
Maternal and Child Health Advisory Board

MEETING AGENDA

DATE: February 5, 2021 TIME: 9:00 AM

Pursuant to Section 1 of the Declaration of Emergency Directive 006, the requirement contained in Nevada Revised Statutes (NRS) 241.023(1)(b) that there be a physical location designated for meetings of public bodies where members of the public are permitted to attend and participate is suspended due to the COVID-19 emergency. 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: 1-415-655-0001

ACCESS CODE: 146 537 7912

Video conference link:

<https://nvhealth.webex.com/nvhealth/j.php?MTID=m90e7f71399d3f36dd5ea2e5dd104d133>

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 – 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; Senator Marilyn Dondero Loop; Assemblywoman Daniele Monroe-Moreno

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 November 6, 2020 meeting –Veronica Galas, RN, BSN; Chair

PUBLIC COMMENT

4. FOR POSSIBLE ACTION: Presentation and possible recommendations on Oral Health: A Maternal and Child Health Priority- Antonina Capurro, DMD, MPH, MBA, Nevada State Dental Health Officer, Division of Public and Behavioral Health

PUBLIC COMMENT

5. FOR POSSIBLE ACTION: Presentation and possible recommendations on MCH Epidemiologist report on Pregnancy Risk Assessment Monitoring System (PRAMS) Data, Low Birth Weight and Periodontal Disease – Kagan Griffin, MPH, RD, MCH Epidemiologist, Division of Public and Behavioral Health

PUBLIC COMMENT

- 6. FOR POSSIBLE ACTION: Presentation and possible recommendations on 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**

PUBLIC COMMENT

- 7. FOR POSSIBLE ACTION: 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

- 8. FOR POSSIBLE ACTION: Presentation and possible recommendations on selected MCH related Bill Draft Requests (BDRs) of the 81st Legislative Session - Mitch DeValliere, DC, Title V MCH Program Manager, Division of Public and Behavioral Health**

PUBLIC COMMENT

- 9. INFORMATIONAL: Discussion on MCH Reports and MCH Updates – Mitch DeValliere, DC, Title V MCH Program Manager, Division of Public and Behavioral Health**

- 10. Make recommendation for future agenda items-Veronica Galas, RN, BSN, Chair**

- 11. Public Comment**

- 12. 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 1-415-655-0001, Access Code 146 537 7912 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.

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

In accordance with Governor Sisolak's Declaration of Emergency Directive 006 suspending state law provisions requiring the posting of public meeting agendas at physical locations, this agenda and supporting materials were posted electronically at the following website addresses:

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/>

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 five(5) 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
DRAFT MINUTES
November 6, 2020
9:00 AM

The Maternal and Child Health Advisory Board (MCHAB) held a public meeting on November 6, 2020, beginning at 9:12 A.M. at the following locations:

Call in Number: 1-877-853-5257

Access Code: 973 3108 4820

Video: <https://nevadawic.zoom.us/j/97331084820>

BOARD MEMBERS PRESENT

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

BOARD MEMBERS NOT PRESENT

Senator Patricia Farley
Assemblywoman Amber Joiner
Noah Kohn, MD
Fred Schultz

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH) STAFF PRESENT

Candice McDaniel, MS, Bureau Chief, Bureau of Child, Family, and Community Wellness (CFCW)
Karissa Loper, MPH, Deputy Bureau Chief, CFCW
Vickie Ives, MA, Section Manager, Maternal, Child, and Adolescent Health (MCAH), CFCW
Tammy Ritter, RN-BC, Community Health Nurse III, Community Health Services (CHS), DPBH
Cindy Pitlock, DNP, APRN, CHS, DPBH
Mitch DeValliere, DC, Program Manager, Title V Maternal and Child Health (MCH), MCAH, CFCW
Evelyn Dryer, Program Manager, Maternal, Infant, and Early Childhood Home Visiting (MIECHV), MCAH, CFCW
Laura Urban, Food Security and Wellness Manager, Chronic Disease Prevention and Health Promotion (CDPHP), DPBH
Tami Conn, Health Program Specialist II, State Systems Development Initiative (SSDI), MCAH, CFCW
Kagan Griffin, MPH, RD, MCH Epidemiologist and Pregnancy Risk Assessment Monitoring System (PRAMS) Lead Coordinator, MCAH, CFCW
Eileen Hough, MPH, Program Coordinator, Adolescent Health and Wellness, MCAH, CFCW
Yesenia Pacheco, Program Coordinator, Rape Prevention and Education (RPE), MCAH, CFCW
Jazmin Sarmiento, Program Coordinator, Personal Responsibility and Education Program (PREP), MCAH, CFCW
Larissa White, MPH, CPH, Program Coordinator, Children and Youth with Special Health Care Needs (CYSHCN), MCAH, CFCW
Jie Zhang, MS, Biostatistician II, Office of Analytics, Department of Health and Human Services (DHHS)
Elizabeth Kessler, STD and Adult Viral Hepatitis Program Manager, Office of Public Health Investigations and Epidemiology (OPHIE), DPBH
Lawanda Jones, Grants and Project Analyst and PRAMS Coordinator, MCAH, CFCW
Marjorie Singh, Health Resource Analyst I, Data and Evaluation Coordinator, Early Hearing Detection and

Intervention (EHDI), MCAH, CFCW

McKenna Bacon, Administrative Assistant IV, Bureau Office Manager, CFCW

Lisa Light, Accounting Assistant III, Immunization Program and MCAH, CFCW

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

Jonathan Figueroa, Administrative Assistant II, MCAH, CFCW

Stephanie Camacho, Administrative Assistant II, MCAH, CFCW

Madisson Jacobs, Administrative Assistant I, MCAH, CFCW

OTHERS PRESENT

Senator Marilyn Dondero Loop, District 8

Assemblywoman Daniele Monroe-Moreno, District 1

Allyson Juneau-Butler, M.Ed., CPM, LM-Midwives College of Utah/National College of Midwifery

Allison Genco, Ferrari Public Affairs for Dignity Health

Tasha Choi, MBA, CHW, Statewide MCH Coalition Program Manager, Nevada MCH

Lezlie Mayville, Governor's Office, Patient Protection Commission

Sydney Banks, Nevada Psychiatric Association

Sherry Hopkins, CPM, President, Nevada Association of Professional Midwives (NAPM)

Amanda Macdonald, LM, CPM, National Association of Certified Professional Midwives (NACPM)

Nevada Chapter President

Corrine Flatt, Las Vegas Midwife

Faith Bosket, Pahrump Midwife

Romina Paulucci, Homebirth Midwife

1. Call to Order- Roll Call and Introductions

Chair Veronica (Roni) Galas called the meeting to order at 9:12AM.

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

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

DR. TYREE DAVIS ENTERTAINED A MOTION TO APPROVE THE AUGUST 7, 2020 MEETING MINUTES. LINDA GABOR SECONDED THE MOTION WHICH PASSED UNANIMOUSLY.

3. Presentation and approval of possible recommendations on Certified Professional Midwives and the [2021] Legislative Session – Sherry Hopkins, CPM and Amanda Macdonald, CPM

Sherry Hopkins indicated there are licensed psychics, but not licensed Certified Professional Midwives (CPMs) in Nevada. She noted midwives were not included as part of the COVID response. Ms. Hopkins mentioned there has been a fight for bodily autonomy for so long and for the ability to make choices. She asked, "What best serves families?" She stated the midwifery bill draft request (BDR) discussed in the presentation would help CPMs set standards of practice (SOP) and that being recognized universally helps improve equity and accessibility which is best for Nevada. While the Nevada CPMs do not want to lose the voice of the community they serve, Ms. Hopkins believes the bill will set them up for success.

Amanda Macdonald presented and indicated a goal to have licensed midwives. During her presentation, Board Member Melinda Hoskins called attention to the P score of 100 and noted Nevada is quite low.

Ms. Macdonald indicated when it comes to delivery care, it is sometimes “Too much, too soon,” or “Too little, too late.”

Chair Galas asked for any questions or comments from the Board.

Dr. Marsha Matsunaga-Kirgan stated she agreed midwives offer a very important part of obstetrical care, and in our country, many different groups call themselves midwives with very different requirements for education, regulations and supervision. One group of midwives tending to be the most integrated in the current health care system are Certified Nurse Midwives (CNM) who are required to obtain a Registered Nursing (RN) degree, have a medical background, and have a bachelor’s degree. Dr. Matsunaga-Kirgan stated Nevada needs CPMs, especially in the areas where there is not much access to higher levels of care. She noted there needs to be clearly defined supervision and stated most CNMs have a close relationship with a physician for complications and referrals for when things are not going as expected. She stated giving CPMs the legal clearance to practice is something of great concern from her perspective. As an obstetrician receiving many patients from CPMs, she has seen many avoidable problems. She mentioned the importance of knowing their limits and having a good enough relationship with higher levels of care professionals to ensure their patients can access appropriate care.

Dr. Keith Brill stated the American College of Obstetricians and Gynecologists (ACOG) and Nevada State Medical Association have reviewed the templates of both bills and the requirements for education standards and on identifying low risk and high-risk pregnancies. Dr Brill added there will be more collaboration between these groups and feels it is premature for the MCHAB to make recommendations right now. As for what Ms. Macdonald mentioned, there might be one bill, or there might be two. Dr. Brill stated their goal is for safe CPM care and licensure is the proper way.

Ms. Hoskins stated she has served as a CNM in private practice in the community providing home birth care. She said licensure has many different aspects to it that need to be discussed among the concerned citizenry, not just the professionals involved. As nurse midwives have autonomous practices, Ms. Hoskins says insurance is required by the legislation that gave midwives autonomous full scope practice and yet physicians refuse to accept referrals and to collaborate with her or even talk to her. She noted licensure is not a guarantee thing will work well and an overhaul of our healthcare system allowing autonomous practitioners to function in a collegial manner, rather than somebody trying to supervise everything that a practitioner does, is needed.

Dr. Davis stated there are licensures or certifications that go along with professions relating to health care issues. Nevada is often 49th in healthcare measures. He noted it is nice to see this is the direction the state may be going, as it is time Nevada caught up with the rest of the West and may not necessarily be the last of all the other states allowing this type of licensure. Dr. Davis stated he has been on the Board for several years and midwifery seems like an ongoing topic of interest noting it is nice to see everyone on the same page.

Chair Galas stated she certainly thinks licensure is a good step. She appreciated hearing the collaboration and integration happening relating to licensure. Part of the way Ms. Hoskins continues to strengthen that relationship between other providers and CNMs is to engage the involvement of other medical professionals. Chair Galas added she appreciates the direct involvement in laying out the licensure process and asked about “grandfathering” of current practitioners and if there are questions already about how many practitioners there are and if there are individuals who may not have the requisite knowledge or formal

experience.

Linda Gabor stated she is a RN who has been out of the hospital setting for many years and the issue is also a big question for her. Ms. Gabor agreed moving toward licensure is a good step and said she sees some of the rewards of using a CPM. Ms. Gabor also noted the risks which can occur, especially if a high-risk situation is not identified.

Ms. Hoskins stated the Board needs to consider the history of midwifery in Nevada. A long tradition of midwives have been apprentice-trained and work with other midwives. In 1981 in Nevada, the Board of Medicine tried to charge a midwife with practicing medicine without a license. The defending attorney presented information to the judge and it was ruled the Nevada Legislature previously and repeatedly acknowledged the presence of midwives without ever defining the profession. In 1982, a ruling from the Nevada Attorney General regarding whether the Board of Health could regulate midwives was requested. The ruling stated until legislation is passed to regulate midwives, no one can regulate the profession or their work. She noted midwives in Nevada have access to the birth registry system but can only have access to the newborn screening system if they have a license as a midwife and a business license, not a professional license, then they can be signed up to receive the newborn testing card.

Ms. Gabor asked what is the U.S. Midwifery Education, Regulation, & Association (US MERA) stance on the topic and if they mention anything about comprehensive examinations or evaluation?

Ms. Hoskins responded US MERA was part of the development of the Bridge program because there were people who felt there was lack of specific knowledge which was seen in prior authorization or testing formerly set up. She said the stance of the International Confederation of Midwives is all midwives should be regulated, noting this has not always been the case in the United States and states have different programs. For example, Utah allows for non-licensure and Oregon did so for a while and then had some bad outcomes and midwives were then licensed.

Dr. Brill stated in 2015 there was a decision or an agreement to allow five years for the apprentice trained midwives to get Bridge Certification and in 2020 it expired. One bill extended it to 2023 and ACOG stands by the Bridge Certification.

Corrine Flat stated midwifery has been legal in Nevada since Nevada has existed and the proposed bill is for CPMs who want the same level of accessibility to Medicaid reimbursement, to carry medicine not legal for the common person to carry around, and the ability to access birth centers. She stated there is a long tradition of midwives who do not carry medicine, are not trying to bill Medicaid nor trying to open birth centers and who are non-medical companions to mothers during their pregnancy. For every point of access gained by licensure, there would be a significant loss to the birthing people in Nevada who want access to non-medical companion midwives. She notes in the bill Ms. Hopkins presented, it does strongly state parents can choose to birth their babies whenever and with whomever they want, and they can choose non-medical care. Parents who choose non-medical midwives like to feel that their choice is legal, and many would like to maintain the access they have to birth care services, wherever and with whomever they would like.

Ms. Hopkins responded midwifery is its own profession, especially CPMs, and believes when looking at legislation and regulations, it is key to consider it as its own field. She stated, "We're not nurses and we're not physicians. We don't want to be nurses and we don't want to be physicians. We want to be midwives

in or out of hospital birth settings. We want to serve the population. We are a profession upon ourselves and hope our voice doesn't get lost in the process and true collaboration and integration happen."

Ms. Hoskins stated she would like to correct a misunderstanding most people have; the American College of Nurse-Midwives shows the title "nurse-midwife" as hyphenated because they are trained in two professions: the professions of nursing and midwifery. As CNMs already have a nursing background, 30 years ago it was also determined not necessary to have a nursing degree to become a competent midwife. Midwives who are training in colleges accredited by the American College of Nurse-Midwives receive accreditation. Ms. Hoskins said Licensed Certified Midwives without the nursing degree is a growth area and noted the importance of advocating as midwives and not excluding others.

Chair Galas asked if the Board had any possible action or if any members of the Board wanted to suggest any formal possible action.

Dr. Davis asked if the Board should wait to learn more information about the details of the other bill draft requests before taking any action.

Ms. Hoskins stated the Board doesn't have enough information to move forward with a formal recommendation.

Allyson Juneau-Butler noted for the record she has been asked at stakeholder meetings by a midwife of color to avoid using the terms "grandfathered" or "grandmothered" during these discussions due to the deep history of racism inherently associated with those terms. Ms. Juneau would like to recommend the Board avoid using those terms in this discussion and in the notes.

Chair Galas stated the term was utilized by the presenters as terminology potentially in the bill which was why she used the term. Chair Galas noted she certainly appreciates the comment and stated if those words are not utilized by the presenters in the bill itself, it wouldn't have been re-broadcast and thanked Ms. Juneau for her very important comment.

Dr. Matsunaga-Kirgan asked what is a better term to use for those who have already been in practice.

Ms. Juneau stated an appropriate term is still being discussed in the stakeholder meetings and will be included in whichever bill gets put forward. Ms. Juneau noted she will get back to the Board with the term.

Vickie Ives clarified the minutes reflect the words of the speakers and thanked Ms. Juneau for her feedback.

4. Presentation and approval of possible recommendations on congenital syphilis and innovative ways to address barriers – Cindy Pitlock DNP, CNM, APRN, Community Health Nurse IV, and Elizabeth Kessler, STD and Adult Viral Hepatitis Program Manager, Division of Public and Behavioral Health

Ms. Gabor asked for some clarification on the different testing requirement language that will be proposed in the BDR.

Dr. Cindy Pitlock stated a team is working on the exact language.

Ms. Gabor asked if there was discussion and consideration of encouraging the third trimester testing to be done at the beginning of the third trimester, as it was identified the treatment can be done in a timely manner.

Dr. Pitlock replied yes, as it is a multi-faceted problem as far as getting labs done within a pregnancy. She described an example of delayed diagnostics resulting in a positive diagnosis.

Ms. Gabor stated since she was a disease intervention specialist, she is familiar with the challenges of getting labs done on a pregnant woman. Ms. Gabor noted she approves of the idea of emergency room testing.

Vickie Ives stated the Interim Legislative Committee on Health Care work session document contains the potential congenital syphilis BDR language as they are the originators.

Dr. Pitlock commented there is a cost element to discussions of the possible bill.

Chair Galas asked if they are looking at various point of care tests and if they intend to include the Bureau of Health Care Quality and Compliance (HCQC) in the action plan as steps must be taken for organizations to apply through HCQC. She further asked if staff at the sites are already trained in point of care HIV testing and noted the benefit of building infrastructure for point of care tests.

Dr. Pitlock replied there are some barriers to point of care testing such as licensure requirements, lab licensure requirements, Medicaid billing and other reimbursement issues.

Chair Galas asked if there were any further Board questions, public comment, or any possible Board action on this item.

Dr. Pitlock indicated her contact information is on the last slide of the presentation and asked if she could be on the next agenda to give an update.

Chair Galas replied she will ask Board Members for future agenda items at the end of the meeting.

No public comment

5. Presentation and approval of possible recommendations on Maternal and Child Health (MCH) COVID-19 Data and Resources – Jie Zhang, MS, Biostatistician II, Office of Analytics, Department of Health and Human Services

Chair Galas stated she appreciated the drill down to data including race, ethnicity, and maternal and child health factors on all the statewide COVID data as she has not seen much data breaking out all this information.

Dr. Davis stated he is not surprised to hear the 20-29-year-old age group is showing the highest rates. He stated they are still out doing a lot of social activities and hanging out. He added he does not think they really understand since they are young and want to hang out with their friends, but they still need to be a bit more socially responsible.

Jie Zhang agreed and thanked Dr. Davis for the comment.

Chair Galas noted how much media is targeted toward adults and that media isn't penetrating the youth audience in a way young people can hear the information.

Dr. Davis asked if DHHS is tracing any long-term effects of issues for those who have tested positive for COVID-19.

Ms. Zhang responded she did not know but will check and get back to the Board. She asked if Ms. Ives or Dr. Mitch DeValliere could address the question.

Ms. Ives stated she will formally follow up with the Office of Analytics and share the response with the listserv when received.

Chair Galas asked if there were any other questions from the Board. None were heard.

No public comment.

6. Presentation and approval of possible recommendations on highlights of MCH Epidemiologist Report and Low Birth Weight and Periodontal Disease – Kagan Griffin, MPH, RD, MCH Epidemiologist, Division of Public and Behavioral Health

Chair Galas asked if there were any comments from the Board.

Dr. Davis stated it is great they can provide scaling and root planning as well as deep cleaning for periodontal disease. He commented those services have expanded for pregnant mothers and he thinks it is fantastic. He asked who is diagnosing the periodontal disease because often there are dental providers who will not serve pregnant patients. If a person is planning to become pregnant, their physician should explain they need to consider getting a periodontal evaluation and clarify they also need to keep up on their cleanings during pregnancy. Once the baby is born, mothers focus entirely on the baby and tend to not focus on their own health. He noted if there is already periodontal disease, it gets exacerbated during pregnancy and many women tend to lose their first molars right after pregnancy.

Dr. Davis asked if this is simply data from associated coding.

Ms. Griffin replied yes.

Dr. Davis asked if there is something the Board can develop for those who administer Medicaid and if there is a way some type of educational program can be started.

Ms. Hoskins stated is it strictly coding diagnosis on services provided to the mothers because it is not asked on birth certificates.

Ms. Griffin replied and educational program could be a possibility.

Ms. Hoskins stated she has had a hard time getting patients dental care because general dental providers will not see them while pregnant.

Dr. Davis stated there are probably many other dental needs which won't be covered by Medicaid.

Ms. Ives commented that Ms. Griffin used the available Medicaid data source. She asked if there was any opportunity to gather more information with PRAMS dental data.

Ms. Griffin responded she will investigate.

Ms. Hoskins asked how difficult it is to add fields to the risk factors on the birth certificate.

Ms. Ives responded the Chief Biostatistician or Office of Vital Records could confirm, and she would get the information for the Board.

Ms. Hoskins asked if there is any possibility of getting the birth record form revised as there are several other questions that need to be asked.

Ms. Zhang stated they are using version three of the standard birth and the death certificates, but she is not sure of the process for form revision.

Ms. Hoskins added she knows Oregon has been using the standard birth certificate from the CDC and they are collected dental information.

Chair Galas stated an issue presented itself here that women are not necessarily seeking dental care or being received for dental care which is a red flag. As far as preterm birth and low birth weights, not accessing care seems to be a factor. She asked if there is anything in the Maternal and Child Health Block Grant related to women in prenatal care and oral health.

Dr. Davis stated possibly getting Dr. Antonina Capurro, the State's Dental Health Officer, involved or considering getting a small subgroup together to really look at this topic comprehensively.

Ms. Ives stated there are certain national performance and state performance measures on which the Block Grant focuses, but there aren't any measures specific to oral health in the current Nevada measures. However, there are currently funds supporting oral health as pass-through funding and past partnerships with the State Dental Health Officer also had an explicit prenatal care focus which might be of interest to the Board.

Chair Galas asked if the Board desired further discussion.

Dr. Davis commented it would be good to follow up with Dr. Capurro with an invitation to present to the Board.

Chair Galas asked if there was any public comment and thanked Ms. Griffin for the presentation.

7. Updates and approval of 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.

Ms. Ives reported access to utilize the REDCap relational data system was granted and noted plans to reach out to the original core members on the Alliance for Innovation on Maternal Health (AIM) project. She noted the MMRC has met to review cases and will present a report to the Director of the Legislative Counsel Bureau in late December 2020.

Chair Galas asked if there were any questions. She indicated this should be a future agenda item.

No public comment.

8. Presentation on agendas of the Interim Legislative Committee on Health Care and approval of possible recommendations – Mitch DeValliere, DC, Title V MCH Program Manager, Division of Public and Behavioral Health

Dr. DeValliere reviewed the most recent meeting's agenda and mentioned where the Board can find the minutes to that meeting.

Chair Galas stated she knows the Board had a subcommittee in the past that looked at the legislation and is not sure if it is too early to form a subcommittee. The group looked over items in relation to maternal and child health and brought some items before the Board for discussion.

Dr. Davis stated the Board might need to wait and see what bills are up in 2021 and then decide after they have that information.

Ms. Hoskins added they could discuss a potential subcommittee at the February 2021 Board meeting.

No public comment.

9. Discussion and approval of possible recommendation on Reports and MCH Updates – Mitch DeValliere, DC, Title V MCH Program Manager, Division of Public and Behavioral Health

Dr. DeValliere highlighted items in the packet including the RPE COVID-19 supplemental funds to help support a 24-hour Hotline, the Safe Sleep return on investment numbers, Regional Emergency Medical Services Authority (REMSA) events, COVID-19 impacts on partners, the MCH Public Health Preparedness learning collaborative, and the pending Nevada Health Conference now scheduled for March 8-9, 2021.

Chair Galas asked if there were any comments.

No public comment.

10. Make recommendation on future agenda items-Veronica Galas, RN, BSN, Chairperson

The agenda items considered for future meetings include:

- MMRC updates and report
- Periodontal disease and dental health as they relate to prenatal care access and engagement with Dr. Capurro, State Dental Health Officer
- Broad legislative summary of selected MCH BDRs of possible interest, including any midwifery BDR(s)
- Congenital syphilis update from Dr. Pitlock

Chair Galas asked for any further comments from the Board. She mentioned the next MCHAB meeting is February 5, 2021 and Board Members are encouraged to send other potential agenda items to Dr. DeValliere at least 30 days ahead of time.

No public comment.

11. Approval of MCHAB meeting dates for 2021-Veronica Galas, RN, BSN, Chairperson

- **February 5, 2021**
- **May 7, 2021**
- **August 6, 2021**
- **November 5, 2021**

Chair Galas indicated the Board could accept the dates, change the dates, or wait until the 2021 Nevada Legislative Session begins to decide.

Dr. Davis stated the dates provided work for him. Ms. Hoskins and Ms. Gabor also agreed with the dates provided.

MS. HOSKINS ENTERTAINED A MOTION TO ACCEPT THE PROPOSED MCHAB MEETING DATES FOR 2021. DR. TYREE DAVIS SECONDED THE MOTION WHICH PASSED UNANIMOUSLY.

No public comment.

12. Public Comment

Ms. Ives informed the MCHAB that the MCAH Section was awarded the Association of Maternal and Child Health Programs Telehealth CARES grant and the funding will support a prenatal care pilot and CYSHCN efforts to increase access to care.

13. Adjournment

Meeting adjourned at 11:48AM.

Attachment for Agenda Item # 4

Steve Sisolak
Governor



Richard Whitley
Director

State of Nevada
Department of Health and
Human Services

Oral Health: a Maternal and Child Health Priority

Division of Public and Behavioral Health

Antonina Capurro, DMD, MPH, MBA
State Dental Health Officer



2/5/2021

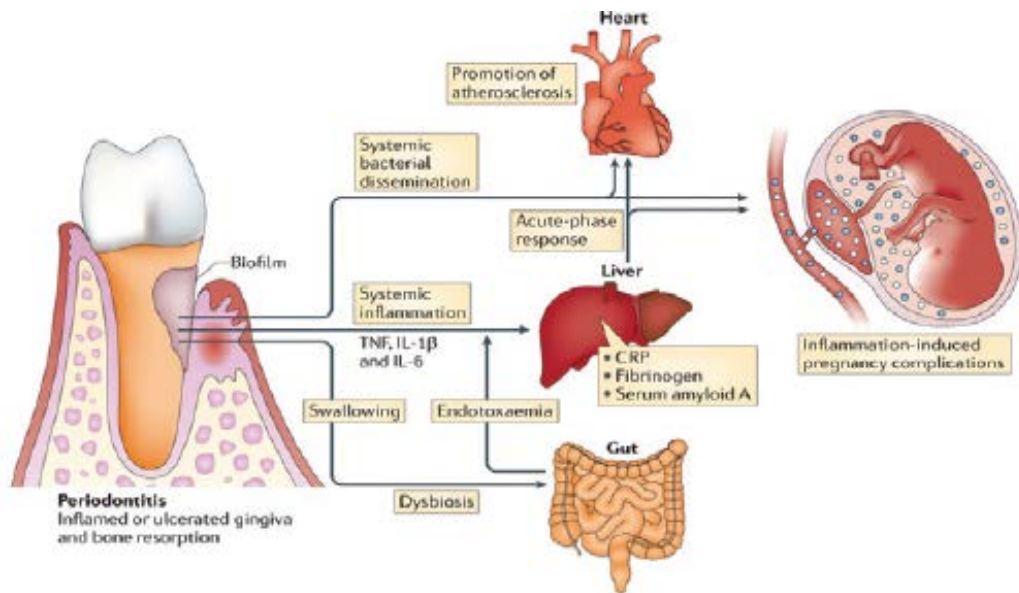
Helping people. It's who we are and what we do.



Agenda

1. Prenatal Oral Health
2. Periodontal Disease During Pregnancy
3. Is Dental Treatment Safe During Pregnancy
4. Current Maternal Child Health Projects
Spearheaded by the Nevada Oral Health Program

Does Oral Health Matter for Pregnant Women?



Nature Reviews | Immunology

Oral health affects overall health and is important for everyone.

- Diabetes Type II
- Atherosclerotic conditions
- Respiratory disease and aspiration pneumonia



How Pregnancy Affects Oral Health

- Cavities (dental caries)
- Periodontal disease
 - Gingivitis (early stage)
 - Periodontitis (serious form)
- Pregnancy tumors
- Tooth erosion



“To potentiate general health and well-being, women should routinely be counseled about the maintenance of good oral health habits throughout their lives as well as the safety and importance of oral health care during pregnancy.” (American College of Obstetricians and Gynecologists, Committee on Health Care for Underserved Women, August, 2013)



Oral Health During Pregnancy



Old Wives Tale: You lose a tooth with every pregnancy

40% of pregnant women in the U.S. suffer from some form of oral disease during pregnancy from periodontitis, gingivitis, or active decay.

(American College of Obstetricians and Gynecologists).

According to the Centers for Disease Control and Prevention (CDC):

- 1 in 4 women of childbearing age have untreated cavities.
- Children of mothers who have high levels of untreated cavities or tooth loss are more than 3 times more likely to have cavities as a child.
- Children with poor oral health status are nearly 3 times more likely to miss school because of dental pain.



How Does the Oral Health of the Mother Affect Her Children



Horizontal transmission of cavities:

Transmission of microbes between members of a group (i.e., students in a classroom)

Vertical transmission of cavities:

Mothers can pass cavity causing bacteria to her child

“Window of infectivity” has been researched to occur between months 19 and 31 of pregnancy.

Saliva is the primary tool for transfer of bacterial strains.

Pregnancy presents a teachable moment





Agenda

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Maternal Periodontal Disease

- 60-75% of pregnant women experience gingivitis
- Occur as a result of poor oral hygiene, local irritants(plaque), and are exaggerated by hormonal changes.
- Reversible
- Pregnancy gingivitis:



Maternal Periodontal Disease

- Periodontitis is diagnosed by the presence of gingival inflammation and a loss of bone structure surrounding the tooth.
- 40% of pregnant women experience destructive periodontal disease and the rate is higher among racial and ethnic minorities and women of low socioeconomic status.
- Irreversible



2011
Age 35



2012
Age 36



2016
Age 41



Periodontal Disease and Pregnancy Outcomes

Offenbacher, 1996 study first reported that “periodontal diseases represent a previously unrecognized and clinically significant risk factor for preterm low birth weight as a consequence of either preterm labor or preterm premature rupture of membranes”.

- Case-control study
- 124 pregnant or postpartum mothers
- Clinical periodontal examination
- Controlled for other risk factors



Periodontal Disease and Pregnancy Outcomes

Xiong, 2007

- Meta-analysis of 44 studies
- 26 case-control, 13 cohort, and 5 controlled trials
- Multiple pregnancy outcomes were included
- 29 studies suggested an association between periodontal disease and increased risk of adverse pregnancy outcome
- 15 found no evidence of an association

Xiong, X., Buekens, P., Vastardis, S., & Yu, S. M. (2007). Periodontal disease and pregnancy outcomes: state-of-the-science. *Obstetrical & gynecological survey*, 62(9), 605–615.
<https://doi.org/10.1097/01.ogx.0000279292.63435.40>



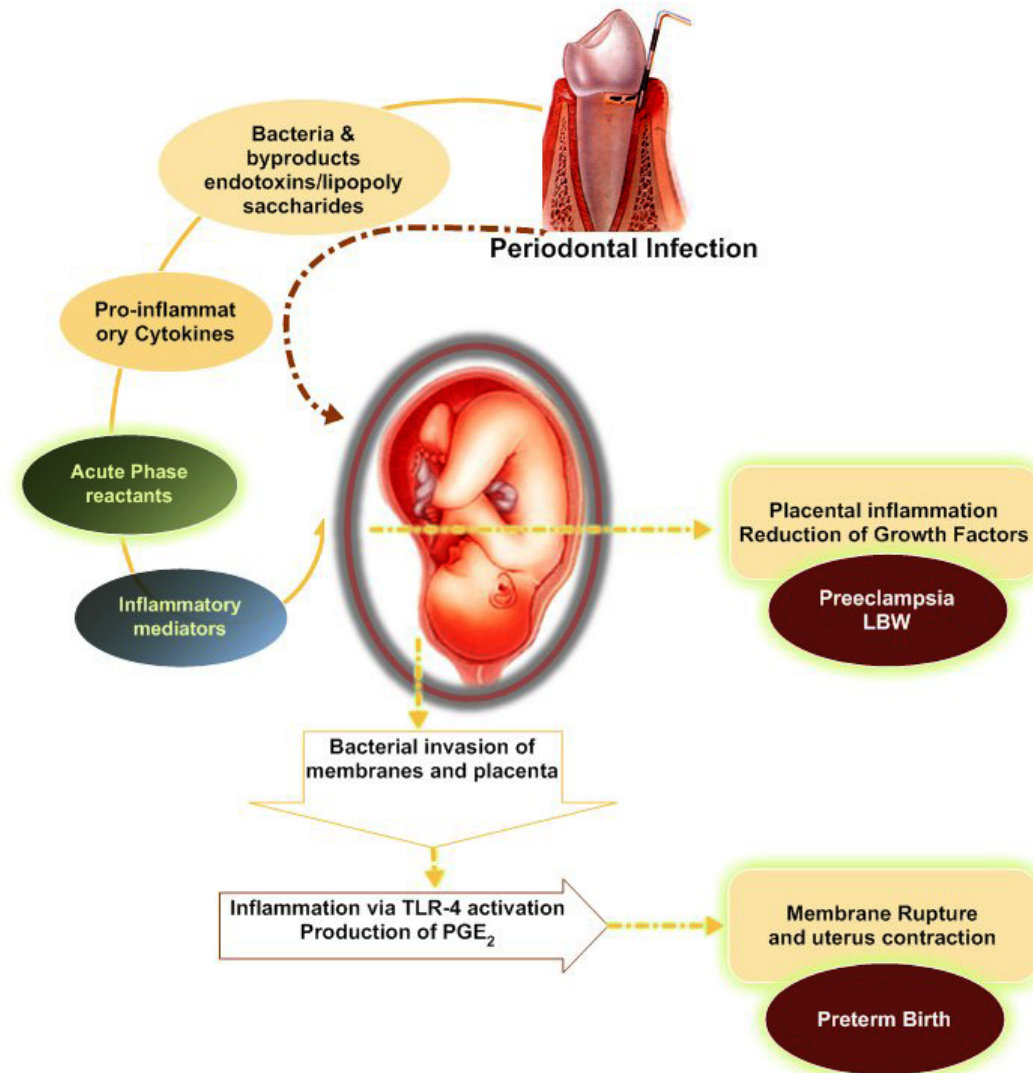


Periodontal Disease and Pregnancy Outcomes

Teshome, 2016

- Systematic literature review
- 10 studies met inclusion criteria
- Studies focused on preterm birth, low birth weight and/or preterm low birth weight
- 9 studies suggested an association between periodontal disease and increased risk of adverse pregnancy outcome
- 1 found no evidence of an association

Possible Mechanisms Leading to Preterm Birth





Periodontal Disease and Pregnancy Outcomes

Research shows an **association** between periodontal disease and adverse pregnancy outcomes, such as premature delivery and low birth weight.

Shared risk factors

- Increased age
- Smoking
- Nutritional status
- Diabetes
- Stress
- Lack of medical and dental care



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Dental Care Is Safe and Good for Pregnant Women



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

COMMITTEE OPINION

Number 569 • August 2013

Committee on Health Care for Underserved Women

Revised by the Oral Health Care During Pregnancy Advisory Committee. This committee is composed of representatives from the American College of Obstetricians and Gynecologists, the American Dental Association, and the Health Resources and Services Administration's Maternal and Child Health Bureau and coordinated by the National Maternal and Child Oral Health Resource Center at Georgetown University. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed.

Oral Health Care During Pregnancy and Through the Lifespan

ABSTRACT: Oral health is an important component of general health and should be maintained during pregnancy and through a woman's lifespan. Maintaining good oral health may have a positive effect on cardiovascular disease, diabetes, and other disorders. In 2007–2009, 35% of U.S. women reported that they did not have a dental visit within the past year and 56% of women did not visit a dentist during pregnancy. Access to dental care is directly related to income level; the poorest women are least likely to have received dental care. Optimal maternal oral hygiene during the perinatal period may decrease the amount of caries-producing oral bacteria transmitted to the infant during common parenting behavior, such as sharing spoons. Although some studies have shown a possible association between periodontal infection and preterm birth, evidence has failed to show any improvement in outcomes after dental treatment during pregnancy. Nonetheless, these studies did not raise any concern about the safety of dental services during pregnancy. To potentiate general health and well-being, women should routinely be counseled about the maintenance of good oral health habits throughout their lives as well as the safety and importance of oral health care during pregnancy.

Dental Treatment During Pregnancy (*Trans. 2014:508*)

- Resolved, that the ADA acknowledges that preventive, diagnostic and restorative dental treatment to promote health and eliminate disease is safe throughout pregnancy and is effective in improving and maintaining the oral health of the mother and her child.
- American Dental Association Adopted 2014





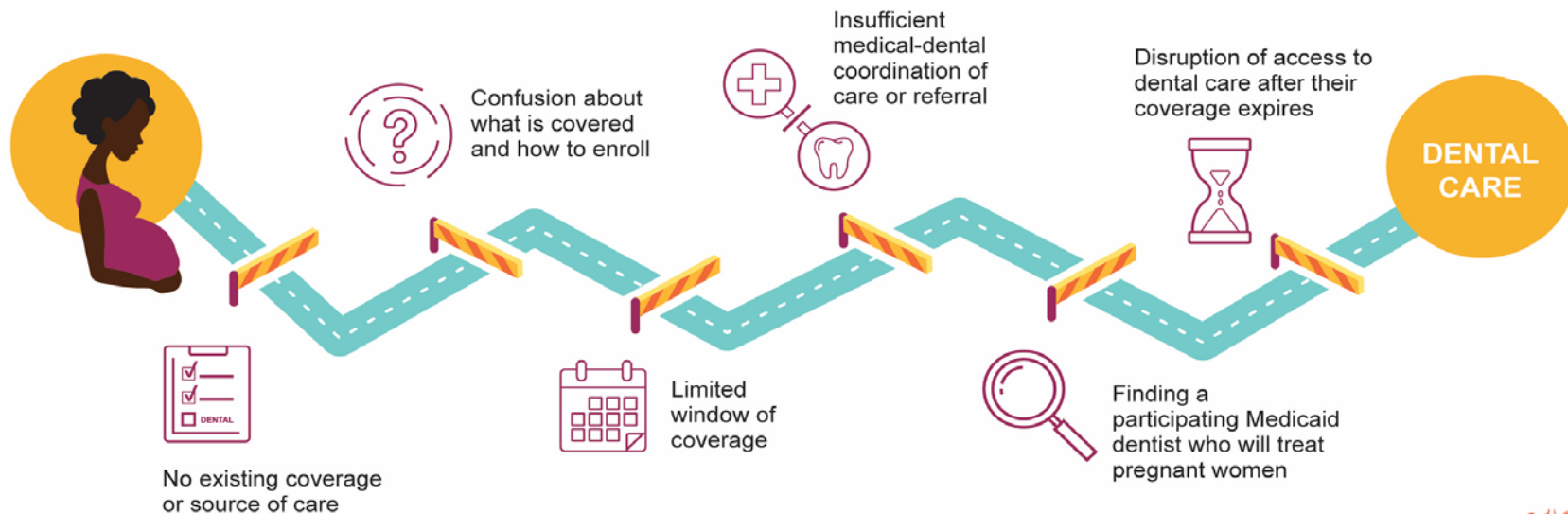
Oral Health Care During Pregnancy

Pregnancy is NOT a reason to defer dental cleaning or treatment for oral health problems

	First Trimester	Second Trimester	Third Trimester
Dental Treatment	Limited to emergency and urgent needs	Ideal time for dental treatment	Patient treated using left uterine displacement
Periodontal Treatment	Periodontal prophylaxis if clinically indicated	Preferred time to perform periodontal treatment	Periodontal prophylaxis if clinically indicated
Radiographs	Limited for immediate treatment	Select radiographs as needed	Select radiographs as needed
Emergency Treatment	Emergency and urgent dental treatment should be performed promptly at any time during pregnancy		
Patient Education	Provide oral hygiene instructions, education on oral changes during pregnancy, provide nutritional education		



Barriers to Dental Care



Produced for the Children's Dental Health Project. For more info, visit cdhp.org





Nevada Medicaid

In 2016, Nevada Medicaid financed **64% of births** in the state, ranking Nevada's Medicaid birth rate as the 5th in the nation.


During the 2018-2019 school year, **51% of students** were enrolled in Medicaid.

Medicaid provides medical and dental services during pregnancy.

- Treatment plan must receive prior authorization during pregnancy
- Covered dental services include:

Routine exams, teeth cleanings (periodontal scaling and root planning or prophylaxis), preventive treatments, restorations, prosthetics, oral surgery,
and emergency dental care.





Are Women Utilizing Medicaid Dental Services

- Data is unclear and more information is needed
- Preliminary data seems to indicate that between 7/1/2017 to 12/31/2018, 4% of women that received dental care had treatment related to periodontitis.
- Preliminary data seems to indicate that between 7/1/2017 to 12/31/2018, pregnant women represent 15% of the total number of adults (21 years of age and older) that utilized Medicaid dental services.



Maternal Oral Health Goals



Reach National Health Standards

- **Healthy People 2020-OH-7**—Increase the proportion of children, adolescents, and adults who use the oral health care system in the past year.
- **Title V National Performance Measures-NPM 13B**—Increase the number of pregnant women who have a dental visit during pregnancy.
- **MOMMA Act 2019** —aims to improve maternal health and reduce mortality rates. Establishes national obstetric emergency protocols, expands Medicaid and CHIP coverage of dental services for pregnant women, and extends eligibility period for the WIC program.





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Rural Nevada Expectant Mother Medicaid Dental Access Program

- The Oral Health Program provided education seminars to local physicians, community health workers, community health nurses, and expectant mothers to discuss the importance of oral health during pregnancy, provide oral health resources, highlight Medicaid dental benefits during pregnancy, and create a case management system to connect women to a dental home.
- Funding was received through the Maternal and Child Health Block Grant
- Occurred in Fall 2019 throughout Esmeralda, Lincoln, Nye, and White Pine Counties.



Licensed Childcare Oral Health Education and Basic Screening Survey

- The Oral Health Program, in partnership with the Nevada Department of Education, is conducting an open-mouth basic screening survey, creating educational webinars, and building classroom toothbrush stations and protocols for licensed childcare centers.
- The data collected as a part of this project will be compared to the 2017 Head Start BSS to identify oral health disparities and educational opportunities that exist in rural Nevada.
- Funding was received through the Nevada Department of Education.
- Currently underway throughout all areas of rural Nevada.

Nevada Action Network

- The Oral Health Program has partnered with Liberty Dental Plan to reach school-age children at home with virtual check-up with a dental professional and parent applied fluoride varnish applications.
- Mission: to maximizing Medicaid's potential to close the disparities gap and improve health equity experienced by school age children unable school health services.
- Parents and children receive education and the parent is engaged in the oral health of their child.
- To sign-up or learn more, visit: NevadaOralHealth.org or scan this QR:



oral health at home

On Your Way To Oral Health For Life!



Children's Dental Health Month

- Begins February 1st
- This year's theme is "Water, Nature's Drink"
- Social media campaign to promote oral health, healthy nutritional choices, and create a dialogue
- **#sipNflip4NVkids**
- The Nevada Oral Health Program challenges Nevadans to swap out these types of drinks with "Water, Nature's Drink!"

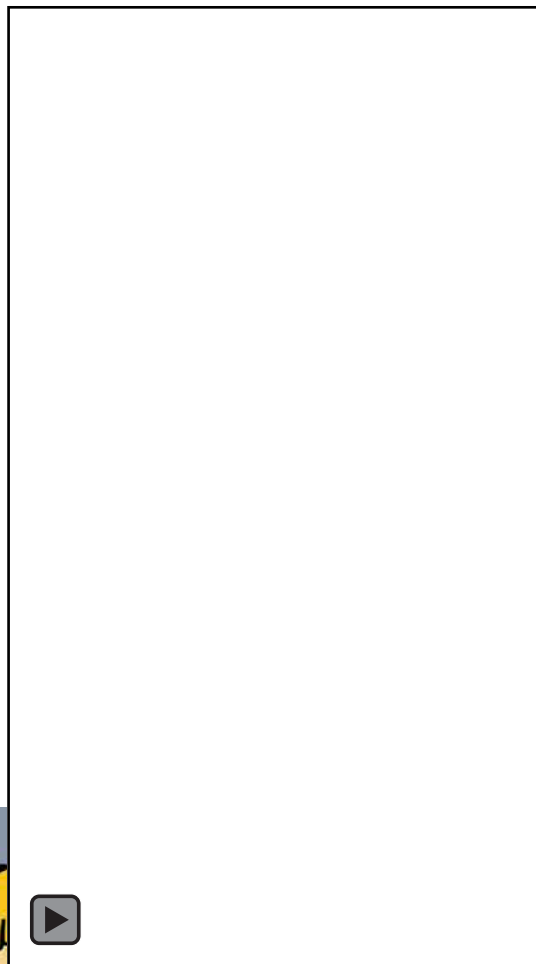


February is National Children's Dental Health Month. Visit [ADA.org/NCDHM2021](https://ada.org/NCDHM2021) for more activity sheets.





#sipNflip4NVkids



#sipNflip4NVkids

Challenge:

Step #1: Create a video of you, your team, and/or your family taking a sip of water

Step #2: State why you are choosing water over a sugary beverage

Step #3: Then flip the water bottle or cup upside down – the more creative the better!

Post the video to your organization and personal social media accounts with messaging to promote drinking water to support a health smile and the hashtag* #sipNflip4NVkids

(Sample Post: *“February is National Children’s Dental Health Month. Help support a health smile by swapping out your sugary beverages with water – nature’s drink!”*)

Tag at least three other organizations or friends/family members challenging them to take the challenge and share with their network.

Can we count on you to help spread the word to Nevada’s children about the importance of drinking water to support a health smile?





Questions?





Contact Information

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Acronyms

- ADA - American Dental Association
- BRFSS - Behavioral Risk Factor Surveillance Survey
- BSS - Basic Screening Survey
- CDC - Centers for Disease Control and Prevention
- HP 2020- Healthy People 2020
- MCH - Maternal and Child Health
- OH - Oral Health
- OHN - Oral Health Nevada
- OHP - Nevada Oral Health Program





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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) Block Grant:

Data Updates

Division of Public and Behavioral Health

Kagan Griffin, MPH, RD
MCH Epidemiologist



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Overview

During November's meeting, the following topic was presented:

- Examine the relationship between maternal periodontal disease and pregnancy outcomes. Research indicates inflammatory mediators from periodontal disease may pose a threat to the fetal-placental unit, resulting in adverse outcomes such as preterm birth and low birth weight¹
- Maternal periodontal disease as identified using Medicaid data and the relationship to preterm birth and low birth weight is inconclusive for Nevada



¹ Saini, R., Saini, S., & Saini, S. R. (2010). Periodontitis: A risk for delivery of premature labor and low-birth-weight infants. *Journal of natural science, biology, and medicine*, 1(1), 40–42. <https://doi.org/10.4103/0976-9668.71672>



Overview

To examine the impact of dental health on pregnancy outcomes in more detail, Pregnancy Risk Assessment Monitoring Surveillance (PRAMS) data were analyzed.

- PRAMS is a joint pregnancy surveillance study between the Nevada Division of Public and Behavioral Health and the CDC which has been collecting data since 2017
- The PRAMS project randomly selects women in Nevada from birth certificates 2-3 months after birth to participate in a survey either by mail or telephone
- Data are collected on maternal attitudes and experiences before, during, and shortly after pregnancy.
- PRAMS has 6 questions related to dental health





Overview

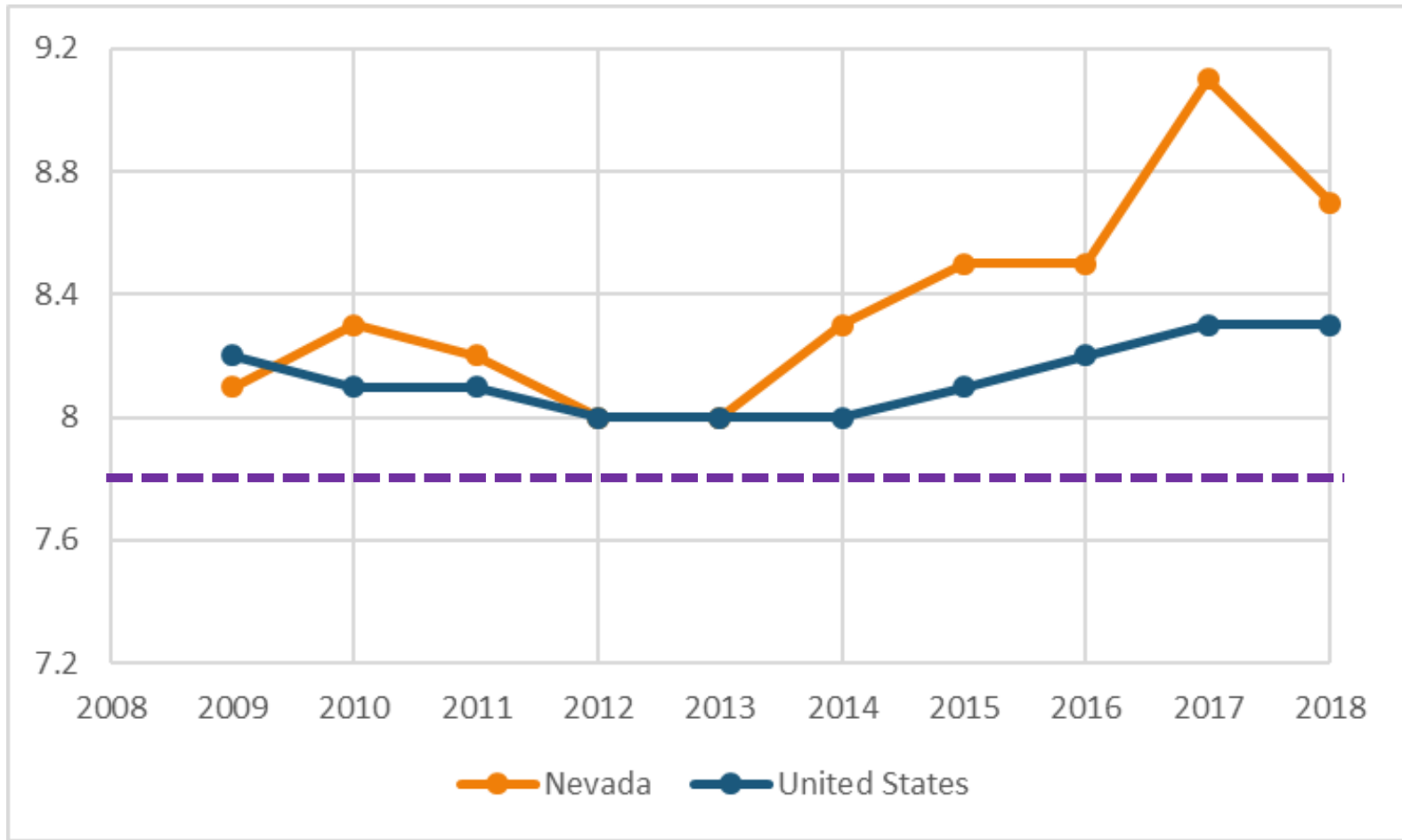
Examine the relationship between self-reported dental health factors from the PRAMS survey and birth outcomes such as low birth weight and preterm birth

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. Interpret data with caution due to the response rate.





NOM 4: Percent Of Low Birth Weight Deliveries (<2,500 Grams)



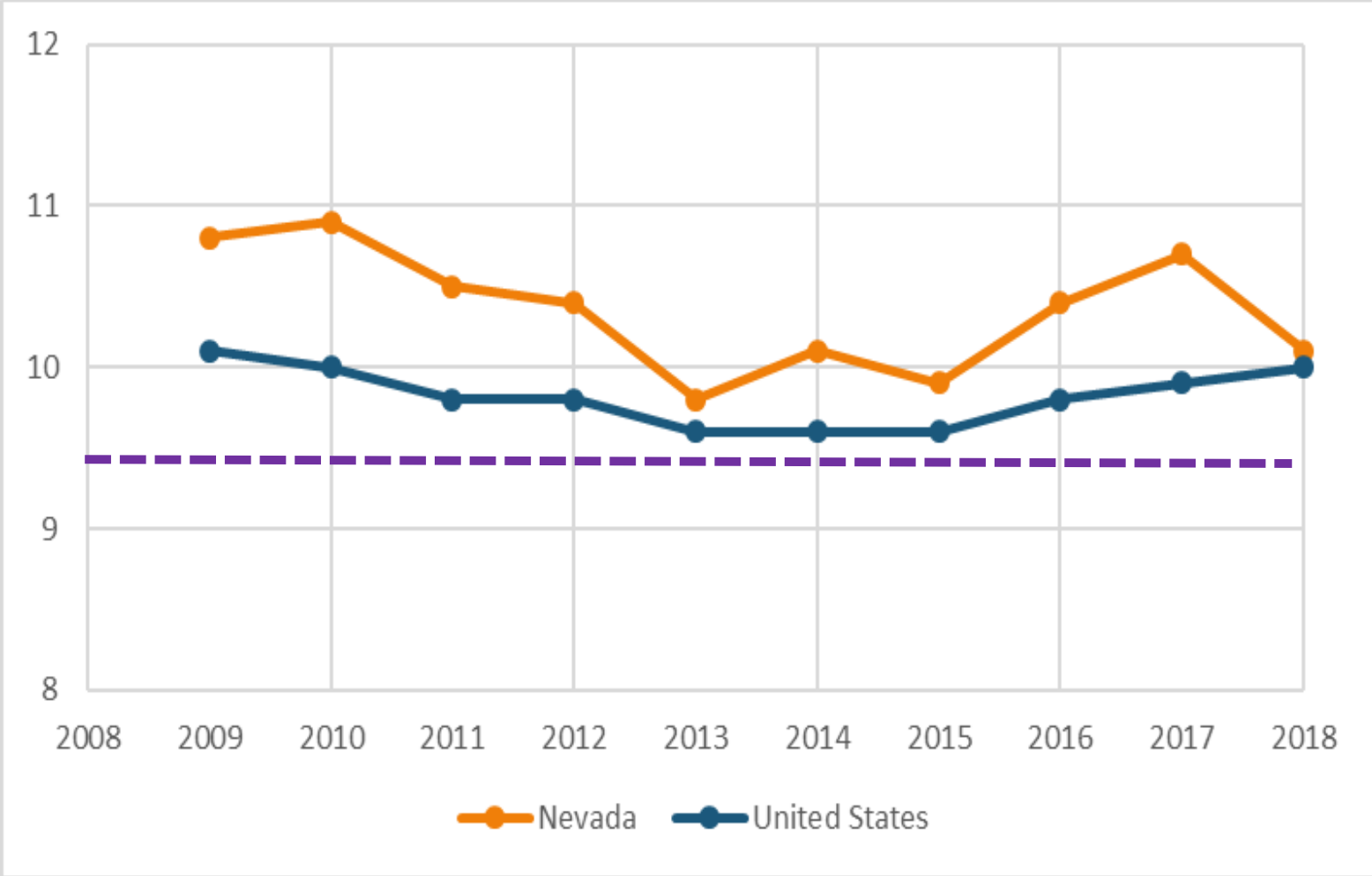
Healthy People 2020 Objective



Data Source: National Vital Statistics System (NVSS)



NOM 5: Percent Of Preterm Births (<37 Weeks Gestation)



Healthy People 2020 Objective



Data Source: National Vital Statistics System (NVSS)



Question 1: During *your most recent* pregnancy, did you have your teeth cleaned by a dentist or dental hygienist?

2017	Percent
Yes	36.82%
No	62.78%

n=497

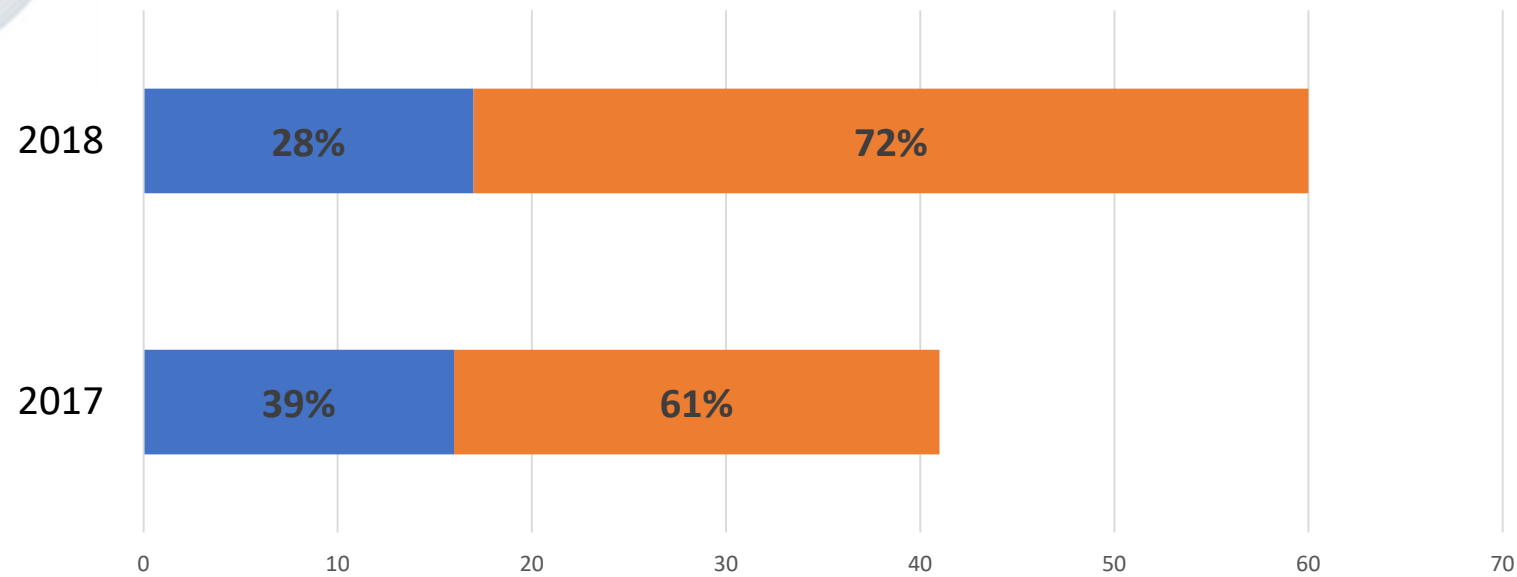
2018	Percent
Yes	35.78%
No	62.89%

n=830





PRAMS Low Birth Weight Deliveries (<2,500 Grams) by Teeth Cleaning During Pregnancy



	2017	2018
Teeth Cleaned	16	17
Teeth Not Cleaned	25	43

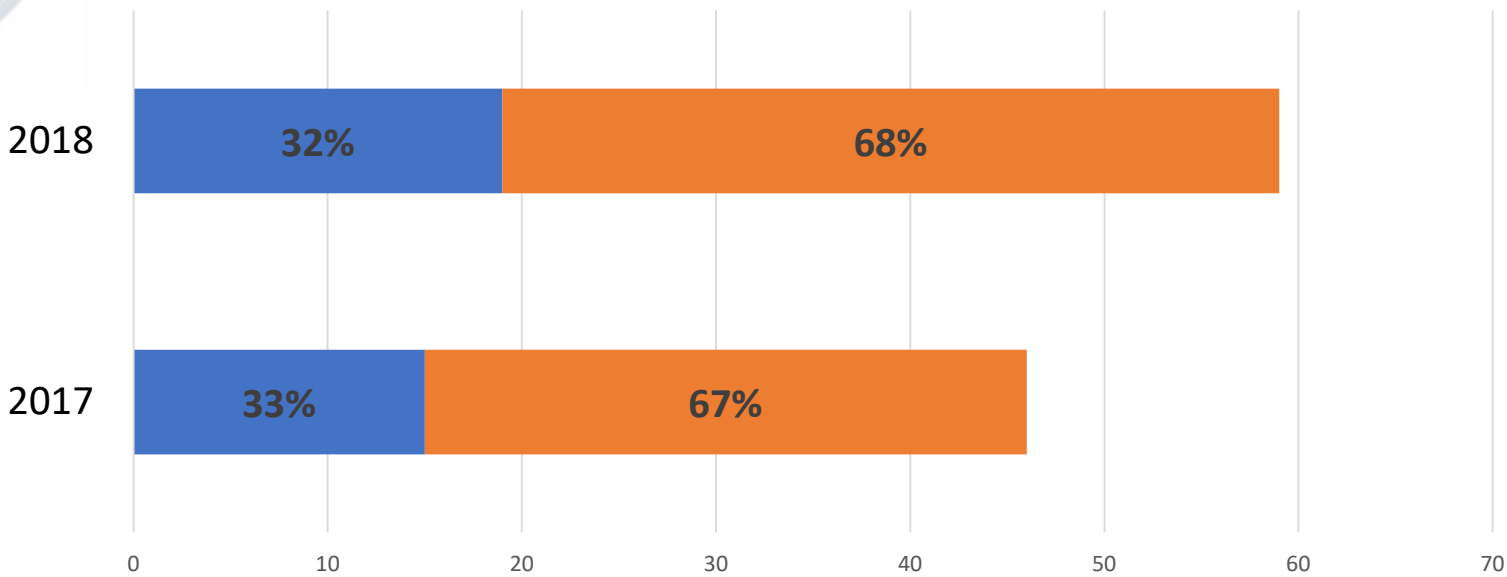
■ Teeth Cleaned ■ Teeth Not Cleaned

For normal birth weight deliveries in both 2017 and 2018, **37%** reported receiving a teeth cleaning during pregnancy.





PRAMS Preterm Births (<37 weeks) by Teeth Cleaning During Pregnancy



	2017	2018
Teeth Cleaned	15	19
Teeth Not Cleaned	31	40

■ Teeth Cleaned ■ Teeth Not Cleaned

For normal term deliveries in both 2017 and 2018, **37%** reported receiving a teeth cleaning during pregnancy.





Question 2: This question is about other care of your teeth *during your most recent pregnancy.*

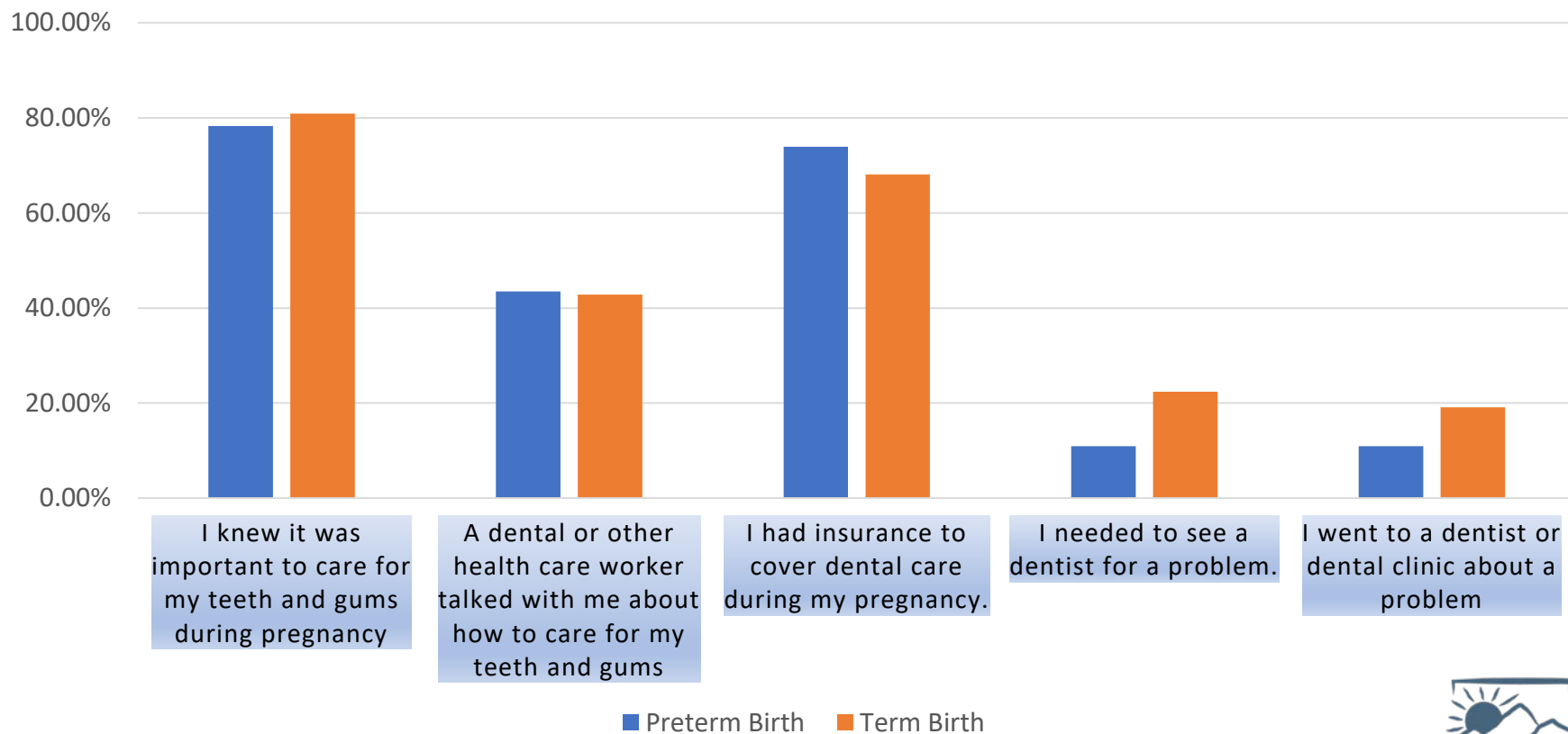
Percent Answering “Yes”

Dental Health Topics	2017	2018
I knew it was important to care for my teeth and gums during my pregnancy	80.7%	81.9%
A dental or other health care worker talked with me about how to care for my teeth and gums	42.9%	43.5%
I had insurance to cover dental care during my pregnancy.	68.6%	69.3%
I needed to see a dentist for a problem.	21.3%	17.7%
I went to a dentist or dental clinic about a problem	18.3%	12.8%



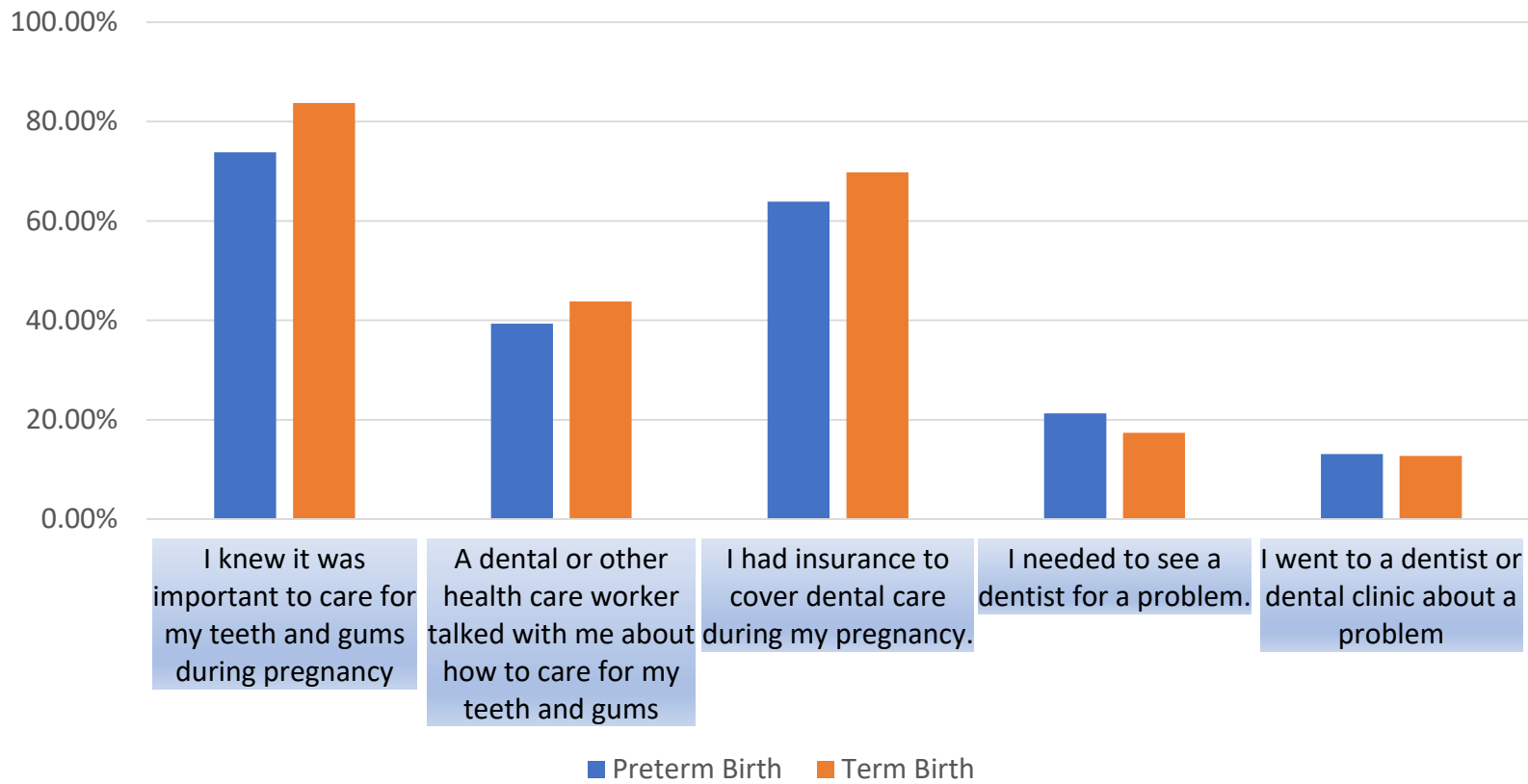


PRAMS 2017 Percent Answering “Yes” to Dental Health Topics by Preterm Birth



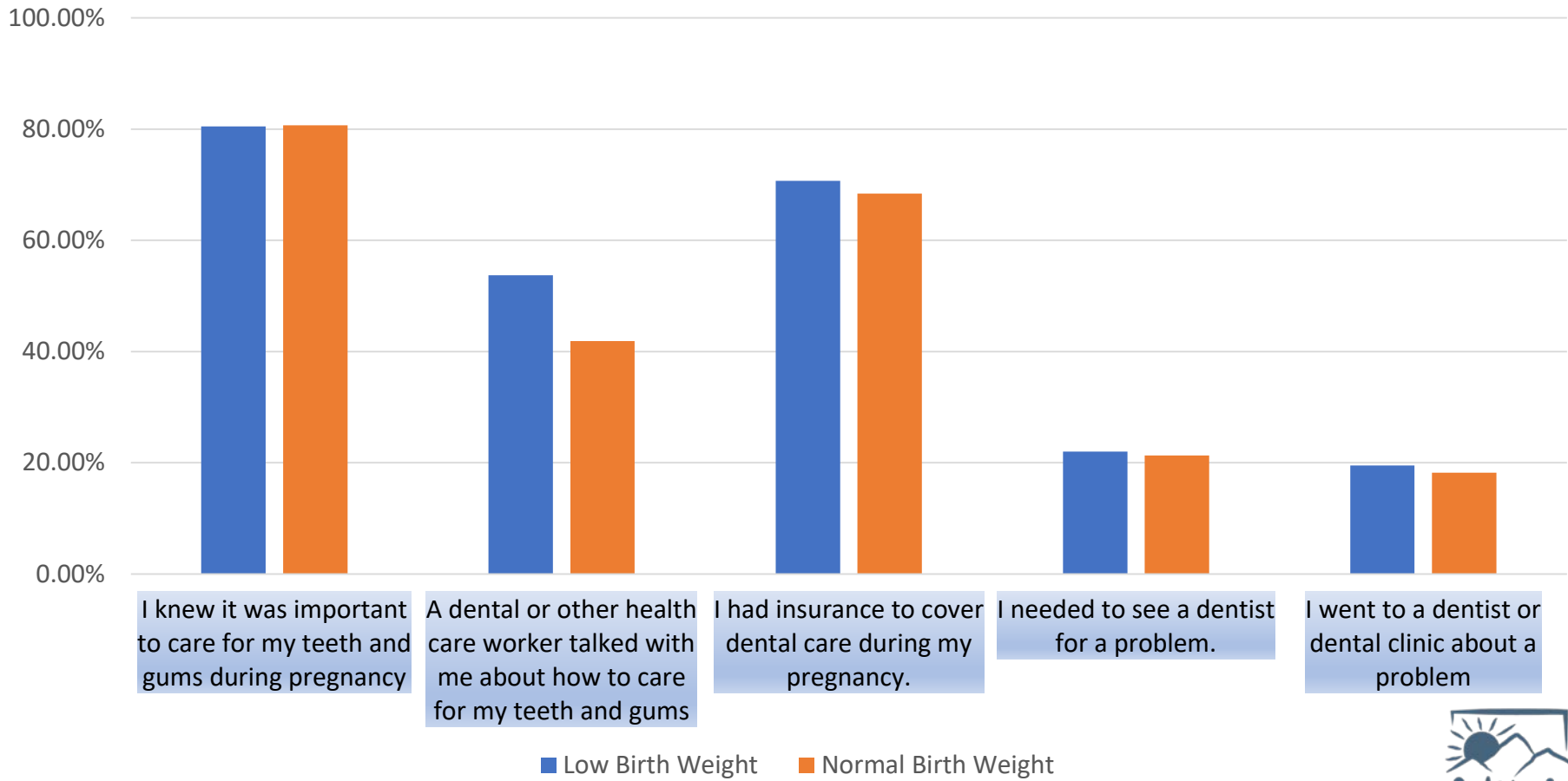


PRAMS 2018 Percent Answering “Yes” to Dental Health Topics by Preterm Birth



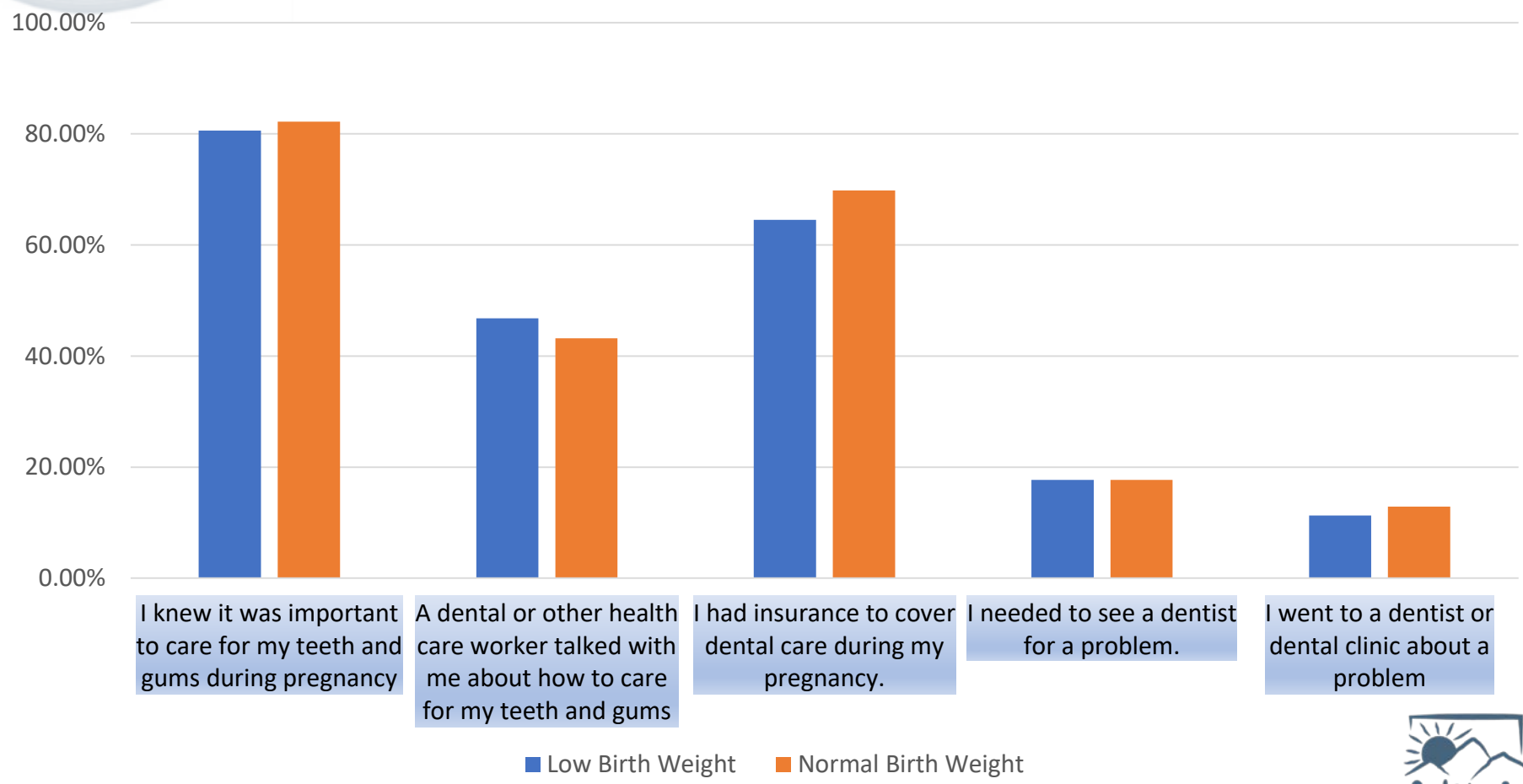


PRAMS 2017 Percent Answering “Yes” to Dental Health Topics by Low Birth Weight





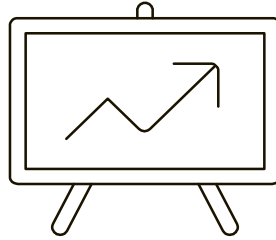
PRAMS 2018 Percent Answering “Yes” to Dental Health Topics by Low Birth Weight





Conclusions

- The majority of PRAMS respondents did not have a teeth cleaning during pregnancy, and slight differences were apparent between preterm birth and normal term, and low birth weight and normal birth weight.
- Dental health topic trends indicate the majority of PRAMS respondents did not have a health care worker talk to them about how to care for their teeth and gums.
- PRAMS will continue to collect data to monitor trends over time. 2019 data will be available around March 2021.



Questions?



Contact Information

Kagan Griffin, MPH, RD

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Acronyms

- HP 2020- Healthy People 2020
- MCH-Maternal and Child Health
- NOM-National Outcome Measure
- NVSS- National Vital Statistics System



Attachment for Agenda Item # 6

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



1/26/2021

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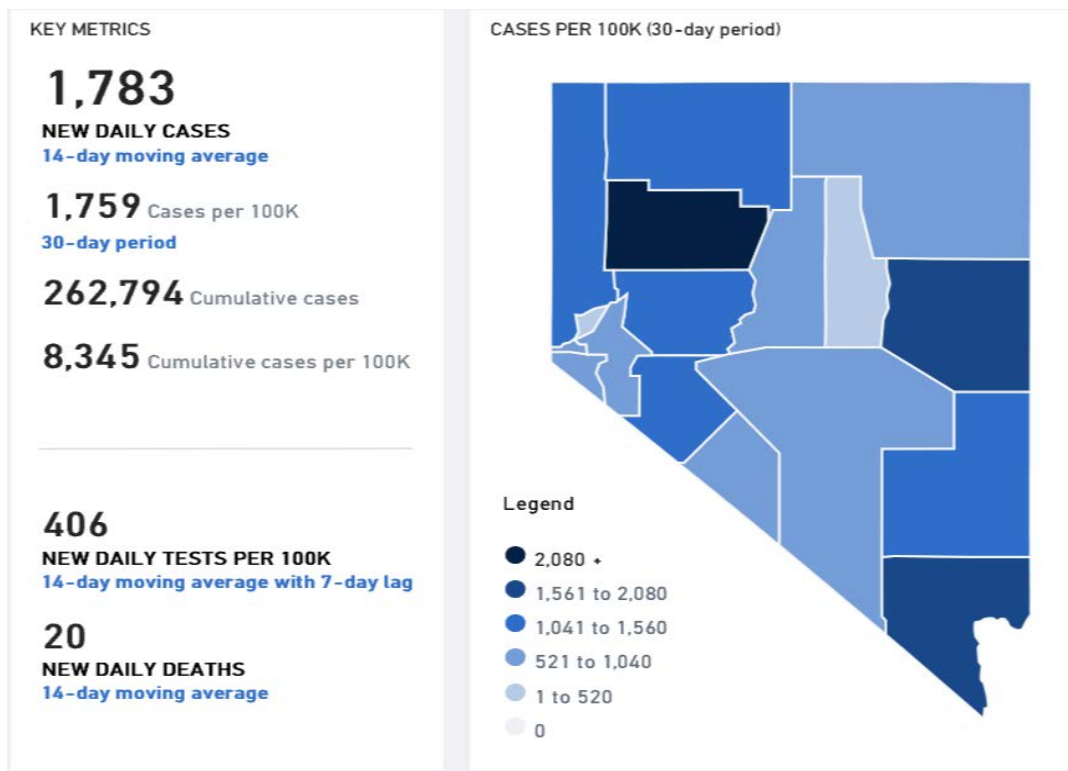
Technical Notes/Disclaimer

- All data within this presentation are subject to change.
- Small counts have been suppressed.
- Similarly to other states nationally, a significant number of Nevada records are missing demographic information such as, but not limited to Race/Ethnicity, age and gender.



Nevada COVID-19 Data

- Nevada’s first COVID-19 case was diagnosed on March 5, 2020
- As of 1/17/21 there were 262,794, confirmed cases of COVID-19 statewide.
- This information is updated daily at <https://nvhealthresponse.nv.gov>.





Nevada COVID-19 Data

- As of 1/17/21 there were 2,350,428 COVID-19 tests done statewide.

KEY METRICS

396

DAILY TESTS PER 100K

14-day moving average with 7-day lag

20.8 % Test Positivity Rate

14-day period with 7-day lag

2,350,428 Cumulative Tests

1,630

NEW DAILY CASES

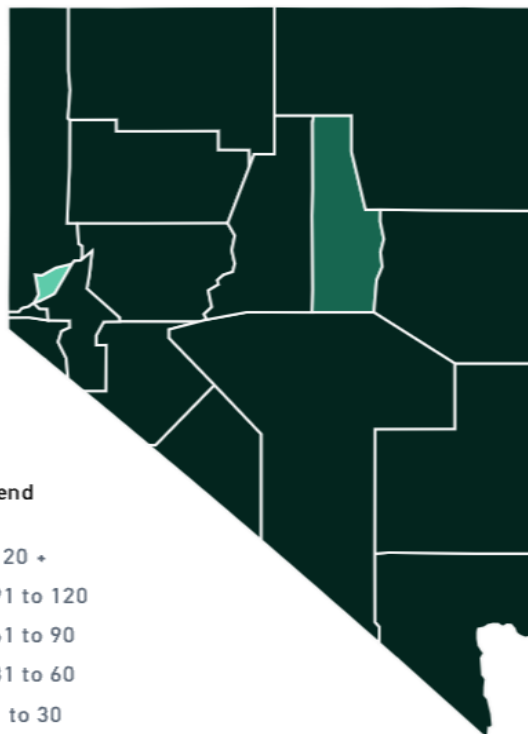
14-day moving average

18

NEW DAILY DEATHS

14-day moving average

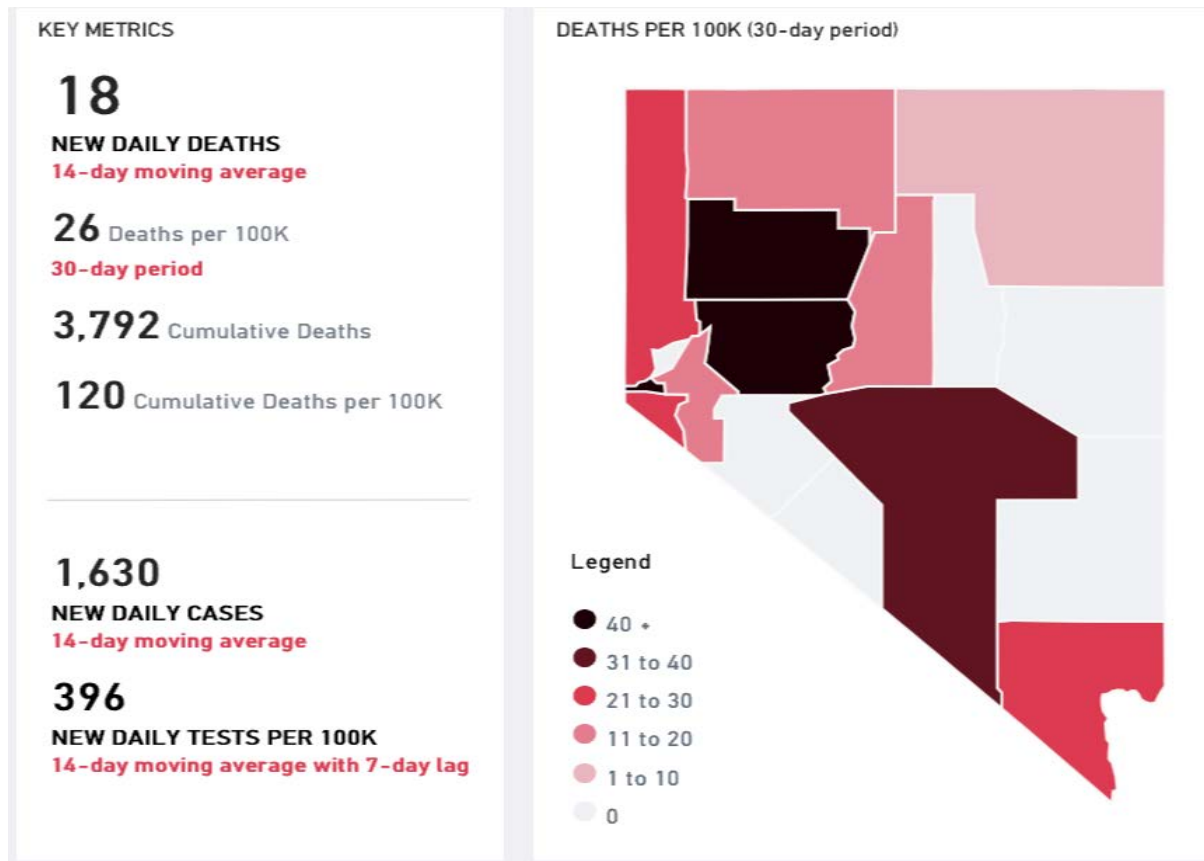
DAILY TESTS PER 100K (14-day moving avg. with 7-day lag)





Nevada COVID-19 Data

- As of 1/17/21 there were 3,792 COVID-19 deaths statewide.



Demographics for Confirmed Cases (262,794)





Demographics for Deaths (3,792)

Group	DEATHS %
AGE	100.0%
< 10	0.0%
10-19	0.1%
20-29	0.5%
30-39	1.3%
40-49	4.9%
50-59	10.6%
60-69	19.3%
70+	63.2%
GENDER	100.0%
Female	38.2%
Male	61.8%
RACE/ETHNICITY	100.0%
Hispanic	23.9%
Non-Hispanic American Indian or Alaska Native	1.0%
Non-Hispanic Asian/Pacific Islander	11.4%
Non-Hispanic Black	9.4%
Non-Hispanic Other Race	0.2%
Non-Hispanic White	54.1%



Women of Childbearing Age (15-44)

- As of 1/19/21 there are 65,558 confirmed COVID-19 cases of women within childbearing age.
- There have been forty-three (43) reported COVID-19 related deaths within this population.
- Data are from investigations and may be incomplete for many records.

Race/Ethnicity	N	%
AI/AN non-Hispanic	184	0.3%
Asian non-Hispanic	2,528	3.9%
Black non-Hispanic	3,101	4.7%
Hispanic/Latino	22,310	34.0%
NHPI non-Hispanic	479	0.7%
Other/Unknown	26,129	39.9%
White non-Hispanic	10,827	16.5%
Total	65,558	100.0%

Age Group	N	%
15-19	7,793	11.9%
20-29	25,335	38.6%
30-39	22,407	34.2%
40-44	10,023	15.3%
Total	65,558	100.0%

Hospitalized	N	%
No	38,237	58.3%
Yes	1,260	1.9%
Unknown	26,061	39.8%
Total	65,558	100.0%





Pregnant Women

- As of 1/19/21 there are 1,246 confirmed cases of pregnant women with COVID-19 in Nevada.
- There have been one (1) reported deaths related to COVID-19 within this population.
- Data are from investigations and may be incomplete for many records.

Race/Ethnicity	N	%
AI/AN non-Hispanic	5	0.4%
Asian non-Hispanic	59	4.7%
Black non-Hispanic	86	6.9%
Hispanic/Latino	594	47.7%
NHPI non-Hispanic	14	1.1%
Other/Unknown	234	18.8%
White non-Hispanic	254	20.4%
Total	1,246	100.0%

Age Group	N	%
10-19	42	3.4%
20-29	616	49.4%
30-39	515	41.3%
40-49	56	4.5%
50-59	7	0.6%
60-69	10	0.8%
Total	1,246	100.0%

Hospitalized	N	%
No	1,045	83.9%
Yes	144	11.6%
Unknown	57	4.6%
Total	1,246	100.0%



Children 0-19



- As of 1/19/21 there are 34,780 confirmed cases of COVID-19 in children ages 0-19 in Nevada.
- There have been seven (7) reported deaths related to COVID-19 in this population.
- Data are from investigations and may be incomplete for many records.

Gender	N	%
Female	17,344	49.9%
Male	17,215	49.5%
Unknown	221	0.6%
Total	34,780	100.0%

Age Group	N	%
<1	855	2.5%
1-5	5,053	14.5%
6-10	6,527	18.8%
11-15	9,416	27.1%
16-19	12,929	37.2%
Total	34,780	100.0%

Race/Ethnicity	N	%
AI/AN non-Hispanic	109	0.3%
Asian non-Hispanic	955	2.7%
Black non-Hispanic	1,361	3.9%
Hispanic/Latino	13,709	39.4%
NHPI non-Hispanic	236	0.7%
Other/Unknown	13,896	40.0%
White non-Hispanic	4,514	13.0%
Total	34,780	100.0%

Hospitalized	N	%
No	19,945	57.3%
Yes	288	0.8%
Unknown	14,547	41.8%
Total	34,780	100.0%





MIS-C

Multisystem inflammatory syndrome in children (MIS-C)

MIS-C is a serious inflammatory syndrome in children, including some teenagers. This syndrome is rare, but there appears to be an emerging link between children, MIS-C and COVID-19. This link is being researched nationally and there remains a lot to be learned about the connection.

- Prior to the COVID-19 global pandemic, MIS-C symptoms have been monitored via syndromic surveillance within Nevada hospitals, and an MIS-C diagnosis must be reported to the State.
- Between October 27 and December 28, 2020, there have been sixteen (16) diagnosed MIS-C cases in Nevada. Eleven (11) of the diagnosed MIS-C cases also tested positive for COVID-19.
- There were no reported diagnosed cases of MIS-C in 2019.



Comorbidities/Disabilities

- Many states, including Nevada, are struggling to better identify people with disabilities and pre-existing medical conditions within confirmed cases of COVID-19.
- Below is information a disease investigator may ask around pre-existing conditions during the investigation process.
- To date, pregnancy is the most utilized field.

Pre-existing medical conditions? Yes No Unknown

Chronic Lung Disease (asthma/emphysema/COPD)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	
Diabetes Mellitus	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	
Cardiovascular disease	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	
Chronic Renal disease	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	
Chronic Liver disease	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	
Immunocompromised Condition	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	
Neurologic/neurodevelopmental/intellectual disability	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	(If YES, specify) _____
Other chronic diseases	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	(If YES, specify) _____
If female, currently pregnant	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	
Current smoker	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	
Former smoker	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	





Next Steps in Data Collection

- Improved data completeness.
- Better identification of comorbidities through the disease investigation process of confirmed COVID-19 cases.
- Identification on the best way to continually monitor and display comorbidity information within confirmed COVID-19 cases.
 - This may include incorporating comorbidities in existing dashboards as other states have.
 - Georgia: <https://dph.georgia.gov/covid-19-daily-status-report>
 - Creation of separate and specific dashboards.



Current Data Resources

- [Nevada Health Response: https://nvhealthresponse.nv.gov/](https://nvhealthresponse.nv.gov/)
- [Nevada COVID-19 Facilities Dashboard](#)
- [CDC COVID-19 Data Tracker](#)
- [HRSA COVID-19 Information](#)
- [John Hopkins Coronavirus Resource Center](#)



Questions?





Contact Information

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For data requests please email us directly at data@dhhs.nv.gov or visit our website at [http://dhhs.nv.gov/Office of Analytics](http://dhhs.nv.gov/Office_of_Analytics).

Thank you!



Attachment for Agenda Item # 7

Key Department of Health and Human Services, Office of Analytics Links for MCAH documents including Severe Maternal Morbidity and Maternal Mortality Reports :

[http://dhhs.nv.gov/Programs/Office_of_Analytics/OFFICE_OF_ANALYTICS -
DATA REPORTS/](http://dhhs.nv.gov/Programs/Office_of_Analytics/OFFICE_OF_ANALYTICS_-_DATA_REPORTS/)

The documents are located in the Maternal, Child and Adolescent Health Portion of the page.

The Maternal Mortality Review Committee (MMRC) Report is located here:

[http://dpbh.nv.gov/Programs/Maternal, Child and Adolescent Health \(MCH\)/](http://dpbh.nv.gov/Programs/Maternal,_Child_and_Adolescent_Health_(MCH)/)

Scroll down mid page to the MMRC 2020 Report link.

Relevant MMRC Nevada Revised Statutes (NRS) can be located here: [Nevada Revised Statues](#) For additional information (NRS 442.751 through 442.774, inclusive; reporting dates and scope referenced in NRS 442.767).

*Maternal Mortality Review Committee
Report
Nevada, 2018-2020
(Nevada Revised Statutes 442.767)*

December 2020



*Maternal, Child and Adolescent Health Section
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Department of Health and Human Services*

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Dedication

The Nevada Division of Public and Behavioral Health (DPBH) notes with deepest sympathy and respect this report is dedicated to the memory of those who have died in pregnancy or within one year of pregnancy, and to their families and loved ones surviving an incalculable loss.

Acknowledgements

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Julie Zaharatos, MPH

Partnerships and Resources
Maternal Mortality Prevention Team
Division of Reproductive Health
National Center for Chronic Disease Prevention and Health Promotion

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Background

The purpose of this report is to meet the duties of the Maternal Mortality Review Committee (MMRC) as outlined in [NRS 442.767](#) and provide insight into demographic characteristics and causes of death associated with pregnancy-associated deaths from December 2018 through 2020. This report includes two resources, the Office of Analytics of DHHS *Severe Maternal Morbidity Report, Nevada, December 2018 - 2020* and *Maternal Mortality Report, Nevada, December 2018 - 2020* which also provides data on pregnancy-related deaths from the Centers for Disease Control and Prevention (CDC) Pregnancy Maternal Surveillance System (PMSS). Both reports highlight Nevada disparity data on severe maternal morbidity and maternal mortality across race, ethnicity, geography, insurance status, education, age, as well as prenatal and delivery characteristics such as prenatal care initiation, adequacy of prenatal care, parity, method of delivery, plurality, and chronic disease. Differences in pregnancy-associated death rates, counts, disparities, geographic distribution, and causality are seen between 2018 and 2019 maternal mortality data and preliminary 2020 data, and PMSS pregnancy-related data reveal patterns of disparate burden, as well. Preliminary 2020 data must be read with caution and are subject to change, and PMSS time periods and type of mortality are different from the pregnancy-associated death data from 2018-2020 in the *Maternal Mortality Report, Nevada, December 2018 - 2020*.

Race and ethnicity disparity data in both reports are of particular concern in relation to differential burden of maternal mortality and severe maternal morbidity (SMM). Identification of disparities, including implicit bias and racism, is an initial crucial step in creating evidence-based interventions to reduce all contributing factors at the individual, societal and political levels. Ending all preventable maternal mortality and SMM in the state is a key goal of MMRC efforts.

Establishment of the Nevada Maternal Mortality Review Committee

Assembly Bill 169 of the 80th Legislative Session established the Nevada MMRC granting additional authorities and protections for a statewide MMRC, codified in [Nevada Revised Statutes \(NRS\) 442.751 through NRS 442.774](#), inclusive. The MMRC was established within the Nevada Department of Health and Human Services (DHHS). The Committee is required to: (1) review incidents of maternal mortality and severe maternal morbidity (SMM) in Nevada; (2) disseminate findings and recommendations concerning maternal mortality and SMM to providers of health care, medical facilities, other interested persons and the public; (3) publish timely reports consisting of data relating to maternal mortality and SMM, descriptions of incidents reviewed by the Committee, and recommendations to reduce maternal mortality and SMM in Nevada. The Committee is entitled to any records deemed necessary to perform duties and to petition the district court for a subpoena to compel the production of such records and information acquired by. Records of the Committee are confidential and not subjected to subpoena. A call for interest was placed via the Maternal and Child Health Advisory Board and shared widely. The Director of DHHS appointed the statutorily required twelve MMRC members representing diverse expertise and geographic areas within Nevada.

The Nevada MMRC conducts ongoing, comprehensive, multidisciplinary reviews of maternal deaths to help determine factors contributing to maternal mortality and SMM and identify public health and clinical interventions to improve systems of care and prevent mortality and morbidity.

Outcomes expected include: timely, accurate, and standardized information available about deaths during pregnancy and the year after the end of pregnancy, including opportunities for prevention; increased awareness of the existence and recommendations of the MMRC among the public, clinicians, and policy makers; implementation of data-driven recommendations; widespread adoption of patient safety bundles and/or policies reflecting the highest standards of care; reduction in maternal mortality, SMM and related disparities; and improvement in population health for women of reproductive age (e.g., reductions in hypertension, coronary heart disease, substance use, and other chronic diseases).

Maternal Mortality and SMM Incidents Reviewed

The Nevada MMRC convened four times in 2020, with the initial meeting being a Centers for Disease Control and Prevention (CDC) training and orientation to state and national maternal mortality and severe maternal morbidity data in February of 2020. Case abstraction takes roughly 20 hours per death review and can easily exceed this time period. Requested records can take time to be fulfilled and a single case may generate numerous records requests to capture as much information as possible to ensure a complete abstraction. The Committee reviewed five maternal mortality cases in 2020. Decision data are limited to ensure the identity of those whose deaths were reviewed are protected given the small sample size. As record requests become routine and are shared more quickly and abstraction and the MMRC case review process familiarity increases, efficiencies will be gained resulting in increased numbers of case reviews.

MMRC Recommendations

MMRC recommendations to reduce maternal mortality and SMM in Nevada are expected to increase with additional maternal mortality incident review. At this point in time, the Committee has identified recommendations to improve care in Nevada and recommendations to improve the work of the Committee.

Two contributing factors to maternal mortality at the systems level which could have a large impact in preventing maternal mortality were identified by MMRC members. First, the Committee identified the need to provide adequate drug treatment options to pregnant women. The Committee recommends educating providers on Nevada's substance use disorder treatment options which already exist for pregnant women and removing barriers to care. The second relates to substance use in pregnancy and the identified need as a society to address the social determinants of health. At the provider level, the utility of recommending the use of a suicide screen in addition to the antepartum and postpartum depression screen was discussed. Finally, a recommendation for outreach promoting the importance of prenatal care and preventing delays in prenatal care was identified.

The Committee identified two recommendations to improve the function of the committee. First, the statutory language is a barrier to accessing Cancer Registry data. The Committee recommends considering legislative action to remove the barrier to receive these records for case abstraction. Second, the Committee identified the lack of family interviews and data regarding the social determinants of health as a barrier to making recommendations from the cases. The Committee recommends considering securing dedicated funding to ensure full data collection.

Attachments for Agenda Item # 8

Highlights of Bill Draft Request (BDR) 81st Legislative Session relating to Maternal and Child Health topics

SB5	Makes changes relating to telehealth. (BDR 40-416)
SB36	Revises provisions relating to plans for responses to crises, emergencies and suicides by schools. (BDR 34-296)
BDR 3	Provides for the dispensing of contraceptives.
BDR 13	Revises provisions governing health care for women.
BDR 38-28	Requires the State Plan for Medicaid to include coverage for donor breast milk and certain related products.
BDR 56	Revises provisions relating to the eligibility of children for Medicaid.
BDR 40-62	Makes changes concerning disparities in health care, including, without limitation, disparities relating to services to support mental health and emotional well-being.
BDR 40-102	Revises provisions governing blood testing for pregnant women.
BDR 54-114	Provides for the licensing of professional midwives.
BDR 38-130	Provides for presumptive Medicaid eligibility for pregnant women.
BDR 181	Revises provisions relating to competency-based education.
BDR 225	Revises provisions governing women's health.
BDR 358	Provides for the Children's Advocacy Center.
BDR 38-449	Requires Medicaid coverage of services provided by community health workers.
BDR 38-452	Revises provisions governing Medicaid coverage for pregnant women.
BDR 40-453	Revises provisions governing the testing of pregnant women for sexually transmitted infections.
BDR 482	Revises provisions governing fertility preservation for men and women.
BDR 54-645	Authorizes licensed dentists, dental hygienists and dental therapists to administer vaccines and makes certain other changes related to the practice of dentistry.
BDR 40-740	Revises provisions governing the Maternal Mortality Review Committee.
BDR 34-767	Provides for access to feminine hygiene products.
BDR 799	Revises provisions governing women's health.
BDR 38-849	Provides for Medicaid coverage for doulas.

Attachments for Agenda Item # 9

Maternal and Child Health Advisory Board (MCHAB)
February 5, 2021 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 1,864 preventive education services, 186 well-care screenings, 354 contraceptives, 170 Sexually Transmitted Infection (STI) screens, 71 immunizations, and 321 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. One woman was referred to a mental health provider.
 - Carson City Health and Human Services (CCHHS) conducted well visits for women. Referrals were made for women afflicted by domestic violence, mood disorders, substance use, and women reporting alcohol use were educated about risks of alcohol use with pregnancy. Sobermomshealthybabies.com was promoted during clinic visits.

- **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 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, sexual violence funds set-aside through Preventive Health the Health Services (PHHS), and the Title V Maternal and Child Health (MCH) Program Block Grant.
 - Over the last few months, RPE partners have continued to adapt prevention efforts from in-person training to virtual platforms with much success.
 - UNLV continued the CARE Peer Program (CPP), an individual/relationship level strategy, and the CARE Campus initiative, a strategy focused at the community level. CPP is an empowerment-based 45-hour training curriculum with interactive modules focused on promoting social norms that protect against violence, such as bystander approaches and healthy relationship/communication components. It is offered to all UNLV students with an outreach emphasis on priority populations of women, female-identified, and LGBTQI students. Graduates of the CPP can become CPP Leaders and graduate students eligible for scholarships, thereby improving both leadership skills and economic stability as they are supported in completing their education.
 - CARE Campus focuses on revising existing protocols and procedures to identify and respond to intimate partner violence (IPV) for students, faculty, and staff. This work will result in tools for tracking and monitoring policy findings over time. Due to COVID-19, UNLV has moved to virtual education, outreach, and training.
 - Nevada Coalition to End Domestic and Sexual Violence (NCEDSV) is working to identify policies and legislative recommendations for increasing gender equity in Nevada to empower and support women and girls. They have connected with various organizations in Nevada working on economic justice issues, which may or may not have connected economic justice and sexual violence. NCEDSV has met with or intends to meet with: Opportunity Alliance, PLAN, Nevada Women’s Lobby, Nevada Women’s Equity Coalition,

- Nevadans for the Common Good, Nevada Minority Health and Equity Coalition, Make it Work Nevada, and Make the Road Nevada.
- NCEDSV researches statewide economic policies impacting women and girls, such as pay equity, childcare, education, and housing. Also, NCEDSV explores policy initiatives to help identify strategies to operationalize initiatives through changes to existing regulations, codes, and legislation. NCEDSV plans to identify given issues to focus on going forward and intends to hold virtual meetings with key players and interested parties in December 2020 and January 2021.
 - Safe Embrace is currently working to assist entertainment and hospitality organizations in Northern Nevada to establish and strengthen zero tolerance and sexual harassment policies in the workplace.
 - In their work to create protective environments, Safe Embrace conducted outreach to new partners in the business community, highlighting how they could increase safety for staff and patrons. Since the program's start in late 2019, 12 establishments have MOUs in place and receive information, training, and policy guidance, while 25 other establishments expressed interest in the program.
 - The Rape Crisis Center of Las Vegas (RCCLV) continues to implement the Stay Safe / SAINT program, which is targeted to the hospitality industry. While the program was initially put on hold in March due to Nevada's shelter in place order, as businesses reopened, RCCLV held socially distanced and masked training promoting safety and security. Through the Stay Safe / SAINT program, RCCLV has worked to institutionalize relationships with MGM and Wynn and seek new partnerships to expand the safety practices. In the coming year, RCCLV plans to reach out to casinos, bars, and clubs to establish and formalize programming support relationships.
 - Additionally, RCCLV is working on enhance prevention efforts concerning Sexual Violence and Intimate Partner Violence during COVID-19 by increasing protective factors by supporting 24-hour crisis response hotlines and improving public health emergency preparedness (PHEP) capabilities through community preparedness and information sharing. Sexual Violence and Intimate Partner Violence Prevention efforts are statewide with a particular focus on rural and frontier counties. This Covid-19 funding will specifically benefit populations that are at higher risk in experiencing sexual abuse and intimate partner violence. Due to Nevada's unique geographic distribution of population, 90% of the state's population resides in urban counties. The majority (73%) of the state's population lives in Clark County, 16% in Washoe County, and the remaining 11% in rural and frontier counties. Additionally, a third of Nevadans (33.7%) live in a health professional shortage area (HPSA). This percent is intensified among rural and frontier counties, with 50.6% of rural Nevadans living in an HPSA. The great differences between urban and rural contexts in Nevada highlight unique needs related to HPSAs across the state and the different obstacles many counties face. Nevada's unique geographical landscape, with rural and frontier counties making up most of Nevada's geographical areas, increases the risk of Nevadans experiencing sexual violence and intimidate partner violence. Access to health, prevention, and protection services in the U.S. is disparate based on population density: women in rural areas have less access than urban women to domestic violence shelters, physical and mental health professionals, law enforcement, and judicial personnel. Women in rural areas are also nearly twice as likely to be turned away from services because of the insufficient number of community-based health programs and inadequate staffing.
 - Additionally, Nevada RPE was awarded CDC COVID-19 Supplemental funding as Nevada's current shelter-in-place restrictions from the COVID-19 pandemic continue, reports of violence in the home increase in some areas. The Domestic Violence Resource

Center in Washoe County, Nevada, has observed a 64% increase in calls to its 24-hour hotline over the past months, a trend consistent with national spikes in domestic violence during COVID-19. Contributing factors for this increase include, but are not limited to, job loss, financial instability, being restricted to home environments, and close proximity to partners and children, which may amplify not only family violence but also diminish the family's ability to engage in constructive communication or coping strategies. The supplemental COVID-19 funding will support crisis response via 24-hour hotlines to increase protective factors during the COVID-19 pandemic and increase protective factors during future state-wide disasters and emergencies by improving public health emergency preparedness (PHEP) capabilities through community preparedness and information sharing.

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

- The NV Statewide MCH Coalition continues to distribute materials promoting the Go Before You Show campaign, the Medical Home Portal (MHP), Perinatal Mood and Anxiety Disorders (PMAD), Nevada 211, 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 meetings were held:
 - October 13, 2020
 - November 10, 2020
 - December 2020: No meeting
 - Northern Nevada MCH Coalition meeting were held:
 - October 8, 2020
 - November 12, 2020
 - December 2020: No meeting
 - Held quarterly steering committee meeting on November 19, 2020
 - Disseminated information to the MCH Coalition listserv regarding COVID-19, rental assistance, and ACA Open Enrollment.
 - Six Perinatal Mood and Anxiety Disorder (PMAD) support group meetings were conducted, two per month. Virtual PMAD training held on October 22nd, November 13th for WIC and November 24th for UNLV.
 - Facebook followers increased by 5 in October, by 2 in November, and by 0 in December for a total of 7 from October to December.
 - Instagram followers increased by 13 in October, by 16 in November, and by 11 in December for a total of 40 from October to December.

- **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; risk factors for short-term births, babies born with disabilities; and maternal health. To do this, our questionnaire asks new mothers questions about their behaviors and experiences before, during, and after their pregnancy. Each year in Nevada hundreds of babies are born with serious health concerns or disabilities. Many factors in a mother's life may affect her pregnancy and the health of her child, this survey is designed to capture these variables. 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 \$14,999 in supplemental funds in year 5 of the grant that runs from May 1, 2020 to April 30, 2021. These supplemental funds allow for the continuation of the additional disability questions through March of 2020. NV PRAMS continued the 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 data driven MCH efforts.
 - Nevada PRAMS received \$16,444 from the Council of State and Territorial Epidemiologists (CSTE) to add eleven questions on how the COVID-19 pandemic and response impacted women's pregnancy and birth experiences. These questions began in October 2020, and will run through April 2021, representing six months of data collection.
 - 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. This data should be interpreted with caution due to the response rate. Nevada PRAMS has submitted the 2019 birth file to the CDC and should be receiving weighted data soon.
 - 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.
- **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 –**
 - CCHHS reached out to businesses to educate about breastfeeding laws, encourage participation in the Breastfeeding Welcome Here (BFWH) Campaign, and check interest in needing a space established for staff to feed their infants. Several Facebook campaigns were conducted. The campaign promoting text4baby reached 1,730 people, with 3,830 media impressions, and 26 clicks on the link for more information. The PRAMS campaign promoted the value of women participating in the survey to improve prenatal health care for women and infants in Nevada. These messages reached 2,025 with 8,559 media impressions and women 33 clicked on the link to obtain resources. Vaccination reminder cards were sent for infants/toddlers four through 35-months old in need of 1st MMR and 4th Dtap shots. During clinic visits, staff educated women receiving positive pregnancy test results about breastfeeding. All were referred to WIC for support, informed about the value of participating in the Pregnancy Risk Assessment Monitoring System (PRAMS survey and given information about Sobermomshealthybabies.com.
- **Safe Sleep Media Campaign**
September, October, and November 2020: 263 Total TV Spots Aired, 1,724 Radio Spots Aired
 - TV
 - North: 67 English, 37 Spanish
 - South: 120 English, 36 Spanish
 - Radio
 - North: 883 English, 117 Spanish
 - South: 634 English, 90 Spanish

- **SoberMomsHealthyBabies.org Media Campaign**
September, October, and November 2020: 273 Total TV Spots Aired, 1,651 Radio Spots Aired
 - TV
 - North: 68 English, 36 Spanish
 - South: 109 English, 60 Spanish
 - Radio
 - North: 905 English, 101 Spanish
 - South: 602 English, 43 Spanish

- **PRAMS Media Campaign**
September, October, November 2020: 306 Total TV Spots Aired, 2,243 Radio Spots Aired
 - TV
 - North: 88 English, 54 Spanish
 - South: 112 English, 52 Spanish
 - Radio
 - North: 1550 English, 100 Spanish
 - South: 441 English, 152 Spanish

- **Washoe County Health District (WCHD) continues to review records for the Fetal Infant Mortality Review (FIMR)**
 - Nineteen new FIMR cases were received between October 1, 2020 and December 31, 2020 from local hospitals, Washoe County Medical Examiner's Office and Washoe County Health District Vital Statistics. One case was out of jurisdiction, (not from Washoe County) but received some care within Washoe County. The number of cases received and out of jurisdiction cases are preliminary
 - There was one Case Review Team (CRT) meeting during this reporting period. Five cases were presented and discussed. Meetings have been held virtually since COVID-19. There was no meeting in October due to staff leave of absence. The team typically meets monthly, except in June and December. The CRT has reviewed twenty one cases this fiscal year so far.
 - Staff completed the Washoe County FIMR Annual Report after data was received from the state.
 - Staff continue to attend and provide updates at the Northern Nevada Maternal Child Health meetings, Pregnancy & Infant Loss Support Organization of the Sierras (PILSOS) and Child Death Review meetings.
 - The Northern Nevada Maternal Child Health (NNMCH) Coalition continues to function as the FIMR Community Action Team (CAT). Two NNMCH Coalition meetings were held during this quarter. The most recent meeting was held on November 12, 2020 with a presentation about Building Better Birth Stories by a Labor and Delivery Nurse. The next NNMCH Coalition will be held on January 14, 2021.

- **Safe Sleep/Cribs for Kids-**
 - Provides safe sleep media outreach and conducts activities with safe sleep partners, including community event participation statewide.
 - Maintain consistent partner communication and continue with the train-the-trainer model.
 - Work with hospital partners to implement Infant Safe Sleep practices and increase awareness by presenting at a minimum of four hospitals per year.
 - Includes Infant Safe Sleep brochures in the PINK packets

- Delivered program supplies and equipment.
- Purchased more safe sleep kits to distribute to partners
- Continued to promote 211, Nevada Tobacco Quitline and Nevada Children's Medical Home Portal
- **REMSA Cribs for Kids-**
 - Attended virtual meetings with Northern Nevada MCH Coalition, Safe Kids Coalition, Immunize Nevada, and Washoe County Child Death Review,
 - New partnership agreement signed with Foster Kinship and a training is TBD
 - Distributed car sets to Tribal partners:
 - Owyhee- 7 car seats
 - Washoe- 0 seats due to event cancellation
 - Southern Bands- 0 car seats
 - Walker River Paiute Tribe- 5 car seats
 - Survival kit distribution: 129
 - Binder distribution: 5
 - Poster distribution: 10
 - Charlie's Kids Foundations Safe and Snug Books distribution: 0
 - Brochure distribution: 7675
 - Flip Chart Distribution: 1
 - Sudden unexpected infant death (SUID) intake questionnaire: 174
 - 3-month follow-up: 53
 - 12-month follow up: 18
- **Maternal-Infant Program –**
 - Critical Congenital Heart Disease (CCHD) data collection continues.
 - Congenital syphilis reduction efforts are a focus of MCAH staff efforts in partnership with DHHS and DPBH programs
 - Participation was completed in the AMCHP-led Infant Mortality ColIN focused on the Social Determinants of Health. The IM ColIN ended 9/2020, a final budget update was submitted 9/2020 and a final virtual meeting was attended on August 24, 26 and 28, 2020. A final interview was completed on October 23, 2020 and a close out meeting celebrating lessons learned was held January 13, 2021.
 - Breastfeeding Welcome Here Campaign
 - KPS3 is continuing to host the website address for nevadabreastfeeds.org. The website is going through an update and should be completed in February
 - MCAH staff continue to participate in the Nevada ASHTO OMNI and CARA substance use in pregnancy core team.
 - Updated Infant Plan of Care and CARA provider and family resources were posted on sobermomshealthybabies.org
 - FIMR participation and addition of COVID-19 resources on the DPBH MCAH website
 - Information dissemination on maternal and infant COVID-19, anti-racism and health equity resources
 - AIM efforts are ongoing and data system is under construction
 - Maternal Mortality Review Committee case abstraction and case record documentation requests continue.
 - Newborn Advisory Committee participation by MCAH staff
 - Regulatory development in relation to newborn screening fees and diapering resources are ongoing.
 - Reproductive health promotion and working with MCAH staff to administer the Account for Family Planning continues

- **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 –**

- CHS administered 188 infant and child immunizations in the clinic setting and through community immunization clinics.
- CCHHS works collaboratively with the in-house WIC office whose staff virtually met with clients and discussed the value for a medical home with individuals. Additionally, Nevada 211 and medical home portal promotional materials were discussed with CCHHS clients and made available in the clinic area. A Facebook campaign promoting the Medical Home Portal reached 8,023 people.
- Nevada Institute for Children’s Research and Policy (NICRP) posted the results of the 2019-2020 survey *Health Status of Children Entering Kindergarten in Nevada* on the website:
<https://nic.unlv.edu/files/KHS%20Year%2012%20Report%2011.04.20%20Final.pdf>
And Title V MCH staff disseminated the report to key stakeholders. Results from these annual surveys provide estimates for monitoring MCH indicators and for reporting to local, state, and federal entities. All 17 school districts participated in the 2020-2021; however, due to COVID-19 only 2,155 surveys were completed which is significantly less than the 2019-2020 report comprised of 7,965 respondents.
- The AHWP Coordinator serves as a member on the Coalition to Prevent the Commercial Sex Exploitation of Children (CSEC).
- The Adolescent Health and Wellness Program (AHWP) Coordinator attended the Nevada Children’s Behavioral Health Consortium meetings and shared resources.

- **Child and Adolescent Efforts by Title V MCH staff**

- Title V MCH staff started creating resources on state-led child and youth mental health programs and social support services, especially those implemented and utilized since the public health emergency began.
- The AHWP Coordinator continued participation in the Collaborative Innovation and Improvement Network (CoIIN) facilitated through the Association of State Public Health Nutritionists. MCH collaborated with the Nevada Office of Food Security and Obesity Prevention and Control programs on 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). This program 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 ranks among the lowest enrollment rates in the country.

- The AHWP Coordinator serves as the Title V MCH mandated member on the National Center for School Mental Health CoIIN for the Nevada team led by the Nevada Department of Education (NDE). This staff attended monthly meetings with other states participating in the learning collaborative.
- The AHWP Coordinator attended several DCFS children's mental health meetings. These included the Nevada Children's Behavioral Health Consortium, the Division of Child and Family Services (DCFS) Five-Year Strategic Plan Pre-Public Launch meetings, and NDE + DCFS Collaboration Meetings. The ongoing monthly & bi-monthly meetings discussed topics pertinent to COVID's impact on school-aged children, school-based mental health services, and enhancements in Medicaid reimbursement to include telehealth visits, specialized foster-care, and services targeting children and youth with special health care needs.
- **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 574 preventive education services, 71 well-care screenings, 120 contraceptives, 62 STI screens, 76 immunizations, and provided 109 adolescents with nutrition, weight, and exercise information. Youth presenting for reproductive health visits were screened for domestic violence and emotional/mental problems, as well as depression.
 - Carson City Health and Human Services (CCHHS) conducted well visits for adolescents. Referrals were made for youth afflicted by domestic violence, mood disorders, substance use, and those reporting alcohol use.
 - Urban Lotus Project (ULP) Trauma-Informed Yoga for Youth no-cost courses, started up again at six agencies serving Northern Nevada adolescents at public community hubs, drop-in centers, treatment facilities, and human service entities. COVID-19 resulted in 12 routine locations not offering in-person classes. Only a few residential facilities have authorized youth to attend virtual courses, significantly reducing exposure to the benefits of yoga movement, breathing, and mindful meditation. Yoga teachers taught 66 classes to 245 adolescents reaching 73 new students. [ULP was unable to obtain a full count of students served through all virtual classes, so these numbers are underrepresented].
 - Course promotion, expansion, and growth:
 - Reached out to two youth residential treatment facilities to learn about including public yoga classes into resource lists provided to clients upon discharge.
 - Outreach was conducted with Washoe County School District (WCSD) to set up youth classes and inform school staff about the virtual public classes
 - Presented to WCSD employees professional learning day on the benefits of mindfulness meditation to address stress, anxiety, burnout, and trauma
 - Provided a talk on meditation at Hope Means Nevada's Rising Hope Festival
 - Submitted an abstract to be a speaker at Immunize Nevada's 2021 Health Conference
 - DP Video conducted a month-long social media campaign displaying videos and messages targeting youth to engage, educate, and become empowered to be their own health care advocates. Content also informed parents/caregivers of the value of their children learning how to manage their health care as they transition into adulthood. Six video ads (3 English/3 Spanish) were displayed on Facebook/Instagram. The messages reached 14,412 people in the specified demographics, with 111,921 media impressions and 619 clicks on

the links for additional resources. Six video ads (3 English/3 Spanish) were displayed on Twitter resulting in 91,698 media impressions.

- **Adolescent Health and Wellness Program (AHWP)–**

- The AHWP Coordinator attended several adolescent focused webinars and meetings. These included discussions amongst other state adolescent health program coordinators about the evolving landscape of adolescent health state work during COVID, youth-adult partnerships and strategies for working together.
- The AHWP Coordinator attended the virtual two-day course Practicing Adolescent-Centered Trauma-Informed Care in a Clinical Setting and disseminated content to appropriate adolescent serving partners.
- The AHWP Coordinator disseminated topic content to be displayed on the MCH Coalition and Office of Primary Care e-newsletters. Focus included health care transition. Additionally, the Facebook video posts created by DP Video were shared with funded partners and outside agencies for placing on their Facebook pages.

- **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. It is important to note that FTON did see a reduction in families served in the last quarter of 2020 as a result of Covid restrictions and the inability to host holiday events similar to those held in past years. FTON has traditionally sponsored Halloween activities and holiday family events. Due to gathering restrictions and minimal opportunity to hold events, families served did not meet original projections. In addition, monthly attendance at the Cleft Palate Clinic was reduced as the clinic did not see patients until December 2020. In the first quarter of the new subaward period - FTON assisted 88 families with translation services (primarily by phone), 67 with insurance eligibility assistance, 38 with education. A total of 27 families received Medical Home Portal training. Due to an inability to reach families in a traditional manner, FTON focused on mass mailing of information with a total of 597 informational brochures being mailed during this period
- Nevada Center for Excellence in Disabilities (NCED) completed an orientation with Project ECHO, as the first step to providing six trainings on pediatric to adult health care transition to professionals serving youth with and without special health care needs using Got Transition six

core elements, related resources, and case based discussions. NCED reviewed CDC resources to expand emergency preparedness and response efforts for CYSHCN and their families, in anticipation of staff competing online training on this topic.

- 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 virtual meetings, and enhanced health literacy to parents/caregivers through distribution of Milestone Moments books in English/Spanish, Making Life Easier materials, Backpack Series materials, Help Us to Have a Good Day materials, National Center for Pyramid Model Innovations (NCPMI) COVID-19 Family materials, and developmental screenings using the Ages and Stages Questionnaire (ASQ). TCC-TACSEI developmentally screened 167 children from nine implementation sites and 8 demonstration sites. TCC did not distribute any TACSEI kits during the last quarter.

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

- Title V MCH staff finished 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 provided 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 final quarter Title V MCH staff reviewed hospital protocols for discharging newborns and postpartum women after an emergency, including those who are displaced from disaster-affected homes.
- 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 shared general vaccination resources from the Centers for Disease Control and Prevention (CDC) and Sickle Cell Disease (SCD)-specific immunization schedules, CDC SCD infection prevention flyers, and two flu awareness events to the Nevada MCH Coalition, as well as Family TIES of Nevada.
- Title V MCH staff provided federally available data (FAD) on flu immunizations for children to Dr. Nik Rashid and Linetta Barnes, BSN, RN from Sickled Not Broken Foundation of Nevada.

- **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 and CHS referred tobacco users to the NTQ. CCHHS & CHS counseled self-identified nicotine users with a Brief Tobacco Intervention resulting in referrals to the NTQ due to desire to change smoking/vaping habits.

- **Substance Use During Pregnancy:**
 - All Title V MCH subrecipients 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, including Infant Plan of Care, and the Association of State and Territorial Health Officials (ASTHO) Opioid Use Disorder, Maternal Outcomes, and Neonatal Abstinence Syndrome Initiative (OMNI)
 - CARA final materials were posted to the SoberMomsHealthyBabies.org website
- **Nevada Public Health Conference**
 - The Nevada Public Health Conference was tentatively scheduled for fall 2020 but has been postponed until March 8-9, 2021.
- **Adequately Insured Children:**
 - CCHHS partners with the Division of Welfare and Supportive Services (DWSS) by placing insurance enrollment staff on-site. Due to COVID-19, onsite efforts were replaced with virtual/online assistance, thus reporting ceased for this activity. In-reach was provided to uninsured clients seeking services through CCHHS.
- **Nevada 211:**
 - Nevada 211 received 86 calls/texts from within the MCH population with 91% being pregnant. PRAMS program information was provided to 3 women, 3 referrals were made to the Medical Home Portal, 14 recommendations were given for Text 4 Baby, and 3 for resources to deal with perinatal mood and anxiety disorder. Caller/text demographics reported revealed 70% were on Medicaid, 100% resided in Clark County and 36% identified as Black.
 - All subgrantees continue to promote Nevada 211.
- **Nevada Home Visiting:**
 - All Nevada Home Visiting sites successfully navigated transition to virtual services. The NHV Program shared COVID-19 resources with Local Implementing Agencies and submitted the grant application and data reporting to HRSA.
 - More than 1000 virtual home visits have been provided to families
 - Families have received help connecting to the internet through free services from Spectrum
 - Families have received help accessing telehealth services for well child, well adult, and mental health services
 - Some agencies have supported families with food from local food pantries and have delivered to keep families safe.
 - Children have received curriculum handouts either delivered or in the mail, as well as books
 - Home Visitors have adjusted activities to use what families have on hand to support their child's development
- **Teen Pregnancy Prevention Programs:**
 - All Teen Pregnancy Prevention Program sites successfully navigated transition to virtual services and curricula implementation. The Program shared COVID-19 resources with agencies.
 - A Teen Mental Health social media campaign was completed, linking youth to Resilience Ambassador (<https://www.nevada211.org/nevada-resilience-project/>) information at dpbhnrp@health.nv.gov.
- **Nevada Early Hearing Detection and Intervention**

- Nevada Early Hearing Detection and Intervention (EHDI) successfully works with its hospital, audiologist, early intervention provider and family-based organization partners to ensure all children in Nevada are screened for hearing loss at birth and those identified with hearing loss receive timely and appropriate audiological, educational and medical intervention. EHDI promotes the national EHDI goals and timelines developed by the Joint Committee on Infant Hearing. Information and resources are available here: <http://dpbh.nv.gov/Programs/EHDI/EHDI-Home/>
- Cytomegalovirus (CMV) public awareness information and resources are available here: <https://nevadacmv.org/>

January 13, 2021



Medical Home Portal

FFY2021 Q1 REPORT

1. FEATURE UPDATES

Features that have been significantly reworked or updated during the Quarter ending December 31, 2020.

A. COVID Page Changes

- i. Information about COVID-19 Page was restructured so that information can more easily be found under the following subtopics topics:
 - 1. *COVID-19 School Related Information*
 - 2. *COVID-19 Resources for Parents & Families*
 - 3. *COVID-19 Resources for Healthcare Professionals.*

B. New Features

- i. Map within Service Directories
 - 1. *The map will load for both key term searches or category searches within the directory.*
- ii. Bulk Actions within My Lists
 - 1. *Users can now use bulk actions to delete, copy, and share more than one list at a time.*
 - 2. *The bulk copy feature also allows for merging multiple lists into a single list.*

2. CONTENT UPDATES

Content that has been published or updated during the Quarter ending [Date].

A. New Content

- i. Clinical
 - 1. *Charcot-Marie-Tooth Disease (Hereditary Motor Sensory Neuropathy)*
 - 2. *Acute Flaccid Myelitis*

- 3. *Developmental Coordination Disorder*
 - 4. *Toe Walking*
 - ii. Family
 - 1. *Neonatal Opioid Withdrawal Syndrome FAQs*
- B. Updated Content
 - i. Clinical
 - 1. *Celiac Disease*
 - 2. *Traumatic Brain Injury*
 - 3. *Contraception & Menstrual Management*
 - 4. *Feeding Tubes & Gastrostomies in Children*
 - 5. *Gastroesophageal Reflux Disease*
 - 6. *Optimal Clinical Coding for CYSHCN*
 - ii. Family
 - 1. *ADHD FAQs*
 - 2. *Intellectual Disability and Global Development Delay FAQs*
 - 3. *Premature Infant FAQs*
 - 4. *22q11.2 Deletion Syndrome FAQs*
 - 5. *ABCs of Behavior*
 - 6. *After High School Options*
 - 7. *Building New Hopes and Dreams*
 - 8. *End of Life Issues*
 - 9. *Estate Planning Trusts and Accounts*
 - 10. *Foster Care of Children with Special Needs*
 - 11. *Responding to a Diagnosis*
 - 12. *Screening Tests and the Diagnostic Process*
 - 13. *Service, Support, and Therapy Animal*
 - 14. *Services for the Uninsured or Underinsured*
 - 15. *Understanding Your Health Insurance*

3. GOOGLE ANALYTICS

Google Analytics October 1 - December 31, 2021. Traffic Refined for Quality Segment.

(Percentage change from previous quarter.) [Percentage change from previous year.]

A. Aggregated Subdomains

- i. Users: 129,778 (+7.35%) [+45.70%]
- ii. Sessions: 146,900 (+7.39%) [+44.01%]
- iii. Pageviews: 233,164 (11.86%) [+52.61%]

B. Nevada

- i. Users: 6,602 (+9.4%) [134.7%]
- ii. Sessions: 7,391 (+8.77%) [+129.53]
- iii. Pageviews: 13,108 (11.15%) [+138.33%]

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

Heather Mitchell, Health Resource Analyst, hmittell@health.nv.gov 775-684-2204; or NV PCO at nvpc@health.nv.gov

PCO Highlights from October 2020 – December 2020

- National Health Service Corps (NHSC) outreach activities during this quarter included *zero* health clinic site visits, *zero* student outreach events. 38 site recertifications reviews were completed (17-Rural Health Clinics, 4-Correctional Facilities/Prison, 2-Family Medicine, 1-OBGYN, 8-Community Mental Health, 1-Geriatric, 4-Youth/Adolescent Mental Health, and 1-Pediatric Group Practice). 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.
- *Five* Conrad 30 J-1 Visa Waiver applications were reviewed, public hearings were held, and letters of support were completed for five physicians to practice in Nevada under the Conrad 30 J-1 Visa Waiver program. One of the physicians specializes in pediatric hematology/oncology and will serve underserved populations in Clark county, and one physician in family medicine who will work at a FQHC who serves the underserved populations in Washoe County. These doctors will serve underserved populations including maternal, pediatric, and adolescent populations in Las Vegas and Reno area. The J-1 program has received seven applications this program year.
- Additionally, the PCO conducted *one* J-1 site visit of physician who specializes in cardiovascular disease and provides services for Northern NV Medical Group in Washoe county. 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 and federal representative partner presented to approximately 38 attendees at the Tribal Consultation virtual meeting to provide tribal leaders with recruitment and retention opportunities for the tribal sites. This event provided networking opportunities and brought together many community stakeholders, Indian Health Services, Tribal Directors, Division State Tribal Liaisons, and others to provide information on the current policy updates, Behavioral Health Transport (non-emergency), HPN Value Added Benefits, CHIP support act SPA, Silver State Insurance Exchange, Behavioral Health and Wellness Program – Women's Services, and employment opportunities.
- The PCO presented to a group of 14 NV Health Centers family medicine residents to provide information to the residents on the loan repayment opportunities that support retention.
- 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 (10/15/2020) PCO Newsletter were published to almost 500 subscribers and included multiple articles that support maternal, child, and adolescent health. Articles included Prevention Infection for Patients with Sickle Cell Disease, Youth Mental Health Supports, and "What It's Like" video project of adolescent perspectives new content from the Office of Population Affairs, and Bright Futures eNewsletter and video recommendations in your health promotion and disease prevention practices and with programs and families in your community.
- The PCO reviewed an application for certificate of need for Elko Community Health Center located in Elko, NV and the DHHS Director approved the application. This 17-bed ambulatory surgery center that is anticipated to serve 10,000 patients each year and expected to be completed in Fall 2021. This surgery center will offer

patients a new option for surgeries locally and will host community programming and patient education to help promote disease prevention, screenings, and nutrition awareness.

- The annual Washoe County School District Career Expo's fall event was canceled due to current difficulties caused by the COVID pandemic. PCO normally participates in this event that brings awareness to students on careers in primary services and the loan and scholarship opportunities working in rural and underserved areas.
- 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.

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