DEPARTMENT OF HEALTH AND HUMAN SERVICES

Director's Office

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

OFFICE OF MINORITY HEALTH & EQUITY
555 E. Washington Avenue, Suite 4800
Las Vegas, Nevada 89101
Telephone (702) 486 - 2151 • Fax (702) 486 - 3586
http://dhhs.nv.gov/Programs/CHA/MH/

February 20, 2020

Memorandum

To: Dr. Jon Pennell, Chair
Nevada State Board of Health

From: Tina Dortch, Program Manager
Nevada Office of Minority Health and Equity (NOMHE)

Re: NRS.232.482 There is hereby created in the Office an Advisory Committee consisting of nine voting members appointed by the Department and State Board of Health.

In accordance with Nevada Revised Statutes (NRS) 232.482, it is the responsibility of the State Board of Health to complete the appointment of non-legislative members of the **Nevada Office of Minority Health and Equity** (NOMHE) Advisory Committee on Minority Health (i.e. AC), as detailed below:

1. The Director of the Department shall identify **three members** who have an interest in health issues related to minority groups.
2. The State Board of Health shall identify **six members**:
   a. Three members representing each geographic region of the State, including one member who resides in southern Nevada, one member who resides in northern Nevada and one member who resides in rural Nevada;
   b. One member who is a representative of a non-profit organization located in the state;
   c. One provider of health care in this state; and
   d. One member of the public at large.

One Legislator who is appointed to serve as **Legislative Advisor** by the Legislative Commission shall serve on the Advisory Committee in an ex-officio, nonvoting capacity.

Two of the nine NOMHE seats are vacant and four are filled with members whose terms are expiring in June 2020. By virtue of this correspondence, the four expiring terms will be filled through reappointment.

<u>Staff Recommendation</u>

Staff recommends that, effective with your ruling, the Nevada Board of Health reappoint the highlighted two individuals to the Nevada Office of Minority Health and Equity Advisory Committee on Minority Health, each with a two-year term:

- **Cassandra Cotton** (Community Outreach Director, Nathan Adelson Hospice)

– *Representative from nonprofit sector*

- **Jennifer Kawi** (Associate Professor, UNLV School of Nursing)

  - *Representative of* Healthcare Provider *sector*

Copies of their respective curricula vitae or resumes are attached and a matrix denoting a selection process which addresses statutorily required ethic, geographic and professional diversity.

<u>Presenter</u>
Tina Dortch, Program Manager, Nevada Office of Minority Health

NOMHE Advisory Committee on Minority Health Board Composition as of Dec. 2019

	Name	Ethnicity	N NV, S NV or Central NV	Notable Interest in Health Issues Re to Minorities	Nonprofit	Healthcare Provider	Representative from Public at Large
1	Cassandra Cotton (BoH Appointed; June 2018)	African American	Southern NV	Former NOMH Advisory Bd Mbr	Nathan Adelson Hospice and Donor Network		
2	Sam Lieberman (Director Appointed; June 2018)	Caucasian	Southern NV	Easter Seals; NV PEP, Alzheimer's, Independent Mobility			
3	Andre Wade (Director Appointed; June 2018)	African American	Southern NV	LGBTQ awareness, disparities, resources			
4	Erik Jimenez (BoH Appointed; Sept 2019)	Latino	Northern NV	ABLE Savings Account (for Differently Abled)			
5	Dr. Jennifer Kawi (BoH Appointed; June 2018)	Asian/Pacific Islander	Southern NV	Chronic Pain and Opioid Management		FQHC	
6	Andrea Gregg (BoH Appointed; Dec 2018)	Caucasian	Northern NV		Workforce Development		
7	Dr. Gillian Barclay (BoH Appointed; Nov 2019)	African American	Southern Nevada	Health Equity			

Revised as of Jan2020

Cassandra Cotton - Bio

Cassandra Cotton has devoted more than 25 years to Nathan Adelson Hospice, first serving as a Nursing Assistant and then progressing to her current role as Community Relations and Multicultural Outreach Representative. In this position, Cassandra is able to unite her love for hospice and her concern for traditionally underserved communities (African American, Latino, Asian, Native American, etc.).

Wide health disparities in hospice and end-of-life care too often affect an underserved community's population. Cassandra works tirelessly in the arena of education and awareness to transform the way families, communities and institutions work together to improve end-of-life care and address health care issues for all.

Cassandra is the 2006 recipient of the KLAS-TV 8 "Portraits of Pride," the co-founder of the Nevada Multicultural End-of-Life Care Coalition, and sits on the board of LUCES, Community Partner for Better Health, and the Children Hospice Palliative Care Coalition to name a few.

Born in Monroe, Louisiana, Cassandra Cotton is the proud mother of two children and is an active grandmother to 4 grandchildren.

Awards and Honors

2014 Healthcare Hero – Community Outreach Award
2006 Recipient of KLAS TV 8 Portraits of Pride (Black History Month)
2014 Community Partners For Better Health (Citizens Award)
2018 Victory Baptist

Boards, Committees and Affiliations

Board of Director Women's Chamber
Vice-Chair of ASDO (Aging Seniors Director Organization) Current
Advisory Board Office Of Minority Health and Equality- Current
Advisory Member of Cleveland Clinic Healthy Brain- Current
Volunteer, Courtney Children's Foundation
BOD —LUCE, Community Partner for Better Health
Past President, Nevada Donor Network
Past Chair of the Office of Minority Health
Moderator, National Black HIV/AIDS Awareness and Information Day, a forum supported by the community partnership between HIV Intervention & Prevention Program, Clark County Health District Office of Aids, FACT (Fighting Aids in our Community Together), NAH, Sista to Sista and the Second Baptist Church.
Founder, Nevada Black End-of-Life Care Coalition, bringing community stakeholders to the table to address the underserved and to bring communities together to discuss end-of-life care and issues
Volunteer, American Heart Association, African American Task Force

Speaker, Diversity Leadership Institute's 4th Annual HIV Impact On Communities of Color Conference
Liaison for Nathan Adelson Hospice to its sister hospice, Lady Brand Hospice, in Sub-Saharan Africa
Coordinator, Nevada Benefit Dinner for the Foundation for Hospices in Sub-Saharan Africa and the Lady Brand Hospice
Co-chair, Annual Multicultural Educational Luncheon - "Bringing all of our communities together in understanding the benefits of end-of-life care."
Committee Chair, Speaker, 2nd Multicultural Educational Luncheon, "Spirituality at End of Life"
Coordinator and Developer of "A Trumpet Call to Glory," a one-day retreat to improve end-of-life care for African Americans
Coordinator and Developer of "Getting Your House In Order" program designed to provide the faith community with the tools and information necessary to help make choices as they transition through life
Member, National Advisory Committee for the Robert Wood Johnson Foundation's National Hospice and Palliative Care Organization's Caring Connections Program
2005 Section Leader, National Council of Hospice and Palliative Professionals (NCHPP)
Charter Member, Toastmasters International, Certified Competent Toastmaster, Silver and former Vice-President

Dr. Jennifer Kawi

University of Nevada, Las Vegas
School of Nursing
(702) 895-5930
Email: jennifer.kawi@unlv.edu

Education

PhD in Nursing, University of Colorado Denver, College of Nursing, 2007 - 2011
Dissertation Title: Self-management and self-management support on functional ablement in chronic low back pain
MSN, FNP-BC (Family Nurse Practitioner - Board Certified), University of Nevada, Las Vegas, School of Nursing (UNLV, SON), 2001 - 2003
BSN, Saint Louis University, SON, 1987 - 1991

Professional Positions

Academic
Associate Professor, Tenured, UNLV, SON (July 2017 – Present)
Assistant Professor, UNLV, SON, (July 2011 – 2017)
Lecturer/Clinical Instructor, UNLV, SON, (August 2007 – June 2011)

Professional
Doctoral Program Director, UNLV SON (Fall 2018 – Summer 2019)
Coordinator and Advisory Board Member, Center for Biobehavioral Interdisciplinary Sciences, UNLV, SON (September 2015 – December 2017)
FNP, Part time, FirstMed Health and Wellness Center (April 2012 – Present)
Nurse Practitioner/Administrator, Las Vegas Pain Institute and Medical Centers /Spring Valley Surgery Centers (February 2004 – August 2011)
Registered Nurse (RN), St Rose Dominical Hospital, Siena Campus, Post Anesthesia Care Unit (July 2000 – January 2004)
RN, University Medical Center, Post Anesthesia Care Unit (June 1998 – June 2000)
RN, Sunrise Hospital and Medical Center, Neonatal ICU and Cardiovascular ICU (January 1996 – June 2000)
RN, Valley Hospital Medical Center, Critical Care-Intermediate Care and Surgical-Orthopedic Floor (March 1992 – December 1995)

Licensures and Certifications

Certified Nurse Educator, National League for Nursing (2013 - December 2023)
DEA License, Drug Enforcement Agency (2004 - December 31, 2022)
BOP License, Nevada Board of Pharmacy (2004 - October 2020)
FNP - Board Certified, American Nurses Credentialing Center (2004 - March 31, 2024)
Advanced Practice Registered Nurse, Nevada State Board of Nursing (2004 - January 12, 2022)
Critical Care Registered Nurse, Alumnus Status, American Association of Critical Care Nurses (2001 - October 2021)
PALS, American Heart Association (1998 - September 2020)
ACLS, American Heart Association (1995 - July 2021)
CPR, American Heart Association (1992 - November 2021)
RN, Nevada State Board of Nursing (1992 - January 12, 2022)

Professional Memberships

Asian American Pacific Islander Nurses Association of Nevada Chapter (2018 – December 2020)
American Pain Society (2016 - December 2019)
American Society for Pain Management Nursing (2016 - December 2020)
International Society of Nurses in Genetics (2014 – September 2019)
Nevada Advanced Practice Nurses Association (2013 - January 2020)
Asian American Pacific Islander Nurses Association, Inc. (2008 - December 2020)
American Association of Colleges of Nursing (2007 - Present)
American Nurses Association (2007 - September 2020)
Nevada Nurses Association (2007 - September 2020)
University of Nevada Las Vegas School of Nursing Alumni Association (2007 - Present)

Phi Kappa Phi (2003 – May 2020)
Sigma Theta Tau International Honor Society of Nursing (2003 - April 2020)
American Association of Nurse Practitioners (2002 - January 2021)

Awards and Honors

Recognition: Nevada Nurses Foundation 2017 50 under 50 Future of Nursing in Nevada (May 20, 2017)
Recognition: UNLV Women's Council (May 3, 2017)
Fellow: American Association of Colleges of Nursing, Leadership for Academic Nursing Program (2016 – 2017)
Congressional Recognition: Nevada Nurses Association and the Initiative on the Future of Nursing (May 12, 2012)
Senatorial Recognition: Nevada Nurses Association and the Initiative on the Future of Nursing (May 12, 2012)
Faculty Doctoral Project Award: UNLV, SON (2011)
Doctoral Scholarship Award Recipient: Mountain States Chapter of the Paralyzed Veterans of America with University of Colorado Denver, College of Nursing (2011)
Mordecai Doctoral Scholarship Award Recipient: University of Colorado Denver, College of Nursing (2007-2010)
Nurse Practitioner Recognition Award: Clark County Medical Society, Las Vegas, NV (2004)
Masters Academic Scholarship Recipient: Rebecca Lahr Scholarship, American Association of Critical Care Nurses – AACN, and Saint Rose Scholarship (2002-2003)
Customer Service Excellence: St Rose Dominican Hospital, Sienna Campus, Henderson, NV (2002)
Ambassador of Courtesy: Las Vegas (2001-2002)
Cum Laude: Bachelor of Science in Nursing Degree, Saint Louis University, Philippines (1991)
Academic Scholar and Dean's List: Saint Louis University, Philippines (1988-1991)

TEACHING

Teaching Experience

NURS 140	Medical Terminology
NURS 299	Nutrition and Development across the Lifespan
NURS 319L	Nursing Care of Older Populations (Clinical)
NURS 320	Foundations in Pharmacology and Pathophysiology across the Lifespan
NURS 329	Health Assessment of Diverse Populations (Lab)
NURS 342	Fundamental Nursing Skills (Lab)
NURS 415L	Nursing Care of Acutely Ill Population (Clinical)
NURS 401L	Nursing Care of Older Adults (Clinical)
NURS 420	Evidence-Based Practice and Research in Nursing
NURS 425	Managing Complex Nursing Care in Diverse Populations
NURS 425L	Managing Complex Nursing Care in Diverse Populations (Clinical)
NURS 426	Advanced Pathophysiology (Distance Education)
NURS 703L	Advanced Physical Assessment (Lab)
NURS 704	Pathophysiology for Advanced Nursing Practice
NURS 707	Nursing Research Methods and Utilization
NURS 719	Health & Public Policy for Advanced Practice Nursing
NURS 730	Advanced Pharmacology and Genetics II
NURS 740R	FNP Adult and Women's Health
NURS 749L	Primary Care of the Family I (Clinical)
NURS 752	Nurse Practitioner Business and Roles
NURS 759L	Primary Care of the Family II (Clinical)
NURS 750R-L	FNP Children and OB (Clinical)
NURS 760R-L	FNP Geriatric and Chronic Illness (Clinical)
NURS 761	Clinical Synthesis
NURS 769	Primary Care of the Family III
NURS 769L	Primary Care of the Family III (Clinical)
NURS 773	Clinical Practicum
NURS 780	Quantitative Research Methods in Nursing
NURS 789	Independent Study (PhD Students)
NURS 798	Independent Study (PhD Students)
NURS 797	Dissertation

Non-Credit Instruction

NURS 342 Open Laboratory
NURS 798 Independent Study (Graduate Students' Culminating Projects)

Directed Student Learning

Member, Dissertation Committee: Opioid Use Disorder and Transcranial Magnetic Stimulation (Fall 2019 – Present): Advised: Cameron Duncan
Member: Dissertation Committee: Teaching and Evaluation Strategies in the Development of Undergraduate Nursing Students' Clinical Judgment: Advised: Shopha Tserotas
Chair, Dissertation Committee: Relationships between Mindfulness, Nonacademic Factors, Stress, and Test Performance: A Cross-Sectional Study (Spring 2019 – Present): Advised: Rebecca Baumeister
Chair, DNP Project: The Impact of Culturally-Tailored Education on Knowledge and Behavior Related to Screening and Lifestyle Management of Blood Pressure in African Immigrants (Spring 2019 – Present); Advised: Sarah Deredza
Graduate College Representative, Dissertation Committee: The Impact of Alzheimer's Disease on Semantic Knowledge (Spring 2019 – Present); Advised: Maileen Ulep-Reed
Supervised Research Activities: Graduate Assistant (Fall 2018 – Spring 2019); Advised: Alexandra Duke (PhD Student, Nursing)
Member, Dissertation Committee: Exploration of Numeracy Skills Required for Safe, Quality Nursing Practice (Summer 2018 - Present); Advised: Anna Wendel
Member, Dissertation Committee: The Effect of Benson's Relaxation Technique to Psychological and Physiological Responses among Patients with COPD (Spring 2018 – Fall 2019); Advised: Crista Reaves
Graduate College Representative, Thesis Committee: Associations between Opioid-Related Hospitalizations and Intravenous Drug Users (2018); Advised: Jacklynn De Leon (School of Community Health Sciences)
Supervised Research Activities: Graduate Assistant (Spring 2018); Advised: Trevor Pollom (PhD Student, Anthropology)
Member, Dissertation Committee: Triglyceride Metabolism Following Oral Fat Tolerance Tests of Varying Fat Content among Young, Healthy, Sedentary, and Active Adults (Fall 2017 – Spring 2019); Advised: Nathaniel Bodell (Interdisciplinary Health Sciences PhD Student)
Graduate College Representative, Thesis Committee: Cocoa, Postprandial Lipoproteins, and Inflammation in Type 2 Diabetes – A Secondary Data Analysis (Fall 2017 – Fall 2018); Advised: Rickelle Tallent (Department of Kinesiology-Exercise Physiology)
Chair, Dissertation Committee: Investigating Acculturation, Health-Promoting Lifestyle, and Health Status among Nigerian Immigrants in the United States (Summer 2017 - Present); Advised: Frank Akpati
Supervised Research Activities: Graduate Assistant (Fall 2017); Advised: Roger Arenas (PhD Student, Anthropology)
Member, Dissertation Committee: Immigrant Health Effects in First Generation Nigerians living in the US (Fall 2016 – Spring 2017); Advised: Frank Akpati
Supervised Research Activities: Graduate Assistant (Fall 2016); Advised: Angela Ruckdeschel (PhD Student, Nursing)
Member, Dissertation Committee: Assessing Long-term Effects of an International Immersion Experience on Nursing Practice (Fall 2015 – Spring 2019); Advised: Karen de la Cruz
Advisor, MSN students' FNP Portfolios for N761 Clinical Synthesis (2015 - 2018)
Graduate College Representative, Dissertation Committee: Investigation into the Possible Effects Performance Thresholds have on Coordination Patterns and Variability during Endurance Training (Fall 2015 – Fall 2017); Advised: Joshua Bailey (Department of Kinesiology-Exercise Physiology)
Chair, Dissertation Committee: Relationships between Mindfulness, Cognition Style, and Safety among Nurses in Acute Setting (Fall 2015 – Fall 2016); Advised: Margaret Lacey
Member, Dissertation Committee: Student Evaluations of Teaching: Are the Tools Reliable and Valid (Summer – Fall 2015); Advised: Wendy Zeiher
Member, Dissertation Committee: Nurse Managers' Hiring Selection of Newly Licensed RNs: A Grounded Theory Approach (Spring 2015); Advised: Susan Adamek
Chair, MSN Capstone: Prader-Willi Syndrome in Older Adulthood in Primary Care (Fall 2014 – Spring 2015); Advised: Maileen Ulep-Reed
Member, MSN Capstone: Metabolic Syndrome, A Case Study (Fall 2014 – Spring 2015); Advised: Shannon Southwick
Member, Dissertation Committee: Teaching Methods and Cultural Competence of Nurses (2013 – Spring 2015); Advised: Angela Silvestri
Member, Dissertation Committee: Survival of the Fittest: The Role of Linguistic Modification in Nursing Education (2013 – Spring 2015); Advised: Brenda Stauch Moore
Member, Dissertation Committee: Mentoring, Job Satisfaction, Occupational Commitment among Family Nurse Practitioners (2012 – Fall 2014); Advised: Patricia Bartley Danielle
Member, Professional Paper: Nursing Knowledge of Pain Management (Fall 2013 – Summer 2014); Advised: Susan Drosullis

Supervised Teaching Activity: Graduate Teaching Practicum (Spring 2014); Advised: Angela Silvestri-Elmore (PhD Student, Nursing)
Chair, DNP Capstone: Evaluation of an Opioid Monitoring Clinic (2013 – Spring 2014); Advised: Richard Talusan
Chair, DNP Capstone: Merging Educational Technology into Routine Care for Patients Living with Fibromyalgia (2013 – Spring 2014); Advised: Toni Sparks
Chair, MSN Capstone: A Comprehensive Presentation of a Patient with Systemic Lupus Erythematosus and Irritable Bowel Syndrome (2013 – Spring 2014); Advised: Peggy Beller
Graduate Faculty Representative, Thesis Committee: Holistic Approaches to Health Care in Nursing Home (2013 – Spring 2014); Advised: Judy Goldman (School of Community Health Sciences)
Supervised Research: Undergraduate Student (Spring 2013 – Summer 2013); Advised: Christy Long
Chair, Master's Thesis Committee: A comparison study of nursing experience and pain management knowledge (2012 – Summer 2013); Advised: Susan Drosullis
Member, Dissertation Committee: Testing a Reflection Education Intervention on Baccalaureate Nursing Students' Level of Reflection during Online Clinical Post Conference (2012 – 2013); Advised: Jaime Hannans
Member, DNP Capstone Committee: DNP Project on developing a system of follow-up on spinal cord stimulation patients (2012 – 2013); Advised: Irina Rajala
Member, MSN Capstone Committee: Managing Metabolic Syndrome in the Primary Care Setting (2012 - 2013); Advised: Ann Warren
Member, MSN Capstone Committee: Caring for the Patient with Complicated Diabetes Mellitus Type 2: The Role of the APN (2012 – 2013); Advised: Maria Burgess
Member, DNP Capstone Committee: The Relationship between Self-efficacy and Fluid and Dietary Compliance in Hemodialysis Patients (2012); Advised: Ansy John
Directed Individual/Independent Study: Graduate Student (Fall 2012); Advised: Eun Ae Sung
Supervised Teaching Activity: Graduate Student Teaching Practicum (Fall 2012); Advised: Heather Strasser
Supervised Research: Undergraduate Student (March 2012 – May 2012); Advised: Melissa Glasper
Advisor: MSN students (2008-2011)
Supervised Teaching Activity: Graduate Student Teaching Practicum (Summer 2011); Advised: Nikki Takeya
Supervised Research: Graduate Student (Spring 2011); Advised: Jennifer Nicholas Orozco
Supervised Research: Graduate Student (Spring 2011); Advised: Lucus Wassira
Member, MSN Capstone Committee: A Client-Based Case Study on Metabolic Syndrome (2010-2011); Advised: Heather Amante
Member, MSN Capstone Committee: Hypertension, Diabetes Mellitus, Atherosclerosis, Coronary Artery Disease, and Hyperlipidemia (2010); Advised: Deborah Baranowski
Member, MSN Capstone Committee: Hypertension and Diabetes Mellitus (2009-2010); Advised: Leah Henry
Member, MSN Capstone Committee: Breast Cancer in an Elderly Female with Multiple Sclerosis (2009); Advised: Dolores Hernandez
Member, MSN Capstone Committee: Chronic Pancreatitis (2009); Advised: Ma. Lourdes Rodriguez
Member, MSN Capstone Committee: Pulmonary Tuberculosis and Diabetes (2009); Advised: Mario Godoy
Member, MSN Capstone Committee: Fibromyalgia and its Co-Morbid Conditions (2009); Advised: Ma. Ralph Aquino
Member, MSN Capstone Committee: Lung Cancer Management and its Challenges (2009); Advised: Ma. Lucia Aligaen
Advisor, Undergraduate BSN students (2008 – 2017)
Member, MSN Capstone Committee: A Hispanic Perspective on Type 2 DM and HTN (2008-2009); Advised: Rosa Hayek
Member, Thesis Committee: Job Satisfaction Comparison Between Foreign Educated Nurses and US Educated Nurses (2008); Advised: Kari Zizzo
Member, Thesis Committee: Filipino Physician-turned Nurses: A Phenomenological Study (2008); Advised: Victor Vapor
Supervised Undergraduate Student's Presentation to Level 1 and Level 2 Nursing Students: Medication Administration Safety and Preventing Medication Errors (Fall 2007 – Spring 2008); Advised: Daryl Mamauag

Awards and Honors

Project Director: Jonas Nursing and Veterans Healthcare Education Grant ($30,000 for Jonas Scholars; 2018-2019)
Certificate of Commendation: Nevada Nurses Association and The Initiative on the Future of Nursing in Nevada Project (May 12, 2012)

RESEARCH

Published Intellectual Contributions

Refereed Journal Articles

Lukkahatai, N., Inouye, J., Thomason, D., **Kawi, J.,** Leonard, B., & Connelly, K. (2019). Integrative Review on Cognitive

Behavioral Therapy in Chronic Diseases: The Response Predictors. *Iris Journal of Nursing & Care.* doi:10.33552/IJNC.2019.01.000525

Kawi, J., Reyes, A. T., & Arenas, R. A. (2019). Exploring Pain Management Among Asian Immigrants with Chronic Pain: Self-Management and Resilience. *Journal of Immigrant and Minority Health, 21*(5), 1123-1136.* PMID: 30182206 (JCR 5-yr IF = 1.599)
*Epub ahead of print in 2018

Silvestri-Elmore, A., Alpert, P., **Kawi, J.,** Feng, D. (2017). The predictors of cultural competence among new baccalaureate degree nursing graduates: Implications for nursing education. *Journal of Nursing Education and Practice, 7*(5), 33-44. http://dx.doi.org/10.5430/jnep.v7n5p33

Talusan, R. L., **Kawi, J.,** Candela, L., & Filler, J. (2016). Implementation and Evaluation of an APRN-led Opioid Monitoring Clinic. *Federal Practitioner, 33*(11), 22-27. Retrieved from https://www.mdedge.com/fedprac/article/117329/addiction-medicine/implementation-and-evaluation-aprn-led-opioid-monitoring

Thomason, D., Lukkahatai, N., **Kawi, J.,** Connelly, K., & Inouye, J. (2016). A systematic review of self-management and weight loss. *Journal of Pediatric Health Care, 30*(6), 569-582. PMID: 26818905 (JCR 5-yr IF = 1.869)

Sparks, T., **Kawi, J.,** Menzel, N. N., & Hartley, K. (2016). Implementation of Health Information Technology in Routine Care for Fibromyalgia: Pilot Study. *Pain Management Nursing, 17*(1), 54-62. PMID: 26777125 (JCR 5-yr IF = 1.742)

Kawi, J. (2016). Managing chronic pain in primary care. *The Nurse Practitioner,* 41(3), 14-32. PMID: 26684697

Kawi, J., Lukkahatai, N., Inouye, J., Thomason, D., & Connelly, K. (2016). Effects of exercise on select biomarkers and associated outcomes in chronic pain conditions: Systematic review. *Biological Research for Nursing, 18*(2), 147-159. PMID: 26276511 (JCR 5-yr IF = 1.733)

Kawi, J., Schuerman, S., Alpert, P., & Young, D. (2015). Activation to self-management and exercise in overweight and obese older women with knee osteoarthritis. *Clinical Nursing Research, 24*(6), 644-660. PMID: 25078945 (JCR 5-yr IF = 1.476)

Kawi, J. (2014). Influence of self-management and self-management support on chronic low back pain patients in primary care. *Journal of the American Association of Nurse Practitioners, 26*(12), 664-673. PMID: 24688002 (JCR 5-yr IF = 1.376)

Kawi, J. (2014). Headache and neck pain from cervicocranial fibromuscular dysplasia. *Clinical Scholars Review, 7*(2), 148-153. doi:10.1891/1939-2095.7.2.148

Warren, A. M., Angosta, A. D., & **Kawi,** J. (2014). A patient with Metabolic Syndrome and the Role of the Advanced Practice Registered Nurse. *MEDSURG Nursing, 23*(4), 245-249. PMID: 25318338

Kawi, J. (2014). Predictors of self-management for chronic low back pain. *Applied Nursing Research, 27*(4), 206-212. PMID: 24636072 (JCR 5-yr IF = 1.294)

Kawi, J. (2014). Nurse practitioner specialty role in managing the epidemic of non-malignant chronic pain. *AANP. The NP Professional Practice Compendium, 2*(1), 15-21. Retrieved from https://aanp.inreachce.com/

Kawi, J. (2014). Chronic low back pain patients' perceptions on self-management, self-management support, and functional ability. *Pain Management Nursing, 15*(1), 258-264. PMID: 23232149* (JCR 5-yr IF = 1.742)
*Epub ahead of print since 2012

Kawi, J. (2014). Self-management and self-management support on functional ablement in chronic low back pain. *Pain Management Nursing, 15*(1), 41-50. PMID: 24602423* (JCR 5-yr IF = 1.742)
*Epub ahead of print since 2012

John, A., Alpert, P. T., **Kawi, J.,** & Tandy, R. (2013). The relationship between self-efficacy and fluid and dietary compliance in hemodialysis patients. *Clinical Scholars Review, 6*(2), 98-104. doi:10.1891/1939-2095.6.2.98

Kawi, J. (2013). Self-management and support in chronic pain subgroups: Integrative review. *Journal for Nurse Practitioners, 9*, 110-115.e5. doi:10.1016/j.nurpra.2012.12.020 (JCR 5-yr IF = 0.532)

Kawi, J. (2012). Self-management support in chronic illness care: A concept analysis. *Research and Theory for Nursing Practice, 26*(2), 108-125. PMID: 22908431 (JCR 5-yr IF = 0.692)

Kawi, J., & Xu, Y. (2009). Facilitators and barriers to adjustment of international nurses: An integrative review. *International Nursing Review, 56,* 174-183. PMID: 19646166 (JCR 5-yr IF = 1.898)

<u>Refereed Abstracts</u>

Kawi, J., Reyes, A.T., & Arenas, R. (2019, July). Resilience: Understanding How Asian Immigrants Manage in the Face of Chronic Pain. Abstract retrieved from the 30th International Nursing Research Congress, *Virginia Henderson Global Nursing e-Repository*. https://sigma.nursingrepository.org/handle/10755/17938

Kawi, J. (2019, April). Influence of Biomedical Risk Factors on Chronic Low Back Pain among Women. Abstract retrieved from the 28th American Society for Pain Management Nursing national conference proceedings, *Pain Management Nursing, 20*(2), 94. https://doi.org/10.1016/j.pmn.2018.11.009

Kawi, J., Lukkahatai, N., & Lee, H. (2018, December). Biobehavioral Correlates: Women in Low Socioeconomic Class with Chronic Low Back Pain. Abstract retrieved from the 15th Annual International Conference, Asian American/Pacific Islander Nurses Association (AAPINA) conference proceedings, *Asian/Pacific Island Nursing Journal, 3*(3), 108.

Kawi, J., Meneses, J., Sood, K., & Tesfagiorgis, E. (2018, March). Association between global DNA methylation and exercise in chronic low back pain. Abstract retrieved from the 37th Annual Scientific Summit of the American Pain Society, *The Journal of Pain, 19*(3): sup1, S56-S57. (JCR 5-yr IF = 5.563)

Kawi, J., & Ruckdeschel, A. (2017). Evidence-based online information on opioids. Abstract retrieved from the14th Annual National Conference, Asian American/Pacific Islander Nurses Association (AAPINA) conference proceedings, *Asian/Pacific Island Nursing Journal, 2*(2), 59.

Kawi, J., Lukkahatai, N., Espina, A., Walitt, B., & Saligan, L. (2016, April). Associations between heat shock protein and symptom burden in Fibromyalgia Syndrome. Abstract retrieved from the 35th Annual Scientific Meeting of the American Pain Society, *The Journal of Pain, 17*(4): sup1, S1-S114. (JCR 5-yr IF = 5.563)

Lukkahatai, N., Kaur, K., Walitt, B., **Kawi, J.,** Espina, A., & Saligan, L. (2016, April). Differences in plasma levels of heat shock proteins between persons with and without fibromyalgia. Abstract retrieved from the 35th Annual Scientific Meeting of the American Pain Society, *The Journal of Pain, 17*(4): sup1, S1-S114. (JCR 5-yr IF = 5.563)

Lukkahatai, N., **Kawi, J.,** Wallit, B., & Saligan, L. (2016, March). Ethnicity differences of symptoms profile in patients with fibromyalgia. Abstract retrieved from the 13th Annual Conference Asian American/Pacific Islander Nurses Association, *Asian/Pacific Island Nursing Journal, 1*(3), 61-69.

Lukkahatai, N., Inouye, J., Thomason, D., **Kawi, J.,** Leonard, B., & Connelly, K. (2016, March). Predictors of cognitive behavioral therapy response in chronic diseases: Integrative review. Abstract retrieved from the 13th Annual Conference Asian American/Pacific Islander Nurses Association, *Asian/Pacific Island Nursing Journal, 1*(3), 2-9.

Sparks, T., **Kawi, J.,** Menzel, N. M., & Hartley, K. (2015, November). Fibromyalgia: Implementation of health information technology in routine care, a pilot study. *Sigma Theta Tau International.* Abstract retrieved from the 43rd Sigma Theta Tau International Biennial Convention, Virginia Henderson Global Nursing e-Repository. https://sigma.nursingrepository.org/handle/10755/602404

Thomason, D., **Kawi, J.,** Lukkahatai, N., Connelly, K. E., & Inouye, J. (2015, November). Self-management and weight loss in adolescents: A systematic review. *Sigma Theta Tau International.* Abstract retrieved from the 43rd Sigma Theta Tau International Biennial Convention, Virginia Henderson Global Nursing e-Repository. https://sigma.nursingrepository.org/handle/10755/602405

Kawi, J., Lukkahatai, N., Inouye, J., Thomason, D., & Connelly, K. (2015). Effects of exercise on select biomarkers and associated outcomes in chronic pain conditions: Systematic Review. *PAINWeek.* Abstract retrieved from PAINWeek Abstract Book 2015, Postgraduate Medicine, 127:sup1, S1-S108, doi:10.1080/00325481.2015.1086533

Kawi, J. (2014). Predictors of self-management for chronic low back pain. *Sigma Theta Tau International.* Abstract

retrieved from the 25th International Nursing Research Congress, Virginia Henderson Global Nursing e-Repository. https://sigma.nursingrepository.org/handle/10755/335275

Kawi, J. (2013). Self-management and self-management support on chronic low back pain patients in primary care. *Sigma Theta Tau International.* Abstract retrieved from the 24th International Nursing Research Congress, Virginia Henderson Global Nursing e-Repository. https://sigma.nursingrepository.org/handle/10755/304313

Kawi, J. (2013). Self-management and support in chronic low back pain. *Asian American/Pacific Islander Nurses Association.* Abstract retrieved from the 10th Annual NationalConference, Asian American/Pacific Islander Nurses Association (AAPINA) conference proceedings.

Kawi, J. (2012). Self-management and self-management support on functional ablement in specialty pain care settings. *Asian American/Pacific Islander Nurses Association.* Abstract retrieved from the 9th Annual Conference, Asian American/Pacific Islander Nurses Association conference proceedings.

Kawi, J. (2012). Self-Management in Chronic Illness Care: A Concept Analysis. *Asian American/Pacific Islander Nurses Association.* Abstract retrieved from the 9th Annual Conference, Asian American/Pacific Islander Nurses Association conference proceedings.

Kawi, J. (2011). Concept analysis: Self-management support in chronic illness care. *Western Institute of Nursing Annual Conference.* Abstract retrieved from the Western Institute of Nursing conference proceedings.

Kawi, J. (2011). Self-management and self-management support on functional ablement in chronic low back pain. *Western Institute of Nursing Annual Conference.* Abstract retrieved from Western Institute of Nursing conference proceedings.

Kawi, J. (2008). Transition of international nurses to practice. *Asian American/Pacific Islander Nurses Association (AAPINA).* Abstract retrieved from the 5th Annual AAPINA conference proceedings.

Kawi, J. (2008). Transition of international nurses to practice: Facilitators and barriers. *Western Institute of Nursing (WIN).* Abstract retrieved from the WIN Communicating Nursing Research Conference Proceedings.

Presentations Given

International Presentations (Refereed)

Kawi, J., Reyes, A. T., Serafica, R., & Arenas, R. A. (2019, July). Resilience: Understanding How Asian Immigrants Manage in the Face of Chronic Pain. In J. Kawi (Organizer), *Exploring Resilience Among Asian Immigrants Toward Improving Global Healthcare.* Symposium conducted at the 30th Sigma Theta Tau International Nursing Research Congress, Calgary, Alberta, Canada. (Primary Author/Presenter)

Kawi, J., Lukkahatai, N., & Lee, H. (2018, September). *Biobehavioral Correlates: Women in Low Socioeconomic Class with Chronic Low Back Pain.* Oral session presented at the 15th Annual International Conference, Asian American/Pacific Islander Nurses Association, Durham, North Carolina. (Primary Author/Presenter)

Kawi, J., & Ruckdeschel, A. (2017, March). Evidence-based online information on opioids. In J. Inouye (Organizer), *mHealth and Wearable Technology Application for Global Health.* Symposium conducted at the 14th Annual National Conference, Asian American/Pacific Islander Nurses Association, Honolulu, Hawaii. (Primary Author/Co-Presenter)

Kawi, J. (2016, March). *Symptom burden and protein expression (Heat Shock Protein) in fibromyalgia syndrome.* Oral session presented at the 13th Annual Conference, Asian American/Pacific Islander Nurses Association, Ensenada, Baja, Mexico. (Primary Author/Presenter)

Lukkahatai, N., & **Kawi, J.** (2016, March). *Ethnicity differences of symptoms profile in patients with fibromyalgia.* Oral session presented at the 13th Annual Conference, Asian American/Pacific Islander Nurses Association, Ensenada, Baja, Mexico. (Co-Author)

Sparks, T., **Kawi, J.,** Menzel, N. M., & Hartley, K. (2015, November). Fibromyalgia: Implementation of Health Information Technology in Routine Care, A Pilot Study. In J. Inouye (Organizer), *Technology Enhanced Self-Management Across the Illness Trajectory.* Symposium conducted at the 43rd Sigma Theta Tau International Biennial Convention, Las

Vegas, Nevada. (Co-Author)

Thomason, D., **Kawi, J.,** Lukkahatai, N., Connelly, K. E., & Inouye, J. (2015, November). Self-Management and Weight Loss in Adolescents: A Systematic Review. In J. Inouye (Organizer), *Enhancing Social Support for Self-Management.* Symposium conducted at the 43rd Sigma Theta Tau International Biennial Convention, Las Vegas, Nevada. (Co-Author)

Kawi, J. (2014, July). *Predictors of self-management for chronic low back pain.* Oral session presented at the Sigma Theta Tau International's 25th International Nursing Research Congress, Hong Kong. (Primary Author/Presenter)

Kawi, J. (2013, July). *Self-management and self-management support on chronic low back pain patients in primary care.* Oral session presented at the Sigma Theta Tau International's 24th International Nursing Research Congress, Prague, Czech Republic. (Primary Author/Presenter)

International Presentations (Invited)

Kawi, J. (2018, August). *Epigenomics and exercise among disadvantaged women with chronic low back pain.* Poster session presented at the 39th University of the Philippines Nursing Alumni Association International Education Conference, Las Vegas, Nevada. (Primary Author/Presenter)

National Presentations (Refereed)

Strong, M., Kowal, I., Hill, J., Cohen, M., **Kawi, J.,** & Donahue, B. (2019, November). *A Comprehensive Examination of the Relationship between Psychiatric Symptoms and Substance Use in College Athletes.* Poster session presented at the 53rd Annual Convention, Association for Behavioral and Cognitive Therapies, Atlanta, GA. (Co-Author)

Kawi, J., Tesfagiorgis, E., Sood, K., & Meneses, J. (2018, September). Influence of Biomedical Risk Factors on Chronic Low Back Pain among Women. Oral session presented at the 28th American Society for Pain Management Nursing National Conference, Bonita Springs, Florida. (Primary Author/Presenter)

Kawi, J., Meneses, J., Sood, K., & Tesfagiorgis, E. (2018, March). Association between global DNA methylation and exercise in chronic low back pain. Poster session presented at the 37th Annual Scientific Summit of the American Pain Society, Anaheim, California. (Primary Author)

Kawi, J., Lukkahatai, N., Espina, A., Walitt, B., & Saligan, L. (2016, May). *Associations between Heat Shock Protein and symptom burden in fibromyalgia syndrome.* Poster session presented at the 35th Annual Scientific Meeting of the American Pain Society, Austin, Texas. (Primary Author/Presenter)

Lukkahatai, N., Kaur, K., Walitt, B., **Kawi, J.,** Espina, A., & Saligan, L. (2016, May). *Differences in plasma levels of Heat Shock Proteins between persons with and without fibromyalgia.* Poster session presented at the 35th Annual Scientific Meeting of the American Pain Society, Austin, Texas. (Co-Author/Presenter)

Kawi, J., Lukkahatai, N., Inouye, J., Thomason, D., & Connelly, K. (2015, September). *Effects of exercise on select biomarkers and associated outcomes in chronic pain conditions: Systematic Review.* Poster session presented at the PAINWeek National Conference, Las Vegas, Nevada. (Primary Author/Presenter)

Kawi, J., Lukkahatai, N., Inouye, J., Thomason, D., & Connelly, K. (2015, March). Exercise and biomarkers in chronic pain conditions: Systematic review. In J. Inouye (Organizer), *Enhancing Self and Symptom Management of Chronic Illnesses in Vulnerable Populations*. Symposium conducted at the 12th Annual National Conference, Asian American/Pacific Islander Nurses Association, Las Vegas, Nevada. (Primary Author/Presenter)

Lukkahatai, N., Inouye, J., **Kawi, J.,** Connelly, K., & Thomason, D. (2015, March). Predictors of cognitive behavioral therapy in chronic diseases: Integrative review. In J. Inouye (Organizer), *Enhancing Self and Symptom Management of Chronic Illnesses in Vulnerable Populations*. Symposium conducted at the 12th Annual National Conference, Asian American/Pacific Islander Nurses Association, Las Vegas, Nevada. (Co-Author)

Thomason, D., **Kawi, J.,** Lukkahatai, N., Connelly, K., & Inouye, J. (2015, March). Self-management and weight loss in adolescents: An integrative review. In J. Inouye (Organizer), *Enhancing Self and Symptom Management of Chronic Illnesses in Vulnerable Populations*. Symposium conducted at the 12th Annual National Conference, Asian American/Pacific Islander Nurses Association, Las Vegas, Nevada. (Co-Author)

Ulep-Reed, M., & **Kawi, J.** (2015, March). Prader-Willi Syndrome in older adulthood in primary care. Poster session

presented at the 12th Annual National Conference, Asian American/Pacific Islander Nurses Association, Las Vegas, Nevada. (Co-Author)

Talusan, R., **Kawi, J.,** & Candela, L. (2014, September). *Opioid monitoring clinic for high risk patients on chronic opioid therapy at Las Vegas Southern Nevada Healthcare System.* Poster session presented at the PAINWeek National Conference, Las Vegas, Nevada. (Co-Author)

Kawi, J. (2014, March). *Predictors of self-management for chronic pain.* Oral session presented at the 11th Annual National Conference, Asian American/Pacific Islander Nurses Association, San Diego, California. (Primary Author/Presenter)

Kawi, J. (2013, June). *Nurse practitioner specialty role in managing the epidemic of non-malignant chronic pain.* Poster session presented at the American Association of Nurse Practitioners 28th National Conference, Las Vegas, Nevada. (Primary Author/Presenter)

Kawi, J. (2013, March). *Self-management and support in chronic low back pain.* Oral session presented at the 10th Annual National Conference, Asian American/Pacific Islander Nurses Association, Honolulu, Hawaii. (Primary Author/Presenter)

Kawi, J. (2012, March). *Self-Management in chronic illness care: A concept analysis.* Poster session presented at the 9th Annual Conference, Asian American/Pacific Islander Nurses Association, Las Vegas, NV. (Primary Author/Presenter)

Kawi, J. (2012, March). *Self-management and self-management support on functional ablement in specialty pain care settings.* Poster session presented at the 9th Annual conference, Asian American/Pacific Islander Nurses Association, Las Vegas, NV. (Primary Author/Presenter)

Kawi, J., Jauregui, A., Vapor, V., & Xu, Y. (2008, May). Transition of international nurses to practice. In Y. Xu (Organizer), *Transition, adaptation & integration of international nurses.* Symposium conducted at the 5th Annual Conference, Asian American/Pacific Islander Nurses Association, Las Vegas, Nevada. (Primary Author/Presenter)

Regional and State Presentations (Refereed)

Kawi, J. (2012, April*). Self-management and self-management support in chronic pain subgroups: Integrative review*. Poster session presented at the Gardner-Webb University in co-sponsorship with NCNA District 29, Boiling Springs, NC. (Primary Author)

Kawi, J. (2011, April). *Concept analysis: Self-management support in chronic illness care.* Poster session presented at the Western Institute of Nursing Annual Conference, Las Vegas, Nevada. (Primary Author/Presenter)

Kawi, J. (2011, April). *Self-management and self-management support on functional ablement in chronic low back pain.* Poster session presented at the Western Institute of Nursing Annual Conference, Las Vegas, Nevada. (Primary Author/Presenter)

Carron, R., Handley, S., **Kawi, J.,** & Thibault, E. (2010, March). *Health care decision making during an economic recession: A qualitative descriptive study.* Poster and podium session presented at the 21st Annual Rocky Mountain Regional Multidisciplinary Research & Evidence-Based Practice Symposium: Evidence-Based Practice for the Clinician, Denver, Colorado. (Co-Author)

Carron, R., Handley, S., **Kawi, J.,** & Thibault, E. (2009, November). *Health care decision making during an economic recession.* Poster session presented at the University of Colorado Denver Research Conference, Denver, Colorado. (Co-Author)

Jauregui, A., **Kawi, J.,** Vapor, V., Xu, Y., & Zizzo, K. (2008, May). Transition of international nurses to practice: Facilitators and barriers. In Y. Xu (Organizer), *Transition, adaptation & integration of international nurses: Overview.* Symposium conducted at the Western Institute of Nursing 41st Annual Communicating Nursing Research Conference, Orange County, California. (Co-Author)

Local Presentations (Refereed)

Kawi, J., Lukkahatai, N., Espina, A., Walitt, B., & Saligan, L. (2016, October). *Associations between Heat Shock Protein and symptom burden in fibromyalgia syndrome.* Poster session presented at the Sigma Theta Tau: Zeta Kappa-at-large Chapter scholarship meeting, Las Vegas, Nevada. (Primary Author/Presenter)

Kawi, J., Schuerman, S., Alpert, P., & Young, D. (2014, April). *Activation to self-management and exercise in overweight and obese older women with knee osteoarthritis*. Poster session presented at the 7th Annual Interdisciplinary Research Scholarship Day, UNLV Division of Health Sciences, Las Vegas, Nevada. (Primary Author/Presenter)

Kawi, J. (2013, April). *Self-management and self-management support on chronic low back pain patients in primary care.* Poster session presented at the 6th Annual Interdisciplinary Research Scholarship Day, UNLV School of Nursing and School of Community Health Sciences, Las Vegas, Nevada. (Primary Author/Presenter)

Kawi, J. (2012, April). *Self-management and self-management support in chronic pain subgroups: Integrative review*. Poster session at the Annual Interdisciplinary Research Scholarship Day, UNLV School of Nursing, Allied Health, and Community Health Sciences, Las Vegas, NV. (Primary Author/Presenter)

Kawi, J. (2009, April). *Facilitators and barriers to the adjustment of international nurses: An integrative review.* Poster session presented at the 2nd Interdisciplinary Research Scholarship Day at the University of Nevada, Las Vegas, School of Nursing and Allied Health, Las Vegas, Nevada. (Primary Author/Presenter)

Local Presentations (Invited)

Kawi, J. (2011, April). *Concept analysis: Self-management support in chronic illness care.* Poster session presented at the University of Nevada Las Vegas Annual Interdisciplinary Research Scholarship Day, Las Vegas, Nevada. (Primary Author/Presenter)

Kawi, J. (2011, April*). Self-management and self-management support on functional ablement in chronic low back pain.* Poster session presented at the University of Nevada Las Vegas Annual Interdisciplinary Research Scholarship Day, Las Vegas, Nevada. (Primary Author/Presenter)

Media Contributions

Hiking with Arthritis, Content expert in an Interview for Article in Practical Pain Management by Rosemary Black (October 2019)
Chronic Low Back Pain, Guest Speaker for the UNLV KUNV Radio Station on Faculty Experts hosted by Michael Easter (March 13, 2017)
Nurse Practitioner, Profiled in the Online Nurse Practitioner Based in Nevada (Online 2016)
Pain Research, Profiled in the UNLV News Center, (November 2016)
Exercise and Chronic Pain Biomarkers, Featured in Practical Pain Management journal by Thomas G. Ciccone (October 2015)
Chronic Pain Research and Management, Guest Speaker in Research Files: UNLV TV (June 2015)
Self-Management in Chronic Low Back Pain, Featured in UNLV Today (February 2015)

Research Grants

COMPLETED:

TITLE	Influence of Epigenomic Alterations on Chronic Low Back Pain
FUNDING AGENCY	American Association of Nurse Practitioners
AIMS/GOALS OF GRANT	The aims of this study include: (1) Evaluate the associations between epigenomic alterations (i.e., global Deoxyribonucleic Acid [DNA] methylation) and pain impact among adult females with nonspecific chronic low back pain (cLBP); (2) Identify contributions of behavioral risk factors (exercise and smoking) to epigenomic alterations among individuals with cLBP; and (3) Explain the relationships between epigenomic alterations and biomedical risk factors (Basal Metabolic Index [BMI] and opioid use) in cLBP.
PI	Kawi, J.
% TIME CONTRIBUTION	100%
TERM OF GRANT	August 2016 - December 2017
TOTAL AWARD	$2,500.00

TITLE	Association of the Heat Shock Protein and Symptom Burden among adults with Fibromyalgia Syndrome
FUNDING AGENCY	School of Nursing Intramural Grant
AIMS/GOALS OF GRANT	The purpose of this study is to examine the association of heat shock protein (HSP90AA1) in the ubiquitination pathways and the burden of symptoms (e.g., pain, fatigue, sleep disturbance, cognitive dysfunction) among adults with fibromyalgia syndrome. This investigation will be guided by the following specific aims: (1) To examine the associations between plasma HPS90AA1 levels and various symptoms (pain, fatigue, sleep disturbance, and cognitive dysfunction) among adults with fibromyalgia syndrome; and (2) To investigate the difference in HPS90AA1 levels among fibromyalgia syndrome adults with high and low pain intensity.
PI/CO-PI/OTHER	Kawi, J. (PI) Lukkahatai, N. (Co-I)
% TIME CONTRIBUTION	75%
TERM OF GRANT	March 2015 - March 2017 (Completed August 2016)
TOTAL AWARD	$5,000.00

TITLE	Predictors of effective self-management in chronic low back pain
FUNDING AGENCY	Nurse Practitioner Healthcare Foundation (NPFH)/Purdue Pharma L. P. Pain Management Award program
AIMS/GOALS OF GRANT	Due to the excessive prevalence of chronic low back pain (CLBP) and its associated high health care costs, the Institute of Medicine (IOM) strongly emphasized the importance of self-management (SM) strategies to reduce suffering and costs. However, the evidence of SM effectiveness in the CLBP population remains uncertain; SM may be therapeutic for only a subset of patients. Hence, this study conducted a secondary analysis of data gathered from two previous primary research studies completed by the PI. The primary aim of this study was to identify the predictors of effective SM in CLBP. Second, this study evaluated the differences in predictors between participants in specialty pain centers and primary care clinics. Evaluating patient-related factors to determine who would be the best responders to SM is critical to the goals of the IOM and the entire healthcare industry.
PI/CO-PI/OTHER	Kawi, J. (PI)
% TIME CONTRIBUTION	100%
TERM OF GRANT	February 2013 – February 2015 (Completed August 2014)
TOTAL AWARD	$5,000.00

TITLE	The effect of a progressive exercise program on functional activity and quality of life for older overweight women with knee osteoarthritis
FUNDING AGENCY	School of Nursing and School of Allied Health
AIMS/GOALS OF GRANT	This interprofessional feasibility research study was awarded in 2012 to provide training in two low to moderate exercise strategies for older overweight women with knee osteoarthritis and compare these exercises (progressive walking and progressive stepping) in terms of knee ROM, strength gain, physical function, disability, quality of life, and self-management. This study included an online self-management course component provided to the participants for a period of 6 weeks, approximately 2 hours/week.
PI/CO-PI/OTHER	Scheurman, S. (PI) Kawi, J. (Co-PI)

% TIME CONTRIBUTION	50%
TERM OF GRANT	May 2012 - May 2014 (Completed December 2013)
TOTAL AWARD	$29,251.00 ($24,251.00 + $5,000 Intramural Grant Award from School of Nursing)

TITLE	Self-Management and Self-Management Support on Chronic Low Back Pain in a Primary Care Setting
FUNDING AGENCY	UNLV School of Nursing Intramural Grant
AIMS/GOALS OF GRANT	The overall purpose of the study was to elucidate the impact of self-management (SM) and self-management support (SMS) on patients with chronic low back pain (CLBP). The following were the specific aims: (1) To describe SM behaviors, the level of SM, amount of perceived SMS, mental health state, functional ablement, and mean pain intensity in patients with CLBP; (2) To examine the influences of perceived SMS on SM, and perceived SMS and SM on functional ablement, pain intensity, and mental health state, after controlling for potential demographical covariates; (3) To evaluate whether SM mediates perceived SMS and functional ablement, mean pain intensity, and mental health state; and (4) To describe patient perceptions of their SM, SMS, and functional ablement.
PI/CO-PI/ OTHER	Kawi, J. (PI)
% TIME CONTRIBUTION	100%
TERM OF GRANT	March 2012 - March 2014 (Completed November 2012)
TOTAL AWARD	$5,000.00

PROPOSED:

TITLE	Controlled Examination of an Optimization Approach to Mental Health in Ethnically/Racially Diverse Youth Athletes from Low Income Neighborhoods
FUNDING AGENCY	NIH: National Institute on Drug Abuse (2019)
AIMS/GOALS OF GRANT	This proposed RCT will examine Family Behavior Therapy using The Optimum Performance Program in Sports, an evidence-based approach adapted for use in ethnically or racially diverse youth athletes, compared to services as usual among those who participate in community-based sport organizations serving adolescents who are at risk to be negatively affected by substance use. Major outcomes will be substance use, psychiatric symptoms, and mental health/substance use services.
PI/CO-PI/OTHER	Donohue, B. (PI) Kawi, J. (Co-I)

UNFUNDED:

TITLE	Controlled Examination of an Optimization Approach to Mental Health in Ethnically/Racially Diverse Youth Athletes from Low Income Neighborhoods
FUNDING AGENCY	NIH: National Institute on Minority Health and Health Disparities (2018)
AIMS/GOALS OF GRANT	The key aim is to compare services as usual (SAU) to the optimization approach which is a sport-specific family behavior therapy with mental health referral assistance plus mental health SAU in 198 participants who will concurrently be involved in a nationally revered sport organization. Mental health, substance use, school attendance, conduct, and other factors affecting sport performance in training, competition and life outside of sports, other than program satisfaction will be evaluated.
PI/CO-PI/OTHER	Donohue, B. (PI) Kawi, J. (Co-I)

TITLE	The Optimum Performance Program in Sports (TOPPS: Research Project in U54)
FUNDING AGENCY	NIH: National Institute on Minority Health and Health Disparities Research Centers in Minority Institutions (U54; 2017)
AIMS/GOALS OF GRANT	The aims are to: (1) Determine efficacy of TOPPS, as compared w/ services as usual (SAU) on measures of mental health, conduct, school attendance, factors affecting sport performance, & relationships; and (2) Compare TOPPS & SAU on mental health service utilization among ethnic/racially diverse youth athletes from low-income neighborhoods where mental health disorders and substance use are highly prevalent.
PI/CO-PI/OTHER	Donohue, B. (PI for Research Project) Kawi, J. (Co-I for Research Project)

TITLE	Research Experiences for Undergraduates
FUNDING AGENCY	National Science Foundation 2017
AIMS/GOALS OF GRANT	The proposed project aims to facilitate active participation of undergraduate students from underrepresented groups in research at the University of Nevada, Las Vegas.
PI/CO-PI/OTHER	Trabia, M. (PI) Kawi, J. (Mentor)

TITLE	Ryan White HIV/AIDS Program Part D Supplement
FUNDING AGENCY	Health Resources and Services Administration 2017
AIMS/GOALS OF GRANT	The goal was to institute a self-management program using the Stanford Positive Self-Management Program for HIV. This Supplement proposal will build on the current organizational infrastructure of the Nevada Care Program responding to the need to facilitate self-management particularly among low income, uninsured, underinsured, and underserved women living with HIV/AIDS in the Las Vegas Transitional Grant Area.
PI/CO-PI/OTHER	Kawi, J. (PI for Supplement); Ezeanolue, E. (PI for Main Grant)

TITLE	Self-Management Program to Promote Safety in Opioid Use
FUNDING AGENCY	NIH: National Institute on Drug Abuse (R34) 2017
AIMS/GOALS OF GRANT	The overall objective was to develop, implement, and evaluate a self-management (SM) program for Safety in Opioid Use among patients with non-malignant chronic pain. The aims were to: (1) Develop a theory-driven and patient-informed SM program facilitating safe opioid use based on the perspectives of focus groups of participants with non-malignant chronic pain on chronic opioid therapy; and (2) Evaluate feasibility and conduct preliminary testing of the program.
PI	Kawi, J.

TITLE	Personalized Self-Management Program (PeSMaP) among ARV naive, HIV-positive adults in Nigeria
FUNDING AGENCY	NIH: National Institute of Nursing Research (R21) 2016
AIMS/GOALS OF GRANT	Proposed study aims were: (1) Determine the barriers and facilitators of entry into and maintenance in HIV care among newly diagnosed patients through focus group discussions; (2) Develop, refine, and conduct a feasibility study on the PeSMaP, an intervention to promote self-management among ARV naïve, HIV-positive patients using findings from Specific Aim 1; and (3) Prepare for a comparative effectiveness trial of PeSMaP versus usual care among ARV naïve, HIV+ adults in Nigeria to determine impact on enhanced functional wellness, linkage, and retention in care.
PI/CO-PI/OTHER	Ezeanolue, E. and Banigbe, B. (Co-PIs) Kawi, J. (Co-I)

TITLE	Center for Technology Enhanced Care (C-TEC)

FUNDING AGENCY	University of Nevada, Las Vegas Faculty Opportunity Awards 2016
AIMS/GOALS OF GRANT	The goals of the proposed center were to: (1) Advance the pace of creation of technology to enhance self-management and other strategies that improve health care outcomes, and (2) Accelerate the integration of these novel technologies in various health care systems.
PI/CO-PI/OTHER	Inouye, J. and Trabia, M. (Co-PIs) Kawi, J. and Mobley, C. (Co-Is)

TITLE	Technology-Enhanced Self-Management and Exercise in Chronic Low Back Pain: A Feasibility Study (This is a pilot research project as part of a P20 application: Centers in Self-Management of Symptoms: Building Research Teams for the Future)
FUNDING AGENCY	NIH: National Institute of Nursing Research 2015; Scored
AIMS/GOALS OF GRANT	This is an interdisciplinary, biobehavioral, feasibility study using a pre-post design, in collaboration with Engineering and Kinesiology, proposed to evaluate the role of technology in enhancing self-management of symptoms in chronic low back pain (CLBP). The following were the aims: (1) Develop a protocol and examine the feasibility of a 6-week group and home-based exercise intervention using a wearable device to facilitate SM and progressive exercise, with real-time recording of fatigue and pain, among adult women with CLBP; (2) Identify changes to primary and secondary outcomes before and after intervention. Primary outcomes are fatigue and pain impact. Secondary outcomes are self-efficacy, quality of life, physical activity, BMI, opioid use, depression, and sleep; (3) Aim 3: Evaluate associations of global DNA methylation to treatment responses (change scores) after intervention. Since unhealthy lifestyle can cause epigenomic changes and such changes are reversible, clarifying the role of global DNA methylation in CLBP can provide critical evidence and direction when developing and intervening with tailored SM strategies that can mitigate symptoms to enhance pain care outcomes.
PI/CO-PI/OTHER	Kawi, J. (PI for Pilot Project under P20) Inouye, J. (PI for P20)

TITLE	Influence of Genetic Variants on Chronic Low Back Pain Treatment Response and Associated Psychosocial Factors
FUNDING AGENCY	NIH: National Institute of Nursing Research Academic Research Enhancement Award (AREA) R15 (2015; Scored)
AIMS/GOALS OF GRANT	Nonspecific chronic low back pain (cLBP) remains highly prevalent due to inadequate treatment response. This pilot study proposed a prospective and longitudinal design to conduct a candidate gene association study in non-Hispanic African American (AA) adult women with cLBP undergoing treatment (Radiofrequency Neurotomy) to assist in clarifying biologic mechanisms influencing treatment response. The primary aim was to examine the associations between key single nucleotide polymorphisms (SNPs) and change in pain intensity differentiating responders and non-responders to treatment. Further, this study will evaluate the associations between candidate SNPs and relevant physical and psychosocial factors (pain impact, depression, catastrophizing) among responders and non-responders consistent with the Biopsychosocial Model in cLBP integrating biological and behavioral factors.
PI	Kawi, J.

TITLE	Gene Association and Psychosocial Characterization in Chronic Low Back Pain
FUNDING AGENCY	NIH: National Institute of Nursing Research (K01) 2015; Resubmission and Scored
AIMS/GOALS OF GRANT	This proposed study will explore key genes with known critical roles in nociceptive pain pathways that have not been adequately explored in nonspecific chronic low back pain (cLBP) to identify novel targets associated with cLBP. Aim 1: Test the hypothesis that single nucleotide polymorphisms (SNPs) will vary between responders (participants with significant decrease in pain intensity) and non-responders post Radiofrequency Neurotomy. Aim 2: Evaluate biopysychosocial

	correlates and predictors influencing cLBP. Examples of these biopsychosocial variables include physical and emotional function, body mass index, self-efficacy, relevant demographics, and if significant – top 3 identified SNPs from Aim 1 will be included.
PI	Kawi, J.

TITLE	Enhancing Self-management in Chronic Low Back Pain (CLBP) through a Smartphone Application with a Wrist Monitor Device (This is a pilot research project as part of a P20 application: Centers of Excellence in Self-Management: Building Research Teams for the Future
FUNDING AGENCY	NIH: National Institute of Nursing Research 2014; Scored
AIMS/GOAL OF GRANT	The overarching goal of this interprofessional pilot research study using a pre-post experimental design and involving nursing and engineering was toward enhancing targeted management of CLBP in African American women using the UP24 3.0 application with a wrist monitor device to enhance SM. The following aims will be examined: (1) Develop a protocol for the use of the UP24 to enhance SM as an innovative 6-month intervention and examine the feasibility of this strategy among African American women with CLBP; and (2) Evaluate the impact of the UP24 SM intervention on primary and secondary outcomes in African American women with CLBP.
PI/CO-PI/OTHER	Kawi, J. (PI for Pilot Project under P20) Inouye, J. (PI for P20)

TITLE	A Cognitive Health Monitoring System for Deep Space Missions (Pre-proposal)
FUNDING AGENCY	Nevada National Aeronautics and Space Administration (NASA) Experimental Program to Stimulate Competitive Research (EPSCoR; 2013-2014)
AIMS/GOAL OF GRANT	The general aims included: (1) Building and strengthening interprofessional partnerships among Nevada industries and institutions within the Nevada System of Higher Education; (2) Attracting students to fields in space and science with exposure to seminars and workshops through this grant; (3) Developing a prototype for a light-weight, non-invasive, useful emergency medical system for healthcare monitoring of flight crew during deep space missions, and (4) Collaborating with NASA centers on prototype development. This is a second application. Initial pre-proposal was reviewed to proceed in April, 2013.
PI/CO-PI/OTHER	Latifi, S. (PI) Kawi, J. (Co-PI)

TITLE	Home-based Chronic Low Back Pain Self-management Program for Underserved
FUNDING AGENCY	Agency for Healthcare Research & Quality (K01) 2013
AIMS/GOAL OF GRANT	The specific aims of this proposed comparative effectiveness research study were to: (1) Identify self-management (SM) program characteristics targeted to the underserved chronic low back pain (CLBP) population from the perspectives of stakeholders in chronic pain, (2) With interprofessional involvement, develop LIFE REGAINED, a novel, innovative, and comprehensive, home-based CLBP SM program using interactive, multimedia DVD that is viewable through a regular television set with a DVD player that is practical for the underserved population, (3) Implement LIFE REGAINED, a 6-week home based SM intervention that will incorporate the use of the DVD, nurse coaching, motivational interviewing, and group Cognitive Behavioral Therapy using telemedicine, and (4) Evaluate effectiveness of the LIFE REGAINED in terms of pain-related outcomes and healthcare costs (cost effectiveness analysis).
PI	Kawi, J.

TITLE	Nurse-led Interdisciplinary Chronic Pain Care Program
FUNDING AGENCY	Robert Wood Johnson Foundation Nurse Faculty Scholars 2013
AIMS/GOAL OF GRANT	This research study proposed to develop an evidence-based interdisciplinary chronic pain care program for individuals with non-malignant chronic pain. This innovative program will engage significant others and will be nurse-led and

	delivered to increase public access to interdisciplinary chronic pain care. This program will be founded on self-management, a strategy that IOM strongly recommends to assist in the difficulties with chronic pain care. Outcomes (pain intensity, physical and emotional function, self-efficacy) will be evaluated and compared between an intervention and treatment-as-usual group. Qualitative perspectives of participant experiences will also be described.
PI	Kawi, J.

Awards and Honors

Health for Nevada Award for provision of a Graduate Assistant, UNLV (2018 - 2019)
Research Travel Award ($660): University Faculty Travel Award (Spring 2018)
SON Nominee for UNLV Regents' Rising Researcher Award (2017)
Okura Mental Health Leadership Nurse Scholar Award/Returning Fellow ($600; March 2017)
March of Dimes Nurse of the Year in Research (2016)
Research Travel Award ($1,000): University Faculty Travel Award (Spring 2016)
American Pain Society Young Investigator Travel Award ($750; March 2016)
Okura Mental Health Leadership Nurse Scholar Award/Fellow ($1,200; March 2016)
SON Nominee for the 2016 UNLV Barrick Scholar Award (2015)
UNLV SON Dean's Award for Outstanding Research ($500; 2014)
SON Nominee for the UNLV Regents' Rising Researcher Award (2014)
Awardee: Summer Genetics Institute Training Program hosted by NINR (Summer 2014)
Guest Researcher: NINR (May 19, 2014 - June 30, 2014)
Visiting Scholar Award ($7,757): Mountain West Clinical Translational Research-Infrastructure Network (CTR-IN) Award Number 1U54GM104944 supported through National Institute of General Medical Sciences of the NIH (March 2014)
Research Travel Award ($1,000): University Faculty Travel award (Spring 2014)
Third Place Faculty Poster Presentation: 7th Annual Interdisciplinary Research Scholarship Day, UNLV Division of Health Sciences, Las Vegas, Nevada (Spring 2014)
Research Travel Award ($500): Silvestri Travel Funds, University of Nevada, Las Vegas, School of Nursing (Summer 2013)
Nursing Leadership Education Grant Recipient ($750): Sigma Theta Tau International's 24th International Nursing Research Congress (July 23, 2013)
Research Travel Award ($1000): University Faculty Travel award (Spring 2013)
Tenure Track Research Scholars (TReS) Award: University of Nevada, Las Vegas, School of Nursing (3-credit workload release, Fall 2012)
Certificate of Recognition: Asian American/Pacific Islander Nurses Association (AAPINA, March, 2012)

SERVICE

Department Service

Mentor: new faculty (Nada Lukkahatai) in teaching N420, research and evidence-based practice (Spring – Summer 2014)
Mentor: new faculty (Angelina Nguyen) in chairing a student's professional paper (Fall 2013 - Summer 2014)
Mentor: new faculty (Terri Jones) in teaching NURS 704, graduate pathophysiology course (Fall 2013)
Mentor: senior faculty (Lori Candela) in teaching a nurse practitioner course (NURS 749L, Spring 2013)
Mentor: new faculty mentor for course (Spring 2008)

College/School Service

Chair: Promotion and Tenure Committee (Fall 2019-Present)
Key Contributor: NLN Center of Excellence application (Fall 2018- Spring 2019)
Leader: PhD and DNP Admissions Committee (Spring 2019)
Presenter: Biobehavioral Research Program in Chronic Pain (November 2018)
Guest Speaker, lecture and demonstration: Joint Injections for NURS 760R students (August 17, 2018)
Member: PhD Admissions Committee (Spring 2018)
Reviewer: Research Fellowships for School of Allied Health Sciences faculty (April 2018)
Member: Promotion and Tenure Committee (Fall 2017 – Summer 2018)
Member: MSN Admissions Committee (Spring 2017-2018)
Guest Speaker, lecture and demonstration: Joint Injections for NURS 760R students (August 18, 2017)
Speaker, Leadership and Research: NURS 420 Leadership Group under Roseann Colosimo (March 7, 2017)
Nurse Practitioner Consultant: UNLV SON Faculty (Dieu-My Tran) for Research Grant (Spring - Fall 2017)

Member: MSN Program Review Task Force (Fall 2016 – 2017)
Member: Dean Search Committee (Fall 2016 – 2017)
Guest Speaker, lecture and demonstration: Joint Injections for NURS 760R students (October 21, 2016)
Presenter: Fundamentals of Research Administration (March 2016)
Member: PhD Interdisciplinary Health Science Program (2016)
Member: PhD Admissions Committee (Spring 2015)
Guest Speaker, lecture and demonstration: Joint Injections for NURS 769 students (January 9, 2015)
Alarm Responder: SON Laboratory (Fall 2014 – 2018)
Chair: Culminating Projects Committee MSN NP Portfolio (2014 – 2015)
Member: Research Strategic Plan Committee (2013-2015)
Member: Bylaws Committee (2012 – 2018)
Guest Speaker: Predictors of effective self-management in chronic low back pain (March 24, 2014)
Guest Speaker, Lecture and Demonstration: Joint Injections for NURS 769 students (January 10, 2014)
Participant: MSN Curriculum Revision (2013-2014)
Member: MSN Admissions Committee (Spring 2008 – Spring 2014)
Participant: DNP program, DNP projects (October 17, 2013)
Member: PhD Admissions Committee (Spring 2013)
Guest Speaker, lecture and demonstration: Joint Injections for NURS 769 students (January 10, 2013)
Participant: OSCE Planning, Proctorship, Simulated Patient, for NURS 749 and NURS 769 NP students (2012-2013)
Attendee, Assessment Project led by Kevin Gulliver (2012)
Co-Chairperson: Health Fair (Spring 2012)
Chair-elect: Faculty Affairs Council (2011 - 2012)
Faculty Volunteer: NURS 342 Open Lab (Fall 2011)
Faculty Volunteer: SON recognition ceremonies (2007 – 2011)
Member: Faculty Affairs Committee (2007-2010)
Representative: NeXus program Student Advisory Committee (2010)
Faculty Presentation: NURS 426 coursework, Nevada State College/UNLV Collaborate RN to BSN Program HRSA Grant (October 28, 2010)
Representative: School of Nursing booth for the Nevada Nurses Association state conference (October 23, 2010)
Member: St Jude MSN FNP Committee (Spring 2010)
Coordinator: lead role in clinical groups and HESI/Final Comprehensive Exams for St Jude MSN FNP students (Summer 2009 – Fall 2009)
Faculty Presenter: NURS 426 coursework to Nevada State College (May 29, 2009)
Volunteer: Training of Simulated Patients with Public Health representatives (January 23, 2009)
Volunteer Instructor: Undergraduate physical assessment comprehensive exams (November, 2008)
Faculty Volunteer: Coronado High School Science Tour (March 25, 2008)

University Service

Member: Faculty Senate Special Hearing Committee (Fall 2019 – Present)
Member: Institutional Review Board, Alternate (Summer 2018 - Present)
Member: Graduate Programs Committee (Fall 2018 - 2019)
SON Representative: UNLV Research Council (Fall 2017 – 2019)
SON Representative: UNLV Research Week (2017)
Guest Speaker: Integrated Health Care course in graduate Social Work and Psychology (November 14, 2017)
Guest Speaker: Integrated Health Care course in graduate Social Work and Psychology (Fall 2015)
Affiliate Faculty Member: Nevada Institute of Personalized Medicine (2014 – 2016)
Member: PhD Curriculum Revision and developed a Biobehavioral course syllabus with subsequent approval at the Graduate College for interdisciplinary implementation (2014 - 2015)
Participant: Office of Online Education – Digital learning at UNLV: Strategic partnerships for the future (Fall 2014)
Reviewer: Abstracts for 7th Interdisciplinary Research and Scholarship Day, Evidence-Based Projects (Spring 2014)
Moderator: Diversity Leadership Forum, Office of Diversity Initiatives (April 11, 2013)
Faculty Marshall: University Commencement (December 14, 2010)
Staff: Ask Me Booth, Rebel Connection student welcome week (2007 – 2008)
Staff: Academic Integrity Fair (2007)

Professional Service

Reviewer, Expert Panel: Agency for Healthcare Research and Quality Report on Nonopioid Pharmacologic Treatments for Chronic Pain (Spring 2019 – Fall 2019)
Preceptor, Nurse Practitioner student external to UNLV SON (Bethany Baird, Spring 2019)

Co-Chair, Education Committee: American Society for Pain Management Nursing (Fall 2018 - Present)
Advisory Board Member: Nevada Office of Minority Health and Equity (2018 - Present)
Chair, Finance Committee and Member of Board of Directors: Asian American/Pacific Island Nurses Association (2018-Present)
Founding Member: Asian American Pacific Islander Nurses Association of Nevada Chapter (2018 - Present)
Reviewer, Research and Scholarship Abstracts: Asian American/Pacific Island Nurses Association of Nevada Chapter (Fall 2018 - 2019)
Treasurer: NEXus (Fall 2018 – Summer 2019)
Education Committee Member: American Society for Pain Management Nursing (2018)
Reviewer, Research and Scholarship Abstracts and Awards: Asian American/Pacific Island Nurses Association (2018)
Contributor: American Pain Society-Nursing SIG Statement: Nursing at the Intersection of Chronic Pain and the Opioid Crisis: A Call to Demonstration of Nursing Action" (Fall 2018)
Reviewer and Scientific Committee Member, Abstracts: 2nd Sigma Asia Region Conference (July 2018)
Reviewer, Manuscript: Journal of Pain Research (June 2018)
Reviewer, Research and Evidence-Based Project Proposals: Sigma Theta Tau International Zeta Kappa-at-large (February 2018)
Keynote and Plenary Speaker, Chronic Pain Management in the Primary Care Setting: Fairfield University (February 20, 2018)
Planning Committee Member: 14th Annual Conference Asian American/Pacific Island Nurses Association (2017)
Guest Speaker and Panelist: Chronic Disease Prevention and Management in Primary Care (March 3-4, 2017)
Preceptor: Nurse Practitioner students external to UNLV SON (Anna Wern and Maria Jumalon, Spring - Summer 2017)
Board Member: National Council of Ethnic Minority Nurse Associations (2016 – 2017)
Member: NEXus Quantitative Research Methods Cluster Group (2016-2017)
Reviewer: Manuscripts, Pain Management Nursing (2016 – Present)
Preceptor: Nurse Practitioner student external to UNLV SON (Hannah Furney, Summer 2016 – Fall 2016)
Reviewer: Manuscripts, Asian/Pacific Island Nursing Journal (2015 - Present)
Reviewer: Manuscripts, Biological Research for Nursing (2015 – 2016)
Reviewer: Manuscript, Journal of Aging and Physical Activity (2015)
Treasurer: Asian American/Pacific Island Nurses Association (2014 – 2017)
Editorial Board Member: Asian/Pacific Island Nursing Journal (2014 - 2016)
Planning Committee Member and Organizer: 2015 12th and 2016 13th Annual Conference Asian American/Pacific Island Nurses Association (Fall 2014 – 2016)
Reviewer: Manuscript, Clinical Nursing Research (2014 – 2015)
Preceptor: Nurse Practitioner student external to UNLV SON (Janice Aguinaldo, Fall 2014 – Spring 2015)
Assisted: Orientation of designated faculty members into Sigma Theta Tau Induction (Spring 2014)
Volunteer: FirstMed Health and Wellness Center Town Hall Meeting in serving the uninsured in a Community Health Center (January 17, 2014)
Nurse Practitioner Volunteer: Clinical Breast Exams (January 17, 2014)
Family Nurse Practitioner: FirstMed Health and Wellness Center, organizing and assisting with pain management program (April 2012 - 2014)
Officer: Filipino-American Advanced Practice Registered Nurses Association (2013)
Participant: Legislative hearing for SB 69 and AB 170 for Nurse Practitioner (Spring – Summer 2013)
Mentor: Mentorship Program of the Organization of Chinese Americans, 2 undergraduate UNLV health science students (Mario Pucci [BS Biochemistry] and Juriza Chantell Mendoza [BS Biology], Spring 2013)
Reviewer: Manuscript, Journal for Nurse Practitioners (2012- 2013)
Scholarship Committee Member: Asian American/Pacific Island Nurses Association (2012 – 2013)
Faculty Counselor: Sigma Theta Tau International, Zeta Kappa Chapter (Spring 2012 - June 2013)
Member: Asian American/Pacific Islander Nurses Association Conference Planning Committee, Las Vegas, Nevada (2011 - March 2012)
Faculty Representative: University of Nevada Las Vegas School of Nursing Alumni Association (2008 – 2010)
Nurse Practitioner Volunteer: Boys and Girls Club of Southern Nevada - performed summer camp physical exams (August 8, 2008)

Public Service

Guest Speaker: Chronic Pain, Senior Living Center (October 21, 2019)
Guest Speaker: Pain Management, Lifelong Learning Club (March 19, 2019)
Guest Speaker: Experts in Arthritis Program, United States Bone and Joint Initiative (October 12, 2017)
Guest Speaker: Dealing with Chronic Pain, Stephen Ministry Workshop (April 9, 2016)
Co-facilitator: Chronic Disease Self-Management Program (CDSMP) workshop, Stanford program sponsored by St. Rose Dominican Hospitals (April 24 - May 29, 2013)

Guest Speaker: Experts in Arthritis Program, United States Bone and Joint Initiative (May 21, 2013)
Guest Speaker: St Mary's Home Health Care, on Pain Assessment, Documentation, and Medicare Accreditation (February 24, 2012)
Chairperson: Health Fair, St Luke's Episcopal Church (2010-2012)
Guest Speaker: Desert Springs Hospital Professional Staff, on Pain Management and Pharmacology for establishment of their hospital Pain Committee (April 20, 2009)
Participant: Susan G. Komen Race for the Cure (May 3, 2008)
Staff Volunteer: Opportunity Village Magical Forest (2007 – 2008)
Guest Speaker: Touro University, SON, on the topic of pain for undergraduate nursing students (2007)

Consulting

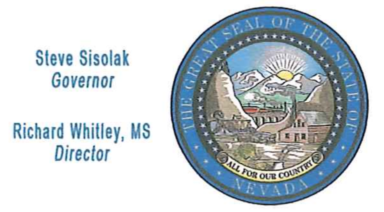
Consultant: Spring Valley Surgery Centers, Las Vegas and Henderson, NV, for surgery center accreditation, development, and pain management (September 2011 - 2014)

Awards and Honors

Nominee, American Association of Nurse Practitioners State Excellence Award (2019)
Nurse of the Year in Specialty Services, Pain Management, March of Dimes (2018)
Service Award, Asian American Pacific Islander Nurses Association (2018)
Municipal Support Grant Program Award: Drug Deactivation Units, AmerisourceBergen Foundation (2018 - 2019)
Senatorial Certificate of Commendation, Asian American Pacific Islander Nurses Association (March 2015)
Certificate of Commendation: United States Senator Harry Reid for dedication in improving the health and wellbeing of Southern Nevada (June 14, 2014)

Steve Sisolak
Governor

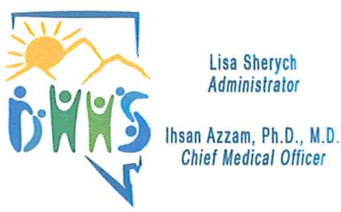
Richard Whitley, MS
Director



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

MEMORANDUM

DATE: February 28, 2020

TO: Jon Pennell, Chairperson
State Board of Health

THROUGH: Lisa Sherych, Administrator

FROM: Karen Beckley, Bureau Chief KKB 2/28/20

RE: NRS 450B.151(1), "The Committee on Emergency Medical Services (Committee), consisting of nine members appointed by the State Board of Health…"

STAFF REVIEW

In accordance with Nevada Revised Statutes NRS 450B.151(1), it is the responsibility of the State Board of Health to appoint the nine members of the Committee on Emergency Medical Services.

Effective June 22, 2017, the term of one member of the Committee expired. On November 17, 2017, the Committee reviewed the applications of nominees and recommended to the Board of Health the following individual for the vacant position:

Jon Stevenson II, Assistant Chief of Medical Services, as "An employee of an urban fire-fighting agency."

Effective April 26, 2018, the terms of two members of the Committee expired. On January 30, 2019, the Committee reviewed the applications of nominees and recommended to the Board of Health the following individuals for the vacant positions:

Bodie Golla, Assistant Fire Chief and EMS Coordinator, as "One member who is employed by a privately-owned entity that provides emergency medical services."

Steven B. Towne, Director of Ambulance Services and Emergency Management, as "An employee of a fire-fighting agency at which some of the firefighters are employed and some serve as volunteers."

These members have been serving as committee members and ask the Board to confirm that the appointment should have been made from the date that they started to serve.

Effective October 30, 2019, the term of one member of the Committee expired. On October 30, 2019, the Committee reviewed the applications of nominees and recommended to the Board of Health the following individual for the vacant position:

Markus Dorsey-Hirt, Chief Nursing Officer, Chief Flight Nurse, "An employee of an organization that provides air ambulance emergency medical services whose duties are closely related to such emergency medical services."

PUBLIC COMMENT RECEIVED

None

STAFF RECOMMENDATION

Staff recommends that the Board appoint the above listed individuals to the Committee.

PRESENTER

Karen Beckley, Bureau Chief

Jon Stevenson II

10408 Falls Church Ave Las Vegas, NV 89144
Phone: (702) 461-7760 Fax: (702) 233-1768 E-Mail: jstevenson@lasvegasnevada.gov

Objective

To be considered for a position on the Nevada State EMS Committee. I have over twenty two years of fire and emergency medical services experience, and twenty of those years were at the EMT-Paramedic level of certification.

Experience

Fire Fighter **11/1994 (2/1995 start of probation) to 1/1997**

Participated and assisted in the mitigation of fire, medical and other kinds of emergency responses. Held responsibilities for daily maintenance of tools, equipment for emergency response purposes as well as participated in daily station maintenance.

Accomplishments within rank: minimal due to immediate enrollment in paramedic school in early 1996.

Fire Fighter/Paramedic **1/1997 to 2/2001**

Performed the same functions as that of a fire fighter. However, held higher level of responsibility with respect to emergency medical responses. As paramedic, was responsible for advanced pre-hospital care and proper documentation of incidents.

Accomplishments within rank of Fire Fighter/Paramedic:

- Became one of the first Emergency Response to Terrorism Instructors for LVFR and taught across all three platoons.
- Obtained special training from Human Resources and was given latitude and support to develop and deliver a LVFR focused Diversity, Violence in the Workplace and Drug and Alcohol Awareness course. I was given latitude and support to deliver the diversity course to the entire department as a solo instructor.
- Planned and coordinated a free LVFR youth basketball camp in conjunction with the YMCA and former UNLV Rebels Freddie Banks and Mark Wade.
- Radio spokesperson for LVFR on KLUC for MDA "Fill the Boot" boot drive.
- Planned, coordinated and promoted three Fire vs. Police Benefit soccer games for the Children's Miracle Network.
    - Made several media appearances in support of the games.
    - Was invited to co-host the local leg of the telethon for the Children's Miracle Network.
- Was nominated by then Chief Trevino and Deputy Chief Gracia as well as Councilman Michael Mack for City of Las Vegas Employee of the month and awarded as such in August, 2000.

Fire Captain **2/2001 to 7/2007**

Performed in a supervisory capacity with a crew that consisted of at least an engineer, fire fighter, and fire fighter/paramedic. As captain, was responsible for supervising a crew (or crews) in the safe and effective mitigation of "all hazards" emergency responses. Was also responsible for supervising and managing of the work day and 'culture' of a station to be both efficient in the completion of tasks but also effective in fostering a cohesive, positive work relationship for all personnel.

Accomplishments within Fire Captain Rank:

- Developed battalion-wide multi-company drills
  - Obtained permissions and created a simulated fire and search within Cimarron Memorial High School.
  - Coordinated search drills at Laser Tag facility.
  - Designed and coordinated several "Big water" exercises at CLV West Yard and other locations.
- Held position as Chairman for the Las Vegas Fire & Rescue Diversity Committee from 2005 to 2008.
- Successful matriculation of every one of my five probationary candidates, four of whom have promoted and are continuing to promote.
- Successful promotion and/or organizational involvement of several individuals who were members of my crew for significant amounts of time.

Battalion Chief - Drillmaster **7/2007 to 10/2010**

Planned, coordinated and implemented all fire and hazardous materials related training for incumbent fire suppression personnel. Initially, worked without staff while developing one of the largest drills in LVFR history. Later supervised a staff of four that then became a staff of two.

Accomplishments within Rank of Battalion Chief-Drillmaster:

- Lead planner and coordinator of major multi-agency/multi-jurisdictional drills.
  - City Hall Terrorism Drills (active shooter/hazardous materials/explosive device)
    - Involved twelve nights with close to two hundred participants involved each night.
    - Involved both state and local emergency response resources.
    - Involved all local fire and police agencies.
    - Utilized citizen volunteers as actors.
    - Utilized recently retired battalion chiefs as assessors.
  - Fountain Bleu High Rise Drills
    - Involved extensive pre-drill preparation and training for all agencies.
    - Involved all local fire agencies.
    - Utilized citizen volunteers as actors.
  - Texas Station Radio Drills

- CLV Atrium Building Radio Drills

- Lead planner and coordinator of major LVFR-only multi-company drills/
  - Sears warehouse large area fire and search drills
  - Levitz warehouse large area fire and search drills
  - MacFrugal's store large area fire and search drills
  - LVFR TC search, RIT, and fire drills
  - Drills were afforded a minimal budget (a few hundred dollars) for minor materials (such as plywood).
- Planned, coordinated, and/or implemented promotional training.
  - Created and implemented an officer candidate's school
    - Class completion garnered college credits for each student through CSN.
    - Class completion garnered State Fire Marshal certification for each student.
    - *(OCS program was afforded no budget.)*
  - Planned, coordinated or supervised the development and execution of promotional exams.
    - For Fire Captain:
      - Co-coordinated on the materials that would be used.
      - Designed and created the computer visuals and fire scenario with all accompanying materials.
    - For Fire Engineer:
      - Supervised the development and execution of the fire engineer promotional preparation.
      - Supervised the development and execution of the fire engineer promotion exams.
- Planned, coordinated, and implemented recruitment outreaches for new fire fighter hires.
  - Worked with Human Resources as a speaker and assistant at F.I.R.E.S. recruitment seminars.
  - Created a special recruitment outreach in conjunction with UNLV athletic department to connect with soon to graduate student athletes.
- Co-authored and co-instructed with Human Resources a city-wide diversity curriculum.

<u>Battalion Chief - Suppression 10/2010 to 3/2016</u>

Performed in a supervisory capacity over the captains of fire crews, which consists of six fire stations, eight fire captains and the emergency medical services coordinator. All for a total of forty-five personnel. As suppression battalion chief, I was responsible for supervising crews in the safe and effective mitigation of "all hazards" emergency responses. I was responsible for ensuring that company officers supervised and managed the workday and 'culture' of stations to be both efficient in the completion of tasks but also effective in fostering a cohesive, positive work relationship for all personnel.

Accomplishments within Rank:

- Assisted with development of Suppression BC and Fire Captain promotional exams.
    - Created personnel scenario for Captain's test.
    - Created personnel scenario for BC's test.
- Taught Officer Candidate School courses
    - Leadership as a Moral Imperative
    - Crucial Accountability
- Many crewmembers in my battalion have promoted or are near promotion. (I am particularly proud of the 'fact' that I believe I create an open, inclusive environment in my battalion that fosters if not promotes an optimism, belief, and want to promote and make a difference both personally and organizationally.)
    - Two captains became BCs. (Half of all recent BC promotions came from Battalion 10 "A", one of which became an Assistant Chief, and the current number one BC candidate is from Battalion 10 "A".)
    - Two medics became captains. (Two of the five most recent promotions were from Battalion 10 "A".)
    - Several are on promotional lists. Three of them are current number ones or a number two (BC, EMS Coordinator, engineer, respectively).

Assistant Chief - Operations **3/2016 to 5/2017**

Performed in an administrative with oversight over all operational elements for LVFR

- Supervised suppression battalion chiefs.
- Supervised the Battalion Chief of Special Operations
- Served as oversight for the disciplinary elements relating to emergency medical quality and compliance.

Assistant Chief – Medical Services **5/2017 to Present**

Currently assuming programs as they relate to medical services with LVFR.

- Project creator and manager of LVFR Mobile Integrated Healthcare/Community Paramedic program.
- LVFR representative for advisory boards and councils

- Medical Advisory Board (MAB)
- EMS and Emergency Department Board (EMS/ED)
- EMS and Trauma Board
- City of Las Vegas Homelessness Advisory Committee

- Assuming oversight for:
  - Paramedic school student selection administration
  - Provide EMS Coordinator direction, supervision, and promotion selection processes
  - Community Health Improvement Program (CHIPs)
  - Community risk reduction programs
  - Fire recruitment programs/outreaches

Education

Western High School 9/1984 to 5/1987

College of Southern Nevada 1/1989 to present

In current possession of well over the required number of credits for an Associate Degree with a grade point average of 3.7.

University of Nevada Las Vegas 1/2000 to present

Currently working to complete a Bachelor of Arts in social sciences with an emphasis in psychology. Current number of credit hours is 133 and current grade point average is 3.4. The intent is to graduate by Fall of 2016 then apply for graduate school in either law school or psychology with a focus on Social Psychology and Industrial/Organizational Psychology.

Certifications

Firefighter I and II

Fire Officer I and II

Fire Instructor I

Hazardous Materials Technician

Response to Weapons of Mass Destruction Instructor

NIMS ICS 100, 200, 300, 400, and 700

NIMS ICS L0950 ICS All-Hazards Incident Commander

NIMS ICS Operations Section Leader

NIMS ICS Communications Unit Leader

Incident Safety Officer (Both NFA and FDSOA)

Emergency Medical Technician Paramedic

Community Involvement

Former co-host of radio talk show on KCEP radio with now County Commissioner Lawrence Weekly.

Frequent participant in the PAYBAC program where local professional speak to middle school students about career aspirations and education.

Volunteer youth soccer and basketball coach at the YMCA as well as Boy's and Girl's clubs of Southern Nevada.

Volunteer coach of first and only women's semi-professional indoor soccer team.

One-time co-host of local broadcast of the Children's Miracle Network telethon.

Professional References (Addresses available upon request.)

Fire Chief Robert Horton

Fire Chief Jackson County Fire District 3 (OR)

(541) 826-7100

Dr. David Slattery

Deputy Chief Las Vegas Fire & Rescue (NV)

(702) 229-4182

Fire Chief Greg Cassell

Fire Chief Clark County (NV) Fire Department

(702) 338-8605

Deputy Chief Roy Sessions

Deputy Chief – Operations Clark County (NV) Fire Department

(702) 610-3688

Fire Chief Bertral Washington

Fire Chief Pasadena (CA) Fire Department

(702) 303-5705

Deputy Chief Marvin Leonard (retired)

Deputy Chief – Operations Kennewick (Washington) Fire Department

(702) 813-7774

Battalion Chief Doug Johnson (retired)

Battalion Chief – Suppression Las Vegas Fire & Rescue

(702) 375-0283

Deputy Chief Jeffrey Morgan (retired)

Deputy Chief – Operations Las Vegas Fire & Rescue

(702) 569-7111

670 Washoe Drive, Washoe Valley, Nevada 89704 ~ bodiegolla@gmail.com ~ 775-750-7137

REFERENCES:

Phillip Dickerman
(775) 225-8105
philIntina@sbcglobal.net

Chris Ramos
(775) 720-4744
chrisramos300@aol.com

FIRE SCIENCE/ EMS RELATED TRAINING AND CERTIFICATIONS:

IFSAC Fire Fighter II
IFSAC Hazardous Materials Operations
Fire Suppression Tactics
Intro to Fire Behavior Calculations
IFSAC Driver / Operator ARFF
Nevada Fire Fighter II
NREMT – AEMT
EMS Instructor
FEMA AWR-160 Weapons of Mass Destruction
MERRTT (Emergency Response Radiological Training)
FEMA 100, 200, 700 & 800 Incident Command System
FEMA 300 Incident Command System (Management)
IFSAC Driver/ Operator Pumper
Intermediate Fire Behavior
Fire Operations Urban Interface
IFSAC Airport Fire Fighter
U.S Air Force Fire Academy
Hazardous Materials First Responder
AHA CPR/AED Health Care Provider
AHA First Aid/CPR/AED Instructor
Fire Instructor I
Fire Incident Safety Officer
ISSA Certified Fitness Trainer

CRIMINAL JUSTICE RELATED TRAINING AND CERTIFICATIONS:

Western Nevada State Peace Officers Academy
Detective & New Criminal Investigator
NV Instructor Development
POST Physical Fitness Test Administrator
Oleoresin Capsicum
Emergency Vehicle Operations and Skid Car
Interview & Interrogations by Wicklander
RADEYE Radiation Detector Operator
ARIDE (Advanced Roadside Impaired Driving Enforcement)
Active Shooter First Responder
Child Abuse Investigations
Standardized Field Sobriety Test Instructor
Nevada POST Category I & III
Interview & Interrogations by Skip Rogers
PBT Instructor & Technician
Taser X26 & M26
Police Officer Survival
DOT Traffic Enforcement
Radar Operator
K-9 Decoy Training
Emergency Medical Technician, CPR & AED
Emergency Medical Service Instructor
Highway Drug Interdiction & Interviews
Domestic Violence

Resume of **Bodie Golla** 670 Washoe Drive, Washoe Valley, Nevada 89704 ~ bodiegolla@gmail.com ~ 775-750-7137

Pershing County Sheriff's Office - Lovelock, Nevada **07/11 – 04/16**
Deputy Sheriff / Coroner / EMT

- Ensure safety, security, and the preservation of life and property by maintaining law and order and enforcing laws and ordinances. Maintain confidentiality of all privileged information.
- Enforce rules, regulations, ordinances, and laws as set forth in the, Nevada Revised Statues and Pershing County Ordinances.
- Respond to all incidents including fire, medical, theft, automobile accidents, robberies, disturbances, and any other misdemeanors or felonies.
- Conduct investigations, gather evidence, obtain witnesses, and makes arrests as required by applicable laws.

Imlay Fire Department – Imlay, Nevada **03/12 – 04/16**
Safety and Training Officer

- ***Incident Safety Officer (ISO),***. Monitor conditions, hazards and risks, including conducting a 360-degree primary survey noting accessibility of entry and egress of the structure.
- Ensure that a Rapid Intervention Team (RIT) is available and ready. Set up collapse/safety zones.
- Monitor smoke/fire conditions, fire extension, collapse potential or any other event that could pose a threat to operating personnel or the public.
- ***Training Development & Implementation:*** Plan, develop, schedule, coordinate, and implement the full range of training programs for the Department;
- Prepare lesson plans and training manuals; plan and schedule training exercises;
- Teach classes in classrooms and at training grounds testing the knowledge and performance of personnel.
- ***Financial:*** Participate in the preparation and administration of the training budget; submit budget recommendations; monitor expenditures.
- ***Firefighting:*** Preforms the duties of fire suppression, emergency medical services, wildland and rescue.

Carson City Sheriffs Office ~ Carson City, Nevada **07/07 - 04/09**
Deputy Sheriff II

- Instruct and oversee the work of a group of inmates assigned to maintenance, operational, or other rehabilitative activities.
- Supervise the conduct of inmates during the booking process, in housing and at meals, during recreation and on work assignments.
- Search for contraband and Inspect living areas of inmates to insure cleanliness, orderliness and compliance to jail regulations.
- Exercise influence for the purpose of modifying anti-social behavior and attitudes of inmates.
- Conduct Criminal investigations and prepare reports of criminal activities.

Nevada Division of Forestry **05/03 – 09/03**
Seasonal Firefighter / Operator

- Responds to wildland fires Established water supplies, connected hoses, and directed water onto fires
- Patrolled burned areas after fires to locate and eliminate hot spots that may restart fires
- Conducts maintenance on equipment such as fire engines, tractors, mowers, chain saws, and hand tools.
- Responds fire apparatus safely to and from emergency scenes.

United States Air Force, USA **05/00 – 04/02**
Firefighter – Structure and Airport Rescue Firefighter

- Provides fire prevention, fire fighting, rescue, and hazardous material responses.
- Controls and extinguishes aircraft, structure, wildland, and miscellaneous fires.

Resume of Bodie Golla

670 Washoe Drive, Washoe Valley, Nevada 89704 ~ bodiegolla@gmail.com ~ 775-750-7137

SUMMARY OF QUALIFICATIONS:

Operations Management experience in the Fire Service, Emergency Medical Services and civilian management. Experience in Law Enforcement and Loss Prevention Investigations. College Certificates in Criminal Justice, Fire Science and Emergency Medical Services. Extensive experience in teaching and instructing adult education in Fire, Police and EMS services.

EDUCATION:

Western Nevada College ~ Carson City, Nevada — 2007-2010
Major: Criminal Justice

Truckee Meadows Community College ~ Reno, Nevada — 1996-2010
Major: Fire Science
Minor: Emergency Medical Services

Community College of the Air Force ~ U.S Air Force, USA — 2000-2002
Major: Fire Science

Mid-Planes Community College ~ McCook, Nebraska — 2018-2019
Major: Paramedicine (Paramedic School)

PROFESSIONAL EXPERIENCE:

City of Ely Fire Department – Ely, Nevada — **08/18-Current**
Assistant Chief / EMS Coordinator

- Recommend, develop and implement policy and procedures and EMS protocols.
- Coordinate Department activities- operational and administrative.
- Participate in the development, administration and management of budgets/grants.
- Staff training, development, performance reviews and career development.
- Emergency Incident Commander – Fire suppression, EMS, Haz Mat and prevention.
- Represent the Fire Chief publicly – As directed, acting Fire Chief in Chief's absence.
- Coordinate/manage all Emergency Medical Service programs, certifications and licensing.
- Manage, administer all Department technology and radio systems.

Truckee Meadows Fire Protection District – Reno, Nevada — **06/17- Current**
Reserve Firefighter / AEMT

- Paid Reserve, works a minimum of 2- 24-hour shifts per month.
- Works as a 4th firefighter with the engine company.
- Preforms fire suppression, emergency medical services, wildland and rescue.

Humboldt General Hospital - Winnemucca, Nevada — **06/12 – Current**
AEMT- Ambulance Attendant

- Responds to emergency and non-emergency calls and delivers high quality patient care and customer service within the prescribed scope of practice, established protocols and company policies.

Waste Management - Reno, Nevada — **04/16- 12/17**
Operations Manager

- Profit-driven and process-oriented Operations Manager of multimillion-dollar operations.
- Management of day-to-day hauling operations and account for variances while promoting Waste Management Operating Standards. Coaching and Instructing staff.
- Progressive understanding and expertise in route planning, auditing, analysis and improvement.
- Safety, Service, Efficiency, Human Resources, Customer Service, and Financial Planning.

Steven B. Towne

604 Keppel St
Fallon, Nevada 89406

(775) 423 6308 (h)
(775) 217 5814 (c)
sndtowne@cccomm.net
Steven.towne@Bannerhealth.com

Objective

To further my career in the public safety sector while becoming a valuable resource to the community in which I serve

Education

- Florida Community College, 1992, Fire Science Program
- Savannah Technical College, 1996, Hazardous Materials
- Okefenokee Technical College, 1997, Paramedic

Fire/EMS Qualifications

- 30 years of Public Safety Experience, Fire and EMS
- 12 years of EMS Director experience with a record of progressive improvement
- Nevada Paramedic
- Nationally Registered Paramedic
- NIMS, ICS 100 through 800
- Healthcare Leadership Course Anniston, Alabama
- Certified Healthcare Emergency Planner

Experience Highlights

- Banner Churchill Community Hospital, Director of Ambulance Services and Emergency Management 2017-present. Assumes full operational duties of providing 911 response and interfacility transfers within Churchill County and regionally on request. Staffing 3-5 ambulances on demand
- Banner Churchill Community Hospital, Director of Ambulance Services and Emergency Management. 2009 to 2012. Associate Administrator Mentorship Program. Change Agent, Positive Employee Relations Liaison. Service territory of 7000 sq miles. Improved net financials by 45%. Responsible for all aspects of departmental operations, financial and productivity goals. Department morale greatly improved by providing an inclusive environment. Developed departments reputation in region by becoming the first EMS agency approved to transport blood and blood products. Initiated development of a paramedic level critical care transport capability and protocols. Developed QA/QI processes. Instituted paramedic competency program. Responsible for staffing of up to 31, 2- 4 ambulances based on run volume.

Mitigated numerous high profile mass casualty responses-Amtrak-California Zephyr and assisted with Reno Air Race response

Steven B. Towne

- Charlton County EMS, 1998 to 2009. Promoted to Director in 2003. Served on Hospital Administrative Leadership team. As Director, initiated staffing of second ambulance station, Recruited, Hired and Managed a Fulltime staff of 12 and part time staffing of 16. Exercised full operational control. Introduced a continuing education program for staff, QA/QI processes, employee safety initiatives, truck maintenance program, worked with community leaders improving the quality and image of service. Prepared, and was awarded, grant application of $99,500 for trauma trailer, tow vehicle and mass casualty supplies. Managed several additional grants for Charlton Memorial Hospital Integrated with area fire departments to form a Hazmat Response task force. Provided assistance to the 2004 G-8 Summit. Liaison to other public safety agencies including NWS during large scale wildfires of 2007

- Camden County Fire Rescue, 1996 to 2001,
  Started as a firefighter Emt and worked way through the ranks, attaining the rank of acting station captain. Responsible for operations of 3 fire stations, 18 fulltime personnel and several volunteer firefighters

- Kings Bay Fire Department, 1993 to 1996, Firefighter,
  Along with duties of a firefighter, trained in Hazardous materials, high angle and confined space rescue. Dept placed heavy emphasis on training and preparedness. Occasionally served as engineer and captain

- Charlton County Volunteer Fire Department, 1988 to 1993, 1996 to 1999, 2004 to 2007 Joined as a junior firefighter and progressed through ranks to Assistant Chief.

- Folkston Fire Protection, Inc., 1991 to 1995
  As owner of a family owned company, provided sales and service to area fire departments for turn out gear, fire equipment, Phoenix rescue tools-sales/service, fire extinguisher and hood system sales/service/installation.

Additional Service

- Fallon Youth Baseball, President Babe Ruth League, 2017-present
- Fallon Rotary, 2017-present
- Churchill County LEPC member 2009-2012, 2017-present
- Nevada Hospital Association Rural Preparedness Council 09-12, 2017-present
- Okefenokee Chamber of Commerce, Board Member, 2005-2007
- Chamber President, 2007 term
- Charlton County Foster and Adoptive Association, Founder/President, 2007 to 2008
- Georgia Academy of Economic and Leadership Development graduate 2008
- GEMA Area 5 All Hazards Council Associate Member, 2005 to 2009

- Georgia EMS Region 9 Council member 2003 to 2009

References

Mark Turner, Director of Facilities and Safety, Banner Chruchill Community
Hospital, Fallon Nevada, (c) 602 7175714

Tim Eaton, Director of Pharmacy, Banner Churchill Community Hospital
Fallon, Nevada 775 423 3151

Tim Crews, Director, Brantley County EMS
Nahunta, Georgia 912 462 5380

Markus Dorsey-Hirt, RN CFRN CMTE
1235 Palisade Dr
Reno, NV, 89509
(775) 691-4618
mhirt@remsa-cf.com

Curriculum Vitae

Chief Nursing Officer/Chief Flight Nurse

09/2017 – present REMSA/Care Flight, Reno, NV
Serve as Chief Flight Nurse for Care Flight and Chief Nursing Officer for the REMSA/Care Flight organization. Administration duties for critical care transport operations (helicopter, fixed wing and ground), and oversight of 50+ employees in air and critical care ground operations as well as nursing practice for the organization in general which includes nurses employed as Nurse Health Navigators.

Clinical Manager

03/2015 – 09/2017 Care Flight, Reno, NV
Served as a clinical manager for a high-performance helicopter air ambulance system. Assume responsibility as an interim director for Care Flight. Involved in discussions regarding daily operations, strategic planning and choice of a vendor for fixed wing services. Planning for and implementation of a ground critical care ambulance service.

Medical Supervisor

8/2013 – 7/2015 Care Flight, Reno, NV
Served as a medical supervisor for a high-performance helicopter air ambulance system. Play integral part in developing up to date protocols and procedures, improve personal and clinical development for employees and assure optimization in quality improvement and control as well as compliance.

Flight Nurse and Base Coordinator

2/2004 - 8/2013 Care Flight, Reno, NV
Served as a flight nurse and base coordinator in a high-performance Helicopter Emergency Medical system. This includes providing excellent, consistent, dedicated and up to date care for critically ill or injured patients in pre-hospital and interfacility transfer settings.
Functioned as a Base Coordinator for Care Flight's Reno base which encompasses responsibilities for the smooth functioning of the base including hard and soft item stocking, medications, responding to staff calls in regard to broken equipment etc., keeping in close contact with staff and management of the host hospital, Renown Medical Center.
Also acted as Manager on Call for Care Flight as required. Makes day to day operational decisions, assists staff with medical questions and responds to MCIs and drills, as needed.

Key Accomplishments:

- Active in three committees
- Assisted with refining work flow, streamlining usage of software and charting
- Set up of drills and practices, developed check lists for managers on call
- Set up and maintenance of the Reno base.
- Acted as manager on call, responded to different locations for MCI scenarios.
- Acted as preceptor for new employees.

Flight Nurse – Fixed Wing

5/2001 – 10/2003
Served as a flight nurse for a fixed wing air ambulance in Reno (Medic Air). Functioned as a lead flight nurse in fixed wing critical care transport throughout the region, the continental United States and Canada. The team configuration consisted of a flight registered nurse and an intermediate emergency medical technician.

Intensive Care Staff Nurse III/Charge Nurse

5/2001 – 8/2004 Washoe Medical Center, Reno, NV
Worked in a Trauma Intensive Care Unit at a Level II trauma facility in Reno, NV. Managed nursing care for up to three critically injured or sick patients. Acted as charge nurse, supervising other nursing staff and as a mentor for new staff and nursing students always maximizing patient safety and excellence in care.

Key Accomplishments:

- Specialized in trauma care, providing excellent care for critically injured patients in cooperation with trauma surgeons, neuro surgeons and other specialty staff.
- Acted as charge nurse, providing staff with resources, planning staffing in accordance with patient census and intervening in crisis between physicians and staff and family members and staff in accordance with Management direction and policies.
- Earned a reputation as a good resource for less experienced colleagues.

Intensive Care Staff Nurse III/Charge Nurse

2/1999 – 5/2001 Tri City Medical Center, San Diego, CA
Worked in a Trauma Intensive Care Unit at a Level II trauma facility in Reno, NV. Managed nursing care for up to three critically injured or sick patients. Acted as charge nurse, supervising other nursing staff and as a mentor for new staff and nursing students always maximizing patient safety and excellence in care.

Key Accomplishments:

- Specialized in cardiosurgical nursing, providing excellent care for patients post cardiosurgical intervention, as well as medical intensive care patients, including operation of balloon pumps, CRRT, etc.
- Acted as charge nurse and helped with development of policies and procedures as clinical nurse II.
- First full-time position in the United States, was hired at the highest staff level.

Intensive Care Staff Nurse

2/1997-12/1998 Stiftsklinik Augustinum, Munich, Germany
Served as a staff nurse in an Intensive Care Unit specializing in Cardiology, including application of balloon pumps, monitoring of artificial hearts. Scheduled intervention for atrial fibrillation (elective electric cardioversion), participation in drug studies, etc.

Intensive Care Staff Staff Nurse

4/1995 – 2/1997 Krankenhaus Bobingen, Bobingen, Germany
First position as a critical care nurse after graduating nursing school. Acted as staff nurse in all shifts, at times alone at night with up to six critical care patients and up to twelve floor patients.

Free Lance Editor for medical publications

5/19967– 12/1998 Urban und Schwarzenberg Verlag, Munich, Germany
Proof reading and editing medical and nursing publications.

Education

4/1992-4/1995 Krankenpflegeschule Bobingen, Bobingen, Germany

- Nursing Diploma, three-year program. GPA 4.0 equiv.
- Graduated at the top of my class

10/1993-10/1996 Technische Universität München, Munich, Germany

- Pre-med/Medical School

9/1983-7/1991 Maria-Theresia-Gymnasium Augsburg, Augsburg, Germany

- High school equivalent in Germany
- Graduated with 3.8 equiv. GPA

Special Skills:

- Proficiency in Microsoft Office 365
- Proficient with goggle docs and apps
- Knowledge in web design and basic programming
- Fluent in English, German and French

Certifications:

- Certified Medical Transport Executive CMTE
- Nevada and California RN licenses
- ACLS, CPR, PALS, NRP
- CFRN
- TPATC
- ICS 100, ICS 200, ICS 700, ICS 800
- Emergency Medical Operations for CBRNE Incidents

Speaker at conferences with emphasis on critical care transport medicine:

- 2017 Prehospital Sepsis Care – Northern California EMS conference
- 2018 Prehospital Ultrasound - Useful Tool or just another toy? Northern California EMS conference
- 2019 Lightning Rounds – Transport considerations of the geriatric trauma patient – International Trauma Life Support Conference
- 2019 Point of Care Ultrasound in the Aeromedical Environment. Does it make a difference? - International Trauma Life Support

Compliance Agreement
Division of Public and Behavioral Health and Saint Rose Dominican Hospitals-Rose De Lima Campus

This Compliance Agreement is made and entered into effective on the 4th day of February, 2020, by and between, the Division of Public and Behavioral Health and Saint Rose Dominican Hospitals-Rose De Lima Campus (SRDL), license #659.

RECITALS
The goal of this compliance agreement is to temporarily set aside enforcement of NAC 449.3154(2), NAC 449.0105(1)(c) and those sections of the Federal Guidelines Institute (FGI) standards identified herein, in order to allow relocation of beds/services for medical unit patients to an area previously occupied by a tenant hospital within SRDL wherein long term acute care services were being provided. The patients in the current medical unit are receiving medically necessity observation and/or otherwise require hospitalization. SRDL will be remodeling an area adjacent to the current medical unit where these beds/services are located. This relocation will allow for improved patient flow during this phase of construction. Once the renovations are completed the intent is to reoccupy the original unit. The scope of the project includes:

- Temporary relocation of the Medical Unit to the 3rd floor of the "1960" building;
- All support services will be fully accessible to this unit throughout the term of this phase of the project
- Hospital Operations will continue in accordance with all other State and Federal regulations
- Relocation of the Medical Unit back to the original area in the "1990" building

A. The non-compliant FGI standards are as follows:

Medical Surgical Unit
2018 FGI 2.1 -2.8.2.1 (2a) (b) Nurse Station (Handwashing Stations)
2018 FGI 2.1-2.8.9.3 Nourishment Area or Room
2018 FGI 2.1-2.8.10.2 Ice Making Equipment
2018 FGI 2.1-2.8.14.2 (3) Environment Services Room Features (Handwashing Station-Housekeeping)
2018 FGI 2.1-2.8.11.2 Clean Workroom (2)(E) (Soiled Holding)

Isolation/ICU Rooms
2018 FGI 2.1-2.2.1.2 Fall Safe Provisions
2018 FGI 2.1-7.2.2.9 Grab Bars
2018 FGI 2.1-7.2.2.10 Handrails
2018 FGI 2.1-2.2.6 Patient Toilet Rooms
2018 FGI 2.1-2.2.6.3 (2-3) Room Features
2018 FGI 2.2-2.2.2.7 (1a) Patient Bathing Facilities

Patient Rooms
2018 FGI 2.1-2.2.1.2 Fall Safe Provisions
2018 FGI 2.1-7.2.2.9 Grab Bars
2018 FGI 2.1-7.2.2.10 Handrails
2018 FGI 2.2- Ref. 21.7.2.2.2 Ceiling Height is 7'-3" +/- Throughout this Floor Rooms (E)
2018 FGI 2.1-7.2.2.5 Windows In Patient Rooms (E) (Typ. Exist Sill Heights is 37.5")
2018 FGI 2.1-7.2.2.2 Minimum Ceiling Height 7'6" (1) & (3) Not Compliant
2018 FGI 2.1-2.1.2 Patient Privacy
2018 FGI 2.1-2.8.13.4 (1-3) Emergency Equipment Storage

B. This agreement does not affect enforcement of compliance with any other regulations.

C. Nevada Administrative Code (NAC) 439.280(3) provides the following: In those areas of the State which are not in a health district, or in case of a regulation enforced exclusively by the State Board of Health, the Chief Medical Officer may postpone the enforcement of and agree to a schedule for compliance with the regulation. If the period needed by such a person to comply exceeds 45 days, the schedule must be submitted to the State Board of Health for approval.

NOW, THEREFORE, it is hereby agreed as follows:

1. The Chief Medical Officer agrees to postpone enforcement of NAC 449.3154(2), NAC 449.0105(1)(c) and those sections of the Federal Guidelines Institute (FGI) standards identified herein, for a period not to exceed 45 days.

2. This Agreement shall remain in effect for 45 days. If a longer period is required, this agreement will need approval from the State Board of Health.

3. The facility (SRDL) agrees to ensure the temporary medical unit is currently and will remain in compliance with fire safety requirements and the National Fire Protection Association (NFPA) 101 Life Safety Code as well as NFPA 99 Health Care Facilities Code.

4. The facility (SRDL) agrees the Manager of Emergency Services/Medical Unit will oversee the relocation efforts and ongoing unit operations. This person will manage the program and ensure both quality outcomes and continuity of services.

5. This agreement will automatically terminate in 180 days, or will be continued based on the circumstances at that time.

IN WITNESS WHEREOF, the parties have executed this Agreement effective the day and year first above written.

SAINT ROSE DOMINICAN HOSPITALS-ROSE DE LIMA CAMPUS

Signed:______________________ Date: 2/3, 2020
Lawrence Barnard, Administrator

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

Signed:______________________ Date: 2/4, 2020
Lisa Sherych, Administrator DPBH

Signed:______________________ Date: 02/04/, 2020
Ihsan Azzam, Ph.D., M.D. Chief Medical Officer

STATE BOARD OF HEALTH (if the agreement exceeds 45 days)

Signed:______________________ Date:__________, 2020
Dr. Jon Pennell, DVM, Chairperson

February 7, 2020

Memorandum

To: Jon Pennell, DVM, Chairperson
State Board of Health

From: Lisa Sherych, Administrator
Division of Public and Behavioral Health

RE: Eden Treatment, LLC

Subject: Case #706: Eden Treatment, LLC concerning client age variance to Nevada Administrative Code (NAC) chapter 449.411

Staff Review

The Division of Public and Behavioral Health received an application for variance from Eden Treatment, LLC requesting relief from NAC 449.411 which defines a Psychiatric Residential Treatment Facility (PRTF); a facility, other than a hospital, that provides a range of psychiatric services to treat residents under the age of 21 years on an inpatient basis under the direction of a physician.

Eden Treatment, LLC explains the age limitation of 21 years for a PRTF inhibits their ability to treat and provide services to all adult clients with eating disorders and other mental health issues. This request does not generally affect other operators of PRTFs that provide psychiatric care to male and female minors and young adults under the age of 21.

The request for variance proposes no upper age limit for adults and a lower age limit of 18, therefore all clients are adults in this treatment facility and decreases the liability of treatment of younger clients.

INTENT OF THE REGULATION

The intent of NAC 449.411 serves to ensure minors under the age of 18 and young adults under the age of 21 are specially protected in unique, residential treatment facilities that are less costly and resource-intensive than hospitals (including psychiatric hospitals), but have more structure and treatment resources than a group home or other setting.

EXCEPTIONAL AND UNDUE HARDSHIP

The facility states there would be a financial hardship because the facility will have exceptional and undue hardship in the form of economic harm and lost revenue. Due to the short time the facility has been operating, it is difficult to demonstrate with certainty what quantity patients have had to be denied due to being over the age of 21. Continuing the age restriction on the facility's admissions will harm and undermine the concept of providing treatment to all adult women suffering eating disorders. Staff's review identified no other facilities have previously requested a variance to this requirement.

DEGREE OF RISK TO HEALTH AND SAFETY

The degree of risk to health and safety should be minimal as it's a unique request for this facility type and all the residents in the PRTF will be adults and can be more easily supervised than if they had a combination of adolescents and adults. The Operator's proposal of putting a floor of 18-year-old patients and treating only adults provides additional assurance of health and safety to their clients they intend to treat.

CRITERIA FOR GRANTING VARIANCE

Staff review found the applicant did meet the criteria found in NAC 439.240 for granting a variance as follows:

(a) There are circumstances or conditions which:
- (1) Are unique to the applicant.
- (2) Do not generally affect other persons subject to the regulation.
- (3) Make compliance with the regulation unduly burdensome; and
- (4) Cause a hardship to and abridge a substantial property right of the applicant; and

(b) Granting the variance:
- (1) Is necessary to render substantial justice to the applicant and enable the applicant to preserve and enjoy his or her property right; and
- (2) Will not be detrimental or pose a danger to public health and safety.

PUBLIC COMMENT RECEIVED

None.

STAFF RECOMMENDATION

Staff recommends the Board of Health approve the variance for Case #706:

PRESENTER: Amir Bringard, HFIM, Bureau of Health Care Quality and Compliance

BEFORE THE NEVADA STATE BOARD OF HEALTH

IN THE MATTER OF)
EDEN TREATMENT, LLC)
VARIANCE REQUEST: CASE #706)

The Nevada State Board of Health ("Board"), having considered the application for a variance and all other related documents submitted in support of the application in the above-referenced matter, makes the following Findings of Fact, Conclusions of Law, and Decision.

FINDINGS OF FACT

1. The Division of Public and Behavioral Health received an application for variance from Eden Treatment, LLC requesting relief from NAC 449.411.

2. NAC 449.411 "Psychiatric residential treatment facility" means a facility, other than a hospital, that provides a range of psychiatric services to treat residents under the age of 21 years on an inpatient basis under the direction of a physician.

3. Eden Treatment is a two story ten bed home located at 3636 Dutch Valley Drive Las Vegas, Nevada 89147. The facility was surveyed and approved for PRTF licensure on 12/23/2019. The facility was well appointed with modern appliances and bathroom fixtures. High quality beds and furnishing were evident throughout the facility. Facility staff related the food will be prepared by a Master Chef. The Operator related their clinical team is comprised of physicians with appropriate specialties, experience, and certifications; nurses; therapists (including licensed marriage and family therapists and licensed clinical social workers); and dietitians.

4. The proposed variance is to adjust the age limitation of 21 years upward to all adults. The operator would also establish a lower age limit of 18 in this facility. The Operator explains the age limitation of 21 years for a PRTF inhibits their ability to treat and provide services to all adult female clients with eating disorders and other mental health issues.

____

Jon Pennell, Chairperson

Nevada State Board of Health

CERTIFICATE OF MAILING

I hereby certify that I am employed by the Department of Health & Human Services, Division of Public and Behavioral Health, and that on the __________day of__________, 2020, I served the foregoing FINDINGS OF FACT AND DECISION by mailing a copy thereof to:

Eden Treatment, LLC

3636 Dutch Valley Dr.

Las Vegas, NV 89147

____

____

NEVADA STATE BOARD OF HEALTH

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
4150 Technology Way, Suite 300
CARSON CITY, NV 89706

APPLICATION FOR VARIANCE

Please check the appropriate box that pertains to the NAC for which you are requesting a variance.

☐ Division Administration
(NAC 439, 441A, 452, 453A, & 629)

☒ Health Care Quality & Compliance
(NAC 449, 457, 459 & 652)

☐ Child, Family & Community Wellness
(NAC 392, 394, 432A, 439, 441A, & 442)

☐ Health Statistics, Planning, Epidemiology and Response
(NAC 440,450B, 452, 453, 453A, & 695C)

☐ Public Health & Clinical Services
(NAC 211, 444, 446, 447, 583, & 585)

Date: January 24, 2020

Name of Applicant: Eden Treatment, LLC   Phone: 702-954-4393

Mailing Address: 3636 Dutch Valley Drive

City: Las Vegas   State: Nevada   Zip: 89147

We do hereby apply for a variance to
chapter/section NAC 449.411
of the Nevada Administrative Code (NAC). (For example: NAC 449.204)

Title of section in question: "Psychiatric residential treatment facility" defined

Statement of existing or proposed conditions in violation of the NAC:

See Statement and Evidence in Support of Variance Request attached hereto as **Exhibit 1**.

NEVADA STATE BOARD OF HEALTH
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
4150 Technology Way, Suite 300
CARSON CITY, NV 89706

APPLICATION FOR VARIANCE

Date of initial operation (if existing): Eden was organized as a Nevada limited liability company by the filing of is articles of organization with the Nevada Secretary of State on February 13, 2019. Eden has been operating and treating its patients only since receiving its psychiatric residential treatment facility license on December 23, 2019.

ATTENTION: Please read this section closely. Your request for variance will be examined against these criteria:

Any person who, because of unique circumstances, is unduly burdened by a regulation of the State Board of Health and thereby suffers a hardship and the abridgement of a substantial property right may apply for a variance from a regulation. (NAC 439.200(1))

1. The State Board of Health will grant a variance from a regulation only if it finds from the evidence presented at the hearing that:
   (a) There are circumstances or conditions which:
      (1) Are unique to the applicant;
      (2) Do not generally affect other persons subject to the regulation;
      (3) Make compliance with the regulation unduly burdensome; and
      (4) Cause a hardship to and abridge a substantial property right of the applicant; and
   (b) Granting the variance:
      (1) Is necessary to render substantial justice to the applicant and enable him to preserve and enjoy his property; and
      (2) Will not be detrimental or pose a danger to public health and safety.

2. Whenever an applicant for a variance alleges that he suffers or will suffer economic hardship by complying with the regulation, he must submit evidence demonstrating the costs of his compliance with the regulation. The Board will consider the evidence and determine whether those costs are unreasonable. (NAC 439.240)

Therefore, it is important for your variance request to be as complete as possible. It is your responsibility to attach documentation supportive of your variance request.

Statement of degree of risk of health *See* **Exhibit 1.**

NEVADA STATE BOARD OF HEALTH
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
4150 Technology Way, Suite 300
CARSON CITY, NV 89706

APPLICATION FOR VARIANCE

Please state in detail the circumstances or conditions which demonstrate that:

1. An exceptional and undue hardship results from a strict application of the Regulation:

See **Exhibit 1.**

2. The variance, if granted, would not:

   A. Cause substantial detriment to the public welfare.

See **Exhibit 1.**

   B. Impair substantially the purpose of the regulation from which the application seeks a variance.

See **Exhibit 1.**

The bureau may require the following supporting documents to be submitted with and as a part of this application:

X	1.	Legal description of property concerned	Clark County Assessor APN 163-17-212-021
	2.	General area identification map	

NEVADA STATE BOARD OF HEALTH
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
4150 Technology Way, Suite 300
CARSON CITY, NV 89706

APPLICATION FOR VARIANCE

________ 3. Plat map showing locations of all pertinent items and appurtenances

________ 4. Well log (if applicable)

________ 5. Applicable lab reports

________ 6. Applicable engineering or construction/remodeling information

X_______ 7. Other items (see following pages)

This application must be accompanied by evidence demonstrating the costs of your compliance with regulations or specific statutory standards. Your request will be placed on the Board of Health agenda 40 days or more after receipt in this office if accompanied by the required fee (NAC 439.210). The application and supporting documentation will form the basis for the Health Division staff report and recommendation to the Board. Failure to respond to the above statements may cause the Board to deny consideration of the application at the requested Board meeting.

Please schedule this hearing as:

☒ The next regularly scheduled Board of Health meeting, regardless of location.

☐ The next scheduled meeting in Carson City.

☐ The next scheduled meeting in Las Vegas.

Signature: [signature]

Printed Name: Mendi Baron

Title: Chief Executive Officer

Date: January 24, 2020

Scanned with CamScanner

NEVADA STATE BOARD OF HEALTH
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
4150 Technology Way, Suite 300
CARSON CITY, NV 89706

APPLICATION FOR VARIANCE

PLEASE MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO: DIVISION OF PUBLIC AND BEHAVIORAL HEALTH AND RETURN THIS APPLICATION, ALONG WITH THE REQUIRED FEE PURSUANT TO NAC 439.210, TO:

Amy Roukie, MBA, Administrator
Division of Public and Behavioral Health
4150 Technology Way, Suite 300
Carson City, NV 89706

(See the attached table to determine the appropriate fee)

To calculate the appropriate fee to apply for a variance from the State Board of Health, please see the following table:

As of **September 25, 2015,** if the requested variance affects: A property, facility or other entity or person in **Carson City** A property, facility or other entity or person in **Lyon County** A property, facility or other entity or person in **Storey County** The fee to apply, based on the cost to publish the notice of the request for a variance in the Nevada Appeal, is:	$232.00
As of **April 7, 2016,** if the requested variance affects: A property, facility or other entity or person in **Churchill County** The fee to apply, based on the cost to publish the notice of the request for a variance in the Lahontan Valley News, is:	$183.00
As of **September 25, 2015,** if the requested variance affects: A property, facility or other entity or person in **Douglas County** The fee to apply, based on the cost to publish the notice of the request for a variance in the Record Courier, is:	$142.00

NEVADA STATE BOARD OF HEALTH
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
4150 Technology Way, Suite 300
CARSON CITY, NV 89706

APPLICATION FOR VARIANCE

As of **April 25, 2016,** if the requested variance affects: A property, facility or other entity or person in **Clark County** A property, facility or other entity or person in **Esmeralda County** A property, facility or other entity or person in **Lincoln County** The fee to apply, based on the cost to publish the notice of the request for a variance in the Las Vegas Review Journal/Las Vegas Sun, is:	$225.00
As of **September 25, 2015,** if the requested variance affects: A property, facility or other entity or person in **Mineral County** The fee to apply, based on the cost to publish the notice of the request for a variance in the Mineral County Independent News, is:	$165.00
As of **September 25, 2015,** if the requested variance affects: A property, facility or other entity or person in **Nye County** The fee to apply, based on the cost to publish the notice of the request for a variance in the Pahrump Valley Times, is:	$ 98.00
As of **April 25, 2016,** if the requested variance affects: A property, facility or other entity or person in **Washoe County** The fee to apply, based on the cost to publish the notice of the request for a variance in the Reno Gazette Journal, is:	$224.00
As of **September 25, 2015,** if the requested variance affects: A property, facility or other entity or person in **Elko County** The fee to apply, based on the cost to publish the notice of the request for a variance in the Elko Daily Free Press, is:	$107.00
As of **September 25, 2015,** if the requested variance affects: A property, facility or other entity or person in **Eureka County** The fee to apply, based on the cost to publish the notice of the request for a variance in the Eureka Sentinel, is:	$137.00

NEVADA STATE BOARD OF HEALTH
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
4150 Technology Way, Suite 300
CARSON CITY, NV 89706

APPLICATION FOR VARIANCE

As of **September 25, 2015,** if the requested variance affects: A property, facility or other entity or person in **White Pine County** The fee to apply, based on the cost to publish the notice of the request for a variance in the Ely Times, is:	$171.00
As of **September 25, 2015,** if the requested variance affects: A property, facility or other entity or person in **Humboldt County** A property, facility or other entity or person in **Lander County** A property, facility or other entity or person in **Pershing County** The fee to apply, based on the cost to publish the notice of the request for a variance in the Reno Gazette Journal is:	$137.00
As of **September 25, 2015,** if the requested variance affects: A property, facility or other entity or person in **more than one County** The fee to apply is based on the total cost to publish the notice of the request for a variance in the newspaper(s) of the area(s) affected. Example: If a variance is being requested in Carson City that will also affect Washoe County, the fee is calculated as follows: Nevada Appeal $232.00 Reno Gazette Journal $224.00 Total Fee= $456.00	$224 Calculate based on instructions to the left

***Note: If the appropriate fee is not submitted with your variance application, you will be contacted by staff in order to collect the correct fee prior to proceeding with review of the variance request.**

NEVADA STATE BOARD OF HEALTH
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
4150 Technology Way, Suite 300
CARSON CITY, NV 89706

APPLICATION FOR VARIANCE

Summary of Newspaper Variance Request Publishing Costs:

Newspaper	Cost
Elko Daily Free Press	$107.00
Ely Times	$171.00
Eureka Sentinel	$137.00
Lahontan Valley News	$183.00
Las Vegas Review-Journal/Las Vegas Sun	$225.00
Mineral County Independent News	$165.00
Nevada Appeal	$232.00
Pahrump Valley Times	$ 98.00
Record Courier	$142.00
Reno Gazette Journal	$224.00

14097144_v1

Exhibit 1
Eden Treatment, LLC
Statement and Evidence in Support of Variance Request

Eden Treatment, LLC, a Nevada limited liability company ("Eden"), hereby submits its statement in support of its Application for Variance before the Nevada State Board of Health, Division of Public and Behavioral Health pursuant to NRS 439.200 (the "Variance Application"). Because of its unique circumstances, Eden is unduly burdened by a regulation of the State Board of Health and thereby suffers a hardship and the abridgement of a substantial property right and is eligible for a variance from a regulation. *See* Nevada Administrative Code ("NAC") 439.200(1).

Statement of existing or proposed conditions in violation of the NAC:

Eden is licensed psychiatric residential treatment facility ("PRTF") under credential number 9908-PRTF-0, and currently operates a residential treatment program for adult women between the ages of 18 and 21 to treat eating disorders and other mental health issues. Its clinical team is comprised of medical doctors with appropriate specialties, experience, and certifications; nurses; therapists (including licensed marriage and family therapists and licensed clinical social workers); and dietitians. Eden also holds its preliminary accreditation from the Commission on Accreditation of Rehabilitation Facilities ("CARF"), and its principals have extensive experience in residential behavioral health. Eden does not anticipate any issues obtaining full, non-preliminary accreditation from CARF upon further inspection, as it is fully licensed for operation by the State of Nevada Division of Public and Behavioral Health ("DPBH").

NAC 449.411 defines a PRTF as "a facility, other than a hospital, that provides a range of psychiatric services to treat residents under the age of 21 years on an inpatient basis under the direction of a physician." Eden discussed this program with the Nevada Attorney General's Office and the DPBH, and Eden concurs that the PRTF license is the most appropriate license for this program as it applies to patients under the age of 21. However, Eden wishes to serve all female patients over the age 18,[1] and under a strict interpretation the relevant regulation would limit Eden to serving patients who are under the age of 21 and will inhibit Eden's growth and ability to offer services to Nevada women.

Standard for Variance

The State Board of Health is authorized to grant a variance from a regulation if evidence shows that there are circumstances or conditions which (1) are unique to Eden; (2) do not generally affect other persons subject to the regulation; (3) make compliance with the regulation unduly burdensome; (4) cause a hardship to and abridge a substantial property right of the applicant; and (5) granting the variance is necessary to render substantial justice to the applicant and enable him

[1] Although Eden previously mentioned to the Nevada Department of Health and Human Services Division of Public and Behavioral Health (DPBH) staff that it would be serving patients between the ages of 18 and 34, and anticipates this age group constituting the majority of its patients and marketing recipients, Eden is not proposing or imposing any official cutoff of age 34 if granted the requested variance. Eden intends take clients and patients of all ages over 18 if the variance is granted, and will not discriminate on the basis of age.

to preserve and enjoy his property, and will not be detrimental or pose a danger to public health and safety. NRS 439.240(1).

1. The circumstances here are unique to Eden.

Eden is unique because it is an in-patient facility that specializes in treating eating disorders. Adult women are the most affected group inflicted with eating disorders. *See* Harvard Medical School, Harvard Mental Health Letter, Eating Disorders in Adult Woman (March 2012) attached hereto as ***Exhibit A*** (noting the increasing prevalence of eating disorders in adult women). Thus, Eden is uniquely positioned to provide treatment to women of all ages who suffer from eating disorders because the demographic that suffers from the disorders Eden seeks to treat is unlike the demographics affected by disorders other PRTFs treat.

2. The circumstances do not generally affect other persons subject to the regulation.

Eden's desire to treat women over the age of 21 does not generally affect other persons subject to the regulation. Other PRTFs focus on the treatment of those under the age of 21, and a variance granted to Eden would not affect other PRTFs ability to do so. Nevada's PRTF designation and licensure serves to ensure that minors under the age of 18 and young adults under the age of 21 are specially protected in unique, residential treatment facilities that are less costly and resource-intensive than hospitals (including psychiatric hospitals), but have more structure and treatment resources than a group home or other setting. Eden has complied with these enhanced protections by acquiring the PRTF license, and the concerns about providing treatment to other adults over the age of 21 are reduced due to the less rigorous requirements for providing services to the over-21 adult population under NAC Chapter 449. As a condition to receiving a variance, Eden is willing to set a floor of 18 years of age on its patients to ensure all of its patients are adults over the age of 18 (including those over the age of 21). This is starkly different than a request for a variance by an adult facility seeking to treat patients under the age of 21 or 18, which could sidestep the safeguards with which Eden has already complied in obtaining its PRTF license.

3. The circumstances make compliance with the regulation unduly burdensome.

If the Board does not grant Eden's requested variance, Eden will suffer exceptional and undue hardship in the form of economic harm and lost revenue. Due to the short time Eden has been operating, it is difficult to demonstrate with certainty what quantity of patients have had to be denied due to being over the age of 21. Continuing the age restriction on Eden's admissions of patients, however, will harm and undermine Eden's concept of providing treatment to all legal adult women suffering eating disorders. Eden has already invested thousands of dollars in facilities, capital improvements, and compensation for the staff necessary to obtain preliminary CARF accreditation and Nevada's PRTF license.

Eden's projections show that at half capacity Eden will lose hundreds of thousands of dollars annually and even at full capacity Eden will generate a profit of less than one hundred thousand dollars in the first year. Eden's projected cash flows for a fully occupied ten-bed facility are attached as ***Exhibit B***. In comparison, the projected cash flows for this same ten-

bed facility with only six and five beds occupied are attached as ***Exhibit C*** and ***Exhibit D***, respectively. These projections demonstrate that Eden is taking on significant financial risk in attempting to provide these necessary services to Nevada women and will be extremely burdened through lost revenue if Eden is forced to treat a narrow patient population.

4. The circumstances will cause a hardship to and abridge a substantial property right of the applicant.

If Eden is forced to offer services only to those between the ages of 18 and 21, it will cause a hardship to and abridge its substantial property right in its PRTF license based on an arbitrary interpretation of Nevada law. The Nevada Legislature created the PRTF license in 2017 through Senate Bill 71 ("SB 71"). The intent behind SB 71 was to address a conflict in statute on whether background checks were required for employees of medical facilities that treat children. The purpose of the bill was to clarify that a medical facility that treats children on an inpatient basis must complete background checks. *See* Minutes Assembly Committee on Health and Human Services, 79th legislative session, at 8 (March 17, 2017), attached hereto as ***Exhibit E***. In order to carry out the legislative intent the bill created a new license type known as the PRTF license to ensure that all medical facilities that treat those under the age of 21 conduct appropriate background checks. The legislation never intended to exclude the inpatient treatment of those over the age of 21, but merely to ensure facilities providing treatment to patients under the age of 21 performed appropriate background checks on their staff.

5. Granting the variance is necessary to render substantial justice to Eden and enable Eden to preserve and enjoy his property, will not be detrimental or pose a danger to public health and safety.

As discussed above, the variance would be a reasonable interpretation of Nevada law, and is necessary to prevent the substantial injustice that would result to Eden if Eden is unable to use its PRTF license to treat patients over the age of 21. It will not be detrimental or pose any danger to the public where Eden will be conducting background checks in accordance with the law. To the contrary, a raft of literature studying the efficacy of gender-specific treatment in addictions similar to and often co-occurring with eating disorders confirms the value of same-gender treatment when treating these conditions. A composite of this research is attached hereto as ***Exhibit F***. By not obtaining this variance, Eden's ability to provide a substantial number of women to provide the documented sharing of experiences among women within similar age ranges. *See **Exhibit F***.

Moreover, as a condition of receiving a variance from the Board, Eden would be willing to agree that the age floor for its patient and client population would be 18 years of age. This would ensure that all of its patients are legal adults and would not result in the interaction of any adults and minors within Eden's facility. Finally, Eden wishes to re-emphasize that it is a single-sex facility, which Eden's pre-opening research and the experience of its principles indicate will reduce the likelihood of any adverse incidents or circumstances that could cause concern as a result of residential patients and clients of comprised of both sexes, even with the facility's census composed entirely of patients and clients over the age of majority.

More significantly, the needs of the community would be mismatched with an arbitrary age cutoff of 21 years when the need for intensive, residential treatment for eating disorders (and co-morbidities) affects women who are over the age of 21 but would nonetheless benefit from the residential environment offered by Eden as a licensed PRTF facility.

Conclusion

Accordingly, Eden has established that because of its unique circumstances, it is unduly burdened by a regulation of the State Board of Health and thereby suffers a hardship and the abridgement of a substantial property right and is eligible for a variance from NAC 449.411 pursuant to NAC 439.200(1).

14097204_v1

Declaration of Mendi Baron

I, Mendi Baron, first being duly sworn, hereby state as follows:

1. I am over 18 years of age. If called to testify before the Board of Health (the "Board"), I am competent to address the matters herein based upon my personal knowledge.

2. I am the Chief Executive Officer for Eden Treatment, LLC ("Eden") and a licensed clinical social worker.

3. As Eden's Chief Executive Officer, I am familiar with Eden's business operations including its operation and licensure as a psychiatric residential treatment facility ("PRTF"), as defined by NAC 449.411 (the "Regulation"), under Credential Number 9908-PRTF-0. The Regulation which defines a PRTF as "a facility, other than a hospital, that provides a range of psychiatric services to treat residents under the age of 21 years on an inpatient basis under the direction of a physician."

4. Eden currently operates a program for adult women between the ages of 18 and 21 to treat eating disorders and other co-occurring mental health issues, and its clinical team is comprised of medical doctors, psychiatrists, nurses, therapists, and dietitians.

5. Prior to obtaining a PRTF license and commencing its operations, Eden discussed this program with the Nevada Attorney General's Office and the Division of Public and Behavioral Health, leading Eden to conclude with these authorities that a PRTF license was most appropriate for Eden's activities with respect to patients under the age of 21.

6. Eden is in a unique situation because it is proposing to treat to adult women over the age of 21.

7. Eden's desire to treat women over the age of 21 does not generally affect other persons subject to the Regulation.

8. If the Board does not grant Eden its requested variance to complying with the Regulation, Eden will suffer exceptional and undue hardship in the form of economic hardship and lost revenue.

9. Specifically, Eden will encounter operational disruption if forced to limit its patient population to the narrow band of ages 18 through 21 with no apparent regulatory allowance for providing services to women over the age of 21.

10. Eden has already invested thousands of dollars in facilities, capital improvements and updates, and compensation to staff necessary to commence its operations and provide treatment to a wider patient base than only women aged 18 through 21.

11. Eden will be also extremely burdened through lost revenue that is difficult to measure, estimate, or quantify at this time due to the short duration of Eden's operations and patient population. Eden's financial projections are provided with this variance request, and show that being unable to fill ten beds within its facility will cause serious financial harm. If the Regulation's limitations reduce Eden's treatment population to only 50% of its capacity, Eden is projected to lose money for the first two years of its existence.

12. Eden conducts background checks in accordance with NRS 449.122.

13. As a condition of receiving a variance, Eden is willing to agree that the age floor for its patient and client population would be 18 years of age.

Under NRS 53.045, I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

Executed on this 24th day of January, 2020 in Los Angeles, California.

Mendi Baron, on behalf of
Eden Treatment, LLC

14097184_v1

Scanned with CamScanner

EXHIBIT A

Harvard Mental Health Letter

Eating disorders in adult women

Published: March, 2012

For some, aging may bring on — or rekindle — an eating disorder.

Most people who develop eating disorders — an estimated 90% — are female. Typically associated with adolescents and young women, eating disorders also affect middle-aged or elderly women — although, until fairly recently, not much was known about prevalence in this older age group.

Secrecy and shame are part of the disorder, and women may not seek help. This is particularly true if they fear being forced to gain unwanted weight or stigmatized as an older woman with a "teenager's disease."

Despite underdiagnosis of eating disorders in older people, clinicians at treatment centers specializing in such issues report that they've seen an upswing in requests for help from older women. Some of these women have struggled with disordered eating for decades, while for others the problem is new. The limited amount of research on this topic suggests that such anecdotal reports may reflect a trend.

In community surveys conducted in 1995 and again in 2005, for example, Australian researchers found that while younger women reported eating disorder behaviors more often than older women did, the rate of these disorders in older women increased dramatically between the two surveys, while it remained stable for young women. In women ages 65 and over, strict dieting, fasting, and binge eating all tripled, while purging quadrupled. In the same surveys, rates of strict dieting or fasting and purging also increased dramatically in women ages 45 to 64. A study of Canadian women surveyed in the general population likewise found that women ages 45 to 64 were more likely to binge on food, feel guilty about eating, and be preoccupied with food compared with younger women.

Types of eating disorders

Anorexia nervosa. The term "anorexia" is derived from two Greek words, usually translated as "without appetite" — but that is something of a misnomer. Patients do not lose their appetite; they struggle to subdue it. They are simultaneously afraid of gaining weight and convinced they are too fat, even when significantly underweight. As a result, they starve themselves to the point that they put their lives at risk.

In the most severe cases, patients develop life-threatening complications, such as cardiac arrhythmias, kidney failure, and liver failure. This is one reason that anorexia nervosa is one of the most deadly psychiatric disorders, killing 5.6% of patients for every decade that they remain ill. Treatment is challenging because starvation not only severely damages the body, but also harms the brain — causing changes in thinking, emotions, and behaviors that may be difficult to reverse.

The *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition (DSM-IV) describes two subtypes of anorexia nervosa. In the restricting subtype, patients drastically reduce food consumption. They may also exercise excessively in an effort to lose weight. In the binge-eating/purging subtype, patients lose weight by forcing themselves to vomit or by using laxatives, diuretics, or enemas.

Once weight decreases to the threshold required for a diagnosis of anorexia nervosa, patients may experience changes in thinking processes, such as difficulty concentrating. They may develop odd food rituals, such as cutting food into tiny pieces, eating only at certain times, and weighing food. Weight gain may eventually improve these psychological problems, but it seldom eliminates them completely — which is why maintenance treatment is so important.

Bulimia nervosa. Bulimia nervosa is characterized by a cycle of binge eating followed by some type of compensatory action to avoid weight gain. Researchers estimate that one to three women out of 100 will develop bulimia nervosa at some point in their lives. In men, the rate of diagnosis is only about one-tenth the rate in women.

Although many Americans overeat by consuming too many calories per day (which helps explain why more than one in three are obese), binge eating involves consuming extreme amounts of food within a restricted time frame — usually within two hours. While on a binge, a patient may eat an entire cake rather than one or two slices, or a full gallon of ice cream rather than a bowl.

The *DSM-IV* describes two subtypes of bulimia nervosa, based on the strategy a patient uses to rid herself of excess calories. Patients diagnosed with the purging subtype, the most common form, may make themselves vomit or use laxatives or diuretics. This diagnosis overlaps with the binge/purge subtype of anorexia, but people with bulimia do not have the same preoccupation with maintaining a low body weight. In the nonpurging subtype, patients may exercise excessively or stop eating for a day or longer.

If a vicious cycle of overeating and deprivation takes over, patients may eat to the point of physical pain, then compensate so dramatically that they feel ravenously hungry. When the binge-and-compensation cycle occurs at least twice a week for three months, patients meet *DSM-IV* diagnostic criteria for bulimia nervosa.

Binge-eating disorder. Binge eaters regularly binge, usually in secret and accompanied by feelings of guilt or shame. Unlike bulimics, they don't follow a binge with a purge, so they may be overweight or obese, and their eating disorder may remain unrecognized. In the *DSM-IV*, binge-eating disorder is categorized as an "eating disorder not otherwise specified," but it is proposed for inclusion as a freestanding diagnosis in the next edition of the diagnostic manual. Many older women do not fit the strict definitions for eating disorders, yet they deserve treatment.

Tipping the scales

Eating disorders may emerge or reappear during middle age for a variety of reasons.

Grief. With age, people are increasingly likely to lose people they care about. Mourning can take away your appetite, and restricting food or purging can be a way to deal with distressing feelings. For example, the comedian Joan Rivers has written about the sudden onset of bulimia in her 50s after her husband's death by suicide.

Divorce. In addition to grief and loss, the breakup of a marriage can spur a woman to view her body unfavorably in comparison with other singles or an ex-spouse's new girlfriend.

Heightened awareness of aging. This can be particularly acute when women return to school or work or need to keep working past the traditional retirement age, especially in appearance-related fields.

Medical illness. If a short-term illness results in weight loss, a woman may receive compliments on her slender appearance and continue to restrict food after she has recovered to avoid regaining weight.

On the other hand, some older women decide to get professional help after years of disordered eating. This decision may emerge for any of several reasons.

For example, eating disorders take a physical toll on the body, and the impact is more apparent with age. Dental problems, arrhythmias (irregular heartbeats), or osteoporosis (a common complication of eating disorders) may prompt a woman to seek treatment. In an older body, forceful vomiting may result in a medical emergency, such as a stomach rupture or tear in the esophagus, which can bring a woman to professional attention.

A woman's priorities may also shift over time. Disordered eating and attempts to hide it take a great deal of time and effort. Sometimes an unrelated health scare, death of a loved one, or other event sparks a realization of the sheer amount of psychic and physical energy required to maintain these behaviors, and a woman may finally decide that enough is enough — and seek treatment.

Initial evaluation

To help someone with disordered eating, clinicians start by conducting a thorough medical examination. This is important because certain medical conditions may cause rapid weight loss, interfere with appetite, or make eating difficult — and these can be confused with an eating disorder.

The clinician may also ask a patient about any past or current experiences with weight loss or gain, eating disorder diagnoses or behaviors, or use of medications to control weight (such as diuretics, laxatives, enemas, ipecac, insulin, thyroid medication, stimulants, street drugs, or supplements such as cleanses or "skinny pills"). In addition to specific eating-related behaviors, the clinician will likely ask about any emotional difficulties a patient may be having.

After taking a history and performing a physical, a clinician may also order certain tests, such as an electrocardiogram to check for arrhythmia, laboratory tests to check for metabolic imbalances, or a bone density scan. (People with eating disorders are at risk for low bone density.)

Selected resources

Academy for Eating Disorders
847-498-4274
www.aedweb.org

International Association of Eating Disorder Professionals
800-800-8126
www.iaedp.com

Treating eating disorders

The goal of treating an eating disorder is to help a patient achieve a healthy weight, exercise level, and eating pattern; to eliminate binge eating and purging; and to address any contributing emotional problems or distorted thinking. This usually requires the help of a mental health professional, a nutritionist, and other clinicians.

Psychotherapy. This is the cornerstone of treatment for eating disorders. Various kinds of psychotherapy can help. Cognitive behavioral therapy (CBT) challenges unrealistic thoughts about food and appearance and helps people develop more productive thought patterns.

Other types of psychotherapy may also be useful in particular circumstances. For example, interpersonal and psychodynamic therapy can help people gain insight into issues such as role transitions, loss, and unresolved relationships that may underlie disordered eating and an excessive focus on body image.

Nutritional rehabilitation. A dietitian or nutritional counselor can help a woman recovering from an eating disorder learn (or relearn) the components of a healthy diet and can help motivate her to make the needed changes. At different stages in recovery, a nutrition professional will help plan how and when the patient should eat in a way that keeps the digestive system working well and avoids dangerous changes in electrolyte and fluid balances that can occur when a person begins eating again after a period of semi-starvation.

Medication. Fluoxetine (Prozac) is the only medication approved for the treatment of an eating disorder. At high doses (about 60 mg per day), it reduces binge eating and vomiting up to 70% in the first eight weeks, though results are much poorer if patients aren't also receiving psychotherapy. Other antidepressants and the seizure medication topiramate (Topamax) may be prescribed for bulimia or binge-eating disorder, but fewer controlled trials have studied their effectiveness.

No medications are approved specifically for treating anorexia. Although antidepressants, seizure medications, and certain antipsychotic medications are sometimes used in treating the condition, food is considered the primary medication. No drug works well until some weight is restored. However, if depression or anxiety is also involved, medications may be prescribed to address these problems.

Hospitalization. Eating disorders are usually treated on an outpatient basis. But hospitalization may be recommended if a woman is dangerously underweight, unable to eat or stop vomiting, seriously depressed or suicidal, medically unstable (for example, because of heart arrhythmias, low pulse or blood pressure, or electrolyte imbalances), or has other medical complications that require hospital treatment.

Brandsma L. "Eating Disorders Across the Lifespan," *Journal of Women & Aging* (Jan./Feb. 2007): Vol. 19, No. 1–2, pp. 155–72.

Fairburn CG, et al. "Transdiagnostic Cognitive Behavioral Therapy for Patients with Eating Disorders: A Two-Site Trial with 60-Week Follow-up," *American Journal of Psychiatry* (March 2009): Vol. 166, No. 3, pp. 311–19.

Hay PJ, et al. "Eating Disorder Behaviors Are Increasing: Findings from Two Sequential Community Surveys in South Australia," *PLoS One* (Feb. 6, 2008): Vol. 3, No. 2, electronic publication.

Park J, et al. "Eating Attitudes and Their Correlates Among Canadian Women Concerned About Their Weight," *European Eating Disorders Review* (July 2007): Vol. 15, No. 4, pp. 311–20.

Zerbe KJ. "Eating Disorders in the 21st Century: Identification, Management, and Prevention in Obstetrics and Gynecology," *Best Practice & Research Clinical Obstetrics and Gynaecology* (Feb. 2007): Vol. 21., No. 2, pp. 331–43.

For more references, please see www.health.harvard.edu/mentalextra.

Share this page:

Print this page:

Subscribe to Harvard Health Online for immediate access to health news and information from Harvard Medical School.

- Research health conditions
- Check your symptoms
- Prepare for a doctor's visit or test
- Find the best treatments and procedures for you
- Explore options for better nutrition and exercise

I'd like to receive access to Harvard Health Online for only $4.99 a month.

Sign Me Up »

Learn more about the many benefits and features of joining Harvard Health Online »

Disclaimer:

As a service to our readers, Harvard Health Publishing provides access to our library of archived content. Please note the date of last review on all articles. No content on this site, regardless of date, should ever be used as a substitute for direct medical advice from your doctor or other qualified clinician.

© 2010 - 2020 Harvard University. All rights reserved.

EXHIBIT B

Las Vegas		Year 1	Year 2	Total
Clients				
IOP		0	0	0
PHP		0	0	0
RTC		5	5	5
Total		5	5	5
Billing level for client type (months)				
IOP		2	0	
PHP		2	0	
RTC		8	12	12
Revenue		**1,861,453**	**2,509,824**	**4,371,277**
Cost of goods sold		**128,674**	**131,374**	**260,047**
Billing		**132,707**	**175,692**	**308,399**
Net Revenue		**1,600,072**	**2,202,758**	**3,802,831**
Expenses				
Operating expenses				
Compensation				
salary				
	Clinical Director	**80,004**	**80,004**	**160,008**
	Facility Manager	**63,556**	**65,004**	**128,560**
	Therapist	**96,672**	**100,005**	**196,677**
	Marketing specialist	**79,002**	**82,004**	**161,007**
	Admissions	**60,000**	**60,000**	**120,000**
	Chef	**54,996**	**54,996**	**109,992**
	Counselors	**322,416**	**313,416**	**635,832**
	Nurse	**74,374**	**72,960**	**147,334**
	Housekeepers	**35,688**	**36,480**	**72,168**
	corporate staff	**111,155**	**150,000**	**261,155**
	med/dental	**54,456**	**48,476**	**102,931**
	sub-total	**983,842**	**85,406**	**1,069,248**
benefits/taxes (35%)		**325,283**	**338,236**	**663,519**

	Total	1,309,125	1,353,105	2,662,230
Professional services				
	Experiential therapists	45,898	46,764	92,662
	Psychiatrist	47,490	47,976	95,466
	Medical doctor	17,609	18,000	35,609
	Human resources	26,255	26,052	52,307
	IT	18,750	18,000	36,750
	Insurance	94,033	91,830	185,863
	Legal	32,500	30,000	62,500
	Total	282,535	278,622	561,157
Financial services		18,000	18,000	36,000
Marketing		117,000	117,000	234,000
Software		10,344	10,344	20,688
Office expense		7,250	7,500	14,750
Facility expense		60,000	60,000	120,000
Vehicles		11,400	11,400	22,800
Utilities		29,737	30,804	60,541
Mortgage/Rent		68,388	68,388	136,776
Licensing/accreditation		6,000	6,000	12,000
Expenses - Total		1,919,780	1,961,163	3,880,942
Startup costs		71,129		71,129
Net cash flow - pre-tax		(390,836)	241,596	(149,241)
Taxes				
	State LLC fee	0	800	800
	State	12,370	21,360	33,730
	Federal	39,181	67,650	106,831
	Total	51,551	89,010	140,561
Net cash flow		(442,387)	152,586	(289,802)
Cumulative net cash flow		(442,387)	(289,802)	(732,189)

EXHIBIT C

Las Vegas		Year 1	Year 2	Total
Clients				
IOP		0	0	0
PHP		0	0	0
RTC		6	6	6
Total		6	6	6
Billing level for client type (months)				
IOP		2	0	
PHP		2	0	
RTC		8	12	12
Revenue		**2,215,703**	**3,011,784**	**5,227,487**
Cost of goods sold		**143,524**	**147,574**	**291,097**
Billing		**157,504**	**210,828**	**368,332**
Net Revenue		**1,914,675**	**2,653,382**	**4,568,058**
Expenses				
Operating expenses				
Compensation				
salary				
	Clinical Director	**80,004**	**80,004**	**160,008**
	Facility Manager	**63,556**	**65,004**	**128,560**
	Therapist	**115,006**	**120,006**	**235,012**
	Marketing specialist	**79,002**	**82,004**	**161,007**
	Admissions	**60,000**	**60,000**	**120,000**
	Chef	**54,996**	**54,996**	**109,992**
	Counselors	**322,416**	**313,416**	**635,832**
	Nurse	**74,374**	**72,960**	**147,334**
	Housekeepers	**42,376**	**43,776**	**86,152**
	corporate staff	**111,155**	**150,000**	**261,155**
	med/dental	**54,456**	**48,476**	**102,931**
	sub-total	**1,008,865**	**87,681**	**1,096,545**
benefits/taxes (35%)		**334,039**	**347,788**	**681,827**

	Total	**1,342,904**	**1,389,954**	**2,732,858**
Professional services				
	Experiential therapists	**50,661**	**51,960**	**102,621**
	Psychiatrist	**56,279**	**57,564**	**113,843**
	Medical doctor	**20,909**	**21,600**	**42,509**
	Human resources	**26,255**	**26,052**	**52,307**
	IT	**18,750**	**18,000**	**36,750**
	Insurance	**95,910**	**93,877**	**189,787**
	Legal	**32,500**	**30,000**	**62,500**
	Total	**301,264**	**299,053**	**600,317**
Financial services		**18,000**	**18,000**	**36,000**
Marketing		**117,000**	**117,000**	**234,000**
Software		**10,344**	**10,344**	**20,688**
Office expense		**8,625**	**9,000**	**17,625**
Facility expense		**60,000**	**60,000**	**120,000**
Vehicles		**11,400**	**11,400**	**22,800**
Utilities		**32,740**	**34,080**	**66,820**
Mortgage/Rent		**68,388**	**68,388**	**136,776**
Licensing/accreditation		**6,000**	**6,000**	**12,000**
Expenses - Total		**1,976,665**	**2,023,219**	**3,999,884**
Startup costs		**71,129**		**71,129**
Net cash flow - pre-tax		**(133,118)**	**630,164**	**497,045**
Taxes				
	State LLC fee	**0**	**800**	**800**
	State	**34,410**	**55,704**	**90,114**
	Federal	**108,990**	**176,442**	**285,432**
	Total	**143,400**	**232,146**	**375,546**
Net cash flow		**(276,518)**	**398,018**	**121,499**
Cumulative net cash flow		**(276,518)**	**121,499**	**(155,019)**

EXHIBIT D

Las Vegas

	Year 1	Year 2	Total
Clients			
IOP	0	0	0
PHP	0	0	0
RTC	10	10	10
Total	10	10	10
Billing level for client type (months)			
IOP	2	0	
PHP	2	0	
RTC	8	12	12
Revenue	3,366,041	5,019,648	8,385,689
Cost of goods sold	192,134	212,386	404,519
Billing	238,024	351,372	589,396
Net Revenue	2,935,883	4,455,890	7,391,774
Expenses			
Operating expenses			
Compensation			
salary			
Clinical Director	80,004	80,004	160,008
Facility Manager	63,556	65,004	128,560
Therapist	175,009	200,010	375,019
Marketing specialist	79,002	82,004	161,007
Admissions	60,000	60,000	120,000
Chef	54,996	54,996	109,992
Counselors	479,124	522,359	1,001,483
Nurse	74,374	72,960	147,334
Housekeepers	64,264	72,960	137,224
corporate staff	111,155	150,000	261,155
med/dental	54,456	48,476	102,931
sub-total	1,247,463	114,192	1,361,655
benefits/taxes (35%)	417,551	459,136	876,687

	Total	1,665,014	1,819,434	3,484,448
Professional services				
	Experiential therapists	66,249	72,744	138,993
	Psychiatrist	85,061	95,940	181,001
	Medical doctor	31,709	36,000	67,709
	Human resources	26,255	26,052	52,307
	IT	18,750	18,000	36,750
	Insurance	113,805	117,737	231,542
	Legal	32,500	30,000	62,500
	Total	374,329	396,473	770,802
Financial services		18,000	18,000	36,000
Marketing		117,000	117,000	234,000
Software		10,344	10,344	20,688
Office expense		13,125	15,000	28,125
Facility expense		60,000	60,000	120,000
Vehicles		11,400	11,400	22,800
Utilities		42,578	47,196	89,774
Mortgage/Rent		68,388	68,388	136,776
Licensing/accreditation		6,000	6,000	12,000
Expenses - Total		2,386,178	2,569,234	4,955,412
Startup costs		71,129		71,129
Net cash flow - pre-tax		478,576	1,886,656	2,365,232
Taxes				
	State LLC fee	0	800	800
	State	92,982	166,776	259,758
	Federal	294,518	528,258	822,776
	Total	387,500	695,034	1,082,534
Net cash flow		91,076	1,191,622	1,282,698
Cumulative net cash flow		91,076	1,282,698	1,373,775

EXHIBIT E

**MINUTES OF THE MEETING
OF THE
ASSEMBLY COMMITTEE ON HEALTH AND HUMAN SERVICES**

**Seventy-Ninth Session
March 17, 2017**

The Committee on Health and Human Services was called to order by Chairman Michael C. Sprinkle at 12:49 p.m. on Friday, March 17, 2017, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4406 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Copies of the minutes, including the Agenda (Exhibit A), the Attendance Roster (Exhibit B), and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at www.leg.state.nv.us/App/NELIS/REL/79th2017.

COMMITTEE MEMBERS PRESENT:

Assemblyman Michael C. Sprinkle, Chairman
Assemblywoman Amber Joiner, Vice Chair
Assemblywoman Teresa Benitez-Thompson
Assemblyman Richard Carrillo
Assemblyman Chris Edwards
Assemblyman John Hambrick
Assemblyman William McCurdy II
Assemblywoman Brittney Miller
Assemblyman Tyrone Thompson
Assemblywoman Robin L. Titus
Assemblyman Steve Yeager

COMMITTEE MEMBERS ABSENT:

Assemblyman James Oscarson (excused)

GUEST LEGISLATORS PRESENT:

None

STAFF MEMBERS PRESENT:

Megan Comlossy, Committee Policy Analyst
Mike Morton, Committee Counsel
Kailey Taylor, Committee Secretary
Trinity Thom, Committee Assistant

OTHERS PRESENT:

Joseph L. Pollock, Deputy Administrator for Regulatory and Planning Services, Division of Public and Behavioral Health, Department of Health and Human Services

Paul Shubert, Chief, Bureau of Health Care Quality and Compliance, Division of Public and Behavioral Health, Department of Health and Human Services

Leticia Metherell, Quality Improvement Team Lead, Bureau of Health Care Quality and Compliance, Division of Public and Behavioral Health, Department of Health and Human Services

Chairman Sprinkle:
[Roll was called. Committee rules and protocol were explained.] We will have a work session for a few bills today. We had a late change. We are going to pull Assembly Bill 113 from the work session; it is not ready to be heard.

Assembly Bill 113: **Requires an employer to make certain accommodations for a nursing mother. (BDR 40-7)**

[The bill was listed on the agenda and in the exhibits but not heard.]

Is there anything from the Committee before we get started? [There was no response.] We will open up public comment now. [There was none.] We will now open the work session.

Megan Comlossy, Committee Policy Analyst:
The first bill on the work session is Assembly Bill 65.

Assembly Bill 65: **Revises provisions relating to medical care for indigent persons. (BDR 38-438)**

This bill was sponsored by this Committee on behalf of Clark County and heard in Committee on March 8. [Read from (Exhibit C).] For a county whose population is 100,000 or more (Clark County and Washoe County), Assembly Bill 65 authorizes the county commission to use money from the indigent medical fund to provide supplemental payments to public hospitals in the county that are eligible for such payments. For a county whose population is 700,000 or more (Clark County), A.B. 65 allows the county commission to make grants to any public hospital in the county for the construction or acquisition of capital assets and the renovation of facilities. One amendment was proposed at the hearing by Clark County to section 1, subsection 5. This amendment clarifies that the allocation is on a fiscal year basis.

Chairman Sprinkle:
Are there any questions or comments on this bill? [There were none.] I will now accept a motion.

ASSEMBLYMAN CARRILLO MOVED TO AMEND AND DO PASS ASSEMBLY BILL 65.

ASSEMBLYMAN McCURDY SECONDED THE MOTION.

THE MOTION PASSED. (ASSEMBLYMAN OSCARSON WAS ABSENT FOR THE VOTE.)

Assemblyman Hambrick will take the floor statement.

Megan Comlossy:
Moving on to Assembly Bill 205 in the work session document (Exhibit D), which revises provisions relating to cremation.

Assembly Bill 205: **Revises provisions relating to cremation. (BDR 40-649)**

This bill was sponsored by Assemblyman Nelson Araujo, Assembly District No. 3, and was heard in Committee on March 8. Assembly Bill 205 expands the definition of cremation to include "alkaline hydrolysis," which is a water-based process for reducing human remains through the use of alkaline chemicals and agitation. This bill makes certain fee and penalty provisions applicable to this type of cremation. In cities and towns where existing zoning laws limit the location of a crematory, the bill exempts a crematory using only alkaline hydrolysis. Finally, conforming changes are made to other sections of the law to account for differences between the two types of cremation.

Two amendments were submitted at the hearing, which are included. The first amendment was by the sponsor, and it gives discretion to a local board of county commissioners to exempt crematories using an alkaline hydrolysis from zoning restrictions. The second amendment was submitted by the Division of Environmental Protection, State Department of Conservation and Natural Resources, to require operators to provide advance notice to the Division before the purchase of any equipment and to ensure compliance with water pollution controls.

Chairman Sprinkle:
Are there any questions or comments about this bill from the Committee?

Assemblyman Carrillo:
I know the bill sponsor is not here at the moment, but he did reach out to me regarding my concern about the Ohio legislation. They tried to pass this, but never followed through on it. I am okay with that.

Chairman Sprinkle:
Are there any other comments? [There were none.] I will now take a motion.

ASSEMBLYMAN THOMPSON MOVED TO AMEND AND DO PASS ASSEMBLY BILL 205.

ASSEMBLYMAN YEAGER SECONDED THE MOTION.

THE MOTION PASSED. (ASSEMBLYMAN OSCARSON WAS ABSENT FOR THE VOTE.)

Assemblyman Edwards will take the floor statement.

Megan Comlossy:
The last bill for the work session (Exhibit E) is Senate Bill 92 sponsored by Senator Hardy, heard in Committee on March 10.

Senate Bill 92: Revises provisions relating to the Task Force on Alzheimer's Disease. (BDR S-270)

Senate Bill 92 makes permanent the Task Force on Alzheimer's Disease, which was set to expire by limitation on June 30, 2017. No amendments were proposed to this measure.

Chairman Sprinkle:
Are there any questions or comments on this bill? [There were none.] I will accept a motion.

ASSEMBLYWOMAN TITUS MOVED TO DO PASS SENATE BILL 92.

ASSEMBLYMAN EDWARDS SECONDED THE MOTION.

THE MOTION PASSED. (ASSEMBLYMAN OSCARSON WAS ABSENT FOR THE VOTE.)

I will take the floor statement for this. That is the end of the work session. At this point, we will open up the hearing on Senate Bill 71.

Senate Bill 71: Revises provisions relating to medical facilities and facilities for the dependent. (BDR 40-183)

Joseph L. Pollock, Deputy Administrator for Regulatory and Planning Services, Division of Public and Behavioral Health, Department of Health and Human Services:
With me today in Las Vegas is Paul Shubert. He is chief of the Bureau of Health Care Quality and Compliance. Also with me in Carson City is Leticia Metherell. She is a supervisor within the bureau. Quickly, I will go over the highlights of S.B. 71 and then open it up to questions.

Section 1 adds "hospice" to the definition of a medical facility. Section 2 removes the word "residential" from the definition of a psychiatric hospital. Section 9 adds "a psychiatric hospital that provides inpatient services to children," to *Nevada Revised Statutes* (NRS) 449.119. This will require background checks for all staff that work at these facilities. Section 10 delineates how often background checks at a psychiatric hospital that provides inpatient services to children must occur. Section 14 is a modification to licensed facility sanctions. Section 15 allows the Division to suspend or revoke a license if disqualifying offenses against a licensee or applicant are found. Section 16 modifies the unlicensed facility sanctions.

We included a handout (Exhibit F) on our licensed sanctions. It is a breakdown of how those sanctions are changing. From our initial look, you would think we are increasing the fees associated with these sanctions; however, what we are trying to remove is the per-patient-per-day requirement to fine these facilities, which was resulting in astronomical fines. We think that the proposed language, which sets a per-incident fine, is better. That concludes my prepared remarks.

Chairman Sprinkle:
Thank you for that overview. Are there any questions from the Committee?

Assemblyman Yeager:
I noticed that on the sheet with the fines you provided, you have indicated that you are going from a per-patient to a per-incident fine. You said that was to avoid astronomical fines. When I first look at the sheet, the fine structure as it currently exists seems to make a lot of sense. Could you provide more background on why you think the current per-patient fine is not working and why a per-incident would lead to greater compliance?

Joseph Pollock:
We found that rather than achieving compliance with the large fines, businesses were going out of business. Rather than lose these facilities, we would rather ensure compliance. I can have Leticia or Paul talk about any specific instances where we have seen this and where our inspectors in the field are stuck. If you mark it as a deficiency, you are forced into an astronomical fine, which may not always match up with the offense. We have this structured severity scale that we would like to use. With the new language, we think we get better compliance.

Paul Shubert, Chief, Bureau of Health Care Quality and Compliance, Division of Public and Behavioral Health, Department of Health and Human Services:
Let us say that a facility of 600 or more patients has a sprinkler system that has not been reviewed or inspected as often as it should have been. That single citation, under the current statutes, would require at least a $1,000 fine per-patient in the hospital because all of the patients would be affected. That would be a $600,000 fine for a single violation where no one was actually harmed. I do not know if that illustrates the problem, but I am happy to address additional questions.

Leticia Metherell, Quality Improvement Team Lead, Bureau of Health Care Quality and Compliance, Division of Public and Behavioral Health, Department of Health and Human Services:
I wanted to mention that this applies to all of our facility types, including our very small businesses. It includes home screening programs to residential care programs that only have two residents. It also applies to our smaller group homes that have maybe four or five residents. You are looking at $1,000 per-patient-per-day: That is just one violation. It is possible that they will have five violations. When you start adding up those numbers, it is hard to see how those smaller businesses are able to absorb those costs.

Assemblyman Yeager:
Thank you for the follow-up. I certainly understand the example given of a sprinkler system. That makes sense. My concern is when we look at severity level 4, scope 3, essentially you are talking about substantial probability of harm that is widespread. My question there is, Would you be opposed to leaving some discretion in there if the harm we are talking about or the condition impacts a number of patients that there would be an ability to give a fine per patient? It looks like if we look at severity level 4, scope 3, you would be limited to $5,000, even if it was something that greatly harmed a number of patients.

Leticia Metherell:
I wanted to mention that we also have other abilities to sanction. We have abilities to do bans on admissions and partial bans on admissions which, of course, affects the facility fiscally. We have banned admissions at facilities, including a hospital. That obviously hits the bottom line. We can also do temporary management where we put in a temporary manager. We can do monitoring visits; we can do other things in addition to the monetary sanctions to assure compliance. I just want you to be aware of that, but I did hear your concern.

Assemblyman Yeager:
I was just wondering, particularly when you look at the chart that was provided, severity level 4, scope 3, would be a very serious violation that is widespread. The proposed language indicates a $5,000 maximum per violation. I was wondering if there might be a willingness to look at allowing the discretion to give a $5,000 fine, or whatever the amount be, per patient in those more serious cases—the ones that are more serious than a sprinkler that has malfunctioned.

Joseph Pollock:
We would be happy to look at that as an alternative. I think we would be open to that.

Assemblywoman Benitez-Thompson:
A lot of my questions were along that same line. I was going to ask if you could talk a little about the number of times that fines are imposed. I think we have two different things going on in medical facilities. We have bigger, more established, hospital-like facilities. Then we have the small residential homes for groups. For some reason I thought that, at some point, we had two different fine schedules in statute. Maybe they have always been the same, but at

least it seems that when it comes to the residential homes, there was talk about increasing those fines. We discussed the fine structure and made changes to those fines. I believe that one of the concerns was there were not enough teeth. Health Care Quality and Compliance did not have enough teeth to go in and actually close homes when we heard about horrific abuse events that were happening and did not have the ability to ride someone out of town when we needed to. Could you talk a little about what the fines have been like in the past couple of years? Has the teeth provision worked?

Paul Shubert:
We have a whole scale of fines that have occurred over the past several years. It has been since 2009 that we have had the legislation. We had the ability to increase those fines on a per-patient basis. In any given year, we have facilities that have egregious violations that we assign fines to. Our intent is always to get the facility into compliance with regulations and allow them to continue providing services in compliance with the regulations. It is not necessarily to put them out of business, although there are those circumstances where a facility is not cooperating and is not making changes or improvements that are necessary to ensure they are protecting the patients or residents in those facilities. We do have other opportunities to get them into compliance or to revoke licenses if we have to. Certainly that is not our first intent, but when we decide that things are going downhill and a situation is not safe, we take those actions. I could certainly provide you additional information regarding the numbers of fines that we have imposed in the last several years.

Assemblywoman Benitez-Thompson:
I think that would be helpful. Could you get me the number of facilities that you have had to close as well? I remember there was an issue about the ability to shut down a licensee and a bad actor. It sounds like we have course-corrected, perhaps too much.

Assemblywoman Titus:
I need some clarification on the bill's language. Under section 1, you add a program of hospice under the definition of medical facility. Then you refer to that multiple times throughout the bill, "and section 1 of this act," all the way down. Then at section 8, subsection 2, there is an apparent need to define a psychiatric hospital that provides inpatient services to children. That is broken out multiple times throughout the text. Why did you not want to put that into section 1 when you added to the definition of medical facility? I need an explanation of the difference and the reason it could not be added under hospice.

Leticia Metherell:
In the first section, the programs for hospice were added through our regulatory process, so they were never entered into the definition of a medical facility. There are things in the bill that apply to medical facilities that do not apply to a program of hospice, such as administrative sanctions. The bill adds them into the appropriate areas related to that medical facility piece. The psychiatric hospital is completely different because it is adding it to

NRS 449.119, which is the background check section. It allows background checks to apply to the psychiatric hospitals. They are two completely different things and have different purposes.

Assemblywoman Titus:
Along that same line, there are already definitions in there of psychiatric hospital. Is the need to address services to children separately because of the Medicare component? Why did you separate that out and designate the children component?

Leticia Metherell:
When you look at the definition of NRS 449.119, it says that a medical facility that provides residential services to children must conduct background checks. There was no definition of residential services in either statutes or regulations. There has been a lot of conflict on whether it applied to inpatient children. This clarifies that it applies to inpatient children. They do get background checks.

Assemblyman Thompson:
I have a question in section 16, subsection 2, where it says, "If the Division believes that a person is operating a medical facility . . . ." What criteria do you use? I am sure the obvious is an expired license, but what are some other factors where you may believe that they may not be operating accordingly?

Paul Shubert:
This is common language. It was in previous statute. When we are investigating whether a facility is operating without a license, we look at the statutory language in its simple form, and then we do the test of whether a facility is actually meeting that statutory definition. For instance, the definition of a residential facility for groups indicates that it provides food, shelter, assistance, and limited supervision to infirm and aged individuals. Upon entry of that type of facility, or unlicensed facility, we would look at what they are providing and see if they are actually providing food. Of course, shelter is provided for the residents living in the home. We would look at assistance and see whether they are assisting with medications or assisting with bathing or other services that are needed by those residents. For supervision, we would determine whether there was someone onsite at the facility providing supervision to the residents. We have different tests for different types of facilities to determine whether they are actually meeting the statutory definition. That is an example of the type of investigation we would do.

Assemblyman Thompson:
Using that same scenario, at what point would you issue the cease and desist order? Do you investigate first and then issue? Or, do you issue and then investigate?

Paul Shubert:
If we are going to take an action against the facility, we have to do a proper investigation, which would mean that we are actually entering the facility. However, we do, upon receipt of information about some particular situations of unlicensed operation, provide

correspondence to the proponents of the facility and ask them if they feel like they are meeting the criteria for licensure. There are certain circumstances when we use that. In all circumstances where we are actually issuing a cease and desist notice, we conduct a proper investigation.

Assemblywoman Benitez-Thompson:
My questions are regarding section 1. When we add the hospice programs into a medical facility, does that impact a program differently if they are a hospice program attached to a hospital versus a hospice program that is free-standing?

Leticia Metherell:
If they are licensed as a program for hospice, regardless of where they are located, they would meet the medical facility requirement. We also have facilities for hospice that are already considered a medical facility. They would not be impacted because they are already a medical facility.

Paul Shubert:
I would say that we have both circumstances. You have a brick-and-mortar hospice that we have the ability to sanction. All of the things that apply to medical facilities already apply to them. It is only in the situation where we have a facility that is licensed as a program of hospice, so it could be operated out of a hospital or even out of an office building. They are only offering the services of hospice, not an inpatient facility. We want to make sure that we can apply all of the sanction abilities and other things to ensure compliance.

Assemblywoman Benitez-Thompson:
I am surprised that does not exist already. Has there been a problem you have run into? It sounds like you have greater ability to come in and do quality control in the ones that are part of a hospital, but the ones that are free-standing you cannot. Is there no nexus through NRS to go in to those?

Leticia Metherell:
For the administrative sanction piece, that is correct. We have, through statutes, the ability to add facility types through regulation. Unfortunately, when we do that, they are not added to the medical facility statutes.

Assemblywoman Benitez-Thompson:
It does look like there are regulations for sections 1 through 5. Is the intent that the regulations that are in place would follow this statute or would you need to develop them? We talked about the licensing standards; would those reference existing regulations or will there be new standards that will be put in place?

Leticia Metherell:
We have everything in place. I do not foresee doing anything new for the hospice programs in regard to licensing, just the regulations we come up with for the administrative sanction piece that applied to the other ones would apply here.

Assemblyman Edwards:
Could you talk about the licensing process and what is involved? What do we get at the end of it?

Leticia Metherell:
As part of the licensing process, we have to submit an initial application that requires programs of hospice to have background checks and other articles. There are different criteria that we collect for that. Then we do an onsite inspection to ensure they are in compliance with all of the statutes and regulations. Once we are assured they are in compliance with the statutes and regulations, we issue a license. If they are not, we have them submit a plan of correction until we feel comfortable that they are in compliance.

Paul Shubert:
The only thing I would add is that, as part of the application process, we collect several documents and information from the applicant regarding the business entity, ownership, and anyone with 10 percent or more ownership in the entity. There are articles of incorporation and governing body bylaws. When we do our inspection, the facility has to be in full compliance with statutory requirements and substantial compliance with regulatory requirements. Once we have determined that is the case, we can issue that license.

Chairman Sprinkle:
Are there any other questions? [There were none.] We will open testimony in support of S.B.71. [There was none.] Is there anyone in opposition? [There was no one.] Is there anyone neutral? [There was no one.] Are there any closing comments? [There were none.] Thank you for bringing this bill to us. We will close the hearing on S.B.71. Is there any public comment? [There was none.] This meeting is adjourned [at 1:22 p.m.].

RESPECTFULLY SUBMITTED:

____
Kailey Taylor
Committee Secretary

APPROVED BY:

____
Assemblyman Michael C. Sprinkle, Chairman

DATE: ________________________________

EXHIBITS

Exhibit A is the Agenda.

Exhibit B is the Attendance Roster.

Exhibit C is the Work Session Document for Assembly Bill 65, dated March 17, 2017, presented by Megan Comlossy, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

Exhibit D is the Work Session Document for Assembly Bill 205, dated March 17, 2017, presented by Megan Comlossy, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

Exhibit E is the Work Session Document for Senate Bill 92, dated March 17, 2017, presented by Megan Comlossy, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

Exhibit F is a document titled "Scope and Severity of Administrative Sanctions," submitted by Kirsten Coulombe, Deputy Administrator of Administrative Services, Division of Public and Behavioral Health, Department of Health and Human Services, presented by Joseph L. Pollock, Deputy Administrator for Regulatory and Planning Services, Division of Public and Behavioral Health, Department of Health and Human Services.

EXHIBIT F

An exciting announcement from MDedge. Click here for more information. Close

CONFERENCE COVERAGE

For women with alcohol SUD, try gender-specific treatment

Publish date: February 23, 2018

By Ted Bosworth

Clinical Psychiatry News

REPORTING FROM THE COLLEGE 2018

TAMPA – The distinct features of substance use disorders (SUDs) in women argue for gender-specific treatment, according to a comprehensive update presented at the annual meeting of the American College of Psychiatrists.

"There is a shorter time between landmarks of SUD progression, and these landmarks are reached at lower doses of alcohol consumed less frequently," reported Shelly F. Greenfield, MD, chief academic officer at McLean Hospital in Boston.

Tadas_Zvinklys/Thinkstock

The rapid progression of alcohol SUD in women is not just related to a greater impact of the same amount of alcohol in a smaller body size, said Dr. Greenfield <http://www.mcleanhospital.org/biography/shelly-greenfield> , also professor of psychiatry at Harvard Medical School in Boston. Rather, women have less alcohol dehydrogenase in the gastric mucosa than men, resulting in decreased first-pass metabolism and greater absorption of pure ethanol. In addition, women have more adipose tissue and less total body water content, which also results in greater alcohol concentrations.

"For each ounce of alcohol consumed, the blood alcohol concentration is higher with a greater potential for adverse physical consequences," Dr. Greenfield said. These physiologic differences may account for the more rapid progression of SUD severity in women, a phenomenon that Dr. Greenfield referred to as "telescoping." She said the same type of telescoping, defined as "an

An exciting announcement from MDedge. Click here for more information. Close

admission to treatment" (Psychiatr Clin North Am. 2011 Jun 28;33[2]:339-55 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3124962/>), also has been seen among women for opioids and stimulants (Drug Alcohol Depend. 2004 Jun 11;74[3]:265-72 <https://www.ncbi.nlm.nih.gov/pubmed/15194204>). These greater risks are reflected in a higher SUD-associated mortality in females, compared with SUD-associated mortality in males.

Relative rates of alcohol SUD among women have been climbing steadily for more than 30 years. In the 1980s, for example, a population survey estimated the male-to-female prevalence ratio of alcohol SUD as 5:1. Citing subsequent surveys, Dr. Greenfield traced a rapid narrowing of the gender gap. In one of the most recent surveys, the rate had fallen below 2:1. Rates of heaving drinking and binge drinking are now about 1.4:1 in individuals aged 18-25 years.

"Each time we look at this gap, it has narrowed further," Dr. Greenfield said. In another survey she cited, illicit drug use among adolescents between ages 12 and 17 years was higher in boys, but alcohol use in males and females was essentially the same.

Dr. Shelly F. Greenfield

In addition, research suggests that women are more likely to consume alcohol for reasons tied to stress; men are more likely to consume it in celebratory settings or to fit in with a group (Psychol Addict Behav. 1995;9:176-82 <http://psycnet.apa.org/buy/1996-02987-004>).

Several facts suggest that treatment specific to women will improve outcomes. For one, SUDs are far more closely associated with past violence or sexual abuse in women than in men, and this may influence treatment strategies. For another, women are more likely to have co-occurring psychiatric disorders. In one study, anxiety (60.7% vs. 35.8%) and mood disorders (53.5% vs. 28.1%) were nearly twice as common in women with SUDs than in their male counterparts. This is relevant to interventions tailored for females because of evidence showing that treatment for SUDs

An exciting announcement from MDedge. Click here for more information. Close

according to Dr. Greenfield.

Importantly, "there is evidence of improved treatment outcome in women-focused programs," Dr. Greenfield said. She suggested that successful programs for alcohol SUD in women not only address gender-specific features but that success can be enhanced further with adjunctive services that address the barriers to treatment, such as child care challenges and stigma – which Dr. Greenfield said is greater in women than in men.

A study called the Women's Recovery Group (WRG), funded by the National Institute on Drug Abuse and led by Dr. Greenfield, is among those that have reinforced the value of female-specific therapy for SUD (Drug Alcohol Depend. 2014 Sep 1;142:245-53 <https://www.ncbi.nlm.nih.gov/pubmed/25042759>). A manual developed from the study and published in a book she wrote called "Treating Women With Substance Use Disorders: The Women's Recovery Group Manual <https://www.guilford.com/books/Treating-Women-with-Substance-Use-Disorders/Shelly-Greenfield/9781462525768> " (New York: The Guilford Press, 2016), outlines the principles. Dr. Greenfield said the structured 12-session group therapy for relapse prevention has been effective and well received by women. Some of those women have commented on the reinforcing value of shared experiences.

Up until now, women with alcohol SUD have been commonly treated alongside men, but Dr. Greenfield contended that treatment outcomes with alcohol SUD or other forms of SUDs "can be enhanced by programs that provide services specific to women's needs." She believes strategies aimed at addressing the more common histories of sexual or physical trauma and psychiatric comorbidities along with gender-related barriers to treatment have the potential to increase treatment success.

In addition to writing "Treating Women With Substance Use Disorders," Dr. Greenfield is a coeditor of "Women and Addiction: A Comprehensive Handbook <https://www.guilford.com/books/Women-and-Addiction/Brady-Back-Greenfield/9781606231074> " (New York: Guilford, 2009). She reported no conflicts of interest.

Copyright © 2020 Frontline Medical Communications Inc., Parsippany, NJ, USA. All rights reserved. Unauthorized use prohibited. The information provided is for educational purposes only. Use of this Web site is subject to the medical disclaimer.

An exciting announcement from MDedge. Click here for more information. Close

As to differences in gender and pharmacology, studies have focused almost exclusively on dosage and on issues involving pregnancy. The new research presented at the APA meeting offers ample evidence to support a search for new medications that are specifically designed for women with addiction problems.

Addiction is widely viewed as a disorder of memory processes. Over the past several years, studies led by Cahill have shown strong hemispheric gender differences in how the brain responds in memory processing after seeing emotionally arousing material. For example, men's responses are stronger from the right amygdala, and women show stronger signals from the left amygdala. More recent work has shown noticeable differences of this kind even in the resting condition.[2] Cahill said this research may help to explain previous evidence for effects of the menstrual cycle on craving and also gender differences in the effectiveness of treatments such as the nicotine patch.

There's also direct evidence for effects of the menstrual cycle on phenomena relevant to substance abuse.[3] Using positron emission tomography and functional MRI (fMRI) studies, Karen Faith Berman, MD, and colleagues at the NIMH in Bethesda, Md, have found that fluctuations in steroid hormone levels during the menstrual cycle affect neural responses to rewards. They noted striking anatomical differences between the genders in their fMRI studies—when anticipating an uncertain reward, men showed more activity in the ventral putamen than women. When receiving a reward, women showed more activity than men in the anterior medial prefrontal cortex.

On a molecular level, Becker's team has found noteworthy gender differences in the concentration and location of receptors for the neurotransmitter dopamine, which is crucial to modulating phenomena of anticipation and reward.[4] For instance, the female hormone estradiol enhances dopamine release among women. "Since the effect of estradiol is seen only in females," she said, "this mechanism may offer unique pharmacological opportunities for the treatment of drug abuse in women."

The presence of cocaine tends to dampen normal gender differences in response to stress, craving, and relaxation, reported Marc N. Potenza MD, PhD, associate professor, and colleagues in the department of psychiatry at Yale University, New Haven, Conn.[5] This was largely due to an increase among cocaine-dependent women in activation of the corticolimbic circuitry involved in stress and craving. Potenza's research team did not notice this increase among men or among women who were not cocaine-dependent.

Grella, who was not present at the APA's annual meeting, said she is not aware of any direct applications of this kind of research to the pharmacology of addiction. But she added that it has "tremendous potential" to inform relapse-prevention strategies that would be more specific to women.

References:

References

1. Grella CE. From generic to gender-responsive treatment: changes in social policies, treatment services, and outcomes of women in substance abuse treatment. *J Psychoactive Drugs.* 2008;(suppl 5):327-343.
2. Cahill LF. Sex differences in amygdale-based emotional memory processes: relevance for addiction. Abstract presented at the American Psychiatric Association Annual Meeting; May 19, 2009; San Francisco.

3. Berman KF. Gonadal steroid hormones and neural mechanisms of cognition and emotion in women. Abstract presented at the American Psychiatric Association Annual Meeting; May 19, 2009; San Francisco.
4. Becker JB. The role of dopamine in sex differences in drug abuse. Abstract presented at the American Psychiatric Association Annual Meeting; May 19, 2009; San Francisco.
5. Potenza MN. Sex differences in fMRI correlates of stress and drug cues in cocaine dependence. Abstract presented at the American Psychiatric Association Annual Meeting; May 19, 2009; San Francisco.

RELATED ARTICLES

The Opioid Epidemic Settlements: Who Will Benefit?

Top Studies in Addiction: Research Recap

More Reasons for Concern About Adolescent Cannabis Use

Gaming Addiction in ICD-11: Issues and Implications

CBD and Pain: Issues Psychiatrists Should Consider

NIH-PA Author Manuscript

NIH Public Access
Author Manuscript
Psychiatr Serv. Author manuscript; available in PMC 2009 September 28.

Published in final edited form as:
Psychiatr Serv. 2009 July ; 60(7): 880–882. doi:10.1176/appi.ps.60.7.880.

What Is "Women-Focused" Treatment for Substance Use Disorders?

Shelly F. Greenfield, M.D., M.P.H. and
Division of Alcohol and Drug Abuse, McLean Hospital, Belmont, Massachusetts, and the Department of Psychiatry, Harvard Medical School, 115 Mill St., Belmont, MA 02478

Christine E. Grella, Ph.D.
UCLA Integrated Substance Abuse Programs, Semel Institute for Neuroscience and Human Behavior, University of California, Los Angeles.

Abstract

Over the past three decades research has highlighted gender differences in substance use disorders and substance abuse treatment participation. Programs devoted to addressing women's treatment needs, broadly encompassed in the term "women-focused treatment," have multiplied. This column examines the rationale for women-focused treatment and describes some of its components. The authors cite the need to evaluate women-focused treatment by developing validated measures of the processes embodied in such treatment and by conducting empirically sound research on clinical outcomes, treatment effectiveness, cost-effectiveness, and the optimal means of providing services to women with substance use disor.

Substance abuse treatment before the 1970s followed a generic approach in which there was little recognition of the specific treatment needs of women and men. Spurred by the women's movement in the 1970s, which illuminated pervasive gender inequalities in social life, significant differences between men and women with regard to substance use and addiction were increasingly recognized. They include gender differences in the initiation of substance use, progression to dependence, and social influences that facilitate or impede treatment participation. In response, separate women-only programs were developed as well as dedicated treatment "tracks" or services for women within mixed-gender programs.

By the 1980s public attention on the cocaine epidemic often fixated on pregnant or parenting women, with lurid media depictions of crack use among mothers. At the same time, several national demonstration projects were implemented in which treatment programs and services were developed specifically for pregnant and parenting women, leading to an increase in the number of women in treatment, particularly in women-only treatment facilities (1).

Subsequently, a body of research documenting the effectiveness of these emergent approaches for treating women with substance use problems and their families was developed. The 1994 National Institutes of Health Guidelines on the Inclusion of Women and Minorities as Subjects in Clinical Research (2) further emphasized the need to examine gender differences and treatment outcomes for women with substance use disorders (3). Since the 1990s there has been an increase nationwide in programs for women that are focused on comprehensively addressing their treatment needs. These programs and treatment approaches have been variously referred to as "single-gender," "women-focused," "women-sensitive," "women-

(sgreenfield@mclean.harvard.edu)..

The authors report no competing interests.

NIH-PA Author Manuscript

NIH-PA Author Manuscript

NIH-PA Author Manuscript NIH-PA Author Manuscript NIH-PA Author Manuscript

specific," "gender-sensitive," or "gender-responsive." In this column we use "women-focused" or "single-gender" treatment to encompass all of these terms.

The evolution of these various constructs stems from conceptual and empirical evidence demonstrating the importance of addressing gender differences and needs in the treatment process (4). In particular, these treatment approaches have been informed by research demonstrating the high prevalence and significant impact on treatment of other psychiatric disorders, such as mood, anxiety, and eating disorders, among women who have substance use disorders; the high prevalence of trauma exposure among women with substance use disorders and their associated physical and mental health needs; and the central role that relationships with children, intimate partners, and others play in women's addiction and recovery.

Rationale for women-focused treatment

Several rationales for women-focused treatments have been presented. They include individual patient preferences for treatment programs or services for women that are provided by women; greater ability to focus on gender-specific content; an environment and treatment process that allow enhanced comfort and support, which may be especially important for women who have a history of trauma; and an opportunity to provide adjunctive services that are key to successful treatment outcomes among women (4,5).

It is not clear from research what proportion of women with substance use disorders would prefer single-gender over mixed-gender programs or whether treatment in gender-specific programs should always be recommended for women. However, women are less likely than men to obtain any treatment for substance use disorders over the lifespan (4). The stigma attached to substance use among women, which melds negative images of women's sexuality and their fitness as mothers, accompanied by social and familial ostracism, is often cited as a reason that women do not seek treatment. Moreover, when substance use is embedded in intimate-partner relationships, women may jeopardize their relationships if they seek treatment. It is possible that increased access to women-focused substance abuse treatment might enhance treatment-seeking among some women. Preferences may also be strongly influenced by other characteristics, such as age, race-ethnicity, culture or religion, sexual orientation, a history of trauma, and psychiatric sequelae. In addition, women's preferences for treatment are likely to be influenced by their access to social support and resources, especially from their families and communities.

Single-gender treatment also provides an opportunity to focus on gender-specific content within the treatment process, including caretaking roles, intimate-partner relationships, exposure to trauma, reasons for relapse, and co-occurring psychiatric disorders (4). Some studies have reported that single-gender treatment provides a safer and more comfortable treatment environment, which may enhance treatment outcomes, and that women experience greater satisfaction with such treatment than with a mixed-gender alternative (5).

Ample empirical support has been found for the importance of providing "matched" or "tailored" services that address the specific needs of women in treatment, including parenting and family-related services, mental health and general medical services, comprehensive case management, and employment and economic supports (6). Moreover, strong evidence has been found that programs that are either dedicated to women's treatment or in which a majority of the clients in treatment are women are more likely to provide these services (7).

Components of care that can be women focused

The proliferation of single-gender programs in the 1990s and 2000s has enabled the development of a rich body of research on the characteristics of these treatment programs. This

NIH-PA Author Manuscript NIH-PA Author Manuscript NIH-PA Author Manuscript

research has typically examined a range of organizational characteristics, including the types of services provided and the frequency of their delivery; the composition, ownership, revenue sources, and client referral sources of the treatment facility; and the characteristics and training of the program director and staff. Yet there are many dimensions of the organization and delivery of treatment that can be informed by a women-focused approach. They include the treatment intervention (for example, individual or group treatment that is manual based and replicable), level of care or treatment modality (inpatient, partial hospital, residential, intensive outpatient, and outpatient), and treatment system (treatment program plus adjunctive services, such as child welfare, housing, education, and job training) (8).

Evaluation of women-focused treatment services

Research is needed to assess the degree to which treatment programs are women focused by evaluating these services in several domains, including gender composition, the focus of treatment content, and the availability of comprehensive and adjunctive services with a demonstrated relationship to women's treatment outcomes. Gender composition of treatment services can be assessed in terms of whether programs provide services only to women or embed women's services within mixed-gender settings, as well as in terms of the gender distribution of program staff and clinicians. Women-focused content of treatment programs can be evaluated with respect to whether it focuses on antecedents and consequences, as well as risks for relapse and specific relapse prevention strategies that may have greater relevance or effectiveness for women than for men. Finally, programs can assess the degree to which they provide access to comprehensive and adjunctive treatment services that bolster positive treatment outcomes for women, including child care and parenting, general medical care, housing, job training and employment, and mental health care for co-occurring disorders.

Implications for development, implementation, and evaluation

Research on the effectiveness of women-focused treatment paradigms requires the development of appropriate methodologies and instrumentation. The field currently lacks adequate measurements of the therapeutic and programmatic components of women-focused treatment, which are essential to empirical validation of its effectiveness and dissemination of effective treatment approaches. The development of instruments to measure women-focused treatment services and interventions that encompass the three domains described above would be a valuable contribution to the field.

In addition, women with substance use disorders are a heterogeneous population with respect to socioeconomic circumstances, cultural background, substances of abuse, family and parenting status, and co-occurring disorders. It is therefore critical to evaluate the effectiveness of women-focused treatments in various service settings with subgroups of women who reflect the diversity of this population. As women-focused treatments are delivered to diverse populations, the need to evaluate the moderators and mediators of treatment outcome, including such characteristics as severity of substance use, co-occurring psychiatric disorders, social networks and relationships, and employment and educational attainment, becomes even more critical.

Finally, within our rapidly changing health and social services system, delivery of substance abuse treatment is increasingly embedded within other systems rather than in stand-alone specialty programs. Women are often screened for substance use disorders and referred to substance abuse treatment by other service providers, including those in primary care, urgent care (such as for victims of violence), welfare agencies, the criminal justice system, child welfare and protective services, and mental health programs. The organization of service delivery and the implications of providing women-focused treatment in different service

NIH-PA Author Manuscript NIH-PA Author Manuscript NIH-PA Author Manuscript

settings are not well understood, and further research is critical for successful cross-system delivery of treatment to women.

Conclusions

The current diversity in the nomenclature that refers to substance abuse treatment dedicated to meeting women's needs reflects the richness in treatment approaches that are being developed and applied in practice. The diversity in approaches is exciting and also reflects a maturation of the field, which has progressed from an initial focus on gender differences in addiction to a deeper understanding of how gender informs the progression of substance use and addiction, treatment utilization, and recovery. However, for fuller maturation, in which research can advance practice as well as policy initiatives dedicated to improving the provision of substance abuse treatment to women, it will be critical to develop validated measures of constructs and to conduct empirically sound research on clinical outcomes and treatment effectiveness, as well as on cost-effectiveness and optimal organization of service delivery.

Acknowledgments and disclosures

This work was supported in part by grants K24-DA019855 and R01-DA015434 to Dr. Greenfield and R01-DA015390 to Dr. Grella from the National Institute on Drug Abuse.

References

1. Grella CE. From generic to gender-responsive treatment: changes in social policies, treatment services, and outcomes of women in substance abuse treatment. Journal of Psychoactive Drugs 2008;5(suppl): 327–343. [PubMed: 19256044]
2. NIH Guidelines on the Inclusion of Women and Minorities as Subjects in Clinical Research. National Institutes of Health; Bethesda, Md: 1994. NIH guide 23
3. Treatment Methods for Women. National Institute on Drug Abuse; Bethesda, Md: 1999. Available at www.nida.nih.gov/info facts/treatwomen.html
4. Greenfield SF, Brooks AJ, Gordon SM, et al. Substance abuse treatment entry, retention, and outcome in women: a review of the literature. Drug and Alcohol Dependence 2007;86(1):1–21. [PubMed: 16759822]
5. Greenfield SF, Trucco EM, McHugh RK, et al. The Women's Recovery Group Study: a stage I trial of women-focused group therapy for substance use disorders versus mixed-gender group drug counseling. Drug and Alcohol Dependence 2007;90(1):39–47. [PubMed: 17446014]
6. Ashley OS, Marsden ME, Brady TM. Effectiveness of substance abuse treatment programming for women: a review. American Journal of Drug and Alcohol Abuse 2003;29:19–53. [PubMed: 12731680]
7. Grella CE, Greenwell L. Substance abuse treatment for women: changes in settings where women received treatment and types of services provided, 1987–1998. Journal of Behavioral Health Services and Research 2004;31:367–383. [PubMed: 15602139]
8. Hodgins DC, el-Guebaly N, Addington J. Treatment of substance abusers: single or mixed gender programs? Addiction 1997;92:805–812. [PubMed: 9293039]

HEALTH

Women's Response to Alcohol Suggests Need for Gender-Specific Treatment Programs

A new study underscores that the physical consequences of alcoholism appear faster and are more severe for women than for men

By Dirk Hanson on December 16, 2011

Alcohol abuse does its neurological damage more quickly in women than in men, new research suggests. The finding adds to a growing body of evidence that is prompting researchers to consider whether the time is ripe for single-gender treatment programs for alcohol-dependent women and men.

Over the past few decades scientists have observed a narrowing of the gender gap in alcohol dependence. In the 1980s the ratio of male to female alcohol dependence stood at roughly five males for every female, according to figures compiled by Shelly Greenfield, a professor of psychiatry at Harvard Medical School. By 2002 the "dependence difference" had dropped to about 2.5 men for every woman. But although the gender gap in dependence may be closing, differences in the ways men and women respond to alcohol are emerging. Writing in the January 2012 issue of *Alcoholism: Clinical and Experimental Research,* principal investigator Claudia Fahlke from the Department of Psychology at the University of Gothenburg in Sweden and her colleagues found that alcohol's ability to reduce serotonin neurotransmission, was "telescoped" in alcoholic women compared with their male counterparts. In other words, although the alcohol-dependent men and women in the study differed substantially in their mean duration of excessive drinking—four years for the women and 14 years for the men—both sexes showed similar patterns of reduced serotonin activity compared with controls. The researchers gauged serotonergic neurotransmission by measuring its response to citalopram, a drug that stalls serotonin molecules in the synaptic gap (as measured by the hormone prolactin's response to citalopram. This pattern of reduced serotonergic neurotransmission matters, because some of the alcohol-induced abnormalities were found in brain regions involved in judgment, self-control and emotional regulation.

Carla A. Green of the Kaiser Permanente Northwest Center for Health Research says the serotonin results were "consistent with findings of more severe physical consequences of

alcohol consumption among women compared to men." Green, who is also associate professor of public health and prevention medicine and of psychiatry at Oregon Health & Science University, points out that women with addictions are more likely to suffer from associated mental health conditions. "Given the link between serotonin and depression, and the links between alcohol dependence and depression, this finding suggests one pathway in which alcohol dependence may lead to depression, and do so more quickly among women," she says.

ADVERTISEMENT

Previous work on gender differences in alcohol dependence has shown that women get drunk on fewer drinks than men owing to a deficit of alcohol dehydrogenase, the enzyme in the stomach lining that breaks down booze. After two beers, women are more likely than men to exceed legal levels of alcohol in the bloodstream. (Women also develop cirrhosis of the liver more rapidly.) Research aimed specifically at the treatment needs of alcoholic women has long been spotty, however. To that end, a recent pilot study conducted by Greenfield demonstrated that a woman-centered approach could be as effective as a mixed-gender control group over the course of a 12-week study. More importantly, follow-ups at six months showed that women from the all-female recovery groups relapsed less often than women in the mixed group. In her all-female treatment groups, Greenfield discovered that women shared personal information more readily, and bonding behavior was more noticeable, particularly for less assertive women. Greenfield now has a larger group study in progress—all part of a recent explosion of research on women and alcohol.

Green, who collaborated with Greenfield on an earlier review of gender research at the National Institute on Drug Abuse, says that "the most consistent, and, I'd argue, the most important finding in the literature is that it takes longer for women to enter treatment for similar severity of alcohol problems than it does for men." In general, women require medical treatment four years earlier than male problem drinkers, Greenfield suggests. In another study, Greenfield found that women tend to go to primary health care physicians rather than to specialty substance abuse programs for treatment, putting additional pressure on family doctors to diagnose and treat alcohol dependence in women as early as possible.

So, should it be all-female treatment, all of the time? No, Green says. Men and women respond similarly to many forms of treatment, including the use of naltrexone and other medications for alcoholism. But even at this stage in the work, Green says she thinks it is possible to pinpoint "particular groups of women for whom gender-specific treatment is more appropriate and needed." These groups include pregnant women, women who have been abused by men, and women with eating disorders. In such cases, "women-only programs are more likely to provide a greater range of services than mixed-gender programs," she says.

Sociocultural factors, as well as innate biochemistry, account for many of the problems women face in treatment. Deni Carise, chief clinical officer for the nonprofit treatment center Phoenix House in New York City and an adjunct professor of psychiatry at the University of Pennsylvania in Philadelphia, notes that women are also far more likely to have suffered emotional, physical or sexual trauma, and to have additional parenting and child-care responsibilities. For these women, Carise says, "it's not about substance abuse differences." Suicide, depression and anxiety are all more common in women, Carise points out, and in many cases, those are the gender differences that matter.

ADVERTISEMENT

ABOUT THE AUTHOR(S)

Dirk Hanson

Scientific American is part of Springer Nature, which owns or has commercial relations with thousands of scientific publications (many of them can be found at www.springernature.com/us). Scientific American maintains a strict policy of editorial independence in reporting developments in science to our readers.

© 2020 SCIENTIFIC AMERICAN, A DIVISION OF SPRINGER NATURE AMERICA, INC.

ALL RIGHTS RESERVED.