MATERNAL AND CHILD HEALTH ADVISORY BOARD (MCHAB)

Meeting Minutes

December 19, 2025

2:00 PM until adjournment

This meeting is a virtual meeting and there is no physical location. The public was invited to attend.

VIRTUAL INFORMATION

Join on your computer, mobile app or room device

Microsoft TEAMS

Meeting ID: 223 375 123 882 22

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Phone conference ID: 675 098 845#

ATTENDANCE:

Members Present:

- Keith Brill, MD
- Fatima Taylor, M.Ed., CPM
- Elika Nematian, MPH
- Megan Lopez, MS, BS
- Ann DiBiasse, BSN, RN-LC
- Sherri Garland, BSN, RN
- Assemblywoman Tracy Brown May

Members Absent:

- Marsha Matsunaga-Kirgin, MD
- Lora Redmon, BSN, RN, RNC-DB, C-FMC
- Jenna Dykes, MS, BS
- Senator Rochel Nguyen

Staff Present:

- Tami Conn, MPH, Deputy Bureau Chief, Child, Family and Community Wellness
- Barbara Bessol, Administrative Assistant III, Maternal, Child and Adolescent Health (MCAH)
- Tammera Brower, Administrative Assistant IV, MCAH
- Alyssa DiBona, Administrative Assistant II, MCAH
- Crystal Johnson, Health Program Manager I, MCAH
- Teresa Jarrett, Management Analyst II, MCAH
- Cassius Adams, MS, Health Program Specialist I, MCAH

- Colleen Barrett, MPH, Health Program Specialist II, MCAH

Guests Present:

- Sabrina Schnur, Cartright NV Government Affairs
- Linda Anderson, Nevada Public Health Foundation
- Kelly Virling

Agenda Item 1

Call to Order and Introduction

The meeting was called to order at 2:03 PM.

Agenda Item 2

First Public Comment Period

No public comment was offered.

Agenda Item 3

FOR POSSIBLE ACTION: Discussion and possible action to approve meeting minutes from the February 7, 2025, Maternal and Child Health Advisory Board (MCHAB) meeting

Chairman Dr. Keith Brill noted the last meeting held with minutes was February 7th due to lack of quorum. For possible action a motion and a second to the motion would need to be made by a board member to approve.

Ann DiBiase motioned to approve the minutes. Dr. Brill seconded the motion and asked if discussion was needed before voting. No comment was made.

Dr. Brill called for a vote. Ayes were called, and three ayes were heard. Dr. Brill called for nays; one aye and one nay was heard. Dr. Brill asked to clarify the nay for the record. No one claimed the nay vote.

The motion passed with a majority vote.

Dr. Brill asked if any action items needed to be covered before a possible loss of quorum. Tami Conn responded yes and outlined a prioritized agenda as follows:

Agenda Item 10, Agenda Item 6, Agenda Item 5, Agenda Item 9, Agenda Item 11, and Agenda Item 12. Agenda Items 4, 7 and 8 were removed due to presenter cancelation. The proposal was accepted by the Chair.

Agenda Item 10

FOR POSSIBLE ACTION: Discussion and possible action for approved future meeting dates

Dr. Brill noted meeting dates are typically every three months on the first Friday of the month at 9am. February's meeting date chosen due to November's meeting cancellation. Dr. Brill asked for discussion prior to entertaining a motion. No comment made.

Sheri Garland motioned to approve the meeting dates as established in the agenda. Elika Nematian seconded the motion. Dr. Brill called for discussion before the vote and for any abstentions. Hearing none; motion passed unanimously.

Agenda Item 6

FOR INFORMATION ONLY: Updates on Maternal and Child Health (MCH) Programs and Alliance for Innovation on Maternal Health (AIM)/Maternal Mortality Review Committee (MMRC) Updates

Tami Conn, Deputy Bureau Chief within the Bureau of Child, Family, and Community Wellness, stated she would be providing the update for the Maternal Mortality Review Committee (MMRC) and the Alliance for Innovation on Maternal Health (AIM) Program. Ms. Conn and Colleen Barrett will then provide a presentation on the Title V Needs Assessment and the Title V Block Grant Program

AIM Program update: Colleen Barrett has recently come on board for this program and Ms. Conn has been focused on bringing Ms. Barrett up to speed, along with re-engaging hospitals as necessary and engaging with hospitals that are not participating in order to enroll them in the program. AIM is a data-based quality improvement initiative through Health Resources and Services Administration (HRSA). The major update is AIM, previously run by both HRSA and American College of Obstetricians and Gynecologists (ACOG), is now only run by HRSA. This change occurred due to ACOG no longer accepting federal funds, and, as a result, withdrew as the primary technical support of the AIM program. The ACOG certified and approved bundles are still available, and their website is still active. A new vendor will be taking over the technical assistance of AIM.

Ms. Conn invited any hospital in attendance who was not actively participating with AIM to reach out to herself or Colleen Barrett for assistance with enrollment or reengagement.

MMRC update: Next year's focus is on legislative facing report which will be worked on throughout spring and summer, then placed through internal review process and sent to Minority Health and Equity Committee for review. The final copy will be presented to the board and published on the website by the end of 2026.

Ms. Conn stated she would be happy to respond to questions on any of the updates provided before moving onto the longer Title V presentation.

Dr. Brill called for questions from anyone on the call and asked for the date of the next Maternal Mortality Review Committee meeting.

Ms. Conn responded meeting dates are currently in the process of being scheduled, and the next meeting should occur in February.

Dr. Brill asked if there were any vacancies on the board.

Ms. Conn confirmed board vacancies, with a current recruitment in process. Request for application was sent out at the last meeting, resulting in one new member and additional new member packets routing. Appointments are in process of being made by the Director. Ms. Conn highlighted the benefits of registering for the MCHAB Listserv and explained it is utilized to announce request for applications when board vacancies occur.

Dr. Brill provided comment as a member of ACOG, speculating the reasoning behind the decision to not accept federal funding may be related to political climate and threats of fund withdrawals which may limit ability to host the AIM program. His comment is not for or against; he wanted to provide context in the reason behind the decision.

Ms. Conn reintroduced the Title V Program, including Colleen Barrett, to review the slides for the Title V MCH Program presentation.

Ms. Conn spoke on the Title V needs assessment, which is a requirement by HRSA and the key to setting the state plan priority measures every five (5) years for the MCH Program. Part of the presentation will go over the 2025 needs assessment, what has changed since 2020, what the new priority measures will be for 2025 through 2030, in addition to a highlight overview of program accomplishments within the last program cycle.

Colleen Barrett introduced herself as the State Systems Development Initiative (SSDI) Manager.

Ms. Conn reviewed the slide for Division of Public and Behavioral Health including mission, purpose, and vision. She then outlined where Maternal, Child and Adolescent Health (MCAH) section is housed within the Bureau of Child Family and Community Wellness. All programs covered under the MCAH umbrella were reviewed and briefly discussed. The Title V Program and populations covered were outline to include: Maternal and Infant Program (MIP), Children with Special Healthcare Needs (CSHCN), Adolescent Health and Wellness Program (AHWP), Rape Prevention and Education (RPE) Program, MCH Epidemiology, Fiscal support, and SSDI.

Ms. Conn highlighted the Tile V Programs and partners, their functions, and their successes:

- Cribs for Kids, operated through Dignity Health, distributed 483 Safe Sleep Survival Kits and associated education across the state.
- Northern Nevada Public Health (NNPH) Foundation Fetal Infant Mortality Review reviewed 42 cases in Federal Fiscal Year 2024.
- The Statewide MCH Coalition distributed 1,303 “New Mama Care Kits” in Southern Nevada and distributed resources for Title V priority populations.
- Division of Public and Behavioral Health (DPBH) Community Health Services Provided wellness screenings and education to 83 adolescents.
- Yoga Haven reached 2,158 through 518 Trauma-Informed yoga classes held at 10 school sites.
- Nevada 211 call specialists responded to 81,562 inquiries with 2.4% being from someone pregnant or residing in the household of a pregnant person. Of those callers, 59% were pregnant, with 34.4% in the first trimester, 34.1% in the second trimester, and 31.4% in the third trimester.
- Carson Health and Human Services provide wellness screenings and education to 83 adolescents and used the Spak Training to deepen provider understanding of minor consent laws through a youth-friendly lens.
- Family Navigation Network processed 226 family and 15 professional initiated cases through bilingual toll-free hotline.
- The Children’s Cabinet Nevada Pyramid Model Partnership completed 615 Ages and Stages Social-Emotional Questionnaires development screenings in participating school districts.
- The Nevada Coalition to End Domestic and Sexual Violence provided cross training workshops for the prevention of relationship abuse un young adults with developmental disabilities and developed infographics to increase awareness of local community-based organizations offering resources.

Ms. Conn turned the presentation over to Ms. Barrett.

Ms. Barrett reviewed the results of the 2026 - 2030 Nevada Title 5 MCH Block Grant Needs Assessment. DPBH contracted with Alterum, a nonprofit public health research organization, to assist with completion of this assessment. Data was collected through epidemiological resources and community input to establish the State of Nevada's current health and identify the top priority needs of the MCH populations. Data sources include Vital Records, the Pregnancy Risk Assessment and Monitoring Systems (PRAMS), the National Survey of Children's Health and Behavioral Risk Factor Surveillance System, results of both MCH population domain and community listening sessions, focus groups, key informant interviews, and an online survey.

Participants in these sessions were as follows:

- Domain Listening Sessions: 28 participants
- Community Listening Sessions: 70 participants
- Focus Groups: 24 participants
- Key Informant Interviews: 18 MCH Leaders
- MCH Survey, 226 respondents

A summary of identified needs and priorities obtained was then shared with policy makers, program administrators, service providers, and community members as foundation for creation of an action plan.

Ms. Barrett compared the 2020 – 2025 priorities to the newly established 2026 – 2030 priorities.

Removed priorities:

- Improve preconception and interconception health among women of childbearing age.
- Increase developmental screening.
- Improve care coordination.
- Increase transition of care for adolescents and children with special health care needs.

Newly established priorities:

- Improve access to prenatal care and maternal health services.
- Increase the number of women that receive recommended clinical care components at the postpartum visit and appropriate referrals.
- Increase access to affordable nutritious foods among school age children.
- Increase physical activity among school age children.
- Improve access to resources and services around sexual health and reproductive health.

Carried over priorities:

- Increase breastfeeding rates among mothers.
- Increase safe sleep practices.
- Reduce substance use during and after pregnancy.
- Promote a Medical Home.
- Increase referrals and appropriate care for adolescents.

Ms. Barrett reviewed data trends based on federally available data and the State of Nevada. Links to all data may be found on the DPBH website.

The following were compared:

- Percent of pregnant people who received prenatal care beginning in the first trimester and the Nevada percent of change from 2013 and 2022
- 2022 percent of pregnant people who received prenatal care beginning in the first trimester based on health insurance characteristics
- 2023 Nevada Maternal and Child Health Indicators (Ex. Smoking – Pregnancy, Obesity in Ages 6 – 17 years, Preterm Birth, etc.)
    - A chart shows blue and red indicators. Blue indicates areas where Nevada is above the national average and red indicates where Nevada falls below the national average.
- Percent of pregnant people who received prenatal care beginning in the first trimester
    - Compared: Nevada (NV), United States (US), and Healthy People 2030 Objective
- Percent of pregnant people who received prenatal care beginning in the first trimester by race/ethnicity
- Percent of women who attend postpartum checkup within 12 weeks after giving birth
    - Compared: NV, US
- Percent of women who attend postpartum checkup and received recommended care components
    - Compared: NV, US
- Percent of women who attend postpartum checkup and received recommended care components by urban-rural residence
- Percent of women who attend postpartum checkup and received recommended care components by race/ethnicity
    - Compared: Hispanic, Non-Hispanic White Alone, Non-Hispanic Black alone
- Percent of Infants who are ever breastfed
    - Compared: NV, US
- Percent of children, ages 6 months through 2 years, who were breastfed exclusively for 6 months
    - Compared: NV, US
- Percent of infants placed to sleep on their backs
    - Compared: NV, US
- Percent of infants placed to sleep on their backs by race/ethnicity
    - Compared: Hispanic, Non-Hispanic White alone, Non-Hispanic Black alone
- Percent of infants placed to sleep on a separate approved sleep surface
    - Compared: NV, US
- Percent of infants placed to sleep without soft objects or loose bedding
    - Compared: NV, US
- Percent of children, ages 6 – 11, who are physically active at least 60 minutes per day
    - Compared: NV, US
- Percent of children, ages 6 – 17 who are obese (BMI at or above the 95th percentile)
    - Compared: NV, US
- Percent of children, ages 0 – 11, whose households were food sufficient in the past year (Range 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023)
    - Compared: NV, US

- Percent of children, ages 0 – 11, whose households were food sufficient in the past year by household income-poverty ratio
    - Compared: <100%, 100%-199%, 200%-399%, ≥400%
- Percent of children, ages 0 – 11, whose households were food sufficient in the past year by race/ethnicity
    - Compared: Hispanic, Non-Hispanic White Alone, Non-Hispanic Black Alone, Non-Hispanic Multiple Race
- Percent of adolescents, ages 12 – 17, with preventative medical visit in the past year
    - Compared: NV, US
- Percent of adolescents, ages 12 – 17, with preventative medical visit in the past year by adverse childhood experiences (ACEs)
    - Compared: None, 1 ACE, 2+ ACEs
- Percent of children with and without special health care needs, ages 0 – 17, who have a medical home
    - Compared: NV-all children, US-all children, NV-CSHCN, US-CSHCN
- Percent of children with and without special health care needs, ages 0 – 17, who have a medical home by health insurance
    - Compared: Private, Medicaid, Uninsured; NV, US
- Percent of children with and without special health care needs, ages 0 – 17, who have a medical home by race/ethnicity
    - Non-Hispanic White, Non-Hispanic Native Hawaiian or other Pacific Islander Alone, Non-Hispanic Native Hawaiian or other Pacific Islander, Non-Hispanic Multiple Race, Non-Hispanic Black, Non-Hispanic Asian, Non-Hispanic American Indian or Alaska Native, Hispanic, American Indian or Alaska Native Alone; NV, US
    - Note: there was no data for Non-Hispanic Native Hawaiian or other Pacific Islander Alone, Non-Hispanic Native Hawaiian or other Pacific Islander, Non-Hispanic Multiple Race, or Non-Hispanic American Indian or Alaska Native for Nevada
- Infant mortality rate per 1,000 live births
    - Compared: NV, US
- Infant mortality rate per 1,000 live births, 2020 – 2023
    - Non-Hispanic White, Non-Hispanic Native Hawaiian or other Pacific Islander Alone, Non-Hispanic Native Hawaiian or other Pacific Islander, Non-Hispanic Multiple Race, Non-Hispanic Black, Non-Hispanic Asian, Non-Hispanic American Indian or Alaska Native, Hispanic, American Indian or Alaska Native Alone; NV, US

Megan Lopez questioned Ms. Barrett as to why data did not exist for the Native Hawaiian population, since it's such a prominent community in Nevada?

Ms. Barrett speculated that the sample size may have been too small to account for and would make the data unreportable.

Ms. Conn added that this question was common in Nevada, and the same thing occurred with MMRC data confirming the data was too small to meet suppression criteria. For improved transparency, she explained when the number is zero (0), for example zero (0) deaths for MMRC, it will be reported as zero (0) instead of reporting the data was suppressed.

Ms. Barrett agreed and added the same approach was being with the data presented, also including American Indian and Alaska Native population data.

Ms. Conn clarified that staff are reviewing these populations during data surveillance and monitoring, even if they are unable to report on the data publicly.

Ms. Barrett resumed the presentation with the following data:

- Maternal mortality rate per 100,000 live births
  - Compared: NV, US
- Rate of severe maternal morbidity per 10,000 delivery hospitalizations
  - Compared: NV, US
- Rate of severe maternal morbidity per 10,000 delivery hospitalizations by complications
  - Compared: Other medical complications, other obstetric complications, sepsis complications, renal complications, cardiac complications, respiratory complications, hemorrhage complications; NV, US

Ms. Barrett reviewed acronyms used, then called for any questions.

Elika Nematian asked if new funding or programs would be introduced to help meet the newly identified needs outlined in the priorities section of the presentation.

Ms. Conn answered a Request for Application process was conducted in August and September to seek new or existing partners who would facilitate the new priority measures. New and existing partners have applied, and staff are working through the final steps of awarding funding. She clarified the State would still be interested in partnering with other partners throughout the state, but the funding aspect was completed for this current cycle.

Ms. Nematian asked how interested partners would currently apply.

Ms. Conn clarified there was no longer opportunity for additional partners to apply because the application process had already closed. Requests for Application open when priorities change. If the State were to receive additional funds or if a new partner is needed, staff would post requests for application on the DPBH website, announce through the MCHAB Listserv, and, if schedules align, announcements would be made during MCHAB meetings.

Ms. Nematian asked to clarify that applications are requested on a five-year timeline based on the needs assessment.

Ms. Conn concurred, explaining exceptions would be if the federal government awarded Nevada with additional funding, in which case, applications would be requested as described previously.

Ms. Nematian requested information be shared on the meeting on how to register for the MCHAB Listserv.

Ms. Conn noted that the link was in the agenda and would be posted in the meeting chat by Barbara Bessol.

Dr. Brill asked if there were any questions.

Ms. Bessol noted that Assemblywoman Tracy Brown-May had hand raised.

Assemblywoman Brown-May thanked the presenters for the information and noted its relevance. She shared February 17, 2026 has been identified as Maternal, Child, Fetal, Infant

Health Day by the Interim Committee on Health and Human Services and invited the MCHAB to participate. She asked for any relevant data to be provided for review, stating supporters will be present at both northern and southern legislative buildings.

Ms. Conn expressed happiness over a full day dedicated to this topic and stated staff would assist in providing anything needed for this event.

Dr. Brill thanked staff for the presentation and asked for confirmation on identification of the next agenda item.

Ms. Conn referred to Agenda Item 5, a presentation about Critical Congenital Heart Disease.

Dr. Brill progressed to Agenda Item 5.

Agenda Item 5

FOR INFORMATION ONLY: Presentation of Critical Congenital Heart Disease (CCHD) Reports and Updates

Ms. Conn introduced Cassius Adams, the Title CSHCN Coordinator, as the heads the CCHD surveillance program.

Mr. Adams requested Ms. Bessol to share the CCHD Presentation on screen.

Ms. Conn noted that Board Member Elika Nematian expressed the need to sign off in the meeting's chat. Quorum was not lost, and the meeting was able to continue.

Mr. Adams began his presentation of CCHD Program Highlights for the State of Nevada by briefly reviewing the program history along with explanation of the following new guidance:

- New screening algorithm
  - Passing oxygen saturation threshold of less than or equal to 95% in both pre and post ductal measurements
  - One retest as opposed to two after an infant fails a screen
  - A flow chart is provided
- Recommendation to collect a uniform minimum dataset to aid in surveillance and monitoring
- Recommendation to educate stakeholders in the limitations of screening, the significance of non-CCHD conditions, and the importance of protocol adherence.

Mr. Adams outlined the birthweight and gestation group data from 2022 and 2023. The data indicated a 33.3% increase in CCHD Ratees from 2022 and 2023, and term gestation and normal birthweight are predominant groups across both years.

The following is the 2023 screening overview:

- 27, 096 screens out of 31,514 annual births
- 27,049 passing screens
- 47 failed screens
- 4,418 not screened or unknown

Data for failed screens:

- Total failed screens: 47
- Failed first screen: 8

- Failed first screen, passed second screen: 3
- failed first and second screen: 20
- failed third screen: 8
- Passed first screen, failed second screen: 0
- Unknown: 8

Distribution of potential reasons why an infant may have not been screened:

- Admitted to the NICU: 3,849
- Received an echocardiogram: 1,659
- Infant died: 226
- Transfer: 173
- Parental objection: 25
- Missing screen/unknown:25

Mr. Adams stipulated the number of screenings doesn't necessarily equate to the number of infants screened, there are cases where infants may have been counted multiple times.

Statewide demographics were reviewed for births occurring in 2023, including ages of parents, gender of the infant and race/ethnicity and compared to the rate of annual births per 1,000 population.

The next slide shared provided CCD demographic results based on maternal race/ethnicity.

- Compared: American Indian Alaska Native Non-Hispanic, Asian Pacific Islander Non-Hispanic, Black Non-Hispanic, Hispanic, White Non-Hispanic, Other/Unknown/Missing

Mr. Adams identified the CCHD registry and DPBH Office of State Epidemiology are exploring a partnership with EpiTrax, data system currently providing comprehensive surveillance and outbreak management application for managing public health. EpiTrax allows agencies to identify, investigate and mitigate communicable diseases. Utilizing EpiTrax may provide a solution to better understand what happens to children with confirmed CCHD cases through data collection.

Mr. Adams reintroduced Family Navigation Network, their functions, and contact information.

Mr. Adams called for questions, but none were heard.

Dr. Brill thanked Mr. Adams for the presentation overview.

Ms. Bessol relayed Agenda Item 9 was next for possible discussion and action and referred to Dr. Brill.

Agenda Item 9

FOR POSSIBLE ACTION: Discussion and possible action on recommendations for future agenda items

Dr. Brill requested to add a future agenda item to review the Centers for Disease Control and Prevention (CDC) vaccine policy changes and recommendations, to include the impact of these changes in Nevada.

Ms. Conn accepted the agenda item request, stating a summary could be provided of what has changed and asked Dr. Brill would like data to be included or just current rates in the state.

Dr. Brill clarified he would like data and commented he had recently received a notification that the CDC would no longer be making mandatory vaccination recommendations and would rely on doctor recommendations. It may be too soon in February, but would like to see how this affects Nevada and what data is presented.

Ms. Conn agreed to the request, confirming current data will be complied with a summary of changes.

Dr. Brill suggested possibility of sharing this information at the February 17 legislative meeting.

Dr. Brill asked the Board or anyone else on the call for consideration of other future agenda items.

Ms. Conn stated staff would reach out to reschedule all canceled presentations based on availability for presentation at future meetings. Dr. Brill confirmed.

Dr. Brill introduced Agenda Item 11.

Agenda Item 11

Second Public Comment Period

Dr. Brill called for public comment.

Assemblywoman Brown-May congratulated the Board on their perseverance despite attendance and quorum issues. She reiterated that maternal, child, fetal, infant health is a big focus for the Legislature members. There are number of members within the Interim Health and Human Services Committee looking to champion these issues as part of their platform. She noted areas of identified focus include nursing home visits, breastfeeding, access to infant health, safe transitions, birthrates, and vaccinations. She added there will be an opportunity to bring forward the issues that matter most to you. Copy of the slides of today's presentations were asked to be shared so the legislature can ask more informed questions and perhaps bring forward policy. She invited anyone who has knowledge of specific policies that need to be addressed in the State of Nevada to reach out to her, either as a Board or individually. Her email address and contact information are posted on the legislative website.

Dr. Brill thanked Assemblywoman Brown-May and stated the Board would do its best to work with her on this information, especially with the February meeting.

Megan Lopez asked if the Board had ever accepted topics on familial violence. She referenced a report on maternal health outcomes and the impacts of violence on people's ability to access care and leave relationships.

Dr. Brill deferred to Ms. Conn for response. Ms. Conn stated she could not recollect a particular presentation on such a topic in recent years. She suggested it was a good topic to bring to the Board and suggested when Ms. Lopez was ready to send Staff details for including in a future agenda.

Dr. Brill asked for any additional public comment. None was heard.

Agenda Item 12

Adjournment

The meeting was adjourned at 3:06 pm.

Minutes were prepared by Barbara Bessol, Administrative Assistant III, Maternal, Child, and Adolescent Health Section, Bureau of Child, Family and Community Wellness, Nevada Division of Public and Behavioral Health.