

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 Spearman 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 Spearman 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.

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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.