



<b>Focus Area 1: Maternal, Infant and Child Health</b>
<b>Goal: Optimize the health and well-being of women, infants, children and families, with a focus on disparate populations.</b>
<b>Area of Concentration: Reproductive and Sexual Health</b>
<b>SHIP Objective: MICH-1 Reduce by 10% the rate of unplanned pregnancies</b>
<b>Dashboard Indicator: <a href="#">Rate of unplanned pregnancies in Connecticut. (HCT2020)</a></b>

Strategies	Actions and Timeframes	Partners Responsible	Progress
<p><b>Support the provision of preconception/interconception health care throughout the childbearing years in community and clinical settings</b></p> <p><i>Opportunities for Collaborations with other Action Teams:</i>            In support of the life course philosophy, we will be working more closely with the MICH Developmental Screening Workgroup.</p> <p>We are working with the MICH Oral Health Workgroup to ensure dental health care providers are included as potential OKQ sites in the EWCT learning communities.</p> <p>We are working with the Mental Health &amp; Substance Abuse Action Team via our collaborative work with DHMAS</p>	<p>Continue providing technical assistance to Every Woman CT participating programs and practices implementing One Key Question  <b>January 2018-December 2018</b></p>	<p>CT MCH Coalition and its ad hoc Every Woman CT Advisory Committee, CT March of Dimes, Oregon Foundation for Reproductive Health, PPSNE</p>	
	<p>Research and identify potential funding sources to maintain and expand Every Woman Connecticut Learning Collaborative.  <b>January 2018-December 2018</b></p>	<p>CT MCH Coalition and its ad hoc Every Woman CT Advisory Committee, CT March of Dimes, foundations that support health-related initiatives (national, state, and local), insurance companies, Department of Social Services (DSS), Department of Public Health (DPH)</p>	



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Strategies	Actions and Timeframes	Partners Responsible	Progress
<p><b>Collaborate across sectors to increase socio-economic and health equity</b></p>	<p>Evaluate Action Agenda strategies from a social equity perspective with a focus on ensuring that priority populations and high volume/high burden communities are adequately represented</p> <p><b>October 2018- December 2018</b></p>	<p>CT MCH Coalition</p>	
<p><i>Opportunities for Collaborations with other Action Teams:</i> Environmental Action Team</p>	<ol style="list-style-type: none"> <li>1. Identify and support 2-5 relevant legislative and policy efforts that promote social determinants of health (i.e. paid family and medical leave, housing quality and affordability, education quality and completion, poverty reduction, food security, violence prevention, toxic stress reduction, access to quality healthcare, juvenile justice) while educating the public and legislators on the impact that social determinants of health have on women’s health throughout the lifecourse and perinatal health outcomes:</li> <li>2. <ul style="list-style-type: none"> <li>• assemble ad-hoc advocacy committee within the CT MCH Coalition tasked with leading advocacy efforts and coordinating with other partners</li> </ul> </li> <li>3. <ul style="list-style-type: none"> <li>• develop relevant fact sheets to be shared by coalition members and partners with legislators, leaders, media, and members of the public</li> </ul> </li> <li>4. <ul style="list-style-type: none"> <li>• identify and partner with community members and organizations that could provide testimony on key issues and legislative bills and policies</li> </ul> </li> </ol> <p>January 2019</p>	<p>CT MCH Coalition, CT Association for Human Services (CAHS), Connecticut Women’s and Education Legal Fund (CWEALF), CT Women’s Education and Legal Fund (CWEALF), Parent Leadership Training Institutes (PLTI), Early Childhood Collaborative/Discovery Communities, Mothers for Justice, Graustein Memorial Fund, Connecticut Association for Basic Human Needs (CABHN), CT Public Health Association (CPHA), Connecticut Voices for Children</p> <p>MEASURE: # of testimonies submitted collectively from members of the MCH Coalition.</p>	



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<b>Strategies</b>	<b>Actions and Timeframes</b>	<b>Partners Responsible</b>	<b>Progress</b>
<b>Support reproductive and sexual health services</b>	Identify partners to support relevant priorities and initiatives (i.e. equitable access to long-acting reversible contraceptives, equitable access to culturally-sensitive and developmentally appropriate information and materials, equitable access to reproductive and sexual health care services, increased utilization of Medicaid Family Planning Limited Benefit program, etc.) <b>Ongoing</b>	CT MCH Coalition, CT MCH Coalition Every Woman Connecticut Advisory workgroup, DPH, DSS, SDE, Council on Medical Assistance Program Oversight (Women’s Health Sub-Committee), Planned Parenthood of Southern New England, CWEALF  PROGRESS MEASURES: if available, we would like to track 1) LARC utilization rates, 2) utilization rates of Medicaid Family Planning Limited Benefit program, and 3) Inter-Pregnancy Intervals (IPI)	
<b>Resources Required (human, partnerships, financial, infrastructure or other)</b>			
<ul style="list-style-type: none"> <li>• Commitment from lead organizations for each major initiative</li> <li>• Graduate-level interns assigned to each major initiative, as needed. March of Dimes may be able to supervise some interns. There might be an opportunity to coordinate with other intern supervisors from other partner organizations within MCH Coalition.</li> <li>• Continued active involvement of focused workgroups within CT Maternal and Child Health Coalition.</li> <li>• Clinicians and other statewide leaders to serve as champions of preconception/ interconception health initiatives</li> </ul>			
<b>Monitoring/Evaluation Approaches</b>			
<ul style="list-style-type: none"> <li>• Provide quarterly report outs</li> </ul>			



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<b>Area of Concentration: Birth Outcomes <u>and</u> Preconception and Pregnancy Care</b>			
<b>SHIP Objective</b>			
MICH-5: Reduce by 10% the proportion of low birthweight and very low birthweight among singleton births.			
MICH-6: Reduce by 10% the proportion of live singleton births delivered at less than 37 weeks gestation.			
MICH-2: Increase by 10% the proportion of women delivering a live birth who discuss preconception health with a health care worker prior to pregnancy.			
<b>Dashboard Indicators:</b>			
<ul style="list-style-type: none"> <li>• <a href="#">Proportion of very low birthweight babies among live singleton births in Connecticut. (HCT 2020)</a></li> <li>• <a href="#">Proportion of low birthweight babies among live singleton births in Connecticut. (HCT 2020)</a></li> <li>• <a href="#">Proportion of live singleton births in Connecticut delivered at less than 37 weeks gestation. (HCT 2020)</a></li> <li>• <a href="#">Infant mortality rate (infant deaths per 1,000 live births) in Connecticut. (HCT 2020)</a></li> <li>• <a href="#">Proportion of women in Connecticut delivering a live birth who discuss preconception health with a health care worker prior to pregnancy. (HCT2020)</a></li> </ul>			
<b>Strategies</b>	<b>Actions and Timeframes</b>	<b>Partners Responsible</b>	<b>Progress</b>
<b>Collaborate across sectors to increase socio-economic and health equity</b>	More details on this cross-cutting strategy can be found in the MICH1 objective section		
	Support state-wide trainings and awareness around health equity <b>June 2018 – December 2018</b>	March of Dimes, CT MCH Coalition, Connecticut Health Foundation,	
<b>Support the provision of pre-/interconception health care throughout the childbearing years in community and clinical settings</b>	More details on this cross-cutting strategy can be found in the MICH1 objective section		
<b>Resources Required (human, partnerships, financial, infrastructure or other)</b>			
<ul style="list-style-type: none"> <li>• Commitment from lead organizations for each major initiative</li> <li>• Graduate-level interns assigned to each major initiative, as needed. March of Dimes may be able to supervise some interns. There might be an opportunity to coordinate with other intern supervisors from other partner organizations within MCH Coalition.</li> <li>• Continued active involvement of focused workgroups within CT Maternal and Child Health Coalition.</li> <li>• Funding to support continued implementation of Every Woman CT and its One Key Question initiative.</li> <li>• Clinicians and other statewide leaders to serve as champions for preconception/interconception health initiatives</li> </ul>			
<b>Monitoring/Evaluation Approaches</b>			
<ul style="list-style-type: none"> <li>• Provide quarterly report outs</li> </ul>			



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<b>Area of Concentration: Birth Outcomes</b>			
<b>SHIP Objective:</b>			
MICH-7: Reduce by 10% the infant mortality rate (infant deaths per 1,000 live births).			
MICH-8 Reduce by 10% the disparity between infant mortality rates for non-Hispanic blacks and non-Hispanic whites.			
<b>Dashboard Indicator:</b> <a href="#">Disparity ratio between infant mortality rates for non-Hispanic blacks and non-Hispanic whites in Connecticut. (HCT 2020)</a>			
<b>Strategies</b>	<b>Actions and Timeframes</b>	<b>Partners Responsible</b>	<b>Progress</b>
<b>Collaborate across sectors to increase socio-economic and health equity</b>	More details on this cross-cutting strategy can be found in the MICH 1, 2, 5, 6 objectives sections	CT MCH Coalition,	
<b>Support the provision of preconception/ interconception health care throughout the childbearing years</b>	More details on this cross-cutting strategy can be found in the MICH1 objective section		
<b>Resources Required (human, partnerships, financial, infrastructure or other)</b>			
<ul style="list-style-type: none"> <li>• Commitment from lead organizations for each major initiative</li> <li>• Graduate-level interns assigned to each major initiative, as needed. March of Dimes may be able to supervise some interns. There might be an opportunity to coordinate with other intern supervisors from other partner organizations within MCH Coalition.</li> <li>• Continued active involvement of focused workgroups within CT Maternal and Child Health Coalition to continue leading implementation of above-proposed initiatives.</li> <li>• Funding and technical assistance to support racism-related initiatives</li> <li>• Community and statewide leaders to serve as champions for racism-related initiatives</li> <li>• Clinicians and other statewide leaders to serve as champions for preconception/interconception health initiatives</li> </ul>			
<b>Monitoring/Evaluation Approaches</b>			
<ul style="list-style-type: none"> <li>• Provide quarterly report outs</li> </ul>			



Focus Area 1: Maternal, Infant and Child Health			
Goal 1: All children in CT have optimal oral health.			
Area of Concentration: Child Health and Well-being			
SHIP Objective MICH-12: Increase by 10% the percentage of children under 3 years of age at greatest risk for oral disease (i.e., in HUSKY A) who receive any dental care.			
Dashboard Indicator: Dental Utilization for Children under the Age of Three in HUSKY Health			
Strategies	Actions and Timeframes	Partners Responsible	Progress
<p>Increase dental care provided by pediatric primary care providers (PCPs) directly and through referral.</p> <p>Encourage pediatric PCPs to include oral health in the well child visits for their patients under the age of three, including performance of these two procedures: <b>D0145</b> (\$25) Oral evaluation for a patient under three (3) years of age and counseling with the primary caregiver; and <b>D1206</b> (\$20) Topical therapeutic fluoride varnish application for moderate to high risk caries patients, an evidenced-based practice. Both are consistent with EPSDT.</p>	<p>Coordinate effort, strategize, monitor, create targets [periodic meetings]  <b>Measure:</b> CTCOH PIOH-WG minutes  <b>Timeframe:</b> late 2015 – 2019</p>	<p>CT Coalition for Oral Health (CTCOH)            Perinatal &amp; Infant Oral Health Work Group (CTCOH PIOH-WG)</p>	
	<p>Outreach to Pediatric Primary Care Providers  <b>Measures:</b> # of providers receiving outreach  <b>Timeline:</b> 2016 – 2019</p>	<p>CT Dental Health Partnership (CTDHP),            American Academy of Pediatricians (AAP), Department of Public Health (DPH), CTCOH PIOH-WG</p>	
	<p>Provide Access for Baby Care (ABC) Program Training  <b>Measure:</b> # of providers trained, # of providers registered  <b>Timeframe:</b> current – 2019</p>	<p>From the First Tooth (FFT)</p>	
	<p>Pediatric PCP's include oral health in well-child visits  <b>Measure:</b> # of claims filed for fluoride varnish  <b>Timeframe:</b> baseline, current – 2019</p>	<p>CTDHP, Pediatric PCP's</p>	
	<p>Develop and examine potential funding opportunities.  <b>Measure:</b> List of funding opportunities  <b>Timeframe:</b> 2018</p>	<p>DPH Office of Oral Health</p>	
<p><b>Resources Required (human, partnerships, financial, infrastructure or other)</b></p> <ul style="list-style-type: none"> <li>Existing programs/partners: CTCOH, CTCOH-WG, CTDHP, AAP, FFT;</li> <li>DPH staff time to involve new pediatric PCP's</li> <li>New PCP involvement</li> </ul>			



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**Goal 1: Optimize the health and well-being of women, infants, children and families, with a focus on disparate populations.**

**Area of Concentration Child Health and Well-being**

**SHIP Objective: MICH-13 Increase by 10% the percentage of parents who complete standardized developmental screening tools consistent with the American Academy of Pediatrics (AAP) guidelines.**

**Dashboard Indicator: Percentage of parents in Connecticut who complete standardized developmental screening tools consistent with the American Academy of Pediatrics (AAP) guidelines (HCT 2020).**

Strategies	Actions and Timeframes	Partners Responsible	Progress
<p><b>Conduct an education and awareness campaign that targets families and communities on the importance of developmental screening.</b></p> <p><b>(Family and community supports)</b></p>	<p>Ensure that the Project Launch media campaign message being developed by Mason, Inc. includes: information on and the promotion of developmental screening; a focus on families &amp; relationships, and the Strengthening Families' protective factors.</p> <p><b>Due by:</b> On-going</p> <p>Members of the Developmental Screening Workgroup (Dev Screen Wkgrp) of the MICH Action Team join the Project Launch's state level Young Child Wellness Council and participate in the media campaign's efforts to obtain information, such as through interviews with providers, to inform the media campaign.</p> <p><b>On-going</b></p> <p>Monitor the success of the media campaign through:</p> <ol style="list-style-type: none"> <li>The number of families who complete Ages &amp; Stages (ASQ-3) and the Ages &amp; Stages, Social Emotional (ASQ:SE-2) Questionnaires and the M-CHAT.</li> </ol> <p><u>Data Sources:</u> Child Development Infoline (CDI), Office of Early Childhood (OEC) Family Support Services (Home Visiting programs and the Birth to Three Systems). <b>On-going</b></p> <ol style="list-style-type: none"> <li>Evaluation measures including the summary of focus group data, survey data, and distribution of campaign materials (print, electronic, other).</li> </ol>	<p><b>Lead Partners:</b></p> <ul style="list-style-type: none"> <li>The Developmental Screening Workgroup (Dev Screen Wkgrp) of the MICH Action Team</li> <li>Project Launch's State Young Child Wellness Council</li> <li>Mason, Inc.</li> </ul> <p><b>Lead Partners:</b></p> <ul style="list-style-type: none"> <li>Same as above</li> </ul> <p><b>Lead Partners:</b></p> <ul style="list-style-type: none"> <li>Child Development Infoline (CDI)</li> <li>Family Support Services (Birth to Three System and home visiting services) of the Office of Early Childhood (OEC)</li> </ul> <p><b>Lead Partners:</b></p> <ul style="list-style-type: none"> <li>Department of Public Health (DPH)</li> <li>Department of Children &amp; Families (DCF)</li> <li>Mason, Inc.</li> </ul> <p><b>Lead Partner:</b></p> <ul style="list-style-type: none"> <li>CDI</li> </ul>	<p>Media campaign ongoing, press conference a success</p>



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Strategies	Actions and Timeframes	Partners Responsible	Progress
	<p><u>Data Source:</u> DPH (State contract data collection from media provider Mason Inc.) <b>Ongoing</b></p> <p>Promote awareness and use of Child Development Infoline (CDI). <u>Data Source:</u> CDI (Total number of calls, number of inquiries about developmental screening and developmental promotion.) <b>Ongoing</b></p> <p>Expand the number of LTS.AE materials distributed statewide to families and community providers. <u>Data Sources:</u> Program reporting from CDI, OEC Family Support Services &amp; Act Early Ambassador <b>Due by:</b> Ongoing</p>	<p><b>Lead Partners:</b></p> <ul style="list-style-type: none"> <li>• OEC</li> <li>• CDI</li> <li>• DPH</li> </ul> <p><b>Other Partners (not listed above) for this strategy</b></p> <ul style="list-style-type: none"> <li>• Early Childhood Comprehensive Systems (ECCS) partners</li> <li>• CT Act Early Team</li> <li>• Child Health and Development Institute (CHDI)</li> <li>• Pediatric primary care providers</li> <li>• Family support organizations</li> <li>• Early care and education providers</li> <li>• Community-based providers</li> </ul>	
<p><b>Train community and healthcare providers to improve screening rates and coordination of referrals and linkage to services within the state.</b></p> <p><b>(Provider/practice level)</b></p>	<p>Increase the number of practices, early care and education programs and community based direct service providers who participate in a training(s) related to screenings, supporting families and referrals to services via the following resources:</p> <ul style="list-style-type: none"> <li>• Educating Practices in Community (EPIC) presentations on Developmental milestones, developmental screening, or protective factors</li> <li>• CT Association for Infant Mental Health (CT-AIMH) endorsement process</li> <li>• CT-AIMH’s infant &amp; toddler mental health trainings</li> <li>• The ECCS Tool Kit</li> </ul>	<p><b>Lead Partners:</b></p> <ul style="list-style-type: none"> <li>• DPH</li> <li>• OEC</li> <li>• CDI</li> <li>• ECCS partners</li> <li>• CHDI</li> <li>• CT Association for Infant Mental Health (CT-AIMH)</li> </ul> <p><b>Lead Partners:</b></p> <ul style="list-style-type: none"> <li>• Department of Social Services (DSS)</li> <li>• DPH</li> </ul>	

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Strategies	Actions and Timeframes	Partners Responsible	Progress
	<ul style="list-style-type: none"> <li>ASQ &amp; ASQ-SE trainings</li> <li>LTS.AE trainings &amp; “Watch Me” on-line training</li> </ul> <p><u>Data Sources:</u> CHDI, OEC and CT-AIMH</p> <p><b>Ongoing</b></p> <hr/> <p>Gather Medicaid Claims billing code data for developmental screening (96110 CPT) including number and percentage of usage at 9, 18, 24, and 30 month olds.</p> <p><u>Data Source:</u> Department of Social Services</p> <p><b>Ongoing</b></p>	<ul style="list-style-type: none"> <li>CDHI</li> </ul> <p><b>Other Partners (not listed above) for this strategy</b></p> <ul style="list-style-type: none"> <li>CT Act Early Team</li> <li>Child Health and American Academy of Pediatrics (AAP)</li> <li>Pediatric primary care providers</li> <li>Family support organizations</li> <li>Early care and education providers</li> <li>Community-based providers</li> </ul>	
<p><b>Engage in cross system planning and coordination of activities around developmental screening.</b></p> <p><b>(Policy and public health coordination)</b></p>	<p>Members of the Dev Screen Wkgrp will join state level groups in order to support the communication among and coordination of statewide efforts around developmental screening and the promotion of healthy development including:</p> <ul style="list-style-type: none"> <li>Project Launch’s State Level Young Child Wellness Council</li> <li>DPH State Level Care Coordination Collaborative</li> <li>The CT Act Early Team</li> <li>ECCS workgroup.</li> </ul> <p><u>Data Sources:</u> Sign in sheets and summaries of the meetings held by the collaborative groups listed above meetings</p> <p><b>On-going</b></p>	<p><b>Lead Partners:</b></p> <ul style="list-style-type: none"> <li>Dev Screen Wkgrp</li> <li>Project Launch</li> <li>DPH</li> <li>OEC</li> <li>DCF</li> <li>CDI</li> <li>CHDI</li> <li>CT Act Early Team</li> <li>ECCS partners</li> </ul> <p><b>Other Partners (not listed above) for this strategy</b></p> <ul style="list-style-type: none"> <li>Pediatric primary care providers</li> <li>Family support organizations</li> <li>Early care and education providers</li> <li>Community-based providers</li> </ul>	



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<b>Resources Required (human, partnerships, financial, infrastructure or other)</b>			
<ul style="list-style-type: none"> <li>Existing programs/partners (DPH, OEC, CDI, Project Launch, CDI, CHDI, CT-AIMH)</li> <li>New partners including programs that have access to families</li> </ul>			
<b>Monitoring/Evaluation Approaches</b>			
<ul style="list-style-type: none"> <li>Provide quarterly reports</li> </ul>			