

**MATERNAL AND CHILD HEALTH ADVISORY BOARD SUBCOMMITTEE MEETING
DRAFT MINUTES
MARCH 14, 2016
03:00 P.M.**

The Maternal and Child Health Advisory Board held a public meeting on March 14, 2016, beginning at approximately 3:15 P.M. at the following locations:

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

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

SUBCOMMITTEE BOARD MEMBERS

PRESENT

Melinda Hoskins, MS, APRN
Marsha Matsunaga-Kirgan, MD
Fatima Taylor
Fred Schultz

BOARD MEMBERS NOT PRESENT

Senator Patricia Farley
Tyree Davis, DDS, Vice-Chair
Veronica (Roni) Galas, Chair
Lisa Lottritz, RN, BSN
Assemblywoman Ellen Spiegel
Noah Kohn, MD
Keith Brill, MD

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH) STAFF PRESENT

Andrea Rivers, Section Manager, Maternal, Child and Adolescent Health (MCAH), Bureau of Child, Family and Community Wellness (BCFCW)
Ingrid Mburia, MCH Epidemiologist, MCAH, BCFCW
Cailey Hardy, Administrative Assistant, MCAH, BCFCW
Eileen Hough, Adolescent Health Program Specialist, MCAH, BCFCW
Deborah Duchesne, Rape Prevention and Education Coordinator, MCAH, BCFCW
Melissa Slayden, Management Analyst, Office of Public Health Informatics and Epidemiology (OPHIE)
Sandra Ochoa, Biostatistician, OPHIE
Deborah Aquino, Oral Health Program Manager, BCFCW
Duane Young, Tobacco Prevention Coordinator, BCFCW

OTHERS PRESENT

Jackie Kennedy, Statewide MCH Coalition Coordinator
Barry Lovgren, Public

Andrea Rivers called the Maternal and Child Health Advisory Board (MCHAB) meeting to order at 3:15 p.m. Ms. Rivers 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 and introductions were taken.

2. Review data and select three to five (3-5) State Performance Measures

Andrea Rivers informed members at the February 12, 2016 MCHAB meeting a subcommittee was appointed to help select up to three to five (3-5) State Performance Measures (SPMs). Each SPM will require to develop a five-year performance objective, and identify strategies for each SPM. Two factors need to be considered when choosing SPMs. One, the SPM should address priority needs not addressed by National Performance Measures (NPMs) and State Initiated Evidence-Based or Evidence-Informed Strategy Measures (ESMs). Two, is statewide data for the selected SPM should be available, preferably on an annual basis. Five (5) priorities were identified as points of interest by the MCHAB members at the February 12, 2016 meeting: Access to care/access to prenatal care, bullying/cyber bullying, family planning/teen pregnancy prevention, mental health and substance use for tobacco, alcohol, prescription drugs and illicit drugs.

Ingrid Mburia informed the subcommittee the presentation has available data to further examine each of the five (5) priority areas selected. The first is access to care. Access to care was broken into two (2) components: the proportion of women with health insurance coverage and the timeliness and adequacy for prenatal care. The data shows in Nevada the number of women with health insurance is similar to the National average. The proportion of women in Nevada without health insurance is slightly greater than the National percentage. Data was examined to look at the timeliness and adequacy of prenatal care. Timeliness of prenatal care is when a women receives prenatal care in the first trimester. Nevada has a greater percentage of women not receiving prenatal care or late prenatal care compared to the National average. The data in Nevada shows in 2010 the number of women receiving late or no prenatal care was 7.3% in 2014 this number dropped to 4.4%. Nevada's data shows the highest percentage of women receiving prenatal care within the first trimester by race/ethnicity is White and Asian women. The lowest percentage of women receiving prenatal care within the first trimester by race/ethnicity is Black, Native American and Hispanic women. Examining data for prenatal care beginning in the first trimester by age group shows teenaged women are less likely to get prenatal care. As age increases so does the percentage of mothers receiving prenatal care in the first trimester. Adequate/Adequate Plus Prenatal Care is defined as prenatal care begun by the fourth (4th) month of pregnancy and 80% or more of recommended visits received. From 2010 to 2014 there has been a progressive increase in Nevada for the percentage of women receiving Adequate/Adequate Plus Prenatal Care, although the Healthy People 2020 Goal for this indicator is 77.6% which Nevada has not been able to achieve for the last five (5) years. Looking at women in Nevada who receive Adequate/Adequate Plus Prenatal Care by race/ethnicity has the same trend with White and Asian women having a higher percentage of Adequate/Adequate Plus Prenatal Care than Black, Native American and Hispanic women.

The next priority identified was bullying/cyber bullying. The data source for this priority was collected from the Youth Risk Behavior Survey which is conducted every other year. In 2015 Nevada started collecting data for bullying/electronic bullying from middle schools, in addition to high schools. The high school age group shows Nevada bullying/electronic bullying is similar to the National average in 2013. Nevada's high school bullying/electronic bullying percentage has slightly declined in 2015. The middle school age group shows a higher percentage in 2015 than the high school age group for both bullying/electronic bullying.

Family Planning and Teen Pregnancy Prevention was also selected as a priority. Data available shows Nevada's teen birth rate is comparable to the National average for both age groups 15-17 and 18-19. Nevada's data for the teen birth rate by race/ethnicity and age shows a higher percentage for Black, Hispanic and Native American women. Teen pregnancy rates include all births, abortions and fetal losses.

The fourth priority selected was mental health. Data for this priority is from the National Survey on Drug use and Health for 2010 – 2011 and 2013 – 2014. In Nevada, 11.6% adolescents (26,000) aged 12–17 in 2013–2014 had at least one Major Depressive Episode (MDE) in the year prior to being surveyed. Data shows MDE increased from 2010– 2011 to 2013–2014. In Nevada, about 7,000 adolescents aged 12–17 with MDE (31.4% of all adolescents with MDE) per year from 2010 to 2014 received treatment for their depression within the year prior to being surveyed, 69% of adolescents did not receive treatment. In Nevada, about 92,000 adults aged 18 or older (4.4% of all adults) per year in 2013–2014 had serious thoughts of suicide within the year prior to being surveyed. The percentage did not change significantly from 2010–2011 to 2013–2014. These percentages compare to the national average. In Nevada, about 91,000 adults aged 18 or older (4.3% of all adults) per year in 2013–2014 had a Serious Mental Illness (SMI) within the year prior to being surveyed. The percentage did not change significantly from 2010– 2011 to 2013–2014. In Nevada, about 113,000 adults aged 18 or older with Any Mental Illness (AMI) (32.0% of all adults with AMI) per year from 2010 to 2014 received mental health treatment/counseling within the year prior to being surveyed, 68% of adults did not receive treatment/counseling.

The fifth priority selected was substance use including tobacco, alcohol, prescription and illicit drug use during pregnancy. Ms. Mburia informed the members data was collected from 2011-2014 from the Nevada Health Information Provider Performance System (NHIPPS). NHIPPS is a web-based computer system for Substance Abuse Prevention and Treatment Agency (SAPTA) funded providers to support a case-management service delivery system. SAPTA developed the system to capture demographic, service and clinical data on substance abuse clients. The information collected shows the majority of adults who received treatment to have used Marijuana/Hashish is a white male in the 18-24 age group who has completed high school. The information collected for the primary substance use being prescription drugs for adults in Nevada who received treatment is similar for both males and females in the age group of 25-34 with their Race/Ethnicity being White and completion of high school. Examining the information for the top primary substance use of alcohol shows the majority of adults in Nevada who received treatment is a White person in the age group of 45-54 with high school completion with a low household income. The data

shows the majority of adults in Nevada who received treatment for Amphetamines/Methamphetamines is similar for both males and females in the age group of 25-34 with their Race/Ethnicity being White with high school completion and a low household income. The majority of adults who have received treatment for heroin substance use are similar to both White males and females in the age group of 18-24 who have completed high school with a low household income. The majority of adults in Nevada who received treatment for other substance use are similar for both Hispanic and Black, male and females in the age group of 25-34 who have completed high school with a low household income.

The data collected for children 17 years and younger with substance use was also collected from NHIPPS. The data shows the majority of Marijuana/Hashish users in Nevada is the male White and Hispanic population and the highest area of use was in Washoe County. The majority of children who received treatment with substance use of prescription drugs is similar for both White and Hispanic, males and females in the Clark County area. The majority of children who received treatment for substance use of alcohol was males in the White and Hispanic population in the Washoe County area. The majority of children who have received treatment for substance use of Amphetamines/Methamphetamines are similar for both male and female in the White population in the Clark County area. The majority of children who have received treatment for substance use of Heroin is similar to the male and female White population in the Clark County area. The majority of children who have received treatment for substance use of other substances is in the Churchill, Humboldt, Pershing, Lander and Clark County areas for the White male population.

Ms. Mburia referenced the handout regarding repeat teen pregnancies, the most recent data available to compare Nevada to the United States is data from 2010 ranking Nevada the 6th highest in the Nation with teen repeat pregnancy.

Andrea Rivers thanked Ms. Mburia, Melissa Slayden and Sandra Ochoa for the presentation and information prepared for the subcommittee. Ms. Rivers opened the floor to the MCHAB Subcommittee to discuss the selection of three to five (3-5) State Performance Measures.

Fred Schultz thanked Ms. Mburia for the information, with all the information presented, Mr. Schultz suggested to digest the data, then select the State Performance Measures especially since all topics presented are priorities. Dr. Marsha Matsunaga-Kirgan suggested the areas where Nevada is at high risk would be something to focus on. Melinda Hoskins commented the data provided helped in understanding the needs in Nevada, other resources and programs are already in place for the priorities, and if selecting the priority would help strengthen the program/resource. Ms. Mburia informed the members some of the priorities identified already have strategies and collaborations within the State, specifically for teen pregnancy prevention. Ms. Rivers asked the subcommittee members if it would be in their interest to hold another meeting with a report of resources, activities and programs for these identified priorities. Dr. Matsunaga-Kirgan recommended to try and identify six areas with most interest to have staff prepare a report for further discussion. Mr. Schultz agreed, and mentioned consideration of expectation of the outcome, and major impacts for the priorities selected. Mr. Schultz stated another factor to be determined is the priorities selected will

have to have selected partners to help collaborate on the priorities. Ms. Hoskins stated it would be valuable to know other agencies addressing these priorities and if Maternal and Child Health (MCH) efforts can be used for specific priorities to have a larger impact versus other priorities. Ms. Rivers asked if the subcommittee would prefer to have DPBH staff prepare a report addressing each priority and current activities and/or collaborations with MCH/Title V. Mr. Schultz was in agreement to review the report at the next meeting to make a decision. Dr. Matsunaga-Kirgan asked if the priorities were broad and should be narrowed down. Ms. Hoskins advocated for perinatal mental health for mothers facing postpartum depression as a high need in Nevada. Ms. Hoskins requested data for perinatal and child/adolescent mental health. Subcommittee members decided due to other entities already focused towards bullying/cyber bullying at this point this priority will not be further deliberated. Ms. Rivers informed members Title V has allocated funds to promote and partner with the Department of Education on bullying in addition to working with the Office of Suicide Prevention. Dr. Matsunaga-Kirgan requested further information for repeat teen pregnancy rate and information on women receiving late or no prenatal care. Ms. Rivers confirmed with the members the four (4) identified priorities to be reported on at the next meeting are: Access to Care/Access to Prenatal care examining late term or no prenatal care, family planning and teen pregnancy prevention further examining the repeat teen pregnancy, perinatal mental health and child/adolescent mental health and perinatal and children/adolescents with substance use including tobacco, alcohol, prescription and illicit drugs. The subcommittee members agreed to have a report prepared for the next meeting with the identified priorities.

3. Public Comment

Barry Lovgren made a public comment stating the data used for substance use of tobacco, alcohol, prescription and illicit drugs can be incorrectly interpreted. It is important to understand the data used does not show a representation for the population in Nevada but only for the population in Nevada who received treatment from a Substance Abuse Prevention and Treatment Agency (SAPTA) funded program. Mr. Lovgren encouraged a more cautious approach when interpreting the data presented for substance use. Mr. Lovgren commented the data does not show in Nevada the majority of children to use marijuana is a Hispanic with a low household income, the data shows the majority of children to receive treatment for marijuana use is a Hispanic child in a low household income.

Deborah Aquino made a public comment regarding the data presented for repeat births. Ms. Aquino commented the data is from 2010 and there have been changes nationally and is hoping there is an improvement since 2010.

4. Adjournment

Meeting was adjourned at 4:30 P.M.