Maternal and Child Health Advisory Board (MCHAB) Maternal Child Health (MCH) Program Updates 5/6/2022

Maternal and Infant Health Program (MIP)

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

Maternal and Infant Health Program Title V/MCH Funded Partners

MCH Coalition

- The NV Statewide MCH Coalition continues to distribute materials promoting the Go Before You Show campaign, the Nevada Children's Medical Home Portal, Perinatal Mood and Anxiety Disorders (PMAD), Nevada 211, SoberMomsHealthyBabies.org, NevadaBreastfeeds.org, and the Nevada Tobacco Quitline.
- A new campaign "Count the Kicks" started in October of 2021 to shed light on and prevent stillbirths in Nevada.
- The following meetings have been held this quarter:
 - o North MCH Coalition Meetings:
 - October 4, 2021
 - January 13, 2022
 - February 10, 2022
 - March 10, 2022
 - South MCH Coalition Meetings
 - November 9, 2021
 - January 11, 2022
 - February 8, 2022
 - March 8, 2022
 - Steering Committee Meetings:
 - November 18, 2021
 - February 17, 2022
- Social Media Posts
 - From October 1, 2021, to March 31, 2022, for Facebook and Instagram followings:
 - Facebook likes increased from 480 to 487 likes with an increase of seven over three months from October 1, 2021, to December 31, 2021.
 - Facebook likes increased from 487 to 499 with an increase of 12 over three months from January 1, 2022, to March 31, 2022.
 - Instagram followings increased from 485 to 506 followings, an increase of 21 followings over three months from October 1, 2021, to December 31, 2021.
 - Instagram followings increased from 506 to 619 followings, an increase of 113 followings over three months from January 1, 2022, to March 31, 2022.

- Instagram posts increased from 298 to 318 posts, an increase of 20 posts over three months from October 1, 2021, to December 31, 2021.
- Instagram posts increase from 318 to 349 posts, an increase of 31 posts over three months from January 1, 2022, to March 31, 2022.

The Regional Emergency Medical Services Authority (REMSA)

- REMSA continues to provide safe sleep media outreach and conduct activities with safe sleep partners as part of their Cribs for Kids Program, including community event participation statewide.
 - o 1,400 Infant Safe Sleep Brochures were distributed in the 4th guarter and 1st guarter.
 - o 296 survival kits were purchased this quarter and distributed 4th quarter and 1st quarter
- REMSA also focuses on injury prevention and has distributed eight car seats this quarter and 1,400 brochures, and ten binders.
- A new program coordinator was hired in the 1st quarter so some numbers may be different from last year due to training new personnel.

Washoe County Health District (WCHD)

- Title V MCH Block Grant currently funds all WCHD Fetal Infant Mortality Review (FIMR) efforts. WCHD continues to review records for FIMR.
 - Two Case Review Team (CRT) meetings were held from October 1, 2021, to December 31, 2021, with 7 cases presented and discussed. Eighteen new FIMR cases were received between October 1, 2021, to December 31, 2021.
 - Three Case Review Team (CRT) meetings were held from January 1, 2022, to March 31, 2022, with 10 cases presented and discussed. Fourteen new FIMR cases were received between January 1, 2022, to March 31, 2022.
 - Two presentations about Count the Kicks materials and campaign were given to WIC staff throughout the state on 10/26/2021 by Healthy Birth Day, Inc.

Carson City Health and Human Services (CCHHS)

- CCHHS conducted 933 adult wellness screenings. Referrals were made for 25 women afflicted by domestic violence, 176 with mood disorders, 259 alcohol users, and 20 with a history of substance use.
- As many as 420 vaccination reminder cards were sent for infants/toddlers ages four-months through 59-months old in need of recommended vaccines.
- CCHHS educated women receiving positive pregnancy test results about breastfeeding during clinic visits. As many as 26 were referred to WIC for support.
- CCHHS reached out to 40 businesses to educate about breastfeeding laws and encourage participation in the Breastfeeding Welcome Here (BFWH) Campaign.
- CCHHS promoted adult well visits and health care transition on clinic digital signage and through social media. One Facebook campaign promoting adult well-visits reached 1,430 individuals through a short video accompanied by additional messaging. The Facebook promotion with material for youth and or their parents/caregivers about health care transition was seen by 2,044 individuals with 12 engaged users.
- During clinic visits, 85 youth or family members received information about health care transition and were provided with resources to learn more.

- CCHHS held two monthly digital signage campaigns promoting Text4Baby. Additionally, the Facebook post reached 2,058 individuals with 48 engaged users.
- The CCHHS Facebook campaign to improve infant and childhood immunizations reached 1,806 with 13 engaged users.
- CCHHS staff conducted one community outreach event and distributed information to 75 individuals and or their families.

Community Health Services (CHS)

- CHS conducted wellness screenings for adults up through age 44. Referrals were made for individuals afflicted by domestic violence, with mood disorders, and with substance use. Additionally, patients were provided with nutrition, weight, and exercise information.
- CHS provided preventive education services with a focus on well-care screenings, contraceptives, sexually transmitted infection (STI) screens, immunizations, as well as nutrition, weight, and exercise information to individuals.

Other MIP Efforts

Substance Use During Pregnancy

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

Breastfeeding Promotion

 NevadaBreastfeeds.org continues to be maintained, and the Breastfeeding Welcome Here Campaign continues to be promoted.

Telehealth Pilot Program

 The telehealth pilot program by Maternal, Child, and Adolescent Health (MCAH) Section was accepted as an AMCHP Cutting Edge Practice. This is a pilot program with UNLV SOM Department of Obstetrics to provide prenatal care via telehealth to Clark and Nye counties.

Media Campaigns and Outreach Efforts

Safe Sleep

- A TV and Radio Campaign ran from October 2021 through December 2021 with 282 total TV spots aired and 2,155 radio spots aired
 - o TV

North: 59 English, 36 SpanishSouth: 157 English, 30 Spanish

o Radio

North: 983 English, 97 SpanishSouth: 1,043 English, 32 Spanish

- A TV and Radio Campaign ran from January 1, 2022, through February 28, 2022, with 375 total TV spots aired and 3,137 radio spots aired
 - o TV

North: 80 English, 24 Spanish

South: 141 English, 130 Spanish

o Radio

North: 1,129 English, 161 SpanishSouth: 1,675 English, 172 Spanish

SoberMomsHealthyBabies.org

- A TV and Radio Campaign ran from October 2021 through December 2021 with 328 total TV spots aired and 2,276 radio spots aired
 - o TV

North: 46 English, 36 SpanishSouth: 207 English, 39 Spanish

o **Radio**

North: 891 English, 104 SpanishSouth: 1,267 English, 14 Spanish

- A TV and Radio Campaign ran from January 2022 through February 2022 with 391 total TV spots aired and 2,014 radio spots aired
 - o TV

North: 78 English, 23 SpanishSouth: 140 English, 150 Spanish

> Radio

North: 615 English, 75 SpanishSouth: 1,141 English, 183 Spanish

• CCHHS promoted the website for two months on the clinic digital sign.

Rape Prevention and Education Program (RPE)

The Nevada RPE Program is part of a national effort launched by the Centers for Disease Control and Prevention (CDC) in response to the Violence Against Women Act of 1994. The RPE Program focuses on preventing first-time perpetration and victimization by reducing modifiable risk factors while increasing protective health and environmental factors to prevent sexual violence. CDC funds the RPE Program, along with sexual violence funds set-aside through Preventive Health the Health Services (PHHS), and the Title V Maternal and Child Health (MCH) Program Block Grant.

RPE Funded Partners

University of Nevada, Las Vegas (UNLV)

- UNLV received 23 applications for their CARE Peer Program (CPP) during this reporting period; applications will be reviewed and interviews will be conducted in May 2022.
- UNLV promoted CPP and reached 620 youth and young adults through a social media campaign on Instagram.
- CPP has been accepted as a social work practicum site; applications will open by the end of April 2022.

Safe Embrace

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

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

- Signs of Hope continues to institutionalize relationships with MGM Resorts International and Wynn Resorts and seek new partnerships to expand safety practices. In the last year, 30 presentations were given at 7 different properties.
- Signs of Hope continues to support a 24-hour crisis response hotline.

Nevada Coalition to End Domestic and Sexual Violence (NCEDSV)

- NCEDSV is continuing the work of the statewide Economic Justice Workgroup; they currently
 have 15 organizations across Nevada that participate. The workgroup convened four times
 during this reporting period.
- NCEDSV conducted three trainings and technical assistance sessions for rural schools during this quarter. Educators who attended all sessions received continuing education credits (CEUs).
- NCEDSV hosted the webinar 'Deepening Our Economic Justice Work'.

Nevada Pregnancy Risk Assessment Monitoring System (PRAMS) Program

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

PRAMS Data Collection Efforts

Supplemental Questions

- NV PRAMS completed the disability supplemental questions for 2021 births with MCH Title V
 Program and State general funds and switched to opioid supplemental questions in 2022. The
 disability and opioid supplement will continue to rotate every other year. Data from the survey
 will inform future data driven MCH efforts.
- NV PRAMS completed the COVID-19 supplemental questions for July 2020 through June 2021 births. This supplement was only completed once, and data will inform future data driven MCH efforts related to pandemic response.

Response Rates

- 2017 Nevada PRAMS data had a response rate of 41% and 2018 data had a response rate of 39%, which is under the Centers for Disease Control and Prevention (CDC) required response rate threshold of 55% to publish data. 2019 weighted data was received in February and had a response rate of 42% which is under the CDC threshold of 50% to publish data. This data should be interpreted with caution due to the response rate.
- 2020 Nevada PRAMS data was received back from CDC October 2021, and had a response rate
 of 43%. This is under the CDC threshold of 50%, and data should be interpreted with caution due
 to the response rate.
- The primary goal for Nevada PRAMS is to increase response rates moving forward.

PRAMS Data Requests

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

Media Campaigns and Outreach Efforts

PRAMS TV and Radio Campaign

October 2022- December 2022: 282 Total TV Spots Aired, 2,566 Radio Spots Aired

o TV

North: 5 English, 54 SpanishSouth: 182 English, 41 Spanish

o Radio

North: 1,134 English, 102 SpanishSouth: 1,201 English, 102 Spanish

• January 2022- February 2022: 392 Total TV Spots Aired, 1,957 Radio Spots Aired

o TV

North: 65 English, 26 SpanishSouth: 171 English, 130 Spanish

o Radio

North: 683 English, 70 Spanish

South: 963 English

Promotional Items

• CCHHS promoted PRAMS two months through outside digital signage and one Facebook campaign reached 4,523 individuals with 189 engaged users. Pregnant persons were given PRAMS brochures and materials are in the waiting area.

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

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

Adolescent Health and Wellness Program Title V/MCH Funded Partners

Carson City Health and Human Services (CCHHS)

- CCHHS works collaboratively with the in-house WIC office and discussed the value of a medical home with 379 individuals.
- CCHHS conducted 85 adolescent wellness screenings. Referrals were made for three youth afflicted by domestic violence, 29 with mood disorders, three with substance use, and 34 reporting alcohol use.
- During clinic visits, 85 youth or family members received information about health care transition and were provided with resources to learn more.
- Staff were trained on topics pertinent to creating adolescent-friendly clinic environments using best practice resources from the Adolescent Health Initiative.
- CCHHS promoted adolescent well visits and health care transition on clinic digital signage and through social media. One Facebook campaign promoting adolescent well-visit reached 6,503 individuals with 353 engaged users. The Facebook promotion with material for youth and or their parents/caregivers about health care transition was seen by 2,044 individuals with 12 engaged users.
- CCHHS staff conducted one community outreach event and distributed information to 75 individuals and or their families. Information included the promotion of adolescent well-visits and health care transition awareness.

Community Health Services (CHS)

- CHS administered age-appropriate infant and child immunizations in the clinic setting and through community immunization clinics.
- CHS conducted adolescent wellness screenings. Referrals were made for individuals afflicted by domestic violence, with mood disorders, and substance use. Additionally, youth were provided with nutrition, weight, and exercise information.
- CHS provided preventive education services with a focus on well-care screenings, contraceptives, sexually transmitted infection (STI) screens, and immunizations.
- Staff were trained on topics pertinent to creating adolescent-friendly clinic environments using best practice resources from the Adolescent Health Initiative.

Urban Lotus Project (ULP)

- Urban Lotus Project Trauma-Informed Yoga for Youth conducted 140 no-cost yoga classes to adolescents. Nine different agencies hosted the yoga sessions with ULP presenting the weekly virtual classes. As many as 361 individuals participated. Most students attended multiple yoga classes resulting in at least 821 pupil exposures.
- The Association of Maternal and Child Health Professionals (AMCHP) awarded funding to a Tennessee yoga agency to replicate ULP practices and policies. The AHWP Coordinator and ULP director were trained by AMCHP as coaches and met with the Nashville group regularly to assist in implementation of new policies and practices aligning with ULP.

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

- NICRP placed its most recent Health Status of Children Entering Kindergarten in Nevada (2020-21 results) inside its website:
 - https://nic.unlv.edu/files/KHS%20Year%2013%20Report%2012.6.21.pdf.
- NICRP continues to conduct the annual Kindergarten Health Survey. This school year, 38,836 surveys were sent to all 17 school districts. NICRP received 6,927 surveys (18%) from 16 school districts.

Other Children's Health and AHWP Efforts

Adolescent Well Visits

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

Health Care Transition

 Resources were obtained from <u>www.gottransition.org</u> and disseminated to partners and at community events.

Sexual and Behavioral Health Collaboratives

- Title V MCH staff served on the CSEC Coalition and shared pertinent information with the team and Nevada 211 to prepare for user-friendly content inside the Nevada 211 website/Youth app with resources for sex and human trafficking.
- MCAH staff attended LEAHP project meetings to help develop state action plans for adolescent reproductive and sexual health education and services, as well as safe and supportive environments.

CollN Participation

 Title V MCH staff served as the HRSA representative on the Comprehensive School-Mental Health Colln. This partially funded HRSA project focused on supports and services promoting a positive school climate, social-emotional learning, and mental health and well-being while reducing the prevalence and severity of mental illness.

Media Campaigns and Outreach Efforts

Adolescent Well Visits

 DP Video conducted a one-month social media campaign promoting adolescent well-visits. The six videos with messages (three each in English and Spanish) were posted on Facebook/Instagram and Twitter. Facebook resulted in 81,006 viewers, with 16,969 watching the videos and 1,233 clicking on the link for more information. Facebook had over 161,613 media impressions and Twitter having 126,398.

Children and Youth with Special Health Care Needs (CYSHCN) Program CYSHCN Program Title V/MCH Funded Partners

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

- NCED hosted the first two sessions of the University of Nevada, Reno (UNR) Project ECHO sixsession series on health care transition.
 - The first session had 50 attendees from seven counties. This session provided an overview of Got Transition's six core elements.
 - The second session had 35 participants from six counties. This session went over best practices for creating a consistent health care transition approach.
- NCED Family Navigation Network became a new partner in July 2021 and supports families of children and youth with special health needs to navigate complex healthcare systems. Family Navigation Network provides free one-to-one support, training, and printed materials to families and professionals who serve them.
 - O During this quarter, 38 calls to the hotline were answered. 13 calls were about therapy options, 4 were about school-related issues, 12 were about insurance/payment issues, 2 were about college options for a child with a developmental disability, and 12 were about the Katie Beckett application. 16 referrals were made for educational advocacy, therapies, and paying for services.
 - o 100% of staff trained on the Medical Home Portal.
 - o 24% of families were trained.

Children's Cabinet

- The Family Engagement Coordinator with The Children's Cabinet provides technical assistance and facilitates parent involvement in social emotional Pyramid Model (TACSEI) activities. From October 1st, 2021 to March 31st, 2022, four Technical Assistance trainings with 22 participants were conducted and 8 preschools and daycare centers were contacted and given informational materials.
- Data collection and evaluation for Pyramid Model activities is ongoing, with 16 sites collecting data. 302 children have received Ages and Stages Questionnaire screenings.

Medical Home Portal

• Medical Home Portal reports are located separately in the packet.

Other CYSHCN Program Efforts

- Title V MCH staff continued participation in the Pediatric Mental Health Care Access Program (PMHCAP) with the Nevada Division of Child and Family Services (DCFS). PMHCAP uses telehealth strategies like Mobile Crisis Response teams to expand mental health services for children in Nevada. Title V MCH staff recently peer reviewed the Early Childhood Mental Health Brief Development process and protocols initiated by PMHCAP and the Nevada Institute for Children's Research and Policy (NICRP).
- Title V MCH staff presented to the Nevada Governor's Council on Developmental Disabilities (NGCDD) on CYSHCN Programs and provided data and reporting.
- Title V MCH staff distributed Milestone Moments brochures in both English and Spanish to CCHHS and CHS rural nursing clinics. All funded NCED Programs have their own supply of

- Milestone Moments and disseminate them to families. These brochures detail developmental signs to be aware of during a child's first five years of life.
- Title V MCH staff attended several meetings to learn about updates related to CYSHCN efforts.

Media Campaigns and Outreach Efforts

Family Navigation Network

• A social media campaign ran for Family Navigation Network which began during the month of September 2021 and concluded on January 16, 2022. The campaign reached over 40,000 media impressions on Facebook, and over 58,000 media impressions on Instagram.

Cross-Cutting Programs and Efforts

Nevada 211

- Nevada 211 received 376 calls/texts from within the MCH population with 95% being pregnant.
 Referrals were made to the following programs: Sober Moms Healthy Babies website (2),
 Medical Home Portal (25), Text 4 Baby (8), Perinatal Mood and Anxiety Disorder (5) and Nevada Tobacco Quitline (7). Two people specifically called to obtain more information about PRAMS.
- CCHHS posted three monthly NV211 and Medical Home Portal awareness message(s) on the clinic signage. The NV211 Facebook campaign reached 3,235 individuals with 74 engaged users.
 The Medical Home Portal Facebook campaign reached 3,478 with 117 engaged users.

Tobacco Cessation

All subgrantees continue to promote the Nevada Tobacco Quitline (NTQ). CCHHS and CHS
counseled self-identified persons who use tobacco/nicotine with a Brief Tobacco Intervention
resulting in CCHHS making 111 referrals to the NTQ to change smoking/vaping habits. CCHHS
posted two NTQ message(s) on the clinic signage and conducted one Facebook campaign(s)
reaching 598 individuals with 24 engaged users.

Adequately Insured Children

- CCHHS partners with the Division of Welfare and Supportive Services (DWSS) by placing
 insurance enrollment staff on-site. As many as 104 individuals were enrolled into Medicaid. Inreach was conducted through CCHHS clinic staff.
- CCHHS conducted one monthly Facebook campaign reaching 475 individuals with two engaged users.

Other Title V MCH Program Efforts

- Title V MCH is working with University of Nevada, Reno NCED to conduct focus groups of youth ages 12 through 18 to gather youth-identified priorities, facilitators, and barriers for increasing youth engagement. At least three of these focus groups will be comprised of youth from the following priority populations:
 - Youth with special health care needs
 - o Youth of color
 - Youth who are Spanish speaking
 - Youth residing in rural counties/areas
- Surveys will be administered to parents of these youth to identify family priorities.

- A focus group with families served by UCED's program for substance-exposed maternal-infant dyads will be conducted to inform maternal and infant heath priorities.
- From these focus groups and surveys, a final report will be completed that includes an action plan, recommendations, and road map for increasing youth and family engagement in the future, and key information learned from the substance exposed maternal-infant dyad focus group.



FFY2022 Q1 REPORT

1. FEATURE UPDATES

Features that have been significantly reworked or updated during the Quarter ending December 31, 2021.

A. SEO Improvements

- i. Efforts to improve the Medical Home Portal's Search Engine Optimization (SEO), especially over the last quarter, made significant gains. In 2021, the Portal had over 1.2 million visits, as compared to around 850,000 in 2020. Medical Home Portal content is the top result or very close to the top for many organic search terms and phrases. This is due to the following improvements:
 - 1. Keywords were added in the metadata to help searchers find Portal pages.
 - 2. Checks are run weekly to ensure links on the Portal site are not broken.
 - 3. Images and other page elements have been "optimized" so the page load time is faster.

B. Back Links

i. The Portal team improved visibility and reach of the Medical Home Portal by increasing the number of websites that currently link to the Medical Home Portal, with over 700 domains link currently.

2. CONTENT UPDATES

Content that has been published or updated during the Quarter ending December 31, 2021.

A. New Content

- i. Clinical
 - 1. Inflammatory Bowel Disease
- ii. For Families
 - 1. Charcot-Marie-Tooth FAQ

B. Updated Content

- i. Clinical
 - 1. Acute Flaccid Myelitis
 - 2. Affording Formulas (formerly Formula Funding)
 - 3. Charcot-Marie-Tooth Disease
 - 4. Hearing Loss and Deafness
 - 5. Maple Syrup Urine Disease
- ii. For Families
 - 1. Apps to Help Kids and Teens with Anxiety
 - 2. Transition Tools & Checklists

3. GOOGLE ANALYTICS

Google Analytics July 1-September 30, 2021. Traffic Refined for Quality Segment. (Percentage change from previous quarter.) [Percentage change from previous year.]

A. Aggregated Subdomains

```
i. Users: 118,546 (-4.04%) [-8.65%]
```

ii. Sessions: 137,676 (-2.73%) [-6.28%]

iii. Pageviews: 224,011 (+2.64%) [-3.93%]*

B. Nationwide

```
i. Users: 51,400 (+19.02%) [+1.96%]
```

ii. Sessions: 59,894 (+21.71%) [+5.39%]

iii. Pageviews: 84,058 (+37.92%) [+14.48%] *

C. Nevada

i. Users: 7,348 (-24.82%) [+11.47%]

ii. Sessions: 8,329 (-24.07%) [+12.92%]

iii. Pageviews: 14,496 (+7.71%) [+10.59%] *

^{*}The Pageviews numbers provided in this report are **estimates only**- due to a data anomaly that started in FY 2021 Q\$ and lasted until half way through this reporting period, the actual numbers were over-inflated and inaccurate. The estimates have been derived from a one week period after the anomaly ended and extrapolated out for the length of the quarter.



FFY2022 Q2 REPORT

1. FEATURE UPDATES

Features that have been significantly reworked or updated during the Quarter ending March 31, 2022.

A. Newborn Disorders Content Streamlined

- i. Newborn Disorders pages, which have guidance for primary care clinicians receiving a positive newborn screen result for a patient, were put into a more usable format.
 - 1. The content is updated by members of the Writing & Career Development Group, the Department's Medical and Biochemical Genetics group, and other pediatric specialists.
 - 2. State-specific resources are being added to the ACT sheets in a partnership with the American College of Medical Genetics (ACMG).

B. Service Provider Category Review and Updates

- i. The Portal team started a review of Service Provider Categories and associated mapping to AIRS Taxonomy codes. The following category groups were reviewed and updated this quarter:
 - 1. Adoption/Foster Care
 - 2. Advocacy
 - 3. Legal/Law Services

2. CONTENT UPDATES

Content that has been published or updated during the Quarter ending March 31, 2022.

A. New Content

- i. Clinical
 - 1. Citrullinemia Type 1 (newborn disorder page)
 - 2. Citrullinemia Type II & Citrin Deficiency (newborn disorder page)

- 3. Fabry Disease (newborn disorder page)
- 4. Pediatric Diabetes Screening & Management Care Process Model
- 5. Pyruvate Carboxylase Deficiency (newborn disorder page)

B. Updated Content

i. Clinical

- 1. Down Syndrome (diagnosis module)
- 2. Fabry Disease (diagnosis module)
- 3. Headache: Migraine & Chronic
- 4. Obsessive- Compulsive Disorder (diagnosis module)
- 5. Neonatal Opioid Withdrawal Syndrome (NOWS)
- 6. Toxic Stress Screening
- 7. Galactosemia (newborn disorder page)
- 8. Maple Syrup Urine Disorder (newborn disorder page)
- 9. Tyrosinemia Type 1 (newborn disorder page)

3. GOOGLE ANALYTICS

Google Analytics January 1 – March 31, 2022. Traffic Refined for Quality Segment. (Percentage change from previous quarter.) [Percentage change from previous year.]

A. Aggregated Subdomains

```
i. Users: 132,747 (+11.98%) [+4.88%]
```

ii. Sessions: 154,485 (+12.21%) [+3.87%]

iii. Pageviews: 226,378 (+1.06%*) [-2.22%]

B. Nationwide

```
i. Users: 61,574 (+19.79%) [+20.78%]
```

ii. Sessions: 70,674 (+18.00%) [+19.41%]

iii. Pageviews: 90,186 (+7.29%*) [+18.75%]

C. Nevada

i. Users: 7,755 (+5.44%) [+35.32%]

ii. Sessions: 8,924 (+7.04%) [+37.04%]

iii. Pageviews: 14,918 (+2.91%*) [+23.31%]

^{*}The Pageviews numbers provided in this report are accurate. Percent changes compared to last quarter were calculated based on the estimated values used in last quarter's report.

Primary Care Office (PCO)

Our Mission

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

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

Programs and Services

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

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

The PCO also engages in the following activities:

- Support primary care workforce development through linkages with education and training, licensure and certification, and recruitment and retention.
- Review applications for certificates of need for construction, or expansion, of facilities providing medical care
 in counties with less than 100,000 population, or communities with less than 25,000 population in counties
 with more than 100,000 population.

Oversight

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

Linkages

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

Contact

The Nevada Primary Care Office can be contacted at nvpco@health.nv.gov or at 775-684-2204

PCO Highlights from October 2021 – December 2021

- National Health Service Corps (NHSC) outreach activities during this quarter included zero health clinic site visits, zero student outreach events. Three site recertification reviews were completed, all behavioral health sites. These activities increase awareness of the program and subsequent program participation, which leads to increased recruitment and retention of health providers for underserved maternal, pediatric, and adolescent populations. These safety net health care sites serve all patients regardless of ability to pay and represent critical primary care, mental health, and dental access points for maternal, pediatric, and adolescent populations in Nevada.
- Roughly fifty Health Professional Shortage Areas were put into proposed for withdrawal status in HRSAs first
 ever National Shortage Designation Update (NSDU). The Primary Care Office worked closely with HRSA during
 the 4th quarter to redesignate these areas and submit them for review and approval by HRSA. Nearly all these
 designations were submitted before the end of the year, the few that remain had to have their rational service
 areas re-done to accommodate the changing demographics and number of available physicians in the areas.
- Four Conrad 30 J-1 Visa Waiver applications were received and reviewed. Public hearings were held, letters of support were completed for 3 physicians to practice in Nevada under the Conrad 30 J-1 Visa Waiver program, with one hearing taking place in the new year due to holiday conflicts. These doctors will serve underserved populations including maternal, pediatric, and adolescent populations in Las Vegas and Reno area. The J-1 program has received four total applications so far this program year, as the program year starts in October.
- The PCO Office participated in the Nevada Rural Health Day Virtual event. This event brought together the
 Primary Care Association, the University of Nevada, Reno Office of Rural Health, local health care providers,
 local coalitions and state of Nevada public health leaders for a community forum and discussion on the current
 state of the health workforce, cross-jurisdictional sharing in public health, and rural public health initiatives in
 Nevada.
- The 4th quarter (10/13/2021) PCO Newsletter was published to almost 500 subscribers and included multiple
 articles that support maternal, child, and adolescent health. Articles included training on increasing HPV
 vaccinations, HRSA announcement for information on 'Maternity Care Target Area Criteria', new funding
 announcement for rural communities' opioid response program, and HRSA funding to expand rural health
 workforce.
- Monthly or quarterly meetings continue with our safety net partners to collaborate on data development and sharing, provider recruitment and retention, shortage designations, and workforce development.

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PCO Highlights from January 2022 - March 2022

- National Health Service Corps (NHSC) outreach activities during this quarter included zero health clinic site visits and zero student outreach events. One site recertifications review was completed. These NHSC activities increase awareness of the program and subsequent program participation, which leads to increased recruitment and retention of health providers for underserved maternal, pediatric and adolescent populations. These safety net health care sites serve all patients regardless of ability to pay and represent critical primary care, mental health, and dental access points for maternal, pediatric, and adolescent populations in Nevada. The Site NHSC Cycle will be opening in April. In preparation there has been outreach to interested parties to let them know of the new cycle dates and requirements. The PCO has also discussed creating a PCO listsery to get more announcements such as this out to а larger audience.
- Roughly 50 Health Professional Shortage Areas were put into proposed for withdrawal status in HRSAs first ever National Shortage Designation Update (NSDU) at the beginning of October. The NHSC Loan repayment cycle deadline was extended to February 3rd, the PCO worked closely with HRSA to expedite the approval of any HPSA sites that had providers who were looking to apply for loan repayment. To make sure we did not miss anyone, calls were made to all current NHSC sites to ask if they had providers looking to apply for NHSC loan repayment before the current cycle ended. We were able to get the required HPSA designations approved for these physicians to apply for their loan repayment. Nearly all HPSAs have been reinstated, with six remaining to be submitted.
- The PCO worked with stakeholders and volunteers to update over 6,000 providers for Primary Care, Mental and Dental Health. This was done via the use of surveys and phone calls. This updated provider data will greatly benefit the healthcare workforce and will allow us to create HPSAs with more accurate data.
- Four Conrad 30 J-1 Visa Waiver applications were received and reviewed. Public hearings were held, and letters
 of support were completed for four physicians to practice in Nevada under the Conrad 30 J-1 Visa Waiver
 program. These doctors will serve underserved populations including maternal, pediatric, and adolescent
 populations in Las Vegas and Reno area. The J-1 program has received 10 applications so far this program year,
 with one application received at the end of March to be reviewed in April.
- Monthly or Quarterly meetings continue with our safety net partners continue to collaborate on data development and sharing, provider recruitment and retention, shortage designations, and workforce development. The PCO has determined that combining the multiple quarterly meetings into one longer cohesive meeting will be more beneficial for all parties involved, these will begin in April. There has also been discussion on making the meetings open to the public to get more input on recruitment and retention as we try to grow our health workforce.

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