

MATERNAL AND CHILD HEALTH ADVISORY BOARD
MINUTES
May 6, 2022
9:00 AM

The Maternal and Child Health Advisory Board (MCHAB) held a public meeting on May 6, 2022, beginning at 9:00 A.M. at the following locations:

Call in Number: 1-775-321-6111

Access Code: 681 24 424#

Video: https://teams.microsoft.com/l/meetup-join/19%3ameeting_MGE2ODJiODEtZTAxNi00YTQ3LThhNTQtYmNhNTUwNmI4OGY5%40thread.v2/0?context=%7b%22id%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22oid%22%3a%22bb84ca8a-3f3b-4056-a6d9-384f4ed76533%22%7d

BOARD MEMBERS PRESENT

Chair Gabor (Linda), MSN, RN
Fatima Taylor, M.Ed., CPM
Marsha Matsunaga-Kirgan, MD
Keith Brill, MD
Melinda Hoskins, MS, APRN, CNM, IBCLC
Katie Hackler, BSN, RN, RNC-OB
Lora Carlson, BSN, RN, RNC-OB, C-FMC
Noah Kohn, MD
Senator Marilyn Dondero Loop
Assemblywoman Claire Thomas

BOARD MEMBERS NOT PRESENT

Fred Schultz

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH) STAFF PRESENT

Kyle Devine, MSW, Bureau Chief, Child, Family and Community Wellness (CFCW)
Vickie Ives, MA, Deputy Bureau Chief, CFCW
Tami Conn, Section Manager, Maternal, Child, and Adolescent Health (MCAH) Section, CFCW
Kagan Griffin, MPH, RD, Program Manager, Title V Maternal and Child Health (MCH), MCAH, CFCW
Jazmin Sarmiento, Program Coordinator, Teen Pregnancy Prevention, MCAH, CFCW
Perry Smith, Early Hearing Detection and Intervention (EHDI) Coordinator, MCAH, CFCW
Desiree Wenzel, Administrative Assistant III, Office Manager, MCAH, CFCW
Rhonda Buckley, Administrative Assistant II, EHDI, MCAH, CFCW
Elli Komito, MPH, Program Coordinator, Maternal, Infant, and Early Childhood Home Visiting (MIECHV), MCAH, CFCW
Rebecca Clark, Program Coordinator, Account for Family Planning, MCAH, CFCW
Thomas Fletcher, Management Analyst II, MCAH, CFCW
Sarah Jane Smith, MPH, MA, Health Equity Project Manager, MCAH, CFCW
Taliman Afroz, PhD, State Systems Development Initiative (SSDI) Manager, MCAH, CFCW
Eileen Hough, MPH, Adolescent Health and Wellness Coordinator, MCAH, CFCW
Cassius Adams, MSHCD, Children and Youth with Special Healthcare Needs Coordinator, MCAH, CFCW
Anastasia Cadwallader, MBA Contracted Grants & Project Analyst I, MCAH, CFCW

OTHERS PRESENT

Cachet Wenziger, Biostatistician II, Department of Health and Human Services (DHHS), Office of Analytics

Abigail Hatefi, Health Program Specialist I, Substance Abuse Prevention and Treatment Agency (SAPTA)

Chris Elaine Mariano, University of Nevada, Las Vegas (UNLV) School of Nursing, Student, Doctor of Nursing Practice

Carla DeSisto, PhD, MPH, Epidemiologist, Centers for Disease Control and Prevention (CDC)

Dominique Seck, COVID-19 Program Coordinator, Nevada Office of Minority Health and Equity (NOMHE), DHHS

Janice Enriquez, APRN, UNLV School of Nursing, Student, Doctor of Nursing Practice

Charles Dorman, MS, RD, FACHE, Director of Outreach, HealthIE Nevada

Sharon Moffatt, Consultant, March of Dimes

Jennifer Sedlmeyer, BSN, MSN, RNC-NIC, RNC-MNN, Director of Professional Education, March of Dimes

Eilish Kelderman, Program Coordinator, Family Navigation Network, Nevada Center for Excellence in Disabilities, University of Nevada, Reno

1. Call to Order- Roll Call and Introductions- Linda Gabor, MSN, RN, Chair

Chair Linda Gabor called the May 6th meeting to order at 9:00 A.M.

Roll call was taken, and it was determined a quorum of the MCHAB was present.

Chair Gabor moved agenda item number 9, Presentation on Centers of Disease Control and Prevention (CDC) Levels of Care Assessment Tool (LOCATe), to agenda item number 5.

2. Public Comment

Public Comment - None

3. FOR POSSIBLE ACTION: Approval of draft minutes from the Maternal Child Health Advisory Board meeting on January 12, 2021– Linda Gabor, MSN, RN; Chair

Chair Gabor stated on page four under agenda item number seven to change public service announcements to public service agreements.

KEITH BRILL ENTERTAINED A MOTION TO APPROVE THE JANUARY 12, 2021, MEETING MINUTES. ASSEMBLYWOMAN CLAIRE THOMAS SECONDED THE MOTION WHICH PASSED UNANIMOUSLY

Desiree Wenzel requested attendees identify themselves in the Microsoft Teams chat box.

4. INFORMATIONAL: Walkthrough of Maternal Child Health Advisory Board Committee Bylaws – Kagan Griffin, MPH, RD, Title V Maternal Child Health (MCH) Program

Manager, Maternal, Child, and Adolescent Health (MCAH), Division of Public and Behavioral Health (DPBH)

Kagan Griffin greeted the two new members. Ms. Griffin mentioned the presentation is not up to date with the current gender-neutral language changes, as the language has not yet been codified. Assembly Bill (AB) 287 of the 81st legislative session changed to gender neutral language, and those changes are in law but are not showing as codified yet. Ms. Griffin stated the objectives of the MCHAB are set forth in Nevada Revised Statutes (NRS) 422.137. The purpose of this Advisory Board is to advise the Administrator of the Division concerning perinatal care to enhance the survivability and health of infants and those who have given birth and concerning programs to improve the health of preschool children, and to achieve multiple health objectives as outlined in the relevant NRS. Ms. Griffin reviewed all relevant bylaws and statutes for the MCHAB.

Public Comment:

Eileen Hough asked if the bylaws address children as far as preventable diseases. Ms. Hough stated NRS 442.137 is addressing survivability and health of infants and mothers and concerning programs to improve the health of preschool children. Ms. Hough asked if there was an age limit.

Vickie Ives stated the use of the word children in the bylaws does not necessarily limit discussion of adolescence.

Chair Gabor asked once the gender-neutral language is codified, will it be included and brought to the next Board meeting?

Ms. Griffin stated yes, once the bylaws are codified, they will be presented to the Board.

5. INFORMATION: Presentation on Centers of Disease Control and Prevention (CDC) Levels of Care Assessment Tool (LOCATe) – Carla DeSisto, PhD, MPH, Epidemiologist, CDC

Dr. Carla DeSisto presented the CDC Levels of Care Assessment Tool.

Dr. DeSisto stated risk appropriate care and perinatal regionalization has been promoted since the 1970s to make sure pregnant people and neonates receive care at facilities that have the staff and equipment necessary to care for them based on their health risks. The guidelines for these levels of care are set by the American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG) and the Society for Maternal Fetal Medicine (SMFM) and have been embraced by many states. Dr. DeSisto stated there are challenges to the risk appropriate care system including reimbursement policies, implementation of guidance from AAP, ACOG, and SMFM, and geographic context. LOCATe contains questions that address the guidelines from AAP, ACOG, and SMFM and produces standardized assessments to give health facilitates and states information about the level of care the facility provides. It also facilitates stakeholder conversation and increases stakeholder understanding about the landscape of

perinatal care available. The tool is designed to minimize burden on respondents. LOCATe is not a tool for formal designation of levels of care or health care regulation. The LOCATe process starts with building support for participation, and when the state is ready to implement, the lead organization or champion will provide facilities with the LOCATe survey link. The champion sends data back to CDC to assess levels and this information is provided back to the champion to use and share data as desired.

Dr. Keith Brill asked if the Board is the entity that would try to champion this. Dr. Brill stated it is a great idea if Nevada is ready. Dr. Brill asked what the next steps are and would ACOG and the Alliance for Innovation on Maternal Health (AIM) be who champions this to get to the next step.

Janice Enriquez stated she is a Doctor of Nursing Practice student, and she is the champion who will be the one to help implement LOCATe.

Dr. Brill asked how long the process takes.

Chair Gabor asked for any other questions or comments from the Board.

Dr. Noah Kohn asked if there is a mechanism in place to automatically or semi-automatically update the LOCATe tool and subsequently complete reassessments at the various state levels.

Dr. DeSisto asked for clarification on the question; if ACOG or SMFM update their guidelines, is there a way to automatically update the LOCATe tool?

Dr. Kohn stated yes, or at least to have it flagged so that someone from the CDC will go and do it manually.

Dr. DeSisto mentioned the CDC changed from LOCATe version eight to LOCATe version nine because ACOG and SMFM did update their guidelines in 2019. Dr. DeSisto mentioned part of her job is to provide updates to the LOCATe tool. Regarding the reimplementing piece, several states after the ACOG and SMFM guidelines were updated reimplemented the LOCATe tool so their information was up-to-date with the current guidelines.

Dr. Brill asked about implementation with several different healthcare systems that don't necessarily interact with each other. They all have their own level three Neonatal Intensive Care Units (NICUs). Dr. Brill stated if a baby needs to be transferred after birth, they tend to keep babies at their same system unless they need very high level of care. Dr. Brill asked if a mother in labor presents at a level one or two facility and needs to go to a level three, what tends to happen? Do they have to have relationships set up in advance to transfer, and how does that work when a patient needs to go to a higher level?

Dr. DeSisto mentioned some states have more structured perinatal regionalization than others. In some states there are very specific mechanisms that say if you are in this geographic location, you need to go to this hospital, while other states are a little less standardized in that way. LOCATe collects information about whether hospitals have transfer agreements to transfer to another facility and also participates in transfer agreements to receive transports.

Dr. Marsha Matsunaga-Kirgan asked as the requirements for each level change, are the current hospitals using LOCATe allowed a certain amount of time to make the adjustments or are they automatically designated a new level?

Dr. DeSisto mentioned LOCATe is not a tool for designation and it is not a tool for regulation. The CDC does not have any sort of authority to officially say this hospital is a level two, some states have designated authority. Dr. DeSisto stated this is an assessment, it is not an official designation. Dr. DeSisto stated that of hospitals that have implemented LOCATe since ACOG and SMFM guidelines were updated in 2019, the first state to finish reimplementation of updates finished in 2022, and there is not a time pressure to update based on updated clinical guidelines.

Ms. Enriquez stated earlier Dr. Brill asked about implementation and how long it would take. The plan is to implement LOCATe this fall. Once all the information is collected, it will go to Dr. DeSisto, then Ms. Enriquez will be able to report those findings back to those hospitals. Ms. Enriquez mentioned any hospitals who want extra time to add to their answers so the hospitals can have another reassessment can do so, to accurately figure out what their level of care is that they are providing for the maternal aspect. Ms. Enriquez stated she will need the contact information for doctors, the charge nurses in the maternal hospitals, and information about the facilities. Information about northern areas and which hospitals have labor and delivery units would help.

Dr. Brill asked what would happen after the LOCATe tool is implemented. Do the labor floor and the hospitals fill this out and then get the recommendations? Dr. Brill asked then do we present this to somebody, does it go to the State Board of Health, or does it go to the DHHS? What is the next step to possibly get a state regulation or someone to oversee this?

Ms. Enriquez stated yes, this can be presented to the Board of Health. Hospitals can apply for designation through the Joint Commission on Accreditation of Healthcare (JCAHO), and once the LOCATe tool is completed, they can use that information to help apply.

Lora Carlson states she is the nurse manager at Renown Hospital in Reno, Nevada. Ms. Carlson mentioned she can get Ms. Enriquez in touch with her facility and then with other northern Nevada hospitals that do deliveries.

Ms. Enriquez stated her email address is in the chat, and if anyone has any questions to please contact her.

Assemblywoman Claire Thomas asked Ms. Enriquez what school she is affiliated with.

Ms. Enriquez stated the University of Nevada, Las Vegas (UNLV) School of Nursing.

Chair Gabor mentioned this will be a tool to help hospitals to apply for designation through JCAHO.

Dr. Brill asked that we keep this as an open item on the future agendas to get timely updates.

Chair Gabor stated we will make sure to note that in the comments.

No Public Comment.

6. FOR POSSIBLE ACTION: Presentation and possible recommendations to the Division of Public and Behavioral Health regarding Maternal and Child Health (MCH) COVID-19 Data and Resources – Jen Thompson, Health Program Manager II, Office of Analytics, Department of Health and Human Services (DHHS)

Cachet Wenziger presented the COVID-19 updates for Jen Thompson.

Ms. Wenziger stated all data within this presentation is subject to change. Small counts have been suppressed. Some records may be missing demographic information such as race, age, and gender.

Dr. Kohn mentioned these numbers are undercounted, as the total number of COVID cases in school-age children is higher than thirteen thousand. The trend lines are very useful for seeing what is happening in recent few weeks and that is echoed by what we are seeing from national data as well. Dr. Kohn stated that there may be an emerging link between COVID-19 and multisystem inflammatory syndrome in children (MIS-C). The case definition of COVID requires either that you test positive for COVID antibodies, or you have a close contact who had a confirmed case of COVID. Dr. Kohn stated that MIS-C is caused by a prior or concurrent case of COVID, typically thought of as a recent prior case.

Ms. Wenziger stated she will update slides with updated information.

Chair Gabor asked if it would be possible at the next meeting to know what percentages of the Nevada's population are by race to better understand the vaccination percentages by race.

Ms. Wenziger stated that the information is on the COVID dashboard. Ms. Wenziger did not include the slides because it was going to take a lot of space but will add those for the next meeting.

Ms. Griffin stated the slides are provided the day of the meeting to be up-to-date, they are not included in the packet but will be emailed after the meeting.

Ms. Ives stated if of interest to the Board, the Nevada State Immunization Program also has data for pediatric uptake by country, if that helps for future agenda items. Ms. Ives offered to reach out to them to present some of their vaccination updates for the pediatric population, if of interest to the Board.

No Public Comment

7. FOR POSSIBLE ACTION: Updates and possible recommendations to the Division of

Public and Behavioral Health regarding the Alliance for Innovation on Maternal Health (AIM) and the Maternal Mortality Review Committee (MMRC) – Tami Conn, MCAH Section Manager, DPBH

Tami Conn presented the AIM and MMRC updates. Nevada is a newer AIM state, with six birthing facilities and one acute care facility ready to participate in AIM this fall. There are 18 birthing facilities in the state according to the AIM definition of a birthing facility having ten or more live births a year. Ms. Conn mentioned the original REDCap data reporting system for AIM was up to date; however, the program recently made a change to a new data system called Life Qi that other AIM states have shifted to using. The data system for Life Qi has been built and is moving into testing phase to ensure everything is correct in the data system and ready for reporting this fall. Ms. Conn stated they are working to schedule a summer training series for AIM, which will lead into fall bundle implementation. Hypertension is the first AIM bundle in fall of 2022. Ms. Conn mentioned if you are involved with a birthing facility interested in participating in AIM to contact her. Ms. Conn stated the Maternal Mortality Review Committee has met one time in 2021 and half of that review was a joint review with the Domestic Violence Fatality Review team, which was the first for MMRC and it was great joint review. Ms. Conn went over funding updates including receiving CDC funding in September of 2021. The continuing application for that funding source was completed last week. CDC Disparity funding was received through the Chronic Disease Prevention and Health Promotion Section to hire two social work staff members through CDC Foundation to conduct key informant and family interviews supporting MMRC and collect social determinants of health data and other contributing factors not necessarily seen in the medical records. Ms. Conn stated they have successfully hired one person and the second will be starting at the end of next month. The MMRC April 1st report on maternal mortality and severe maternal morbidity has been posted online and was dropped in the chat box

[https://dhhs.nv.gov/uploadedFiles/dhhsnv.gov/content/Programs/Office_of_Analytics/Maternal%20Mortality%20and%20Severe%20Maternal%20Morbidity%20Report%202021\(1\).pdf](https://dhhs.nv.gov/uploadedFiles/dhhsnv.gov/content/Programs/Office_of_Analytics/Maternal%20Mortality%20and%20Severe%20Maternal%20Morbidity%20Report%202021(1).pdf) Ms.

Conn stated that AB 119 of 81st legislative session made updates to MMRC NRS that allow for collaboration with the Advisory Committee of the Office of Minority Health and Equity on the biannual legislative report. MMRC staff met with them last year and are preparing for the first legislative report done in collaboration due December of 2022.

Dr. Brill asked if he could have a list of which hospitals or birthing facilities are the six, so that we can reach out to the others.

No Public Comment

8. INFORMATIONAL: Presentation on the Nevada Moms and Babies Pilot: HealthIE Nevada – Charles Dorman, MS, RD, FACHE, Director of Outreach, HealthIE Nevada

Charles Dorman presented on HealthIE Nevada. Mr. Dorman stated that HealthIE Nevada is a 501(c) non-profit that is the health information exchange (HIE) for Nevada, and the role is to help with interoperability and a library of clinical data. The project started in 2019 when care management staff was complaining about how long it takes to go to offices to mine electronic records and HEDIS data. Mr. Dorman stated this was a huge issue, and that labor and delivery

in the hospital in Nevada uses a certain electronic medical software, but in the local practice a different electronic medical record is being used. The information in the hospital system is not able to be shared in the local practice. The HIE through participation of physician practices, primary care and specialists, hospice organizations, home health, skilled nursing facilities, hospitals and other entities bring all clinical data into their library for providers to access. Mr. Dorman stated he focuses on payers, particularly Managed Care Organization (MCO) groups, to advance this project. Mr. Dorman stated the lack of data sharing is impacting obstetricians, payers, mothers, and infants. This project attempts to help with data sharing. Mr. Dorman stated neonatologists need immediate access to hospital birth data, and that is oftentimes a challenge, primarily because it is a challenge to link infants with new moms through the medical record. The payers support the State of Nevada MCO contracts and collecting quality data for reporting purposes is labor intensive and costly. Mr. Dorman stated obstetric providers were picked for a pilot because most use eClinicalWorks electronic medical record and there aren't many providers. As part of the pilot, they are working to get organizations interested in participating. Mr. Dorman stated the goal of the pilot is to get this group of obstetric providers to participate, share data with us, and work with eClinicalWorks to bring that data in and begin sharing it. The key data elements for collection are prenatal immunization status, prenatal depression screening and follow up, postpartum depression screening and follow up, prenatal postpartum care, antepartum admission prior to 37 weeks and prior to labor and delivery, NICU admission, neonatal death, maternal death, maternal morbidity, and maternal mortality. Mr. Dorman stated the desired outcomes are to deliver real-time obstetric quality data to participating payers by March 31, 2023, and real time clinical data to the obstetric community within HealthIE Nevada by June 30, 2022.

Dr. Marsha Mastunaga-Kirgan stated the UNLV School of Medicine Obstetrical Practices were not included and asked is that something that has been looked at or purposely not included.

Mr. Dorman stated UNLV Obstetric Practices have access to their system through University Medical Center's Epic interface, and that is one of the reasons why it may not be as valuable. Mr. Dorman stated they are more than welcome to participate.

Dr. Brill stated he will coordinate with Mr. Dorman to help Women's Health Associates of Southern Nevada participate.

Chair Gabor mentioned she works with the Fetal Infant Mortality Review Program. Chair Gabor stated how helpful this would be for them as they have delays in receiving records from the different obstetric providers. Most of them are awesome and fast but it would be great to not bother their staff to pull records. It would be useful for the Maternal Mortality Review team, as well.

Mr. Dorman stated the Obstetrician/Gynecologist (OBGYN) Associates need the prenatal workflow sheet. High risk pregnancy is more interested in HEDIS measures, so the proposal tried to accommodate everyone's needs. It is a win for payers, obstetric practices, and citizens of Nevada.

Ms. Griffin stated Katie Hackler stated in the chat she is the obstetric patient educator, prenatal coordinator at Carson Medical Group and she is also willing to help coordinate.

Dr. Kohn stated it's a great example of this body making positive connections and promoting health to have Mr. Dorman and Dr. Brill be able to connect.

Mr. Dorman stated next on the list is pediatric practices to share data. The third area after that is social determinants of health which will have a huge impact on maternal and child health.

No Public Comment

9. INFORMATIONAL: Presentation on March of Dimes' Online Toolkit on Stigma Reduction Focused on Women of Child-Bearing Age – Sharon Moffat, Consultant, March of Dimes

Sharon Moffat presented the website for March of Dimes' online toolkit on stigma reduction. Ms. Moffat stated this tool is used with communities to raise awareness of stigma and promote discussion. This tool was designed with support from CDC and National Birth Defects and Developmental Disabilities which have provided funding for five years to support this tool. RTI did design, and this is a research-based tool. Ms. Moffat navigated through the site to show resources available, and stated the intended audience is healthcare providers providing care to women of child-bearing age and their families, but it is not limited to that. Ms. Moffat stated that the toolkit is focused beyond the impact of stigma and includes what you can do, such as changing language. Ms. Moffat introduced Jennifer Sedlmeyer to present on the maternal mental health and substance use disorder toolkit.

Ms. Sedlmeyer stated the largest source of stigma women are facing is when they are pregnant and facing substance use issues. Ms. Sedlmeyer stated tools on the site can be implemented in the care setting to assess bias to mitigate biases, learning from patient scenarios, and using different techniques to create a more inclusive environment. It is incorporated into the professional education programs at March of Dimes.

Dr. Kohn thanked everyone for the great presentations.

No Public Comment

10. INFORMATIONAL: Presentation on Inclusive Language Related to Sexual and Gender Minority (SGM) and Maternal and Child Health Communities – Dominique Seck, COVID – 19 Program Coordinator, Nevada Office of Minority Health and Equity (NOMHE), DHHS

Dominique Seck presented on avoiding stigmatizing language in service delivery. Ms. Seck stated NOMHE's mission is to address health disparities that impact the state's minority populations identified by ability status, race, ethnicity, sexual orientation, gender identity, and economic background. This mission is action through education outreach advocacy to ensure the systemic embedding of health equity. Health literacy principles advance health equity by ensuring information is clear and make communication more inclusive. Ms. Seck provided an overview of CDC's Health Equity Guiding Principles for Inclusive Communication.

No Public Comment

11. INFORMATIONAL: Presentation on MCH Updates – Kagan Griffin, MPH, RD, Title V MCH Program Manager, MCAH, DPBH

Kagan Griffin introduced MCAH's new staff members, the Children and Youth with Special Health Care Needs Coordinator, Cassius Adams, and the State Systems Development Initiative Manager, Dr. Taliman Afroz.

No Public Comment

12. FOR POSSIBLE ACTION: Make recommendations for future agenda items – Linda Gabor, MSN, RN, Chair

Chair Gabor stated for future meetings would like to have progress updates on LOCATe, AIM, and MMRC. Chair Gabor stated she would like a presentation from the Congenital Syphilis Review Board.

No Public Comment

Meeting adjourned at 11:03 A.M.