ADVISORY COMMITTEE ON INFANT AND MATERNAL MORTALITY (ACIMM)

Preconception/Interconception Health Workgroup Meeting

Health Resources and Service Administration Building
5600 Fishers Lane
Rockville, MD 20857

Thursday, June 27, 2024
1:15 p.m. 2:45 p.m.

00:08:07:17 - 00:08:33:16

Joy Neyhart

Hi. You're sounding garbled.

00:08:33:18 - 00:08:41:13

Vanessa Lee

My computer is muted, and I didn't join the, this -- the audio? I think. Is it any better?

00:08:41:15 - 00:08:42:19

Marya Zlatnik

Yeah. That's better.

00:08:42:21 - 00:08:43:22

Vanessa Lee

Oh, it is better. Okay.

00:08:43:22 - 00:08:45:23

Janice Bell

It's better.

00:08:46:00 - 00:08:47:09

Joy Neyhart

No.

00:08:47:11 - 00:08:49:01

Phyllis Sharps

Not getting any.

00:08:49:03 - 00:08:51:07

Joy Neyhart

Yeah, I'm getting feedback from Phyllis.

00:08:51:09 - 00:09:08:15

Vanessa Lee

Well, you have to mute your computer speakers again. And then use the table mic.

00:09:08:17 - 00:09:10:12

Phyllis Sharps

Hello? Is this better? Are you able to--

00:09:10:12 - 00:09:12:22

Joy Neyhart

Oh, much better. Yeah. That's awesome.

00:09:12:24 - 00:09:23:07

Phyllis Sharps

Okay. I think we can get started. And maybe, we can go around and introduce who's here, and.

00:09:25:14 - 00:09:27:13

Joy Neyhart

Let me turn on my camera.

00:09:27:15 - 00:10:02:17

Phyllis Sharps

And I actually, in the wee, wee hours of last night had a brainstorm idea. So I just put some discussion points on there -- they are by no means recommendations, but kind of, where I think we might -- I think that could be discussions starters. Let me put it that way. So I'm Phyllis Sharps. I am a nurse by background, perinatal clinical nurse specialist, and have worked with, pregnant women and violence prevention against pregnant women.

00:10:02:19 - 00:10:11:17

Phyllis Sharps

I am a professor emerita from Johns Hopkins University School of Nursing. And Joy is -- take it away.

00:10:11:19 - 00:10:36:16

Joy Neyhart

Hi. Thank you. Phyllis. I am Joy Neyhart, I'm a pediatrician who has been practicing in Juneau, Alaska. I practiced there for 24 years, 22 years in a small independent practice which served everyone in the community. I did not limit -- I had no limit for patients that were insured by state Medicaid, or CHIP.

00:10:36:16 - 00:11:09:15

Joy Neyhart

And I also saw kids from the local tribal community. And then for the last two years of my work in Juneau, Alaska, I worked for the tribal health entity there, which is Southeast Alaska Regional Health Consortium. As of March, I am now, doing part-time locum tenant coverage, mostly in Montana, but I do maintain a license in Alaska, Wyoming, Hawaii, and now New Mexico.

00:11:09:17 - 00:11:39:19

Joy Neyhart

I will be beginning a master's in public health program through the University of Washington starting in the fall. And that's an 18 month program. My main interests are, of course, as a pediatrician, you know, kids, but also, the specific things that I've worked on with my time in Alaska are I participated on the Maternal Child Death Review Committee.

00:11:39:19 - 00:12:12:01

Joy Neyhart

So -- and I'm still actually participating in that. I have a meeting tomorrow. and then I also was instrumental in the plans of safe care, which morphed into the Hello Baby program in Juneau, Alaska. And that was a program designed to be offered to every family, every birthing family. and the goal for that was to decrease the number of children who have to have any kind of Office of Children Services intervention.

00:12:12:03 - 00:12:40:00

Joy Neyhart

So, you know, specifically, like parents -- mothers with Substance Use Disorder. You know, the goal was to get them connected with every possible service that would facilitate them not being, you know, the child not being removed from their care. And that, so that program is still going and that was federal dollars were coming in through the Office of Children's Services into this program.

00:12:40:02 - 00:13:12:16

Joy Neyhart

I have not anywhere near the extensive administrative and academic experience as Bill as who -- I aspire to that, I'm a clinician first and foremost and I don't have again, don't have

the understanding of recommendations and technical stuff. I have a big picture view. And so I will do my best to be to participate with this endeavor.

00:13:12:18 - 00:13:26:19

Joy Neyhart

Also, I wanted to let you guys know Doctor Slotnick, one of our new appointed committee members plans to join us after she finishes hospital rounds, so that's really exciting. Thank you.

00:13:26:21 - 00:13:40:18

Phyllis Sharps

Let's see. I'm just going to go. Excuse me. I'm going to go on how people are on my screen. It’s like jeopardy. So the next box I see is Kyra Betts. Thank you for joining us, Kyra.

00:13:40:20 - 00:14:17:02

Kyra Betts

So, like you said, my name is Kyra. I am the Policy and Advocacy Manager at Generate Health. I am -- what I'm now saying is that I am an educator by trade. I am a policy manager by pure manifestation. And I'm also a doula by pure passion. I have a bachelor's in sociology, and I have two masters, one in adult education, another in human services.

00:14:17:04 - 00:14:42:03

Kyra Betts

I am all things mom, baby. I transitioned into this work four years ago from being a corporate level trainer at a major hospital system in Missouri. And I saw things, heard things, felt things that made me feel like women and infants needed more support, specifically black women, infants needed more support. And so I quit my wonderful job, and I became a doula.

00:14:42:03 - 00:15:03:24

Kyra Betts

And, from there, I just realized that all of the changes that I thought that I could make as a doula, we're only going to come through changes in policy and legislation. So that is what I'm working on. And it’s quite an interesting landscape, being in that space in Missouri because I'm one of the few black women.

00:15:04:01 - 00:15:29:14

Kyra Betts

Well, I'm one of the only black women, in that space. And so, I continue to navigate this space, as best as I can. Always centering the voice of community and those with lived experience, primarily. So that is me. I'm also a mom, and I have two kids, but you might hear in the background if they get out of control.

00:15:29:16 - 00:15:44:00

Phyllis Sharps

Yeah, luckily those days are over for me. But always the minute I got on the phone. So, I think it's Doctor Romeo. Romero?

00:15:46:16 - 00:16:19:06

Liza Romero

Hi, I'm Liza Romero, I’m OB navigator at Optimize Healthcare, which is located in Bridgeport, Connecticut. We have another site in Stamford, Connecticut. My position was created a little bit over a year ago. And through that time, I have just developed an ever-greater passion for moms and babies as well. I partnered with Read to Grow to provide books for expecting moms.

00:16:19:08 - 00:16:51:10

Liza Romero

I have managed to get those in French Creole, Portuguese, and Spanish, and I'm just excited to learn and to be able to bring back to my community because, we do serve a lot of undocumented patients that may not have access to care. And so helping navigate and listening to the story earlier just brung me back to another mom who lost her baby.

00:16:51:12 - 00:17:23:18

Liza Romero

Undocumented, had no resources, and just shut down. She wouldn't talk to me. We followed up, but again, the access to care. She had no reliable phone service and so, although I tried to schedule PCP appointments, acupuncture, everything that I was able to, I haven't heard from her because, again, no phone access. So I'm just happy to be here to learn and be able to bring back to my community.

00:17:23:20 - 00:17:30:01

Phyllis Sharps

Okay, I see Deb Wagler, do you want to introduce yourself?

00:17:30:02 - 00:17:49:24

Deb Wagler

Hello everyone. I'm a colleague of Vanessa's. I also work in the Child Health Bureau in the Division of State Community Health. We are the ones who support the Maternal and Child Health Flexible block grants in each state and jurisdiction. Welcome. Happy to be here.

00:17:50:01 - 00:17:55:20

Phyllis Sharps

Sofia Stetkiewicz Okay.

00:17:55:22 - 00:18:02:22

Sophie Stetkiewicz

I'm Sophie Stetkiewicz. I'm a contractor for HRSA. I'm just going to be taking notes on you guys's conversation today.

00:18:02:24 - 00:18:09:16

Phyllis Sharps

Okay. Okay. Kelley Bowden.

00:18:09:18 - 00:18:41:18

Kelley Bowden

Hi, everyone. I'm Kelley Bowden, and I'm -- my original first half of my career was working in, newborn intensive care unit for almost 20 years as a nurse and nurse practitioner and moved to, working for our Title V block grant as a statewide outreach educator. And working in the NICU, I got very interested in prevention, and the possibilities of the work that could be done in the prevention aspect.

00:18:41:20 - 00:18:56:20

Kelley Bowden

I'm currently consulting with our State Maternal Mortality Review Committee, and often finding that some -- least one of our recommendations is around preconception and interconception health. So that's why I'm here today.

00:18:56:22 - 00:19:10:03

Phyllis Sharps

Oh good. So we definitely want to hear that. Sarah Wright?

00:19:10:05 - 00:19:22:03

Phyllis Sharps

Sarah if you're talking you're on mute.

00:19:26:08 - 00:19:32:14

Phyllis Sharps

We will come back. Maybe she's just listening, anyway.

00:19:32:16 - 00:19:40:13

Sarah Wright

Apologies. I stepped away for just a moment. Of course, that's when I called. Of course, that's how it works.

00:19:40:17 - 00:19:42:20

Phyllis Sharps

Yeah, we were just doing a little introduction.

00:19:42:21 - 00:20:08:00

Sarah Wright

Okay. So hi all, I'm Sarah Wright. I am on the maternal and women’s health team at HRSA. I am a project officer for -- currently four state, MHI states and eight in capacity states. And I'm also the program lead for that program. And just for background, preconception health is super important to me. And really like, I don't know, a soft spot in my heart.

00:20:08:00 - 00:20:24:24

Sarah Wright

I worked at the March of Dimes for almost five years as like my second job ever. And we had a special project that was focused on preconception health. And so it's really been kind of a passion project for me since.

00:20:25:01 - 00:20:29:03

Phyllis Sharps

And I see...

00:20:29:05 - 00:20:39:22

Phyllis Sharps

A telephone number, I don't know if that's 201303. 636831.

00:20:39:24 - 00:21:12:10

Janice Bell

Hi, hi. I'm the phone. I'm sorry. I have to be on my phone. My name is Janice Bell, and I have a background in maternal child labor and delivery over 20 years. I am also a faculty, and many of my students, out of CUNY in New York. And I've been finding many of my students being interested in going into labor and delivery, women's health, and I -- this is my first time at HRSA you know, for this type of setting, in this type of setting.

00:21:12:12 - 00:21:24:05

Janice Bell

So I'm hoping to learn and offer whatever I can to contribute. So thank you for having me.

00:21:24:07 - 00:21:54:24

Phyllis Sharps

Okay. So, you know, I think, many folks heard about the background of the work our committee has done. our work group has done over the past 6 or 7 months. And we are at the point where we are to begin to think about recommendations. And typically what happens is each committee -- so I call, the committee under Miss Pettiford.

00:21:54:24 - 00:22:43:03

Phyllis Sharps

Under Belinda will make a recommendation to the secretary. And so, as you heard early in this morning that this morning there are three subgroups and all are looking at issues related to that, but also with the frame of addressing the crisis in the Black maternal health birthing space. So we are looking at preconceptual interconception care and as I talked about earlier this morning, we've listened to a lot, a lot, a lot and there -- and I think as we've listened and learned, there are issues that cut across all of the of the other two workgroups, social drivers of health and the rural health issues.

00:22:43:03 - 00:23:33:22

Phyllis Sharps

And I'm going to let you all maybe react to some of what you've heard, but one of the things that I keep that that's resonating with me, that we keep hearing a lot are there are workforce issues. And I think both in terms of diversity and race, I love this race concordant care, but also, I think diversity of providers that we need to be able to expand the perinatal health team to include doulas, midwives, nurse practitioners and that, you know, maybe OB/GYN physicians are not necessarily the team captains, that there needs to be a much broader behavioral health and that kind of thing.

00:23:33:22 - 00:23:54:19

Phyllis Sharps

So in this space of looking at prenatal, I'm sorry, preconception and interconception care, it seems to me that we, we also are hearing that we need to be able to integrate that care in every space, birthing people, people who are thinking about birth or who just came out of being birth.

00:23:55:05 - 00:24:18:18

Phyllis Sharps

And other providers need to be prepared to do the work. And so, diversity, both in the race and ethnicity of providers, but diversity in the number of people and the kinds of people that can deliver the care.

00:24:18:20 - 00:24:50:09

Phyllis Sharps

I've also heard consistently that it needs to be more, looking across a woman or I'm saying woman, but for a birthing -- a potentially birthing person. the life span. So, you know, as an adolescent, maybe when you're thinking about it, you're, you know, there's a different, look. And, when you're a young adult and then, you know, as you get older, thinking about what -- you know, that we ought to be thinking more about reproductive health care and well-being and that, I mean, yes, contraception is important, and it's a big part of it.

00:24:50:15 - 00:25:28:15

Phyllis Sharps

But there are other aspects of the lifespan that you need guidance and information and access to resources. And we have women who are, or birthing people, who have chronic conditions, that will need some type of guidance about, how they manage fertility and reproductive health.

00:25:28:17 - 00:25:49:04

Phyllis Sharps

We also have a more diverse population in terms of gender and sexual identity that we also need to think about. And every time I, I've always, as a faculty person said in the maternal and child health department. So every time I say something about men, they literally tar and feather me.

00:25:50:22 - 00:26:27:07

Phyllis Sharps

But there are other players in the field. And so I, you know, I think that that is part of our challenge also. And how do we evaluate, preconception interconception care. It's more than just, you know, having a placement of a device or the number of prescriptions that

were written or who's, you know, taking pills or patches or that kind of thing that we need to also think about the process.

00:26:27:09 - 00:26:52:18

Phyllis Sharps

Do we have people think -- we talk about birth plans, but maybe there needs to be a reproductive health plan. So when are you thinking about it? You know, what are your desires around that. And you know, and -- also what would a well woman reproductive health visit look like? What are their key elements that we should think about?

00:26:52:20 - 00:27:19:04

Phyllis Sharps

So, you know, my background is, I'm also, violence against women. So I'm always going to ask about relationships because I know that makes a difference on how you're able to use, or not use a contraceptive method if you've thought about that. Or you may not have the same freedom to make decisions about how you enter into sexual activity.

00:27:19:04 - 00:27:55:01

Phyllis Sharps

So, anyway, I think I'd like to hear a little bit from each of you on maybe some thoughts or things that are resonating with you. And then I have put together a few bullet points, that are very broad, but might start the discussion on where we need to be. So part of what we eventually will have to do or think about doing is we have a worksheet, and we are to write down, you know, I don't I think we have plenty of time to wordsmith.

00:27:55:03 - 00:28:27:09

Phyllis Sharps

But ideas for record recommendations and then the rationale. So are there promising practices? Are there research, studies or are there voices from the field or the community that would support us making the recommendation? I also think -- we did end up very impressed. I was at the tail end of Making Amends, which is the American Indian Native Alaskan report, which is very, very impressive.

00:28:27:11 - 00:28:53:08

Phyllis Sharps

But it had 59 recommendations. And I think -- well, I think that that's important because the need is great. I think we want to come up with maybe 3 or 4 that are really -- one actionable, but that people will look at and really pay attention. And there have been a number of recommendations across the, this advisory. You know, different groups have made them.

00:28:53:10 - 00:29:16:08

Phyllis Sharps

And so when we come up with some, we can go back and kind of fact check to make sure that we're, you know, if we're saying something that's already been said, maybe -- but we still think it's important. I think we can think about how to tweak it to make it even more relevant. So I'm going to stop talking and, and let folks -- maybe we'll spend about 20 minutes or so.

00:29:16:08 - 00:29:26:17

Phyllis Sharps

I think we finish about three, is that right, Vanessa?. I'm sorry, I did not let Vanessa introduce herself. Vanessa.

00:29:26:19 - 00:29:43:20

Vanessa Lee

It's okay. Just here in the background, like some of my colleagues, I'm Vanessa Lee. I'm the designated federal official for the committee, and I’m intended to help staff and support this particular work group. So happy to be with you all again this afternoon.

00:29:43:22 - 00:29:47:04

Vanessa Lee

Oh, and then I saw Marya did join, our new appointed.

00:29:47:07 - 00:29:54:14

Phyllis Sharps

Yeah. Marya is a new member of the committee. And do you want to introduce yourself?

00:29:54:16 - 00:30:32:01

Marya Zlatnik

Thank you. Hi, I'm Marya Zlatnik. I am a maternal fetal medicine doc in San Francisco. And I am interested in the environmental health space. So the ways in which the environment, toxins, climate change can impact fertility, reproduction, pregnancy, infant and childhood outcomes. And so I don't know if this is the best work group for me, but certainly I could see some themes that that would fit.

00:30:32:01 - 00:30:39:03

Marya Zlatnik

So, you know, I'm happy to help in any way I can. Thank you.

00:30:39:04 - 00:30:43:13

Phyllis Sharps

Thank you.

00:30:43:15 - 00:31:05:17

Phyllis Sharps

Okay, so we could maybe enter into some general discussions. Thoughts? From either what we've you've heard today or from your own experiences and working, that -- anyway, just.

00:31:05:19 - 00:31:08:23

Phyllis Sharps

Please feel free to share.

00:31:09:00 - 00:31:43:13

Joy Neyhart

This is Joy. I'm going to start off camera just because I'm eating my lunch and I don't want you see all the spinach in my teeth. So, we went through a lot of stuff in our committee

meetings over the past few months, especially with respect to the inequality. And I think if we're truly going to be bold, then our leading recommendation should be to do with infrastructure and the color of law.

00:31:43:13 - 00:32:15:22

Joy Neyhart

And why and how we can change things before you even start thinking about health care. So one amazing. reference is Richard Rothstein book The Color of Law. And another was, talk, and probably several talks, by Doctor Daniel from, I think he's the Harvard, either law school or something to do with Harvard. But, you know, the social determinants, can't you?

00:32:16:01 - 00:32:41:23

Joy Neyhart

You can't get to the next steps until you fix the bottom. And so, I would hope that we can lead with a recommendation that precedes health and medical care.

00:32:42:00 - 00:32:47:20

Phyllis Sharps

What would that look like?

00:32:47:22 - 00:33:21:16

Joy Neyhart

Yeah. So one issue that -- is we learned, one thing we learned over the past few months is that Section 8 has never been fully and appropriately funded. So, you know, if you have a Section 8 voucher, you can't find a place to live because of the way things -- the way, I'm not sure the exact details, but there are laws that prevent or there are, the Section 8 vouchers are not, that don't provide enough compensation or something.

00:33:21:21 - 00:33:49:16

Joy Neyhart

So things like that. The other thing is looking at, like when we did our tour of in Saint Louis, we, you know, there are places where there just isn't health care and there just isn't transportation. So if you're not, if you don't have a way to get to what might be available, you know that we can make a recommendation to improve that kind of infrastructure.

00:33:49:18 - 00:34:00:04

Joy Neyhart

So those are the things off the top of my head.

00:34:00:06 - 00:34:02:00

Vanessa Lee

Okay.

00:34:02:21 - 00:34:30:20

Kyra Betts

I do have some thoughts. I've been thinking a lot, as I'm in this work group as a subject matter expert, right? So, like, making sure that I'm using my expertise to kind of think about what I think that birthing people are missing in the preconception and interconception space. So I have some notes I've been randomly just writing down as things pop in my head over the last, like month and some since we met.

00:34:30:22 - 00:34:58:16

Kyra Betts

And one of the things that has time and time again popped out in my mind is adequate reproductive healthcare education from the, like, elementary up level. A thing that I've noticed throughout my time as a doula, even in my time as what I'm doing now, a lot of birthing people have no idea what is supposed to be happening, so they don't have an idea of when something is wrong.

00:34:58:18 - 00:35:29:01

Kyra Betts

They don't have an idea if they are getting inadequate healthcare because they don't even know what the reproductive process is supposed to be like. There's not enough information, just about the structure of the reproductive health system for male and female anatomy. There is also not enough, not hardly any information about the ways in which anatomy changes throughout pregnancy.

00:35:29:07 - 00:35:53:02

Kyra Betts

And I think that that leads to a lot of issues for people when they're pregnant because they don't know what to expect, and they haven't had an opportunity to spend their lifetime wrapping their mind around, if I choose to get pregnant, these are the things that will happen to me. These are things I should expect. This is what I should expect out of a care provider.

00:35:53:03 - 00:36:18:06

Kyra Betts

This is what I should expect for labor and delivery. This is, you know, and understanding, like appropriate risk factors for pregnancy. And then being able to have -- in the same way that we are able to think about, diet and exercise throughout our lives, we should be able to still have that same foundation for reproductive care.

00:36:18:06 - 00:36:54:23

Kyra Betts

And that goes for men and women. because partners should also know what to expect, because sometimes -- not sometimes, most of the time they are the only eyes that are on those individuals. So definitely, when thinking about preconception, I'm thinking really early in the preconception, even before puberty hits, understanding the reproductive health system, fully. Another item that I've put some thought into is family planning education.

00:36:55:00 - 00:37:27:24

Kyra Betts

There is a lot of information around birth control, contraception and family planning, but there's not nearly enough information about all of the other things that go into family planning. So you get into a lot of people getting unexpected back-to-back pregnancies because they think just because they are breastfeeding, they can't get pregnant. You get folks who don't understand how ovulation works, and how to be able to track their ovulation and on a calendar or an app or things like that.

00:37:28:01 - 00:37:53:08

Kyra Betts

And I think that that would help with the time frame in between pregnancy where people need to heal their bodies and allow time for their blood pressure to regulate, their blood sugars to regulate, their mind, to regulate, they need to know, because if you do not want birth control, which is a perfectly fine, selection you deserve to still know what else you can do.

00:37:53:10 - 00:38:24:05

Kyra Betts

And, the calendar method, family planning, I think is really critical there. And then I have a ton of notes, but my last thing that I will say is, risk appropriate care throughout life. And so, when we did the panel, open Charlotte mentioned risk appropriate care for pregnancy, which is valid, but risk appropriate care throughout life.

00:38:24:07 - 00:39:06:16

Kyra Betts

When we start to go to our well women's visit, it is a one size fits all, until you are pregnant. But if you have, type one diabetes, if you have some type of autoimmune disease, if you have other any other risk factors, having providers throughout your time that can help you think critically about your reproductive plans is super important because a lot of folks don't even meet with someone about that until they are already pregnant.

00:39:06:18 - 00:39:39:06

Kyra Betts

They don't get into a MFM doctor until they're already pregnant. And by that time, it's too late to make preparations. And so they're just making adjustments where they could have had the opportunity to make preparations. Especially when you're thinking about those who are of reproductive age and of reproductive intent. If you have lupus, you should -- your OB/GYN should be someone who knows what is it going to take for you to get and sustain a pregnancy?

00:39:39:11 - 00:39:48:20

Kyra Betts

And that should be a conversation long before you even get pregnant. So that's what I have for today. I'm not going to read the other 25 things.

00:39:49:24 - 00:39:52:06

Marya Zlatnik

I have taken a lot of time, thank you.

00:39:52:08 - 00:40:18:00

Phyllis Sharps

So, the first thing you talked about, what came to my mind is maybe there's -- we in the community clinics that I oversaw. We developed passports to health, and so there was one for women. There were one for men. There were, so I could see doing something like that for health, reproductive health across the lifespan.

00:40:18:00 - 00:40:44:13

Phyllis Sharps

So when you are, I don't know, early adolescence, you know, this is what's happening this is what, you know, when you get to be a teen. But anyway, or possibly, pulling together all of these existing resources and building a toolkit that would have different pieces of information, or all of the, you know, many of the conditions you talked about.

00:40:44:15 - 00:40:52:17

Phyllis Sharps

I'm going to go to -- thank you. Very thoughtful. I'm going to go to Kelly and then Deb, I see have their hands up.

00:40:52:19 - 00:41:30:15

Kelley Bowden

Great. Thanks. And thanks Kyra for going first because it gave me some ideas, too. So, in the -- our maternal mortality reviews, some of the things we're seeing are untreated or undertreated chronic health conditions. So things like, a woman with significant anxiety, when we partially treated, she had chronic hypertension that was labeled, white coat hypertension.

00:41:30:17 - 00:42:06:24

Kelley Bowden

And she had a poor pregnancy outcome that we thought was possibly preventable. We do see short interpregnancy intervals as well. We see a lack of screening for mental health, substance use disorder, and intimate partner violence. and in some cases, when there's positive results of failure to, to refer, to resources and treatment, failure to, to escalate care.

00:42:06:24 - 00:42:24:16

Kelley Bowden

So referrals to maternal fetal medicine. So that's not preconception or interconception, but just something that we've seen in a few cases. I'm happy to answer any questions.

00:42:24:18 - 00:42:56:08

Phyllis Sharps

So that makes me think too, that if we were to recommend something like a, well woman's visit, that those would be things to make sure that we're screening for the different conditions that, she has making -- you know, be alert if it's a woman with a chronic, health condition that, to be sure that she's, she's connected to the appropriate care, and that there is follow up. Deb.

00:43:00:15 - 00:43:21:12

Deb Wagler

I'll be really quick because I'm just echoing, one of the speakers from the first day, and I apologize. I can't remember her name. She was very intentional, very specific in her recommendations. I think her recommendations apply to both of our questions that you're posing today. She was saying, you know, when we thought about interconception, preconception.

00:43:21:12 - 00:43:48:16

Deb Wagler

We were talking about intention not enough. It really needs to be shifted so we're not tying everything to pregnancy, that we're focusing on reproductive and sexual well-being. And I know Vanessa can pull which person, but I think it just shifts how we look at the work that we need to do going forward in this group. And I thought it was very, very important.

00:43:48:18 - 00:43:53:09

Vanessa Lee

Deb, was it the Upstream speaker?

00:43:53:11 - 00:44:02:09

Deb Wagler

I think it's a doctor who is a midwife. So I, I think it was before Upstream? But we can figure it out online.

00:44:02:09 - 00:44:04:23

Vanessa Lee

Thank you.

00:44:04:23 - 00:44:12:19

Deb Wagler

But it was just very she had a very explicit recommendations and a pretty long list. And they just fit this group so well.

00:44:12:21 - 00:44:21:01

Phyllis Sharps

They might have been. I wonder if it was the midwife from Delaware?

00:44:21:03 - 00:44:25:06

Vanessa Lee

Yeah, maybe one of the public comments. Okay.

00:44:25:08 - 00:44:28:18

Phyllis Sharps

Okay. Anyone -- you have your card up Vanessa?

00:44:28:20 - 00:44:47:13

Vanessa Lee

Thank you. This is great. And I've been trying to take notes. I did just want the workgroup to be aware so that you don't you know, we would obviously let you know in advance, but to not send a recommendation or something that might already exist if you're really actually looking to improve something that HHS or HRSA is already doing.

00:44:47:13 - 00:45:12:06

Vanessa Lee

So HRSA does fund ACOG to do the Women's Preventive Services Initiative, which puts out the well women care guidelines. If

any of you like, especially Joy in Peds, you are familiar with Bright Futures. That's sort of, you know, the playbook for pediatricians to know what goes into a well-child visit at every age and stage. And so the idea behind with WPSI was to do that for the well woman visit as well.

00:45:12:06 - 00:45:33:02

Vanessa Lee

And so I put in the chat the most current 2024 well women chart that would go through what they currently recommend are all the screenings again based on life stage for a well woman visit so that you have access to that if you want to make specific improvements to that, to that program, because it is funded by us.

00:45:33:04 - 00:45:42:17

Vanessa Lee

And then if it would be helpful, we could have the project director give you a more of a better overview of their work, if that would be helpful. Yeah.

00:45:42:19 - 00:45:44

Phyllis Sharps

Maybe for the July meeting?

00:45:45-00:45:46

Vanessa Lee

Okay.

45:46-45:47

Yeah.

00:45:47:02 - 00:46:00:00

Phyllis Sharps

It maybe we can look -- I mean, does it, does it reach back to preteens, early puberty in that area?

00:46:00:00 - 00:46:06:15

Vanessa Lee

I would have to look for that in particular.

00:46:06:17 - 00:46:09:17

Marya Zlatnik

17 is the youngest age group.

00:46:09:19 - 00:46:43:16

Phyllis Sharps

Okay. You know, and it it's kind of like the -- I think the dilemma we get into is, what should be the screening age for mammographies when we know that there are certain groups, that 40 is probably too late. And I think the same thing with adolescents. We have sexually active adolescents before 17. So, and they need to get -- and parents need to get messages about what to think about and that kind of thing.

00:46:43:18 - 00:47:03:23

Phyllis Sharps

Yeah. And I think the other thing is, when we think about making recommendations, we have to think about too, I think, and Vanessa can correct me, what is in the scope of HRSA to do? I mean, we certainly can recommend--

00:47:03:23 - 00:47:12:06

Vanessa Lee

Not HRSA, though. Right. It's all of HHS so under HHS is HRSA, CDC, we've got NIH who's actually here with us.

00:47:12:06 - 00:47:12:21

Phyllis Sharps

Okay.

00:47:12:23 - 00:47:33:09

Vanessa Lee

You know what I mean? It's all of those agencies and operating divisions under the Department of Health and Human Services, because your recommendations go to the Secretary of HHS And he will, you know, disperse them and say who is doing this and that and take these into consideration. So it even includes the Title X Office of Population Affairs.

00:47:33:09 - 00:47:34:00

Vanessa Lee

OPA.

00:47:34:06 - 00:47:34:15

Phyllis Sharps

Okay.

00:47:34:15 - 00:47:37:18

Vanessa Lee

They do the Title X funding, which is obviously part of it.

00:47:37:23 - 00:48:02:10

Phyllis Sharps

So then I think to put it into, actionable words, I'm thinking about Joy and infrastructure. it would be perhaps creating funding that removes barriers to access to care. So it could be transportation, it could be housing, it could be nutrition, you know, those kind of things.

00:48:02:12 - 00:48:17:07

Joy Neyhart

And I think, I'm not -- I don't have a very clear understanding of how HRSA can move the needle anywhere on infrastructure. But, so I guess that's what I need to dig into. Yeah.

00:48:17:09 - 00:48:22:05

Phyllis Sharps

I mark Myra, pronounce it one more time for me.

00:48:22:07 - 00:48:31:18

Marya Zlatnik

Marya. And I don't know if this, but people are familiar with Super Mario. It's said just the same. But Marya.

00:48:31:20 - 00:48:32:18

Phyllis Sharps

Thank you.

00:48:32:20 - 00:48:51:22

Marya Zlatnik

And you know, I'd like to claim my, like, superpowers. Although maybe Super Mario doesn't actually have superpowers. I'm not sure. And I'd like to welcome the newest member of this committee. Kyra's baby. So cute.

00:48:53:13 - 00:48:53:19

Joy Neyhart

Hi Kyra’s baby!

00:48:53:19 - 00:48:57:04

Kyra Betts

He was crying so I had to run to get him. Say hi!

00:48:57:06 - 00:48:58:21

Joy Neyhart

Hey, aw.

00:49:01:12 - 00:49:33:01

Marya Zlatnik

Anyway, my question, I think, is maybe for Vanessa and Deb, you know, thinking about the Women's Preventative Services Initiative, you know, as an ACOG member, I will get in the mail the poster and I look at it and, you know, I'm thinking, well, is there anything new here? And, you know, I don't do any postmenopausal care, so there's some things that are not part of my practice anyway.

00:49:33:03 - 00:49:58:24

Marya Zlatnik

But for the most part, you know, it's all stuff that I know is super important. But if I have, you know, 15 minutes with

somebody who's pregnant and we have to cover, you know, what kind of ultrasound she needs, and, you know, the constipation or back pain she's having, you know, fitting everything else in is hard. And I guess that's not a well woman exam because she's pregnant.

00:49:58:24 - 00:50:41:10

Marya Zlatnik

But I'm wondering, does -- is there any way to sort of hardwire time reimbursement? You know, so that those things, so that it's, it's not so easy to just sort of gloss over and say, I'm going to do that next time because there's something else more urgent, like, is there a way that HHS can make that sort of every woman, every time? I know that's one of Jennie Conway's things that that she says.

00:50:41:12 - 00:51:02:04

Vanessa Lee

Yeah. So she was on that grant, Marya, I don't know if she still is or not, but, you know, she always spoke about WPSI and her work with that initiative when she was on this committee. I would have to get the program lead for WPSI and maybe the project officer. And I think we can arrange it probably for the July meeting, because I don't know the answer.

00:51:02:04 - 00:51:26:23

Vanessa Lee

I know there was an implementation arm to that work that maybe looked at some of the, you know, applications of the actual guidelines once the other side kind of put the evidence review and research into making something part of the well woman visit. There was supposed to be more of an implementation action group that then helped providers work through really how to take these into action.

00:51:27:00 - 00:51:35:08

Vanessa Lee

So yeah, I can definitely look into getting WPSI at your next workgroup meeting if that's something that would be helpful.

00:51:35:10 - 00:52:26:14

Kyra Betts

I was going to say, in addition to, like what Marya is talking about, we also -- can you guys hear me? Okay, it said my connection was unstable. Just making sure. I think that's also where, I know Phyllis was speaking about, diversifying the workforce, like adding doulas, community health workers, midwives all in their space because they can also handle some of that education and some of those questions in the intermediary, because when you think about the number of, pregnant individuals or, pre-, interconception individuals that an OB will see in a day, sometimes there's not time, but when doulas and midwives and community health workers

00:52:26:14 - 00:53:09:13

Kyra Betts

have appropriate access to like reimbursement through Medicaid or through insurance, then they're able to diversify the services that they can provide. And they can provide some help with like, swollen feet, achy back, and leave the high blood pressure, the gestational diabetes, that medical piece of it to the medical professionals while they help with those comfort items and also, like the resources I know someone else was speaking about, like the infrastructure community health workers are really critical in helping connect individuals with resources for housing and utilities and transportation.

00:53:09:15 - 00:53:38:17

Kyra Betts

But if they aren't able to access appropriate reimbursement, it's difficult to spread that career field, and make more people want to get into those career fields because they're not always sustainable for a long-term career. So just a piece, when you said that, it made me think about, you know, community health workers and doulas do that, but they can't do it because they don't make enough money.

00:53:38:19 - 00:53:47:22

Kyra Betts

And there's no way for a lot of bills in a lot of places to submit for reimbursement, from like Medicaid. Which is a big one right now in Missouri.

00:53:47:22 - 00:54:28:14

Phyllis Sharps

So, yeah, I don't know. I mean, I think that we -- there needs, that. To me, that's also part of infrastructure. We need to figure out ways to fund large, diverse teams. And there are better members on the team like the doulas, like the community health workers, the nurse practitioners, public health nurses that could do a lot of the education and counseling around preconception, interconception care, and do it well, I mean, they may need some additional training and we may need to have develop documentation to help record, you know, the process or that kind of thing.

00:54:28:14 - 00:54:41:07

Phyllis Sharps

But I think that that's, that's another way to diversify and grow the workforce. So it's not all concentrated in one or two providers. What were you going to say?

00:54:41:09 - 00:55:25:17

Nikita Schachtera

Yeah. So, I wasn't sure what I can or I can't say. So, one of the thoughts and I think, just to add on to what Marya, did I say it right? Marya, said in the sense of individuals with chronic conditions, that are in the preconception period. There seems to be sort of this unknown of who does the counseling around family planning, meaning not only family planning for prevention of expansion of family, but really talking about preconception care and what is the timing of pregnancy as opposed to just, you know, don't get pregnant.

00:55:25:19 - 00:55:55:09

Nikita Schachtera

But -- and I think it's important to say that it has to be something that's a shared responsibility across whomever sees that person to say, you're high risk, you should see XYZ for consultation. And it can be the primary care provider. It could be the doula, it could be the community health worker, etc. but identifying them early enough that these are high risk individuals that need to be connected to care and need to see somebody before they become pregnant.

00:55:55:11 - 00:56:23:13

Nikita Schachtera

Oh sorry. So I'm the new ex-officio for NICHD. I'm -- my name is Nikita Schachtera. I'm an OB/GYN by training, and, and I practiced for over 14 years in an academic arena before coming to NIH. And now I'm the Branch Chief for the Pregnancy and Perinatal Allergy branch at NICHD.

00:56:23:15 - 00:56:37:24

Phyllis Sharps

While we're doing introductions, I don't think we did, Jessica, either. Oh. I'm sorry.

00:56:38:01 - 00:56:47:19

Phyllis Sharps

So nobody's going to talk. Okay, so we go back to Marya. Were you -- did I interrupt you? I think I cut you off.

00:56:47:21 - 00:57:37:24

Marya Zlatnik

Oh, well, no, I was just, thanking, you know -- Nikita, you're speaking to the choir. but certainly, if that's something that both would be part of the well woman visit. You know, anyone with any kind of chronic something, consider a referral to MFM or another person who can sort of address those issues. And also, Kyra and I were in the chat, you know, people like the lupus doctors or the endocrinologist, you know, when the as you were kind of saying, when the endocrinologist says, you know, the endocrinologist thinks they're saying you shouldn't get pregnant because your diabetes is not controlled.

00:57:37:24 - 00:57:54:19

Marya Zlatnik

Sometimes what people hear is, oh, you can't get pregnant. And so, there's sort of this misconception that the dialog has happened about the importance of preparing for conception, but in reality, it wasn't a dialog.

00:58:05:04 - 00:58:14:10

Phyllis Sharps

Mhm. The HIV women I worked with did, yeah. Jessica?

00:58:14:12 - 00:58:23:14

Phyllis Sharps

Do you want to introduce yourself, Jessica?

00:58:23:16 - 00:58:25:15

Phyllis Sharps

Hm, okay.

00:58:25:17 - 00:58:42:14

Phyllis Sharps

Well, we have about 25 minutes left. So I'm going to try to share my, can I -- do I have sharing capability?

00:58:42:16 - 00:58:45:06

Marya Zlatnik

Yeah.

00:58:53:23 - 00:59:04:24

Phyllis Sharps

Okay. Are you able to see that? Do I need to make it bigger?

00:59:05:01 - 00:59:30:19

Phyllis Sharps

Okay, so this one was -- and these are very broad, and they're not recommendations as much as thinking about perhaps what direction we might go in. And, this is, and I'll explain what I was thinking about, and then we can say this is trash. Or we can say, maybe yes or something.

00:59:30:19 - 00:59:56:01

Phyllis Sharps

And Joy is right, I'm an academic person. I've spent many years teaching university level, so I always think you have to have a framework. And so I thought a more holistic life course framework and I -- and I'm thinking, we heard from Sarah Verbiest early on and we can certainly put now that we have a box to put stuff in, I will put that in there if it's not in there.

00:59:56:01 - 01:00:38:02

Phyllis Sharps

But she, many years ago proposed a reproductive sexual well-being health framework. And it is centered on science, but also the voice of community members and collaboration. And what I was thinking is that it is a more inclusive framework because it doesn't only concentrate on the pregnancy time and the -- but it could be picking up issues for earlier, starting, as Kyra said, with the younger people, but also, perhaps the trans and sexual identity diversity people.

01:00:38:02 - 01:01:12:00

Phyllis Sharps

So that's kind of what I was thinking there. The second one is diversifying, of course, the health care workforce. and just making sure that we have training moneys and particularly that, would support members from the BIPOC community, which is you know, black, indigenous and people of color. because I think we've heard over and over that those are people we need and we certainly need to get education out, in terms of people knowing about other careers in the healthcare field that are in the perinatal workspace.

01:01:12:02 - 01:01:43:00

Phyllis Sharps

And HRSA, I mean, there's lots -- the MCH bureau has funded lots of training programs, and I think we need to make sure that that gets -- and if there is a way for them to even support additional training or advanced training around the pre-conception work space for doulas, for home visitors, and I can't spell, but, that would be really great.

01:01:43:02 - 01:02:21:06

Phyllis Sharps

As well as physicians. I think someone pointed out this morning that we also need to expand the existing workforce in terms of their knowledge and the ability to do the work in that space. But we also need to create new providers. So that's bullets two and three. and then I think, I was thinking that we probably need to make a recommendation about what would be the metrics for, both outcomes, but more importantly, quality.

01:02:21:08 - 01:02:55:11

Phyllis Sharps

And I think for existing, I mean, we heard a little bit about Healthy Start, I think yesterday some of the preconception interconception care that they provide. So in existing programs that are already funded, are there ways to, you know -- they are all having to report some data without creating the burden, but are there ways to put in one or two indicators of so we have a better notion of what's happening too in the field?

01:02:55:15 - 01:03:35:14

Phyllis Sharps

I think about PRAMS, whether or not we can -- if there is a way or other existing surveillance database that captures the reproductive health, if there's, a metric to go there, I think we've heard over, and Kyra pointed it out is just a widespread

and intentional education program about reproductive health and care. And, you know, so what your health should look like, as well as who should, where you would go to receive care, what kind of resources are available to support your reproductive health?

01:03:35:16 - 01:04:03:08

Phyllis Sharps

And then -- but would also address misinformation and myths around this whole space. And of course, you know, the challenges that it certainly needs to be inclusive of all potential populations. It has to be culturally appropriate. So it probably would not be one size that there may be different variations of some standard information depending on the community.

01:04:03:10 - 01:04:29:13

Phyllis Sharps

It has to be, I think, appropriate in terms of literacy so that folks can understand it. I mean, simple things like colorful fonts are important. How much information is on the page as well as well as reading level. Multimedia, because we know certainly in our younger populations, they get information from a variety of places. It's not always documents and reading.

01:04:29:15 - 01:05:19:15

Phyllis Sharps

And we've heard broadband access will be important in the digital space and it should be widely available every place any birthing or parenting person would receive care, that some aspect of reproductive health care information should be available. So that would, that's my, some -- anyway I think could be a starting point for thinking about potential recommendations.

01:05:19:17 - 01:05:28:00

Phyllis Sharps

Thoughts? Or, do we need to, just start all over from the beginning? Or, what do you think?

01:05:28:02 - 01:05:38:16

Kyra Betts

I feel like this really encompasses, a lot of what we were talking about today. And this is what you came up with last night, right?

01:05:38:18 - 01:05:39:14

Phyllis Sharps

Mhm.

01:05:39:16 - 01:06:16:03

Kyra Betts

Right. So that makes me feel like all of our minds are in, like, this shared space, noticing like the trends of misinformation and myths around preconception and being able to identify ways to, to determine if what is happening is even working. So like the surveillance metrics, I feel like we're all in a very shared space looking at this and reflecting on the conversation that we've had today.

01:06:16:05 - 01:06:50:08

Kyra Betts

I like it. I think it's a really, I think it's really comprehensive. and what you're putting in right now, I think is really is so important. There are so many barriers to appropriate, adequate training, development, health care, pregnancy care, all of these things, there are so many barriers.

and so addressing that infrastructure, and I think Julie said earlier is like critical because there are like community barriers.

01:06:50:08 - 01:07:21:12

Kyra Betts

There are seen barriers, there are unseen barriers. And I think that once you dig in on that part, about what those barriers are and why they exist, I mean, unfortunately, but fortunately, we will be making a whole other separate list of recommendations just around barriers.

01:07:21:14 - 01:07:22:00

Phyllis Sharps

So--

01:07:22:00 - 01:07:23:17

Janice Bell

Hi, Janice.

01:07:23:19 - 01:07:25:21

Phyllis Sharps

Okay, go.

01:07:25:23 - 01:07:45:11

Janice Bell

I think we're off to a very good start, based on just our discussion and what you summarized so far. I'm sure we'll be adding more to this, but I do believe we're off to a very good start. So I agree with what you have so far. Thank you.

01:07:45:13 - 01:07:46:23

Phyllis Sharps

Thank you.

01:07:47:00 - 01:07:51:01

Janice Bell (?)

You're welcome.

01:07:51:03 - 01:08:35:03

Phyllis Sharps

So one of the things too I guess we will think about is, and maybe, before our July meeting, I can make another draft. After the feedback from today with the recommendation and our rationale, and make -- maybe it'll be a two or three column document that would have the recommendation, the rationale, and maybe some resources or -- either existing resources or evidence that we know of, or you all know that would support us making that recommendation.

01:08:35:05 - 01:08:38:01

Phyllis Sharps

Kelly?

01:08:38:03 - 01:09:04:23

Kelley Bowden

Yeah. As we've been talking about education, it was in a meeting recently, and there was a lawyer in the meeting, and she shared that she was pregnant and didn't know she was supposed to be taking folic acid or prenatal vitamins. A friend told her she should, so she did. And it was a little shocking to me that

someone with that level of education hadn't heard about folic acid.

01:09:04:23 - 01:09:19:08

Kelley Bowden

But I think it highlights that education can't be the only activity around preconception health.

01:09:19:10 - 01:09:43:05

Phyllis Sharps

Yeah. I mean, I think we're kind of seeing education training, funding and resources.

01:09:43:07 - 01:09:48:02

Phyllis Sharps

I'm sorry, Joy, I'm trying to write and – Joy?

01:09:48:04 - 01:10:16:19

Joy Neyhart

I, two things. One is, specifically if we -- I know we had asked for this, and I'm not sure if it's available. But it could be helpful to know what had what some of the outcomes are, whether the state to expanded Medicaid coverage to women for 12 months after they've given birth, you know, has that, been cost effective and has it improved health?

01:10:16:19 - 01:10:38:19

Joy Neyhart

And if it has, can we write a specific recommendation that, that the federal government, you know, we always hate that word mandate, but put that into the legislation when providing

Medicaid funds to states that, you know, pregnant women need to be, or women who've given birth need to be covered for a minimum of four months afterward.

01:10:39:00 - 01:10:59:04

Joy Neyhart

So that's one specific thing that I think we can recommend. And if we had evidence of what those outcomes were, where states have already done that, that could be helpful. And then my other kind of question is,

01:10:59:06 - 01:11:22:12

Joy Neyhart

You know within the purview of or the, yeah, the -- what HRSA can do like, the agencies that HRSA can affect, you know, where should we target infrastructure recommendations, I guess is the question. And maybe that's a question for Vanessa or for Michael Warren. I'm just not sure.

01:11:23:19 - 01:11:27:01

Joy Neyhart

So I'm adding more questions in too.

01:11:27:03 - 01:11:48:19

Vanessa Lee

Yeah, we can think about that. And, Deb, I mean, the first thing that comes to mind in terms of infrastructure from at least MCHB's investments is Title V, which Michael Warren had, you know, presented a brief overview on terms of being, that block grant to states for public health services and systems. Is that what you mean, Joy?

01:11:48:19 - 01:11:50:01

Vanessa Lee

Like, what would be --

01:11:50:03 - 01:12:19:07

Joy Neyhart

But that, those grants go to exist -- I think they go to existing programs and institutions. But if we don't have the programs and institutions to receive in these health care, you know, deserts, how can we affect that? Is there a way through HRSA that we can or a way that we can make a recommendation to her so that that can there be, then be acted upon?

01:12:19:09 - 01:12:23:20

Joy Neyhart

I mean, we were told to be bold. So I'm out there.

01:12:23:22 - 01:12:59:22

Phyllis Sharps

Well, I mean, one of the things that comes to mind, one of the presenters talked about or I don't know, maybe it was Belinda that talked about programs that are testing out, supplemental payments for, I don't know whether it was for housing or something. So where and it's coming under -- where does that get funded from, or is that a collaboration between the housing, HUD and, and, you know, a Health and Human Services entity or?

01:12:59:22 - 01:13:18:12

Phyllis Sharps

I mean, because that -- I mean, again, I guess it would need to see data. Does it make -- I'm sure it makes a difference. But if

you're giving helping pregnant women and families to get into housing, that assumes that other things will be improved.

01:13:18:14 - 01:13:46:12

Vanessa Lee

Yes, the housing, examples at least that might have been mentioned came either through Healthy Start Enhanced or the catalyst grants that MCHB did about two years ago, where we did a call out for focusing on the social and structural determinants of health. So yes, if you would want to make a recommendation that more, you know, demonstration projects go towards that.

01:13:46:12 - 01:14:18:18

Vanessa Lee

I mean, the catalyst right now is the only I would say, grant program demonstration that's specifically funding social and structural strategies versus direct services. Deb, again, others on the line from, from MCHB, if you can think of others. But, I think some of the other grantees that we have used other dollars and necessarily our MCHB funds to do some of the supplemental income work or other housing related projects.

01:14:24:09 - 01:14:31:18

Phyllis Sharps

Well, you know, I'm, I'm thinking certainly in terms of transportation or some of those things, probably a Healthy Start group or funded program could just write that into their budget.

01:14:32:23 - 01:14:48:12

Phyllis Sharps

That they, you know, they provide, I don't know, a clinic. And they're giving people vouchers or coupons to get to and from.

01:14:48:14 - 01:15:07:16

Phyllis Sharps

But we could also check too, to see if what the social determinants of health group is working on and if they're even thinking -- I mean, I'm sure they are, but, what they might be recommending around infrastructure.

01:15:19:19 - 01:15:22:06

Phyllis Sharps

I’m sorry. Marya?

01:15:22:08 - 01:15:48:20

Marya Zlatnik

Thank you. And actually, my comment sort of relates to that is I wonder if it's worth thinking about because many of the things on our list are also things that would improve care during pregnancy. And so do we want to sort of flag like this is a priority for interconception preconception care, but it's also a priority for pregnancy care.

01:15:48:20 - 01:16:02:21

Marya Zlatnik

Like, you know, race concordant providers and expanding the health == you know, I know almost everything on our list. It would be helpful once people are pregnant. I don't know if it's helpful to call that out. You know.

01:16:02:23 - 01:16:04:02

Phyllis Sharps

Yeah.

01:16:04:02 - 01:16:07:23

Marya Zlatnik

Sort of joining forces with the other work groups.

01:16:08:00 - 01:16:15:16

Phyllis Sharps

Yeah. And I don't know, I would imagine there's kind of a preamble or beginning to the document that the letter or whatever is prepared from this group for recommendations.

01:16:17:06 - 01:16:55:16

Phyllis Sharps

And we may want to recommend that we talk about some general things such as, you know, race concordant care, importance of infrastructure, because that that is overriding. And then and then maybe call out specifically how it makes a difference for our area, kind of thing.

01:16:55:18 - 01:17:01:06

Phyllis Sharps

Okay. We have about five more minutes. Is that right?

01:17:11:09 - 01:17:54:08

Phyllis Sharps

Yeah. I will, I think Vanessa probably, will have some minutes for us. And I, I can put this document in our shared folder. And I would say also, if you have access to the membership group, Joy, and our emails are on the list, but we can certainly send it out if you have more thoughts that that we just didn't get to today, that we can start adding in to this list.

01:17:54:10 - 01:18:17:10

Phyllis Sharps

And we can -- and I'll work a little bit more on it. We made again this work group on July 22nd, I believe.

01:18:17:12 - 01:18:21:09

Phyllis Sharps

That was. Yeah.

01:18:21:11 - 01:18:29:04

Vanessa Lee

All right. July 17th, Wednesday -- third Wednesdays of the month. So July 17th at 2 p.m. Eastern.

01:18:29:06 - 01:18:33:07

Phyllis Sharps

So we already have one speaker.

01:18:33:09 - 01:18:34:22

Vanessa Lee

That you guys wanted.

01:18:34:24 - 01:19:12:17

Phyllis Sharps

Yeah, yeah. One speaker and, and I think maybe just one speaker because the hour really does pretty fast. And we'll come back and look at this document again because, I suspect in October, we'll want it to be in pretty good shape. because we only have

one more meeting after October right, is that right? The March meeting. Any parting comments before we?

01:19:12:19 - 01:19:18:19

Phyllis Sharps

Typically what happens in this group is the controller just cut you off, so.

01:19:18:21 - 01:19:25:18

Joy Neyhart

What time are we meeting on July 17th? Because I just got scheduled to the work that day, so I want to block that hour.

01:19:25:20 - 01:19:28:23

Phyllis Sharps

It's 2:00 to 3:00 Eastern Time.

01:19:29:00 - 01:19:30:15

Joy Neyhart

So noon Mountain Time.

01:19:30:15 - 01:19:35:16

Phyllis Sharps

Okay, that should be easy. You're entitled to have lunch then.

01:19:35:18 - 01:19:39:01

Joy Neyhart

Yeah, that's what I'll tell the scheduler. Thank you.

01:19:39:03 - 01:19:46:05

Phyllis Sharps

Okay. Any other comments, suggestions?

01:19:46:07 - 01:20:15:06

Marya Zlatnik

I -- sorry, just a quick question. So I'm wondering if we can bucket the recommendations. And I know -- I know the call was to sort of think big. So, what are, and then what can we do now, right? So what are the now things. How do we think big. And then can we bucket them into maybe, you know, training or service and just to sort of think through how to present the recommendations.

01:20:15:08 - 01:20:19:13

Phyllis Sharps

Okay.

01:20:19:15 - 01:20:49:04

Phyllis Sharps

Oops.

01:20:49:06 - 01:20:58:06

Phyllis Sharps

Alright. Well, that's just the start.

01:21:18:23 - 01:21:34:07

Phyllis Sharps

Anything else from anyone? Jessica. We didn’t -- we didn't hear from you. Jessica, I don't know, maybe you're on your mic now?

01:21:34:09 - 01:21:43:19

Phyllis Sharps

Okay.

01:21:43:21 - 01:22:05:15

Phyllis Sharps

You said no. Do you want to just say hello to us? Unmute and say hello or you're okay?

01:22:05:17 - 01:22:20:13

Phyllis Sharps

There she is. You're on mute.

01:22:20:15 - 01:22:37:15

Phyllis Sharps

Can you, is -- can you unmute her?

01:22:37:17 - 01:23:10:10

Phyllis Sharps

Well. Welcome, Jessica. And, I hope you'll join us in July. And, if there are no other comments, I want to thank everyone for coming and being a part of the group and sharing and we'll see everyone on July 17th.

01:23:10:12 - 01:23:14:00

Janice Bell

Thank you.

01:23:14:02 - 01:23:15:24

Liza Romero

Thank you.

01:23:16:01 - 01:23:16:21

Vanessa Lee

Thank you, bye.