

The September 16, 2015 MCH Coalition Meeting
The Connecticut Women's Consortium
Hamden, Connecticut
9 to 11 AM

~ AGENDA ~

- Welcome and introductions M. Carey

- Introduction of Deputy Commissioner Raul Pino R. Biaggi

- Moving forward
 - The Plan to Improve CT's Birth Outcomes J. Frost
 - Healthy CT 2020/The MICH Action Team J. Ascheim
 - The newly reconvened MCH Coalition M. Carey

- Report from the MICH Action Team workgroups
 - Recommendations from the Women Well Care & Infant Mortality workgroups J. Frost
 - Recommendations from the Child Well Care workgroup
 - Dental health M. Milkovic
 - Developmental screening A. Gionet

- Charge to the MCH Coalition/implementation activities M. Carey

- Information sharing Coalition Members

- Observations and reflections on the meeting K. Harris

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SHIP/PIBO Women's Health Care Workgroup - Synergy Table

GOAL/PRIORITY AREA

Source

Well woman care/health of women of reproductive age	MCH Block Grant Application
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OBJECTIVES

Source

Preventive health	By 2020, increase by 10% the proportion of all Connecticut women receiving an annual well visit including age appropriate screenings.	MCH Block Grant Application
	By 2020, increase by 5% the proportion of all Connecticut women receiving an annual dental visit.	MCH Block Grant Application
	MICH-1, Reduce by 10% the rate of unplanned pregnancies.	SHIP Phase 1 Objectives
	MICH-2, Increase by 10% the proportion of women delivering a live birth who discuss preconception health with a health care worker prior to pregnancy.	SHIP Phase 2 Objectives
	MICH-9 (Developmental), Reduce the proportion of non-medically indicated inductions/Cesarean sections prior to 39 weeks gestation.	SHIP Phase 2 Objectives
Pregnancy Health	MICH-3, Increase by 10% the proportion of pregnant women who receive prenatal care during the first trimester of pregnancy.	SHIP Phase 1 Objectives
	MICH 4, Increase by 10% the proportion of pregnant women who receive adequate prenatal care (defined by Kotelchuck Index).	SHIP Phase 1 Objectives

STRATEGIES AND RECOMMENDATIONS

	Systems & Infrastructure	Source
Overall	Identify and address barriers to access to annual well visits.	MCH Block Grant Application
	Identify and address barriers to access to dental services.	MCH Block Grant Application
	Support school-based health centers that offer comprehensive health services.	MCH Block Grant Application
Payments	Advocate for universal coverage of all CT women within SIM.	MCH Block Grant Application
	Advocate for the expansion of the Healthy Start Program statewide.	SHIP Phase 1 Objectives
	Expand state Husky to undocumented women and families	PIBO
	Advocate for competitive reimbursement rates for annual well visits.	MCH Block Grant Application
	Advocate for parity of oral health with physical and behavioral health in practice, policy, and reimbursement.	MCH Block Grant Application
	Increase access to midwifery care for all women considered low-risk (medically)	PIBO
	Partner with Department of Social Services to encourage obstetricians and gynecologists to participate in Medicaid pay-for-performance.	SHIP Phase 1 Objectives
and Person-Centered Nature of Care	Support the provision of behavioral health services and oral health care throughout the life course and during the perinatal period	PIBO
	Support reproductive and sexual health services.	SHIP Phase 1 Objectives
	Establish and evaluate pilot projects involving holistic MCH medical home models	PIBO
	Integrate mental health, oral health and wellbeing into hospital-based perinatal education models, group prenatal care, as well as home visiting programs	PIBO
	Create trauma-informed environments for pregnant women, infants, and their families	PIBO
	Establish a statewide community health worker system similar to the one in Massachusetts: this can include models involving lay home visitors, community doulas, preconception peer educators, peer breastfeeding counselors, oral health, etc.	PIBO
	Expand person-centered care model (PCCM) to include women's health, including oral and mental health, with a Life Course approach	PIBO

Content, Quality, ;	Support the provision of preconception health care throughout the childbearing years.	PIBO
	Partner with obstetricians, gynecologists, and hospitals to adapt hard-stop policy on elective Cesarean births.	SHIP Phase 2 Objectives
	Address improving maternal risk screening for all women of reproductive age	SHIP Phase 2 Objectives
	Engage in a broad effort to reduce maternal fear and stigma about the spectrum of emotional and psychological complications of pregnancy and childbirth by increasing provider-patient communications, including perinatal mental health in childbirth education programs, raising public awareness, and developing a coordinated system of treatment and care	PIBO

<u>Norm Shifting & Education</u>		Source
Education	Support parents and guardians in their efforts to talk with adolescents about sexuality by providing culturally sensitive, developmentally appropriate information and materials	SHIP Phase 1 Objectives
	Educate district and school administrators and other local stakeholders about creating comprehensive local wellness policies that include creating a healthy school nutrition and physically active environment.	MCH Block Grant Application
	Educate and train school staff (teachers, administrators) on developing and implementing comprehensive school physical activity programs (CSPAP)	MCH Block Grant Application
	Educate district and school administrators and other local stakeholders about creating comprehensive local wellness policies that include creating a healthy school nutrition and physically active environment.	MCH Block Grant Application
	Educate district and school administrators and other local stakeholders about creating comprehensive local wellness policies that include creating a healthy school nutrition and physically active environment.	MCH Block Grant Application
	Educate students and parents on the importance of adequate sleep on health and academic performance.	MCH Block Grant Application
	Educate district and school administrators and other local stakeholders about creating comprehensive local wellness policies that include creating a healthy school nutrition and physically active environment.	MCH Block Grant Application
	Educate parents on the frequency of and importance of well-child visits (for adolescent health)	MCH Block Grant Application
	Educate pregnant women on the risk of elective Cesarean births	SHIP Phase 2 Objectives
	Support and monitor school district compliance with mandatory Health Education curriculum.	SHIP Phase 1 Objectives
Communications	Expand the Text-4-Baby initiative among hospitals, community health centers, private providers, women, and the Department of Social Services.	SHIP Phase 1 Objectives
	Develop or adapt a media campaign about the importance of preconception health (radio, television, community brokers, and schools).	SHIP Phase 2 Objectives
	Partner with students, parents and providers to develop and implement an outreach campaign regarding the importance of a comprehensive adolescent well child visit.	MCH Block Grant Application
	Engage in a broad effort to reduce maternal fear and stigma about the spectrum of emotional and psychological complications of pregnancy and childbirth by increasing provider-patient communications, including perinatal mental health in childbirth education programs, raising public awareness, and developing a coordinated system of treatment and care	PIBO

<u>Provider Training</u>		Source
Lifecourse and Preconception Health	Develop a plan to educate providers on the importance of preconception health, through a partnership between the Department of Public Health and the Department of Social Services.	SHIP Phase 2 Objectives
	Educate/train medical providers and School Based Health Center staff on including behavioral and oral health risk assessments during well child visits (for this focus area, particularly related to adolescent health)	MCH Block Grant Application

Trauma and Mental Health	Integrate Life Course education into provider training.	PIBO
	Integrate into provider training mental health, social stressors, and trauma education relevant to infants and families	PIBO
	Engage in a broad effort to reduce maternal fear and stigma about the spectrum of emotional and psychological complications of pregnancy and childbirth by increasing provider-patient communications, including perinatal mental health in childbirth education programs, raising public awareness, and developing a coordinated system of treatment and care	PIBO

	<u>Developmental</u>	Source
NAS	Explore the impact of Neonatal Abstinence Syndrome, and identify mechanisms for addressing the issue	SHIP Phase 2 Objectives

STEP 1: Identifying 2016 Action Agenda (Year 1) Objectives

Maternal, Infant, and Child Health										
Objectives	Questions to Consider When Identifying 2016 Action Agenda (Year 1) Objectives (Identifying 3-5 Objectives or AOC for the 2016 Action Agenda)								Total YES	Total NO
	a.	b.	c.	d.	e.	f.	g.	h.		
	If Developmental, will we be able to get the data in year 1? (Y/N)	Is there likely evidence-based practices available? (Y/N)	Is this an area where we have many partners and lots of initiatives that we can connect (critical mass)? (Y/N)	Does it connect to strategies in current plans or initiatives (critical mass)? (Y/N)	w	Is it feasible/ realistic within three years (mid-course check)? (Y/N)	Can we demonstrate impact within three years (mid-course check)? (Y/N)	Does it have a prevention vs. management/ treatment focus? * (Y/N)		
OBJECTIVE MICH-1 Reduce by 10% the rate of unplanned pregnancies.	n/a	Y PRAMS	Y	Y	Y	Y	Y	Y	7	0
OBJECTIVE MICH-2 (Ph2) Increase by 10% the proportion of women delivering a live birth who discuss preconception health with a health care worker prior to pregnancy.	n/a	Y PRAMS	Not sure	Y	Y	Maybe Depends on engaging partners	Y	Y	6+	0
OBJECTIVE MICH-3 Increase by 10% the proportion of pregnant women who receive prenatal care during the first trimester of pregnancy.	n/a	Y	Y	Y	Y	Y	Y	y	7	0
OBJECTIVE MICH-4 Increase by 10% the proportion of pregnant women who receive adequate prenatal care (defined by Kotelchuck Index).	n/a	Y	N	Y	Y	Not sure (Erin or Dr. Z might have a better idea)	Y	Y	6+	0

Commented [JF1]: DPH, DSS, ACA, PIBO, MCH Block Grant, March of Dimes, Planned Parenthood, Federal Healthy Start, Clinicians, SDE

Commented [JF2]: CDC-funded Hartford Pregnancy Prevention program
School health clinics
SDE Teen pregnancy program (prevention of repeat teen pregnancy)
Preconception health care initiatives/ACA-enabled no copay annual well-woman visits
ACA-enabled access to contraception
PIBO strategies address this
MCH Block Grant addresses this

Commented [JF5]: Readiness to implement CP is still low. Unless we can find a way to provide broad technical assistance and incentivize through payments, this may be hard to implement on a broad scale. March of Dimes is a strong supporter of group prenatal care models of prenatal care. Federal support is also become very strong.

Commented [JF6]: PIBO recommends group prenatal care and greater access to midwifery care, both of which are strong models for adequate prenatal care, widely accepted by women who seek meaningful engagement with clinicians during pregnancy.

Commented [JF3]: Group prenatal care can contribute to increase in this indicator as pregnant women indicate greater satisfaction with the quality and content of care → will attend more visits.

Commented [mc4]: At the meeting it was acknowledged that there is a need to look at content and quality of pnc and satisfaction with the care and support received. See Jordy's comments above re: group prenatal care. The infant mortality workgroup may also be interested in this objective.

* h. This will not apply to all Focus Areas

STEP 1: Identifying 2016 Action Agenda (Year 1) Objectives

Maternal, Infant, and Child Health										
Objectives	Questions to Consider When Identifying 2016 Action Agenda (Year 1) Objectives (Identifying 3-5 Objectives or AOC for the 2016 Action Agenda)								Total YES	Total NO
	a.	b.	c.	d.	e.	f.	g.	h.		
	If Developmental, will we be able to get the data in year 1? (Y/N)	Is there likely evidence-based practices available? (Y/N)	Is this an area where we have many partners and lots of initiatives that we can connect (critical mass)? (Y/N)	Does it connect to strategies in current plans or initiatives (critical mass)? (Y/N)	w	Is it feasible/ realistic within three years (mid-course check)? (Y/N)	Can we demonstrate impact within three years (mid-course check)? (Y/N)	Does it have a prevention vs. management/ treatment focus? * (Y/N)		
OBJECTIVE MICH-9 (Developmental) (Ph2) Reduce the proportion of non-medically indicated inductions/Cesarean sections prior to 39 weeks gestation.	n/a	Y	Y	Y	Y	Y	Y	Y	7	0

Commented [JF8]: Ask MOD about Hard Stop Initiative efforts in CT: who has jumped onboard so far? What is the current status of the initiative? Do obstetrical payment structures support policy changes in this area?

Commented [mc7]: Consensus at the meeting that this work is already being done.

MICELLANEOUS NOTES TO SHARE WITH MEETING FACILITATORS:

* h. This will not apply to all Focus Areas

STEP 3: HCT2020 **DRAFT** Action Agenda

Focus Area 1: Maternal, Infant and Child Health			
Goal 1: All women in Connecticut make informed and healthy choices in planning their families			
Area of Concentration: Reproductive and Sexual Health			
SHIP Objective: MICH-1 Reduce by 10% the rate of unplanned pregnancies			
Dashboard Indicator: Rate of unplanned pregnancies in Connecticut. (HCT2020)			
Strategies	Actions and Timeframes	Partners Responsible	Progress
Support the provision of preconception/interconception health care throughout the childbearing years in community and clinical settings	Secure commitment from identified partners and leads Ongoing	CT Maternal and Child Health Coalition Planning Committee	
	Obtain implementation and evaluation information about the “One Key Question” initiative implemented in Oregon and Massachusetts. November 2015	CT Maternal and Child Health Coalition, Oregon Foundation for Reproductive Health, Massachusetts Department of Health, Boston Health Commission	
	Obtain implementation and evaluation information about the “IMPLICIT Network” initiative implemented in Northeast US, including Middlesex Hospital Family Physician Residency program. November 2015	CT Maternal and Child Health Coalition, Middlesex Hospital Family Residency Program	
	Assess potential for replication and feasibility of pilot programs in selected sites: -recruit physician champions -secure buy-in from potential sites located in high-need communities -design project logistics, personnel, and estimated costs December 2015 – April 2016	CT Maternal and Child Health Coalition, March of Dimes, CT chapters of ACOG, AAP, AAFP, DPH, OEC, nail salons, beauty parlors, barber shops, childcare providers, community health care workers, family visiting programs, faith communities, Text4Baby, MoMba, Clifford Beers, FQHCs, clinical residency programs, nursing and medical higher education programs	
	Explore potential funding sources to support effort December 2015-April 2016	CT Maternal and Child Health Coalition, foundations that support health-related initiatives (national, state, and local), insurance companies, DSS, March of Dimes	
	Based on above actions, determine whether to move forward with pilot programs June 2016	CT Maternal and Child Health Coalition	
	Review currently available DPH preconception health media campaign and evaluate need to adapt/revise	CT Maternal and Child Health Coalition, SDE, DPH	

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	October 2015– December 2015		
	Identify logistics, human and financial resources needed to relaunch media campaign December 2015-January 2016	DPH and other partners from CT Maternal and Child Health Coalition	
	Develop or adapt a media campaign about the importance of preconception health (including evaluation plan development) January 2016-June 2016	DPH 2-1-1 SDE Partners from CT Maternal and Child Health Coalition	
	Relaunch media campaign about importance of preconception health and “call to action” In conjunction with above mentioned pilot program rollout?	College radio stations, radio, TV, print, community champions, internet, social media, etc.	
Collaborate across sectors to increase social equity	All strategies and actions identified within the MICH work plan will be evaluated from a social equity perspective with a focus on ensuring that priority populations are adequately represented September –October 2015	CT Maternal and Child Health Coalition	
	Identify and support 2-5 relevant legislative and policy efforts that promote social determinants of health (i.e. housing quality and affordability, education quality and completion, poverty reduction, food security, violence prevention, toxic stress reduction, access to quality healthcare, juvenile justice) while educating the public and legislators on the impact that social determinants of health have on women’s health throughout the lifecycle and perinatal health outcomes: -assemble ad-hoc advocacy committee within the CT MCH Coalition tasked with leading advocacy efforts and coordinating with other partners -develop relevant fact sheets to be shared by coalition members and partners with legislators, leaders, media, and members of the public -identify and partner with community members and organizations that could provide testimony on key issues and legislative bills and policies October 2015 thru end of Legislative Session 2016	CT Maternal and Child Health Coalition, CAHS, PCSW, CWEALF, Parent Leadership Training Institutes (PLTI), Early Childhood Collaboratives/Discovery Communities, Mothers for Justice, Graustein Memorial Fund, Connecticut Association for Basic Needs (CABN), CPHA, Connecticut Voices for Children	

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	<p>Explore opportunities/feasibility of relaunching statewide media campaign aimed at reducing high school dropout rates September 2015-January 2016</p>	<p>SDE, CT Maternal and Child Health Coalition, Graustein Memorial Fund, foundations that support health-related initiatives (national, state, and local)</p>	
	<p>Identify and address barriers to access of culturally competent health care services Ongoing</p>	<p>Office of Health Equity, CT Maternal and Child Health Coalition, SDE, CT Hospital Association, foundations that support health-related initiatives (national, state, and local), clinical providers, home visiting programs, community health care workers</p>	
<p>Support reproductive and sexual health services</p>	<p>Identify partners to support relevant priorities and initiatives (i.e. equitable access to long-acting reversible contraceptives, equitable access to culturally-sensitive and developmentally appropriate information and materials, equitable access to reproductive and sexual health care services, etc.) Ongoing</p>	<p>CT Maternal and Child Health Coalition, DPH, DSS, SDE, Council on Medical Assistance Program Oversight (Women's Health Sub-Committee), Planned Parenthood of Southern New England, CWEALF, PCSW</p>	
<p>Resources Required (human, partnerships, financial, infrastructure or other)</p> <ul style="list-style-type: none"> • Commitment from lead organizations for each major initiative • Graduate-level interns assigned to each major initiative, as needed. March of Dimes may be able to supervise some interns. There might be an opportunity to coordinate with other intern supervisors from other partner organizations within MCH Coalition. • Continued active involvement of focused workgroups within CT Maternal and Child Health Coalition to continue leading implementation of above-proposed initiatives. • Funding to support feasibility study on initiative akin to One Key Question/Implicit Network. March of Dimes may be interested in supporting this effort. They are currently evaluating this opportunity. • Clinicians and other statewide leaders to serve as champions of preconception/ interconception health initiatives 			
<p>Monitoring/Evaluation Approaches</p> <ul style="list-style-type: none"> • Provide quarterly report outs 			

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Focus Area 1: Maternal, Infant and Child Health			
Goal 2 and 3: All babies in Connecticut are born healthy <u>and</u> all Connecticut women of childbearing age are healthy.			
Area of Concentration: Birth Outcomes <u>and</u> Preconception and Pregnancy Care			
<p>SHIP Objective</p> <p>MICH-5: Reduce by 10% the proportion of low birthweight and very low birthweight among singleton births.</p> <p>MICH-6: Reduce by 10% the proportion of live singleton births delivered at less than 37 weeks gestation.</p> <p>MICH-7: Reduce by 10% the infant mortality rate (infant deaths per 1,000 live births).</p> <p>MICH-2: Increase by 10% the proportion of women delivering a live birth who discuss preconception health with a health care worker prior to pregnancy.</p>			
<p>Dashboard Indicators:</p> <ul style="list-style-type: none"> • Proportion of very low birthweight babies among live singleton births in Connecticut. (HCT 2020) • Proportion of low birthweight babies among live singleton births in Connecticut. (HCT 2020) • Proportion of live singleton births in Connecticut delivered at less than 37 weeks gestation. (HCT 2020) • Infant mortality rate (infant deaths per 1,000 live births) in Connecticut. (HCT 2020) • Proportion of women in Connecticut delivering a live birth who discuss preconception health with a health care worker prior to pregnancy. (HCT2020) 			
Strategies	Actions and Timeframes	Partners Responsible	Progress
Collaborate across sectors to increase social equity	Support the Campaign for Paid Family Leave to equitably reduce financial stressors impacting families during pregnancy and the interconception period. October 2015 thru end of Legislative Session 2016	CT Maternal and Child Health Coalition, Connecticut Women's Education and Legal Fund (CWEALF), Permanent Commission on the Status of Women (PCSW), March of Dimes, Connecticut Association of Human Services (CAHS)	
	Identify and support 2-5 relevant legislative and policy efforts that promote social determinants of health (i.e. housing quality and affordability, education quality and completion, poverty reduction, food security, violence prevention, toxic stress reduction, access to quality healthcare, juvenile justice) while educating the public and legislators on the impact that social determinants of health have on women's health throughout the lifecourse and perinatal health outcomes:	CT Maternal and Child Health Coalition, CAHS, PCSW, CWEALF, Parent Leadership Training Institutes (PLTI), Early Childhood Collaboratives/Discovery Communities, Mothers for Justice, Graustein Memorial Fund, Connecticut Association for Basic Needs (CABN),	

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	<ul style="list-style-type: none"> -assemble ad-hoc advocacy committee within the CT MCH Coalition tasked with leading advocacy efforts and coordinating with other partners -develop relevant fact sheets to be shared by coalition members and partners with legislators, leaders, media, and members of the public -identify and partner with community members and organizations that could provide testimony on key issues and legislative bills and policies <p>October 2015 thru end of Legislative Session 2016</p>	CPHA, Connecticut Voices for Children	
	<p>Evaluate and assess feasibility/replicability of projects aimed at reducing/eliminating institutionalized racism (as identified in the Plan to Improve Birth Outcomes)</p> <p>July 2016 – September 2016</p>	CT Maternal and Child Health Coalition, Graustein Memorial Fund, CityMatCH, W.K. Kellogg Foundation, Federal Healthy Start	
Support the provision of preconception/ interconception health care throughout the childbearing years in community and clinical settings	<p>Secure commitment from identified partners and leads</p> <p>Ongoing</p>	CT Maternal and Child Health Coalition Planning Committee	
	<p>Obtain implementation and evaluation information about the “One Key Question” initiative implemented in Oregon and Massachusetts.</p> <p>November 2015</p>	CT Maternal and Child Health Coalition, Oregon Foundation for Reproductive Health, Massachusetts Department of Health, Boston Health Commission	
	<p>Obtain implementation and evaluation information about the “IMPLICIT Network” initiative implemented in Northeast US, including Middlesex Hospital Family Physician Residency program.</p> <p>November 2015</p>	CT Maternal and Child Health Coalition, Middlesex Hospital	
	<p>Assess potential for replication and feasibility of pilot programs in selected sites:</p> <ul style="list-style-type: none"> -recruit physician champions -secure buy-in from potential sites located in high-need communities -design project logistics, personnel, and estimated costs <p>December 2015 – April 2016</p>	CT Maternal and Child Health Coalition, March of Dimes, CT chapters of ACOG, AAP, AAFP, DPH, OEC, nail salons, beauty parlors, barber shops, childcare providers, community health care workers, family visiting programs, faith	

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		communities, Text4Baby, MoMba, Clifford Beers, FQHCs, clinical residency programs, nursing and medical higher education programs	
	Explore potential funding sources to support effort December 2015-April 2016	CT Maternal and Child Health Coalition, foundations that support health-related initiatives (national, state, and local), insurance companies, DSS, March of Dimes	
Promote enhanced models of prenatal care	Obtain implementation research results about group prenatal care models, identify potential barriers to implementation, and anticipate strategies to overcome them. October – December 2015	Yale School of Nursing, March of Dimes, CT Maternal and Child Health Coalition	
	Promote Northeast Centering Symposium in Waltham, MA (Nov. 12, 2015) September 2015-November 2015	March of Dimes, Connecticut and New England Chapters	
	Assess potential for replication and feasibility of pilot programs: -recruit clinical champions -secure buy-in from potential sites located in high-need communities -design project logistics, personnel, and estimated costs -secure funding November 2015 – April 2016	Anthem, March of Dimes, CT Maternal and Child Health Coalition	
	Obtain implementation and evaluation information about the Medicaid Enhanced Prenatal Care programs in Michigan and Colorado. November 2015 – January 2016	CT MCH Coalition, March of Dimes, DSS, DPH, OEC	
	Assess potential for replication and feasibility of pilot programs in selected sites: -recruit champions -secure buy-in from potential sites located in high-need communities -design project logistics, personnel, and estimated costs January 2016 – May 2016	CT MCH Coalition, March of Dimes, DSS, DPH, OEC, MIECHV sites, other family visiting programs	
	Explore potential funding sources to support effort January 2016 – May 2016	CT MCH Coalition, March of Dimes, DSS, DPH, OEC, foundations that support health-	

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		related initiatives (national, state, and local), insurance companies	
	Based on above actions, determine whether to move forward with pilot programs May 2016-June 2016	CT MCH Coalition, March of Dimes, DSS, DPH, OEC	
	Promote the integration of mental health, oral health, and wellbeing into hospital-based perinatal education models, group prenatal care, as well as home visiting programs: <ul style="list-style-type: none"> • Identify potential champions and partners • Assess current programs and conduct gaps analysis • Study feasibility, logistics, and resources needed to implement actions aimed at filling gaps June 2016-December 2016	CT MCH Coalition, March of Dimes, perinatal health educators at various CT maternity care hospitals, home visiting programs, Connecticut Alliance for Perinatal Mental Health, CT Dental Health Partnership, DPH	
Resources Required (human, partnerships, financial, infrastructure or other) <ul style="list-style-type: none"> • Commitment from lead organizations for each major initiative • Graduate-level interns assigned to each major initiative, as needed. March of Dimes may be able to supervise some interns. There might be an opportunity to coordinate with other intern supervisors from other partner organizations within MCH Coalition. • Continued active involvement of focused workgroups within CT Maternal and Child Health Coalition to continue leading implementation of above-proposed initiatives. • Funding to support feasibility study on initiative akin to One Key Question/Implicit Network. March of Dimes may be interested in supporting this effort. They are currently evaluating this opportunity. • Funding to support pilot programs in enhanced prenatal care models. • Clinicians and other statewide leaders to serve as champions for preconception/interconception health initiatives • Clinicians and other statewide leaders to serve as champions for enhanced prenatal care models 			
Monitoring/Evaluation Approaches <ul style="list-style-type: none"> • Provide quarterly report outs 			

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Focus Area 1: Maternal, Infant and Child Health
Goal 2: All babies in Connecticut are born healthy
Area of Concentration: Birth Outcomes
SHIP Objective: MICH-8 Reduce by 10% the disparity between infant mortality rates for non-Hispanic blacks and non-Hispanic whites.
Dashboard Indicator: <u>Disparity ratio between infant mortality rates for non-Hispanic blacks and non-Hispanic whites in Connecticut. (HCT 2020)</u>

Strategies	Actions and Timeframes	Partners Responsible	Progress
Collaborate across sectors to increase social equity	Evaluate and assess feasibility/replicability of projects aimed at reducing/eliminating institutionalized racism (as identified in the Plan to Improve Birth Outcomes) July 2016 – September 2016	CT Maternal and Child Health Coalition, Graustein Memorial Fund, CityMatCH, W.K. Kellogg Foundation, Federal Healthy Start	
	Support the Campaign for Paid Family Leave to equitably reduce financial stressors impacting families during pregnancy and the interconception period. October 2015 thru end of Legislative Session 2016	CT Maternal and Child Health Coalition, the Connecticut Women’s Education and Legal Fund (CWEALF), the Permanent Commission on the Status of Women (PCSW), March of Dimes, Connecticut Association of Human Services (CAHS)	
	Identify and support 2-5 relevant legislative and policy efforts that promote social determinants of health (i.e. housing quality and affordability, education quality and completion, poverty reduction, food security, violence prevention, toxic stress reduction, access to quality healthcare, juvenile justice) while educating the public and legislators on the impact that social determinants of health have on women’s health throughout the lifecourse and perinatal health outcomes: <ul style="list-style-type: none"> -assemble ad-hoc advocacy committee within the CT MCH Coalition tasked with leading advocacy efforts and coordinating with other partners -develop relevant fact sheets to be shared by coalition members and partners with legislators, leaders, media, and members of the public -identify and partner with community members and organizations that could provide testimony on key issues and legislative bills and policies October 2015 thru end of Legislative Session 2016	CT Maternal and Child Health Coalition, CAHS, PCSW, CWEALF, Parent Leadership Training Institutes (PLTI), Early Childhood Collaboratives/Discovery Communities, Mothers for Justice, Graustein Memorial Fund, Connecticut Association for Basic Needs (CABN), CPHA, Connecticut Voices for Children	

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<p>Support the provision of preconception/interconception health care throughout the childbearing years</p>	<p>Secure commitment from identified partners and leads Ongoing</p>	<p>CT Maternal and Child Health Coalition Planning Committee</p>	
	<p>Obtain implementation and evaluation information about the “One Key Question” initiative implemented in Oregon and Massachusetts. November 2015</p>	<p>CT Maternal and Child Health Coalition, Oregon Foundation for Reproductive Health, Massachusetts Department of Health, Boston Health Commission</p>	
	<p>Obtain implementation and evaluation information about the “IMPLICIT Network” initiative implemented in Northeast US, including Middlesex Hospital Family Physician Residency program. November 2015</p>	<p>CT Maternal and Child Health Coalition, Middlesex Hospital</p>	
	<p>Assess potential for replication and feasibility of pilot programs in selected sites: <ul style="list-style-type: none"> -recruit physician champions -secure buy-in from potential sites located in high-need communities -design project logistics, personnel, and estimated costs December 2015 – April 2016</p>	<p>CT Maternal and Child Health Coalition, March of Dimes, CT chapters of ACOG, AAP, AAFP, DPH, OEC, nail salons, beauty parlors, barber shops, childcare providers, community health care workers, family visiting programs, faith communities, Text4Baby, MoMba, Clifford Beers, FQHCs, clinical residency programs, nursing and medical higher education programs</p>	
	<p>Explore potential funding sources to support effort December 2015-April 2016</p>	<p>CT Maternal and Child Health Coalition, foundations that support health-related initiatives (national, state, and local), insurance companies, DSS, March of Dimes</p>	
<p>Promote enhanced models of prenatal care</p>	<p>Obtain implementation research results about group prenatal care models, identify potential barriers to implementation, and anticipate strategies to overcome them. October – December 2015</p>	<p>Yale School of Nursing, March of Dimes, CT Maternal and Child Health Coalition</p>	
	<p>Promote Northeast Centering Symposium in Waltham, MA (Nov. 12, 2015) September 2015-November 2015</p>	<p>March of Dimes, Connecticut and New England Chapters</p>	
	<p>Assess potential for replication and feasibility of pilot programs: <ul style="list-style-type: none"> -recruit clinical champions -secure buy-in from potential sites located in high-need communities -design project logistics, personnel, and estimated costs -secure funding November 2015 – April 2016</p>	<p>Anthem, March of Dimes, CT Maternal and Child Health Coalition</p>	

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	<p>Obtain implementation and evaluation information about the Medicaid Enhanced Prenatal Care programs in Michigan and Colorado.</p> <p>November 2015 – January 2016</p>	<p>CT MCH Coalition, March of Dimes, DSS, DPH, OEC</p>	
	<p>Assess potential for replication and feasibility of pilot programs in selected sites:</p> <ul style="list-style-type: none"> -recruit champions -secure buy-in from potential sites located in high-need communities -design project logistics, personnel, and estimated costs <p>January 2016 – May 2016</p>	<p>CT MCH Coalition, March of Dimes, DSS, DPH, OEC, MIECHV sites, other family visiting programs</p>	
	<p>Explore potential funding sources to support effort</p> <p>January 2016 – May 2016</p>	<p>CT MCH Coalition, March of Dimes, DSS, DPH, OEC, foundations that support health-related initiatives (national, state, and local), insurance companies</p>	
	<p>Based on above actions, determine whether to move forward with pilot programs</p> <p>May 2016 – June 2016</p>	<p>CT MCH Coalition, March of Dimes, DSS, DPH, OEC</p>	
	<p>Promote the integration of mental health, oral health, and wellbeing into hospital-based perinatal education models, group prenatal care, as well as home visiting programs:</p> <ul style="list-style-type: none"> • Identify potential champions and partners • Assess current programs and conduct gaps analysis • Study feasibility, logistics, and resources needed to implement actions aimed at filling gaps <p>June 2016 – December 2016</p>	<p>CT MCH Coalition, March of Dimes, perinatal health educators at various CT maternity care hospitals, home visiting programs, Connecticut Alliance for Perinatal Mental Health, CT Dental Health Partnership, DPH</p>	
<p>Resources Required (human, partnerships, financial, infrastructure or other)</p> <ul style="list-style-type: none"> • Commitment from lead organizations for each major initiative • Graduate-level interns assigned to each major initiative, as needed. March of Dimes may be able to supervise some interns. There might be an opportunity to coordinate with other intern supervisors from other partner organizations within MCH Coalition. • Continued active involvement of focused workgroups within CT Maternal and Child Health Coalition to continue leading implementation of above-proposed initiatives. • Funding to support feasibility study on initiative akin to One Key Question/Implicit Network. March of Dimes may be interested in supporting this effort. They are currently evaluating this opportunity. • Funding to support pilot programs in enhanced prenatal care models. • Funding and technical assistance to support racism-related initiatives • Community and statewide leaders to serve as champions for racism-related initiatives • Clinicians and other statewide leaders to serve as champions for preconception/interconception health initiatives • Clinicians and other statewide leaders to serve as champions for enhanced prenatal care models 			
<p>Monitoring/Evaluation Approaches</p> <ul style="list-style-type: none"> • Provide quarterly report outs 			

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Aggregate Proposed Timeline

	2015				2016											
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Pre-/Inter-conception care																
Secure commitment from identified partners and leads	X	X	X	X	X	X	X	X	X	X						
Obtain implementation and evaluation information about the “One Key Question” initiative implemented in Oregon and Massachusetts.			X													
Obtain implementation and evaluation information about the “IMPLICIT Network” initiative implemented in Northeast US, including Middlesex Hospital Family Physician Residency program.			X													
Assess potential for replication and feasibility of pilot programs in selected sites: -recruit physician champions -secure buy-in from potential sites located in high-need communities -design project logistics, personnel, and estimated costs				X	X	X	X	X								
Explore potential funding sources to support effort				X	X	X	X	X								
Based on above actions, determine whether to move forward with pilot programs									X	X						
If moving forward, implement pilot programs and monitor data for evaluation purposes											X	X	X	X	X	X

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	2015				2016											
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Review currently available DPH preconception health media campaign and evaluate need to adapt/revise		X	X	X												
Identify logistics, human and financial resources needed to relaunch media campaign				X	X											
Develop or adapt a media campaign about the importance of preconception health (including evaluation plan development)					X	X	X	X	X	X						
Relaunch media campaign about importance of preconception health and "call to action"											X	X	X	X	X	X
Collaborate across sectors to increase social equity																
Evaluate and assess feasibility/replicability of projects aimed at reducing/eliminating institutionalized racism (as identified in the Plan to Improve Birth Outcomes)											X	X	X			
Support the Campaign for Paid Family Leave to equitably reduce financial stressors impacting families during pregnancy and the interconception period.		X	X	X	X	X	X	X	X	X						
Identify and support 2-5 relevant legislative and policy efforts that promote social determinants of health (i.e. housing quality and affordability, education quality and completion, poverty reduction, food security, violence prevention, toxic stress reduction, access to quality healthcare, juvenile justice) while educating the public and legislators on the impact that social determinants of health have on women's health throughout the lifecourse and perinatal health outcomes: -assemble ad-hoc advocacy committee within the CT MCH Coalition tasked with leading advocacy efforts and coordinating with other partners -develop relevant fact sheets to be shared by coalition members and		X	X	X	X	X	X	X	X	X						

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partners with legislators, leaders, media, and members of the public -identify and partner with community members and organizations that could provide testimony on key issues and legislative bills and policies																
Explore opportunities/feasibility of re-launching statewide media campaign aimed at reducing high school dropout rates	X	X	X	X	X											
Identify and address barriers to access of culturally competent health care services		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	2015				2016											
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Promote enhanced models of prenatal care																
Obtain implementation research results about group prenatal care models, identify potential barriers to implementation, and anticipate strategies to overcome them.		X	X	X												
Promote Northeast Centering Symposium in Waltham, MA (Nov. 12, 2015)	X	X	X													
Assess potential for replication and feasibility of pilot programs: -recruit clinical champions -secure buy-in from potential sites located in high-need communities -design project logistics, personnel, and estimated costs -secure funding			X	X	X	X	X	X								
Obtain implementation and evaluation information about the Medicaid Enhanced Prenatal Care programs in Michigan and Colorado.			X	X	X											
Assess potential for replication and feasibility of pilot programs in selected sites: -recruit champions -secure buy-in from potential sites located in high-need communities -design project logistics, personnel, and estimated costs					X	X	X	X	X							

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	2015				2016											
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Explore potential funding sources to support effort					X	X	X	X	X							
Based on above actions, determine whether to move forward with pilot programs									X	X						
Promote the integration of mental health, oral health, and wellbeing into hospital-based perinatal education models, group prenatal care, as well as home visiting programs: <ul style="list-style-type: none"> Identify potential champions and partners Assess current programs and conduct gaps analysis Study feasibility, logistics, and resources needed to implement actions aimed at filling gaps 										X	X	X	X	X	X	X
Support reproductive and sexual health services																
Identify partners to support relevant priorities and initiatives (i.e. equitable access to long-acting reversible contraceptives, equitable access to culturally-sensitive and developmentally appropriate information and materials, equitable access to reproductive and sexual health care services, etc.)		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Focus Area 1: Maternal, Infant and Child Health

Goal 1: Optimize the health and well-being of women, infants, children and families, with a focus on disparate populations.

Area of Concentration: Child Health and Well-being

SHIP Objective: OBJECTIVE MICH-12 Increase by 10% the percentage of children under 3 years of age at greatest risk for oral disease (i.e., in HUSKY A) who receive any dental care.

Dashboard Indicator: Dental Utilization for Children under the Age of Three in HUSKY Health

Strategies	Actions and Timeframes	Partners Responsible	Progress
Increase dental care provided by pediatric primary care providers (PCPs) directly and through referral.	Coordinate effort, strategize, monitor, create targets [quarterly meetings] Measure: CTCOH PIOH-WG minutes, targets in 2016 Timeframe: late 2015 – 2019,	CT Coalition for Oral Health (CTCOH) Perinatal & Infant Oral Health Work Group (CTCOH PIOH-WG)	
Encourage pediatric PCPs to include oral health in the well child visits for their patients under the age of three, including performance of these two procedures: D0145 (\$25) Oral evaluation for a patient under three (3) years of age and counseling with the primary caregiver; and D1206 (\$20) Topical therapeutic fluoride varnish application for moderate to high risk caries patients, an evidenced-based practice. Both are consistent with EPSDT.	Bring in support from Connecticut State Medical Society (CSMS), Connecticut Academy of Family Physicians (CAFP), WIC, others Measure: Continually maintained list of partners, # of new partners and # of potential partners Timeframe: 2016 – 2019	CTCOH members, Department of Public Health (DPH)	
	Outreach to Pediatric Primary Care Providers Measures: # of providers receiving outreach Timeline: 2016 – 2019	CT Dental Health Partnership (CTDHP), American Academy of Pediatricians (AAP), CSMS, DPH, CTCOH PIOH-WG	
	Provide Access for Baby Care (ABC) Program Training Measure: # of providers trained, # of providers registered Timeframe: current – 2019	From the First Tooth (FFT), Children’s Health & Development Institute (CHDI) EPIC program	
	Pediatric PCP’s include oral health in well-child visits Measure: # of claims filed for D0145 & D01206 Timeframe: baseline, current – 2019	Pediatric PCP’s	
Advocate for funding for the Home by One program	Develop and examine potential funding opportunities. Measure: List of funding opportunities Timeframe: 2016	DPH Office of Oral Health	

Resources Required (human, partnerships, financial, infrastructure or other)

- Existing programs/partners: CTCOH, CTCOH-WG, CTDHP, AAP, FFT, CHDI
- DPH staff time to involve new partners (CSMS, CAFPP, WIC, others) and pediatric PCP’s
- New partners time
- New PCP involvement

Monitoring/Evaluation Approaches

- See measures above
- Annual Dashboard measurement, dental claims for HUSKY Health children under 3 years of age.

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Focus Area 1: Maternal, Infant, and Child Health			
Goal 1: Optimize the health and well-being of women, infants, children and families, with a focus on disparate populations.			
Area of Concentration Child Health and Well-being			
SHIP Objective OBJECTIVE MICH-13 Increase by 10% the percentage of parents who complete standardized developmental screening tools consistent with the American Academy of Pediatrics (AAP) guidelines.			
Dashboard Indicator: Percentage of parents in Connecticut who complete standardized developmental screening tools consistent with the American Academy of Pediatrics (AAP) guidelines (HCT 2020).			
Strategies	Actions and Timeframes	Partners Responsible	Progress
<p>Engage in cross system planning and coordination of activities around developmental screening.</p> <p>(policy and public health coordination)</p>	<p>Expand coordination of statewide efforts around developmental screening and the public relations message emphasizing the promotion of good health/development. Due: 11/1/15</p> <p>Promote awareness and use of Child Development Infoline (CDI). Due: 11/1/15</p> <p>Modify, integrate and utilize materials from CDC “Learn the Signs. Act Early”. Due: 1/1/16</p> <p>Distribute message through existing networks. Due: 1/1/16</p>	<p>Dept. of Public Health, Office of Early Childhood, Infoline/Child Development Infoline, Birth to Three, Help Me Grow, Early Childhood Comprehensive Systems (ECCS) partners, CT Act Early Team, AAP, Child Health and Development Institute (CHDI), Project Launch, primary care providers, health care professionals, schools of public health, allied health, nursing and medicine, family support organizations, faith-based organizations, early childcare providers, and others.</p>	

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<p>Partner with statewide entities to develop and disseminate resources for clinical pediatric practices to improve screening rates and coordination of referrals and linkage to services within the state.</p> <p>(provider/practice level)</p>	<p>Identify CT practices that have participated in Educating Practices in Communities (EPIC) Developmental Screening presentations by calendar year for past three years. Due: 12/1/15</p> <p>Increase the number of practices that participate in an EPIC presentation with enhanced CDI, LTS.AE information, and culturally sensitive parental education of developmental milestones and screening tools. Due: 09/01/16</p> <p>Gather Medicaid Claims billing code data for developmental screening (96110 CPT) including number and percentage of usage at 9, 18, 24, and 30 month olds. Due: 2/1/16</p> <p>Educate provider practice staff on when and how to bill appropriately for developmental screening through EPIC including Maintenance of Certification Part 4 performance improvement option. Due: 3/1/16</p>	<p>Dept. of Public Health, Office of Early Childhood, Infoline/Child Development Infoline, Birth to Three, Help Me Grow, Early Childhood Comprehensive Systems (ECCS) partners, CT Act Early Team, AAP, Child Health and Development Institute (CHDI), Project Launch, primary care providers, health care professionals, schools of public health, allied health, nursing and medicine, family support organizations, faith-based organizations, early childcare providers, and others.</p>	
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<p>Conduct an education and awareness campaign for families and communities in the importance of developmental screening.</p> <p>(family and community supports)</p>	<p>Expand the number of families that receive information on LTS.AE materials or access website. Due: 3/1/16</p> <p>Expand the number of families who complete Ages and Stages Questionnaires. Due: 6/1/16</p> <p>Expand the number of early childhood education providers who are knowledgeable and talk with parents about developmental milestones. Due: 6/1/16</p> <p>Expand the number of LTS.AE materials distributed statewide to families and community providers. Due: 3/1/16</p> <p>Expand the number of individuals who report they have increased knowledge after a LTS.AE training. Due: 3/1/16</p>	<div style="border: 1px solid black; padding: 5px;"> <p>Dept. of Public Health, Office of Early Childhood, Infoline/Child Development Infoline, Birth to Three, Help Me Grow, Early Childhood Comprehensive Systems (ECCS) partners, CT Act Early Team, AAP, Child Health and Development Institute (CHDI), Project Launch, primary care providers, health care professionals, schools of public health, allied health, nursing and medicine, family support organizations, faith-based organizations, early childcare providers, and others.</p> </div>	
<p>Resources Required (human, partnerships, financial, infrastructure or other)</p> <ul style="list-style-type: none"> • 			

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Monitoring/Evaluation Approaches

- Provide quarterly report outs

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Action Agenda Definitions

Term	Definition/Description
Strategies	A strategy describes your approach to getting things done. It is less specific than action steps but tries broadly to answer the question, "How can we get from where we are now to where we want to be?" The best strategies are those which have impact in multiple areas, also known as leverage or "bang for the buck."
Actions and Timeframes	The actions/activities outline the specific, concrete steps you will take to achieve each strategy. It is best to arrange these chronologically by start dates. State the projected dates (start-end) for each activity.
Partners Responsible	Identify by name the key person(s)/group(s)/organization(s) that will be responsible for leading the activity.
Progress	Use this space to indicate progress on each action step as they are implemented.
Resources Needed	The human resources, partnerships, financial, infrastructure or other resources required for successful implementation of the strategies and activities.
Monitoring/ Evaluation Approaches	The approaches you will use to track and monitor progress on strategies and activities (e.g., quarterly reports, participant evaluations from training)