

**MATERNAL AND CHILD HEALTH ADVISORY BOARD
MINUTES
February 10, 2023
9:00 AM**

The Maternal and Child Health Advisory Board (MCHAB) held a public meeting on February 10, 2023, beginning at 9:00 A.M. at the following locations:

Call in Number: 1-775-321-6111

Access Code: 987 609 938#

Video: https://teams.microsoft.com/l/meetup-join/19%3ameeting_N2Q2OGYxNjQtNGUwNS00ZWVvLThjMTMtMTA1ZjllZmJmNmRI%40thread.v2/0?context=%7b%22Tid%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22Oid%22%3a%2264e2ca4f-1880-4f05-b138-a7bbc32db396%22%7d

BOARD MEMBERS PRESENT

Chair Gabor (Linda), MSN, RN
Melinda Hoskins, MS, APRN, CNM, BCLC
Noah Kohn, MD
Katie Hackler, BSN, RN, RNC-OB, CGN
Lora Carlson, BSN, RNC-OB, C-FMC

BOARD MEMBERS NOT PRESENT

Fred Schultz
Fatima Taylor, M.Ed., CPM
Keith Brill, MD
Marsha Matsunaga-Kirgan, MD
Senator Marilyn Dondero Loop
Assemblywoman Claire Thomas

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH) STAFF PRESENT

Tami Conn, MPH, Section Manager, Maternal, Child, and Adolescent Health (MCAH) Section, CFCW
Kagan Griffin, MPH, RD, Program Manager, Title V Maternal and Child Health (MCH), MCAH, CFCW
Jazmin Stafford, Program Coordinator, Teen Pregnancy Prevention, MCAH, CFCW
Eileen Hough, MPH, Adolescent Health and Wellness Coordinator, MCAH, CFCW
Samm Warfel, Program Coordinator, Rape Prevention and Education (RPE), MCAH, CFCW
Anastasia Cadwallader, MBA, Maternal and Infant Health Program Coordinator, MCAH, CFCW
Chayna Corpuz, MPH, Sexual Risk Avoidance Education Program Officer I, MCAH, CFCW
Cortnee Scurry, MSW, Contracted Maternal Mortality Review Committee MSW
Tierra Sears, Administrative Assistant II, DPBH, CFCW
Vanessa Rauch, Account for Family Planning Program Coordinator, MCAH, CFCW
Desiree Wenzel, Office Manager, MCAH, CFCW

OTHERS PRESENT

Ghasi Phillips-Bell, ScD, MS, Centers for Disease Control and Prevention (CDC) MCH Epidemiology Assignee to Nevada

Praseetha Balakrishnan, MS, Biostatistician II, Office of Analytics, Department of Health and Human Services (DHHS)

Mavis Quanash Amissah, Supervisor, Child and Family Services Unit, Office of Analytics, DHHS

Karina Fox, Public Health Resource Officer, Nevada Office of Minority Health and Equity (NOMHE)

Marcia O'Malley, Project Coordinator, Family Navigation Network (FNN), Nevada Center for Excellence in Disabilities (NCED), University of Nevada, Reno (UNR)

Maricruz Schaefer, RN, Public Health Nurse and Fetal Infant Mortality Review Co-Coordinator, Washoe County Health District (WCHD)

Katharyn Reece, MHL, BSN, RN, CEN, Clinical Services Manager, Carson City Health and Human Services

Joyce Abeng, MPH, Public Health Diversity Advisor, Larson Institute, UNR School of Public Health

Lisa Lottritz, MPH, RN, Division Director, Community and Clinical Health Services, WCHD

Tina Dortch, MPA, Program Manager, NOHME, DHHS, Director's Office

Tori Diego, Program Manager, Nevada Statewide Maternal and Child Health Coalition

Sierra Crandall, RN, UNR

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

Chair Linda Gabor called the February 10, 2023, meeting to order at 9:29 A.M.

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

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

2. FOR POSSIBLE ACTION: Approval of draft minutes from the Maternal Child Health Advisory Board meeting on December 16, 2022– Linda Gabor, MSN, RN, Chair

KATIE HACKLER ENTERTAINED A MOTION TO APPROVE THE DECEMBER 16, 2022, MEETING MINUTES. LORA CARLSON SECONDED THE MOTION WHICH PASSED UNANIMOUSLY.

No Public Comment.

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

Kagan Griffin stated six out of nine Board members have responded to the survey with their

intentions to renew their terms with the MCHAB. Ms. Griffin stated she will reach out to the three Board members who have not responded, and will work on submitting letters to the Administrator if the Board approves.

Chair Gabor asked for public comment, and there was none.

MELINDA HOSKINS ENTERTAINED A MOTION FOR LETTERS TO BE SENT TO THE NEVADA STATE BOARD OF HEALTH FOR ALL MCHAB MEMBERS REQUESTING TERM RENEWAL. KATIE HACKLER SECONDED THE MOTION WHICH PASSED UNANIMOUSLY.

Chair Gabor stated a second motion would be needed to search for new members if there are openings.

LORA CARLSON ENTERTAINED A MOTION TO BEGIN THE SEARCH FOR NEW MCHAB MEMBERS IF OPENINGS ARISE. KATIE HACKLER SECONDED THE MOTION WHICH PASSED UNANIMOUSLY.

No Public Comment.

- 4. FOR POSSIBLE ACTION: Presentation and possible recommendations to the Division of Public and Behavioral Health (DPBH) regarding the Maternal Mortality and Severe Maternal Morbidity, Nevada 2020-2021 report – Praseetha Balakrishnan, MS, Biostatistician II, Office of Analytics, Department of Health and Human Services (DHHS) and Tami Conn, MPH, Maternal, Child, and Adolescent Health Section Manager, DPBH**

Praseetha Balakrishnan presented on maternal mortality data which included pregnancy-associated deaths from January 2020 through December 2021, pregnancy-related deaths from January 2017 through December 2018, and maternal deaths from January 2016 through December 2018. Ms. Balakrishnan provided the definitions of pregnancy-associated deaths as the death of a person while pregnant or within one year of the termination of pregnancy, regardless of the cause, pregnancy-related deaths as the death of a person during pregnancy or within one year of the end of pregnancy, from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy, and maternal death as the death of a person while pregnant or within 42 days of the termination of pregnancy, regardless of the duration and site of pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes. Ms. Balakrishnan explained the methodology to identify the data, the ratio and number of maternal deaths in Nevada, and demographics of maternal mortality data in Nevada. Ms. Balakrishnan then provided the definition of severe maternal morbidity as the conditions and diagnoses which indicate potentially life-threatening maternal complications, and provided the methodology to identify the data, the rate of severe maternal morbidity in Nevada, and the top five diagnosis based indicators from 2020 through 2021.

Chair Gabor stated the presentation was well done and the time and effort was appreciated.

Tami Conn provided an overview of Nevada’s Maternal Mortality Review Committee (MMRC), reporting requirements, and the 2020-2021 Maternal Mortality and Severe Maternal Morbidity Legislative Counsel Bureau Report. Ms. Conn provided an overview of the recommendations by the MMRC found in the report, and recommendations by the Advisory Committee of the Nevada Office of Minority Health and Equity. Ms. Conn provided website links to the MMRC website and the Legislative Counsel Bureau report.

Chair Gabor stated the presentation was excellent and that in her work with the Fetal Infant Mortality Review (FIMR) she has seen many of the same issues presented. Chair Gabor explained that offering standard prenatal care in the emergency room is a recommendation that has come up in FIMR, along with gestational weight gain and nutrition. Chair Gabor stated this is an excellent opportunity to look at MMRC and FIMR together and see if there are opportunities for collaboration.

Chair Gabor stated she would like to see this topic annually on the agenda or whenever a new report is available for future MCHAB meetings.

No Public Comment.

5. FOR POSSIBLE ACTION: Discussion of Advisory Board member highlighted Maternal and Child Health Bill Draft Requests (BDRs), including but not limited to BDR 40-380, 15-425, 15-40, 54-44, and 40-64, for possible recommendations of the Board to the Administrator of DPBH, including possible recommendations to form a BDR subcommittee– Linda Gabor, MSN, RN, Chair

Chair Gabor asked for the BDRs to be looked up on the Nevada Electronic Legislative Information System (NELIS). Ms. Griffin looked up BDR 40-380, now Assembly Bill (AB) Number 6, and shared her screen. Chair Gabor explained AB 6 revises provisions relating to the cost of health care. Chair Gabor stated that the role of MCHAB is to ensure the availability and accessibility of primary health services and that an accessibility issue is the cost of health care. Chair Gabor asked if other Board members want to include recommendations to the Administrator of DPBH regarding AB 6. Chair Gabor stated the fiscal impacts were still unclear which makes it difficult to know how to proceed.

Katie Hackler asked for clarification on the role of MCHAB and if this is something a subcommittee would be needed for.

Chair Gabor stated she participated in a MCHAB legislative subcommittee in the past on two separate occasions, and it is an option. Chair Gabor explained in the past the Board has looked at a finite number of bills and express thoughts on bills as written and prioritized bills based on the experience of the Board. Chair Gabor asked if Ms. Griffin had anything to add.

Ms. Griffin stated that the Board would be coming up with reasons for why the Board supports a given bill or BDR.

Chair Gabor stated she did not feel there was enough information without the fiscal impacts being known to stand behind AB 6.

Lora Carlson stated more clarification would be helpful on this process, and asked if the Board will be choosing one or two bills to push forward or if the Board is explaining why they would support pieces of all selected bills.

Chair Gabor explained that the Board will go through the list of all BDRs in NELIS and prior to meetings will select bills that fit into the scope of the MCHAB. Chair Gabor explained that there is not a limit to the number of bills that the Board can support, but they must be addressed at a formal meeting and then recommendations can be made to the Administrator of DPBH if the Board votes to support a bill. Chair Gabor stated a subcommittee meeting might be needed as the next scheduled MCHAB meeting is not until May.

Katie Hackler stated a subcommittee meeting is needed.

KATIE HACKLER ENTERTAINED A MOTION TO FORM A BDR SUBCOMMITTEE. MELINDA HOSKINS SECONDED THE MOTION WHICH PASSED UNANIMOUSLY.

Ms. Griffin stated she will reach out to Board members to schedule the BDR Subcommittee meeting.

Chair Gabor asked for additional Board comment on AB 6.

Lora Carlson asked if a copy of the BDRs can be sent to Board members so they can review in more detail.

Chair Gabor stated a packet will be put together prior to the subcommittee meeting. Chair Gabor stated that there is not much information available yet on NELIS for many BDRs.

Melinda Hoskins stated that it would be preferable to have links to the bills on NELIS, rather than a packet, so that any changes made to bills during session would be easily accessible.

Chair Gabor agreed that would be best to ensure bills tracked were up-to-date. Chair Gabor asked to move to BDR 15-425, or Senate Bill (SB) Number 38.

Chair Gabor explained SB 38 revises provisions relating to offenses against children. Chair Gabor stated this is a bill the MCHAB should consider supporting.

Dr. Noah Kohn stated his concern that Nevada penalizes the perpetrators of sex crimes against children differently based on the age of the child victim, and that he personally thinks there should be the same penalty for all ages. Dr. Kohn asked if the Board could support changing that and make a motion to include that recommendation in the Board's letter to the Administrator of DPBH.

Katie Hackler asked if there will be one letter written with all bill recommendations, or will separate letters be written for each bill?

Chair Gabor explained the Board can write as many letters as they want, and if the Board wants to move forward with supporting SB 38 they could do so now and draft the letter prior to the BDR Subcommittee meeting.

Ms. Griffin stated MCAH staff will assist in writing the letter by providing data requests as directed by the Board and will include any recommendations that are approved by the Board.

DR. NOAH KOHN ENTERTAINED A MOTION TO SUPPORT BDR 15-425, SB 38, AND INCLUDE A RECOMMENDATION THAT THE PENALTY FOR CRIMES AGAINST CHILDREN ARE THE SAME REGARDLESS OF THE AGE OF THE CHILD VICTIM. LORA CARLSON SECONDED THE MOTION WHICH PASSED UNANIMOUSLY.

Chair Gabor asked to move to BDR 15-40 and stated there is no information in NELIS yet. Chair Gabor asked to move to BDR 54-44, or SB 131.

Dr. Kohn stated he agrees with supporting SB 131.

Chair Gabor stated she would be interested to hear a synopsis of the bill from the Board.

Melinda Hoskins stated her interpretation that it is a reaction to other states providing penalties to individuals who provide abortion services. SB 131 would protect healthcare providers in Nevada from punishment for restrictive actions in other states.

Dr. Kohn stated he believes SB 131 codifies former Governor Sisolak's executive order. Dr. Kohn stated his sister-in-law is a sponsor of the bill for full transparency, and will abstain from any motions on SB 131.

KATIE HACKLER ENTERTAINED A MOTION TO SUPPORT BDR 54-44, SB 131. LORA CARLSON SECONDED THE MOTION WHICH PASSED. DR. KOHN ABSTAINED.

Chair Gabor asked to move to BDR 40-64. Tami Conn stated that all that is available on NELIS is the one-sentence description. Chair Gabor asked if there were other BDRs Board members wanted to discuss.

Melinda Hoskins stated there is a bill regarding licensure for certified professional midwives that she feels the Board should consider.

Chair Gabor stated that will be included in the subcommittee meeting. Chair Gabor stated the next steps will be to schedule the subcommittee meeting, and the preference is to have that scheduled in late February or early March. Ms. Griffin stated she will work to send out a poll to Board members for availability.

No Public Comment

6. FOR POSSIBLE ACTION: Updates and possible recommendations to the Division of Public and Behavioral Health regarding the Alliance for Innovation on Maternal Health

**(AIM) and the Maternal Mortality Review Committee (MMRC) – Tami Conn, MPH,
MCAH Section Manager, DPBH**

Ms. Conn provided updates on MMRC, stating the next legislatively required report will be published online by April 1st, and that the MMRC has an opening for a member. Ms. Conn stated the notice for applications for membership is included in the meeting packet, and applications are due March 3rd. Ms. Conn explained that applications will be submitted to the Director.

Ms. Conn provided updates on AIM, explaining that ten hospitals are actively participating in AIM out of 18 birthing hospitals in the state. Ms. Conn stated the first quarter of data from the ten hospitals was submitted on January 15th, and the current severe hypertension bundle will continue for the rest of 2023. Ms. Conn stated any hospital can still join, and the MMRC made a recommendation regarding the AIM patient safety bundles and participating AIM hospitals are included in the MMRC report on page six.

Melinda Hoskins asked if there were any ideas as to why some hospitals are not participating?

Ms. Conn stated sometimes it is just a lack of getting in contact with the right person. Ms. Conn explained there have been no hospitals that have said no to participating, it has been more of an approval issue on the hospital administration side and completing paperwork to participate.

Melinda Hoskins asked if Ms. Conn could say if the hospitals were larger hospitals or smaller rural hospitals.

Ms. Conn stated it is more the larger hospitals.

Melinda Hoskins stated she is the Vice-President of the American College of Nurse-Midwives (ACNM) affiliate and suspects some of the members would be willing to help to get support because AIM is supported by ACNM.

Ms. Conn stated she will provide Ms. Hoskins with a list of hospitals AIM staff are still trying to reach.

Public comment included a question from Joyce Abeng asking if the BDR Subcommittee meeting would be open to the public?

Chair Gabor stated the meeting is open to the public.

No additional public comment

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

Ms. Griffin presented updates on the Title V MCH Program. Ms. Griffin stated Title V MCH staff are working on the annual block grant application due in July. Ms. Griffin stated there will be a public input survey distributed as part of the application and it will be sent out on the MCHAB

listserv. Ms. Griffin stated the survey will be available in both English and Spanish to solicit feedback from the public on how MCH can improve the block grant application and different services in Nevada.

No Public Comment

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

Chair Gabor stated for the BDR Subcommittee meeting the BDRs the Board was unable to review today should be reviewed and other bill recommendations should be brought to the meeting.

9. Public Comment

No Public Comment

Meeting adjourned at 11:20 A.M.

Joe Lombardo
Governor



Richard Whitley,
MS
Director



Cody Phinney,
MPH
Administrator

Ihsan Azzam,
Ph.D., M.D.
Chief Medical
Officer

Request for Letters of Interest

DATE: May 5, 2023

RE: Maternal and Child Health Advisory Board is Seeking New Members

The Title V Maternal and Child Health Program is accepting resumes for three positions on the Maternal and Child Health Advisory Board (MCHAB). The MCHAB provides comprehensive advice and guidance to the Nevada Division of Public and Behavioral Health to ensure the enhancement and development of vital services to promote the healthy birth, growth, and development of Nevada's children.

If you are interested in being considered for possible appointment to the MCHAB please contact Desiree Wenzel, phone 775-684-4232, or by email: ddwenzel@health.nv.gov or Kagan Griffin, phone 775-684-4134, email: kgriffin@health.nv.gov, Fax: 775-684-5998 or Mailing address: 4150 Technology Way, Carson City, Nevada 89706, by Sunday, May 21, 2023, and submit a letter of interest and a resume or curriculum vitae. Materials submitted will be forwarded to the Administrator of the Division of Public and Behavioral Health and to the Board of Health for consideration for possible appointment.

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

1. The Advisory Board on Maternal and Child Health is hereby created.

2. The Advisory Board consists of:

- (a) Nine members to be appointed by the State Board of Health from a list of persons provided by the Administrator of the Division;
- (b) One nonvoting member who is a member of the Senate appointed by the Legislative Commission; and
- (c) One nonvoting member who is a member of the Assembly appointed by the Legislative Commission.

3. The members who are:

- (a) Appointed by the State Board of Health serve terms of 2 years.
- (b) Legislators serve terms that begin on the third Monday in January of odd-numbered years and end the third Monday in January of the next odd-numbered year.

➤ Any member of the Advisory Board may be reappointed.

4. Except during a regular or special session of the Legislature, each Legislator who is a member of the Advisory Board is entitled to receive the compensation provided for a majority of the members of the Legislature during the first 60 days of the preceding regular session for each day or portion of a day during which he or she attends a meeting of the Advisory Board or is otherwise engaged in the work of the Advisory Board and the per diem allowance and travel expenses provided for state officers and employees generally. The salaries, per diem and travel expenses of the legislative members must be paid from the Legislative Fund. Each nonlegislative member of the Advisory Board serves without compensation but is entitled to receive the per diem allowance and travel expenses provided for state officers and employees generally. The per diem allowance and travel expenses must be paid from the Account for Maternal and Child Health Services.

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

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

1. The Advisory Board shall meet at least quarterly and at the times and places specified by the call of the Chair.

2. The members of the Advisory Board shall elect a Chair and a Vice Chair from among their membership.

3. The Chair may appoint a subcommittee of the Board to study and make recommendations regarding a specific issue as requested by the Administrator or a Board member. The composition of the subcommittee must be approved by a majority vote of the Board.

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

Joe Lombardo
Governor



Richard Whitley, MS
Director

**DEPARTMENT OF
HEALTH AND HUMAN SERVICES**
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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Lisa Sherych
Administrator

Ihsan Azzam,
Ph.D., M.D.
Chief Medical Officer

Request for Letters of Interest

DATE: April 27, 2023

RE: Maternal and Child Health Advisory Board is Seeking New Members

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

Doula Medicaid Implementation Efforts in Nevada

Joyce Abeng, MPH
rabeng@unr.edu



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Nevada's 2020-2021 MMRC Report

- Nevada's maternal mortality rate from 2018-2020 was **19.2 per 100,000 live births**
- Higher than the Healthy People 2030 objective of **15.7 per 100,000 live births**
- In 2018, the mortality rate for Black, non-Hispanic Nevadans were **80.7**, non-Hispanic Nevadans were **18.7**, and Hispanic Nevadans were **15.4**

*Maternal Mortality and
Severe Maternal Morbidity
Nevada, 2020-2021*

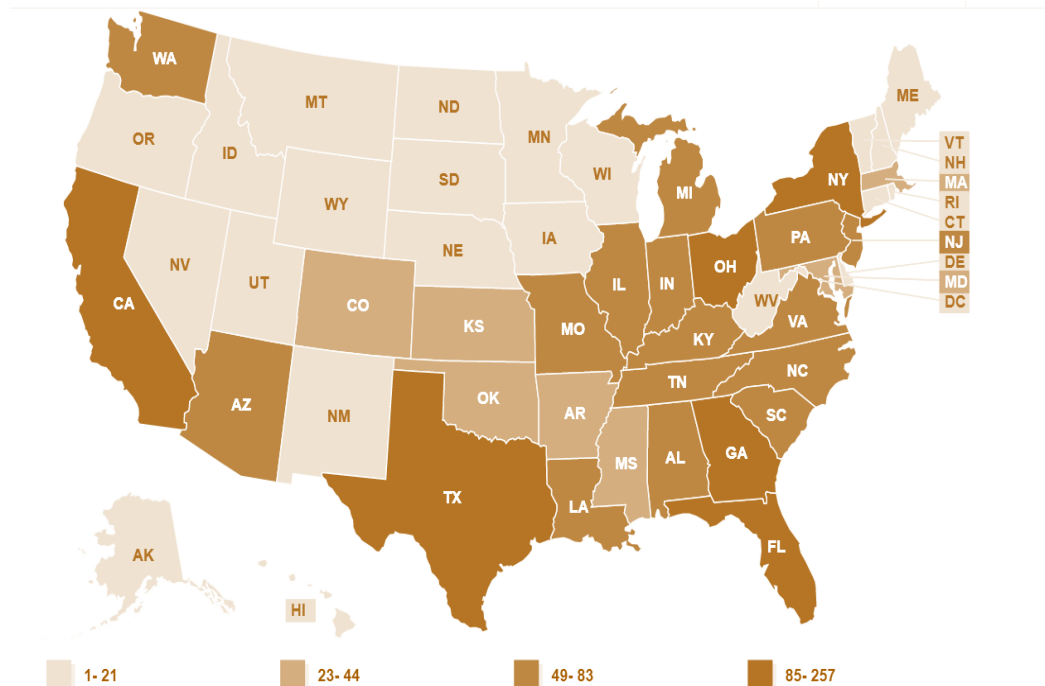
December 2022



*Office of Analytics
and
Maternal, Child, and Adolescent Health Section,
Division of Public and Behavioral Health*

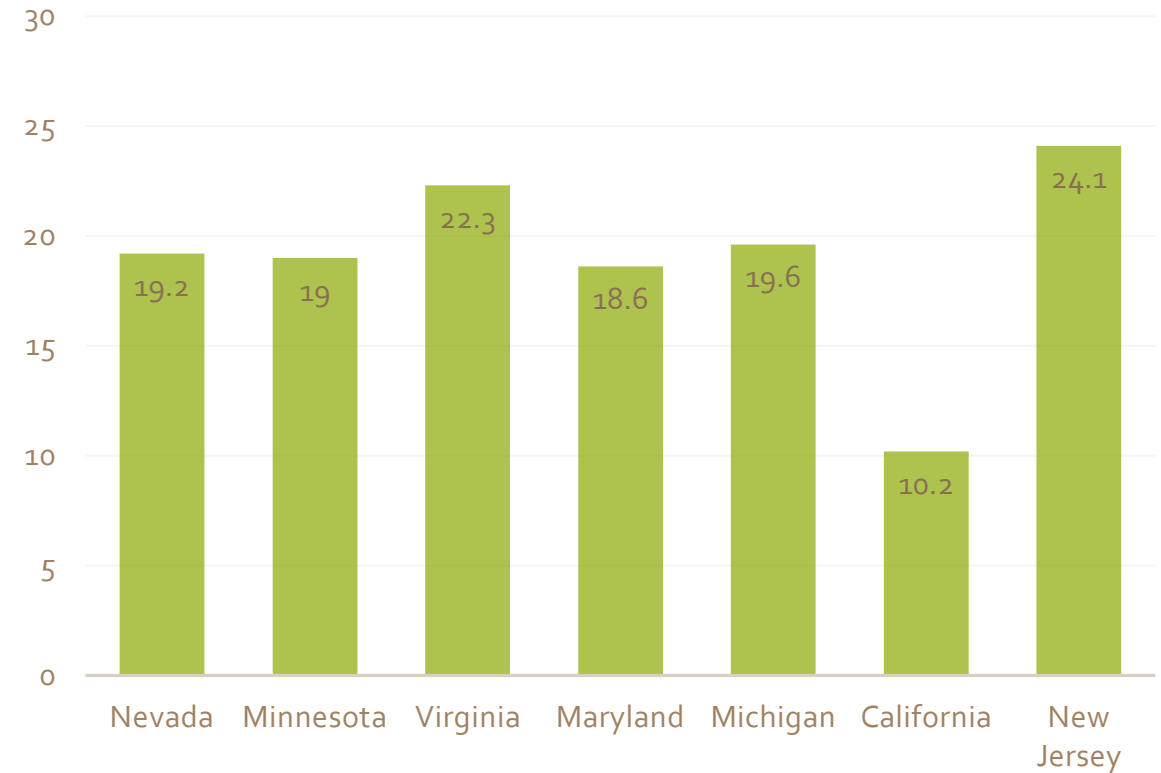
Department of Health and Human Services

Maternal Mortality Rates by state



Source: Kaiser Family Foundation

Maternal Mortality rates per 100,000 live births from 2018-2020



C-sections vs Vaginal Delivery Cost

- *According to estimates, in Nevada, cesarean births cost \$3,000-\$5,000, more than vaginal deliveries*



Cochrane Review

- In the 2017 Cochrane review, there were 27 randomized, controlled trials that studied the effects of continuous labor support, including **doulas**
- **39%** decrease in the chance of unplanned c-sections

National Doula Reimbursement by State

- Washington D.C. : \$683.22 per birth, and \$97 per visit
- Rhode Island: \$900 per birth, and \$100 per visit
- Michigan's: \$700 per birth, and \$75 per visit
- California: \$1,154 reimbursement fee
- New Jersey: \$1,198 reimbursement fee
- Oregon: \$1,500 reimbursement fee



State	Total Medicaid Reimbursement	Number of Visits
Minnesota	\$770	7
Virginia	\$859	10
Maryland	\$930	8
Michigan	\$1,150	6
California	\$1,154	11
New Jersey	\$1,198	10
Rhode Island	\$1,500	5
Oregon	\$1,500	6
D.C.	\$1,950.71	12

National Reimbursement rates

National Average
\$1,224 for 8 visits

Current NV Reimbursement
\$450 for 7 visits

Proposed NV Reimbursement
\$1,500 for 7 visits

Doula Impacts Beyond the Hospital

- Impact the ongoing cost to families with longer recovery times post-surgery
- Decrease Admissions to Neonatal Intensive Care Units (NICU) from preterm births
- Increase lactation rates



Joe Lombardo
Governor



Richard Whitley
Director

Childhood Vaccine Coverage Data

Division of Public and Behavioral Health

Kristy Zigenis, Immunization Program Manager

5/11/23



Department of Health and Human Services

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Agenda



1. Nevada School Entry Requirements
2. Nevada School Response Rates
3. Kindergarten Rates
4. 7th Grade Rates
5. 12th Grade Rates
6. 7 – Series Data
7. Infant Data – Not Up To Date
8. Questions



Nevada School Entry Requirements



- Certain immunizations are required for students enrolled in Nevada public, private, or charter schools and universities according to Nevada Revised Statutes
- All students enrolling in kindergarten, 7th grade, 12th grade, or those who are new to a Nevada school district for any grade, must be fully vaccinated per (NRS) 392.435 and 394.192 and amendments to Nevada Administrative Code (NAC) 392.105, 394.250 and 441A.755
- Students must prove immunity to: diphtheria, tetanus, pertussis, poliomyelitis, rubella, rubeola (measles), mumps, hepatitis A, hepatitis B, varicella, and *Neisseria meningitidis* (meningitis), unless excused because of a religious belief or medical condition.



Annual School Immunization Census



- Each public school, private school, and childcare facility in Nevada is required to report the exact number of students in **kindergarten**, **7th grade**, and **12th grade** who have completed the immunizations required for enrollment before December 31st of each year
- NSIP analyzes this data & then submits data to CDC, which then gets published to SchoolVaxView
- We analyzed this data for the 2019-2020, 2020-2021, & 2021-2022 school years to see the impact of COVID-19 on school immunizations



School Response Rates in 2021-2022 School Year



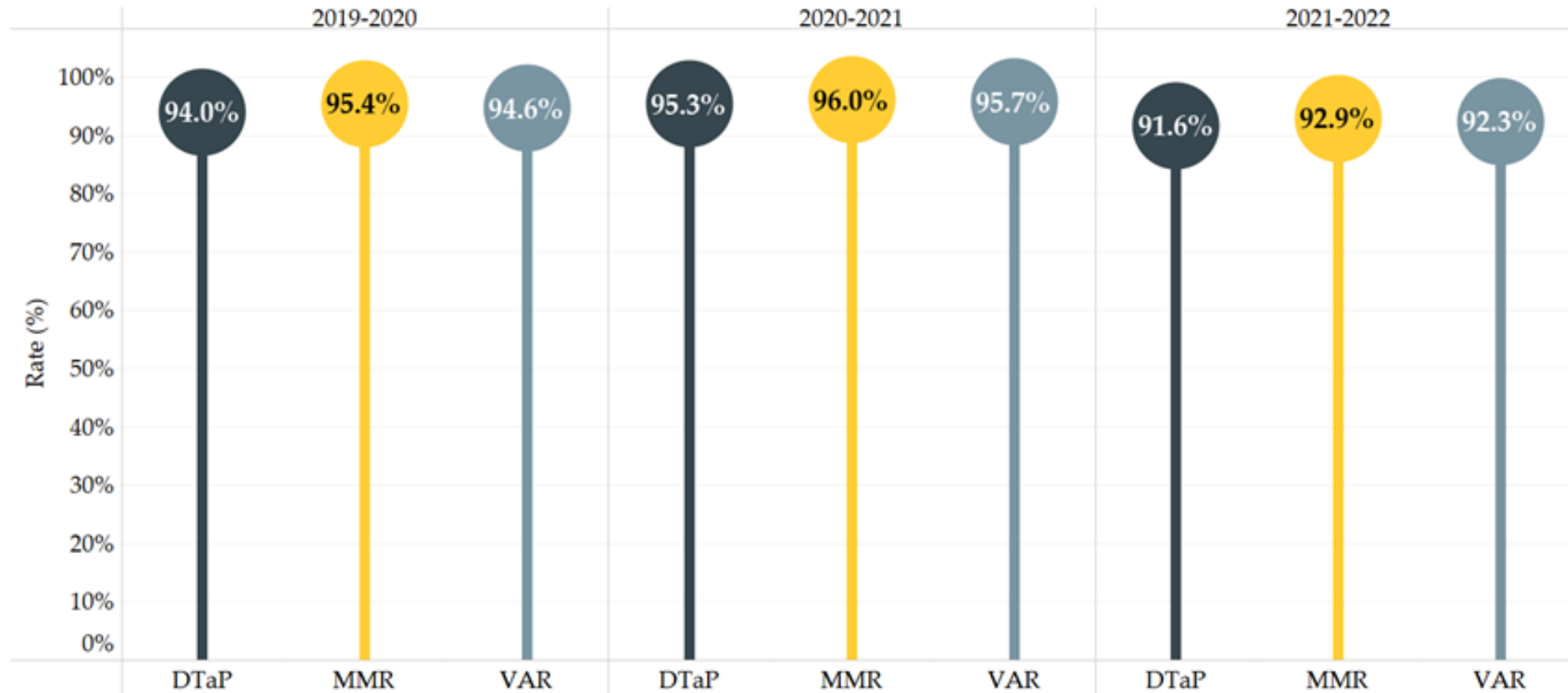
Kindergarten, 7th, and 12th Grade Students in Nevada Captured in the Survey by School Type - SY2122

	Number of Students Enrolled in Nevada (N)	Number of Students Analyzed in Survey (n)	Percent of Students Captured in Survey (%)
Public	94,552	87,721	92.8%
Charter	12,467	11,274	89.4%
Private	4,855	4,011	81.3%
Grand Total	111,874	103,006	87.8%



Kindergarten Rates

Rates of Select School Required Vaccines for Nevada Kindergartners by School Year

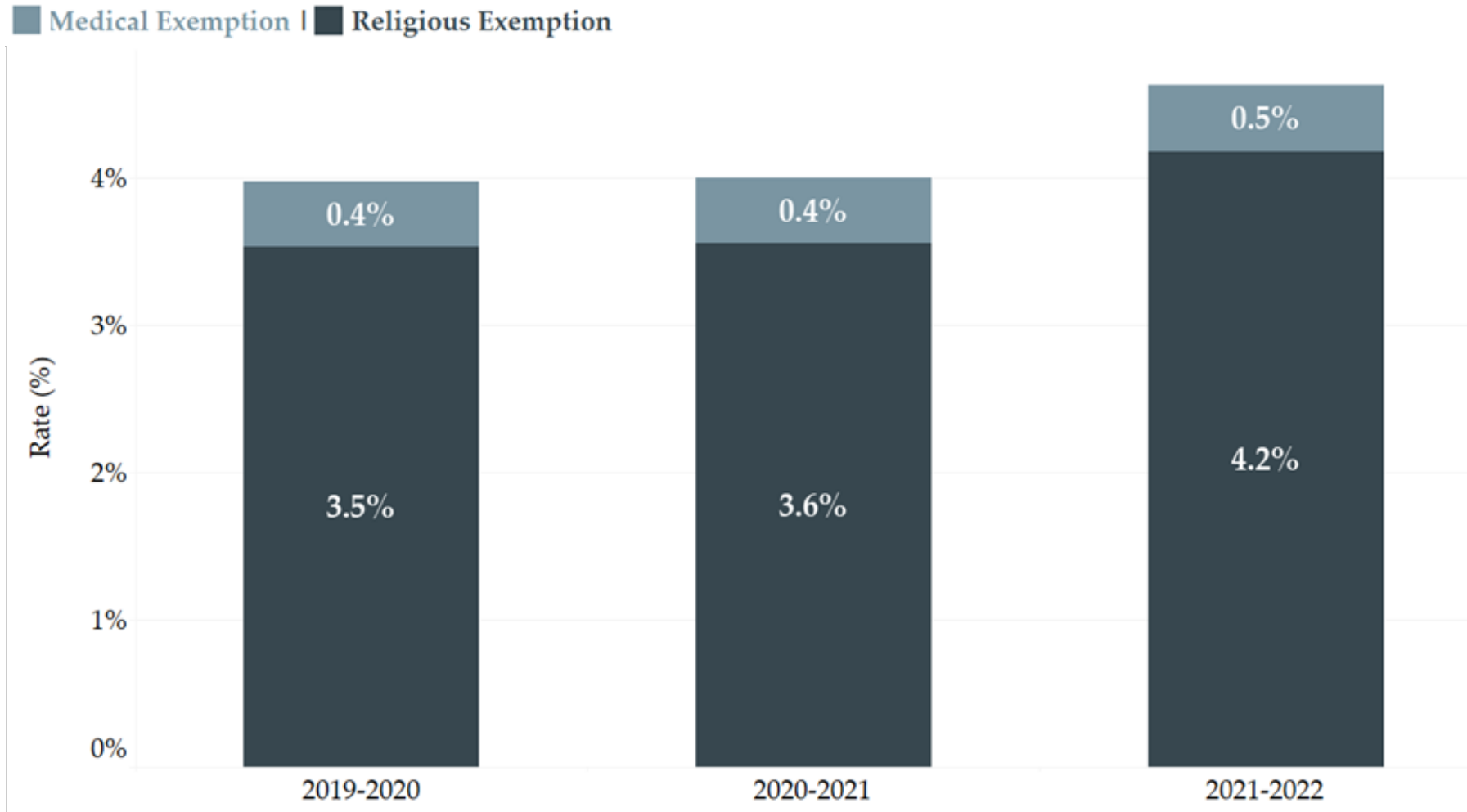


(Source: Annual Immunization Reporting Survey, SY19-20-SY20-21)



Kindergarten Rates

Rate of Kindergarten Students in Nevada with Exemptions by Type and School Year

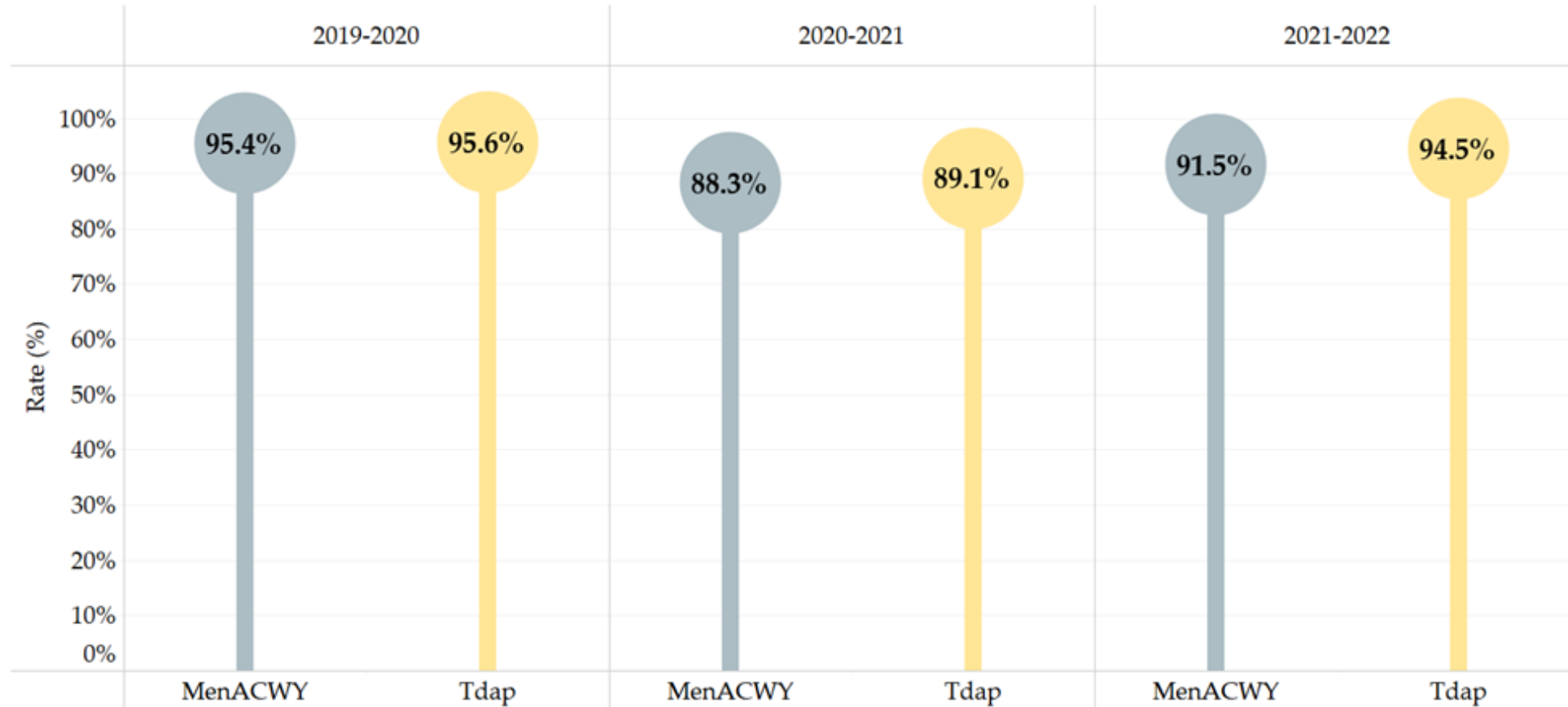


(Source: Annual Immunization Reporting Survey, SY19-20-SY20-21)



7th Grade Rates

Rates of Select School Required Vaccines for Nevada 7th Graders by School Year

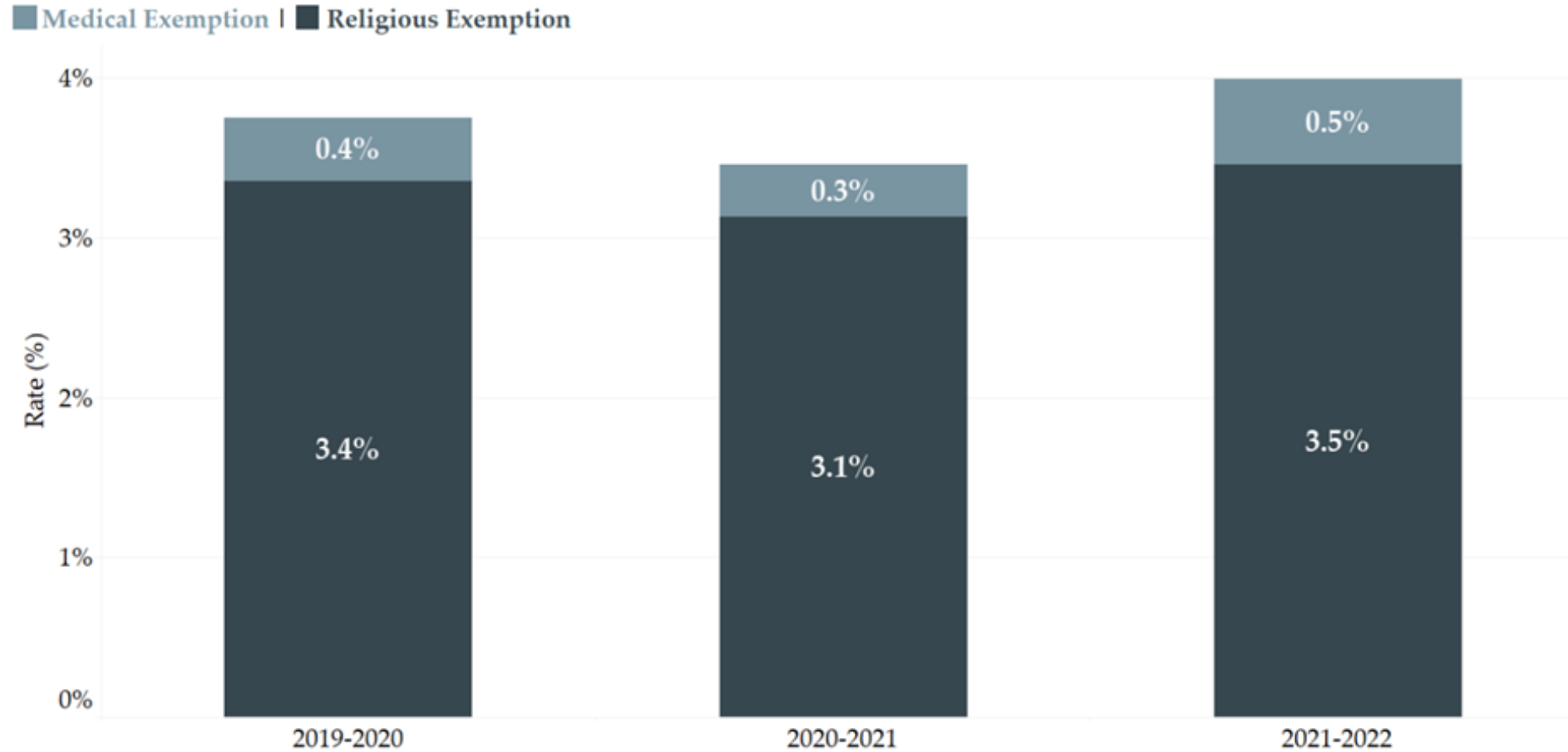


(Source: Annual Immunization Reporting Survey, SY19-20-SY20-21)



7th Grade Rates

Rate of 7th Grade Students in Nevada with Exemptions by Type and School Year

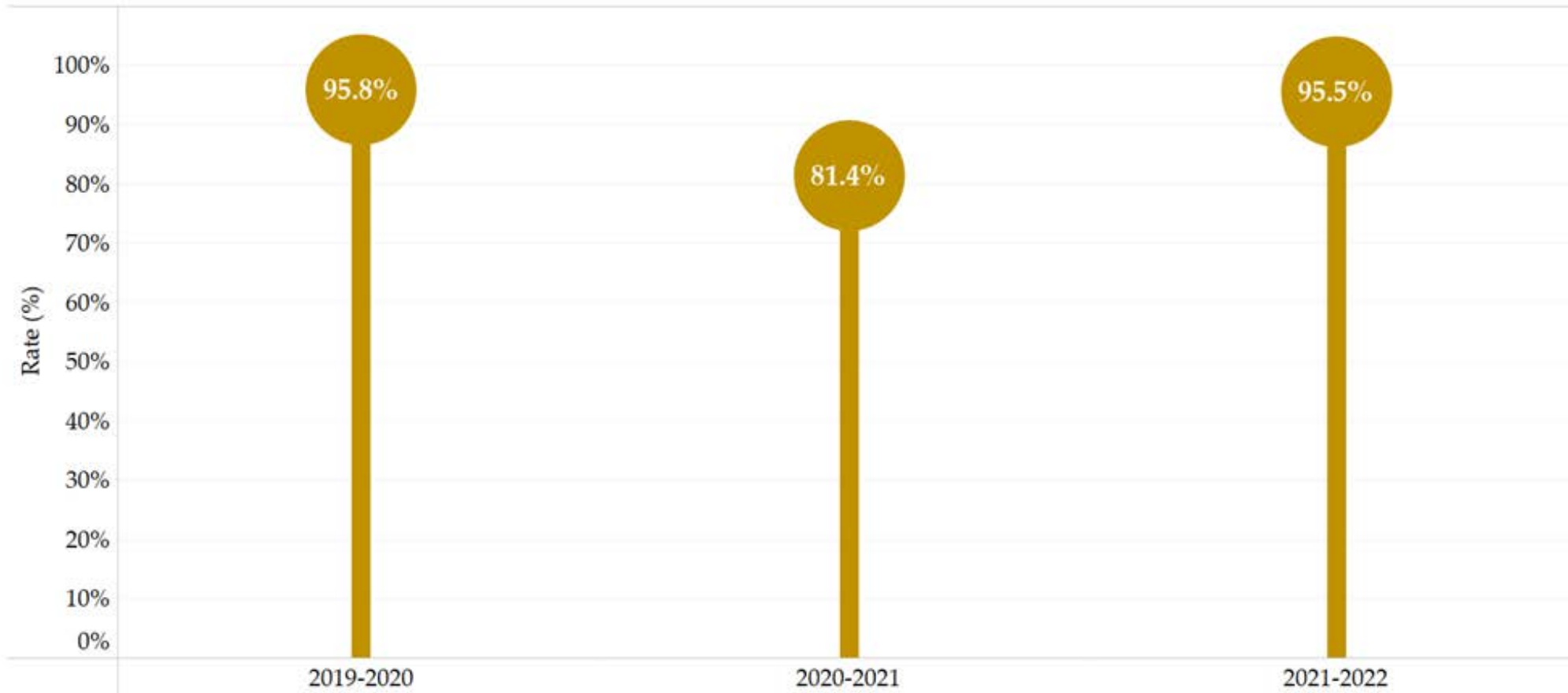


(Source: Annual Immunization Reporting Survey, SY19-20-SY20-21)



12th Grade Rates

Rates of MenACWY for Nevada 12th Graders by School Year

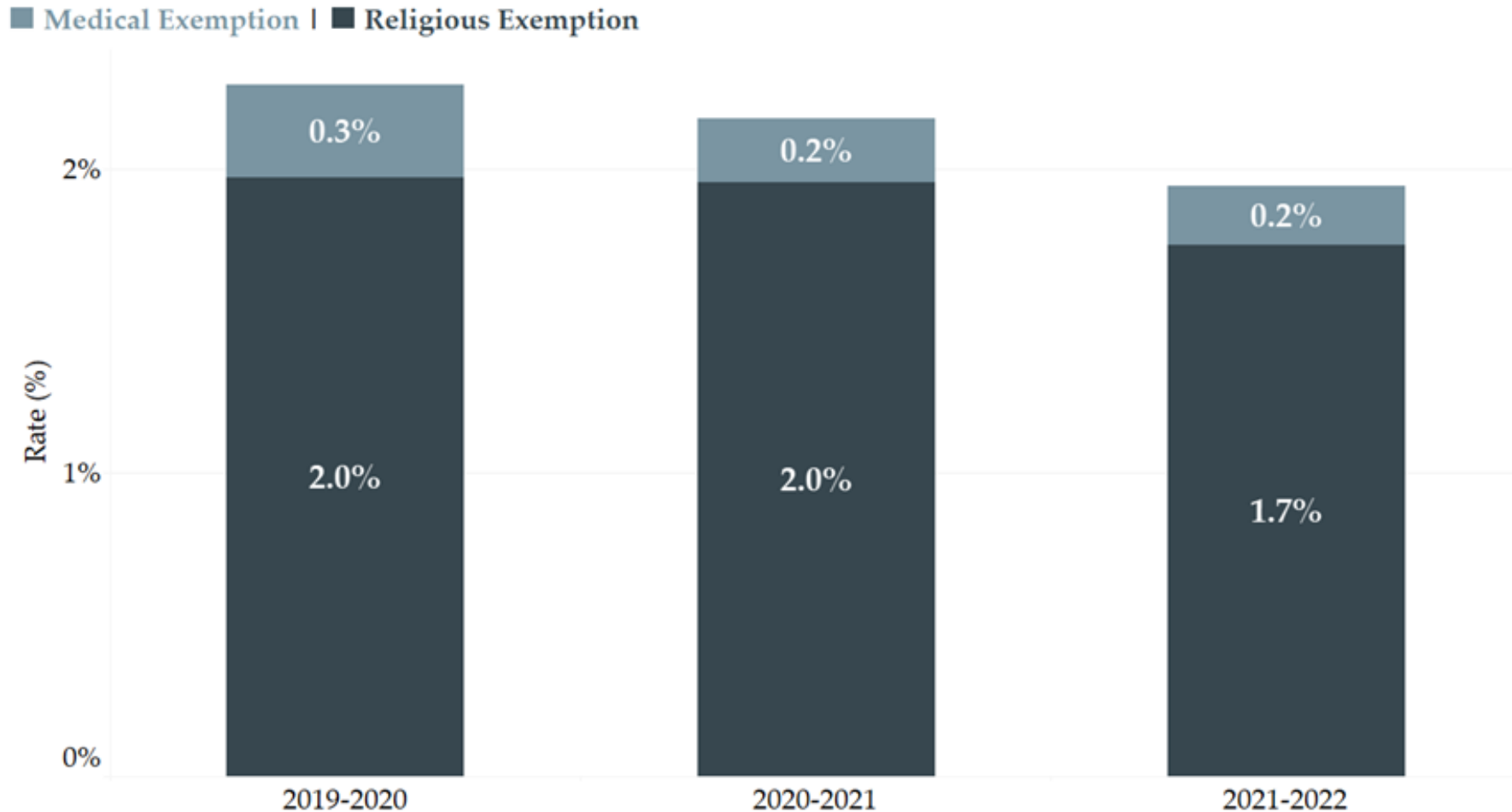


(Source: Annual Immunization Reporting Survey, SY19-20-SY20-21)



12th Grade Rates

Rate of 12th Grade Students in Nevada with Exemptions by Type and School Year



(Source: Annual Immunization Reporting Survey, SY19-20-SY20-21)



What is the 7-series?

≥ 4 doses

- DTaP – Diphtheria-Tetanus-Pertussis
- PCV – Pneumococcal

≥ 3 doses

- HepB – Hepatitis B
- Hib – *haemophilus influenzae* type b*
- IPV – Inactivated Poliovirus

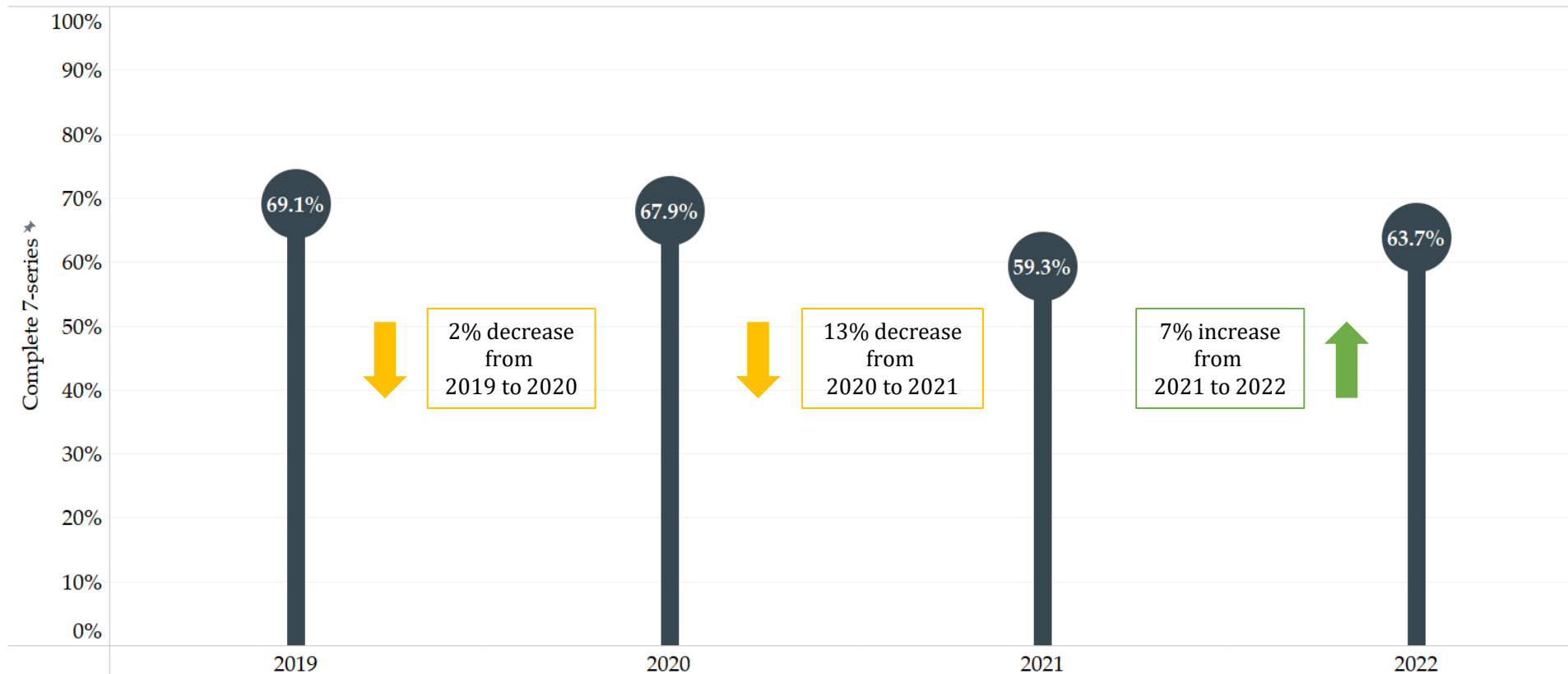
≥ 1 dose

- MMR – Measles, mumps, rubella
- VAR – Varicella



How does this rate compare to past years?

Infant 7-Series Rate in Nevada from 2019-2022



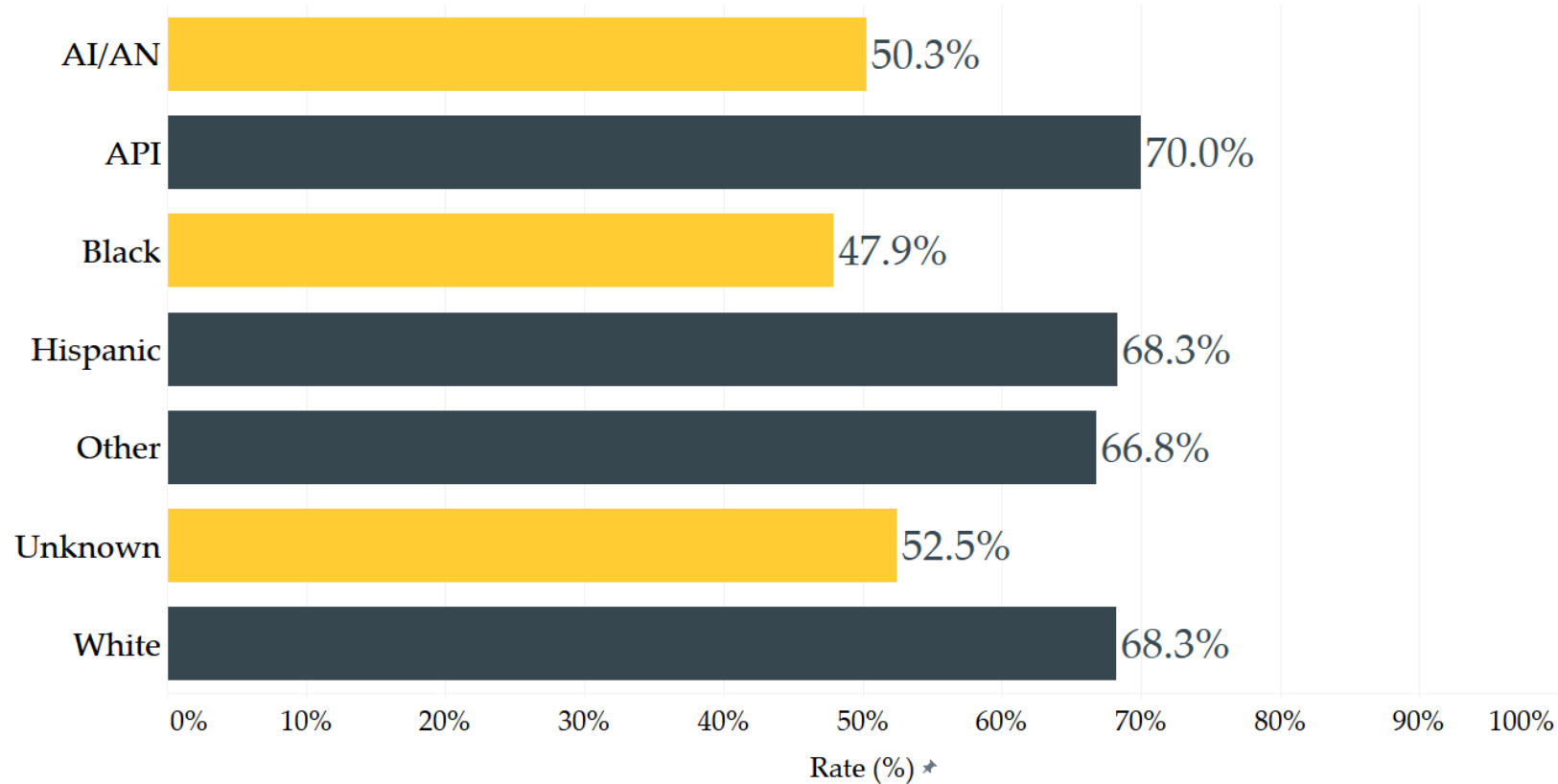
In 2022, NV saw a rebound in 7-series completion rates in infants, but rates are still lower than pre-pandemic levels.



What differences in completion rates are seen by Race/Ethnicity?



7-Series Rates in Nevada by Race/Ethnicity, 2022

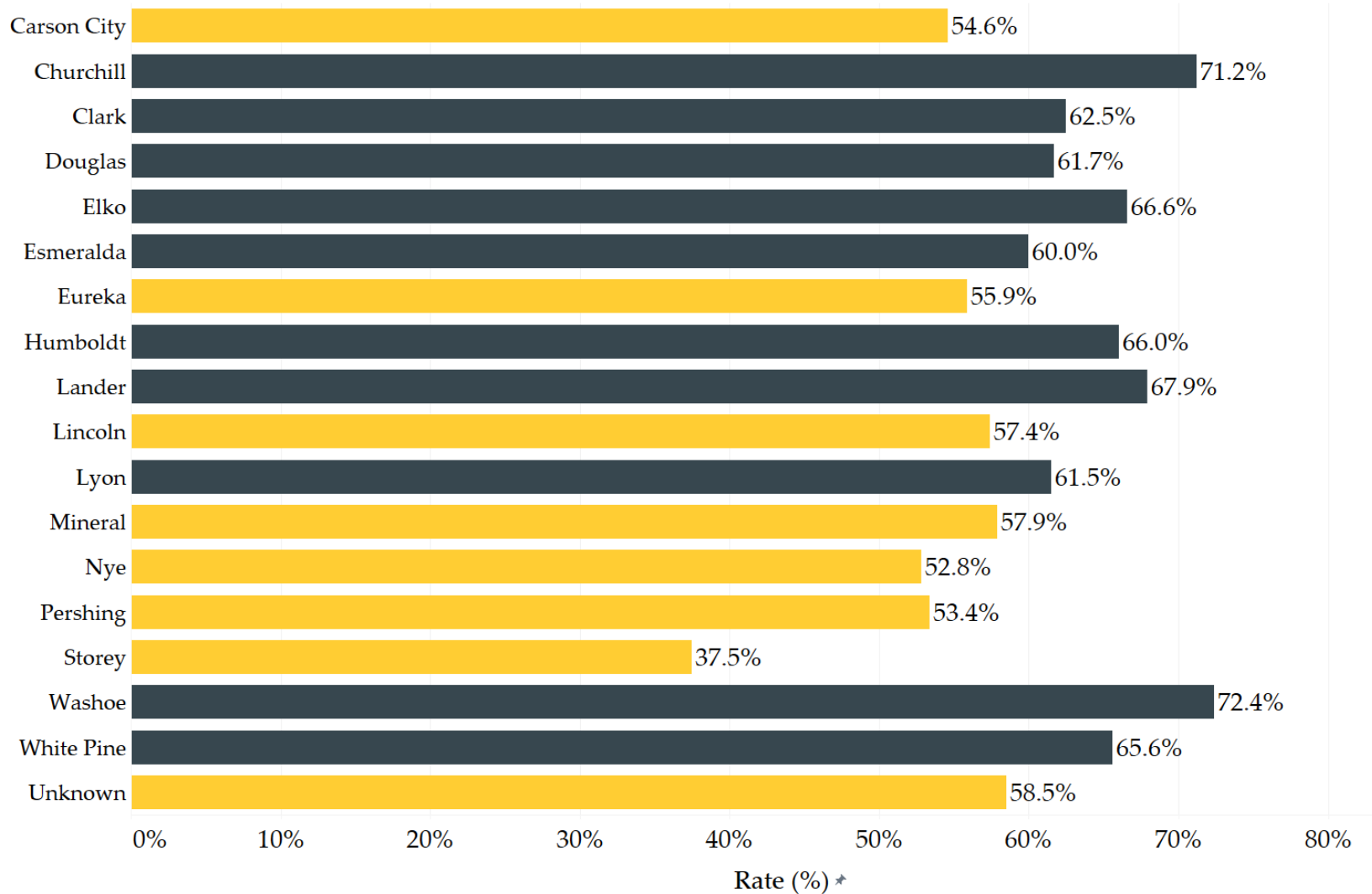


Native American and Black infants have lower completion rates than other race/ethnicities. Those with unknown race also see lower rates of completion.



What differences in rates are seen by County?

7-Series Rates in Nevada by County, 2022



The yellow bars represent counties with rates lower than 60%.



What about the infants who are not up-to-date?

36.3%

of infants are not up-to-date
on their 7-series in 2022

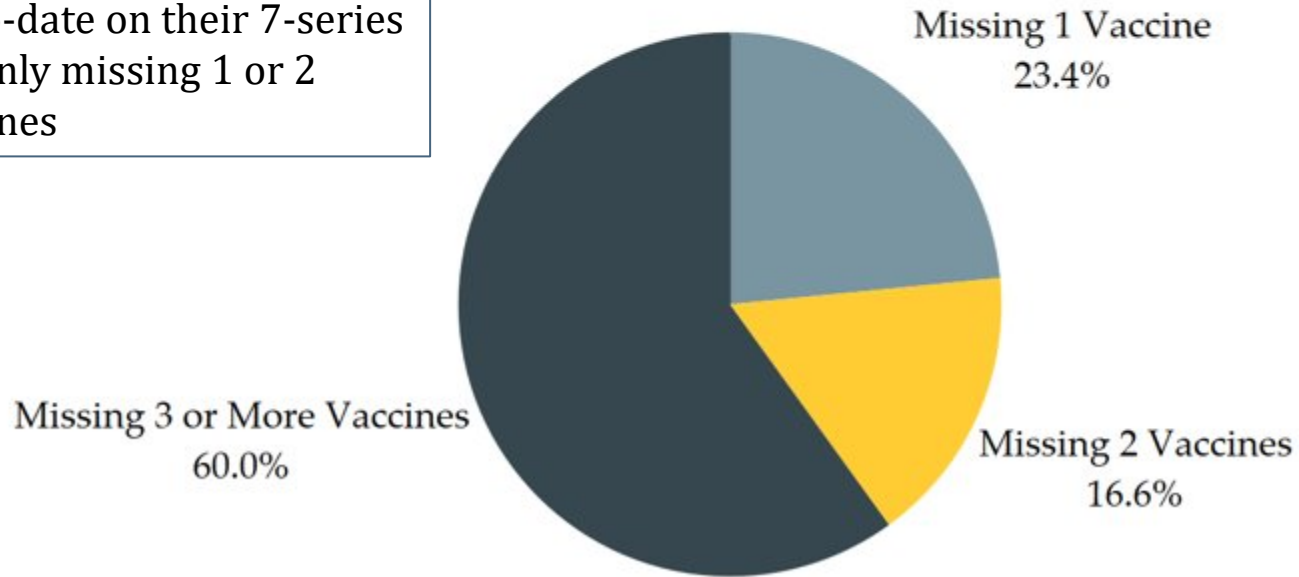


What percent of infants are only missing 1 or 2 vaccines in order to be up-to-date?



Number of Additional Vaccines Needed for Infants to Complete their 7-Series in Nevada, 2022

40% of infants who are not up-to-date on their 7-series are only missing 1 or 2 vaccines

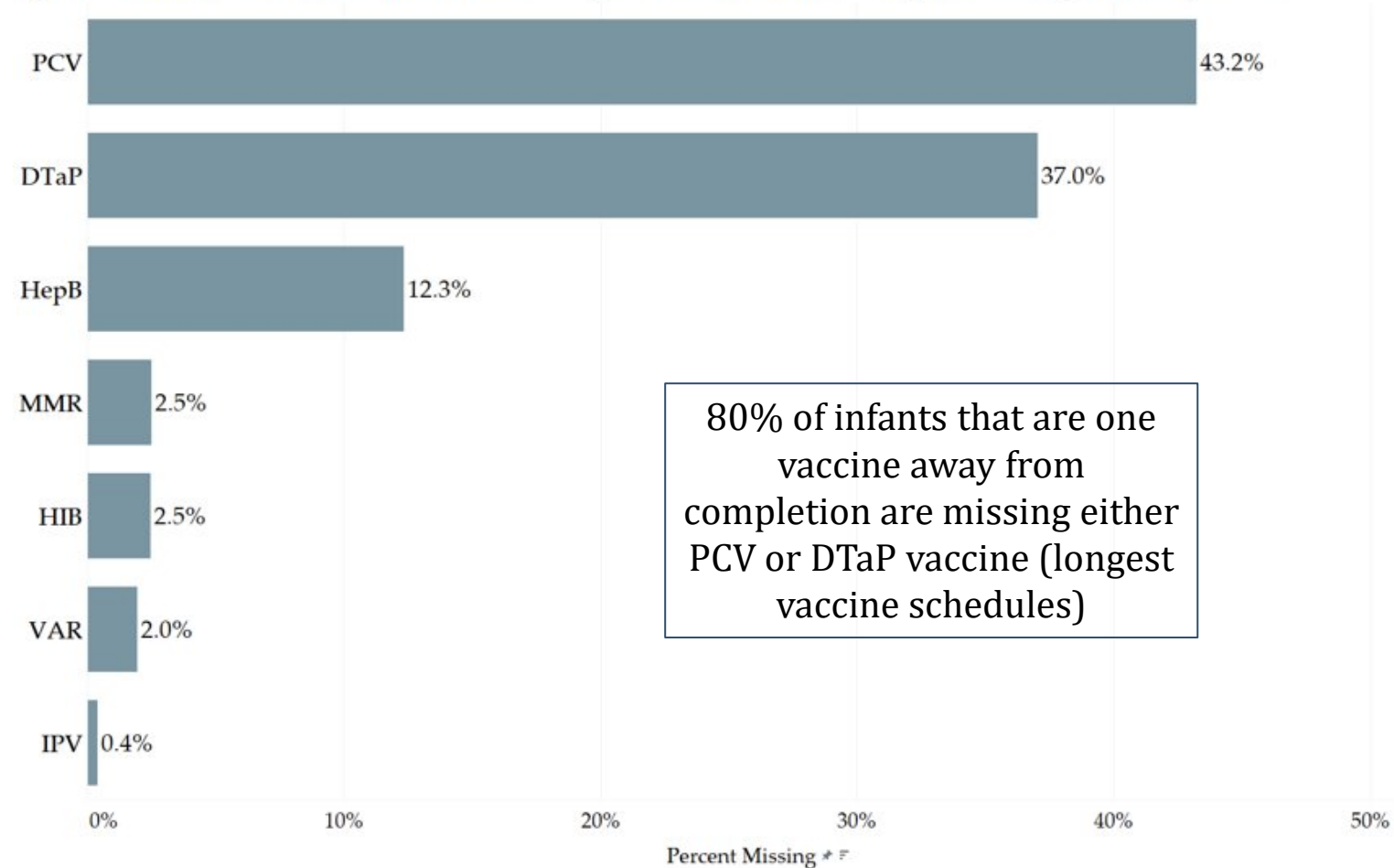




If they are only missing one vaccine, what are they missing?



Type of Vaccine Needed for Infants Missing One Vaccine to Complete Series, Nevada, 2022





What about if they are missing two vaccines?

60.4%

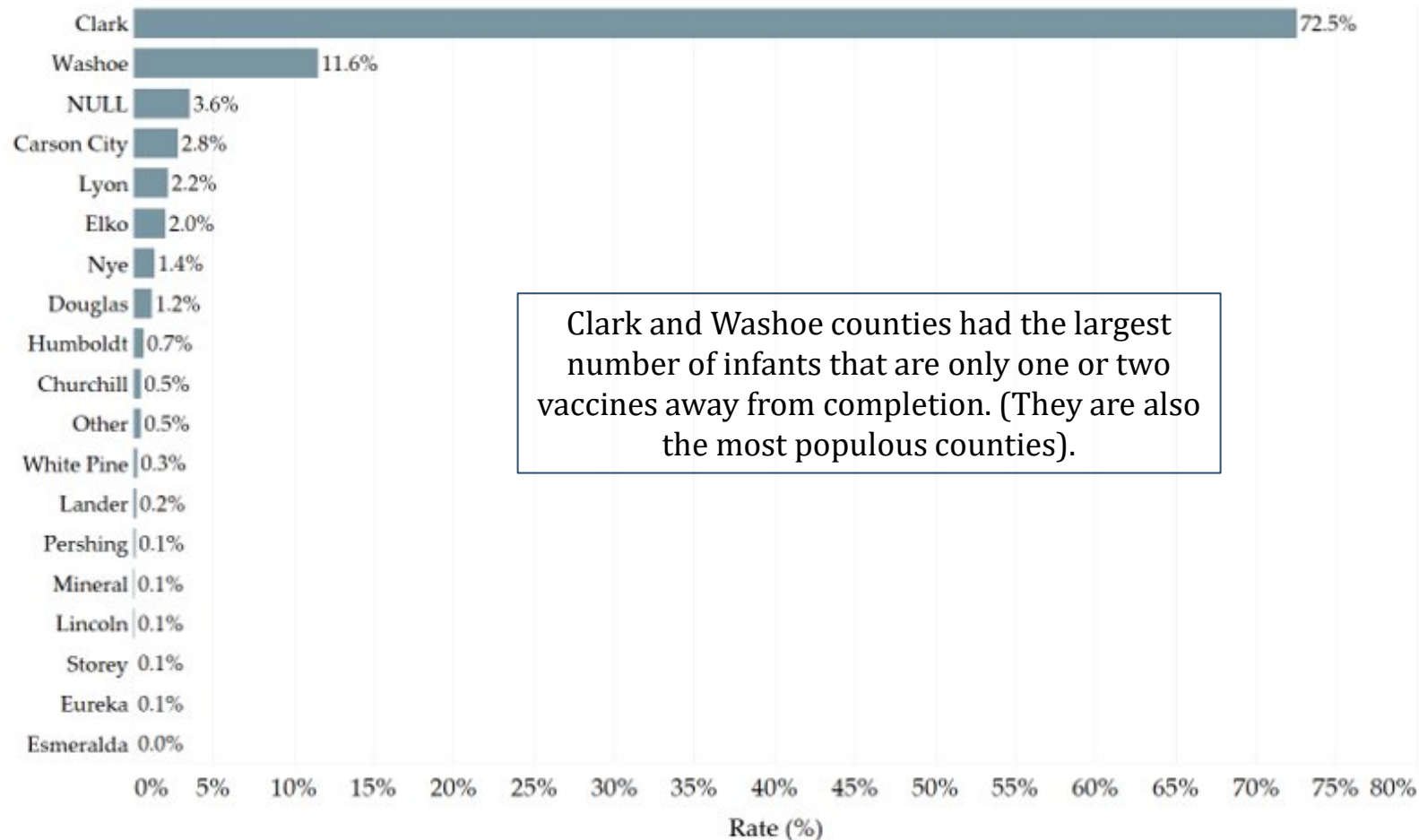
of infants missing two
vaccines are missing
DTaP and PCV



What counties have the largest percent of infants missing one or two vaccines?



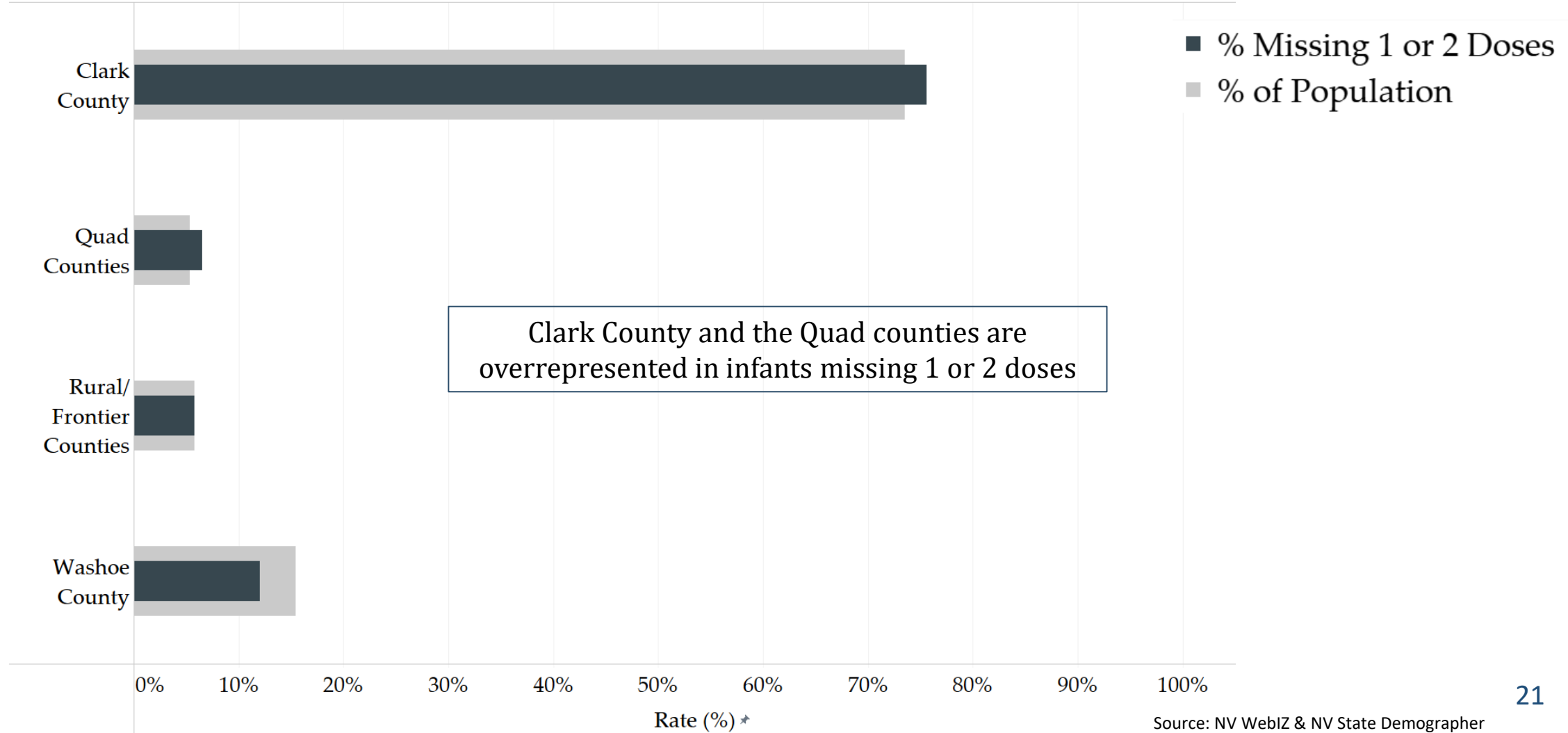
Percentage of Infants Missing One or Two Vaccines to Complete 7-Series by County, Nevada, 2022





What counties are overrepresented in infants missing 1 or 2 doses to complete 7-series?

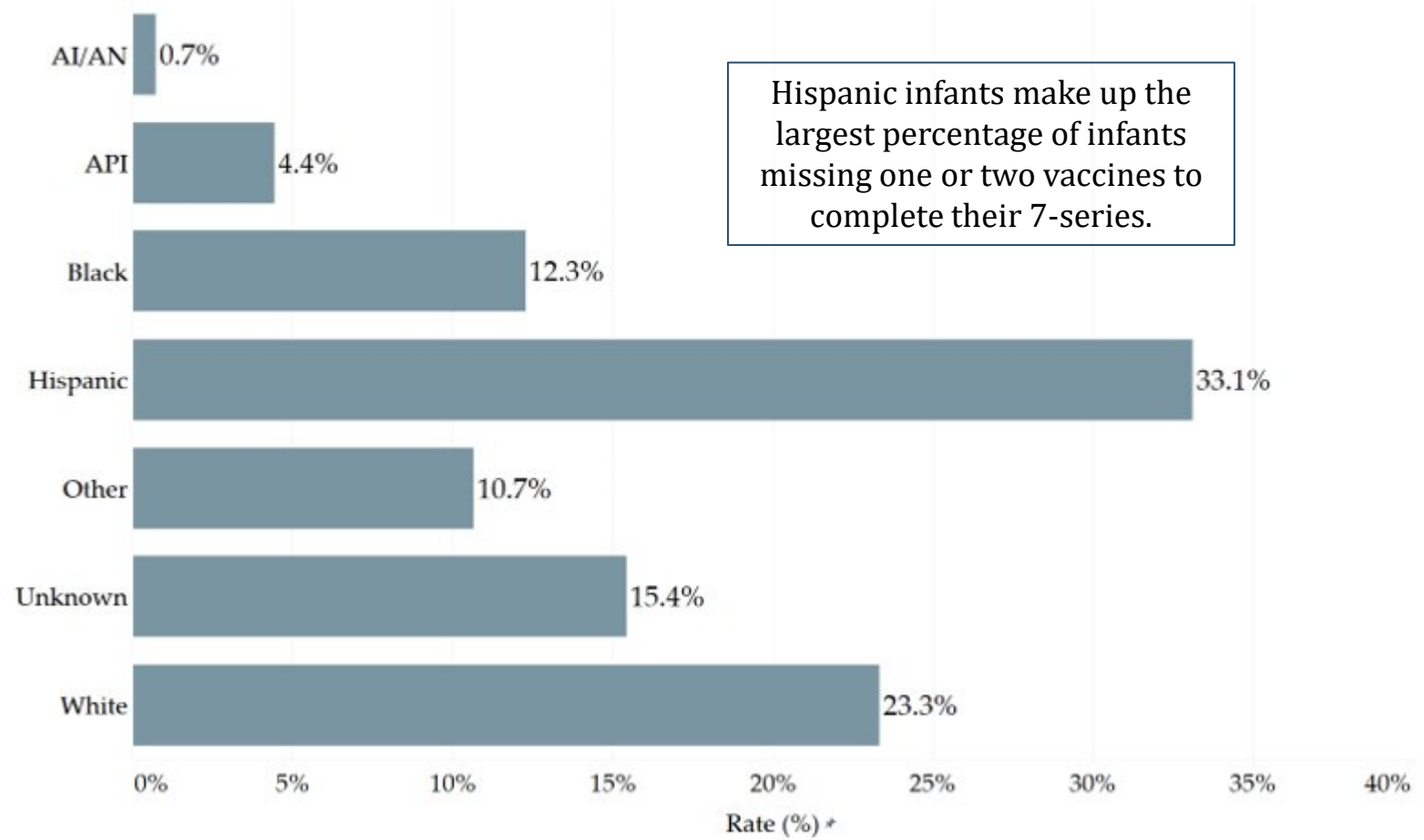
Proportion of Infants Missing One or Two Doses to Complete 7-Series vs. Proportion of Infants in Each Jurisdiction, 2022





What race/ethnicities have the largest percent of infants missing one or two vaccines?

Percentage of Infants Missing One or Two Vaccines to Complete 7-Series by Race/Ethnicity, Nevada, 2022



Black infants and infants with unknown race/ethnicity had lower 7-series completion rates.



Questions?



Contact Information



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Immunization Program Manager

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775-684-2228

PMAD IN NEVADA

Perinatal Mood and Anxiety Disorders (PMAD) Program



NV Statewide Maternal and
Child Health (MCH) Coalition

Healthy moms and children strengthen Nevada

Funding was supported by the Nevada State Department of Health and Human Services through Grant Number 6 B04MC45529 from the Health Resources and Services Administration (HRSA) and State General Fund. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department nor HRSA.

PMAD Program Overview

The PMAD Program was established in 2017 under the NV Statewide Maternal and Child Health Coalition

- Training
- Support
- Referrals
- Scholarships



PMAD TRAININGS

What does this training offer?

→ **Signs & Symptoms**

What does PMAD look like?

→ **Support**

How can you help?

→ **Referrals**

What resources are available in the community?

Understand the Difference Between Baby Blues and PMAD

BABY BLUES

- Very common
- Usually starts 2-3
- Doesn't last longer than 2 weeks

Symptoms can include:

- Feeling sad or angry
- Having trouble sleeping, eating or making decisions
- Feeling overwhelmed
- Feeling alone or cut off from loved ones
- Having trouble concentrating

POSTPARTUM DEPRESSION

- Usually starts 1-3 weeks after birth
- Intense symptoms
- Can occur up to a year after birth
- Usually requires treatment

Symptoms can include:

- Feeling angry or irritable
- Lack of interest in the baby
- Appetite and sleep disturbance
- Crying and sadness
- Feelings of guilt, shame, or hopelessness
- Loss of interest or joy in things you used to like
- Possible thoughts of harming self or baby

What Can We Do?

Empathy is an emotional, social skill that helps us feel and understand the emotions, circumstances, intentions, thoughts and needs of others, such that **we can offer sensitive, perceptive, and appropriate communication and support.**

Ruth Beagelhole, LMFT

What Can We Do? (cont.)

Listen and open the line of communication

- “I know everyone is focused on the baby, I want to hear about you. How are you doing?”
- “I noticed you’re having trouble sleeping, even when the baby sleeps. What’s on your mind?”

Offer Support - they’re not alone & you’re here to help

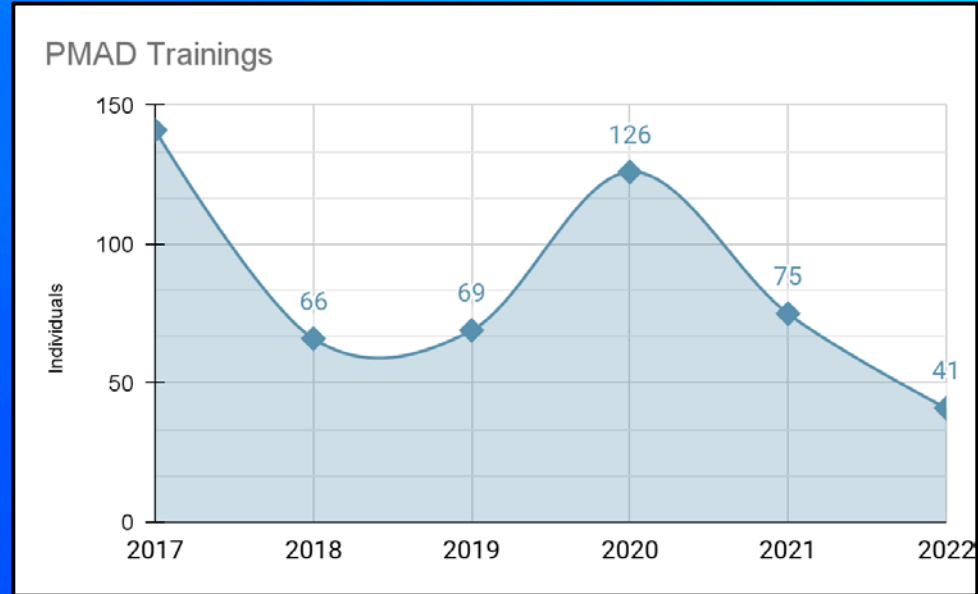
- “Do you have someone who can watch the baby while you get some rest or go see your friends?”
- “Who else can help? They can help around the house like making meals, cleaning, or going grocery shopping.”

**POST-
PARTUM
OCD &
DEPRESSION**

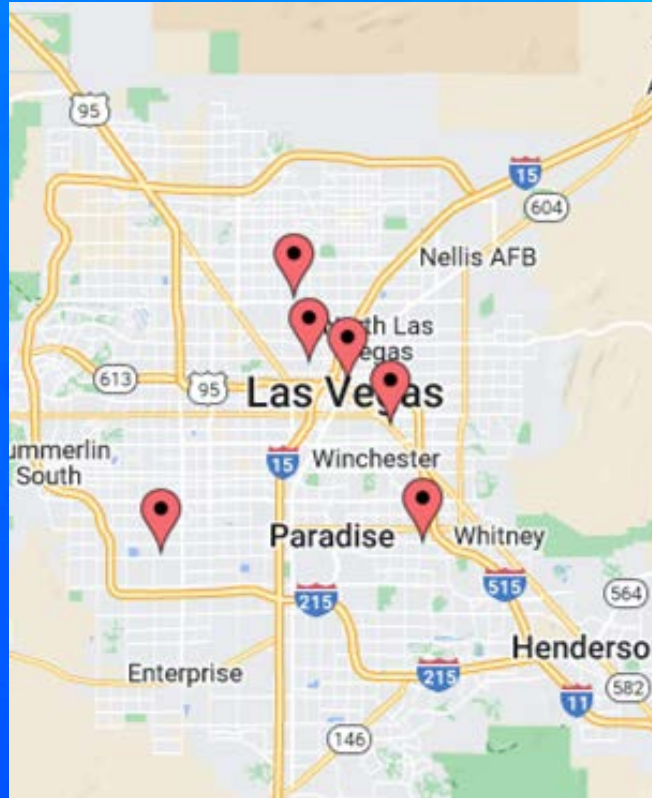


Nearly 600

trained and counting...



PMAD through Zip Codes



Referrals

How do referrals help?

→ **First**

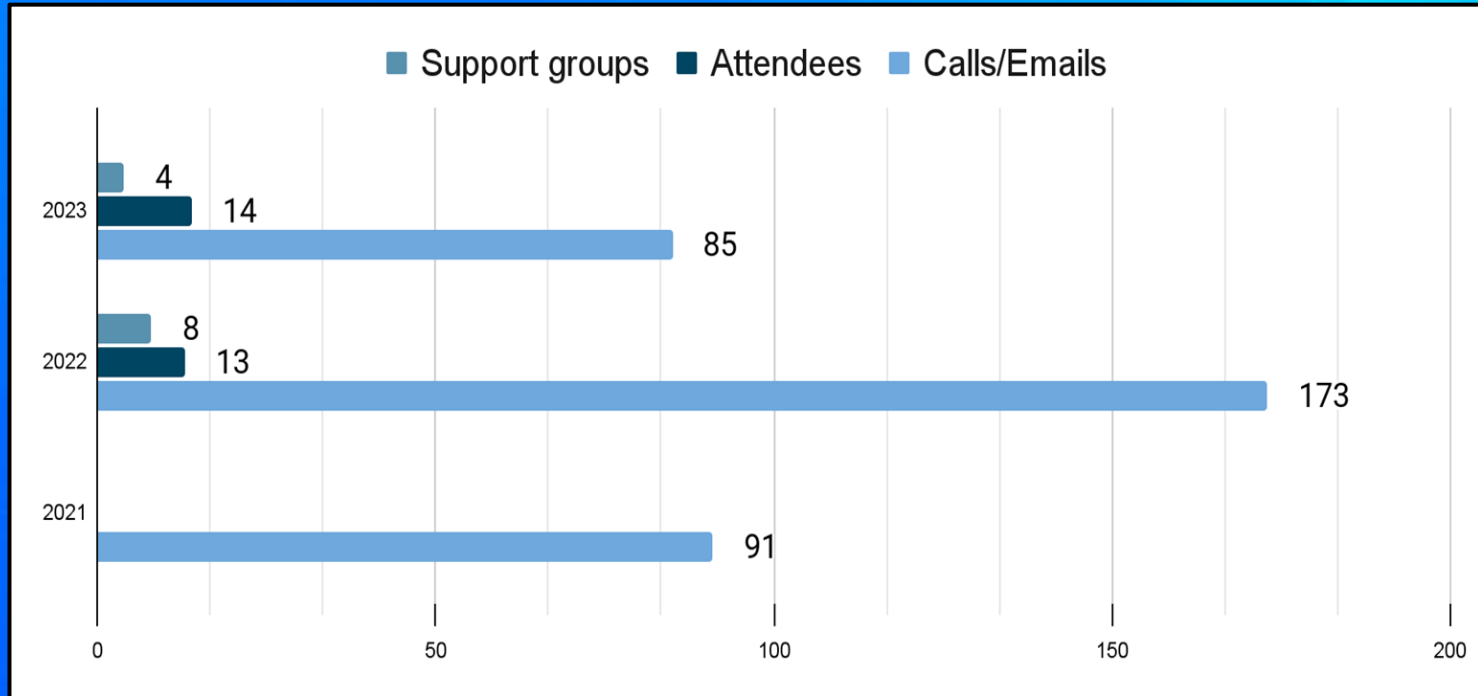
Talk with them to determine what they're open to

→ **Then**

Offer support through the PMAD Program - therapy referrals and scholarships for uninsured or underinsured

PMAD Referrals

- Average # per month
- Calls and Emails total for the YTD



Mommy Care Club

- Offers a sense of community
- Provides a positive and safe environment
- Led by a Group Peer Support (GPS) Trained Facilitator

CDC *Vitalsigns*TM

#vitalsigns
MAY. 2020

Identifying Maternal Depression Missed opportunities to support moms



Want to learn more?
www.cdc.gov/vitalsigns/

1 in 8

1 in 8 women report symptoms of depression after giving birth.

20%

About 1 in 5 women were not asked about depression during a prenatal visit.

50%

Over half of pregnant women with depression were not treated.

Healthcare Providers are missing opportunities to ask women about depression.

Postpartum Support International (PSI) Nevada Chapter

Awareness

Prevention

Treatment



Contact Information

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- Tawanda.McIntosh@dignityhealth.org

Tori Diego, NV Statewide MCH Coalition Program Manager

- Tori.Diego@DignityHealth.org

Kairi Pangelinan, Community Health Worker

- kairirenae.pangelinan@dignityhealth.org

Sources

- Centers for Disease Control and Prevention
<https://www.cdc.gov/reproductivehealth/vital-signs/identifying-maternal-depression/index.html>

Midwifery in Nevada

Dr. Jennifer Vanderlaan, UNLV School of Nursing

April Clyde CNM & Cheryl Rude, Serenity Birth Center

May 5, 2023

Access to Nurse-Midwives in Nevada

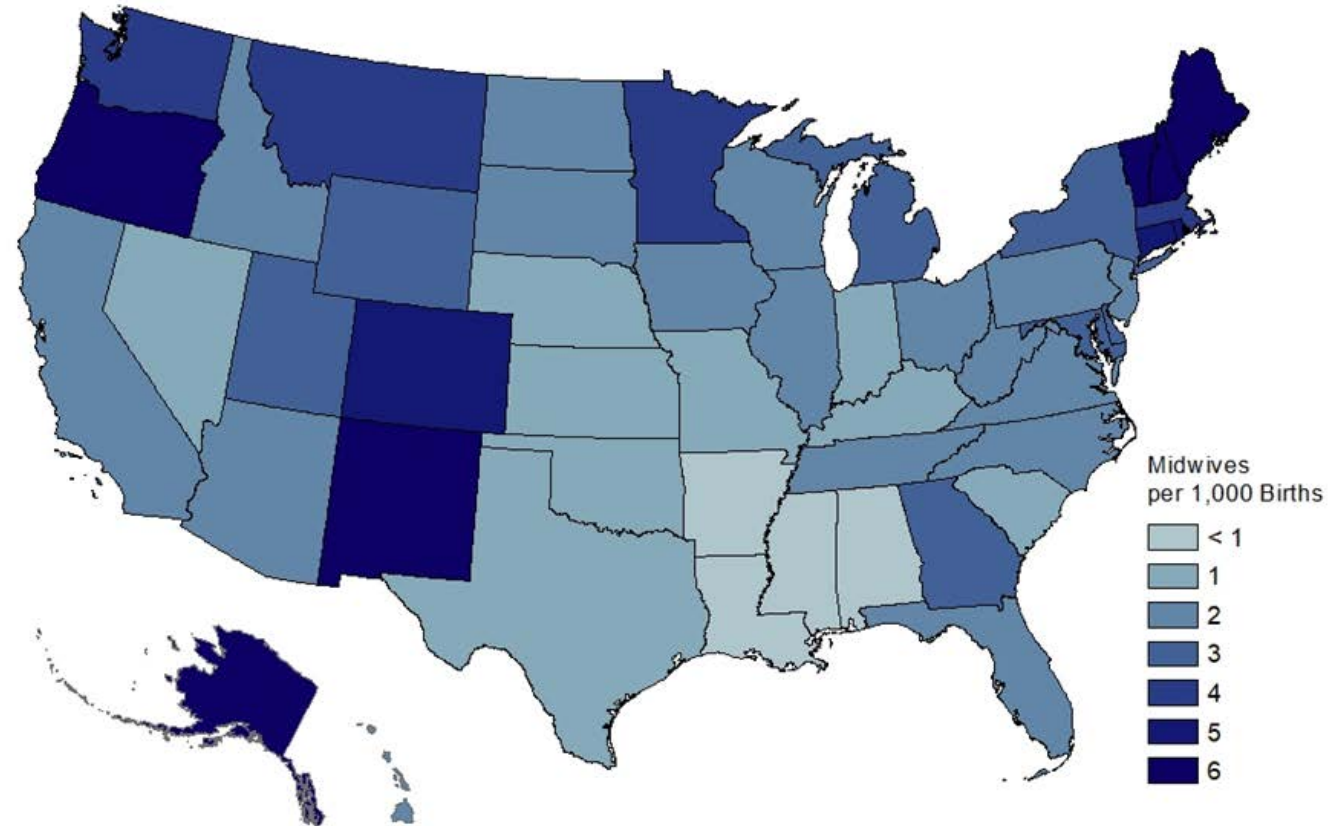
- American Midwifery Certification Board (February 2023)¹
 - Nevada has 65 nurse-midwives
- National Provider Identifier Database (2022)²
 - Nevada has 51 nurse-midwives
- Nevada Board of Nursing Annual Report (2021)³
 - Nevada has 10 licensed nurse-midwives

1. American Midwifery Certification Board. Number of CNM & CM by State – February 2023. Available at <https://www.amcbmidwife.org/about-amcb/data-and-research>

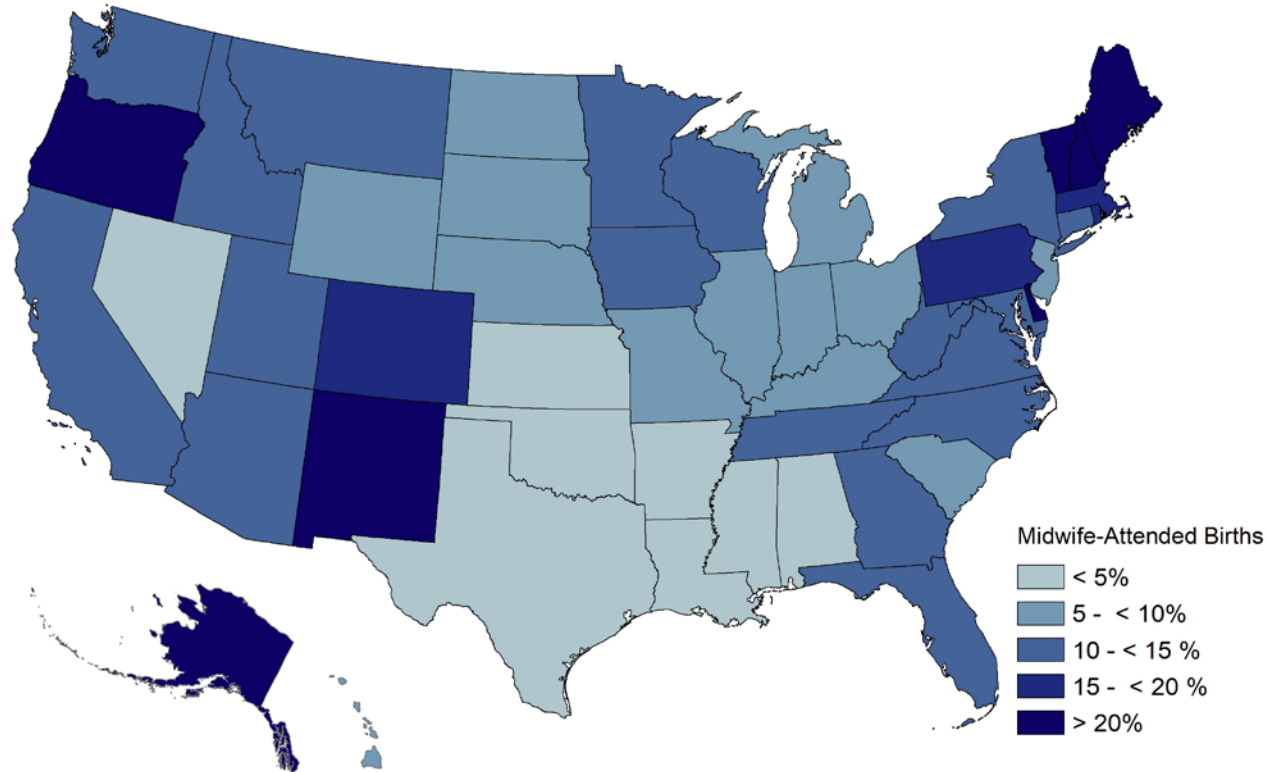
2. Centers for Medicare & Medicaid Services. NPES Data Dissemination Monthly Replacement File - Accessed November 29, 2022. Available at https://download.cms.gov/nppes/NPI_Files.html

3. Nevada State Board of Nursing. Annual Report Fiscal Year 2020/2021. Available at <https://nevadanursingboard.org/wp-content/uploads/2022/02/Annual-Report-FY-2020-2021-Final.pdf>

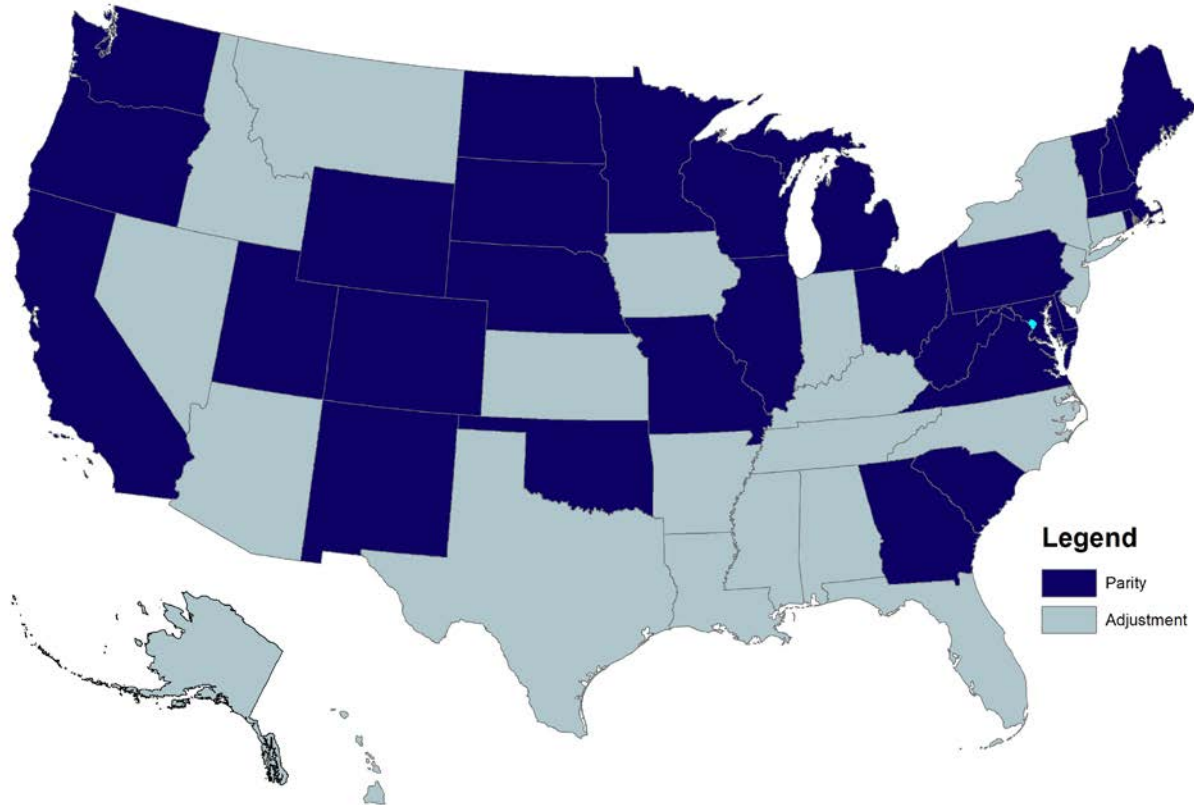
Density of Nurse-Midwives, 2020



Nurse-Midwife Attended Births, 2020



Nurse-Midwife Medicaid Parity, 2019¹



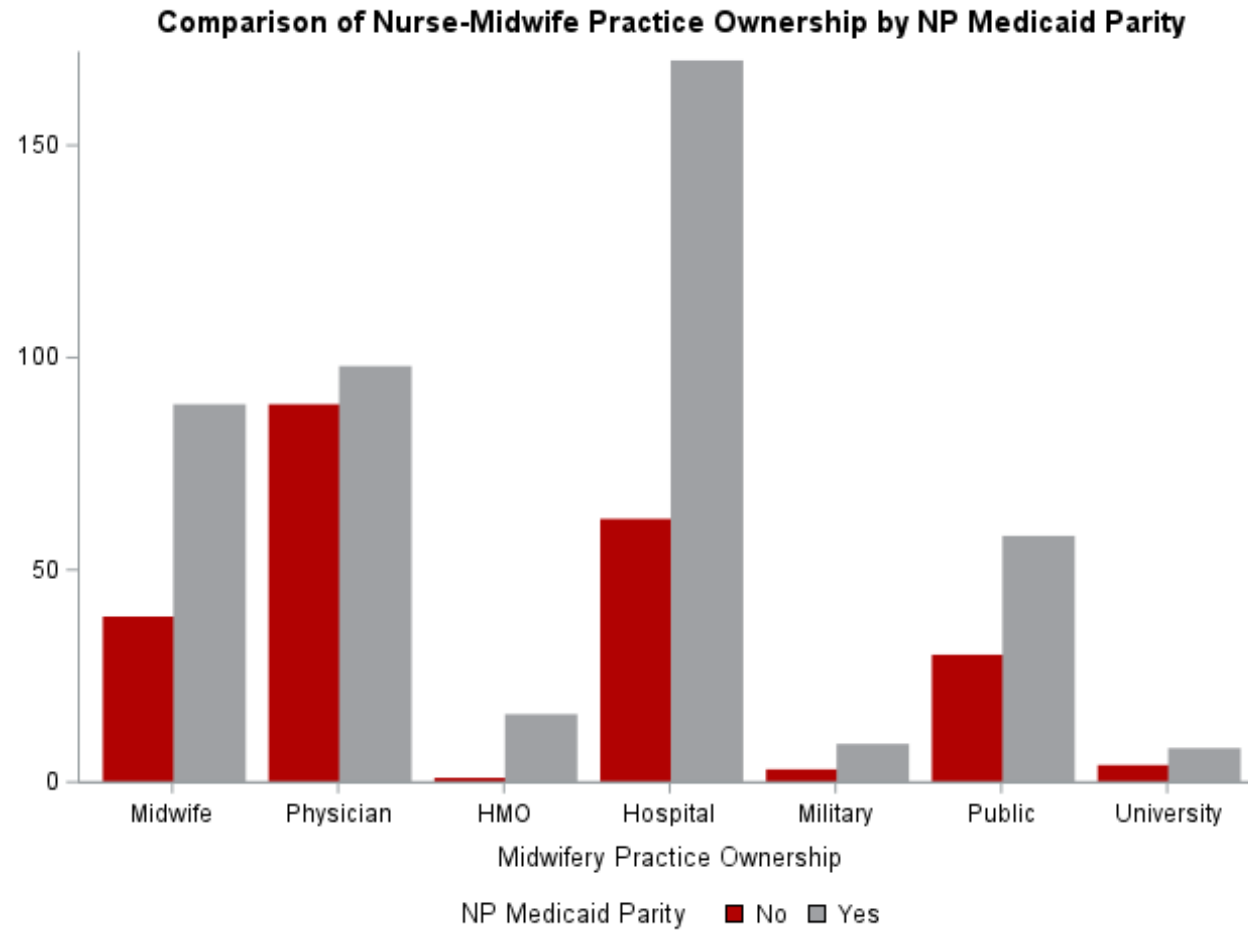
Medicaid margin for low-risk care in Nevada is negative²

- Physician (\$350)
- Midwife (\$43)

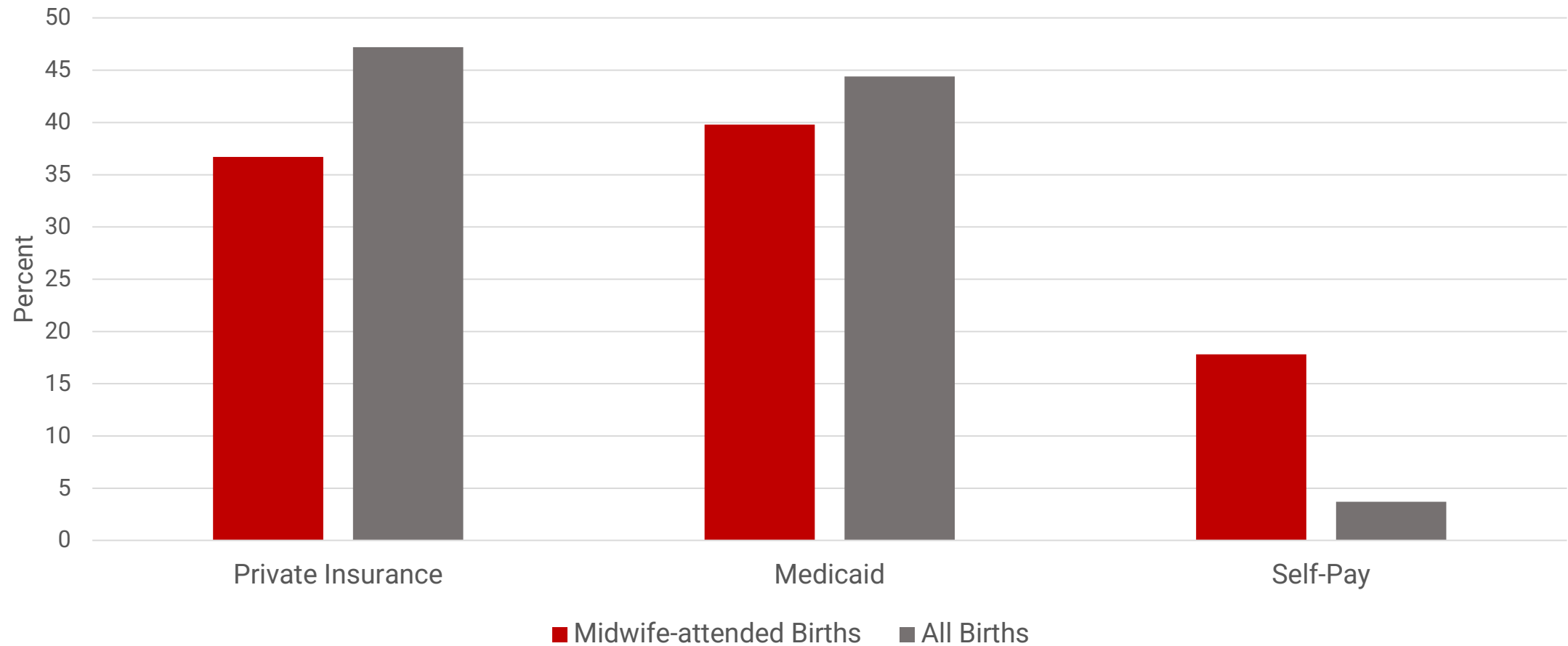
1. Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Natality on CDC WONDER Online Database. Data are from the Natality Records 2016-2021, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/natality-expanded-current.html>

2. Baker, M.V., Butler-Tobah, Y.S., Famuyide, A.O. & Theiler, R.N. (2021). Medicaid cost and reimbursement for low-risk prenatal care in the United States. *Journal of Midwifery & Women's Health*; 66(5):589-596. <https://doi.org/10.1111/jmwh.13271>

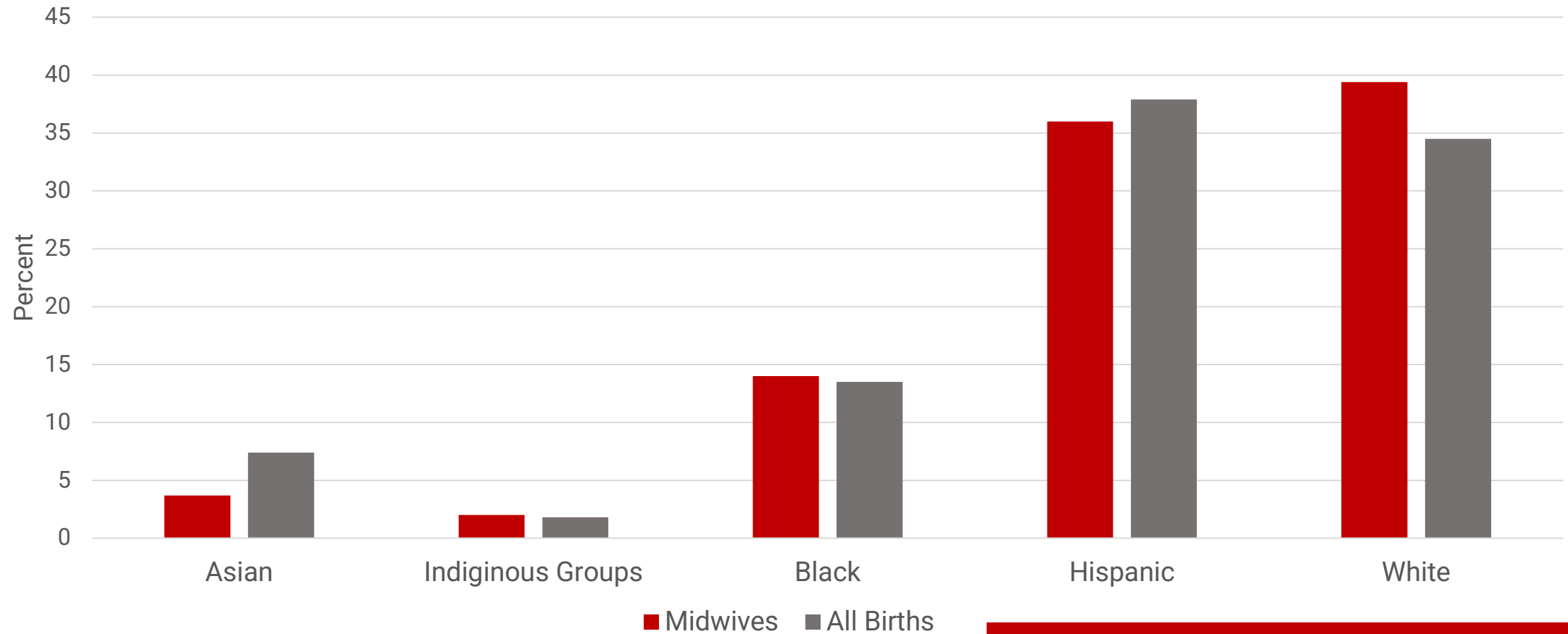
Medicaid Parity & Midwifery Practice Ownership



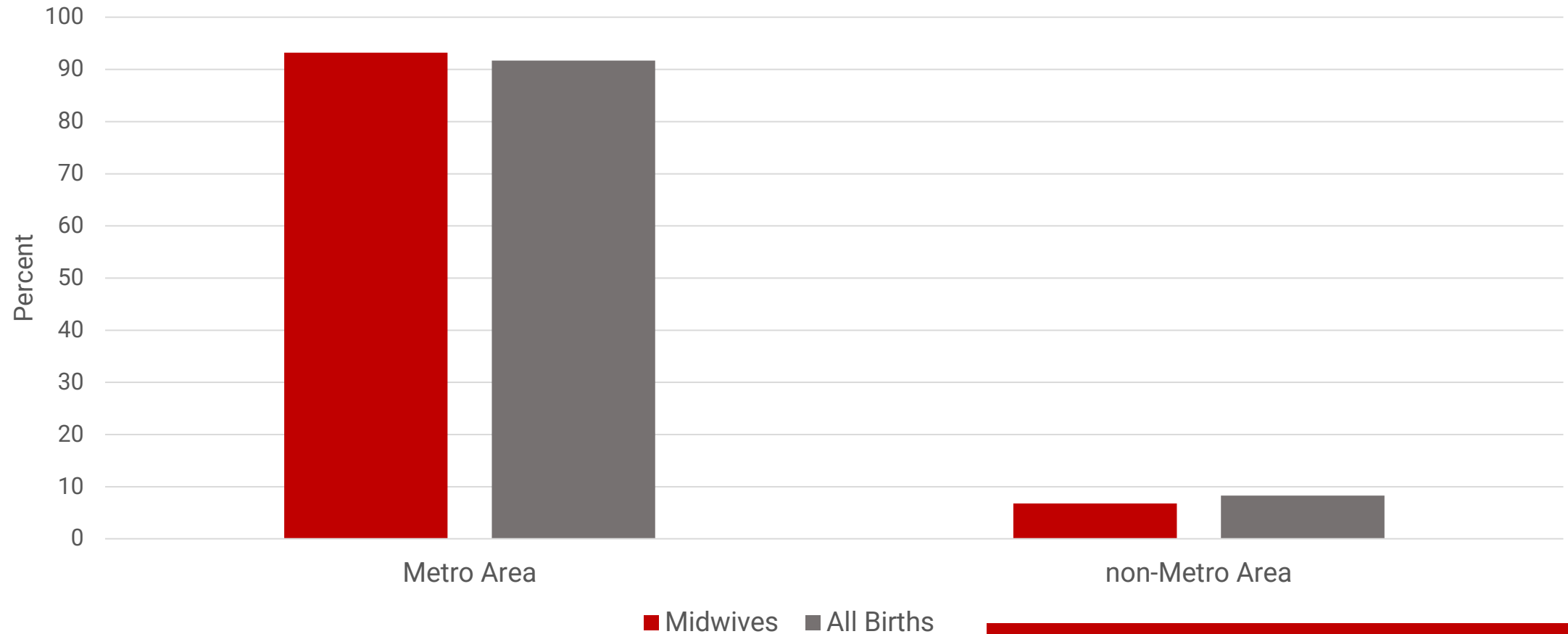
Equity Comparison: Primary payer



NV Equity Comparison: Maternal Race/Ethnicity



NV Equity Comparison: Location



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

5/3/2023

Updates are for January 1, 2023, through March 31, 2023

Maternal and Infant Health Program (MIP)

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

Maternal and Infant Health Program Title V/MCH Funded Partners

MCH Coalition

- The NV Statewide MCH Coalition continues to distribute materials promoting the Go Before You Show campaign, the Nevada Medical Home Portal, Perinatal Mood and Anxiety Disorders (PMAD), Nevada 211, SoberMomsHealthyBabies.org, NevadaBreastfeeds.org, and the Nevada Tobacco Quitline.
 - During this quarter, 84 New Mama Care Kits were distributed to post-partum individuals by the South MCH Coalition. The North MCH Coalition is in the process of expanding New Mama Care Kits distribution to the North and rural areas.
- The “Count the Kicks” campaign started in October of 2021 continues to shed light on and prevent stillbirths in Nevada.
- The following meetings have been held this quarter:
 - North MCH Coalition Meetings:
 - January 10, 2023
 - February 9, 2023
 - March 9, 2023
 - South MCH Coalition Meetings
 - January 12, 2023
 - February 14, 2023
 - March 14, 2023
 - Steering Committee Meetings:
 - February 16, 2023
- Social Media Posts
 - From January 1, 2023, to March 31, 2023, for Facebook and Instagram followings:
 - Facebook likes increased from 558 to 577 with an increase of 19 over three months from January 1, 2023, to March 31, 2023.
 - Instagram followings increased from 910 to 975 followings, an increase of 65 followings over three months from January 1, 2023, to March 31, 2023.
 - Instagram posts increased from 567 to 647 posts, an increase of 80 posts over three months from January 1, 2023, to March 31, 2023.

The Regional Emergency Medical Services Authority (REMSA)

- REMSA continues to provide safe sleep media outreach and conduct activities with safe sleep partners as part of their Cribs for Kids Program, including community event participation statewide.
 - 20,750 Infant Safe Sleep Brochures were distributed this quarter.
 - 405 survival kits were purchased and distributed this quarter.
- REMSA also focuses on injury prevention and distributed 20 posters and 23 binders this quarter.
- The program coordinator position has been vacant this quarter, so training and distribution numbers may differ from prior reports.

Washoe County Health District (WCHD)

- Title V MCH Block Grant currently funds all WCHD Fetal Infant Mortality Review (FIMR) efforts. WCHD continues to review records for FIMR.
 - Three Case Review Team (CRT) meetings were held from January 1, 2023, to March 31, 2023, with eleven cases presented and discussed. Sixteen new FIMR cases were received between January 1, 2023, to March 31, 2023.
 - FIMR staff continue to assist with the dissemination of materials for the “Count the Kicks” fetal movement awareness campaign and assists Healthy Birth Day, Inc. With outreach efforts as needed.
 - FIMR staff will be assisting with the implementation and distribution of “New Mama Care Kits” in Northern Nevada once the project rolls out in Northern Nevada.

Carson City Health and Human Services (CCHHS)

- CCHHS conducted 359 adult wellness screenings. Referrals were made for 2.8% experiencing intimate partner violence, 2.8% who use alcohol, 2.8% with a history of substance use, 2.8% consuming tobacco/nicotine, and 2.5% afflicted with mood disorders.
- During clinic visits, 33 youth or family members received information about health care transition and were provided with resources to learn more.
- Nurses referred 4 pregnant persons to WIC for breastfeeding education and support.
- CCHHS works collaboratively with the in-house WIC office and discussed the value of a medical home with 105 individuals and or families.
- Clinic signage and social media:
 - One monthly PRAMS awareness message was placed on the clinic signage for patients and viewers driving by. The one-month Facebook campaign reached 3,589 viewers with one percent engaging.
 - One monthly Nevada Tobacco Quitline (NTQ) promotional message was placed on the clinic signage. The one-month NTQ campaign reached 4,349 individuals with one percent engaged users.

Community Health Services (CHS)

CHS provided preventive education services with a focus on well-care screenings, contraceptives, sexually transmitted infection (STI) screens, immunizations, as well as nutrition, weight, and exercise information to individuals. Nurses conducted 1,537 wellness screenings for adults up through age 44. Referrals were made for 1.2% individuals afflicted by domestic violence and 0.8% using substances. Birth

control screenings were conducted with 287 women and of those 4.9% received the insertion of a long-acting reversible contraceptive (LARC) and 33% were provided with other forms of birth control.

Other MIP Efforts

Substance Use During Pregnancy

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

Breastfeeding Promotion

- NevadaBreastfeeds.org continues to be maintained, and the Breastfeeding Welcome Here Campaign continues to be promoted. Collaboration continues with WIC to enhance the NevadaBreastfeeds.org site to include early childcare providers that are breastfeeding friendly.

Tobacco Cessation

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

Media Campaigns and Outreach Efforts

Safe Sleep

- A TV and Radio Campaign ran from January 1, 2023, through February 28, 2023, with 358 total TV spots aired and 1,489 radio spots aired
 - TV
 - North: 257 English, 14 Spanish
 - South: 58 English, 29 Spanish
 - Radio
 - North: 1,105 English, 249 Spanish
 - South: 1,024 English, 97 Spanish

SoberMomsHealthyBabies.org

- A TV and Radio Campaign ran from January 1, 2023, to February 28, 2023, with 347 total TV spots aired and 4,323 radio spots aired
 - TV
 - North: 226 English, 14 Spanish
 - South: 80 English, 51 Spanish
 - Radio
 - North: 1,490 English, 970 Spanish
 - South: 1,753 English, 110 Spanish

Rape Prevention and Education Program (RPE)

The Nevada RPE Program is part of a national effort launched by the Centers for Disease Control and Prevention (CDC) in response to the Violence Against Women Act of 1994. The RPE Program focuses on

preventing first-time perpetration and victimization by reducing modifiable risk factors while increasing protective health and environmental factors to prevent sexual violence. CDC funds the RPE Program, along with sexual violence funds set-aside through Preventive Health the Health Services (PHHS), and the Title V Maternal and Child Health (MCH) Program Block Grant.

RPE Funded Partners

University of Nevada, Las Vegas (UNLV) Care Center

- UNLV supports the Care Peer Program (CPP) to increase leadership opportunities for students providing campus presentations on campus sexual violence issues. The CPP is an empowerment-based 45-hour training curriculum with interactive modules focused on promoting social environments that protect against violence as well as components of healthy relationships and communication.
- UNLV received 23 applications for CPP during this reporting period. Applications will be reviewed and interviews will be conducted in May 2023.
- The UNLV Care Center Director attended a virtual site fair for Human Service interns to promote CPP, with approximately 10 students reached.
- Instagram was used to promote CPP with a reach of 620 unique users.
- UNLV conducted two live presentations to the Academic Success Center and the College of Liberal Arts 100 class. There were also 8 virtual presentations.
- UNLV held two rounds of CPP training this quarter. In total, there were 18 student leaders that participated in training.
- Overall, 16 CPP presentations were conducted this quarter (a combination of in-person, live-virtual, and pre-recorded presentations), with a total of 435 participants that included students, faculty, and staff.

University of Nevada, Reno (UNR), NevadaCARES

- UNR's NevadaCARES project provides education to students, faculty, and staff to increase protective environments and decrease sexual violence. A newly developed training program was completed in September 2022 and is being piloted with student interns. Student interns are working towards the completion of the 45-hour training.
- UNR's training program was included in many campus events and presentations throughout October including Howl Fest, a Domestic Violence Resource Event with Reno Police Department, Panhellenic, Division of Student Services, Fraternity Sorority Life, and Phi Sigma Rho.
- 1,466 students were reached during this time period through presentation and community outreach events.

Safe Embrace

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

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

- Signs of Hope continues to institutionalize relationships with MGM Resorts International and Wynn Resorts and seek new partnerships to expand safety practices. In the last year, 69 presentations were given at eight different properties.
- Signs of Hope continues to support a 24-hour crisis response hotline.
- The utilization of the newly revamped PartySMART website has brought in a total of 25,673 visits to the site and 67,438 page views during this quarter. <https://partysmartinlv.com/>
- Signs of Hope continues to provide trainings to local elementary and secondary school teachers.
- Provided three trainings to 166 participants with the Las Vegas Metropolitan Police Department.

Nevada Coalition to End Domestic and Sexual Violence (NCEDSV)

- NCEDSV is continuing the work of the statewide Economic Justice Workgroup; they currently have 15 organizations across Nevada that participate. NCEDSV one-pagers were a collaborative effort and represent the priorities and efforts of the workgroup. The one-pagers were added to the webpage during this reporting period. <https://www.ncedsv.org/about/economic-justice-ej-workgroup/>
- NCEDSV held two trainings increasing community awareness on economic justice priorities.

Nevada Pregnancy Risk Assessment Monitoring System (PRAMS)

Program

The Pregnancy Risk Assessment Monitoring System (PRAMS) is a joint research project between the Nevada Division of Public and Behavioral Health and the Centers for Disease Control and Prevention (CDC). The purpose is to determine protective factors for healthy, full-term births as well as risk factors for short-term births, babies born with disabilities, and maternal health. To do this, the questionnaire asks new mothers questions about their behaviors and experiences before, during, and after their pregnancy. The overall goal of PRAMS is to reduce infant morbidity and mortality and to promote maternal health by influencing maternal and child health programs, policies, and maternal behaviors during pregnancy and early infancy.

PRAMS Data Collection Efforts

Response Rates

- 2017 Nevada PRAMS data had a response rate of 41% and 2018 data had a response rate of 39%, which is under the Centers for Disease Control and Prevention (CDC) required response rate threshold of 55% to publish data. 2019 weighted data was received in February and had a response rate of 42% which is under the CDC threshold of 50% to publish data. This data should be interpreted with caution due to the response rate.
- 2020 Nevada PRAMS data was received back from CDC October 2021, and had a response rate of 43%. This is under the CDC threshold of 50%, and data should be interpreted with caution due to the response rate.
- The primary goal for Nevada PRAMS is to increase response rates moving forward. Other states have indicated that changing the appearance of the survey package can significantly impact the response rates. Nevada PRAMS is currently working on updating the survey package.
 - Nevada PRAMS is partnering with Blueprint Collaborative to conduct a focus group study on the three proposed survey covers. The focus group results were received in

April, and are being reviewed by PRAMS staff. The new survey covers will be used in Phase 9 which will be implemented beginning May 1, 2023.

PRAMS Data Requests

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

Media Campaigns and Outreach Efforts

PRAMS TV and Radio Campaign

- January 2023- March 2023: 348 Total TV Spots Aired, 4,352 Radio Spots Aired
 - TV
 - North: 236 English, 15 Spanish
 - South: 52 English, 45 Spanish
 - Radio
 - North: 1,549 English, 1,003 Spanish
 - South: 1,773 English, 27 Spanish

Promotional Items

Nevada PRAMS provides promotional items with our logo and website to a variety of organizations, hospitals, and clinics. Items were distributed to the Office of Vital Records during this reporting period.

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

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

Adolescent Health and Wellness Program Title V/MCH Funded Partners

Carson City Health and Human Services (CCHHS)

- CCHHS provided reminder notices to families with children due for age-recommended vaccinations. As many as 305 reminders were made for children ages zero to six years old (y.o.) and 2,716 for children and youth ages seven to 17 y.o.
- Nurses conducted 27 adolescent wellness screenings. Referrals were made for 3.7% afflicted with mood disorders, 3.7% consumers of tobacco/nicotine, 3.7% drinking alcohol, and 3.7% using substance use.
- Social media:
 - One monthly Medical Home Portal promotion was displayed on the clinic signage for patients and persons driving by. A monthly social media campaign was displayed on Facebook, reaching 3,245 individuals with 3.9% engaged users.
 - Childhood vaccine reminders were viewed through the clinic signage for one-month. CCHHS ran a monthly Facebook campaign reaching 3,019 with 5.8% engaging in content.

- One monthly adolescent well-visit awareness message was placed on the clinic signage. The one-month Facebook well-visit campaign reached 6,026 individuals with 1.8% engaged users.

Community Health Services (CHS)

- CHS administered age-appropriate infant and child immunizations in the clinic setting and through community immunization clinics. Clinic staff conducted reminder calls for children ages zero to six and children and youth ages seven to 17.
- Clinic staff conducted 10,232 adolescent wellness screenings. Referrals were made for 0.3% of individuals afflicted by domestic violence. Nurses provided preventive education services with a focus on well-care screenings, contraceptives, STI screens, and immunizations. Of the 525 birth control counseling sessions, 0.95% received the insertion of a LARC and 18.9% were provided with other forms of birth control.
- Nurses held several child focus outreach events. As many as 764 families with children were reached through six community events.

Yoga Haven

- A new partnership with Yoga Haven was developed for Title V MCH Program funding. The Las Vegas agency conducts trauma-informed yoga and mindfulness practices. Sites will support or provide services to and/or offer programming for students enrolled in Title 1 schools; participants of Communities In Schools of Nevada; and youth having been exposed to/experienced violence and/or trauma and/or are experiencing social, emotional, or behavioral health challenges.

Nevada 211

- Nevada 211 received 337 calls/texts from individuals who were pregnant, had an infant in the home or resided with someone who was pregnant or a new parent. This population was provided with information and/or referrals to Title V MCH endorsed programs: PRAMS (87%), Text 4 Baby (62%), and Cribs for Kids (1.2%)
 - Insurance Status: 78% were enrolled into Medicaid
 - County of Residence: 88% reside in Clark County, followed by 7.7% living in Washoe County
 - Race/ethnicity: 60% who reported race were African American and 32% Hispanic
- Data from all callers' needs were reported pertinent to the Title V MCH Program population such as suicide prevention (128), Medical Home Portal (16), car seat installation (16), immunizations (8), infant safe sleep (3), and breastfeeding support (1).

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

- Edits for the Kindergarten Health Survey 2021-2022 Report were made by Title V MCH Program. The final report will be completed early next quarter and placed inside <https://nic.unlv.edu/reports.html>

Other Children's Health and AHWP Efforts

Adolescent Well Visits

- [Does Your Teen Need Health Coverage?](#) brochures were disseminated to various agencies and at outreach events addressing the value of adolescent well-visits and how to apply for health insurance.

Health Care Transition

- Resources from [Got Transition](#) were disseminated to partners and at community events. English and Spanish materials provide concrete information about the steps necessary to move from pediatric into the adult health care system. Materials were either geared towards adolescents and young adults or designed for parents and caregivers.

Adolescent Motivational Interview (MI) Course

- Plans were made for UNR, Office of Continuing Medical Education to host a three-hour adolescent-focused MI session to be conducted virtually in Spring 2023. The course covers brain development, MI principles, and interactive practice sessions for skill-building.

Media Campaigns and Outreach Efforts

Adolescent Well Visits and Health Care Transition

- DP Video is running a year-long social media campaign using animated videos to draw in viewers about (1) the value of adolescent well visits and (2) youth empowerment through taking charge of their health care health as they transition into adulthood. Data analytics about numbers reached and engaged users will be reported when the campaign ends.

Immunize Nevada (IZ NV) Youth Action Council (YAC)

- IZ NV Youth Coordinator and IZ NV's contracted marketing agency worked with six YAC members to prepare for the youth-created social media and print campaigns. Messaging written by youth and young adults will promote the value of yearly adolescent well-visits and the steps necessary to transition into the adult health care system. Viewers will be directed to the [Adolescent Health and Wellness Program webpage](#) on the DPBH website to obtain further education and referral resources.

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

CYSHCN Program Title V/MCH Funded Partners

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

- NCED Family Navigation Network supports families of children and youth with special health needs to navigate complex healthcare systems. Family Navigation Network provides free one-to-one support, training, and printed materials to families and professionals who serve them.
- During this quarter, 31 cases were generated by the toll-free hotline/online intake form. Many cases included or required information about more than one subject.
 - Partnering/decision making with providers: 64
 - Accessing a medical home: 81
 - Financing for needed health services: 91
 - Early and continuous screening: 14

- Navigating systems/accessing community services easily: 113
 - Adolescent transition issues: 5
 - Other: 9
- All Family Navigation Network staff were trained on the Medical Home Portal, and 25% of families were trained.

Children's Cabinet

- The Family Engagement Coordinator with The Children's Cabinet provides technical assistance and facilitates parent involvement in social emotional Pyramid Model (TACSEI) activities. From January 1, 2023 through March 31, 2023, two Technical Assistance trainings with 6 participants were conducted and 5 preschools and daycare centers were contacted and given informational materials.
- Data collection and evaluation for Pyramid Model activities is ongoing, with 11 sites collecting data. Ages and Stages Questionnaire screenings were performed on 309 children.

Medical Home Portal

- Medical Home Portal reports are located separately in the packet.
- Blueprint Collaborative will assist Title V MCH in conducting focus groups on the Medical Home Portal.

Other CYSHCN Program Efforts

- Title V MCH staff continued participation in the Pediatric Mental Health Care Access Program (PMHCAP) with the Nevada Division of Child and Family Services (DCFS). PMHCAP uses telehealth strategies like Mobile Crisis Response teams to expand mental health services for children in Nevada. Title V MCH staff recently peer reviewed the Early Childhood Mental Health Brief Development process and protocols initiated by PMHCAP and the Nevada Institute for Children's Research and Policy (NICRP).
- Title V MCH staff presented to the Nevada Governor's Council on Developmental Disabilities (NGCDD) on CYSHCN Programs and provided data and reporting.
- The CYSHCN coordinator attended the Mountain States Regional Genetic Network summit in Denver, Colorado and learned valuable information about genetics research.

Cross-Cutting Programs and Efforts

Diversity, Equity, Inclusion (DEI)

- CCHHS identified staff will partake in at least one Nevada State Board of Nursing course to comply with [NRS 449.103](#), (81st Nevada Legislative Session), requiring all nurses to complete a two-hour cultural competency and DEI course before applying for a license renewal.



Medical Home Portal

FFY2023 Q2 REPORT

1. FEATURE UPDATES

Features that have been significantly reworked or updated during the Quarter ending March 31, 2023.

A. Service Provider Category Review and Updates

- i. The Portal team continued its review of Service Provider Categories and associated mapping to AIRS Taxonomy codes. The Healthcare, Medical category groups were reviewed and updated this quarter. New categories were added for the following:
 1. *Ostomy & Wound Care*
 2. *Mobile Health Care*
 3. *Indian Health Service Clinics*

B. Care Process Models

- i. New Care Process Models
 1. *The Medical Home writing group added several care process models to the Guidelines & Algorithms section of the Medical Home Portal, which can be found under the For Physicians and Professionals tab. These care process models were developed at the University of Utah Hospital and Primary Children's Hospital to help guide specific care teams, but our hope is that they can be useful in a variety of care settings across the country. The care process models published this quarter include:*
 - a. *Bilirubin Screening & Testing in Newborns*
 - b. *Clinical Guidelines for Care of Children with Medical Complexity*
 - c. *Newborn Differences of Sex Development (DSD) Admission Checklist*
 - d. *Newborn Transition Care Guideline*
 - e. *Pediatric Diabetes Screening Algorithm*
 - f. *Prenatal Urinary Tract Dilation Care Process Guideline*

2. CONTENT UPDATES

Content that has been published or updated during the Quarter ending March 31, 2023.

A. New Content

- i. For Families
 - 1. *Tips to Help Children Sleep*
 - 2. *Type 1 Diabetes (FAQ)*

B. Updated Content

- i. For Families
 - 1. *Attention Deficit Hyperactivity Disorder (ADHD) FAQ*
 - 2. *Depression FAQ*
 - 3. *Fatty Acid Oxidation Disorders FAQ*
 - 4. *Foster Care (FAQ)*
 - 5. *Safety Precautions for Children with Seizures*
- ii. Clinical
 - 1. *Boosting Calories for Babies, Toddlers, and Older Children*
 - 2. *Caring for Transgender and Gender-Divers Youth*
 - 3. *CBD for Neurologic Conditions in Children*
 - 4. *Childhood epilepsy with centrotemporal spikes (CECTS)*
 - 5. *Depression*
 - 6. *Duchenne & Becker Muscular Dystrophies*
 - 7. *Duchenne & Becker Muscular Dystrophy- Cardiomyopathies*
 - 8. *Epilepsy Surgery*
 - 9. *Evaluation & Treatment of a First Unprovoked Seizure*
 - 10. *Febrile Seizures*
 - 11. *HMG-CoA Lyase Deficiency*
 - 12. *Juvenile myoclonic epilepsy (JME)*
 - 13. *Medium-chain acyl-CoA dehydrogenase deficiency (MCADD)*
 - 14. *SUDEP (Sudden Death with Epilepsy)*
 - 15. *Toilet Training Children with Complex Medical Conditions*

3. GOOGLE ANALYTICS

Google Analytics January 1- March 31, 2023. Traffic Refined for Quality Segment.
(Percentage change from previous quarter.) [Percentage change from previous year.]

A. Nevada

- i. Users: 13,694 (+25.71%) [+78.49%]

- ii. Sessions: 15,246 (+25.22%) [+72.82%]
- iii. Pageviews: 23,221 (+20.01%) [+57.70%]

B. Nationwide

- i. Users: 66,428 (+7.31%) [+7.88%]
- ii. Sessions: 76,477 (+7.55%) [+8.21%]
- iii. Pageviews: 95,957 (+8.97%) [+6.40%]

C. Aggregated Subdomains

- i. Users: 162,128 (+14.49%) [+22.13%]
- ii. Sessions: 184,000 (+14.56%) [+19.11%]
Pageviews: 259,145 (+15.61%) [+14.47%]

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Request for Letters of Interest

DATE: May 5, 2023

RE: Maternal and Child Health Advisory Board is Seeking New Members

The Title V Maternal and Child Health Program is accepting resumes for three positions on the Maternal and Child Health Advisory Board (MCHAB). The MCHAB provides comprehensive advice and guidance to the Nevada Division of Public and Behavioral Health to ensure the enhancement and development of vital services to promote the healthy birth, growth, and development of Nevada's children.

If you are interested in being considered for possible appointment to the MCHAB please contact Desiree Wenzel, phone 775-684-4232, or by email: ddwenzel@health.nv.gov or Kagan Griffin, phone 775-684-4134, email: kgriffin@health.nv.gov, Fax: 775-684-5998 or Mailing address: 4150 Technology Way, Carson City, Nevada 89706, by Sunday, May 21, 2023, and submit a letter of interest and a resume or curriculum vitae. Materials submitted will be forwarded to the Administrator of the Division of Public and Behavioral Health and to the Board of Health for consideration for possible appointment.

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

1. The Advisory Board on Maternal and Child Health is hereby created.

2. The Advisory Board consists of:

- (a) Nine members to be appointed by the State Board of Health from a list of persons provided by the Administrator of the Division;
- (b) One nonvoting member who is a member of the Senate appointed by the Legislative Commission; and
- (c) One nonvoting member who is a member of the Assembly appointed by the Legislative Commission.

3. The members who are:

- (a) Appointed by the State Board of Health serve terms of 2 years.
- (b) Legislators serve terms that begin on the third Monday in January of odd-numbered years and end the third Monday in January of the next odd-numbered year.

➤ Any member of the Advisory Board may be reappointed.

4. Except during a regular or special session of the Legislature, each Legislator who is a member of the Advisory Board is entitled to receive the compensation provided for a majority of the members of the Legislature during the first 60 days of the preceding regular session for each day or portion of a day during which he or she attends a meeting of the Advisory Board or is otherwise engaged in the work of the Advisory Board and the per diem allowance and travel expenses provided for state officers and employees generally. The salaries, per diem and travel expenses of the legislative members must be paid from the Legislative Fund. Each nonlegislative member of the Advisory Board serves without compensation but is entitled to receive the per diem allowance and travel expenses provided for state officers and employees generally. The per diem allowance and travel expenses must be paid from the Account for Maternal and Child Health Services.

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

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

1. The Advisory Board shall meet at least quarterly and at the times and places specified by the call of the Chair.

2. The members of the Advisory Board shall elect a Chair and a Vice Chair from among their membership.

3. The Chair may appoint a subcommittee of the Board to study and make recommendations regarding a specific issue as requested by the Administrator or a Board member. The composition of the subcommittee must be approved by a majority vote of the Board.

(Added to NRS by 1991, 2295)

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Maternal and Child Health Advisory Board MEETING AGENDA REVISED

DATE: May 5, 2023, TIME: 9:00 AM

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

CALL-IN NUMBER: +1 (775) 321-6111 ACCESS CODE: 900 708 287#

ONE TAP PHONE NUMBER: [+1 775-321-6111](tel:+17753216111), [900708287#](tel:+17753216111900708287)

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

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

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

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

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

2. FOR POSSIBLE ACTION: Approval of draft minutes from the Maternal and Child Health Advisory Board (MCHAB) meeting on February 10, 2023 – Linda Gabor, MSN, RN, Chair

PUBLIC COMMENT

3. FOR POSSIBLE ACTION: Discussion and possible action to recommend new appointees and/or to renew expiring terms on July 1, 2023, for MCHAB members. Recommendations will be submitted to the Administrator for consideration of submission to the Nevada State Board of Health for consideration, pursuant to Nevada Revised Statutes (NRS) 442.133(2)(a) – Kagan Griffin, MPH, RD

PUBLIC COMMENT

4. FOR POSSIBLE ACTION: Discussion and possible action to elect MCHAB Chair and Vice Chair, pursuant to NRS 442.135. – Kagan Griffin, MPH, RD

PUBLIC COMMENT

5. INFORMATIONAL: Presentation on Doula Medicaid Implementation Efforts in Nevada– Joyce Abeng, MPH, Public Health Diversity Advisor, Larson Institute, University of Nevada, Reno, School of Public Health

PUBLIC COMMENT



- 6. FOR POSSIBLE ACTION: Discussion and possible recommendations on legislation of the 82nd Legislative Session – Linda Gabor, MSN, RN, Chair**

PUBLIC COMMENT

- 7. INFORMATIONAL: Presentation on Childhood Vaccine Coverage Data – Kristy Zigenis, Nevada State Immunization Program Manager, DPBH**

PUBLIC COMMENT

- 8. INFORMATIONAL: Presentation on Perinatal Mood and Anxiety Disorders—Tawanda Evans-McIntosh, M.A.Ed., Community Educator, Dignity Health, St. Rose Dominican**

PUBLIC COMMENT

- 9. INFORMATIONAL: Presentation on Midwifery in Nevada—Dr. Jennifer Vanderlaan, UNLV School of Nursing, April Clyde, CNM, Serenity Birth Center, and Cheryl Rude, Serenity Birth Center**

PUBLIC COMMENT

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

PUBLIC COMMENT

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

PUBLIC COMMENT

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

13. 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.

14. Adjournment



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

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

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

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

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

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

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

Doula Medicaid Implementation Efforts in Nevada

Joyce Abeng, MPH
rabeng@unr.edu



LARSON INSTITUTE



School of Public Health
Making Health Happen™



Nevada Assembly Bill 256 (2021)

- In Nevada, **44%** of births are financed by Medicaid.
- In June 2021, during the 81st Legislative Session, Nevada passed Assembly Bill 256.
- On January 31, 2023, changes to the state plan Medicaid services were approved, permitting two additional reimbursable visits which would add the increase to \$450.
- Reimbursement rate of \$350: \$150 for vaginal/cesarean deliveries and \$50 per patient education visit, before and after delivery.

Doula Services

- Doulas spend an estimated of **45** hours total with their clients.
- It is common for doulas to perform unbillable tasks, and incur unpredictable work hours.
- There is an average of **6** hours for two prenatal visits, **19** hours during vaginal birth, **4** hours post-birth support, and an additional **6** hours during post-partum visits.

Doula Services

- Offer **perinatal counseling**, education, and **evidence-based information** on infant feeding, **emotional and physical recovery from childbirth**, and other issues related to the postpartum period.
- Refer clients to their health care provider for medical advice for care outside of the scope of doula scope of practice, and **coordinate with community-based services** to improve beneficiary outcomes.
- Provide **emotional and physical support**, with **traditional comfort measures** and educational materials, as well as assistance during the **transition to parenthood** in the initial postpartum period.
- Accompany the beneficiary to a clinician visit and **work as a member of a client's multidisciplinary team**.
- Full spectrum care can include preconception, fertility, birth, abortion, miscarriage, adoption, and postpartum.

Nevada's 2020-2021 MMRC Report

- Nevada's maternal mortality rate from 2018-2020 was **19.2 per 100,000 live births**
- Higher than the Healthy People 2030 objective of **15.7 per 100,000 live births**
- In 2018, the mortality rate for Black, non-Hispanic Nevadans were **80.7**, non-Hispanic Nevadans were **18.7**, and Hispanic Nevadans were **15.4**

*Maternal Mortality and
Severe Maternal Morbidity
Nevada, 2020-2021*

December 2022

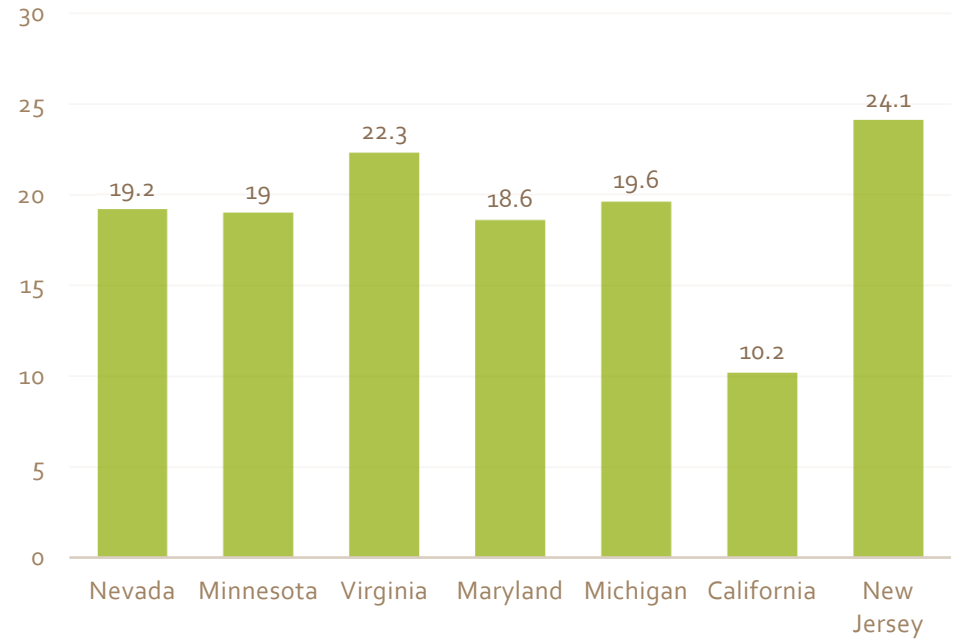
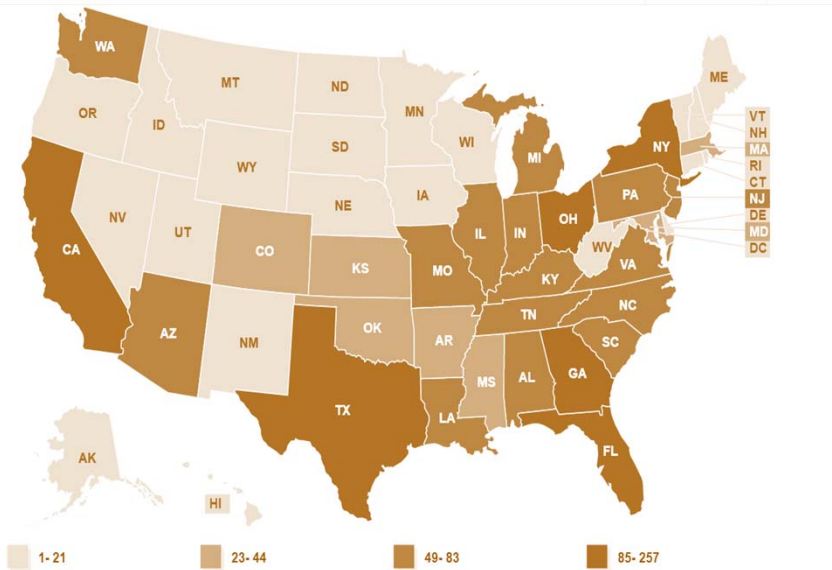


*Office of Analytics
and
Maternal, Child, and Adolescent Health Section,
Division of Public and Behavioral Health*

Department of Health and Human Services

Maternal Mortality Rates by state

Maternal Mortality rates per 100,000 live births from 2018-2020



Source: Kaiser Family Foundation

Doula Impacts Beyond the Hospital

- Impact the ongoing cost to families with longer recovery times post-surgery
- Decrease Admissions to Neonatal Intensive Care Units (NICU) from preterm births
- Increase lactation rates



Cochrane Review

- In the 2017 Cochrane review, there were 27 randomized, controlled trials that studied the effects of continuous labor support, including **doulas**
- **39%** decrease in the chance of unplanned c-sections

C-sections vs Vaginal Delivery Cost

- *According to estimates, in Nevada, cesarean births cost \$3,000-\$5,000, more than vaginal deliveries*



National Doula Reimbursement by State

- Washington D.C. : \$683.22 per birth, and \$97 per visit
- Rhode Island: \$900 per birth, and \$100 per visit
- Michigan's: \$700 per birth, and \$75 per visit
- California: \$1,154 reimbursement fee
- New Jersey: \$1,198 reimbursement fee
- Oregon: \$1,500 reimbursement fee



State	Total Medicaid Reimbursement	Number of Visits
Minnesota	\$770	7
Virginia	\$859	10
Maryland	\$930	8
Michigan	\$1,150	6
California	\$1,154	11
New Jersey	\$1,198	10
Rhode Island	\$1,500	5
Oregon	\$1,500	6
D.C.	\$1,950.71	12

National Reimbursement rates

National Average
\$1,224 for 8 visits

Current NV Reimbursement
\$450 for 7 visits

Proposed NV Reimbursement
\$1,500 for 7 visits

Nevada Assembly Bill 283 (2023)

- Introduced on March 14th, 2023
- Seeking to increase reimbursement rates for Doula services, including incentive payments for Doulas providing services in rural Nevada.





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

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

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

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

2. FOR POSSIBLE ACTION: Approval of draft minutes from the Maternal and Child Health Advisory Board (MCHAB) meeting on February 10, 2023 – Linda Gabor, MSN, RN, Chair

PUBLIC COMMENT

3. FOR POSSIBLE ACTION: Discussion and possible action to recommend new appointees and/or to renew expiring terms on July 1, 2023, for MCHAB members. Recommendations will be submitted to the Administrator for consideration of submission to the Nevada State Board of Health for consideration, pursuant to Nevada Revised Statutes (NRS) 442.133(2)(a) – Kagan Griffin, MPH, RD

PUBLIC COMMENT

4. FOR POSSIBLE ACTION: Discussion and possible action to elect MCHAB Chair and Vice Chair, pursuant to NRS 442.135. – Kagan Griffin, MPH, RD

PUBLIC COMMENT

5. INFORMATIONAL: Presentation on Doula Medicaid Implementation Efforts in Nevada– Joyce Abeng, MPH, Public Health Diversity Advisor, Larson Institute, University of Nevada, Reno, School of Public Health

PUBLIC COMMENT



- 6. FOR POSSIBLE ACTION: Discussion and possible recommendations on legislation of the 82nd Legislative Session – Linda Gabor, MSN, RN, Chair**

PUBLIC COMMENT

- 7. INFORMATIONAL: Presentation on Childhood Vaccine Coverage Data – Kristy Zigenis, Nevada State Immunization Program Manager, DPBH**

PUBLIC COMMENT

- 8. INFORMATIONAL: Presentation on Perinatal Mood and Anxiety Disorders—Tawanda Evans-McIntosh, M.A.Ed., Community Educator, Dignity Health, St. Rose Dominican**

PUBLIC COMMENT

- 9. INFORMATIONAL: Presentation on Midwifery in Nevada—Dr. Jennifer Vanderlaan, UNLV School of Nursing, April Clyde, CNM, Serenity Birth Center, and Cheryl Rude, Serenity Birth Center**

PUBLIC COMMENT

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

PUBLIC COMMENT

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

PUBLIC COMMENT

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

13. 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.

14. Adjournment



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

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

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

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

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

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

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

Attachment for Agenda Item #2

**MATERNAL AND CHILD HEALTH ADVISORY BOARD
MINUTES
February 10, 2023
9:00 AM**

The Maternal and Child Health Advisory Board (MCHAB) held a public meeting on February 10, 2023, beginning at 9:00 A.M. at the following locations:

Call in Number: 1-775-321-6111

Access Code: 987 609 938#

Video: https://teams.microsoft.com/l/meetup-join/19%3ameeting_N2Q2OGYxNjQtNGUwNS00ZWVvLThjMTMtMTA1ZjllZmJmNmRI%40thread.v2/0?context=%7b%22Tid%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22Oid%22%3a%2264e2ca4f-1880-4f05-b138-a7bbc32db396%22%7d

BOARD MEMBERS PRESENT

Chair Gabor (Linda), MSN, RN
Melinda Hoskins, MS, APRN, CNM, BCLC
Noah Kohn, MD
Katie Hackler, BSN, RN, RNC-OB, CGN
Lora Carlson, BSN, RNC-OB, C-FMC

BOARD MEMBERS NOT PRESENT

Fred Schultz
Fatima Taylor, M.Ed., CPM
Keith Brill, MD
Marsha Matsunaga-Kirgan, MD
Senator Marilyn Dondero Loop
Assemblywoman Claire Thomas

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH) STAFF PRESENT

Tami Conn, MPH, Section Manager, Maternal, Child, and Adolescent Health (MCAH) Section, CFCW
Kagan Griffin, MPH, RD, Program Manager, Title V Maternal and Child Health (MCH), MCAH, CFCW
Jazmin Stafford, Program Coordinator, Teen Pregnancy Prevention, MCAH, CFCW
Eileen Hough, MPH, Adolescent Health and Wellness Coordinator, MCAH, CFCW
Samm Warfel, Program Coordinator, Rape Prevention and Education (RPE), MCAH, CFCW
Anastasia Cadwallader, MBA, Maternal and Infant Health Program Coordinator, MCAH, CFCW
Chayna Corpuz, MPH, Sexual Risk Avoidance Education Program Officer I, MCAH, CFCW
Cortnee Scurry, MSW, Contracted Maternal Mortality Review Committee MSW
Tierra Sears, Administrative Assistant II, DPBH, CFCW
Vanessa Rauch, Account for Family Planning Program Coordinator, MCAH, CFCW
Desiree Wenzel, Office Manager, MCAH, CFCW

OTHERS PRESENT

Ghasi Phillips-Bell, ScD, MS, Centers for Disease Control and Prevention (CDC) MCH Epidemiology Assignee to Nevada

Praseetha Balakrishnan, MS, Biostatistician II, Office of Analytics, Department of Health and Human Services (DHHS)

Mavis Quanash Amisshah, Supervisor, Child and Family Services Unit, Office of Analytics, DHHS

Karina Fox, Public Health Resource Officer, Nevada Office of Minority Health and Equity (NOMHE)

Marcia O'Malley, Project Coordinator, Family Navigation Network (FNN), Nevada Center for Excellence in Disabilities (NCED), University of Nevada, Reno (UNR)

Maricruz Schaefer, RN, Public Health Nurse and Fetal Infant Mortality Review Co-Coordinator, Washoe County Health District (WCHD)

Katharyn Reece, MHL, BSN, RN, CEN, Clinical Services Manager, Carson City Health and Human Services

Joyce Abeng, MPH, Public Health Diversity Advisor, Larson Institute, UNR School of Public Health

Lisa Lottritz, MPH, RN, Division Director, Community and Clinical Health Services, WCHD

Tina Dortch, MPA, Program Manager, NOHME, DHHS, Director's Office

Tori Diego, Program Manager, Nevada Statewide Maternal and Child Health Coalition

Sierra Crandall, RN, UNR

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

Chair Linda Gabor called the February 10, 2023, meeting to order at 9:29 A.M.

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

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

2. FOR POSSIBLE ACTION: Approval of draft minutes from the Maternal Child Health Advisory Board meeting on December 16, 2022– Linda Gabor, MSN, RN, Chair

KATIE HACKLER ENTERTAINED A MOTION TO APPROVE THE DECEMBER 16, 2022, MEETING MINUTES. LORA CARLSON SECONDED THE MOTION WHICH PASSED UNANIMOUSLY.

No Public Comment.

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

Kagan Griffin stated six out of nine Board members have responded to the survey with their

intentions to renew their terms with the MCHAB. Ms. Griffin stated she will reach out to the three Board members who have not responded, and will work on submitting letters to the Administrator if the Board approves.

Chair Gabor asked for public comment, and there was none.

MELINDA HOSKINS ENTERTAINED A MOTION FOR LETTERS TO BE SENT TO THE NEVADA STATE BOARD OF HEALTH FOR ALL MCHAB MEMBERS REQUESTING TERM RENEWAL. KATIE HACKLER SECONDED THE MOTION WHICH PASSED UNANIMOUSLY.

Chair Gabor stated a second motion would be needed to search for new members if there are openings.

LORA CARLSON ENTERTAINED A MOTION TO BEGIN THE SEARCH FOR NEW MCHAB MEMBERS IF OPENINGS ARISE. KATIE HACKLER SECONDED THE MOTION WHICH PASSED UNANIMOUSLY.

No Public Comment.

- 4. FOR POSSIBLE ACTION: Presentation and possible recommendations to the Division of Public and Behavioral Health (DPBH) regarding the Maternal Mortality and Severe Maternal Morbidity, Nevada 2020-2021 report – Praseetha Balakrishnan, MS, Biostatistician II, Office of Analytics, Department of Health and Human Services (DHHS) and Tami Conn, MPH, Maternal, Child, and Adolescent Health Section Manager, DPBH**

Praseetha Balakrishnan presented on maternal mortality data which included pregnancy-associated deaths from January 2020 through December 2021, pregnancy-related deaths from January 2017 through December 2018, and maternal deaths from January 2016 through December 2018. Ms. Balakrishnan provided the definitions of pregnancy-associated deaths as the death of a person while pregnant or within one year of the termination of pregnancy, regardless of the cause, pregnancy-related deaths as the death of a person during pregnancy or within one year of the end of pregnancy, from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy, and maternal death as the death of a person while pregnant or within 42 days of the termination of pregnancy, regardless of the duration and site of pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes. Ms. Balakrishnan explained the methodology to identify the data, the ratio and number of maternal deaths in Nevada, and demographics of maternal mortality data in Nevada. Ms. Balakrishnan then provided the definition of severe maternal morbidity as the conditions and diagnoses which indicate potentially life-threatening maternal complications, and provided the methodology to identify the data, the rate of severe maternal morbidity in Nevada, and the top five diagnosis based indicators from 2020 through 2021.

Chair Gabor stated the presentation was well done and the time and effort was appreciated.

Tami Conn provided an overview of Nevada’s Maternal Mortality Review Committee (MMRC), reporting requirements, and the 2020-2021 Maternal Mortality and Severe Maternal Morbidity Legislative Counsel Bureau Report. Ms. Conn provided an overview of the recommendations by the MMRC found in the report, and recommendations by the Advisory Committee of the Nevada Office of Minority Health and Equity. Ms. Conn provided website links to the MMRC website and the Legislative Counsel Bureau report.

Chair Gabor stated the presentation was excellent and that in her work with the Fetal Infant Mortality Review (FIMR) she has seen many of the same issues presented. Chair Gabor explained that offering standard prenatal care in the emergency room is a recommendation that has come up in FIMR, along with gestational weight gain and nutrition. Chair Gabor stated this is an excellent opportunity to look at MMRC and FIMR together and see if there are opportunities for collaboration.

Chair Gabor stated she would like to see this topic annually on the agenda or whenever a new report is available for future MCHAB meetings.

No Public Comment.

5. FOR POSSIBLE ACTION: Discussion of Advisory Board member highlighted Maternal and Child Health Bill Draft Requests (BDRs), including but not limited to BDR 40-380, 15-425, 15-40, 54-44, and 40-64, for possible recommendations of the Board to the Administrator of DPBH, including possible recommendations to form a BDR subcommittee– Linda Gabor, MSN, RN, Chair

Chair Gabor asked for the BDRs to be looked up on the Nevada Electronic Legislative Information System (NELIS). Ms. Griffin looked up BDR 40-380, now Assembly Bill (AB) Number 6, and shared her screen. Chair Gabor explained AB 6 revises provisions relating to the cost of health care. Chair Gabor stated that the role of MCHAB is to ensure the availability and accessibility of primary health services and that an accessibility issue is the cost of health care. Chair Gabor asked if other Board members want to include recommendations to the Administrator of DPBH regarding AB 6. Chair Gabor stated the fiscal impacts were still unclear which makes it difficult to know how to proceed.

Katie Hackler asked for clarification on the role of MCHAB and if this is something a subcommittee would be needed for.

Chair Gabor stated she participated in a MCHAB legislative subcommittee in the past on two separate occasions, and it is an option. Chair Gabor explained in the past the Board has looked at a finite number of bills and express thoughts on bills as written and prioritized bills based on the experience of the Board. Chair Gabor asked if Ms. Griffin had anything to add.

Ms. Griffin stated that the Board would be coming up with reasons for why the Board supports a given bill or BDR.

Chair Gabor stated she did not feel there was enough information without the fiscal impacts being known to stand behind AB 6.

Lora Carlson stated more clarification would be helpful on this process, and asked if the Board will be choosing one or two bills to push forward or if the Board is explaining why they would support pieces of all selected bills.

Chair Gabor explained that the Board will go through the list of all BDRs in NELIS and prior to meetings will select bills that fit into the scope of the MCHAB. Chair Gabor explained that there is not a limit to the number of bills that the Board can support, but they must be addressed at a formal meeting and then recommendations can be made to the Administrator of DPBH if the Board votes to support a bill. Chair Gabor stated a subcommittee meeting might be needed as the next scheduled MCHAB meeting is not until May.

Katie Hackler stated a subcommittee meeting is needed.

KATIE HACKLER ENTERTAINED A MOTION TO FORM A BDR SUBCOMMITTEE. MELINDA HOSKINS SECONDED THE MOTION WHICH PASSED UNANIMOUSLY.

Ms. Griffin stated she will reach out to Board members to schedule the BDR Subcommittee meeting.

Chair Gabor asked for additional Board comment on AB 6.

Lora Carlson asked if a copy of the BDRs can be sent to Board members so they can review in more detail.

Chair Gabor stated a packet will be put together prior to the subcommittee meeting. Chair Gabor stated that there is not much information available yet on NELIS for many BDRs.

Melinda Hoskins stated that it would be preferable to have links to the bills on NELIS, rather than a packet, so that any changes made to bills during session would be easily accessible.

Chair Gabor agreed that would be best to ensure bills tracked were up-to-date. Chair Gabor asked to move to BDR 15-425, or Senate Bill (SB) Number 38.

Chair Gabor explained SB 38 revises provisions relating to offenses against children. Chair Gabor stated this is a bill the MCHAB should consider supporting.

Dr. Noah Kohn stated his concern that Nevada penalizes the perpetrators of sex crimes against children differently based on the age of the child victim, and that he personally thinks there should be the same penalty for all ages. Dr. Kohn asked if the Board could support changing that and make a motion to include that recommendation in the Board's letter to the Administrator of DPBH.

Katie Hackler asked if there will be one letter written with all bill recommendations, or will separate letters be written for each bill?

Chair Gabor explained the Board can write as many letters as they want, and if the Board wants to move forward with supporting SB 38 they could do so now and draft the letter prior to the BDR Subcommittee meeting.

Ms. Griffin stated MCAH staff will assist in writing the letter by providing data requests as directed by the Board and will include any recommendations that are approved by the Board.

DR. NOAH KOHN ENTERTAINED A MOTION TO SUPPORT BDR 15-425, SB 38, AND INCLUDE A RECOMMENDATION THAT THE PENALTY FOR CRIMES AGAINST CHILDREN ARE THE SAME REGARDLESS OF THE AGE OF THE CHILD VICTIM. LORA CARLSON SECONDED THE MOTION WHICH PASSED UNANIMOUSLY.

Chair Gabor asked to move to BDR 15-40 and stated there is no information in NELIS yet. Chair Gabor asked to move to BDR 54-44, or SB 131.

Dr. Kohn stated he agrees with supporting SB 131.

Chair Gabor stated she would be interested to hear a synopsis of the bill from the Board.

Melinda Hoskins stated her interpretation that it is a reaction to other states providing penalties to individuals who provide abortion services. SB 131 would protect healthcare providers in Nevada from punishment for restrictive actions in other states.

Dr. Kohn stated he believes SB 131 codifies former Governor Sisolak's executive order. Dr. Kohn stated his sister-in-law is a sponsor of the bill for full transparency, and will abstain from any motions on SB 131.

KATIE HACKLER ENTERTAINED A MOTION TO SUPPORT BDR 54-44, SB 131. LORA CARLSON SECONDED THE MOTION WHICH PASSED. DR. KOHN ABSTAINED.

Chair Gabor asked to move to BDR 40-64. Tami Conn stated that all that is available on NELIS is the one-sentence description. Chair Gabor asked if there were other BDRs Board members wanted to discuss.

Melinda Hoskins stated there is a bill regarding licensure for certified professional midwives that she feels the Board should consider.

Chair Gabor stated that will be included in the subcommittee meeting. Chair Gabor stated the next steps will be to schedule the subcommittee meeting, and the preference is to have that scheduled in late February or early March. Ms. Griffin stated she will work to send out a poll to Board members for availability.

No Public Comment

6. FOR POSSIBLE ACTION: Updates and possible recommendations to the Division of Public and Behavioral Health regarding the Alliance for Innovation on Maternal Health

(AIM) and the Maternal Mortality Review Committee (MMRC) – Tami Conn, MPH, MCAH Section Manager, DPBH

Ms. Conn provided updates on MMRC, stating the next legislatively required report will be published online by April 1st, and that the MMRC has an opening for a member. Ms. Conn stated the notice for applications for membership is included in the meeting packet, and applications are due March 3rd. Ms. Conn explained that applications will be submitted to the Director.

Ms. Conn provided updates on AIM, explaining that ten hospitals are actively participating in AIM out of 18 birthing hospitals in the state. Ms. Conn stated the first quarter of data from the ten hospitals was submitted on January 15th, and the current severe hypertension bundle will continue for the rest of 2023. Ms. Conn stated any hospital can still join, and the MMRC made a recommendation regarding the AIM patient safety bundles and participating AIM hospitals are included in the MMRC report on page six.

Melinda Hoskins asked if there were any ideas as to why some hospitals are not participating?

Ms. Conn stated sometimes it is just a lack of getting in contact with the right person. Ms. Conn explained there have been no hospitals that have said no to participating, it has been more of an approval issue on the hospital administration side and completing paperwork to participate.

Melinda Hoskins asked if Ms. Conn could say if the hospitals were larger hospitals or smaller rural hospitals.

Ms. Conn stated it is more the larger hospitals.

Melinda Hoskins stated she is the Vice-President of the American College of Nurse-Midwives (ACNM) affiliate and suspects some of the members would be willing to help to get support because AIM is supported by ACNM.

Ms. Conn stated she will provide Ms. Hoskins with a list of hospitals AIM staff are still trying to reach.

Public comment included a question from Joyce Abeng asking if the BDR Subcommittee meeting would be open to the public?

Chair Gabor stated the meeting is open to the public.

No additional public comment

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

Ms. Griffin presented updates on the Title V MCH Program. Ms. Griffin stated Title V MCH staff are working on the annual block grant application due in July. Ms. Griffin stated there will be a public input survey distributed as part of the application and it will be sent out on the MCHAB

listserv. Ms. Griffin stated the survey will be available in both English and Spanish to solicit feedback from the public on how MCH can improve the block grant application and different services in Nevada.

No Public Comment

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

Chair Gabor stated for the BDR Subcommittee meeting the BDRs the Board was unable to review today should be reviewed and other bill recommendations should be brought to the meeting.

9. Public Comment

No Public Comment

Meeting adjourned at 11:20 A.M.

Attachment for Agenda Item #3

Joe Lombardo
Governor



Richard Whitley, MS
Director

**DEPARTMENT OF
HEALTH AND HUMAN SERVICES**
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
Helping people. It's who we are and what we do.



Lisa Sherych
Administrator

Ihsan Azzam,
Ph.D., M.D.
Chief Medical Officer

Request for Letters of Interest

DATE: April 27, 2023

RE: Maternal and Child Health Advisory Board is Seeking New Members

The Title V Maternal and Child Health Program is accepting resumes for four positions on the Maternal and Child Health Advisory Board (MCHAB). The MCHAB provides comprehensive advice and guidance to the Nevada Division of Public and Behavioral Health to ensure the enhancement and development of vital services to promote the healthy birth, growth, and development of Nevada's children.

If you are interested in being considered for possible appointment to the MCHAB please contact Desiree Wenzel, phone 775-684-4232, or by email: ddwenzel@health.nv.gov or Kagan Griffin, phone 775-684-4134, email: kgriffin@health.nv.gov, Fax: 775-684-5998 or Mailing address: 4150 Technology Way, Carson City, Nevada 89706, by Sunday, May 21, 2023, and submit a letter of interest and a resume or curriculum vitae. Materials submitted will be forwarded to the Administrator of the Division of Public and Behavioral Health and to the Board of Health for consideration for possible appointment.

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

1. The Advisory Board on Maternal and Child Health is hereby created.
 2. The Advisory Board consists of:
 - (a) Nine members to be appointed by the State Board of Health from a list of persons provided by the Administrator of the Division;
 - (b) One nonvoting member who is a member of the Senate appointed by the Legislative Commission; and
 - (c) One nonvoting member who is a member of the Assembly appointed by the Legislative Commission.
 3. The members who are:
 - (a) Appointed by the State Board of Health serve terms of 2 years.
 - (b) Legislators serve terms that begin on the third Monday in January of odd-numbered years and end the third Monday in January of the next odd-numbered year.
- ↳ Any member of the Advisory Board may be reappointed.
4. Except during a regular or special session of the Legislature, each Legislator who is a member of the Advisory Board is entitled to receive the compensation provided for a majority of the members of the Legislature during the first 60 days of the preceding regular session for each day or portion of a day during which he or she attends a meeting of the Advisory Board or is otherwise engaged in the work of the Advisory Board and the per diem allowance and travel expenses provided for state officers and employees generally. The salaries, per diem and travel expenses of the legislative members must be paid from the Legislative Fund. Each nonlegislative member of the Advisory Board serves without compensation but is entitled to receive the per diem allowance and travel expenses provided for state officers and employees generally. The per diem allowance and travel expenses must be paid from the Account for Maternal and Child Health Services.

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

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

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

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

Attachment for Agenda Item #5

Doula Medicaid Implementation Efforts in Nevada

Joyce Abeng, MPH
rabeng@unr.edu



LARSON INSTITUTE



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Nevada's 2020-2021 MMRC Report

- Nevada's maternal mortality rate from 2018-2020 was **19.2 per 100,000 live births**
- Higher than the Healthy People 2030 objective of **15.7 per 100,000 live births**
- In 2018, the mortality rate for Black, non-Hispanic Nevadans were **80.7**, non-Hispanic Nevadans were **18.7**, and Hispanic Nevadans were **15.4**

*Maternal Mortality and
Severe Maternal Morbidity
Nevada, 2020-2021*

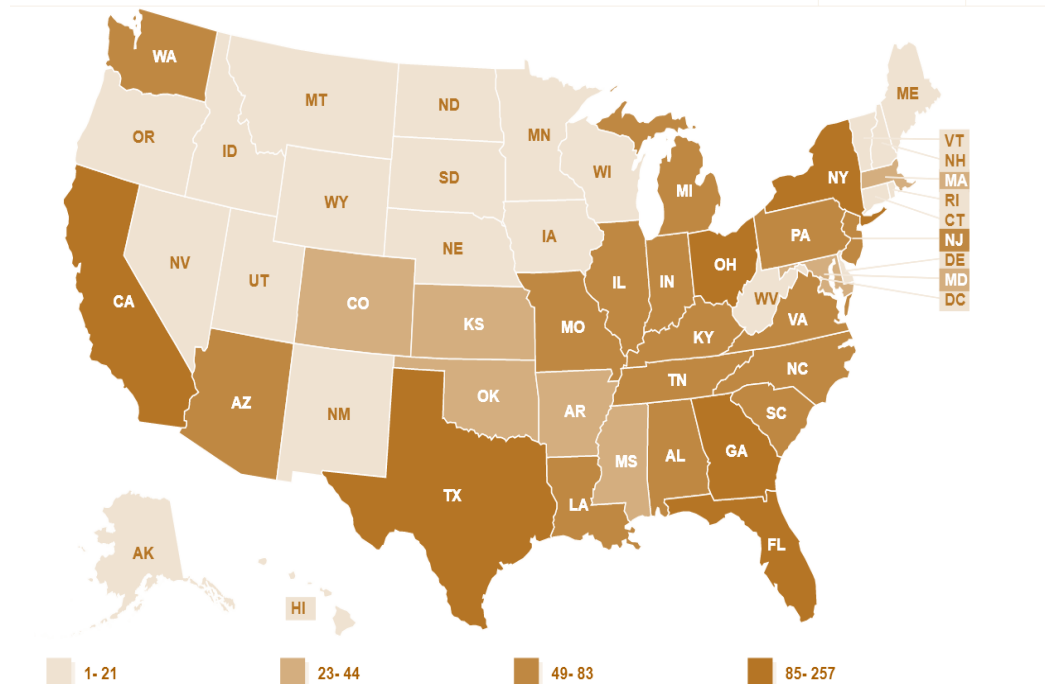
December 2022



*Office of Analytics
and
Maternal, Child, and Adolescent Health Section,
Division of Public and Behavioral Health*

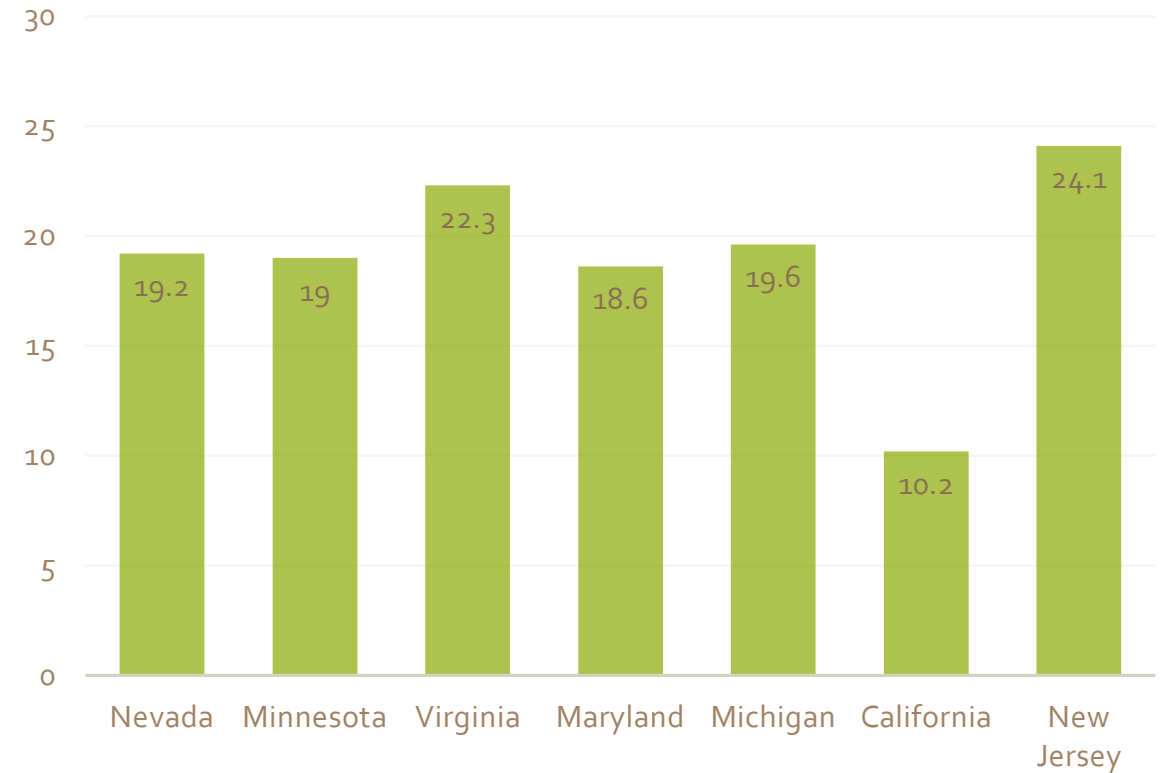
Department of Health and Human Services

Maternal Mortality Rates by state



Source: Kaiser Family Foundation

Maternal Mortality rates per 100,000 live births from 2018-2020



C-sections vs Vaginal Delivery Cost

- *According to estimates, in Nevada, cesarean births cost \$3,000-\$5,000, more than vaginal deliveries*



Cochrane Review

- In the 2017 Cochrane review, there were 27 randomized, controlled trials that studied the effects of continuous labor support, including **doulas**
- **39%** decrease in the chance of unplanned c-sections

National Doula Reimbursement by State

- Washington D.C. : \$683.22 per birth, and \$97 per visit
- Rhode Island: \$900 per birth, and \$100 per visit
- Michigan's: \$700 per birth, and \$75 per visit
- California: \$1,154 reimbursement fee
- New Jersey: \$1,198 reimbursement fee
- Oregon: \$1,500 reimbursement fee



State	Total Medicaid Reimbursement	Number of Visits
Minnesota	\$770	7
Virginia	\$859	10
Maryland	\$930	8
Michigan	\$1,150	6
California	\$1,154	11
New Jersey	\$1,198	10
Rhode Island	\$1,500	5
Oregon	\$1,500	6
D.C.	\$1,950.71	12

National Reimbursement rates

National Average
\$1,224 for 8 visits

Current NV Reimbursement
\$450 for 7 visits

Proposed NV Reimbursement
\$1,500 for 7 visits

Doula Impacts Beyond the Hospital

- Impact the ongoing cost to families with longer recovery times post-surgery
- Decrease Admissions to Neonatal Intensive Care Units (NICU) from preterm births
- Increase lactation rates



Attachment for Agenda Item #6

Joe Lombardo
Governor



Richard Whitley
Director

Childhood Vaccine Coverage Data

Division of Public and Behavioral Health

Kristy Zigenis, Immunization Program Manager

5/05/23



Department of Health and Human Services

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Agenda



1. Nevada School Entry Requirements
2. Nevada School Response Rates
3. Kindergarten Rates
4. 7th Grade Rates
5. 12th Grade Rates
6. 7 – Series Data
7. Infant Data – Not Up To Date
8. Questions



Nevada School Entry Requirements



- Certain immunizations are required for students enrolled in Nevada public, private, or charter schools and universities according to Nevada Revised Statutes
- All students enrolling in kindergarten, 7th grade, 12th grade, or those who are new to a Nevada school district for any grade, must be fully vaccinated per (NRS) 392.435 and 394.192 and amendments to Nevada Administrative Code (NAC) 392.105, 394.250 and 441A.755
- Students must prove immunity to: diphtheria, tetanus, pertussis, poliomyelitis, rubella, rubeola (measles), mumps, hepatitis A, hepatitis B, varicella, and *Neisseria meningitidis* (meningitis), unless excused because of a religious belief or medical condition.



Annual School Immunization Census



- Each public school, private school, and childcare facility in Nevada is required to report the exact number of students in **kindergarten**, **7th grade**, and **12th grade** who have completed the immunizations required for enrollment before December 31st of each year
- NSIP analyzes this data & then submits data to CDC, which then gets published to SchoolVaxView
- We analyzed this data for the 2019-2020, 2020-2021, & 2021-2022 school years to see the impact of COVID-19 on school immunizations



School Response Rates in 2021-2022 School Year



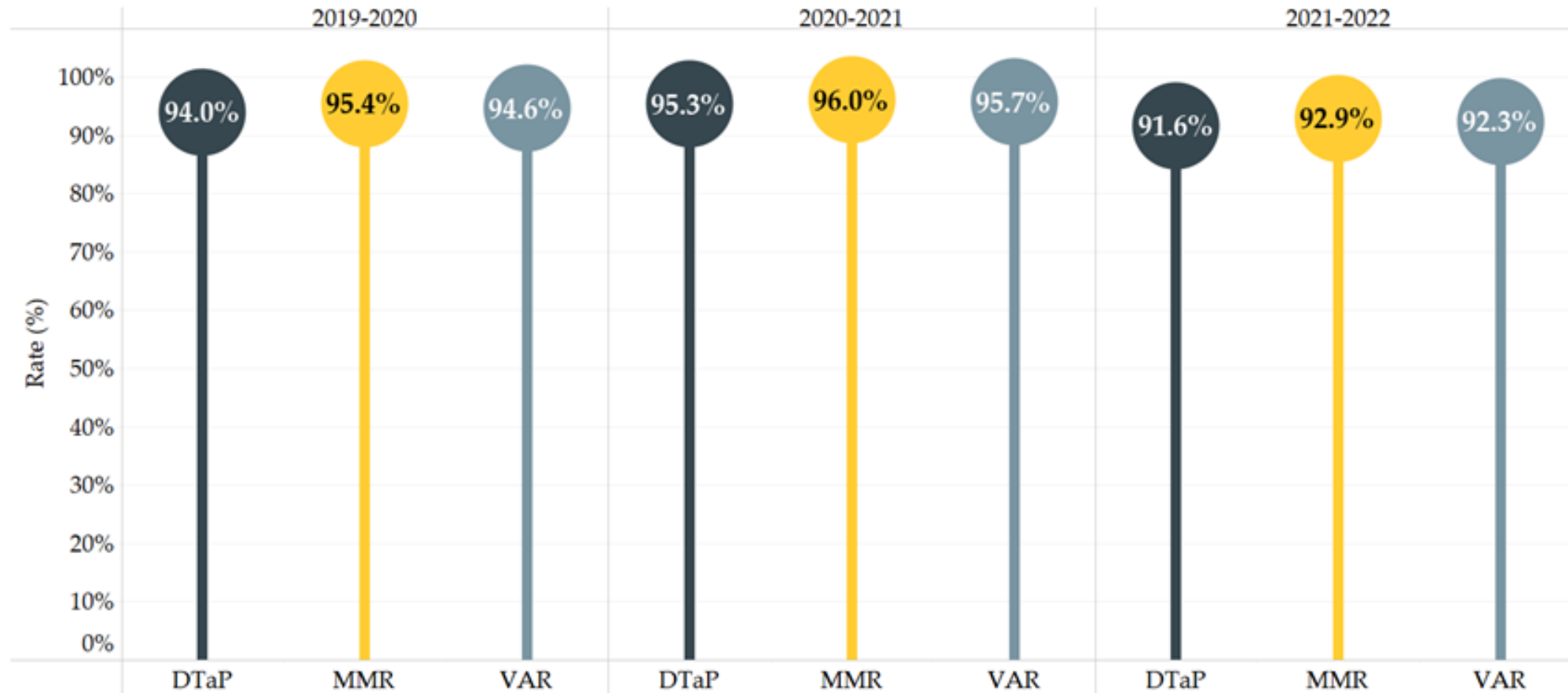
Kindergarten, 7th, and 12th Grade Students in Nevada Captured in the Survey by School Type - SY2122

	Number of Students Enrolled in Nevada (N)	Number of Students Analyzed in Survey (n)	Percent of Students Captured in Survey (%)
Public	94,552	87,721	92.8%
Charter	12,467	11,274	89.4%
Private	4,855	4,011	81.3%
Grand Total	111,874	103,006	87.8%



Kindergarten Rates

Rates of Select School Required Vaccines for Nevada Kindergartners by School Year

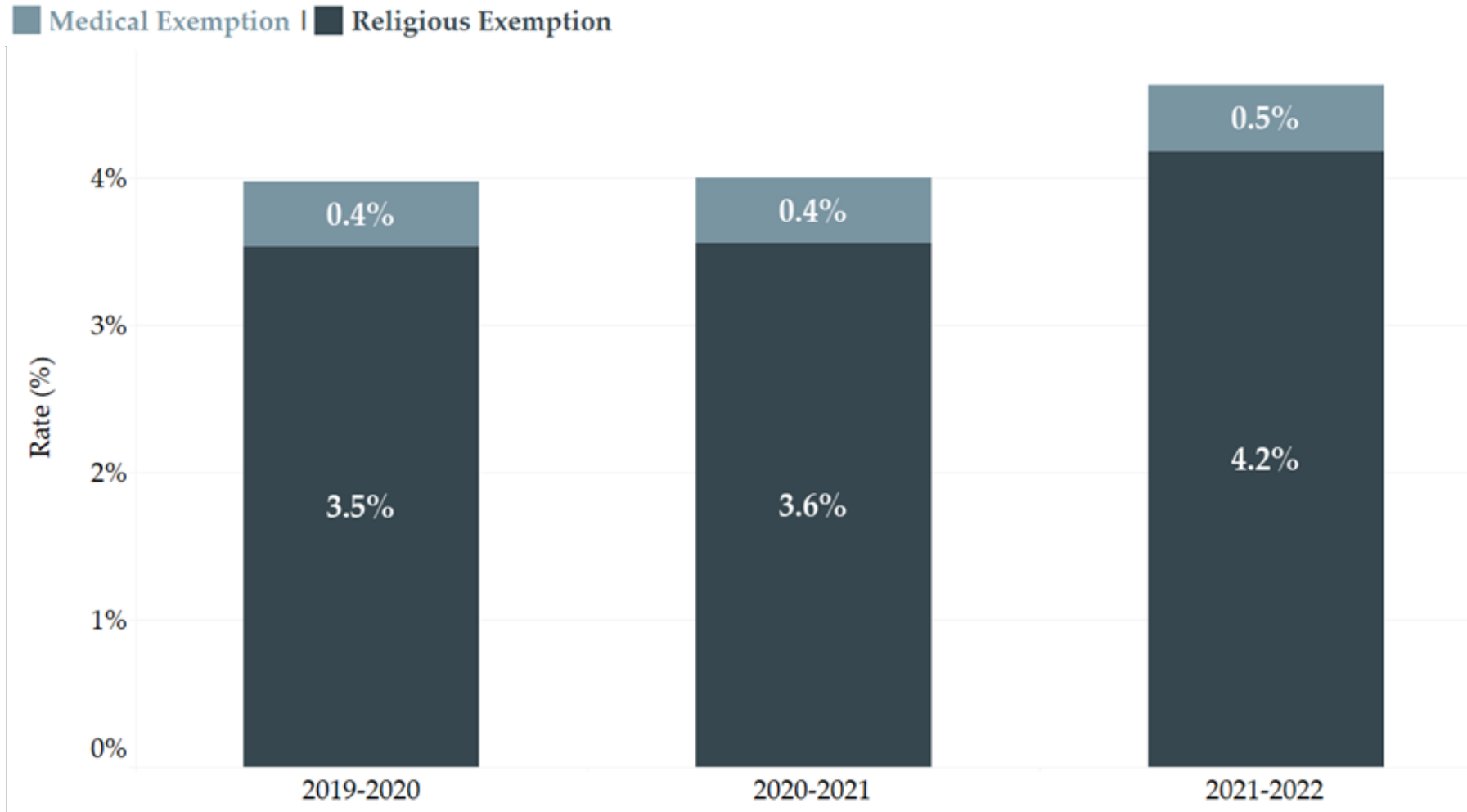


(Source: Annual Immunization Reporting Survey, SY19-20-SY20-21)



Kindergarten Rates

Rate of Kindergarten Students in Nevada with Exemptions by Type and School Year

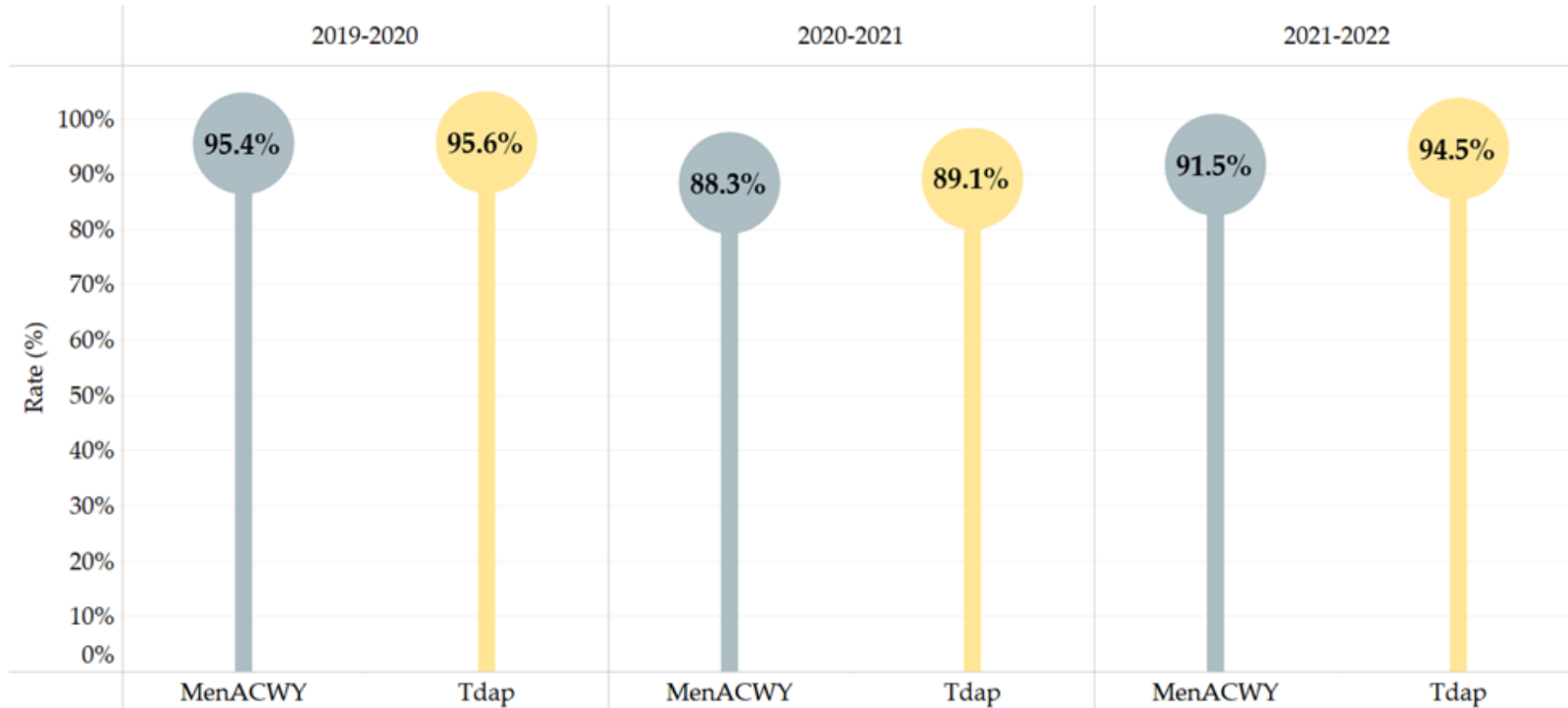


(Source: Annual Immunization Reporting Survey, SY19-20-SY20-21)



7th Grade Rates

Rates of Select School Required Vaccines for Nevada 7th Graders by School Year

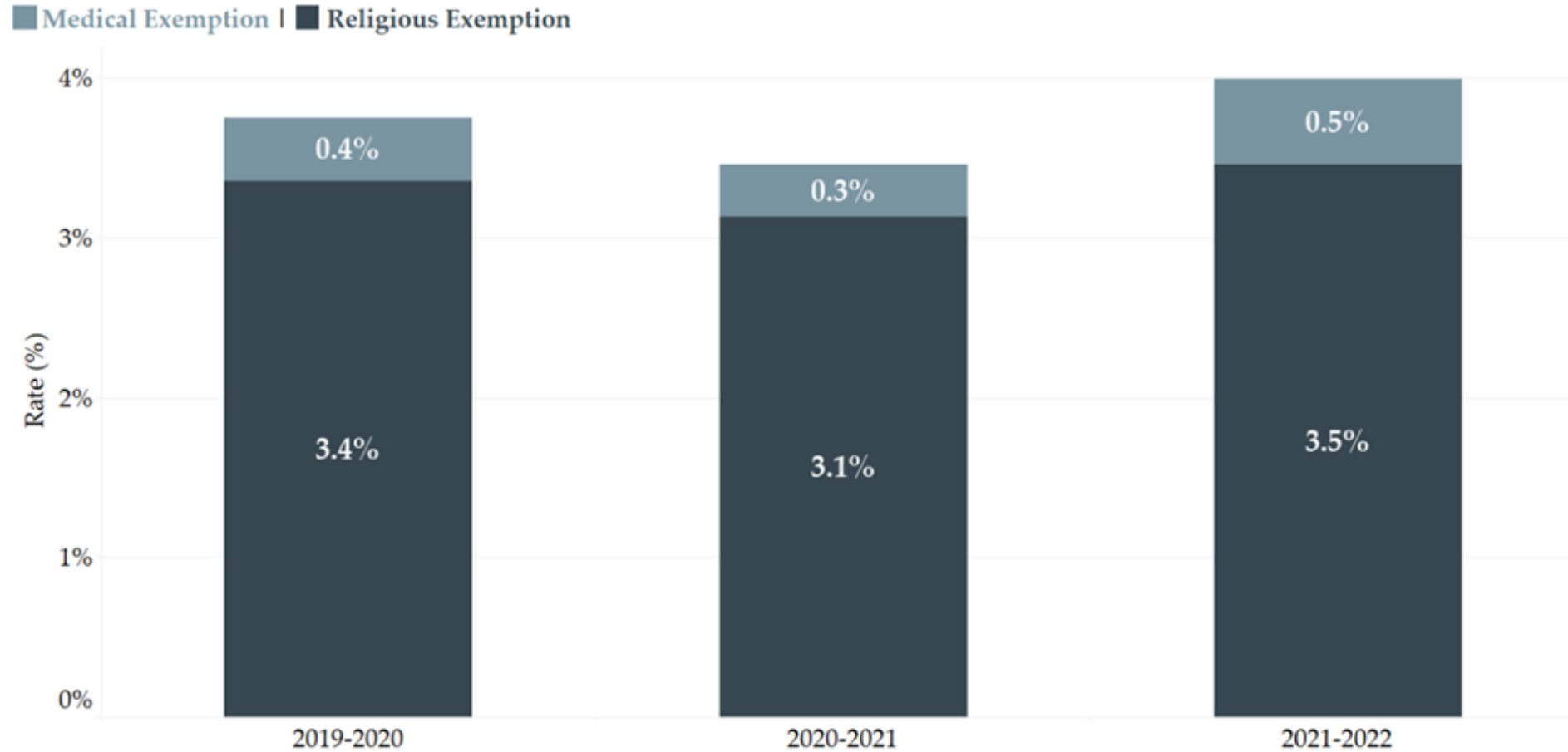


(Source: Annual Immunization Reporting Survey, SY19-20-SY20-21)



7th Grade Rates

Rate of 7th Grade Students in Nevada with Exemptions by Type and School Year

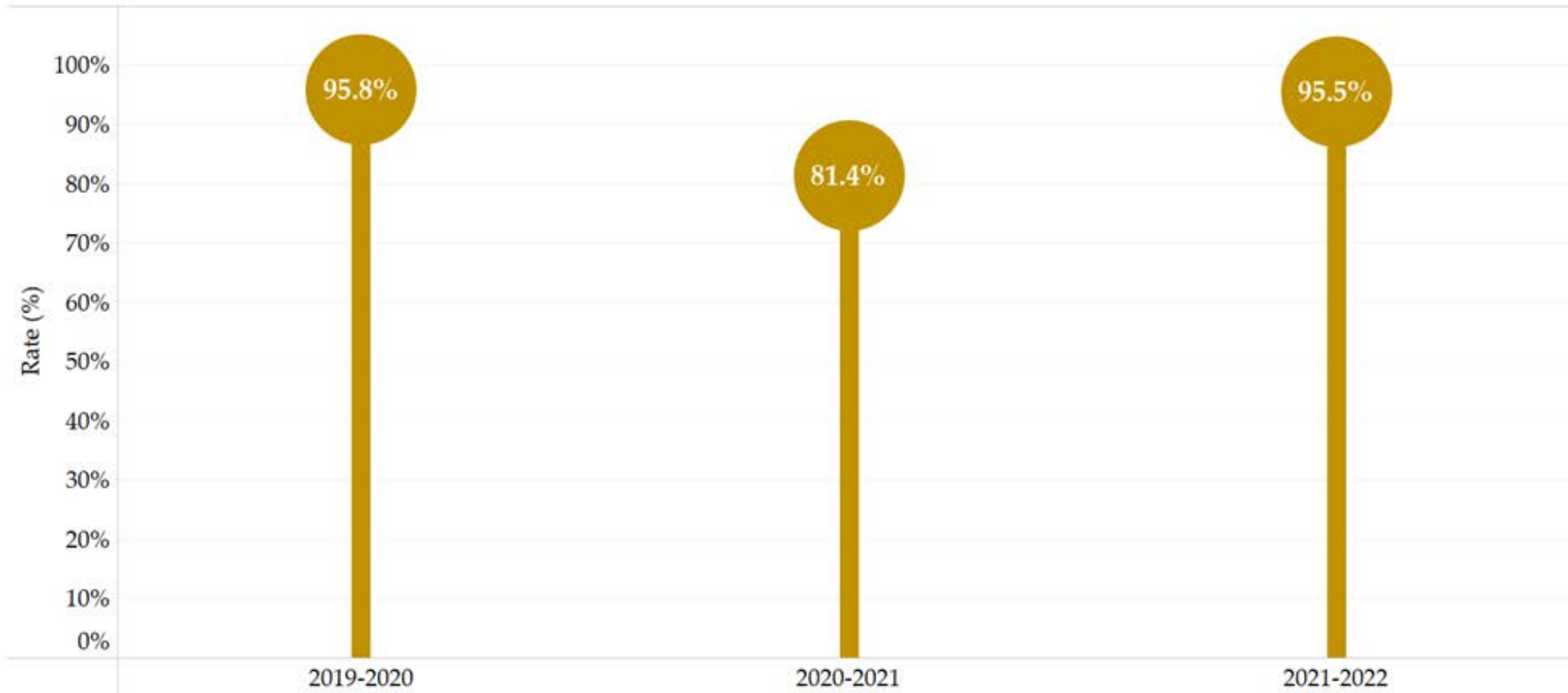


(Source: Annual Immunization Reporting Survey, SY19-20-SY20-21)



12th Grade Rates

Rates of MenACWY for Nevada 12th Graders by School Year

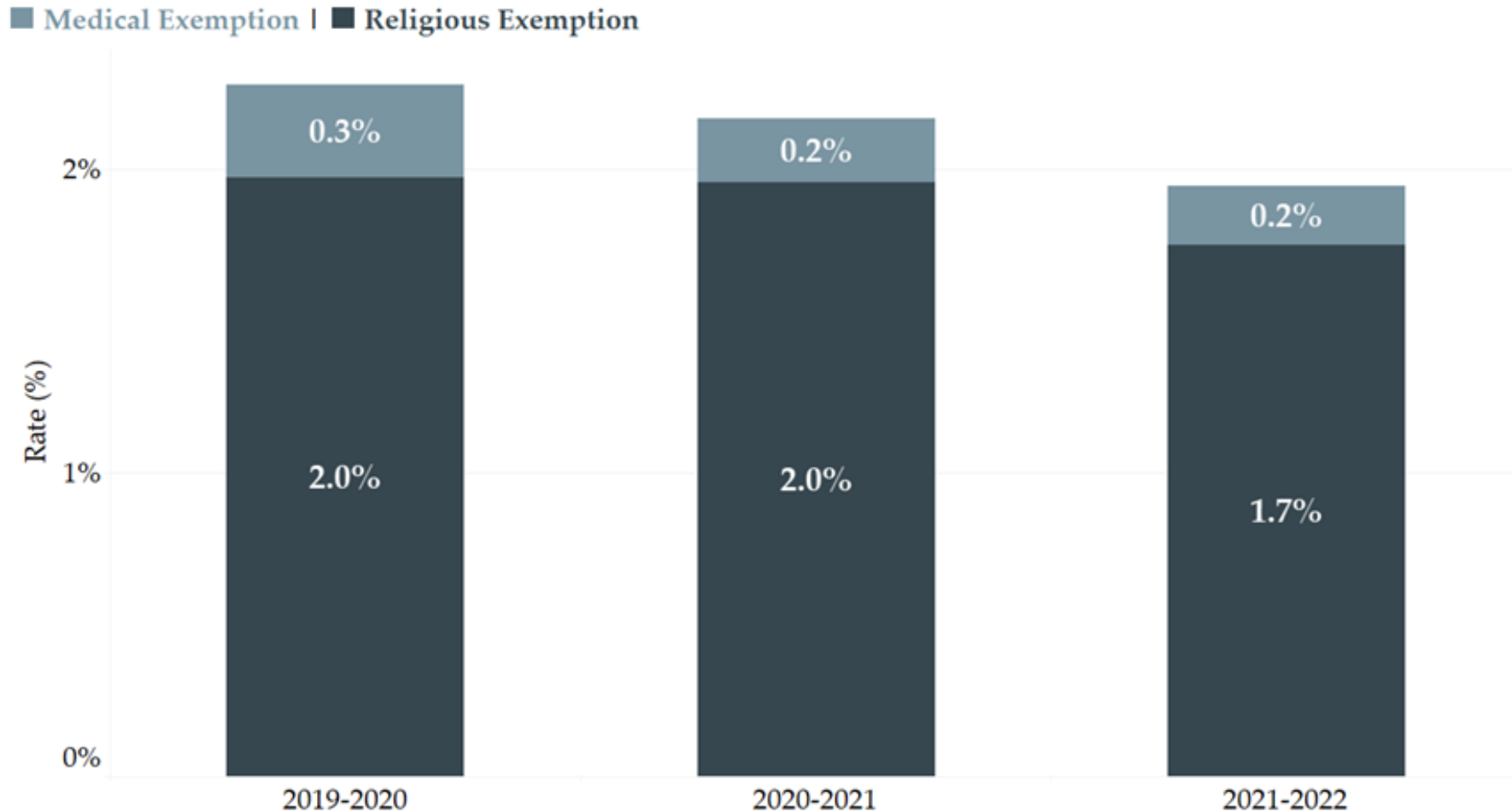


(Source: Annual Immunization Reporting Survey, SY19-20-SY20-21)



12th Grade Rates

Rate of 12th Grade Students in Nevada with Exemptions by Type and School Year



(Source: Annual Immunization Reporting Survey, SY19-20-SY20-21)



What is the 7-series?

≥ 4 doses

- DTaP – Diphtheria-Tetanus-Pertussis
- PCV – Pneumococcal

≥ 3 doses

- HepB – Hepatitis B
- Hib – *haemophilus influenzae* type b*
- IPV – Inactivated Poliovirus

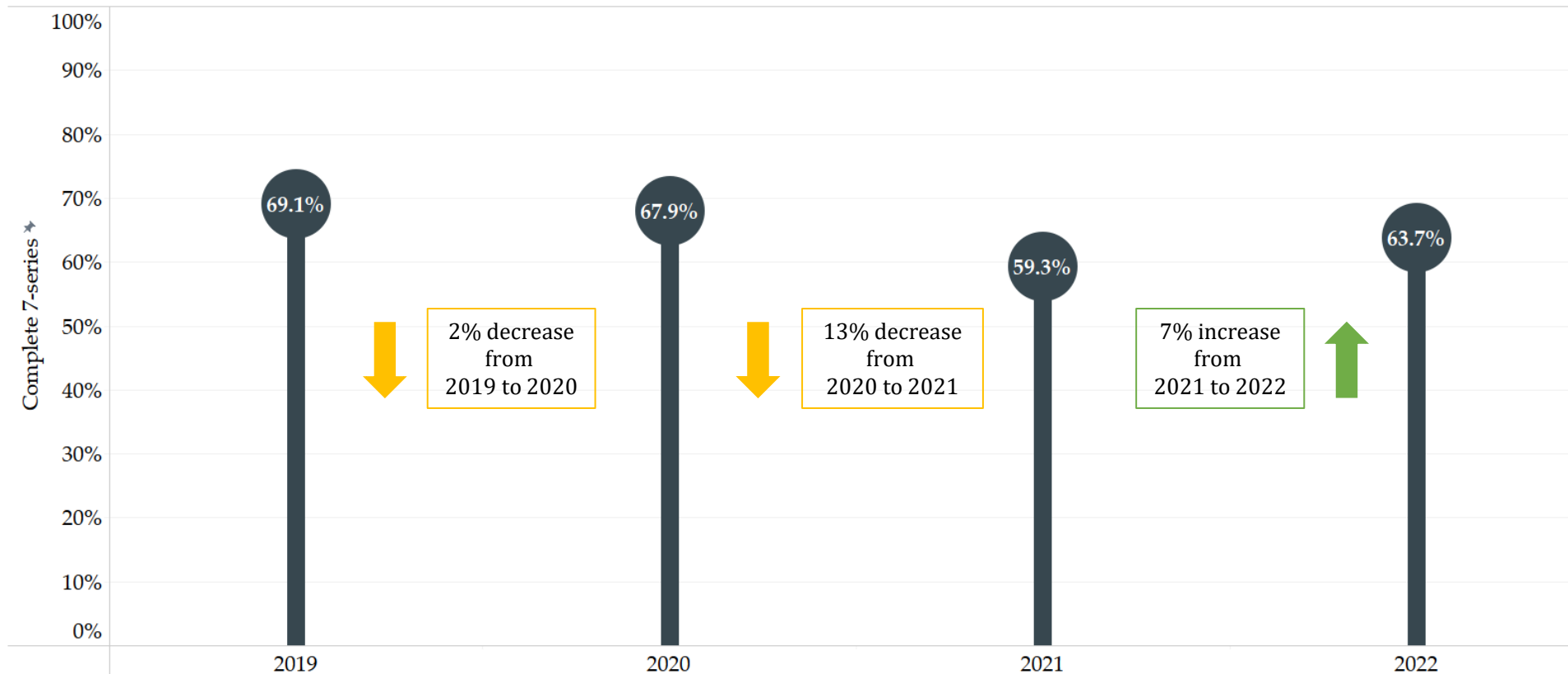
≥ 1 dose

- MMR – Measles, mumps, rubella
- VAR – Varicella



How does this rate compare to past years?

Infant 7-Series Rate in Nevada from 2019-2022



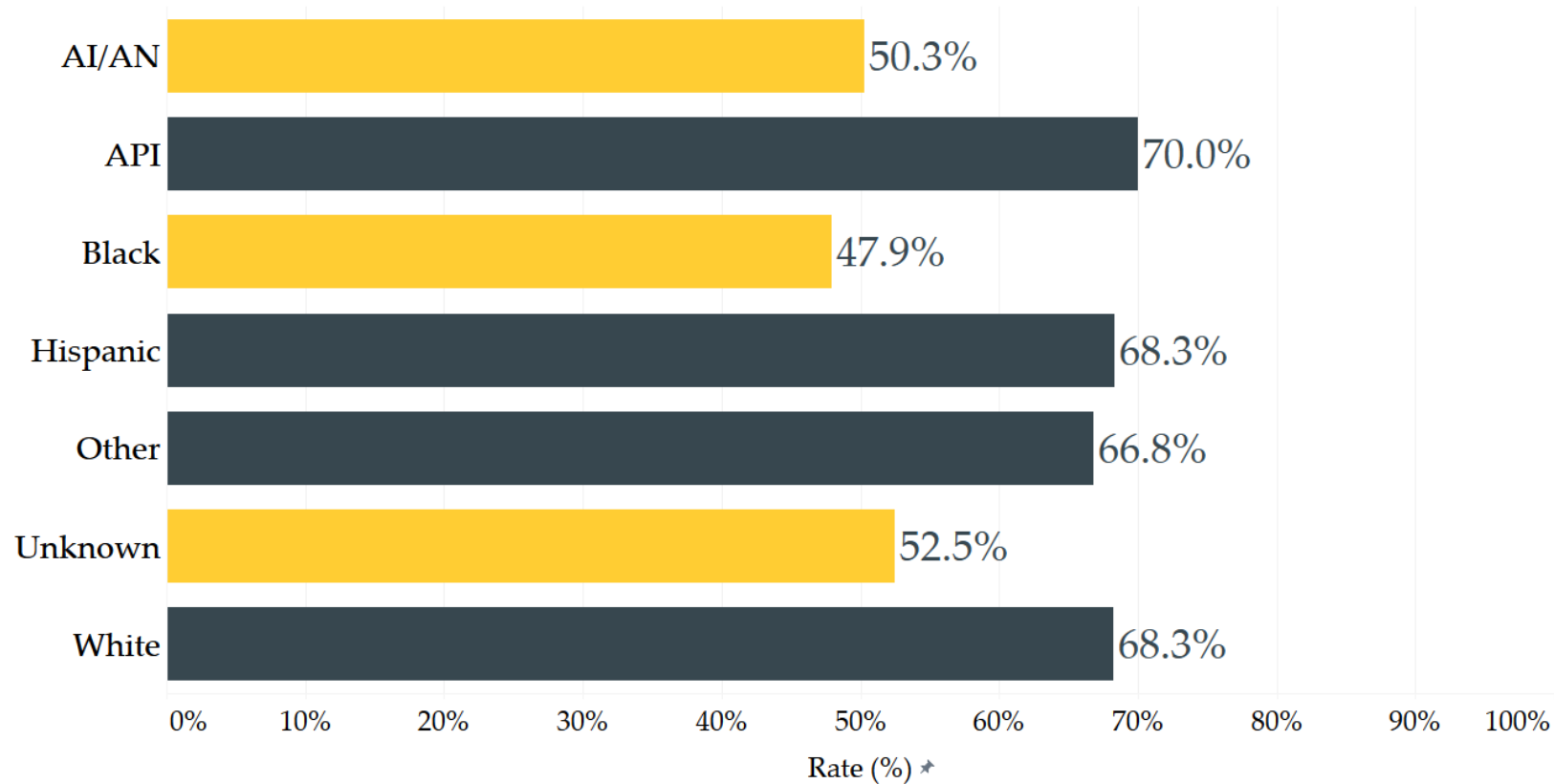
In 2022, NV saw a rebound in 7-series completion rates in infants, but rates are still lower than pre-pandemic levels.



What differences in completion rates are seen by Race/Ethnicity?



7-Series Rates in Nevada by Race/Ethnicity, 2022

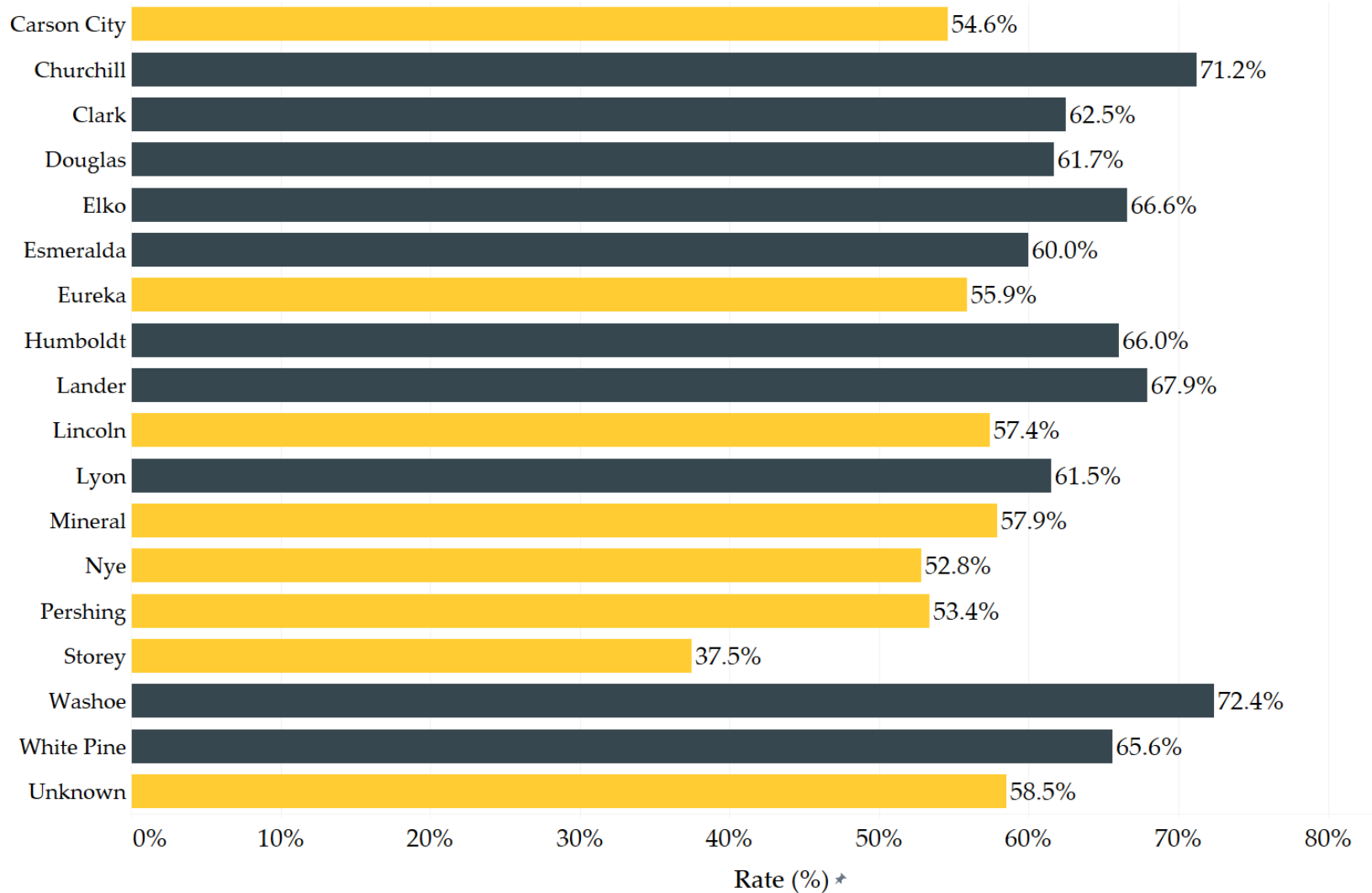


Native American and Black infants have lower completion rates than other race/ethnicities. Those with unknown race also see lower rates of completion.



What differences in rates are seen by County?

7-Series Rates in Nevada by County, 2022



The yellow bars represent counties with rates lower than 60%.



What about the infants who are not up-to-date?

36.3%

of infants are not up-to-date
on their 7-series in 2022

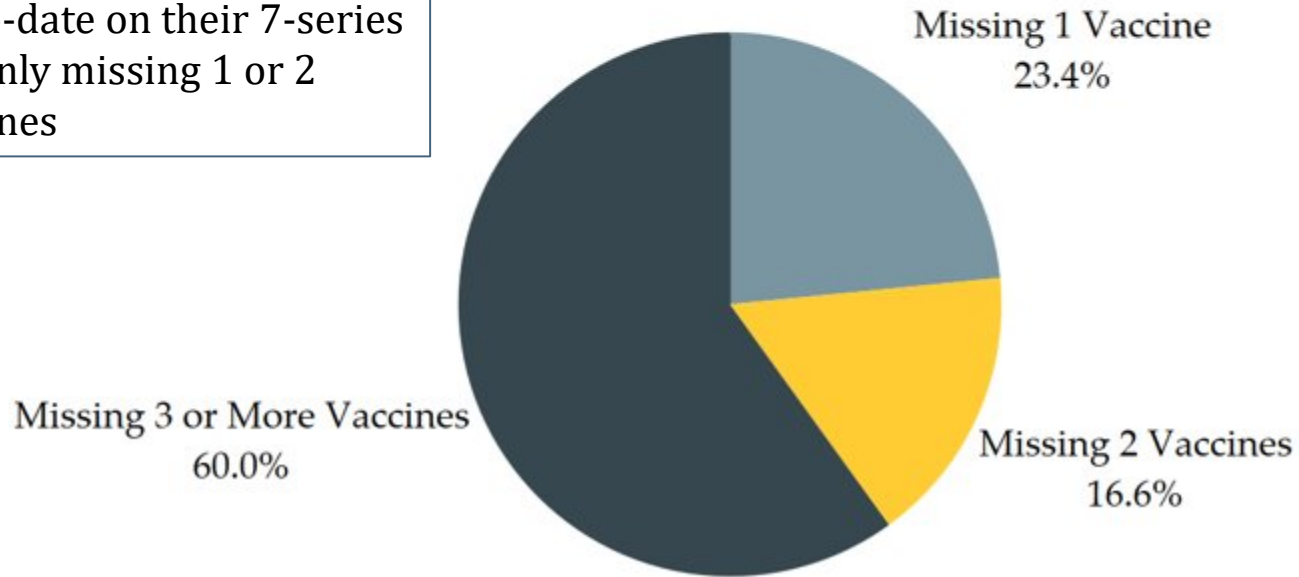


What percent of infants are only missing 1 or 2 vaccines in order to be up-to-date?



Number of Additional Vaccines Needed for Infants to Complete their 7-Series in Nevada, 2022

40% of infants who are not up-to-date on their 7-series are only missing 1 or 2 vaccines

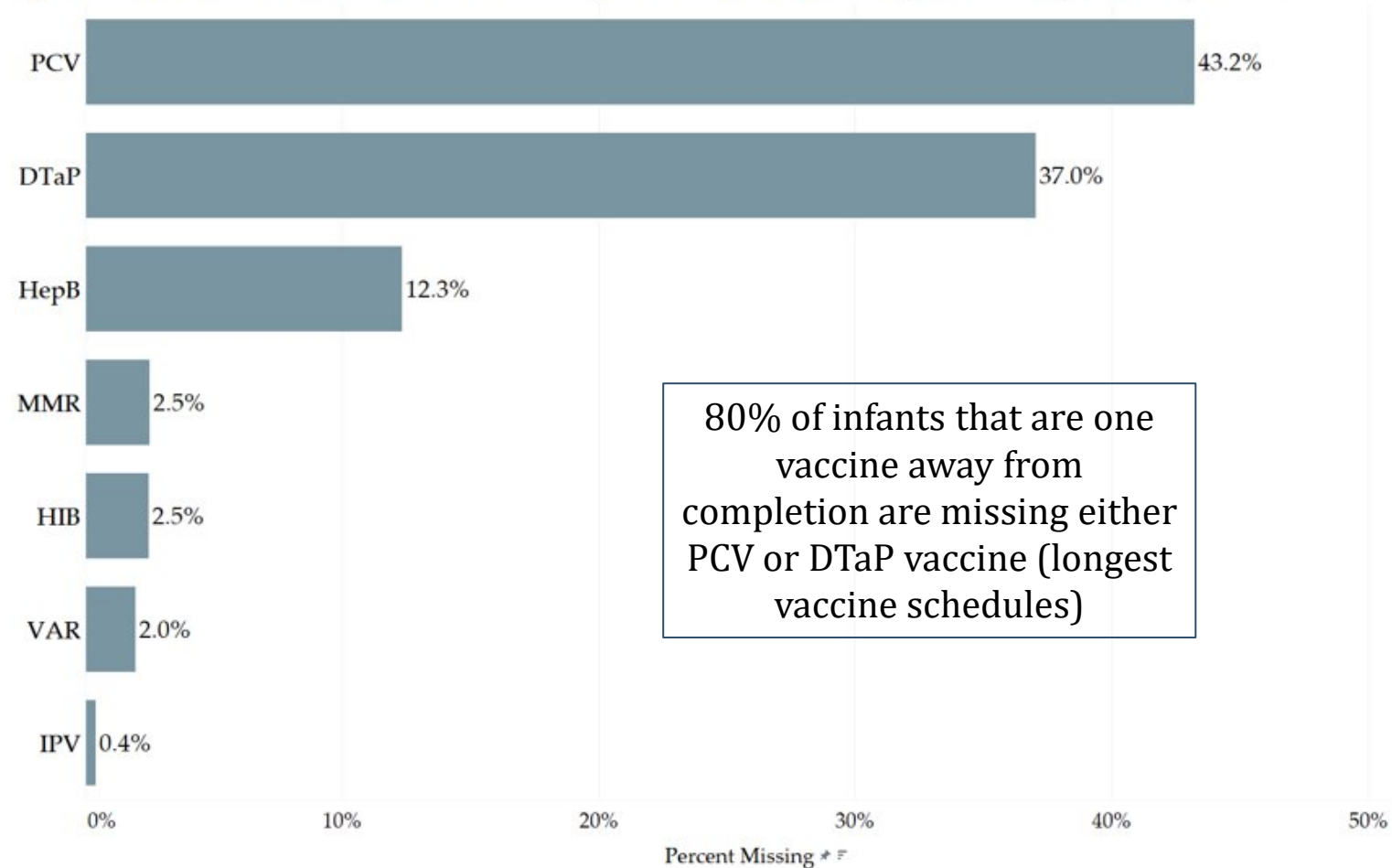




If they are only missing one vaccine, what are they missing?



Type of Vaccine Needed for Infants Missing One Vaccine to Complete Series, Nevada, 2022





What about if they are missing two vaccines?

60.4%

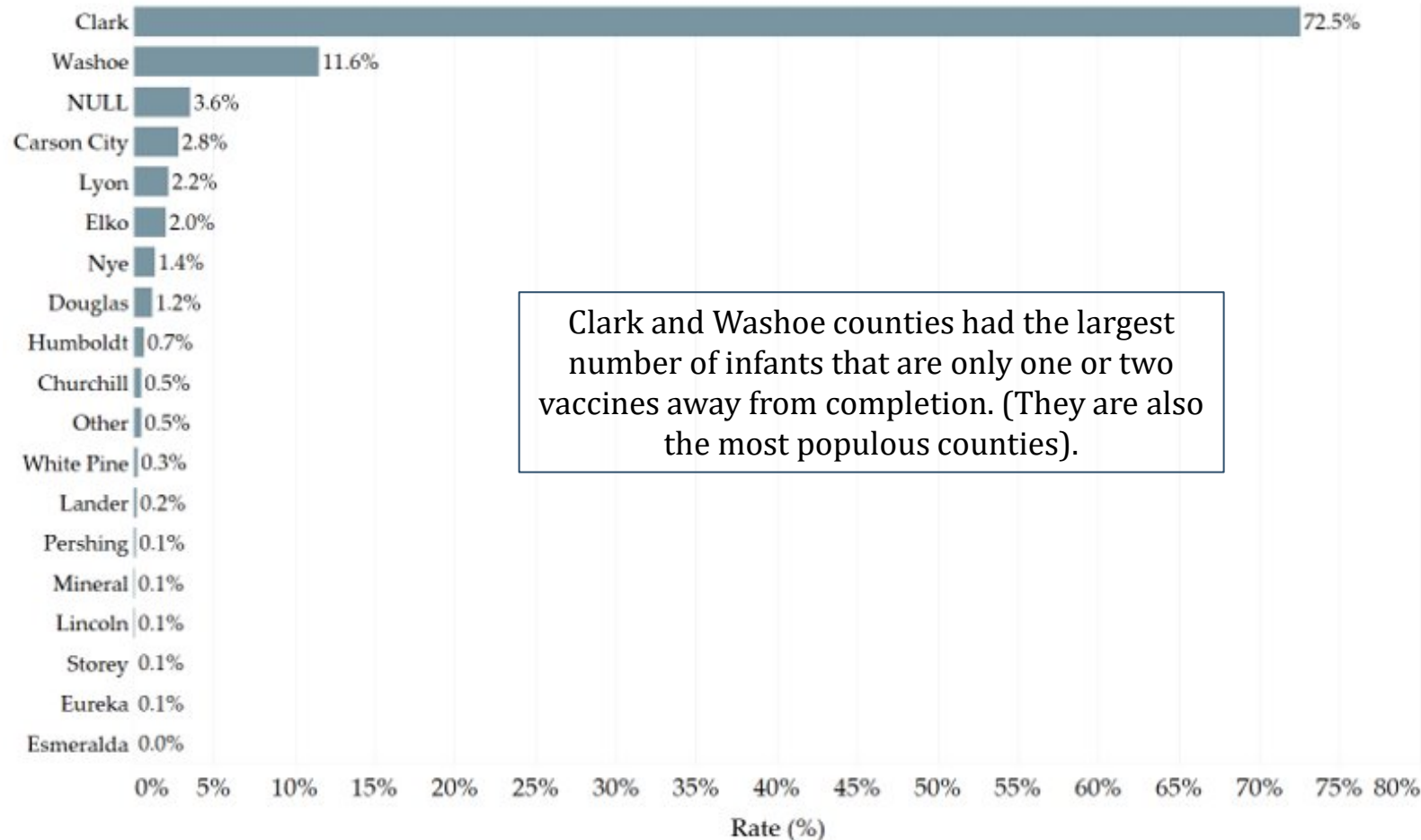
of infants missing two
vaccines are missing
DTaP and PCV



What counties have the largest percent of infants missing one or two vaccines?



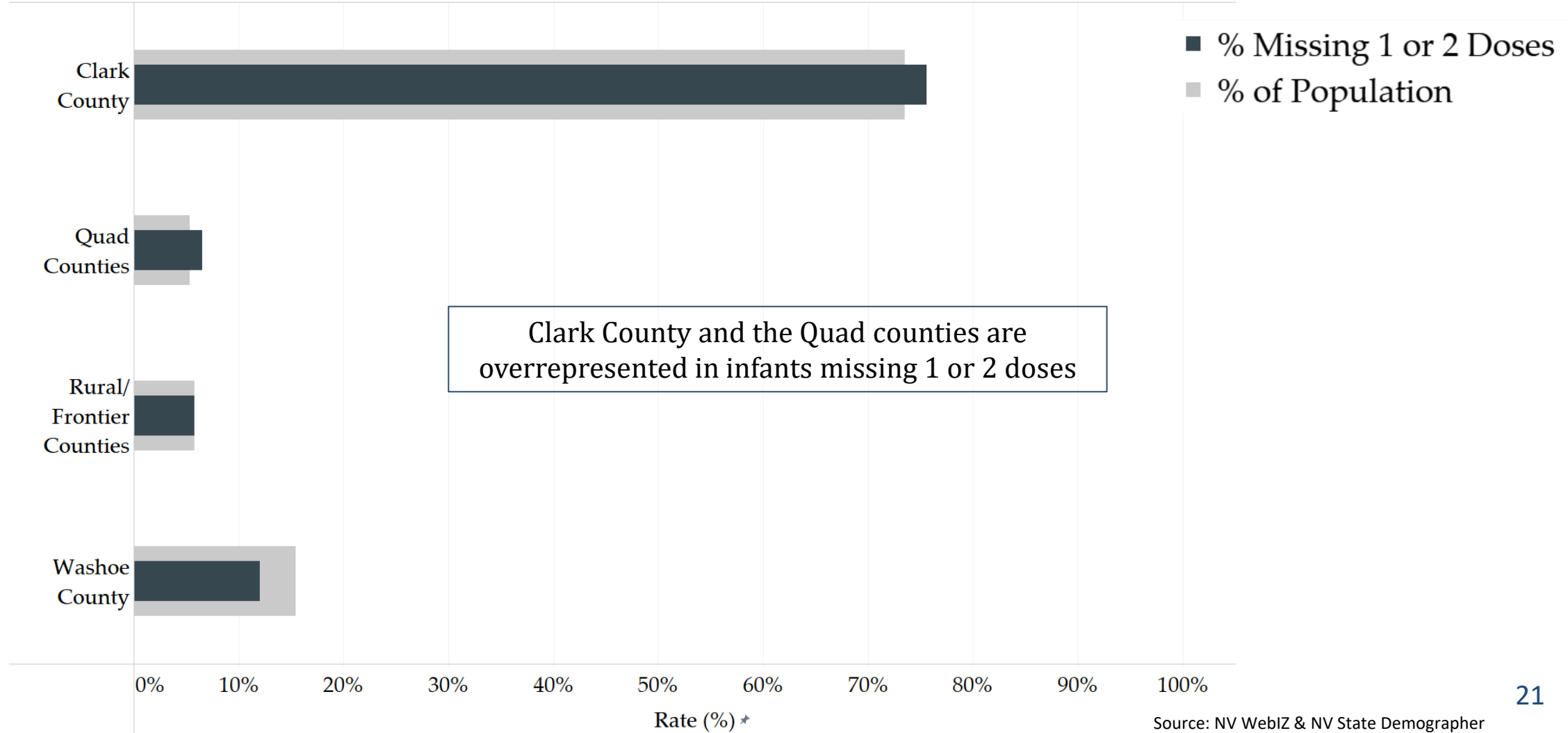
Percentage of Infants Missing One or Two Vaccines to Complete 7-Series by County, Nevada, 2022





What counties are overrepresented in infants missing 1 or 2 doses to complete 7-series?

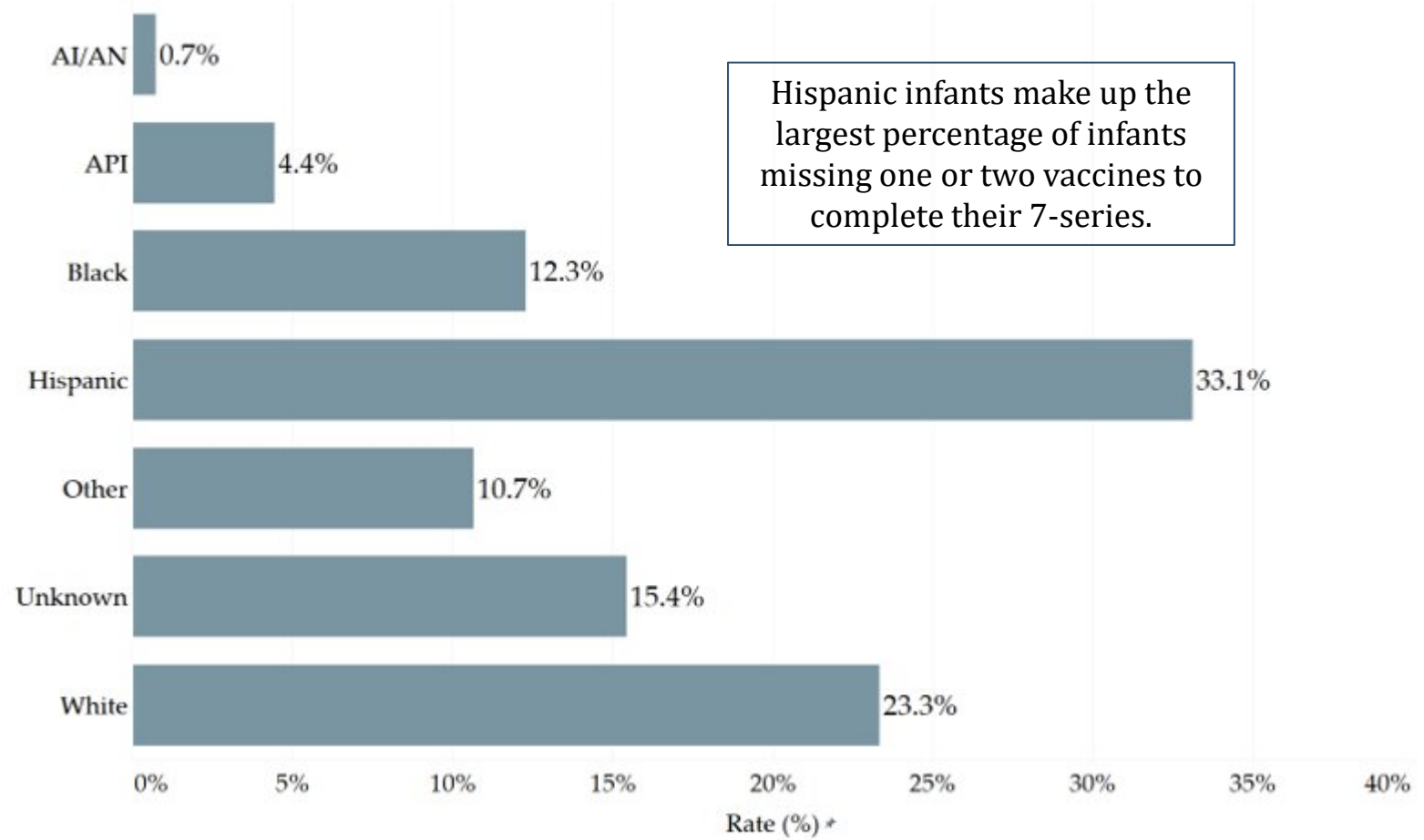
Proportion of Infants Missing One or Two Doses to Complete 7-Series vs. Proportion of Infants in Each Jurisdiction, 2022





What race/ethnicities have the largest percent of infants missing one or two vaccines?

Percentage of Infants Missing One or Two Vaccines to Complete 7-Series by Race/Ethnicity, Nevada, 2022



Black infants and infants with unknown race/ethnicity had lower 7-series completion rates.



Questions?



Contact Information



Kristy Zigenis

Immunization Program Manager

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775-684-2228

Attachment for Agenda Item #8

PMAD IN NEVADA

Perinatal Mood and Anxiety Disorders (PMAD) Program



NV Statewide Maternal and
Child Health (MCH) Coalition

Healthy moms and children strengthen Nevada

Funding was supported by the Nevada State Department of Health and Human Services through Grant Number 6 B04MC45529 from the Health Resources and Services Administration (HRSA) and State General Fund. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department nor HRSA.

PMAD Program Overview

The PMAD Program was established in 2017 under the NV Statewide Maternal and Child Health Coalition

- Training
- Support
- Referrals
- Scholarships



PMAD TRAININGS

What does this training offer?

- **Signs & Symptoms**

What does PMAD look like?

- **Support**

How can you help?

- **Referrals**

What resources are available in the community?

Understand the Difference Between Baby Blues and PMAD

BABY BLUES

- Very common
- Usually starts 2-3
- Doesn't last longer than 2 weeks

Symptoms can include:

- Feeling sad or angry
- Having trouble sleeping, eating or making decisions
- Feeling overwhelmed
- Feeling alone or cut off from loved ones
- Having trouble concentrating

POSTPARTUM DEPRESSION

- Usually starts 1-3 weeks after birth
- Intense symptoms
- Can occur up to a year after birth
- Usually requires treatment

Symptoms can include:

- Feeling angry or irritable
- Lack of interest in the baby
- Appetite and sleep disturbance
- Crying and sadness
- Feelings of guilt, shame, or hopelessness
- Loss of interest or joy in things you used to like
- Possible thoughts of harming self or baby

What Can We Do?

Empathy is an emotional, social skill that helps us feel and understand the emotions, circumstances, intentions, thoughts and needs of others, such that **we can offer sensitive, perceptive, and appropriate communication and support.**

Ruth Beagelhole, LMFT

What Can We Do? (cont.)

Listen and open the line of communication

- “I know everyone is focused on the baby, I want to hear about you. How are you doing?”
- “I noticed you’re having trouble sleeping, even when the baby sleeps. What’s on your mind?”

Offer Support - they’re not alone & you’re here to help

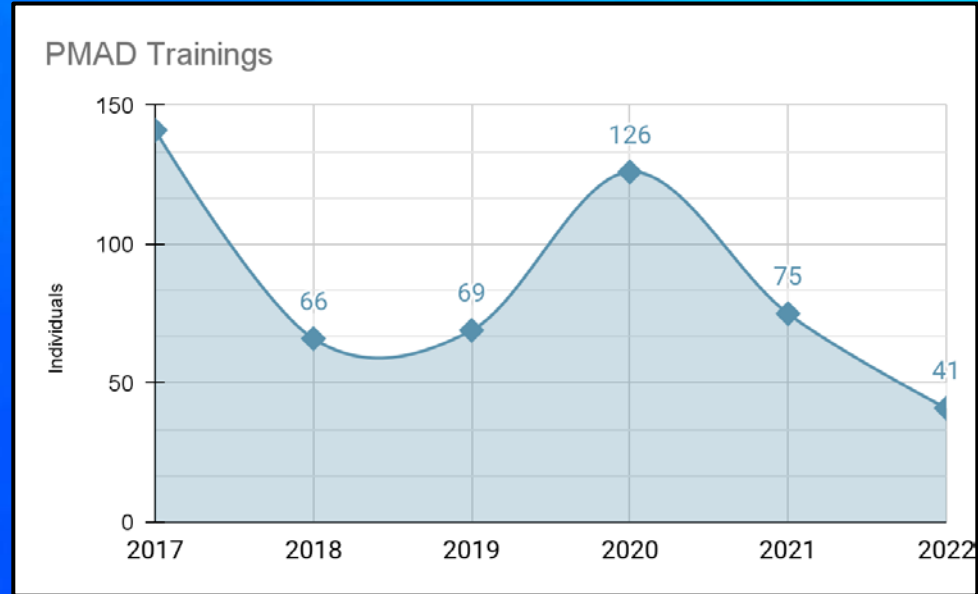
- “Do you have someone who can watch the baby while you get some rest or go see your friends?”
- “Who else can help? They can help around the house like making meals, cleaning, or going grocery shopping.”

**POST-
PARTUM
OCD &
DEPRESSION**



Nearly 600

trained and counting...



Referrals

How do referrals help?

→ **First**

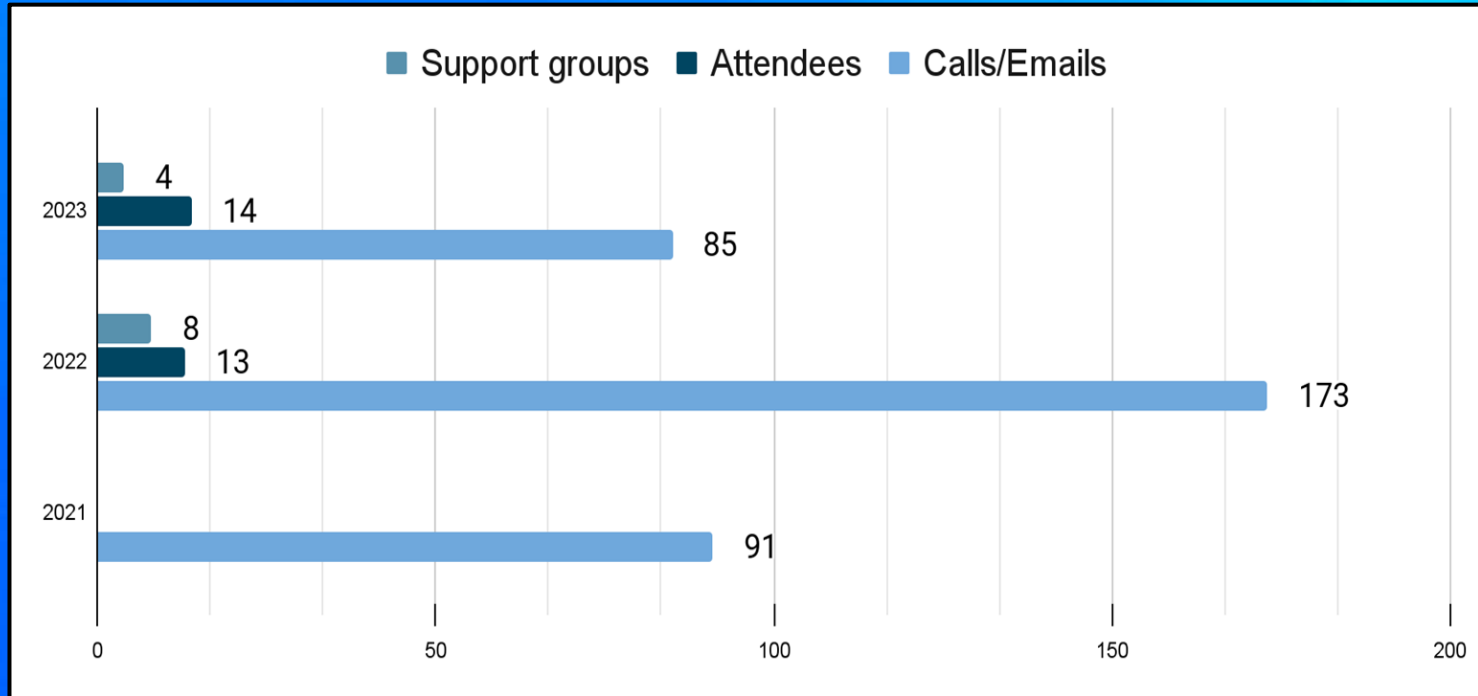
Talk with them to determine what they're open to

→ **Then**

Offer support through the PMAD Program - therapy referrals and scholarships for uninsured or underinsured

PMAD Referrals

- Average # per month
- Calls and Emails total for the YTD



Mommy Care Club

- Offers a sense of community
- Provides a positive and safe environment
- Led by a Group Peer Support (GPS) Trained Facilitator

CDC *Vitalsigns*TM

#vitalsigns
MAY. 2020

Identifying Maternal Depression Missed opportunities to support moms



Want to learn more?
www.cdc.gov/vitalsigns/

1 in 8

1 in 8 women report symptoms of depression after giving birth.

20%

About 1 in 5 women were not asked about depression during a prenatal visit.

50%

Over half of pregnant women with depression were not treated.

Healthcare Providers are missing opportunities to ask women about depression.

Postpartum Support International (PSI) Nevada Chapter

Awareness

Prevention

Treatment



Contact Information

Tawanda McIntosh, PMAD Program Coordinator

- Tawanda.McIntosh@dignityhealth.org

Tori Diego, NV Statewide MCH Coalition Program Manager

- Tori.Diego@DignityHealth.org

Kairi Pangelinan, Community Health Worker

- kairirenae.pangelinan@dignityhealth.org

Sources

- Centers for Disease Control and Prevention
<https://www.cdc.gov/reproductivehealth/vital-signs/identifying-maternal-depression/index.html>

Attachment for Agenda Item #9

Midwifery in Nevada

Dr. Jennifer Vanderlaan, UNLV School of Nursing

April Clyde CNM & Cheryl Rude, Serenity Birth Center

May 5, 2023

Access to Nurse-Midwives in Nevada

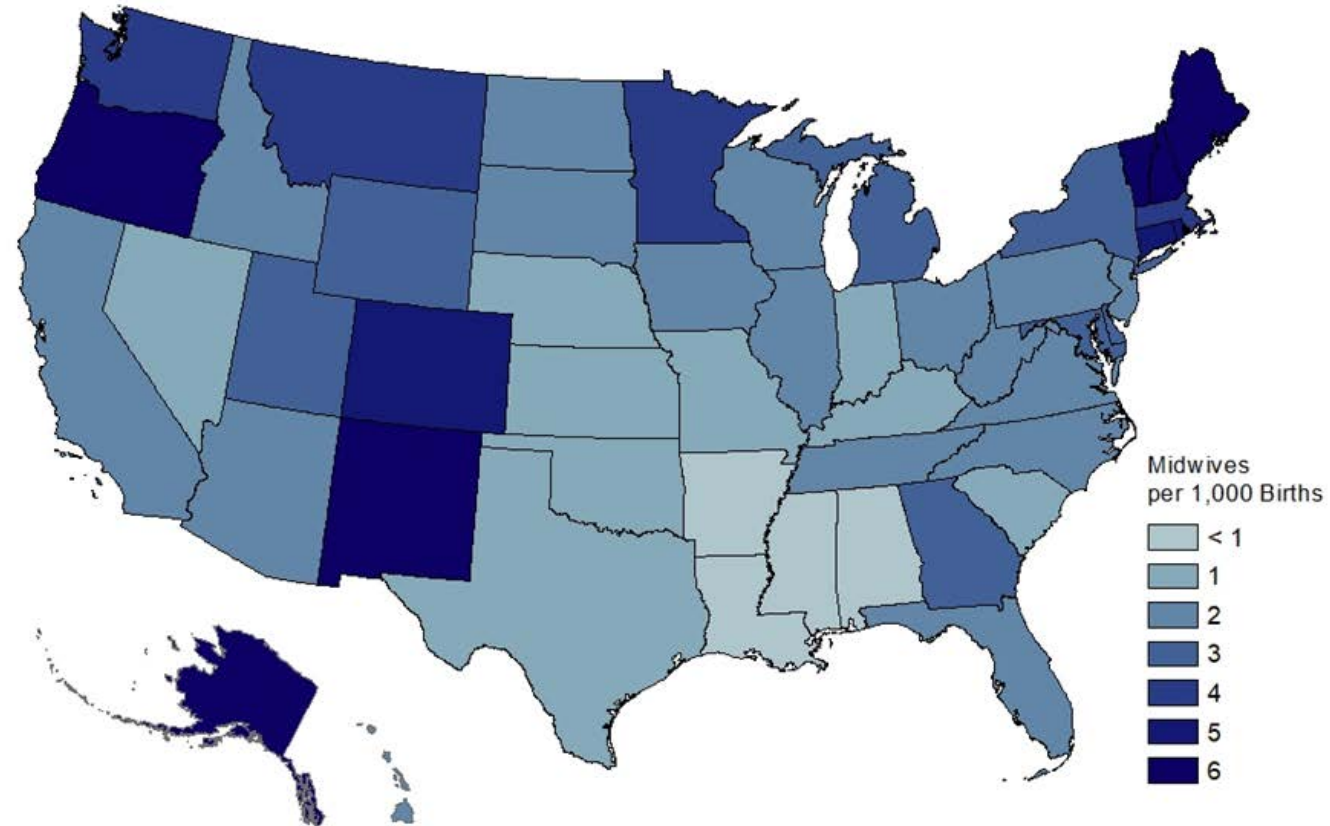
- American Midwifery Certification Board (February 2023)¹
 - Nevada has 65 nurse-midwives
- National Provider Identifier Database (2022)²
 - Nevada has 51 nurse-midwives
- Nevada Board of Nursing Annual Report (2021)³
 - Nevada has 10 licensed nurse-midwives

1. American Midwifery Certification Board. Number of CNM & CM by State – February 2023. Available at <https://www.amcbmidwife.org/about-amcb/data-and-research>

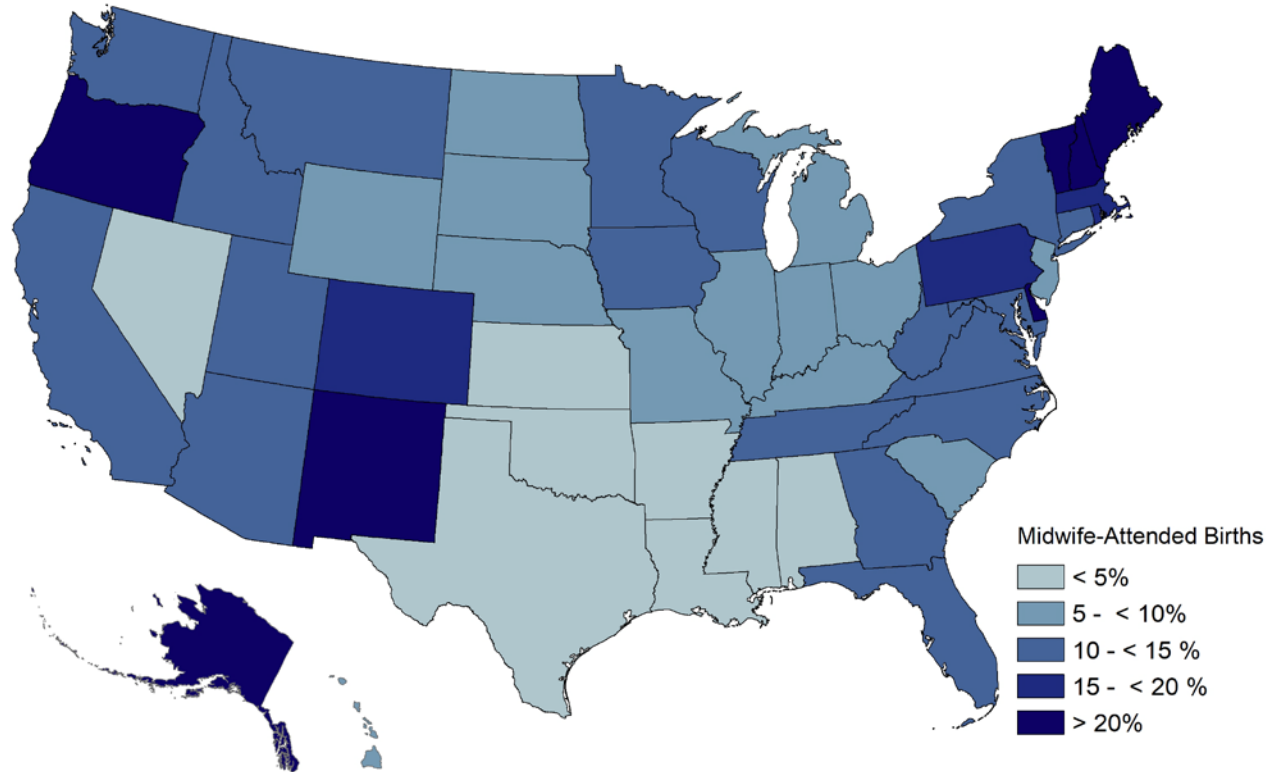
2. Centers for Medicare & Medicaid Services. NPES Data Dissemination Monthly Replacement File - Accessed November 29, 2022. Available at https://download.cms.gov/nppes/NPI_Files.html

3. Nevada State Board of Nursing. Annual Report Fiscal Year 2020/2021. Available at <https://nevadanursingboard.org/wp-content/uploads/2022/02/Annual-Report-FY-2020-2021-Final.pdf>

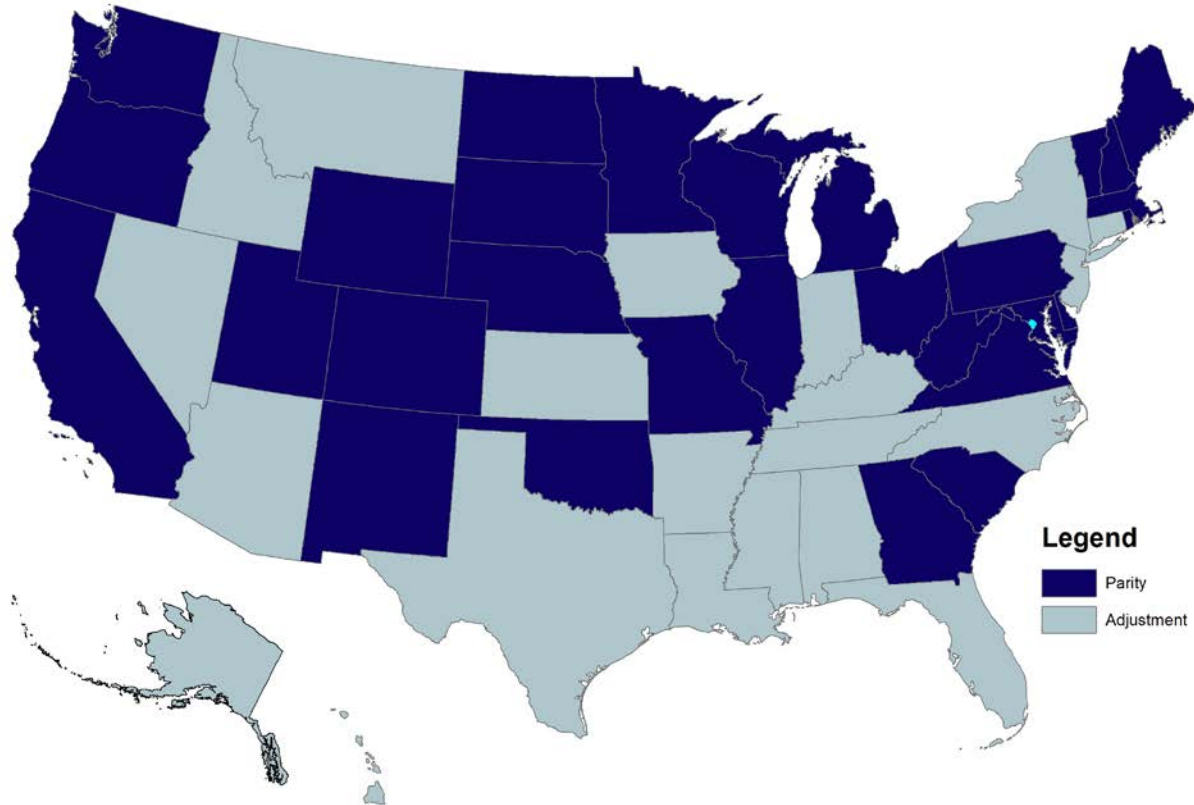
Density of Nurse-Midwives, 2020



Nurse-Midwife Attended Births, 2020



Nurse-Midwife Medicaid Parity, 2019¹



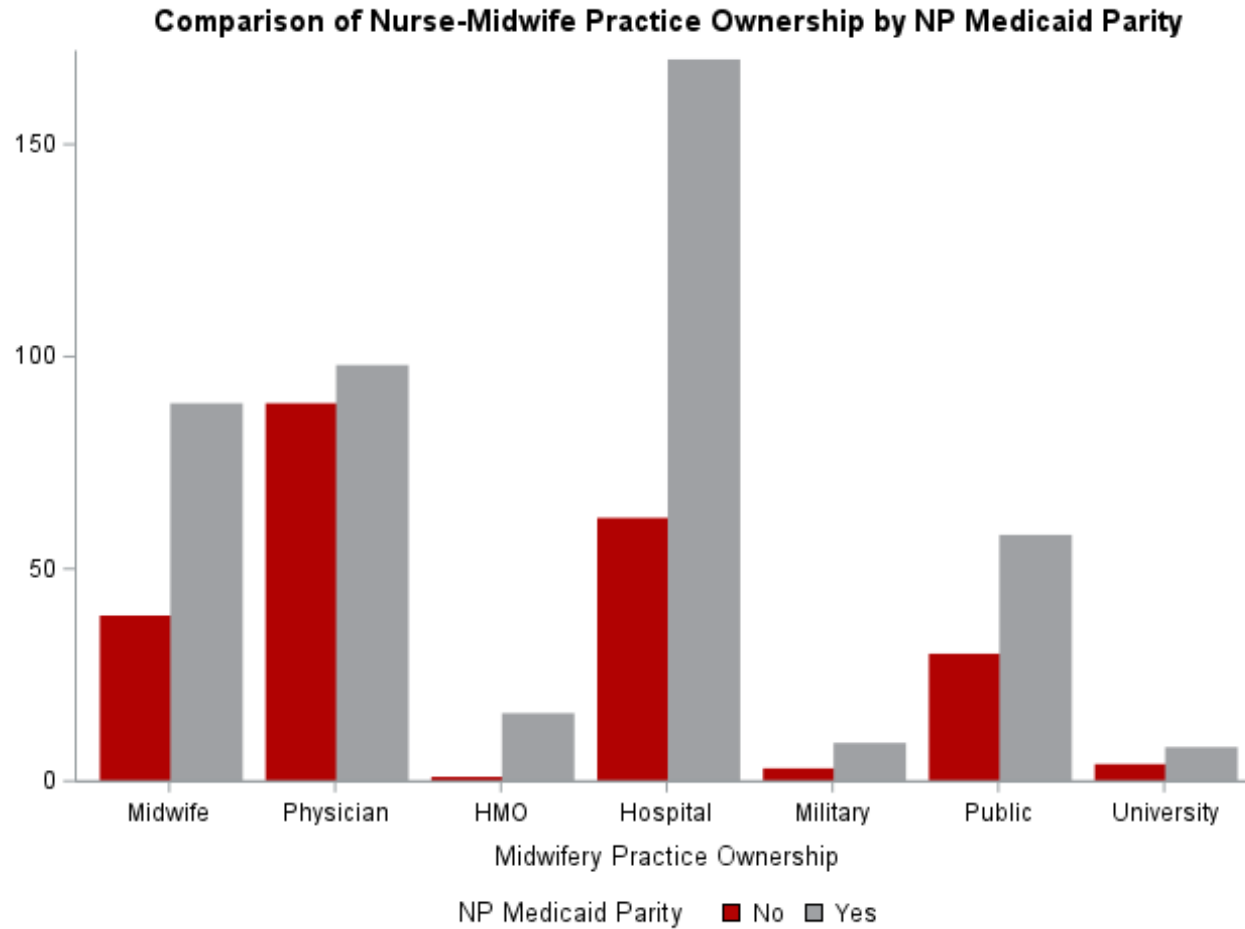
Medicaid margin for low-risk care in Nevada is negative²

- Physician (\$350)
- Midwife (\$43)

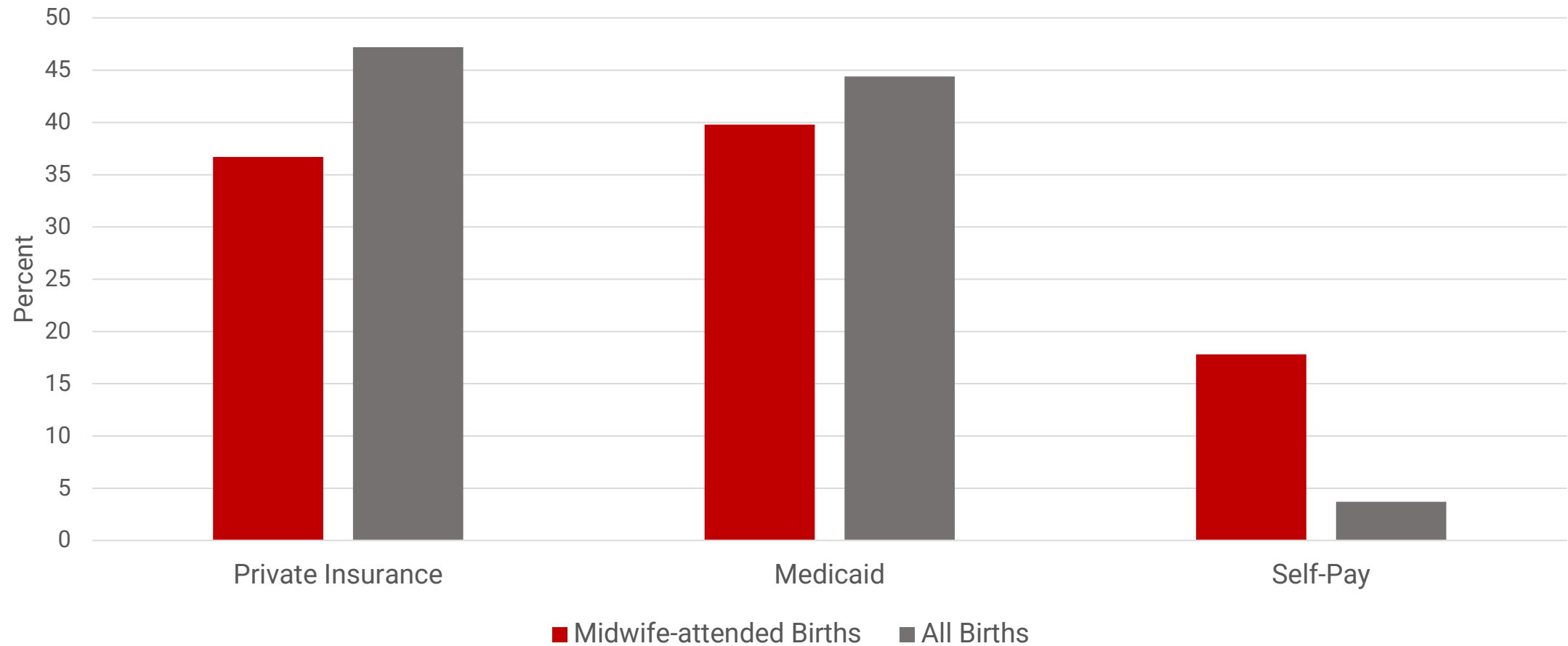
1. Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Natality on CDC WONDER Online Database. Data are from the Natality Records 2016-2021, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/natality-expanded-current.html>

2. Baker, M.V., Butler-Tobah, Y.S., Famuyide, A.O. & Theiler, R.N. (2021). Medicaid cost and reimbursement for low-risk prenatal care in the United States. *Journal of Midwifery & Women's Health*; 66(5):589-596. <https://doi.org/10.1111/jmwh.13271>

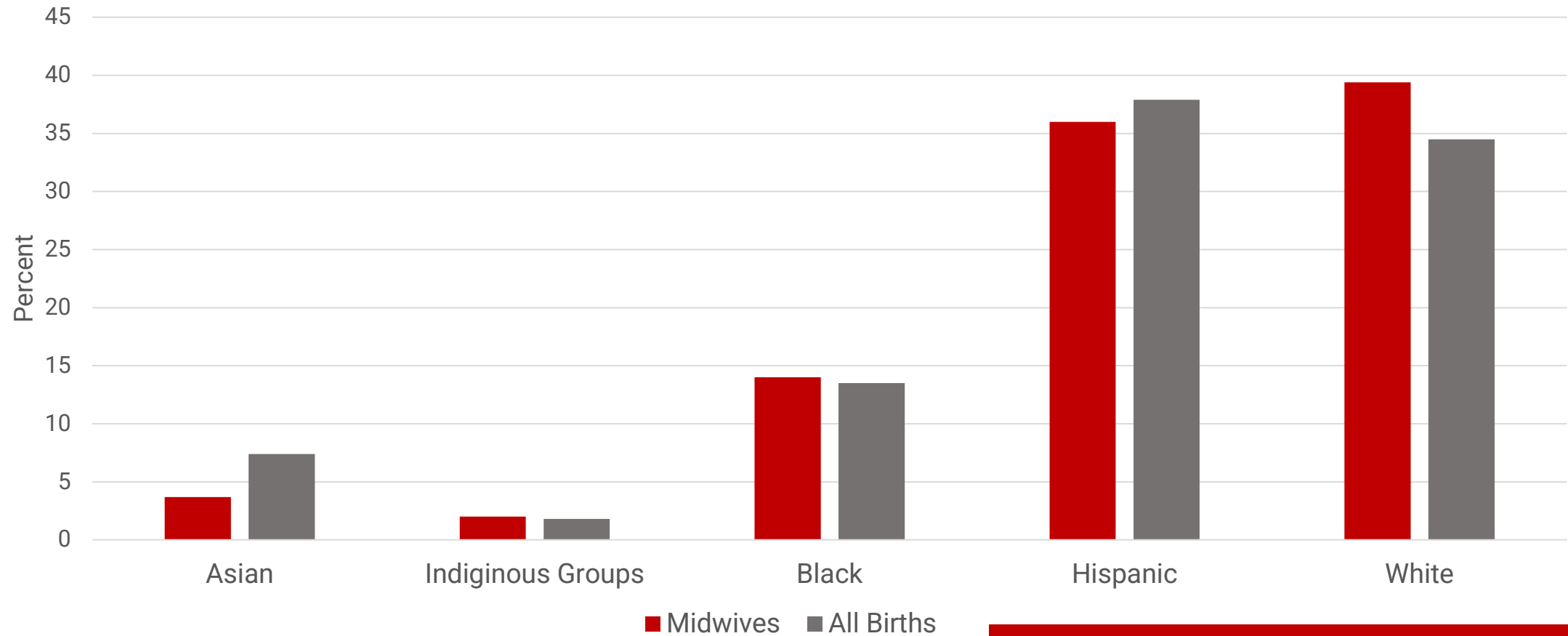
Medicaid Parity & Midwifery Practice Ownership



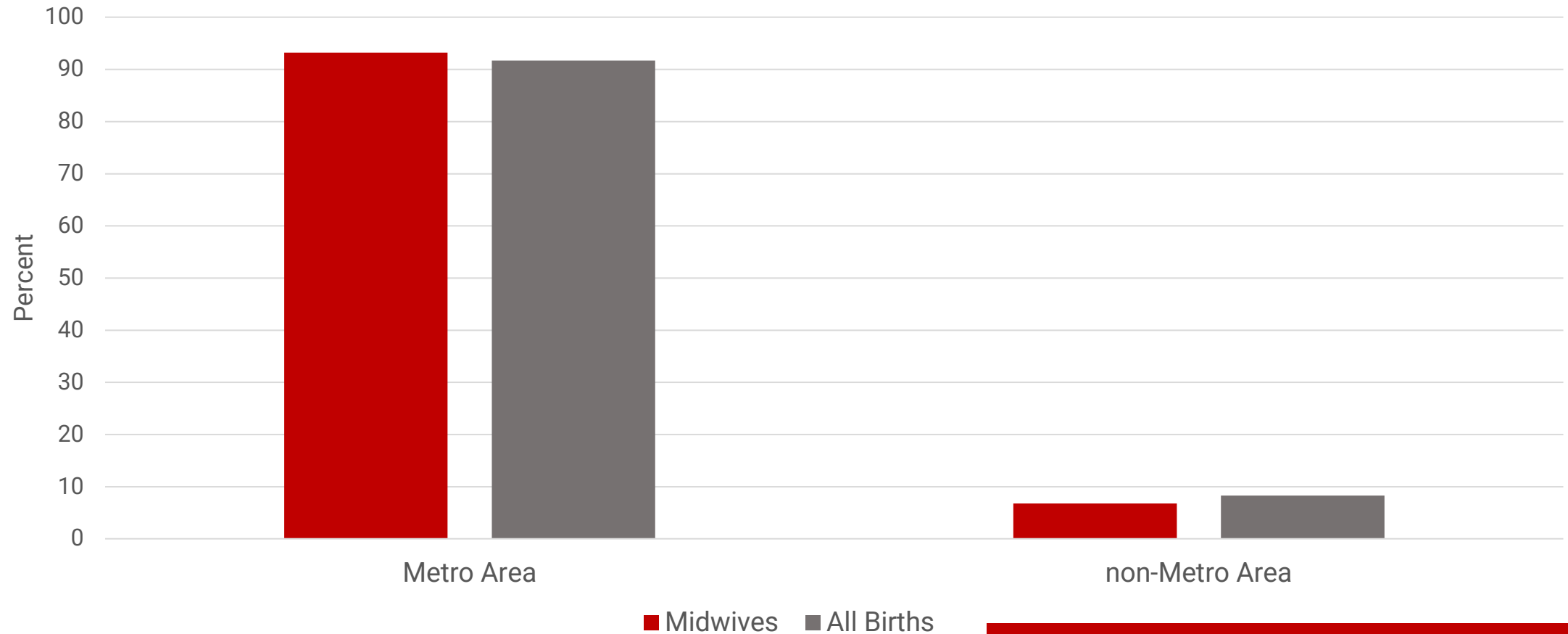
Equity Comparison: Primary payer



NV Equity Comparison: Maternal Race/Ethnicity



NV Equity Comparison: Location



Attachment for Agenda Item #11

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

5/3/2023

Updates are for January 1, 2023, through March 31, 2023

Maternal and Infant Health Program (MIP)

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

Maternal and Infant Health Program Title V/MCH Funded Partners

MCH Coalition

- The NV Statewide MCH Coalition continues to distribute materials promoting the Go Before You Show campaign, the Nevada Medical Home Portal, Perinatal Mood and Anxiety Disorders (PMAD), Nevada 211, SoberMomsHealthyBabies.org, NevadaBreastfeeds.org, and the Nevada Tobacco Quitline.
 - During this quarter, 84 New Mama Care Kits were distributed to post-partum individuals by the South MCH Coalition. The North MCH Coalition is in the process of expanding New Mama Care Kits distribution to the North and rural areas.
- The “Count the Kicks” campaign started in October of 2021 continues to shed light on and prevent stillbirths in Nevada.
- The following meetings have been held this quarter:
 - North MCH Coalition Meetings:
 - January 10, 2023
 - February 9, 2023
 - March 9, 2023
 - South MCH Coalition Meetings
 - January 12, 2023
 - February 14, 2023
 - March 14, 2023
 - Steering Committee Meetings:
 - February 16, 2023
- Social Media Posts
 - From January 1, 2023, to March 31, 2023, for Facebook and Instagram followings:
 - Facebook likes increased from 558 to 577 with an increase of 19 over three months from January 1, 2023, to March 31, 2023.
 - Instagram followings increased from 910 to 975 followings, an increase of 65 followings over three months from January 1, 2023, to March 31, 2023.
 - Instagram posts increased from 567 to 647 posts, an increase of 80 posts over three months from January 1, 2023, to March 31, 2023.

The Regional Emergency Medical Services Authority (REMSA)

- REMSA continues to provide safe sleep media outreach and conduct activities with safe sleep partners as part of their Cribs for Kids Program, including community event participation statewide.
 - 20,750 Infant Safe Sleep Brochures were distributed this quarter.
 - 405 survival kits were purchased and distributed this quarter.
- REMSA also focuses on injury prevention and distributed 20 posters and 23 binders this quarter.
- The program coordinator position has been vacant this quarter, so training and distribution numbers may differ from prior reports.

Washoe County Health District (WCHD)

- Title V MCH Block Grant currently funds all WCHD Fetal Infant Mortality Review (FIMR) efforts. WCHD continues to review records for FIMR.
 - Three Case Review Team (CRT) meetings were held from January 1, 2023, to March 31, 2023, with eleven cases presented and discussed. Sixteen new FIMR cases were received between January 1, 2023, to March 31, 2023.
 - FIMR staff continue to assist with the dissemination of materials for the “Count the Kicks” fetal movement awareness campaign and assists Healthy Birth Day, Inc. With outreach efforts as needed.
 - FIMR staff will be assisting with the implementation and distribution of “New Mama Care Kits” in Northern Nevada once the project rolls out in Northern Nevada.

Carson City Health and Human Services (CCHHS)

- CCHHS conducted 359 adult wellness screenings. Referrals were made for 2.8% experiencing intimate partner violence, 2.8% who use alcohol, 2.8% with a history of substance use, 2.8% consuming tobacco/nicotine, and 2.5% afflicted with mood disorders.
- During clinic visits, 33 youth or family members received information about health care transition and were provided with resources to learn more.
- Nurses referred 4 pregnant persons to WIC for breastfeeding education and support.
- CCHHS works collaboratively with the in-house WIC office and discussed the value of a medical home with 105 individuals and or families.
- Clinic signage and social media:
 - One monthly PRAMS awareness message was placed on the clinic signage for patients and viewers driving by. The one-month Facebook campaign reached 3,589 viewers with one percent engaging.
 - One monthly Nevada Tobacco Quitline (NTQ) promotional message was placed on the clinic signage. The one-month NTQ campaign reached 4,349 individuals with one percent engaged users.

Community Health Services (CHS)

CHS provided preventive education services with a focus on well-care screenings, contraceptives, sexually transmitted infection (STI) screens, immunizations, as well as nutrition, weight, and exercise information to individuals. Nurses conducted 1,537 wellness screenings for adults up through age 44. Referrals were made for 1.2% individuals afflicted by domestic violence and 0.8% using substances. Birth

control screenings were conducted with 287 women and of those 4.9% received the insertion of a long-acting reversible contraceptive (LARC) and 33% were provided with other forms of birth control.

Other MIP Efforts

Substance Use During Pregnancy

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

Breastfeeding Promotion

- NevadaBreastfeeds.org continues to be maintained, and the Breastfeeding Welcome Here Campaign continues to be promoted. Collaboration continues with WIC to enhance the NevadaBreastfeeds.org site to include early childcare providers that are breastfeeding friendly.

Tobacco Cessation

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

Media Campaigns and Outreach Efforts

Safe Sleep

- A TV and Radio Campaign ran from January 1, 2023, through February 28, 2023, with 358 total TV spots aired and 1,489 radio spots aired
 - TV
 - North: 257 English, 14 Spanish
 - South: 58 English, 29 Spanish
 - Radio
 - North: 1,105 English, 249 Spanish
 - South: 1,024 English, 97 Spanish

SoberMomsHealthyBabies.org

- A TV and Radio Campaign ran from January 1, 2023, to February 28, 2023, with 347 total TV spots aired and 4,323 radio spots aired
 - TV
 - North: 226 English, 14 Spanish
 - South: 80 English, 51 Spanish
 - Radio
 - North: 1,490 English, 970 Spanish
 - South: 1,753 English, 110 Spanish

Rape Prevention and Education Program (RPE)

The Nevada RPE Program is part of a national effort launched by the Centers for Disease Control and Prevention (CDC) in response to the Violence Against Women Act of 1994. The RPE Program focuses on

preventing first-time perpetration and victimization by reducing modifiable risk factors while increasing protective health and environmental factors to prevent sexual violence. CDC funds the RPE Program, along with sexual violence funds set-aside through Preventive Health the Health Services (PHHS), and the Title V Maternal and Child Health (MCH) Program Block Grant.

RPE Funded Partners

University of Nevada, Las Vegas (UNLV) Care Center

- UNLV supports the Care Peer Program (CPP) to increase leadership opportunities for students providing campus presentations on campus sexual violence issues. The CPP is an empowerment-based 45-hour training curriculum with interactive modules focused on promoting social environments that protect against violence as well as components of healthy relationships and communication.
- UNLV received 23 applications for CPP during this reporting period. Applications will be reviewed and interviews will be conducted in May 2023.
- The UNLV Care Center Director attended a virtual site fair for Human Service interns to promote CPP, with approximately 10 students reached.
- Instagram was used to promote CPP with a reach of 620 unique users.
- UNLV conducted two live presentations to the Academic Success Center and the College of Liberal Arts 100 class. There were also 8 virtual presentations.
- UNLV held two rounds of CPP training this quarter. In total, there were 18 student leaders that participated in training.
- Overall, 16 CPP presentations were conducted this quarter (a combination of in-person, live-virtual, and pre-recorded presentations), with a total of 435 participants that included students, faculty, and staff.

University of Nevada, Reno (UNR), NevadaCARES

- UNR's NevadaCARES project provides education to students, faculty, and staff to increase protective environments and decrease sexual violence. A newly developed training program was completed in September 2022 and is being piloted with student interns. Student interns are working towards the completion of the 45-hour training.
- UNR's training program was included in many campus events and presentations throughout October including Howl Fest, a Domestic Violence Resource Event with Reno Police Department, Panhellenic, Division of Student Services, Fraternity Sorority Life, and Phi Sigma Rho.
- 1,466 students were reached during this time period through presentation and community outreach events.

Safe Embrace

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

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

- Signs of Hope continues to institutionalize relationships with MGM Resorts International and Wynn Resorts and seek new partnerships to expand safety practices. In the last year, 69 presentations were given at eight different properties.
- Signs of Hope continues to support a 24-hour crisis response hotline.
- The utilization of the newly revamped PartySMART website has brought in a total of 25,673 visits to the site and 67,438 page views during this quarter. <https://partysmartinlv.com/>
- Signs of Hope continues to provide trainings to local elementary and secondary school teachers.
- Provided three trainings to 166 participants with the Las Vegas Metropolitan Police Department.

Nevada Coalition to End Domestic and Sexual Violence (NCEDSV)

- NCEDSV is continuing the work of the statewide Economic Justice Workgroup; they currently have 15 organizations across Nevada that participate. NCEDSV one-pagers were a collaborative effort and represent the priorities and efforts of the workgroup. The one-pagers were added to the webpage during this reporting period. <https://www.ncedsv.org/about/economic-justice-ej-workgroup/>
- NCEDSV held two trainings increasing community awareness on economic justice priorities.

Nevada Pregnancy Risk Assessment Monitoring System (PRAMS)

Program

The Pregnancy Risk Assessment Monitoring System (PRAMS) is a joint research project between the Nevada Division of Public and Behavioral Health and the Centers for Disease Control and Prevention (CDC). The purpose is to determine protective factors for healthy, full-term births as well as risk factors for short-term births, babies born with disabilities, and maternal health. To do this, the questionnaire asks new mothers questions about their behaviors and experiences before, during, and after their pregnancy. The overall goal of PRAMS is to reduce infant morbidity and mortality and to promote maternal health by influencing maternal and child health programs, policies, and maternal behaviors during pregnancy and early infancy.

PRAMS Data Collection Efforts

Response Rates

- 2017 Nevada PRAMS data had a response rate of 41% and 2018 data had a response rate of 39%, which is under the Centers for Disease Control and Prevention (CDC) required response rate threshold of 55% to publish data. 2019 weighted data was received in February and had a response rate of 42% which is under the CDC threshold of 50% to publish data. This data should be interpreted with caution due to the response rate.
- 2020 Nevada PRAMS data was received back from CDC October 2021, and had a response rate of 43%. This is under the CDC threshold of 50%, and data should be interpreted with caution due to the response rate.
- The primary goal for Nevada PRAMS is to increase response rates moving forward. Other states have indicated that changing the appearance of the survey package can significantly impact the response rates. Nevada PRAMS is currently working on updating the survey package.
 - Nevada PRAMS is partnering with Blueprint Collaborative to conduct a focus group study on the three proposed survey covers. The focus group results were received in

April, and are being reviewed by PRAMS staff. The new survey covers will be used in Phase 9 which will be implemented beginning May 1, 2023.

PRAMS Data Requests

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

Media Campaigns and Outreach Efforts

PRAMS TV and Radio Campaign

- January 2023- March 2023: 348 Total TV Spots Aired, 4,352 Radio Spots Aired
 - TV
 - North: 236 English, 15 Spanish
 - South: 52 English, 45 Spanish
 - Radio
 - North: 1,549 English, 1,003 Spanish
 - South: 1,773 English, 27 Spanish

Promotional Items

Nevada PRAMS provides promotional items with our logo and website to a variety of organizations, hospitals, and clinics. Items were distributed to the Office of Vital Records during this reporting period.

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

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

Adolescent Health and Wellness Program Title V/MCH Funded Partners

Carson City Health and Human Services (CCHHS)

- CCHHS provided reminder notices to families with children due for age-recommended vaccinations. As many as 305 reminders were made for children ages zero to six years old (y.o.) and 2,716 for children and youth ages seven to 17 y.o.
- Nurses conducted 27 adolescent wellness screenings. Referrals were made for 3.7% afflicted with mood disorders, 3.7% consumers of tobacco/nicotine, 3.7% drinking alcohol, and 3.7% using substance use.
- Social media:
 - One monthly Medical Home Portal promotion was displayed on the clinic signage for patients and persons driving by. A monthly social media campaign was displayed on Facebook, reaching 3,245 individuals with 3.9% engaged users.
 - Childhood vaccine reminders were viewed through the clinic signage for one-month. CCHHS ran a monthly Facebook campaign reaching 3,019 with 5.8% engaging in content.

- One monthly adolescent well-visit awareness message was placed on the clinic signage. The one-month Facebook well-visit campaign reached 6,026 individuals with 1.8% engaged users.

Community Health Services (CHS)

- CHS administered age-appropriate infant and child immunizations in the clinic setting and through community immunization clinics. Clinic staff conducted reminder calls for children ages zero to six and children and youth ages seven to 17.
- Clinic staff conducted 10,232 adolescent wellness screenings. Referrals were made for 0.3% of individuals afflicted by domestic violence. Nurses provided preventive education services with a focus on well-care screenings, contraceptives, STI screens, and immunizations. Of the 525 birth control counseling sessions, 0.95% received the insertion of a LARC and 18.9% were provided with other forms of birth control.
- Nurses held several child focus outreach events. As many as 764 families with children were reached through six community events.

Yoga Haven

- A new partnership with Yoga Haven was developed for Title V MCH Program funding. The Las Vegas agency conducts trauma-informed yoga and mindfulness practices. Sites will support or provide services to and/or offer programming for students enrolled in Title 1 schools; participants of Communities In Schools of Nevada; and youth having been exposed to/experienced violence and/or trauma and/or are experiencing social, emotional, or behavioral health challenges.

Nevada 211

- Nevada 211 received 337 calls/texts from individuals who were pregnant, had an infant in the home or resided with someone who was pregnant or a new parent. This population was provided with information and/or referrals to Title V MCH endorsed programs: PRAMS (87%), Text 4 Baby (62%), and Cribs for Kids (1.2%)
 - Insurance Status: 78% were enrolled into Medicaid
 - County of Residence: 88% reside in Clark County, followed by 7.7% living in Washoe County
 - Race/ethnicity: 60% who reported race were African American and 32% Hispanic
- Data from all callers' needs were reported pertinent to the Title V MCH Program population such as suicide prevention (128), Medical Home Portal (16), car seat installation (16), immunizations (8), infant safe sleep (3), and breastfeeding support (1).

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

- Edits for the Kindergarten Health Survey 2021-2022 Report were made by Title V MCH Program. The final report will be completed early next quarter and placed inside <https://nic.unlv.edu/reports.html>

Other Children's Health and AHWP Efforts

Adolescent Well Visits

- [Does Your Teen Need Health Coverage?](#) brochures were disseminated to various agencies and at outreach events addressing the value of adolescent well-visits and how to apply for health insurance.

Health Care Transition

- Resources from [Got Transition](#) were disseminated to partners and at community events. English and Spanish materials provide concrete information about the steps necessary to move from pediatric into the adult health care system. Materials were either geared towards adolescents and young adults or designed for parents and caregivers.

Adolescent Motivational Interview (MI) Course

- Plans were made for UNR, Office of Continuing Medical Education to host a three-hour adolescent-focused MI session to be conducted virtually in Spring 2023. The course covers brain development, MI principles, and interactive practice sessions for skill-building.

Media Campaigns and Outreach Efforts

Adolescent Well Visits and Health Care Transition

- DP Video is running a year-long social media campaign using animated videos to draw in viewers about (1) the value of adolescent well visits and (2) youth empowerment through taking charge of their health care health as they transition into adulthood. Data analytics about numbers reached and engaged users will be reported when the campaign ends.

Immunize Nevada (IZ NV) Youth Action Council (YAC)

- IZ NV Youth Coordinator and IZ NV's contracted marketing agency worked with six YAC members to prepare for the youth-created social media and print campaigns. Messaging written by youth and young adults will promote the value of yearly adolescent well-visits and the steps necessary to transition into the adult health care system. Viewers will be directed to the [Adolescent Health and Wellness Program webpage](#) on the DPBH website to obtain further education and referral resources.

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

CYSHCN Program Title V/MCH Funded Partners

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

- NCED Family Navigation Network supports families of children and youth with special health needs to navigate complex healthcare systems. Family Navigation Network provides free one-to-one support, training, and printed materials to families and professionals who serve them.
- During this quarter, 31 cases were generated by the toll-free hotline/online intake form. Many cases included or required information about more than one subject.
 - Partnering/decision making with providers: 64
 - Accessing a medical home: 81
 - Financing for needed health services: 91
 - Early and continuous screening: 14

- Navigating systems/accessing community services easily: 113
 - Adolescent transition issues: 5
 - Other: 9
- All Family Navigation Network staff were trained on the Medical Home Portal, and 25% of families were trained.

Children's Cabinet

- The Family Engagement Coordinator with The Children's Cabinet provides technical assistance and facilitates parent involvement in social emotional Pyramid Model (TACSEI) activities. From January 1, 2023 through March 31, 2023, two Technical Assistance trainings with 6 participants were conducted and 5 preschools and daycare centers were contacted and given informational materials.
- Data collection and evaluation for Pyramid Model activities is ongoing, with 11 sites collecting data. Ages and Stages Questionnaire screenings were performed on 309 children.

Medical Home Portal

- Medical Home Portal reports are located separately in the packet.
- Blueprint Collaborative will assist Title V MCH in conducting focus groups on the Medical Home Portal.

Other CYSHCN Program Efforts

- Title V MCH staff continued participation in the Pediatric Mental Health Care Access Program (PMHCAP) with the Nevada Division of Child and Family Services (DCFS). PMHCAP uses telehealth strategies like Mobile Crisis Response teams to expand mental health services for children in Nevada. Title V MCH staff recently peer reviewed the Early Childhood Mental Health Brief Development process and protocols initiated by PMHCAP and the Nevada Institute for Children's Research and Policy (NICRP).
- Title V MCH staff presented to the Nevada Governor's Council on Developmental Disabilities (NGCDD) on CYSHCN Programs and provided data and reporting.
- The CYSHCN coordinator attended the Mountain States Regional Genetic Network summit in Denver, Colorado and learned valuable information about genetics research.

Cross-Cutting Programs and Efforts

Diversity, Equity, Inclusion (DEI)

- CCHHS identified staff will partake in at least one Nevada State Board of Nursing course to comply with [NRS 449.103](#), (81st Nevada Legislative Session), requiring all nurses to complete a two-hour cultural competency and DEI course before applying for a license renewal.



Medical Home Portal

FFY2023 Q2 REPORT

1. FEATURE UPDATES

Features that have been significantly reworked or updated during the Quarter ending March 31, 2023.

A. Service Provider Category Review and Updates

- i. The Portal team continued its review of Service Provider Categories and associated mapping to AIRS Taxonomy codes. The Healthcare, Medical category groups were reviewed and updated this quarter. New categories were added for the following:
 1. *Ostomy & Wound Care*
 2. *Mobile Health Care*
 3. *Indian Health Service Clinics*

B. Care Process Models

- i. New Care Process Models
 1. *The Medical Home writing group added several care process models to the Guidelines & Algorithms section of the Medical Home Portal, which can be found under the For Physicians and Professionals tab. These care process models were developed at the University of Utah Hospital and Primary Children's Hospital to help guide specific care teams, but our hope is that they can be useful in a variety of care settings across the country. The care process models published this quarter include:*
 - a. *Bilirubin Screening & Testing in Newborns*
 - b. *Clinical Guidelines for Care of Children with Medical Complexity*
 - c. *Newborn Differences of Sex Development (DSD) Admission Checklist*
 - d. *Newborn Transition Care Guideline*
 - e. *Pediatric Diabetes Screening Algorithm*
 - f. *Prenatal Urinary Tract Dilation Care Process Guideline*

2. CONTENT UPDATES

Content that has been published or updated during the Quarter ending March 31, 2023.

A. New Content

- i. For Families
 - 1. *Tips to Help Children Sleep*
 - 2. *Type 1 Diabetes (FAQ)*

B. Updated Content

- i. For Families
 - 1. *Attention Deficit Hyperactivity Disorder (ADHD) FAQ*
 - 2. *Depression FAQ*
 - 3. *Fatty Acid Oxidation Disorders FAQ*
 - 4. *Foster Care (FAQ)*
 - 5. *Safety Precautions for Children with Seizures*
- ii. Clinical
 - 1. *Boosting Calories for Babies, Toddlers, and Older Children*
 - 2. *Caring for Transgender and Gender-Divers Youth*
 - 3. *CBD for Neurologic Conditions in Children*
 - 4. *Childhood epilepsy with centrotemporal spikes (CECTS)*
 - 5. *Depression*
 - 6. *Duchenne & Becker Muscular Dystrophies*
 - 7. *Duchenne & Becker Muscular Dystrophy- Cardiomyopathies*
 - 8. *Epilepsy Surgery*
 - 9. *Evaluation & Treatment of a First Unprovoked Seizure*
 - 10. *Febrile Seizures*
 - 11. *HMG-CoA Lyase Deficiency*
 - 12. *Juvenile myoclonic epilepsy (JME)*
 - 13. *Medium-chain acyl-CoA dehydrogenase deficiency (MCADD)*
 - 14. *SUDEP (Sudden Death with Epilepsy)*
 - 15. *Toilet Training Children with Complex Medical Conditions*

3. GOOGLE ANALYTICS

Google Analytics January 1- March 31, 2023. Traffic Refined for Quality Segment.
(Percentage change from previous quarter.) [Percentage change from previous year.]

A. Nevada

- i. Users: 13,694 (+25.71%) [+78.49%]

- ii. Sessions: 15,246 (+25.22%) [+72.82%]
- iii. Pageviews: 23,221 (+20.01%) [+57.70%]

B. Nationwide

- i. Users: 66,428 (+7.31%) [+7.88%]
- ii. Sessions: 76,477 (+7.55%) [+8.21%]
- iii. Pageviews: 95,957 (+8.97%) [+6.40%]

C. Aggregated Subdomains

- i. Users: 162,128 (+14.49%) [+22.13%]
- ii. Sessions: 184,000 (+14.56%) [+19.11%]
Pageviews: 259,145 (+15.61%) [+14.47%]