

EWCT Advisory Committee Meeting Notes
June 16, 2017 1:00pm – 3:00pm
March of Dimes, Glastonbury CT

In Attendance: Jordana Frost, Marijane Carey, Kimberly Karanda, Marcie Cavacas, Nancy Turner, Leigh-Lynn Vitukinas, Gina Burrows, Faith VosWinkel, Deborah Buxton-Morris, Daileann Hemmings, Michal Klau-Stevens.

Announcements:	Follow-Up Actions
<ul style="list-style-type: none"> • EWCT has received a new March of Dimes community grant to support, in partnership with DMHSA, our expansion efforts. This grant supports training DMAHS funded programs on OKQ and other relevant pre/interconception health topics. This grant runs until the end of December 2017, with the possibility of 3-month no-cost extension. • DMHAS is focusing more on reproductive care, women’s over-all health, and the prevention of substance exposed infants. Many women served by DMHAS-funded programs have trauma histories, little/no health education, and lack established connections with health care providers. Many DMHAS programs work with women on medical, mental, and behavioral health issues. OKQ gives staff a tool to talk with women about reproductive health. OKQ is very manageable for staff at many levels within DMHAS programs. • DMHAS would like to use OKQ within their methadone clinics (20+ clinics across the state) as a component of their EWCT expansion effort. • Rick Fisher is on board with working with EWCT to develop learning programs for inclusion in DMHAS’ online learning system. • The Young Adult Services (YAS) program is currently exploring how YAS staff could be involved in EWCT trainings and how they could integrate new knowledge into their already existing reproductive health curriculum. • Two trainings have been done so far with DMHAS partners: May 5th OKQ intro and June 2nd Implementation Workshop • Another training is planned for August 25th on birth control methods and optimal birth spacing. As with all of these workshops, Planned Parenthood of Southern New England is doing the training. • This partnership with DMHAS is helping to raise awareness around trauma. • Our abstract on the application of the Collective Impact framework as a basis for our EWCT work has been accepted for presentation at the national American Public Health Association (APHA) conference. UPDATE: The abstract has also accepted for presentation at the CT Public Health Association’s annual conference scheduled for October 30. 	<p><u>EWCT staff (Marijane, Jordana, Michal):</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> look at DMHAS providers and how they fit into the initial eight communities to connect them to the place-based community teams

<ul style="list-style-type: none"> • A congresswoman from Oregon is working on crafting federal legislation on integration of pregnancy intention screening (a.k.a. OKQ). March of Dimes national lobbyist contacted EWCT for information about needs that could be supported through potential legislation. 	
Data Committee Update	Follow-Up Actions
<ul style="list-style-type: none"> • Reaffirmed consensus about monitoring population indicators, process indicators, program and organizational level indicators. Implementers can still monitor indicators tailored to their own organizational goals related to OKQ. <i>See update handout for listing of indicators</i> • Participants who attended the May 5 and June 2 trainings received the implementation toolkit that included the updates recommended by the data workgroup. • Yale Women’s Clinic is still in the process of integrating OKQ into EMR. Once that is completed, they have expressed an interest in offering trainings. • Deborah Buxton-Morris is aware of an Early Head Start OKQ pilot program that was started through TVCCA. She recalls that about 70 women participated in the pilot testing phase. MIECHV programs are doing some of the follow-up with OKQ every six months. • Based on the feedback by those who attended the EWCT-sponsored Preconception Health Symposium that was held in February, it provided information that will assist in implementing OKQ in their programs. • Still attempting to contact WIC, which has been dealing with the rollout of a new database system and EBT cards. Some local WIC sites have indicated their support of the OKQ and believe that it fits well with their work, as they do address interconception health topics during provision of WIC services. Jordana has had conversations with a colleague from Oregon who shared their information on their success in integrating OKQ into the WIC program. Committee members asked: Is there any chance we could integrate OKQ into new WIC database system? 	<p><u>EWCT staff (Marijane, Jordana, Michal):</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> share revised implementation toolkit with first cohort participants, highlighting changes made to data collection section (based on recommendations made by Data Workgroup) <input type="checkbox"/> report back to Advisory Committee about how many programs/practices have participated in EWCT activities so far <input type="checkbox"/> Reconnect with Connie Heye, Rita Foster, and Alison T. about MIECHV data collection <input type="checkbox"/> Use summer months to connect with sites to offer technical support and gather information about how each practice is moving forward. <p><u>Deborah Buxton-Morris:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> report back to Advisory Committee about Early Head Start OKQ pilot <p><u>Jordana:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Share Oregon WIC materials with Marijane and Marcie. <p><u>Marijane:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Contact Rosa Biaggi and Mark Keenan about integrating OKQ into WIC sites. <p><u>Marcie Cavacas:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Explore opportunity to reintroduce concept to WIC colleagues within DPH. Suggestion was made to invite WIC colleagues to join EWCT Advisory Committee.

Next Steps for EWCT	Follow Up Actions
<ul style="list-style-type: none"> • How do we continue to assist programs and communities? <ul style="list-style-type: none"> ○ Because our resources are limited, we want to prioritize support to those communities that are moving forward in their implementation plans and limit involvement with those geographic areas that are not ready to move forward at this time. ○ Limit addition of new communities. ○ Take advantage of DMHAS' (and other organizations) offer to share their expertise and to support EWCT communities. • Jordana shared an idea about how to support, connect with, and collect data from community members who might be trained as preconception peer counselors and implement OKQ within various settings (i.e. churches, beauty salons, 1:1 mentoring conversations) → Create an app for peer education counselors to use to report OKQ discussions. Could also be used by them as a quick reference on related health topics and community resources, as well as an online social media community. • Advisory Committee was very receptive to idea and offered other suggestions as well: <ul style="list-style-type: none"> ○ App is a way to support the learning collaborative ○ App could track type of practitioner/profession who is asking the OKQ – unique identifier when they ask the question or when they register as a user. ○ Dental hygienists are talking about OKQ with patients, but it is unlikely that they will incorporate into EMR or use an app to report... ○ Could EWCT incorporate incentives for using the app? (i.e. discount on their phone bill similar to employer-based discounts offered by certain phone companies?) ○ We should explore potential connections between EWCT and Text4baby ○ Learn the Signs. Act Early app is an interesting model. ○ The MoMba app used by the NH MOMS Project is another model. ○ St. Vincent's is using something like that = Gina will report back on it. ○ CHA is working with PatientPing: when patient visits ED, primary care providers participating in the PatientPing program are notified of ED visit so that they can promptly deliver follow-up care. • Organizing more trainings for the fall/winter – possible topics include another round of preconception health topics (similar to February symposium), as well as provider implicit bias and motivational interviewing skills. <ul style="list-style-type: none"> ○ Is AAP Connecticut open to getting involved? ○ Could ACOG get involved? 	<p><u>Gina Burrows:</u> <input type="checkbox"/> report back on St. Vincent's app</p> <p><u>Marijane Carey:</u> <input type="checkbox"/> Connect Jordana and Michal with MomBa development team</p> <p><u>Michal Klau-Stevens:</u> <input type="checkbox"/> Spend summer months researching app development process, vendors, estimated costs, timeframe, etc.</p> <p><u>Faith VosWinkel:</u> <input type="checkbox"/> Facilitate introduction to Jill Wood (CT AAP CT chapter Exec Director) to explore fit with EWCT work</p>

<ul style="list-style-type: none"> ○ AAP and ACOG could be pathway for getting more clinicians involved in trainings? They offer webinars – could we present on a webinar? Do they have upcoming conferences or meetings we could present at? ○ CHDI is doing visits to pediatric practices re: making postnatal screening for depression part of their practice. Should we consider more office detailing? ● Nancy Turner – Request to consider expanding EWCT to include domestic violence service providers, as OKQ can fit very well with preventing/resolving reproductive coercion situations. <ul style="list-style-type: none"> ○ 18 DV service area coalitions in the state working with women who experienced trauma. Service providers include residential and community-based support groups. ○ OKQ can provide opportunities to explore reproductive coercion and how to have conversations on reproduction. ○ Next steps – meet with the CCADV Training Director and attend a meeting of the executive directors to explore the interest/feasibility doing a OKQ training for shelter managers ● Nancy – Also of interest to EWCT Advisory Committee may be the thought of expanding to include Department of Corrections – relating to high rates of pregnancy soon after incarceration. <ul style="list-style-type: none"> ○ DOC generally discharges inmates with prescriptions... could inmates be prescribed or given preferred birth control method before discharge? ○ Might consider advocating with warden and with medical providers to make OKQ routine practice in prison, offering contraception, and working with substance abuse counselors, re-entry counselors, volunteers who work in the prison system (although volunteers may be a difficult population to work with because of turnover... still worth exploring with York Volunteer Coordinator) ○ Opportunity to research current related practices and explore different levels of OKQ/EWCT involvement (i.e. educ/counseling on family planning, dispensing of birth control, sharing of information about insurance coverage including Medicaid Limited Benefit program, etc.) Christine Bachman (at York Correctional) would be a good person to start talking with. Nancy could have a conversation with her. 	<p><u>Nancy Turner:</u></p> <ul style="list-style-type: none"> □ Facilitate introduction to Director of Training at CCADV <p><u>Nancy Turner and EWCT Staff:</u></p> <ul style="list-style-type: none"> □ Attend meeting with Executive Directors and Child Advocates (they meet every other month). EDs can then identify key people from each shelter to be trained in OKQ <p><u>Nancy Turner:</u></p> <ul style="list-style-type: none"> □ Reach out to Christine Bachman at York Correctional Facility to facilitate introduction with EWCT staff
<p>Additional Business</p>	
<ul style="list-style-type: none"> ● Call for intern or worker for the fall to support Jordana after Michal leaves ● Meeting ended at 2:50 after a Connecticut trivia point – if you cross the street in Hartford on your hands, you will be breaking the law. 	<p><u>Faith VosWinkel:</u></p> <ul style="list-style-type: none"> □ Share recent communication from UCONN School of Social Work about intern opportunities

