



**Minutes (DRAFT)
Of the meeting of the
NEVADA OFFICE OF MINORITY HEALTH AND EQUITY (NOMHE)
Quarterly Advisory Committee Meeting
Tuesday, November 15, 2022**

The Nevada Office of Minority Health and Equity (NOMHE) Advisory Committee held a public meeting on Tuesday, November 15th, 2022, beginning at 10:07 am at the following location:

This meeting was held via Microsoft Teams

1. Land Acknowledgement

Serena Nez read the following land acknowledgment:

The Office of Minority Health and Equity, as a program of the Nevada Department of Health and Human Services acknowledges, honors, and respects the diverse Indigenous peoples connected to this land and recognize the State of Nevada is situated on the traditional homelands of the Nuwu, Newe, Numu and Wa She Shu.

We offer gratitude for the land itself, for those who have stewarded it for generations, and for the opportunity to work alongside Tribal partners. We encourage everyone in this space to engage in acknowledgement and continued learning about the Indigenous peoples who work and live on this land since time immemorial, and about the historical and present realities of colonialism.

Tina Dortch thanked Serena Nez for sharing the land acknowledgment and stated that November is Native American Heritage National month.

2. Call to Order, Roll Call, and Opening Statement

Dr. Samuel Hickson, Chair called the meeting to order at 10:07 a.m.

Tina Dortch did roll call.

Committee Members Present: Dr. Samuel Hickson (Chair); Dr. Rutu Ezhuthachan (Vice Chair); Eric Jimenez; Dr. Crystal Lee; Dr. Reimund Serafica; Rev. Dr. Karen Anderson and Andrea Gregg who joined at 10:09 am.

Ex: Officio Member Present: Senator Pat Spearman

Quorum achieved.

Also present were the following NOMHE staff: Tina Dortch, Alexandra Neal, Princette Bowling, Carlos Ramirez, Amanda Anna, Karina Fox, and April Cruda.

Members of the public present: Vickie S. Ives, Kamilah Bywaters, Anna Dobbins, Elizabeth Amaya-Fernandez, Diana V. Sande, Asia Ervin, Tami M. Conn, Joyce Abeng, Bishop Thomas, Kayla Samuels, Cristina Hernandez, Anita Chatterjee, Niani Cooper, Robert D. Bush, Lauren Karp, Katie A. Charleson, Kum Rap, Linda Anderson, Siddharth Raich,

Courtnee Scurry, Sheila James, Xavier Foster, Allison Genco, Miklos Otter, Asma Awan, Annette Altman, Deja Olley, Lea Case, Martin Walker, Tamara Stubblefield, Jamia Banks, Catherine Vairo, Camarina Augusto, Esmeralda Chavez, Laticha Brown, Nick Dunkle, Debra Whitlock-Lax, Alisa Howard, Khadyja Carter, Jay Cafferata, Julia Ratti, Pastor Washington, Aisha Bowen, Robyn Cunnally, Godwin Nwando, Praseetha Balakrishnan, Anna Kicks, Deja Holley, ASL Interpreter Kelly Buntin, and Stefanie.

Chair Hickson thanked everyone on the call and acknowledged that this was Andrea Gregg's last meeting as an Advisory Committee member. Andrea Gregg will be receiving a certificate of appreciation from program manager Tina Dortch on Friday. Tina Dortch echoed Chair Hickson's words. Tina Dortch shared that Andrea Gregg will remain a stakeholder in the NOMHE office.

Chair Hickson announced that the Advisory Committee has a replacement for Andrea Gregg. Also, two additional representatives for Northern Nevada will be on the December 2nd agenda for appointment. This means that in the February meeting we would be conducting a fully seated nine-person advisory committee meeting.

Chair Hickson was alerted that Dr. Crystal Lee had a conflict with time. Dr. Crystal Lee asked if the agenda could be rearranged and to continue with item 6 A the presentation on Native American Health Disparities.

6.A. Presentation on American Indian Health Care Inequities

Sarina Nez, Office Coordinator – Nevada Indian Commission

Serena Nez presented the following:

- Sarina Nez works for the beautiful Stewart Indian School Campus in Carson City as an Office Coordinator for the Nevada Indian Commission. The information that she presented had been collected from the Indian Health Service, the Centers for Disease Control and Prevention, and the Indian School Cultural Center and museum.
- American Indians have long experienced lower health status when compared with other Americans. Lower life expectancy and a disproportionate disease burden exist, perhaps because of inadequate education.
- There is disproportionate poverty, discrimination in the delivery of health services, and cultural differences. Broad quality of life issues is rooted in economic diversity and poor social conditions which are directly related to forced assimilation through boarding schools. For example, for 90 years beginning in 1890, the United States federal government operated an Indian boarding school in Carson City or State Capital.
- Children attending boarding schools like Stewart often suffered from malnutrition due to extreme diet changes and unattended injuries and infections resulting from the violence that they endured.
- Today, diseases of the heart, malignant neoplasm, unintentional injuries, and diabetes are the leading causes of American Indian and Alaska Native deaths from 2009 to 2011. American Indians and Alaska natives born today have a life expectancy that is 5.5 years less than the US. All races are 73 years to 78.5 years respectively. American Indians and Alaskan natives continue to die at higher rates than other Americans in many categories, including chronic liver disease and cirrhosis. Diabetes mellitus, unintentional injuries, assault, homicide, intentional self-harm, suicide, and chronic lower respiratory diseases.
- The lingering health disparities between American Indians and Alaska natives are troubling. In trying to account for the disparities, healthcare experts, policymakers, and tribal leaders are looking at many factors that impact the health of Indian people, including the adequacy of funding for the Indian healthcare delivery system.
- The CDC released a study in August 2020 that specifically examined how COVID-19 affected American Indians, one of the racial and ethnic minority groups with the highest risk.
- The CDC found that in 23 selected states, the cumulative incidence of laboratory-confirmed COVID-19 cases among American Indians and Alaska natives was 3.5 times that of non-Hispanic whites.

- This data also showed that American Indians who tested positive tended to be younger, under the age of 18 years than white non-Hispanic individuals.
- The medical director at the Washoe Tribal Health Clinic confirmed that although elders were addressed, mostly due to underlying health conditions, there was no proof that COVID-19 was more specific to elders than any other age group. It was across the board.
- CDC studies show that American Indians are among the racial and ethnic minority groups at higher risk for severe COVID-19 outcomes. Persisting racial inequity and historical trauma have contributed to disparities in health and social economic factors between American Indians and white populations that have adversely affected tribal communities.
- The CDC studies show that American Indians are among the racial and ethnic minority groups at higher risk for severe COVID-19 outcomes. Persisting racial inequity and historical trauma have contributed to disparities in health.
- Between American Indians and white populations that have adversely affected traffic. The elevated incidence within this population might also reflect differences in reliance on shared transportation. Limited access to running water, household size, and other factors that might facilitate community transmission.
- COVID-19 is not racially specific. It is not age specific and that has been a very large eye-opening. The fact that has impacted tribal communities and what we need to do to move forward to prevent this from taking more individuals.

Chair Hickson thanked Serena Nez for the presentation.

Chair Hickson proceed to honor and recognized Dr. Crystal Lee. She was selected as one of the three people in the United States to be featured as a Health Equity Change agent. Dr. Lee was featured in a documentary.

Link to the clips: <https://www.youtube.com/watch?v=gVyv4irXg6w>

Dr. Crystal Lee shared the following comments:

- Translational work from the research into the community has a lot of gaps.
- To develop programing for the community; adaptation works, but only to a certain extent. It only reaches a portion of the individuals.
- Right now, she is developing a whole curriculum that only integrates native stories, native songs, and native language. That would be a health-based curriculum. So, it's not taking an evidence base form of curriculum and adapting to change parts of it but really starting from scratch to develop these innovative models that have truly what the community is.

Dr. Crystal Lee thanked the NOMHE Advisory Committee.

3. Public Comment:

Dr. Samuel Hickson, Chair

Public Comments will be taken during this agenda item. No action may be taken on a matter raised under this item until the matter is included on an agenda as an item on which action may be taken. The Chair of the Advisory Committee on Minority Health and Equity will place a two (2) minute time limit on the time individuals may address the Committee. The Chair may elect to allow public comment on a specific agenda item when that item is being considered.

Chair Hickson acknowledged Jay Cafferata for public comment.

Jay Cafferata Thanked Chairman Hickson.

Jay Cafferata commented that Tina's last name is pronounced Dortch and not Deutsch.

Chair Hickson recognized Jay Cafferata's comment and apologized for mispronouncing Tina Dortch's last name.

Dr. Hickson proceeded with the agenda as there were no other comments or questions.

5. Presentation of NOMHE Budget

Dr. Samuel Hickson, Chair

Chair Hickson stated that it is important to recognize that NOMHE does try to maintain a balanced budget as they work in Nevada. NOMHE is primarily funded through two components, that being general and grant funding. It is important to recognize that the CDC health Disparity Grant allows for five staff and six working orders.

Tina Dortch stated that the budget summary document is available for the advisory committee members and the public so that they understand where the public dollars are being allocated and how there are being allocated.

Tina Dortch pointed attention that the budget is broken up into two parts. The top half of the budget is 3150 general fund dollars, and below that is the operating expense. It is on track to stay balanced as a budget. It shows that it is projected to end with \$140,000 worth of operational budget expenditures. In the middle part towards the bottom of the budget. This is budget #3195. That allotment has grown since its initial award. It is now at \$3,143,000 and that allows NOMHE to conduct work with five additional staff persons and six external contracts, all to lift and manage the work of the Office and mission-based activities.

Chair Hickson asked attendees if there were any questions or comments.

Erik Jimenez asked if the agency put in any enhancement requests for the upcoming biennium, and if so, what were they?

Tina Dortch responded that the Director's Office did build into the budget two additional general fund positions with the associated fringe and operational dollars that go along with that. That would allow for 4 funded staff members.

Chair Hickson continued with the meeting as no more questions were asked.

Tina Dortch acknowledged that we had to backtrack as we skipped item number 4 in the agenda, which is the approval of the draft from the last meeting on August 16th of 2022.

4. Approval of August 16, 2022, Advisory Committee Meeting Minutes

(For Possible Action):

Dr. Samuel Hickson, Chair

Chair Hickson invited a motion to approve the August 16th, 2022, NOMHE Advisory Committee Meeting minutes. Andrea Gregg read these thoroughly and had no changes. Andrea Gregg made the motion to approve them as presented. Second, from Rev. Dr. Karen Anderson, the motion carried unanimously; the minutes were approved with no changes.

6. Report on NOMHE Activities, Initiatives, and Impacts

Tina Dortch, NOMHE Program Manager

Updates on NOMHE's mission-driven activities, strategic partnerships/initiatives, and status of actioning its CDC Health Disparity Grant by the Program Manager and NOMHE Staff

Tina Dortch presented:

- The Department of Health and Human Services continues the DEI efforts.
- A DEI Town Hall was held on 9/7/2022. It was open to all the Department of Health and Human Services employees, and we averaged about 405 hundred participants.
- The meeting on September 7th was really focused on bringing administrators from all 5 divisions into conversation with their staff. And during the Town Hall, one of the takeaways was that the administrators demonstrated and expressed support for the department-wide DEI efforts and initiatives.
- Those initiatives really do focus on developing and nurturing an inclusive workplace. The implication is that evidence shows that by doing so, the delivery of services becomes much more culturally humble and relevant, and sensitive.
- There are a lot of activities that are coming up. For example, this week there was the “All of Us” event which focused on the diversification of clinical trials. This is one of NOMHE’s missions.
- NOMHE partnered with the NIH. A successful event took place in Northern Nevada last month and now the second took place on Thursday in Las Vegas.
- NOMHE hosted an activity on November 17th. That day was devoted to enrolling folks into the “All of the Us” program, which is really one of the nation's largest databases of the most diverse participants who are interested in participating and joining a clinical trial.
- Just to point out that NOMHE partnered with the Nevada Minority Health and Equity Coalition on November 18th. This was the 4th annual impact summit. NOMHE staff worked to put together two of the breakout sessions. One was on climate justice, and one was on a general conversation about Health Equity and inequalities.
- Thanks to Mr. Chair, policy literacy will be added to NOMHE’s future discussions. Two of those opportunities are going to be we have a new brochure and a new infographic. The brochure will be used in community settings that engage stakeholders. A new infographic will be used when engaging the community.
- There would be a new health disparity-focused commercial. It will promote NOMHE’s new tagline, which is “health matters because equity hurts no one”, which will also be on brochures and infographics.
- This commercial is really purposed to talk about debunking and pre-bunking misinformation. So not just about COVID, but about all matters about health and how to become more empowered about making decisions about what health activities you should be pursuing.

Chair Hickson asked if there were any questions about Tina Dortch’s updates.

Sheila James stated that she is the regional minority health analyst with the Office of the Assistant Secretary for help Region 9. She asked about the approximate date when the media promotional activities will begin.

Tina Dortch responded that the date might change.

Tina Dortch to circle back when there is a more concrete answer. It will be presented next month.

Sheila James stated that she understood.

Chair Hickson asked if there were no other questions for Tina Dortch. Hearing or seeing, no questions or comments, Chair Hickson proceed with the next presentation by the University of Nevada, Reno School of Public Health, faith-based Community Health Worker Initiative.

b. Presentations by the University of Nevada, Reno - School of Public Health

Faith-Based Community Health Worker Initiative

Anna Dobbins, Executive Director – Nevada Public Health Institute; Bishop Ron Thomas - Reconciliation Apostolic Ministries; Alisa Howard, Founder - Minority Health Consultants; Laticha Brown, Community Health Worker

Anna Dobbins thanked the audience for allowing them to present.

Anny Dobbins introduced herself. Anny Dobbins serves as the associate director of the Center for Public Health Partnerships at the Larson Institute.

Alisa Howard introduced herself as the owner of minority health consultants and all things community health workers.

Bishop Thomas introduced himself and stated that he serves as the chairman of the Nevada Faith in health coalition.

Phillip Washington introduced himself as the treasurer and vice chair of the Nevada Faith in health coalition.

Latisha Brown introduced herself as a community health worker.

Bishop Ron Thomas, chairman of the Nevada Faith and Health coalition thanked Chairman Hickson and the program manager, Tina Dortch, for the opportunity to present.

Bishop Ron Thomas expressed excitement about the opportunity that the Nevada faith and Health coalition must be able to prevent and provide services to the Las Vegas community.

Bishop Ron Thomas stated that it is important to be able to deal with the health inequities that exist in the communities, but more specifically with faith-based organizations in the North. The previous pandemic that still exists, which is HIV, and the stigma associated with HIV. There were no real faith organizations in the community that was dealing with some of the challenges and some of the disparities along with that mental health became an issue. The COVID pandemic came. And what COVID did do? It exposed the need that faith leaders, must be informed and educated concerning the medical field and medical histories. They are excited about the opportunity today to partner with this organization to provide a few things. Number one is to the faith leaders in the community to provide training and information and resources and leadership so that they might be able to serve their congregations and community. By being a trusted resource, Miss Dortch mentioned earlier, the misinformation that exists and they want to make sure that spiritual leaders are not misinformed about the truths concerning the medical issues that exist today. And then #2 the opportunity to train the community and provide employment opportunities that will expose the average person to the health field careers. The coalition is training community healthcare workers to alleviate some of the burdens in congregations and to provide information to the communities. And thank you so much for the opportunity to share.

Lisa Howard presented

- A community health worker is a frontline public health worker who is a trusted member of and or has an unusually close understanding of the community served.
- The reason for community health workers for this project was because they were underutilized due to a pandemic, which we should have been preparing for throughout time as public health professionals and Community health workers have gone unnoticed.
- Lisa Howard sits in the National Association for Community Health Workers.
- At the national level, bringing Community health workers to the fur forefront of the pandemics of the health infrastructure and the public health infrastructure is crucial.

Anna Dobbins presented

- This project that is funded by the Nevada Office of Minority Health and Equity, the real goal is to implement COVID-19 mitigation strategies in places of faith.
- These are a few deliverables of this project. So, so far, we have identified and coordinated with places of faith as partner sites. We have 12 community health workers placed at 7 places of faith throughout the Nevada community.
- These community health workers are doing an incredible job. They have been working to implement COVID-19, mitigation health education as well as COVID-19 testing. And then they are coordinating events and working with the Nevada faith and Health coalition as well on topics related to COVID-19 and COVID-19 co-occurring

conditions. So, things like heart disease, diabetes, and mental health are just a few of the topics that they have been working on.

Alisa Howard presented

- For this project, 14 CWS have been on board with 7 faith-based sites.
- The reason for this project was birth from Lisa Howard sitting around during the pandemic wondering what she could do as a public health person and thinking about her faith thinking about her pastor and the church that she attend and wondering what happened to those nurses that we used to have on the front pews of every African American church.
- Those nurses were the ones we saw every Sunday. We knew that we were in safe hands, or we knew that if something happened, we would have a nurse there in the church.
- She was thinking about that concept because they no longer have that anymore in the churches. She was thinking of who can replace those nurses and why don't we have someone that is of the health rim, public health, healthcare, medical, identified at each of these churches. So that when a pandemic does happen, we have someone to turn to. And we have people that we can turn to.
- The state was looking for organizations to get involved, to be able to bring frontline public health information, education, and outreach to minority communities specifically, and that's where these CHW's came in handy. She trained them for the last five years and knows what they're capable of, and as a community health worker herself. They put her out there on the front line. She partner with the chronic disease department at the Southern Nevada Health District. And then we took it to the faith and health coalition where Bishop Ram and Pastor Washington were so grateful to be able to say yes.
- The goal is to bring community health workers into churches and faith-based organizations.

Anna Dobbins presented

- One COVID-19 training was implemented with the community health workers. So alongside going through the Community health worker training to be certified as community health workers, they're also doing supplemental trainings with the Community health workers to allow them to be better equipped to do health education related to COVID-19 and co-occurring conditions.
- The first COVID-19 training was completed in September.
- The upcoming trainings are diabetes, health, lung health, mental health, and cancer. Those will be occurring over the next six months.
- COVID-19 testing was started in October. Over 60 people so far have been tested since it began.
- 12 health education events have been conducted with all the partnering faith sites.
- Over 75 individuals had outreach encounters.
- CHW training with Lisa Howard is going on right now and that will be ending in December.

Anna Dobbins invited her colleague Latisha Brown to speak.

Latisha Brown thanked the NOMHE Advisory Committee for the opportunity.

Latisha Brown spoke about her experience as a community health worker. She shared the following:

- She was taught by Alysa Howard, and it was during the pandemic. We weren't in person, so we didn't have the coalition.
- The coalition allows them to meet with clients. In this specific case, they meet with other church members. We're able to have that one-on-one. She thinks it's important to have that connection so that we can provide the resources with a sense of humanity and compassion because you can be compassionate but not really on the phone or over zoom like we are now.
- But it also gave the ability to have more of an impact because we were able to go with them or go to them and provide them with the things that they need.
- She likes being a community health worker because especially in Nevada, in the faith and health coalition because as Elisa said, it ties to two things that matter most to me, which are public service and being able to bring her faith in it. Especially in a workforce, you can't really have the two.

Anna Dobbins thanked Latisha Brown and NOMHE for their incredible support and the funding opportunity.

Chair Hickson acknowledged Anna Dobbins and her team for the incredible work that they are doing.

Chair Hickson invited Liz and Mia Fernandez, Diana, Sandy, and Asia Irvin to do their presentation.

c. The Power of Our Youth; Prioritizing Black Youth Mental Health in Nevada

Liz Amaya-Fernandez, Leadership Development and Training Coordinator; Diana Sande, Policy Researcher; Asia Ervin, Program Development, and Implementation

Diana V. Sande introduced herself and stated that she works for the Larson Institute for Health Impact and Equity within the School of Public Health at the University of Nevada.

Liz Amaya-Fernandez introduced herself. She/they are training coordinator who also engage young people in leadership development training. She also works for the Larson Institute.

Asia A. Ervin introduced herself and stated that she works at the Larson Institute, housed within the School of Public Health at the Larson Institute. She assists with the program development implementation and works closely with Diana and Liz for this.

Diana V. Sande works to increase vaccine uptake in communities of color in Northern Nevada. She does a lot of education, specifically with the Latinx population, looking at cultural competency of the translation of education. She'll be working with black youth. Nevada ranked last for mental health illness as well as access to mental health services. Suicide rates were very high, specifically amongst African Americans, almost double the national rates. Two main things that she will do this next year. One of them is to have a youth advocacy or Advisory Council for ages 12 to 17 as well as an adult Advisory Council to assess the existing mental health policies that exist in the state but also looking at the existing mental health policies that we have across the country and what is working and what is not. She will emphasize putting the Youth Council in the driver's seat so that they can also learn leadership skills, advocacy, and resilience. This will also help youth to look at careers in the mental health realm. They'll have a chance to look at the medical field, look at state and local policies.

Diana V. Sande explained that one of the main objectives of this project is to look at and include sexual and gender minorities as well, black specifically black sexual gender minorities. Moreover, the project will assist with developing Youth Advisory Council, about 25 to 30 individuals across the states meeting every week for eight months and developing mental health and policy training as well.

Chairman Hickson for the record thanked Diana for the presentation. Chair Hickson stated that mental health is such an important part of the community, especially now at this time.

Chair Hickson opened the floor for questions or comments on either presentation including the American Indian healthcare inequities.

Dr. Reimun Serafica stated that he was so inspired by all these presentations. They are meaningful and they're giving so much to the community, which is great. He asked for clarification for the Community healthcare workers and where they get their training and how do you become one.

Alisa Howard stated that she would answer Dr. Reimun Serafica's questions. She indicated that community health workers can be trained here in Nevada with the Nevada Community Health Worker Association. You can find that online at <https://www.nvchwa.org/>. You can also be trained at the College of Southern Nevada. They have an eight-week training. Up north there is an 8-week training as well and they've been training a lot of Las Vegas people. Due to the overwhelming number of people who want to become community health workers, a bill was passed with the office of

minority health help as well. AB 191 for Medicaid to reimburse Community health worker organizations. You can learn more about this bill on the website <https://www.leg.state.nv.us/App/NELIS/REL/81st2021/Bill/7582/Overview>.

The National Association for Community Health Workers also has more information. They help with policies from a federal standpoint. All of that comes down to the states because there's a representative on the Policy Committee from each state. You can learn more on the website <https://nachw.org/>.

Lea Case shared in the chat that the Nevada Association of Community Health Workers is led by Jay Kolbet-Clausell and that they can be reached at jay@hcclsc.org.

Dr. Reimun Serafica thanked Lisa Howard for the information. He continued to ask about the seven sites in relation to the faith-based program. He wanted to know how those sites were selected.

Anna Dobbins stated that she could answer the question. Anna Dobbins indicated that they utilized their partnership with the Nevada Faith and Health Coalition. The coalition has over 25, places of faith that come to regular community meetings. And so that's where they presented the offer in the 1st place.

Bishop Thomas wanted to clarify that this is not a Christian coalition. It is the Nevada faith and health coalition. There are representatives from the Muslim community.

Dr. Reimun Serafica thanked Anna Dobbins and Bishop Thomas for answering questions.

Chair Hickson recognized Senator Pat Spearman for questions or comments.

Senator Pat Spearman stated that some work was done in relation to SB341 or SB342 and how it changed the way the delivery systems for healthcare and assistance in BIPOC communities. She asked if that would help in any way with the things that they have to address. Moreover, would that help build more on the next session? Also, she would like to see if there's a way to explore some type of peer-to-peer intervention when it comes to healthcare for mental health care, for black and brown communities, specifically for young men.

Tina Dortch thanked Senator Spearman, for her questions and her comments.

Tina Dortch stated that she and Andrea Gregg started an e-mail thread about workforce pipeline diversification. The goal is to affect policy. There is a possibility that some BDR activity might be coming around this topic. There is a couple of bills that could influence this topic. Perhaps those could be amended to reflect some of the components that were mentioned. The short answer is yes. This conversation is very, very critically needed. There's going to be a need to augment those gaps as people are retiring from different healthcare fields.

Senator Pat Spearman proceeded and shared that 12 or 13 years ago she attended a program in California. The program was put together by a grant that trained pastors and other church leaders in recognizing depression, suicide ideation, and other maladies that usually go unnoticed in church. They were the nurses in the front row and there were several things that they knew that they could count on from a physical standpoint, but for the most part, they never really dealt with what that looks like for mental health. That would be something that we should probably look at. How do we make sure that we are equipping pastors and other leaders to take on the challenge to do things that help?

Bishop Thomas for the record addressed Senator Pat Spearman and acknowledged that she was correct and that is the focus of the specific coalition. Bishop Thomas invited all that were on the call to join the coalition during monthly meetings. They are on the second Tuesday of the month. The coalition works to deal with needs that are specific to their congregation and mosque, temples, and synagogues. It is up to those specific faith leaders to do assessments and to understand the pulse of the community that they serve and have a relationship with the coalition.

Chair Hickson thanked Bishop Thomas and acknowledged Alyssa Howard for questions or comments.

Alisa Howard thanked Mr. Chairman. She wanted to answer Senator Spearman's question. She stated that they are working with ACR Tech where they developed a community health worker program for high school students.

Chair Hickson thanked Alyssa Howard and acknowledged Senator Pat Spearman for questions or comments.

Senator Pat Spearman did not have any more questions or comments.

Chair Hickson recognized Pastor Washington and allowed him to proceed with questions or comments.

Pastor Washington thanked the chairman and responded to the question from Senator Spearman regarding the clergy of himself and Bishop Thomas. Both were trained as community health workers. They both received training for adult and teenage mental health, which gave them an understanding of the value and importance of their community health workers as well. He personally dealt with mental health. He thinks that as the Nevada State Health coalition, himself and Bishop Thomas have been in the foregrounds pushing to get clergy to open to all the things with the stigmatization of HIV and to open themselves up to understanding the challenges that mental health. A lot of individuals have been plagued with disparities and to answer the answers from Senator Spearman, they are deeply pushing hard to see pastors bring themselves to another level of education.

Chair Hickson thanked Pastor Washington and proceeded with the next agenda item. A presentation from Vicki Ives and Tammy Kahn from the Division of Public and Behavioral Health, Child, Family, and Community Wellness Unit.

7. Consideration of Incidents of Maternal Mortality and Severe Maternal Morbidity, A Summary of Select Disparities Identified and Reviewed, Corrective Action Plans to Reduce Maternal Mortality and Severe Maternal Morbidity, and Recommendations for Legislation/Other Changes to Policy to Reduce Maternal Mortality and Severe Maternal Morbidity or Otherwise Improve Delivery of Health Care in Nevada as required by Nevada Revised Statutes 442.767 (For Possible Action)

Vickie Ives, Deputy Bureau Chief, and Tami Conn, Section Manager – Department of Health and Human Services, Division of Public and Behavioral Health, Child, Family, and Community Wellness

Vickie S. Ives presented

- She thanked the attendees
- She turned it to Tami Conn, the maternal child, and adolescent health manager, to just highlight a few of the data.

Tami M. Conn thanked Vickie S. Ives. She continues to present the following information.

- She is the section manager for the maternal child and Adolescent Health Section at the Division of Public and Behavioral Health.
- She briefly highlighted some areas of the report.
- This report is the maternal mortality and severe maternal morbidity report prepared by the Office of Analytics under the Department of Health and Human Services.
- Pregnancy-associated death would be the death of any person while pregnant or within a year after the termination of that pregnancy, regardless of the cause of death. So, it could be related or unrelated.
- This data is from 2016 to 2021 and the highest pregnancy-associated death ratio so far has been in 2020. 119.1, followed closely by 20.
- Pregnancy-associated death ratio looked at by race and ethnicity. Black, non-Hispanic had the highest pregnancy-associated death ratio from 2020 to 2021 and the second highest being the Asian Pacific Islander population.

- Looking down by age to pregnancy-associated death ratio is high on individuals aged 40 years older, followed by ages 35 to 39.
- County of residence for pregnancy-associated deaths, the highest ratio was found in the rest of the state category, which encompasses all counties outside of Clark and Washoe County. The second highest was Clark County.
- Pregnancy-associated deaths by the underlying cause of death, the highest underlying cause of death was pregnancy and childbirth, and the puerperium and non-transport accidents came in second and about 96% of those non-transport accidents were due to unintentional drug overdose.
- Pregnancy mortality surveillance system data, otherwise known as PMS data, and looking at the pregnancy-associated death ratio, reporting for PMSS data is slightly behind that.
- Looking at pregnancy-related deaths the cause of death is directly pregnancy in some capacity. And the highest shown so far for the data they have was in 2017.
- Pregnancy-related deaths broken down by race and ethnicity, the highest pregnancy-related death ratio was American Indian and Alaska Native populations, followed by black non-Hispanic populations.
- Looking at age and pregnancy-associated deaths, the pregnancy-related death ratio is highest in those 40 years or older.
- From 2016 to 2020 the SM rate per 10,000 deliveries was highest in 2021 at 205.
- Looking at SM leading diagnosis, space indicators, adult respiratory distress syndrome was the highest indicator.
- SM by race and ethnicity, the highest rate was in black, non-Hispanic populations, followed by American Indian and Alaska Native, and Asian Pacific Islander. All three had the highest rates for SM, excluding the Unknown category.

Vickie S. Ives thanked Tami Conn for the presentation and stated the following

- The goal is to eliminate preventable maternal mortality, addressing disparities and that at least 63% of pregnancy-related deaths are considered preventable.
- The goal of this reporting focuses on disparities, identified plans for corrective action, and any recommendations on legislation or other types of policy change to reduce preventable maternal mortality and severe maternal morbidity.
- The structure of the MMRCs has fought recommendations in the individual case reviews around contributing factors. The level of impact of the recommendation that the type of prevention it is and the size of the impact. It doesn't mean that the recommendations from this committee need frame the same way, but just to contextualize this, so again, these are draft recommendations.
- Community health worker home visit peer supports to expand transportation access for patients was one with a perceived giant impact.
- Particularly for Medicaid recipients, as a focus, maternal perinatal regionalization came up as something with a large reach as well.
- A more robust evidence-based education programs and support to address adverse childhood experiences.
- Recommendations focus on access to care, referrals, and loss to follow-up issues whether that's from disparity or verbal rural or urban context.
- Those are areas of ongoing exploration, that some of the Maternal Mortality Review Committee members wanted to make sure were mentioned.
- In addition to these individual case base recommendations. So again, they're all there for review, the recommendations from last evening's review will be added as well as some wider ones.
- She wanted the advisory committee's input and feedback on elements that would be helpful in the report and recommendations that can be included in this report, and again this report goes to the legislative counsel bureau.

Chair Hickson thanked the presenters for their presentation. Chairman reminded everyone on the call that this portion is for the advisory Committee members only and as well as Senator Pat Spearman. Any public comments or questions can happen at that portion of the agenda regarding this presentation.

chairman recognized Dr. Rutu Ezhuthachan for question or comment.

Rutu Ezhuthachan thanked the chairman and stated the following:

- She noticed that there were no patient family-level recommendations. She was curious if the committee would consider that even if it's in the vein of education and then also look at it through a health equity lens since there are certain populations that should receive patient family-level education.
- She went through the recommendations and noticed some pieces on transportation, and it would be good to get more information around that because it was not clear if it was more of a transportation issue in terms of rural frontier or a Medicaid population, urban transportation. There were different levels of access to care in terms of what would make access and transportation equitable. That could be helpful in some of those transportation comments as well.

Vickie S. Ives thanked Dr. Rutu Ezhuthachan and said the following:

- No recommendations were made at that level. They are on the menu of choices within the CDC reporting framework.
- They had recommendations in each of those levels, but they weren't available at the time. This had to be posted, so that's certainly something that comes up under consideration in terms of transportation. Access to transportation.
- Self-report from medical records for example, or CPS relate Child Protective Services interviews where transportation was identified as a barrier. There were some specifics to accessing medication or being aware of Medicaid-related transportation as part of being a Medicaid member as well as on a more macro level.

Chair Hickson recognized Doctor Dr. Reimund Serafica, an advisory Committee member, and allowed him to proceed with your question or comment.

Dr. Reimund Serafica followed up on Doctor Ruth's question on transportation because this is something important when looking at the social determinants of health. Looking at the non-adherence, noncompliance, and people follow-ups, especially in primary care. The issue of transportation goes above and beyond. As healthcare providers, they can ask the patient to take Uber or Lyft. If they are in an urban dwelling place, but also, they must consider that some of these folks don't have a phone or an app even to call for an Uber or Lyft. There is also public transport that will take the patients from their homes, but that's not enough. They must consider how can they get patients from their homes to the clinic. Or could providers to the home or even use some sort of telehealth if patients have access to Wi-Fi? Healthcare providers cannot keep saying you have to do this, and you must do that to a patient. So, he echoed the MMRC recommendation on transportation and supports getting more detailed on how to do that. Especially with Doctor Ruth's, questions. They are only talking about, the urban dwelling patients, but what happens if they are like miles away, in the rural areas? That's really a big component of this solution.

Vickie S. Ives thanked Dr. Serafica and stated that she would make sure to capture that in the reporting.

Chair Hickson recognized Tina Dortch and allowed her to proceed with questions or comments.

Tina Dortch thanked Vicki and Tammy for the content and the thoughtful way that it was presented in the opportunity to provide an equity perspective. Not to belabor the point on transportation, NOMHE was a participant in a recent project through the RTC called The Hope Project. They were looking at augmenting traffic and

transportation patterns to create additional zones that are influenced by exactly the things that were talked about. For example, filling the gaps and filling the barriers and things of that nature that make transportation ineffective for some people and almost deleterious for others depending on their circumstances. That presentation, the pilot is complete, and their outcomes are going to be shared at the RTC meeting coming up the early December. Tina Dortch offered to provide more information about the RTC meeting.

Vickie S. Ives thanked Tina Dortch and stated that she would really appreciate that information.

Samuel Hickson recognized advisory committee member Doctor Rutu Ezhuthachan and allowed her to proceed with comments or questions.

Dr. Rutu Ezhuthachan asked for a little bit more background or feedback on one of the recommendations which refer that in the event of obstetric hemorrhage care should be provided by an OBGYN. As a clinician, she would assume that the OBGYN was providing care, so more clarification is needed to understand the recommendation. She really liked the recommendations for the psychiatry rotation for an OBGYN and the pieces that were embedded into a residency training program. Foundationally having components like that could really serve our community. Her last comment related to the access to care bullet, which is broad. She thinks that there's more to that increased access to primary care in maternal child space. We are expecting about 40% of our OBGYNs to retire in the next 5 to 10 years and we may see a significant void in providers for this population. So being proactive and entering these recommendations and how to address various communities to make it affordable, is important in the year.

Vickie S. Ives stated that they were a little bit limited on the information because it's linked to a specific case, and they were not able to share much else because the information could identify the subject. All these recommendations are specific to individual cases.

Chair Hickson asked if the advisory committee had any other comments for presenters on this subject. There were no questions or comments. Chair Hickson proceed to the next agenda item.

Chair Hickson spoke about a request from Kamilah Bywaters to form a subcommittee to the NOMHE Advisory Committee, with a focus on developing strategies to improve the quality of life for the state of black and African American citizens. Then, the chairman allowed Kamilah Bywater to proceed.

8. Request to Form a Subcommittee to NOMHE's Advisory Committee with Focus on Developing Strategies to Improve Quality of Life for the State's Black/African American Citizens (For Possible Action)

Kamilah Bywater, President – Las Vegas Alliance of Black School Educators

Kamilah Bywaters thanked Chair Hickson and committee members for the opportunity to share information about this idea. She sent a PDF earlier this week with the purpose of the Black Leadership Advisory Council. She shared the following:

- This idea is a collaborative effort among Vice President Tracy Lewis, President Bush with National Action Network, Las Vegas chapter, Bishop Rimson with the wealthy place ministries, Dr. Sondra Cosgrove with Vote Nevada, and Rodney Smith with the Black leadership summit.
- The mission of this committee would be to ensure that the 272,000 plus Black Nevadans are heard, and their voices are elevated. The purpose of the Black Leadership Advisory Council (BLAC) will be to engage community members in the decision-making process at the state level to improve the quality of life for black and African American citizens in the state of Nevada.

- BLAC will act in an advisory capacity to leaders to support and collaborate in the development, review, and recommend policies and actions designed to eradicate and prevent discrimination and racial inequity in Nevada.
- The purpose of the subcommittee would be to affect change in the community and safety preparedness, public policy, communication, arts and culture, government, health and Wellness, social justice, education, business, technology, economics, environment, and law. There will also have a faith-based component and a youth component as well.
- Some of the goals that BLAC will attempt to accomplish are identifying state laws or gaps in state law that create or perpetuate inequities within the black community. Also collaborating with leaders and the black community to promote legislation and regulation that ensures equitable treatment of all Nevadans to seek remedy and structural inequities in the state. It would also serve as a resource for community groups on issues programs, sources of funding, and compliance requirements within the state.

Chair Hickson thanked miss Bywaters. Chair Hickson asked if any of the advisory committee members had any thoughts or comments about what was presented.

There were no questions or comments, so Chair Hickson proceeded to make his comments.

Chair Hickson was hesitant about presenting to the NOMHE Advisory Committee for approval and consideration due to numerous factors. Chair Hickson stated that these types of projects help leverage additional funding and replicating models is always advisable. Chair Hickson granted Kamilah Bywaters' request to be brought up before the committee.

Chair Hickson proposed that the subcommittee be created. And asked the advisory committee to submit a motion to approve a subcommittee creation on the advisory committee.

The chair recognized the need for discussion. Chair Hickson asked advisory committee members if they had anything to add. The chairman recognized advisory committee member Doctor Rutu Ezhuthachan to proceed.

Dr. Rutu Ezhuthachan stated that she appreciated the intent of the request and the enthusiasm that this was brought forward. However, she saw some logistical challenges with the subcommittee structure, one being that the board of nine, will not be able to represent every single minority group available and we may have more than 9 requests that come in overtime for different subcommittees. From the equity lens, it wouldn't be fair if we couldn't support everyone.

Samuel thanked Dr. Rutu Ezhuthachan for the comment. Any asked if there were any other comments or questions from the advisory committee.

Andrea Gregg, CEO of High Sierra AHEC asked if implementing such a committee, would require anything from the NOMHE office considering the current statute of the office and what would mean for the office if the subcommittee is approved.

Tina Dortch stated that subcommittees are allowable, but they do also follow the open meeting law format. The frequency of the meetings is up to those seated on the committee and the Chair to decide. It could be a group of the subcommittee that comes together for a specific point in time to address a specific need and then reevaluate it. Again, the subcommittee requirement is that a member of the full Advisory Committee serves as its chair, but individual members can come from the community.

Andrea Gregg asked Tina Dortch if NOMHE has the capacity to fulfill those obligations.

Tina Dortch stated that it all depends on staff and said that by today's standards, NOMHE does have the capacity to support this request.

Andrea Gregg considered Tina Dortch's words and moved forward. Furthermore, she stated that perhaps there should be some sort of provision or clause in the language that provides a little bit of a safeguard to NOMHE if they do not have the capacity in the future.

Kamilah Bywaters stated that being part of the subcommittee would be a volunteer experience. She has researched the resources that are needed to connect with the community and to ensure that the goals are established.

Chair Hickson thanked miss Bywaters. The chair recognized advisory committee member Rev. Dr. Karen Anderson.

Rev. Dr. Karen Anderson stated that her hesitancy was regarding the capacity of NOMHE. Based on that she moved forward with the subcommittee in the capacity of maybe potentially ad hoc or you know something that is manageable.

Chair Hickson thanked Doctor Anderson for her comments. Chair Hickson put forward a motion for the approval of the subcommittee to the Advisory Committee at this time.

Rev. Dr. Karen Anderson moved forward with the establishment of a subcommittee.

Chair Hickson asked for a second.

Dr. Rutu Ezhuthachan seconded that decision.

Chair Hickson asked if all were in favor to say aye or raising their hand to count how many approvals and denials there was.

Chair Hickson counted 5 approvals.

Tina Dortch stated that the committee only needed 5 to proceed.

Chair Hickson confirmed that there were 5, which meant that the motion to approve the subcommittee passed.

Tina Dortch asked the motion to make a modification and to include the identification of the chair as part of that motion.

Rev. Dr. Karen Anderson accepted the modification.

Tina Dortch asked if anybody would serve as chair of this subcommittee.

Chair Hickson volunteered to be the subcommittee chair.

Rev. Dr. Karen Anderson accepted the offer to form a subcommittee with Black Leadership Advisory Council and the Doctor Hickson would serve as their committee chairperson.

Chair Hickson thanked Doctor Anderson and asked Tina Dortch, if all the requirements were met to move forward.

Tina Dortch confirmed that it was sufficiently motioned.

Chair Hickson moved to the next agenda.

9. Discussion and Approval of Future Meeting Dates, Agenda Topics (For Possible Action):

Dr. Samuel Hickson, Chair

Chair Hickson stated that the next proposed meeting date would be February 14th, 2023.

Tina Dortch confirmed that the next meeting will be on 2/14/2023 and asked members to confirm their availability.

Chair Hickson asked members if anybody had any objection to this date at this time again which is February 14th of 2023. Chair Hickson acknowledged that two advisory members were missing and stated that NOMHE will follow up on that. Also, Chair Hickson stated that there is a date for the second NOMHE Advisory meeting for May 9th, 2023.

Tina Dortch confirmed.

Chair Hickson asked advisory committee members if there were any objections to May 9th, 2023, as the second meeting of 2023.

There were none.

Chair Hickson stated that there is a proposition to meet in the north for the August 2023 meeting.

Tina Dortch recommended not to pick a date until the February meeting.

Chair Hickson stated that they will hold off on scheduling the August 2023 meeting in the North when the remaining advisory committee members are present. Chair Hickson stated the proposed agenda topics for February 2023.

- UNLV NMHC to report on the notable and measurable impacts and their deliverables such as its CPR toolkit and building Capacity Workshop series.
- Nevada broadcasters' associations and the premier new CDC-funded health disparity ads of health matters, equity hurts no one.
- Miss Karina Fox of NOMHE Public Health resource officer
- Other CDC-funded projects
 - CVA project
 - Health Equity action plan.
 - The 2023 minority health report.
 - Update of the implementation of provisions related to NRS 239 B .022 through 239 B .026

Tina Dortch stated that all the previous topics are being proposed except for the biennial report. That's another one of those timely legislative actions that have to take place. And that's the only meeting agenda where we can get feedback from the body. The others are still somewhat timely but less urgent.

Chair Hickson stated the proposed topics for the meeting in May 2023

- CDC grant update for the UNLV School of Public Health,
- Progress Evaluators
- All NOMHE CDC-funded vendors are going to be making their efforts to provide COVID responsiveness as they enter the final quarter of the grant.

Chair Hickson asked the group for any additional topics.

None were stated at the time.

10. Public Comments

Dr. Samuel Hickson, Chair

Public Comments will be taken during this agenda item. No action may be taken on a matter raised under this item until the matter is included on an agenda as an item on which action may be taken. The Chair of the Advisory Committee on Minority Health and Equity will place a two (2) minute time limit on the time individuals may address

the Committee. The Chair may elect to allow public comment on a specific agenda item when that item is being considered.

Chair Hickson asked if there were any comments from the public at the time.

Chairman recognized Bishop Thomas for questions or comments.

Bishop Thomas

- Thanked Chair Hickson for their support of black organizations.
- Bishop Thomas would like to lend their coalition support to the subcommittee to make sure that they move forward with removing the disparities that exist in the community from a faith perspective as well.
- Bishop Thomas thanked the NOMHE advisory committee for approving the subcommittee.

Chair Hickson thanked Bishop Thomas, for their comments.

Chair Hickson, recognized guest Robert Bush and allowed him to proceed with questions or comments.

Robert D. Bush with the National Action Network stated that it's the organization that was founded by Reverend Al Sharpton. He stated that the Black Leadership Advisory Community Committee will go a long way to eliminate health disparities through innovative models of health, education, and services across multiple generations and diverse communities in the state of Nevada. He saluted the group for taking a step in that direction.

Chair Hickson thanked Mr. Bush, for his comments. The chair recognized Pastor Washington for questions or comments.

Pastor Washington thanked the group for the opportunity and wanted to speak about the capacity of the African American community. There are community traditions and values that have been rooted throughout generations. Even though some may not understand some of the movements that they're making. Sometimes people are very rude. The Nevada Health Coalition has been working with the Community Health Department and has been such an essential part of the churches reaching out to congruence that would have never had an opportunity to hear anything about health care, therapy, or Covid. He praised the opportunity to give it a try to the BLAC subcommittee to give the opportunity to leverage the African American community and bring forth the knowledge of whether it be diabetes and other disparities that affect the community.

Chair Hickson thanked Pastor Washington. The chair recognized Joyce Abeng to proceed with questions or comments.

Joyce Abeng followed up with Dr. Rutu Ezhuthachan and offered some additional suggestions for the maternal mortality report recommendations. She had the opportunity to review both the presentation and the draft report in terms of what doctor Rutu had mentioned about there not being any recommendations for patients and families. Some of her ideas include:

- Encouraging patients to participate in healthy behaviors such as daily exercise, smoking cessation, and healthy eating.
- Encouraging patients and families to establish care with an obstetric care or primary care provider before, during, and after pregnancy.
- Patients and families should be included in the report. It would be encouraging pregnant individuals and their families to be aware of post-birth warning signs.
- In terms of the size of impact both at the provider facility or even system level, that could also vary from patient to patient depending on demographic
- Including Health Equity language and language about developing a standardized process to evaluate each case for the presence of bias and discrimination.

Chair Hickson thanked Joyce. The chair recognized Anna kicks 2000 and asked her to proceed with questions or comments.

Anna Binder is a member of the behavioral Mental Health Advisory Council for the governor. She commended the NOMHE committee for the creation of the Subcommittee.

Chair Hickson asked if there were any other comments inviting those on the phone as well to share.

The chair recognized Deborah Whitlock-lacks for questions or comments.

Pastor Deborah Whitlock on behalf of Bethel AME Church. She stated that she would like to be involved with the Black Subcommittee. She stated that it is a subject matter that is critical to the health and well-being of African American folks.

The chairman recognized Karina Fox for questions or comments.

Karina Fox expressed excitement about the subcommittee's approval. She asked if the subcommittee would be provisional and for how long it would last. Also, she asked about allowing other subcommittees to be created.

Tina Dortch stated that comments from the public are taken under advisement. The committee is not able to directly respond in a very democratic way. Tina Dortch appreciated Karina Fox's excitement and her passion was noted for public comment and her comments would be under advisement.

Chair Hickson recognized Robert Bush for questions or comments.

Robert Bush with the National Action Network stated that when they look at the black community, the African American community, they did not separate the LGBTQ I plus community from that. They are part of this community and will be included in that process as far as that is concerned.

11. Adjournment

Dr. Samuel Hickson, Chair

Chair Hickson asked for any additional comments from the public. Since no comments or questions were at the time, Chair Hickson stated that the meeting minutes will be posted within 30 days of today's meeting and again.

Tina Dortch confirmed that the minutes would be posted within 30 business days.

Tina Dortch recognized the chairmanship and the support of Dr. Rutu Ezhuthachan as the Vice Chair.

Chair Hickson thanked Tina Dortch.

Chair Hickson indicated that all questions were answered and accepted.

Chair Hickson adjourned the meeting at the hour of 12:28 PM on November 15th, 2022.

This meeting will be held virtually (via conference video & call). Notice of this meeting was faxed, e-mailed, or hand delivered for posting to the following locations:

- a. Washoe County Health District, 1001 E. Ninth St., Reno, NV
- b. NV Dept of Public Safety – Capitol Police, 555 E. Washington Ave, Las Vegas, NV 89101

- a. Capitol Building, 101 N. Carson Street, Carson City, NV 89701
- b. Early Intervention Services, 1020 Ruby Vista Drive, Ste 102, Elko, NV
- c. Division of Public and Behavioral Health, 4150 Technology Way, Carson City, NV 89706
- d. Aging Disability Services Division, 3320 W Sahara, Ste 100, LV, NV 89102
- e. Southern Nevada Health District, 280 S. Decatur Blvd. Las Vegas, NV 89107
- f. Dept of Health and Human Services, Director's Office, 400 King St, Suite 300, Carson City, NV 89703

Agenda and meeting materials may also be viewed on the internet at:

the Nevada Office of Minority Health and Equity website: [NOMHE Advisory Committee 2022 \(nv.gov\)](https://nomhe.dhhs.nv.gov)

and

the Department of Administration's website: <https://notice.nv.gov/>

Written comments in excess of one typed page on any agenda items which requires a vote are respectfully requested to be submitted to the Nevada Office of Minority Health and Equity at nomhe@dhhs.nv.gov three (3) calendar days prior to the meeting to ensure that adequate consideration is given to the material. We are pleased to make reasonable accommodations for members of the public who have a disability and require special accommodations or assistance to attend/participate in the meeting. Also, copies of meeting materials can be made available. Requests for accommodations or meeting materials should be directed to the Nevada Office of Minority Health and Equity Program Manager by emailing tdortch@dhhs.nv.gov or by calling Tina Dortch at 702-486-2151 no later than three (3) working days prior to the meeting date.