

**Maternal and Child Health Advisory Board (MCHAB)**  
**May 8, 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 3,494 preventive education services, 354 well-care screenings, 609 contraceptives, 213 Sexually Transmitted Infection (STI) screens, 51 immunizations, and 410 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. Six women were referred to mental health providers.
- The Partners Allied for Community Excellence (PACE) Coalition Community Health Worker (CHW) attended an elementary school fair and handed out the following materials to women: 25 Kids in the Kitchen cook books, 5 smoking cessation pamphlets, 9 Naloxone kits and other various MCH-population pertinent materials.
- Carson City Health and Human Services (CCHHS) promoted annual wellness exams through a community outreach event at the Carson City Library. CCHHS conducted 516 well visits for women. Referrals were made for 7 women afflicted by domestic violence, 81 for mood disorders, 105 for substance use, and 306 reporting alcohol use were educated about risks of alcohol use with pregnancy.

- **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.
- RPE is implementing sexual violence (SV) strategies using the Public Health Approach, based on the best available evidence and data. RPE is prioritizing the increased implementation of community and societal-level strategies, focusing on state and local-level data sources.
- RPE focus, currently, is working on capacity building activities, indicators, data, and impact. Data is a central theme of the work, including how it is used to identify priority populations and address health disparities. Although no community is immune to violence, it is the most socioeconomically disadvantaged populations who face a disproportionate burden of violence. Demographics such as race, ethnicity, gender, educational inequality, intellectual disabilities, poverty, and employment status increase risk factors for priority populations.
- RPE recognizes that while violence (sexual violence, intimate partner violence, explicit or implicit violence) can be prevented, a cross-sector public health approach is required, and partnerships through other sectors and interests are needed. Including, but not limited to, public health, education, faith-based, nonprofit, housing, business, economic development, transportation, zoning, and land use.
- The successful implementation of RPE relies on identifying, establishing, and leveraging partnerships and resources, and sustaining the work of the RPE Program beyond the current five-year cooperative agreement with the CDC. Through developing, new partners and new

ways of streamlining processes have already emerged. As RPE is implemented, we expect to uncover further opportunities to increase the capacity of subrecipients and partners to work at the community and societal levels of the Social-Ecological Model (SEM) and ultimately change the Nevada context decreasing sexual violence (SV) occurrence.

- In response to RPE's data focus, the program will be taking steps to establish a memorandum of agreement (MOU) to optimize the planning and tracking of state indicators to evaluate public health outcomes of violence prevention. Including, providing technical assistance to RPE's four subrecipients through meetings and person-to-person calls to increase community and societal-level strategies for the prevention of interpersonal violence.

- **MCH Coalition (north, south and statewide) –**

- 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, Nevada 2-1-1, 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 meeting was held:
    - January 14, 2020
    - February 11, 2020
    - March 10, 2020
  - Northern Nevada MCH Coalition meeting was held:
    - January 9, 2020
    - February 13, 2020
  - The MCH Statewide quarterly steering committee meeting on February 20, 2020
  - Statewide Coalition meeting
    - January 9, 2020
  - Provided a brochure in English and Spanish on Filing for Unemployment Insurance Benefits in an update to the Coalition
  - Six Perinatal Mood and Anxiety Disorder (PMAD) support group meetings were conducted, two per month.
  - Facebook followers increased by 12 from January to April
  - Instagram followers increased by 42 from January to April

- **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 created content on the Breastfeeding Welcome Here Campaign (BFWH) which was placed on the agency website, Facebook posts, sent to members on their listserv, and materials went out to all businesses registered with the Chamber of Commerce. A brochure was created about Perinatal Mood and Anxiety Disorder (PMAD), and materials are in process about general prenatal health, nutrition for nursing women, including infant nutrition-based comic/coloring content. The CHW helped families with referrals for three car seat installations.

- CCHHS reached out to 35 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. Five businesses will be provided with Title V funded supplies for a designated employee/patron breastfeeding area. The building which houses the clinic will be updating their breastfeeding space. CCHHS promoted health topics on the clinic's outside digital sign promoting infant immunizations and the Pregnancy Risk Assessment Monitoring System (PRAMS) survey. As many as 112 vaccination reminder calls were made for infants/toddlers four through 35-months old. During clinic visits, staff educated women receiving positive pregnancy test results about breastfeeding and referrals were made to WIC for support. Furthermore, ten pregnant women were educated about the value of participating in the PRAMS survey and informed about Sobermomshealthybabies.com.

### **Safe Sleep Media Campaign**

- January-March 2020: 153 Total TV Spots Aired, 1,510 Radio Spots Aired
  - TV
    - North: 18 English, 20 Spanish
    - South: 106 English, 9 Spanish
  - Radio
    - North: 825 English, 29 Spanish
    - South: 633 English, 23 Spanish

### **SoberMomsHealthyBabies.org Media Campaign**

- January-March 2020: 138 Total TV Spots Aired, 778 Radio Spots Aired
  - TV
    - North: 37 English, 19 Spanish
    - South: 65 English, 17 Spanish
  - Radio
    - North: 385 English, 16 Spanish
    - South: 351 English, 26 Spanish

### **MCH fully funds the Washoe County Health District (WCHD) Fetal Infant Mortality Review (FIMR)**

- FIMR staff continued to:
  - Educate community stakeholders about the FIMR process
  - Improve the process for obtaining FIMR cases
  - Improve data abstraction procedures
  - Coordinate the Case Review Team (CRT) and the Community Action Team (CAT)
  - Implement recommendations

The FIMR team provided recommendations based on data from FY2019:

1. Avoid interpregnancy intervals shorter than 6 months and counsel about risks of pregnancy sooner than 18 months

- FIMR members will encourage more providers to offer LARCS at or near delivery to improve access to family planning counseling, contraception and prevent unplanned pregnancy.
  - Washoe County Health District Family Planning staff have been offering and placing Long Acting Reversible Contraceptives (LARCs) to women who are incarcerated in the Washoe County Detention Center and who are interested.
  - Postpartum LARC access has been championed by multiple practitioners on the CRT. A large practice serving the low-income population has started giving LARCs during the post-partum period.

- Identify barriers to offering LARCs at or near delivery. Providers believed that LARC at or near delivery was not covered or paid for by insurance companies, especially Medicaid. Through the CRT discussions in past years, it was clarified that LARC is unbundled from the delivery package cost and is covered as a billable service under Medicaid plans.
  - The group is still searching for solutions to barriers of stocking LARCs (including financial barriers for small practices). A large local clinic with a pharmacy has begun to stock LARCs and is working on an implementation plan to assist with immediate availability of LARCs in the community.
2. Evaluate prevalence of marijuana and substance use among pregnant women. Women must have access to education and resources to help them into care before or during pregnancy.

- The WC FIMR will continue to support NDHHS DPBH's efforts with the Sober Moms, Healthy Babies campaign.
- FIMR is tracking marijuana use during pregnancy on the issues summary separate from other substance use to evaluate prevalence in cases that are reviewed at the Case Review Team.
- A local women's clinic has begun a universal urine screening for marijuana to determine prevalence and to guide educational initiatives

3. Increase awareness of syphilis through education of providers and patients

- WCHD staff members participate on a statewide syphilis workgroup that is currently focusing on reduction of congenital syphilis.
- FIMR staff encouraged OB providers and ER staff to make sure syphilis testing is done on pregnant women during their prenatal care and at delivery. This was done through phone calls and in-person contact at meetings.

- **Safe Sleep/Cribs for Kids (C4K)-**

C4K provides safe sleep media outreach and conducts activities with safe sleep partners, including community event participation statewide, maintains consistent partner communication and continue with the train-the-trainer model, and works with hospital partners to implement Infant Safe Sleep practices and increase awareness by presenting at a minimum of four hospitals per year. This includes Infant Safe Sleep brochures in the PINK packets and delivering program supplies and equipment while continuing to purchase more safe sleep kits to distribute to partners, as well as continuing to promote 2-1-1, Nevada Tobacco Quitline and Nevada Children's Medical Home Portal.

- **Maternal-Infant Program –**

- Critical Congenital Heart Disease (CCHD) data collection continues
- Participation continues in the AMCHP-led Infant Mortality CoIIN focused on the Social Determinants of Health
  - The IM CoIIN ended 03/2020, a budget update was submitted 12/2019
  - MIP Coordinator continued to sit on monthly AMCHP IM CoIIN meetings where all states who are participating in the IM CoIIN attend; however, the MIP was promoted and there is a vacancy in the program.
- Breastfeeding Welcome Here Campaign

- A new National Breastfeeding Month banner is in the process of being approved. This banner will be hung over Carson Street during a week in August to promote National Breastfeeding Month and the nevadabreastfeeds.org website.
- New campaign materials are also in the approval process
- KPS3 is continuing to host the website address for nevadabreastfeeds.org.
- **OMNI ASHTO**
  - MCAH staff continue to be active in the ASHTO ColIN and CARA Infant Plan of Care efforts focused on reducing substance use in pregnancy
  - **COVID-19 resource sharing**
  - Technical Bulletin on Telehealth coverage and Medicaid one of several resources shared widely with partners related to MCH populations and COVID-19; includes federal resources from numerous partners.
- **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) provided 60 children with fluoride varnish and oral health educational materials. Immunizations were administered in the clinic, schools, and community resulting in 156 infants/children being vaccinated. CHS provided 13 well-child visits.
  - The PACE Coalition placed content about maternal and child coping during COVID19 on the agency website and sent it to their listserv.
  - CCHHS works collaboratively with the in-house WIC office whose staff disseminated an infographic to 338 individuals about the importance of and how to access a medical home. Additionally, Nevada 2-1-1 and medical home portal promotional materials were discussed with CCHHS clients and made available in the clinic area. Staff provided three developmental screens on uninsured children and one child was referred to local providers due to findings outside age-based norms.
  - Nevada Institute for Children’s Research and Policy (NICRP) received 8,054 health surveys of children entering kindergarten for the school year starting fall of 2019. Data was cleaned for entry into the *Health Status of Children Entering Kindergarten in Nevada* annual report (2019-2020 results) to be posted 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 ColIN**
  - Title V MCH staff continued participation in the Collaborative Innovation and Improvement Network (ColIN) facilitated through the Association of State Public Health Nutritionists (ASPHN). Title V MCH developed a collaborative relationship with the Nevada Supplemental Nutrition Assistance Program – Education (SNAP-Ed) and their network of partners and implementing agencies through the Nevada Nutrition Assistance Consortium. Title V MCH will collaborate with the Nevada Office of Food Security and Obesity Prevention and Control programs to conduct a social media campaign promoting a series of fact sheets to assist Early Care and Education centers in implementing the Child and Adult Care Food Program (CACFP). In Nevada, the CACFP is recommended to help childcare settings improve childhood nutrition, prevent obesity, and address food insecurity. CACFP 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.

- MCH continues to help support two Nevada Home Visiting local implementing agencies in efforts to support parenting skills, reduce infant mortality and child maltreatment and link participating families to needed referrals and supports.
- MCAH staff continue to participate in the Statewide Executive Committee to Review the Deaths of Children.

- **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 516 preventive education services, 67 well-care screenings, 109 contraceptives, 61 STI screens, and provided 75 adolescents with nutrition, weight, and exercise information. Adolescents presenting for reproductive health visits were screened for domestic violence and emotional/mental health issues including depression. Immunizations were administered in the clinic, schools, and community resulting in 77 adolescents being vaccinated.
- PACE Coalition created content for their Facebook page promoting adolescent mental health through mindfulness during social distancing due to COVID19.
- Carson City Health and Human Services (CCHHS) promoted annual adolescent wellness exams through the clinic digital signage and a community outreach event at the Carson City High School. CCHHS conducted 52 well visits for adolescents. Referrals were made for 3 girls experiencing intimate partner violence, 2 for mood disorders, 12 for substance use, and 13 reporting alcohol use were educated about risks of alcohol use with pregnancy. Sobermomshealthybabies.com was promoted during clinic visits.
- Urban Lotus Project (ULP) held 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. Yoga teachers taught 241 classes to 343 adolescents at 18 facilities. Due to COVID19, they started offering virtual yoga classes and partnered with Join Together Northern Nevada (JTNN) to hold a class as part of their Wellness Wednesday's series. Outreach was done to schools and other affected agencies informing them of the no-cost virtual yoga classes. Unfortunately, most are not set up or comfortable using a virtual platform to host the courses. Prior to COVID-19, ULP introduced their program to five new agencies, left fliers to promote classes with multiple agencies, and conducted quality improvement measures through teacher evaluations and student response surveys. They started the process of implementing ULP into a trauma-informed organization and met with Washoe County School District staff about how to enhance their trauma-informed platforms.
- DP Video conducted a month-long social media campaign displaying videos and messages promoting physical activity among adolescents and families with teens. Six video ads (three English/3 Spanish) were displayed on Twitter resulting in 214,746 media impressions, and Facebook 55,181 views, 78,126 media impressions, which included 35,584 engaged users.

- **Adolescent Health and Wellness Program –**

- The Adolescent Health and Wellness Program (AHWP) Coordinator initiated bringing together the three local health authorities and Nevada Primary Care Association (NVPCA),

including clinics they invited, to attend three presentations about clinic adolescent quality improvement measures. CCHHS elected to implement the Rapid Assessment for Adolescent Preventive Services (RAAPS) electronic youth-friendly tool, performed during well-visits, intended to solicit honest information to identify risk behaviors and depression.

- The CYSHCN Director and AHWP Coordinator served on the NVPCA Youth Advisory Council to help the agency best meet their objectives in the Healthy Tomorrows Partnership for Children Program three-year grant. Title V MCH shared updated information about RAAPS which precipitated the vendor presentation resulting in clinic engagement. MCAH also suggested additional contacts to fill youth spots on the council.
- The AHWP Coordinator disseminated best practice resources on health care transition from pediatric to adult care which was displayed on the MCH Coalition and Office of Primary Care e-newsletters.

- **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. Over 250 families were assisted either with specialized information referrals, care coordination, translation services, insurance eligibility assistance, family planning, and/or transportation.
- 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 Medical Home Portal. NCED staff gave three presentations to WCSD and UNR CYSHCN students, parents, mentors, and professionals for a total of 61 training attendees. NCED staff also attended a Healthcare Transition Learning Group workshop to receive updated resources to share with professionals and families. NCED scheduled eight presentations in rural and frontier Nevada on youth health care transition, alternatives to guardianship, and supported decision-making, but these unfortunately had to be rescheduled due to COVID-19. Presentations were rescheduled for August.
- The Northern Nevada Cleft Palate Clinic (NNCPC) provided no-cost craniofacial services during their monthly clinics to ten patients. NNCPC also coordinated with FTON to provide translation services to these patients and their families.
- 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 CSHCN 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 screened 203 children at twenty implementation sites.
- The University Center for Autism and Neurodevelopment (UCAN) provided no-cost diagnostic evaluations during monthly clinics to five patients for children in need 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 are providing 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 assisted PHEP in drafting the state's first Pediatric Medical Surge Annex.
  - Resources from EPR ALC were shared with federal PRAMS staff and state partners related to pregnant women and survey development
- 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 community health needs assessment for Nevada pediatric psychiatry solutions developed by PMHCAP and the Nevada Institute for Children's Research and Policy (NICRP).

- **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 endorsed tobacco/nicotine cessation and the NTQ through the clinic digital signage and a Facebook campaign which reached 3,834 users with 52 engagements. CCHHS and CHS referred tobacco users to the NTQ. CCHHS counseled self-identified nicotine users with a Brief Tobacco Intervention resulting in 180 referrals to the NTQ due to desire to change smoking/vaping habits. CHS referred 9 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

- **Adequately Insured Children:**

- CCHHS partners with the Division of Welfare and Supportive Services (DWSS) by placing insurance enrollment staff on-site. In-reach was provided to uninsured clients seeking services through CCHHS. Carson City newly enrolled 78 people, and Douglas County enrolled 71

- **Nevada 2-1-1:**

- Nevada 2-1-1 received 176 calls/texts from within the MCH population with 95% being pregnant. PRAMS program information was provided to 23 women, 15 referrals were made to the Medical Home Portal, 14 recommendations were given for Text 4 Baby, and one each



for sobermomshealthybabies.org, resources to deal with perinatal mood and anxiety disorder, and the Nevada Tobacco Quitline.

- All subgrantees continue to promote Nevada 2-1-1.
- CCHHS contacted seven local businesses to educate on the value of listing services inside Nevada 2-1-1 web portal. Two agencies expressed interest and were informed how to submit the forms.
- PACE Coalition shared the value of businesses listing their services inside the Nevada 2-1-1 web portal to attendees at the Rural Providers Meeting.

## **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 \$36,798 in supplemental funds in year 4 of the grant that runs from May 1, 2019 to April 30, 2020. These supplemental funds allow for the continuation of the additional opioid and disability questions through March of 2020.
- Nevada PRAMS is waiting to receive a NOGA for year 5 funding, starting May 1, 2020 through April 30, 2021. 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 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. Nevada did not meet the CDC required response rate threshold of 55%; thus, data should be interpreted with caution.

- Data for 2018 births is the first full year of data collection and was received from CDC in November 2019.
- 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](mailto:data@dhhs.nv.gov). The primary goal for Nevada PRAMS is to increase response rates moving forward.

## **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**

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### **PCO Highlights from January 2020 – March 2020**

- National Health Service Corps (NHSC) outreach activities during this quarter included five health clinic site visits, two student outreach events reaching about 1,000 youth, and four webinars. One new site was added to the NHSC-approved list of safety net sites and another site renewed their site certification. 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.
- Four applications were reviewed, public hearings were held, and letters of support were completed for five physicians to practice in Nevada under the J-1 Physician Visa Waiver program. One of the physicians specializes in pediatric critical care and will serve the underserved populations of Southern Nevada in Las Vegas. These doctors will serve underserved populations including maternal, pediatric, and adolescent populations in Las Vegas and Carson City. The J-1 program has received five applications this program year.

- Additionally, the PCO conducted four J-1 site visits that consisted of pediatric outpatient clinics and a pediatric critical care practice located in Children's Hospital of Nevada at UMC. The site visits increase the practice's efficiency in serving maternal, pediatric, and adolescent populations in Nevada. Furthermore, they help strengthen relationships among safety net sites and increase the opportunity for community collaboration.
- The PCO Office participated in the Nevada Health Day. 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, primary care facing Nevada.
- The PCO Office presented to over 400 residents and future healthcare providers in primary care, mental and dental health through the University of Las Vegas School of Medicine. This event provided expanded networking opportunities and connected the providers to employment opportunities in Nevada rural areas and with Nevada's urban underserved populations.
- The Winter PCO Newsletter was published in January 2020 and included multiple articles that support maternal, child, and adolescent health. Informational articles included the new resources for the Food Insecure Patients, resources to Promote Healthy Behavioral and Emotional Development in Adolescents, Bright Futures Highlights and information on Well-Child visits.
- Meetings with our safety net partners continue on a monthly or quarterly basis to collaborate on data development and sharing, provider recruitment and retention, shortage designations, and workforce development.
- If you would like to receive our PCO Quarterly Newsletter, you can sign up online through [constant contact](#).