

Healthy Connecticut 2020
The Connecticut State Health Improvement Plan
Agenda

Focus Area: Maternal, Infant, and Child Health

Meeting: Meeting # 1 Welcome...ready to work?

Date: May 6, 2013

Time: 1:00 p.m. – 4:00 p.m.

Location: CT United Way Infoline, Rocky Hill, CT

Time	Agenda Item	min.	Notes
1:00- 1:30	Activity 1: Introduction and meeting objectives <ul style="list-style-type: none"> • Review agenda, schedule and logistics • Review Today's Objectives • Establish Ground rules 	30	By the end of today, we will 1) review the data elements, 2) finalize areas of concentration using selection criteria, and 3) develop a draft Goal statement.
1:30-2:00	Activity 2: Workgroup orientation <ul style="list-style-type: none"> • Provide overview of task 	30	Present MIC PowerPoint
2:00-2:30	Activity 3: Data Review <ul style="list-style-type: none"> • Review SHA Preliminary findings • Review new data 	30	List new data references
2:30-2:50	Activity 4: Finalize area of concentration <ul style="list-style-type: none"> • List areas of concentration • Vote on top two 	20	
2:50 -3:45	Activity 5 : Develop a Draft Goal Statement <ul style="list-style-type: none"> • Review what is a Goal 	55	

	<ul style="list-style-type: none"> • Characteristics of Goals • The goal statement does not have to be perfect 		
3:45- 4:00	Activity 6: Work Group Housekeeping <ul style="list-style-type: none"> • Evaluate Meeting • Review Next Steps • Next Meeting Date/Time 	15	

Meeting Notes

Activity 1: Introduction and meeting objectives

Ann Gionet reviewed agenda and meeting objectives

Activity 2: Workgroup orientation

Ann Gionet and Erin Jones (work group co-chairs) gave an overview of the CT Health Improvement Plan with assistance from Joan Ascheim (CT DPH partner).

- There was a suggestion for members to look at Healthy People 2020, as it was a guide for what we are doing in CT.
- Our work group is part of an overall planning system throughout the State that feeds up to the advisory council.
- Autism has been moved to the Mental Health and Substance Abuse group.
- Highlight cross-cutting themes.
- Review of selection criteria and remember that we are looking at our target population as a whole and giving recommendations to a larger group.
- We have approximately 20 work group members.

Activity 3: Data Review

- Review of data presented in the state health improvement plan:
 - Race and ethnicity are cross cutting for many of the maternal, infant and child health issues; it is where we see some of the greatest differences in CT.
 - There is a summary of the data on page 137 of the state report

- Is there additional data that we should be looking at?
 - Hospital utilization data
 - Medicaid claims data
 - YNHH data on low birth weight
 - Fqhc data
- We need to have a preventative chronic health care focus
 - Nutrition consultation is a chronic care issue; an intervention for chronic disease. Need funding for Medicaid.
 - Nutrition counseling under the Affordable Care Act, but there is no method of reimbursement because dieticians are not 'providers'. This is an important factor when looking at retaining health care costs.
 - In the year 2042, the Hispanic population will be the majority.
- Jennifer Morin from DPH reviewed data slides from DPH power point document. This document can be accessed through the DPH website at www.ct.gov/dph/SHIPcoalition
 - Data breakdown requests and comments:
 - Slide 41: age breakout, age of onset, grade, race/ethnicity, region or zip code
 - March of Dimes can get regional data
 - Slide 43: non-adequate looks at beginning care in the 1st trimester and attending a certain #/% of prenatal visits. Other factors that might impact this data would be age and insurance. Discussion around putting all Hispanics in one group, US vs. foreign born and regional breakdowns.
 - Slide 44: This information could be related to assisted reproductive technology.
 - Slide 47: Is this data a reflection of economic circumstances (CT recession March 2008-2010)? The compilation of small data pools or multiple years combined for reporting could also have an impact here.
 - Slide 48: Definition of fetal mortality
 - Slide 49: What is the definition of breastfeeding? We may want to tease out breastfeeding data more if we choose to focus on that area. For example, the benefits are not the same for breastfeeding once a day vs. children who are breastfed more often. (CT Voices, EPSPT rates)
 - We need to look at well-child visits as an important way to access information on health determinants (immunization data).

- Maternal mortality numbers are very low.
- Adequacy of prenatal care, well-child care, perinatal data and whether or not they have insurance are all factors. (race & ethnicity)
- Prenatal maternal depression is related to attending dr. visits. Race/ethnicity
- PRAT survey, ASO population; need to screen for 'perceived stress' and unmet basic human needs
- Addition of 'Child Health' area around nutrition and access to adequate food.

Activity 4: Finalize area of concentration

- Trauma-informed practice (Department of Children and Families)
 - Are they using any type of trauma screen?
- Feedback on areas of concentration:
 - Reproductive and Sexual Health (Multiple sex partners, condom use, pregnancy prevention)
 - Preconception (many age groups, influence of future pregnancy, increased Chlamydia rates)
 - 35 is the average age of 1st time mothers
 - Race and region very different
 - Look at age groups for mothers of multiple births
 - STI is with the infectious disease group
 - Preconception and Pregnancy Care (Prenatal care, teen pregnancy)
 - Health inequities; age related
 - Birth Outcomes (Preterm births, low birthweight)
 - Connection to preconception and pregnancy
 - There is data around the country to show that some preterm births are due to elective c-sections. OB pay for performance (providers give incentives for full term vaginal births)
 - Age
 - Obesity rates

- Health literacy; public health promotion/prevention
 - ? pregnancy prevention programs; New Britain program: Diploma before Diapers
- Infant and Fetal Mortality
 - Add maternal mortality
- Infant Care (Breastfeeding)
 - Related to childhood obesity
 - Decreased rates of child abuse
 - Lots of data
 - More than breastfeeding
- Child Health and Well-Being
 - Exposure to trauma (screening instruments, data, impact on family/child)
 - LEND (failure to thrive, intellectual growth & development nutritional component)
 - Immunizations
 - Well-child visits
 - Obesity
 - Developmental screening
- Ranking exercise elicited the following results:
 - 1. Preconception and Pregnancy Care
 - 2. Birth Outcomes
 - 3. Reproductive and Sexual Health / Child Health & Well-being
 - 4. Infant and Fetal Mortality
 - 5. Infant Care

Activity 5 : Develop a Draft Goal Statement

- Pass to next meeting

Activity 6: Work Group Housekeeping

- Next Meeting Dates/Times
 - Wednesday, May 22nd 9:00 a.m. – 12:00 p.m.

- Wednesday, May 29th 1:00 p.m. – 4:00 p.m.
- Thursday, June 6th 9:00 a.m. – 11:00 a.m.

Attendees

Attended Meeting									
date	date	date	date	date	date	Last Name	First Name	Organization	Email
5/6/13						(paste in WG members from list in dropbox)		(don't forget to add new members)	
X						Ascheim	Joan	DPH	
X						Beirne	Patricia	Greenwich Hospital	
X						Lowndes	Mary Kate		
X						Gagliardi	Amy		
X						Fraser	Nadine	Connecticut Hospital Association	
X						Gruendel	Janice	DCF	
X						Bawza	Mary	Planned Parenthood	
X						D'Almeida	Bernadette	Community Health Network	
X						DeWitt	Patricia	Yale-New Haven Hospital	
X						Arpino	Linda	Life Focus Nutrition Centers	
X						Marulanda	Leticia	Hispanic Health Council	
X						Morin	Jennifer	DPH	
X						Levy	Sarah	UConn MPH intern	
X						Meyers	Judith	Child Health & Development Institute	
X						Dynowski	Samantha	Early Childhood Alliance	

X					Balcanoff	Stephen	CCMC	
					Co-Chairs		Organization	Email
X					Jones	Erin	March of Dimes	
X					Gionet	Ann	DPH	
					HRiA Support		Organization	Email
X					Ayers	Amanda	HRiA	aayers@hria.org