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HEALTH IMPROVEMENT COALITION
Partners Integrating Efforts and Improving Population Health

State Health Improvement Planning
Maternal and Child Health Coalition

June 26, 2018
 CT Women’s Consortium
 2321 Whitney Avenue, Hamden
 9:00 am – 11:00 am

Meeting Summary

Attendees: Annette Allen, Selma Alves, Martie Boyer, Lisa Budris, Gina Burrows, Marijane Carey, Maura Coyne, Bernadette D’Almeida, Judith Dicine, Delores Edwards, Tabitha Fox, Jordana Frost, Jillian Gilcrest, Sandy Gill, Crystal Graham, Danielle Harrison, Daileann Hemmings, Connie Heye, Heather Howell, Michal Klau-Stevens, Patricia Lopez-Cruz, Faaiza Manzoor, Marty Milkovic, Jennifer Morin, Terry Nowakowski, Kerry O’Neill, Lisa Ortega, Regina Owusu, Madeline Priest, Nydia Roldan, Sarah Sahib, Galit Sharma, Janet Storey, Christine Velasquez; On Phone: Kareena DuPlessis

Agenda Item	Discussion	ACTION Items and person responsible
1. Welcome and Introductions	<ul style="list-style-type: none"> Marijane Carey opened the meeting. Introductions were made around the room. 	
2. Announcements and Information Sharing	<ul style="list-style-type: none"> Marty Milkovick reiterated that dental care during pregnancy is safe. Faaiza Manzoor identified that there will be one more free Oral Health Training for Community Health Workers at the Connecticut Hospital Association on July 17. Fliers about the training were distributed. In Bloomfield on August 11, there will be a community-wide baby shower for new and expectant mothers. 	M. Carey will email the attendance and contact information of attendees.
3. DSS Obstetrics Pay for Performance Program	<p>Bernadette D’Almeida discussed the Obstetrics Pay for Performance Program that starts on July 1, 2018 and end June 30, 2019.</p> <ul style="list-style-type: none"> The purpose is to improve the care for pregnant individuals and outcomes of the newborns covered under HUSKY Health. These payments are in addition to the current fee for service payments. Eligible providers: must currently provide obstetrical care and be enrolled in the CT Medical Assistance Program. Prenatal Performance Measures – Completion of the prenatal online notification 	M. Carey will email the presentation.





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	<p>forms within 14 days of the first prenatal visit (9 questions), first prenatal visit within 14 days of a confirmed pregnancy, and appropriate use of medicine in women who have a history of spontaneous singleton preterm birth</p> <ul style="list-style-type: none"> • Postpartum Performance Measures- Full term, vaginal delivery after spontaneous labor; at least 1 postpartum visit within 3 to 8 weeks postpartum; completion of postpartum online notification forms within 14 days postpartum visit (9 questions) • Providers receive training once enrolled • Forms accepted until July 31, 2019 • Goals: <i>Member Level</i> - Housing security, food security, upstream self-care, increased ability to engage in recommended care, increased capacity to engage in proactive self-care, decreased rate of primary C-section; <i>System Level</i> – decreased NICU days, optimal birth outcomes, decreased primary C-section rates, improved access to prenatal care, upstream focus of care • Expected to reach 5,000 deliveries during the year • Provide information on breastfeeding. Lactation consultants available. 	
<p>4. The Relationship Between Housing and Public Health</p>	<p>Judith Dicine from the Office of the Chief States Attorney. Connecticut has several laws affecting the housing stock. Many homes are not up to code affecting the health of its residents. Discrepancies in housing and health are trackable. CT Healthy Homes Survey identified about 1/3 of the housing stock is not up to code. DPH, DCF, DMHAS, OEC, DOH, DSS along with private organizations involved in fixing the housing in CT. Programs are correlated in upgrading housing energy and efficiency with safety. Making these changes benefits the health of the residents.</p>	
<p>5. CT Green & Healthy Homes Project</p>	<p>Kerry O'Neill, Madeline Priest, and Sandy Gil</p> <ul style="list-style-type: none"> • The Connecticut Green and Healthy Homes Initiative is a collective effort, which includes 8 Connecticut state agencies as well as partners in energy, health and housing, to plan and implement statewide, comprehensive health, housing and energy interventions to reduce asthma, injury risk, lead exposure, and energy burdens, and result in long term public sector savings. • Sandy Gil identified the per capita asthma related hospitalizations and ED visits for 2010-2014. Asthma rates exceed national averages for both children and adults. • Over half of low income residents spend over 10% of income on energy costs. "Heat or eat" • Health and safety issues estimated in 15-35% of units 	<p>M. Carey will email the presentation.</p>





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- Energy efficiency can improve health – 12% fewer asthma ER visits, 9% fewer clients with persistent cold symptoms. It reduces pests and moisture issues and filters air contaminants
- Vision: Evidence-based, integrated housing, health and energy services that are broadly accessible to CT residents and sustainably supported through leveraged public and private investment
- The Burden of Unhealthy and Energy Inefficient homes – 30 million families live in unhealthy homes, 14.4 million missed days of school each year (asthma is top reason), 14.2 million missed days of work – care of sick children, 51 billion spent on asthma, 31 billion spent on slip and fall injuries, 50.9 billion spent on lead poisoning, over 100 billion in taxpayer funding is spent each year to address the impact of these hazards.
- Strong evidence base for healthy homes services in the literature
- Potential model for intervention that produce measurable results: Intake and enrollment, Initial home visit, Healthy homes education and home repairs, Evaluation of outcomes
- Lead and Healthy Homes: Return on Investment (ROI) \$17-221 per dollar invested in preventive lead remediation; 535,000 children under 6 have elevated blood lead levels; 700% increase of school dropout rate; 600% increase risk of juvenile delinquency; lower IQ, higher rates of ADHD and special education. Impacts future earning potential, has higher likelihood of incarceration and social service usage.
- Asthma: costs \$50 billion annually in medical costs; 40% of costs are tied to environmental triggers in the home; ROI - \$5.30 -\$14 per dollar invested in asthma interventions
- GHHI researched Non-Energy Benefits: captures the true value of energy-efficiency interventions by measuring the health, economic and other benefits that accrue at the individual, household, and community level
- Many possible streams of funding: private, philanthropy, federal, state – Align services and funding, Braid relevant sources, Coordinate service delivery
- Project Goals- 3 phases: Provide comprehensive analysis, identify sustainable support, design models that leverage and expand CT's existing framework for Utility Rate Payer-Funded Energy Efficiency Services
- CT is a national leader in residential energy-efficiency services and clean energy financing, unique organization of the state's public insurance delivery system may enable support for healthy housing services, robust public-private leverage models



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	<p>in place in housing and energy sectors, state agencies share a vision for improving housing quality to advance goals</p> <ul style="list-style-type: none"> • Phase II – Project Design: Feasibility Research and Report (Summer – Winter 2018) • Phase III – Pilot Implementation – Proving out the model(2019-2022) 	
6. How to communicate about housing as a social determinate of health from an MCH perspective	<p>Marijane mentioned hosting a meeting for the legislatures before the next session about the issues. There is interest in the Capitol on housing. Possible handouts and facts sheets.</p> <ul style="list-style-type: none"> - Educate people on the issues. - Push for the state housing code. - ACEEE has produced 3 videos on the connection between health and housing. The website will be distributed. 	M. Carey will email out the ACEEE websites.
7. Wrap up, reflections and next steps	Next Meeting: October 18, 2018 9:00 to 11:00 am	

