

COUNCIL ON WOMEN & GIRLS- SUBCOMMITTEE ON HEALTH & SAFETY

DATE: June 7, 2021

TIME/ LOCATION: 10:00am - 12:00 pm/ Microsoft TEAMS Meeting

Members/Designees/Attendees: **Beth Bye** (Subcommittee Co-Chair: OEC); **Vannessa Dorantes** (Subcommittee Co-Chair: DCF); **Maggie Adair; Collette Anderson** (CT Women’s Consortium); **Valencia Bagby-Young** (for Comm. Jordan Scheff, DDS); **Anne Bonito; Christa Calabretta; Sharonda Carlos; Mary Cooper** (CHA); **Grace Damaio** (Hispanic Health Care); **Sarah Eagan; Deidre Gifford** (Commr. DSS/DPH); **Kim Karanda** (DMHAS); **Jennifer Kellie** (CT Alliance to end sexual violence); **Kim Martone** (Office Health Strategy); **Laura Morris; Lucy Nolan; Donna Palomba** (Jane Doe No More); **Angel Quiros; Andrea Reeves; Jordan Scheff** (DDS Commr.); **Jane Siegel** (for OHS CEO Victoria Veltri); **Megan Smith; Marie Spivey** (SEET Consultants, LLC); **Ashley Starr Frechette** (CCADV); **Amanda Stone; Victoria Veltri** (Executive Dir., OHS); **Terra Volpe; Faith Voswinkel** (OCA); **Jennifer Wilder** (OEC); **Yvette Young**

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

MINUTES

Topic	Discussion	Action
Welcome and Introductions	Commissioner Bye and Commissioner Dorantes welcomed the group and called the meeting to order at around 10:00 AM.	
Review and Approval of minutes from last meeting	Commissioner Dorantes asked for review and approval of the April 19, 2021 meeting minutes.	Approved
Legislative Updates – Members, Agencies	Tabled	
Presentation	Maternal Child Health Outcomes in CT Commissioner Gifford of the State of Connecticut Department of Social Services gave an update on the maternity bundle as it relates to Doulas and the department’s support for paying Doulas as part of prenatal care. Despite the pandemic, the department with the help and support of the CT Health Foundation, were able to continue to do some work on developing this new payment strategy for childbirth. There have been 3 stakeholder meetings that included people who are involved with the care of pregnancy and childbirth. There were also 3 stakeholder meetings with members themselves who had received prenatal care through Husky to get their feedback about the care model and how it might be improved. The stakeholders included hospitals, birth centers, Nurse Midwives, OBGYN, Doulas, Community Health Workers and those involved with breast feeding support and many other community organizations. The team at DSS had the opportunity to hear extremely helpful messages, which were consistent with previous messages heard and what the committee has been focused on, emphasizing the strong need to redouble our efforts on	

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	<p>equity and birth outcomes and address the underlying issues that resolve disparate health outcomes for women and babies of color.</p> <p>Commissioner Gifford said the real important focus for wraparound services during pregnancy and the post-partum period is things like need for care coordination, Doulas, breast feeding support, mental health and substance use disorder treatment.</p> <p>As the Acting DPH Commissioner, Dr. Gifford said she is privileged to receive the recommendations of the Maternal Mortality Review Committee which looks at instances of severe maternal morbidity and mortality. The recommendations are very consistent; the need for better care coordination during pregnancy; the acute need for more and better mental health and substance use services; and importantly, the need for providers to have a single place where they can go to get access to these services. There is a rich array of services in CT but very hard to access. DPH has applied and received a grant from CDC, as part of the American Rescue Plan Act, to focus on health equity and also to work on the maternity bundle. She said, right now the state has the beginning framework of a payment plan and are working to develop it.</p>	
<p>Presentation</p>	<p>Community Health Workers(CHW) in CT, Role in Women’s Health</p> <ul style="list-style-type: none"> • Doula Update, DSS <p>Vicki Veltri, Executive Director of the Office of Health Strategy (OHS) introduced the presenter from the Hispanic Health Council, Grace Damaio, who provided an overview of CHWs in CT. CHWs are public health outreach professionals with in-depth understanding of a community’s experience, language, culture, and socioeconomic needs. Among other things, they (1) serve as liaison between community members and health care and social service providers and (2) provide a range of services, including outreach, advocacy, and care coordination. The umbrella term for CHW unifies many diverse functions as part of the same workforce. Under the Breastfeeding Heritage and Pride Peer Counseling Program, CHWs provide health promotion by conducting clinically integrated prenatal visits; post-partum hospital rounds; and post partnership with prenatal and post-partum clinical teams.</p> <p>Progress on CHW policy in CT includes the definition, certification, Advisory Board under OHS, multiple symposia, policy briefs, business case, reports, and CHW survey conducted by DPH. Planning for a CHW service system in CT should involve multiple sectors, including CBOs and CHWs; be based on a comprehensive needs assessment; and enhance and coordinate with existing (effective) programs.</p> <p>Vicki Veltri stated that CHWs are very important to our system of care in CT, no matter if its maternal, primary or specialty care. She reiterated that there is a certification process for CHWs and an Advisory Board led by OHS with DPH and CHWs as members.</p>	

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	<p>Jennifer Wilder of the Office of Early Childhood (OEC) gave a presentation on The Doula Effect. The purpose of the Doula is to help women (men) have a safe, memorable, and empowering birthing experience. Pregnant women of color die at three times the rate of white women in birth related deaths according to the Centers for Disease Control and Prevention (CDC). OEC has a pilot program to support pregnant and parenting teens. OEC also has a contract partnership with the Department of Corrections (DOC) to have Doulas at the women’s prison. Some deliverables for the Doula Project are to have 30 home visiting staff trained as Doulas; 25-30 Doulas trained and enrolled into statewide Doula network (4-5 per region in the 6 regions) and 100 families served virtually or in-person with Doula services. Ms. Wilder also shared measurable family outcomes that OEC is already capturing data on, that will allow for simple analysis of benefits of the Doula Project.</p> <p>Faith Voswinkel of the OCA presented on monitoring children’s injuries, specifically infants, and trends during the COVID-19 pandemic. OCA looked at 311 cases of mechanism/injury and for fractures-74 of which 57 are infants; bruising-26 of which 17 were infants; burns-23 of which 8 were infants; parental death-38 of which 3 were a parent of an infant; child fatalities-36 of which 29 were infants (4 under 30 days, 3 with little to no prenatal care). Ms. Voswinkel also talked about the disparities in the communities.</p> <p>OEC has a fact sheet available with information on keeping babies safe during the pandemic.</p>	
Committee Updates	<p>Commissioner Dorantes announced that DPH has mobile vaccine access and shared that anyone having an event can extend an invitation to guests who have not been vaccinated to get vaccinated at the event site through the mobile clinic. For more information and to put in a request for a mobile vaccine van to attend your event, people can go to: ct.gov/Covid vaccine.</p>	
Adjournment	<p>The meeting adjourned around noon.</p> <p>Future Subcommittee Meetings:</p> <ul style="list-style-type: none"> • August 2, 2021 10am-noon; • October 4, 2021 10am-noon; • December 6, 2021 10am-noon 	