

**MATERNAL AND CHILD HEALTH ADVISORY BOARD SUBCOMMITTEE MEETING**  
**MINUTES**  
**JULY 8, 2016**  
**01:00 P.M.**

The Maternal and Child Health Advisory Board held a public meeting on July 8, 2016, beginning at approximately 1:05 P.M. via teleconference:

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  
Noah Kohn, MD  
Keith Brill, MD  
Fatima Taylor  
Fred Schultz

**BOARD MEMBERS NOT PRESENT**

Senator Patricia Farley  
Lisa Lottritz, RN, BSN  
Marsha Matsunaga-Kirgan, MD  
Melinda Hoskins, MS, APRN

**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  
Eileen Hough, Adolescent Health Program Specialist, MCAH, BCFCW  
Andrea Skewes, Health Program Specialist, MCAH, BCFCW  
Sandra Ochoa, Biostatistician, Office of Public Health Informatics and Epidemiology

**OTHERS PRESENT**

Barry Lovgren, Public  
Judy Henderson, Nevada Network Against Domestic Violence

Chair Veronica Galas called the Maternal and Child Health Advisory Board (MCHAB) meeting to order at 1:05 p.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.

Chair Veronica Galas moved agenda item three (3) before agenda item two (2).

**2. Discussion and selection of MCHAB subcommittee-recommended priorities to be recommended as State Performance Measures for the Title V Block Grant**

Chair Veronica Galas gave a brief overview of the recommended priorities to become State Performance Measures (SPMs). Priority one (1) was preconception and interception care access to care with a measure to track the percent of mothers reporting late or no prenatal care. Priority two (2) was teen pregnancy prevention with a measure to track repeat teen births. Priority three (3) was to reduce substance use during pregnancy with a measure to track the percent of women who use substances during pregnancy. Chair Galas opened it for discussion and comments with the Board members. Dr. Keith Brill recommended changing the language for priority two (2) to include initial teen pregnancy and repeat teen pregnancy.

**A MOTION TO CHANGE THE LANGUAGE FOR PRIORITY TWO (2) TO HAVE INITIAL AND REPEAT TEEN PREGNANCY AS THE PRIORITY WAS MADE BY DR. KEITH BRILL. DR. NOAH KOHN SECONDED THE MOTION WHICH PASSED UNANIMOUSLY.**

Chair Galas asked Ingrid Mburia if the state is able to collect data for initial and repeat teen births. Ms. Mburia stated yes, the data would be collected through electronic birth records or birth certificate data. Dr. Noah Kohn asked to clarify if the vote is to only adopt the priorities to become SPMs and not vote on strategies to improve the priority. Chair Galas confirmed and stated the only thing in the current motion is to change the language on the second priority, it is not a motion to select priority two (2) as a SPM.

Dr. Kohn recommended to clarify and define the word substances. Beth Handler recommended it would be best to leave the performance measure open as substance use. As activities and targets are further defined it can then be redefined for what constitutes the priority of substance use. Dr. Brill asked if it is possible to remove the over the counter and prescription drug use, and to only examine improper use of substances. Ms. Handler stated multiple data sources are being utilized to determine use and misuse of substances. Barry Lovgren stated the terminology used at the Federal level is substance misuse instead of substance abuse.

**A MOTION TO CHANGE THE LANGUAGE FOR PRIORITY THREE (3) FROM SUBSTANCE ABUSE TO SUBSTANCE MISUSE AS THE PRIORITY WAS MADE BY DR. NOAH KOHN. DR. KEITH BRILL SECONDED THE MOTION WHICH PASSED UNANIMOUSLY.**

**A MOTION TO ADOPT ALL AMENDED PRIORITIES AS STATE PERFORMANCE MEASURES WAS MADE BY DR. NOAH KOHN. DR. TYREE DAVIS SECONDED THE MOTION WHICH PASSED UNANIMOUSLY.**

All members were in agreement to submit the amended priorities as SPMs. Chair Galas thanked the subcommittee for all the work to recommend these priorities. Chair Galas opened the floor for public comment. Barry Lovgren thanked MCH and MCHAB for addressing substance misuse during pregnancy as a priority and selecting it as a SPM.

**3. Discussion and recommendation on state-selected, non-core questions to be added to Pregnancy Risk Assessment Monitoring System (PRAMS)**

Chair Veronica Galas informed the members Nevada received a PRAMS grant. There will be a steering committee formed for PRAMS and MCHAB will be able to provide comment or recommendations for some of the questions. Chair Galas opened the floor up for discussion on the PRAMS and the Baby Birth Evaluation Assessment of Risk Survey (BEARS) questions.

Dr. Noah Kohn commented on the second SPM for initial and repeat teen births and mentioned the possibility to partner with school-based health centers to promote adolescent health services. Dr. Kohn asked Fred Schultz if it was still prohibited to have any conversations on initial and repeat teen births with patients. Mr. Schultz mentioned there are many restrictions regarding this topic. It would have to go before the Clark County School District Board to allow changes on what providers can initiate, say and distribute in school-based health centers and school districts. Dr. Kohn recommended moving forward and explore the State Performance Measure in discussions with the School Board. Dr. Kohn recommended the MCHAB could identify other strategies if the School Board does not approve of partnering in relation to the SPM. Mr. Schultz recommended collectively getting letters of MCHAB recommendation relating to the SPM and taking them to the School Board. Chair Galas thanked them for the discussion and noted the opportunity MCHAB has to help design on a recommendation to take to school boards across the State. Chair Galas stated this specific SPM can be further discussed as an action item at the August meeting. Beth Handler stated along with the MCHAB bringing forth these recommendations, the School-Based Health Alliance can also be utilized to bring up the recommendations concurrently to the School Boards.

Chair Galas continued to discuss the PRAMS questions. Chair Galas stated the subcommittee's recommendations did not select perinatal mental health and postpartum depression because there is not enough data available. Chair Galas commented the core questions of PRAMS include some postpartum depression questions to help collect data. Chair Galas stated it might be lacking perinatal mental health questions which gives us the opportunity to try and add some questions regarding this topic. Beth Handler mentioned there is a challenge acquiring data for perinatal mental health and the State will be making a technical assistance request to the Health Resources Services Administration (HRSA) to help identify ways to start measuring perinatal mental health within Nevada. Dr. Keith Brill asked what population gets the PRAMS questionnaire. Ingrid Mburia stated the Centers for Disease Control and Prevention (CDC) requires the survey be sent to mothers who have recently given live birth. Mothers receive the survey between two to six (2-6) months after they have given live birth. A random sample is drawn from the birth certificates to send out the surveys. Chair Galas asked the response return rate for the survey. Ms. Mburia informed the members CDC requires the State to meet a response rate of 65 percent. Dr. Kohn asked for clarification if 65 percent represents mothers who receive the survey or if 65 percent represents all live births in Nevada. Ms. Mburia stated it is 65 percent of mothers who have received the survey. Dr. Kohn asked the percentage of mothers with live births who receive the survey. Ms. Mburia informed the members every month approximately 250 mothers with live births are randomly drawn to receive the survey; approximately 35,000 mothers give live

birth annually in Nevada. Dr. Kohn noted the percentage rate of mothers who give birth in Nevada receiving the survey is less than one (1) percent. Ms. Mburia stated the surveillance data will be weighted to similar populations as the mother who took the survey. The results collected from the survey will represent the moms who give birth in Nevada and will account for demographic features.

Beth Handler stated MCHAB is not required to provide input on the questions. There is a state Steering Committee to make recommendations to CDC for Nevada and CDC will ultimately decide the final questions. This topic was brought to the MCHAB as an opportunity to provide any recommendations for the questions to be asked through PRAMS. Chair Galas recommended placing this item on the agenda for next month for further discussion.

Chair Galas opened the floor for public comment. Barry Lovgren provided suggestions for PRAMS and recommended including state questions inquiring about alcohol use during the first and second trimester of pregnancy. Mr. Lovgren noted PRAMS only asks about alcohol use in the third trimester. Mr. Lovgren also suggested the Baby BEARS questions further classify and define drugs beyond street drug use. Ms. Mburia thanked Mr. Lovgren for the suggestions. Ms. Mburia stated CDC has reviewed the question over the years regarding alcohol use and excluded the first and second trimester due to most pregnancies being unplanned pregnancies and this can provide inaccurate data. Ms. Mburia stated she will bring Mr. Lovgren's suggested Baby BEARS question to classify drug use to the Steering Committee for review. Mr. Lovgren suggested adding a state question to PRAMS to ask if alcohol was consumed at any time during pregnancy. Ms. Mburia thanked Mr. Lovgren and stated his concerns will be brought to the Steering Committee.

Ms. Mburia stated CDC requires all states to ask the 52 core questions, each state is allowed to add questions but must be able to fit all in the questions booklet which is limited to 15 pages. CDC requires changes to the questions can only be made every three (3) years.

**4. Public Comment**

None was heard.

**5. Adjournment**

Meeting was adjourned at 2:05 P.M.