



**CONNECTICUT**  
**HEALTH IMPROVEMENT COALITION**  
*Partners Integrating Efforts and Improving Population Health*

**State Health Improvement Planning**  
**Maternal and Child Health Coalition**

December 4, 2018  
 CT Women’s Consortium  
 2321 Whitney Avenue, Hamden  
 9:00 am– 11:00 am

**Meeting Summary**

Attendees: Jennifer Morin, Marty Milkovic, Jordana Frost, Connie Heye, Cameron Bell, Melissa Touma, Daileann Hemmings, Cheryl Wamuo, Ricka Wolman, Leigh-Lynn Vitukinas, Betsy Cronin, Sophie Caldwell, Gina Burrows, Kareena DuPlessis, Marc Camardo, Ann Gionet, Selma Alves, Allison Logan, Marijane Carey, Doreen Picagli (telephone)

Agenda Item	Discussion	ACTION Items and person responsible
1. Welcome, Introductions, announcements	<ul style="list-style-type: none"> <li>• Marijane Carey opened the meeting. Introductions were made around the room.</li> <li>• Jennifer Morin said that PRAMS data is available for 2016 and will soon be for 2017. Please contact her for data.</li> <li>• Gina Burrows said that the Connecticut Hospital Association is involved in a three year state statewide collaborative to address Social Determinants of Health. It will begin screening on food insecurity, housing instability, and transportation. The approach of the collaborative is to implement staff education and screening data standards and collection; conduct screening, referral, and tracking; facilitate communication among healthcare providers and community-based organizations; create a technology platform; integrate social determinants of health with healthcare data; analyze outcome measures; and improve health and health equity through addressing social health needs. The vendor selection for the development of the platform to connect hospitals, CBOs, and patients will be determined soon.</li> </ul>	
2. Updates	<ul style="list-style-type: none"> <li>• Developmental Screening Workgroup &amp; Help Me Grow Advisory Committee – Ann Gionet and Kareena Duplessis discussed the focus on developmental screening. They are collaborating on messaging of materials around developmental screening. Materials are being integrated to be seamless for families and</li> </ul>	MJ will send email with the materials.





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	<p>personalized for Connecticut. Materials can be ordered on the 211 website. Project Launch, LEND, DPH, OEC, and CDI are all involved on moving forward with developmental screening. The Regional Community Care Collaborative meetings and the Help Me Grow breakfast meetings are joining to have one community meeting.</p> <ul style="list-style-type: none"> <li>• Every Woman Connecticut – Jordana Frost said that there is low contraceptive use among women who do not desire a pregnancy, low rate of preconception health care visits, short birth spacing, and disparities in race/ethnicity.             <ul style="list-style-type: none"> <li>○ For One Key Question – “Would you like to become pregnant in the next year?” there is opportunity to engage the patient and provider education and technical assistance to effectively train and screen for pregnancy intention.</li> <li>○ 2018 activities included trauma-informed pregnancy intention screening, implicit bias/micro-aggressions training, networking meeting and CCADV in-service, launch of online training module, updating members area of EWCT website, sharing information with Springfield, MA and the South Africa Rotary international delegation, submission of an abstract for EWC for the AMCHP meeting in San Antonia in March</li> <li>○ 2019 opportunities – increasing access to contraception initiative</li> </ul> </li> <li>• State Health Improvement Plan – Melissa Touma said that DPH staff and external partners are working on the update. The update will be using the social determinants of health to guide the plan. There are currently 7 focus areas. This update will break down silos, be more cross cutting, and be more reflective of the communities we serve. The draft report outline will be sent out. Please provide feedback. We also need to hear accomplishments in your organizations and communities in this past year for the annual report. Please email feedback and accomplishments to Melissa Touma <a href="mailto:Melissa.touma@ct.gov">Melissa.touma@ct.gov</a></li> <li>• <i>Resilience</i> has been shown in numerous communities. There is a plan to show it to legislators to see what can be done statewide to support families and communities. Contact Marijane Carey if you want to be listed as a sponsor/ supporter of the film. DPH is interested in showing the film to a School Based Health Center technical assistance meeting and possibly at the SBHC May conference. The American Academy of Pediatrics is interested in a web based showing. CT Dental Health Partnership is having a screening for the dental community.</li> </ul>	
<p>3. Bridgeport Prosper's Baby Bundle Initiative</p>	<ul style="list-style-type: none"> <li>• Families with Adverse Childhood Experiences often in live in communities with Adverse Community Environments.</li> </ul>	<p>MC will send out the powerpoint presentation</p>





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	<ul style="list-style-type: none"> <li>• The impact of trauma and adversity manifests itself in behavior and development.</li> <li>• The early years matter significantly. Trauma and toxic stress change the biology of body and mind across generations.</li> <li>• Bridgeport: It is a city in trauma. It has the largest achievement gaps in the state; approximately 2,000 births a year</li> <li>• 75% of 3 year olds enter Head Start behind. By the time they get to 3<sup>rd</sup> grade, it is almost impossible to catch up. The current interventions not working: program rich and systems poor.</li> <li>• Rule of P – People, places, Programs, Practice, Policy, Politics, Partnerships – think of all the pieces at the same time.</li> <li>• Goal – all Bridgeport babies born beginning January 2018 will reach expected health and developmental benchmarks by age 3.</li> <li>• Baby Bundle – 5 Core Strategies: Supported Care and Parenting; An Army of Helpers and Advocates; Bridgeport Baby Investment Bundle; Innovation and Better Connections; Track Change and Measure Impact.</li> <li>• Linking to Medicaid Reform: First 1,000 days</li> <li>• Will be using ASQ data and then a common benchmark data for age 3.</li> </ul>	
<p>4. Overview of our legislative focus &amp; partners</p>	<ul style="list-style-type: none"> <li>• General MCH partner/March of Dimes</li> <li>• Paid Family Leave/Coalition on Paid Family Leave</li> <li>• Medicaid/HUSKY/The Medicaid Strategy Group</li> <li>• Oral Health/CT Oral Health Initiative</li> </ul>	
<p>5. March Meeting</p>	<ul style="list-style-type: none"> <li>• March 28, 2019</li> </ul>	

