
Maternal and Child Health Advisory Board MEETING AGENDA

DATE: August 7, 2020 TIME: 9:00 AM

The meeting will be virtual through phone conference line, in accordance with Governor Sisolak's emergency directive on public meetings to maintain government transparency and protect public safety.

Please use landline to call into teleconference number

CALL-IN NUMBER: 1-877-336-1831

ACCESS CODE: 62214424

Video: <https://nevadawic.zoom.us/j/97810909207>

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

Note: Agenda items may be taken out of order, combined for consideration, and or removed from the agenda at the chairperson's discretion

1. Call to order/roll call – Veronica Galas, RN, BSN; Chair

Members: Veronica Galas, RN, BSN (Chair), Tyree G. Davis, D.D.S; Fred Schultz; Marsha Matsunaga Kirgan, MD; Keith Brill, MD; Linda Gabor, MSN, RN; Noah Kohn, MD; Melinda Hoskins, MS, APRN, CNM; and Fatima Taylor, M.Ed.,CPM

2. Approval of draft minutes from the May 8, 2020 meeting –Veronica Galas, RN, BSN; Chair

PUBLIC COMMENT
FOR POSSIBLE ACTION

3. Presentation and possible recommendations on the Patient Protection Commission – Sara Chohlagian, Executive Director, Patient Protection Commission, Office of the Governor, State of Nevada

PUBLIC COMMENT
FOR POSSIBLE ACTION

4. Presentation and possible recommendations on Maternal and Child Health (MCH) COVID-19 Data and Resources – Andrea Rivers, MS, Office of Analytics Section Manager, Division of Public and Behavioral Health

PUBLIC COMMENT
FOR POSSIBLE ACTION

5. Presentation and possible recommendations on COVID-19 and MCH populations – Heidi Parker, MA, Executive Director, Immunize Nevada

PUBLIC COMMENT
FOR POSSIBLE ACTION

6. Presentation and possible recommendations on highlights of the Title V MCH Block Grant Application and Report Federally Available Data (FAD)– Kagan Griffin, MPH, RD MCH Epidemiologist, Division of Public and Behavioral Health

PUBLIC COMMENT
FOR POSSIBLE ACTION

- 7. Updates and possible recommendations on Alliance for Innovation on Maternal Health (AIM) and the Maternal Mortality Review Committee (MMRC) – Vickie Ives, MA, Maternal, Child and Adolescent Health Section Manager, Division of Public and Behavioral Health**

PUBLIC COMMENT
FOR POSSIBLE ACTION

- 8. Presentation and possible recommendations on agendas of the Interim Legislative Committee on Health Care – Mitch DeValliere, DC, Title V MCH Program Manager, Division of Public and Behavioral Health**

PUBLIC COMMENT
FOR POSSIBLE ACTION

- 9. Presentation and possible recommendations on the Title V MCH Block Grant Application and report - Mitch DeValliere, DC, Title V MCH Program Manager, Division of Public and Behavioral Health**

PUBLIC COMMENT
FOR POSSIBLE ACTION

- 10. Discussion and possible recommendations on Reports and MCH Updates – Mitch DeValliere, DC, Title V MCH Program Manager, Division of Public and Behavioral Health**

PUBLIC COMMENT

- 11. Adjournment**

In accordance with Nevada Governor Sisolak’s Declaration of Emergency Directive 006 there will not be a physical location for the Maternal and Child Health Advisory Board meeting. The public is strongly encouraged to participate by phone using phone number 1-877-336-1831, Access Code 62214424 and downloading any material provided for the meeting at the website addresses below.

- As per Nevada Governor Sisolak’s Declaration of Emergency Directive 006; Subsection 3: The requirements contained in NRS 241.020 (4) (a) that public notice agendas be posted at physical locations within the State of Nevada are suspended.
- As per Nevada Governor Sisolak’s Declaration of Emergency Directive 006; Subsection 4: Public bodies must still comply with requirements in NRS 241.020 (4)(b) and NRS 241.020 (4)(c) that public notice agendas be posted to Nevada’s notice website and the public body’s website, if it maintains one along with providing a copy to any person who has requested one via U.S. mail or electronic mail.
- As per Nevada Governor Sisolak’s Declaration of Emergency Directive 006; Subsection 5: The requirement contained in NRS 241.020 (3)(c) that physical locations be available for the public to receive supporting material for public meetings is suspended.
- As per Nevada Governor Sisolak’s Declaration of Emergency Directive 006; Subsection 6: If a public body holds a meeting and does not provide a physical location where supporting material is available to the public, the public body must provide on its public notice agenda the name and contact information for the person designated by the public body from whom a member of the public may request supporting material electronically and must post supporting material to the public body’s website, if it maintains one.

Agenda and supporting materials posted online on the following sites:

- On the Internet at the Nevada Division of Public and Behavioral Health website: <http://www.dpbh.nv.gov>
- On the Department of Administration’s website at <https://notice.nv.gov/>
- We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the teleconferenced meeting. If special arrangements are necessary, please notify Desiree Wenzel in writing by email

(ddwenzel@health.nv.gov), by mail (Maternal and Child Health Advisory Board, Nevada Division of Public and Behavioral Health, 4150 Technology Way, Suite 210, Carson City, NV 89706) or by calling (775) 684-4235 before the meeting date. Anyone who wants to be on the Maternal and Child Health Advisory Board mailing list must submit a written request every six months to the Nevada Division of Public and Behavioral Health at the address listed above.

If you need supporting documents for this meeting, please notify Desiree Wenzel, Division of Public and Behavioral Health, Bureau of Child, Family and Community Wellness, at (775) 434-9150 or by email at ddwenzel@health.nv.gov. Supporting materials are available for the public on the Nevada Division of Public and Behavioral Health Website at www.dpbh.nv.gov.

Written comments in excess of one (1) typed page on any agenda items which requires a vote are respectfully requested to be submitted to the Maternal and Child Health Advisory Board at the below address five (5) calendar days prior to the meeting to ensure that adequate consideration is given to the material.

Attachment for Agenda Item #2

**MATERNAL AND CHILD HEALTH ADVISORY BOARD
DRAFT MINUTES
May 8, 2020
9:00 AM**

The Maternal and Child Health Advisory Board (MCHAB) held a public meeting on May 8, 2020 beginning at 9:00 A.M. at the following locations:

Division of Public and Behavioral Health
4150 Technology Way, Room 303
Bldg. D Carson City, NV 89706

Healthcare Quality and Compliance
4220 S. Maryland Pkwy, Suite 810,
Las Vegas, NV 89119

Call in Number: 1-877-336-1831
Access Code: 62214424

BOARD MEMBERS PRESENT

Veronica (Roni) Galas, RN, Chair
Tyree G. Davis, D.D.S, Acting Chair
Linda Gabor, MSN, RN
Keith Brill, MD
Melinda Hoskins, MS, APRN, CNM, IBCLC
Fred Schultz
Fatima Taylor, M. Ed

BOARD MEMBERS NOT PRESENT

Senator Patricia Farley
Assemblywoman Amber Joiner
Noah Kohn, MD
Marsha Matsunaga-Kirgan, MD

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH) STAFF PRESENT

Candice McDaniel, MS, Bureau Chief, Child, Family and Community Wellness (CFCW)
Karissa Loper, MPH, Deputy Bureau Chief, CFCW
Vickie Ives, MA, Section Manager, Maternal, Child, and Adolescent Health (MCAH)
Mitch DeValliere, DC, Program Manager, Title V Maternal and Child Health (MCH), MCAH
Evelyn Dryer, Program Manager, Maternal, Infant, and Early Childhood Home Visiting (MIECHV), MCAH
Tami Conn, Health Program Specialist II, State Systems Development Initiative, MCAH
Eileen Hough, MPH, Program Coordinator, Adolescent Health and Wellness, MCAH
Larissa White, MPH, CPH, Program Coordinator, Children and Youth with Special Health Care Needs, MCAH
Kagan Griffin, MPH, RD, MCH Epidemiologist, MCAH
Lawanda Jones, Grants and Projects Analyst I, Teen Pregnancy Prevention (TPP) Programs, MCAH
Yesenia Pacheco, Rape Prevention and Education, MCAH
Jazmin Sarmiento, TPP Programs, MCAH
Rebecca Clark, Reproductive Health Coordinator, MCAH
McKenna Bacon, Administrative Assistant IV, CFCW
Desiree Wenzel, Administrative Assistant III, MCAH
Stephanie Camacho, Administrative Assistant II, Nevada Early Hearing Detection and Intervention (EHDI) Program, MCAH
Madisson Jacobs, Administrative Assistant I, MIECHV, MCAH

OTHERS PRESENT

Allison Genco, Ferrari Public Affairs for Dignity Health

Jackie Kennedy, M.Ed., CHW, Program Manager, Nevada Statewide MCH Coalition

Jeannette Bell, Nevada Psychology Association

1. Call to Order- Roll Call and Introductions

McKenna Bacon called the meeting to order at 9:03A.M.

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

2. Approval of draft minutes and discussion of letter from February 7, 2020 MCHAB meeting

ACTING CHAIR DR. TYREE DAVIS ENTERTAINED A MOTION TO APPROVE THE FEBRUARY 7, 2020 MEETING MINUTES. LINDA GABOR MADE A MOTION TO APPROVE, AND MELINDA HOSKINS SECONDED THE MOTION WHICH PASSED UNANIMOUSLY WITHOUT PUBLIC COMMENT.

3. Discussion of updates on the Alliance for Innovation on Maternal Health (AIM) and the Maternal Mortality Review Committee (MMRC) - Vickie Ives, MA, Maternal, Child and Adolescent Health Section Manager, Division of Public and Behavioral Health

Vickie Ives stated the MMRC held an inaugural meeting on February 21, 2020, and Julie Overland, MSN, RN, was hired to move forward with case abstraction and data collection. She noted statutes relating to the MMRC are now codified in Nevada Revised Statute (NRS) Chapter 442. In relation to the AIM project, Ms. Ives reported DPBH is working with The American College of Obstetricians and Gynecologists (ACOG) to move forward on executing a contract, but Nevada AIM patient safety bundle efforts cannot launch until the contract is complete.

Acting Chair Davis asked if there were any questions or public comment on this agenda item.

Ms. Hoskins thanked staff and stated she is glad there has been forward motion on these projects.

No public comment was made.

4. Discussion and sharing of agendas of the Interim Legislative Committee on Health Care - Mitch DeValliere, DC, Program Manager, Title V Maternal and Child Health, Division of Public and Behavioral Health

Dr. Mitch DeValliere stated there are attachments in the packet related to the Interim Legislative Committee on Health Care website links, including to the meeting minutes. He noted meeting cancellations and the upcoming meeting on May 20, 2020, and another one June 17, 2020, saying it is easy going through the Legislative Counsel Bureau system, but one may need to poke around a little to get the meeting minutes.

Acting Chair Davis asked if there were any concerns about whether the May 20th meeting will be held.

Dr. DeValliere stated he had heard no concerns and that as of now, the meeting has been posted.

Ms. Bacon stated staff can cancel the meetings up to one (1) week before the meeting date, and on the website information is posted and will be updated if the meeting needs to be cancelled and/or rescheduled.

Acting Chair Davis asked if there were any questions or public comment.

No public comment was made.

5. Presentation of Title V Maternal and Child Health Needs Assessment, Division of Public and Behavioral Health, Tami Conn, Health Program Specialist II, State Systems Development Initiative (SSDI), and Pregnancy Risk Assessment Monitoring System (PRAMS) Manager, DPBH

Tami Conn presented an overview of the Title V Maternal and Child Health Needs Assessment Community Survey data. Kagan Griffin assisted with the presentation. The Needs Assessment was a collaborative effort between MCH and MIECHV and an outside contractor was chosen to perform the Needs Assessment. The MIECHV Program was the primary funder for the Needs Assessment. A final version will be posted after the full review process, including survey questions.

Acting Chair Davis asked Ms. Conn about the number of priority options provided to survey respondents.

Ms. Conn stated there were 15-25 options provided. The childhood priority options were broken up by age ranges. There were the most differences between community members and professionals surveyed regarding what was most important to address for Children, 6-11 years.

Dr. Keith Brill asked the age group referred to about obesity and food choices.

Ms. Conn noted in the Children, 6-11 years category, community members chose overuse of technology and excessive screen time as the number one concern and number two was lack of physical activity.

Dr. Brill asked if any of the older age groups had obesity or poor food choices listed as a priority concern.

Ms. Conn replied not for adolescents.

Chair Roni Galas noted Carson City Health and Human Services used word of mouth in addition to using social media, making business cards to help spread the word about the Needs Assessment and encourage people to submit responses. She noted the value

of learning how to capitalize on these types of promotional strategies.

Acting Chair Davis noted, considering there were 15 to 25 priority options, most questions show both the community and provider respondents agree on the priority issues affecting the indicated age group. Postpartum issues for pregnant women was the number one priority choice for providers, but was the third choice for community members. He noted postpartum issues could be better dealt with before or during pregnancy. He discussed mental health issues in those ages 12-21 years and how it is linked to a lack of social and emotional skills; he further wondered if these issues may be exacerbated by the use of screens/technology, since teens/young adults aren't out interacting with their peers and getting physical activity.

Ms. Ives noted the Health Resources and Services Administration (HRSA) has not yet changed the age group from age one year old to birth for Children and Youth with

Eileen Hough mentioned effective use of faith-based organizations in spreading the word about important MCH projects and priorities.

Ms. Ives acknowledged Ms. Conn's leadership on the work surrounding the MCH/MIECHV Needs Assessment.

Ms. Bacon asked callers who had recently joined to please state their names and affiliations.

Chair Galas noted she had been on the call since 9:10A.M.

Acting Chair Davis asked if there were any further questions or public comment.

No public comment was made.

6. Discussion of updates on MCH Reports and MCH Updates - Mitch DeValliere, DC, Program Manager, Title V Maternal and Child Health, Division of Public and Behavioral Health

Dr. DeValliere discussed the MCH Reports and MCH Updates noting the reports come from the MCH Unit staff. The domains listed throughout the reports are the same domains used within the Title V Block Grant Report and application. Title V MCH staff use these domains when collecting reports from funded partners. He stated funded partners report their activities throughout the year and provide quarterly reports.

Acting Chair Davis stated he read there were over 214,00 impressions and 55,000 engaged views in one media campaign and wondered how many of those views or engagements were due to COVID-19.

Ms. Hough stated the social media campaign referenced was completed in January, but another social media campaign will be promoted in May 2020 and associated information will be in the next MCH Report. She stated most viewers of MCH social media posts are ages 14-35 years. Posts are designed to target those 14-18 years; "engagement" is

measured as a user viewing a video for at least three (3) seconds.

Dr. DeValliere stated staff will measure whether the COVID-19 Pandemic is making a difference in MCH media campaign outcomes.

Acting Chair Davis asked if there were any further questions or public comment.

No public comment was made.

7. Discussion of Fetal Infant Mortality Review (FIMR) Committee Findings – Linda Gabor, RN, Washoe County Health District

Ms. Gabor presented on the FIMR Committee. She noted she formally retired from the Washoe County Health District (WCHD) in July 2019 but continues to work for the County intermittently. She noted some of the FIMR data was not yet complete, and she will complete the Executive Summary soon and share with the Board. She stated in 2011, Washoe County experienced a higher Fetal Infant Mortality Rate than Clark County and Nevada overall.

Acting Chair Davis asked about the Case Review Team (CRT) and who decides who is on the CRT and Community Action Team (CAT).

Ms. Gabor said subject matter experts ask to be on the CRT, and if they are approached and requested to be members, then they are considered after submitting a *curriculum vitae* (CV) and confidentiality form. Professionals currently needed for the Committee include nurses and OBGYNs who know are familiar with the topic.

Chair Galas indicated the Committee is a living, breathing entity that evaluates the data and aims to implement actions to rectify what the data show. She asked how FIMR evaluates the effect of public health efforts and about opportunities for FIMR efforts to inform the MMRC so Nevada does not reinvent the wheel.

Ms. Gabor noted there is a national fatality database and streamlined data system allowing FIMR staff access to resources. She stated the maternal interview process is a challenge and it seems to be a problem throughout states with a FIMR, noting it is difficult doing interviews due to the transiency of Nevadans. Ms. Gabor further stated she is open to discussions related to the MMRC. She stated the CRT has longevity and many members have been there since it started in a volunteer capacity.

Chair Galas thanked Ms. Gabor.

Acting Chair Davis asked if there were any further questions or public comment.

Ms. Hough thanked Ms. Gabor for a thorough and insightful presentation and asked how Washoe County ranked compared to the U.S.

Ms. Gabor noted the second slide had the requested information.

Ms. Ives discussed the FIMR protocol as distinct from the MMRC protocol and the different data systems specific to each and noted the MMRC nurse abstractor had reached out to a seasoned FIMR abstractor and is working with CDC MMRC staff to develop Nevada's protocols.

Acting Chair Davis thanked Ms. Gabor for the presentation and asked if there were any further questions for Ms. Gabor.

There were no further questions for Ms. Gabor.

Acting Chair Davis asked for agenda items for the next meeting.

Dr. DeValliere stated August is the traditional time for MCH updates after the Title V MCH Block Grant has been submitted.

Dr. Brill asked if it was possible to receive a report from the Patient Protection Commission.

Ms. Ives replied staff will reach out to the Commission to inquire.

Chair Galas noted Heidi Parker from Immunize Nevada would like to be on the next agenda and mentioned a request for MCH COVID-19 information to determine the impact of the pandemic on MCH populations.

Acting Chair Davis mentioned August 7, 2020 is the date of the next meeting.

Dr. DeValliere noted the federally available data report from the MCH Epidemiologist will also be on the agenda in August.

Acting Chair Davis asked if there were any questions or public comment.

Dr. DeValliere and Acting Chair Davis wished everyone in attendance a Happy Nurse's Week and Happy Mother's Day.

No further public comment was made.

8. Adjournment

The meeting adjourned at 11:20A.M.

Attachment for Agenda Item #5

CHILDHOOD IMMUNIZATION DURING COVID-19

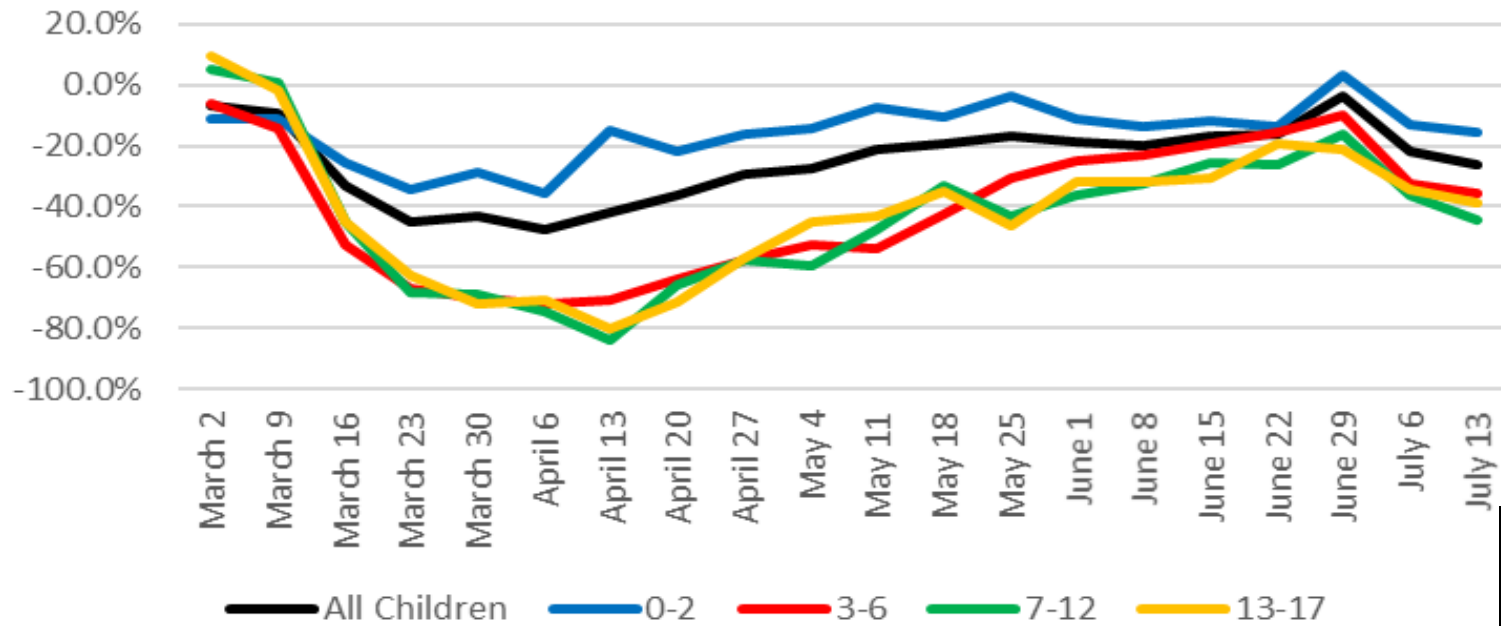
Heidi Parker, MA
Executive Director, Immunize Nevada



Overview

- Public health experts nationwide are concerned about downward immunization trends due to the COVID-19 pandemic.
- The National Immunization Survey-Child (NIS-Child) shows that immunization coverage disparities were largest for children who were uninsured, insured by Medicaid, or in low income households.
- Vaccines for Children program is a vital resource as households lose coverage during the pandemic. This program provides free vaccines to children who are Medicaid-eligible, uninsured, underinsured, or American Indian/Alaska Native.
- Until a COVID-19 vaccine becomes available for the public, the best things you can do for yourself, your family, and your community is continuing to practice disease prevention methods and getting vaccinated against flu.

Percent Difference in Weekly Doses Administered 2019 and 2020



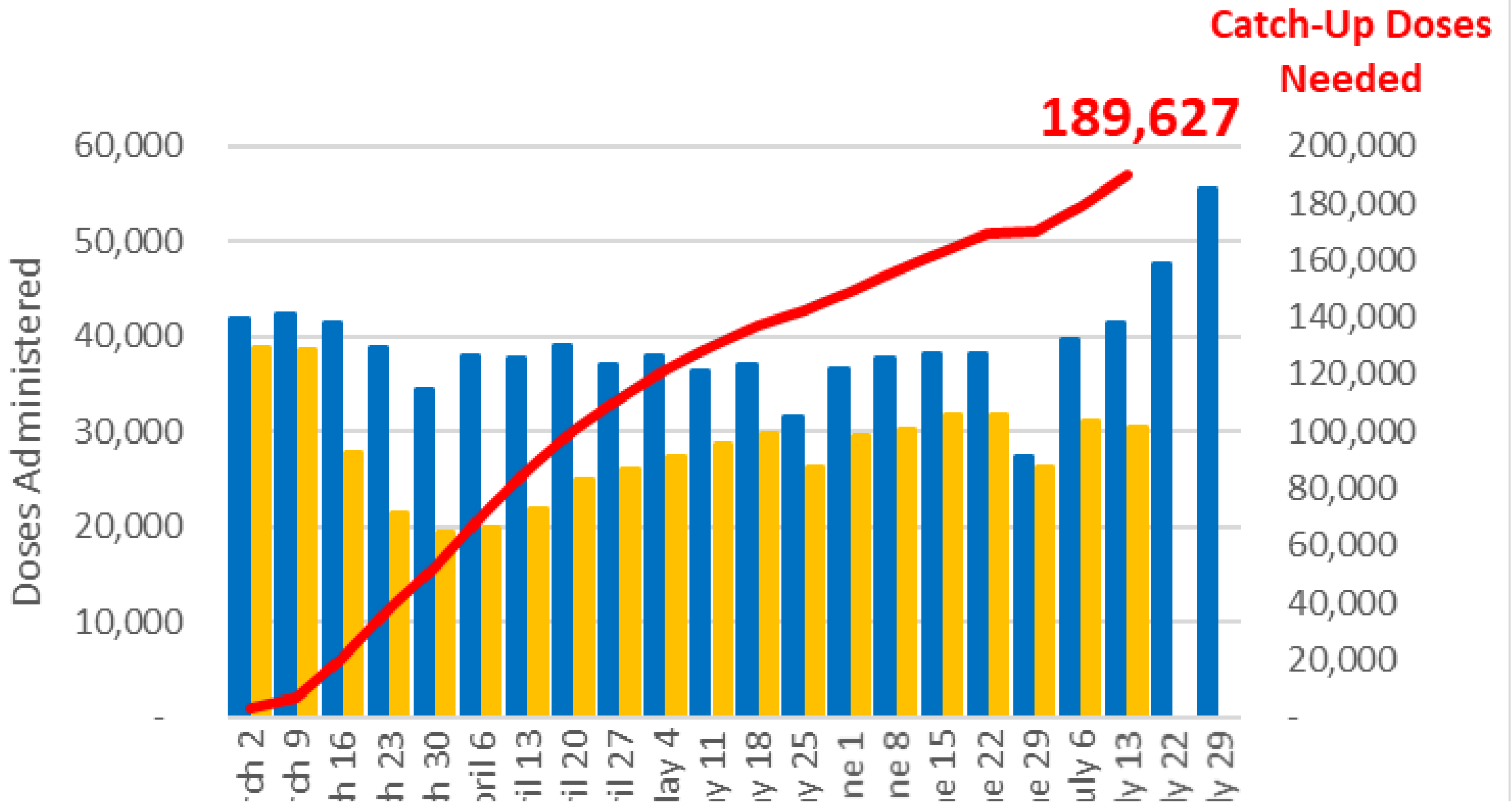
Age	Catch-up Doses Needed	% Difference 2019 and 2020
0-2	78,265	-16.1%
3-6	39,303	-41.6%
7-12	45,615	-42.6%
13-17	26,444	-40.9%

Adolescents aged 7 through 12 most severely impacted

➤ Down 42.9% from this time last year

Largest burden for catch-up doses is with infants

➤ 78,265 doses needed for catch up



Well-Child Visits are Essential

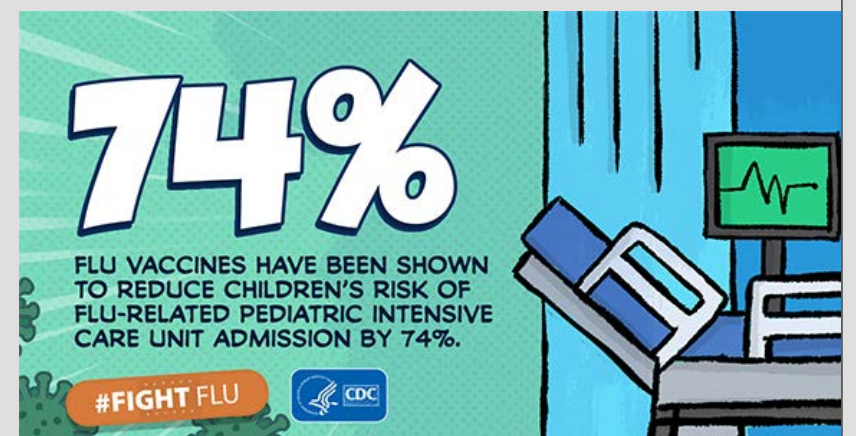
- As schools and daycares begin to reopen, protecting children against vaccine-preventable diseases is particularly important.
- Immunizations remain a vital component of pediatric and primary health care, even during the COVID-19 pandemic.
- Many offices and clinics are taking extra steps to see children safely during this time, like:
 - Scheduling sick visits and well-child visits during different times of the day
 - Asking patients to remain outside until they are called into the facility to reduce crowding in waiting rooms
 - Offering sick visits and well-child visits in different locations
- These are challenging times, but **parents have the power to help keep their child(ren) healthy**. Staying on schedule for well-child visits and vaccines is one of the best things they can do to protect their child(ren) and community.

Vaccinate with Confidence

- ***Protect Communities***
 - Vaccination rates remain strong nationally, but pockets of under-vaccination persist in some locations, putting communities at risk for outbreaks.
- ***Empower Families***
 - Trust in vaccines is not built through a top-down approach, but through millions of conversations between parents, doctors, nurses, pharmacists, and community members.
 - Start vaccine conversations earlier, with parents of very young infants and pregnant women
 - Reduce hesitancy and improve vaccine access at the nation's community health centers
- ***Stop Myths***
 - Improve confidence in vaccines among at-risk groups; establish partnerships to contain the spread of misinformation; and reach critical stakeholders to provide clear information about vaccination and the critical role it plays in protecting the public.

COVID-19 and 2020-21 Flu Season

- We must come together as a community to ensure more people get immunized against influenza than ever before
- Flu + COVID-19 Task Force led by Immunize Nevada and Nevada State Immunization Program
- CDC messaging
- Expanded access to vaccine and community clinics
- Statewide media and outreach
- Mobile text program with Families Fighting Flu “ProtectNV”
- Online toolkits for various groups
- Community health workers



COVID-19 Vaccine

- **Development**
 - Unprecedented collaboration between governments, regulatory authorities, and private industry has allowed for faster development without lowering safety standards.
 - More than 160 vaccine candidates; some starting Phase 3 clinical trials. (Las Vegas will have one)
- **Distribution**
 - Thoughtful and equitable allocation of COVID-19 vaccines will be critical to prevent morbidity and mortality and reduce the impact of COVID-19 on society
 - Distribution may be expanded to include additional health care organizations and vaccination providers who can provide pandemic vaccinations to targeted groups
- **Priority Groups**
 - Recommendations on groups to target will likely change throughout the response, depending on vaccine supply and disease epidemiology.
- **Stop Myths**
 - Improve confidence in vaccines among at-risk groups; establish partnerships to contain the spread of misinformation; and reach critical stakeholders to provide clear information about vaccination and the critical role it plays in protecting the public.

Call to Action



IDENTIFY CHILDREN WHO
HAVE MISSED WELL-CHILD
VISITS AND/OR VACCINE
APPOINTMENTS



SHARE RESOURCES AND
INFORMATION ABOUT
VACCINES FOR CHILDREN
PROGRAM



PREPARE NOW FOR FLU
SEASON



QUESTIONS?

Attachment for Agenda Item #6

Steve Sisolak
Governor



Richard Whitley
Director

State of Nevada
Department of Health and
Human Services

Title V Maternal Child Health (MCH) Block Grant
Data Updates

Division of Public and Behavioral Health

Kagan Griffin, MPH, RD
MCH Epidemiologist



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

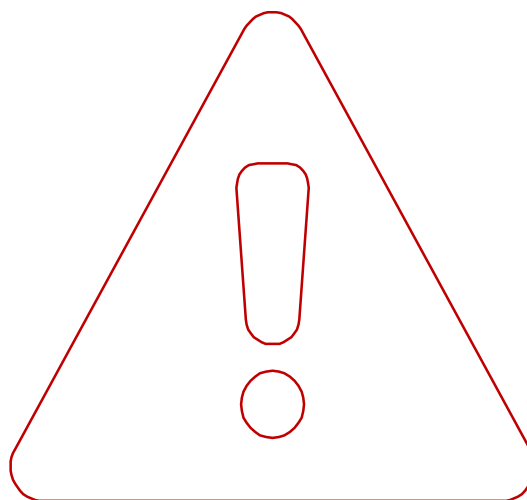


Overview

- The Federally Available Data (FAD) is provided by the Maternal Child Health Bureau (MCHB) to assist states in reporting the Title V MCH National Outcome Measures (NOMs) and National Performance Measures (NPMs)
- This resource allows state to make comparisons to U.S. and other state data, as well as examine trends



Nevada Data Trends and Highlights



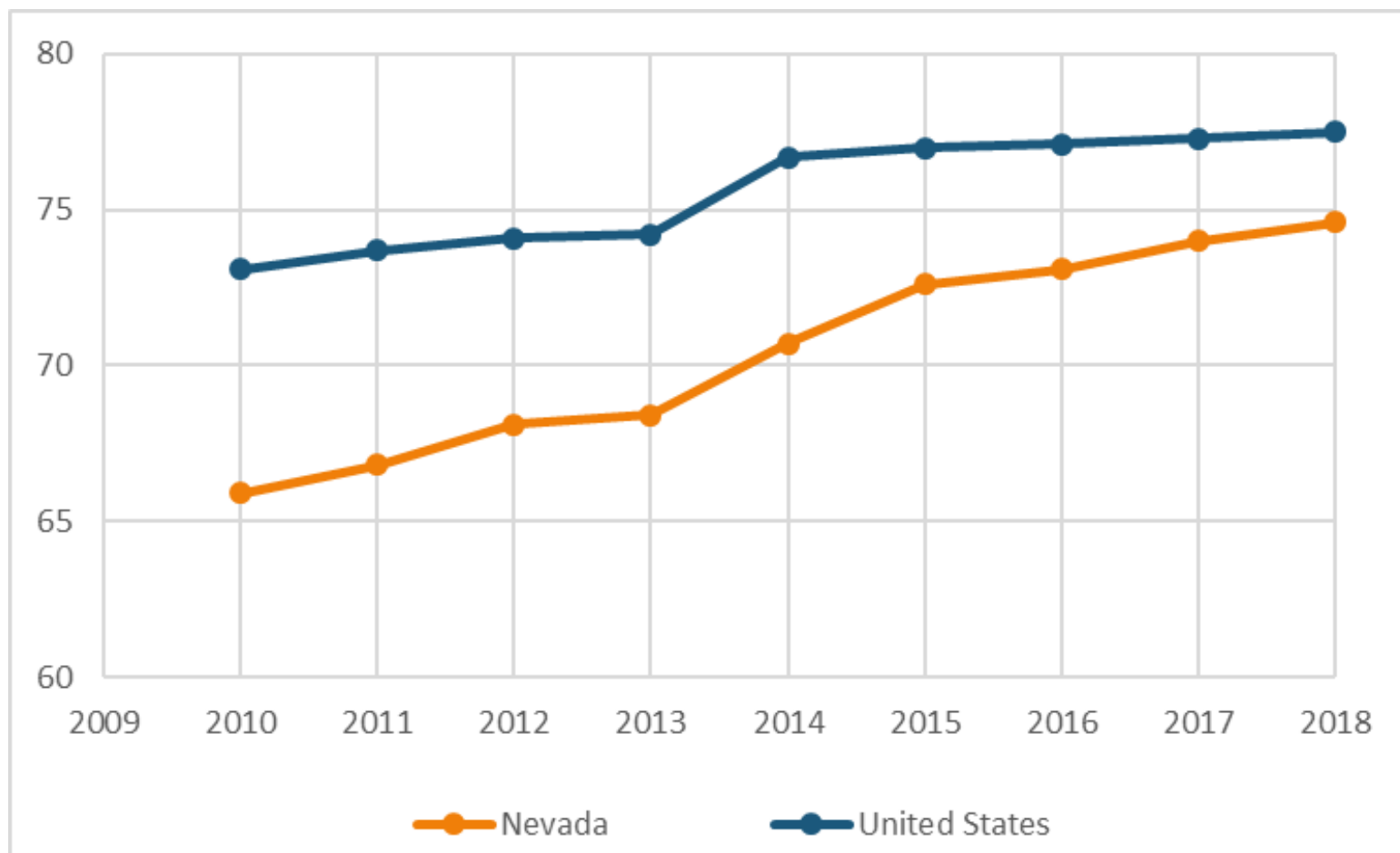


MCH Outcome Measures Positive Trends



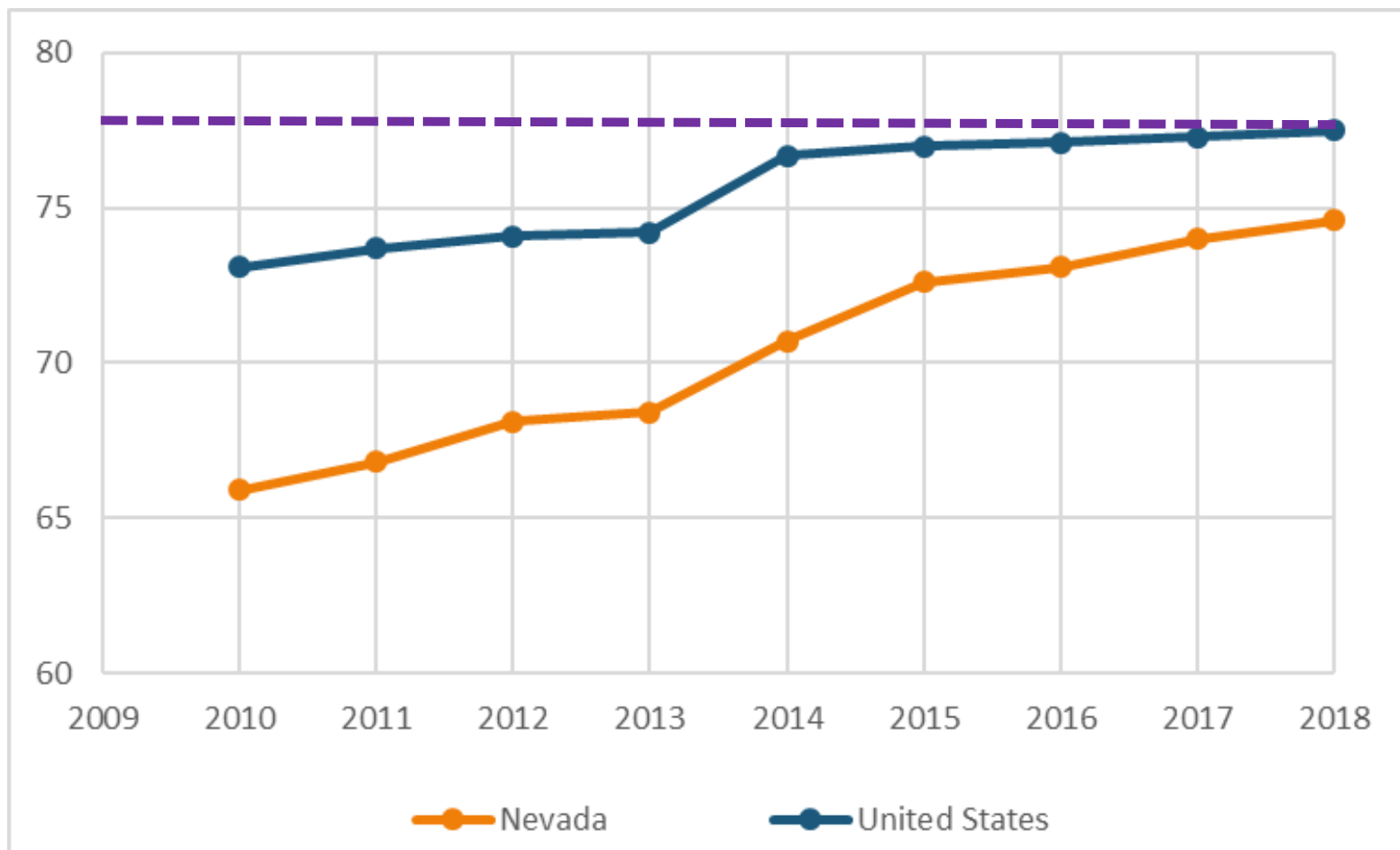


NOM 1: Percent Of Women Who Receive Prenatal Care Beginning In The First Trimester





NOM 1: Percent Of Women Who Receive Prenatal Care Beginning In The First Trimester



Healthy
People 2020
Objective





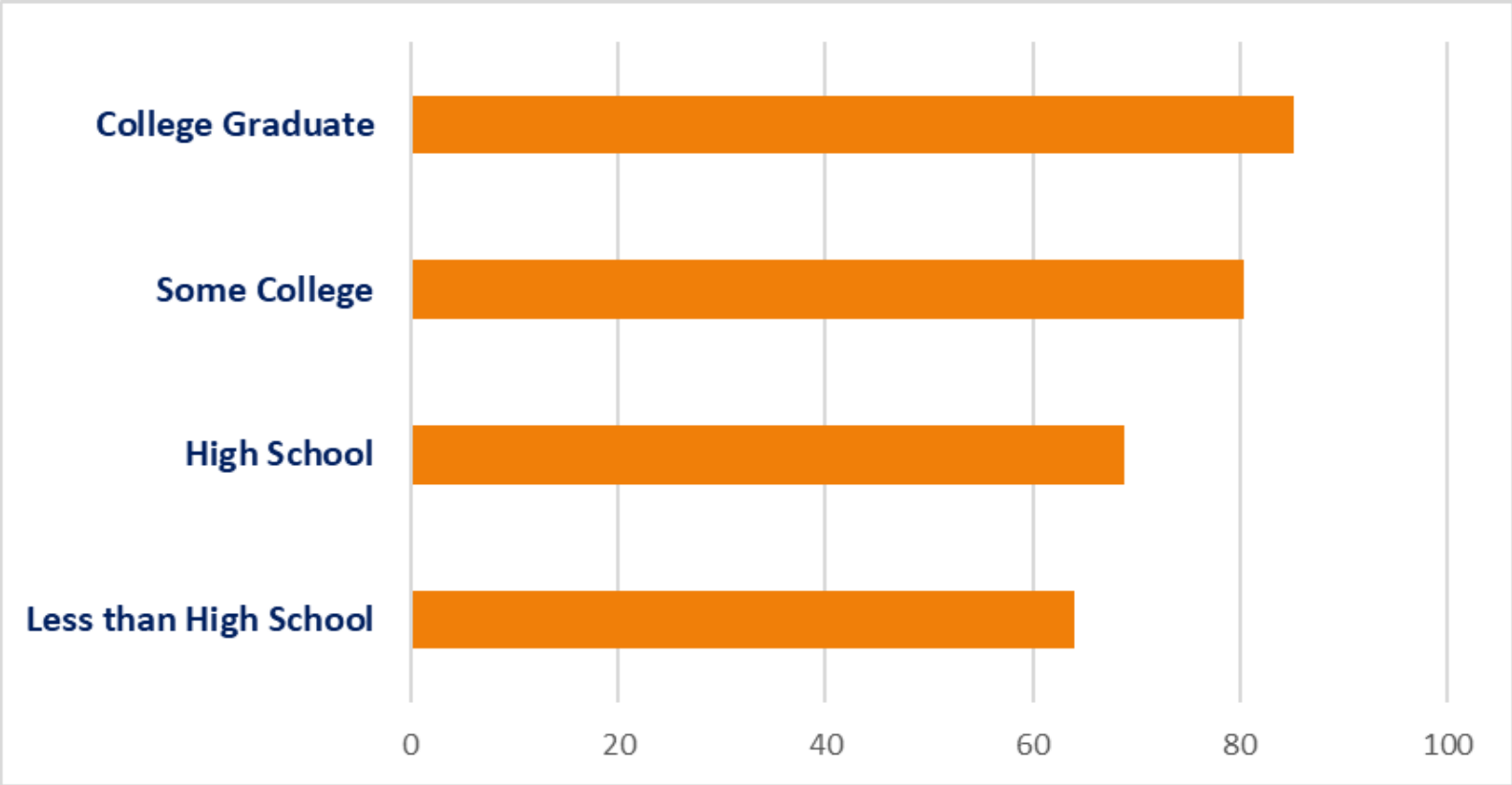
Percent Of Women Who Receive Prenatal Care Beginning In The First Trimester

	2010	2011	2012	2013	2014	2015	2016	2017	2018
Nevada	65.9	66.8	68.1	68.4	70.7	72.6	73.1	74	74.6
United States	73.1	73.7	74.1	74.2	76.7	77	77.1	77.3	77.5
Healthy People 2020 Objective	77.9								
NV % Change 2010-2018	+13.2%								





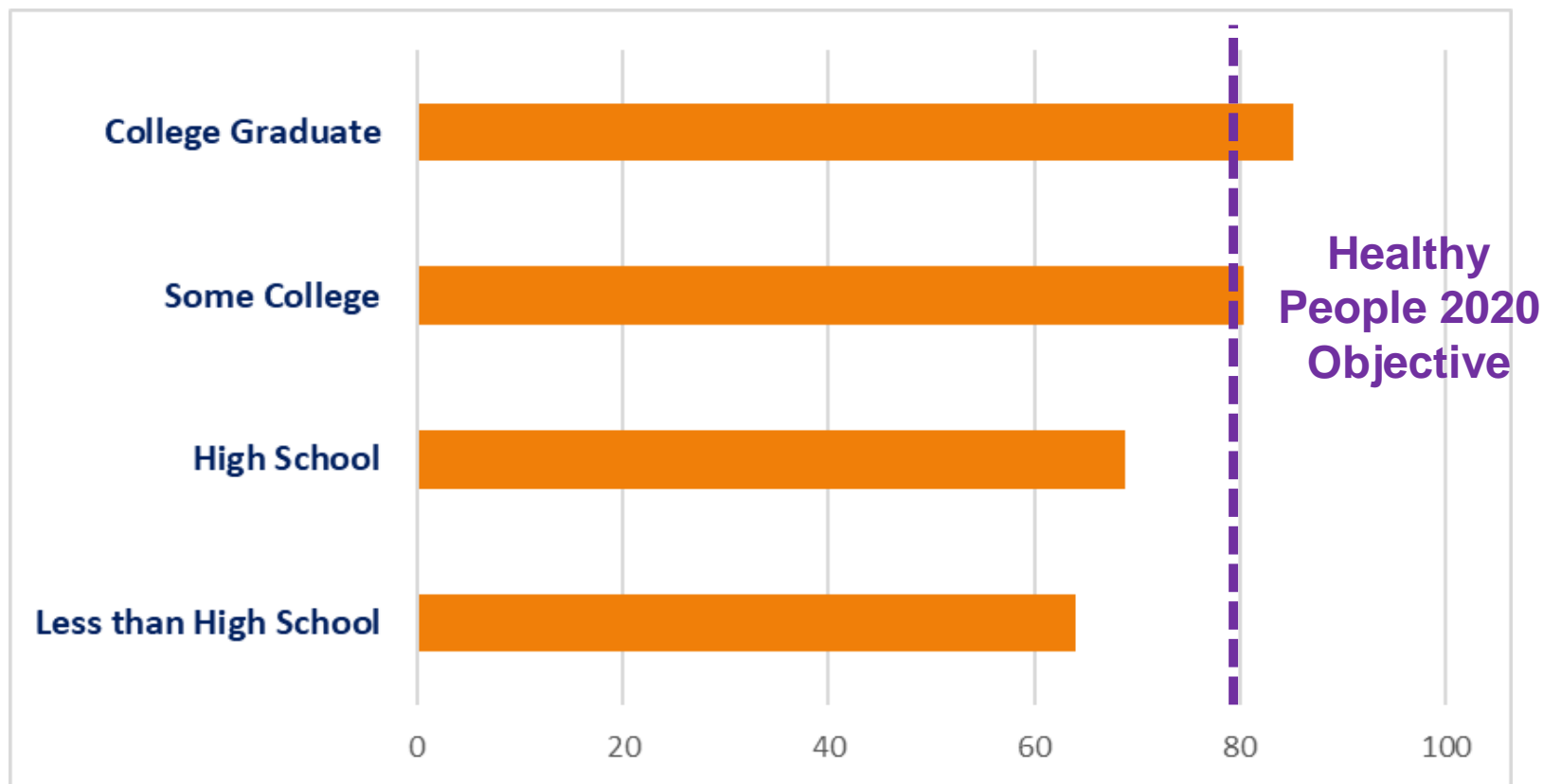
Prenatal Care In The First Trimester By Educational Attainment



Data Source: National Vital Statistics System (NVSS)

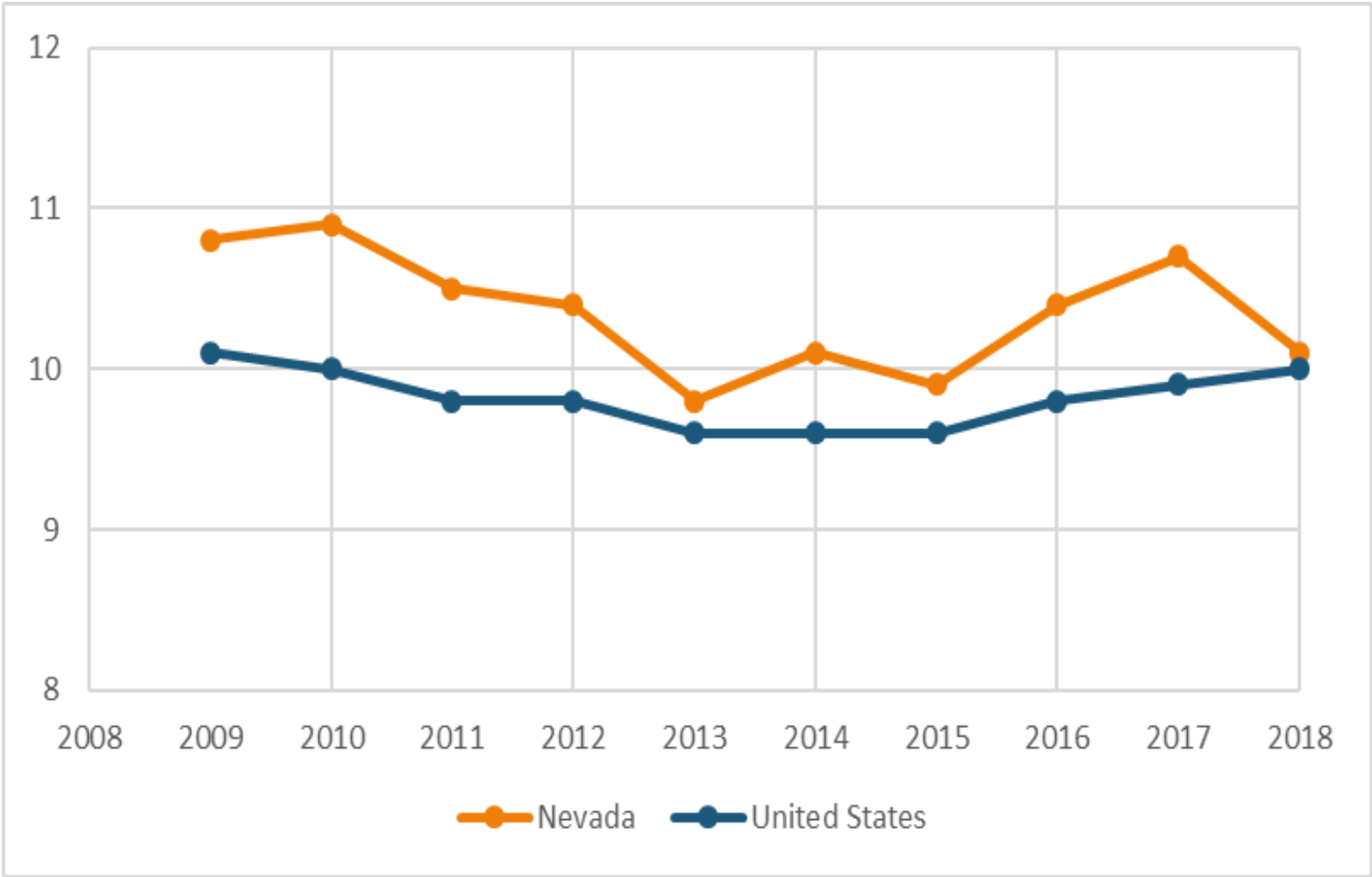


Prenatal Care In The First Trimester By Educational Attainment



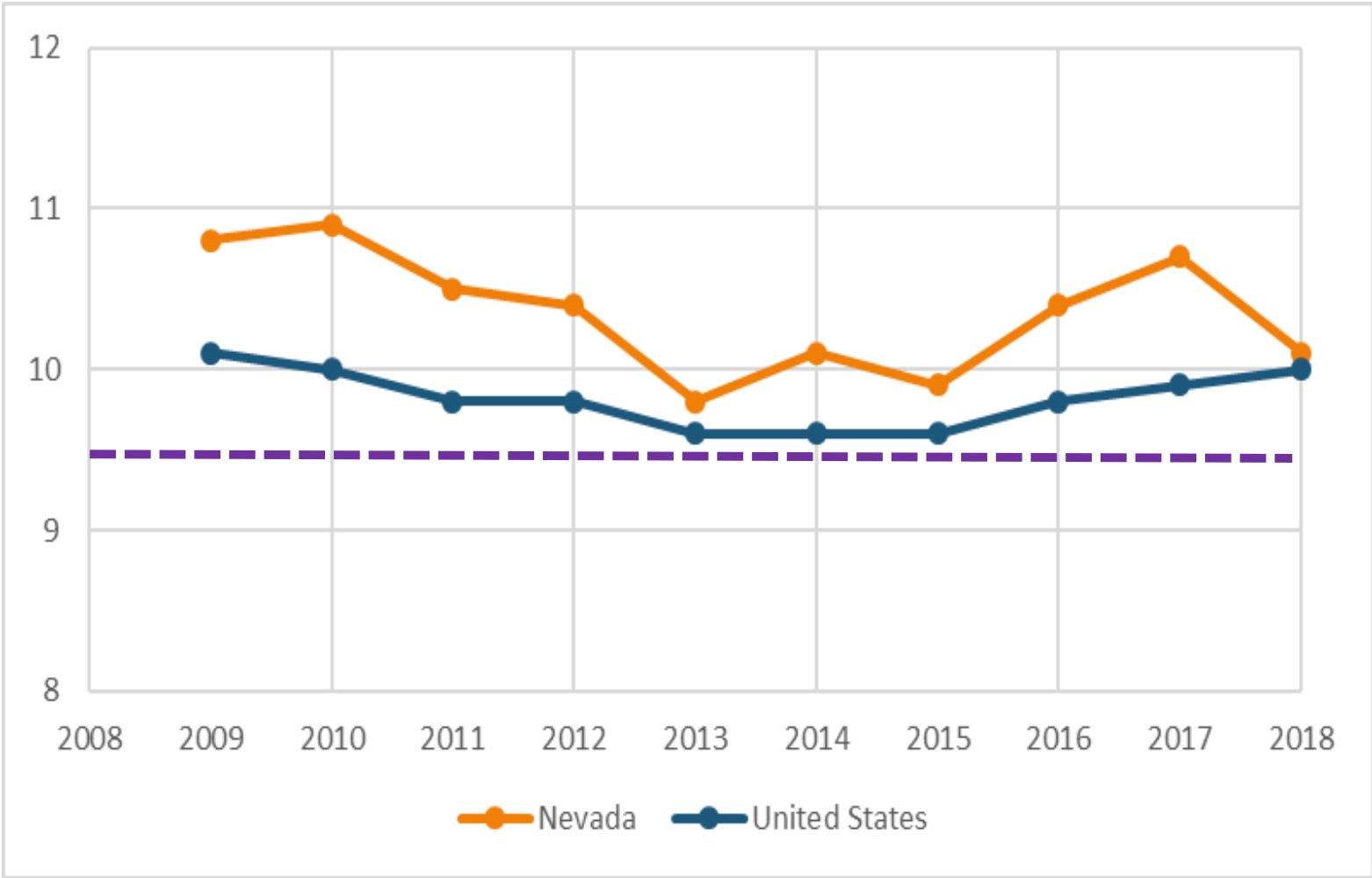


NOM 5: Percent Of Preterm Births (<37 Weeks Gestation)





NOM 5: Percent Of Preterm Births (<37 Weeks Gestation)



Healthy
People 2020
Objective












Percent Of Preterm Births (<37 Weeks Gestation)

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Nevada	10.8	10.9	10.5	10.4	9.8	10.1	9.9	10.4	10.7	10.1
United States	10.1	10	9.8	9.8	9.6	9.6	9.6	9.8	9.9	10
HP 2020 Objective	9.4									
NV % Change 2009-2018	-6.5%									





Percent Of Preterm Births (<37 weeks) By Race and Ethnicity

	White	Black	Asian	*AI/AN	*API	Multiple Race	Hispanic
2018	9.3	13	11.1	11.8	15.6	11.5	9.4
2017	9.9	14.8	10.5	9.9	9	11.7	10.1
2016	9.9	14.2	11	13.6	14	10.3	9.4
Met 2020 Objective?							

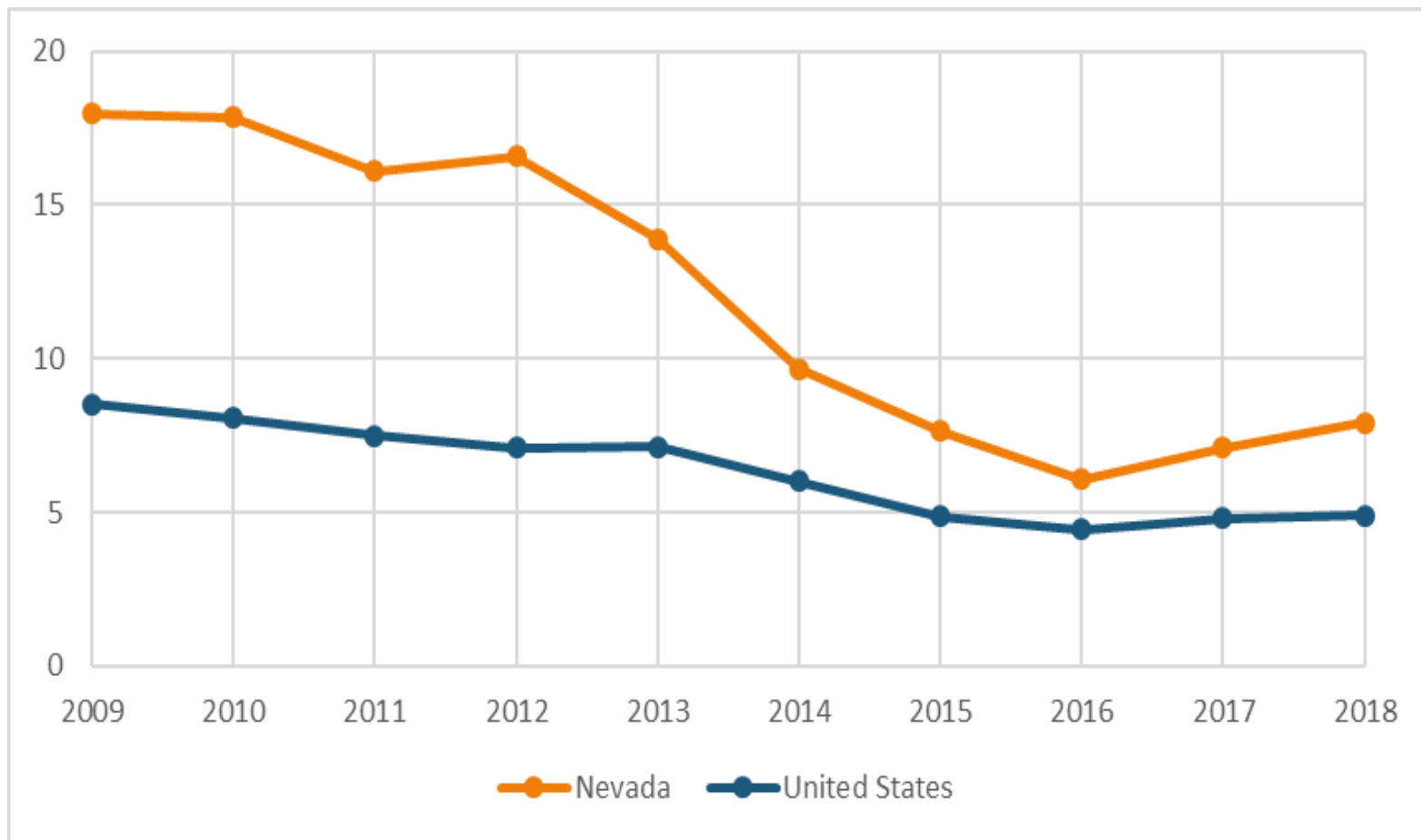
*AI/AN – American Indian/Alaska Native

*API - Native Hawaiian/Other Pacific Islander





NOM 21: Percent Of Children, Ages 0-17, Without Health Insurance












Percent Of Children, Ages 0-17, Without Health Insurance

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Nevada	17.96	17.86	16.11	16.58	13.89	9.68	7.63	6.06	7.11	7.9
United States	8.52	8.05	7.5	7.1	7.14	6.02	4.86	4.44	4.79	4.9
NV % Change 2009-2018	-56.01%									





Percent Of Children, Ages 0-17, Without Health Insurance By Race and Ethnicity

	White	Black	Asian	*AI/AN	*API	Multiple Race	Hispanic
2018	6.2	4.9	5.6	20.9	0	6	10.4
2017	5.3	4.9	7.2	6.5	3.1	4.3	9.8
2016	3.89	4.26	3.03	9.13	3.8	3.5	9.19
Change from 2016-2018							

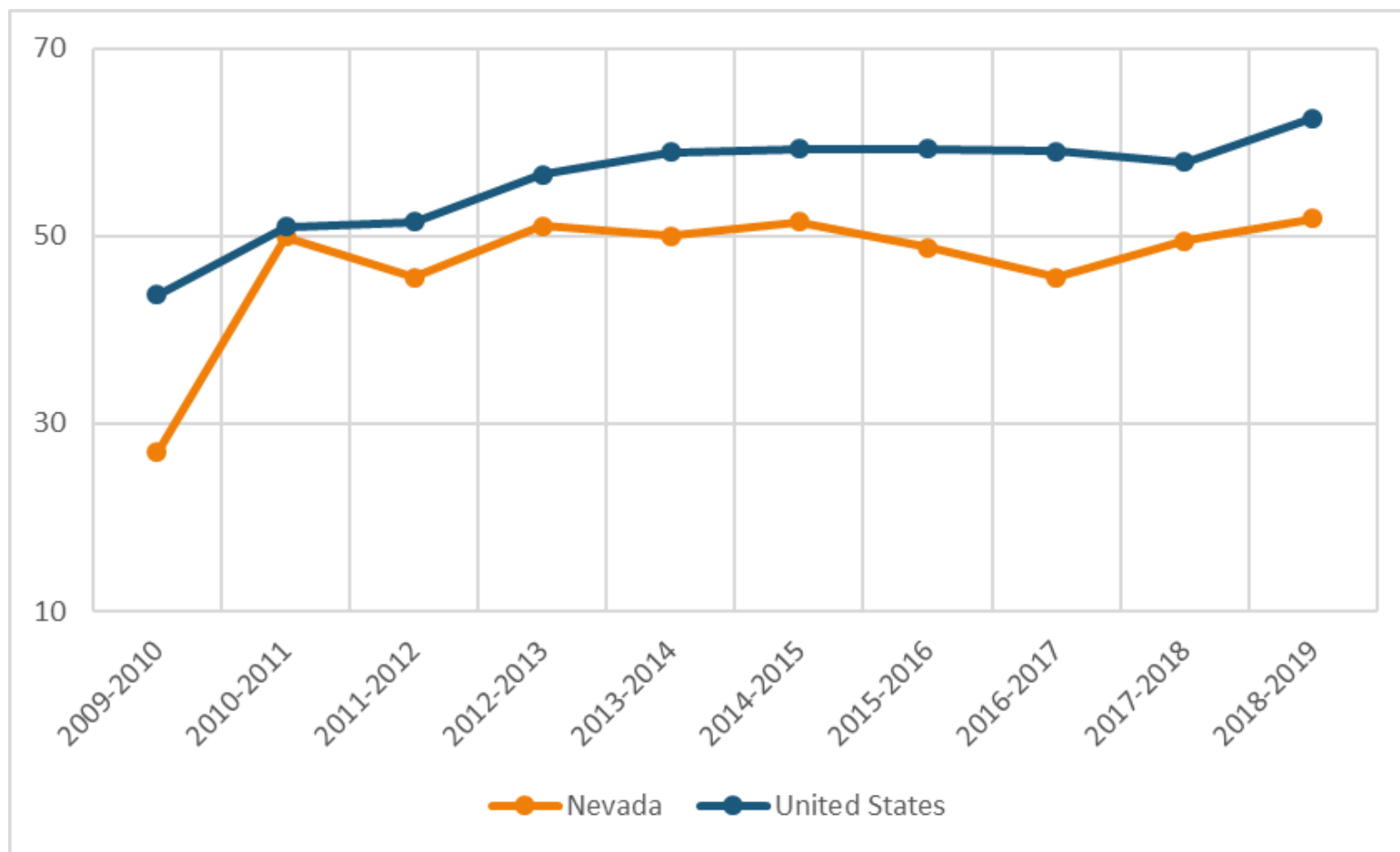
*AI/AN – American Indian/Alaska Native

*API - Native Hawaiian/Other Pacific Islander





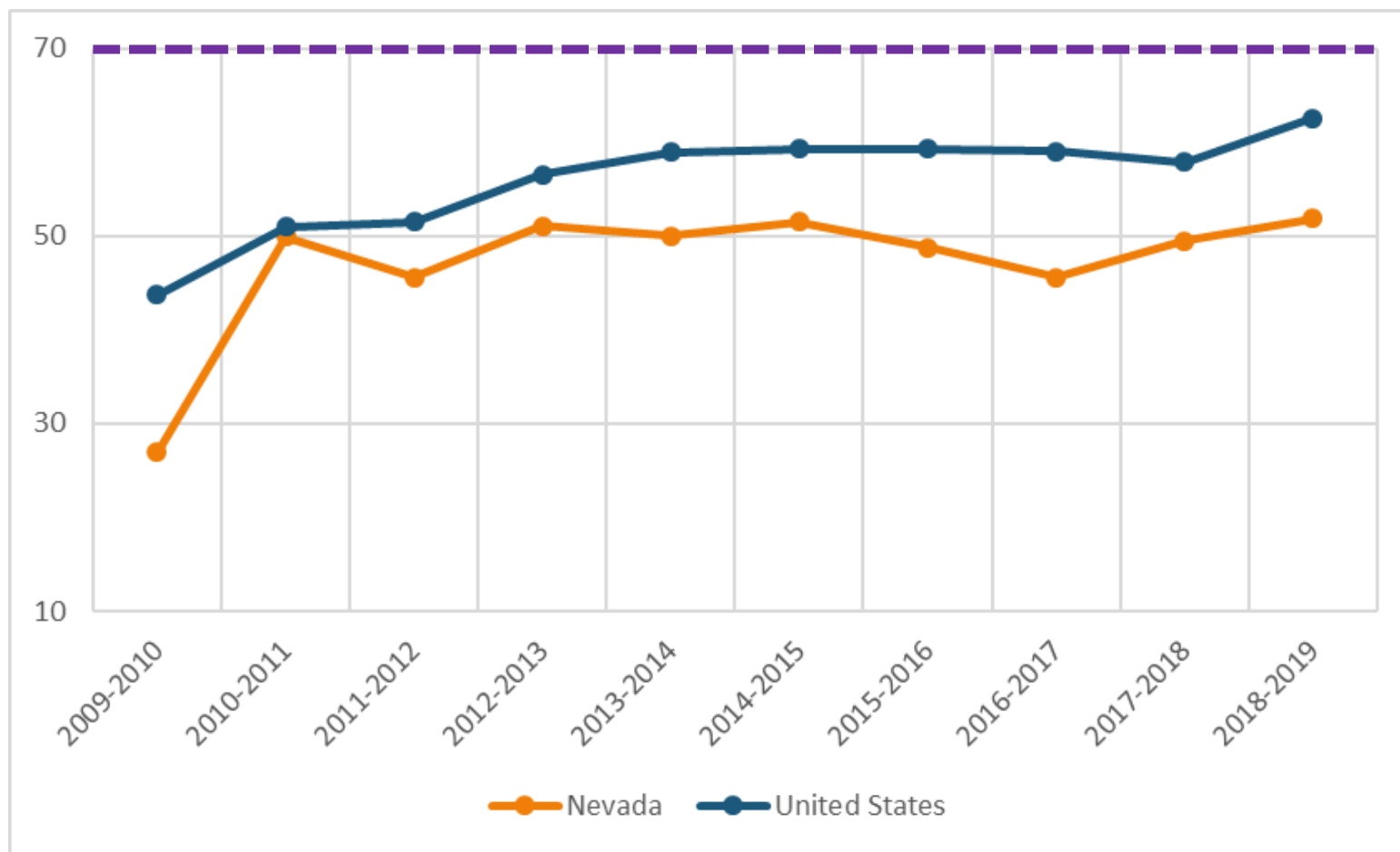
NOM 22.2: Percent of Children, Ages 6 Months-17 Years, Who Are Vaccinated Annually Against Seasonal Influenza



Data Source: National Immunization Survey (NIS)-Flu



NOM 22.2: Percent of Children, Ages 6 Months-17 Years, Who Are Vaccinated Annually Against Seasonal Influenza



Healthy People 2020 Objective





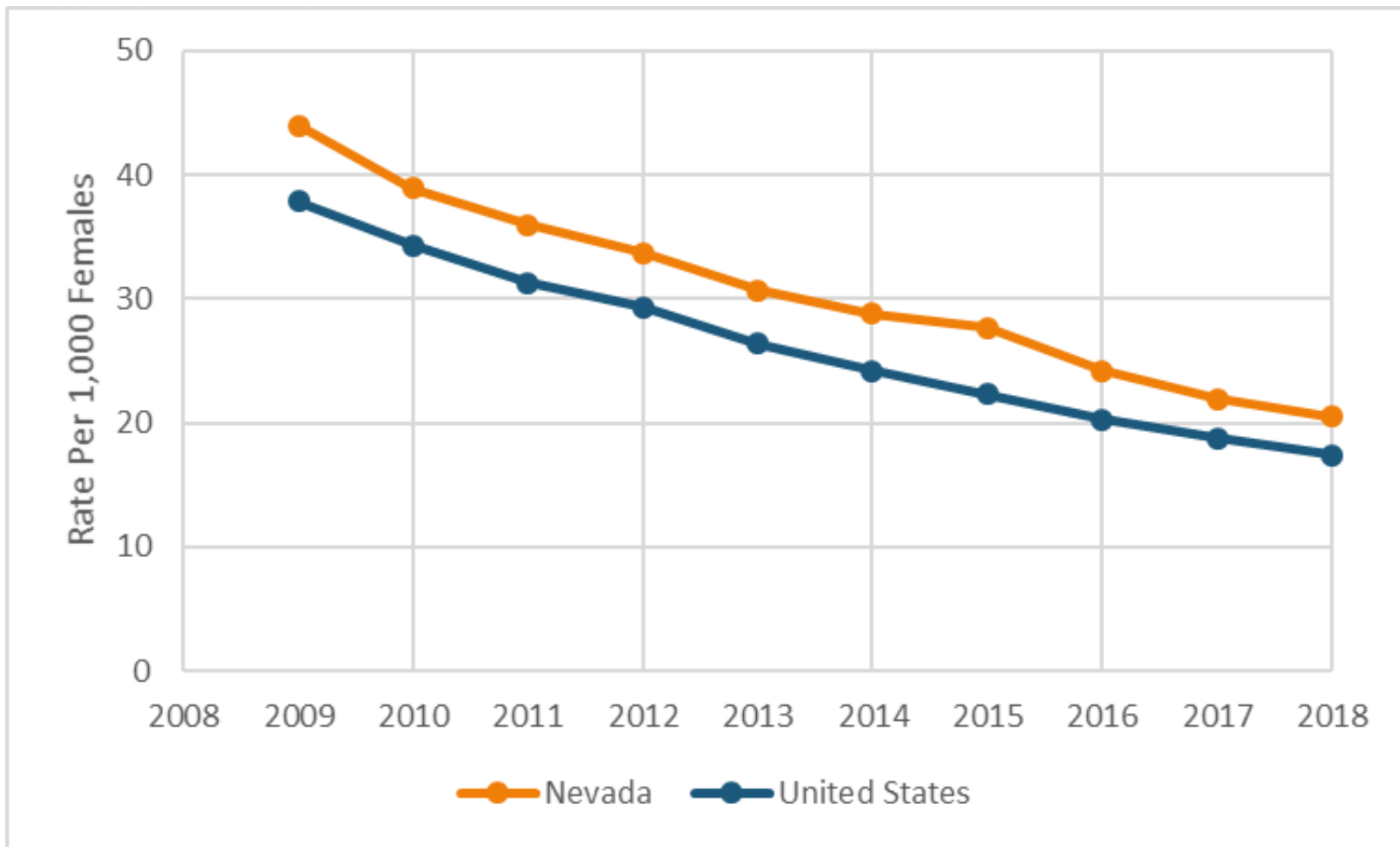
Percent of Children, Ages 6 Months-17 Years, Vaccinated Annually Against Seasonal Influenza

	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2018- 2019
Nevada	26.9	49.9	45.55	51.1	50.05	51.5	48.81	45.63	49.5	51.84
United States	43.7	51	51.52	56.55	58.92	59.28	59.31	59.04	57.86	62.56
HP 2020 Objective	70									
NV % Change 2009/2010- 2018/2019	+92.7%									





NOM 23: Teen Birth Rate, Ages 15-19, Per 1,000 Females





Teen Birth Rate, Ages 15-19, Per 1,000 Females

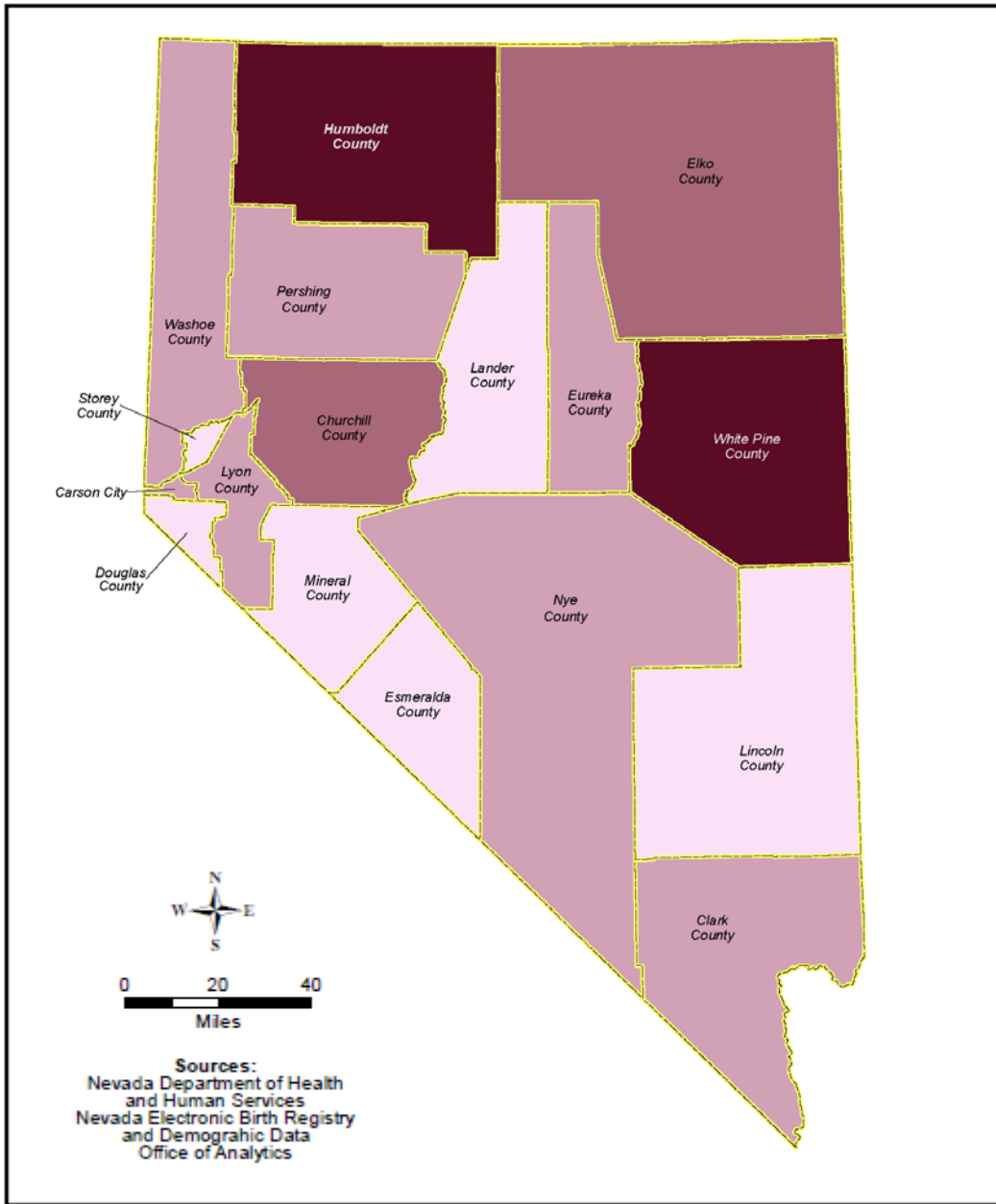
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Nevada	44	38.9	36	33.7	30.7	28.8	27.7	24.2	21.9	20.5
United States	37.9	34.3	31.3	29.3	26.4	24.2	22.3	20.3	18.8	17.4
NV % Change 2009-2018	-53.4%									



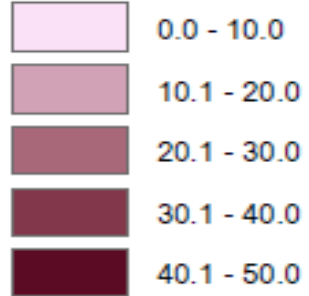


Teen Birth Rate Per 1,000 Female Population Ages 15-19 By County Nevada Residents- 2019*

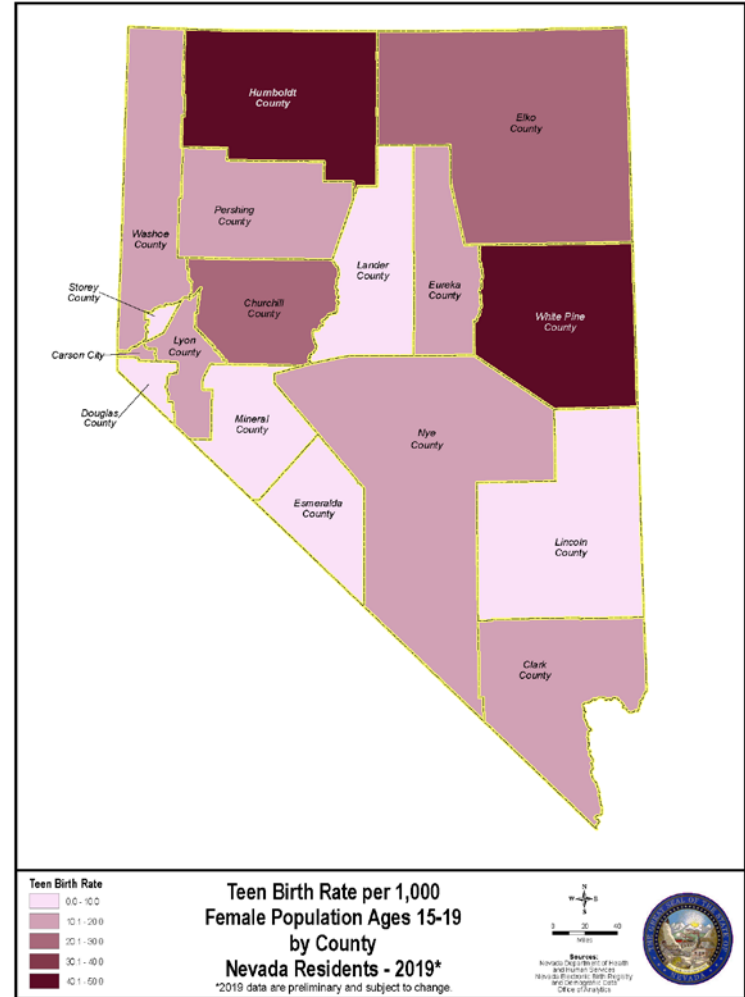
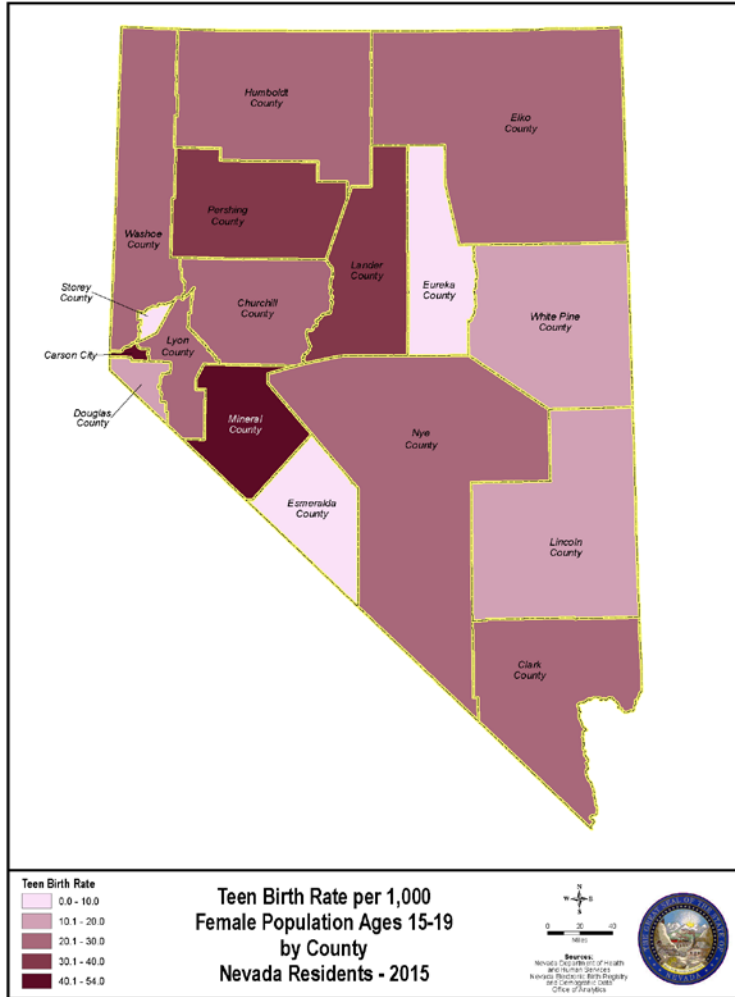
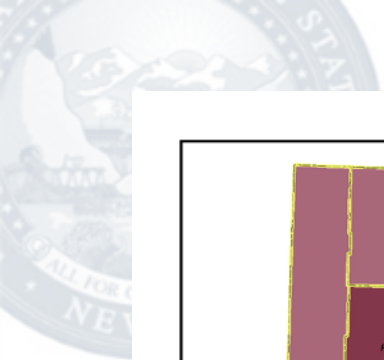
*2019 data is preliminary and
subject to change



Teen Birth Rate

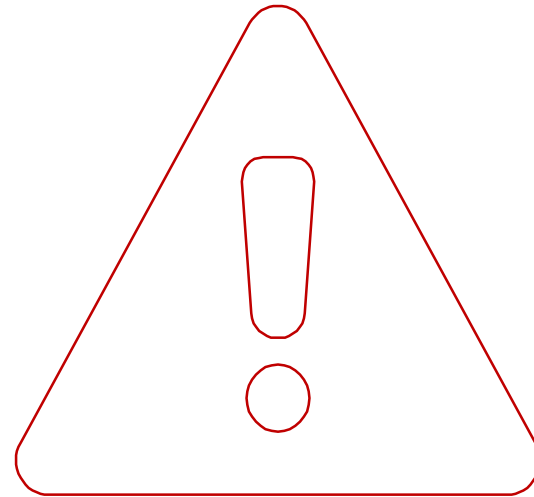


Sources:
Nevada Department of Health
and Human Services
Nevada Electronic Birth Registry
and Demographic Data
Office of Analytics



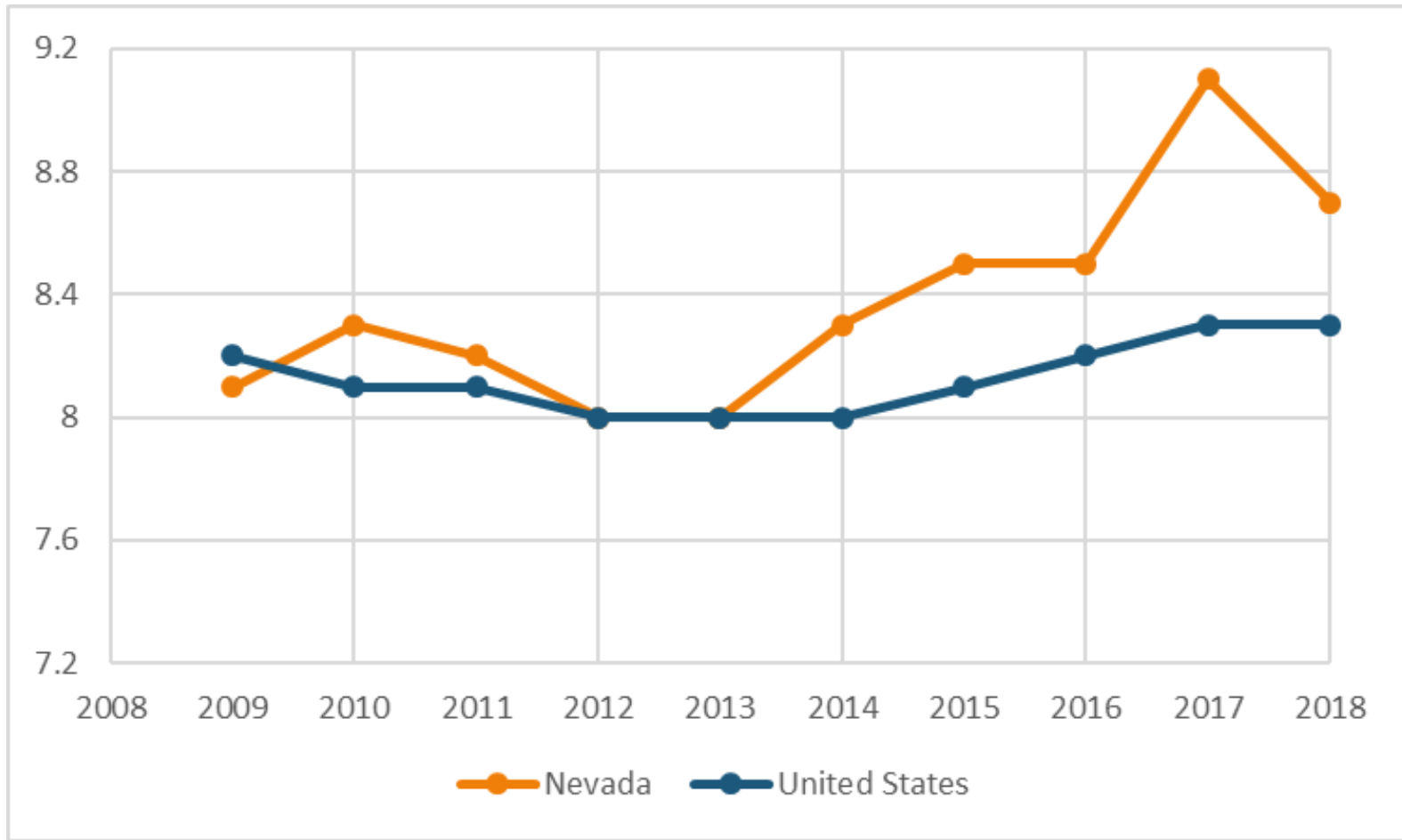


MCH Outcome Measures Negative Trends





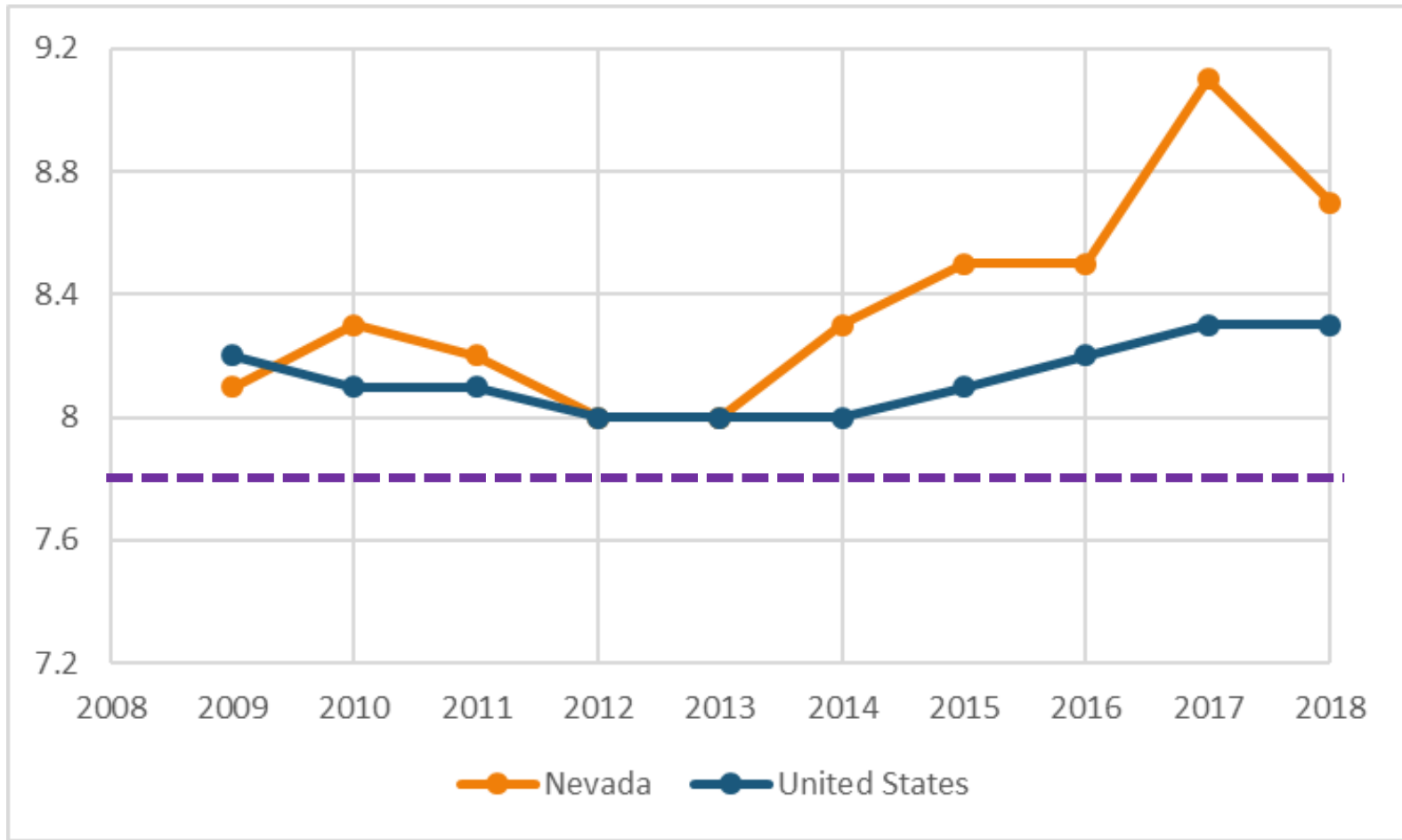
NOM 4: Percent Of Low Birth Weight Deliveries (<2,500 Grams)



Data Source: National Vital Statistics System (NVSS)



NOM 4: Percent Of Low Birth Weight Deliveries (<2,500 Grams)



Healthy
People 2020
Objective



Data Source: National Vital Statistics System (NVSS)










Percent Of Low Birth Weight Deliveries (<2,500 Grams)

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Nevada	8.1	8.3	8.2	8	8	8.3	8.5	8.5	9.1	8.7
United States	8.2	8.1	8.1	8	8	8	8.1	8.2	8.3	8.3
HP 2020 Objective	7.8									
NV% Change 2009-2018	+7.4%									





Percent Of Low Birth Weight Deliveries (<2,500 Grams) By Race and Ethnicity

	White	Black	Asian	*AI/AN	*API	Multiple Race	Hispanic
2018	7.7	12.7	10.2	8.6	10	10.5	7.7
2017	7.9	15.6	9.8	7.9	7.1	10.7	7.9
2016	7.7	14.3	9.1	5.9	11.7	7.8	7.3
Met 2020 Objective?							

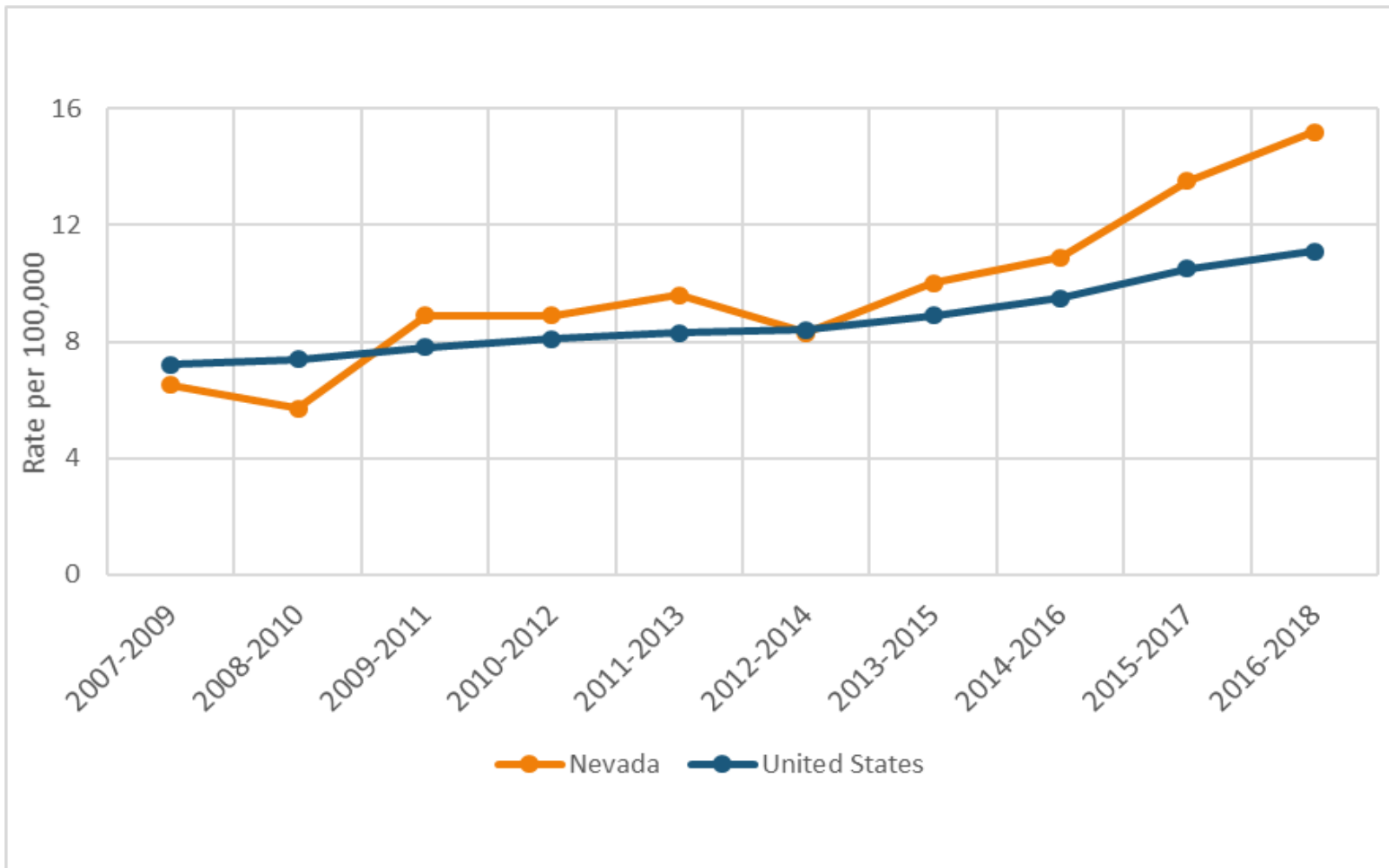
*AI/AN – American Indian/Alaska Native

*API - Native Hawaiian/Other Pacific Islander





NOM 16.3: Adolescent Suicide Rate, Ages 15-19, Per 100,000





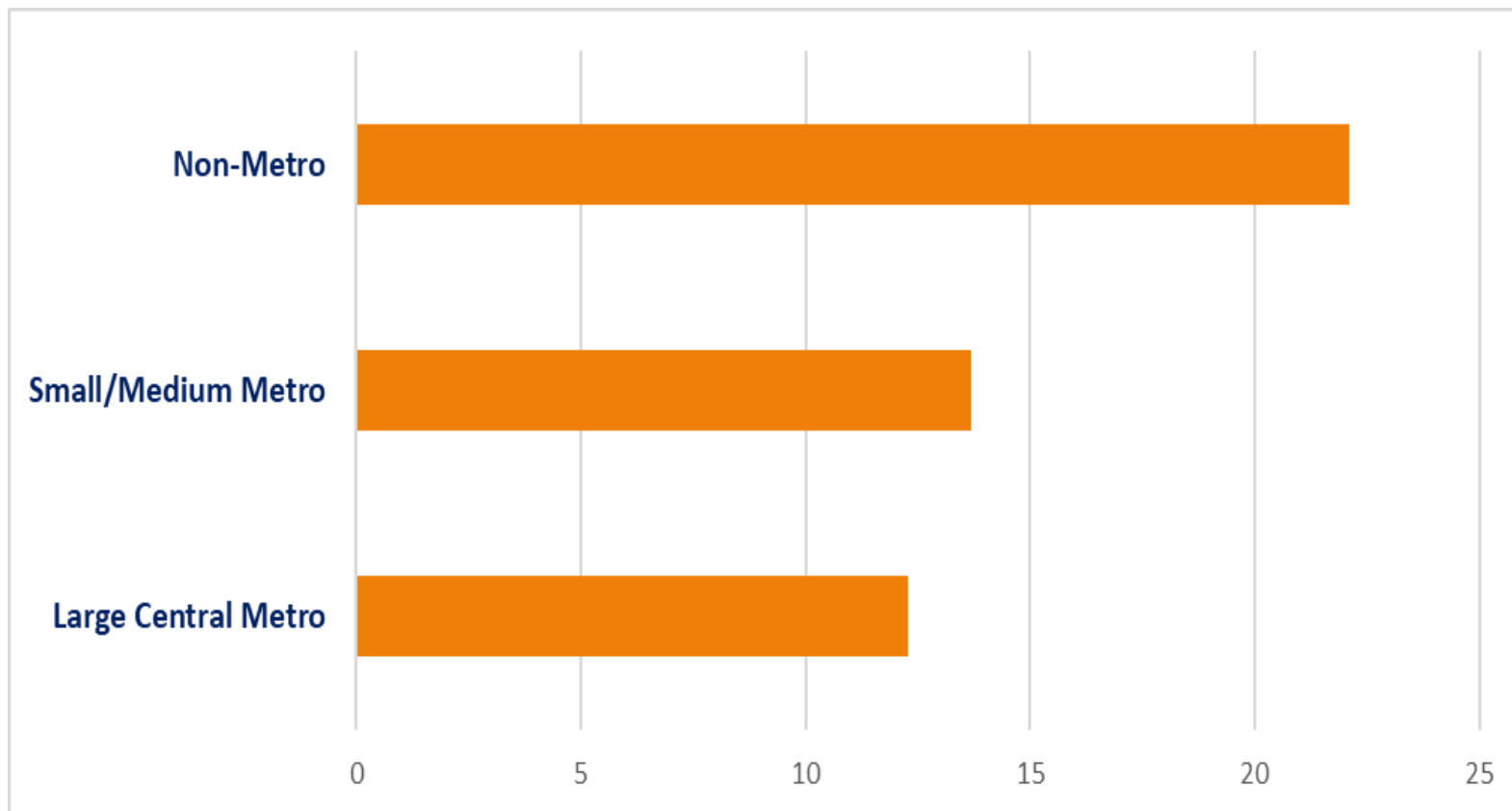
Adolescent Suicide Rate, Ages 15-19, Per 100,000

	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Nevada	6.5	5.7	8.9	8.9	9.6	8.3	10	10.9	13.5	15.2
United States	7.2	7.4	7.8	8.1	8.3	8.4	8.9	9.5	10.5	11.1
NV % Change 2007/2009- 2016/2018	+133.85%									



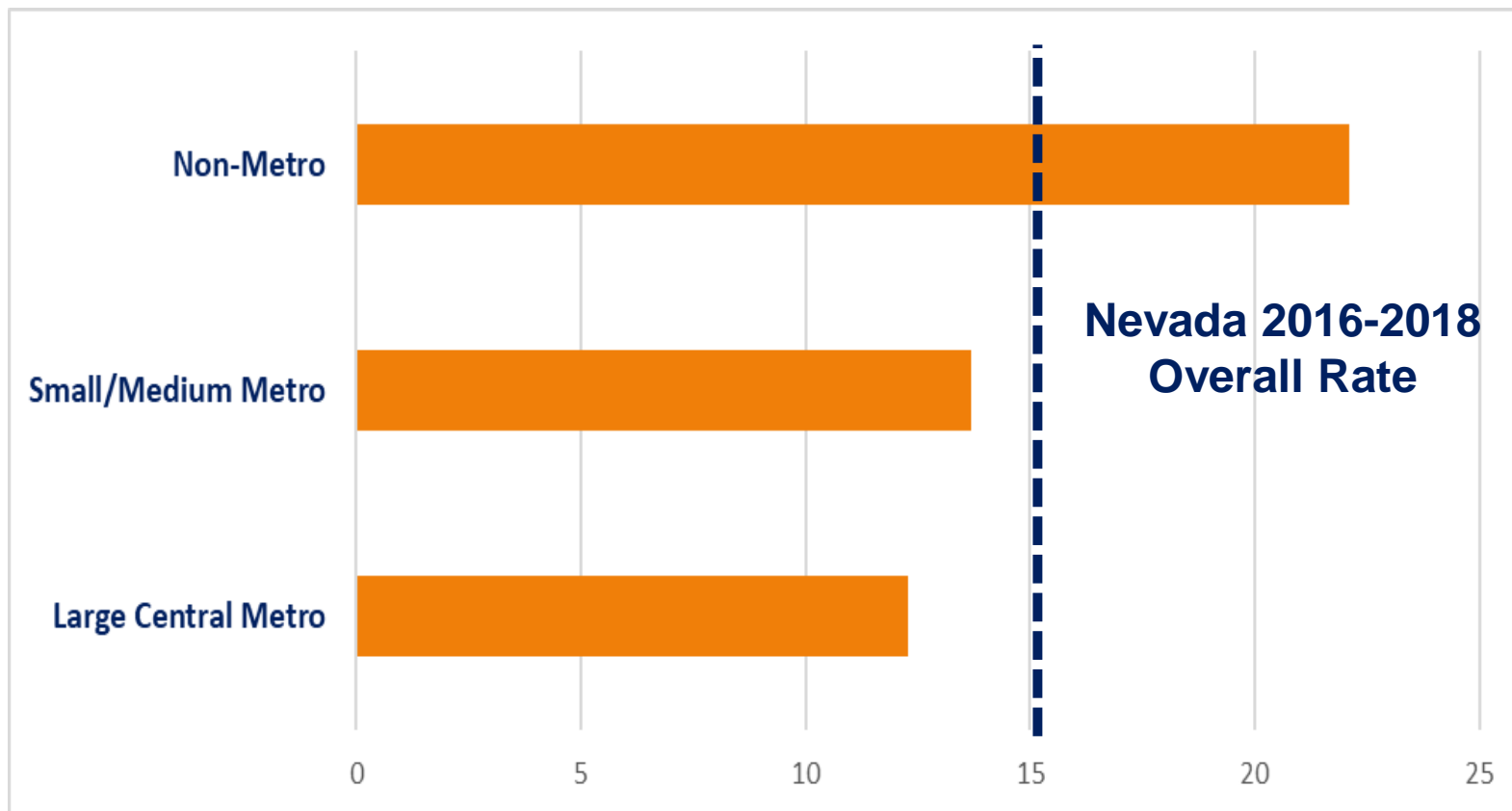


Adolescent Suicide Rate, Ages 15-19, Per 100,000 By Urban/Rural Residence



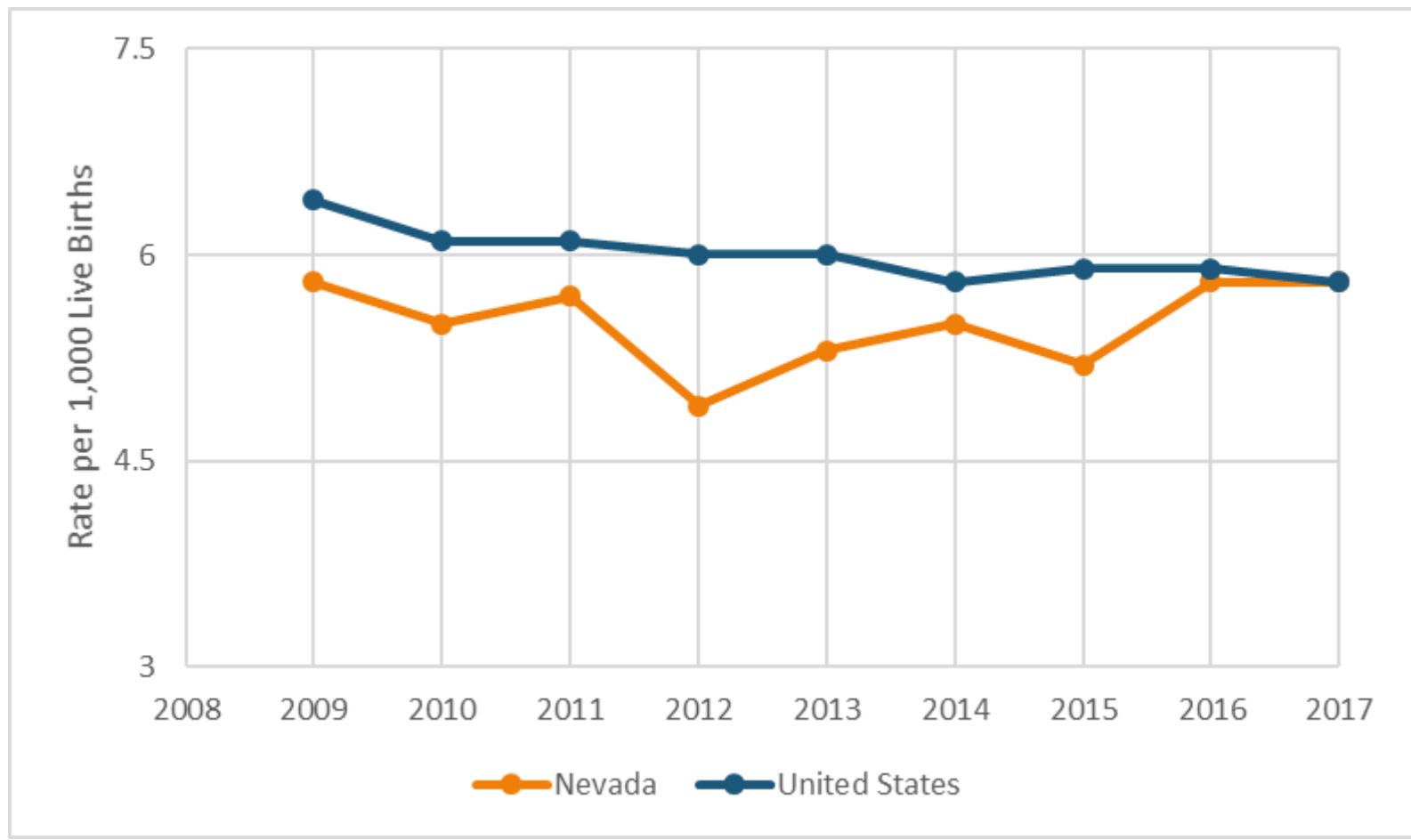


Adolescent Suicide Rate, Ages 15-19, Per 100,000 By Urban/Rural Residence





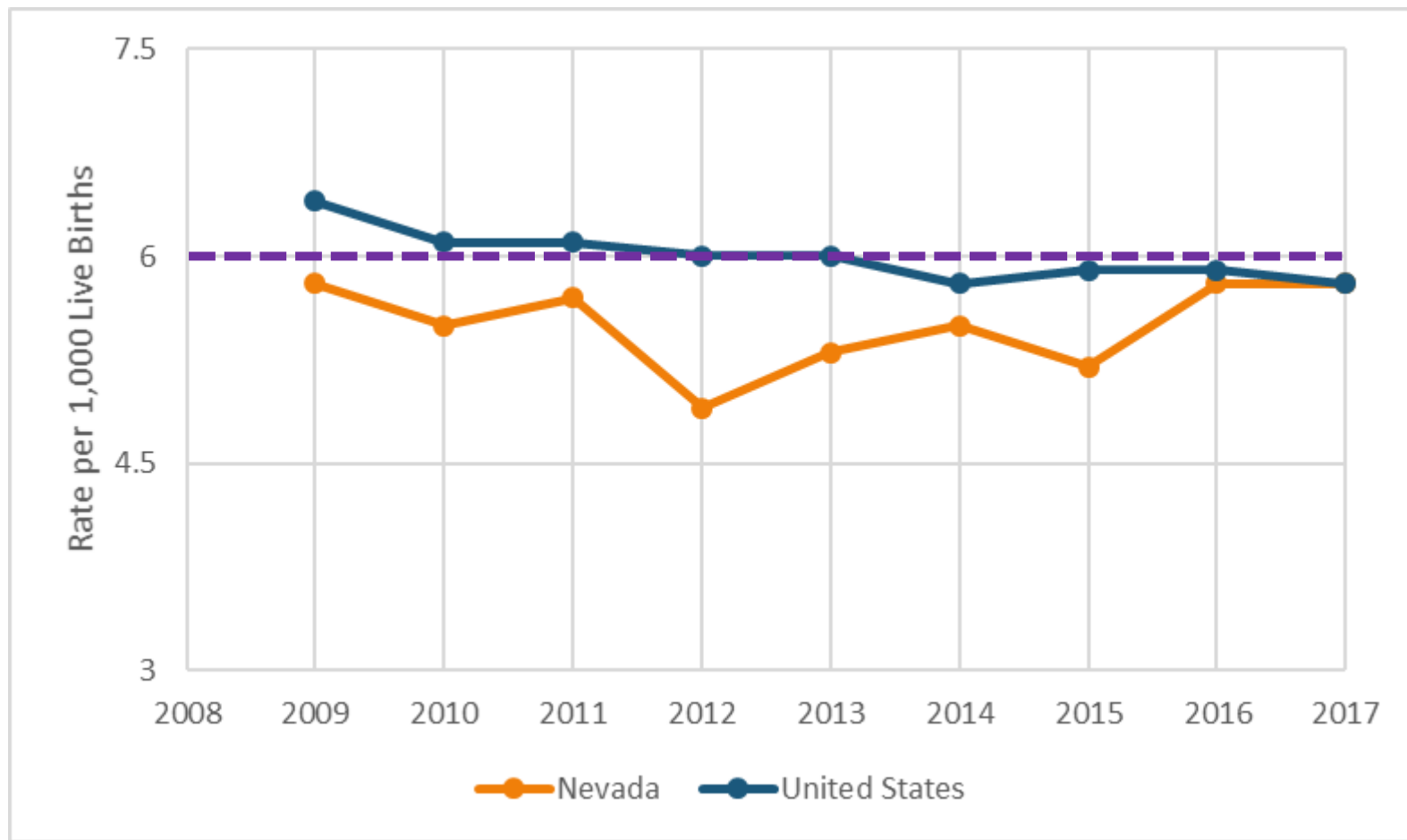
NOM 9.1: Infant Mortality Rate Per 1,000 Live Births



Data Source: National Vital Statistics System (NVSS)



NOM 9.1: Infant Mortality Rate Per 1,000 Live Births



Healthy People 2020 Objective





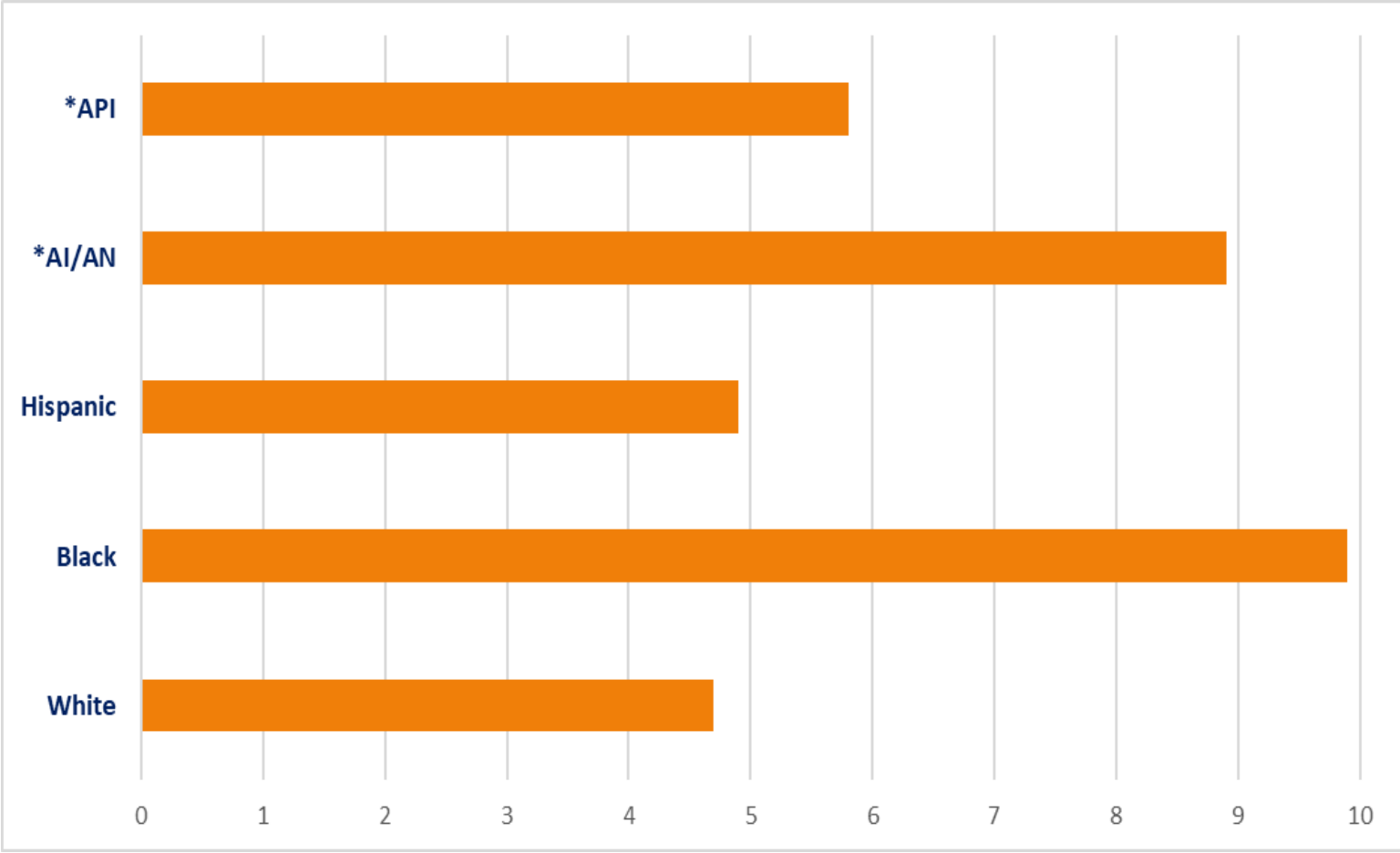
Infant Mortality Rate Per 1,000 Live Births

	2009	2010	2011	2012	2013	2014	2015	2016	2017
Nevada	5.8	5.5	5.7	4.9	5.3	5.5	5.2	5.8	5.8
United States	6.4	6.1	6.1	6	6	5.8	5.9	5.9	5.8
HP 2020 Objective	6								
NV% Change 2009-2017	0%								





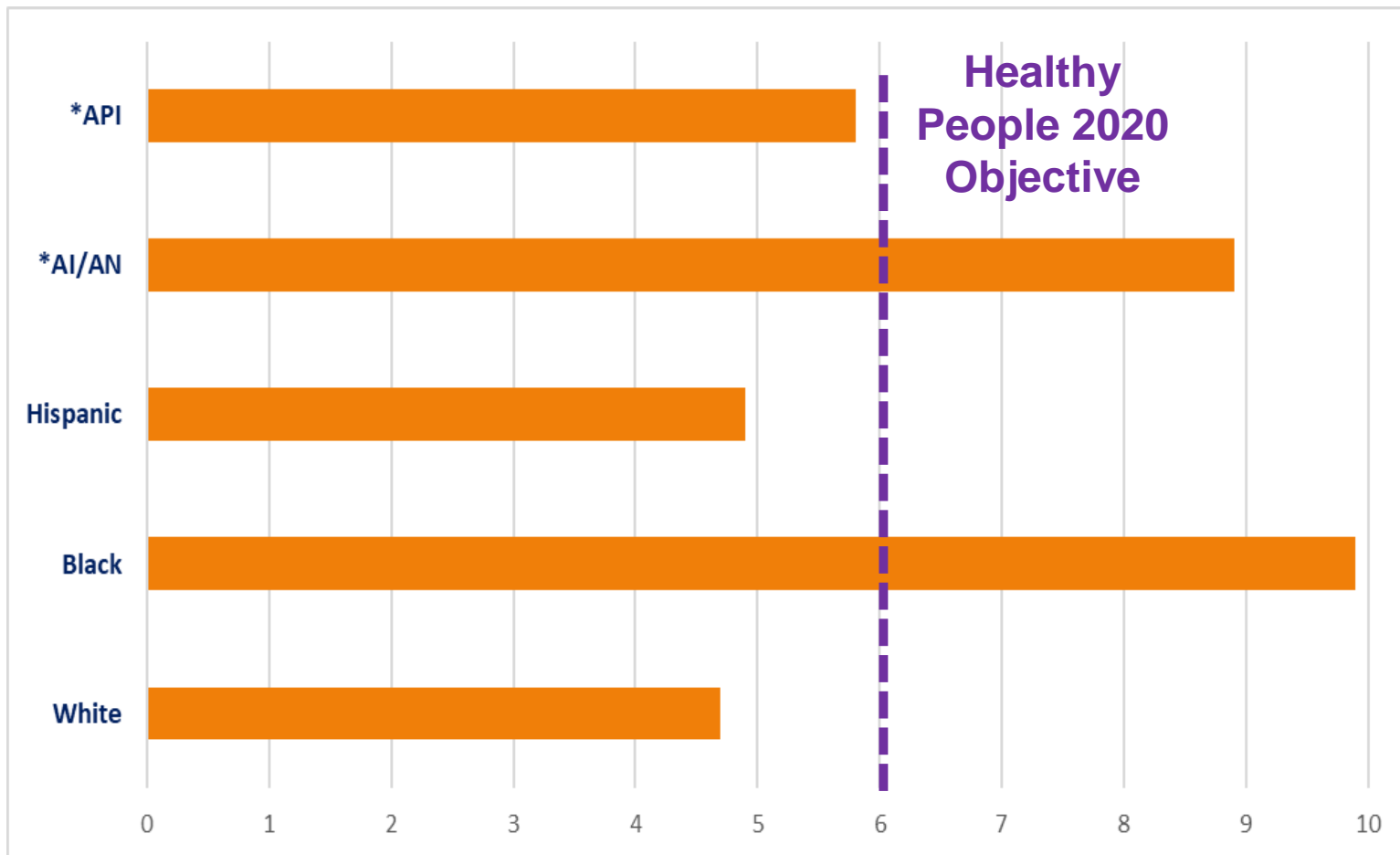
2015-2017 Infant Mortality Rate Per 1,000 Live Births By Race and Ethnicity



Data Source: National Vital Statistics System (NVSS)



2015-2017 Infant Mortality Rate Per 1,000 Live Births By Race and Ethnicity

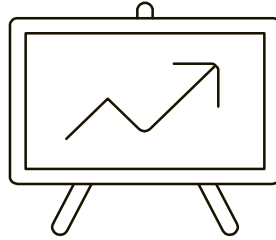




Conclusions

- Nevada has seen some improvements for certain measures, but disparities still exist
- Title V MCH will continue to monitor the disparities that exist for race and ethnicity, education level, and urban vs. rural residence
- These data will be used to inform programming and activities that will help improve negative outcomes and trends





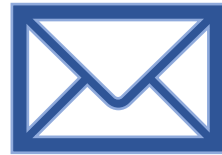
Questions?

Contact Information

Kagan Griffin, MPH, RD

MCH Epidemiologist

kgriffin@health.nv.gov



Acronyms

- ACS- American Community Survey
- FAD- Federally Available Data
- HP 2020- Healthy People 2020
- MCH-Maternal and Child Health
- MCHB- Maternal Child Health Bureau
- NIS-National Immunization Survey
- NOM-National Outcome Measure
- NPM-National Performance Measure
- NVSS- National Vital Statistics System

Attachment for Agenda Item #8

STATE OF NEVADA
LEGISLATIVE COUNSEL BUREAU

LEGISLATIVE BUILDING
401 S. CARSON STREET
CARSON CITY, NEVADA 89701-4747
Fax No.: (775) 684-6600



LEGISLATIVE COMMISSION (775) 684-6800
NICOLE J. CANNIZZARO, *Senator, Chair*
Brenda J. Erdoes, *Director, Secretary*

INTERIM FINANCE COMMITTEE (775) 684-6821
MAGGIE CARLTON, *Assemblywoman, Chair*
Cindy Jones, *Fiscal Analyst*
Mark Krmpotic, *Fiscal Analyst*

BRENDA J. ERDOES, *Director*
(775) 684-6800

LEGISLATIVE COUNSEL (775) 684-6830
DANIEL L. CROSSMAN, *Legislative Auditor* (775) 684-6815
MICHAEL J. STEWART, *Research Director* (775) 684-6825

REVISED
MEETING NOTICE AND AGENDA

Name of Organization: Legislative Committee on Health Care
(*Nevada Revised Statutes* [NRS] [439B.200](#))

Date and Time of Meeting: Wednesday, May 20, 2020
9 a.m.

Place of Meeting: Pursuant to Governor Steve Sisolak's [Emergency Directive 006](#), there will be no physical location for this meeting. The meeting can be listened to or viewed live over the Internet. The address for the Nevada Legislature's website is <http://www.leg.state.nv.us>. Click on the link "[Calendar of Meetings/View.](#)"

We are pleased to make reasonable accommodations for members of the public with a disability. If accommodations for the meeting are necessary, please notify the Research Division of the Legislative Counsel Bureau, in writing, at research@lcb.state.nv.us, or call the Research Division at (775) 684-6825 as soon as possible.

Minutes of this meeting will be produced in summary format. Please submit electronic copies of testimony and visual presentations if you wish to have complete versions included as exhibits with the minutes to HealthCare@lcb.state.nv.us. You may also mail written documents to the Research Division, 401 South Carson St., Carson City, NV 89701, or fax them to (775) 684-6600.

Items on this agenda may be taken in a different order than listed. Two or more agenda items may be combined for consideration. An item may be removed from this agenda or discussion relating to an item on this agenda may be delayed at any time.

I. Opening Remarks
Assemblywoman Lesley E. Cohen, Chair

II. Public Comment
(Because there is no physical location for this meeting, public testimony under this agenda item may be presented by phone or written comment.)

Because of time considerations, each caller offering testimony during this period for public comment will be limited to not more than 2 minutes. To dial in to provide testimony during this period of public comment, members of the public may call any time after 8:30 a.m. on May 20, 2020. To call in, dial number (669) 900 6833. When prompted to provide the Meeting ID, please enter: 915 8674 3181 and then press #. When prompted for a Participant ID, please press #. To resolve any issues related to dialing in to provide public comment, please call (775) 684-6990.

A person may also have comments added to the minutes of the meeting by submitting them in writing either in addition to testifying or in lieu of testifying.

Written comments may be submitted electronically before, during, or after the meeting by email to HealthCare@lcb.state.nv.us. You may also mail written documents to the Research Division, 401 South Carson St., Carson City, NV 89701, or fax them to (775) 684-6600.

For Possible Action

III. Approval of the Minutes for the Meeting on February 19, 2020

For Possible Action

IV. Update Concerning the Status of COVID-19 in Nevada
Kyra Morgan, Chief Biostatistician, Division of Public and Behavioral Health (DPBH), Department of Health and Human Services (DHHS)
Henry Agbewali, Economist, DPBH, DHHS

For Possible Action

V. Updates Concerning COVID-19-Related Changes to Certain Public Assistance Programs in Nevada
Steve H. Fisher, Administrator, Division of Welfare and Supportive Services, DHHS
Suzanne Bierman, J.D., M.P.H., Administrator, Division of Health Care Financing and Policy, DHHS
Jessica Adams, Deputy Administrator, Community-Based Care and Development Services, Aging and Disability Services Division (ADSD), DHHS

For Possible Action

VI. Discussion Regarding Adjustments by DHHS in Response to COVID-19
Richard Whitley, M.S., Director, DHHS
Dena Schmidt, Administrator, ADSD, DHHS
Stephanie Woodard, Psy.D., Senior Advisor on Behavioral Health, DPBH, DHHS

VII. Public Comment
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VIII. Adjournment

Notice of this meeting was posted on the Internet through the Nevada Legislature's website at www.leg.state.nv.us. Supporting public material provided to Committee members for this meeting may be requested from Jan Brase, Research Policy Assistant, Research Division, Legislative Counsel Bureau, at (775) 684-6825 or by email at HealthCare@lcb.state.nv.us and is/will be available at the Nevada Legislature's website at www.leg.state.nv.us.

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MICHAEL J. STEWART, *Research Director* (775) 684-6825

MEETING NOTICE AND AGENDA

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*For
Possible
Action*

III. Approval of the Minutes for the Meeting on May 20, 2020

*For
Possible
Action*

IV. Consideration of Regulations Proposed or Adopted by Certain Licensing Boards Pursuant to [NRS 439B.225](#)
Eric W. Robbins, Principal Deputy Legislative Counsel, Legal Division,
Legislative Counsel Bureau (LCB)

A. LCB File R114-19 of the Board of Psychological Examiners

*For
Possible
Action*

V. Presentation Regarding All-Payer Claims Databases
Samantha Scotti, Senior Policy Specialist, Health Program, National
Conference of State Legislatures
Julia Peek, M.H.A., C.P.M., Deputy Administrator, Community Health
Services, Division of Public and Behavioral Health (DPBH),
Department of Health and Human Services (DHHS)
Kyra Morgan, Chief Biostatistician, DPBH, DHHS
Sandie Ruybalid, Chief Information Technology Manager, Division of
Health Care Financing and Policy, DHHS

*For
Possible
Action*

VI. Presentation Concerning Improving Access to Care Through Health Care
Workforce Data Collection
John Packham, Ph.D., Associate Dean, Office of Statewide Initiatives,
University of Nevada, Reno, School of Medicine

*For
Possible
Action*

VII. Overview of Electronic Cigarettes, Vaping, and Tobacco Use and Trends in
Nevada and the Nation
Candice McDaniel, M.S., Chief, Bureau of Child, Family and Community
Wellness, DPBH, DHHS

*For
Possible
Action*

VIII. Update on the Implementation of [Senate Bill 263](#) (2019), Which Expands
the Nevada Clean Indoor Air Act to Include Electronic Smoking Devices and
Makes Various Changes to the Regulation and Taxation of Such Products
Melanie Young, Executive Director, Department of Taxation
Terri Upton, Deputy Director, Compliance, Department of Taxation
Hillary Bunker, Supervising Senior Deputy Attorney General, Tobacco
Enforcement Unit, Office of the Attorney General
Candice McDaniel, M.S., Chief, Bureau of Child, Family and Community
Wellness, DPBH, DHHS

*For
Possible
Action*

IX. Updates and Policy Options on Electronic Cigarette, Vaping, and Tobacco
Use in Nevada
Michael Hackett, Principal, Alrus Consulting

X. Public Comment

Because there is no physical location for this meeting, public testimony under this agenda item may be presented by phone or written comment.

Because of time considerations, each caller offering testimony during this period for public comment will be limited to not more than 2 minutes. To provide public testimony by telephone during this period of public comment, members of the public may call any time after the Chair announces this second period of public comment on June 17, 2020. To call in, dial (669) 900-6833. When prompted to provide the Meeting ID, please enter 915 8493 7066 and then press #. When prompted for a Participant ID, please press #. To resolve any issues related to dialing in to provide public comment for this meeting, please call (775) 684-6990.

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XI. Adjournment

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Supporting public material provided to Committee members for this meeting may be requested from Janet Coons, Manager of Research Policy Assistants, Research Division, Legislative Counsel Bureau, at (775) 684-6825 or by email at HealthCare@lcb.state.nv.us and is/will be available at the Nevada Legislature's website at www.leg.state.nv.us.

Attachment for Agenda Item #9

Steve Sisolak
Governor



Richard Whitley
Director

State of Nevada Department of Health and Human Services

Title V Maternal and Child Health (MCH) Block Grant Updates

Division of Public and Behavioral Health

Mitch DeValliere, DC



8/3/2020

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



Agenda

1. Fiscal Update
2. Priority Areas
3. New Priorities Based on Needs Assessment
4. Emerging Issues
5. Questions
6. Contact Information
7. Acronyms

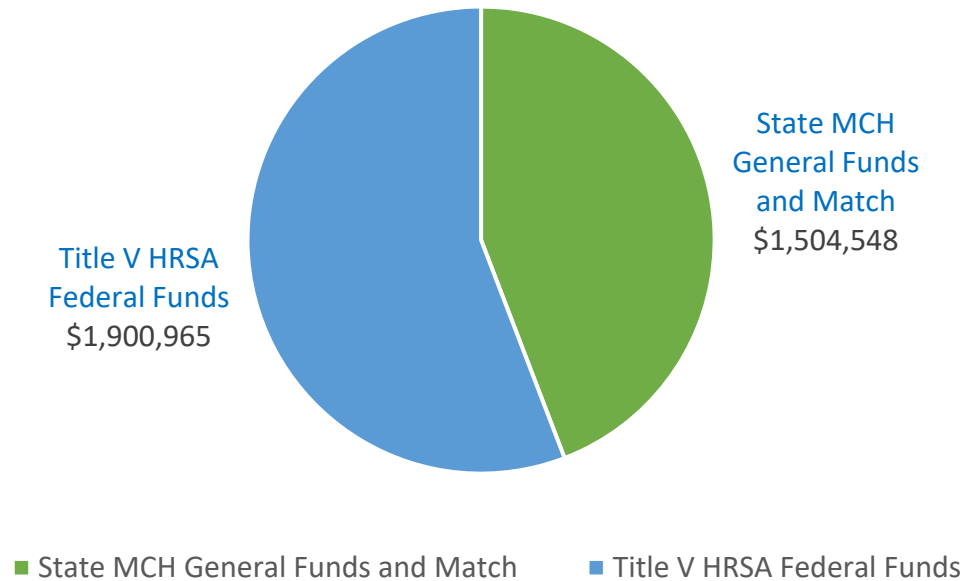




Fiscal Update

- Title V HRSA Federal Funds \$1,900,965
- State MCH General Funds and Match \$1,504,548
- Total \$3,405,513

FY 2019 Expenditures





Priority Areas

Improve preconception and interconception health among women of childbearing age, National Performance Measure 1 (NPM 1)



Breastfeeding promotion (NPM 4)



Increase developmental screening (NPM 6)



Promote healthy weight (NPM 8)





Priority Areas

Reduce teen pregnancy, State Performance Measure 2 (SPM2)



Improve care coordination (NPM 10)



Reduce substance use during pregnancy (NPM 14)



Increase adequate insurance coverage among children (NPM 15)





Priorities based on Needs Assessment

Improve preconception and interconception health among women of childbearing age - National Performance Measure 1 (NPM 1)

Breastfeeding promotion - NPM 4

Promote Safe Sleep - NPM 5

Increase developmental screening - NPM 6





Priorities based on Needs Assessment

Improve care coordination - NPM 10

Promote a Medical Home - NPM 11

Increase transition of care for adolescents and Children and Youth with Special Health Care Needs (CYSHCN) - NPM 12

Reduce substance use during pregnancy - NPM 14





Emerging Issues

COVID-19

Congenital Syphilis

Teen Suicide

Substance Use During Pregnancy
and Substance Exposed Infants

Maternal Mortality Review
Committee (MMRC)

Early Childhood Continuum





COVID-19

DPBH is encouraging healthcare providers to refer to the CDC's Health Alert Network (HAN) and DPBH's technical bulletins and DHHS efforts inform the state COVID-19 information hub at <https://nvhealthresponse.nv.gov/>.

The latest statistics and response efforts are located at the following website: <https://nvhealthresponse.nv.gov/> and kept updated through the efforts of the DHHS Office of Analytics and DPBH Office of Public Health Investigations and Epidemiology





Congenital Syphilis

In 2018, Nevada was number one in the country for primary and secondary syphilis rates and second for congenital syphilis (CS) rates.

With an increase of syphilis cases, comes a rise in congenital syphilis.

Title V MCH staff are members of the CS Workgroup for Nevada and have been instrumental in CS informational campaign development and resource distribution.





Teen Suicide

Teen suicide is an emerging issue in Nevada.

Data from the National Vital Statistics System (NVSS) show adolescent suicide rate for ages 15 through 19 per 100,000 in Nevada was 15.2 from 2016-2018.

This is higher than the U.S. rate of 11.1 from 2016-2018.





Substance Use During Pregnancy and Substance Exposed Infants

Resource development for substance use in pregnancy and substance exposed infants will continue to be a priority for DHHS, DPBH and Title V MCH.

MCAH will continue to work with state efforts on Comprehensive Addiction Recovery Act (CARA) and the Infant Plan of Care including education, training, work group participation, and increasing awareness.

Staff are core members of the Nevada Association of State and Territorial Health Organizations (ASTHO) Opioid Use Disorder, Maternal Outcomes, and Neonatal Abstinence Syndrome Initiative (OMNI NAS) related efforts in the state.





Maternal Mortality Review Committee (MMRC)

Governor Steve Sisolak signed Assembly Bill (AB) 169 of the 80th Legislative Session into law, establishing a Nevada MMRC, codified in Nevada Revised Statutes Statutes (NRS) 442.751 through 442.774, inclusive.

Reporting produced by the MMRC, Office of Analytics and MCAH support staff will be included in the Title V MCH Block Grant reporting.

Nevada is an Alliance for Innovation on Maternal Health (AIM) state and this will also support reducing preventable maternal mortality and severe maternal morbidity (SMM).





Early Childhood Continuum

Strengthening the early childhood education continuum to include public health is an emerging issue MCH will help address.

Title V MCH will continue and expand efforts to achieve the goal of NPM 6, to increase the percent of children, ages 9 to 35 months who received a developmental screening using a parent completed screening tool.

Title V MCH will work with the Early Childhood Advisory Council and Nevada Home Visiting (NHV) to engage diverse stakeholders and leverage existing efforts to address the early childhood continuum.

The MCH Director and NHV staff have been core participants of Pritzker efforts in Nevada related to strengthening the early care continuum.





Questions?





Contact Information

Mitch DeValliere, DC

Title V MCH Program Manager

bdevalliere@health.nv.gov

O 775-684-4314

C 775-434-5212

<https://dpbh.nv.gov/Programs/TitleV/TitleV-Home/>





Acronyms

- AIM: Alliance for Innovation on Maternal Health
- ASTHO: Association of State and Territorial Health Organizations
- CARA: Comprehensive Addiction and Recovery Act
- CDC: The Centers for Disease Control and Prevention
- COVID-19: Corona Virus Disease (2019)
- CS: Congenital Syphilis
- CYSHCN: Children and Youth with Special Health Care Needs
- DHHS: Department of Health and Human Services
- DPBH: Division of Public and Behavioral Health
- HAN: Health Alliance Network
- HRSA: Health Resources and Services Administration
- MCAH: Maternal, Child, and Adolescent Health Section
- MCH: Maternal and Child Health
- MMRC: Maternal Mortality Review Committee
- NPM: National Performance Measure
- NVSS: National Vital Statistics System
- OMNI: Opioid Use Disorder, Maternal Outcomes, and Neonatal Abstinence Syndrome Initiative
- OPHIE: Office of Public Health Investigations and Epidemiology



Attachment for Agenda Item #10

Maternal and Child Health Advisory Board (MCHAB)
August 7, 2020 Update

- **Domain: Women/Maternal Health**

- Increase the percent of women ages 15-44 receiving routine check-ups in the previous year
- Increase the percent of women receiving prenatal care in first trimester

- **Title V MCH Program and Partners –**

- Community Health Services (CHS) provided 2,167 preventive education services, 224 well-care screenings, 402 contraceptives, 197 Sexually Transmitted Infection (STI) screens, 23 immunizations, and 374 clients received nutrition, weight, and exercise information. All women presenting for reproductive health visits were screened for domestic violence and behavioral health, as well as depression. Four women were referred to mental health providers. Due to COVID-19, preventive education services were 38% less than reported last quarter.
- The Partners Allied for Community Excellence (PACE) Coalition Community Health Worker (CHW) shared information to 230 listserv members on unemployment during COVID.
- Carson City Health and Human Services (CCHHS) conducted 391 well visits for women. Referrals were made for 7 women afflicted by domestic violence, 53 for mood disorders, 78 for substance use, and 225 reporting alcohol use were educated about risks of alcohol use with pregnancy. Sobermomshealthybabies.com was promoted during clinic visits. Due to COVID-19, well-visits were 25% less than reported last quarter; however, during June's Phase 2 period, the clinic digital signage promoted annual well-visits. Facebook promotions to enhance well-visits were not conducted due to emerging needs for replacing this content with general population COVID awareness/safety.
- Title V MCH staff inserted CDC's new link about COVID-19 during pregnancy into the DPBH website. It resides as a hot topic under the Title V MCH program and link within the Maternal and Infant Program <http://dpbh.nv.gov/Programs/MIP/dta/Links/links/>.
- MCH staff prepared messaging for DP Video to create an upcoming summer social media campaign reminding pregnant women to keep their scheduled prenatal visits, learn if their provider needs to see them in-person or if their visit can be attended by phone or video. Pregnant women will be provided a link directly into the COVID-19 and pregnancy information from CDC inside the DPBH website.
<http://dpbh.nv.gov/Programs/MIP/dta/Links/links/>.

- **Rape Prevention & Education (RPE) Program –**

- The Nevada Rape Prevention and Education (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. It continues through reauthorization and expansion of the original legislation. The RPE Program focuses efforts on preventing first-time perpetration and victimization by reducing modifiable risk factors while increasing protective health and environmental factors in the prevention of sexual violence.
- The RPE Program is funded by CDC, sexual violence funds set-aside through Preventive Health the Health Services (PHHS), and the Title V Maternal and Child Health (MCH) Program Block Grant.
- In response to RPE's data focus, the program has established a memorandum of agreement (MOA) to optimize the planning and tracking of state indicators to evaluate public health outcomes of violence prevention with Social Entrepreneurs, INC. (SEI). RPE program will be providing technical assistance to RPE's four subrecipients through virtual meetings and calls to increase community and societal-level strategies for the prevention of interpersonal violence.

- Over the last few months, RPE partners have adapted prevention efforts and in-person training to virtual platforms with much success. The Nevada Coalition to End Domestic and Sexual Violence will continue to implement virtual trainings that include: our Regional Training Alphabet Soup 101: Language, Culture & Bias; and their Annual Conference Stronger Together: Collaboration for Social Change; and, pilot Sexual Assault Advocate Training Program.
 - Additionally, Nevada RPE was awarded with CDC COVID-19 Supplemental funding. As Nevada's current shelter-in-place restrictions from the COVID-19 pandemic continues, reports of violence in the home are increasing in some areas. The Domestic Violence Resource Center in Washoe County, Nevada, has observed a 64% increase in calls to its 24-hour hotline over the past months, a trend consistent with national spikes in domestic violence during COVID-19. Contributing factors for this increase include, but are not limited to, job loss, financial instability, being restricted to home environments and close proximity to partners and children, which may amplify not only family violence, but also diminish the family's ability to engage in constructive communication or coping strategies.
 - The supplemental COVID-19 funding will support crisis response via 24-hour hotlines to increase protective factors during the COVID-19 pandemic and increase protective factors during future state-wide disasters and emergencies through improvement of public health emergency preparedness (PHEP) capabilities through community preparedness and information sharing.
- **MCH Coalition (north, south and statewide) –**
 - The NV Statewide MCH Coalition continues to distribute materials promoting the Go Before You Show campaign, the Medical Home Portal (MHP), Perinatal Mood and Anxiety Disorders (PMAD), Nevada 211, Sober Moms Healthy Babies and the Nevada Tobacco Quitline. In addition, monthly e-newsletters, educational opportunities, and Program updates are provided to Coalition members. Social media campaigns promoting maternal, child, and adolescent health continue on Facebook and Instagram.
 - Southern Nevada MCH Coalition meetings were held:
 - April 14, 2020
 - May 12, 2020
 - June 9, 2020
 - Northern Nevada MCH Coalition meeting were held:
 - May 14, 2020
 - June 11, 2020
 - Held quarterly steering committee meeting on June 18, 2020
 - Six Perinatal Mood and Anxiety Disorder (PMAD) support group meetings were conducted, two per month. In April, the first facilitated online Train the Trainer meeting trained 3 people in Reno and 2 people in Las Vegas
 - Facebook followers increased by 4 in April, 9 in May, and 2 in June for a total of 15 from April to June.
 - Instagram followers increased by 10 in April, 6 in May, and 5 in June for a total of 21 from April to June.
 - **Nevada Pregnancy Risk Assessment Monitoring System (PRAMS) Program**
 - 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 received \$14,999 in supplemental funds in year 5 of the grant that runs from May 1, 2020 to April 30, 2021. These supplemental funds allow for the continuation of the additional opioid and disability questions through March of 2020. NV PRAMS applied for core and disability question funding in year 5 and will continue opioid supplemental questions with MCH Title V program and state general funds. A total of 18 supplemental questions will continue on the survey relating to pregnancy and disability, as well as opioid use in pregnancy. Data from the survey will inform future data driven MCH efforts.
 - Nevada PRAMS received the weighted data set from 2017 births, in late 2018. The 2017 data is a half year of data collection. Data for 2018 births is the first full year of data collection and was received from CDC in November 2019. Nevada did not meet the CDC required response rate threshold of 55%; thus, data should be interpreted with caution. The 2019 birth data set is expected in Fall of 2020.
 - Data can be requested via the Office of Analytics at data@dhhs.nv.gov. The primary goal for Nevada PRAMS is to increase response rates moving forward.
- **Domain: Perinatal/Infant Health**
 - Increase the percent of children who are ever breastfed
 - Increase the percent of children who are exclusively breastfed at 6 months
 - Increase the percent of baby-friendly hospitals in Nevada
- **Title V MCH Program and Partners –**
 - The PACE Coalition CHW conducted several activities. The staff created two perinatal/infant health brochures on the topics of health during pregnancy and toddler health tips. Title V provided funding for new mothers to obtain infant car seats and businesses with privacy screens to breastfeed in a more comfortable space. The CHW shared information with their 230 listserv members about the availability of privacy screens and three local agencies responded. Additionally, two families were provided with car seats.
 - CCHHS reached out to businesses to educate about breastfeeding laws, encourage participation in the BFWH Campaign, and check interest in needing a space established for staff to feed their infants. Six businesses committed to being provided with Title V funded supplies for a designated employee/patron breastfeeding area. Planned Facebook postings to promote infant immunizations and the Pregnancy Risk Assessment Monitoring System (PRAMS) survey were not conducted; and instead replaced with general COVID awareness/safety content. As many as 93 vaccination reminder cards were sent for infants/toddlers, ages four through 35-months old. During clinic visits, staff educated 9 women receiving positive pregnancy test results about breastfeeding. All were referred to WIC for support, informed about the value of participating in the PRAMS survey and given information about Sobermomshealthybabies.com. During April, the clinic digital signage promoted Sobermomshealthybabies.com and the May signage promoted Text4baby.
 - **Safe Sleep Media Campaign**
 April-June* 2020: 298 Total TV Spots Aired, 3,493 Radio Spots Aired
 - TV
 - North: 40 English, 41 Spanish
 - South: 162 English, 55 Spanish
 - Radio
 - North: 2,149 English, 89 Spanish
 - South: 1,133 English, 122 Spanish

*June results not reported in time
 - **SoberMomsHealthyBabies.org Media Campaign**
 April-June* 2020: 326 Total TV Spots Aired, 1,765 Radio Spots Aired

- TV
 - North: 64 English, 39 Spanish
 - South: 148 English, 75 Spanish
 - Radio
 - North: 977 English, 65 Spanish
 - South: 660 English, 63 Spanish
- *June results not reported in time
- **Washoe County Health District (WCHD) continues to review records for the Fetal Infant Mortality Review (FIMR)**
 - Twenty-two FIMR cases were received between April 1, 2020 and June 30, 2020 from local hospitals, Washoe County Medical Examiner's Office and Washoe County Health District Vital Statistics.
 - There were two Case Review Team (CRT) meetings during this reporting period. Meetings have been held virtually since COVID-19. The team typically meets monthly, except in June and December.
 - The Northern Nevada Maternal Child Health (NNMCH) Coalition continues to function as the FIMR Community Action Team (CAT). Two NNMCH Coalition meetings were held during this quarter. The most recent meeting was held on June 11, 2020 and a presentation by Dr. Sara Healy on COVID-19's Effect on Children was the main topic of discussion.
 - Staff continue to attend and provide updates at the Northern Nevada Maternal Child Health meetings, Pregnancy & Infant Loss Support Organization (PILSOS), and Child Death Review meetings.
 - Staff met with the "Count the Kicks" executive board and continues to explore this app, as a way for expectant parents to monitor fetal movement during the third trimester.
- **Safe Sleep/Cribs for Kids-**
 - Provides safe sleep media outreach and conducts activities with safe sleep partners, including community event participation statewide.
 - Maintain consistent partner communication and continue with the train-the-trainer model.
 - Work with hospital partners to implement Infant Safe Sleep practices and increase awareness by presenting at a minimum of four hospitals per year.
 - Includes Infant Safe Sleep brochures in the PINK packets
 - Delivered program supplies and equipment.
 - Purchased more kits to distribute to partners
 - Continued to promote 211, Nevada Tobacco Quitline and Nevada Children's Medical Home Portal
- **REMSA Cribs for Kids, April 1 to June 20, 2020:**
 - Attended meetings with Northern Nevada MCH Coalition, Safe Kids Coalition, Immunize Nevada May Outreach Community meeting
 - Connected with WCHSA conducting Train the Trainer and new partnership for Crossroads Initiative
 - Connected with the New Executive Director of Baby's Bounty
 - Distributed car sets to 4 Tribal partners:
 - Owyhee- 20 car seats since January
 - Southern Bands- 6 car seats
 - Walker River Paiute Tribe- 2 car seats
 - Survival kit distribution: 137
 - Binder distribution: 23
 - Poster distribution: 30

- Brochure distribution: 310
- Sudden unexpected infant death (SUID) intake questionnaire: 113
 - 3-month follow-up: 88
 - 12-month follow up: 24

- **Maternal-Infant Program –**

- Critical Congenital Heart Disease (CCHD) data collection continues.
- Participation continues in the AMCHP-led Infant Mortality CoIN focused on the Social Determinants of Health. The IM CoIN ends 9/2020, a budget update was submitted 12/2019 and a final virtual meeting is scheduled for August 24, 26 and 28, 2020.
- Breastfeeding Welcome Here Campaign
 - A new National Breastfeeding Month banner was purchased. This banner will hang across Carson Street during a week in August to promote National Breastfeeding Month and the nevadabreastfeeds.org website.
 - New campaign materials are also in process.
 - KPS3 is continuing to host the website address for nevadabreastfeeds.org. The website is going through an update
- DP Video will be funded to create prenatal care social media campaign this summer.
- MCAH staff continue to participate in the Nevada ASHTO OMNI and CARA substance use in pregnancy core team.
 - Updated Infant Plan of Care and CARA provider and family resources will be posted on sobermomshealthybabies.org upon final approval
- FIMR participation and addition of COVID-19 resources on the DPBH MCAH website
- Information dissemination on maternal and infant COVID-19, anti-racism and health equity resources
- AIM contract and workplan drafts were completed by MCAH staff; AIM annual meeting attended by MCAH staff
- Maternal Mortality Review Committee case abstraction and case record documentation requests continue; CDC MMRIA training completed by 3 MCAH staff members
- Newborn Advisory Committee participation by MCAH staff
- Regulatory development in relation to newborn screening fees and diapering resources are ongoing.
- Reproductive health promotion and working with MCAH staff to administer the Account for Family Planning continues

- **Domain: Child Health**

- Increase the percent of children (10-71 months) who receive a developmental screening using a parent-completed screening tool
- Increase the percent of children (6-11) who are physically active at least 60 minutes a day

- **Title V MCH Program and Partners –**

- Community Health Services (CHS) administered 79 child immunizations in the clinic setting. The agency suspended community outreach due to COVID-19 (e.g., fluoride varnish and oral health screenings, as well as immunizations).
- The PACE Coalition placed information on Facebook about child safety during COVID-19.
- CCHHS works collaboratively with the in-house WIC office whose staff virtually met with clients and discussed the value for a medical home with 346 individuals. Additionally, Nevada 211 and Medical Home Portal promotional materials were discussed with CCHHS clients and made available in the clinic area. Developmental screens were suspended due to COVID-19.

- Nevada Institute for Children's Research and Policy (NICRP) completed data entry/clean-up from 8,054 health surveys of children entering kindergarten for the school year starting fall of 2019. Due to COVID-19, the agency was delayed in posting the *Health Status of Children Entering Kindergarten in Nevada* annual report (2019-2020 results) on NICRP's website and statewide to stakeholders. Results from these annual surveys provide estimates for monitoring MCH indicators and for reporting to local, state, and federal entities.

- **Children's Healthy Weight CoIIN**

- Title V MCH staff continued its participation in the Collaborative Innovation and Improvement Network (CoIIN) facilitated through the Association of State Public Health Nutritionists (ASPHN). Title V MCH collaborated with the Nevada Office of Food Security and Obesity Prevention and Control (OPC) programs on a social media campaign promoting a series of fact sheets to assist Early Care and Education (ECE) centers in implementing the Child and Adult Care Food Program (CACFP). The CACFP ECE Fact Sheet Series was developed by the OPC Program in collaboration with the Nevada Department of Agriculture (NDA) and Supplemental Nutrition Assistance Program – Education (SNAP-Ed).
- CACFP is recommended to help childcare settings improve childhood nutrition, prevent obesity, and address food insecurity. It provides reimbursement for healthier meals and snacks served in licensed childcare settings. Despite these benefits, Nevada has low CACFP enrollment rates, ranking among the lowest in the country. The campaign will be conducted in both English and Spanish, allowing for a wider reach, as some ECE staff are Spanish speaking and serve many Spanish speaking families.
- The ASPHN CoIIN Title V MCH representative attended the virtual annual conference. Federal agency updates were presented by: the Maternal and Child Health Bureau whom focused on public health nutritionists needs from Title V MCH, Food and Drug Administration (FDA) discussed the updated nutrition facts labels and resources to share new information, FDA shared nutrition resources during COVID for those with limited resources, and CDC Division of Nutrition, Physical Activity, and Obesity provided an overview of their projects.

- **Domain: Adolescent Health**

- Increase the percent of adolescents aged 12-17 with a preventive medical visit in the past year
- Increase the percent of middle school and high school students who are physically active at least 60 minutes a day
- Reduce pregnancies among adolescent females aged 15 to 17 years and 18 to 19 years

- **Title V MCH Program and Partners –**

- Community Health Services (CHS) provided 368 preventive education services, 45 well-care screenings, 77 contraceptives, 43 STI screens, 39 immunizations, and provided 74 adolescents with nutrition, weight, and exercise information. Adolescents presenting for reproductive health visits were screened for domestic violence and emotional/mental health problems as well as depression. Three adolescents were referred to mental health providers. Community outreach was suspended due to COVID-19 (e.g., fluoride varnish and oral health screenings, as well as immunizations). Due to COVID-19, preventive education services were 29% less than reported last quarter.
- Carson City Health and Human Services (CCHHS) conducted 34 well visits for adolescents. Referrals were made for 6 afflicted by mood disorders, 10 for substance use, and 9 reporting alcohol use. Due to COVID-19, the well-visit numbers were 10% less than reported last quarter. Furthermore, school closures resulted in staff not being able to

- conduct their annual training promoting well-visits during the high school health class. Other pressing school district issues did not allow for this virtual class.
- Urban Lotus Project (ULP) holds Trauma-Informed Yoga for Youth courses, serving Northern Nevada adolescents at locations such as schools, public community hubs, drop-in centers, treatment facilities, and human service entities. COVID-19 significantly impacted how ULP conducted these Title V MCH funded activities. Of the 18 facilities, only three were able to shift to online (virtual) classes. The other 15 sites placed yoga instruction on hold. Through the no-cost virtual classes, yoga instructors taught 97 online classes attended by 343 (potential duplicate people), which is a significant drop in numbers typically served. Marketing focused on the 12-17 y.o. age group; however, it cannot be determined all attendees were in this age range. Virtual classes conducted six days a week were promoted in several formats: non-residential facilities informed clients how to log in through ULPs website, content was disseminated through several listservs (MCH Coalition, Join Together Northern Nevada, Washoe County School District, and Health Plan of Nevada). Join Together Northern Nevada added an ULP class as part of their Wellness Wednesday's series, created during COVID-19 stay-at-home orders.
 - Despite the COVID-19 challenges, many positive outcomes were reported. New networks and collaborations were formed. The Washoe County School District Social and Emotional Learning Program, as well as Health Plan of Nevada, discussed bringing in yoga classes. Communities in Schools placed over 500 fliers into school lunch bags distributed at Hug High School. ULP received a Renown Medical Center grant to develop a workshop for staff members who work at the facilities where classes are taught. Participants will learn basic trauma science and trauma-informed practices. The workshop contains a yoga class, so staff can personally experience the benefits of the yoga practice and possibly encourage more youth to participate. Staff will be able to use the basic breathing/meditation techniques with their clients during non-yoga classroom times.
 - DP Video conducted two different month-long social media campaigns for adolescents and families with teens. Both were conducted in English and Spanish:
 1. Adolescent physical activity (April): Videos and messages promoted outdoor activities (social distanced) among adolescents and families with teens. Six video ads were displayed on Twitter resulting in 190,259 media impressions, and Facebook 86,305 views, 120,130 media impressions, which included 60,400 engaged users. The April Facebook campaign delivered a significant number more views compared to the January campaign, assumed due to high activity during the early stay at home COVID orders.
 - January: Facebook 55,181 views, 78,126 media impressions, which included 35,584 engaged users
 - April: Facebook 86,305 views, 120,130 media impressions, which included 60,400 engaged users
 2. Health care transition (June): Videos and messages promoted youth learning how to be their own health care advocates rather than rely on parents/caregivers to meet all these needs. Messages targeted adolescents and families with teens. Six video ads were displayed on Twitter resulting in 500,633 media impressions, 133,154 Facebook views, and 275,751 media impressions, which included 50,640 engaged users.

- **Adolescent Health and Wellness Program –**

- The Adolescent Health and Wellness Program (AHWP) Coordinator attended several child/adolescent behavioral health meetings. Most discussions focused on mental health challenges faced by youth and their family members due to COVID-19 isolation. Virtual meetings attended included: Adolescent Health Task Force, Washoe County Children’s Mental Health Consortium, Nevada Children’s Behavioral Health Consortium, and a health conference:
 - ‘*Flourishing in Adolescence*’ hosted by the Forum for Children’s Well-Being shared best practices in providing and supporting adolescent health services and key messaging and communication strategies related to adolescent mental, emotional, and behavioral health. Youth representatives were featured in all sessions.
- The AHWP Coordinator participated in the initial meeting of Nevada’s Comprehensive School Mental Health CoLIN. This learning collaboration is led by Nevada Department of Education and focuses on supports and services promoting positive school climate, social emotional learning, mental health and well-being, while reducing prevalence and severity of mental illness. The group will assess and address the social and environmental factors impacting both physical and mental health.
- The AHWP Coordinator attended a webinar series focused on School-Based Health Centers during COVID-19. States shared their immediate implementation of telehealth services and how Medicaid started reimbursing for services in states not previously authorized for school-based telehealth.
- The AHWP Coordinator developed plans for DP Video to create adolescent well-visit social media campaign this summer. Materials will target youth and families with teens. Youth content will be co-created with input from young people, to better reach the audience.

- **Domain: Children and Youth with Special Health Care Needs (CYSHCN)**

- Increase the percent of children with special health care needs with a medical home
- Increase the percent of children without special health care needs with a medical home
- Increase the number of WIC, Home Visiting, Healthy Start, and other program participants that received information on the benefits of a medical home
- Increase the number of referrals to Nevada’s medical home portal

- **Title V MCH Program and Partners –**

- Family TIES of Nevada (FTON) continues to maintain the children and youth with special health care needs (CYSHCN) helpline, provide translation services for families with CYSHCN, conduct Parent to Parent (P2P) program trainings assisting families with CYSHCN and educate families on how to navigate the Medical Home Portal (MHP). Over 300 families were assisted with translation services (primarily by phone), 159 with insurance eligibility assistance, 69 with education on the MHP and P2P, and 106 received a variety of informational brochures and referrals.
- Nevada Center for Excellence in Disabilities (NCED) continued to train and provide information for CYSHCN professionals and parents on transition health care, the value of the medical home, and the MHP. NCED staff gave four virtual presentations to UNR CYSHCN students, parents, mentors, and professionals for a total of 102 virtual training attendees. NCED staff also attended a second Healthcare Transition Learning Group workshop to receive further resources to share with professionals and families. NCED scheduled a meeting with Nevada Department of Education and rural transition leaders, but it had to be canceled due to COVID-19.
- The Northern Nevada Cleft Palate Clinic (NNCPC) saw no patients this quarter due to mandatory COVID-19 clinic closure and the extensive safety precautions and requirements for the re-opening process. NNCPC will resume clinic operations on August 6, 2020, regulations permitting.

- The Children’s Cabinet (TCC) and the Technical Assistance on Social Emotional Intervention (TACSEI) continued to engage families through use of social emotional Pyramid Model trainings serving CYSHCN 0-5 years of age. TCC enhanced parent involvement through newsletters and meetings, and enhanced health literacy to parents/caregivers through distribution of Milestone Moments books, Making Life Easier: Holidays Strategies for Success, Backpack series materials, and developmental screenings using the Ages and Stages Questionnaire (ASQ). TCC-TACSEI developmentally screened 282 children from eleven implementation sites and four demonstration sites; 30 children required follow-up appointments.
- The University Center for Autism and Neurodevelopment (UCAN) provided no-cost diagnostic evaluations during monthly clinics to eight patients ranging from ages 3-20 to improve differentiation between autism and other neurodevelopmental disorders.
- **Children and Youth with Special Health Care Needs (CYSHCN) Program**
 - Title V MCH staff continued participation in the AMCHP Emergency Preparedness and Response Action Learning Collaborative (EPR ALC) in collaboration with the Nevada DPBH Public Health Emergency Preparedness (PHEP) Program. Through this opportunity, AMCHP and CDC provide technical assistance to Nevada and other participating states to aid in developing or enhancing the integration of MCH populations in their emergency preparedness and response plans. This quarter, Title V MCH staff reviewed PHEP strategies to improve public health surveillance and epidemiological investigation and community preparedness (e.g., EPR questions on PRAMS and BRFSS, contingency plans for events which disproportionately affect MCH populations, etc.).
 - 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 developed by PMHCAP and the Nevada Institute for Children’s Research and Policy (NICRP).
 - Title V MCH staff continued to promote the MHP, in partnership with the University of Utah Department of Pediatrics, to increase access to a medical home for Nevadan children and youth. The CYSHCN Program launched a social media campaign in June utilizing both Facebook and Instagram sponsored posts and advertising. The campaign resulted in over 1.56 million impressions, over 436,000 people reached, and over 6,000 link engagements.
- **Domain: Cross-Cutting/Lifecourse (activities within this domain are included within each subpopulation above), which include the following objectives:**
 - Reduce the percent of women who smoke during pregnancy
 - Increase the percent of women who call the Nevada Tobacco Quitline for assistance
 - Reduce the percent of women using substances during pregnancy
 - Reduce the percent of children who are exposed to secondhand smoke
 - Increase the percent of adequately insured children
 - Increase the percent of callers to Nevada 2-1-1 inquiring/requesting health insurance benefits information
- **Tobacco Cessation:**
 - All subgrantees continue to promote the Nevada Tobacco Quitline (NTQ). CCHHS and CHS referred tobacco users to the NTQ. CCHHS counseled self-identified nicotine users with a Brief Tobacco Intervention resulting in 141 referrals to the NTQ due to desire to change smoking/vaping habits. CHS referred 3 women of childbearing age (15-44 years old) to the NTQ

- **Substance Use During Pregnancy:**
 - All Title V MCH subrecipients 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, including Infant Plan of Safe Care, and the Association of State and Territorial Health Officials (ASTHO) Opioid Use Disorder, Maternal Outcomes, and Neonatal Abstinence Syndrome Initiative (OMNI)
 - CARA final materials will be posted to the SoberMomsHealthyBabies.org website

- **Nevada Public Health Conference**
 - The Nevada Public Health Conference was tentatively scheduled for fall 2020 but has been postponed until spring of 2021

- **Adequately Insured Children:**
 - CCHHS partners with the Division of Welfare and Supportive Services (DWSS) by placing insurance enrollment staff on-site. Due to COVID-19, in early April onsite efforts were replaced with virtual/online assistance, thus only 6 newly enrolled people were able to be reported, as these took place prior to ceasing onsite assistance. In-reach was provided to uninsured clients seeking services through CCHHS.

- **Nevada 211:**
 - Nevada 211 received 93 calls/texts from within the MCH population with 93% being pregnant. PRAMS program information was provided to 28 women, 4 referrals were made to the Medical Home Portal, 4 recommendations were given for Text 4 Baby, 3 to the Nevada Tobacco Quitline, and 1 for perinatal mood and anxiety disorder resources. Spanish speaking call staff were available to assist the 8 needing assistance.
 - All subgrantees continue to promote Nevada 211.
 - CCHHS contacted local businesses to educate on the value of listing services inside Nevada 211 web portal. Two agencies expressed interest and were informed how to submit the forms.

- **Nevada Home Visiting:**
 - All Nevada Home Visiting sites successfully navigated transition to virtual services. The NHV Program shared COVID-19 resources with Local Implementing Agencies and submitted the grant application and data reporting to HRSA.

- **Teen Pregnancy Prevention Programs:**
 - All Teen Pregnancy Prevention Program sites successfully navigated transition to virtual services and curricula implementation. The Program shared COVID-19 resources with agencies.

- **Nevada Early Hearing Detection and Intervention**
 - Nevada Early Hearing Detection and Intervention successfully implemented program activities in the COVID-19 context and continues to work with staff and partners to ensure hearing screenings and appropriate referrals.
 - Cytomegalovirus resources are available here: [http://dpbh.nv.gov/Programs/EHDI/Cytomegalovirus_\(CMV\)/](http://dpbh.nv.gov/Programs/EHDI/Cytomegalovirus_(CMV)/)