Health Priority Action Team Meeting: Maternal and Child Health
Monday December 14, 2015: 2:45 PM – 4:30 PM

Present: Jen McGowan, Kelsey Gruss, Jessica Gerdes, Arden Handler, Janine Hill, Grace Hong Duffin, Lise Jankowski, Shannon Lightner, Miriam Link-Mullison, Andrea Palmer, Ralph Schubert, Anita Stewart, Deb Rosenberg, Victoria Jackson, Geri Clark, Anna Poter, Dr. Shah

Topic	Discussion/Updates	Responsibility/ Deadline
Objectives	• Continue to identify and list Maternal and Child Health assets at the state wide level • Suggest scope of the Maternal and Child health action team based on the initial assets identified • Discuss alignment with national best practices • Review and clarify resources provided by MCPHP for discussion/guidance	
Introduction	• As substaintial work has been done in the MCH world, we'd like to identify additional needs for the Healthy Illinois 2021 process, or areas of leverage based on current work. • First topic: go over the defintion of MCH and general picture: Maternal and Child Health focuses on six MCH population health domains: 1) Women/Maternal health; 2) Perinatal/Infant health; 3) Child Health; 4) CSHCN; 5) Adolescent Health; and 6) Cross cutting or Life Course. Work in this area seeks to improve access to health care and delivering quality public health services to the MCH population • Essential services for MCH • A the last Planning Council meeting we asked everyone to think about some definitional elements of MCH or issues within MCH – see Definitions Handout in Resource folder. • In terms of definition statement is there anything missing? o The "national highlights" represent just one piece of the MCH pie; there is much more to is o Andrea: more accountable for assuring that we are working towards the priorities to meeting those domains; overview of needs assessment process o The school setting is missing in this document, should be included.	Add school setting to definition / issues for consideration.
Title V Block Grant	• Nation's oldest federal-state partnership; implemented through inter-agency relationships with IDHS, IDHFS, and UIC; funds a wide array of services and programs for women, infants, childen, & adolescents including children with special health care needs • Every 5 years, each state much conduct a comprehensive assessment of the preventive and primary healthcare needs of their MCH population. The new frameowrk included: population domains (womens health, perinatal/infant, child health, CSHCN, adolescent, cross-cutting); develop action plans (priorities, national performance measures) • Overview of process: provider surveys, consumer focus groups; key informant interviews,	

	quantitative data analysis, expert panel priority recommendations, staff development of final priorities, & action plan & strategy development • Provider Surveys: perceived MCH population needs, barriers to services, opportunities to leverage resources; Received 227 responses from: LHDs, MCH providers, Faith-based organizations • Consumer Focus Groups: 17 focus groups in all 7 IDPH regions; 176 consumer stakeholders participated; ways to strengthen existing health services, unmet health service needs & barriers to care, specific challenges, information needed about ACA • Key informant Interviews: 22 experts and leaders from around state participated-asked about: most critical needs of MCH population, trends and disparities in MCH, current strengths and positive work in IL, ways Title V can make a difference • Quantitative Data Analysis: 80+ page databook highlighting wide array of MCH indicators (8-10 indicators for five population domains); data were presented by region, race/ethnicity, and other relevent demographics (age); used to frame conversations about pressing MCH needs, to serve as reference • Stakeholder Themes: insurance alone does not translate to healthcare access; Barriers to care: Transportation, difficulty scheduling appointments, lack of medicaid providers, lack of cultural competence and sensitivity, poor communication between providers and consumers • 10 2015 IL Title V Priorities which will lead the block grant for the next five years • 4 strategy teams right now; common threads that go across these morbidity's and to make the outcomes better; also have a database-that hospitals use to enter info about births; working to enhance that system to make it more robust; working closely with state quality collaborative-QI with hospitals; • Other MCH programs funded are family case management program; MCH nurses.	
Discussion	• Jessica: working definition-2 people on this working group are involved in school health; school is only mentioned twice-mental health and school and public health; several areas there are schools involved; involving school health in the definition; bring it to the forefront; majority of chronic disease management is in the schools; access to care is a lot in the schools too; pregnancy prevention and STD prevention in the schools; see a few places where that is mentioned in the document • Ralph: support that observation; and point out that many EBP that other teams are talking about are interventions that are designed to be carried out in schools; here is one service delivery system that will cut across the range of priorities for HI2021; • Geri: not any reporting for CSHCN other than we have children that fit under some of those priorities; this year is the first that we are trying to work together to address a larger group than those just with special health care needs; multiple systems that these children are using; it's a very important service that we have been providing for decades	MCH Assets document in Resource folder
Additional Healthy Illinois 2021 Process Background	• Feedback via focus groups and organizational presentations; state agency plan reviews, compilation of LHD/CHNA priorities, etc., to gain a better understanding of strengths, barriers and opportunities related to health improvement that currently exist, as well as perspectives on gaps.	

	• Focus groups and organizational presentations have identified overall statewide strengths, barriers and opportunities. Examples of strengths groupings include: services, state as change driver, innovation, partnerships; examples of barriers include: resources, coordination and collaboration, health literacy and workforce; and groupings of opportunities include: partnerships, leveraging resources, prevention, data, and innovation. • Some of the strengths or assets identified around MCH through this process are the Collaborative Innovative Improvement Network (CoIIN) which focuses on Inter-Conception Care, Safe Sleep Practices, Risk Appropriate Care as well as the Every Mother Initiative which focuses on Pregnancy-associated deaths from violence.	
Discussion regarding potential areas of focus for MCH Action Team	• Thinking about what Andrea shared and thinking about where the opportunities lie within this process-share any additions; anything missing; any opportunities to leverage HI2021 action plan process using the frame of what is already being done? • Deb: I hope this group sees this as an opportunity to bring what we do in MCH and the importance of what we do and to IDPH overall; making connections in an explicit way. I think this process really puts MCH front and center; there is a lot of opportunity for us to grab onto this and think about it at this larger level. • Ralph: Important for both groups to be connected to this team in relation to Medicaid process, Medicaid managed care; systems reform effort its important for CHC its just a central access point. Can you tell us how MCH got onto the radar screen? Because MCH was noticeably missing from the last SHIP and I'm pleased to see it rising to the surface; how did that come to be? o Response: Initially was raised by the Department of Public Health; but was vetted by stakeholders through focus groups and organizational presentation. MCH as an early health priority was validated in all sessions. • Anita: If we are looking at the larger system there is a lack of communication and integration might be a direction this group could go. • Miriam: All of those initiates; those folks aren't talking to each other; there is a lot of uncoordinated efforts; fair amount of duplication of efforts; • Anna: Home visiting taskforce is developing a system to reach all newborn and families after birth; family needs for support would be identified as well as the need at the community level. It is still in the early planning stage; how do we align resources and make sure communication and coordination is going on? • Another focus could be addressing investment in pregnancy and young children; we will see much more advances made in terms of a child's ability to learn, chronic diseases; learning disabilities, etc. • Care coordination: A lot of dollars being spent on infant mortality reduction; but no coordinated effort to align those programs and dollars; what is missing is that common thread that helps to identify these women and get them to the appropriate service. • Data we are seeing on children and infant suggests that there is a correlation with chronic disease in adult hood. • Vyki: There is an opportunity to connect more purposefully with state nurses state wide; we run an annual seminar for the nurses; we could be more purposeful with getting specific information out to	Identify areas for improvement around partnerships in MCH before next meeting.

	them • Ralph: Suggestion to focus on assets by reviewing the six population areas • Arden: Only 13 places have a MCH training program; that we have a MCH training program funded by MCHB sometimes gets overlook • Ralph: Could consider how we approach reproductive health; definitely in school especially high school; as a transition to young adulthood and childbearing. • Anita: Perhaps look at programmatic resources (monetary / grant funded) on one side and programmatic issue on the other side and then a mapping between providers and what services they are looking for and what convinces them to fund a program. • Ralph: What are large institutional systems that we ought to be engaging in what is going on? For example, family planning programs. What goes on in Title 10 is just a piece of the publicly funded contraceptive services. There is more that goes on in FQHCs and primary care settings that doesn't have anything to do with a title 10 clinic or FQHC. • What is the current state of partnerships in MCH? Are there areas for opportunity? o There are some that are partners and some that we need to be partners with that we aren't as connected as we should be o Need stronger partnership with MCOs to make more comprehensive decisions ▪ Miriam: Could engage somebody from HFS because they hold the MCO contract and will be setting benchmarks o Geri: Statement that we have done a good job of partnering is true; current state of change in healthcare has certainly changed that landscape; and we have many more we should be partnering with • Janine: Integration – it has been a while since we've actually done a state scan of where programs are and where they should be; how we serve people at their level of need across the state • Part of the question is how is the SHIP process is going to move forward after the planning piece is finished? How will action plans be used? o Request assurances from DPH and the Governors Office that once we are done the plans will be implemented; they will be the stewards of this plan and it won't sit on the shelf. o There has not been public accountability regarding plans in the past; no tracking of where we are and where we are going o Response: working to develop tracking system for indicators on an annual basis so we can monitor current state of health systematically in Illinois. The action planning template provides for activities and objectives to be tracked over time. • This process seeks to identify and area of focus that meet the needs of the MCH community and considers current initiatives in place.	
Next Steps	• Share opportunities / needs around partnerships • Share General Resources with Jen • Next meeting won't be before end of year; likely in January; date TBD	Jen will send out follow up information on needs before the next meeting.