

**Missouri Women's Health Council  
May 18, 2018**

**Meeting Minutes**

**Members Present:**

Teri Ackerson	Karen Edison	Gay Purcell
Kathi Arbini	Danielle Felty	Melissa Terry
Paula Baker	Sandra Jackson	Emily van Schenkhoof
Daphne Bascom	Sue Kendig	Padma Veligati
Patricia Clay	Bridget McCandless	

**Members Absent:**

Karlyle Christian-Ritter	Sarah Martin	Denise Wilfley
Colleen Coble	Katherine Mathews	Denise Willers
Wendy Doyle	Sherry Maxwell	Margaret Wilson
Alyson Harder	Mary McLennan	Rachel Winograd
Eboni January	Katie Towns	Lana Zerrer

**Department of Health and Senior Services Staff:**

Randall Williams	Karen Kliethermes
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The meeting of the Missouri Women's Health Council was held on May 18, 2018 from 9:00 a.m. to 1:00 p.m. at the Harry S Truman Building in Jefferson City. Chair Teri Ackerson called the meeting to order.

Dr. Williams thanked the members for attending, especially amid graduations, vacations, and the meeting date changes. He announced that Dr. Steve Corsi was unable to attend due to a medical procedure he underwent the day before. Dr. Williams provided the DHSS update, noting today was the last day of the 2018 regular legislative session. Combating the opioid crisis remains a top priority for the department. In a few weeks, the department will release 2017 opioid data. There was a 5% increase in deaths from 2016 to 2017; noting there was a 35% increase from 2015 to 2016 – efforts are making a difference. On June 1, the City of St. Louis will open an emergency operations center that will investigate every murder, overdose death, and overdose in St. Louis City in real time. The Center will be open 24/7. The Department of Social Services is providing one full-time social worker, and the Department of Health and Senior Services' Joe Palm, Chief of the Office of Minority Health, will dedicate time to this effort. Other support includes the St. Louis City mayor, St. Louis City Health Department, fire department, police department, FBI, etc. On July 1, the department plans to release data on the first quarter of operation of the prescription drug monitoring program (PDMP) established with Express Scripts. Five state investigators receive data from Express Scripts (type, strength, and quantity of drugs prescribed by physicians and dispensed by pharmacists) and look for unusual patterns in the prescriptions. Investigators can open investigations on physicians or pharmacists and turn them over to state or federal officials for necessary discipline. MO HealthNet has started mailing letters to providers about opioid prescribing. So far, 8,000 letters have been mailed to

physicians. Letters are generally sent for being outside the CDC guidelines for opioid prescribing. Physicians who do not respond to their letter will be turned over to the Bureau of Narcotics and Dangerous Drugs (BNDD) for administrative action. Questions regarding the abuse of controlled substances in Missouri should be directed to BNDD at (573) 751-6321. Dr. Williams visited the state of Washington to learn more about their project that expands access to integrated medication assisted treatment with buprenorphine for opioid use disorders through telemedicine. He is working on developing a similar program in Missouri. Dr. Williams announced Twin Rivers Regional Medical Center in Kennett, Missouri closed two weeks ago and are in the process of transferring patients to Pemiscot Memorial Hospital. Dr. Williams is working with the community to open an urgent care clinic and trying to build an emergency department in Kennett. He is putting all available resources into this very important and urgent effort. Dr. Williams stated women's health care is not getting better, it is getting worse, but he draws inspiration from the Women's Health Council. He encouraged the council to develop relationships with him and Dr. Corsi, to work as a force multiplier, and collectively become a driving force for change in women's health. Dr. Williams provided a book recommendation – *Eyewitness to Power* by David Gergen.

Dr. Melissa Terry was welcomed to the Council. She introduced herself, providing information on her background.

Chair Teri Ackerson told her personal story to explain why she is excited to be on the Council. She was given a second chance; therefore, she wants to give it forward. She believes, collectively, the Council will figure out how it can drive change for women's health in Missouri.

Council members then re-introduced themselves.

Dr. Daphne Bascom facilitated discussion around defining the Council's purpose, developing the Council's structure, and identifying Council priorities.

After much discussion, Council members agreed to the following:

1. Suggested mission statement: The Missouri Women's Health Council mission is to improve the whole health of women in Missouri. (Please think about the mission statement and be ready to briefly discuss recommended tweaks and revisions during our next meeting.)
2. Suggested core values (note: Other values were identified through the priorities survey completed in February 2018 and were provided to you prior to the May 18 meeting. Please review the survey document prior to our next meeting and be prepared to give input as to additional values that should be included.):
  - a. Equity - While racial equity emerged as a leading consideration, the group recognized that many types of inequities may be present in Missouri's health outcomes – racial, sex and gender related, rural vs. urban, etc. It was suggested that data be stratified to identify areas of equity gaps and trending toward improved or worsening outcomes.
  - b. Transparency – Council activities and meetings should be open and transparent. The Council complies with the Sunshine Law by posting open meeting notices 24

hours prior to meeting, holding open meetings, and retaining minutes for all meetings.

3. Council structure discussion included:

- a. Council status as a quasi-governmental or independent entity: Members articulated a desire to maintain and sustain the Council and discussed possibilities of the group operating as an independent entity, as well as in the current form as a quasi-governmental Council. The overarching concern is that the Council remain regardless of administrative changes. The council was created in statute in 2000 (RSMo 192.968).
- b. Expansion of Council leadership team: There is an additional need to expand the leadership to increase capacity and visioning in planning Council activities.
- c. External presence / marketing and branding: There is a need for improved communication and marketing or branding of the Council. At a minimum, a logo and website were suggested.
- d. Workgroups: The following committees were formed based on the recommendations of those present. Council members not present will be invited to choose a workgroup. It is anticipated that workgroups will meet monthly via telecommunications, and that the time commitment is approximately three hours per week. Members or others external to the Council may be asked to join various workgroups on an ad hoc basis to provide additional expertise. Workgroup leaders are asked to convene meetings, maintain meeting minutes, and provide monthly updates of committee work to the executive committee. Workgroup leads will present updates at the quarterly Council meetings.
  - i. Executive Committee: Charged with developing governance structure, bylaws, meeting planning, and other work related to Council structure and governance. The committee will provide recommendations on Council size, term limits, and possible need for ad hoc/stakeholder memberships.
  - ii. Data Workgroup: Charged with developing a model to identify pertinent women's health related data and metrics to be presented to the Council, policy stakeholders, and the public. Guides Council work and progress. See Rhode Island Women's Health Council report cards at <http://womenshealthcouncil.org/category/report-cards/>. Add equity to the scorecard – racial, LGBTQ, rural/urban. Develop baseline scorecard to be included in October women's health policy conference.
  - iii. Conference Workgroup: Discussion regarding having an annual or biennial conference to provide updates on Council initiatives, progress and data supported improvements. The first conference will launch awareness of the Council. Dr. Karen Edison offered to focus the annual MU Health Policy Summit already scheduled on October 25<sup>th</sup> in Columbia on women's health and draw expertise from the Council.
  - iv. Advocacy Workgroup: Charged with identifying key advocacy (regulatory and legislative) agenda and strategies.
  - v. Communications Workgroup: Charged with facilitating branding and social media presence, including a logo and website.
- e. Council membership: Total membership is at 29. Members identified key gaps and need for the following: male members, members outside of traditional health

care, contraceptive access, and increase in community members. A matrix of current members reflecting professions, areas of expertise and interest, and regions of state represented will be developed to identify gaps in membership.

- f. Meeting frequency: Members agreed to continue quarterly, in-person meetings of the full Council and monthly meetings via telecommunications for committees and workgroups.
4. Members identified the following priority:  
High quality access to whole person health care for women across the lifespan (to include substance use disorder treatment, mental health, wraparound services, etc.) was identified and the Council's key initial priority. Access is tied to reimbursement issues and payment for services. Also consider integration of behavioral health, social determinants, and community health worker strategies. Medicaid expansion is core to expansion of access to care.

Members not present at the meeting will be given the opportunity to select a workgroup and provide input on topics discussed at the meeting.

The next meeting is scheduled August 22 in Jefferson City.

#### **Addendum:**

Since the May 18 meeting, work has been done to begin forming the committees and working on Council structure. In order to continue our work, please note the following next steps and meeting schedule.

1. Workgroup formation: Sue Kendig will be sending a google doc with committee descriptions and request for volunteers, from her personal email address, [suekendig@gmail.com](mailto:suekendig@gmail.com). Please consider how you can participate in one of the workgroups and add your preferences to the google doc by end of day, Friday, June 8.
2. Logo: You have already received example logos from Gay Purcell. Many thanks to her husband for contributing his time and effort in developing these options. Karen Kliethermes will be sending the logos out to the full Council once again for a formal vote. Please respond to Karen's email by end of day, Friday, June 8.
3. We are developing a survey to capture information to develop an accurate metric of Council member expertise and interest. Please watch for this in the very near future.
4. Interim meeting schedule: Daphne Bascom's facilitated discussion really helped the group present to begin to better define the Council's work, priorities, and potential. In order to keep the momentum going, please hold the following dates for calls to move this work forward:
  - Friday, June 15, 2018, 9:00 a.m. – 10:00 a.m.: Full Council call. The call-in number is (866) 630-9353.
  - Friday, June 22, 2018, 11:00 a.m. – noon: Call with Teri, Sue and workgroup leads