



**Infant and Maternal Mortality Task Force Among African Americans (IMMT)  
*Systems Subcommittee*  
Monday, August 10, 2020  
12pm-1pm (cst)**

**Present**

Glendean Burton  
Shondra Clay  
Catherine Harth  
Daniel Johnson  
Jessica Lamberson  
Bakahia Madison

Cindy Mitchell  
Angelique Muhammad  
Jana Simon  
LaShonda Tate  
Jessica Davenport-Williams

***Virtual Meeting to occur via Cisco WebEx***

Video Conference:

<https://illinois.webex.com/illinois/j.php?MTID=m50688c77bdfd1222eb0fd7f25819d2e4>

Access Code: 133 672 5846

Join by Phone:

Telephone: (312) 535-8110 United States Toll (Chicago) // (415) 655-0002 US Toll

Event Number (access code): 133 672 5846

**Call to Order**

The subcommittee meeting began at 12:03 pm. Roll was taken and the agenda approved.

**Public Comments**

There were no public comments.

**Approval of Minutes**

Minutes from the July 13, 2020 meeting were approved.

**Review and Discussions**

The group discussed the structure of the small workgroup and topics to be covered. They group agreed that there would only be three workgroups and the topics listed under the forth would be added one of the other three remaining workgroups. Small group changes are highlighted in yellow below:

## **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.)

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

## **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**

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

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

h. Support and legitimize paraprofessionals such as Breastfeeding Peer Support Counselors, Doula's, Midwives, Lactation Counselors. 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.

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

Catherine and Glendean gave updates of their small group sessions.

### **Adjournment**

With nothing further to discuss, the meeting was adjourned at 1:00 pm.