

MATERNAL AND CHILD HEALTH ADVISORY BOARD SUBCOMMITTEE MEETING
MINUTES
JUNE 24, 2016
09:00 A.M.

The Maternal and Child Health Advisory Board held a public meeting on June 24, 2016, beginning at approximately 9:05 A.M. at the following locations:

Division of Public and Behavioral Health
4150 Technology Way, Room 303
Carson City, Nevada 89706

Health Care Quality and Compliance
4220 S. Maryland Parkway, Suite 810
Las Vegas, Nevada 89119

AT&T Conferencing
Dial-in Toll-Free Number 1-877-336-1831
Participants Code 4756895

SUBCOMMITTEE BOARD MEMBERS

PRESENT

Veronica (Roni) Galas, Chair
Tyree Davis, DDS, Vice-Chair
Assemblywoman Ellen Spiegel
Melinda Hoskins, MS, APRN
Marsha Matsunaga-Kirgan, MD
Noah Kohn, MD
Keith Brill, MD
Fatima Taylor

BOARD MEMBERS NOT PRESENT

Senator Patricia Farley
Fred Schultz
Lisa Lottritz, RN, BSN

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH) STAFF PRESENT

Beth Handler, Bureau Chief, Bureau of Child, Family and Community Wellness (BCFCW)
Vickie Ives, Section Manager, Maternal, Child and Adolescent Health (MCAH), BCFCW
Ingrid Mburia, MCH Epidemiologist, MCAH, BCFCW
Cailey Hardy, Administrative Assistant, BCFCW
Christina Turner, Maternal and Infant Health Coordinator, MCAH, BCFCW
Eileen Hough, Adolescent Health Program Specialist, MCAH, BCFCW
Charlotte Andreasen, Nevada Home Visiting Program Specialist, MCAH, BCFCW
Andrea Skewes, Health Program Specialist, MCAH, BCFCW
Deborah Duchesne, Rape Prevention and Education Coordinator
Melissa Slayden, Management Analyst, Office of Public Health Informatics and Epidemiology (OPHIE)
Sandra Ochoa, Biostatistician, OPHIE
Alissar Lakkis, Intern, OPHIE

OTHERS PRESENT

Elisa Cafferata, CFO, Nevada Advocates for Planned Parenthood Affiliates
Tara Phebus, Nevada's Institute for Childrens Research and Policy
Margarita DeSantos, Southern Nevada Health District
Dr. Mara Hover, Touro University of Nevada
Tomeni Mura Fammi, Sunrise Childrens Foundation

Chair Veronica Galas called the Maternal and Child Health Advisory Board (MCHAB) meeting to order at 9:05 a.m. Ms. Galas indicated the meeting was properly posted at locations listed on the agenda in accordance with the Nevada Open Meeting Law.

1. Roll call and introductions

Roll call was taken and it was determined a quorum of the Maternal and Child Health Advisory Board was present.

2. Vote on minutes from the February 12, March 14, and April 8, 2016 meeting

Chair Veronica Galas asked if there were any corrections to the draft minutes from the meetings.

Ingrid Mburia made a correction for the April 8, 2016 meeting minutes on page two (2), in the third paragraph to change "increase the percentage" to "decrease the percentage".

CHAIR GALAS ENTERTAINED A MOTION TO APPROVE THE MINUTES WITH THE CORRECTIONS. A MOTION TO APPROVE THE MINUTES WITH THE CORRECTION WAS MADE BY MELINDA HOSKINS. DR. TYREE DAVIS SECONDED THE MOTION WHICH PASSED UNANIMOUSLY.

Dr. Noah Kohn asked about the status of his request during the February meeting to have data presented for suicide rates relating to perinatal disorders. Vickie Ives stated it will not be presented at this meeting but it can be placed on an upcoming agenda.

3. MCHAB subcommittee presentation and discussion of selected priorities to become a State Performance Measure

Chair Veronica Galas thanked the subcommittee and staff for all the work and efforts in selecting the recommendations for the State Performance Measures (SPMs). Ingrid Mburia stated the presentation would provide an overview of the Maternal and Child Health Title V Block Grant, and the reporting requirements for all states receiving Title V funds from Health Resources Services and Administration (HRSA). The Title V MCH Block Grant began in 1935 and is the only federal program devoted to improving the health of women, children and families. Each year MCH agencies apply for this noncompetitive formula grant; Nevada's funding is based on predetermined criteria, which is the MCH population served. One (1) of the Block Grant requirements for states is called the 30/30/10. 30 percent of total Block Grant funds must be allocated to the child/adolescent health population, 30 percent to the Children and Youth with Special Health Care Needs (CYSHCN) population, and no greater than 10 percent to administrative costs. States are also required to administer a state hotline for MCH health information.

The Block Grant has 15 National Performance Measures (NPMs) and states are required to address eight (8) NPMs with at least one (1) from the six (6) federal public health population domains. The eight (8) NPMs Nevada selected were chosen via the Needs Assessment conducted by the State last year. Another requirement for the Block Grant is to identify and address three (3) to five (5) SPMs. Ms. Mburia referred to a report in the meeting packet titled "*Nevada State Performance Measures Subcommittee Process and Decisions*". The five (5) SPMs topics considered during the Subcommittee's review process were: mental health, bullying/cyber-bullying, access to care including access to prenatal care, teen birth rates with a focus on repeat teen births and substance use during pregnancy. The SPMs to be selected needed to be measurable and have data readily available on an annual basis to ensure goals are measured in a timely manner. After multiple meetings with the Subcommittee and MCH staff, bullying/cyber-bullying was removed from the list of potential SPMs because of existing efforts with the Department of Education. Perinatal mental health and postpartum depression were not selected at this time because of the lack of a reliable data source. The three (3) SPMs selected by the Subcommittee were: a priority of preconception and interception with the SPM to track the percent of mothers reporting late or no prenatal care; teen pregnancy prevention with the SPM to track the percent of repeat teen births; and reduce substance use during pregnancy with the SPM to track the percent of women who use substances during pregnancy.

Dr. Noah Kohn thanked the subcommittee for the hard work and requested, if it was possible, to see how Nevada currently ranks in measures selected compared to the Nation. Ms. Mburia informed the members it was attempted to provide national data for comparison and when national data was unavailable, Healthy People 2020 data were used as a comparison. Not all outcomes or indicators have national data available for comparison. Ms. Mburia explained the state's five (5) year strategic plan. The action plan has to be driven by the state's health population domains: women/maternal health, perinatal/infant health, child health, adolescent health, CYSHCN, and cross-cutting/life course. Priorities were developed from the Needs Assessment conducted last year. Every state is required to develop seven (7) to ten (10) priorities and currently Nevada has ten (10) priorities. At least one (1) or more priorities address each of the six (6) health population domains. Objectives were developed to guide staff on how to arrive at the NPMs, the SPMs and the priorities selected. The strategies include activities Nevada proposed to complete in order to meet the objectives and keep track of the NPMs and SPMs. The National Outcome Measures (NOMs) are broad and overarching and were developed by HRSA for each state and align with the NPMs. After the priorities were developed, MCH staff then chose eight (8) NPMs out of 15 and then selected three (3) to five (5) SPMs which could not be addressed by a NPM. This year, states were required to develop evidence based or informed strategy measures to keep track of the NPMs and NOMs.

For the MCH Block Grant, HRSA provides every state with data for the NPMs per Ms. Mburia. Some of the data is not recent; however, HRSA recommends if a state has any internal data available, to use the data to track the progress of the performance measures. All states are provided with federally available data for NPMs for comparisons so HRSA can track and rank all states using this data. Ms. Mburia went over the current data for some of the NPMs displayed in the MCH Services Title V Block Grant presentation.

Ms. Mburia opened the floor for questions. Chair Veronica Galas thanked Ms. Mburia for the presentation. Chair Galas opened the floor for discussion between members to ask the subcommittee the decision process for selecting the SPMs. Dr. Keith Brill stated repeat teen births are a concern, but there is a greater concern for preventing primary teen births. Dr. Brill asked if the SPM could be changed to reduce primary and repeat teen births. Ms. Mburia stated there is available data for the primary teen births, and when Long Acting Reversible Contraceptives (LARCs) can be made available to teens, it can help prevent teen births. Chair Galas suggested looking at the five (5) year strategic plan table to see if teen pregnancy was listed as a priority under the objectives; could the priority have one objective related to primary pregnancy and one related to repeat teen births. Melinda Hoskins stated during the subcommittee discussion one of the factors in why repeat teen births was chosen was because Nevada is applying for a grant and this would provide support of an evidence-based process. Dr. Noah Kohn appreciated the idea; however, if primary teen birth rates can be the first priority and repeat teen births secondary then repeat teen births will be affected by efforts for primary teen births. Vickie Ives asked Ms. Mburia if there were any restrictions in the Block Grant preventing the creation of a two (2) tier SPM to reduce primary teen births and repeat teen births. Ms. Mburia informed the members the requirement from HRSA is to choose three (3) to five (5) SPMs and it could be two tiered.

Dr. Brill mentioned for the performance measure on substance use during pregnancy, if the only data available to track is over the counter and prescription drugs, it may be a worthless piece of data to track not being able to specifically view illicit drug use. Dr. Kohn mentioned we should try and track illicit drug use and inappropriate use of over the counter and prescription drugs. Ms. Hoskins mentioned the Pregnancy Risk Assessment Monitoring System (PRAMS) report will provide additional and better data to track in the future which is why it was selected as a SPM. Chair Galas asked what data will be available in PRAMS for item three for substance use during pregnancy. Ms. Mburia informed the members PRAMS is funded by the Centers for Disease Control and Prevention (CDC) and is a surveillance system examining maternal experiences before, during and after pregnancy. CDC has developed core questions for all states to ask and gives states leeway to develop questions specific to their state's needs and priorities. Some of the key topic areas addressed in PRAMS' core questions are health insurance coverage; women with unintended pregnancies; outcomes; length and barriers for breastfeeding; HIV; and smoking during pregnancy. Chair Galas asked if there were other questions PRAMS addressed for substance use during pregnancy. Ms. Hoskins informed the members the core questions asked by PRAMS are available online on the CDC website. Ms. Galas asked if there was any opportunity for the board to have input in the additional questions the state is allowed to ask. Ms. Mburia stated the Baby Birth Evaluation Assessment of Risk Survey (BEARS) has been conducted asking the same questions of moms who have recently given birth. This survey is still in progress, and should shortly have the data collected last year. The questions asked regarding substance use are comprehensive, including questions regarding opioid and e-cigarette use. The data from Baby BEARS can be used until we start to receive PRAMS data next year. Ms. Ives stated if we keep the questions consistent with the Baby BEARS survey, then it will provide data to view trends. Ms. Mburia added we can bring the questions from Baby BEARS into PRAMS and have the Board review the questions to keep them or add additional questions.

There is an opportunity to add or remove questions since these questions have not been brought to CDC as Nevada's State questions for PRAMS.

Assemblywoman Ellen Spiegel mentioned priority number one (1) for access to care and asked if there were data and tracking for physician shortages instead of insurance coverage. Assemblywoman Spiegel stated women might not be able to receive access to care for prenatal care in the first trimester due to physicians being unavailable in their area, and data regarding this should be examined. Ms. Mburia stated the only data used currently to track women with no or late prenatal care are birth certificates. PRAMS will be another source in the future. Ms. Ives mentioned there is opportunity to coordinate with our Primary Care Office (PCO) and medically underserved areas specifically to track shortages by provider types.

Dr. Kohn asked about looking into the strategies presented for the priorities and if strategies can be moved, added or replaced with different strategies. Ms. Mburia informed the members the strategic and action plan developed has leeway for moving things around and HRSA recommends reviewing this plan on an annual basis to make changes as needed.

Chair Galas opened the floor to public comment. Elisa Cafferata stated she appreciated the discussion and the work and is very supportive of LARCs. Colorado started a pilot program and has shown dramatic results decreasing teen pregnancy rates and abortion rates when LARCs were made available. Ms. Cafferata mentioned there should be a way to track data through Medicaid for those who access LARCs. There is also an education component for women who aren't aware of LARCs. Ms. Cafferata commented on the measure of substance use during pregnancy stating all pregnant women use substances whether the substance is illicit, prescribed, or harmful. A better description of this measure would be helpful to better track the data, especially when you are tracking illicit use of substances. Ms. Cafferata mentioned there is a shortage of physicians in the state of Nevada and questioned how many are willing to work with the population of women who are using illegal substances. In the strategic planning of completing this work, there needs to be resources for women who are telling physicians of their use of illicit drugs, and training for the physicians. Ms. Ives thanked Ms. Cafferata for her comments. Ms. Ives mentioned the State does have the Sober Moms Healthy Babies as a resource to help direct pregnant women using substances to treatment.

4. Discussion of available data collected in Nevada

Sandra Ochoa went over the report provided (**Exhibit A**) explaining all the data sources Maternal and Child Health Services has available in Nevada and for what purpose each data source is commonly used. Chair Veronica Galas opened the floor up for discussion on information not seen listed such as suicide statistics. Ms. Ochoa stated suicide rates and data are identifiable through death certificates in the Vital Records Office.

Chair Galas stated she was informed part of the Medicaid Early and Periodic Screening, Diagnostic and Treatment (EPSDT) will start paying for a postpartum screening under the child's well visit up to three (3) times from age zero (0) to three (3) years old. The pediatrician will be able to screen the mother and bill Medicaid for those services. Melinda

Hoskins raised a concern on the type of screening Medicaid is promoting. There are free screening tools for providers and other ones the providers have to pay for, but are much more specific and helpful. In Ms. Hoskins' experience, Medicaid will not reimburse for specific tools. Dr. Noah Kohn asked if it is possible to find out when it goes into effect to provide this information to the American Academy of Pediatrics in Nevada to inform all pediatricians. Dr. Kohn asked at the next meeting if PRAMS questions selected can be available for the Board to decide on recommended questions. Vickie Ives thanked Dr. Kohn and will reach out to DHCFP and ask for guidance on what screening specifically will be reimbursable to the providers, as well as an implementation date.

Chair Galas opened the floor to public comment. Tara Phebus mentioned a data source she would offer is the Child Death Review in the state as there is a great amount of detail in these data for social history which could be helpful. Ms. Ives stated the data from the Child Death Review Team are utilized and thanked Ms. Phebus.

5. Discussion on Statewide Coalition strategic planning

Tara Phebus provided an update on the Statewide Maternal and Child Health Coalition planning process and how the MCH Coalition is aligning their strategic plan to match the State's strategic plan. Ms. Phebus informed the members the Statewide MCH Coalition was established in 2009 with members from all areas of Nevada. The MCH Coalition goals align with MCH goals overall to promote and facilitate access to preventative, rehabilitative and child health care services. Another goal is to advocate for the timely identification of children and adolescents with special health care needs and promote appropriate intervention including creating awareness regarding the importance of routine mental health screening and identification and referral to appropriate resources for care and follow-up. Promoting access to comprehensive pre-conception, prenatal and postnatal care to women, especially low-income and at-risk pregnant women, and reducing risk factors which contribute to unhealthy outcomes among Nevada's maternal and child health population through the use of evidence-based practice and research is raising awareness about available resources and services to promote and ensure the well-being of Nevada's maternal, child and adolescent health populations. These goals were created when the Coalition was created by identifying needs in the State. The Coalition is trying to create a concrete strategic plan to make progress on the identified goals.

The Coalition had a meeting in March with attendees from the steering committee as well as the State MCH Title V program manager. The goal of the meeting was to review the state MCH Strategic Plan and provide suggestions and identify coalition priorities. Performance measures were reviewed in detail, and barriers and facilitators were discussed by the group. It was decided to focus on three (3) of the National Performance Measures (NPM) over the next few years.

The first selected NPM is to improve preconception health among adolescents and women of childbearing age. One priority for the performance measure is to have women ages 15-44 years old receive routine annual check-ups. Some identified barriers are access to care including adequate insurance coverage and availability of specialty providers. Also, routine medical coverage and care does not always include oral health care. A need was also

identified to promote a culture of change regarding accessing routine care across Nevada for all types of medical professionals. The second priority is to increase the proportion of women receiving prenatal care in the first trimester. One (1) barrier identified was the need for additional information about resources for family planning and the importance of early prenatal care.

The second NPM selected is to increase the percent of infants who are ever breastfed and the percent of infants breastfed exclusively through six (6) months. The first priority to focus on is to increase the proportion of infants ever breastfed. A barrier is the education on breastfeeding provided in hospitals is not consistent and concerns of there being discrepancies between policy and actual practice. In addition, parents need to be educated about breastfeeding well before delivery and supported when they are in the hospital. The second priority is to increase the proportion of exclusively breastfed infants at six (6) months. The barrier identified is the lack of support for family leave policies and the need to try and create an environment to support women breastfeeding after returning to the work place. The third priority is to increase the number of “Baby Friendly” hospitals statewide. The certification cost is high and some hospitals do not see the benefit unless it becomes mandated.

The third NPM selected is to increase the percent of children from 10-71 months of age receiving developmental screenings. The priority for this NPM is to increase the percent of children ages 10-71 months receiving developmental screening and increase the percentage of children 10-35 months receiving autism (ASD) screening. The barrier identified is across the State there are no direct links between early childhood entities, medical providers, community entities and state/federal funding and requirements. Currently, there is no repository to store and monitor this data at the population level. Screenings may be done, but information is not tracked.

The next steps for the MCH Coalition are to have local coalitions meet to discuss the planning process and identify activities to support the identified performance measures through 2020. Southern Nevada has a meeting scheduled for July 27, 2016, to review the performance measures and identify how the local coalition can help support or supplement existing activities to make improvements or start new initiatives to move metrics forward. The goal is to have a more formalized strategic plan by the end of summer 2016.

Ms. Phebus opened the floor for any discussion or questions from the Board. Dr. Noah Kohn asked how many providers and the type of providers serving on the coalitions. Ms. Phebus stated there are nurses and physicians but she is not sure how many exactly are on the coalitions. Ms. Phebus stated she would provide the members with this information and disclosed when the quarterly meeting would take place.

Chair Veronica Galas opened the floor to public comment. None was heard.

6. Discuss and recommend agenda items for the next meeting scheduled August 12, 2016

Chair Veronica Galas requested to select a date for the teleconference meeting to vote on the State Performance Measures. The Board decided to meet on July 8, 2016, at 1:00 PM via teleconference.

CHAIR GALAS ENTERTAINED A MOTION TO SCHEDULE THE JULY 8, 2016, TELECONFERENCE MEETING AT 1:00 PM. A MOTION TO SCHEDULE THE MEETING WAS MADE BY DR. MARSHA MATSUNAGA-KIRGAN. MELINDA HOSKINS SECONDED THE MOTION WHICH PASSED UNANIMOUSLY.

Chair Galas requested agenda items for the July 8, 2016, teleconference meeting in addition to the vote on the SPMs. Dr. Noah Kohn requested to have an agenda item related to possible questions to be added to Baby BEARS and PRAMS.

CHAIR GALAS ENTERTAINED A MOTION TO THE ADOPT THE AGENDA FOR THE JULY 8, 2016, TELECONFERENCE MEETING AT 1:00 PM. A MOTION TO ADOPT THE AGENDA WAS MADE BY DR. NOAH KOHN. DR. KEITH BRILL SECONDED THE MOTION WHICH PASSED UNANIMOUSLY.

Chair Galas requested agenda items for the August 12, 2016, meeting. It was requested to have data relating to maternal mortality and suicide presented at the next meeting. Melinda Hoskins asked if there is a possibility to review data through hospital admission discharge to examine Intensive Care Unit (ICU) stays. Vickie Ives stated the State can further examine internal resources and consult CDC resources for further data on maternal mortality. Chair Galas asked for an update on the new formatting for staff reports to reflect the five (5) year strategic plan. Dr. Kohn requested to review the goals on a rotating basis at the quarterly meetings and review all action items. Dr. Kohn also requested to review strategies, make recommendations and begin the preliminary process to start to implement the strategies on a quarterly basis. Ms. Ives recommended consideration of the data only being available on an annual basis or every two (2) years. On a quarter to quarter basis, limited data will be available to review to know if progress is being made. Ms. Ives suggested adding to the agenda consideration from the Board of the Sober Moms Healthy Babies website to adopt a few changes and increase functionality.

Melinda Hoskins asked if a presentation could be requested or addressed at a future meeting to examine women and access to care and Medicaid reimbursement rates. Dr. Kohn requested the Board to have a discussion regarding this. Ms. Ives stated she can reach out and inquire with Medicaid regarding the request and any timing of public hearings relating to the reimbursement issue for the November meeting.

CHAIR GALAS ENTERTAINED A MOTION TO THE ADOPT THE AGENDA FOR THE AUGUST 12, 2016 MEETING. A MOTION TO ADOPT THE AGENDA WAS MADE BY MELINDA HOKSINS. DR. KEITH BRILL SECONDED THE MOTION WHICH PASSED UNANIMOUSLY.

7. Public Comment

Sandra Ochoa introduced Office of Public Health Informatics and Epidemiology's (OPHIE) new intern, Alissar Lakkis, who is working with the hospital emergency department data and

examining overdosing not resulting in death. An update can be provided in August or November depending on the data and identifiers collected.

Dr. Noah Kohn thanked all MCH staff for all their hard work and dedication.

8. Adjournment

Meeting was adjourned at 12:05 P.M.