



Minutes (DRAFT)
of the meeting of the
Nevada Office of Minority Health and Equity (NOMHE) Advisory Committee
Tuesday, August 16 2022

The Nevada Office of Minority Health and Equity (NOMHE) Advisory Committee held a public meeting on August 16, 2022 beginning at 10:45am at the following location:

*This meeting was held at Whitney Peak Hotel (255 N. Virginia Street Reno, NV 89501)
and via Microsoft Teams.*

1. Land Acknowledgement

Dr. Crystal Lee 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 our Tribal partners. We encourage everyone in this space to engage in 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.

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

Chair Jimenez called the meeting to order at 10:45am.

Committee Members Present : Erik Jimenez (Chair); Andrea Gregg (Vice Chair); Dr. Crystal Lee; Dr. Samuel Hickson, Dr. Reimund Serafica, Dr. Rutu Ezhuthachan, and Rev. Dr. Karen Anderson

Ex-Officio Member Present: Senator Pat Spearman

Quorum achieved.

Also present were the following NOMHE staff: Tina Dortch, Dominique Seck, Alexandra Neal, Princette Bowling, Carlos Ramirez, Amanda Annan, April Cruda, Karina Fox, and Evelyn Donis de Miranda. Members of the public present: Sarah Hanafi (Larson Institute), Taylor Lensch (Larson Institute), Vickie Ives (DHHS-Division of Public and Behavioral Health), Allison Genco (Governor’s Office), Lauren Karp (DHHS-Division of Child and Family Services), Nicholas Dunkle, Rebecca Ortiz, Janet Serial, Nancy Bowen, Pastor Debra A. Whitlock, Monserat Reyes, Sandra Quiroz, Marisol Rivas, Patricia Gallimore, Nicole Willis Grimes, Sheila James (OASH), and Tami Conn (DPBH).

Chair Jimenez congratulated NOMHE on the success of the Networking Breakfast held earlier that morning. He stated that there are two open positions on the committee, and they are hoping to fill them with someone with a healthcare, nonprofit, and/or health equity advocate. Additionally, the ideal candidate will reside in the Northern part of the state. He encouraged interested parties to contact Tina Dortch.

3. Public Comments:

Chair Jimenez invited public comment.

Sheila James, Regional Minority Health Analyst (OASH Region 9 San Francisco) invited everyone to the monthly Region 9 Health and Equity Collaborative meeting on August 19, 2022 from noon-1:30. A representative from the Office of Disease Prevention and Health Promotion will provide a long term plan for recovery and resilience and it is a framework that the government is using in the post-COVID environment. Ms. James said that they want to ensure that everyone is aware of the plan. She also asked the Chair to consider adding an update from the Office of the Assistant Secretary of Health to upcoming agendas.

4. Approval of June 9, 2022, Advisory Committee Meeting Minutes

Action Item. Chair Jimenez invited a motion to approve the June 9, 2022 NOMHE Advisory Committee Meeting Minutes. Vice Chair Gregg motioned to approve the minutes as presented. Second from Dr. Rev. Karen Anderson, the motion carried unanimously; minutes approved with no changes.

5. NOMHE Advisory Committee Annual Review and Possible Approval of Updates to Bylaws (For Possible Action):

Chair Jimenez asked committee members to refer the document “Advisory Committee on Minority Health and Equity Bylaws” in their board back. He stated that the bylaws were last updated in 2018. He received feedback from legal and DHHS staff about possible revisions to the bylaws. He stated that they can make changes today or direct NOMHE’s staff to do it.

He walked through the following possible changes:

- Article 4.3 to be removed
When an opening occurs, a Nominations Subcommittee shall be established to review interested applicants on file for those who match the open seat’s corresponding geographic region.
Chair Jimenez said that staff is recommending that it creates an unnecessary bureaucratic process and will limit the committee’s ability to seat new committee members.
- Articles 4.5-4.7 to be removed
Chair Jimenez said these articles reference the subcommittee listed above. The rationale for removal is the same.
- Article 5.3 to be removed

If a member is unable to attend a meeting, the member may designate a representative in writing to serve in the member's stead who shall have all the rights and privileges of the member while acting on the member's behalf.

Chair Jimenez stated that under current the current statute that governs NOMHE, proxies are not allowed.

- Article 6.6 to be rewritten

6.6.1 The chairperson shall preside at all meetings of the Committee.

Chair Jimenez stated that the development and approval of the agenda in advance of the meetings needs to be added to the Chair's duties.

Chair Jimenez invited comments from committee members. He suggested NOMHE's staff incorporate the changes and bring them to the next meeting for committee consideration.

There were no remarks from the committee.

Action Item. Chair Jimenez invited a motion for NOMHE staff to bring forth recommended changes to the bylaws for committee consideration at the next meeting. Dr. Rutu Ezhuthachan motioned for NOMHE staff to make changes and present to the committee at the next meeting. Second from Dr. Reimund Serafica, the motion carried unanimously.

Tina Dortch summarized:

- In addition to attending quarterly meetings, NRS. 232.434 states that members should review and provide input on reports. For example, at the November 2022 or February 2023 quarterly meeting Ms. Dortch will present NOMHE's biennium report which is due to the Governor on March 1, 2023.
- Members may receive compensation for serving on the committee. They may receive an honorarium of \$80 for each quarterly meeting they attend. Members should email Ms. Dortch to express interest in the incentives.

6. NOMHE Annual Chair and Vice Chair Elections (For Possible Action)

Chair Jimenez stated that him and Vice Chair Gregg will be stepping down and he looks forward to new leadership. There will be a call for nominations for Chair and Vice Chair.

Ms. Dortch said that are currently 7 Advisory Committee members with 2 vacancies. She called for nominations (including self-nominations) for the Chair position. Dr. Samuel Hickson self-nominated for the Chair position. She invited other nominations for the one-year term. There were none.

Ms. Dortch said since there was only one nomination for Chair the motion for Chair and Vice Chair will be combined into one.

Ms. Dortch invited a nomination (including self-nominations) for the Vice Chair position. Dr. Rutu Ezhuthachan self-nominated. Ms. Dortch invited other nominations for the one-year term. There were none.

Action Item. Chair Jimenez thanked the candidates for volunteering, and he invited a combined motion for Dr. Samuel Hickson for Chair and Dr. Rutu Ezhuthachan as Vice Chair. Andrea Gregg motioned for approval of Dr. Hickson and Dr. Ezhuthachan as Chair and Vice Chair. Second from Rev. Dr. Anderson; the motion carried unanimously.

He congratulated the new Chair and Vice Chair who will take over at the November 2022 meeting.

7. Report on NOMHE Budget:

Chair Jimenez stated that NOMHE tries to maintain a balanced budget. There are two components: a general fund and grant funded portion. The CDC Health Disparities Grant allows for 5 full-time staff members and 6 work orders.

Ms. Dortch presented the handout *OMHE SFY22 Budget Period 7/1/21-6/30/22*:

The middle of the report reflects the general fund dollars. Of a \$139,482 operational budget, NOMHE is still under budget. Activities such as bringing the board to Reno, Nevada for the meeting, NOMHE team travel in October, and conferencing falls under operational dollars. These dollars were on pause due to COVID. NOMHE also intends to use this money to support small sponsorships for organizations that do work within the Office's subject matter areas. The office sponsored one such organization last fiscal year.

The last part of the budget is the CDC Health Disparities Grant. It runs through the end of May 2023. The grant award has increased by about \$577,000. This allows makes it possible for the Office to support 5 full-time staff members and 6 sub-grantees. The two newest sub awardees are University of Nevada-Reno and Nevada Health and Faith Coalition for a COVID-19 responsiveness and preventative care initiative.

The other subaward will be for a marketing firm to film a PSA. Ms. Dortch hopes that NOMHE will be able to share a draft of the PSA to the committee before it goes live.

Chair Jimenez invited questions on the budget.

Senator Spearman mentioned the pay scale for home healthcare workers and the intersectionality between women and people of color. She wondered if there is money in the budget to support research on this topic. She asked if there was a connection between what NOMHE is doing with SB 341 to pay disparities.

Ms. Dortch said that there is nothing specific to that request. She asked if Senator Spearman's question was if it is possible for NOMHE to investigate the pay scale for home health workers. Senator Spearman said yes.

Ms. Dortch said that there are not dollars dedicated to research specifically however the Office is reviewing the Healthcare Workforce manual produced by UNR. She said if they are asking if Senator Spearman is seeking a special project, NOMHE's Management Analyst could possibly produce a white paper. Senator Spearman said that it would be timely because home healthcare workers are suggesting there is systemic racism impacting their pay.

Ms. Dortch said that NOMHE staff will define the parameters for a white paper on the topic.

Chair Jimenez thanked Senator Spearman for mentioning pay disparities among healthcare workers. He stated that NOMHE staff may want to investigate a Guinn Center report that discusses reimbursement rates for home healthcare workers and the discrepancies for women of color. He said it would be good for the new leadership of the Advisory Committee to consider when operationalizing the Governor's Proclamation and the Senator's Joint Resolution on declaring racism as a public health crisis. He said this is a good topic when considering the next budget and legislative session.

Vice Chair Gregg asked the Chair to send the Guinn report. She asked Senator Spearman if she heard the same concerns with personal care attendants (PCAs).

Senator Spearman said yes and there were 6 recommendations for BDRs for the upcoming legislative session. One of the PCAs had a child with special needs and received a notice from the landlord that they would have to vacate the property within 3 days. One of the BDRs includes mechanisms to prevent that from happening. She thinks there is a connection between seniors, veterans, and adults with special needs experience. She said people can view the meeting because it's very difficult to listen to their stories and not feel pain and anger.

Senator Spearman encouraged Mr. Chair to look into that and Assemblywoman Gorelow so he is well-informed on the issue by the first Monday in February to get those pieces of legislation across the finish line.

Dr. Samuel Hickson thanked Senator Spearman for bringing up the issue because the it is near and dear to his heart. He asked if the Guinn Report identified which subsection of home health workers were disproportionately disenfranchised with their pay. He wondered if there is an intersection with licensure. He asked if these were primarily CNAs, home health nurses, or physical therapists.

Senator Spearman said that the report that she heard did not discuss licensure with the home health care workers and the ongoing struggles with reimbursement rates so they can make more than \$11 dollars an hour. She said he can check with SEIU too because several of their representatives were there. These workers were also present last legislative session. She said that when she was Chair of Health and Human Services in 2016-8 they talked about doing something about it then but they were never able to finish the job. She thinks there is synergy between NOMHE's Advisory Committee and the Legislative Committee on Senior Citizens, Veterans, and Adults with Special Needs.

Chair Jimenez said that he and Dr. Serafica can investigate which licensure types or rank categories have discrepancies. He said they could probably use Department of Health and Human Services data.

8. Report on NOMHE Activities, Initiatives, and Impacts (For Possible Action)

Ms. Dortch provided an overview of NOMHE's staffing and activities:

Karina Fox joined NOMHE on June 29th in the Program Specialist 1 position. It is the only position (outside of Ms. Dortch's) that is funded through the General Fund during the 81st Legislative Session. Her functional title is the Public Health Resource Officer, and she will be tasked with an ongoing review of the state's public health infrastructure. This review will identify strengths, underutilization of resources, and service gaps. Ms. Fox will be presented through a diversity, equity, and inclusion lens to ensure access and culturally competency in service delivery. Ms. Fox's background as a pharmacist is useful because DHHS' Senior Policy Advisor on Pharmacy would like to collaborate with NOMHE on a pilot project.

Evelyn Donis de Miranda replaced one of the Program Officers. She is part of a two-person team that is working on the Core Values Assessment (CVA). This is part of DHHS' DEI initiative to assess the degree of culturally competent outreach and service delivery throughout the department. Ms. Dortch said that in a later agenda item, she will recommend Ms. Donis de Miranda and Ms. Bowling present their project at the November 2022 or February 2023 meeting.

Ms. Dortch conducted a climate justice and environmental disparities presentation at the Joint Interim Standing Committee on Natural Resources. On July 12, NOMHE also presented at the Joint Interim Standing Committee on Health and Human Services' Roundtable hosted by Senator Donate. This event was related to SB 209 which provisioned that Senator Donate and this subcommittee is responsible for the COVID-19 recovery plan. At the end of July, NOMHE co-hosted the annual meeting for Diversity and Inclusion Liaisons which included liaisons and minority serving organizations (MSOs). Representatives from MSOs discussed issues that BIPOC people face when trying to access services in state government. A list of the diversity and inclusion liaisons were made available to in person attendees and it is also posted on Office of New American's (ONA) website.

NOMHE partnered with the Southern Nevada Health District for the Barbershop Preventative Health Forum. It involved a retired Raiders player which was helpful for visibility during National Men's Health Month. NOMHE participated in the ONA's Inaugural Newcomer Health Forum) on June 17 (in conjunction with World Refugee Day) which focused resources that would best benefit that population.

NOMHE also participated in a Back to School Resource Fair hosted by Fountain of Hope AME Church. There was a backpack and school supply giveaway, health resources, and meals provided.

Chair Jimenez congratulated Ms. Dortch. He said that she deserves a raise like home healthcare workers. He said that it is great to see the work with the DILs coming together.

Ms. Dortch added that The Office developed a new relationship with the Treasurer's Office as a result of the backpack fair. They talked to attendees about the Millennium fund and other college resources.

NOMHE's Statewide Health Equity Plan

April Cruda, NOMHE Program Officer, presented the statewide health equity action plan:

The purpose of the plan is to demonstrate NOMHE's actions and commitment to health equity through capacity building, expanding stakeholder engagement, and increasing an understanding of root causes of inequities. This will also serve as a guide for the state with policy, program, and resource recommendations as well as case study examples. It will serve as a call to action to address health disparities and prepare to protect our most vulnerable communities from the health and social impacts of COVID-19 as well as future public health emergencies.

Ms. Cruda said that conducted research from February 2022 to June 2022 to understand health inequities in Nevada. She used the following resources: Nevada DHHS 2021 Minority Health Report, Nevada DHHS State 2019 Health Needs Assessment, Guinn Center Report on Impact of COVID-19 on Communities of Color (Nevada), and Nevada Behavioral Risk Factor Surveillance System (BRFSS) Annual Report 2019. She also reviewed policies and best practices from the following public health resources: Government Alliance on Race & Equity (GARE), Robert Wood Johnson Foundation, Center for Disease Control and Prevention (CDC), American Medical Association (AMA), and American Public Health Association (APHA).

Some of the topics in the plan were pre-selected from the resources: conducting an initial health equity assessment, building organizational capacity towards health equity, community engagement, improving communication and language access, and emergency preparedness.

Ms. Cruda also conducted 28 key informants to supplement her initial research. Interviewees shared service delivery challenges. Emerging themes included: the importance of having stratified data, improving Nevada's health infrastructure, legislative actioning, and advocacy, and increasing awareness. These informants represent 18 organizations and various sectors such as public health, community, healthcare, and philanthropy.

The final set of topics that will be featured in the health equity plan are

- a. diversify data: how an organization can use data to inform their work and ensuring that data is representative of the communities. The chapter will highlight NOMHE's activities to ensure maximized participation in research and accessibility of that data.
- b. build capacity and collaborative partnerships, increase awareness and language access, legislative action and advocacy, emergency preparedness, and health system infrastructure.

For example, the diversify data chapter will demonstrate how an organization can use data to inform their work and ensure that data is representative of the communities they serve. The chapter will highlight NOMHE's activities to ensure maximized minority participation in research and accessibility of that data. Each of the chapters will contain a summary of the topic and its impact on health equity, NOMHE strategies and specific activities, recommendations, and best practices (for partners and stakeholders), case studies, and resources. The recommendation section will identify specific strategies that can be implemented in an organization's work. Case studies provide clear examples of how organizations in Nevada have worked to successfully implemented steps to advance health equity in their work. Case studies from can be used as a reference for implementation and can be modified to fit the needs and capacity of an organization.

There will be an opportunity for stakeholder engagement beginning at the end of October. Ms. Cruda will seek input from Northern, Southern, and Rural Nevada, as well as tribal communities. She will present the plan to NOMHE's Advisory Committee in November, the Director's Office in December, and to stakeholders in 2023. The final report will be completed in May 2023. She thanked the Nevada Minority Health and Equity Coalition for their support in the development of the plan.

Senator Spearman asked if Ms. Cruda is working with LGBTQ organizations especially those that work with transpeople. Ms. Cruda said that there were key informants that represent LGBT organizations. Senator Spearman thanked her because she recently spoke with an individual who was contemplating suicide and she wanted to make sure that everyone is included in the plan.

Dr. Crystal Lee asked if there were any Native American people that served as key informants. Ms. Cruda said Stacey Montooth from the Nevada Indian Commission was interviewed. She invited Dr. Lee to reach out to her with other recommendations.

CDC Health Disparities Update-UNR's School of Public Health

Sara Hanafi, Senior Public Health Diversity Advisor presented the CDC Health Disparities Update on behalf of UNR's School of Public Health:

The Faith Based Initiative is led by the Nevada Faith and Health Coalition. It identifies community health workers (CHWs) in the faith-based community. There were 3 planning meetings held throughout June and July. During these meetings they identified and finalized their evaluation instruments (pre/post evaluation tools for CHWs, pre/post evaluation for congregants, focus group scripts, group encounter log, individual encounter log, and their tally sheet). They identified CHWs and held their kickoff meeting at the end of July. They are being

onboarded by UNR because they are considered employees. So far 4 have been onboarded. The rest will be onboarded in coming months.

Health in All Policies (HiAP) advances health equity by collaborating with intersectoral entities throughout Nevada. In Spring 2022, the Larson Institute identified two projects: the Maternal Health Project and The Extreme Heat and Housing Project. The Maternal Health Project's objective is to facilitate continuing education for Nevada's doulas. This consists of a focus group and survey to evaluate how AB 256 will impact Nevadans. This bill provides Medicaid reimbursement for Nevadan doulas. The birthing resources directory will be hosted on UNR's Making Health Happen website. The webinar series is to allow doulas and those that have utilized doulas to share their experiences. The goal is to kick off the directory, webinar series, and survey in Fall 2022.

The Extreme Heat and Housing Project is a collaboration between UNR and Nevada Housing Division. ArcMap has been used to analyze people that are disproportionately impacted by extreme heat in Southern Nevada. Older adults and those living in low-income areas were less able to adapt to extreme heat. In March 2022, these results and policy recommendations were presented to the Las Vegas Climate Equity Project meeting.

Other HiAP projects include a micro transit project in collaboration with RTC. It will be completed in Fall 2022. They will provide recommendations improve transportation for vulnerable populations living in impoverished areas. UNR worked with Keeping Truckee Meadows Beautiful to prevent illegal dumping in Northern Nevada. UNR worked with ONA to improve language access by actioning SB 318. SB 236 provisions the collection of race and gender during routine traffic stops. UNR worked with the co-sponsors of the bill to evaluate whether these new data elements would further inequities. They were able to clarify the intent of the bill which is to assess if people are being racially profiled at traffic stops. Future HiAP projects will include the development of health impact notes and engaging with legislators.

UNR is currently seeking a new cultural competency trainer. However, they are still engaging with public service organizations, health organizations, and non-profits. They are writing reports for the April, May, and June 2022 training sessions. They have had 0 trainings for the self-paced online refresher course for cultural competency. The regulations on that training have not been codified. They have a virtual Sexual and Gender Minority Conference planned for November 12, 2022. They are also involved with the implementation of DPBH Strategic Plan through the creation of a gender clinic, a medical screen panel, and leadership in diversity in education.

UNR's web-based materials and training are available on makinghealthhappen.org. They are writing the report for the gap analysis for the Health Equity Needs Assessment and the Strategic Action Plan. Health Equity 101 Training is still underway and they plan to incorporate health equity in organizational structure. They hope to have a formal draft of the 6 modules by January 2023. The goal is to train 600 community members within 2 years.

The Health Equity Webinar Series (HEWS) is undergoing reconstruction to increase attendance. They are revamping their marketing strategies. They held two health equity webinar series. The August webinar is postponed and is scheduled to restart in September when their new marketing plan is created. They will conduct outreach and recruitment for future speakers.

She offered the following contact information:

Faith Based Initiative (FBI): Anna Dobbins annadobbins@unr.edu

Health in All Policies (HiAP): Joyce Abeng rabeng@unr.edu
Cultural Competency Training (CCT) Kelly Morning kmorning@unr.edu
Health Equity Webinar Series (HEWS) Asia Ervin asiae@unr.edu

Dr. Hickson asked if the HOPE Project is planning to expand the resources to vulnerable populations especially for paratransit and where they go. Dr. Hickson said that not every vulnerable person lives in a low income area but they may not have updated their boundary lines of where they go. He asked if there have been improvement efforts. Ms. Hanafi said that she will ask her team for the answer and respond to him.

Dr. Serafica asked if the maternal health project has utilized nurses and midwives especially in the rural population. Ms. Hanafi said that the resource is specifically focused on doulas.

Ms. Dortch responded to Dr. Hickson's question about the HOPE Project. She said it is a pilot to make recommendations but there isn't dedicated funding. Paratransit has been identified. There are zones but they are not all income based.

Vice Chair Gregg asked Ms. Hanafi to explain the specific role of CHWs in the FBI project and their objectives. Ms. Hanafi said that they are focused on HIV and COVID-19 prevention in faith-based communities. Vice Chair Gregg asked if UNR has collaborated with the Community Services Agency's Weatherization Project that supports low-income people for The Extreme Heat Project. Ms. Dortch said Vice Chair Gregg's recommendation will be noted.

Dr. Ezhuthachan asked when the analysis for the Maternal Health Project would be finished because she knows there are issues with getting doulas credentialed and billing insurance for their services. Ms. Hanafi says that they are currently establishing survey questions and the outline. She said that this part of the project should be carried out in October or November 2022. They hope to release the analysis in 2023.

Dr. Lee asked if the gap analysis of health equity needs assessment was comprehensive in their inclusion of tribes. She said that there is often a lack of data, inclusion, and participation of tribal communities. Ms. Hanafi said that she is not aware of the specifics of this project but she will consult her team for the answer. Dr. Lee also said her company is designing indigenous public and mental health trainings for non-Native people who work with tribal populations. She said that it could be a resource for UNR. Ms. Hanafi said she will follow up with UNR on this.

Senator Spearmen said Congress just passed the Infrastructure and Inflation bills. She said both bills have elements for climate control such as weatherization and retrofit existing housing especially those occupied by seniors. She encouraged people to look at the bills to take advantage of what is coming down the pipeline. The infrastructure bill will have billions of dollars that will circulate throughout the country. Senator Spearmen said Nevada is uniquely positioned because the state already has a Clean Energy Fund. She said it could fill gaps in housing and infrastructure for vulnerable populations.

Chair Jimenez said that there is a lot of work related to retrofitting and weatherization in Nevada right now. The programs are required to follow the Justice40 rules so they will be strategic targets set for how much money will go to marginalized communities. He said that he believes there will soon be announcements on where the dollars will go.

9. Presentation by Department of Health and Human Services Division of Public and Behavioral Health

Vickie Ives, Deputy Bureau Chief, DHHS-Division of Public and Behavioral Health (Child, Family, and Community Wellness) presented Maternal Mortality, Childhood Vaccination, and Monkeypox Updates:

Maternal Mortality Review Committee Overview

The Maternal Mortality Review Committee focuses on eliminating preventable maternal mortality and addressing disparities. Two thirds of maternal deaths (during pregnancy or within one year of pregnancy) are preventable. Legislative-facing reporting is due December 31, 2022. This year there will be combined recommendations between bureaus. Ms. Ives expects the report draft to be ready in late October. It will be shared with NOMHE's Advisory Committee at the November meeting. Members will be asked to make recommendations which will be included in the legislative-facing report.

2020 MMRC Recommendations

5 cases were reviewed in the last biennial legislative report because the MMRC was new. Recommendations included treatment options related to substance use disorder and pregnancy, the utility of a suicide related screen as opposed to a postpartum depression screen, and delays in prenatal care, data access. Statutory changes now permit the MMRC to access the cancer registry data and family interviews. DPBH's chronic disease program and the CDC Health Disparities funding have made family interviews possible. 2 MSWs will interview family members and enrich social determinants of health data and recommendations.

Recommendations Format

The MMRC uses the following format for recommendations:

- Contributing factors
- Level (family, provider, system)
- Prevention type (primary, secondary, tertiary)
- Size of impact if implemented

Summary of Recommendations

Recommendations ranged from medical examiner processes around genetic screening to buprenorphine and suboxone training, and opportunities for community care models. Other recommendations involved access to care, protocols on supervising parole and interpersonal violence. There are recommendations that focus on Adverse Childhood Experiences, Medicaid patient navigators. There was an MMRC meeting in August 2022 and there will be another in October 2022.

Advisory Committee on Immunization Practices (ACIP)

Nevada follows ACIP's recommended vaccine schedules and utilizes WebIZ. It is confidential immunization information system that records all immunizations administered by participating providers. Rates are subject to change based on data quality processes that can change over time.

Infant 7-series Vaccination Rates in NV 2019-2021

Between 2020 and 2021 there was a 13 percent decrease in the infant 7 series vaccination rates.

Rates of 7-series Vaccination by 24 months by Race/Ethnicity

In 2020-2021 American Indian/Alaskan Native infants vaccinations rates went from 35% to 25%. Hispanics had the highest rates even though there was a drop between 2020 and 2021.

Rates 13-17 Year Olds in NV with at least 1 dose by vaccine and race/ethnicity

Black and Latinx adolescents have higher initiation rates for whooping cough, meningitis, and HPV vaccines than other race/ethnicities. Asian Pacific Islander and whites have the lowest HPV rates.

New School Requirements

One dose of MenACWY is required on or after 16 years of age to enter the 12th grade. The goal is to increase vaccination rates. Eureka County has the highest rates among 17 years olds and 16 year olds in White Pine have lower rates. Given new requirements and vaccination clinics, Ms. Ives believes the rates will rise. There is variability in the race/ethnicity data for those that are up-to-date on specific vaccines.

Initiated and Completed COVID-19 Vaccine Series in Ages 0-4, July 26 2022

Six months to 4 year olds are eligible for the COVID-19 vaccine series. The initiation and completion rates vary by county but only 235 children have completed as of July 26th, 2022. Ms. Ives encouraged people that are interested to reach out and see enrolled providers. DPBH has mobile clinics until the end of September which can be leveraged for these efforts.

Initiated and Completed COVID-19 Vaccines ages 5-11

There has been a more robust response for this age group however, vaccines have been available to them for a longer period. Non-Hispanic Asian Pacific Islanders have the highest uptake rate for this age group.

Monkeypox Updates

Anyone who is in contact with a person that has monkeypox should take steps to protect themselves. It is spread through physical contact. In this current outbreak, men who have had recent sexual contact with a new male partner or multiple male partners have been most affected. However, monkeypox is not an STD. It is spread through intimate contact such as touching sores, rash, scabs, bodily fluid, or items touched by someone with monkeypox. Symptoms typically appear between 6-13 days but can take up to 3 weeks. Ms. Ives said that people who think they may have been exposed should: isolate and contact a healthcare provider or public health clinic and avoid intimate contact until assessed by a healthcare provider.

Ms. Ives said there is a limited supply of vaccines for monkeypox. Distribution has been focused on people who have had close contact with other diagnosed with monkeypox as well as lab personnel who may work with the virus. Treatment options are currently limited and are reserved for people with severe disease or high risk for severe disease. Ms. Ives encouraged people to report suspected cases to:

- Southern Nevada Health District—Clark County—702-759-1300 (24 hours)
- Washoe County Health District—Washoe County—775-328-2447 (24 hours)
- Carson City Health and Human Services—Carson City, Douglas County, Lyon County, Storey County—775-887-2190 (24 hours)
- Nevada Division of Public and Behavioral Health—All other Nevada Counties—775-684-5941 (M-F 8am-5pm), 775-400-0333 (after hours)

The federal government directly ships monkeypox vaccine to these local authorities and DPBH. Ms. Ives is hopeful that federally qualified health centers will be next. Indian Health Services and a VA Hospital are pending. Ms. Ives said there has been a focus on PEP and Prep due to the limited vaccine supply as well as people that have confirmed or probable monkeypox cases. If PEP is given between 4 and 14 days from the date of exposure, it may reduce symptoms but not prevent infection.

Jynneohs

Currently, there are two subcutaneous injections administered 28 days apart with a two week window after the second shot for maximum efficacy. This was approved for those adults. Within the last week, intradermal administration has been approved as a vaccine sparing strategy. There is a pathway for people under 18 years old to get vaccinated via the standard two subcutaneous injections which are also recommended for those with keloids.

Chair Jimenez said that he saw recent reports that said Nevada was 47th in the nation for 0-5 vaccinations. He said he understands that in Nevada most of the vaccinations are completed by local health authorities. He asked why we are seeing that, what are current efforts to aid local health authorities, and what can be done to help minority communities. Ms. Ives said that the state has worked with the Vaccine Equity Collaborative and partnerships between the state and local level. They partnered with the maternal child and adolescent health section to extend funding by a few months for the mobile vaccine capacity to prioritize early childhood vaccinations and to support children with special healthcare needs. There are sensory friendly vaccine kits that have been developed and are sent out to vaccinators at no cost. They've also partnered with Immunize Nevada, hosted webinars, engaged childcare, WIC, early intervention, bilingual service providers, etc. in pediatric vaccination outreach.

Kristy Zigenis, DPBH Immunization Manager, said that most people want their children to receive the vaccines from their pediatrician and they've struggled to enroll private pediatric providers because there are a lot of barriers such as handling and storage of the drug, reporting issues, and other things that they've relayed to federal government that they haven't been able to resolve. Ms. Zigenis said that is the greatest issue for lag in pediatric vaccination rates. She also said that many Nevadans want to do things at their own pace. Many other parents want to watch other families get the vaccine.

Chair Jimenez asked if they are using the American Rescue Plan money to incentivize providers to enroll and if there is a plan to increase pediatric vaccination rates in the next year. Ms. Zigenis said that expects to see an uptick when vaccines go to the private market because providers will not have to be enrolled with DPBH. She said that Nevada does not currently have an incentive program and it isn't something that Nevada has explored. Other states have found the funding to do that.

Dr. Ezhuthachan asked about the summary recommendations for the MMRC because they are to propel policy and advocacy change. She asked if there are SMART goal details behind the bullets on Ms. Ives' slides. For example, one of the bullets said that a goal is a outreach promoting prenatal care. Dr. Ezhuthachan asked if there is a specific population for this outreach, if there is baseline that Nevada hasn't been reaching, and if health equity has been considered. She asked if there is an opportunity to add more details behind the bullets if it doesn't exist. Ms. Ives said that the recommendations are generated by specific de-identified cases so other than the framing of size of impact, prevention level, there isn't SMART goal level details. Ms. Ives agreed that this is the opportunity to add more details. She also said that there is other data in the report from the Office of Analytics on severe maternal morbidity, severe maternal mortality. The maternal child adolescent health section has data on specific groups such as race, ethnicity, geography, insurance status, and prenatal care.

Dr. Ezhuthachan said that she saw a bullet on auditing and metrics, and she hopes there is an opportunity for dialogue because sometimes that is duplicative of audits that all the organizations are undergoing so she doesn't want to create an extra process that is already covered. Ms. Ives said that there will be opportunity for dialogue from NOMHE's Advisory Committee.

Dr. Hickson asked if there is consideration for understanding maternal health and birthing persons for people who identify as transgender or lesbian specifically the delay in care and access to primary care. Dr. Hickson also asked if there is an effort to separate monkeypox from HIV rhetoric. He said that the current language used to talk about monkeypox stigmatizes the SGM community. Ms. Ives said that last legislative session introduced gender neutral language in statute however, federal categories are not gender neutral and their reporting reflects that. DPBH uses disclaimers on reports to acknowledge that data may not be inclusive of everyone's experience. Ms. Ives said that Nevada has mirrored the CDC's guidance on monkeypox which discourages the use of stigmatizing language but the approved language from the CDC mirrors guidance on PREP and PEP. Ms. Ives said it is unfortunate and there are discussions on how to improve while following federal recommendations which are rapidly changing.

Dr. Serafica asked if there are intradermal monkeypox vaccinations because he is concerned about Nevada's supply. Ms. Ives said there is intradermal training through the CDC and local health authorities. She expects intradermal vaccinations in cases where it is appropriate which would be most because it makes the supply go further. Exceptions include those that are immunocompromised, teenagers, people that are prone to keloid. Ms. Ives said that she hasn't heard about any issues with supplies or need size yet.

Dr. Lee asked about state and tribal coordination. The state believes that when working with tribal clinics and urban clinics (also known as 638's) that they are resourced by the federal government, so it isn't a state issue. She said that there seems to be a lack of coordination especially for vaccine resources to ensure that they are available to tribes. Ms. Ives agreed that this is also happening with monkeypox response and vaccine access. She has asked if there is interest in DPBH staff presenting at the tribal health director's meeting. She said she welcomes any opportunity to increase outreach to tribal communities. She said the direct supply to Indian Health Services clinics are not happening quickly enough.

Dr. Hickson asked if DPBH has disseminated information related to parents about COVID-19 pediatric vaccines development. He said that this may help parents who are raising children in the social media age. He asked how DPBH is promoting health literacy regarding vaccine development and the importance for children. Ms. Ives said that the politicization of the COVID-19 vaccine has impacted sentiments about other vaccines. She said DPBH is working with the local health authorities, pediatric workgroups, partnerships with Dr. Sloz and Nevada Chapter of Academy of Pediatricians, reaching out home visiting, early intervention, and WIC families. Ms. Ives said they are sharing information in a non-stigmatizing, non-judgmental way. Ms. Zigenis said that misinformation related to the COVID-19 vaccine has seeped into uptake for other vaccines. Immunize Nevada is the non-profit statewide coalition. They develop the material that is consumed by the public and they conduct provider training. Part of the training includes giving assumptive recommendation rather than questioning if the child wants to have the vaccine today. For example, the provider would say, "Your child is due for X vaccine today" rather than "Would you like X vaccine today?".

Ms. Dortch said that based on the presentation and the questions, she believes that it is a great time for a public service announcement to tackle misinformation.

10. Presentation on the Implementation of NRS 223.950 Which Created the Governor's Public Health Resource Office and its Recommendations to Address Unmet Public Health Services, Identify Funding and Maximize Service Delivery Efficiencies

Allison Genco, Public Health Resource Officer, Office of the Governor presented an overview of the Public Health Resource Office:

The Public Health Resource Office was created through SB 424 in the 2021 Legislative Session. It created two positions: The Public Health Resource Officer and a Health Program Specialist I in NOMHE's office. The Public Resource Office operates under NRS 233.950 in the Governor's Office. Ms. Genco works directly under the policy director and she advises the Governor and their staff on public health recommendations. Ms. Genco said its been a great opportunity to elevate public health in the executive branch.

Governor Sisolak appointed the Public Health information Officer position in April 2022. The Public Health Resource Officer is tasked with:

- Examining Nevada's public health infrastructure
- Identifying unmet needs for public health services
- Identifying opportunities to obtain federal or private funding to support public health services
- Identifying ways to improve coordination between public health providers and to maximize efficiency in the delivery of public health services
- Making recommendations to the Governor, Legislature, Director of the Department of Health and Human Services and the Administrator of the Division of Public and Behavioral Health on those findings.

NOMHE Collaboration

The position that was created in NOMHE's office is required to:

- Research and make recommendations to the Public Health Resource Office concerning strategies to address health disparity outcomes in 1) Communities of Black persons, Indigenous persons and person of color resulting from systemic racism and structures of racial discrimination 2) rural communities and other underserved communities

Karina Fox filled this position. The Public Health Resource Office also meeting with NOMHE, Office for New Americans, and the Nevada Indian Commission to discuss the opportunities mentioned above.

Additional Collaborations

Ms Genco said that she has worked with DPBH and county health districts. Eureka County developing a health district that will be called the Central Nevada Health District. There is an agenda item on the Interim Finance Committee that will hopefully exempt assessment fees. Ms. Genco is working to ensure the success of the new district. She is also working with FQHCs, UNR, UNLV, Nevada Division of Emergency Management and Nevada Department of Wildlife. She has met with the latter to talk about the One Health Initiative which is supported by World Health Organization. It focuses on zoonotic diseases, antibiotic resistance, and raising awareness. DPBH is working on this as well. Ms. Genco's work involves elevating existing public health work and identifying gaps.

Understanding the Public Health Infrastructure

Ms. Genco will also focus on informing executive officers and legislative representatives on public health infrastructure. This includes: public health services, expanding clinical and preventative health services, surveillance, epidemic investigation, and data modernization. Funding from DPBH via CDC will help increase data collection. Ms. Genco will focus on increasing funding to have adequate disease investigation to respond to the next pandemic. Ms. Genco said the expansion of laboratory practice will help meet health disparities. She will also focus on increasing the public workforce, the provision of equitable service delivery, and funding. She met with the Nevada Office of Federal Assistance to find learn about additional funding opportunities. The Nevada Grant

Lab will also help her with funding opportunities. Ms. Genco is also focused on reproductive and environmental justice.

Dr. Hickson asked if the public health resource office has considered how to promote policy literacy. He said that it doesn't make sense to develop policies that the community doesn't know about. He asked how can ensure that Nevadans are informed how to report discrepancies especially in relation to equity and justice. He also asked if the PHRO investigates diseases that migrate from other nations such as monkeypox and how it got into our borders. She said that she is interested in exploring the public health policy analysis. She said she is a proponent of HiAP and she would like to see health impact notes at the legislative level. The Office of Epidemiology and The Office of Public Health Investigations investigate the migration of diseases.

Ms. Dortch said that during the last legislative session SB 302 included racial equity worksheets which is the cousin to health impact notes. Senator Spearman said that they struggled to get people to understand the relevance of health impact notes.

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

Ms. Dortch said that the next meeting will be held on November 15 from 10am-12pm. She wanted confirmation that there will be quorum. She suggested February 14, 2023 from 10am-12pm and May 9, 2023 from 10am-12pm.

Ms. Dortch proposed the following future agenda items for November 2023 meeting: find a communicator in honor of Native Heritage Month and Nevada Minority Health and Equity Coalition's update.

Vice Chair Gregg asked if NOMHE will be creating any BDRs. Ms. Dortch said that DHHS has BDRs but NOMHE does not have any specific to the office. However, NOMHE is often asked to provide testimony throughout the legislative session. Chair Jimenez asked if there are any suggestions about how to improve outcomes in equity in minority communities.

Ms. Dortch proposed agenda items for the February 2023 meeting: NOMHE's Public Health Resource Office will share a draft of the Governor's Biennium Report. Ms. Dortch invited suggestions. There were none. Ms. Dortch said UNLV School of Public Health will present the Progress Evaluation which details the impacts of the CDC Health Disparities Grant at the May 2023 meeting.

Chair Jimenez expressed gratitude for Senator Spearman's service as an ex-officio member of the Advisory Committee. Senator Spearman expressed her appreciation for NOMHE, the Advisory Committee, and the late Senator Tyrone Thompson.

12. Public Comments

Chair Jimenez invited public comment. There were none.

13. Adjournment

Chair Jimenez invited a motion to adjourn. Rev. Dr. Anderson motioned to adjourn. Second from Dr. Serafica, the motion carried unanimously; the meeting adjourned at 1:02pm.