Healthy Connecticut 2020
The Connecticut State Health Improvement Plan

Agenda

Focus Area: Maternal, Infant and Child Health
Meeting 4: Identify Partners & Resources
Date: June 6th 2013
Time: 9:00 a.m. – 3:00 p.m.
Location: March of Dimes, 500 Winding Brook Drive, Glastonbury, CT

Time	Agenda Item	*min.*	Notes
9:00 a.m. – 9:15 a.m.	**Activity 1: Opening the Work Group Session** • Welcome and introductions • Review agenda, schedule and logistics • Review last meeting's outcomes • Review today's objectives	*15*	
9:15 a.m. – 12:15 p.m.	**Activity 2: Continue to Develop Draft Strategies** • Review definition/example of strategies and handout • Develop Strategies for each objective	*180*	45 minutes per Area of Concentration
12:15 p.m. – 12:45 p.m.	**LUNCH BREAK**	*30*	
12:45 p.m. – 2:45 p.m.	**Activity 3: Identify Partners/Resources** • Brainstorm potential partners/resources for each objective	*120*	
2:45 p.m. – 3:00 p.m.	**Activity 4: Work Group Housekeeping** • Evaluate the meeting • Review next steps	*15*	

Meeting Notes

Activity 1: Opening the Work Group Session

Introductions

Review agenda and materials sent

Today's objectives: finish strategies

Review ground rules: Keep moving!

Activity 2: Continue to Develop Draft Strategies

Infant & Child Nutrition

Objectives:

1. Increase the proportion of infants who are ever breastfed.
2. Increase the proportion of infants who are exclusively breastfed 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 3rd grade).
5. Increase access to healthy foods.

Strategy 6: Education on using plant-based, nutrient-dense foods in food preparation

Update from Chronic Disease:

- Obesity is a cross-cutting theme on all of their measures and is well covered; may not need to worry about obesity in our group
- Multiple objectives will come out in the scrubbing

Child Health and Well-being

Objective 1: Increase the % of children up to age 21 that receive well-child visits.

Thoughts on Strategy:

- School based health centers; but not in every school
- Education for mom/pregnant women, pediatrician/medical home
- Focus groups (barriers or different groups)
- Insurance
- Age groups, cultural barriers, teens 15-21
- School nurses
- Message related to birth day and scheduling well-child visits as a trigger
- Develop innovative strategies to educate and coach
- Text messaging; AAP developing text messaging campaign

Strategy 1: Develop and implement education campaign around PCP medical homes (ie: text 4 Baby, text 4 Child and text for Teen)

Strategy 2: Conduct focus groups to identify barriers

Strategy 3: Raise awareness of access to insurance and health care coverage using a multifaceted approach.

Strategy 4: Support school based health centers, community health centers, and other community based organizations to offer comprehensive reproductive health services. (CT Adolescent Health Strategic Plan)

Objective 2: Increase the % of children aged 1 that receive an oral health visit.

Strategy 1: Promote Home by One strategies: build partnerships with dental, medical providers that oral health is a focus of health and well being of the child.

Thoughts on Strategy:

- Home by One – support outreach & education
- Increase pediatric dentists

Objective 3: Increase the % of children who receive developmental screens per AAP (American Academy of Pediatric) guidelines.

Thoughts on Strategy:

- ASD – Autism
- AAP
- Data collection inconsistency
- 12, 18, 24, and 30 month screens

Strategy 1: Follow the AAP guidelines for developmental and ASD screens.

Strategy 2: Advocate for health insurers and PCPs to incorporate parental education on developmental milestones.

Reproductive and Sexual Health (Multiple Sex Partners, Condom Use, Pregnancy Prevention)

Objective1: Increase the proportion of sexually active persons aged 15-44 who receive reproductive health services.

Strategy 1: Support school based health centers, community based health centers, and others to offer comprehensive reproductive health services (folic acid, smoking, family planning, etc.

Strategy 2: Support parents and guardians in efforts in talking with adolescents about sexuality by providing culturally sensitive, developmentally appropriate information and materials.

Objective 2: Reduce the rate of unplanned pregnancies.

Strategy 1: Comprehensive health education, sex education and collaborative policies with (SDE, DPH, DSS, and local Boards of Education)

Strategy 2: Support parents and guardians in efforts in talking with adolescents about sexuality by providing culturally sensitive, developmentally appropriate information and materials.

Objective 3: Reduce the rate of Chlamydia under age 30. (screen, education/counseling, men and women).

Strategy 1: Increase HIV, STD, pregnancy and sexual violence screens for young adults; girls and boys

Strategy 2: Expand free and confidential STD clinics.

Strategy 3: Support parents and guardians in efforts in talking with adolescents about sexuality by providing culturally sensitive, developmentally appropriate information and materials.

Preconception and Pregnancy Care (Prenatal Care, Teen Pregnancy)

Objective 1: Increase the proportion of women delivering a live birth who discussed preconception health with a health care worker prior to pregnancy

Thoughts on Strategy:

- Incorporate with well-child or preventive care visits
- Folic acid
- What makes a person healthy
- Women of childbearing age before they get pregnant
- Prenatal care
- Encourage annual physical

- Providers incorporate preconception health as part of a regular visit
- What is preconception health? Physical, social, emotional
- Pregnancy planning
- Promote the importance of preconception health
- Is preconception care reimbursable?

Strategy 1: Promote the importance of preconception health through medical associations (AAP CT chapter and DPH host lunchtime webinar on preconception health) ACOG, Family Medicine Group, Nurse Midwife, health care provider and health care organizations and other.
Strategy 2: Media campaign about the importance of preconception health (radio, t.v., community brokers, and schools)

Objective 2: All school districts will comply with mandatory Health Education curriculum
Thoughts on Strategy:

- Survey of schools to assess compliance with health education curriculum requirements.
- Question data point
- Curriculum covers preconception health; how to be healthy physically, socially and mentally

Strategy 1: Survey school districts to assess compliance with health education curriculum requirements, (why not and barriers).

Strategy 2: Provide support and ongoing monitoring to school districts.

Objective 3: Increase the proportion of pregnant women who receive adequate prenatal care (defined by Kotelchuck Index)
Thoughts on Strategy:

- Support of Medicaid OB pay for performance
- Marketing
- Expansion of State Healthy Start program (community based, health education)
- Support and facilitate CT health insurers to increase their HEDIS adequacy of prenatal care measures (Hedis)

Strategy 1: Support of Medicaid OB pay for performance

Strategy 2: Expand State Healthy Start Program

Strategy 3: Support and facilitate CT health insurers to increase their HEDI adequacy of prenatal care scores or HEDIS measures

Strategy 4: Support and promote national, evidence based initiatives (ex: March Of Dimes, Text 4 Baby)

Birth Outcomes / Infant, Fetal, and Maternal Mortality and Morbidity

Objective1: Reduce the % of very low birth weight among singleton births (under 1500g).
Objective 2: Reduce the % of low birth weight among singleton births (under 2500g).
Objective 3: Reduce the proportion of live singleton births born at less than 37 weeks gestation.
Objective 4: Reduce the infant mortality rate per 1000 live births (SIDS – back to sleep)
Objective 5: Reduce the ratio of the non-Hispanic black infant mortality rate to the non- Hispanic, White infant mortality rate.

Thoughts on Strategies:

- Race and ethnic disparity
- Rate of preterm birth is higher among women of color:
    - Puerto Rican women, Hispanic, African American women
- Smoking (tobacco)
- Stress; toxic stress beyond coping capacity
- Development of a validated tool to evaluate perceived stress

- National Governor's Association committee on Birth Outcomes
    - State Plan on Birth Outcomes
        - Add Strategies and Objectives from CT SHIP to State Plan

Activity 3: Identify Partners/Resources

Preconception and Pregnancy Care (Prenatal Care, Teen Pregnancy)

Objective 1: Increase the proportion of women delivering a live birth who discussed preconception health with a health care worker prior to pregnancy

- Partners: School based health centers, American College of Obstetricians and Gynecologists (state chapter), Association of Nurse Midwives, Association of Family Physicians, Association Nurse Practitioners, Local Association of School Nurses, Connecticut Association of Diabetes Educators, Women in Business, Faith-based organizations, DSS, Commission on Women, Association of Community Health Centers, Hospital Clinics, Connecticut Hospital Association, Case Management Society of America
- Resources: WomensHealth.gov, Text 4 Babies,
- Phase: 2

Objective 2: All school districts will comply with mandatory Health Education curriculum

- Partners: Department of Education, Board of Education, University System personnel, Legislative Arm of the Public Health Committee, DSS, DPH, SBHC, Human Services
- Resources: Stephanie Knutson
- Phase: 1

Objective 3: Increase the proportion of pregnant women who receive adequate prenatal care (defined by Kotelchuck Index)

- Partners: School based health centers, American College of Obstetricians and Gynecologists (state chapter), Association of Nurse Midwives, Association of Family Physicians, Association Nurse Practitioners, Local Association of School Nurses, Connecticut Association of Diabetes Educators, Women in Business, Faith-based organizations, DSS, Commission on Women, Association of

Community Health Centers, Hospital Clinics, Connecticut Hospital Association, Case Management Society of America, Private Insurers
- Resources:
- Phase: 1

Birth Outcomes / Infant, Fetal, and Maternal Mortality and Morbidity

Objective 1: Reduce the % of very low birth weight among singleton births (under 1500g).
Phase: 2

Objective 2: Reduce the % of low birth weight among singleton births (under 2500g).
Phase: 2

Objective 3: Reduce the proportion of live singleton births born at less than 37 weeks gestation.
Phase: 2

Objective 4: Reduce the infant mortality rate per 1000 live births (SIDS and Back to Sleep)
Phase: 1

Objective 5: Reduce the ratio of the non-Hispanic black infant mortality rate to the non- Hispanic, White infant mortality rate.
Phase: 1

- Partners: ACOG, Connecticut Hospital Association, Women Infants and Children, Association of Registered Dieticians, Insurers, DSS, March of Dimes, Neonatologists, Association of Nurse Midwives, American Nurses Association, American Association of Black Nurses, Hispanic Health Council, Planned Parenthood, American Pharmacists Association, DMHAS
- Resources: Text 4 Baby, Back to Sleep, Healthy Start, Healthy Homes
- Phase: see objectives

Reproductive and Sexual Health (Multiple Sex Partners, Condom Use, Pregnancy Prevention)

Objective 1: Increase the proportion of sexually active persons aged 15-44 who receive reproductive health services.
Phase: 1
Objective 2: Reduce the rate of unplanned pregnancies.
Phase: 2
Objective 3: Reduce the rate of Chlamydia under age 30. (screen, education/counseling, men and women).
Phase: 1

- Partners: Department of Public Health, Community Health Centers, Planned Parenthood, OB's, ACOG, Family Practitioners, APRN, Pediatricians, Physicians Assistants, Nurse Practitioners, Faith Based Organizations, YMCA, Boys and Girls Clubs, School Based Health Centers, Youth and Family Services, DMHAS
- Resources: Geo-mapping, Girlshealth.gov, Pharmaceutical Companies, University Health Services

Child Health and Well-being

Objective 1: Increase the % of children up to age 21 that receive well-child visits.
Phase: 2
Objective 2: Increase the % of children aged 1 that receive an oral health visit.
Phase: 2
Objective 3: Increase the % of children who receive developmental screens per AAP (American Academy of Pediatric) guidelines.
Phase: 1

- Partners: State-based Home visitation programs, PCP, Family Care Docs, AAP, DSS, DPH, Dentists, Person Centered Medical Homes, Hygenists, SBHC, CHC, Faith based, YMCA, Boys & Girls Clubs, National/State ASD organizations, Board of Special Education, Board of Education, Department of Developmental Services, DMHAS
- Resources: AAP, National ASD, CDC, Partner meetings, Newsletters, Grandrounds, Websites,
- Phase: see objectives

Infant & Child Nutrition

Objective 1: Increase the proportion of infants who are ever breastfed.
Phase: 1
Objective 2: Increase the proportion of infants who are exclusively breastfed through 3 and 6 months.
Phase: 2
Objective 3: Increase the proportion of breastfeeding at 6 months and 1 year.
Phase: 2
Objective 4: Decrease the proportion of childhood obesity (by 10%, kindergarten and 3rd grade).
Phase: 2
Objective 5: Increase access to healthy foods.
Phase: 1

- Partners: Department of Public Health, Community Health Centers, Planned Parenthood, OB, ACOG, Family Practitioners, APRN, Pediatricians, Physicians Assistants, Nurse Practitioners, Faith Based Organizations, YMCA, Boys and Girls Clubs, School Based Health Centers, Youth and Family Services, DMHAS, AAP, DSS, DPH, Lactation consultants, WIC, Business Associations, Department of Labor, International Lactation Consultant Association, Registered Dietician Association, School Lunches, Farmers Markets, Public Health Committee
- Resources: We Can!, Let's Move, Myplate.org, Womenshealth.gov, Insurers, newsletters and websites

Parking Lot Topics:

- HPV
- Infant trauma – Shaking Baby Syndrome
- Cholesterol screening for kids

Activity 4: Work Group Housekeeping

We are done!!!

Attendees:

Attended Meeting								
date	**date**	**date**	**date**	**date**	**date**	**Last Name**	**First Name**	**Organization**
5/6/13	**5/22/13**	**5/29/13**	**6/6/13**					
X	**X**	**X**				Ascheim	Joan	DPH
X		**X**				Beirne	Patricia	Greenwich Hospital
X						Lowndes	Mary Kate	Commission on Children
X	**X**	**X**	**X**			Gagliardi	Amy	Community Health Ctr.
X	**X**	**X**	**X**			Fraser	Nadine	Connecticut Hospital Association
X						Gruendel	Janice	DCF
X						Bawza	Mary	Planned Parenthood
X	**X**	**X**	**X**			D'Almeida	Bernadette	Community Health Network
X	**X**					DeWitt	Patricia	Yale-New Haven Hospital
X			**X**			Arpino	Linda	Life Focus Nutrition Centers
X			**X**			Marulanda	Leticia	Hispanic Health Council
X	**X**	**X**				Morin	Jennifer	DPH
X			**X**			Levy	Sarah	UConn MPH intern
X						Meyers	Judith	Child Health & Development Institiute
X						Dynowski	Samantha	Early Childhood Alliance
X			**X**			Balcanoff	Stephen	CCMC
	X					Conklin	Elizabeth	March of Dimes
	X		**X**			Knutson	Stephanie	CT DOE
	X					Adair	Maggie	CT Early Childhood Alliance
		X	**X**			Fortner	Cynthia	March of Dimes
		X	**X**			Shah	Shital	Goodwin Intern
		X	**X**			Cronin	Pat	DSS
			X			Sullivan	Kristin	DPH
						Co-Chairs		**Organization**
X	**X**	**X**	**X**			Jones	Erin	March of Dimes
X	**X**	**X**	**X**			Gionet	Ann	DPH
						HRiA Support		**Organization**
X	**X**	**X**	**X**			Ayers	Amanda	HRiA