Minutes
Of the meeting of the
Nevada Office of Minority Health and Equity (NOMHE)
Quarterly Advisory Committee Meeting
September 10th, 2024

The Nevada Office of Minority Health and Equity (NOMHE) Advisory Committee held a public meeting on Tuesday, September 10th, 2024, beginning at 10:36 AM.

This event offered attendees the choice to participate either in-person or virtually. Those attending in-person gathered at Atlantis Casino Resort Spa, located at 3800 S. Virginia Street, Reno, NV 89502. Alternatively, participants who could not attend in-person joined via Zoom.

Tina Dortch welcomed everyone to the September 10th, 2024, Nevada Office of Minority Health and Equity (NOMHE) Advisory Committee (AC) meeting. Tina Dortch introduced herself as NOMHE's Program Manager. She identified as a Black cisgender woman using, she/her pronouns. She was wearing a multicolor pattern dress. She had shoulder length hair, which was straightened. She was situated in a location with a background displaying a casino room that was adapted for business meetings. Tina Dortch was supporting the meeting alongside Evelyn Donis de Miranda who joined virtually and Carlos Ramirez Gomez, and Alexandra Neal who joined in-person.

Tina Dortch asked for confirmation that the meeting was being recorded.

Alexandra Neal confirmed that the meeting was being recorded.

Tina Dortch asked for confirmation on professional support by American Sign Language (ASL) communications.

Alexandra Neal confirmed that the meeting was being supported by ASL Communications.

Tina Dortch reminded everyone to silence their phones. She advised everyone to state their name every time when speaking. Also, she advised everyone to mute themselves when not speaking. This was a hybrid meeting in Reno, Nevada. Some individuals joined in person and other joined virtually via Zoom. Advisory group members who joined virtually, were asked to remain camera on for the duration of the meeting. Also, they were asked to be engaged until the conclusion of the meeting. Non-advisory committee members were asked to engage their cameras only when speaking. Individuals who wanted to give public comment, they were advised to speak only during that agenda item. In-person attendees had to sign-in at the welcome desk. Tina Dortch turned it over to Chair Hickson to continue with the agenda.

1. **Call to Order, Roll Call, and Opening Statement**
   Dr. Samuel Hickson, Chair

   Chair Hickson called the meeting to order on September 10th, 2024, at 10:36 AM.

   Chair Hickson asked Advisory Committee members to acknowledge their presence during roll call. Tina Dortch performed roll call.

Following the roll call, a quorum was reached. The eight members in attendance were Chair Dr. Samuel Hickson, Vice Chair Nicholas Dunkle, Angela Wilson, Tiara Flynn, Dr. Andrew Thomas Reyes, Reverend Dr. Deborah Whitlock Lax, Nancy Bowen, and Bishop Bonnie Radden. They all attended in-person.

Ex: Officio Member Absent: Senator Rochelle Nguyen.

The two interpreters and NOMHE staff in attendance were: Henry Yandrasits (ASL Interpreter), Elizabeth (ASL Interpreter), Siddharth Raich, Amanda Annan, Evelyn S. Donis de Miranda, Carlos Ramirez Gomez, and Alexandra Neal.

Other members of the public who attended in-person included: Bobby Jones, Ariel Rayo, Jose Croher, James Kuzhippala, Allison Cladianos, Emily Stapesa, Eileen Colen, Janet Serial and Tami Conn.

Other members of the public who attended virtually were: Vickie Ives, Michelle Sandoval, Olivia GrafMank, Jennifer Ruiz, Maybelin Rodriguez, Monica Schiffer, Adela Victorino, Belz & Case Government Affairs, Sheyla, Kyla Neese, Sabrina Schnur, Pastor Philip Washington, Linda Anderson, Mary Kludasch, rlefler, Lindsey Parobek Miller, nsedillo, Lori Lutu, Chris Reynolds, Chris Thomas, Will Rucker, Mona Lisa Paulo, CJ Brandy with NV AAG, Steve Messinger with NVPCA, Trevor Jones, Jason, Camarina Augusto, and High Sierra AHEC.

Chair Hickson indicated that he wanted to share some opening remarks.

- On July 1st, 2024, the Nevada Indian Commission became the Department of Native American Affairs (NDAA). The Nevada Indian Commission started in 1965 and was originally established to be a mediary for tribal state relations and the entity whereby tribal concerns and issues affecting Native American Indians could directly address the Governor. Over the past 50 years, the commission has evolved into something much greater. With this transition comes not only a new name, but the elevation of the department as its own entity. Chair Hickson congratulated the commissions' executive director Stacey Montooth and her team.
- Lastly, Chair Hickson shared that the composition of the NOMHE Advisory Committee has changed significantly since the last meeting. Chair Hickson acknowledged Vice Chair Nicholas Dunkle for leading the previous meeting as Chair Hickson had professional obligations and could not attend. Since the last meeting, Pastor Karen Anderson, who leads First African Methodist Episcopal (AME) Church in Las Vegas has concluded her 4 years of service. Pastor Karen Anderson was replaced by Bishop Bonnie Radden who is a pillar of the community and champion for LGBTQ causes that the NOMHE Advisory Committee represents. Dr. Raymond Serafica from the UNLV School of Nursing had to end his service just shy of his 4 years of service. Dr. Raymund Serafica was replaced by Dr. Andrew Thomas Reyes (also from the UNLV School of Nursing). Dr. Crystal Lee, esteemed researcher and founder of United Natives (a behavioral health clinic operated by indigenous professionals) has concluded her 4 years of services. She was replaced by Angela Wilson (Executive Director of the Reno Sparks Native American Health Clinic). Dr. Roseanne Bentt who specializes in maternal care, had to end her service relatively quickly in order to relocate out of state. Tiara Flynn (a certified Doula) replaced Dr. Roseanne Bent. NOMHE Advisory Committee members received a NOMHE contact sheet and a profile questionnaire in their board books. Chair Hickson asked them to complete those and returned them to NOMHE personnel.

Chair Hickson asked Angela Wilson to read the land acknowledgement.

2. Land Acknowledgement

Angie Wilson read the land acknowledgement.

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 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.

3. **Public Comment**
Dr. Samuel Hickson, Chair

Public Comment took place during this agenda item. No action was 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 placed 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. To provide public comment telephonically, individuals were supposed to dial 1 (346) 248-7799 any time after the Chair announced the period of public comment. When prompted individuals were asked to provide the following Meeting ID number 831 5104 9246 #.

Janet Serial who attended the meeting in-person stated the following. She is the Health Committee Chair for the Reno Sparks National Association for the Advancement of Colored People (NAACP) branch, as well as the Tri-state Conference Chair for Nevada, Utah, and Idaho. The NAACP Reno Sparks branch was awarded a grant for $25,000 to work on environmental climate justice in Reno. Janet Serial would be reaching out to NOMHE to get input on how get support from the NOMHE Advisory Committee.

Alison Cladianos who attended the meeting in-person stated the following. The Nevada Opioid Center for Excellence is dedicated to developing and sharing evidence informed training and technical assistance to professionals and community members alike. Whether they are a care provider or a concerned community member who support those affected by opioid use disorder in Nevada. The center has two overarching goals. The first goal is to support local communities, organizations, and jurisdictions to promote capacity building for opioid use disorder and medications for opioid use disorder, prevention, treatment, recovery and harm reduction services. The second goal is to promote sustainability through the facilitation and identification of evidence informed models, develop and update training materials relevant to prevention, harm reduction treatment and recovery activities for opioid use. The center is administered by the Center for the Application of Substance Abuse Technologies “CASAT”. This is a grant funded center located within the school of Public Health at the University of Nevada, Reno. Funding for this project was made possible in whole or in part by the Nevada Department of Health and Human Services (DHHS) Director’s Office (DO) through the fund for resilient Nevada, established by Nevada, revised statute 433.712 through 433.744. The center recommends individuals to subscribe to their email list by visiting nvopioidresponse.org.

Chris Reynolds who joined virtually via Zoom stated the following. He is the president of the Southern Nevada Health Consortium, which is a nonprofit based in Las Vegas. It is comprised of 24 different agencies working together to break down stigma and improve health equity among subjects who have HIV, Hepatitis C, mental health issues, and substance use disorder. The Consortium will have a big event in October for National Latinx HIV Awareness Day. This event will be held on Saturday, October 5th, from 11:00 AM to 4:00 PM. Chicanos Por la Causa will host the event. It will be a health fair style event. All services will be free. There will be many things available, from testing to vaccines to other health related services, such as harm reduction services.

4. **Approval of May 14, 2024, Advisory Committee Meeting Minutes** (For Possible Action)
Dr. Samuel Hickson, Chair

Vice Chair Nicholas Dunkle made the motion to approve the minutes for the May 14th, 2024, NOMHE Advisory Committee Meeting.

Reverend Deborah Whitlock Lax seconded the motion.

Chair Hickson asked Vice Chair Nicholas Dunkle to amend the motion and modify the minutes from May 14th, 2024, based on the following oversights:

- Page 6: First bullet discussed clinical trial diversification and stated that NOMHE is currently working with the Division of Public and Behavioral Health within DHHS to update the clinical child diversification website and webpage. Chair Hickson identified an error in the sentence. The word "child" should be replaced with the word "trial" instead.
- Page 7: Under Alexandra Neal's statement about the planned activities for 2025, a comment provided by Reverend Dr. Deborah Whitlock Lax, who congratulated Alexandra Neal for the wonderful presentation that she gave. Reverend Dr. Deborah Whitlock Lax asked if the reminded budget money of $17,000 could be distributed and used for travel purposes to Norther Nevada. Chair Hickson observed two typos in this section. First, the word "reminded", should be replaced by the word "remainder". Second, the word "Norther" should be replaced by "Northern".

Vice Chair Nicholas Dunkle made a motion to modify the minutes. Reverend Dr. Deborah Whitlock Lax seconded the motion to update the minutes as described by Chair Hickson. All were in favor. Chair Hickson carried the motion to amend the meeting minutes to reflect the changes as noted.

5. **Discussion and Review of NOMHE Advisory Committee Bylaws** (For Possible Action)
Dr. Samuel Hickson, Chair, and Tina Dortch, NOMHE Program Manager

Tina Dortch reacquainted returning board members and introduced the Bylaws to the new members. This is done once a year to make sure that the NOMHE Advisory Committee complies and that everyone understands the purpose and the mission of the office. The NOMHE Advisory Committee members received a hard copy of the Bylaws. Tina Dortch proceeded with the following remarks:

- NRS 232.484 speaks to Advisory Committee duties and under this particular statute, the members shall advice the manager of the office on all matters concerning those in which the purpose of the office are being conducted. Members should review the matter in which the office uses grants and gifted dollars to conduct the office's purpose. Members should review any reports that are submitted by the manager including those required by the NRS 232.479 which is a specific reference to the Biennium Report. The Biennium Report will be on the agenda for February 2025.
- NRS 232.483 explains the purpose of the salary for Advisory Committee members. The statute reads "to the extent that money is available, and for that purpose Advisory Committee members who are not officers or employees of the State are entitled to receive a salary, if not more than $80 per day as a fixed member of the Advisory Committee for each day or portion spent on the business of this body. Each member of the Advisory Committee who is an officer or an employee of the State of Nevada and they serve on this particular board; they do not receive additional compensation for the service that they provide. Then, to the extent that money is available, and for the purposes of each Advisory Committee member attending these particular events held by the office do cover transportation costs. If members are officers or employees of the State, those will be relieved from their duties to serve and give time to this body without loss of regular compensation or being required to use personal leave to do so."

Chair Hickson asked Advisory Committee members if they would like to revise any of the Bylaw's sections.

There were no comments or questions. Chair Hickson asked for a motion to keep the Bylaws as written.

Angie Wilson made a motion to keep the Bylaws as presented. Nancy Bowen seconded the motion. All were in favor to keep the Bylaws as written.

6. **Election of NOMHE Advisory Committee Chair and Vice Chair** (For Possible Action)
Tina Dortch, NOMHE Program Manager

Chair Hickson offered his esteemed gratitude for serving as a Chair in the NOMHE Advisory Committee. He believes in the importance of diversification of leadership just as much as equity is needed in healthcare and access to all. He

believes that no one leader should serve in a position of authority for an extended period of time. Chair Hickson nominated current Vice Chair Nicholas Dunkle for Chair of the Advisory Committee for the Nevada Office of Minority Health and equity (NOMHE). Vice Chair Nicholas Dunkle has shown incredible skills in leadership.

Chair Hickson reminded everyone that there would be two voting opportunities in the meeting.

Tina Dortch asked Vice Chair Nicholas Dunkle if he would accept his nomination to become the next Chair for the NOMHE Advisory Committee.

Vice Chair Nicholas Dunkle accepted the nomination.

Tina Dortch asked if there were other individuals who would also like to be considered for the Chair position.

There were no other nominees. Tina Dortch moved to the next position.

Tina Dortch asked if there were any nominees for the Vice Chair position.

Chair Hickson nominated himself for the Vice Chair position.

Tina Dortch asked if there were any other individuals who would also like to be considered for the Vice Chair position.

There were no other nominees. Tina Dortch closed the process for Vice Chair. She asked for a motion that identified the new Chair and the new Vice Chair as being Nickolas Dunkle and Dr. Samuel Hickson.

Reverend Dr. Deborah Whitlock Lax made the motion as noted by Tina Dortch.

Angie Wilson seconded the motion.

All were in favor of Nicholas Dunkle being the new Chair and Dr. Samuel Hickson being the new Vice Chair. This new change in leadership will be effective at the November 2024 meeting.

7. **Presentation of NOMHE Budget** (For Information Only)
Dr. Samuel Hickson, Chair
Status of NOMHE revenue (through state funds and/or grants) and operational expenses.

Tina Dortch stated that she was sharing this information to A) inform members of NOMHE's sustainability and B) aid members on their duty, which is to review the manner in which the office uses any appropriations to conduct its purpose. That way, Advisory Committee members can advise and make well informed recommendations on the activities. The NOMHE budget was shared with members in advance of the meeting. It was presented as a 1 page excel spreadsheet. It was formatted to reflect A) NOMHE's revenue sources either through state appropriation or grants and B) NOMHE's operational expenditures. The report shown in this meeting had been reconciled through June 30th, 2024. NOMHE's total budget for the period was $314,629. This amount was distributed across personnel expenses for the Full Time Employee (FTE) Program Manager and one FTE Public Health Resource Officer. This information could be found at the top of the report. Also, the report reflected two contractual positions. Those positions were itemized as contracts midway through the report. The balance of the budget is used to address NOMHE's operational expenses, which is also itemized at the center of the excel report. With regard to NOMHE's additional staff support, all other positions are contractual and supported by grants held through the Division of Public and Behavioral Health. Back in 2021, NOMHE was sub awarded a CDC Health Disparity Grant. The grant maxed at 3.7 million dollars with the majority of those dollars funding upwards of 6 vendors. Through those relationships that NOMHE was able to commission numerous projects and products, many of which people heard at the breakfast conducted previous to this meeting. Those dollars were effectively utilized. The grant cycle did conclude on May 31st, 2024, and NOMHE is pursuing additional grant opportunities.

Chair Hickson asked Tina Dortch to talk more about where the office stands in terms of whether NOMHE will continue to receive its funding and what would happen if no other grant dollars are identified.

Tina Dortch stated that at this point she is focusing her time and energy on internal resources, such as grant dollars and resources from Resilient Nevada. She is having conversation with them. She is also talking to other departments of State Government who have fundability. If there are no other dollars to supplant that 3.7 million dollars, the biggest impact would be inability to sustain personnel. Four staff people are identified as contractual, and they are sustained through state appropriated dollars. Those 4 people would be the remaining positions that would be possible. The other opportunity to maintain staff is really by the generosity of other divisions of State Government.

Reverend Dr. Deborah Whitlock Lax asked when did the office started to look for new grants, what has been done, and has there been any barriers or stumbling blocks in getting grants.

Tina Dortch stated that the process is virtually unending. Tina Dortch is always in conversation much like those people heard at the breakfast looking for opportunities to identify partnership grant opportunities. Identifying and applying for grants require quite a bit of resources and time. NOMHE does not have the capacity internally to do a very earnest search. NOMHE depends on partnerships in order to find those dollars. There is a new function in the Governor's Office that has a grant making focus. NOMHE has already reached out to them.

Angie Wilson stated that health inequity is such a massive issue. As an Indigenous woman, she can say that the impact of health inequity has long stemming and generational impacts. In her career, Angie Wilson talks to a lot of state partners, federal partners, or other tribal nations. She feels very appreciative to be able to serve in the NOMHE Advisory Committee, but she feels a responsibility to champion the advocacy that the state looks at addressing. She wants to be a part of Nevada looking at ways that they could invest dollars that are meaningful to address these issues long term. Angie Wilson hopes that as a committee, NOMHE could have these discussions with folks like the Joint Interim Committee on Finance, the Governor's Office, and the Department of Health and Human Services to look at ways to sustain more services under this program rather than just being completely reliant on grants.

8. Report on NOMHE Activities, Initiatives, and Impacts (For Information Only)
Tina Dortch (NOMHE Program Manager)
Updates on NOMHE's mission-driven activities, strategic partnerships/initiatives and status of actioning its Strategic Plan, and funding by Program Manager and NOMHE Staff

Tina Dortch shared some of the activities that NOMHE has been participating in:

- Mesquite Library All of Us Experience: This activity falls under the clinical trial diversification mission of the office. Libraries are wonderful partners in the work that NOMHE does. NOMHE's Outreach Coordinator Carlos Ramirez Gomez has done a masterful job of getting NOMHE embedded into that particular dynamic.
- Maternal Health Outreach and Education: NOMHE has a partnership with the Reno Sparks NAACP. This was one of a 3-part online seminar series. There was a presentation on the role that Doulas play to support primary care and medical providers. Tiara Flynn was part of that particular online seminar panel. It was well attended and well received.
- Diversity and Inclusion Liaisons (DILs): This is part of NOMHE's statutory obligations. DILs are found throughout all of state government across various departments and NOMHE along with the Office for New Americans and the Commission for Minority Affairs is responsible by statute to support this group. Their annual meeting happened in July. These agencies will be producing the annual report for this body to review in the November NOMHE Advisory Committee meeting.
- General Community Outreach
    - Barbershop Talk Initiative: This took place in partnership with the Southern Nevada Health District. In past barbershop talks, Chair Hickson attended. He found the value of it. African American males identify an interest in going forward and seeking out behavioral health resources, which is a very big accomplishment for those who know this topic in that community.
    - Childhood Obesity: NOMHE is supporting the 5210-childhood obesity initiative. This is referring to the fact that each day, a child should have 5 fruits and vegetables, only 2 hours of screen time, 1 hour of

physical activity and 0 interactions with sugar. NOMHE had an outreach event with the Southern Nevada Health District to discuss that initiative.

  - Resource Fair: This event is taking place on September 21st. NOMHE is partnering with the Fountain of Hope AME Church in Southern Nevada. The event will take place at Helen Cannon Junior High School. It started years ago as a return to school activity. There will be healthcare screenings and resources. This is the 4th year NOMHE participates in this event.
  - Tendency Rights Workshop: Housing is a determining factor of health. On October 1st, NOMHE will be hosting it at the Mexican Consulate. NOMHE will be partnering with Legal Aid Center of Southern Nevada and also the Ward 3 Representative Councilwomen Diaz to talk about tenant rights and to have workshop related activities on premises. All will be done in Spanish.
- Association of State and Territorial Health Officials (ASTHO): NOMHE received an accolade from ASTHO. They reached out to NOMHE and other 6 states to provide commentary and guidance on establishing an office of health equity. They produced a guidebook. Anybody can find the guidebook at the link that was shown on the screen. It was an honor for NOMHE to be identified as worthy to give that type of guidance to others.
- NOMHE's 20th anniversary: Some of those years were not consecutive nor was Office independently staffed, but since 2005 it always had a presence. NOMHE plans to establish several activities to recognize this accomplishment in 2025. Maggie Salas Crespo is a partner in Real Media Strategies and is going to be working with NOMHE to put together a befitting way to recognize this accomplishment. There will be a culmination of activities in April 2025 for Minority Health Month. Tina Dortch advised Advisory Committee members to inform her if they wanted to participate in planning these activities.

Tiara Flynn noted that April is Black material health week.

a. NOMHE's Strategic Plan

Siddharth Raich (NOMHE – Program Officer II)

Overview of NOMHE's 7 Strategic Aims that will guide the organization's work from 2024 to 2026.

NOMHE has not had a strategic plan since 2017.

Siddharth Raich started his presentation on NOMHE's Strategic Plan:

The strategic plan is essentially a roadmap. It is a guide four NOMHE's decision making. It allows NOMHE to direct resources to maximize their use. NOMHE is trying to be as efficient and as effective as possible, while establishing a clear vision for NOMHE's future. For the next few years NOMHE's plan is to align this focus with staff as well as partners and community members.

In 2023 and early 2024, NOMHE did a SWOT-SOAR analysis. This was a strength, weaknesses, opportunities, treats analysis. Also, NOMHE had its partners complete a survey that identified pinpoint critical success factors. NOMHE conducted several partner interviews that gave key insight about what priorities NOMHE needs to set in order to meet their needs.

There are 7 strategic aims in the plan.

- First Aim: Enhancing organizational expertise and workforce development. NOMHE cannot assist the community to the best of their ability without first fulling NOMHE's own trainings and professional development as well. This aim is really focus on supporting future budget items for training opportunities, continuing educations and tuition reimbursement for NOMHE staff, so that they can continue to attend training opportunities and obtain certificates and further their education. NOMHE also wants to establish internal professional development requirements and evaluations with staff to ensure that everyone is meeting their personal, professional, and their goals that align best with NOMHE's requirements. An

example of this would be the internship program. In the past few years NOMHE has actually taken on 8 interns for semester long projects. Currently, NOMHE has 3 interns that have been assigned different preceptors within NOMHE. This would be an expanding NOMHE's workforce development, getting on more interns and helping them get experience and having them fulfill their passion of bringing the inequities in the battle.

- Second Aim: Brand refinement and optimization by revitalizing focus and identity. NOMHE wants to clarify and strengthen their identify, their mission and focus. This can be done through developing a new mission and vision statements that align with the current goals. NOMHE would like to amend the NRS to include broader definitions for the social determinants of health and health equity definitions because times are changing, situations and circumstances are changing. The definitions also need to incorporate those circumstances. An example of this would be through an increase of NOMHE's visibility through website updates. NOMHE wants to highlight staff's work. NOMHE wants to revitalize that identity through highlighting staff's work. NOMHE also wants to expand its digital footprint by increasing the use of infomercials, establish official taglines and catchphrases to get the attention of the community.
- Third Aim: Diversifying products and program expansion. Currently, NOMHE offers a portfolio of programs and reports that they do every few years or every quarter. One of the examples would be the cultivating a culture of inclusivity training. One of NOMHE's staff members conducts a DEI training for staff and community members alike. NOMHE is focus on extending this type of training. NOMHE wants to make sure that relevant training opportunities do get continuing education units. NOMHE also wants to launch an initiative using its Health Equity Action Plan (HEAP) for organizations to develop their own equity plans.
- Fourth Aim: Financial resilience and resource sustainability. NOMHE wants to activate the minority health and equity account to seek strategic investments, explore other mission driven grant funded opportunities and hopes to apply for non-federal and federal grants. NOMHE wants to partner with organizations, institutions and agencies to further develop current future products especially those whose work aligns with NOMHE's. Likewise, partnering with influential and innovative stakeholders to fundraise for events and raise awareness in the community is important. Lastly, NOMHE wants to restructure staff to ensure the assembly of an internal grant management team to help NOMHE reach this financial resilience and resource sustainability.
- Fifth Aim: Impacts and Outcomes. NOMHE wants to establish tracking mechanism to help determine which program activities are conducted to ensure accountability on all NOMHE's activities and initiatives. NOMHE would like to create and share infographics and reports that talk about the different efforts happening in the community. Sharing stories in action on social media platforms is also part of the plan. Nowadays social media is where messages are broadcasted, so focusing on that is key. Deploying a community driven survey in collaboration with NOMHE's partners on the needs of the community is also part of this aim.
- Sixth Aim: Cultivate strategic partnership and alliances with the community and other organizations. NOMHE hopes to be a hub for collaboration and align its efforts with DHHS initiatives to maximize impact. NOMHE wants to foster cross sectional partnerships and recognize unique challenges faced by rural and tribal communities. NOMHE recently collaborated with some folks who are working with the TTI grant. These individuals received funding specifically for rural and tribal communities. NOMHE would want to enhance partner engagement, including having guest speakers. Furthermore, the continuing of participating in community events is important as well.
- Seventh Aim: Elevate visibility, engagement, and communication. NOMHE plans to elevate its visibility and engagement by utilizing multiple platforms.

NOMHE created an activity and engagement form in order to track all of the activities from the 7 aims in the strategic plan. This form is supposed to be completed monthly by all NOMHE staff. This is going to be a central location to track all of NOMHE's activities and engagements. The idea is to update the strategic plan every 3 years. Tracking results will be shared during future NOMHE Advisory Committee meetings.

Reverend Dr. Deborah Whitlock Lax had a comment. She stated that there is not enough representation in Northern Nevada. She is happy to sit and talk with NOMHE on how to bring NOMHE in a very visible presence. She also reminded NOMHE that in Northern Nevada, there is a 2% of African Americans and 15% of Hispanics. Also, there are Indigenous brothers and sisters. Representation is key in Northern Nevada.

Chair Hickson had a question about aim 2, NOMHE's desire to approach the NRS statute in terms of changing the definition or enhancing the definition of the SDOH and health equity. He asked if there has been any thought about whether SDOH is still an applicable term in today's market regarding health equity and the influences of health. Chair Hickson stated that health literature often indicates that the SDOH is an antiquated terminology because social factors do not necessarily determine health but rather influence it. So, as NOMHE thinks of amending the NRS to broaden definition, is there a consideration to whether or not the NRS should change SDOH to a more applicable concept.

Siddharth Raich stated that that was a great point. He said that due to that NOMHE want to expand these definitions. NOMHE wants to make sure that it is staying current with the current terminology. A big part of that will be done by engaging in focus group discussions, interacting with the community members and asking them what terminology would be best for this situation. Furthermore, NOMHE will take that back to the books and research that definition and try to change that terminology.

Angie Wilson had a couple of comments. She believes that the strategic plan represents a lot of work. She had the opportunity to work with (former NOMHE Program Officer) April Cruda on some of the health equity work. This is valuable work, especially having the experience from tribal communities. Angie Wilson saw a number of items referencing tribal and rural communities. She wanted to acknowledge the effort that's being put forward to include these communities. Sometimes, there is misinterpretation that American Indian tribes get all of this money from Federal Government, and that they don't pay for anything. This is genuinely the furthest thing from the truth. They are the most underfunded, even though, there is a federal trust responsibility to American Indians and Alaskan Natives in this nation. This goes back to my comments on the budget. It is remarkable that this program is only funded at $300,000 for the level of work that's being presented here. That is alarming. Everyone should be mindful in their own advocacy efforts. It is cool to see the innovativeness like the barbershop outreach. That seems to be unique and wonderful. It does take a lot of work to do that, and she appreciates the committee chair for being invited and coming into those sessions.

Tina Dortch thanked Angie Wilson for recognizing an activity that resulted in the Health Equity Action Plan. The activity that Angie Wilson referenced was completed by one of NOMHE's staff members. There were upwards of 12 focus groups and those focus groups were to have one on one conversations with particular subpopulations. Siddharth Raich has taken over from April Cruda. He is equally committed and equally talented in this particular work. He is going to be presenting technical assistance opportunities for folks who want to know how to translate components of the HEAP into their day-to-day work.

Tiara Flynn proceeded to make a comment. She had a question/comment about the evaluation that Siddharth Raich talked about in his presentation. It is incredible because measuring is important. She asked what success will look like. Has there anything done before similar to this? If yes, what were some of the positive outcomes or trends from tracking that.

Siddharth Raich stated that NOMHE has always done some tracking in terms of using a matrix and having each person track all of their activities. But this is the first time that a Microsoft Form will be developed, so it is a uniform form for everyone to fill out on a monthly basis.

Tina Dortch stated that as an office, NOMHE is expected to demonstrate impact for the resources that have been provided. This is just the evolution of that. It is important to be able to demonstrate either on a quarterly basis to this advisory group or on demand as asked. Equity has very different success factors and indicators. Much of

NOMHE's success is a long game. You cannot reverse diabetes in a household within one quarter. NOMHE is mindful of that. Siddharth Raich has been very conscientious in developing this tracking evaluation methodology. Tina Dortch is grateful that Siddharth Raich has taken this over.

Reverend Dr. Deborah Whitlock Lax referenced an item from the presentation regarding a digital footprint which is absolutely needed. Also, she is concerned about the $300,000 budget. When discussing technology, especially video production and being able to have staffing for that. How much has that been considered? Is NOMHE looking outside for university support, so that the footprint becomes a reality for NOMHE?

Vice Chair Nicholas Dunkle had a question related to a few of the commends that have been shared. How can NOMHE Advisory Group members support the strategic plan? The group shared their concerns about more support for Northern Nevada, sustainability, and the great work that NOMHE has been doing with the budget.

Tina Dortch stated an example of the most immediate example of support. When members of the Advisory group get asked to participate in an activity, if not able to do so, to perhaps make recommendations. NOMHE often times leans on the Advisory Committee members because they are subject matter experts.

Nancy Bowen made a comment. She thinks that this is a well-balanced strategic plan. There are a lot of plans and a lot of qualitative and quantitative data collection. Using the Microsoft Forms will help show impact, which then can be used to go after funding sources. She agreed with her fellow Advisory members about the social media invisibility. It is very important to get information out there to the public. She also agreed with Vice Chair Nicholas Dunkle's comment about how the members can support NOMHE.

Angie Wilson made a final comment. She stated that the Nevada Tribal Health Directors hold a monthly meeting every single month where they coordinate a lot of their efforts. Sometimes some tribal health programs take a step forward. The other tribes wait to see and then come on board. She committed to outreach to tribes as a committee member in any way she can. She also committed to being able to have and maybe start training with the staff at the Reno Sparks Tribal Health Centers as the 1st initiative and trying to close the gap and showing that there is great work being done.

9. Presentations by Division of Public and Behavioral Health (DPBH)

a. Maternal Mortality and Severe Maternal Morbidity Data Presentation and Discussion of Possible Recommendations for the 12/31/24 Legislative Report (For Possible Action)

Vickie Ives (DPBH Child, Family and Community Wellness – Bureau Chief) and **Tami Conn** (DPBH Child, Family and Community Wellness – Deputy Bureau Chief)

Preparation for pending Maternal Mortality Review Committee (MMRC) Reporting, per NRS 442.767.

Vickie Ives introduced herself and her colleagues Tami Conn, and Deputy Bureau Chief Sarah Rogers. Vickie Ives highlighted that the mission of the Division of Public and Behavioral Health focuses on health and safety of all people in Nevada equally regardless of circumstances so that people can live their safest, longest, healthiest, and happiest life. During this meeting, attendees looked at the maternal mortality report. This report is sent to the legislature every 2 years, and it is completed in partnership with the Maternal Mortality Review Committee (MMRC) and the Nevada Office of Minority Health and Equity Advisory Committee.

In this agenda item, Vickie Ives went over some key data points, and a summary of the MMRC's draft recommendations. A discussion among the NOMHE Advisory Committee members regarding potential recommendations took place.

Vickie Ives took a moment to recognize the enormous loss that this represents and that every individual case of maternal mortality is a family and network of friends and communities that are impacted. She thanked the family members and loved ones who generously shared their stories and their experience to better inform the work of

the MMRC with the express goal of preventing other families going through the same thing. The goal of the MMRC is to eliminate preventable maternal mortality and severe maternal mortality, and to address associated disparities. The focus is that if the person had been pregnant, would have they died? In 2019, reports show that 63% of pregnancy related deaths are preventable. More recent studies have shown that is more like 80 to 84% of these deaths are actually preventable. This is a very urgent issue. In Nevada, all cases of all incidents of maternal mortality are reviewed independent of cause of death. There is a statute that talks about the recommendation process and the role of the NOMHE Advisory Committee. The report is due every even numbered year on December 31st. It contains descriptive statistics, a summary of disparities, an identified plan for corrective action, and recommendations on legislation policy around maternal mortality and severe maternal morbidity, or how to improve the delivery of healthcare in this space. This process doesn't access confidential data. Vickie Ives, Tami Conn, two nurses and a family interviewer partner work on this project. Furthermore, the Office of Analytics prepares the statewide data. At this point, there is a draft report. Vickie Ives and her team asked NOMHE Advisory Committee to put forward any recommendations as the statute states. The goal is to enrich the report.

Vickie Ives showed an infographic developed by Dr. JC Phillips Bell. He is a CDC maternal child health assignee to Nevada. The infographic displayed data and explained different terms related to this topic.

- Pregnancy associated deaths (PAD): death of a person while pregnant or within one year of the end of pregnancy regardless of cause.
- Pregnancy related deaths (PRD): death of a person while pregnant or within one year of the end of pregnancy. But their cause is specific to those related to or aggravated by pregnancy.
- Maternal Death: death of a person while pregnant or within 42 days of the end of the pregnancy and it is from a cause related to or aggravated by pregnancy.

The infographic had a cartoon family picture with a dark blue background. The data showed that in Nevada, the bulk of pregnancy associated deaths from 2020 to 2021 occurred in the postpartum phase (between 43 to 365 days); almost 60%, which heavily weighted is more than the national data. Vickie Ives wanted to draw attendees' attention to another section in the infographic. This data is more related to racial and ethnic disparities. In 2022 to 2021 pregnancy associated deaths, American Indian/Alaskan Native persons had 6.9 times higher pregnancy associated death ratios when compared to Latinx people. In 2017 to 2018, Black non-Hispanic people had 5.2 times higher pregnancy related death ratio than Latinx or Hispanic people. There are differential burdens for Clark County for both pregnancies associated death ration which is about 2.5 times higher when compared to Washoe County. When looking at pregnancy related deaths 3.7 times higher than Washoe County. The causes of death can be different. Looking at pregnancy associated deaths, drug overdoses and transport accidents are the major death causes. When looking at pregnancy related deaths, some major causes are hypertensive disorders, infection, thrombotic embolism and cardiomyopathy. The previous report focused on providing clinical recommendations in relation to Medicaid mental health and law enforcement. Around 29.1% of pregnancy associated deaths are due to drug overdoses as a contributing factor. There are certain types of reporting that need to be included around contributing factors. Those contributing factors are the level of impact, prevention type and size of impact. The team follows the CDC guidelines on that reporting as a way of standardizing so that Nevada data can be looked at in light of national patterns and trends as well. The report is accessible. Numerous educational campaigns are in development based on prior report recommendations as well as an attempt at a blood pressure cuff related pilot.

Since the last report, MMRC members reviewed 18 maternal mortality cases from January 2023 to June 2024. The deaths occurred in the years of 2018 to 2020.

Vickie Ives went over recommendations put forward by the MMRC. These recommendations were determined to be of giant or extra-large impact. The information was included in the meeting materials, which contains the full list of recommendations across all the levels. But some of the recommendations mentioned were:

- Increase trauma informed therapy.
- Create evidence-based education program to effectively screen for and address childhood events or ACES in education settings. This is the most recommended recommendation. It came up 5 times.
  - Assess transportation needs for Medicaid recipients. This is similar to a recommendation brought up

by the NOMHE Advisory Committee before.

- Increase awareness of resources on mental health, housing, and Nevada 2 1 1.
- Realignment of payment model incentivization around value as opposed to necessarily volume for prevention.
- Other recommendations focus on improving access to care, the key role of the emergency room in generating referrals, coordination especially with underserved clients, warm handoffs by providers, and systematic follow-up for continuity of care especially with transfer between providers. Moreover, increase access to mental health and medication for substance use for pregnant women. Also, incentivizing healthcare systems and providers to address upstream determinants of poor outcomes and some obesity in an extreme.
- These are the recommendations that were specific and recommend more than once. Also, they are part of the “extra-large” recommendations:
    - Increase of Kratom education for public providers. Education that focuses on its use and the role of the Board of Pharmacy and how they regulate it as a controlled substance. More no-cost medication for substance use treatment is needed, in order to reduce the use of Kratom for self-treatment of opioid use disorders.
    - Audit the substance abuse prevention and treatment programs in relation to substance use disorder effectiveness for pregnant persons. As well as the prenatal health initiative around dedicated substance use and pregnancy reduction focus campaigns.
    - Increase mental health and continuity of information across providers for pregnant and postpartum patients.
    - Prioritize mental health medications for substance use treatment for pregnant persons.
    - Develop a perinatal quality collaborative to support the uptake of current standards of care practices as well as specific thrombosis prevention.
    - Provide bias and cultural competency training for providers.
    - Meet patients where they are and increase shared decision-making.

Tami Conn provided data highlights from the Office of Analytics. Tami Conn advised individuals that the PDF reported provided to the NOMHE Advisory Committee members was slightly different from her PowerPoint presentation. She also acknowledged that throughout the report they use the term “women” for individuals who have given birth, but it is not representative of all birthing people.

- The pregnancy associated death ratio over the last 6 years shows peaks in 2020 and 2023. In 2023, the ratio was 98.4, slightly higher than in 2022 but decreased from the highest rate observed in 2020. When examining the ratio by race per 100,000 live births, the highest ratios were among Black Non-Hispanics at 96.1, followed by unknown races at 61. Maternal age analysis indicates the highest rates occurred between ages 30 and 34 years old. Regarding county of residence, the highest rate statewide was 112.1, with Clark County following at 86.8. The leading underlying cause of death was non-transport accidents at 23.6%, followed by pregnancy or childbirth-related causes at 21.8% and heart disease at 10.9%. Of the drug overdose deaths, 86% were linked to opioids or other drugs, with non-transport related deaths largely attributable to drug overdose.
- The pregnancy related death ratio per 100,000 live births peaked in 2017, with significant data lag observed. Rates decreased in 2019. Deaths categorized by race/ethnicity indicated that the highest ratio was among Black, Non-Hispanics at 49.9, followed by Asian Pacific Islander, Non-Hispanics at 46.5%. The highest incidence by maternal age occurred in the 35-39 years old group. Clark County recorded the highest rate of pregnancy-related deaths at 30.2 per 100,000 residents. Hemorrhaging was the leading underlying cause of death, followed by non-cardiovascular conditions and infections.
- Regarding maternal mortality over the past 4 years, the highest rates were observed in 2017, but they have been decreasing over the past 2 years to 17.2 per 100,000 births. In terms of severe maternal morbidity over the past 6 years, 2023 saw rates at 201.1 per 10,000 deliveries, with the highest rates occurring in 2021. Those aged 40 years and older faced higher risks. Among race/ethnicity groups, those of unknown race had the highest rates, while among known races, Native Americans had the highest

rate of severe maternal morbidity. High school education was associated with the highest rates, and among those with health insurance, self-pay individuals followed by Medicaid recipients had the highest rates. Additionally, individuals with unknown prenatal care had the highest mortality rates, followed by those with no reported prenatal care. Increased risk was also observed among women with two or more previous live births, those delivering via cesarean section, those carrying multiple births, and those with a BMI over 40. Lastly, individuals with chronic diseases were also identified as high-risk groups.

During the facilitated discussion, the following recommendations were made:

- Angie Wilson asked why the MMRC report showed (page 37) that the maternal morbidity by race/ethnicity among Native Americans was 308. But in other sections, there were no statistics for American Indian/Alaskan Natives. Angie Wilson testified in front of the Joint Interim Committee on Health and Human Services on ACES' related issues and impact for tribal children. Prior to that, Angie Wilson did a presentation to the same committee on tribal health care. There are high levels of morbidity in tribal communities. Angie Wilson asked about how data is extracted from tribes (ex. Testimonies). She spoke about a case where an 8-month pregnant person was murder. This person was from the Pyramid Lake area. This type of data was not reflected in the report. It might've been due to the year that the event happened. Angie Wilson wondered if there is an opportunity for improving the data sharing agreements with the state.
    - Tami Conn stated that the data from Native Americans was suppressed due to low numbers. There was a risk of identification. The state does review those cases, and the data gets inputted into the CDC data system. But during public facing presentations, the information is suppressed due to confidentiality reasons. Tami Conn wanted to ensure everyone that the data does get reviewed and reported.
    - Tami Conn explained how the data is extracted. If a death occurred and this person went to a public hospital, the MMRC gets those records. If an incident occurred in tribal land, they just see the death certificate. It is more difficult when individuals do not go to non-tribal health care facilities. The MMRC reviews social records, autopsies, police records and everything they possibly have access to by law. Tami Conn is interested in further discussing how to get data sharing agreements with tribes. Angie Wilson appreciated Tami Conn's response. Angie Wilson believes that this is a very important issue due to the high death rates in American Indian communities. The prevalence of harm or abuse, suicide, and homicide are very high as well.
- Angie Wilson made another comment regarding the additional resources necessary for the 28 tribal nations in the State. It seems that resources are not appropriately reflected in the report. If a lawmaker looked at the report, they may think that there are no issues with Native American communities, which it may not be accurate. Lastly, Angie Wilson believed that the information should be labeled correctly in the report, especially for those who may reviewing the information. Tami Conn stated that they will clarify the suppression for each data table before finalizing the report.
    - Vickie Ives stated that the Office of Analytics does note suppression especially when reporting rates between pregnancy associated deaths, pregnancy related deaths, and severe maternal morbidity. The infographic previously shown displayed the differences in data.
- Dr. Andrew Thomas Reyes stated that he liked the infographic shown previously, especially, the section that highlighted particular ethnic minority groups and maternal outcomes. Dr. Andrew Reyes pointed out that the word ethnic minorities is not used in the report. The report only referenced people of color twice in the small and large impact recommendations rather than the extra-large and giant recommendations. The information in the report was not reflected as in the infographic. He believed that it would make a big difference if the report focus on particular ethnic minorities rather than conglomerating them into the concept of people of color. Also, he suggested to move some of the recommendations that talk about people of color and ethnic minorities to the giant recommendations section.
- Dr. Andre Thomas Reyes referenced the large impact recommendations and stated that he didn't like

the wording “community programs should be developed to educate medical consumers of color about advocating for themselves”. They cannot really advocate for themselves if they are geographically isolated. They are stuck in a system structure where they cannot advocate for themselves. Overall, Dr. Andrew Thomas Reyes suggested making more visible the recommendation for ethnic minorities and add them under giant impact recommendations.

- Tiara Flynn thanked Tami Conn and Vickie Ives for all their work. Tiara Flynn had a question regarding the recommendation number 5 under the giant impact category. The recommendation stated, “give patients a list of approved in-network providers”. Tiara Flynn asked if there are any plans to give them a list of providers available to them, especially non-medical providers. As a doula Tiara Flynn wanted to know that. Tami Conn stated that this is the time for recommendations, so if Tiara Flynn would like to include that as a recommendation, it can absolutely be outlined as that in the report. Tiara Flynn confirmed that indeed it was a recommendation.
- Tiara Flynn had a comment about recommendation 10 under extra-large impact “healthcare providers should practice meeting the patient where they’re at and then call in the behavioral health consult.” She recommended adding doulas as professionals who can be called in addition to behavioral health for consultation, where available.
- Likewise, Tiara Flynn agreed with Dr. Andrew Thomas Reyes’ suggestion regarding recommendation number 7 under the large impact category. Communities of color advocating for themselves should be removed. Advocating for themselves is like a “save yourself”. This shows a lot in the community, especially in Black mothers.
- Under the medium impact recommendation, add a clarification about what it means to provide referrals in a timely manner. Also, it wasn’t clear the level of providers. Tiara Flynn stated that there is a gap of when mothers can see the lactation consultants specially in hospitals postpartum rooms.
- On page 38 of the report, there is a mention of “primary C-sections” and the high numbers. A recommendation should be made about addressing those challenges or those barriers at the root cause. Tiara Flynn did not notice any recommendations that focused on this specific challenge. Sometimes C-sections can be prevented, especially repeat cesareans. It seemed as there was no language in the recommendation about this, especially if providers want to perform vaginal birth after cesarean.
- Tiara Flynn recommended adding any language about the undocumented reporting of findings for PAD and PRD. Also, she suggested adding a recommendation on how to overcome the challenges of lack of information and sharing data.
- Tiara Flynn suggested adding a recommendation to address the challenges in accessing doula care. This is a growing workforce and unregulated in some respects. Doulas address many of the disparities that were presented in this meeting. Evidence based data has shown that doula implementation into prenatal and postpartum care address many of those disparities.
- Chair Hickson stated that this is a very interesting topic for him. He asked how the recommendations would be flushed out or implemented going forward. Chair Hickson saw a lot of language about the increase of mental health services and the increase of timely abilities to get access to those services. He believes that there is a lot of complications when it comes to increasing access specifically for mental health services. This is largely because of licensure laws, what constitutes a mental health professional, and the ethics behind how professional practice with vulnerable persons. Also, Chair Hickson stated that he did not notice any sections where sexual orientation is taken into consideration. He asked if these individuals disclosing that information during treatment. This is important to know especially when discussing the increase of access to culturally competent care. Sexual orientation is something that should be considered like any other ethnic and racial minority group. Chair Hickson wondered how sexual orientation data is being factored into maternal health reporting in general.

Lastly, Chair Hickson asked if the data regarding substance use was divided between recreational opioids and prescription opioids. It is important to know where people are getting access to these drugs.

  - Vickie Ives stated that the recommendations will be flushed out when the report goes out to the Legislative Council Bureau. Tami Conn and her team promote the report widely across the different agencies, programs, and partners. Also, they look at any available funds that could assist with the actioning of these recommendations. Originally, there was no funding available to help support any of this work. They also look for dedicated funding to implement some of these recommendations with the assistance of other partners. Policy might change things, such as in the case of the expansion of postpartum care within Medicaid recipients. That was a recommendation and then policy changed, and it became a reality. It is not always funding driven, but it is a big part of it. When it comes to the sexual orientation data. The report's data heavily relies on the information found in a birth record, a death record, a medical record, or a family interview. This information has not been routinely seen in those elements. There is definitely a gap when it comes to gathering this type of data. There is also a fear of disclosing this information. Regarding the opioid use data, people may also be afraid of reporting due to concerns around child protective services involvement. Or due to the extreme stigma people may have encountered in a medical setting. At the end all depends on the data source. The data on substance use is gathered through codes or self-reported. Chair Hickson stated that he didn't have a recommendation because he was unsure of his understanding of the problem. Chair Hickson wanted to point out that the Office of Analytics should focus on not sharing misleading information.

- Bishop Radden referenced recommendation number 7 on page 3. She felt that a recommendation was a little racist. It said, "community programs should be developed to educate medical consumers of color". She recommended to state "all" instead referencing "folks of color".
- Bishop Radden referenced page 19 in the report. Their comment was about the drug overdose. Bishop Radden has been working in this field for many years. Without knowing whether it is an opioid or street drugs, people cannot fix the problem. Similar challenges have transpired in this report. Another example can be noticed on page 19 where it said that 70% were non-transport accidents. Someone commented if those cases were related to drug overdose. It is important to know how people are accessing these drugs.
  - Tami Conn stated that on page 18, it explains how the data was collected. The Office of Analytics pulled various ICD 10 death records codes and looked at anything with the cause of death related to drug overdose.
  - Also, Tami Conn addressed Bishop Redden's comment regarding the education of people of color. This recommendation was tied to a specific person of color who died.
- Chair Hickson expressed his confusion on how the ICD codes are used. He recommended to ensure clarity when explaining how the ICD codes were used.
- Deborah Whitlock Lax indicated that in 2014 and 2017 there was a dip in the mortality rates. She was wondering if there was any analysis as to why that happened.
  - Tami Conn stated that there has not been a deep dive analysis into prior years. The MMRC was approved in the 2019 session. They started in 2020, and they have reviewed deaths from late 2018 until current. So, the MMRC has not reviewed cased far as back as 2014. However, this could be a recommendation.
  - Deborah Whitlock Lax believes that any times there is a dip where life is sustained rather than death, people should find out why. She put the recommendation forward of identifying why there was a dip.

    - Vickie Ives stated that during those periods, there were methodological improvements and changes. For example, a checkbox was included on some of the vital statistics records to show if a person was pregnant within the last year. Not every state introduced the pregnancy checkbox at the same time, so an impact is noticed.
- Nancy Bowen referred recommendation 10 under the giant impact. She recommended unbundling prenatal care and Medicaid so that the primary care providers can continue to provide their primary care which addresses the issue of the high percentage of individuals morbidity with chronic disease.
- Vice Chair Nickolas Dunkle referenced the information on non-transport accidents related to overdose. He was worried about how it was reported. He wasn't sure if the report talked about prescriptions or recreational drug use. Recommendation 11 does not reference recreational or prescribed, but it does mention medication-based treatment as opposed to treatment in general. Many substance users are polysubstance users. There isn't available medication-based treatment for all substances. He recommended to rephrase the verbiage to encompass treatment that it isn't necessarily medication based.
- Vice Chair Nicholas Dunkle also expressed his concern on the lack of information on sexual and gender minorities. Seeking care could be an issue that is not being reported in the data.
- Vice Chair Nicholas Dunkle referenced page 37 in the report. He noticed a lot of correlation between lack of education and these numbers in terms of morbidity. He suggested adding a recommendation related to that. Perhaps, a recommendation towards a provision of maybe education as to the importance of continuation of care.
- Angie Wilson referenced recommendation 5 under the giant impact category. The recommendation read "give patients or consumers of healthcare, a list of approved or in network providers, immediate upon signing them up for insurance or making a referral for a condition". Angie Wilson emphasized a comment made by Nancy Bowen. Providers can give individuals referrals, but if they are not utilizing them, it becomes an issue. In Northern Nevada, public health officials held a community wide needs assessment. The results were breathtaking. American Indian/Alaskan Native women in Washoe County had the least amount of access to prenatal care than any other ethnic population. As the Director of the Reno Sparks Indian Colony Tribal Health Center, Angie Wilson can say that they collaborate with pregnant individual and help them with their referrals and it is difficult. These individuals are not receiving care until their 3rd trimester. It is good that recommendation 5 is touching on these issues, but there is a higher level of responsibility of how to get these folks into care.
- Angie Wilson referenced page 37 of the report. At the bottom of the page, it said, "health insurance status" and 221 is highlighted for self-pay. This could be a recommendation for the Silver State Health Insurance exchange to do targeted marketing specifically to pregnant women. For example, they could promote the advanced premium tax credit for individuals who are over the income limit for Medicaid.
- Tiara Flynn referenced a recommendation under the medium impact category. The recommendation discussed postmortem genetic testing for blood clotting. Due to the high percentage of pregnancy related deaths, this recommendation should be noted in the large or giant impact category.

Chair Hickson asked for a motion to put the recommendations discussed in this meeting forward.

Reverend Dr. Deborah Whitlock Lax made a motion for the recommendations to be admitted.

Nancy Bowen seconded the motion.

All were in favor of having the recommendations noted today be presented before the Division of Public and Behavioral Health. Chair Hickson, chair of the NOMHE Advisory Committee moved forward with the motion on September 10th, 2024, at 1:05 PM.

b. Discussion of Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease (CWCD) Seat Vacancy (For Possible Action)

Sarah Rogers (DPBH Child, Family and Community Wellness – Deputy Bureau Chief)

Information shared in relation to CWCD seat vacancy for the role of minority representation and recommendations of a possible list for consideration for appointment, per NRS 439.518.

Sarah Rogers joined the meeting to talk about the Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease (CWCD). The council is seeking a new member. They meet quarterly. They are tasked with making recommendations to the Division of Public and Behavioral Health (DPBH) chronic disease prevention and health promotion programs. Among this section, Alzheimer's and related dementias are included. Other topics include comprehensive cancer (breast and cervical cancer), heart disease and stroke, wellness and prevention, tobacco control and worksite wellness. CWCD is made up of various chronic disease professionals and members who are representative of the community and wellness. Per NRS 439.5181 of those representatives there should be a member of a racial or ethnic minority group. This member is to be appointed from the list of persons submitted to the Administrator by the Advisory Committee of the Office of Minority Health within the Office for Consumer Health Assistance for the Department. Durin this meeting, Sarah Rogers wanted to make aware that the CWCD statute requests that the NOMHE Advisory Committee have a discussion or submit an eligible list of persons, so that the vacant seat can be filled. Information was sent out, but it was also included in the packet that the NOMHE Advisory Committee members received prior to the meeting. The due date to present names is September 25, 2024. This will ensure that the council effectively collect the list and any resumes or letters of interest to be considered at the next CWCD meeting on October 25th, 2024. So far one eligible candidate submitted a resume and a letter of interest to Sarah Rogers. That person is Norma Kia. She submitted her resume for an additional seat vacancy. Additionally, she qualifies for this list. Norma Kia identifies as an African American. She owns a wellness-based organization. This would make her qualify. She agreed to be submitted for to increase her chances of getting on the council. The CWCD is also looking for a chair. Sarah Rogers emphasized that the council would like to have any new members coming in potentially be interested in taking on that responsibility.

Sarah Rogers stated that during this meeting the members could vote on a list to be submitted by September 25th, 2024, to be considered during the CWCD meeting. Also, members could vote to approve current eligibility applications. Additionally, there is no time limit on this seat. If further discussion is needed, the NOMHE Advisory Committee could take into the November meeting. But the council would not be able to fill that vacancy until January of 2025.

Chair Hickson thanked Sarah Rogers for the presentation. Furthermore, Chair Hickson submitted the name of Evelyn Donis de Miranda, who is currently, a Program Officer for the Nevada Office of Minority Health and Equity (NOMHE). Evelyn Donis de Miranda has an exquisite public health background. She has produced numerous research in the area of public health as well. She also meets the criterion as per state statute. Members received her resume.

Chair Hickson asked other NOMHE Advisory Committee members to put forward any names for the vacancy. Chair Hickson recognized Dr. Andrew Thomas Reyes for comment.

Dr. Andrew Thomas Reyes stated that he had four names that he would like to put forward. He feels that two of those are very qualified to be in the council. One of those names is Dr. Hyunwha Lee. She is the Research Dean and has a lot of exposure in preventive health. She is Asian American. The other person is Dr. Clariana Ramos. She is considered from a Brazilian ethnic minority. Dr. Ramos is an expert in epidemiological data.

Chair Hickson thanked Dr. Andrew Thomas Reyes for his nominations. Chair Hickson proceed to ask for a motion to submit the list of names for the vacant position on the CWCD.

Vice Chair Nicholas Dunkle made a motion to approve the list.

Angie Wilson seconded the motion.

All were in favor. Chair Hickson moved forward the motion on September 10th, 2024, at 1:13 PM.

10. Crisis Care and Suicide Prevention for High-Risk Populations (For Information Only)
Michelle Sandoval (DPBH Rural Clinics – Clinical Program Manager II) and Misty Vaughan Allen (DPBH Office of Suicide Prevention – Suicide Prevention Coordinator)

Information shared on grant-funded project focused on improving access to crisis services for Tribal Nations and deaf and/or hard of hearing populations throughout rural and frontier Nevada. The envisioned purpose for the funds will be rural-focused and youth-centered.

Misty Vaughan Allen stated that it was such an honor to present on world suicide prevention day. Hopefully, people saw the purple and teal across cities in the States. Misty Vaughan Allen hopes to partner with NOMHE to improve the strategy, especially its Program Officer - Siddharth Raich. The developer of the TTI grant was on the line, Michelle Sandoval. She is an expert who has been working with TTI for years. So, she was present in the meeting to help answer any questions. TTI is the Transformation Transfer Initiative. It came from the Substance Abuse and Mental Health Services Administration to help states, the district of Columbia, and territories improve crisis care services. Nevada for many years has been working on its crisis response system with the 988 implementations. All of this started this transportation. Michelle Sandoval and her team were awarded these funds. The funds are not only for technical assistance, but it offers multiple learning opportunities, constant meetings with national organizations and other TTI grant recipients. This is an incredible opportunity. One of the most amazing parts of it is the flexibility and easiness to achieve. There are no deadlines on this speeding amount. The partners who went into this for 2024 were Michelle Sandoval, who is the Specialty Program Manager with the DPBH Rural Clinics, Office of Minority Health and Equity, Office of Suicide Prevention, and DPBH Bureau of Behavioral Health Wellness and Prevention. They were awarded a quarter of a million dollars, which is an outstanding amount. A new opportunity will be available, and they are hoping to apply for it. The target for this TTI grant will be Native Americans young adults especially in rural communities. The challenge for rural communities is the borderlands. There is a challenge working with Oregon, Idaho, California, and Utah. Hopefully, information can be gathered with this initiative to address those challenging needs across the state line. Also, there is a huge gap among the deaf and hard of hearing community, especially for suicide prevention and mental health crisis responses. They have begun working with the Commission of Deaf and Hard of Hearing to have this conversation. This new award would allow the team to dive deeper and get a better handle on this conversation. Their goal is to improve access to crisis services for Native American youth and the deaf and hard of hearing community throughout rural Nevada and frontier Nevada. There is no timeline, so this can be done until it is complete. They had this award for a few months. They had to do the state process, so they are just getting started. They are reaching out within tribal areas to engage persons identifying as Native Americans or American Indian. These individuals will serve as their primary participants. Activities will include the focus groups, which is really their main goal. They want to listen and show up to build awareness around those resources for crisis support, suicide prevention, and mental health resources. They want to have crisis ready interpreters for the deaf and hard of hearing community. Another part of this work is to train trainers. Something that the office of suicide prevention does often and well is bring those with a lived experience, whether it is someone from the veteran community, LGBTQ, healthcare staff to train side by side with this team. They hope to have American Sign Language interpreters who can have conversations regarding crisis intervention but also go out in the community to do the training side by side. Similarly with the Native American communities. These initiatives are part of Nevada's larger transformation with the crisis care system. The 9 8 8 just past its second year. Next week, 9 8 8 will have geolocations. They went by area code geolocation in some of cellular services. It will locate by tower for the person in need of that crisis care. This team is working with tribal communities to get co-facilitators for these focus groups. NOMHE is helping develop questions and appropriate ways to hold the focus groups to include the ritual and tradition for the Native American communities. So, people want to come and share their guidance. These groups will include an elder facilitator and a

young adult facilitator to grasp that community. As far as interpreters and Native American speakers, different ways are being explored to connect. Once they have the recommendations, they will develop a strategy to get more TTI funding or other grant resources to support those recommendations moving forward. This could be built into the Office of Suicide Prevention Strategy as well as DPBH' s strategy that will be developed over the next few years. If the project is successful, they may be able to continue to submit to the legislative session and boost the support of NOMHE and their other partners in this work. The first focus group will be with the Balan Paiute Shoshone Tribe. They had conversations and they will probably present to tribal council and make sure to get their support. This will be the first pilot of this effort. There has been a lot of loss in Churchill County, so it is a great place to start. The youth suicide prevention grant was awarded for Garrett Lee Smith. That is 3 quarters of a million dollars for 5 years to work on youth suicide prevention in Churchill County, Elko County, Duck Valley, and Carson City.

Angie Wilson recognized the efforts being made for tribal communities, especially in rural and frontier communities that have little resources. In a previous meeting at the Joint Interim Committee on Health and Human Services it was shared that 21 children have lost their parents due to multiple clusters of suicide in that community. Suicide in American Indian communities is a significant issue. Angie Wilson also worries about the urban Indians living in larger urban Indian populations that may not be able to access care more readily in the smaller tribal communities like Las Vegas, Paiute Tribe. She knows that there are significant amounts of American Indians/Alaskan Natives that are living in Clark County, and it concerns her the outreach that is happening to them. Sometimes urban natives do not qualify for benefits that rural natives do. Angie Wilson recommended doing outreach to those who are in urban areas as well as those frontier communities.

10. **Discussion and Approval of Future Meeting Dates, Agenda Topics** (For Possible Action)
    Dr. Samuel Hickson, Vice Chair

There are three potential dates for the following NOMHE Advisory Committee meetings:

- November 19th, 2024
- February 11th, 2025
- May 13th, 2025

All of those meetings will happen between 10:00 AM to 12:00 PM.

Nancy Bowen has a conflict on November 19th, 2024. Tiara Flynn also has a conflict on that day.

Chair Hickson asked for a motion to meet on the dates previously mentioned, except for Nancy Bowen and Tiara Flynn.

Reverend Dr. Deborah Whitlock Lax made a motion to approve the meeting dates.

Vice Chair Nicholas Dunkle seconded the motion.

All were in favor. Chair Hickson approved the following dates (November 19th, 2024, February 11th, 2025, and May 13th, 2024) on September 10th, 2024, at 1:29 PM.

12. **Public Comment**
    Dr. Samuel Hickson, Chair

Public Comment took place during this agenda item. No action can 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 placed a two (2) minute time limit on the time individuals may address the Committee. The Chair elected to allow public comment on a specific agenda item when that item is being considered. To provide public comment telephonically, individuals were instructed to dial 1 (346) 248-7799 any time after the Chair announced the period of public comment. The Meeting ID was 831 5104 9246 #.

There were no comments.

13. Adjournment
Dr. Samuel Hickson, Chair

Reverend Dr. Deborah Whitlock Lax made the motion to adjourn the meeting. Vice Chair Nicholas Dunkle seconded the motion. All were in favor. Chair Hickson adjourned the meeting on September 10th, 2024, at 1:31 PM.