

MATERNAL AND CHILD HEALTH ADVISORY BOARD
MINUTES
MAY 30, 2014
9:00 a.m.

The Maternal and Child Health Advisory Board held a public meeting on 5/30/2014, beginning at 9:00 a.m. at the following locations:

Division of Public and Behavior Health
4150 Technology Way, Room 303 Carson
City, Nevada 89706

Health Care Quality and Compliance
4220 S. Maryland Parkway, Suite 810
Las Vegas, Nevada 89119

BOARD MEMBERS PRESENT

Candy Hunter, Chair, RN, M.Ed.
Bonnie Sorenson, Vice-Chair, RN, BSN
Assemblywoman Ellen Spiegel
Veronica (Roni) Galas, Carson City Health and
Human Services (CCHHS)
Joy DeGuzman, MD, Nevada Health Centers
Marsha Matsunaga-Kirgan, MD, UNSOM
Fred Schultz, Founder and CEO of Foundation
of Positively Kids

BOARD MEMBERS NOT PRESENT

Senator Joseph (Joe) P. Hardy, MD
Tyree Davis, DDS, Nevada Health Centers
Kami Larsen, MD, University of Nevada
School of Medicine (UNSOM)
Amanda Spletter, Medical Case Manager,
Clark County Department of Family Services
(CCDFS)

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH STAFF PRESENT

Christine Mackie, Bureau Chief, Bureau of Child, Family & Community Wellness (BCFCW)
Beth Handler, Deputy Bureau Chief, BCFCW
Deborah Aquino, Maternal and Child Health (MCH) Program Manager, BCFCW
Mary Pennington, Newborn Screening (NBS) Program Manager, Congenital and Inherited
Disorders/Early Hearing Detection & Intervention (EHDI), BCFCW
Melanie Flores, Health Program Specialist, Community Health Worker Program, BCFCW
Evelyn Dryer, Grants Manager, Home Visiting, BCFCW
Sarah Demuth, Health Program Officer, Adolescent Health, BCFCW
Lindsey Dermid-Gray, Program Specialist, Women, Infant and Children (WIC)
Deborah Duchesne, Program Specialist, Rape Prevention Education, BCFCW
Laura Hale, Health Resource Analyst, Public Health Preparedness Program
Lily Helzer, Home Visiting Program Coordinator, BCFCW
Charlene Howard, Health Program Specialist, Substance Abuse Prevention And Treatment
Agency (SAPTA)
Vickie Ives, Health Program Specialist, Maternal and Infant Health, BCFCW
Jessica Lamb, Health Program Specialist, Chronic Disease Prevention & Health Promotion,
BCFCW
Ingrid Mburia, Health Program Specialist, MCH Epidemiology, BCFCW
Cathy Robinson, Health Program Specialist, NBS, BCFCW
Chris Bashaw-Pearson, Administrative Assistant, MCAH, BCFCW

OTHERS PRESENT

Elizabeth Arbogast, Maternal Child Health Coalition

Jennifer Bonk, Social Services Program Specialist, Division of Health Care Financing and Policy (DHCFP)

Marti Cote, Social Services Chief, DHCFP

Melissa Faul, Child Death Review Specialist, Division of Child and Family Services

Michelle Gorelow, Director of Program Services, March of Dimes

Judy Henderson, Education and Outreach Coordinator, Nevada Network against Domestic Violence

Barry Lovgren, Public

Lisa Lottritz, Public Health Nursing Supervisor, Washoe County Health Division

Laura Valentine, Chief, Aging and Disability Service Division

Regina Washington, Co-Chair, Northern Nevada MCH Coalition

Chair Candy Hunter called the Maternal and Child Health Advisory Board meeting to order at 9:03 a.m. Ms. Hunter indicated the meeting was properly posted at the locations listed on the agenda in accordance with the Nevada Open Meeting Law.

1. Roll Call

Roll call was taken and it was determined that a quorum of the Maternal and Child Health Advisory Board was present.

2. Vote on minutes from the March 7, 2014 meeting

Chair Hunter asked whether there were any corrections to the draft minutes from the March 7, 2014 meeting.

CHAIR HUNTER ENTERTAINED A MOTION TO APPROVE THE MINUTES. A MOTION TO APPROVE WAS MADE BY BONNIE SORENSON. RONI GALAS SECONDED THE MOTION WHICH PASSED UNANIMOUSLY WITHOUT PUBLIC COMMENT.

3. Report from Subcommittee on Campaign to reduce substance use during pregnancy

Bonnie Sorenson, Chair of the Subcommittee said the Subcommittee met this morning and recommended moving forward with the campaign as proposed to the Maternal and Child Health Advisory Board.

4. Advise the Division on moving forward with campaign to reduce substance use during pregnancy

CHAIR HUNTER ENTERTAINED A MOTION FOR THE MATERNAL AND CHILD HEALTH ADVISORY BOARD TO CONTINUE MOVING FORWARD WITH THE CAMPAIGN TO REDUCE SUBSTANCE USE DURING PREGNANCY. A MOTION TO APPROVE WAS MADE BY RONI GALAS. BONNIE SORENSON SECONDED THE MOTION WHICH PASSED UNANIMOUSLY WITHOUT FURTHER PUBLIC COMMENT.

5. Updates on Lead Screening and Early, Periodic Screening, Diagnosis and Treatment (EPSDT)

Chair Candy Hunter said Marti Cote from Medicaid was present. Ms. Cote said in Chapter 1500 of the Medicaid Services Manual, EPSDT, there was policy regarding lead screening for providers to follow. Lead screening was tracked through claims data and Ms. Cote did not believe a lot of the providers had lead screening equipment in their offices. Ms. Hunter explained Doreen Begley, Early Head Start Coordinator worked with Ms. Cote to develop a questionnaire. Ms. Begley needed written support to assure she was in compliance with regulations. Bonnie Sorenson said the risk assessment was well written and covered key points. Christine Mackie said Dr. Tracey Green approved the risk assessment form and would provide a formal letter. Ms. Hunter thanked Ms. Begley for her work on the screening questionnaire.

6. Status of midwives in Nevada

Mary Pennington provided an overview of the Newborn Screening (NBS) program and a PowerPoint presentation (Exhibit A) on the practice of midwifery in Nevada. Ms. Pennington said midwives were required by regulation to provide NBS screening information to the parents but it was the parents' responsibility to ensure the screening occurred. Twenty-five percent of the births in Nevada attended by midwives did not have screenings. Ms. Pennington said this presentation was to inform the Board of the status of the midwifery in Nevada. Christine Mackie said the NBS program had ties with midwives and began noticing the potential of negative outcomes because of the failure to screen or unsatisfactory screens. Ms. Mackie said she wanted to provide information to the Board and ask for guidance. She said midwifery was a sensitive issue and hard-hitting regulations or statutes could drive this profession underground, causing more harm than good. Ms. Mackie said there were a number of states which had midwife programs that could serve as a model for Nevada. Ms. Mackie said this was not just an NBS problem but safety issue for moms and babies. Ms. Pennington said in 2012 there were approximately 34,500 babies born in Nevada; 391 had a midwife as an assistant; of the 391 births, 294 had NBS screens but 97 did not have either screens or signed "Informed Dissent" forms submitted to the NBS Program. Mothers may choose to use the services of midwives for a variety of reasons, including cost of delivery in hospital settings, lack of or insufficient insurance coverage, and/or a desire to have a more holistic and intimate birth experience in a home environment.

Martha Matsunaga-Kirgan, MD said she was an Obstetrician and Gynecologist (OB/GYN) practicing in Las Vegas at a county hospital and believed the lay midwives presented a danger to the population. Dr. Matsunaga-Kirgan shared her concerns about patients transferred to her care from home birth situations; the American Medical Association (AMA) and American Congress of Obstetricians and Gynecologists (ACOG) did not support lay practitioners but Nevada allowed it because of a lack of licensed providers. Bonnie Sorenson said she had been an OB nurse and knew how quickly things could change in a controlled environment. Ms. Sorenson said babies who were compromised cost society and

the community when regulation did not exist. Roni Galas said there needed to be a balance of skill, training and regulations. Joy DeGuzman, MD said Elko did not have a lot of home births, and agreed with the concerns and regulations. Upon inquiry, Michelle Gorelow agreed there should be regulation and said it was a mother's choice but mothers need to be able to make educated decision. Assemblywoman Ellen Spiegel asked whether any of Nevada's institutions of higher education had programs in midwifery. Dr. Matsunaga-Kirgan said there were numerous certified midwife training programs, but the lay-midwife was not regulated. Ms. Pennington said Nevada did not have certification or licensing programs. Some lay-midwives had received certification through the North American Registry of Midwives (NARM) and the licensed midwives received their licensing requirements typically in California, Oregon or Utah. Dr. Matsunaga-Kirgan asked whether the Board could help with educating the public. Ms. Mackie said educating was not the role of the Board but could guide the public in the direction of an education campaign.

Chair Candy Hunter suggested the Board recommended the Division explore educational opportunities for the public regarding midwifery and the birth options available. Ms. Hunter asked information be brought back to the Board from other states. Assemblywoman Spiegel asked whether morbidity and mortality reports tracked where births occurred and whether there were higher morbidity and mortality rates with lay-midwives versus certified midwives. Dr. Matsunaga-Kirgan said if there were problems with a home birth and the newborn was taken to a hospital, the data would be reported in the hospital's statistics. Ms. Hunter asked for this topic to be put on the next meeting's agenda and for the Division to provide a report including recommendations and examples from other states for comparison. MCHAB could use state and local coalitions to educate the public. Ms. Galas said MCHAB bylaws said one of the responsibilities was to promote the health of infants and mothers by ensuring the availability and accessibility of affordable perinatal services. Ms. Galas said she was not sure if accessibility meant being uninsured. With the implementation of the Affordable Care Act (ACA), there could be a broader Board responsibility related to guiding women toward acceptable and affordable care and guiding education in that direction. The Board might not want to support regulations that would remove a mother's delivery options but the Board might advocate a range of accessibility options. Ms. Hunter thanked Ms. Pennington and Ms. Mackie for this information.

7. Morbidity and Mortality Reports

Lisa Lottritz provided a report on the progress of the Washoe County Fetal Infant Mortality Program (FIMR) (Exhibit B). Ms. Lottritz said Washoe County FIMR was part of the national database. Marsha Matsunaga-Kirgan, MD asked how the health information kept confidential. Ms. Lottritz explained all information reviewed would be de-identified. Chair Candy Hunter said she had worked on this project for several years and had an Attorney General opinion; it was similar to the Child Death Review (CDR). Ms. Lottritz said the first year's information would be for Washoe County as a pilot project.

Dr. Matsunaga-Kirgan presented the report by Sandra Koch, MD on Maternal Morbidity and Mortality (Exhibit C) and said nationwide the maternal mortality rate was rising. The

increase was addressed at a national level and encouraged states to analyze their own data; developing Morality Review Boards in each state. Dr. Matsunaga-Kirgan said there were concerns regarding better data collection and believed Nevada was under reporting. California Vital Statistics matched birth and death certificates. Dr. Matsunaga-Kirgan read from the report the steps Dr. Koch wanted taken by the Committee. Ms. Hunter said she had conversations with Dr. Koch and was questioning whether there should be a legislative statute to move forward with reviews or incorporate the process into advisory board meetings. Ms. Hunter said she would like further discussions and ask staff to bring more data. Roni Galas asked who provided the national data. Deborah Aquino said National Center for Health Statistics (NCHS) and Nevada reported to them. Ms. Hunter asked for a report at the next meeting regarding moving forward. Ms. Aquino she would put the following three items on next agenda:

- Annually reporting available data
- Staff report on how to create a Maternal Mortality Review Board
- Strategies to improve data collection

Melissa Faul presented her report on CDR (Exhibit D). The purpose and function of the regional CDR teams were mandated by Nevada Revised Statutes (NRS), Chapter 432B. Ms. Faul said the regional teams made recommended to the executive team, who work with different agencies to provide preventive efforts.

8. Reports

Chair Candy Hunter said the reports (Exhibit E) were included in the board packet.

- Ms. Hunter said many programs for Rape Prevention appeared to be in the south. Deborah Duchesne said the programs were also in the north; the rurals had been invited but had not been participating.
- Ms. Hunter wanted the Board to be aware Washoe County Health District was terminating their Home Visiting programs effective June 30, 2014 and asked whether the Board wanted to entertain a nurse family partnership again.
- Newborn Screening Program lab transition to Nevada State Public Health Laboratory effective July 1, 2014.
- Adolescent Health report showed teen births dropped 10 percent in a year. Sarah Demuth said there were good abstinence numbers in the north.
- Roni Galas said the performance measure on the Maternal Child Health Epidemiology annual report, the rate per 1,000 women aged 20 through 44 years with a reported case of Chlamydia. Ingrid Mburia clarified the age was a national performance measure. Ms. Hunter said Baby BEARS was moving forward.
- Oral Health was now part of Maternal, Child and Adolescent Health and Deborah Aquino was the primary contact.

Ms. Hunter reviewed the provider reports.

9. Discussion and recommendations regarding consideration of new appointees and renewing expiring terms which will be submitted to Nevada State Board of Health (BOH)

Chair Candy said the following members terms were expiring or had expired:

- Bonnie Sorenson, who would like to continue as a member
- Kami Larson, MD
- Martha Matsunaga-Kirgan, who would continue as a member
- Tyree Davis, DDS
- Candy Hunter

Ms. Hunter recommended Lisa Lottritz as her replacement.

CHAIR HUNTER ENTERTAINED A MOTION TO CONTINUE TWO YEAR TERMS FOR MS. SORENSON AND DR. MATSUNAGA-KIRGAN AND NOMINATE LISA LOTTRITZ AS A NEW BOARD MEMBER. A MOTION TO APPROVE WAS MADE BY ASSEMBLYWOMEN ELLEN SPIEGEL. RONI GALAS SECONDED THE MOTION WHICH PASSED UNANIMOUSLY WITHOUT PUBLIC COMMENT.

The remaining appointments will be reviewed during the following meeting.

10. Elect Chair and Vice Chair of MCHAB which will be submitted to Nevada State Board of Health

Chair Candy Hunter opened nominations for chair and vice chair.

MS. HUNTER ENTERTAINED A MOTION FOR BONNIE SORENSON TO SERVE AS CHAIR. A MOTION TO APPROVE WAS MADE BY MARSHA MATSUNAGA-KIRGAN. MS. HUNTER SECONDED THE MOTION WHICH PASSED UNANIMOUSLY WITHOUT PUBLIC COMMENT.

CHAIR HUNTER ENTERTAINED A MOTION FOR RONI GALAS TO SERVE AS VICE CHAIR. A MOTION TO APPROVE WAS MADE BY MS HUNTER. MS. SORENSON SECONDED THE MOTION WHICH PASSED UNANIMOUSLY WITHOUT PUBLIC COMMENT.

Deborah Aquino presented the new manuals and said they would be mailed out soon.

11. Public Comment

Barry Lovgren read a statement saying it was easier to demonize pregnant women who use alcohol and other drugs than to help them. The Bureau and Board were developing a public education campaign to help pregnant women receive treatment. Mr. Lovgren thanked the Board for all they were doing for pregnant women.

12. Adjournment 11:01

The meeting was adjourned at 11:01 a.m.



Update Regarding the Practice of Midwifery In Nevada

How Newborn Screening Relates to the Practice of Midwifery

- ▶ Nevada Revised Statute (NRS 442.008) and Nevada Administrative Code (NAC 442.030 – 442.050, inclusive) require “any ... midwife... attending or assisting in any way any infant, or the mother of any infant, at childbirth” to either take or ensure that dried blood spot samples for genetic and inherited disorders are taken and submitted for screening within specified timeframes.
- ▶ Blood samples are required unless a parent files a written objection to the screening.

Nevada Midwife Statistics in 2012

- ▶ Nevada State Board of Nursing reported licensing 23 Certified Nurse Midwives who practice in Nevada hospitals
- ▶ The Office of Vital Records statistics reported an additional 33 “Lay Midwives” who were listed as assisting with home births of infants

Why Is Home Birth a Growing Option for Delivery?

- ▶ In recent years, the annual number of home births has increased by approximately 2.5% throughout the United States, including increases in Nevada
- ▶ Who opt to deliver at home?
 - Families with specific religious and/or cultural beliefs – Amish, Mennonites, etc.
 - Families concerned with the cost of hospital delivery
 - Lack of insurance coverage
 - Under-insured status or high co-pays

Why Is Home Birth a Growing Option for Delivery?

- Families concerned with risks associated with hospital deliveries
 - Possibility of infections
 - Unnecessary interventions
 - Interference with family bonding and reduced parental influence on birth process due to internal hospital policies
 - High reliance on technology that may isolate and objectify the patient
 - Possible maternal morbidity due to medical complications and interventions

Why Is Home Birth a Growing Option for Delivery?

- Families who prefer a more holistic approach to child birth
 - Focus on creating and maintaining a total system approach (body, mind, spirit, emotions, etc.) to the delivery
 - Focus on nurturing relationships
- Families who want to exercise more personal authority and responsibility for family decision making
 - Desire to be “off-the-grid”
 - Desire to avoid “Big Brother” intervention

Types of Midwives in United States

1. **Certified Nurse Midwife (CNM):** Board certified nurse with advanced training and education to deliver babies and care for pregnant women
 - Governing Organization: American College of Nurse Midwives (ACNM)
 - In Nevada, CNMs work in hospitals under the direction, license, and/or supervision of a board certified and licensed physician
 - Do not deliver babies at home in Nevada

Types of Midwives in United States

2. **Direct-Entry Midwives (a.k.a. Lay Midwives):** Specialists in birth outside the hospital setting, at home and in free-standing birth centers. Legal requirements for direct-entry midwifery education and licensing vary by state, with national certification but no national licensing.
 - Most direct-entry midwives are self-employed but may work in groups or “collectives”

Types of Midwives in United States

3. **Certified Professional Midwife (CPM):** Board certified independent care provider with advanced training and education to deliver babies and care for pregnant women
 - CPMs are trained to provide the Midwives' Model of Care to healthy women and newborns throughout the childbearing cycle primarily in out-of-hospital settings. They are not nurses and are not recognized as legal practitioners in some states and the District of Columbia.

Types of Midwives in United States

- **Governing Organization:** North America Registry of Midwives (NARM) certifies and registers CPMs
- In Nevada, CPMs do not work under the direction, license, and/or supervision of a board certified and licensed physician and do not deliver at hospitals
- CPMs may also provide well-woman care, counseling, and other services throughout life
- CPMs may have additional training and certification in nutrition, naturopathy, and emergency care

Types of Midwives in United States

4. Other Midwives:
 - Lay midwives who are not certified by either of the nationally recognized certified midwifery board organizations
 - Midwives may refer to themselves as a Direct Entry Midwife or a Certified Midwife but may not have formal certification or education to use either title appropriately

Certified Nurse Midwives

- ▶ For current discussion purposes, Certified Nurse Midwives (CNM) are treated as a separate category of midwifery and are not included in the discussion of general midwifery concerns as CNMs:
 - Are licensed by the State Board of Nursing
 - Are Registered Nurses who have obtained additional education to become Master's Degree Advanced Practitioners of Nursing
 - Work under the direction of a licensed physician, usually in hospital settings

Concerns

- ▶ Lay midwives in Nevada are not regulated by any agency or regulatory body
- ▶ Lay midwives in Nevada are not required in Nevada Revised Statutes to be certified, licensed, or registered; however, some midwives are licensed and/or certified
 - Licensed midwives received their license from other states and licensing requirement vary
- ▶ Educational requirements for Direct-Entry Midwives:
 - CPMs have formal academic training in midwifery
 - Other midwives may have no formal education beyond high school and may have learned their profession primarily through apprenticeships, work-shops, or self-study and/or experience

Concerns

- ▶ Many states, but not Nevada, require that all midwives have a back-up and have a consulting relationship for patients that may develop a medical complication – midwives may recommend that it is the client's responsibility to establish a relationship with a physician for emergencies and for post-natal care
- ▶ While home births for anticipated “normal” deliveries may not result in higher risks to mother and baby than hospital births, a birth can change from “normal” or “low” risk to a higher risk category in a relatively short time

Concerns

- ▶ Although other countries may rely extensively on midwives to deliver babies, in the United States midwifery is considered by some to be “practicing medicine without a license” and there is official opposition to home births by the American College of Obstetricians and Gynecologists since 1975 and by the American Medical Association since 2008
- ▶ Anyone considering using a lay midwife should investigate the skill level, the expertise and the experience of the individual midwife

Philosophy of Midwifery:

What is a Midwife? Midwife Las Vegas

- ▶ Child–birth is a family–centered event and the midwife’s role is to enhance, not to usurp, the role and power of the family
- ▶ Pregnancy, childbirth, and breast–feeding are normal functions of a woman’s mind, body, and emotions
- ▶ Midwife’s job is to assist the birthing couple in their journey through pregnancy, labor, birth, and beyond by monitoring the natural process

Philosophy of Midwifery:

What is a Midwife? Midwife Las Vegas

- ▶ Couples maintain the full responsibility for their own health care and for the outcome of the birth as technological help is not immediately available
- ▶ Midwives are skilled specialists in attending normal births, giving care, and providing advice to the mother
- ▶ Midwives provide care for the mother and child after birth and should be able to detect any obvious abnormality in the mother and newborn and refer or obtain medical help if necessary

Philosophy of Midwifery:

What is a Midwife? Midwife Las Vegas

- ▶ Midwives should be trained in use of emergency measures in the absence of medical aid to the limit of her education and experience
- ▶ Midwives maintain respect for the integrity of the birthing family and the naturally bestowed ability of a woman to bear a child
- ▶ Out of respect for the birthing process, midwives believe that interference is an unwise interruption of the body's normal function

Philosophy of Midwifery:

What is a Midwife? Midwife Las Vegas

- ▶ Couples are “clients”, not “patients” and therefore informed choice, not just informed consent, is the couple’s responsibility
- ▶ Decisions regarding birth options belong, for the most part, to the family
- ▶ There are limits to what midwives, as responsible care providers, will take on and if the limits are reached, couples will be notified

Thank You!

Contact Information:

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Carson City, Nevada 89706

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Washoe County Health District Fetal Infant Mortality Review program

Washoe County Health District is in the process of implementing Fetal Infant Mortality Review (FIMR). Funding for the FIMR program has been secured through the MCH Block Grant and is in the final stages of the approval process. FIMR staff is currently developing the policy and procedures, information packets, and a program brochure as well as meeting with community stakeholders to introduce the program. Staff is planning a community meeting for late June and plans to start the program in July 2014.

Fetal and Infant Mortality Review Is:

- An **action-oriented process** leading to creative ideas to improve community resources and service systems for women, infants, and families.
- A **timely and valuable source of information** about changing health care systems and how they affect real families trying to access them.
- A **community coalition** that promotes volunteerism and good citizenship and will translate into local accountability and pride.
- A **community coalition** that can represent all ethnic and cultural views in the community and becomes a model of respect and understanding.
- An **effective strategy** to address maternal and infant disparities with specific community action, which is culturally appropriate and championed by respected community messengers.
- A **cost-saving process** maximizing efficient use of local services and resources.
- A **strategy that improves communication** among health and human service providers.
- A **method** that takes the most successful process-continuous quality improvement-that businesses use to produce better products and applies it to produce better health care for children and families.
- A **voice** for local families who have lost their baby
- A **tool** that helps local health officials achieve the core public health functions of assessment and assurance and implement policies to safeguard families.
- A **methodology** thoroughly evaluated by Johns Hopkins Bloomberg School of Public Health and found to be an effective perinatal systems intervention.
- A program supported by the American College of Obstetricians and Gynecologists, the March of Dimes Foundation and the federal Maternal and Child Health Bureau.

What is the Fetal Infant Mortality Review (FIMR)?

The FIMR case review team consists of a diverse group of health and social service professionals and community members who review the life and death circumstances of infants who died. The team seeks to identify each factor contributing directly or indirectly to the infant's death, and to identify opportunities to improve community's systems of services for pregnant women, infants and families with young children.

Why FIMR exists

The goals of FIMR are to:

1. Examine factors associated with fetal and infant deaths through case reviews
2. Identify specific areas of concern and make recommendations for action
3. Assist in planning interventions and policies to address and improve service systems and community resources
4. Assist and anticipate in community implementation of interventions and policies
5. Assess progress of interventions

FIMR Process

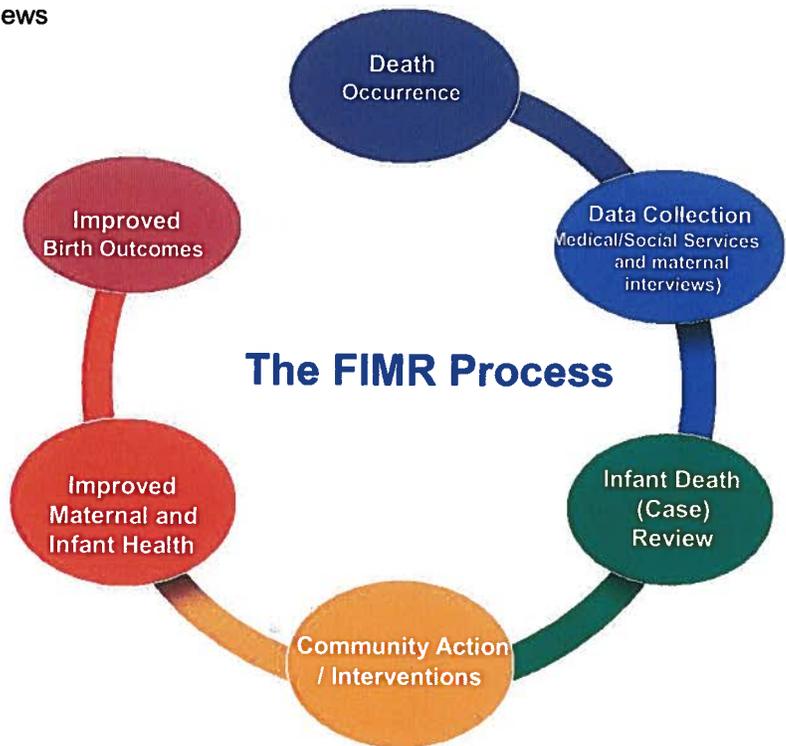
As shown in the figure below, the FIMR process or cycle of improvement includes data collection, case review and recommendations, community action, and changes in community systems.

Death occurrence: The process begins when fetal or infant death occurs.

Data Collection: FIMR collects data from vital, medical services records. Maternal interviews are conducted when possible.

Case Reviews: Information for the fetal and infant deaths (cases) are summarized and presented to the FIMR review team without any identifying information. Through case review process, an analysis is done on all stillbirths and all infants who die before their first birthday.

Community Action/Interventions: After reviewing the case summaries, the FIMR case review team identifies health system and community factors that may have contributed to the death, and makes recommendations for community change. Community action teams translate those recommendations into specific action and work collaboratively or individually to start implementing recommendations within their sphere of influence.



May 2014

Submission to the Nevada MCH Advisory Board

I am requesting the MCH Advisory Board support the process of continuing to improve the quality and the collection of data on Maternal Mortality in our state. The Nevada Division of Public and Behavioral Health housed the epidemiologist who put together the history on Maternal Mortality in our state several years ago and presented it to the MCH Board. It was our first view and pointed out that we are missing many of the maternal deaths in our state with our current reporting system. Developing a formal process for tracking and evaluating maternal mortality in our state is the only way to develop a data driven approach to improving health care for our Mothers. That, I believe, to be one of the fundamental goals of Title V.

I would like to see the MCHAB address the following obstacles for a Maternal Mortality Review Board:

- There would need to be staffing available to collect the charts needing review, to set up the reviews and to publish the results/statistics gleaned from the review.
- There would need to be legal protection available for the reviews such that they could not be use for legal action.

The actual reviews could be done from volunteers within the medical community of the state.

Thank you for your attention to this important public health matter.

Sandra Koch, MD
ObGyn
Carson City, NV

**Division of Child and Family
Services**

Child Death Review

Website:

<http://www.dcf.state.nv.us/>

Lead Agencies: Department of Health and Human Services, Division of Child and Family Services

State Legislation: Child Deaths are reviewed by Nevada's regional child death review teams, which are organized and operated based on Nevada Revised Statutes (NRS) Chapter 432B.

State /Local Teams: There are six regional CDR teams in the state, two urban teams, Clark and Washoe County which review child deaths in the major population of Las Vegas and Reno. The four main rural teams (Elko, Fallon, Carson and Pahrump) review child deaths in all other counties, which comprise Nevada's rural region. There are a few more counties that also review in the rural areas if there is a fatality however the majority is reviewed in the main four rural teams. The statewide group is the Executive Committee to Review the Death of Children and provides coordination and oversight for the review of child deaths in Nevada and also makes decisions about funding initiatives to prevent child death.

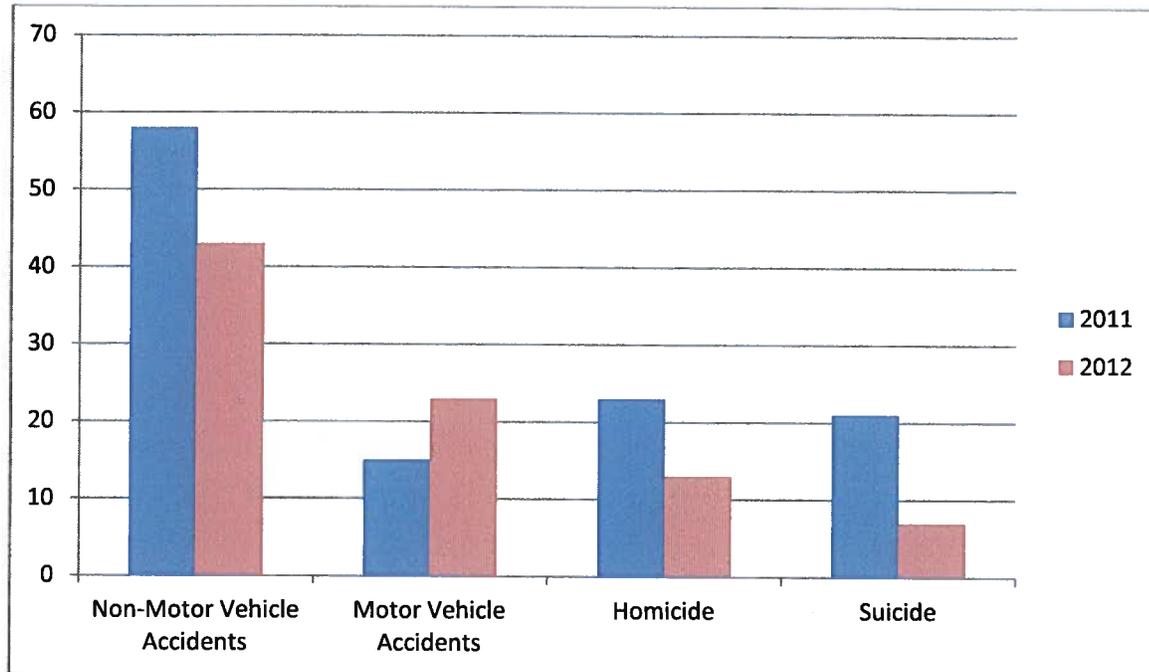
Major Topics:

Based on the 2011 Statewide Child Death Report, the four leading manners of child death statewide, excluding natural and undetermined deaths, are as follows:

Leading Manner	Total Deaths by Manner
1. Non-motor vehicle accidents	43
2. Homicide	23
3. Suicide	21
4. Motor vehicle accidents	15

The 2012 Statewide Child Death Report is not yet completed; however, the following data was available in the National Child Death Review Case Reporting System. These exclude natural and undetermined death.

Leading Manner	Total Deaths by Manner
1. Non-motor vehicle accidents	58
2. Motor vehicle accidents	23
3. Homicide	13
4. Suicide	7



Contact Info:

Melissa Faul, CDR Specialist-775-684-4422 MCFaul@dcs.nv.gov

Reesha Powell, Social Services Chief-775- 684-4448 rpowell@dcs.nv.gov

**Rape Prevention and Education
MCH Advisory Board Quarterly Update
May 2014**

The Rape Prevention and Education (RPE) Program currently funds four sexual violence prevention projects targeting youth in Nevada; *YourSPACE* educational presentations, bystander awareness education and training, *Hanging Out or Hooking Up* workshops for professionals working with teens and young adults, and a *Party Smart Campaign*, which addresses the dangers that drugs and alcohol play in the facilitation of sexual assault. The decision to target teens and young adults was determined by a Needs Assessment conducted in 2009, reporting high numbers of young adults experiencing intimate partner violence and rape in Nevada.

RPE funded organizations implementing *YourSPACE* education in Nevada will convene in Las Vegas over the summer for *YourSPACE* planning in preparation of the 2014-2015 school year. Program emphasis will support Nevada State Education Health Curriculum Standards for 2013-2015 and the expansion of *YourSPACE* presentations to community based organizations and agencies serving youth and their families.

Green Dot Bystander Intervention Training will take place on the University of Nevada, Las Vegas (UNLV) campus in fall of 2014. The Nevada *Green Dot* Bystander Project is a collaborative effort between UNLV's Jean Nidetch Women's Center, Nevada Network Against Domestic Violence and the Rape Prevention and Education Program. Through a four day training workshop, individuals learn how to respond to emergency situations that may escalate to sexual assault and violence. A bystander intervention awareness website, *Step Up! Stop Violence!* offers examples of how individuals can support sexual violence prevention within their own communities. The website will be available soon at the following website domain:
<http://www.stepupstopviolencenv.org>

The RPE Program continues to fund *Hanging Out or Hooking Up* Workshops for professionals and advocates working with teens. The workshops teach healthy relationship building techniques and signs for recognizing dating abuse. As part of the *Hanging Out or Hooking Up* presentations, a teaching module for adults working with LGBTQ teens experiencing relationship abuse was shared at the LGBTQ Wellness Conference in Las Vegas in April 2014.

The Rape Crisis Center (RCC) utilizes RPE funds to support a *Party Smart Campaign* to address the dangers of alcohol and drugs use in the facilitation of rape and sexual assault. The campaign is part of a collaborative effort between RCC, Las Vegas Metro Police Department, and Tao Entertainment and targets young adults residing in or visiting the Las Vegas area. Local bars and casinos are supporting *Party Smart* through the training of bar and casino staff in intervention techniques and sexual assault awareness. Donated time from local celebrities for public service announcements are shown on social media sites and in the Las Vegas area.

Note: The RPE Program is recruiting new members for Nevada’s Sexual Violence Prevention Committee (SVPC).

The RPE Program established a core group of stakeholders and leaders throughout Nevada committed to ending sexual assault to form a SVPC. The Committee guided the development of the 2012-2016 Strategic Plan for Primary Prevention of Sexual Violence in Nevada. The plan established four guiding principles for the foundation of successful primary prevention: 1) work with communities to build understanding and awareness of sexual violence; 2) recognizing communities are unique and require different strategies; 3) promoting objective communication that is open, honest, and respectful; and 4) focusing on long-term results, consistency and sustainability within all communities.

The SVPPC is committed to expanding membership to include representation and participation of additional community sectors. Membership would require attending quarterly teleconferences to build infrastructure and collaboration for prevention projects in the state and a commitment to serve on the Committee a minimum of three calendar years.

If you would be interested in serving on the Nevada Sexual Violence Prevention Committee, please contact me at your earliest convenience. The next quarterly teleconference is scheduled for July 16, 2014 from 1pm-3pm.

Nevada’s RPE Program is committed to following the Public Health approach for prevention and implementing programs that stop rape and sexual abuse before it takes place.

Additional RPE Website Links:
http://www.health.nv.gov/BFHS_RapePrevention.htm
<http://www.preventsexualviolenceNV.org>

Contact Information:
Deborah Duchesne
Rape Prevention and Education Coordinator
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Work Phone 775.684.4263

Nevada Home Visiting

MCHAB Quarterly Update

May 2014

Mission Statement

Nevada Home Visiting's mission is to develop and promote a statewide coordinated system of evidence-based home visiting services for pregnant women, infants and young children that supports healthy child development and ensures the safety of young children and families.

Service Levels/Data:

- Current home visiting enrollment is 120 families.
- Over 2,000 home visits have been completed.
- Nevada REDCap database for Home Visiting has been updated for easier data entry and simplified data reporting.

Federal Funding:

- Nevada Home Visiting Formula Funding has been extended through September 31, 2016.
 - This funding will be used to maintain services in Clark & Washoe Counties
- Nevada Home Visiting was awarded Affordable Care Act – Maternal, Infant and Early Childhood expansion funding, project period 09/01/13 – 09/30/16.
 - Contracts have been approved to begin services in Elko County using the HIPPY model through the Children's Cabinet & the Early Head Start Home Based Option through the Head Start of Northeastern Nevada.
 - The Children's Cabinet will enroll an additional 50 children in Elko County
 - Head Start of Northeastern Nevada will enroll 12 children in Elko County
 - A contract is pending BOE approval on June 10th to begin services using the Healthy Families America in Lyon & Storey Counties.

Continuous Quality Improvement (CQI):

- Local CQI plans for each implementing agency have been developed and are in the process of being implemented.
- Five statewide quarterly CQI meetings have been completed with the sixth scheduled for July. Moving forward, these meetings will develop more emphasis on sharing and analyzing available data in selecting areas for quality improvement.

Resources:

- 2013 Resource Directory compiled by Nevada Home Visiting is in the process of being updated.
 - 2014 version of the Directory expected to be released during the next quarter.
 - The current directory is available online at:
http://www.health.nv.gov/homevisiting_Resources.htm
 - A new feature has been added to the online directory allowing agencies to add a new resource to the online directory or to update an existing entry.

Evaluation:

Nevada and three of its contracted home visiting implementing agencies have been participating in the Mother and Infant Home Visiting Project Evaluation (MIHOPE), the national home visiting evaluation study.

- Southern Nevada Health District has met full enrollment for the MIHOPE Evaluation and has volunteered to participate in the MIHOPE Strong Start Study.
- Sunrise Children’s Foundation EHS and UNR EHS are projected to meet their full caseload requirement ahead of schedule.

Trainings:

Nevada Home Visiting has been able to bring several unique trainings to Nevada during this last quarter, including:

- Successful trainings in the last quarter:
 - Motivational Interviewing
 - Healthy Families America technical assistance visit
 - Oral Health
 - Presentations by Dr. Christian A. Demopoulos, D.D.S., M.P.H
 - Adverse Childhood Experiences
 - Trainings identified for future
 - Motivational Interviewing
 - Emotional Intelligence
 - Bridges out of Poverty

Staffing Updates:

Welcome:

Nevada Home Visiting welcomes Evelyn Dryer as Grant Manager.

Recruitment in process:

Nevada Home Visiting will be recruiting a Health Program Specialist position during the next quarter. This position will be assigned duties to coordinate the expansion grant activities.

Nevada Home Visiting will be recruiting for a Biostatistician position during the next quarter. This position will be assigned duties to coordinate Federal Data Reporting and CQI data reporting.

Grant Manager:	Evelyn Dryer:	(775) 684-4032, edryer@health.nv.gov
Program Coordinator:	Lily R. Helzer:	(775) 684-4273, lhelzer@health.nv.gov
Administrative Assistant:	Azucena (Suzy) Medina:	(775) 687-7576, amedina@health.nv.gov

Helpful Web Addresses

Nevada Home Visiting: <http://www.health.nv.gov/homevisiting.htm>
HRSA Home Visiting: <http://mchb.hrsa.gov/programs/homevisiting/>
Home Visiting Evidence of Effectiveness (HomVEE) <http://homvee.acf.hhs.gov/>
MIHOPE Project Description <http://www.mdrc.org/mihope-project-description>



Newborn Screening Program – Early Hearing Detection and Intervention

The Nevada Early Hearing Detection and Intervention (NV EHDI) Program is funded by the CDC EHDI Information System Grant and by the HRSA Universal Newborn Hearing Grant. These grants support the development of NV EHDI infrastructure and attainment of programmatic goals and objectives to ensure delivery of appropriate services to the deaf and hard of hearing newborn population served by the NV EHDI Program. The program continues to work with the Office of Vital Statistics, the Web-Enabled Vital Records Registry System (WEVRRS) database contractor, Netsmart, the Office of Public Health Informatics and Epidemiology (OPHIE), and the IDEA Part C Program to provide system enhancements and improved data reporting capabilities.

The Catalyst Center at Boston University School of Public Health recently wrote [Health Care Reform: What's in it for Children who are Deaf or Hard of Hearing?](#) The article summarizes how the Patient Protection and Affordable Care Act (ACA) provisions will help improve access to coverage and care for children who are deaf or hard of hearing (D/HH). Coverage varies by state. In Nevada, the current approved benchmark plan ensures that hearing aids are covered up to a maximum of \$5000 single purchase per calendar year. Repairs and replacement are allowable but limited to once every three years. The ACA requires that health plans pay for preventive services listed in Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents. This will allow pediatricians to verify Newborn Hearing Screening results, ensure follow up screenings are conducted, and based on risk assessment, refer the child for diagnostic and audiological assessment. According to the article, "Specific to children, the law states that 'there will be no cost sharing for preventive care/screenings/ based on the Bright Futures recommendations. This means that families will not be charged for the hearing-related screening procedures described... While many health plans are now waiving the co-pay for preventive screenings, technically, only new health plans are required to provide preventive services and screenings without co-pays. Grandfathered individual and group plans*, including self-insured employer plans**, are exempt from this provision." *Grandfathered plans are individual and group health insurance plans that existed on March 23, 2010 when President Obama signed the ACA and do not significantly increase premiums, co-pays, percent of co-insurance or deductibles that covered members pay, cut or reduce benefits, or decrease the annual limit. The employer cannot lower its contribution towards premiums. **Self-insured plans are employer-sponsored health plans that pay for employees and covered family member's health services directly. Nevada's benchmark plan will be revised in 2016 so families of D/HH children are encouraged to become involved in the revision process. Parents are encouraged to educate policy makers regarding the services and outcomes associated with use of the benchmark plan to define the extent that the plan and other aspects of ACA are addressing their needs. The complete article can be accessed on the National Center for Hearing Assessment and Management (NCHAM) website <http://www.infanthearing.org/> and searching the website for "Health Care Reform."

This year the NV EHDI Program continues to participate in the Centers for Disease Control and Prevention (CDC) national online audiologist database, EHDI-PALS. This national project supplements the NV EHDI Program's efforts to standardize newborn hearing diagnosis through development and dissemination of the Nevada Audiology Guidelines and to encourage the use of proper newborn hearing assessment techniques by pediatric audiologists.

The NV EHDI Program completed and submitted a new HRSA grant application in March 2014 and submitted the CDC Annual Performance Report in April. While Newborn Hearing Screening is required by statute (NRS 442.500 – 442.590, inclusive), the NV EHDI Program is funded entirely with federal funds. NV EHDI is anticipating a site visit (tentatively scheduled June 12, 2014) by the CDC EHDI Team.

NV EHDI submitted the CDC Annual Survey that tracks state progress in meeting screening, diagnostic, intervention, data collection, and demographic goals that reduce loss-to-follow and loss-to-documentation. For the first time, Nevada was able to provide universal reporting of hearing screenings for over 85% of the state's population. The ability to provide universal data for all births in Nevada is due to integration of WEVRRS and Pediatrix datasets. Pediatrix is a private company providing hearing screenings to the 12 largest hospitals in Nevada. In the past, Nevada could only provide data for infants that failed to pass their newborn hearing screens.

NV EHDI sponsored a comprehensive delegation to attend the EHDI Annual Meeting in April 2014. The delegation included EHDI staff, hearing professionals, parent representatives, sister agencies, and community partners. The broad spectrum of representatives provided networking and educational opportunities at the conference and enhances teaming efforts throughout the year.

Perry Smith, the EHDI Program Coordinator, and Diane Miller, Au.D, the Infant Data and Follow-up Coordinator, have scheduled training for hospitals in Las Vegas and rural Nevada in May and June. They will also establish personal contacts with physicians who conduct newborn hearing screening in their offices.

Contact Information:

- Perry Smith, Early Hearing Detection and Intervention Program Coordinator
pgsmith@health.nv.gov or 775-684-4272
- Mary Pennington, Newborn Screening Program Manager
mpennington@health.nv.gov or 775-684-3478



Newborn Screening Program – Congenital and Inherited Disorders

Effective July 1, 2014, the Nevada Newborn Screening (NBS) Program will transition laboratory and consulting services for Dried Blood Spot Screening to the Nevada State Public Health Laboratory (NSPHL) which is part of the University of Nevada School of Community Health Sciences in Reno, Nevada. Dr. Trudy Larson is the Director of the School of Community Health Sciences and will oversee the Newborn Screening Program. The NSPHL has hired additional staff to administer and coordinate the program and clinical scientists to operate the newborn screening equipment, conduct tests, and interpret results. Dr. Jojo Dy, former Director of the Florida Newborn Screening Laboratory, has been hired to be Director of the Nevada Newborn Screening Laboratory and will provide laboratory expertise gained through his years of experience in Florida. Ofelia Gentscheff, Newborn Screening Coordinator, will be responsible for ensuring that failed screens are relayed to the newborn screening program's medical director, specialized medical consultants, the infant's primary care physician, and the infant's family to make sure infants and families have timely access to the support and services needed. Hiring for specialized laboratory staff is continuing. A primary goal of the laboratory transition is enhancement of Nevada's medical infrastructure by providing in-state laboratory screening, specialty consultation services, and an enhanced medical genetics infrastructure in Nevada. Another important goal is the reduction in transit times for Dried Blood Spot specimen submissions. The newborn screening transition will also support and augment other services provided by the NSPHL.

Dr. Larson is in the process of revitalizing the Newborn Screening Advisory Committee. The Committee has been expanded to include greater representation from the medical and laboratory community, parents of affected children, community partners, and interested stakeholders. The purpose of the Newborn Screening Advisory Committee is to provide policy guidance to the School of Community Health Sciences and the Nevada State Public Health Laboratory based on the wide range of expertise of committee members.

A Critical Congenital Heart Disease (CCHD) pulse oximetry screening pilot project was approved during the 2013 Legislative Session. Senate Bill 92 supported a pilot program to study pulse oximetry screening at hospitals that volunteered to participate in the program. Data for the period between July 1, 2013 and March 1, 2014 was submitted to the Newborn Screening Program and then presented for consideration to the Nevada Legislative Committee on Health Care meeting on May 7, 2014. The committee reviewed the data but did not make a final recommendation regarding addition of CCHD to the approved panel of newborn screening conditions in Nevada. Hospitals that participated in the pilot project have been asked to continue submitting pulse oximetry data in order to support a future evaluation of the effectiveness of CCHD screening. If CCHD screening is implemented in Nevada, it will be a point of care hospital screening similar to newborn hearing screening.

Contact Information:

Cathy Robinson – Health Program Specialist I – Newborn Screening Training Coordinator
Phone: 775-684-3476 E-mail: crobinson@health.nv.gov

Mary Pennington – Newborn Screening Program Program Manager
Phone: 775-684-3478 E-mail: mpennington@health.nv.gov

Adolescent Health Program

Division of Public and Behavioral Health

May 31, 2014

Abstinence Education Grant Program (AEGP)

- The Adolescent Health Program is continuing the statewide media campaign in collaboration with the Nevada Broadcasters Association. The campaign promotes abstinence and parent-child communication on radio and television stations across Nevada. A new campaign is being developed with a “Parents Talk To Your Kids” theme that will encompass a variety of subjects in addition to abstinence.
- Carson City Health and Human Services continues to conduct the educational program “Promoting Health Among Teens, Abstinence Only!” (PHAT!). The PHAT! Program teaches students about puberty, sexually transmitted diseases, and pregnancy prevention, as well as goal setting and negotiation skills.
- The Elko Family Resource center continues to conduct PHAT! classes in Elko. Their sub-grant was recently amended to allow them to expand services to Humboldt, White Pine and Lander counties.
- Quest Counseling and Consulting in Reno continues to conduct PHAT! classes to youth who are currently in treatment for substance abuse.

Personal Responsibility Education Program (PREP)

- Planned Parenthood Mar Monte in Reno, and Planned Parenthood of the Rocky Mountains in Las Vegas have been conducting the educational programs ¡Cuidate! which is a culturally themed intervention targeting Latinos.
- A new sub-grant was initiated with Carson City Health and Human Services to provide PREP classes in Carson, Douglas and Lyon counties. They will use the PHAT! Comprehensive curriculum.
- A new sub-grant was initiated with the Gay and Lesbian Center in Las Vegas to provide comprehensive sex education to the LGBTQ population. The Center will conduct classes on-site using the “Reducing the Risk” curriculum.
- Planned Parenthood Mar Monte’s sub-grant has been amended to include funding for their Teen Success group, which targets pregnant and parenting females with the purpose of preventing repeat pregnancy.
- Elko Family Resource Center has begun PHAT-Comprehensive classes.

Adolescent Health Profile

The Adolescent Health Profile is being updated with recently released data from a variety of sources.

Leah Thompson, MPH, Adolescent Health Program Coordinator: 775-684-5901,
lathompson@health.nv.gov

Maternal Child Health Advisory Board Quarterly Report: Maternal and Infant Health Activities

May 30, 2014

Current activities relating to maternal and infant health within the Division of Public and Behavioral Health (DPBH) under the Maternal and Child Health (MCH) Title V Block Grant include a number of different foci. Highlights of program efforts to serve these populations include the following:

Text4baby

- Presentation to media made at Carson Tahoe Women's Health Institute in partnership with event host Immunize Nevada highlighting Text4baby's utility in addressing maternal and infant health challenges in Nevada on May 6, 2014
- Interview aired on KOLO-TV, event referenced in regional print and web media and the national Text4baby online newsletter
- Enrollment challenge begins
- Helped disseminate branded materials to many partners for distribution at events
- In participation with Immunize Nevada, new Ad Hoc messages developed for Nevada
- E-cigarette as a poison danger message planned to release on May 29, 2014

Participation in the National Governors Association (NGA) Learning Network on Improving Birth Outcomes Project (Round 3) March 26, 2014 meeting

- Identification of modifiable risk factors for preterm births, low birth weight, infant mortality, and associated racial/ethnic health disparities; and survey of existing policies/programs in Nevada
- Incorporated new participants in the planning process
- Expanded on mission and strategies toward achieving birth outcome goals
- Developed an outline for plan development and activities to improve birth outcomes with measures and timeframes

Safe Haven website redesign

- One partner of a panel of stakeholders that expanded and edited site content and posted to Division hosted <http://www.safehavennv.org/>
- Site targets three audiences: providers, parents, and concerned persons
- Public Service Announcements currently in development
- Dissemination of flyer to REMSA, MCH Coalitions, and other partners, planned posting of web link to DPBH Emergency Medical Services home page

Perinatal substance abuse prevention media campaign

- Added additional links relating to smoking in pregnancy; completing training in website maintenance
- Helped with Public Service Announcement radio campaign addressing pregnancy and substance use

REDCap database

- Analysis, Continuous Quality Improvement meetings, and quarterly meeting attendance and REDCap instruction for the Nevada Home Visiting program

Events

- Participation in the Planning Committee for the 2014 Nevada Health Conference
- Fetal Alcohol Spectrum Disorder Training by Dr. Susan Doctor attended, April 2014
- Helped with the northern Nevada site of the Maternal Child Health Coalition Spring Symposium in event facilitation and provision of materials on Text4baby, smoking in pregnancy, and safe sleep
- Public Health Week participation and display at DPBH on maternal and infant health, April 2014
- March 2014 Renown Lactation Center event participation and Text4baby supply provision

Maternal and Child Health Coalitions

- Dissemination of information provided for northern and southern public events
- Professional development attending lecture regarding Washoe County adolescent reproductive health and participation in coalition meetings (north and south)

Trainings

- Performance measures and strategic planning training, March 2014
- Native Americans and Public Health; Trans Health May 2014
- GIS training March 2014 and ongoing

Baby Birth Evaluation Assessment of Risk Survey (Baby BEARS)

- Additional survey question development
- Surveillance target start date: Summer 2014

Safe sleep campaign and new partnership

- Smith's Food & Drug partnership in July 2014, media release, distribution of statewide in-store radio announcements, and safe sleep floor decal and brochure distribution

Washoe County Health District Fetal Infant Mortality Review (FIMR)

- Washoe County Health District FIMR pilot project groundwork accomplished

MCH Title V Block Grant

- Narrative development and summary development for maternal and infant health topics
- Performance measure review and development

Title V Needs Assessment: Background work, timetable development

Diabetes Survey partnership

Contact: Vickie Ives, Maternal and Infant Health Coordinator (vives@health.nv.gov), (775) 684-4134

Maternal and Child Health Advisory Board Quarterly Report MCH Epidemiology Corner: May 30th, 2014

1. Nevada Baby Birth Evaluation and Assessment of Risk Survey (Baby BEARS)

- A contract to conduct Nevada Baby Birth Evaluation and Assessment of Risk Survey (Baby BEARS) was approved and our contractor has begun working on the project.
- Baby BEARS will be modeled after the Pregnancy Risk Assessment Monitoring Survey (PRAMS) program which was instituted by the Centers for Disease Control and Prevention (CDC) in 1987.
- Baby BEARS will allow Nevada to monitor changes in maternal and child health indicators such as: unintended pregnancy, prenatal care, breastfeeding, smoking, alcohol use and infant health among others.
- We will keep you updated on the outcomes of this survey.

2. Nevada's 2016-2020 Title V Maternal and Child Health (MCH) Needs Assessment

- Title V legislation requires each State and jurisdiction to conduct a State-wide, comprehensive Needs Assessment every five (5) years and report on their findings in the Title V Maternal and Child Health Block Grant Application. For interim years, States and jurisdictions report on their progress in implementing the Needs Assessment findings and other ongoing Needs Assessment efforts in the annual Title V Maternal and Child Health Block Grant Application.
- To satisfy federal Title V requirements, Nevada is currently developing a strategic plan to conduct the 2016-2020 Title V MCH Needs Assessment.
- The Needs Assessment will assess, analyze and report on the current health status and future health needs of mothers, women, children, adolescents, children and youth with special health care needs (CYSHCN) and their families in Nevada.
- The results from the Needs Assessment will provide a broad range of information about strengths, gaps, capacity and priority needs. In addition, the results will be used to plan local programs.

3. Nevada's 2015 Title V Maternal and Child Health (MCH) Block Grant Application and 2013 Annual Report

- The federal Maternal and Child Health Bureau (MCHB) provides funding through the Title V Maternal and Child Health (MCH) Block Grant to every state and territory in the nation to address the needs of pregnant women, mothers, infants, children and adolescents, and children and youth with special health care needs.

Some of the highlights from Nevada's 2015 Title V MCH Block Grant Application and 2013 Annual Report are shown below.

Performance Measures	2012	2013	% Change	*
Improved				
The rate of birth (per 1,000) for teenagers aged 15 through 17 years	15.3	12.3	-19.6	↓
Percentage of children screened for age-appropriate developmental skills and behavioral health levels.	1.7%	2.1%	23.5	↑
The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.	51.3%	53.4%	4.1	↑
No Change				
The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.	100%	100%	0	●
Deteriorated				
Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.	88.3%	79.8%	-9.6	↓
The rate (per 1,000 MCH Medicaid population) of Medicaid dental providers.	10.1	9	-10.9	↓
The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.	9.9	11.2	13.1	↑
*Green Arrow = Positive Change, Red Arrow = Negative Change, Yellow Dot = No Change (≤ or ≥ 0.5%) Note: 2012 and 2013 data are preliminary and subject to change.				

Contact Information:
Ingrid Mburia, MPH
Maternal and Child Health Epidemiologist
Email: imburia@health.nv.gov
Phone: (775) 684-4023

Nevada Division of Public and Behavioral Health

Oral Health Initiative Report

May 16, 2014

Division Updates:

As of April 14, 2014, oral health oversight transitioned into the Maternal, Child and Adolescent Health (MCAH) section under the direction of Deborah Aquino, while remaining positioned in the Bureau of Child, Family and Community Wellness. Melanie Flores has accepted a position as the Wellness Manager and will remain in the Chronic Disease section.

Recruitment Announcement: **Health Program Specialist 2: Oral Health Coordinator**

For more information or to apply for this position go to the following link:

<https://neats.state.nv.us/NEATS/Recruiting/ViewAnnouncement.aep?recruitmentid=22110>

Centers for Disease Control and Prevention (CDC) Cooperative Agreement DP-8-80

State staff revised the Final Evaluation Plan for the CDC cooperative agreement. The revised plan was reviewed by the Advisory Committee on the State Program for Oral Health (AC4OH) and various stakeholders. Dr. Christina Demopoulos, Nevada State Dental Director, made the recommended revisions to the document and oral health staff submitted it to the CDC for final review.

Association of State and Territorial Dental Directors – Nevada State Synopsis Submission:

The ASTDD Synopsis report was developed with input solicited from AC4OH members and key stakeholders. Dr. Demopoulos submitted the Synopsis to ASTDD and confirmed receipt with Kathy Phipps.

Nevada Department of Health and Human Services Aging and Disability Services Division, Senior/Disability RX (SRX/DRX) Program Dental Assistance Pilot Program (Update)

Dr. Demopoulos presented information about the SRX/DRX dental program at the 2014 Health Disparity Symposium at UNLV on April 17, 2014 as part of a lecture on addressing health disparities in the older adult population. Dr. Demopoulos continues to work with the SRX/DRX program on evaluation and utilization review. Currently the State Dental Director is funded through the carry forward funding from the CDC Cooperative Agreement which will expire July 31, 2014. The Division of Aging and Disabilities is initiating an inter-local agreement through UNLV School of Dental Medicine to cover costs for Dr. Demopoulos to continue providing these services for their Division during the upcoming year.

Nevada Division of Public and Behavioral Health

Oral Health Initiative Report

May 16, 2014

Advisory Council of the State Program for Wellness and the Prevention of Chronic Disease

Dr. Demopoulos presented at the quarterly meeting for the Advisory Council of the State Program for Wellness and the Prevention of Chronic Disease (CWCD) on April 17, 2014. The Council was interested in the Division's oral health efforts and the dental need of the state's population.

Advisory Committee on the State Program for Oral Health (AC4OH)

AC4OH Chair:

Chris Garvey, RDH

tpgcag@msn.com

(702) 279-9831



AC4OH Vice Chair:

Tyree Davis, DDS

tdavis@nvrhc.org

(702) 220-9937

The next AC4OH meeting is on Friday, July 11, 2014 from 1:00 PM to 4:00 PM.

Oral Health Coalitions:

Community Coalition for Oral Health (CCOH - Las Vegas)

Next Meeting: Friday July 18, 2014 from 9:45 am-12:00pm - Nevada Dental Association, 8863 W. Flamingo Rd., #102, Las Vegas or by teleconference line: 1-888-447-7153 Access: 5671864.

Coalition Chair, Cathie Davenport - cdavenport@nevadadentalbenefits.com.

Northern Nevada Dental Coalition for Underserved Populations (CUSP)

Next Meeting: Friday, July 18, 2014 from at 9:00 am - Community Health Alliance, 5250 Neil Road, Suite 103, Reno, NV 89502 or by phone at 775-870-4399 (no ID/password needed). If one has difficulty getting through he/she can call 775-848-4328 (Gary) or 775-745-6708 (Syd). Coalition Chair, Syd McKenzie, RDH - syd@oralhealthnevada.com.

Interim Nevada State Oral Health Initiative Primary Contact:

Deborah S. Aquino

Title V/Maternal and Child Health Program Manager

Nevada Division of Public and Behavioral Health

daqينو@health.nv.gov

775.684.3479 * 775.684.5998 (fax)

**Nevada Community Health Worker (CHW) Program Report
Maternal and Child Health Advisory Board Meeting**

May 30, 2014

The Program currently has 13 CHWs in the field through the pilot project housed in six coalitions across the state underneath the Nevada Statewide Coalition Partnership (NSCP). The CHWs has made 1,177 referrals to resources such as the Children's Health Insurance Program and immunization services and are continuing to build relationships within their respective communities through outreach, health fairs and other educational/awareness opportunities. Currently the CHWs have a total of 80 new case management cases in addition to 19 ongoing from quarter 2.

The CHWs, as a group, attended 41 trainings during quarter 3, for a total of 343 hours of training. Trainings attended included Youth Mental Health Training, Differences between Generations, Teen Relationship Abuse Prevention, Preventing Prescription Drug Abuse Among Adolescents: The Role of Poison Control, and Children in Trauma webinar. Additionally, CHW outreach activities, including at schools and at community events targeting youth, reached 11,730 individuals. CHW media activities, including social media and television, reached 18,000 individuals. Ten trainings to 148 participants were given by CHWs on topics such as Child Nutrition.

FUNDING

The CHW program should receive notice of the Mobilization for Health: National Prevention Partnership Award (NPPA) Program grant from the Office of the Assistant Secretary for Health in July. If awarded, the grant will be used to continue to support part of the existing cohort of CHWs and to expand CHWs into the following counties: Clark, Elko, Lyon, Nye, and Carson City. CHWs will target Latino and Native American populations in Nevada through the Nevada Statewide Coalition Partnership and their partner organizations. The CHW Program received letters of commitment from Nevada System of Higher Education, Nevada Health Centers, and Nevada Statewide Coalition Partnership. The project period is July 2014 – June 2017, \$500,000 p/yr.

The program submitted a Concept Paper to the Governor that was approved for state funds to support the program and to aid in curriculum development and training and oversight of certification.

Maternal and Child Health Section; Chronic Disease Prevention and Health Promotion Section; the Women, Infants, and Children (WIC) Program; Mental Health; and Ryan White (HIV/AIDS) have confirmed funding for the CHW program from July 2014 to June 2015. The total amount available is \$287,000.

EVALUATION

The program is working with the Center for Program Evaluation at the University of Nevada, Reno (UNR) to conduct an overall evaluation of the CHW program in Nevada. Additionally they completed a Latino Health Needs Assessment (LHNA), which is available upon request. The LHNA found that the rates of women initiating breastfeeding was high, with about 77% of female respondents with children having initiated, even for a short time. WIC utilization was low, around 22%, even though almost two-thirds of the respondents reported an annual household income of less than \$30,000. Evaluation of the program includes assessing the growth and development of the CHWs, the program and overall health outcomes. An annual evaluation report will be available in July 2014.

**Nevada Community Health Worker (CHW) Program Report
Maternal and Child Health Advisory Board Meeting**

May 30, 2014

SUSTAINABILITY OF PROGRAM

The Nevada System of Higher Education (NSHE) under the direction of Marcia Turner received the Department of Education, Training, and Rehabilitation (DETR) grant, which is going to be used to develop a standardized CHW curriculum and certification system with Truckee Meadows Community College and the College of Southern Nevada. The training curriculum will solidify the core rolls, responsibilities, and ethics of CHWs in Nevada to meet national standards. The goal of NSHE is to provide a standardized curriculum to help define the Community Health Worker profession and determine a clear scope of practice compared with other health and social service professions. Furthermore, the curriculum will be designed to meet the needs of many CHW employers and to provide opportunities for CHWs to develop skills to further their knowledge or careers.

There has been a need to train new CHWs in Nevada. Until Nevada has its own functioning in-house CHW training program, the CHW program is recommending the Washington State training program which offers a comprehensive curriculum free of charge on a quarterly basis. The NDPBH will recognize this curriculum for a CHW certificate of completion. The program has also been reaching out to the Washington State Department of Health and the Massachusetts Department of Public Health to implement an in-state hybrid training program through regional in-person and online trainings for a certificate of completion for future CHWs. In-person trainings would include CHW core competencies and skills and the online trainings would provide knowledge/education around topical areas such as chronic disease, mental and behavioral health. In Washington the training spans an 8-week period and is offered quarterly by region. Nevada hopes to replicate this model.

The Diabetes Policy Workgroup is comprised of partners from Medicaid, the Heart Association, Access to Healthcare Network, Health Innovations LLC, Workforce Connect, Great Basin Primary Care, Nevada Business Group on Health and the CHW coalitions. The priority of this workgroup is to establish CHWs in statute as a recognized profession and establish modes of certification. The group has developed a white paper and is developing language to propose for the bill draft request. Jeffrey Klein presented on behalf of the group on May 7th to Interim Committee on Health Care. Jeff introduced and framed the need for healthcare workforce development along with the rationale for Certification of CHWs in Nevada. The group is still working to identify a sponsor for this bill.

If interested in further information, please contact:

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Chronic Disease Prevention & Health Promotion
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Obesity Prevention Program Report

Maternal and Child Health Advisory Board

May 30, 2014

The Chronic Disease Prevention and Health Promotion Section is committed to addressing and decreasing obesity in Nevada through three main initiatives. These initiatives include working with the Early Care and Education (ECE) Centers, Physical Education/ Physical Activity (PE/PA) in K-12 schools and Worksite Wellness. Below is a detailed outline of each of these initiatives.

	Early Care and Education (ECE)	Physical Education/ Physical Activity (PE/PA)	Worksite Wellness
Funding	1305- State Public Health Actions Preventative Health and Health Services (PHHS)	1305- State Public Health Actions	1305- State Public Health Actions Preventative Health and Health Services (PHHS)
Subgrants/ Contracts	Children’s Advocacy Alliance Children’s Cabinet	UNLV/ Dr. Lounsbery	
Key Partnerships	Child Care Licensing	NV Dept. of Education NV Dept. of Agriculture	Human Resources
Workgroups/ Committees	Early Care and Education Workgroup	Physical Education/Physical Activity Workgroup	Worksite Wellness Committee
Activities	Increase the number of fully met standards in NV (currently 3 out of 47) outlined in the national assessment tool Provide training and technical assistance to ECE providers on these standards to increase PE/PA, healthy nutrition, breastfeeding and decrease screen time. Evaluate statewide ECE policies on PE/PA and nutrition.	Update current NV Standards for Physical Education State Board of Education fully adopts proposed standards – Completed Dec. 2013 Provide professional development and training to support the adoption of these standards and increase healthy school nutrition in 2 main school districts (Washoe and Clark County) Evaluate statewide recess policies	Develop a Worksite Wellness Committee Develop and implement policies on healthy vending/food services, tobacco use, worksite wellness stations and health promotion Create and implement worksite wellness stations within the Division for employee usage

Early Care and Education Initiative Description

The Nevada Division of Public and Behavioral Health in partnership with Children's Advocacy Alliance are mobilizing an Early Care and Education (ECE) Policy Workgroup. This workgroup is tasked with reviewing the Nevada Administrative Code for Services and Facilities for Care of Children, Chapter 432A.380 to 432A.400, in an effort to complete and incorporate those components that were missing or partially met in the national assessment tool, *National Resource Center for Health and Safety in Child Care and Early Education, Aggregated Results for Achieving a State of Healthy Weight: A National Assessment of Obesity Prevention Terminology in Child Care Regulations, 2010 report*. Currently, Nevada fully meets three of the 47 national standards outlined in this assessment tool. These standards are focusing on increasing physical activity, increasing fruit and vegetable consumption, reducing energy dense food and sugar consumption, decreasing screen-time and supporting breastfeeding.

Beginning July 1, 2014, trainings for ECE providers on the above standards will begin using national evidence-based curriculum and assessment tools. These trainings will be conducted in partnership with Children's Cabinet and will occur in four targeted areas in Nevada: Las Vegas, Washoe County, Carson City, and Elko. In addition to providing training opportunities to ECE providers and owners, Children's Cabinet will offer technical assistance and site visits to ECE centers. This is a two year partnership and will be collecting and publishing ECE center data specific to outlined grant deliverables.

Outreach Activities Completed to Date

- Over 140 providers responded to in-person and paper surveys, regarding the proposed regulations and a report was developed outlining those responses. This feedback generated recommended changes to the language which was presented to the DPBH, as well as the workgroup members for consideration.
- A presentation was made to the Nevada Interim Legislative Committee on Healthcare on March 5, 2014. The committee expressed support for the recommendations and offered assistance, as needed. The presentation also generated outreach from some members of the audience, who wanted to learn more about the efforts.
- A presentation was made on April 19, 2014 at the Nevada Association for the Education of Young Children conference. The purpose of this presentation was to keep the provider community abreast of developments and to begin discussing the process of implementation once the regulations are adopted

Physical Education/ Physical Activity (PE/PA) Initiative Description

In partnership with the University of Nevada, Las Vegas and Dr. Monica Lounsbery, the Obesity Prevention Program is currently mobilizing a Physical Education/Physical Activity (PE/PA) workgroup focusing on updating the current Nevada Standards for Physical Education. As of December 2013, these

proposed standards were fully adopted by the State Board of Education. Professional development and trainings will occur in two main Local Education Agencies (Washoe County and Clark County) to support the adoption of these standards and increase healthy school nutrition and physical activity/physical education within schools. The program is also working on the evaluation of statewide recess policies as it pertains to school wellness/school health in partnership with the Nevada Department of Education and the Nevada Department of Agriculture.

School BMI (Body Mass Index) Data Collection

As a result of the 2013 Legislative Session, SB 442 requires Nevada school districts, who population is 100,000 or more, to measure their 4th, 7th and 10th grade students for height and weight. These provisions were extended in AB 191 and will be sun-setting on June 30, 2015. Currently, the Obesity Prevention Program is soliciting for participation on the newly developed School BMI Data Collection Workgroup. This workgroup will evaluate barriers, successes, and next steps as it relates to promoting the continuation of school BMI data reporting mandated through Senate Bill 442 and champion the importance of youth wellness in Nevada.

For more information please contact:

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Update May 2014

- Included MCH-related information in May-July WomensCare Magazine (reaches over 400,000)
 - a. SAPTA resource information phone number
 - b. Immunization information including: Public access portal, clinic locations, VFC information, WIC Immunization Linkage clinic dates, etc. (Information provided by the Southern Nevada Immunization and Health Coalition)
 - c. Nevada Health Link trainings provided by Dignity Health in partnership with C.A.R.E.
 - d. Smoking cessation: Quitline
 - e. Text4baby program/enrollment information
- Held Teen Relationship Abuse training in partnership with the Nevada Network Against Domestic Violence (27 attendees)
- Held train the trainer for the Community Engagement Workshop Series, in partnership with the Urban Family Engagement Network and National Parent Teacher Association (PTA). Workshop sessions to begin in August 2014.
- In celebration of National Infant Immunization Week (NIW) and in partnership with the Southern Nevada Immunization and Health Coalition (SNIHC), created and sent a mailing to all OB/GYN providers in Nevada with information and resources addressing all MCH Advisory Board identified priority areas.
- Facilitated ordering of text4baby supplies for all 19 WIC clinics in Clark County (over 12,000 pregnant/new mothers).
- Sent bi-weekly membership e-newsletters via Constant Contact to entire MCH coalition membership. Newsletter included news articles related to coalition activities and MCH-related information for Nevada, links to MCH coalition website and additional resources available for download as provided by member organizations and created by coalition staff.
- Discussed expansion of WIC Linkage program with the Southern Nevada Immunization and Health Coalition (SNIHC) including enhancing education for WIC staff around available resources and importance of enrollment in a health plan (especially ten essential health benefits)
- Held Steering Committee meeting and discussed 2014 Spring Symposium, strategic planning session and upcoming activities for entire coalition.
- Received March of Dimes Chapter Grant for project centered on increased enrollment in text4baby through unique marketing/outreach campaigns.
- Joined Teen Health & Safety Coalition, a statewide coalition focused on the passage of legislation providing guidelines for comprehensive sex education in Nevada's schools.
- Began planning of Youth Action Day (scheduled for December 6th) with various partners including The Rape Crisis Center of Las Vegas, ACLU, West Career & Technical Academy.
- Secured space for majority of planned MCH Coalition events for the year through The Innevation Center (in-kind).
- Planned partnership with March of Dimes for fall educational symposium focused on prenatal care, maternal mental health, substance abuse during pregnancy, labor/delivery and pre-term birth.

- Coordinating documentary screening series, the first of which will be held Wednesday, May 28th from 5-9pm at the Innovation Center. Will screen *The Raising of America*, a documentary about early childhood development and the community's role in supporting families through the first few years of a child's life.
- Held 2014 MCH Spring Symposium on April 30th. No-cost for attendance. Included 4 hours of CE for nurses, social workers, marriage & family therapists and childcare providers. Two in-person locations (Las Vegas & Carson City), live-streaming online, viewing 'party' at Roseman University. Each presenter was asked to provide the audience with a call-to-action related to their topic area. Over 180 attendees from Nevada.
 - a. Topics presented & speakers:
 - i. ***Advocacy in Health*** – Annette Magnus-Marquart, ProgressNow Nevada
 - ii. ***Cocooning: Increasing Antepartum*** – Kathie Lloyd, MSN, RN, Nevada State Immunization Program
 - iii. ***Nurse-Family Partnership: Home Visiting in Clark County*** – Margarita DeSantos, RN, BSN & Maria Teresa Johnson, Sr. CHN, Southern Nevada Health District
 - iv. ***CYSHCN: Resources from Family TIES*** – Melanie Kauffman, GPC, Family TIES
 - v. ***Breastfeeding: A Public Health Imperative*** – Madeleine Sigman-Grant, PhD, RD, University of Nevada Cooperative Extension
 - vi. ***Telling It All: Comprehensive Sex Education in Nevada*** – Marya Shegog, PhD, MPH, CHES, The Lincy Institute at UNLV
 - vii. ***Domestic Violence: A Public Health Priority*** – Susan Mueschke, Nevada Network Against Domestic Violence
 - viii. ***Maternal Mental Health Disorders: The Urgency and Solutions*** – Joy Burkhard, MBA, 2020 Mom Project
 - ix. ***Impact Through Advocacy*** – Denise Tenata Ashby, JD, Children's Advocacy Alliance of Nevada
 - b. Initial reported activities/outcomes as a result of the Spring Symposium (as of a week following the event):
 - i. Dignity Health Medical Group will train all staff on screening for domestic violence among patients.
 - ii. The MCH Coalition is working on creating a mental health workgroup which will begin by focusing on maternal mental health and infrastructure needs in Nevada.
 - iii. Roseman University is interested in making the Spring Symposium a requirement of their nursing students each year.
 - iv. The Huntridge Teen clinic will now include an advocacy section in their monthly newsletter sent to all clients and community partners.
 - v. This summer, the Barbara Greenspun WomensCare Center, in partnership with the Urban Family Engagement Network will begin a Community Engagement Workshop series for families to become engaged with techniques and opportunities for advocacy in their communities.
 - c. Outside funding received in support of Spring Symposium:
 - i. \$2,000 from March of Dimes
 - ii. \$500 from Immunize Nevada

PCO Highlights from February – April 2014

- The new 5-year cooperative agreement was awarded in April, with reduced funding, based on a new formula from HRSA
 - Three new MUA/P designations were approved
 - Seventeen HPSA renewals were submitted
 - Two J-1 applications were received and one is in the pipeline
 - Three new NHSC site applications were started online
 - A new five-year plan to level-out the workload for designations has been drafted for submission to HRSA at the end of May

- Coordination of Behavioral Health Care Professional Pipeline Mapping Project
 - Following a kick-off meeting in February, professional workgroups met through March and April to complete mapping of requirements and recommendations, which were reviewed by DPBH Administration:
 - Develop budget requests for new intern and supervisory positions for behavioral health professions, based on caseload data
 - Expand partnership with NSHE to cross-train nurses through DPBH/Clinical Services
 - Expand tele-health and Project ECHO for supervision and behavioral health integration
 - Continue working with WICHE to develop psychology (and possibly psychiatric nurse) residency program through DPBH/Clinical Services
 - Work with NSHE to develop Medicaid billing system to sustain clinics
 - Follow up with the Division of Health Care Financing and Policy to integrate recommendations in State Plan for Medicaid
 - Follow up with licensing boards to develop transparent process for employers to collaborate on validation of core competencies and clinical expertise, and documentation thereof, to provide support for out-of-state applicants
 - Follow up with state personnel to review/revise behavioral health professional classification system
 - Work with partners to conduct survey of behavioral health professional supervisors and interns to assess implementation of evidence-based practices
 - Develop webpage to publish materials and establish online user groups

- Developing budget concept for primary care workforce development
- Two bill draft requests were submitted for removal of the J-1 application fee cap and retention of the certificate of need application fees, to adequately fund the administration and oversight of these programs.

- The certificate of need for the Carson-Tahoe facility in Dayton was withdrawn after many years, due to the impact of the great recession on financial sustainability. The remaining structure may be developed for emergency care in the future.
- A preliminary meeting was held regarding the potential renovation of the old Carson-Tahoe hospital, to develop an 80-bed skilled nursing facility with 40 assisted-living units.

- Meetings with our safety net partners continue on a monthly or quarterly basis to collaborate on data development and sharing, provider recruitment and retention, shortage designations, and workforce development.

If you would like to receive our PCO Quarterly Newsletter, please contact bheywood@health.nv.gov to sign up.



**Southern Nevada Maternal and Child Health Coalition
May 2014: Meeting Activity Update**

- **March Meeting (3.10.14)**
 - **Speaker:** Stacey Gross, MPH, CHES, Southern Nevada Immunization and Health Coalition (SNIHC) – *WIC Immunization Linkage Project*
 - **Discussion:**
 - Advocacy opportunities around comprehensive sex education
 - Provider education events and Youth Action Day in Southern Nevada
- **April Meeting (4.14.14)**
 - **Speakers:**
 - Margarita DeSantos, RN, BSN, Southern Nevada Health District & Tara Phebus, MA, Nevada Institute for Children’s Research and Policy *Baby Safe Sleep Program*
 - Shelly Cochran, Safe Kids Clark County – *Child Safety Resources*
 - **Discussion:**
 - Sexual Assault Awareness Month
 - Activities taking place statewide in recognition
 - Trafficked No More
 - Call for resources for the 2014 Spring Symposium
 - March of Dimes Chapter Grant – text4baby enrollment campaign
- **May Meeting (5.12.14)**
 - **Speakers:**
 - Tiffany Alston, Sunrise Children’s Foundation & Patti Oya, Office of Early Care and Education *Nevada Silver State Stars – QRIS Program*
 - **Discussion:**
 - The Raising of America documentary screening.
 - Previewed trailer of documentary
 - Discussed disconnect between health and education communities and solutions.
 - Utilization of health coverage for newly insured, including educating public on finding a provider and 10 essential health benefits



During the last couple months the Northern Nevada Maternal and Child Health Coalition (NNMCH) has met every third Monday at the Washoe County Health District. The last couple months have brought speakers to the coalition meeting including Melissa Krall, the Director of Community Outreach for REMSA who spoke about their current work with their Health Care Innovation award within the community. In April, we had Jennifer Howell from the Washoe County Health District speak to us about the work in the sexual health program. In addition, just this past meeting in May we had Lindsey Dermid-Gray from the breastfeeding coalition speak to us about a sub grant for the breastfeeding coalition to fund future community events. The coalition's next scheduled meeting is Monday June 16th at the Washoe County Health District.

Cribs for Kids Safe Sleep

The Cribs for Kids Safe Sleep Awareness Bus Campaign, provided by funding from the Child Death Advisory Board, is in full force in Washoe and Clark Counties. In Washoe County be on the lookout for King and Queen bus panels with the ABCs of safe sleep practices. The panels are identical to the C4K brochure. Pictures attached. In Washoe and Clark Counties interior cards in over 130 busses in both English and Spanish display the same messaging.



C4K presented at the Reno Association for the Education of Young Children (RAEYC) rural mini conference in Carson City. Daycare providers from Carson City, Fallon, and Winnemucca were in attendance to receive the safe sleep education and messaging C4K offers.

C4K worked collaboratively with community partners to be involved in two Community Baby Showers one in Clark and one in Washoe County to provide education and information to Nevada moms and families.

C4K has reached the 1000 mark for number of babies receiving survival kits statewide in our Nevada community.

Primary Care Office (PCO)

Our Mission

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

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

Programs and Services

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

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

The PCO also engages in the following activities:

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

Oversight

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

Linkages

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

Contacts

Laura Hale, Manager and Barbara Heywood, Health Resources Analyst

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