



WEBINAR:
Maternal,
Infant, and
Child Health
June 10, 2014



Healthy Connecticut 2020: *A Call to Action*

Today's Agenda

- Overview of State Health Improvement Plan and planning process
- Details about Injury and Violence Prevention focus area of the Plan:
 - Areas of Concentration
 - Objectives identified for implementation in Phase 1 (first 3 years)
- Immediate next steps





Connecticut Department
of Public Health

Healthy Connecticut 2020



2 State Health Improvement Plan

Plan Overview



Focus Areas



1. Maternal, Infant, and Child Health



2. Environmental Risk Factors and Health



3. Chronic Disease Prevention and Control



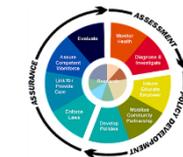
4. Infectious Disease Prevention and Control



5. Injury and Violence Prevention



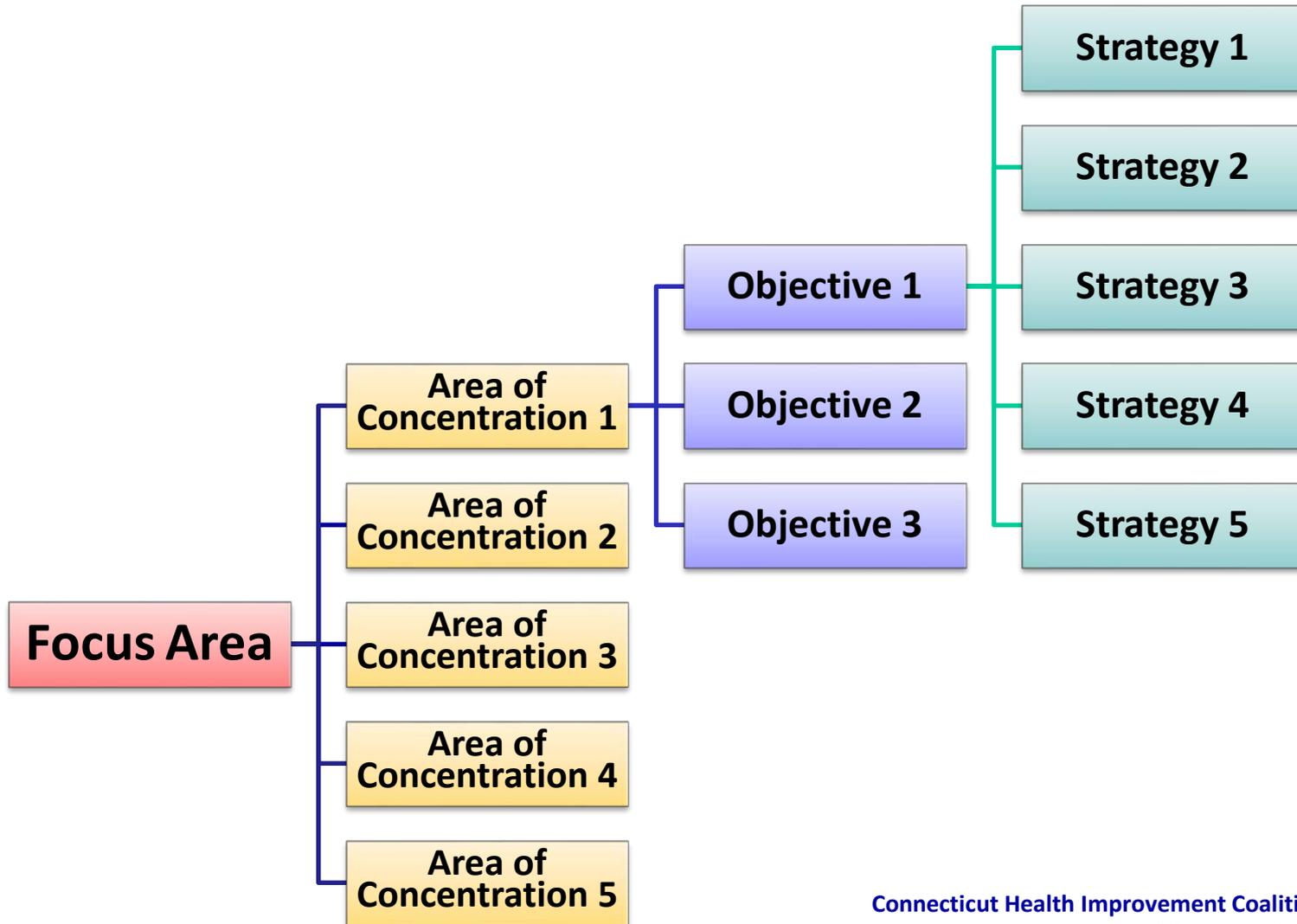
6. Mental Health, Alcohol, and Substance Abuse



7. Health Systems



Plan Layout



Who

(Plan Developers)

- Connecticut Health Improvement Planning Coalition
 - 100+ partners led by DPH
 - State and local health agencies
 - Traditional and non-traditional stakeholders
 - Advisory Council
 - *Vision: Integrated and focused efforts to improve health outcomes*
 - Focus Area Work Groups (7)



How

(Principles for Framing the Plan)

- Health improvement approach
- Evidence-based objectives and strategies
- Balance among scope, relevance, and depth of focus
- Align with national frameworks and standards
- Consistent with existing local and State plans and programs



How

(Principles for Framing the Plan)

- Overarching themes:
 - Health equity =
 - Social and economic determinants of health
- Inspirational and actionable-- *Call to Action*
- Implementation in 2 phases
 - Ph1 = Phase 1





Focus Area 1: Maternal, Infant, and Child Health



Work Group Members

Co-chairs:

Ann Gionet
Connecticut Department of Public Health

Erin Jones
March of Dimes

Members:

Maggie Adair
Connecticut Early Childhood Alliance

Linda Arpino
*Linda Arpino & Associates, Inc. &
Life Focus Nutrition Centers*

Stephen Balcanoff
Connecticut Children's Medical Center

Mary Bawza
Planned Parenthood of Southern New England, Inc.

Patricia Beirne
Greenwich Hospital

Rosa Biaggi
Connecticut Department of Public Health

Elizabeth Conklin
March of Dimes

Pat Cronin
Connecticut Department of Social Services

Bernadette D'Almeida
Community Health Network of Connecticut, Inc.

Patricia A. DeWitt
Yale New Haven Hospital

Samantha Dynowski
Early Childhood Alliance

Cynthia Fortner
March of Dimes

Nadine Fraser
Connecticut Hospital Association

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Public Health Program*

Mary Kate Lowndes
Connecticut Commission on Children

Leticia Marulanda
Hispanic Health Council

Judith Meyers
*Children's Fund of Connecticut & Child
Health
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Jennifer Morin
Connecticut Department of Public Health

Shital Shah, Intern
Goodwin College

Connecticut Health Improvement Coalition

www.ct.gov/dph/SHIPcoalition



Goal

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



Areas of Concentration (Objectives)

- Reproductive and Sexual Health(1)
- Preconception and Pregnancy Care (3)
- Birth Outcomes(5)
- Infant and Child Nutrition(1)
- Child Health and Well-being (3)



Reproductive and Sexual Health

Unplanned Pregnancies

Phase 1 Objective:

Reduce the rate of unplanned pregnancies.

- **By the Numbers**
- 34.5% of CT births are unplanned (2010-2011)
- 60.6% of BNH (2010-2011)
- 46.5% Hispanic(2010-2011)
- 24.5% WNH (2010-2011)
- **Implementation Strategies**
- Support parents and guardians to talk with adolescents
- Educate women of childbearing age on increased risks over the age of 35 years
- Support reproductive health services
- Support and monitor school district compliance with Health Education curriculum



Preconception and Pregnancy Care (3)

Phase 2 Objective:

Increase the proportion of women delivering a live birth who discuss preconception health with a health care worker prior to pregnancy

■ By the Numbers

- 44.7% of women (2010-2011)
- 52.3 % WNH (2010-2011)
- 28.9 % BNH(2010-2011)
- 34 % Hispanic (2010-2011)



■ Implementation Strategies

- Media campaign on the importance of preconception care
- Plan to educate providers on the importance of preconception health
- Explore the impact of Neonatal Abstinence Syndrome and identify mechanisms to address
- Support and monitor school district compliance with Health Education curriculum



Preconception and Pregnancy Care (3)

Phase 1 Objective:

Increase the proportion of pregnant women who receive prenatal care during the first trimester of pregnancy

■ By the Numbers

- 87% all CT women (2011)
- 91.2 % WNH (2011)
- 79.1% BNH(2011)
- 80.6% Hispanic (2011)

■ Implementation Strategies

- Encourage obstetricians and gynecologists to participate in Medicaid pay-for-performance.
- Expand the Healthy Start Program statewide.
- Expand the Text-4-Baby initiative



Preconception and Pregnancy Care (3)

Phase 1 Objective:

Increase the proportion of pregnant women who receive adequate prenatal care

■ By the Numbers

- 77.8 % all CT women (2011)
- 80.7% WNH (2011)
- 71.5% BNH(2011)
- 73.8 % Hispanic (2011)

■ Implementation Strategies

- Encourage obstetricians and gynecologists to participate in Medicaid pay-for-performance.
- Expand the Healthy Start Program statewide.
- Expand the Text-4-Baby initiative



Birth Outcomes (5)

Phase 2 Objective:

Reduce the proportion of low birth weight and very low birth weight among singleton births.

■ By the Numbers

- 5.6% LBW (2011) 1.1% VLBW
- 4.1% WNH (2011)
- 9.6% BNH (2011)
- 6.4% Hispanics



■ Implementation Strategies — Align with the State Plan to Improve Birth Outcomes

- Health promotion
- Social equity
- Improved access to healthcare for women before, during and after pregnancy
- Enhanced service integration and quality of care for women and infants
- Improved maternal risk screening
- Data systems to understand and inform efforts



Birth Outcomes (5)

Phase 2 Objective:

Reduce the proportion of live singleton births delivered at less than 37 weeks gestation.

■ By the Numbers

- 8% of all singleton babies (2011)
- 6.5 % WNH
- 12.1 % BNH
- 9.2 % Hispanic



■ Implementation Strategies — Align with the State Plan to Improve Birth Outcomes



Birth Outcomes (5)

Phase 1 Objectives:

Reduce the infant mortality rate and the disparity between infant mortality rates for non-Hispanic black and non-Hispanic white infants.

- By the Numbers
- 5.3/1,000 live births overall (2008-2010)
- 3.7 WNH
- 11.7 BNH
- 6.1 Hispanic
- Implementation Strategies — Align with the State Plan to Improve Birth Outcomes



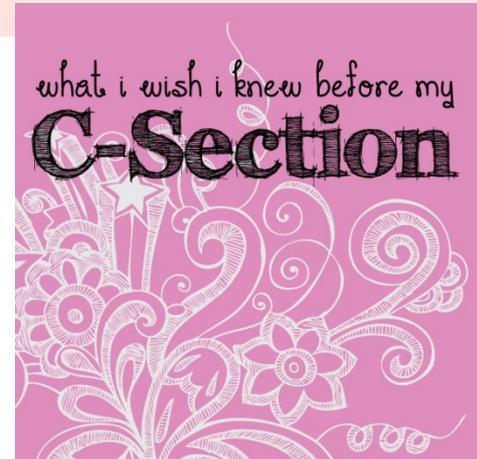
Birth Outcomes (5)

Developmental Objective:

Reduce the proportion of non-medically indicated inductions/ Cesarean sections prior to 39 weeks gestation.

■ By the Numbers

- Data pending



■ Implementation Strategies — Align with the State Plan to Improve Birth Outcomes

- Partner with medical providers to adapt hard-stop policies on elective Cesarean births.
- Educate pregnant women on the risk of elective Cesarean births.



Infant and Child Nutrition (1)

Phase 1 Objective:

Increase the proportion of infants who are breastfed. .

- **By the Numbers**
 - 88.5% ever breastfed (2010-2011)
 - 37.1% exclusively breastfed through 3 months
 - 12.3% exclusively breastfed through 6 months
- **Implementation Strategies**
 - Ensure lactation support
 - Increase employee and employer knowledge of laws
 - Provide technical assistance to support breastfeeding friendly work places
 - Engage with community support networks to promote health equity in breastfeeding



Child Health and Well-being (3)

Phase 2 Objective: *Increase the percentage of children up to 19 years of age at greatest risk for poor health outcomes that receive well-child visits (e.g. enrolled in HUSKY A).*

- By the Numbers
 - 62.8% (2011)
- Implementation Strategies
 - Educational campaign (e.g. Text-4-Child) around patient-centered medical home
 - Identify cultural barriers to using primary care physicians
 - Support school-based health centers, community health centers and others to offer reproductive health services
 - Partner with AccessHealth CT to encourage youth to obtain primary care



Child Health and Well-being (3)

Phase 1 Objective: *Increase the percentage of children under 3 years of age at greatest risk for oral disease (e.g. enrolled in HUSKY A) who receive any dental care.*

- **By the Numbers**
 - 41.6% (2011)
- **Implementation Strategies**
 - Funding for the Home by One program
 - Enrollment and utilization of HUSKY
 - Public education on the importance of annual preventive dental visits
 - Public education campaigns that are culturally and linguistically appropriate
 - Educating providers about cultural and linguistic issues



Child Health and Well-being (3)

Phase 1 Objective: *Increase the percentage of parents who complete standardized developmental screening tools consistent with the American Academy of Pediatrics guidelines.*

- **By the Numbers**

- 26.6% (2011)



**Developmental Screening Tool Kit
for Primary Care Providers**

- **Implementation Strategies**

- Advocate for primary care providers to incorporate parental education on developmental milestones
- Communicate benefits of standardized screening tools to parents and primary care providers



What Next?

- **What you or your organization can do:**
 - Join or help grow the Coalition
 - Bring Speakers Bureau to your group
 - Identify goals & objectives for you & your organization, and *consider taking the lead*
 - Develop partnerships in your communities
 - Identify policies needed to improve health



What Next?

- **Methods of implementation:**

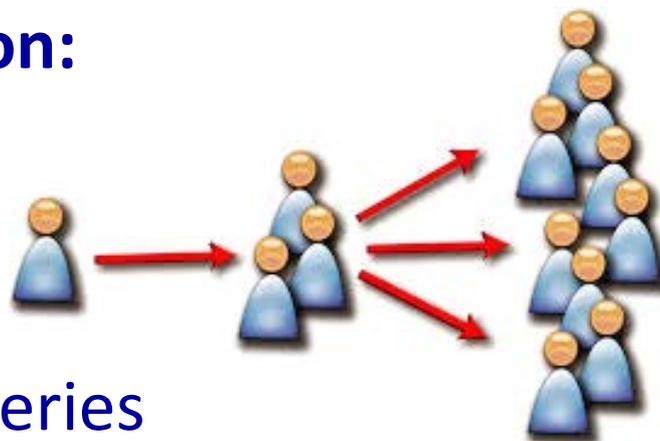
- Publicize the Plan

- Speakers Bureau

- Focus Area Webinar Series

- Implementation Advisory Council

- Coordinated communication system



Poll

- Are there objectives in this Focus Area that your organization will work on or is already working on?
- Are there objectives in this Focus Area on which your organization might consider taking the lead?



Thank You!



To share what you're working on or where you'd like to take the lead, or for help, please e-mail me:

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For general questions, additional comments, and information about Speakers Bureau, please e-mail:

HCT2020@ct.gov

To request CEUs, please e-mail:

mattie.adgers@ct.gov

www.ct.gov/dph/HCT2020



DPH Statewide Priorities

- High blood pressure, heart disease, stroke
- Obesity
- Vaccine-preventable infectious disease
- Falls
- Preconception health, interconception care/
premature/preterm births, and low birthweight
- Poor housing conditions
- Unhealthy community design

