



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

**NEVADA**

State Snapshot

FY 2017 Application / FY 2015 Annual Report

November 2016

### Title V Federal-State Partnership - Nevada

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY 2017 Application / FY 2015 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

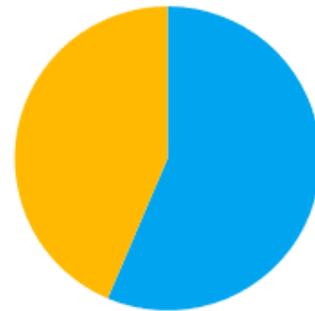
### State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Beth A. Handler, MPH Maternal and Child Health (MCH) Director bhandler@health.nv.gov (775) 684-5902	Laura A. Valentine, M.S. Children with Special Health Care Needs Director lvalentine@health.nv.gov (775) 684-5901	No Contact Information Provided

### Funding by Source

Source	FY 2015 Expenditures
Federal Allocation	\$2,023,152
State MCH Funds	\$1,563,756
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$0

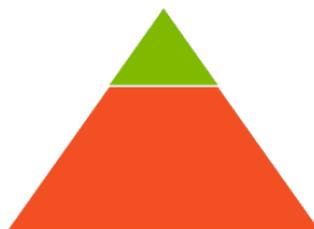
FY 2015 Expenditures



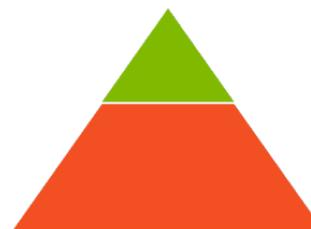
### Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$0	\$0
Enabling Services	\$702,185	\$663,631
Public Health Services and Systems	\$1,320,967	\$900,125

FY 2015 Expenditures  
Federal



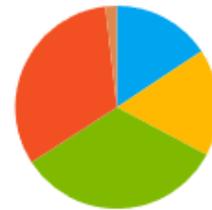
FY 2015 Expenditures  
Non-Federal



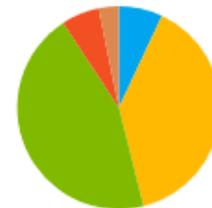
### Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2015 Expenditures	%
Pregnant Women	6,446	\$523,790	15.7%
Infants < 1 Year	36,189	\$570,174	17.1%
Children 1-22 Years	41,313	\$1,104,687	33.1%
CSHCN	5,594	\$1,078,904	32.3%
Others *	2,955	\$60,694	1.8%
<b>Total</b>	<b>92,497</b>	<b>\$3,338,249</b>	<b>100%</b>

FY 2015 Expenditures



FY 2015 Individuals Served



\*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

### Communication Reach

Communication Method	Amount
State Title V Website Hits:	54
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	33,396
Other Toll-Free Calls:	33,396



### Selected National Performance Measures

Measure #	Measure Short Name	Population Domain
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 6	Developmental Screening	Child Health
NPM 8	Physical Activity	Child Health, Adolescent Health
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 14	Smoking	Cross-Cutting/Life Course
NPM 15	Adequate Insurance	Cross-Cutting/Life Course

### Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.1	Number of Title V funded partners that disseminate materials to raise awareness of the importance of a well-woman visit, coverage benefits, and how to find a provider
NPM 4	Breastfeeding	ESM 4.1	Number of hospitals (birthing facilities) receiving training on Baby Steps to Breastfeeding Success or designated as Baby Friendly by Baby Friendly USA
NPM 6	Developmental Screening	ESM 6.1	Number of Title V funded partners providing developmental screening in the past year
NPM 8	Physical Activity	ESM 8.1	Percent of middle and high schools that implement a physical activity plan
NPM 10	Adolescent Well-Visit	ESM 10.1	Number of Title V partners that conducted activities to promote preventive well visits for youth in the past year
NPM 11	Medical Home	ESM 11.1	Number of public outreach events to educate the CYSHCN population about how to access and benefits of medical home portal in the past year
NPM 14	Smoking	ESM 14.1	Number of pregnant women and new mothers who called the quitline for assistance in the past 12 months
NPM 15	Adequate Insurance	ESM 15.1	Number of Title V funded partners that offer assistance with completing insurance applications, including assistance to at-risk populations (e.g. in multiple languages)

### State Performance Measures

SPM #	SPM Title	Population Domain(s)
SPM 1	Percent of mothers reporting late or no prenatal care	Women/Maternal Health
SPM 2	A. Percent of teenage pregnancies and B. Percent of repeat teen births	Adolescent Health
SPM 3	Percent of women who misuse substances during pregnancy	Cross-Cutting/Life Course

## Executive Summary

### Executive Summary

Nevada is committed to providing evidence-based or informed programs to the MCH population in the State. Nevada receives just over \$2 million in Title V Maternal and Child Health funding from the Health Resources and Services Administration (HRSA). Nevada's Title V/Maternal and Child Health (MCH) Program is housed in the Maternal, Child and Adolescent Health (MCAH) Section; Bureau of Child, Family and Community Wellness; Division of Public and Behavioral Health. For additional information regarding this Executive Summary please visit the MCH Program website at: <http://dpbh.nv.gov/Programs/TitleV/TitleV-Home/>.

#### ACCOMPLISHMENTS AND PRIORITIES BY POPULATION DOMAIN

##### **Domain: Women/Maternal Health**

- Priority: Improve preconception and interconception health among women of childbearing age (Percent of women with a past year preventive visit)

In Nevada women without health insurance receiving late or no prenatal care is slightly higher than the national average. Therefore, the MCH program will partner with coalitions, community-based programs and other public and private stakeholders to increase rates of coverage and prenatal care.

The MCH Program collaborates with partners to identify modifiable risk factors for improved birth outcomes, including racial/ethnic health disparities. Projects include the National Governors Association (NGA) Learning Network on Improving Birth Outcomes and the Collaborative Improvement and Innovation Network (CoIIN) to reduce Infant Mortality. Funded partners for these efforts included county Health Districts, March of Dimes, Medicaid, Community Health Services and Women, Infants and Children (WIC). Screenings are conducted by partners to provide critical screenings needed by women of childbearing age, especially women living in rural/frontier Nevada and at-risk populations.

##### **Domain: Perinatal/Infant Health**

- Priority: Breastfeeding promotion (Percent of women with past year preventive visit)

Nevada's rate for ever breastfeeding is slightly higher than the national average (80.9 and 79.2 respectively), but is slightly lower than the national average for exclusive breastfeeding at six months (18.0 and 18.8 respectively). As the Centers for Disease Control and Prevention (CDC) supports the link between breastfeeding and improved health outcomes, the MCH program will partner with coalitions, community-based programs and other public and private stakeholders to increase breastfeeding rates by improved access to breastfeeding for new mothers.

A major accomplishment in this area includes four out of six maternity centers receiving training on Baby Steps to Breastfeeding Success. Sixty Nevada businesses have pledged their commitment to provide welcoming environments to breastfeeding mothers through the Breastfeeding Welcomed Here campaign. Nevada received the USDA's Breastfeeding Bonus Award for the greatest increases in exclusive breastfeeding rates between 2013 and 2014. Several Southern Nevada hospitals have fully implemented the Baby Safe Sleep program. The Southern Nevada Health District (SNHD) Home Visiting Nurse-Family Partnership Program served 209 women between 10/1/2014 and 9/30/2015. Washoe County Fetal Infant Mortality Review (WC FIMR) reviewed 26 cases between October 2014 and June 2015.

##### **Domain: Child Health**

- Priority: Increase developmental screenings (Percent of Children, ages 10-71 months, receiving a developmental screening using a parent-completed tool)
- Priority: Promote healthy weight (Percent of children 6-11 years of age who are physically active at least 60 minutes per day)

Nevada is below the national average for children screened early and continuously for special health care needs (69.7% and 78.6% respectively). The MCH program will collaborate with public and private partners to improve the percent of children receiving developmental screening and increase the number of applicable entities trained on developmental screenings.

Nevada scores just below the national average regarding adolescents (ages 12-17) who are physically active (81.6 and 82.7 respectively). In order to improve these numbers further, the MCH program will partner with public and private stakeholders and schools to improve the percent of children and adolescents who are physically active, including participation in school sports and after-school activities.

Nevada finalized a statewide school assessment on physical activity and nutrition in the spring of 2015. Nevada Wellness, a Nevada Title V partner, implemented the Healthy Hoops Campaign in collaboration with Reno Bighorns basketball team to promote healthy activity in northern Nevada. Seventy five Early Childhood Education (ECEs) providers received training and technical assistance to address physical activity. However, the Nevada Kindergarten Health Survey, conducted annually through the Nevada Institute of Children's Research and Policy (NICRP), continues to show an increase in the number of obese children entering kindergarten.

##### **Domain: Adolescent Health**

- Priority: Improve preconception and interconception health among women of childbearing age (Percent of adolescents 12-17 years of age with a preventive medical visit in the past year)
- Priority: Promote healthy weight (Percent of Adolescents 12-17 years of age who are physically active at least 60 minutes per day)
- Priority: Reduce teen pregnancy

Nevada scores just below the national average regarding adolescents (ages 12-17) who are physically active (81.6 and 82.7 respectively). In order to improve these numbers further, the MCH program will partner with public and private stakeholders and schools to improve the percent of children and adolescents who are physically active, including participation in school sports and after-school activities.

The MCH program works with partners on pregnancy prevention and reducing the rate of birth for teenagers (ages 15-17) such as promoting the Personal Responsibility Education Program (PREP) and the Abstinence Education Grant Program (AEGP). During the previous reporting year, 500 youth ages 13-18 participated in PREP. Changes to the action plan included adding a new priority to reduce teen pregnancy. This priority will be addressed through a newly developed state performance measure to track the prevalence of teen pregnancies and repeat births, and tracking the use of long acting reversible contraceptives (LARCs). Nevada does not have either the highest or lowest rate of teen pregnancy and repeat teen pregnancy. In April, the CDC indicated an almost 50% rate reduction among Hispanic and Black teens; however, Hispanic teens still represent a significant population in relation to teen births in Nevada. And, because one in five births to teen mothers (ages 15-19) is a repeat teen birth, it is important to work on decreases in both measures, with specific emphasis on disparities. To improve teen birth measures, the MCH program will partner with coalitions, community-based programs, and public and private stakeholders to increase access to family planning information, long acting reversible contraceptives and other educational materials.

**Domain: Children with Special Health Care Needs**

- Priority: Improve care coordination (Percent of children with and without special health care needs having a medical home)

Although children (0-17 years of age) with and without special health care needs should have access to a medical home, the percent of children with special health care needs in Nevada having a medical home is 36.8%, which is below the national average of 43%. Development of a Medical Home Portal in Nevada will improve access to resources and information for children and their families. Therefore, the MCH program will partner with coalitions, community-based programs, Nevada's Family-to-Family/Family Voices entity, Nevada 2-1-1, and public and private stakeholders to increase promotion of health care resources and care coordination.

The major highlights for this domain include establishment of a Medical Home Portal. This resource will improve care coordination among children with and without special health care needs. One of the main partners for the CYSHCN program, Family TIES, distributed 4,005 Health Transition Checklists for youth with special health care needs to 162 middle/high schools across the State. The Division of Public and Behavioral Health (DPBH), in collaboration with the Division of Health Care Finance and Policy (DHCFP), is working towards the development of a statewide integrated behavioral health and primary care delivery model and Family TIES will assist DPBH and DHCFP in developing a delivery model. The CYSHCN Program currently houses data for Critical Congenital Heart Disease (CCHD) in accordance with Nevada Revised Statutes (NRS) 442.680. Changes to the action plan included revision of the priority to align with the associated National Performance Measures and the new Evidence-based/informed Strategy Measures.

**Domain: Cross-Cutting/Life Course**

- Priority: Reduce substance use during pregnancy (Percent of women who smoke during pregnancy)
- Priority: Reduce children's exposure to second-hand smoke (Percent of children who live in households where someone smokes )

Nevada has been collaborating across systems to collect information regarding the percent of women who smoke or use/misuse substances during pregnancy as well information regarding the percent of children exposed to secondhand smoke. Nevada began collecting information last year by implementing Baby BEARS, a survey similar to the Pregnancy Risk Assessment Monitoring System (PRAMS). Nevada was awarded a PRAMS grant by the CDC, which will guide activities and data collection to improve the measures related to the priorities of substance use/misuse during pregnancy and exposure to secondhand smoke. MCH is engaged with various state and community programs to prevent and reduce tobacco use among adolescents, pregnant women and women of childbearing age; prevent and reduce substance use/misuse among adolescents, pregnant women and women of childbearing age; and, increase the percent of adequately insured children. Nevada is committed to reducing substance use during both preconception and interconception by supporting Screening, Brief Intervention, and Referral to Treatment (SBIRT) training for health care providers. Nevada hosted the first Train the Trainer event on Youth Mental Health First Aid in June, 2015, with 19 trainers from various counties in the State.