

State Health Improvement Planning Maternal and Child Health Coalition

March 4, 2020 9:00 am– 11:30 am CT Women's Consortium 2321 Whitney Avenue, Hamden

Meeting Summary

Attendees: Jennifer Morin, Marc Camardo, Tabitha Fox, Marty Milkovic, Joan Lane, Michal Klau-Stevens, Melanie Vitelli, Enna Garcia, Marcia Winter, Jordana Frost, Eva Haldane, Rose Richi, Linda Ferraro, Ann Gionet, Christine Velasquez, Amy Soto, Amanda Knef, Debrah Buxton Morris, Emily Frankel, Heidi Maderia, Kareena DuPlessis, Natasha Ray, Christine Bracker, Lois Conklin, Sandy Gill, Angela Jimenez, Ricka Wolmer, Leigh-Lynn Vitukinas, Susan Lane, Liana Cunningham, Pareesa Charmchi, Tina McCarthy, Allison Bombard, Colette Anderson, Marijane Carey

| Agenda Item | Discussion | ACTION Items and person responsible |
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| Welcome and Introductions | Marijane Carey opened the meeting. People introduced themselves around the room. | |
| 2. Overview of the 2020 MCH Block Grant Application –Donna Burke & Amanda Ayers, Health Resources in Action (HRiA) | DPH is working on the CT Maternal and Child Block Grant application and the 5-year Needs Assessment on the state's MCH population, which is pregnant women, mothers, infants, children, adolescents, and children and youth with special health care needs (CYSHCN). The plan will be submitted in September followed by a HRSA review in October. The application will include an action plan table consisting of priorities, goals, objectives, and strategies. | |



| 3. Presentation of Key Findings from the MCH Needs Assessment – Hannah Carliner, HRiA | Social Determinants of Health Emerging Priorities | |
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| 4. Data Q&A – Hannah Carliner, HRiA | Attendees had the opportunity to ask questions about the data presented | |
| 5. Emerging Priorities Discussion and Identifying Priorities for Action Planning | Discussions on Emerging Priorities Prioritization Process & Tool Review Results Emergent themes identified include: disparities in maternal mortality and morbidity; disparities in infant mortality and low birth weight, Neonatal Abstinence Syndrome (NAS); medical homes, violence, adversary, medical coverage for CYSHCNs, risk taking behavior and substance use (opioids and vaping). | |
| 6. Next Steps | There will be several meetings scheduled to come up with goals, objectives and strategies based on the themes identified. | HRiA and DPH staff to plan and send out meeting requests |
| 7. Next Meeting | Date to be deteremined | |