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HEALTH IMPROVEMENT COALITION
Partners Integrating Efforts and Improving Population Health

State Health Improvement Planning
Maternal and Child Health Coalition

September 24, 2020
 ZOOM Meeting
 9:00 am– 11:00 am

Meeting Summary

Attendees: Allison Bombard, Amy Soto, Ashley Starr Frechette, Bridget Aliaga, Barbara Walsh, Colette Anderson, Christine Bracken, Cheryl Burack, Daileann Hemmings, Doreen Picagli, Emily Frankel, Erica Garcia, Faith Voswinkel, Mark Abraham, Jennifer Morin, Jordana Frost, Judith Dicine, Kareena DuPlessis, Kelly Davila, Kelly Reddington, Lisa Budris, Marc Camardo, Marty Milkovic, Marijane Carey, Melissa Touma, Natasha Ray, Patricia Cruz, Robin Tousey Ayers, Selma Alves, Siobhan Feliciano, Tesha Tramontano-Kelly

Agenda Item	Discussion	ACTION Items and person responsible
1. Welcome and Introductions	<ul style="list-style-type: none"> Marijane Carey opened the meeting. Attendees were asked to enter their name and organization in the chat box. 	
2. Updates	<p>DPH MCH Block Grant process – Marc Camardo</p> <ul style="list-style-type: none"> DPH has completed the Maternal and Child Health Block Grant application and the Five Year Needs Assessment. It was submitted to the Health Resources and Services Administration (HRSA) on September 14. The needs assessment identified 9 state priorities and 4 state performance measures. It was a collaborative process that engaged community partners and residents across the state. The Needs Assessment will be shared. In November, DPH will have a virtual annual review to get feedback from HRSA. E. Frankel asked how the award is distributed. M. Camardo identified that some money is distributed through a Request for Proposals process and the money is used based on the identified goals, objectives and strategies. <p>PRAMS data – Jennifer Morin</p> <ul style="list-style-type: none"> DPH will receive its 2019 weighted data from CDC in November or December; this data set will include a full year of the opioid grant supplement. PRAMS will be producing a summary of the opioid supplement results. For PRAMS data 	M. Carey will email the Five Year Needs Assessment to the Coalition.





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requests, please email Jennifer.Morin@ct.gov .

- Beginning in October 2020, PRAMS is implementing CDC’s COVID-19 supplement. The questions ask about how the pandemic affected prenatal care – if they had delays/cancelations; behavioral changes they may have undertaken – avoiding large gatherings/wearing masks; the impact on different parts of their lives: on labor/delivery/postpartum care/breastfeeding. The supplement will run at least through the end of the 2020 surveillance year (March 2021 last batch drawn; data collection runs through June 30, 2021) and possibly into the 2021 surveillance year (beginning April 2021) depending on the course of the pandemic and available funding.
- Met with M. Carey and J. Frost about CDC PRAMS Data to Action examples that describe the impact of PRAMS data collection and dissemination activities. This year’s topics are related to discrimination and maternal mental health. The results will be shared with the group in the next couple of months. As we proceed, we will look to partners to integrate these data into new or existing initiatives.

State Health Improvement Plan – Melissa Touma

- Aiming for HCT2025, DPH is working with state-wide partners to develop strategies and objectives for the priority areas of the SHIP. The focus is tackling the root causes of health inequity, including structural racism and inherent bias.
- There are four (4) priority areas: Access to healthcare, economic stability, healthy food and housing, community strength and resilience
- DPH has completed several virtual planning sessions and plans to have a draft of the SHIP available to partners and the public for a public comment period in November.
- J. Rothschild said anyone who is not involved should join this planning process. There has been turnover. Please email Melissa.Touma@ct.gov to join. K. DuPlessis asked how much the time commitment is. Partners will be asked to participate on action teams for each priority are to implement strategies laid out in the plan. There should not be a big time commitment as much of the work implementing strategies and activities should align with the work of the action team members.

Health Equity Solutions’ COVID outreach project – Samantha Lew

- Assessment Survey – Dental and Reopening Phase questions were added to the survey. The top concerns have not changed: basic needs, mental health,





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	<p>outreach/engagement, mental health, and testing. Solutions: access to technology, outreach/engagement, policy, testing.</p> <ul style="list-style-type: none"> • Recent Updates: People are concerned the state is opening too soon – kids can go to school and get infected; need more info on how long people are contagious; need greater access to specialty care services and testing. Make sure state is prioritizing black and brown communities in contact tracing and support services like alternative housing. • Policy priorities: race and ethnicity data; inclusion; coverage & services; addressing barriers to health 	
<p>3. DataHaven's Health Equity Report <i>Towards Health Equity in CT: The Role of Social Inequity and the Impact of COVID 19</i></p>	<ul style="list-style-type: none"> • DataHaven is a non-profit with a 25 year history of public service to CT that empowers people to create thriving communities by collecting and ensuring access to data on well-being, equity, and quality of life. They provide free technical assistance on federal, state, and local data. • Community Index and Community Wellbeing Survey – 85 public/private funders; 25 authors/contributors; 125 Advisory Council/Research Advisory Committee members; 35,000 randomly selected CT adults participated in the survey's live, in depth interviews in 2012, 2015, 2018, 2020; Analysis of raw data from CT Hospital Association, including all CT residents served by hospitals and ERs • Survey: Well-being as a shared "outcome" variable, similar to UK Wellbeing Survey; other measures harmonized from 15 pre-existing local surveys in CT • Topics: Neighborhood environment, education access, economic mobility, transportation, housing quality, macroeconomic trends, demographics • COVID in CT - 1 in 5 black adults has lost a loved one to COVID-19; higher income and female workers are more likely to work from home; black adults show great concern about exposing family to virus; 20% of all adults have lost their jobs or been laid off since Feb; 40% of adults living with children say that they have found it more difficult than usual to handle child care responsibilities; • Mask Usage is very high among Black adults; • 89% of CT residents wear masks often, 87% believe employers have done enough to keep them safe, 20% do not plan to get vaccinated and 17% unsure; 72% trust the state government to look out for best interests of you and your family • Children born in wealthy towns can expect to live 6 years longer than children born in CT cities • Graduation gaps are widest for high-need students; Poverty rates for Latinos increase in their senior year 	<p>M. Carey will share the presentation by email.</p>





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	<ul style="list-style-type: none"> • Income disparity: men out-earn women across major race/ethnicity categories • Food insecurity disproportionately affects low-income and non-white adults • Smoking, obesity, and diabetes rates are higher among Black, Latino, low-income, and urban populations • Housing insecurity affects low-income and non-white groups most • Housing conditions have a significant impact on health outcomes: Overcrowded housing = higher viral transmission; homes in poor repair = more asthma; Childhood lead poisoning rates higher in cities • Younger adults are more likely to be uninsured, especially Latinos – Health care costs are high and rising ; as of 2014, CT had 6th highest per capita medical expenditure in the nation; adults report altering or skipping prescriptions • Race and insurance status are among the reasons for perceived discrimination in accessing health care • High rates of opioid overdose throughout the state • Groups that are more financially insecure are more likely to report that they feel depressed and less likely to report that are in very good health 	
4. Announcements	<ul style="list-style-type: none"> • Siobhan Feliciano – DMHAS awarded SAMSHA grant about disparities. PROUD grant - Parents Recovering from Opioid Use Disorders. East Hartford, Hartford, New Britain. It provides in home, telehealth, prenatal care, substance use, and family needs connecting. It will work with birthing hospitals on these topics – follow up care/discharge planning. DMHAS is looking to launch for referrals in early January. An update will be provided in December • Daileann Hemmings –A re individuals of color accessing programs that are available? Pregnant women are less likely to reach out and access this type of treatment because of fear. In CT, rates of opioid overdose is now similar/equalized in the past 2 years for people of color and white populations. • Collette Anderson – Connecticut Women’s Consortium is now hosting a Trauma and Recovery conference October 19, 20, 21 with national speakers. 	M. Carey will include information on the PROUD grant and the Trauma and Recovery conference
5. Adjournment	<ul style="list-style-type: none"> • Next meeting will be December 15. 	M. Carey will send out information about the next meeting

