

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

The Maternal and Child Health Advisory Board held a public meeting on April 8, 2016, beginning at approximately 1:05 P.M. at the following locations:

Division of Public and Behavioral Health  
4150 Technology Way, Room 204  
Carson City, Nevada 89706

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

**SUBCOMMITTEE BOARD MEMBERS**

**PRESENT**

Veronica (Roni) Galas, Chair  
Melinda Hoskins, MS, APRN  
Marsha Matsunaga-Kirgan, MD  
Lisa Lottritz, RN, BSN

**BOARD MEMBERS NOT PRESENT**

Senator Patricia Farley  
Tyree Davis, DDS, Vice-Chair  
Assemblywoman Ellen Spiegel  
Noah Kohn, MD  
Keith Brill, MD  
Fatima Taylor  
Fred Schultz

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH) STAFF PRESENT**

Beth Handler, Bureau Chief, Bureau of Child, Family and Community Wellness (BCFCW)  
Andrea Rivers, Section Manager, Maternal, Child and Adolescent Health (MCAH), BCFCW  
Ingrid Mburia, MCH Epidemiologist, MCAH, BCFCW  
Cailey Hardy, Administrative Assistant, MCAH, BCFCW  
Eileen Hough, Adolescent Health Program Specialist, MCAH, BCFCW  
Evelyn Dryer, Nevada Home Visiting Program Manager, MCAH, BCFW  
Charlotte Andreasen, Nevada Home Visiting Program Specialist, MCAH, BCFCW  
Andrea Skewes, Health Program Specialist, MCAH, BCFCW  
Sarah Demuth, Adolescent Health Program Officer, MCAH, BCFCW  
Melissa Slayden, Management Analyst, Office of Public Health Informatics and Epidemiology (OPHIE)  
James Kuzhippala, Biostatistician Manager, OPHIE

**OTHERS PRESENT**

Judy Henderson, Nevada Network Against Domestic Violence

Andrea Rivers called the Maternal and Child Health Advisory Board (MCHAB) meeting to order at 1:05 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 to recommend at the next MCHAB meeting**

Andrea Rivers informed the subcommittee 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). At the March 14, 2016 subcommittee meeting it was requested to provide more feedback and data for each interested priority available in the meeting packet. Ms. Rivers informed the subcommittee members the priorities selected will always be maintained by the mission and vision from the Governor, Department and Division.

Ingrid Mburia informed the subcommittee the report in the packet was developed as requested from the previous meeting. Ms. Mburia informed the subcommittee members of feedback received by professionals and the public on issues to consider while the measures are being selected, which have been taken into consideration while developing the meeting packet. At the March 14, 2016 meeting the priorities were narrowed down to four (4) areas to further analyze. The four (4) identified priorities selected were: Access to Care focusing on late or no prenatal care, teen pregnancy prevention focusing on repeat teen births, perinatal mental health focusing on postpartum depression and suicide among children and adolescents, and substance use during pregnancy.

For access to care the focus is to increase the percentage of women who receive late or no prenatal care. Late prenatal care is defined as prenatal care not initiated in the first trimester. Ms. Mburia informed the members Nevada is currently tracking the percentage of pregnant women who receive prenatal care beginning in the first trimester as a National Outcome Measure (NOM) in the MCH Block Grant. This NOM is under National Performance Measure (NPM) One (1): Well-women visits to increase the percentage of women with a past year preventive medical visit. To align with this NOM, MCH has developed an objective in the current five-year strategic plan “to increase the percent of women receiving prenatal care in the first trimester.” This goal is to ensure early entrance into prenatal care to enhance pregnancy outcomes. Ms. Mburia mentioned the subcommittee can opt to develop a corresponding State Performance Measure (SPM) on late or no prenatal care, or this priority can be incorporated in the NPM One (1): Well-women visits. Data is regularly available for this priority through birth certificates. Ms. Mburia informed the members if this priority was selected the SPM would be tracking the percent of pregnant women who receive late or no prenatal care. Melinda Hoskins asked what programs available are currently increasing the number of women who receive early prenatal care and if selected as a SPM how it would impact their outcomes. Ms. Mburia informed the members MCH is collaborating with other programs including Home Visiting and the Maternal and Infant Health program is working with the MCH Coalition to increase access to care along with prenatal care. Partnerships and collaborations can always be developed with other agencies and programs. Lisa Lottritz

mentioned the Washoe County (Fetal and Infant Mortality Review) FIMR program is working on a National Campaign called “Go before you Show” which could be made available to Nevada if interested.

A priority selected was teen pregnancy prevention with a focus on repeat teen births. The Nevada State Personal Responsibility Education Program (PREP) oversees teen pregnancy prevention efforts. PREP focuses on abstinence and contraceptives, sexually transmitted infections (STIs), and adulthood preparation subjects. Characteristics of the population served by PREP includes: teens aged 13 – 19 years at-risk of becoming pregnant or parenting and teens up to 21 years of age if they are currently pregnant or parenting. Some of the partners PREP has developed to enhance teen pregnancy prevention activities are the following agencies: Carson City Health and Human Services, Planned Parenthood Mar Monte, Family Resource Center of Northeastern Nevada, Planned Parenthood of the Rocky Mountains, and The Center. Ms. Mburia informed the members the percentage of repeat teen births has declined by 20% from 2010 – 2014. Dr. Marsha Matsunaga-Kirgan stated this priority would be very effective to work on the implementation of LARC and this would be an effective area to focus on. Beth Handler informed the members the State participates in the National Campaign to Prevent Teen Pregnancy and with a LARC national trend there has also been an associated increase with teen STIs which should be taken into consideration for messaging and tracking data. For teen pregnancy prevention and repeat teen birth there is an upcoming grant which allocates funds to be supportive of pregnant and parenting teens and Nevada will be applying for the grant to provide more resources than the MCH grant can for the future.

The third priority selected was perinatal mental health and focusing on post-partum depression. Once data collection on the current Baby Birth Evaluation and Assessment of Risk Survey (BEARS) is finalized there will be data available for post-partum depression. The following agencies have partnered with the Maternal and Infant Health program to conduct post-partum depression prevention and education activities: Home Visiting, The Collaborative Improvement and Innovation Network (CoIIN) to Reduce Infant Mortality: Nevada participates in Preconception and Interconception strategy areas, Rape Prevention and Education Program, Medicaid, and the Bureau of Behavioral Health and Wellness Prevention which consists of the Substance Abuse Prevention and Treatment Agency (SAPTA), Mental Health Services and the HIV Program. If selected, the SPM would be tracking the percentage of women who receive a post-partum check-up six (6) weeks after birth. Ms. Hoskins asked if a timeline was known for the screenings paid by Medicaid, and how many visits are occurring and if offices are aware of these benefits. Ms. Mburia stated she would obtain the information. Dr. Matsunaga-Kirgan stated this is an important issue but it would be difficult to track due to a small percentage of women receiving screening. Ms. Mburia stated there are barriers with this since there is no baseline for the data. Ms. Hoskins asked if Women, Infant and Children (WIC) had any questions regarding post-partum depression on intake forms. Ms. Handler informed the members WIC has an intake form for recipients to complete with a specific post-partum depression question giving the opportunity to collect data and follow up.

The last priority selected was substance use during pregnancy which is a Governor's priority and would align very well with the NPM to reduce smoking during pregnancy. This measure would track alcohol, prescription and illicit drug use during pregnancy. Nevada MCH Program collaborates with SAPTA to oversee the Sober Moms, Health Babies website. Data sources for this priority is Baby BEARS, SAPTA, Hospital Inpatient and Hospital Emergency Room data, Behavioral Risk Factor Surveillance System (BRFSS) data and Medicaid. If this measure was selected as a SPM it would track the percentage of mothers who report using alcohol, prescription drugs and illicit drugs during pregnancy. Ms. Handler informed the members both priorities of access to care and substance use is aligned with the action plan for the National Governor's Association Improving Birth Outcomes initiative and would support the efforts supported by the Governor's office.

Ms. Rivers thanked Ms. Mburia for the presentation. Ms. Rivers informed the members the Title V Block Grant is due July 15, 2016 and it is important to move forward with a grasp of which priorities will be selected as SPMs. Ms. Rivers opened the floor for questions and discussions with the members. Melinda Hoskins asked if a NPM is the way of addressing a priority instead of making it a SPM, and what the benefits are for it being a SPM versus a NPM. Ms. Mburia informed the members it could be easier to track and more aligned with the NPM. The outcome measure is developed by the federal government and aligning it with the NPM it is easier to track and develop activities. Ms. Hoskins asked the subcommittee members if access to care should be made a SPM or left as a NPM. Lisa Lottritz stated if tracking is easier if left as a NPM then to have it remain as a NPM and not a SPM. Ms. Hoskins asked if all members are in agreement of late or no prenatal care is an issue in the State of Nevada; however, with this issue being addressed at the National level, at this time it will not be selected as a SPM. Dr. Matsunaga-Kirgan suggested this should still be an area of consideration.

Ms. Rivers asked the committee if there were any recommendations for the priority of teen pregnancy prevention with a focus on repeat teen births. Dr. Matsunaga-Kirgan stated this area could have the biggest impact and is one of the easier ones to track. Judy Henderson stated working with teens with relationship abuse can often lead to teen pregnancy and even suicide. Ms. Henderson asked if there are any curriculums which specifically addresses relationship abuse and stated having the education outreach and resources could significantly increase the success for teen pregnancy prevention. Ms. Hoskins asked how the SPM could be developed around to include education for teens regarding relationship abuse. Ms. Mburia informed members one idea could be the percentage of repeat teen births now and try to reduce the baseline over the years. Ms. Hoskins asked if a priority is made a SPM will there be impact for legislation to see this as a priority. Ms. Handler noted it can lend and bring visibility to the issue from the States standpoint. Ms. Rivers asked if it was the pleasure of the committee to move forward with teen pregnancy prevention with a focus on repeat teen births as a SPM. Dr. Matsunaga-Kirgan, Ms. Hoskins and Ms. Lottritz agreed. Ms. Hoskins stated she would like to select to have access to care with a focus on late or no prenatal care to be moved forward as a SPM.

Ms. Rivers asked the committee if there were any recommendations or questions for the priority of perinatal mental health with a focus on post-partum depression. Ms. Rivers

informed the board even though there is limited data, there are data components in the horizon to help lead a successful SPM. Ms. Lottritz expressed her concerns of reporting for this priority and not having enough data. Dr. Matsunaga-Kirgan agreed with the difficulty of data collection presenting barriers to track this priority. Ms. Hoskins asked when the Baby BEARS contact families. Ms. Mburia informed the members it is conducted four to six (4-6) months after the baby is delivered via survey. Ms. Rivers informed the members we have the option to select up to five (5) SPMs. This can be a priority we can visit in the future when more data is available and continue to address this through current programmatic work. Ms. Lottritz recommended having this priority on hold until more data is available. Dr. Matsunaga-Kirgan agreed.

Ms. Rivers informed the committee the priority of substance use during pregnancy will be maintained as a SPM to be consistent with the Office of the Governor, the Director of Health and Human Services and the mission of the Division of Public and Behavioral Health. Ms. Hoskins agreed substance use during pregnancy is an issue needing to be addressed. Ms. Lottritz was in agreeance.

Ms. Rivers concluded the discussion by recapping teen pregnancy prevention and substance use during pregnancy were selected to move forward as SPMs. Ms. Rivers stated perinatal mental health will be hard to identify data at this time but reporting out can be more narrative. Access to care has data readily available and would be able to report out. Ms. Lottritz recommended access to care to become a SPM and putting perinatal mental health on hold until more data is available. Dr. Matsunaga-Kirgan agreed with Ms. Lottritz. Ms. Hoskins asked if perinatal mental health is added as a SPM would this actively help get an available data source. Ms. Mburia informed the members this has been attempted in the past and reviewers have stated if there is no data, how can there be any known progress. Through the narrative in the block grant we can express we are working to establish a reliable data source to address this priority. Ms. Handler stated with this conversation being documented there can be a federal technical assistance request to get data for perinatal mental health. Ms. Rivers identified the SPMs selected: Access to Care with a focus on late or no prenatal care, Teen Pregnancy Prevention with a focus on repeat teen births and Substance use during pregnancy. All committee members were in agreeance.

### **3. Public Comment**

There was no public comment.

### **4. Adjournment**

Meeting was adjourned at 2:10 P.M.