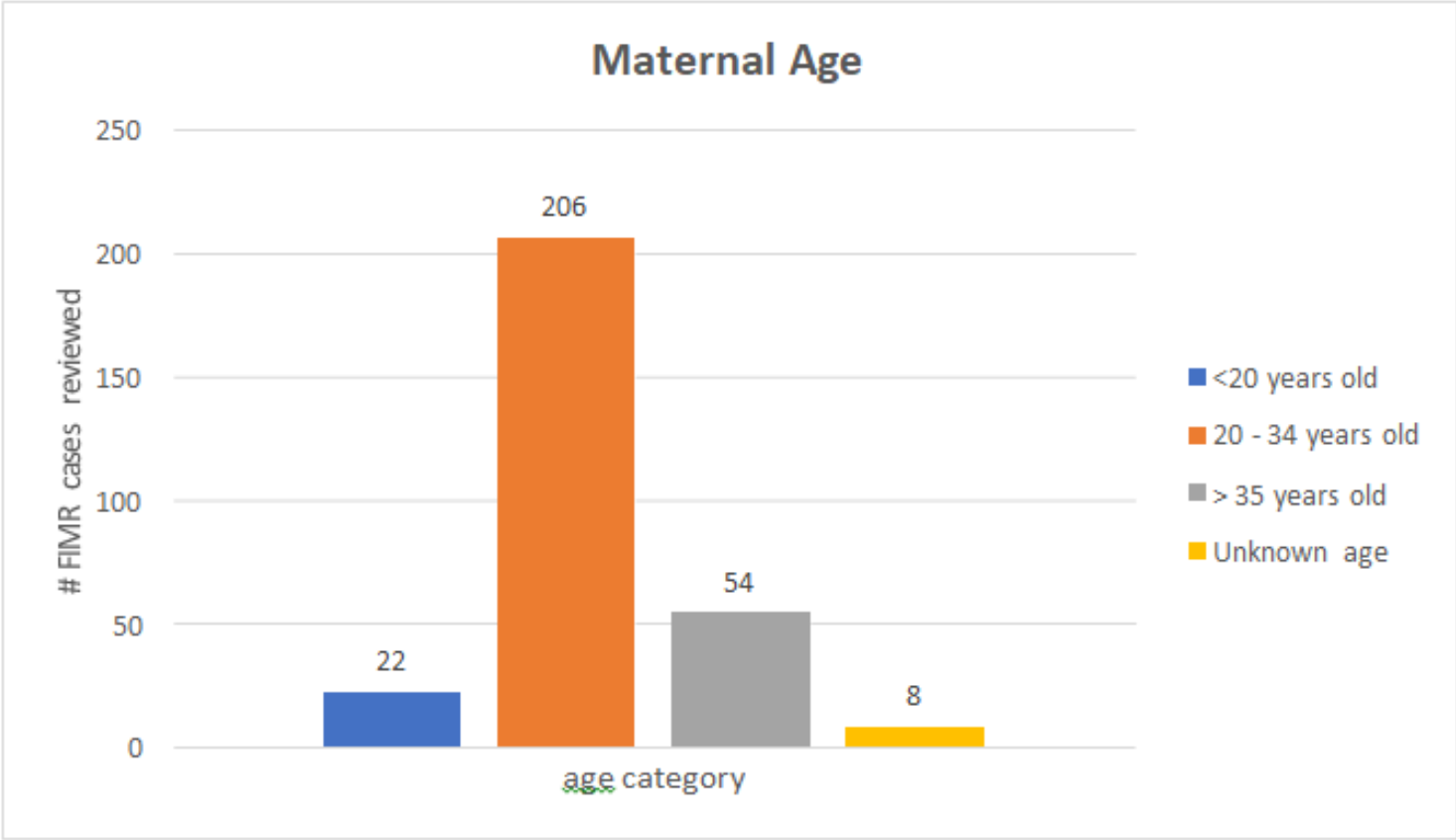
REDCap code book, fields 10 and 17. Columns created to group records by classification.

Maternal Race and Ethnicity

- Maternal Race and Ethnicity Data
 - Awaiting maternal birth rate data for Washoe County

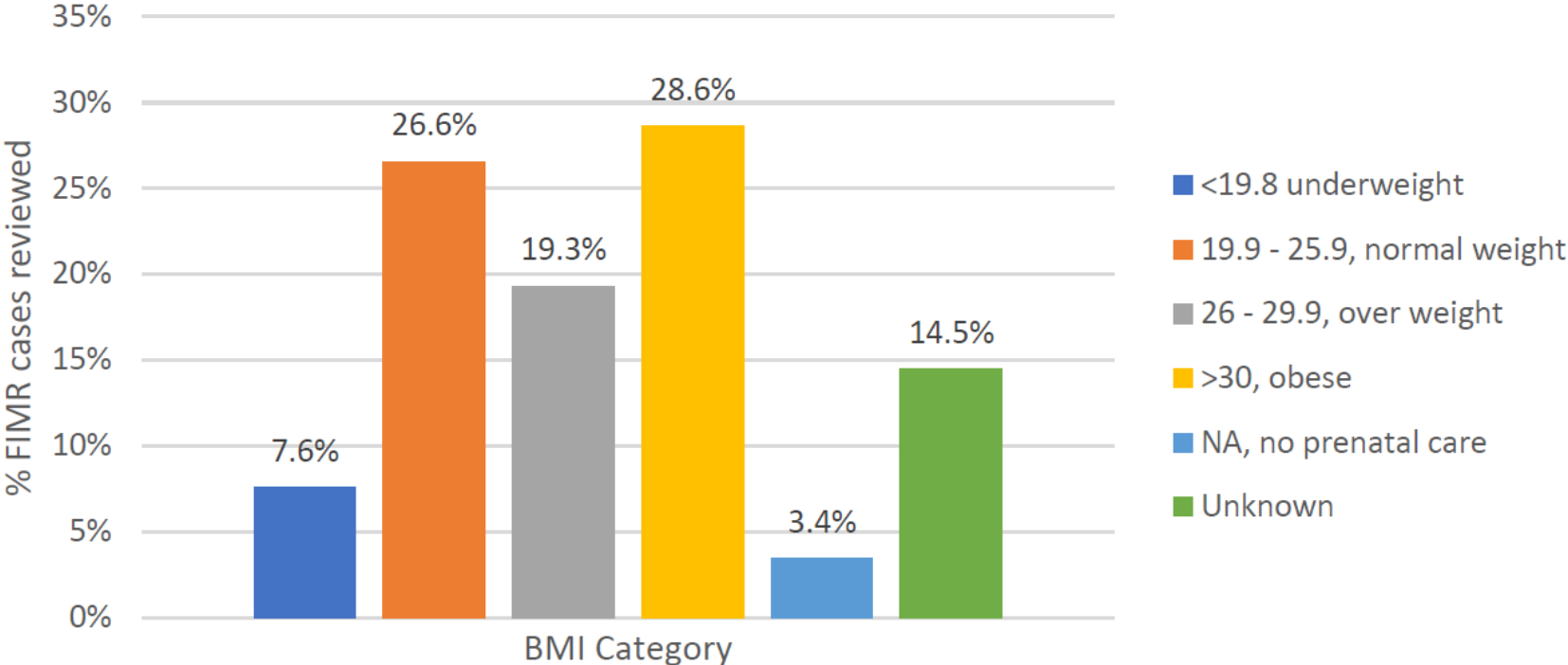


Maternal Age



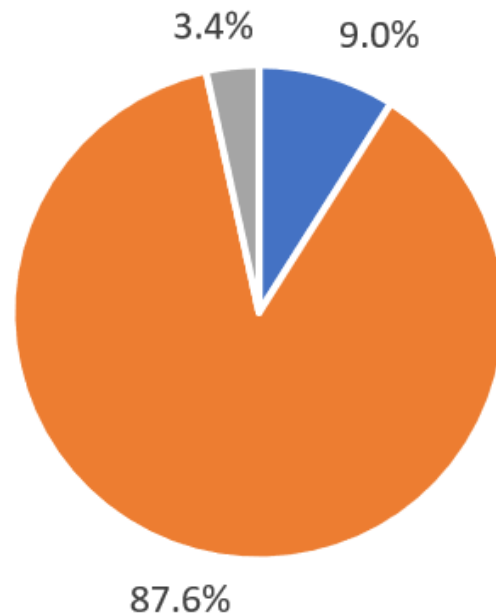
Maternal BMI

Maternal BMI



Prenatal Care

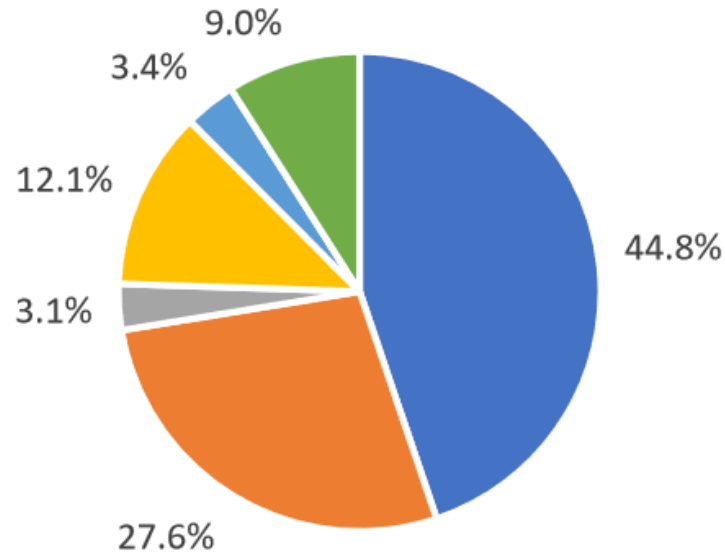
Received Prenatal Care
% of records reviewed



■ No ■ Yes ■ Not answered

Entrance to Prenatal Care

Entrance to Care % of Records Reviewed



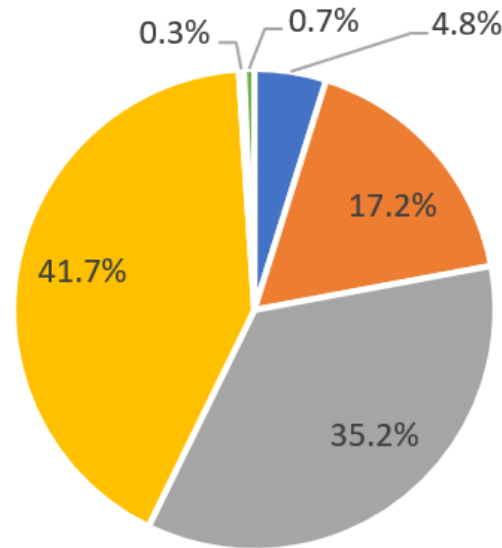
- first trimester
- second trimester
- third trimester
- pc rvcd, unknown
- not answered
- NA

*NA = no prenatal care



Health Coverage Status

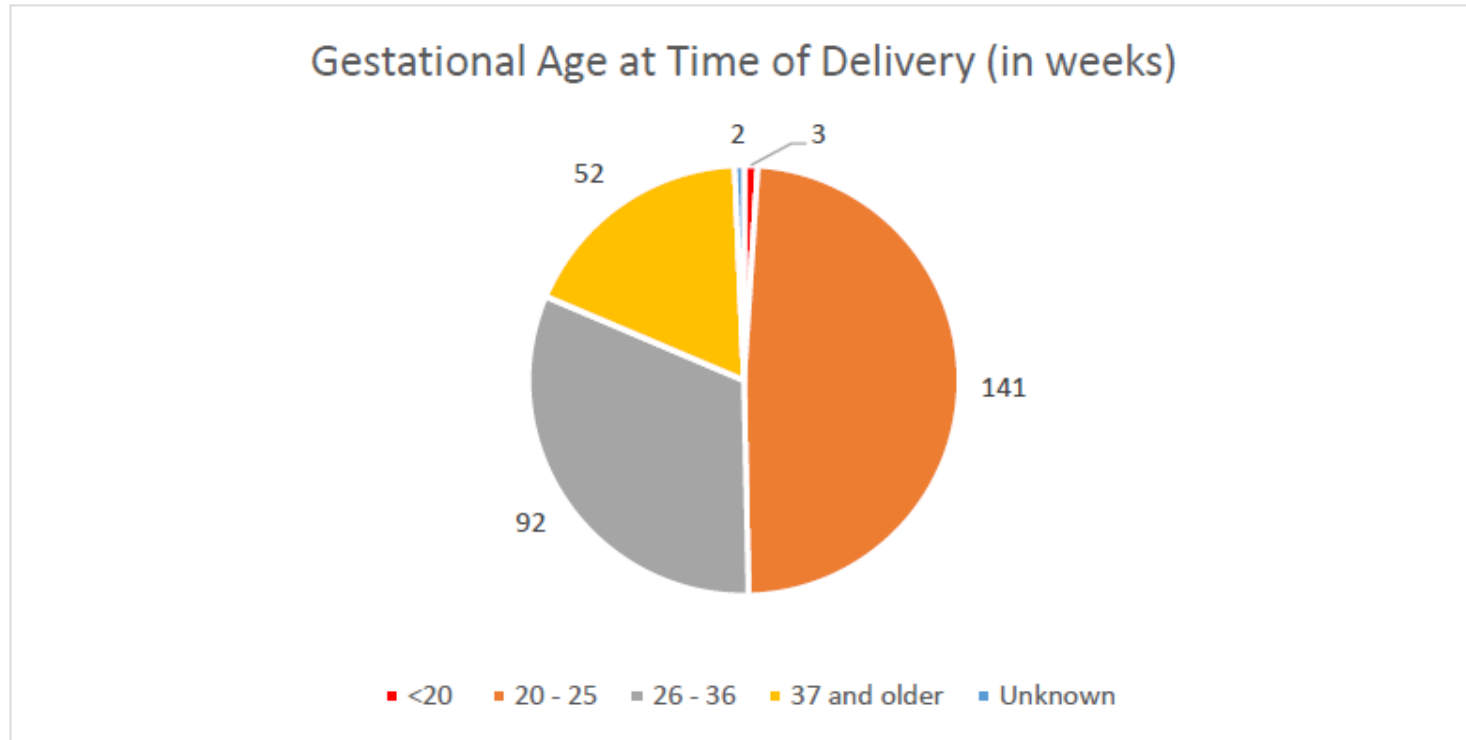
Health Coverage Status
% of records reviewed



- Unknown
- Medicaid (fee for service)
- Medicaid (Managed Care)
- Private/Other
- Tri_Care
- Uninsured



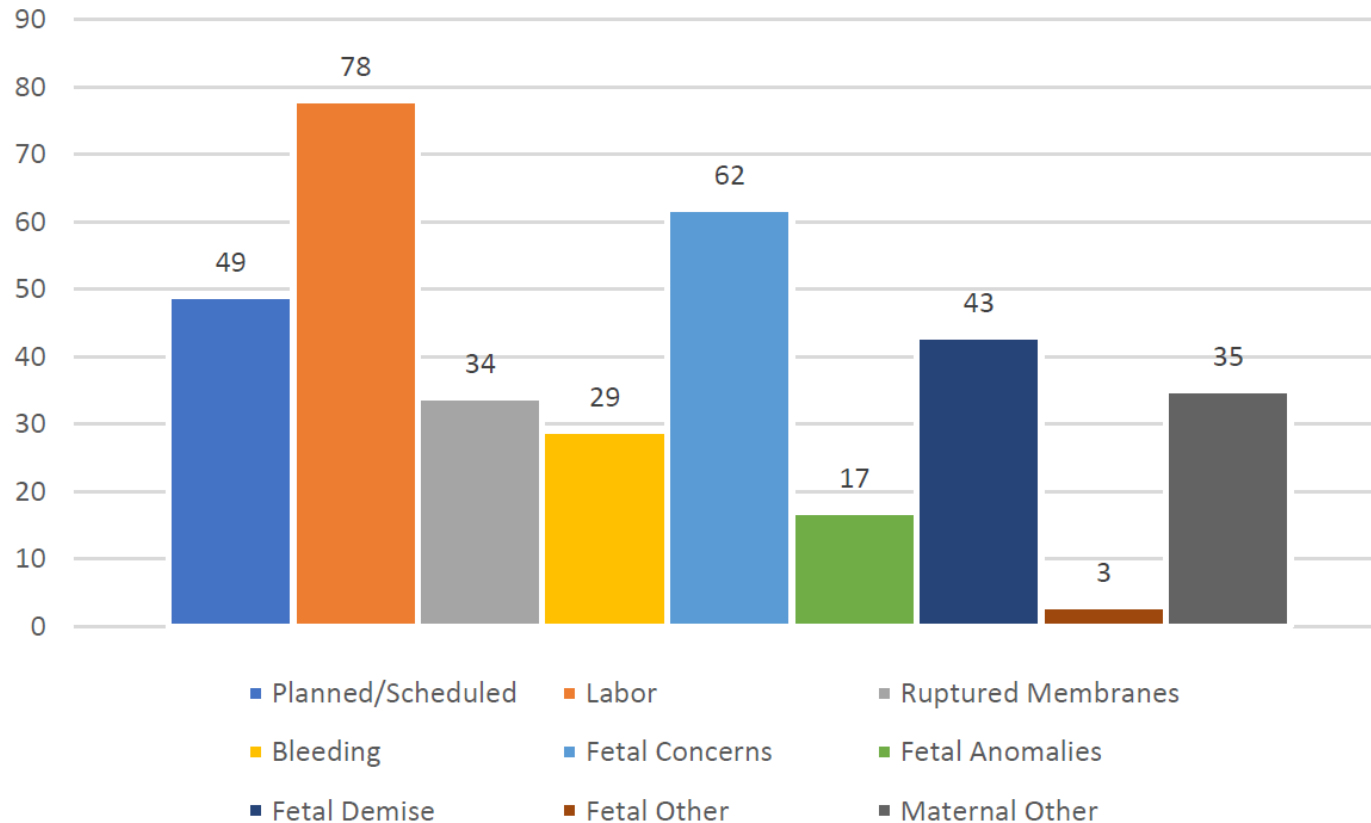
Gestational Age at Delivery



REDCap code book, fields 2, 4 and 9. A column was created to group records by age range.

Reason for Labor/Delivery

Reason for Labor/Delivery



FIMR Accomplishments

- Go Before You Show Campaign
- Updated 2-1-1 for pregnancy related resources
- Explored expanded fetal movement awareness campaigns
- Improved post-partum access to Long Acting Reversible Contraceptives (LARCs)
- Disseminated congenital syphilis information to providers
- Perinatal substance abuse concerns discussed
- PILSOS established Spanish speaking support group



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