



SOUTHERN NEVADA HEALTH DISTRICT PRIMARY AND PREVENTIVE CARE DIVISION

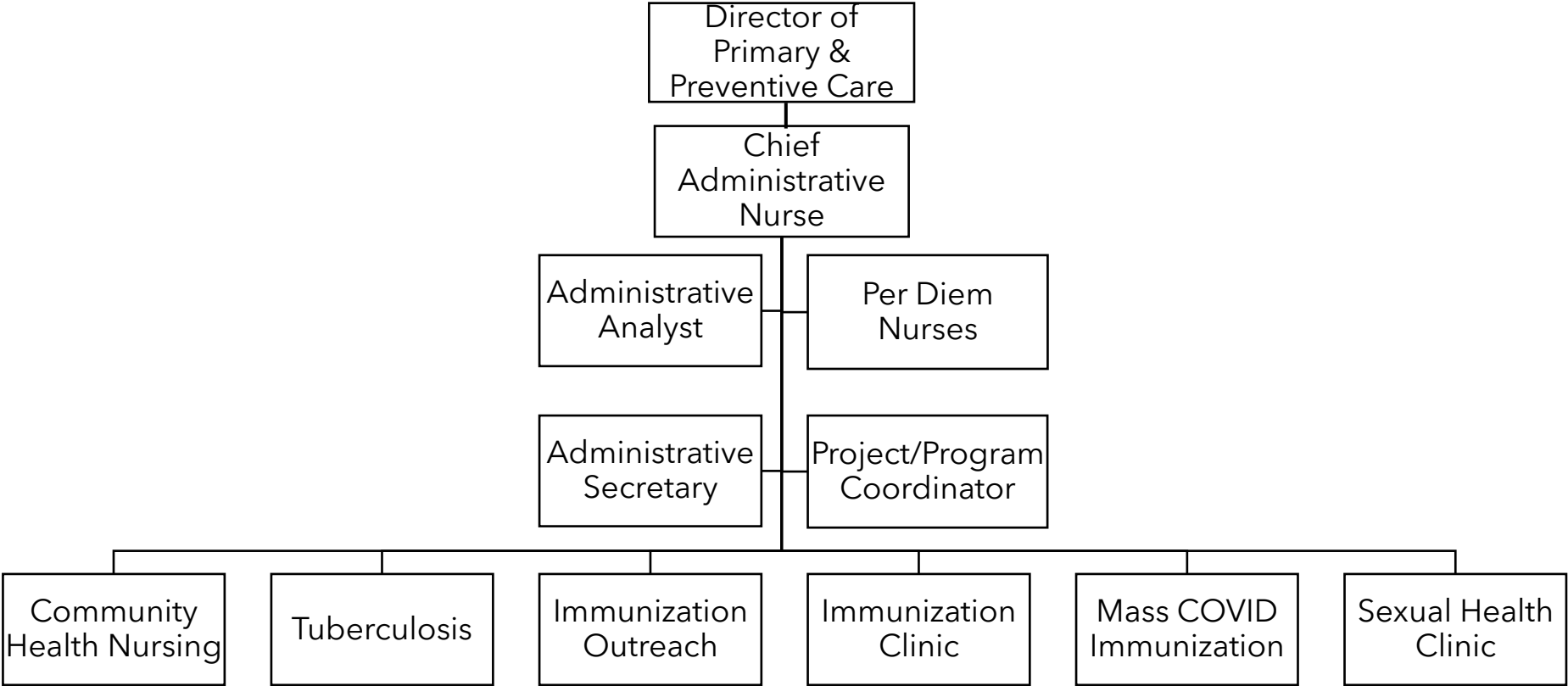
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Primary and Preventive Care Division (PPC) Objectives

- Provide an Overview of the Division
- Division Goals and Priorities
- Home Visiting Programs Update
- Share programs successes and challenges

Organizational Chart



Home Visiting Programs

- Maternal Child Health Program (including CPS liaison)
- Nurse Family Partnership
- Embracing Healthy Babies and Thrive from 0-3
- Congenital Syphilis Case Management Program
- TB Case Management and Directly Observed Therapy

Program Highlights

Maternal and Child Health

Child Protective Services Nurse Liaison and an MCH Nurse Home Visitor provide guidance, education, assessments, health screenings, and referrals, as needed.

The CPS Nurse Liaison

- Receives referrals directly from Child Protective Services
- Partners with a CPS worker; provides a nursing component to the CPS case plans; children from birth to 4 years old born in Clark County

The MCH Nurse

- Provides nursing case management for children with elevated blood lead levels
- Provides support and nursing assessments for the Embracing Healthy Baby Program
- Receives referrals for abnormal Newborn Screening
- Educate all families served regarding childhood safety issues (car seats, back-to-sleep)

Nurse Family Partnership

Helping first time parents succeed

- Goals: Improve pregnancy outcomes, child health and development, and families' economic self-sufficiency
- Evidence-based program
- Serves low-income, first time, pregnant moms from early pregnancy until child reaches 2 years of age
- Specially trained nurses visit patients in their homes
- FY 2022, 117 new mothers enrolled, and 248 families were served

Outcomes summary:

NFP Outcomes	Nevada	National
Breastfeeding initiation rate	96.3%	90.4%
Breastfeeding at 6 months	48.7%	41.9%
Immunization: up-to-date at 6 months	94.4%	92.4%



Embracing Healthy Babies

*
Thrive by 0- 3



Goal: to strengthen families and improve child health outcomes

- Serves low socio-economic, *African-American women and their children through age 1
- Residing in 17 target zip codes
- Participation is voluntary
- Community Health Workers conduct home visitations

*Thrive By 0-3- subprogram

- Referred by DFS
- Prevent and mitigate effects of child abuse and neglect

*will serve all women within zip codes

Congenital Syphilis Case Management Program

Goal: Reduce the number of congenital syphilis (CS) cases, educate providers about AB 192,

- Case Management activities
 - Increase access to syphilis treatment for pregnant persons diagnosed with syphilis and their partner/s
 - Provide prevention education to pregnant and post-partum persons
 - Referral to comprehensive core medical and psychosocial services
- Participate in Academic Detailing to OB providers (in partnership with Office of Disease Surveillance) - syphilis testing requirement during pregnancy
- 62 pregnant women completed Syphilis treatment since inception
- 31 newborns/infants served

Clark County CS Cases: Quick Stats



CS cases increased 1,567% from 2014 to 2022



66% of CS cases were drop-in deliveries in 2022



85% of the CS cases were asymptomatic in 2022



4 stillbirths in 2019; 3 in 2020, 2 in 2021 and 4 in 2022



63% of mothers had no prenatal care in 2022



59% of mothers had positive toxicology screening 2022

General Maternal Child Health Home Visiting Program

- Voluntary service for families referred by other agencies
- Screening, teaching, counseling and referrals to appropriate and available services, including medical home
- Case management all children with lead poisoning (including environmental assessment)
- Follow-up of newborns with abnormal newborn screening test for additional diagnostic testing
- Child Protective Services Liaison- partners with a CPS worker; provides a nursing component to the CPS case plans; eligible children from birth to 4 years old born in Clark County

TB Nurse Case Management and Directly Observed Therapy (DOT)

Goal of TB Treatment and Control: reduce incidence of TB in the community through treatment and case management; including preventative treatment for LTBI

- Case management
 - Adherence to TB treatment
 - Psycho-social support through referrals for other services, including housing, food, mental and behavioral health services
- Directly Observed Therapy (DOT)
 - DOT provided in clinic, via video, or daily field visits
 - Purpose is to monitor clinical improvement to treatment, side effects, and adherence to meds

Notes from the field

~decisions are guided by patient preference

Client # 1 Referred to *Foundation for an Independent Tomorrow (FIT) and became a dental assistant and was hired by Absolute dental. She then proceeded to work on her Dental Hygiene degree.

Client # 2 Completed her bachelor's degree in political science and is working for a nonprofit Nevada political group.

Client # 3 Client finished her MA certificate and was offered employment at her child's pediatrician office.

Client # 4 & 5 Both completed MA certifications and both are employed at local doctor's offices.

Client # 6 Completed her Community Health Worker certificate and works for planned parenthood.

Client # 7 Pregnant client successfully linked to needle exchange program, completed full course of Hepatitis C treatment, completed full syphilis treatment during pregnancy

*FIT provides job training, coaching and support based on job seeker's individual needs and skills sought by employer



Questions?