



**Health Priority Action Team Meeting: Maternal and Child Health
Friday February 19, 2016: 9:30 AM – 11:00 AM**

Present: Amanda Bennett, Ann Borders, Sandy De Leon, Arden Handler, Lise Jankowski, Shannon Lightner, Miriam Link-Mullison, Andrea Palmer, Leticia Reyes-Nash, Ralph Schubert, Anita Stewart, Joanna Su, Kelly Vrablic

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

Topic	Discussion/Updates	Responsibility/ Deadline
Welcome/Logistics	Attendees on call confirmed their presence by acknowledging when his/her name was called. Minutes	Approval of Feb 5th minutes: • Motion: Andrea Palmer • Second: Kelly Vrablic Approval of Feb 11th minutes: • Motion: Ralph Schubert • Second: Andrea Palmer
Agenda	<ul style="list-style-type: none"> - Welcome/Logistics <ul style="list-style-type: none"> o Roll call o Minutes (2/5 and 2/11) - Action Planning Process <ul style="list-style-type: none"> o Objectives o Activities - Next Steps - Public Comment - Adjourn 	
Discussion	<p><i>Do we want to use MCH indicators as objectives to reduce disparities or use them to decide which activities should be implemented over the next 5 years?</i></p> <ul style="list-style-type: none"> • Amanda: Picking just one or two disparities takes us away from goals of eliminating disparities from a holistic approach. • Arden: The intersection of geographic and racial/ethnic disparities could serve as driving principles for action. • Sandy: When strategies or pilots are ruled out, we can disaggregate data by race/ethnicity and geography to identify gaps in data. • Ann: This data allows us to look at how disparities in social determinants of health during pregnancies impacts pregnancy and pediatric outcomes. • Miriam: Even risky behavior of adolescents connects with early childhood and disparities 	<p><i>*Consensus around committing to performing foundational practices for state health assessment</i></p> <p><i>Consensus around drafting broader objectives than health disparity measures.</i></p>

	<p>of their mothers during pregnancy.</p> <ul style="list-style-type: none"> • Ralph: We need a comprehensive adolescent health risk reduction initiative that looks at all risky behavior. <ul style="list-style-type: none"> ○ There is confounding in the distribution of racial/ethnic and geographic disparities making data difficult to disaggregate. ○ Disparities are driven by both SDOH and the service delivery system <p><i>Arden: What are the evidence-based initiatives that impact infant mortality and high risk adolescents that could be expanded upon?</i></p> <ul style="list-style-type: none"> • Funding for asthma initiatives • Leticia: Asthma is part of the 6-18 initiative to spend smarter for healthier people, so we should think about how we could make it part of the health system. • Lise: The Lead Poison Prevention Advisory Council is leaning towards the CDC “Healthy Homes” perspective/focus as an impact upon asthma and its triggers. <p><i>Is asthma an important enough issue to have a sub goal on?</i></p> <ul style="list-style-type: none"> • Ralph: It is closely tied with SDOH and is of interest to MCOs and 3rd party payers because of its over-utilization for emergency services • Focusing on other health conditions may have a bigger impact. • Amanda: Objectives or sub goals shouldn’t be about specific conditions, but rather on how we ensure that equity is a foundation of our decision making. • Arden: We could use the Foundational Practices for Health Equity: State Health Assessment to determine if we are planning through an equity lens • Assessments are performed by IDPH and key stakeholders. • Promote using assessment at the local level as well and link to the SDOH toolkit of the COIN group. • Funding could be used as an incentive to complete assessment. • Have RFAs ask applicants to describe disparities in their region using an equity lens. • Additional tools and training need to be provided for implementation. <p><i>How would we measure the implementation of the assessment?</i></p> <ul style="list-style-type: none"> • Ann: By the end of 2017 IDPH will have conducted this assessment and set recommendations for state programs. • # of LHD using the assessment • Measuring activities related to roll-out of infant mortality toolkit. • Look at what grant programs are already in existence that would work well into this model. <p><i>*Consensus around committing to performing foundational practices for state health assessment.</i></p> <p><i>Is there a way to broaden the objective around the intersection of geographic and racial/ethnic</i></p>	
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	<p><i>disparities as a guide for program implementation to address a systems change?</i></p> <ul style="list-style-type: none"> • Promote Children’s Cabinet to look at issues around risk behavior in youth and make sure our work is connected to theirs. • Ensure that state agencies are promoting health equity in all policies and aligned in their approach. <p><i>Was there a separate statement we need to make about decision criteria or guidance around the assessment objective?</i></p> <ul style="list-style-type: none"> • Implement the foundational practices of health equity <ul style="list-style-type: none"> ○ IDPH assessment ○ Local dissemination (LHD) or conveners of the process to encourage inclusion ○ Incorporate concepts into funding <p><i>Ralph: Should we include information from the adverse childhood experiences survey in addition to demographic minorities?</i></p> <ul style="list-style-type: none"> ○ Arden: Focus grant-seeking opportunities to address vulnerable populations, such as children with adverse experiences. ○ Andrea: Utilize trauma informed lens to address the survey and implement workforce development around trauma informed care 	
Next Steps	Complete Action Planning Template for goal #4 Complete Surveys for Goals 1,2,3	
Public Comment	None	
Adjourn	Meeting Adjourned at 11:00am.	