

**MATERNAL AND CHILD HEALTH ADVISORY BOARD**  
**MINUTES**  
**AUGUST 1, 2014**  
**9:00 a.m.**

The Maternal and Child Health Advisory Board held a public meeting on 08/01/2014, beginning at 9:05 a.m. at the following locations:

Division of Public and Behavioral 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

Nevada Early Intervention Services  
1020 Ruby Vista Drive, Suite 102  
Elko, Nevada 89801

AT&T Conferencing  
Dial-in Toll-Free Number 1-877-336-1831  
Participants Code 4756895

**BOARD MEMBERS PRESENT**

Bonnie Sorenson, Chair, RN, BSN  
Veronica (Roni) Galas, Vice-Chair Carson City  
Health and Human Services (CCHHS)  
Assemblywoman Ellen Spiegel  
Tyree Davis, DDS, Nevada Health Centers  
Lisa Lottritz, Public Health Nursing  
Supervisor, Washoe County Health  
Department  
Marsha Matsunaga-Kirgan, MD, UNSOM  
Amanda Spletter, Medical Case Manager,  
Clark County Department of Family  
Services (CCDFS)

**BOARD MEMBERS NOT PRESENT**

Joy DeGuzman, MD, Nevada Health Centers  
Fred Schultz, Founder and CEO of Foundation  
of Positively Kids  
Senator Joseph (Joe) P. Hardy, MD

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH STAFF PRESENT**

Beth Handler, Deputy Bureau Chief, Bureau of Child, Family and Community Wellness  
Andrea Rivers, Maternal, Child and Adolescent Health (MCAH) Section Manager, 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  
Evelyn Dryer, Grants Manager, Home Visiting, BCFCW  
Vickie Ives, Health Program Specialist, Maternal and Infant Health, BCFCW  
Leah Thompson, Program Coordinator, Adolescent Health, BCFCW  
Yurie Lui, Health Resource Analyst, Home Visiting, BCFCW  
Laura Hale, Primary Care Office (PCO) Manager, DPBH  
Ingrid Mburia, Health Program Specialist, MCH Epidemiology, BCFCW  
Sarah Demuth, Health Program Officer, Adolescent Health, BCFCW

Chris Bashaw-Pearson, Administrative Assistant, MCAH, BCFCW  
Michelle Friend, Administrative Assistant, EHDI, BCFCW  
Kayleen Taylor, Administrative Assistant, Adolescent Health, BCFCW

**OTHERS PRESENT**

Elizabeth Arbogast, Administrative Assistant, Maternal Child Health Coalition  
Michelle Gorelow, Director of Program Services, March of Dimes  
Melinda Hoskins, The Hoskins APRN Clinic  
Barry Lovgren, Public

Chair Bonnie Sorenson called the Maternal and Child Health Advisory Board meeting to order at 9:05 a.m. Ms. Sorenson 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 (MCHAB) was present.

**2. Vote on minutes from the May 30, 2014 meeting**

Chair Bonnie Sorenson asked whether there were any corrections to the draft minutes from the May 30, 2014 meeting.

**CHAIR SORENSON ENTERTAINED A MOTION TO APPROVE THE MINUTES. A MOTION TO APPROVE WAS MADE BY DR. TYREE DAVIS. ASSEMBLYWOMAN ELLEN SPEIGEL SECONDED THE MOTION WHICH PASSED UNANIMOUSLY WITHOUT PUBLIC COMMENT.**

**3. Morbidity and Mortality Follow-up**

Vickie Ives said she would expand on information from the last MCHAB meeting and provided Exhibit A which explained the following:

- Annual reporting
- Steps involved in starting a Maternal Mortality Review Board
- Areas for improving data collection

Ms. Ives explained the difference between pregnancy-associated mortality versus pregnancy-related mortality. Exhibit B was a preliminary report of Maternal Mortality Rate Estimates and sample sizes were small, covering years 2010 – 2012 and counts were not final. All 50 states participate in the Pregnancy Mortality Surveillance System (PMSS) where data is reported to Centers for Disease Control and Prevention (CDC) every year. Vital Statistics sends linked maternal death certificates and birth records for all women whose deaths occurred during pregnancy or within one year of pregnancy termination.

Ms. Ives said there was an excellent resource which outlined the steps the CDC requires to create a Morbidity Mortality Review Board and continued sharing information contained in Exhibit A.

She also listed ways to improved data collection.

A PowerPoint presentation (Exhibit C) was given by Ms. Ives.

Roni Galas asked what was included in the non-cardiovascular diseases category. Marsha Matsunaga-Kirgan, MD said hypertension was one of the leading causes. Dr. Matsunaga-Kirgan asked for the national pregnancy-related mortality rates in the United States compared to Nevada. Ms. Ives said it was difficult to compare data as it was preliminary and sample sizes were small. Ms. Ives explained the data were preliminary, so she did not want to compare United States information against Nevada. Ms. Galas said International Classification of Disease (ICD)-9 was used for coding and soon ICD-10 and asked whether there was mapping available and would this help in isolating and collecting better data? Deborah Aquino said Vital Records was working on parts of the data collection and quality improvement efforts; also, dialog was needed concerning death record reporting. Chair Bonnie Sorenson asked whether the Division was interested in starting a review board. Ms. Aquino said at this time it was not a priority because of funding concerns.

#### **4. Program reports**

Deborah Aquino said program reports were included with the agenda (Exhibit D) but there were a few updates.

Vickie Ives gave her report on the safe sleep campaign. Ingrid Mburia said the Maternal Child Health (MCH) Block Grant was submitted on July 14, 2014, and would be posted on the MCH website. Ms. Mburia gave an update on Nevada Baby BEARS (Birth Evaluation and Assessment of Risk Survey).

Beth Handler said based on a prior meeting, the Division submitted a budget concept paper to the administration regarding the proposed repeal of Nevada Revised Statutes (NRS) 442.420, which requires the Division to maintain a system for monitoring Fetal Alcohol Syndrome (FAS). Ms. Handler said NRS 442.420 is not enforceable because there is no mandatory reporting for providers and many types of providers may diagnose FAS at different ages of an individual, as well as other components of Fetal Alcohol Spectrum Disorder (FASD). There is no funding attached to the development of such a comprehensive system. There is question and skepticism as to whether a system could be developed that could generate data of sufficient validity. The Division is able to develop targeted educational campaigns using existing data sources. Ms. Handler asked the Board for guidance on the alternatives if no one was preparing a Bill Draft Request (BDR).

Roni Galas asked about the MCH, Title V Needs Assessment and whether the planning process involved conversations with other entities in the community. Ms. Mburia said MCH

was aware of other entities and was communicating with them regarding utilizing some of their data. Chair Bonnie Sorenson said having many assessments available was important.

Ms. Sorenson asked about the reorganization of Newborn Screening (NBS) and the Nevada State Health Lab. Mary Pennington reported the Nevada State Health Lab became the NBS lab of choice on July 1. The screening processing was going smoothly. Dr. Tyree Davis understood this new process would help expedite results and Mary concurred.

Ms. Aquino introduced Andrea Rivers, the new Maternal, Child and Adolescent Health Section Manager.

Michelle Gorelow gave her report on the Nevada Statewide MCH Coalition (Exhibit D).

Laura Hale went over her report from the Primary Care Office (Exhibit D). Dr. Davis asked how well the Western Interstate Commission for Higher Education (WICHE) program was working. Ms. Hale said WICHE was supporting an expansion for mental health services and was contracted to develop a psychology intern program. Ms. Hale said she would try to get Dr. Davis information on the WICHE program, including dental programs. Ms. Galas said, due to the huge need, any effort to improve and expand behavioral health services was welcome.

Barry Lovgren thanked the Board, Bureau and Ms. Aquino for re-energizing Perinatal Substance Abuse Prevention and partnering with SAPTA (Substance Abuse Prevention Treatment Agency) in developing the public education campaign. Mr. Lovgren was pleased with the sobermomshealthybabies.org website which was developed by MCH and SAPTA staff. He encouraged the Board to visit the site and provide feedback to the Bureau.

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

Deborah Aquino stated Dr. Tyree Davis' term would expire on September 30, 2014 and Kami Larsen, MD chose not to continue when her term expired on June 30, 2014. Dr. Davis said he would continue.

**CHAIR BONNIE SORENSON ENTERTAINED A MOTION FOR DR. DAVIS TO REMAIN ON THE BOARD. A MOTION WAS MADE BY AMANDA SPLETTER. RONI GALAS SECONDED THE MOTION WHICH PASSED UNANIMOUSLY WITHOUT PUBLIC COMMENT.**

Ms. Aquino asked that recommendations for the vacant position be sent to her with a Curriculum Vitae (CV) which would be presented at the next meeting. Dr. Tyree said the Board might consider someone in private practice. Ms. Aquino said the Board may also want to consider a professional in the field of behavioral health or substance abuse treatment or prevention.

## **6. Public Comment**

Melinda Hoskins had called in to talk about midwives during public comment but the teleconference connection was lost. Chair Bonnie Sorenson recommended placing the topic as an agenda item for the next meeting. Ms. Sorenson said the next meeting would be the Board's last opportunity to discuss legislative issues before the Legislative Session begins and asked whether there was interest in a compilation of legislative issues which could impact Maternal and Child Health. Deborah Aquino said staff could help compile a list of issues for the Board. Michelle Gorelow from March of Dimes offered her organization. Ms. Sorenson said the Southern Nevada Health District was hosting a meeting with Legislators to educate on components of comprehensive sex education. There were issues regarding continued collection of body mass index (BMI) data in schools. Roni Galas agreed this information should be an agenda item and also NRS.442.420 that Beth Handler reported on which impacts the board. Ms. Sorenson would like an update from Nevada Public Health Lab regarding Newborn Screening transition. Ms. Galas thought it would be valuable if each member of this Board visit the [sobermomshealthybabies.org](http://sobermomshealthybabies.org). Ms. Aquino said currently the website did not have a comment section, but if anything incorrect was discovered, send her the information. Ms. Aquino explained this was a soft launch of the website, but would be widespread with television and radio announcements to be released following the November election.

## **7. Adjournment**

The meeting was adjourned at 10:17 a.m.

# Maternal Child Health Advisory Board Quarterly Report: Maternal Mortality Review Information

August 1, 2014

Exhibit A

---

Maternal mortality information requested by the Maternal and Child Health Advisory Board, 5/30/14:

## ***Center for Disease Control and Prevention (CDC) Pregnancy Mortality Surveillance System (PMSS)***

- Annual identification of pregnancy-related deaths from all of the states to the CDC PMSS
  - Nevada vital statistics program sends linked maternal death certificates and birth/fetal death certificates for all women whose deaths occur during pregnancy or within 1 year of pregnancy (<http://www.cdc.gov/reproductivehealth/MaternalInfantHealth/PMSS.html>)
- The PMSS includes a review of cause of death, analysis of findings, and how to address findings with appropriate preventative actions/programs

## ***Steps Involved In Starting a Maternal Mortality Review Board***

- An overview of the steps involved in starting a Maternal Mortality Review is provided by the CDC in *State Maternal Mortality Review: Accomplishments of Nine States* (2003) at <http://www.cdph.ca.gov/data/statistics/Documents/MO-CDC-ReportAccomplishments9States.pdf>
- Create a multidisciplinary review board with clinical and epidemiological representation
- Identify funding source(s); most often housed within state health departments
- Develop appropriate legal framework to ensure confidentiality, immunity, and data sharing
- ICD-10 coded maternal mortality case identification in concert with the PMSS data; case selection and abstraction, case review, distillation of results, and identification of future actions informed by the results of the review
- Clarification of pregnancy-related (cause of death within 1 year of pregnancy termination related to or worsened by the pregnancy, non-accidental) and pregnancy-associated (regardless of cause, death within 1 year of pregnancy termination) deaths (<http://www.cdc.gov/reproductivehealth/MaternalInfantHealth/PMSS.html> )
- Identify sources of maternal mortality, disparities, and service gaps to then address and prevent sources of maternal deaths, identifying proximate and ultimate causes

## ***Improving Data Collection***

- Use standardized definitions and time periods and improve birth and death certificate reporting
- Include medical records, hospital discharge and labor and delivery data, Medicaid pregnancy case manager data, home visiting and community health worker data, and coroner's/pathology reports in addition to the PMSS data from vital statistics
- Integrate with interpersonal violence, suicide, Department of Motor Vehicles, Department of Public Safety, and substance use treatment data sources
- Improve monitoring of severe maternal morbidity

**Preliminary Report:  
Maternal Mortality Rate Estimates, 2010-2012\***

Exhibit B

<b>Pregnancy-associated mortality rate, Nevada</b>		
Death Count	Live Birth Count	Mortality Rate Estimate†
40	105,442	37.9 maternal deaths per 100,000 live births

<b>Pregnancy-related mortality rate, Nevada</b>		
Death Count	Live Birth Count	Mortality Rate Estimate†
11	105,442	10.4 maternal deaths per 100,000 live births

<b>Pregnancy-associated mortality rate by County</b>			
County	Death Count	Live Birth Count	Mortality Rate Estimate†
Washoe	8	15,887	50.4 maternal deaths per 100,000 live births
Clark	28	78,772	35.5 maternal deaths per 100,000 live births
Rest of State	~		~

<b>Pregnancy-related mortality rate by County</b>			
County	Death Count	Live Birth Count	Mortality Rate Estimate†
Washoe	~	15,887	~
Clark	9	78,772	11.4 maternal deaths per 100,000 live births
Rest of the State	0		0.0

<b>Pregnancy-associated mortality rate by Race/Ethnicity</b>			
Race/Ethnicity	Death Count	Live Birth Count	Mortality Rate Estimate†
Hispanic	10	38,799	25.8 maternal deaths per 100,000 live births
White	22	44,664	49.3 maternal deaths per 100,000 live births
Black	7	10,804	64.8 maternal deaths per 100,000 live births
Asian	~		~

<b>Pregnancy-associated mortality rate by Age Group</b>			
Age Group	Death Count	Live Birth Count	Mortality Rate Estimate†
<15	0		0.0
15-19	~		~
20-24	14	25,196	55.6 maternal deaths per 100,000 live births
25-29	7	30,646	22.8 maternal deaths per 100,000 live births
30-34	8	24,749	32.3 maternal deaths per 100,000 live births
35-39	6	12,203	49.2 maternal deaths per 100,000 live births
40-44	~		~
>44	0		0.0

## Notes:

\*Counts are not final and subject to change.

~Rates are not calculated due to small death counts.

†Due to small counts, the rates may be statistically insignificant.

CDC/ACOG definitions used for pregnancy-associated and pregnancy-related maternal deaths.

# Definition of Maternal Mortality

## \* **Pregnancy-Associated Mortality**

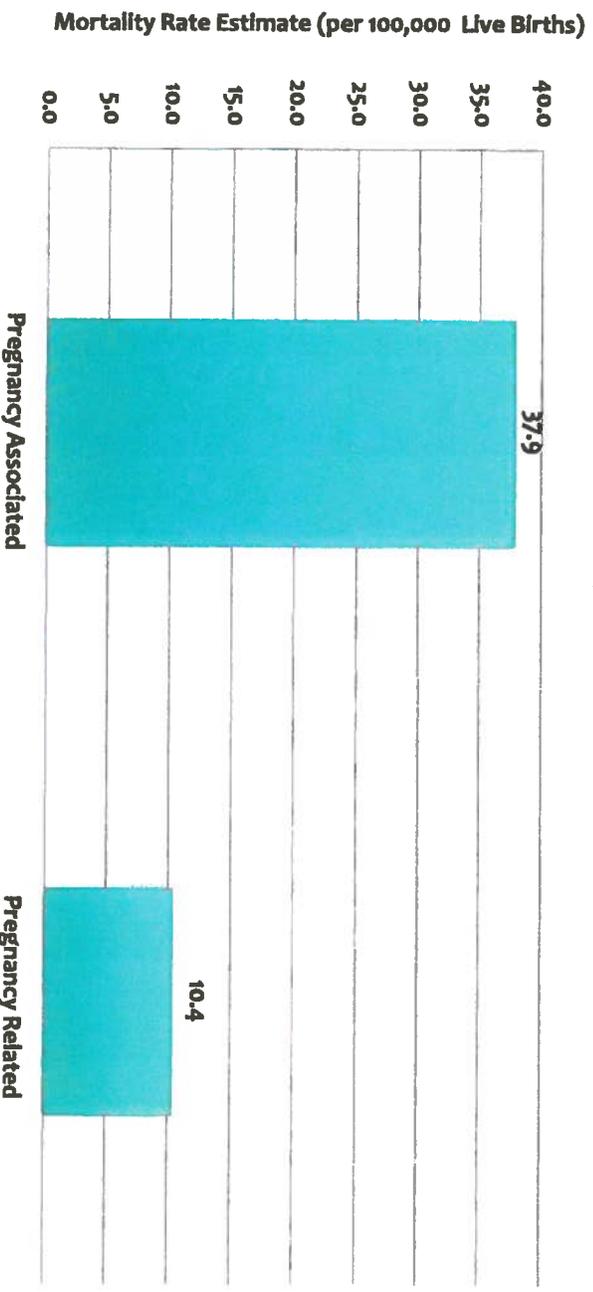
The death of a woman while pregnant or within one year of termination of pregnancy irrespective of cause.

## \* **Pregnancy-Related Mortality**

The death of a woman while pregnant or within one year of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by her pregnancy or its management, but not from accidental or incidental causes.

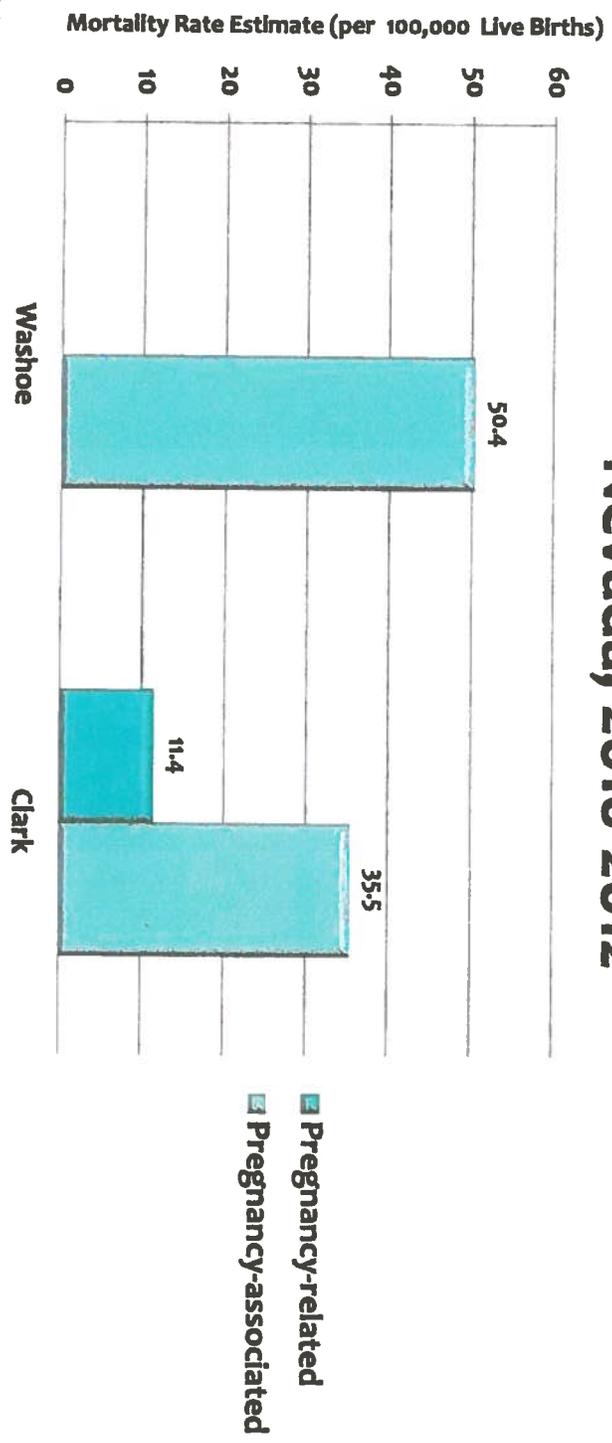
Source: Berg C, Danel J, Atrash H, Zane S, Bartlett L (Editors). Strategies to reduce pregnancy-related deaths: from identification and review to action. Atlanta: Centers for Disease Control and Prevention 2001; 1-214.

# Maternal Mortality Rate Estimates: Nevada, 2010-2012\*



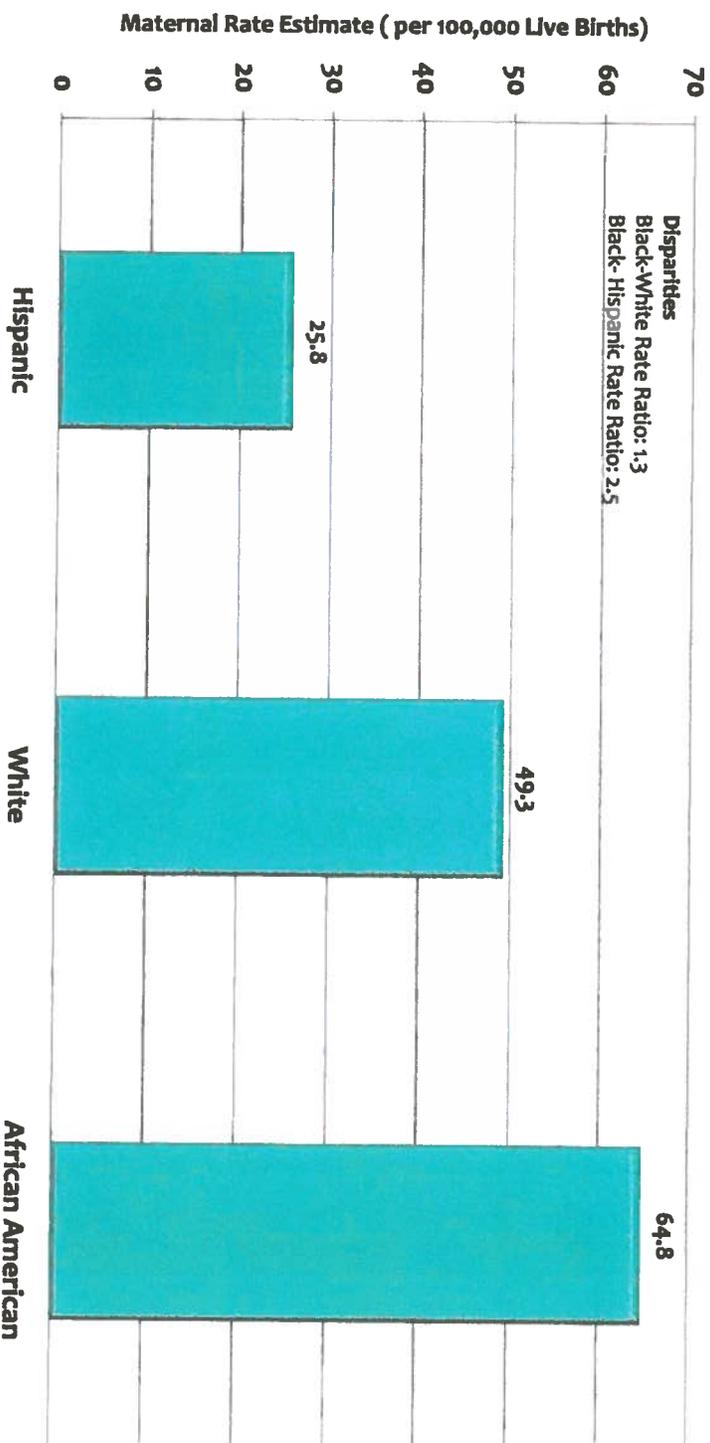
- Notes:**
- \*Counts are not final and subject to change.
  - Rates are not calculated due to small death counts.
  - †Annual numbers of maternal deaths may be small (<10 or 20) which would result in a maternal mortality rate considered to be too unstable or unreliable for analysis. Combining several years (3 or 5-year average annual rates) and/or expanding the area to be studied should result in a larger number of deaths and more reliable rates for analysis.
  - CDC/ACOG definitions used for pregnancy-associated and pregnancy-related maternal deaths.
  - Data Source: Nevada Office of Public Health Informatics and Epidemiology

# Maternal Mortality Rate Estimates: Nevada, 2010-2012\*



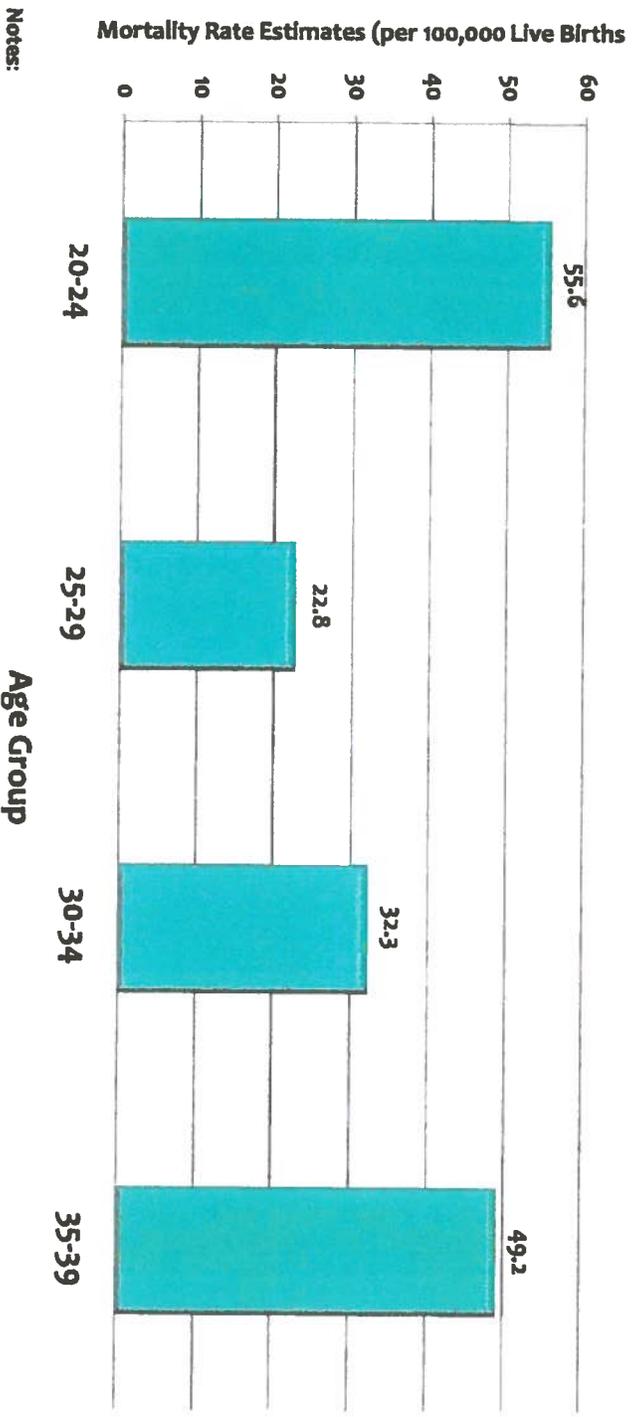
- Notes:
- \*Counts are not final and subject to change.
  - -Pregnancy-associated and pregnancy-related rates for the rest of the state are not calculated due to small death counts. Pregnancy-related rates for Washoe County were excluded for the same reason.
  - Annual numbers of maternal deaths may be small (<10 or 20) which would result in a maternal mortality rate considered to be too unstable or unreliable for analysis. Combining several years (3 or 5-year average annual rates) and/or expanding the area to be studied should result in a larger number of deaths and more reliable rates for analysis.
  - CDC/ACOG definitions used for pregnancy-associated and pregnancy-related maternal deaths.
  - Data Source: Nevada Office of Public Health Informatics and Epidemiology

## Pregnancy-Associated Mortality Rate Estimates† by Race/Ethnicity: Nevada, 2010-2012\*



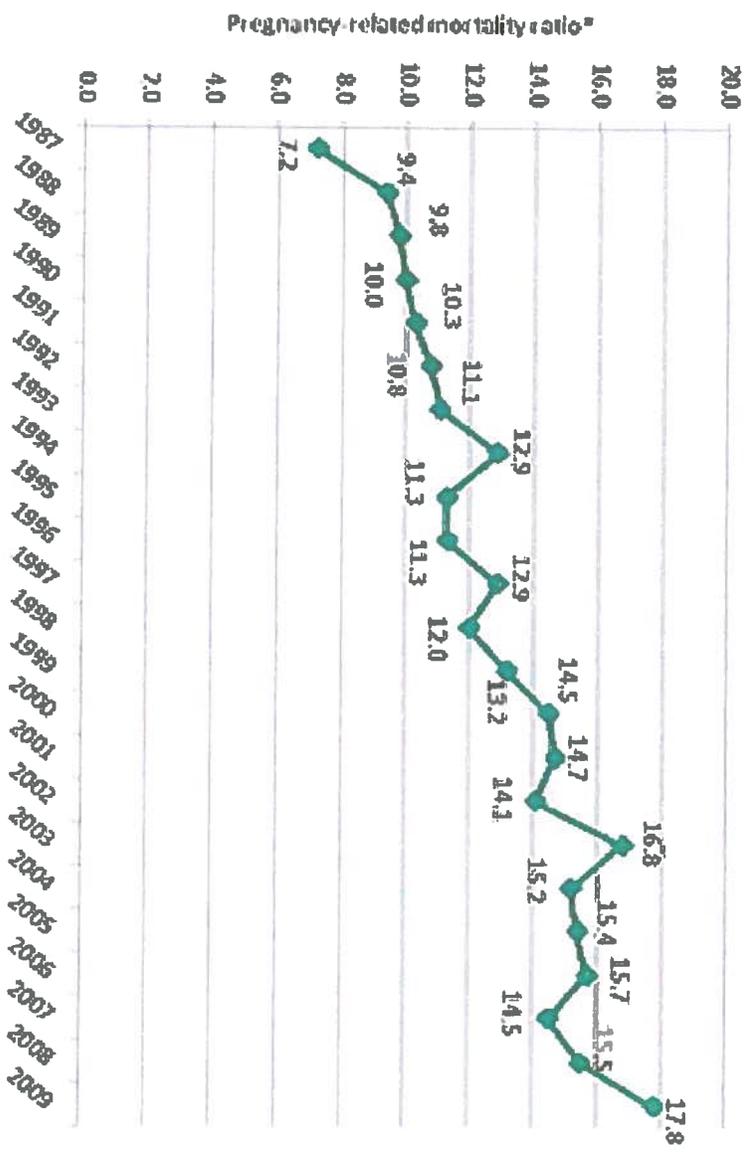
- Notes:
- \*Counts are not final and subject to change.
  - †Rates for Asians were not calculated due to small death counts. There was no pregnancy-associated mortality among Native Americans.
  - †Annual numbers of maternal deaths may be small (<10 or 20) which would result in a maternal mortality rate considered to be too unstable or unreliable for analysis. Combining several years (3 or 5-year average annual rates) and/or expanding the area to be studied should result in a larger number of deaths and more reliable rates for analysis.
  - CDC/ACOG definitions used for pregnancy-associated and pregnancy-related maternal deaths.
  - African American women are 2.5 times more likely to die of pregnancy-associated causes compared to Hispanic women and 1.3 times more likely to die of pregnancy-associated causes compared to White women.
  - Data Source: Nevada Office of Public Health Informatics and Epidemiology

## Pregnancy-associated Mortality Rate Estimates† by Age Group: Nevada 2010-2012\*



- Notes:
- \* Counts are not final and subject to change.
  - † Rates for age groups 15-19 and 40-44 were not calculated due to small death counts.
  - Annual numbers of maternal deaths may be small (<10 or 20) which would result in a maternal mortality rate considered to be too unstable or unreliable for analysis. Combining several years (3 or 5-year average annual rates) and/or expanding the area to be studied should result in a larger number of deaths and more reliable rates for analysis.
  - CDC/ACOG definitions used for pregnancy-associated and pregnancy-related maternal deaths.
  - Data Source: Nevada Office of Public Health Informatics and Epidemiology

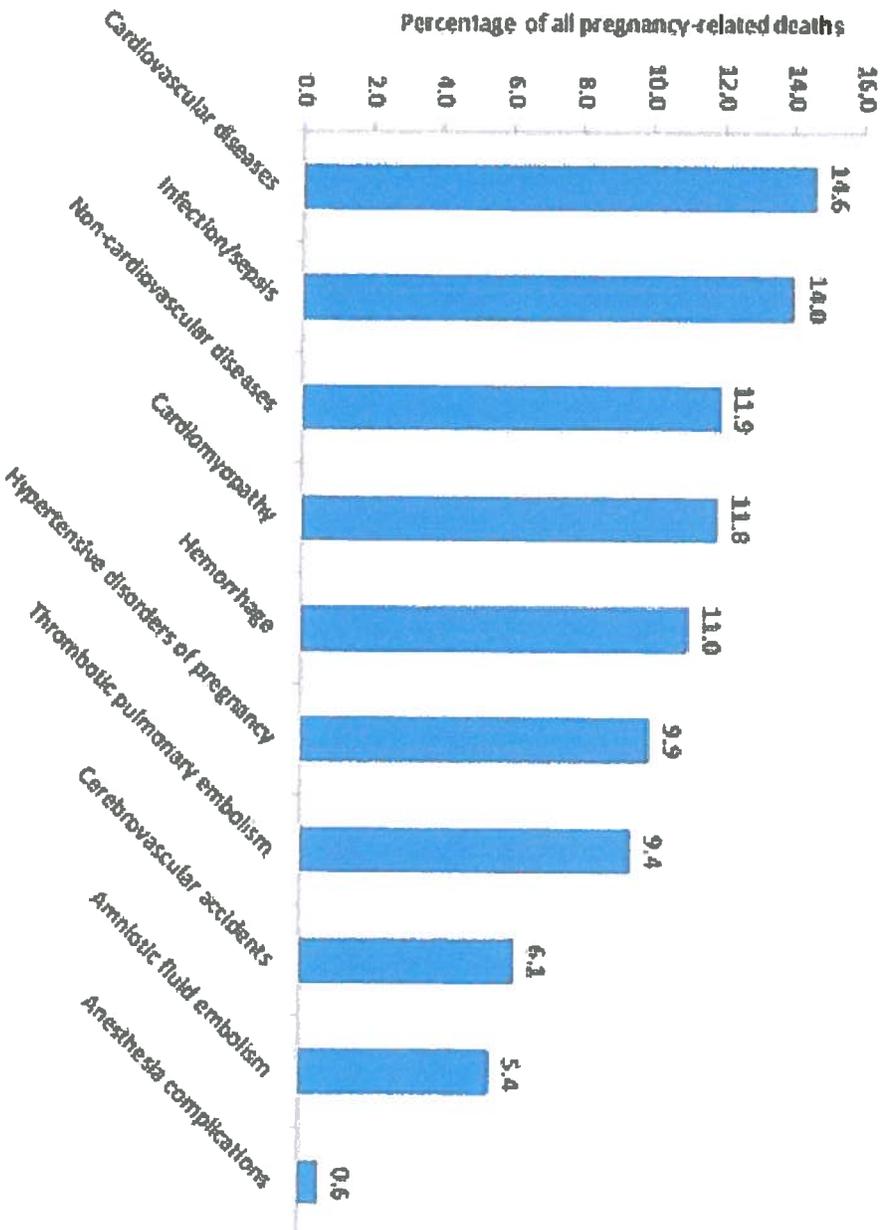
### Trends in Pregnancy-Related Mortality in the United States, 1987-2009



\*Note: Number of pregnancy-related deaths per 100,000 live births per year.

Source: <http://www.cdc.gov/reproductivehealth/MaternalInfantHealth/PMSS.html>

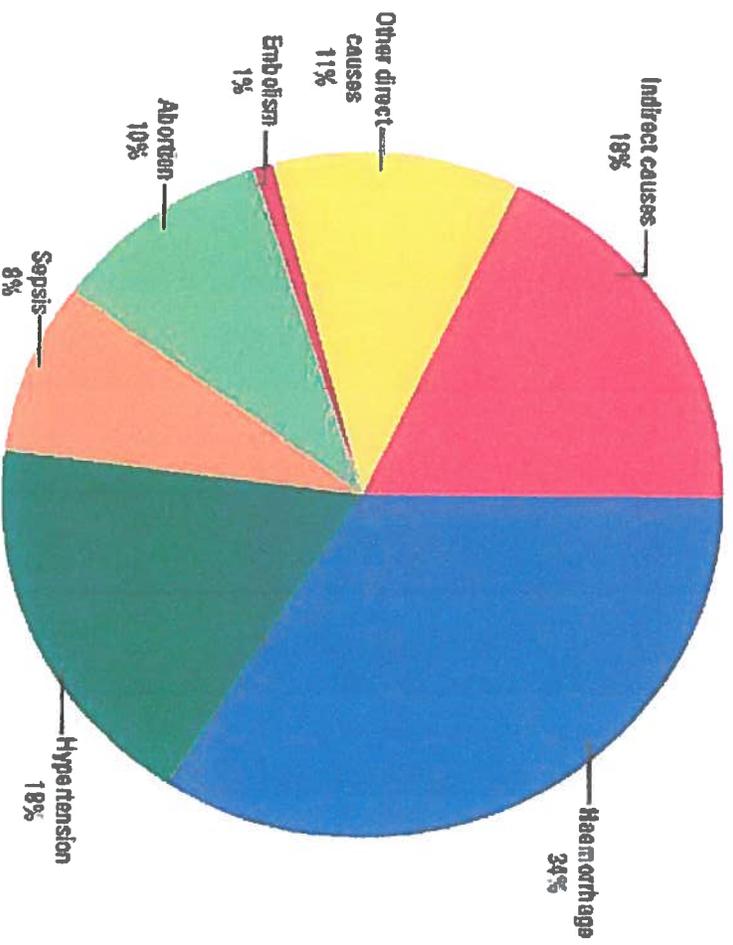
### Causes of Pregnancy-Related Death in the United States, 2006-2009



Source: <http://www.cdc.gov/reproductivehealth/MaternalInfantHealth/PMS5.html>

## Most maternal deaths are from causes that can be prevented or treated

Global distribution of causes of maternal death, 1997–2007



Source: WHO, Systematic Review of Causes of Maternal Death (preliminary data), 2010

## Nevada Preliminary Pregnancy-Associated Maternal Mortality Causes in Order of Frequency: 2010-2012

- \* Nontransport accidents
- \* Assault (homicide)
- \* Diseases of heart
- \* Intentional self-harm (suicide)
- \* Malignant neoplasms
- \* All other diseases (residual)
- \* Complications of medical/surgical care
- \* Congenital malformations abnormalities
- \* Other diseases of circulatory system
- \* Septicemia

**Notes:**

\* Data is preliminary and subject to change.

**Pregnancy-Associated Mortality** is defined as the death of a woman while pregnant or within one year of termination of pregnancy irrespective of cause.

**Definition Source:** Berg C, Danel J, Atrash H, Zane S, Bartlett L (Editors). Strategies to reduce pregnancy-related deaths: from identification and review to action. Atlanta: Centers for Disease Control and Prevention 2001; 1-214.

# Division of Public and Behavioral Health, Maternal and Child Health Program

For more information, please contact:

Deborah Aquino, Title V Maternal, Child & Adolescent Health Program  
Manager at 775.684.4285 or [daqchino@health.nv.gov](mailto:daqchino@health.nv.gov)

## **Adolescent Health Program**

Exhibit D

### **Division of Public and Behavioral Health**

**August 1, 2014**

#### **Abstinence Education Grant Program (AEGP)**

- The Adolescent Health statewide media campaign, in collaboration with the Nevada Broadcasters Association, has begun airing our new “Parents Talk to Your Kids” radio spots. These non-sustaining commercials focus on parent-teen communication on a variety of topics in addition to abstinence.
- The AEGP recently got a Parents Talking with Teens information booklet approved, and will distribute them to the sub-grantees. The intention of this booklet is that of a gap-filler when resistance is met by parents who aren’t comfortable or are hesitant allowing their youth to attend the PHATI classes. Parents Talking With Teens covers a broad range of physical, emotional, mental, and sexual health topics that teens encounter. It gives tips and pointers for parents on how to start conversations with their teens, and provides additional resources that available for them and their teens.
- The Elko Family Resource Center has expanded their “Promoting Health Among Teens- Abstinence Only!” classes to other outlying rural communities in Winnemucca, Lovelock, Jackpot, and Wendover.
- Carson City Health and Human Services continues to conduct PHATI classes in Carson City and Douglas County, they have recently partnered with China Springs/Aurora Pines Youth Camp and Rite of Passage in Douglas. Classes were successful at Silver State Charter School, and CCHHS hopes to implement more classes at the beginning of the new grant cycle.
- Quest Counseling and Consulting in Reno continues to seamlessly conduct PHATI classes to youth who are currently in their center for substance abuse treatment.

#### **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.
- Carson City Health and Human Services has begun conducting classes using the Promoting Health Among Teen, Comprehensive curriculum. They have been able to provide services to youth in both the Rite of Passage and China Springs youth detention facilities as well as in the community.
- They Gay and Lesbian Center of Las Vegas has begun conducting classes using the Reducing the Risk Curriculum.
- Planned Parenthood Mar Monte continues to conduct classes using the Cuidate curriculum. They are also conducting the Teen Success group that is targeted towards pregnant and parenting females with the goal of maintaining family size and graduating high school.

- Elko Family Resource Center has begun PHAT-Comprehensive classes.
- The Adolescent Health Program has submitted a grant under a funding opportunity through the Office of Minority Health and hopes to collaborate with Big Brothers Big Sisters of Northern Nevada to provide services to reduce teen pregnancy and increase educational attainment targeting minority male youth.

### **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 and Child Health Advisory Board Quarterly Report MCH Epi Corner, August 1<sup>st</sup>, 2014

---

### 1. Nevada Baby BEARS

- The first wave of the Nevada Baby Birth Evaluation and Assessment of Risk Survey (Baby BEARS) questionnaires was mailed out in July.
- Baby BEARS uses a mixed-interview-mode methodology. Interviews are attempted first by mail, using the mother's address from the birth certificate. If several reminders fail to yield a return by mail, the case is followed up by telephone.
- All mail and telephone materials are available in English and Spanish.
- You can read the frequently asked questions (FAQ's) about Baby BEARS on our MCH Website.  
<http://www.health.nv.gov/MCH.htm>

### 2. Update on Maternal and Child Health (MCH) Block Grant

- The Title V Block Grant is a Federal-State partnership program to improve the health of mothers, women, children, adolescents, children and youth with special health care needs (CYSHCN) and their families. The Title V Block Grant program requires all states and jurisdictions to report on maternal and child health Performance Measures, Outcomes Measures, Health Status Indicators and Health Systems Capacity Indicators every year.
- Nevada's 2015 Title V Maternal and Child Health Block Grant was successfully submitted on July 14<sup>th</sup>, 2014 and is posted on the Nevada Division of Public and Behavioral Health Website:  
[http://www.health.nv.gov/MCH\\_Reports.htm](http://www.health.nv.gov/MCH_Reports.htm)
- In addition, the 59 states and jurisdictions Title V applications are posted on the federal website and you can compare data across states as well as regions:  
<https://mchdata.hrsa.gov/tvisreports/>

### 3. Update On The Title V MCH Needs Assessment

- Nevada Title V Maternal and Child Health (MCH) 2016-2020 Needs Assessment planning is underway. The internal steering committee is in the process of developing a strategic plan that will serve as a guide in the Needs Assessment process.

#### 4. Update on Other Ongoing MCH Epidemiology Projects

- Nevada MCH is currently participating in a Vital Statistics and Medicaid data linkage web training funded by the Centers for Disease Control and Prevention (CDC) and the Centers for Centers for Medicare & Medicaid Services (CMS).
- The training is a ten-month project designed to assist selected states in linking Medicaid claims and Vital Statistics data for surveillance, performance monitoring, and quality improvement purposes.
- The project aims to improve measurement of two maternal and child health indicators in the CMS Core Set of Children's Health Care Quality Measures for Medicaid and CHIP that require data linkage (C-section and low birth weight rates).
- Results from the project will be shared when they become available.

**Contact Information:**

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

# **Nevada Home Visiting**

## **MCHAB Quarterly Update**

### **July 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 132 families.
- Over 1200 home visits have been completed this calendar year.
- 3 new implementing agencies, Head Start of Northeastern Nevada, Children's Cabinet, and Healthy Communities Coalition have signed contracts, begun hiring and training and are poised to serve 112 families in Elko, Lyon and Storey counties. This will increase our service level to 244 families.

#### ***Federal Funding:***

- Nevada Home Visiting Formula Funding has been extended through September 30, 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.
  - This funding is being used to expand home visiting services into Lyon, Storey and Elko counties.

#### ***Continuous Quality Improvement (CQI):***

- Local CQI plans for each implementing agency have been developed and are in the process of being implemented.
- A Statewide CQI plan is being worked through Social Entrepreneurs, Inc. Quarterly meetings are held for representatives from our implementing agencies to share data, ideas, and strategies. July's quarterly meeting included representatives from each of our new contractors.

#### ***Resources:***

- The 2014 Resource Directory has been distributed statewide.
- The current directory is available online at:  
[http://www.health.nv.gov/homevisiting\\_Resources.htm](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 Home Visiting is in contract negotiations with Yale New Haven Health to develop an evaluation of employee retention in our expansion areas.

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.

***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:
  - Healthy Families America core training
  - Training topics suggested for the future :
    - Emotional Intelligence
    - Bridges out of Poverty
    - Family self-management
    - Maternal mental health
    - Father engagement

***Staffing Updates:***

Administrative Assistant position is vacant and recruitment is in process.

***Welcome:***

We are pleased to welcome Yurie Liu to the Nevada Home Visiting team as Health Resource Analyst II (replaces Biostatistician).

<b>Grant Manager:</b>	Evelyn Dryer:	(775) 684-4032, <a href="mailto:edryer@health.nv.gov">edryer@health.nv.gov</a>
<b>Expansion Program Coordinator:</b>	Lily R. Helzer:	(775) 684-4273, <a href="mailto:lhelzer@health.nv.gov">lhelzer@health.nv.gov</a>
<b>Health Resource Analyst:</b>	Yurie Liu:	(775) 684-5953, <a href="mailto:yliu@health.nv.gov">yliu@health.nv.gov</a>
<b>Administrative Assistant:</b>	Vacant	

**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>

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

August 1, 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 the following highlights:

## ***Safe sleep campaign***

- MCH and Smith's Food & Drug safe sleep partnership launched a media event for a safe sleep campaign on July 16, 2014, including a media release, statewide distribution of safe sleep brochures (Spanish and English), northern region distribution of hourly in-store 30 second safe sleep radio announcements and 3' in diameter safe sleep floor decals (Spanish and English) in 7 Smith's store baby aisles
- At the event, the Regional Transportation Commission provided a bus with a safe sleep jack panel; Cribs for Kids provided a safe sleep environment demonstration and materials; DPBH Home Visiting, Immunization, and WIC programs provided information and services such as printing WeblZ records on-site; Safe Kids Washoe County provided car seat information; and Cradle Cincinnati which shared safe sleep decal visuals and information
- Media coverage of the event and safe sleep practices on television, radio, Facebook, and the *Carson Now* website
- Text4baby, smoking in pregnancy, and injury prevention materials provided by MCH, as well as a raffle of a breast pump provided by WIC
- Brochures and floor decals will be provided for 1 month
- Safe sleep messaging will be used by Smith's in their newsletter reaching 14,000 employees in 7 states

## ***Collaborative Improvement and Innovation Network (CoIIN) to Reduce Infant Mortality***

- Summit Data Summary Report preparation

## ***Text4baby***

- Nevada earned second place in the weekly enrollment challenge due to the July Baby Expo at which Text4baby-branded giveaways were supplied by the MCH program
- Enrollment challenge outreach and planning with stakeholders
- Dissemination of branded materials to partners for distribution at various events

## ***National Governors Association (NGA) Learning Network on Improving Birth Outcomes Project meeting and substance use in pregnancy work group***

- Work group participation, including a goal relating to substance use in pregnancy
- Expanded on mission and strategies toward achieving birth outcome goals

- Developed an outline for work group activities to improve birth outcomes with measures and timeframes

***Perinatal substance abuse prevention media campaign***

- Soft launch of SoberMomsHealthyBabies.org
- Provider letter was developed and the magnet finalized (currently in the printing stage) addressing pregnancy and substance use for providers

***Safe Haven website awareness***

- Posted new Safe Haven website to MCH-hosted address at: <http://www.safehavennv.org/>
- Site targets three audiences: providers, parents, and concerned persons
- Dissemination of flyers to Clark County Fire, REMSA, MCH Coalitions, and other partners
- Posting of the Safe Haven web link to the DPBH Emergency Medical Services home page

***REDCap database***

- 5 week REDCap course completed
- Data sharing for incorporating Cribs for Kids data in REDCap; facilitated creation of GIS maps for Cribs for Kids crib distribution

***Washoe County Health District Fetal Infant Mortality Review (FIMR)***

- Washoe County Health District FIMR pilot project facilitated

***MCH Title V Block Grant***

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

***Title V Needs Assessment***

- Background work and timetable development

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



## Newborn Screening Program – Dried Blood Spot Screening for Congenital and Inherited Disorders

Effective July 1, 2014, the Nevada Newborn Screening (NBS) Program transitioned laboratory and consulting services for dried blood spot screening for congenital and inherited disorders to the Nevada State Public Health Laboratory (NSPHL). NSPHL 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 oversees the Newborn Screening Program. Stephanie Van Hooser is the Administrative Directory of NSPHL. 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, is the new Director of the Nevada Newborn Screening. Ofelia Gentscheff, Newborn Screening Coordinator, is responsible for program administrative duties and follow-up actions the ensure 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 responsible for various aspects of Newborn Screening is continuing.

Under Dr. Larson's leadership, the Newborn Screening Advisory 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 Newborn Screening policy guidance, based on the wide range of expertise of committee members, to the University of Nevada School of Community Health Sciences and the Nevada State Public Health Laboratory.

With the transition of screening for Newborn Dried Blood Spot (DBS) Screening to the NSPHL, it was decided that responsibility for the entire Newborn Screening DBS Program would be transferred to the University of Nevada School of Community Health Sciences and the Nevada State Public Health Laboratory. Therefore, contact information for Newborn Screening DBS will change in the fall (see below). The date of transfer is not yet official but will be provided as soon as it is announced.

### **School of Community Health Sciences and the Nevada State Public Health Laboratory Contacts:**

Dr. Trudy Larson – Director, University of Nevada School of Community Health Sciences

E-mail: [tlarson@medicine.nevada.edu](mailto:tlarson@medicine.nevada.edu)

Stephanie Van Hooser, MBA, MLS (ASCP), CLS – Administrative Director, NSPHL

Phone: 775-682-6205 E-mail: [svanhooser@medicine.nevada.edu](mailto:svanhooser@medicine.nevada.edu)

Ofelia Gentscheff, MBA, MA, MRC, CRC – Newborn Screening Follow-Up Coordinator

Phone: (702) 671-2224 E-mail: [ogentscheff@adsd.nv.gov](mailto:ogentscheff@adsd.nv.gov)

### **Current Bureau of Public and Behavioral Health Contacts:**

Mary Pennington – Newborn Screening Program Program Manager

Phone: 775-684-3478 E-mail: [mpennington@health.nv.gov](mailto:mpennington@health.nv.gov)

Cathy Robinson – Health Program Specialist I – Newborn Screening Training Coordinator

Phone: 775-684-3476 E-mail: [crobinson@health.nv.gov](mailto:crobinson@health.nv.gov)



## 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.

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 the CDC Early Hearing Detection and Intervention Information Surveillance Grant (EHDI-IS) Annual Performance Report in April. Funding for EHDI-IS remains substantially unchanged for the coming year. NV EHDI hosted a CDC site visit June 12, 2014. The CDC EHDI Team was pleased with the progress Nevada had made in providing universal hearing screening data for more than 85% of Nevada's births (all births occurring in the 12 largest hospitals in Nevada). The program has initiated a pilot project to see if a smaller rural hospital can develop universal reporting procedures that will meet program needs but not be too time intensive for hospital staff. If the pilot is successful, it is hoped that similar procedures can be adopted by the other rural hospitals to provide universal data statewide.

The HRSA Universal Newborn Hearing Screening and Intervention Grant continuing application was submitted in March 2014 and funding is anticipated to approximate the current level when the Notice of Award is received sometime prior to the end of the current grant year on "August 31, 2014. While Newborn Hearing Screening is required by statute (NRS 442.500 – 442.590, inclusive), the NV EHDI Program is funded entirely with federal funds so it is essential for federal funding to be maintained in order to ensure that program continues to function at current levels.

Perry Smith, the EHDI Program Coordinator, and Diane Miller, Au.D, the Infant Data and Follow-up Coordinator, met with representatives at Mike O'Callaghan Hospital at Nellis Air Force Base in Las Vegas in May to enhance their reporting processes. Perry and Dian will provide hearing screening training at rural hospitals in this quarter and 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](mailto:pgsmith@health.nv.gov) or 775-684-4272
- Mary Pennington, Newborn Screening Program Manager  
[mpennington@health.nv.gov](mailto:mpennington@health.nv.gov) or 775-684-3478

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

Nevada has made significant progress toward implementing a high-quality Rape Prevention and Education (RPE) Program, by developing infrastructure and outlining a Sexual Assault Prevention (SAP) Plan for the state. The RPE Program encourages collaboration efforts and partnerships between organizations and agencies, and serves as a liaison for the support of primary prevention measures. The development and implementation of RPE funded programs utilize available resources to identify and support short and long term goals of the SAP Plan.

With the beginning of a new five year project for sexual violence prevention, the RPE Program expects to increase the number of RPE funded organizations implementing effective sexual violence prevention strategies, and improve program evaluation infrastructure and capacity. This will be accomplished through improved data collection, implementing proven prevention strategies, individual and community education, and increased risk reduction and protective factors.

Prevention strategies currently being utilized in Nevada for sexual violence prevention include; educational seminars, training programs for professionals, and training programs for students and campus personnel designed to reduce the incidence of sexual assault on high school, college, and university campuses.

**Outcomes**

At the end of the project period, the anticipated benefits of the proposed strategies to the identified programs are expected to benefit Nevadans on several levels.

At the individual level:

- More targeted high risk individuals will be reached.
- Risk factors will decrease.
- Protective factors will increase.
- More resources will become available for teens and young adults.
- Individual education of sexual violence will improve.
- Diverse populations receiving services will increase.
- Program evaluation infrastructure and capacity for evaluation efforts will increase.

At the relationship level:

- The promotion of respectful, nonviolent dating relationships will increase.
- Education for adults and youth educators who work directly with teen populations will increase.

At the community level:

- Data collection procedures will improve.
- RPE Program infrastructure and capacity will improve.
- Community education will improve.
- Funded organizations implementing effective sexual violence prevention strategies will increase.

**Nevada State Division of Public and Behavioral Health  
Bureau of Child, Family, and Community Wellness  
Chronic Disease Prevention and Health Prevention Section  
Tobacco Prevention and Control Program**

**Recent Highlights  
May, June, July 2014**

Nevada youth groups across the state dedicated to tobacco prevention were very active this spring and summer. Members of Students Taking on Prevention (STOP) of Partnership of Community Resources in Gardnerville were selected to attend the 2014 Youth Leadership Institute sponsored by the Legacy for Health Foundation. The goal of the annual institute is to strengthen the efforts of community-based youth groups working on tobacco prevention and control issues. Nevada students also attended advocacy and social media forums in Incline Village, Boise, Idaho, and Washington, DC.

**Spencer Flanders, 15, of Carson City, was named the West Region Youth Advocate of the Year by the Campaign for Tobacco-Free Kids. Spencer was honored at a gala in the nation's capital on Thursday, May 15 for his leadership in the fight against tobacco.**

**WASHINGTON, May 13, 2014 /PRNewswire-USNewswire**

Spencer is a sophomore at Douglas High School in Minden. He has been involved in fighting tobacco since the 6th grade through his local group, Students Taking on Prevention (STOP). He is now the group's president. Spencer became passionate about the issue when he learned tobacco companies target young people like him. He approaches anti-tobacco advocacy as a social justice issue.

Spencer successfully worked to get his county to adopt a smoke-free parks policy. He identified the problem, built support and assembled a coalition that was instrumental in the adoption of the policy. He organized a group of his peers to pick up cigarette butts in local parks then met with the Douglas County Parks and Recreation board to present his findings. As a result, the Director of Parks enthusiastically supported the policy change at the County Commission.

Spencer is currently leading a campaign to encourage local businesses to institute smoke-free entrances.

More than 400 public health, political, civic and business leaders attended the Campaign for Tobacco-Free Kids' 18th annual gala in Washington, D.C., to recognize these young leaders. The winners received educational scholarships and grants to continue their prevention efforts. They also serve as ambassadors for Tobacco-Free Kids.

"We are thrilled to honor Spencer as our West Region Youth Advocate of the Year," said Matthew L. Myers, President of the Campaign for Tobacco-Free Kids. "Young leaders like him are crucial in the fight to make tobacco history and end this epidemic for good. With their help, we can create the first tobacco-free generation."

Without urgent action to reduce smoking, 5.6 million U.S. children alive today will die prematurely from smoking-caused disease, according to the latest Surgeon General's report on tobacco and health. That includes 41,000 children in Nevada alone.

In Nevada, tobacco use claims 3,500 lives and costs just over \$1 billion in health care bills each year. Currently, 17 percent of the state's high school students smoke. Nationally, tobacco use kills more than 480,000 people and costs the nation at least \$289 billion in health care bills and other economic losses each year.

**SOURCE Campaign for Tobacco-Free Kids**

**Nevada State Division of Public and Behavioral Health  
Bureau of Child, Family, and Community Wellness  
Chronic Disease Prevention and Health Prevention Section  
Tobacco Prevention and Control Program**

**Funding Sources**

- Centers for Disease Control and Prevention (CDC) Core grant (CORE) (March 29, 2014 - March 28, 2015)
- Funds for Healthy Nevada grant (FHN) (July 1, 2013 - June 30, 2015)
- CDC Quitline Capacity grant (QC) (August 1, 2013 - July 31, 2014)

**Subgrantees**

- Carson City Health and Human Services (CORE)
- Nevada Statewide Coalition Partnership (CORE and FHN)
- Nevada Tobacco Users Helpline through July 31, 2014 (CORE, FHN, QC)
- Southern Nevada Health District
- Washoe County Health District

**Additional Key Partners**

- The Nevada Tobacco Prevention Coalition (NTPC)
- The American Lung Association in Nevada (ALAN)

**CDC's Office on Smoking and Health (OSH)  
National Tobacco Control Program (NTCP) Goals**

- Eliminate exposure to secondhand smoke
- Promote quitting among adults and youth
- Prevent initiation among youth
- Identify and eliminate disparities among population groups

**Nevada TPCP Statewide Priority Strategies**

- 100% Smoke-free workplaces
- Telephonic Cessation Counseling
- Tobacco Pricing Strategies

**Obesity Prevention Program Report**  
**Maternal and Child Health Advisory Board**

**August 1, 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
<b>Funding</b>	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)
<b>Subgrants/ Contracts</b>	Children's Advocacy Alliance  Children's Cabinet		
<b>Key Partnerships</b>	Child Care Licensing	NV Dept. of Education  UNLV/ Dr. Lounsbery  NV Dept. of Agriculture	Human Resources  Dr. Tracey Green, Chief Medical Officer, Nevada
<b>Workgroups/ Committees</b>	Early Care and Education Workgroup	Physical Education/Physical Activity Workgroup	Worksite Wellness Committee
<b>Activities</b>	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  Implement a statewide Local School Wellness Policy that includes nutrition, recess and physical activity	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 (DPBH) 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 August 8, 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
- A presentation was made on May 28, 2014 at the Child Care Licensing Advisory Committee Meeting. The purpose of this presentation was to introduce the proposed changes to the NAC and to solicit feedback from this audience.

#### **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. Implementation and evaluation efforts pertaining to the newly revised School Wellness Policy will also take place under this initiative.

#### **School BMI (Body Mass Index) Data Collection**

As a result of the 2013 Legislative Session, SB 442 requires Nevada school districts, whose population is 100,000 or more, to measure their 4<sup>th</sup>, 7<sup>th</sup> and 10<sup>th</sup> 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 providing technical assistance to 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.

#### **Outreach Activities Completed to Date**

- The Chronic Disease Prevention and Health Promotion Section has been actively participating in the NV School Wellness Policy Revision Committee meetings lead by the Department of Agriculture.
- A presentation was made on June 16, 2014 at the Nevada Association of School Board Superintendent's Meeting. The purpose of this presentation was to introduce the "1305" grant that the DPBH-CDPHP, current data and evaluation efforts pertaining to school wellness and obesity and to solicit feedback regarding the barriers to collecting School BMI Data.

**For more information please contact:**

**Jessica Lamb**

*Obesity Prevention Coordinator  
Chronic Disease Prevention & Health Promotion  
Bureau of Child, Family, & Community Wellness  
Division of Public and Behavioral Health  
Office: 775-684-4261  
Email: [jalamb@health.nv.gov](mailto:jalamb@health.nv.gov)*

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

**August 1, 2014**

The program currently has a pilot cohort of 11 CHWs in the field. The CHWs are housed in six coalitions across the state under the Nevada Statewide Coalition Partnership (NSCP). From July 2013 through June 2014, the CHWs attended 209 trainings as a group, for a total of 1,386 hours of training. Trainings attended included Family Bullying Prevention, Maternal Child Health Spring Symposium, Teenage Pregnancy Prevention, and Diabetes and Nutrition in the Latino community. Additionally, within a period of one year, CHWs reached 44,627 individuals through outreach activities at health fairs, schools, and community events such as the Remote Area Medical Event. CHW media activities, including social media, radio, and television reached 879,886 individuals. The CHWs have a total of 104 new case management cases in addition to 24 ongoing from Quarter 3. CHWs have made 2,746 referrals to resources such as youth programs, Nevada Health Centers, and Northern Nevada HOPES clinic within the period of one year. As the program continues to grow, CHWs will continue to focus on community engagement, education and outreach, case management, and referrals. In addition, CHWs continue to build relationships within their respective communities and attend numerous trainings to increase their knowledge and skills and serve their communities effectively.

**FUNDING**

The program partnered with the University of Nevada Cooperative Extension to write the *Rural Health and Safety Education Grant*. The specific objectives of this project are the following: 1) increase health care service utilization by the target population, 2) increase positive health indicators for the target population, and 3) establish a sustainable CHW workforce in the target communities. If awarded, the grant will be used for two purposes: 1) to hire two CHWs to target rural populations in Nevada through NSCP, Nye Communities Coalition (NyECC), and Partners Allied for Community Excellence (PACE) coalitions, and 2) work with Talance, Inc., from Massachusetts, to develop a hybrid training course for CHWs, similar to the hybrid model used by the states of Massachusetts and Washington. This hybrid model will be available to residents in Nevada's rural and frontier regions who wish to be trained as CHWs.

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 September 2014. 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 to June 2017, and the amount will be \$500,000 per year.

The program, in collaboration with Healthy Communities Coalition (Lyon), Nye Communities Coalition, Southern Nevada Health District, Washoe County Health District, Health insight, Healthy Nevada, the Office of Public Health Informatics and Epidemiology, the Community Health Alliance, and the Nevada Health Centers, is applying for the *State and Local Public Health Action to Prevent Obesity, Diabetes, and Heart Disease and Stroke Grant*. The objective of this funding is to reduce health disparities among Latinos, African Americans, and low-income individuals. If awarded, the grant will be used to enhance the use of health data, diabetes prevention programs, clinical professional development, and

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

**August 1, 2014**

Community Health Workers, as well as to improve physical environments in Clark, Washoe, Lyon, and Nye counties.

**EVALUATION**

The program is working with the Center for Program Evaluation (CPE) at the University of Nevada, Reno (UNR) to conduct an annual evaluation report of the program. The report will be available in August 2014. The program developed a Coalition Director Satisfaction Survey that is being implemented. The Coalition Directors will have until the end of July to take the survey. The program will work with CPE on data cleanup and analysis.

**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 being 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 roles, responsibilities, and ethics of CHWs in Nevada to meet national standards. NSHE plans to have a final draft of the curriculum by the summer of 2014 to implement it with a pilot cohort of 40 students (20 at College of Southern Nevada, and 20 at Truckee Meadows Community College) in the fall 2014 semester. Six months after the graduation of the first pilot cohort, NSHE will perform an evaluation of students and employers to see if the new CHWs are being hired. This evaluation will help determine whether NSHE will continue to run more cohorts of students and add more classes. NSHE's goal is to provide a standardized curriculum to help define the CHW 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 provide opportunities for CHWs to develop skills to further their knowledge and careers.

There is a need to train new CHWs in Nevada. Until Nevada has its own functioning in-house CHW training program, the CHW Program recommends using the Washington State training program, a program that offers a comprehensive curriculum free of charge on a quarterly basis. The NDPBH will recognize this curriculum for a CHW Certificate of Completion. The Washington State Department of Health and the Massachusetts Department of Public Health have been contacted regarding how to implement an in-state hybrid training program through regional in-person and online training for Certificates of Completion for future CHWs. In-person training would include CHW core competencies and skills, and online training would provide knowledge and education around topical areas such as chronic disease and mental and behavioral health. In Washington, the training spans an eight-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 the final draft of a white paper and is developing language to propose for the Bill Draft Request. Additionally, the group is working on developing a CHW Association in Nevada. The Association will assist with the CHW certification process, and the promotion and understanding of CHWs as a

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

**August 1, 2014**

workforce. It will further help oversee standards, guidelines, and requirements relating to the training and regulations of CHWs. On July 30, 2014, the program will host a state-to-state call between representatives from states that reimburse CHWs' services through Medicaid or that have tried or are trying to establish such policy. The discussion will help address some of the questions the program has regarding CHWs and Medicaid reimbursement and will help us assess how we in Nevada want to move forward.

**If interested in further information, please contact**

Eliane Fuentes  
Community Health Worker Program Coordinator  
Chronic Disease Prevention & Health Promotion  
Bureau of Child, Family, & Community Wellness  
Division of Public and Behavioral Health  
4150 Technology Way, Suite 210  
Carson City, NV 89706  
Office: 775.684-4083  
Fax: 775.684.4245  
[eefuentes@health.nv.gov](mailto:eefuentes@health.nv.gov)  
<http://health.nv.gov/>



## Update August 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
- Midway through website update including a 'Projects' page with info for each project/initiative of the Coalition, a 'Meetings' page with meeting minutes from previous meetings and updated information for past and upcoming events.
- Planned Strategic Planning Session, to be held July 30<sup>th</sup> at the Innevation Center in Las Vegas. Goal of the day is to create a Strategic Plan of activities and initiatives for the Coalition for 2015. All Steering Committee members have been invited and travel has been provided, as needed.
- Held documentary screening of *The Raising of America*, the first in our Last in the Nation Transformation Screening Series. Screenings were held in both Reno and Las Vegas (Reno located hosted by partner organization, Immunize Nevada). The Raising of America is a documentary created by California Reel which explores the life-long impact of early childhood development/education and how communities can support families through the first years of a child's life.
- Developed factsheet on Early Childhood Development with Nevada-specific data, U.S. statistics and a call to action. First of a series of factsheets to be developed by the Coalition.
- Coordinated sharing of resources via email and social media including upcoming community events, funding opportunities, educational opportunities and outreach materials as shared by the Division of Public and Behavioral Health and membership.
- Sent out 2014 Membership Survey to all membership and encouraged to complete. Results to be analyzed and discussed at Strategic Planning session to guide activities for the Coalition now and during 2015.
- Actively participating on planning committee of March of Dimes' Women's Health Symposium: Healthy Beginnings. Symposium will be held Saturday, November 11<sup>th</sup> at Innevation Center in Las Vegas. MCH Coalition has provided speakers on Baby-Friendly Hospital Initiative, Cocooning, Maternal Mental Health and Progesterone. Coalition to also provide space (no cost through Innevation Center sponsorship), A/V, marketing materials graphic design, printing and mailing costs.
- Began outreach to partners for creation of health education video series, P2P with ASD. Videos are to be taught by and targeted at youth with autism. Videos to include health topics such as autism, immunizations, healthy relationships, diabetes and more and to be completed by Spring of 2015.
- Met with Nevada Teen Health & Safety Coalition to begin planning of Youth Action Day (locations in both Reno and Las Vegas). Youth Action Day will educate and encourage youth to advocate for health-related topics at the community, state and national level, among their peers and through social media.

- Continue to participate on statewide Healthcare Leadership Team for Domestic Violence, hosted by the Nevada Network Against Domestic Violence.
- Hosted 'Train the trainer' for the Urban Family Engagement Network's Community Engagement Workshop Series. Beginning in the Fall, MCH Coalition to partner with Clark County School District to host parent engagement workshops at 3 elementary schools in the Downtown Achieves target area. Curriculum for series developed by National PTA in partnership with the Mexican American Legal Defense and Education Fund (MALDEF), initially intended to assist Spanish-speaking parents in effectively navigating the school system on behalf of their children.
- Attended First Lady's Summit on Children's Mental Health in Carson City.
- Met with VegasPBS regarding their Young Women's Project. Will work to incorporate health topics into girl engagement (targeted at girls ages 8-14).
- Met with Dr. Keith Brill, MD, FACOG, FACS, Chair of Nevada Chapter of ACOG regarding midwifery, maternal mortality review, ACOG engagement and advocacy opportunities around comprehensive sex education.
- Attended Nevada Kids Count Data Book launch event at Clark County School District.
- Met with Nevada Succeeds to discuss expansion of pre-kindergarten availability.
- Joined Marketing & Media Committee in planning and preparation for the 2015 Nevada Disabilities Conference.
- On behalf of Steering Committee, Dr. Michael Maxwell from the Las Vegas Urban League was invited and accepted the invitation to join the Coalition's Steering Committee.
- Established Maternal Mental Health Workgroup, invited all interested membership to join. The first goal of the Workgroup for 2014 is to complete a needs assessment around screening activities for hospitals in Nevada and develop a resource list of all maternal mental health resources available in Nevada. MMH Workgroup to have first meeting in August.



Maternal & Child  
Health Coalition  
of Northern Nevada

## May – July 2014: Meeting Activity Update

- **May Meeting (5.19.14)**
  - **Speaker:** Lindsey Dermid-Gray, MPH, Statewide Breastfeeding Coordinator – *Funding for Liquid Gold 5k (Subgrant provided to Northern Nevada Breastfeeding Coalition and the Maternal & Child Health Coalition of Northern Nevada)*
  - **Discussion:**
    - Title 10 Family Planning Services available through Planned Parenthood include:
      - Provide medical abortion services up to 9 weeks of pregnancy
      - Currently no vasectomy services
      - Takes Medicaid, Blue cross/blue shield
      - Teen Success Program: educates high-risk teens during school lunch and after school
      - Partner with counselors to determine which high risk youth to invite
      - Offers various birth control services
    - St. Mary's welcomed a new Perinatologist, who will work with underserved populations
    - Cribs for Kids is working on a campaign to place "Floor Talkers" in Smith's Grocery Stores that will feature the ABC's of safe sleep. Press release will be July 16<sup>th</sup> at the Smith's in South Meadows.
    - Regina may give data presentation on Cribs for Kids at future meeting
    -
- **June Meeting (6.16.14)**
  - **Speaker:** Kayla Armbruster, Planned Parenthood – *Education and Services provided by Planned Parenthood*
  - **Discussion:**
    - Upcoming events shared:
      - 2015 Nevada Disabilities Conference, to be held in Reno in July 2015.
      - Liquid Gold 5k with Big Latch On, to be held Saturday, August 2 at the UNR Knowledge Center
      - 2014 Nevada Health Conference, to be held October 20-22, 2014 at the Atlantis Resort and Casino in Reno.
    - Terri Golish suggested making all documents available online via the website through scanning.
- **July Meeting (7.21.14)**

- **Speakers:**
  - Curt Fonken, BA, CADC, Counselor and Director of Community Outreach & John Firestone, MSW, LADC, Executive Director of The Life Change Center – *Medical Assisted Treatment of Opioid Abuse During Pregnancy*
- **Discussion:**
  - Labor & Delivery nurses and a Neonatologist in attendance at the meeting gave a hospital perspective for working with pregnant women at high-risk of giving birth to a child suffering from NAS. Concerns were also raised about prenatal viability counseling for opioid abusing pregnant women.



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

- **May Meeting (5.12.14)**
  - **Speakers:**
    - 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
- **June Meeting (6.9.14)**
  - **Speakers:**
    - Tiffany Alston, Family Services Manager, Sunrise Children’s Foundation
  - **Discussion:**
    - *The Raising of America* documentary screening postponed to June 25<sup>th</sup>, no featuring a location in Reno (hosted by Immunize Nevada)
    - Back-to-School season has started with over 30 immunization/health clinics scheduled in Clark County. Visit [www.vaxvegas.org](http://www.vaxvegas.org) for calendar of events.
    - August is National Breastfeeding Month – August meeting will feature speaker on breastfeeding resources.
    - MCH Coalition will begin Maternal Mental Health Workgroup in July. Attendees were encouraged to join if interested.
    - Adolescent Health Symposium will be held January 21, 2015. August meeting will feature a schedule of speakers.
- **NO July meeting held. Next meeting scheduled for Monday, August 11, 3:00pm at the Southern Nevada Health District.**

## **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.

## Contact

Laura Hale, Manager

### PCO Highlights from May - July 2014

- A new 5-year health professional shortage area designation plan was approved by HRSA
  - 2014 begin provider database cleanup
  - 2015 updates include Clark County Dental and Primary Care
  - 2016 updates include Western and Central Nevada Counties, Dental and Primary Care
  - 2017 updates include Eastern and Central Nevada Counties, Dental and Primary Care
  - 2018 updates include Correctional Facilities and all Mental Health areas
- 3 new National Health Service Corps sites were approved, 1 is pending a site visit, and 1 is pending review by the Division of Regional Operations
- 16 loan repayment and scholar awards have been made so far this year, including 1 dentist, 8 mental health practitioners, and 7 primary care practitioners
- Follow up activities for the behavioral health professional pipeline mapping project include:
  - Presentation of recommendations to Medicaid Advisory Committee
  - Presentation of recommendations to Board of Medical Examiners for Social Workers; will schedule follow up with other licensing boards
  - Response to Request for Information from federal Dept of Labor, Dept of Education and Dept of Health and Human Services
  - Work in progress to develop internship program for Psychologists
  - Work in progress to develop residency program for Psychiatric Nurses
  - Working with WICHE to support other intern level programs
  - Will schedule follow up with State Personnel
- Conference call with HRSA/MCH awardee for National Workforce Development Center
  - NV planning to apply for intensive training in next cycle
- 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 [ljhale@health.nv.gov](mailto:ljhale@health.nv.gov) to sign up.