

COUNCIL ON WOMEN & GIRLS- SUBCOMMITTEE ON HEALTH & SAFETY

DATE: Monday, October 5, 2020

TIME/ LOCATION: 10:00am - 11:00 am/ Microsoft TEAMS Meeting

Members/Designees/Attendees: **Beth Bye** (Subcommittee Co-Chair: OEC); **Vanessa Dorantes** (Subcommittee Co-Chair: DCF); **Miriam Delphin-Rittmon** (Subcommittee Co-Chair: DMHAS) **Maggie Adair** (Office of Early Childhood); **Janet Alfano** (The Diaper Bank); **Colette Anderson** (CT Women’s Consortium); **Valencia Bagby-Young** (for Comm. Jordan Scheff, DDS); **Karin Bent** (OEC); **Rosa Biaggi**; **Anne Bonito**; **Annemarie Boulay** (The Underground); **Karen Buckley** (CHA); **Joseph Carvalho**; **Nicole Cossette**; **Darlene Deschaine**; **Siobhan Feliciano**; **Brian Foley** (Dept. Emergency Services/Pubic Protection); **Alice Forrester** (Clifford Beers); **Deidre Gifford** (DSS); **Kim Karanda** (DMHAS); **Jennifer Kellie** (CAESV); **Lisa McCooey** (DPH); **Kim Martone** (Office Health Strategy); **Ashley McAuliffe**; **Nichelle Mullins** (Charter Oak Health Center); **Shelly Nolan** (DMHAS); **Gretchen Raffa** (Planned Parenthood); **Jennifer Serra**; **Cherie Phoenix-Sharp** (Lt. Governor’s Office); **Jane Siegel**; **Marie Spivey** (SEET Consultants, LLC); **Chenae Russell**; **Ashley Starr Frechette** (CCADV); **Jane Ungemack**; **Althea Webber Bates** (Project Resiliency Movement, LLC)

Visitors/Presenters: **Kathryn Parr** (UCONN); **Representative Jillian Gilchrest**

Recorder: **Marilyn Duran** (Department of Mental Health & Addiction Services)

MINUTES

Topic	Discussion	Action
Welcome and Introductions	Commissioners Dorantes, Bye and Delphin-Rittmon welcomed the group and called the meeting to order at 10:00 AM.	
Review and approval of Minutes from Last Meeting	Commissioner Delphin-Rittmon asked for review and approval of the August 3, 2020 meeting minutes. All approved.	Approved
Update from the MAPOC Women’s Committee – Rep. Jillian Gilchrest	Rep. Gilchrest started the conversation by providing some background information on what MAPOC (Medical Assistance Policy Oversight Committee) is. The Committee is a collaborative body established by the Connecticut General Assembly (CGA) in 1994. MAPOC reports biannually to the CGA as required under state law. In 2019, Rep. Gilchrest was asked to serve as the Chair of the MAPOC subcommittee for Women and Children’s Health. The primary focus of the subcommittee was looking at health disparities as they relate to women and children in Connecticut, especially	

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	<p>since the state has the highest health disparities in the country when it comes to maternal and infant mortality. The subcommittee meets monthly with various organizations and individuals who present evidence-based materials to inform the discussions and policy recommendations the subcommittee makes to the larger MAPOC body.</p> <p>During the COVID pandemic, the subcommittee decided to have a workgroup on prenatal maternity and well-baby care because a need was identified in the state of CT. The subcommittee held weekly workforce meetings to better understand the issues that are impacting this population during COVID-19 and how to make changes to CT's systems and services. Some of the recommendations made can be implemented long term. The subcommittee learned that Telehealth has been incredibly positive and recommended it be incorporated into the healthcare system long term. More patients that typically miss in person appointments are more likely to attend virtual appointments. Another recommendation was to expand Medicaid coverage for twelve months. Currently, Medicaid is only for three months after a woman gives birth. The subcommittee is also looking to move lactation services to phone and video telehealth. They would like for CT Medicaid to cover non-evasive pregnancy testing because it provides less false positive results and also to allow FQHC's to provide same day long acting birth control services.</p>	
<p>Update on OEC ACEs Grant</p>	<p>UCONN Workgroup report – Kate Parr Both Kate Parr and Jane Ungemack did a presentation entitled, 'Preventing Adverse Childhood Experiences: Data to Action Grant'. The three types of ACEs include abuse, neglect, and household dysfunction. These early life experiences are associated with future chronic health conditions, mental health and substance use disorders, risky behaviors and worse employment/educational outcomes in later life. The most common ACEs is divorce or family instability, which is almost 45%. ACEs influences health and opportunities and disrupts neurological development which leads to social emotional and cognitive impairment. Later in life, it is more likely for individuals with ACEs to adopt risky health behaviors that could impact their life potential, cause disease, disability, social problems and possible early death. There are differential experiences by gender.</p>	<p>Anyone interested in participating in the ACEs workgroup could contact Kathryn Parr at Kathryn.Parr@uconn.edu or Jane Ungemack at ungemack@uchc.edu</p>

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	<p>Developing protective factors mitigates ACEs. The CT Office of Office of Early Childhood (OEC) is one of the grantees that received the CDC Preventing Adverse Childhood Experiences: Data to Action (CDC-RFA-CE20-2006) grant for \$1.5 million over 3 years. The purpose is to build/enhance an ACE surveillance infrastructure, implement ACE primary prevention strategies and to conduct foundational activities to support data to action.</p>	
<p>October is Breast Awareness Month</p>	<p>The CT Early Detection and Prevention Program (CEDPP) – DPH Staff October is Breast Cancer Awareness month. Lisa McCooey, Cancer Program Director for DPH, discussed the different programs at DPH which includes the Early Detection Program that has three components:</p> <ol style="list-style-type: none"> 1.) Breast and cervical cancer early detection program 2.) Wise Women program – which stands for well integrated screening for all women across the nation and it is a cardiovascular screening portion of the breast and cervical cancer program 3.) Colorectal screening program. <p>DPH provides free screening and is the payer of last resort to low income, uninsured or underinsured women across CT. Women on Medicaid are not eligible to receive services through this program but are eligible for case management services or patient navigation services to help them navigate through the healthcare system. DPH pays for most diagnostic follow-up procedures and do treatment referrals.</p> <p>October is also Domestic Violence Awareness month. Ashley Starr Frechette of CTCADV announced that ongoing events could be found on the CT CADV website. October 22nd is Purple Thursday and there is a link on the website that could be shared on social media to help promote awareness. Events are free and virtual and will be taking place on each Wednesday throughout the month of October.</p>	<p>The link to DPH's CEDPP program is: https://portal.ct.gov/DPH/Comprehensive-Cancer/Comprehensive-Cancer/The-Connecticut-Early-Detection-and-Prevention-Program-CEDPP</p> <p>WWW.CTCADV.ORG Weekly Wednesday Meetings</p>
<p>Legislative Proposal Discussion – Last Call</p>	<p>Commissioner Delphin-Rittmon reminded meeting attendees again about submitting legislative proposals.</p>	

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	<p>It was discussed that during the last session, the subcommittee had a few proposals that were folded into other work. There was some discussion on SEL (Social Emotion Learning) initiative in schools; there has been conversations with Steven Hernandez and the work group he leads related to SEL work. Another legislative proposal last session, which DSS has taken up now, was having Doulas and Midwives' services paid for by Medicaid.</p>	
<p>Announcements</p>	<ul style="list-style-type: none"> • Commissioner Dorantes made a suggestion to have CTCADV do a presentation at the next meeting on lessons learned during this pandemic and the ability to connect with domestic violence survivors, recognizing that there is still the need to build capacity within CT. • Kim Karanda announced that DMHAS got awarded a grant from SAMHSA for \$2.7million called PROUD (Parents Recovering from Opioid Use Disorders). DMHAS will work with two community providers, Wheeler Clinic and Intercommunity, to provide services. • Marie Spivey mentioned the need for nurses in Connecticut and the importance of developing the nursing workforce and maybe have Marcia Proto from the CT League of Nurses present at a future subcommittee meeting. • Commissioner Bye announced that a report from the National Women's Law Center came out last week: (https://nwlc.org/resources/four-times-more-women-than-men-dropped-out-of-the-labor-force-in-september/). More than 860,000 women and 216,000 men have dropped out of the labor force. The pandemic is disproportionately affecting women since schools have not reopened and women are the biggest providers of childcare in the nation; their schedules have been disrupted. Connecticut should be thinking about ways to help mitigate this challenge that is having both financial and mental health impacts on children and families. 	

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	<ul style="list-style-type: none"> • Commissioner Delphin-Rittmon called for sharing of ideas around how the subcommittee can be supportive of women and families, to help address or raise awareness around disparities. 	
Adjournment	The meeting adjourned at 11:00 am	Future Subcommittee Meetings: December 7th, at 10:00 am