MEETING SUMMARY

Members Present:
Jane Auger
Ken Bence
Joan Brandt
Carol Grady
Aida Miles
Michelle O’Brien
Krista Post
Debra Purfeerst
Nancy Taff
Stephanie Graves

Members Absent:
Wendy Ringer
Carolyn Allshouse
Jamie Stang
Neal Holton
Trisha Brisbine
Bonnie Fairbanks
Susan Morris
Cindy Yang
Amos Deinard

Guests:
Rina McManus
Judy Ackman
Karen Gray
Nora Hall
Marvin Crup

MDH Staff:
Jeanne Ayers
Susan Castellano
Maggie Diebel
Judy Edwards
Ed Ehlinger
Katie Linde
Sarah Mapellentz
Dawn Reckinger
Barbara Fronhert

INTRODUCTIONS AND CHAIR REMARKS

Ken Bence, Chair of the Task Force, welcomed members and guests, and introductions were made. Recipients of the Betty Hubbard Awards and their guests were in attendance. Ken gave an update on membership changes, which included new members Aida Miles, Krista Post and Amos Deinard (not available for this meeting). He asked for a motion to approve the agenda and September meeting minutes. A motion was made to approve the agenda and seconded. After review a minor edit was made and a motion was made to approve the September meeting minutes. The motion was seconded. Motions carried with the edit to September meeting minutes.

PRESENTATION OF THE BETTY HUBBARD MCH LEADERSHIP AWARDS

Ken Bence introduced Commissioner Ed Ehlinger. Commissioner Ehlinger presented the 2016 Betty Hubbard MCH Leadership Awards to Marina (Rina) McManus, Director of Public Health for Saint Paul-Ramsey County, and Judy Ackman, retired Rice County Public Health Nurse, for their advocacy and contributions to the health of Minnesota’s mothers and children. Rina McManus received the statewide award for her strong advocacy of the Family Home Visiting Program legislation, MN Statutes 145A.17 and her contributions to the expansion of the Nurse Family Partnership and implementation of the Healthy Families America programs along with many other contributions to MCH in Minnesota. Judy Ackman received the award at the community-level for her advocacy and collaboration with agencies in Rice County to develop successful programs to support, educate and provide services to families. Judy collaborated
with local hospital staff and multiple agencies to start a parent/infant support program and a “parent-aide” program for home visiting in Rice County.

CERTIFICATES OF APPRECIATION FOR DEPARTING TASK FORCE MEMBERS

Ken thanked Kristen Teipel and Rosemond Owens for their service and contributions to the MCH Advisory Task Force and presented them with Certificates of Appreciation on behalf the Task Force and the Minnesota Department of Health for their years of service.

MINNESOTA DEPARTMENT OF HEALTH UPDATES

Assistant Commissioner Jeanne Ayers provided updates on MDH activities.

- Advocating and promoting the triple aim of health equity in order to eliminate health disparities
  - Implement a “Health in All Policies” approach with health equity as the goal (resources)
  - Expand the understanding about what creates health (narratives)
  - Strengthen the capacity of communities to create their own healthy future (people)

- Explained MDH’s process for recommending legislation to the Governor
- Discussed the role of Advisory Task Force in presenting recommendations for legislation/legislative issues to the governor through the Commissioner

COMMUNITY AND FAMILY DIVISION UPDATES

Division updates are provided in the handouts.

STILLBIRTH WORKGROUP RECOMMENDATIONS
• The Stillbirth Workgroup completed its work and submitted preliminary recommendations (to be followed by a full report) to the MCH Task Force for review and approval.
  o The workgroup adopted two sets of recommendations: one set was a list of overarching recommendations summarizing key points from the full list generated. The Workgroup requested the MCH Task Force approve and forward both to the Commissioner. The Task Force stated that, while some of the recommendations in the full list may not be possible, they agreed with the list in principle and so, with that caveat sent both to the Commissioner.

Summary Recommendations
  ▪ Implement effective antenatal monitoring including increased fetal surveillance between 32-34 weeks and from 39 weeks on, educate parents about the risk of stillbirth, and provide shared decision making with about early delivery
  ▪ Provide grief counseling in hospital, and support organization(s) for grieving parents
  ▪ Follow-up on abnormal conditions/lab results from previous pregnancies in subsequent pregnancies
  ▪ Address disparities: stillbirth rates 2-3 times higher for African American and American Indian pregnant women
  ▪ Provide good control of chronic conditions prior to and during pregnancy
  ▪ Identifying stillbirth causes: implement FIMR, birth defects registry and autopsies to better understand and reduce causes
  ▪ Autopsies (address insurance a barrier, make assistance available): increasing opportunity for families to have answers, ensure that labor and delivery staff prepare placenta and other labs correctly for analysis

A motion was made that the summary and recommendations be approved and forwarded to Commissioner. Motion seconded by Krista Post. Motion carried unanimously.

INFANT MORTALITY REPORT PHASE 2 ACTION PLAN AND STRATEGIES

In follow-up to the Infant Mortality Plan: Phase 1, two workgroups have been actively meeting.

• The Safe Sleep Workgroup completed recommendations identified in their Safe Sleep Action Plan to address SUIDs and SIDs.
• The Fetal and Infant Mortality Review (FIMR) Protocol Development Work Group developed recommended processes for FIMR implementation with and without legislative authority.
  o Action: Nancy Taff motioned recommendations in Phase 2 Action Plan and strategies from these two work groups be approved and moved forward. Motion seconded by Michelle O’Brien. Motion carried unanimously.
GRAYHALL PRESENTATION OF SURVEY AND RECRUITMENT OF CONSUMER TASK FORCE MEMBERS

GrayHall, a management consulting firm contracted by MDH to survey MDH advisory groups and committees, will be working with MDH staff to determine challenges and opportunities for recruiting consumer members to serve on the MCH Advisory Task Force. Karen Gray and Nora Hall provided:

- Background about efforts to increase recruitment and make participation available to others beyond immediate group members.
- A survey seeking information regarding member’s experiences serving on the Task Force will be sent via email to all members. GrayHall encouraged members to complete the survey and to share information regarding their experiences that is not asked for in the survey.

UPDATE ON POLICY INITIATIVES AROUND THE COUNTRY TO IMPROVE THE USE OF LARCS

Susan Castellano presented research on the benefits, utilization, and reimbursement of Long Acting Reversible Contraception (LARCs). LARCs are proving a safe, effective means of preventing unintended pregnancy. However, there are some barriers to implementation.

- **Clinical Recommendations to make IPP LARCs more available to MN women:**
  - Education and training of clinicians and hospital staff
  - Need for equipment (minimal instruments in hospital settings)
  - Patient informed consent must start prenatally, be reaffirmed before insertion
  - Assure avoidance of reproductive coercion
  - Supply: hospital pharmacy stocks vs clinician stocks and brings to hospital at the time of delivery
  - Payment: Because of the relatively high cost, hospitals will implement only if paid separately from hospital DRG

Nancy motioned to support the clinical recommendations listed above. Katie seconded the motion. Motion carried.

MEMBER NEWS AND ISSUES

- Medica will not be serving Medicaid clients, they did not get a contract from DHS. Medica has previously served 1/3 of Medicaid children under 18.
- Anne Barry is the new Public Health Director in Ramsey County, replacing Marina McManus who retired.
- Anoka’s new Public Health Director is Janelle Hubbard, replacing Laurel Hoff who retired.
• Debra Purfeerst shared that Rice County Public Health is able to hire two new Somali community health workers.

• Krista Post shared that in her work she is utilizing factors to determine likelihood of anxiety and depression during pregnancy as well as after, the idea being that a pregnant woman with these symptoms is more likely to become a mother with these symptoms or mental health issues, then the opportunity is to address it proactively during pregnancy. Mothers Emotional Behavioral Training (based on DBT) adapted to new parents and as it comes up in partnering with providers.

• Stephanie Graves shared that her work with the Tribes under the cradleboard grant she received was rewarding. The program proved to be successful and was a win-win for everyone.