



Health Priority Action Team Meeting: Maternal and Child Health
Friday January 22, 2015: 9:30 AM – 11:00 AM

Present: Amanda Bennett, Ann Borders Sandy DeLeon, Jessica Gerdes, Staci Geller, Arden Handler, Janine Hill, Victoria Jackson, Shannon Lightner, Miriam Link-Mullison, Sandra Martell, Faye Manaster, Andrea Palmer, Deb Rosenberg, Anita Stewart, Joanna Su, Kelly Vrablic

UIC MidAmerica Center for Public Health Practice Staff: Karli Greene, Jennifer McGowan

Topic	Discussion/Updates	Decisions
Welcome/Logistics	<ul style="list-style-type: none"> - Attendees on call confirmed their presence by acknowledging when his/her name was called 	
Agenda	<ul style="list-style-type: none"> - Where we're going - Goal selection <ul style="list-style-type: none"> o Tally individual lists o Discuss justification - Next Steps 	
Goal Selection Discussion	<p>Priority 1: Assure accessibility, availability and quality of preventive and primary care for all women, adolescents, and children, particularly children with special healthcare needs with a focus on integration of services through patient-centered medical homes.</p> <ul style="list-style-type: none"> - Key Points <ul style="list-style-type: none"> o Add including pregnant women o Access to contraception and expansion of accessibility LARC <ul style="list-style-type: none"> ▪ Comprehensive services ▪ Promote the use of medical homes o Expand priority to include all women, children, and families, including children with special healthcare needs. Add support expanded access to and integration of all services and systems for the MCH population including mental health services o Eligibility for EI services o Include adolescents <p>Priority # 2: Support healthy pregnancies and improve birth and infant outcomes.</p> <ul style="list-style-type: none"> - Reducing racial disparities in infant mortality, which includes improving the quality of pre-conception, prenatal, and inter-conceptional care - Includes developmental outcomes and infant mental health outcomes <ul style="list-style-type: none"> - Should priorities 1 and 2 be combined? <ul style="list-style-type: none"> o Su: There is enough encompassed within them that they should stay separate. 	

	<p>We should bring in health care connecting to an array of comprehensive services.</p> <ul style="list-style-type: none"> ○ McGowan: There is a gap in the priority list of priorities vs goals. ○ Change priority 2 to support healthy pregnancies and improve birth and infant outcomes. <p>Priority 3: Support expanded access to and integration of early childhood services and systems.</p> <p>Priority 4: Facilitate the integration of services within patient-centered medical homes for all children, particularly for children with special healthcare needs.</p> <ul style="list-style-type: none"> - Key Points <ul style="list-style-type: none"> ○ Expand priority to include all women, children, and families, including children with special healthcare needs. Add support expanded access to and integration of all services and systems for the MCH population including mental health. ○ Eligibility for EI services - Should any changes be made to number 4? <ul style="list-style-type: none"> ○ Priority 4 should be expanded to include all women, children and families, as well as include an eligibility component. <p>Priority 5: Empower adolescents to adopt healthy behaviors.</p> <ul style="list-style-type: none"> - Key Points <ul style="list-style-type: none"> ○ Adolescent (and pre-adolescent) risk reduction, integrating state-funded efforts to prevent teen pregnancy and improve access to care (school health promotion and school-based health centers) (programs now at IDPH) <p>Priority 6: Assure appropriate transition planning and services for adolescents and young adults, including youth with special health care needs.</p> <ul style="list-style-type: none"> - Key Points <ul style="list-style-type: none"> ○ Transition to adult services <p>Priority 7: Assure that equity is the foundation of all MCH decision-making; eliminate disparities in MCH outcomes.</p> <ul style="list-style-type: none"> - Should Priority 7 be a goal or framework? <ul style="list-style-type: none"> ○ Borders: It seems more like an overarching framework but the key points 	
--	---	--

	<p>represent a specific and actionable goal.</p> <ul style="list-style-type: none"> ○ Borders: Quality in preconception is not the same concept as supporting birth outcomes. ○ Access to contraception needs to be included under priority 1. ○ There has to be a specific focus on what will work towards disparity across the board. We want to be more specific that there are actions that are being taken and they are purposeful. <p>- McGowan: Should the concept of ensuring that equity is foundational be criteria for selecting objectives, or should it be a goal?</p> <ul style="list-style-type: none"> ○ Link-Mullison: We could make it a key point under 7 but also use it as criteria for selecting strategies under the other goals as well. ○ Priority 7 can elevate equity and disparity opportunities. <p>Priority 8: Support expanded access to and integration of mental health services and systems for the MCH population.</p> <p>- Priority 8 can be taken out and integrated by the mental health action team.</p> <ul style="list-style-type: none"> ○ There are many significant unmet needs surrounding behavioral health services. <p>Priority 9: Partner with consumers, families and communities in decision-making across MCH programs, systems and policies.</p> <p>- Priority 9 should be taken as a guiding principle for all action teams to implement; it can be used as an opportunity to partner consumers in our strategies.</p> <p>Priority 10: Strengthen the MCH capacity for data collection, linkage, analysis, and dissemination; Improve MCH data systems and infrastructure.</p> <p>- Should data be a framing component or a single priority?</p> <ul style="list-style-type: none"> ○ Data is essential to everything, therefore 10 should be kept as a goal. ○ Number 10 should incorporate an assessment aspect. 	
Final Goal Selection	<ul style="list-style-type: none"> - Decisions are based on what was most important to elevate to the state-wide level. - A discussion is necessary with the mental health team about including a priority centered around improving mental health for mothers, children, pregnant women and adolescents. 	<p>Final goals will be 1, 2, 7 and 10:</p> <p>1. Assure accessibility, availability and quality of preventive and primary care for all women, adolescents, and children,</p>

	<ul style="list-style-type: none"> - A discussion is necessary with the chronic disease team about the importance of incorporating childhood obesity into a priority. - The final action plan should include that as the process went on we worked to ensure that increasing equity and eliminating disparities was a component in the plans of all teams. 	<p>particularly children with special healthcare needs with a focus on integration of services through patient-centered medical homes.</p> <ol style="list-style-type: none"> 2. Support healthy pregnancies and improve birth and infant outcomes. 3. Assure that equity is the foundation of all MCH decision-making; eliminate disparities in MCH outcomes. 4. Strengthen the MCH capacity for data collection, linkage, analysis, and dissemination; Improve MCH data systems and infrastructure.
Next Steps	<ul style="list-style-type: none"> - Next meeting will be 9:30-11:00am on January 29. - Minutes and tasks to complete for next meeting will be sent out. - Think about best ways to select strategies. - All following meetings will be extended to 11:00am. 	<ul style="list-style-type: none"> - Complete doodle on availability for week of February 12 meeting.
Public Comment	None	
Adjourn	Meeting adjourned at 11:00am.	