
Maternal and Child Health Advisory Board

MEETING AGENDA

DATE: May 6, 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: 681244424#

ONE TAP PHONE NUMBER: [+1 775-321-6111](tel:+17753216111), [681244424#](tel:+17753216111)

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 Hopskins 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. 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.

3. FOR POSSIBLE ACTION: Approval of draft minutes from the Maternal and Child Health Advisory Board (MCHAB) meeting on January 12, 2022 – Linda Gabor, MSN, RN, Chair

PUBLIC COMMENT

4. INFORMATIONAL – Walkthrough of Maternal Child Health Advisory Board Committee Bylaws – Kagan Griffin, MPH, RD, Title V Maternal Child Health (MCH) Program Manager, Maternal, Child, and Adolescent Health (MCAH), Division of Public and Behavioral Health (DPBH)

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 – Jen Thompson, Health Program Manager II, Office of Analytics, Department of Health and Human Services (DHHS)

PUBLIC COMMENT

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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**

PUBLIC COMMENT

7. **INFORMATIONAL: Presentation on the Nevada Moms and Babies Pilot: HealthIE Nevada – Charles Dorman, MS, RD, FACHE, Director of Outreach, HealthIE Nevada**

PUBLIC COMMENT

8. **INFORMATIONAL: Presentation on March of Dimes’ Online Toolkit on Stigma Reduction Focused on Women of Child-Bearing Age – Sharon Moffat, Consultant, March of Dimes**

PUBLIC COMMENT

9. **INFORMATIONAL: Presentation on Centers for Disease Control and Prevention (CDC) Levels of Care Assessment Tool (LOCATe)– Carla DeSisto, PhD, MPH, Epidemiologist, CDC**

PUBLIC COMMENT

10. **INFORMATIONAL: Presentation on Inclusive Language Related to Sexual and Gender Minority (SGM) and Maternal and Child Health Communities – Dominique Seck, COVID-19 Program Coordinator, Nevada Office of Minority Health and Equity (NOMHE), DHHS**

PUBLIC COMMENT

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

PUBLIC COMMENT

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

PUBLIC COMMENT

13. **Public Comment**

14. **Adjournment**

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

The Nevada Division of Public and Behavioral Health website: <http://www.dpbh.nv.gov>

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 disabled and wish to attend the teleconferenced meeting. If special arrangements are necessary, please notify Desiree Wenzel in writing by email (ddwenzel@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 Desiree Wenzel, Division of Public and Behavioral Health, Bureau of Child, Family and Community Wellness, at (775) 434-9150 or by email at ddwenzel@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 #3

MATERNAL AND CHILD HEALTH ADVISORY BOARD
MINUTES
January 12, 2022
3:00 PM

The Maternal and Child Health Advisory Board (MCHAB) held a public meeting on January 12, 2022, beginning at 3:00 P.M. at the following locations:

Call in Number: 1-775-321-6111

Access Code: 337 918 440#

Video: https://teams.microsoft.com/l/meetup-join/19%3ameeting_OTZjYmYyN2EtZGI5ZC00MTZjLTg3ZGEtZWU4M2MyYzM1ZTlk%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 Gabor (Linda) MSN, RN

Tyree G. Davis, D.D.S

Melinda Hoskins, MS, APRN, CNM, IBCLC

Fatima Taylor, MEd, CPM

Marsha Matsunaga-Kirgan, MD

Keith Brill, MD

Assemblywoman Daniele Monroe-Moreno

BOARD MEMBERS NOT PRESENT

Senator Marilyn Dondero Loop

Noah Kohn, MD

Fred Schultz

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH) STAFF PRESENT

Vickie Ives, MA, Deputy Bureau Chief, Child Family and Community Wellness (CFCW)

Kagan Griffin, MPH, RD, Program Manager, Title V Maternal and Child Health (MCH), Maternal, Child, and Adolescent Health (MCAH), CFCW

Evelyn Dryer, Program Manager, Maternal, Infant, and Early Childhood Home Visiting (MIECHV), MCAH, CFCW

Jazmin Sarmiento, Program Coordinator, Personal Responsibility and Education Program (PREP), MCAH, CFCW

Desiree Wenzel, Administrative Assistant III, Office Manager, MCAH, CFCW

Amber Hise, RD, Program Coordinator, Maternal and Infant Health Program, MCAH, CFCW

Elli Komito, Program Coordinator, MIECHV, MCAH, CFCW

Cynthia Burboa, MPH, Program Coordinator, Rape Prevention and Education (RPE), MCAH, CFCW

Rebecca Clark, Program Coordinator, Account for Family Planning, MCAH, CFCW

Thomas Fletcher, Management Analyst II, MCAH, CFCW

Perry Smith, Program Coordinator, Early Hearing Detection and Intervention (EHDI), MCAH, CFCW

OTHERS PRESENT

Tracy Williams, Nevada Leadership Education in Neurodevelopmental and Related Disabilities (NvLEND) Trainee

Jennifer Thompson, Health Program Manager II, Office of Analytics, Department of Health and Human Services (DHHS)

1. Call to Order/roll call-Linda Gabor, MSN, RN, Chair

Chair Linda Gabor called the January 12th meeting to order at 3:22 P.M.

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

2. Public Comment

Public Comment - None

3. FOR POSSIBLE ACTION: Approval of draft minutes from the Maternal Child Health Advisory Board meeting on May 7, 2021; and the MCHAB Subcommittee meeting on April 9, 2021– Linda Gabor, MSN, RN, Chair

Chair Gabor stated that the MCHAB Subcommittee meeting minutes from April 9, 2021, were approved at the May 7, 2021, meeting and did not need to be approved again.

MELINDA HOSKINS ENTERTAINED A MOTION TO APPROVE THE MAY 7, 2021, MEETING MINUTES. FATIMA TAYLOR SECONDED THE MOTION WHICH PASSED UNANIMOUSLY

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

4. 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-Jennifer Thompson, Health Program Manager II, Office of Analytics, DHHS

Jennifer Thompson presented the data which is available in the meeting packet.

Chair Gabor asked if updated data on maternal deaths due to COVID-19 could be provided.

Ms. Thompson stated the number of mothers who had a confirmed positive COVID-19 test within fourteen (14) days of delivery in 2020 were two hundred fifty-eight (258). In 2021, it was three hundred (300). The number of mothers who had a COVID-19 vaccine prior to delivery was 1,756 in 2021. The number of mothers who died from COVID-19 not at the time of birth was five (5) total in the state in 2021, and zero (0) in 2020.

Vickie Ives stated the data will be sent out to the listserv after the meeting.

No Public Comment

5. FOR POSSIBLE ACTION: Updates and possible recommendations to the Division of Public and Behavioral Health (DPBH) regarding the Alliance for Innovation on Maternal Health (AIM) and the Maternal Mortality Review Committee (MMRC) -Vickie Ives, MA, Deputy Bureau Chief

Ms. Ives presented on the Alliance for Innovation on Maternal Health (AIM) project in Nevada. Ms. Ives stated there are currently six (6) birthing hospitals interested in participating. Ms. Ives mentioned the goal is to reach all birthing hospitals statewide. AIM is partnering with the University of Nevada, Reno, on the Project ECHO platform to offer continuing education and opportunities to share data around maternal mortality and severe maternal morbidity. Ms. Ives stated this will be in relation to the hypertension patient safety bundle, which will be the preliminary bundle launched by the Nevada AIM team. Ms. Ives stated these opportunities will be shared widely, including the listserv of the Board. Ms. Ives mentioned a state half-time Nurse Abstractor was hired to support the case abstraction for the Maternal Mortality Review Committee (MMRC). She stated Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM) funding was awarded to support efforts of the MMRC. This funding was previously applied for from Centers for Disease Control and Prevention (CDC) to support the work of the MMRC in 2019, but funding was not received at the time. Ms. Ives stated the Interim Finance Committee process to get permission to bring those funds into the budget account has been completed and noted this is a multi-year award and is in addition to a partnership with the Chronic Disease Prevention and Health Promotion Program around a CDC Disparity Grant. This funding will allow for family and friends of those lost to maternal mortality to be interviewed to obtain information for the MMRC around social determinants of health and some key aspects which might not necessarily be reflected in the medical data being abstracted.

Keith Brill, MD, stated he is glad to have six (6) out of the seventeen (17) hospitals. Dr. Brill stated after the meeting he will communicate with Ms. Ives to try and see if the current American College of Obstetricians (ACOG) officers in Nevada to make sure they know about this project. Dr. Brill stated he could try to get people from the North and South to help make sure labor floors know about the program.

Ms. Ives thanked the Maternal and Child Health Advisory Board for their support over the whole process and their written support for the creation of the MMRC.

No Public Comment

6. INFORMATIONAL: Discussion of Nevada Early Hearing Detection and Intervention Program – Perry Smith, Nevada Early Hearing Detection and Intervention Program Coordinator, MCAH, DPBH

Perry Smith provided a presentation which is available in the meeting packet.

No Public Comment

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

Ms. Griffin highlighted key points related to the MCH updates.

Ms. Gabor stated she is excited about the recognition of the Washoe County Health District Fetal Infant Mortality Review (FIMR) program by the National Center for Fatality Review and Prevention in their June newsletter. Washoe County Health District FIMR was recognized for advocating for children and pregnant women during the COVID-19 pandemic. The newsletter noted how FIMR promoted access to information for providers and patients to prevent delays in care for pregnant women. Provider offices ran public service agreements encouraging women to continue to seek prenatal care during the pandemic and provided information about the latest developments of COVID-19.

No Public Comment

8. 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 Federally Available Data (FDA) – Kagan Griffin, MPH, RD, Title V MCH Program Manager, MCAH, DPBH

Ms. Griffin provided a presentation which is available in the meeting packet.

No Public Comment

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

Ms. Gabor stated she would be interested in hearing more about the congenital syphilis review board. The first meeting was on December 10, 2021, and it would be of interest especially since it was one of the items the Board supported through the legislative subcommittee last year.

Ms. Gabor stated she would also like to learn more about equitable, inclusive language and any changes over time and learning more about how best to talk about things using person first non-stigmatizing language would be helpful and invited other Board members to provide feedback. There was no feedback from the Board members regarding adding this topic to the next agenda.

Elli Komito, Program Coordinator for the Nevada Home Visiting Program, stated the Home Visiting Program has been working on the issue and would appreciate seeing the Board go this route, especially with gender neutralizing the language used around parenting and around birth because not everyone who can get pregnant identifies as a female and not everybody who is pregnant is in a heterosexual relationship or any relationship. Using terminology instead of mother such as parent and instead using birthing person is more inclusive. Elli Komito stated this kind of language shift is most likely to have a broad impact if it starts at the government level.

Chair Gabor stated there is a nine (9) hour cultural competency training through the University of

Nevada, Reno, and stated the benefit of learning more about person first and more inclusive language use. Ms. Gabor stated she understands there are equity guides through the CDC and those could be sent out to the group, as well.

Ms. Griffin stated the Maternal Child and Adolescent Health Section promotes the CDC equity guide to partners. Ms. Griffin stated the CDC equity guide can be sent to the listserv after the meeting.

Chair Gabor asked for any additional comments.

No Public Comment.

10. FOR POSSIBLE ACTION: Approval of MCHAB meeting dates for 2022-Linda Gabor, MSN, RN, Chair

- **May 6, 2022, 9:00 A.M.**
- **August 5, 2022, 9:00 A.M.**
- **November 4, 2022, 9:00 A.M.**

MARSHA MATSUNAGA-KIRGAN, MD ENTERTAINED A MOTION TO APPROVE THE PROPOSED MCHAB MEETING DATES FOR 2022. MELINDA HOSKINS SECONDED THE MOTION WHICH PASSED UNANIMOUSLY

11. Public Comment

No Public Comment.

12. Adjournment

Meeting adjourned at 4:19 P.M.

Attachment for Agenda Item #4

**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 Statutes (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, 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 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 member 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, (2)(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 (2)(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.

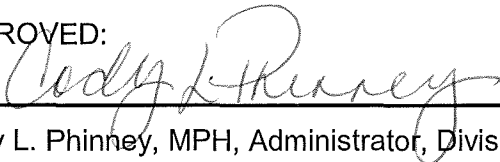
ADOPTED AND APPROVED this 7th day of June 2017

Terrence (Terry) ...

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

Draft Revision 5/24/17

** 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.

NEVADA REVISED STATUTES CHAPTER 442 - MATERNAL AND CHILD HEALTH

NRS 442.133 Advisory Board on Maternal and Child Health: Creation; membership; terms; compensation.

1. The Advisory Board on Maternal and Child Health is hereby created.
2. The Advisory Board consists of:
 - (a) Nine members to be appointed by the State Board of Health from a list of persons provided by the Administrator of the Division;
 - (b) One nonvoting member who is a member of the Senate appointed by the Legislative Commission; and
 - (c) One nonvoting member who is a member of the Assembly appointed by the Legislative Commission.
3. The members who are:
 - (a) Appointed by the State Board of Health serve terms of 2 years.
 - (b) Legislators 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.

↳ Any member of the Advisory Board may be reappointed.

4. Except during a regular or special session of the Legislature, each Legislator who is a member of the 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 or she attends a meeting of the Advisory Board or is otherwise engaged in the work of the 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 nonlegislative member of the 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.

(Added to NRS by [1991, 2294](#); A [2009, 666](#))

NRS 442.135 Advisory Board on Maternal and Child Health: Meetings; election of officers; appointment of subcommittees.

1. The Advisory Board shall meet at least quarterly and at the times and places specified by the call of the Chair.
2. The members of the Advisory Board shall elect a Chair and a Vice Chair from among their membership.
3. The Chair may appoint a subcommittee of the Board to study and make recommendations regarding a specific issue as requested by the Administrator or a Board member. The composition of the subcommittee must be approved by a majority vote of the Board.

(Added to NRS by [1991, 2295](#))

NRS 442.137 Advisory Board on Maternal and Child Health: Purpose and objectives. The purpose of the Advisory Board is to advise the Administrator of the Division concerning perinatal care to enhance the survivability and health of infants and mothers, 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 assessments 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 relating 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 by ensuring the availability and accessibility of affordable perinatal services.

(Added to NRS by [1991, 2295](#); A [2003, 1360](#))

Attachment for Agenda Item #5

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

Jen Thompson



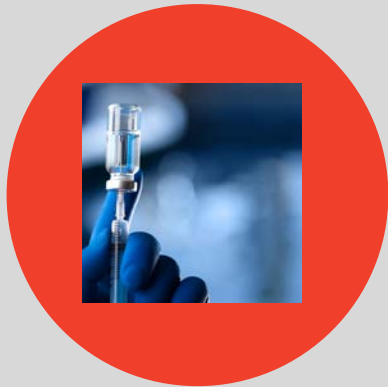
Helping people. It's who we are and what we do.

Attachment for Agenda Item #7

NEVADA MOMS AND BABIES PILOT



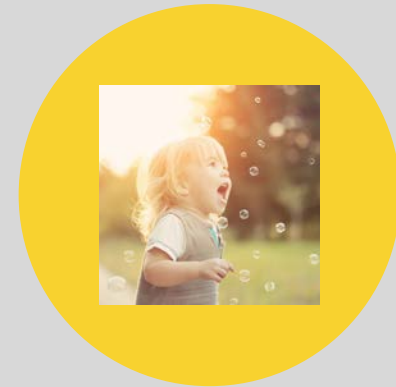
Lack of Data Sharing Impacts



OBSTETRICIANS



PAYERS



MOTHERS AND
INFANTS



OBSTETRICIANS

- Neonatologists need immediate access to hospital birth data
- OB-GYN providers rely on availability of Pre-Natal flowsheet data
- Require data on obstetrical care data that is linked to the maternal record



PAYERS

- Support the State of Nevada MCO Contracts
- Collecting quality data for reporting purposes is labor intensive and costly
 - The State of Nevada and payers are compensating providers for a perceived level of quality at increasing costs



NEVADA MOMS AND BABIES

- Most vulnerable population of Medicaid patients in Nevada



KEY NEVADA PROVIDERS

Organization	# Of providers	EMR
Carson Medical Group	12	eClinicalWorks
OBGYN Associates	18	eClinicalWorks
High Risk Pregnancy	9	eClinicalWorks
Hera Women's Health	>10	eClinicalWorks/Athena
Reno Tahoe Women's Health	2	NextGen
Desert Perinatal	5	Greenway Intergy
WHASN	78	eClinicalWorks
Totals	134	

Hospital Interfaces will require modification



KEY DATA ELEMENTS FOR COLLECTION

Prenatal Immunization Status (PRS).
Prenatal Depression Screening and Follow-Up (PND).
Postpartum Depression Screening and Follow-Up (PPD).
Prenatal Postpartum Care (PPC) Added to align with MIPS/MACRA.
Antepartum Admission prior to 37 weeks and prior to labor and delivery
NICU admission
NICU days per admission
Neonatal death
Maternal death
Maternal Morbidity
Maternal Mortality



DESIRED OUTCOMES

- HealthIE Nevada will deliver real time OB-GYN quality data to participating payers by 3/31/2023 and real time clinical data to the OB-GYN community withing HealthIE Nevada by June 30, 2022
- Payers will receive near real-time reports runs that include both administrative and real time clinical data by 3/31/2023 demonstrating the value of this service
- Quality department staff will share reports with participating OBGYN providers beginning April 1, 2023, helping providers close gaps in care
- Frequent real time reporting to providers will drive improvement in health outcomes



THANK YOU

Charles M. Dorman, FACHE
Director of Outreach
cdorman@healthienvada.org

Attachment for Agenda Item #8



HOME

WHY STIGMA
MATTERS

WHAT STIGMA
LOOKS LIKE

WHAT YOU
CAN DO

RESOURCES

SUBSTANCE
USE STIGMA

CONTACT
US



Below is the link to access the March of Dimes online toolkit on stigma reduction focused on women of child-bearing age.

<https://beyondlabels.marchofdimes.org/>

Attachment for Agenda Item #9



CDC Levels of Care Assessment Tool (CDC LOCATeSM)

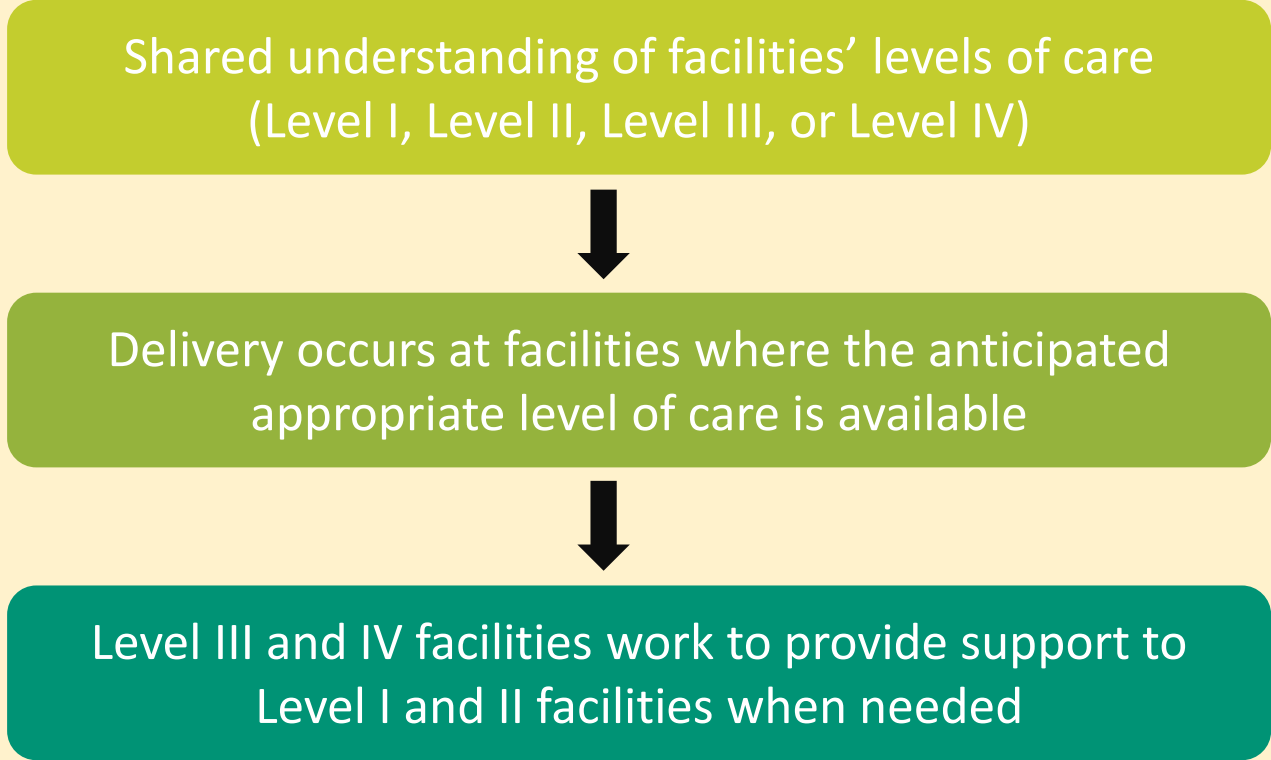


Risk-Appropriate Care (Perinatal Regionalization)

- Strategy promoted in 1976 March of Dimes report*
- Guidelines set by AAP (2004 & 2012) and ACOG/SMFM (2015 & 2019)
- Simple concept embraced by many states
- Enhanced by public health research



How Does Risk-Appropriate Care Work?



Levels of Neonatal Care

Facility Level	Definition
Level I	Well born nursery – Provide basic levels of care to neonates who are low risk and have the capability to perform neonatal resuscitation at delivery and provide postnatal care for healthy newborn infants.
Level II	Special care nursery – Provide care to stable or moderately ill newborn infants who are born at 32 weeks’ gestation or more weighing 1500 g or more at birth with problems that are expected to resolve rapidly, without anticipated need of subspecialty-level services of an urgent basis.
Level III	NICU – Meet level II requirements and have continuously available personnel (neonatologists, neonatal nurses, and respiratory therapists) and equipment to provide life support for as long as necessary. A broad range of pediatric medical and surgical subspecialists should be readily accessible on site or by prearranged consultative agreements.
Level IV	Regional NICU – Meet level III requirements, have considerable experience in the care of the most complex and critically ill newborn infants, and have pediatric medical and surgical consultants available on-site 24 hours a day, with the capability for surgical repair of complex conditions.

Levels of Maternal Care

Facility Level	Definition
Accredited Birth Center	Care for low-risk pregnant persons with uncomplicated singleton term vertex pregnancies who are expected to have an uncomplicated birth.
Level I	Care for low- to moderate-risk pregnancies with ability to detect, stabilize, and initiate management of unanticipated maternal-fetal or neonatal problems that occur during the antepartum, intrapartum, or postpartum period until the patient can be transferred to a facility at which specialty maternal care is available.
Level II	Level I facility plus care of appropriate moderate- to high-risk antepartum, intrapartum, or postpartum conditions.
Level III	Level II facility plus care of more complex maternal medical conditions, obstetric complications, and fetal conditions.
Level IV	Level III facility plus on-site medical and surgical care of the most complex maternal conditions and critically ill pregnant persons and fetuses throughout antepartum, intrapartum, and postpartum care.

Variation in Interpretation of Guidelines

Definitions, criteria, compliance mechanisms, and regulatory source of neonatal levels of care vary widely.¹

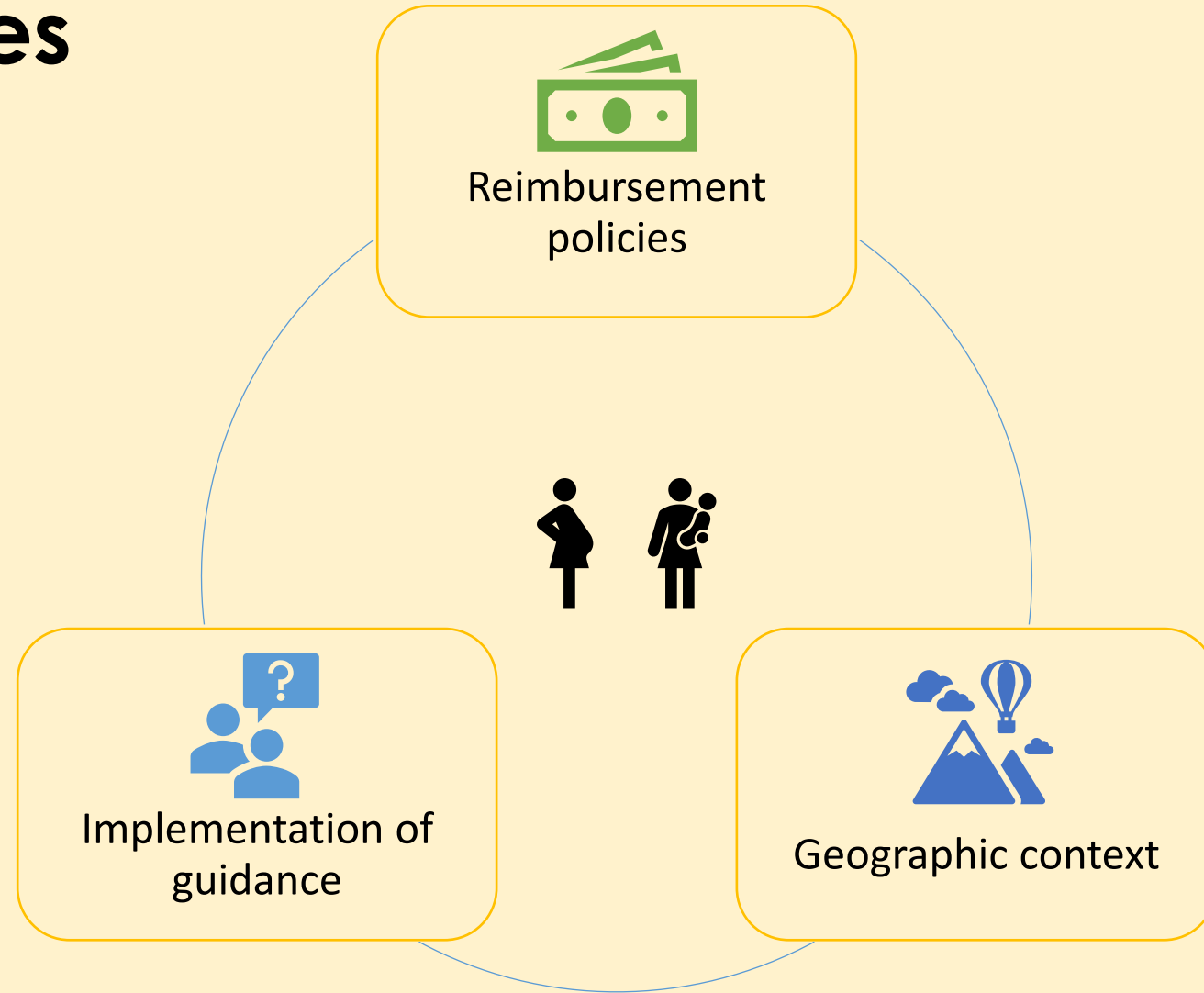
- 31 states had policies for neonatal levels of care (2019).²
 - 22 of these states require ongoing monitoring; 10 require site visits
- 17 states had policies for levels of maternal care (2018).³

¹ Blackmon, L., Barfield, W. & Stark, A. Hospital neonatal services in the United States: variation in definitions, criteria, and regulatory status, 2008. *J Perinatol* 29, 788–794 (2009) doi:10.1038/jp.2009.148

² Kroelinger CD, Okoroh EM, Goodman DA, Lasswell SM, Barfield WD. Designation of neonatal levels of care: a review of state regulatory and monitoring policies. *J Perinatol* 40,:369-376 (2020) doi: 10.1038/s41372-019-0500-0

³ Vladutiu CJ, Minnaert JJ, Sosa S, Menard MK. Levels of Maternal Care in the United States: An Assessment of Publicly Available State Guidelines. *J Womens Health* 29, 353-361 (2020) doi: 10.1089/jwh.2019.7743

Challenges



What is CDC LOCATeSM?

Produces standardized assessments

- Based on guidelines by AAP and ACOG/SMFM

Facilitates stakeholder conversations

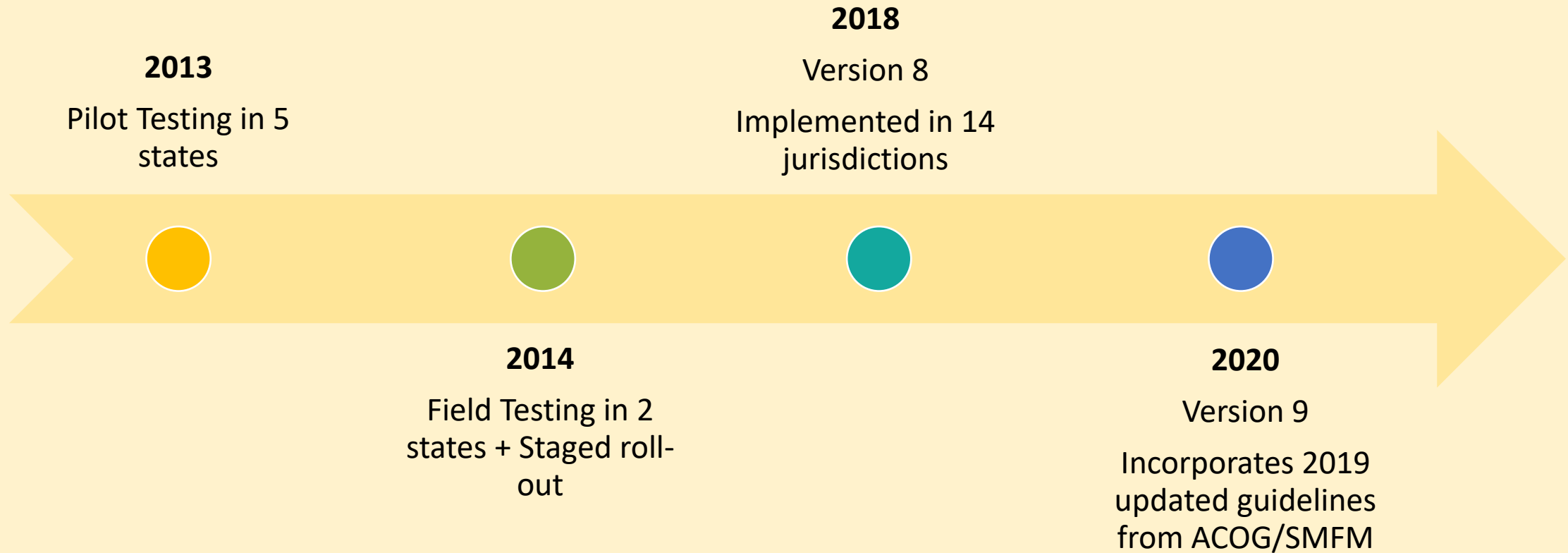
- Increases (common) understanding of risk appropriate care landscape
- Provides data for possible quality improvement initiatives by facilities and systems

...while, minimizing burden on respondents

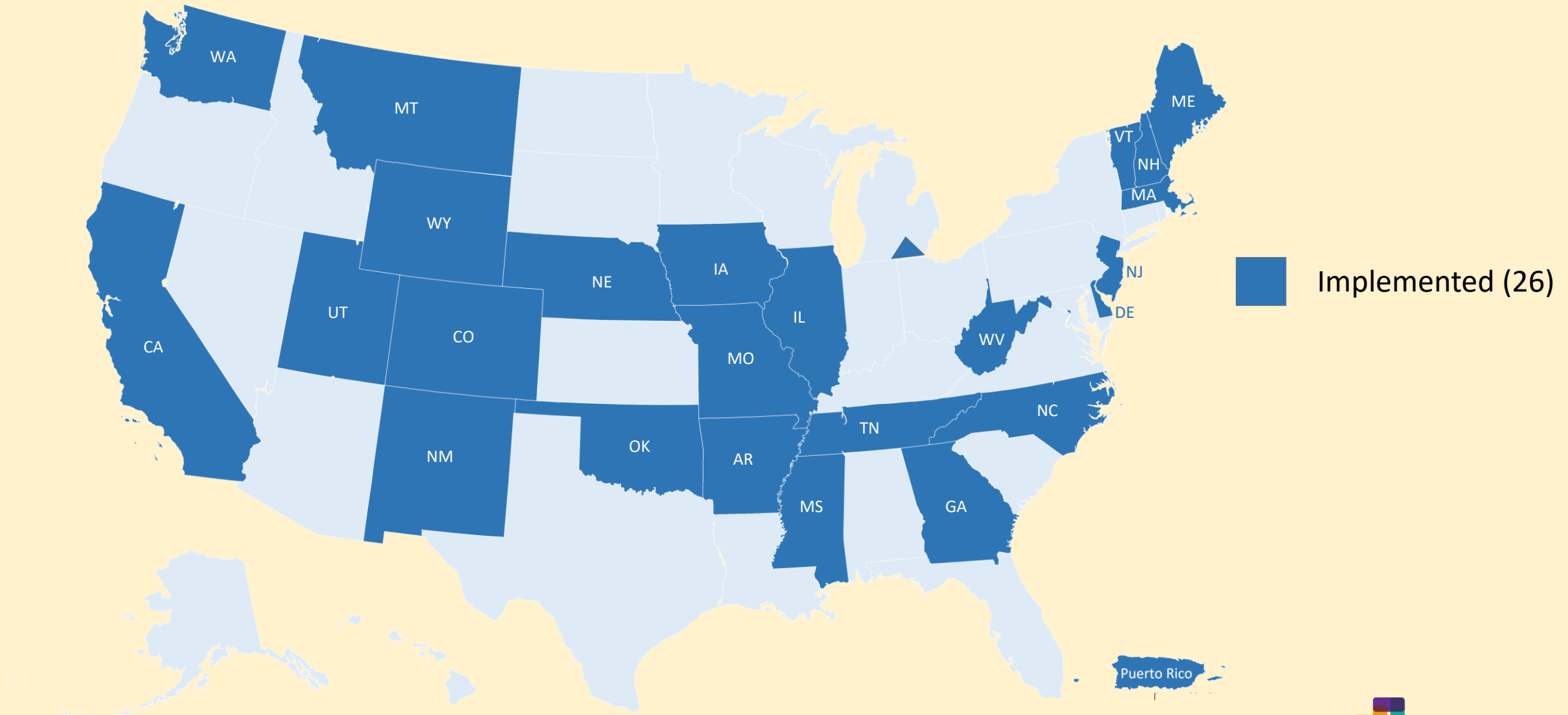
What LOCATeSM is NOT...

- NOT... A comprehensive assessment of all neonatal and maternal criteria
- NOT... A tool for formal designation of levels of care
- NOT... A tool for health care regulation

Development of LOCATeSM



LOCATeSM States and Other Jurisdictions*



* As of April 2022

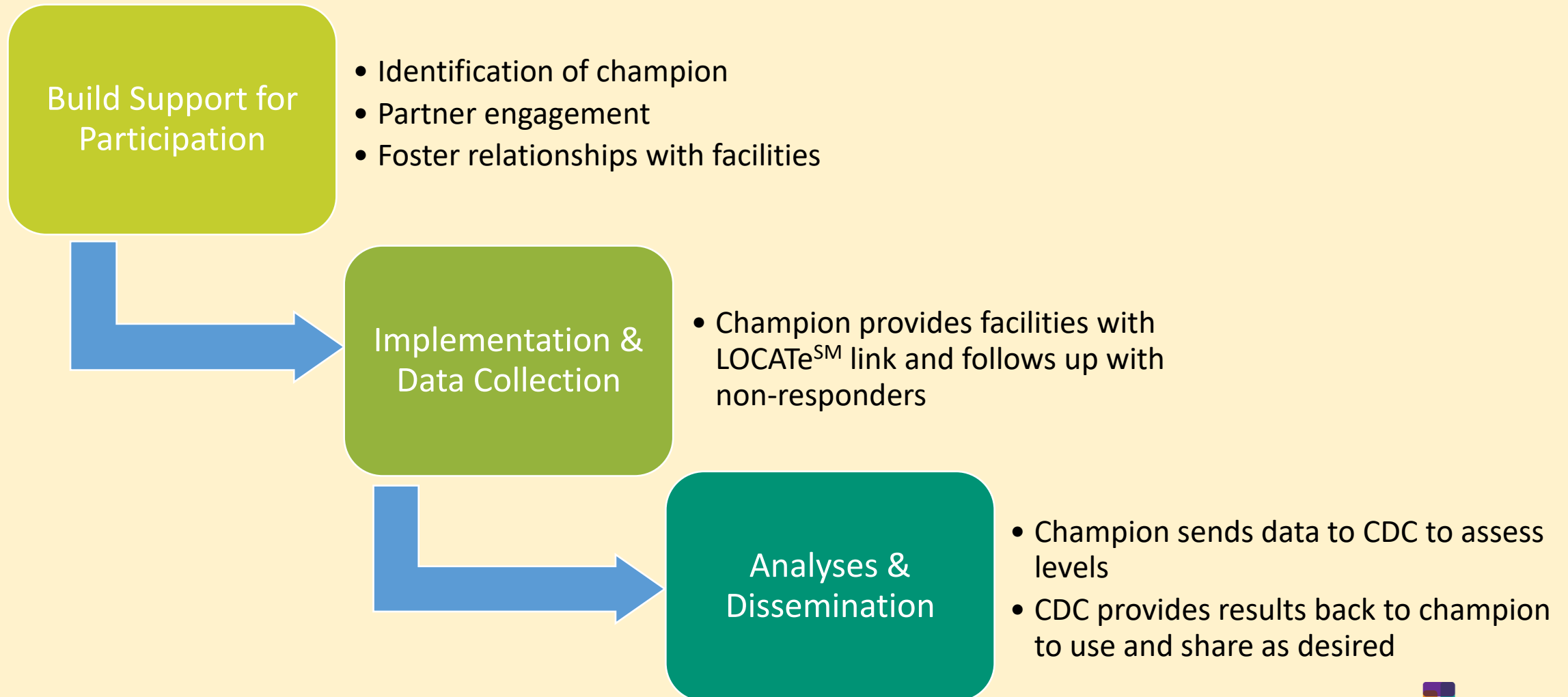
LOCATeSM Content

Assessment includes questions about:

- Facility services & their availability
- Facility personnel & their availability
- Self-reported levels of care [Understanding discrepancies and reasons for them]
- Volume of services [Understanding how experience matters]
- Drills & protocols for maternal emergencies [Helping identify QI opportunities]
- Transports [Availability for planning]
- Facility-level statistics [Facilitating rapid development of summary information]

Web-based platforms: Survey Monkey or REDCap

The LOCATeSM Process



Neonatal Assessment Discrepancies*

34.5% of facilities have discrepancies between self-reported level and LOCATeSM-assessed level

Based on the **2012 AAP guidelines** for neonatal levels of care, what do you consider your **neonatal level of care** to be?

Facility Level	Self-Reported	LOCATe SM Assessment
Level I	34.2%	44.6%
Level II	35.5%	41.0%
Level III	17.6%	11.4%
Level IV	6.5%	3.0%
Unknown	6.3%	-

* Based on data from 603 facilities in 16 jurisdictions

Maternal Assessment Discrepancies*

46.6% of facilities have discrepancies between self-reported level and LOCATeSM-assessed level

Based on the **2015 ACOG/SMFM guidelines** for maternal levels of care, what do you consider your **maternal level of care** to be?

Facility Level	Self-Reported	LOCATe SM Assessment
< Level I	2.6%	13.4%
Level I	23.3%	36.1%
Level II	40.4%	38.4%
Level III	15.8%	7.1%
Level IV	8.2%	5.0%
Unknown	9.7%	-

* Based on data from 463 facilities in 13 jurisdictions

LOCATeSM results can be used to...

Examine differences in **maternal/neonatal outcomes within and between levels of care** by merging LOCATeSM results with birth record and hospital discharge data.

Identify **priority areas** and leverage perinatal quality collaborative (PQC) for implementation.

Use aggregate findings as talking points to **encourage prioritization of levels of care in the state.**

Use results to **coordinate maternal and neonatal emergency preparedness plans and drills.**

Present results to partners to **increase buy-in and work locally to address challenges.**

Analyze differences in outcomes based on specific facility characteristics and **inform adoption of new guidelines based on findings.**



Thank you!

Questions?

Carla DeSisto
wup5@cdc.gov

***NOTE:** The findings and conclusions in this presentation are those of the presenter and do not necessarily represent the official position of the Centers for Disease Control and Prevention*



Attachment for Agenda Item #10

Steve Sisolak
Governor



Richard Whitley
Director

State of Nevada
Department of Health and
Human Services

Avoiding Stigmatizing Language in Service Delivery

Nevada Office of Minority Health and Equity
(Director's Office)

Presented by: Dominique Seck



4/25/2022

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



Agenda

- CDC's Health Equity Guiding Principles for Inclusive Communication
- Analyzing Principles
- Questions/Comments/Recommendations





Health Equity Guiding Principles for Inclusive Communication

- Developed by CDC during pandemic
- Guiding Principles
 - Health Equity Lens
 - Language Access Planning
 - Person-first language
 - Using preferred terms for select population groups
 - Develop inclusive health communication products





Health Equity Lens





Language Access Plan





Person-First Language

- CLAS
- Implicit Bias
- Maternal-Child Health Example

<https://thinkculturalhealth.hhs.gov/clas/clas-tracking-map>





Using preferred terms for select population groups

- There isn't always an agreement on which terms to use
- Be mindful of intersectionality
- Maternal-Child Health Example





Health Communication Products

- Federal level example
- State level example
- Other resources





Cultural Humility

- Cultural Competency versus Cultural Humility
- “While competence suggests mastery, humility refers to an intrapersonal and interpersonal approach that cultivates person-centered care” (Lekas, Pahl, Lewis 2020).





Cultural Humility cont.

- Principles of cultural humility
 1. Lifelong commitment to self-evaluation and self-critique
 2. Fix power imbalances
 3. Develop partnerships with people and groups who advocate for others
- Cultural competency and humility are essential to providing the highest quality of services to Nevadans.





Resources Used

- CDC's Health Equity Guiding Principles for Inclusive Communication

<https://www.cdc.gov/healthcommunication/HealthEquityGuidingPrinciples.pdf>

- National CLAS Standards in Health and Health Care

<https://thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf>

- Tracking CLAS

<https://thinkculturalhealth.hhs.gov/clas/clas-tracking-map>

- Cultural Humility Vs. Cultural Competency: Providers Need Both

<https://healthcity.bmc.org/policy-and-industry/cultural-humility-vs-cultural-competence-providers-need-both>

- Kimberle Crenshaw's Interview on Intersectionality

<https://www.law.columbia.edu/news/archive/kimberle-crenshaw-intersectionality-more-two-decades-later>





Questions?





CONTACT INFORMATION

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[https://dhhs.nv.gov/Programs/CHA/
MH/](https://dhhs.nv.gov/Programs/CHA/MH/)



Attachment for Agenda Item #11

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

5/6/2022

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.
- 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:
 - October 4, 2021
 - January 13, 2022
 - February 10, 2022
 - March 10, 2022
 - South MCH Coalition Meetings
 - November 9, 2021
 - January 11, 2022
 - February 8, 2022
 - March 8, 2022
 - Steering Committee Meetings:
 - November 18, 2021
 - February 17, 2022
- Social Media Posts
 - From October 1, 2021, to March 31, 2022, for Facebook and Instagram followings:
 - Facebook likes increased from 480 to 487 likes with an increase of seven over three months from October 1, 2021, to December 31, 2021.
 - Facebook likes increased from 487 to 499 with an increase of 12 over three months from January 1, 2022, to March 31, 2022.
 - Instagram followings increased from 485 to 506 followings, an increase of 21 followings over three months from October 1, 2021, to December 31, 2021.
 - Instagram followings increased from 506 to 619 followings, an increase of 113 followings over three months from January 1, 2022, to March 31, 2022.

- Instagram posts increased from 298 to 318 posts, an increase of 20 posts over three months from October 1, 2021, to December 31, 2021.
- Instagram posts increase from 318 to 349 posts, an increase of 31 posts over three months from January 1, 2022, to March 31, 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.
 - 1,400 Infant Safe Sleep Brochures were distributed in the 4th quarter and 1st quarter.
 - 296 survival kits were purchased this quarter and distributed 4th quarter and 1st quarter
- REMSA also focuses on injury prevention and has distributed eight car seats this quarter and 1,400 brochures, and ten binders.
- A new program coordinator was hired in the 1st quarter so some numbers may be different from last year due to training new personnel.

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.
 - Two Case Review Team (CRT) meetings were held from October 1, 2021, to December 31, 2021, with 7 cases presented and discussed. Eighteen new FIMR cases were received between October 1, 2021, to December 31, 2021.
 - Three Case Review Team (CRT) meetings were held from January 1, 2022, to March 31, 2022, with 10 cases presented and discussed. Fourteen new FIMR cases were received between January 1, 2022, to March 31, 2022.
 - Two presentations about Count the Kicks materials and campaign were given to WIC staff throughout the state on 10/26/2021 by Healthy Birth Day, Inc.

Carson City Health and Human Services (CCHHS)

- CCHHS conducted 933 adult wellness screenings. Referrals were made for 25 women afflicted by domestic violence, 176 with mood disorders, 259 alcohol users, and 20 with a history of substance use.
- As many as 420 vaccination reminder cards were sent for infants/toddlers ages four-months through 59-months old in need of recommended vaccines.
- CCHHS educated women receiving positive pregnancy test results about breastfeeding during clinic visits. As many as 26 were referred to WIC for support.
- CCHHS reached out to 40 businesses to educate about breastfeeding laws and encourage participation in the Breastfeeding Welcome Here (BFWH) Campaign.
- CCHHS promoted adult well visits and health care transition on clinic digital signage and through social media. One Facebook campaign promoting adult well-visits reached 1,430 individuals through a short video accompanied by additional messaging. The Facebook promotion with material for youth and or their parents/caregivers about health care transition was seen by 2,044 individuals with 12 engaged users.
- During clinic visits, 85 youth or family members received information about health care transition and were provided with resources to learn more.

- CCHHS held two monthly digital signage campaigns promoting Text4Baby. Additionally, the Facebook post reached 2,058 individuals with 48 engaged users.
- The CCHHS Facebook campaign to improve infant and childhood immunizations reached 1,806 with 13 engaged users.
- CCHHS staff conducted one community outreach event and distributed information to 75 individuals and or their families.

Community Health Services (CHS)

- CHS conducted wellness screenings for adults up through age 44. Referrals were made for individuals afflicted by domestic violence, with mood disorders, and with substance use. Additionally, patients 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, 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 Neonatal Abstinence Syndrome Initiative (OMNI) efforts.

Breastfeeding Promotion

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

Telehealth Pilot Program

- The telehealth pilot program by Maternal, Child, and Adolescent Health (MCAH) Section was accepted as an AMCHP Cutting Edge Practice. This is a pilot program with UNLV SOM Department of Obstetrics to provide prenatal care via telehealth to Clark and Nye counties.

Media Campaigns and Outreach Efforts

Safe Sleep

- A TV and Radio Campaign ran from October 2021 through December 2021 with 282 total TV spots aired and 2,155 radio spots aired
 - TV
 - North: 59 English, 36 Spanish
 - South: 157 English, 30 Spanish
 - Radio
 - North: 983 English, 97 Spanish
 - South: 1,043 English, 32 Spanish

- A TV and Radio Campaign ran from January 1, 2022, through February 28, 2022, with 375 total TV spots aired and 3,137 radio spots aired
 - TV
 - North: 80 English, 24 Spanish
 - South: 141 English, 130 Spanish
 - Radio
 - North: 1,129 English, 161 Spanish
 - South: 1,675 English, 172 Spanish

SoberMomsHealthyBabies.org

- A TV and Radio Campaign ran from October 2021 through December 2021 with 328 total TV spots aired and 2,276 radio spots aired
 - TV
 - North: 46 English, 36 Spanish
 - South: 207 English, 39 Spanish
 - Radio
 - North: 891 English, 104 Spanish
 - South: 1,267 English, 14 Spanish
- A TV and Radio Campaign ran from January 2022 through February 2022 with 391 total TV spots aired and 2,014 radio spots aired
 - TV
 - North: 78 English, 23 Spanish
 - South: 140 English, 150 Spanish
 - Radio
 - North: 615 English, 75 Spanish
 - South: 1,141 English, 183 Spanish
- CCHHS promoted the website for two months on the clinic digital sign.

[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.
- UNLV promoted CPP and reached 620 youth and young adults through a social media campaign on Instagram.
- CPP has been accepted as a social work practicum site; applications will open by the end of April 2022.

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.

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, 30 presentations were given at 7 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.
- NCEDSV conducted three trainings and technical assistance sessions for rural schools during this quarter. Educators who attended all sessions received continuing education credits (CEUs).
- NCEDSV hosted the webinar 'Deepening Our Economic Justice Work'.

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.

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

- October 2022- December 2022: 282 Total TV Spots Aired, 2,566 Radio Spots Aired
 - TV
 - North: 5 English, 54 Spanish
 - South: 182 English, 41 Spanish
 - Radio
 - North: 1,134 English, 102 Spanish
 - South: 1,201 English, 102 Spanish
- January 2022- February 2022: 392 Total TV Spots Aired, 1,957 Radio Spots Aired
 - TV
 - North: 65 English, 26 Spanish
 - South: 171 English, 130 Spanish
 - Radio
 - North: 683 English, 70 Spanish
 - South: 963 English

Promotional Items

- CCHHS promoted PRAMS two months through outside digital signage and one Facebook campaign reached 4,523 individuals with 189 engaged users. Pregnant persons were given PRAMS brochures and materials are in the waiting area.

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 works collaboratively with the in-house WIC office and discussed the value of a medical home with 379 individuals.
- CCHHS conducted 85 adolescent wellness screenings. Referrals were made for three youth afflicted by domestic violence, 29 with mood disorders, three with substance use, and 34 reporting alcohol use.
- During clinic visits, 85 youth or family members received information about health care transition and were provided with resources to learn more.
- Staff were trained on topics pertinent to creating adolescent-friendly clinic environments using best practice resources from the Adolescent Health Initiative.
- CCHHS promoted adolescent well visits and health care transition on clinic digital signage and through social media. One Facebook campaign promoting adolescent well-visit reached 6,503 individuals with 353 engaged users. The Facebook promotion with material for youth and or their parents/caregivers about health care transition was seen by 2,044 individuals with 12 engaged users.
- CCHHS staff conducted one community outreach event and distributed information to 75 individuals and or their families. Information included the promotion of adolescent well-visits and health care transition awareness.

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.
- Staff were trained on topics pertinent to creating adolescent-friendly clinic environments using best practice resources from the Adolescent Health Initiative.

Urban Lotus Project (ULP)

- Urban Lotus Project Trauma-Informed Yoga for Youth conducted 140 no-cost yoga classes to adolescents. Nine different agencies hosted the yoga sessions with ULP presenting the weekly virtual classes. As many as 361 individuals participated. Most students attended multiple yoga classes resulting in at least 821 pupil exposures.
- The Association of Maternal and Child Health Professionals (AMCHP) awarded funding to a Tennessee yoga agency to replicate ULP practices and policies. The AHWP Coordinator and ULP director were trained by AMCHP as coaches and met with the Nashville group regularly to assist in implementation of new policies and practices aligning with ULP.

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

- NICRP placed its most recent *Health Status of Children Entering Kindergarten in Nevada* (2020-21 results) inside its website:
<https://nic.unlv.edu/files/KHS%20Year%2013%20Report%2012.6.21.pdf>.
- NICRP continues to conduct the annual Kindergarten Health Survey. This school year, 38,836 surveys were sent to all 17 school districts. NICRP received 6,927 surveys (18%) from 16 school districts.

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.

Health Care Transition

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

Sexual and Behavioral Health Collaboratives

- Title V MCH staff served on the CSEC Coalition and shared pertinent information with the team and Nevada 211 to prepare for user-friendly content inside the Nevada 211 website/Youth app with resources for sex and human trafficking.
- 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

- DP Video conducted a one-month social media campaign promoting adolescent well-visits. The six videos with messages (three each in English and Spanish) were posted on Facebook/Instagram and Twitter. Facebook resulted in 81,006 viewers, with 16,969 watching the videos and 1,233 clicking on the link for more information. Facebook had over 161,613 media impressions and Twitter having 126,398.

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 hosted the first two sessions of the University of Nevada, Reno (UNR) Project ECHO six-session series on health care transition.
 - The first session had 50 attendees from seven counties. This session provided an overview of Got Transition's six core elements.
 - The second session had 35 participants from six counties. This session went over best practices for creating a consistent health care transition approach.
- NCED Family Navigation Network became a new partner in July 2021 and 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, 38 calls to the hotline were answered. 13 calls were about therapy options, 4 were about school-related issues, 12 were about insurance/payment issues, 2 were about college options for a child with a developmental disability, and 12 were about the Katie Beckett application. 16 referrals were made for educational advocacy, therapies, and paying for services.
 - 100% of staff trained on the Medical Home Portal.
 - 24% of 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 October 1st, 2021 to March 31st, 2022, four Technical Assistance trainings with 22 participants were conducted and 8 preschools and daycare centers were contacted and given informational materials.
- Data collection and evaluation for Pyramid Model activities is ongoing, with 16 sites collecting data. 302 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 distributed Milestone Moments brochures in both English and Spanish to CCHHS and CHS rural nursing clinics. All funded NCED Programs have their own supply of

Milestone Moments and disseminate them to families. These brochures detail developmental signs to be aware of during a child's first five years of life.

- Title V MCH staff attended several meetings to learn about updates related to CYSHCN efforts.

Media Campaigns and Outreach Efforts

Family Navigation Network

- A social media campaign ran for Family Navigation Network which began during the month of September 2021 and concluded on January 16, 2022. The campaign reached over 40,000 media impressions on Facebook, and over 58,000 media impressions on Instagram.

Cross-Cutting Programs and Efforts

Nevada 211

- Nevada 211 received 376 calls/texts from within the MCH population with 95% being pregnant. Referrals were made to the following programs: Sober Moms Healthy Babies website (2), Medical Home Portal (25), Text 4 Baby (8), Perinatal Mood and Anxiety Disorder (5) and Nevada Tobacco Quitline (7). Two people specifically called to obtain more information about PRAMS.
- CCHHS posted three monthly NV211 and Medical Home Portal awareness message(s) on the clinic signage. The NV211 Facebook campaign reached 3,235 individuals with 74 engaged users. The Medical Home Portal Facebook campaign reached 3,478 with 117 engaged users.

Tobacco Cessation

- All subgrantees continue to promote the Nevada Tobacco Quitline (NTQ). CCHHS and CHS counseled self-identified persons who use tobacco/nicotine with a Brief Tobacco Intervention resulting in CCHHS making 111 referrals to the NTQ to change smoking/vaping habits. CCHHS posted two NTQ message(s) on the clinic signage and conducted one Facebook campaign(s) reaching 598 individuals with 24 engaged users.

Adequately Insured Children

- CCHHS partners with the Division of Welfare and Supportive Services (DWSS) by placing insurance enrollment staff on-site. As many as 104 individuals were enrolled into Medicaid. In-reach was conducted through CCHHS clinic staff.
- CCHHS conducted one monthly Facebook campaign reaching 475 individuals with two engaged users.

Other Title V MCH Program Efforts

- Title V MCH is working 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. At least three of these focus groups will be 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 will be 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 will be conducted to inform maternal and infant health priorities.
- From these focus groups and surveys, a final report will be 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.

January 10, 2022



Medical Home Portal

FFY2022 Q1 REPORT

1. FEATURE UPDATES

Features that have been significantly reworked or updated during the Quarter ending December 31, 2021.

A. SEO Improvements

- i. Efforts to improve the Medical Home Portal's Search Engine Optimization (SEO), especially over the last quarter, made significant gains. In 2021, the Portal had over 1.2 million visits, as compared to around 850,000 in 2020. Medical Home Portal content is the top result or very close to the top for many organic search terms and phrases. This is due to the following improvements:
 1. *Keywords were added in the metadata to help searchers find Portal pages.*
 2. *Checks are run weekly to ensure links on the Portal site are not broken.*
 3. *Images and other page elements have been "optimized" so the page load time is faster.*

B. Back Links

- i. The Portal team improved visibility and reach of the Medical Home Portal by increasing the number of websites that currently link to the Medical Home Portal, with over 700 domains link currently.

2. CONTENT UPDATES

Content that has been published or updated during the Quarter ending December 31, 2021.

A. New Content

- i. Clinical
 1. *Inflammatory Bowel Disease*
- ii. For Families
 1. *Charcot-Marie-Tooth FAQ*

B. Updated Content

- i. Clinical
 - 1. *Acute Flaccid Myelitis*
 - 2. *Affording Formulas (formerly Formula Funding)*
 - 3. *Charcot-Marie-Tooth Disease*
 - 4. *Hearing Loss and Deafness*
 - 5. *Maple Syrup Urine Disease*
- ii. For Families
 - 1. *Apps to Help Kids and Teens with Anxiety*
 - 2. *Transition Tools & Checklists*

3. GOOGLE ANALYTICS

Google Analytics July 1-September 30, 2021. Traffic Refined for Quality Segment.
(Percentage change from previous quarter.) [Percentage change from previous year.]

A. Aggregated Subdomains

- i. Users: 118,546 (-4.04%) [-8.65%]
- ii. Sessions: 137,676 (-2.73%) [-6.28%]
- iii. Pageviews: 224,011 (+2.64%) [-3.93%]*

B. Nationwide

- i. Users: 51,400 (+19.02%) [+1.96%]
- ii. Sessions: 59,894 (+21.71%) [+5.39%]
- iii. Pageviews: 84,058 (+37.92%) [+14.48%] *

C. Nevada

- i. Users: 7,348 (-24.82%) [+11.47%]
- ii. Sessions: 8,329 (-24.07%) [+12.92%]
- iii. Pageviews: 14,496 (+7.71%) [+10.59%] *

The Pageviews numbers provided in this report are **estimates only- due to a data anomaly that started in FY 2021 Q3 and lasted until half way through this reporting period, the actual numbers were over-inflated and inaccurate. The estimates have been derived from a one week period after the anomaly ended and extrapolated out for the length of the quarter.*

April 4, 2022



Medical Home Portal

FFY2022 Q2 REPORT

1. FEATURE UPDATES

Features that have been significantly reworked or updated during the Quarter ending March 31, 2022.

A. Newborn Disorders Content Streamlined

- i. Newborn Disorders pages, which have guidance for primary care clinicians receiving a positive newborn screen result for a patient, were put into a more usable format.
 1. *The content is updated by members of the Writing & Career Development Group, the Department's Medical and Biochemical Genetics group, and other pediatric specialists.*
 2. *State-specific resources are being added to the ACT sheets in a partnership with the American College of Medical Genetics (ACMG).*

B. Service Provider Category Review and Updates

- i. The Portal team started a review of Service Provider Categories and associated mapping to AIRS Taxonomy codes. The following category groups were reviewed and updated this quarter:
 1. *Adoption/Foster Care*
 2. *Advocacy*
 3. *Legal/Law Services*

2. CONTENT UPDATES

Content that has been published or updated during the Quarter ending March 31, 2022.

A. New Content

- i. Clinical
 1. *Citrullinemia Type 1 (newborn disorder page)*
 2. *Citrullinemia Type II & Citrin Deficiency (newborn disorder page)*

3. *Fabry Disease (newborn disorder page)*
4. *Pediatric Diabetes Screening & Management Care Process Model*
5. *Pyruvate Carboxylase Deficiency (newborn disorder page)*

B. Updated Content

- i. Clinical
 1. *Down Syndrome (diagnosis module)*
 2. *Fabry Disease (diagnosis module)*
 3. *Headache: Migraine & Chronic*
 4. *Obsessive- Compulsive Disorder (diagnosis module)*
 5. *Neonatal Opioid Withdrawal Syndrome (NOWS)*
 6. *Toxic Stress Screening*
 7. *Galactosemia (newborn disorder page)*
 8. *Maple Syrup Urine Disorder (newborn disorder page)*
 9. *Tyrosinemia Type 1 (newborn disorder page)*

3. GOOGLE ANALYTICS

Google Analytics January 1 – March 31, 2022. Traffic Refined for Quality Segment.
(Percentage change from previous quarter.) [Percentage change from previous year.]

A. Aggregated Subdomains

- i. Users: 132,747 (+11.98%) [+4.88%]
- ii. Sessions: 154,485 (+12.21%) [+3.87%]
- iii. Pageviews: 226,378 (+1.06%*) [-2.22%]

B. Nationwide

- i. Users: 61,574 (+19.79%) [+20.78%]
- ii. Sessions: 70,674 (+18.00%) [+19.41%]
- iii. Pageviews: 90,186 (+7.29%*) [+18.75%]

C. Nevada

- i. Users: 7,755 (+5.44%) [+35.32%]
- ii. Sessions: 8,924 (+7.04%) [+37.04%]
- iii. Pageviews: 14,918 (+2.91%*) [+23.31%]

**The Pageviews numbers provided in this report are accurate. Percent changes compared to last quarter were calculated based on the estimated values used in last quarter's report.*

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

The Nevada Primary Care Office can be contacted at nvpco@health.nv.gov or at 775-684-2204

PCO Highlights from October 2021 – December 2021

- National Health Service Corps (NHSC) outreach activities during this quarter included *zero* health clinic site visits, *zero* student outreach events. *Three* site recertification reviews were completed, all behavioral health sites. 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.
- Roughly *fifty* Health Professional Shortage Areas were put into proposed for withdrawal status in HRSA's first ever National Shortage Designation Update (NSDU). The Primary Care Office worked closely with HRSA during the 4th quarter to redesignate these areas and submit them for review and approval by HRSA. Nearly all these designations were submitted before the end of the year, the few that remain had to have their rational service areas re-done to accommodate the changing demographics and number of available physicians in the areas.
- *Four* Conrad 30 J-1 Visa Waiver applications were received and reviewed. Public hearings were held, letters of support were completed for 3 physicians to practice in Nevada under the Conrad 30 J-1 Visa Waiver program, with one hearing taking place in the new year due to holiday conflicts. These doctors will serve underserved populations including maternal, pediatric, and adolescent populations in Las Vegas and Reno area. The J-1 program has received four total applications so far this program year, as the program year starts in October.
- The PCO Office participated in the Nevada Rural Health Day Virtual event. 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, cross-jurisdictional sharing in public health, and rural public health initiatives in Nevada.
- The 4th quarter (10/13/2021) PCO Newsletter was published to almost 500 subscribers and included multiple articles that support maternal, child, and adolescent health. Articles included training on increasing HPV vaccinations, HRSA announcement for information on 'Maternity Care Target Area Criteria', new funding announcement for rural communities' opioid response program, and HRSA funding to expand rural health workforce.
- Monthly or quarterly meetings continue with our safety net partners 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 http://dph.nv.gov/Programs/Conrad30/NV_PCO_Newsletter_Sign_Up/ or [constant contact](#).

PCO Highlights from January 2022 – March 2022

- National Health Service Corps (NHSC) outreach activities during this quarter included *zero* health clinic site visits and *zero* student outreach events. *One* site recertifications review was completed. These NHSC 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. The Site NHSC Cycle will be opening in April. In preparation there has been outreach to interested parties to let them know of the new cycle dates and requirements. The PCO has also discussed creating a PCO listserv to get more announcements such as this out to a larger audience.
- Roughly 50 Health Professional Shortage Areas were put into proposed for withdrawal status in HRSA's first ever National Shortage Designation Update (NSDU) at the beginning of October. The NHSC Loan repayment cycle deadline was extended to February 3rd, the PCO worked closely with HRSA to expedite the approval of any HPSA sites that had providers who were looking to apply for loan repayment. To make sure we did not miss anyone, calls were made to all current NHSC sites to ask if they had providers looking to apply for NHSC loan repayment before the current cycle ended. We were able to get the required HPSA designations approved for these physicians to apply for their loan repayment. Nearly all HPSAs have been reinstated, with *six* remaining to be submitted.
- The PCO worked with stakeholders and volunteers to update over 6,000 providers for Primary Care, Mental and Dental Health. This was done via the use of surveys and phone calls. This updated provider data will greatly benefit the healthcare workforce and will allow us to create HPSAs with more accurate data.
- Four Conrad 30 J-1 Visa Waiver applications were received and reviewed. Public hearings were held, and letters of support were completed for four physicians to practice in Nevada under the Conrad 30 J-1 Visa Waiver program. These doctors will serve underserved populations including maternal, pediatric, and adolescent populations in Las Vegas and Reno area. The J-1 program has received 10 applications so far this program year, with *one* application received at the end of March to be reviewed in April.
- Monthly or Quarterly meetings continue with our safety net partners continue to collaborate on data development and sharing, provider recruitment and retention, shortage designations, and workforce development. The PCO has determined that combining the multiple quarterly meetings into one longer cohesive meeting will be more beneficial for all parties involved, these will begin in April. There has also been discussion on making the meetings open to the public to get more input on recruitment and retention as we try to grow our health workforce.

If you would like to receive our PCO Quarterly Newsletter, you can sign up online through http://dpbh.nv.gov/Programs/Conrad30/NV_PCO_Newsletter_Sign_Up/ OR [constant contact](#).