

**Missouri Women’s Health Council
Meeting Minutes
January 29, 2024**

Members Present	Brenda Higgins, Cheryl Robb-Welch, Felisha Richards, Shavanna Spratt,
Members Absent	Huvona Watkins, Megan Simmons
Department of Health and Senior Services (DHSS) Staff	Sarah Ehrhard Reid, Tracy Henson, Jacqueline Miller, Julie Boeckman, Pat Simmons, Ashlie Otto, Heidi Miller
Guests	Clair Huber

Topic/Presenter	Discussion
Welcome and Introductions	Sarah thanked everyone for introducing themselves.
Update from DHSS Chief Medical Officer, Dr. Heidi Miller	<p>Dr. Heidi Miller serves as the chief medical officer for the DHSS. This is a new position that was created a year ago. Dr. Miller has been in that position for one year. She was originally trained as a primary care doctor in internal medicine, but always did women’s health. She has worked for years in integrating health and health equity and team-based care. She has carried the team-based thinking to her role at the DHSS. She mentioned about a year ago Director Nicholson convened the rural hospitals that have birthing facilities and they had a meeting with the CEOs of those hospitals because of the concern for maternal health deserts. Since then, they have done a deeper dive to figure out the multifaceted contributors to the maternal health deserts. Director Nicholson convened senior leaders of four organizations DHSS, Department of Social Services, under which Medicaid is housed, Missouri Hospital Association, and Missouri Primary Care Association to work on the maternal health deserts and access issues together. Initially, the scope of the discussions was to improve access. They met multiple times over six months and reviewed a variety of maternal health policies and programs and best practices from across the country to see what might fit for Missouri and what might plug certain gaps within certain statutory restraints. In the end they reviewed about 60 programs and policies. They narrowed it down to about a dozen and then realized that all of them need to happen and at that point they needed to start dividing down into specific efforts matching those topics.</p> <p><u>Questions and Answers</u></p> <p>Questions-Felisha Richards: Is the focus on only the areas that still have services within a rural hospital. That is the focus point of this. An effort to not lose those services?</p> <p>Answer-Dr. Miller: Yes, to preserve and we have learned this in so many fronts that preserving what we have is important because starting something from scratch is 10 times harder and more expensive.</p> <p>Dr. Miller mentioned that they initially started collaborating across agencies in response to rural maternal health deserts and trying to focus on access. Then the PAMR report came out, which revealed that death rates were higher in the urban areas than rural. So, they changed the scope of the inter-agency group to include access for the entire state. During their most recent meeting, they realized there is</p>

	<p>no such thing as limiting the effort toward access. They are going to broaden it further to improve maternal health access and quality and outcomes.</p> <p>Dr. Miller went over the initiatives and described each one. She asked if the Council had recommendations of who in the state, they know might be able to inform some of the initiatives and would welcome that statewide expertise.</p> <p><u>Questions and Answers</u></p> <p>Questions-Shavanna Spratt: What is there at all included in this space about access to mental health services in the postpartum period? Because right now what I'm noticing, even if a mom wants to get those services, it's limited and it's hard to access them. I know also, there's the hotline that recently came out, but what other work is included around that space. If that makes sense.</p> <p>Answer-Dr. Miller: Yeah, so I'm glad that you mentioned the hotline. Our maternal mortality prevention plan funding will contribute to behavioral health (BH) services as well, but we have communicated to Medicaid, MO HealthNet the need for behavioral health services throughout that entire continuum and access. Not a phantom list of providers. Dr. Miller mentioned the JAMA article that indicated that rape levels in Missouri that are then carried to pregnancy, are some of the highest in the entire country.</p> <p>MO HealthNet has been working hard on maternal health as well. Dr. Abby Barker has been assisting them in the transformation office. They have an enormous dashboard of what they are doing for maternal health and may want to consider inviting them for the future.</p>
<p>Update from Office on Dental Health Initiatives</p>	<p>Julie Boeckman program manager in the Office of Dental Health gave an overview of their brushing for 2 kits. They received Maternal Child Health Block Grant funding to put together 10,000 kits. Julie went over the items in the kits. They plan to ask WIC agencies how many they need. They are working with the local public health agencies to see how many they want. If they have any leftover from them, they will be targeting some other clinics around the state. They have been asking for more funding this. They have been asked by the Department to get this ready for a shovel ready project. Shovel ready is ways to use general revenue funds if there are other programs that cannot use all their funds before the end of the state fiscal year. As they receive more funding, they will send them out. Sarah will share the chat with Julie.</p> <p>Jacqueline Miller indicated they are also working to incorporate materials on smoking cessation in case there might be mom's postpartum that may consider taking smoking up. Sarah mentioned their office has been working on the initiative Baby and Me Tobacco Free and she will share the link to that website. That initiative helps moms quit smoking while they are pregnant and continue postpartum. They can get gift cards for diapers at Walmart for participating and staying smoke free. It is for both vaping and smoking tobacco. Sarah will add the information in the chat. They have Baby and Me Tobacco Free cards in their office and can order them from the warehouse.</p>
<p>Planning for 2024</p>	<p>There has been turnover in the Women's Health Council due to members having had their terms end. They asked for nominations, and they are working on processing those through the Department Director to review and approve to get</p>

	<p>some additional members onto the Council.</p> <p>Sarah talked about what they would like to do going forward, which is bringing forward things that the Department is working on and requesting feedback, getting ideas and input. Then following up with the Council on ways that they can collaborate and connect and do the work more cohesively. They would like to have meetings where the Department showcases some of the projects that they are working on. They will be inviting more members from the DHSS and the Council members as stakeholders and community members to the meeting so they can get their feedback as well. Sarah indicated that a lot of the feedback that they will be doing can be done via email. Sarah and Tracy will communicate by email every month and give check ins about things that are happening within the Department and things that need feedback on and things they are working on and next steps. Going forward having fewer meetings but meetings that are more interactive. Shavanna mentioned that email doesn't work for everyone and when talking about being intentional about integrating community into that space that may not work for all and to think about diverse ways to create that space of releasing that information. Sarah indicated that the email communication would be specifically for the Department employees and the folks on the Council. They would also like to, if folks are open to it, instead of having a shorter Webex meeting is to have an in-person meeting once a year to bring everyone together to showcase what they are working on and to strategically plan for ways they can collaborate and connect. Sarah mentioned the Women's Health Council is technically called in statute the Women's Health Advisory Committee and to consider if they want to keep that language.</p> <p>Sarah asked for feedback from the Council members. Brenda indicated that the email process would probably be much easier to manage than more regularly scheduled meetings. Felisha feels like she is a little bit the opposite and probably pay less attention to emails rather than actual time set aside to meet. Probably better feedback through a team's chat channel than email. Project management board or function where things can be posted, and chat could be there. Until they know what they are working on, can they determine the best way to communicate? Sarah gave a couple of options. Cheryl asked if they give enough emphasis on the entire lifespan. Sarah has started reaching out to folks within the Department, Division of Senior and Disability Services, their outreach team, to see if they have someone, they think would be a good fit, but if they think of someone send the name to Sarah and she will do the legwork.</p> <p>In the proposed bylaws they had meeting six times a year. They would like to take a step back and put something out there and see what work can happen without them all having to be in a zoom space and see what can get done before they add more to people's calendars.</p> <p>Sarah gave a quick overview of what they are doing related to forensic nursing and forensic exams. They also have a website and once the network gets launched, they will have an interactive map on the website. A discussion followed.</p>
Next Steps and Closing	The meeting was adjourned at 2:30 p.m.
Next Meeting	TBD

