Infant and Maternal Mortality Task Force Among African Americans
Systems Subcommittee
Monday, June 8, 2020
12pm-1pm

Location:
Webex

+1-312-535-8110 United States Toll (Chicago)
+1-415-655-0002 US Toll
Access code: 281 659 045

Minutes

1. Call to order- 12:00
    a. Arden Handler, Ashley Phyllips, Cindy Mitchell, Glenda Morris-Burnett, Glendean Burton, Jessica- Davenport Williams, Jessica Lamberson, Pastor Angelique, Shondra Clay, Timika Anderson Reeves, Angela Ellison
2. Public Comment- n/a
3. Old business
    a. Review and consolidate the list of recommendations (included below)
        i. Pastor Angelique has comment about grouping all midwives in one category.
4. New business
    a. What does It look like when someone comes into the system?
    b. Tele-health includes a blood pressure cuff and they're not that expensive. We need to provide these.
    c. As of May 15, 2020, HFS is asking all Medicaid Managed Care plans to distribute a simple, easy to use blood pressure measuring device to each pregnant enrollee at the time of their first prenatal visit, with a prescription from their obstetrical care provider.
    d. Work will overlap with Community Engagement and Programs and Best Practices
5. Next steps
    a. Establish workgroups surrounding the decided recommendations (Below).
6. Adjourn- 1pm

Forming Recommendations & Guidance to present to IMMT Task Force:

1. Engagement with health outcome partners and interests

a. Conduct community focus groups to obtain feedback and shared stories on experiences in care with pregnant and parenting women of color. Angela recommended the Systems Committee conduct some sort of outreach with various types of providers and services for pregnant women and collaborate with the Community Engagement Group as they structure their interviews for groups with clients.

b. Work with MCO's and private insurance groups and state officials to expand the work of MCO's to help address Social Determinants of Health. (Some are now using funds in other states to address food deserts, housing issues, etc., in addition to direct care. Michigan and New York are 2 examples.)

2. Education

c. Provide education to medical providers on topics such as Trauma Informed Care, Implicit Bias, Racial Equity and impact on health and health outcomes.

d. Education with providers/clients on impact of co-morbidities and chronic conditions before, during, after, and in-between pregnancies., and importance of wrap-around/collaborative care. Improve access to quality care for DV, SUD, and mental health disorders like perinatal depression.

k. Support widespread use of MMR Committee's, with consequences for providers that do not make improvements based on review findings.

3. Activities focused on providing and funding care

g. Increase access and support of services and programs like MIECHV Home Visiting, Healthy Start, Family Connects, WIC.

h. Support and legitimize professionals and paraprofessionals such as Breastfeeding Peer Support Counselors, Doula's, Midwives, Lactation Counselors, Home Visitors and Community Health Workers. In addition to legislative recognition, assure payment for these services.

i. Protect, support and advocate for a range of comprehensive reproductive health services for all women of reproductive health age in Illinois, in all forms of health coverage.

l. Explore new, creative means of conducting health visits that are reimbursed and offer greater access to care.

4. Funding

e. Extend Medicaid coverage 1 year postpartum for all pregnant women.

j. Improve access to care through innovative approaches such as tele-health.

f. Partner with formal and informal community leaders like elected officials, religious leaders, and community service providers, through repeated and sustained communication.