



## Healthy Connecticut 2020 The Connecticut State Health Improvement Plan

### Agenda

**Focus Area: Maternal, Infant and Child Health**

**Meeting 3: Develop Draft Objectives**

**Date: May 29<sup>th</sup> 2013**

**Time: 10:00 a.m. – 4:00 p.m.**

**Location: March of Dimes, 500 Winding Brook Drive, Glastonbury, CT**

Time	Agenda Item	<i>min.</i>	Notes
10:00 a.m. – 10:15 a.m.	<b>Activity 1: Opening the Work Group Session</b> <ul style="list-style-type: none"> <li>• Welcome and introductions</li> <li>• Review agenda, schedule and logistics</li> <li>• Review last meeting's outcomes</li> <li>• Review today's objectives</li> </ul>	15	
10:15 a.m. – 12:15 a.m.	<b>Activity 2: Continue Draft Objectives</b> <ul style="list-style-type: none"> <li>• Review definition/example of objectives and handout</li> <li>• Develop DRAFT objectives (at least one per area) for the next 5 years.</li> </ul>	120	
12:15 a.m. – 12:45 a.m.	<b>BREAK/Lunch</b>	30	
12:45 a.m. – 1:45 a.m.	<b>Activity 2: Continue Draft Objectives</b>	60	
1:45 a.m. – 3:45 p.m.	<b>Activity 3: Develop Draft Strategies</b> <ul style="list-style-type: none"> <li>• Review definition/example of strategies and handout</li> <li>• Develop Strategies for each objective</li> </ul>	120	Goal is to get through 3 areas of concentration
3:45 p.m. – 4:00 p.m.	<b>Activity 4: Work Group Housekeeping</b> <ul style="list-style-type: none"> <li>• Evaluate the meeting</li> <li>• Review next steps</li> <li>• Confirm next meeting date/time</li> </ul>	15	

### Activity 1: Opening the Work Group Session

Erin gave overview of the agenda and referenced ground rules. Joan proposed guiding principals:

1. Need to keep moving
2. We won't be word-smithing
3. Objectives need to have data so we can measure baseline and targets.

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

### Activity 2: Continue Draft Objectives

#### Areas of Interest:

1. Preconception and Pregnancy Care (Prenatal Care, Teen Pregnancy)
2. Birth Outcomes / Infant, Fetal, and Maternal Mortality and Morbidity
3. Reproductive and Sexual Health (Multiple Sex Partners, Condom Use, Pregnancy Prevention)
4. Child Health and Well-being
5. Infant Care (Breastfeeding)

#### Area #1 Preconception and Pregnancy Care:

##### Objectives:

1. Increase the proportion of women delivering a live birth who discussed preconception health with a health care worker prior to pregnancy
  2. All school districts will comply with mandatory Health Education curriculum
  3. Increase the proportion of pregnant women who receive adequate prenatal care (defined by Kotlechuck scale)
- Change ? Kotlechuck vs. Hedijs for #3

#### Area #2 Birth Outcomes:

##### Objectives:

1. Reduce the % of very low birth-weight among singleton births (under 1500g).
  2. Reduce the % of low birth-weight among singleton births (under 2500g).
  3. Reduce the proportion of live singleton births born at less than 37 weeks gestation.
  4. Reduce the infant mortality rate per 1000 live births (SIDS – back to sleep)
  5. Reduce the ratio of the non-Hispanic black infant mortality rate to the non- Hispanic, White infant mortality rate.
- Discussion about the 39 week mark for fetal growth. Difference between 39 and 37 weeks.
  - Discussion about political perspective on birth control. Look at work
  - Health disparities

### Area #3 Reproductive and Sexual Health:

#### Objectives:

1. Increase the proportion of sexually active persons aged 15-44 who receive reproductive health services.
  2. Reduce the rate of unplanned pregnancies.
  3. Reduce the rate of Chlamydia under age 30. (screen, education/counseling, men and women)
- CT is 4th in the country for teen pregnancy; disparity between White and Hispanic; depends on where you live
  - Health literacy will be important across all strategies (language, culture, etc.)
  - National Prevention Strategies break out teen pregnancy between 15-17 and 18-19 yr. olds vs. over 20 yr. olds
  - STD's: Chlamydia, gonorrhea (increase screening)
    - Strategies:
      - Risky behavior
      - Age
      - Health education & literacy
      - EPSTD
  - Contraception use; long-term, removable
  - Women without resources
  - Reduce rate of unplanned pregnancies

#### Like/Change/Add:

- #1 – expand age range based on data?
- #2 –
- #3 – change Chlamydia to STI's?; add age group or population focus?

### Area #4 Child Health and Well-being:

#### Objectives:

1. Increase the % of children aged ( ) that receive well-child visits.
  2. Increase the % of children aged 1 that receive an oral health visit.
  3. Increase the % of children who receive developmental screens per AAP (American Academy of Pediatric) guidelines.
- EPSDT – early, periodic, screening, diagnosis and treatment; CT has low rates of utilization
  - Link to medical home? Established primary care provider
  - Increase children getting developmental screen; surveillance
  - Validated tool; intervals for screening
  - Mental health

#### Like/Change/Add:

- #1 – like
- #2 – check with behavioral health partnership on seen by who?
- #3 - Look at National survey for children's health guidelines for when to do screening. (12, 18, 24 months) ASD guideline. Add – who is doing screening?

## Area #5 Infant and Child Nutrition:

### Objectives:

1. Increase the proportion of infants who are ever breastfeed.
  2. Increase the proportion of infants who are exclusively breastfeed through 3 and 6 months.
  3. Increase the proportion of breastfeeding at 6 months and 1 year.
  4. Decrease the proportion of childhood obesity (by 10%, kindergarten and 3<sup>rd</sup> grade).
  5. Increase access to healthy foods.
- Recommendation is 6months exclusive breastfeeding. “Exclusive breastfeeding is defined as ONLY breast milk – NO solids, no water, and no other liquids.”
  - Baby friendly hospitals
  - Ever breastfeed, bf 6 mo, bf 1 yr, exclusive 3mo, exclusive 6 mo, lactation support program in the work place.
  - Food deserts, food insecurity, food adequacy, access to healthy food, screening “Are you every hungry?”
  - Lactation support program in the workplace and in the hospital
  - Unintentional injury; checklist for maternal depression; co-habiting /co-sleeping

### Like/Change/Add:

- #1 – like
- #2 –
- #3 -

Add compendium to drop box.

## Activity 3: Develop Draft Strategies

- Review strategies handout with group

### Area #5 Infant and Child Nutrition:

Objective 1. Increase the proportion of infants who are ever breastfeed.

Strategy 1: Promote breastfeeding to African American women through community brokers, including faith-based organizations.

Objective 2. Increase the proportion of infants who are exclusively breastfeed through 3 and 6 months.

Strategy 1: Promote Access to lactation support, and breast pumps when necessary

Strategy 2: Promote breast feeding friendly work places, hospitals and medical offices

Strategy 3: Promote ‘know your rights and responsibilities’ State and Federal laws around breast feeding

Objective 3. Increase the proportion of breastfeeding at 6 months and 1 year.

Strategy 1: Promote Access to lactation support, and breast pumps when necessary

Strategy 2: Promote breast feeding friendly work places, hospitals and medical offices

Strategy 3: Promote ‘know your rights and responsibilities’ State and Federal laws around breast feeding

Objective 4. Decrease the proportion of childhood obesity

Strategy 1: Increased the number of children who have their BMI assessed and documented during well-child visits.

Strategy 2: Culturally sensitive parental education on the topic of childhood obesity.

Objective 5. Increase access to healthy foods.

Strategy 1: Assess for food insecurity.  
Strategy 2: Assess for Access to healthy foods.  
Strategy 3: Regional food policy councils  
Strategy 4: Zoning regulations and incentives to attract healthy foods  
Strategy 5: Increase awareness of WIC program

- Improve nutrition and physical activity policies in child care centers.

#### **Activity 4: Work Group Housekeeping**

- Good meeting; need to keep watch on time
- Plan to get work done:
  - Extend next meeting on 6/6 from 9-12 **to 9-3**; bring lunch; MOD will provide snacks
  - Keep a look out for action items and materials to review/work on
  - Some small groups will get together to work on strategies
  - Amanda will get objectives out by Monday

**Attendees:**

Attended Meeting								
date	date	date	date	date	date	Last Name	First Name	Organization
5/6/13	5/22/13	5/29/13						
X	X	X				Ascheim	Joan	DPH
X		X				Beirne	Patricia	Greenwich Hospital
X						Lowndes	Mary Kate	Commission on Children
X	X	X				Gagliardi	Amy	
X	X	X				Fraser	Nadine	Connecticut Hospital Association
X						Gruendel	Janice	DCF
X						Bawza	Mary	Planned Parenthood
X	X	X				D'Almeida	Bernadette	Community Health Network
X	X					DeWitt	Patricia	Yale-New Haven Hospital
X						Arpino	Linda	Life Focus Nutrition Centers
X						Marulanda	Leticia	Hispanic Health Council
X	X	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
	X					Conklin	Elizabeth	March of Dimes
	X					Knutson	Stephanie	CT DOE
	X					Adair	Maggie	CT Early Childhood Alliance
		X				Fortner	Cynthia	March of Dimes
		X				Shah	Shital	Goodwin Intern
		X				Cronin	Pat	DSS
						<b>Co-Chairs</b>		<b>Organization</b>
X	X	X				Jones	Erin	March of Dimes
X	X	X				Gionet	Ann	DPH
						<b>HRiA Support</b>		<b>Organization</b>
X	X	X				Ayers	Amanda	HRiA