1

HCT2020 Year 1 Action Agenda
Maternal, Infant, and Child Health

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Office of the Child Advocate

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: 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	a. Secure commitment from identified partners and leads **Ongoing**	CT Maternal and Child Health (MCH) Coalition Planning Committee	**In Progress** Identified lead convener of potential pilot sites (CT Women's Consortium through funding support of March of Dimes and technical assistance from CoIIN leadership team and Joint Women's Health and Birth Outcomes workgroup from MCH Coalition). Began engaging potential sites and will continue exploring feasibility. Identified CT-based physician champion for potential replication of IMPLICIT Network model. Boston Public Health Commission offered to connect us with MA-based physician champions for the OKQ for potential grand rounds opportunities in CT. Exploring potential partnership opportunities with Federal Healthy Start, ABH, DMHAS, OEC, and DCF, among others. **04.01.16** Various types of agencies in 8 communities have agreed to take the lead in recruiting local clinical and non-clinical programs to learn about and pilot two pre/inter-conception initiatives – One Key Question (OKQ) and the IMPLICIT Network.
	b. Obtain implementation and evaluation information about the "One Key Question (OKQ)" initiative implemented in Oregon and Massachusetts. **November 2015**	CT MCH Coalition, CT MCH Coalition IM and Women's Well Care Workgroup, Oregon Foundation for Reproductive Health, Massachusetts Department of Health, Boston Health Commission	**Completed** Implementation & evaluation info was obtained from The Oregon Foundation for Reproductive Health and from programs that use OKQ

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	c. Obtain implementation and evaluation information about the "IMPLICIT Network" initiative implemented in Northeast US, including Middlesex Hospital Family Physician Residency program. **November 2015**	CT MCH Coalition, CT MCH Coalition Infant Mortality (IM) and Women's Well Care Workgroup, Middlesex Hospital Family Residency Program	**Completed** Background info as well as implementation & evaluation info was obtained from Dr. Rosener at Middlesex Hospital which participates in the Network
	d. 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 MCH Coalition, CT MCH Coalition IM and Women's Well Care Workgroup, March of Dimes, CT chapters of American College of Obstetricians and Gynecologists (ACOG) American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP), Department of Pubic Health (DPH), Office of Early Childhood (OEC), nail salons, beauty parlors, barber shops, childcare providers, community health care workers, family visiting programs, faith communities, Text4Baby, MoMba, Clifford Beers, Federally Qualified Health Centers (FQHCs), clinical residency programs, nursing and medical higher education programs	**In Progress** Members of the Joint Women's Well Care and Birth Outcomes Workgroup agreed to serve as the advisory/oversight committee to this feasibility assessment phase. March of Dimes is supporting this initial effort in partnership with the CT Women's Consortium and members of the advisory committee. **04.01.16** Eight high-need communities have been identified and local leadership secured to guide piloting of OKQ and IMPLICIT network. The communities and lead agencies are: • New Haven/New Haven Healthy Start • Towns covered by the East Shore Health District/East Shore Health District • Waterbury/Wbty Health Dept. • Torrington/Education Connection • Danbury/Danbury Hospital • Southeastern region/VNASC • Hartford/Htfd Health Dept. • Norwalk/Norwalk Health Dept. and Family and Children's Agency.
	e. Explore potential funding sources to support effort **December 2015-April 2016**	CT MCH Coalition, CT MCH Coalition IM and Women's Well Care Workgroup, March of Dimes, foundations that support health-related initiatives (national, state, and local), insurance companies, Department of Social Services (DSS), March of Dimes	**04.01.16** This task has been moved to summer/fall 2016.

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	f. Based on above actions, determine whether to move forward with pilot programs **June 2016**	CT MCH Coalition	**04.01.16** The CT MCH Coalition in partnership with the March of Dimes and under the guidance of the advisory committee is launching the **Every Woman CT** Learning Collaborative that will support communities that agree to pilot the implementation of OKQ and/or the IMPLICIT Network within local practices, agencies and programs. Each of the 8 community leads will host a webinar on April 13 for those providers/programs interested in learning more about the **Every Woman CT** Learning Collaborative. This will be followed by a day long training on May 18 for those programs/practices that have agreed to pilot OKQ. Planning for implementation will be done over the summer with implementation occurring in the fall.
	g. Review currently available DPH preconception health media campaign and evaluate need to adapt/revise **October 2015– December 2015**	CT MCH Coalition, CT MCH Coalition IM and Women's Well Care Workgroup, State Department of Education (SDE), DPH	**04.01.16** This review has been started and will continue into spring 2016.
	h. Identify logistics, human and financial resources needed to relaunch media campaign **December 2015-January 2016**	DPH and other partners from CT MCH Coalition	**04.01.16** This task has been moved to spring/summer 2016.
	i. Develop or adapt a media campaign about the importance of preconception health (including evaluation plan development) **January 2016-June 2016**	DPH, SDE, 2-1-1 and other partners from the MCH Coalition	
	j. 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.	**04.01.16** This task has been moved to summer 2016.

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Collaborate across sectors to increase social equity	a. 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 MCH Coalition	**04.01.16** This is an ongoing task applied to all of the plan's strategies and actions.
	b. 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 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 MCH Coalition, CT Association for Human Services (CAHS), Permanent Commission on the Status of Women (PCSW), CT Women's Education and Legal Fund (CWEALF), Parent Leadership Training Institutes (PLTI), Early Childhood Collaboratives/Discovery Communities, Mothers for Justice, Graustein Memorial Fund, Connecticut Association for Basic Human Needs (CABHN), CT Public Health Association (CPHA), Connecticut Voices for Children	**04.01.16** The Coalition is supporting • the Permanent Commission on the Status of Women's efforts to pass S.B.221 An Act Concerning Paid Family and Medical Leave • SHIP's Environmental Risk Factors and Health Action Team's strategy of the adoption of a statewide property maintenance code. Note: There will be no proposed legislation on this in the current session. Work being done during this session includes raising awareness around the public health aspect of unsafe housing

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	c. Explore opportunities/feasibility of relaunching statewide media campaign aimed at reducing high school dropout rates **September 2015-January 2016**	CT MCH Coalition SDE, CT MCH Coalition IM and Women's Well Care workgroup, Graustein Memorial Fund, foundations that support health-related initiatives (national, state, and local)	**04.01.16** This task has been moved to spring/summer 2016.
	d. Identify and address barriers to access of culturally competent health care services **Ongoing**	Office of Health Equity, CT MCH Coalition, SDE, CT Hospital Association, foundations that support health-related initiatives (national, state, and local), clinical providers, home visiting programs, community health care workers	
Support reproductive and sexual health services	a. 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**	CT MCH Coalition, CT MCH Coalition IM and Women's Well Care workgroup, DPH, DSS, SDE, Council on Medical Assistance Program Oversight (Women's Health Sub-Committee), Planned Parenthood of Southern New England, CWEALF, PCSW	**04.01.16** New partners include the CT Hospital Association; Community Health Network, the state's Medicaid ASO; and a relationship with the State Innovation Model (SIM) Initiative.

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

- 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

Monitoring/Evaluation Approaches

- Provide quarterly report outs

Focus Area 1: Maternal, Infant and Child Health

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

Area of Concentration: Birth Outcomes and Preconception and Pregnancy Care

SHIP Objective

MICH-5: Reduce by 10% the proportion of low birthweight and very low birthweight among singleton births.
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MICH-7: Reduce by 10% the infant mortality rate (infant deaths per 1,000 live births).
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.

Dashboard Indicators:

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- **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	a. 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, CWEALF PCSW, March of Dimes, Connecticut Association of Human Services (CAHS)	**04.01.16** The Coalition is supporting the Permanent Commission on the Status of Women's efforts to pass S.B.221 An Act Concerning Paid Family and Medical Leave during the current legislative session.

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	b. 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 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 MCH Coalition, CAHS PCSW, CWEALF, PLTI, Early Childhood Collaboratives/Discovery Communities, Graustein Memorial Fund, Connecticut Association for Basic Human Needs (CABHN), CPHA, Connecticut Voices for Children	**04.01.16** In addition to supporting Paid Family and Medical Leave legislation, the Coalition is supporting SHIP's Environmental Risk Factors and Health Action Team's strategy for adopting a statewide property maintenance code. Note: There will be no proposed legislation on this in the current session. Work being done during this session includes raising awareness around the public health aspect of unsafe housing.

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	c. 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 MCH 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	a. Secure commitment from identified partners and leads **Ongoing**	CT MCH Coalition Planning Committee	**In Progress** Identified lead convener of potential pilot sites (CT Women's Consortium through funding support of March of Dimes and technical assistance from CoIIN leadership team and Joint Women's Health and Birth Outcomes workgroup from MCH Coalition). Began engaging potential sites and will continue exploring feasibility. Identified CT-based physician champion for potential replication of IMPLICIT Network model. Boston Public Health Commission offered to connect us with MA-based physician champions for the OKQ for potential grand rounds opportunities in CT. Exploring potential partnership opportunities with Federal Healthy Start, ABH, DMHAS, OEC, and DCF, among others. **04.01.16 Update** Various types of agencies in 8 communities have agreed to take the lead in recruiting local clinical and non-clinical programs to learn about and pilot two pre/inter-conception initiatives – OKQ and the IMPLICIT Network.

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	b. Obtain implementation and evaluation information about the "One Key Question" initiative implemented in Oregon and Massachusetts. **November 2015**	CT MCH Coalition, CT MCH Coalition IM and Women's Well Care workgroup, March of Dimes, DPH, Oregon Foundation for Reproductive Health, Massachusetts Department of Health, Boston Health Commission	**Completed** Implementation & evaluation info was obtained from The Oregon Foundation for Reproductive Health and from programs that use OKQ
	c. Obtain implementation and evaluation information about the "IMPLICIT Network" initiative implemented in Northeast US, including Middlesex Hospital Family Physician Residency program. **November 2015**	CT MCH Coalition, CT MCH Coalition IM and Women's Well Care workgroup, March of Dimes, Middlesex Hospital	**Completed** Background info as well as implementation & evaluation info was obtained from Dr. Rosener at Middlesex Hospital which participates in the Network

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	d. 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 MCH Coalition, CT MCH Coalition IM and Women's Well Care workgroup, 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	**In Progress** Members of the Joint Women's Well Care and Birth Outcomes Workgroup agreed to serve as the advisory/oversight committee to this feasibility assessment phase. March of Dimes is supporting this initial effort in partnership with the CT Women's Consortium and members of the advisory committee. **04.01.16 Update** Eight high-need communities have been identified and local leadership secured to guide piloting of OKQ and IMPLICIT network. The communities and lead agencies are: • New Haven/New Haven Healthy Start • Towns covered by the East Shore Health District/East Shore Health District • Waterbury/Wbty Health Dept. • Torrington/Education Connection • Danbury/Danbury Hospital • Southeastern region/VNASC • Hartford/Htfd Health Dept. • Norwalk/Norwalk Health Dept. and Family and Children's Agency.
	e. Explore potential funding sources to support effort **December 2015-April 2016**	CT MCH Coalition, CT MCH Coalition IM and Women's Well Care workgroup, March of Dimes, foundations that support health-related initiatives (national, state, and local), insurance companies, DSS	**04.01.16** This task has been moved to summer/fall 2016.

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Promote enhanced models of prenatal care	a. 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, CT MCH Coalition, CT MCH Coalition IM and Women's Well Care workgroup, March of Dimes	**04.01.16** This task has been moved to spring/summer 2016.
	b. Promote Northeast Centering Symposium in Waltham, MA (Nov. 12, 2015) **September 2015-November 2015**	March of Dimes, Connecticut and New England Chapters	**Completed**. Partners from two CT health centers/practices attended the symposium.
	c. 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, CT MCH Coalition, CT MCH Coalition IM and Women's Well Care workgroup, March of Dimes	**04.01.16** This task has been moved to spring/summer 2016.
	d. Obtain implementation and evaluation information about the Medicaid Enhanced Prenatal Care programs in Michigan and Colorado. **November 2015 – January 2016**	CT MCH Coalition, CT MCH Coalition IM and Women's Well Care workgroup,March of Dimes, DSS, DPH, OEC	**04.01.16** This task has been moved to spring 2016.

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	e. 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, CT MCH Coalition IM and Women's Well Care workgroup, March of Dimes, DSS, DPH, OEC	**04.01.16** This task has been moved to summer 2016
	f. Explore potential funding sources to support effort **January 2016 – May 2016**	CT MCH Coalition, CT MCH Coalition IM and Women's Well Care workgroup, March of Dimes, DSS, DPH, OEC, foundations that support health-related initiatives (national, state, and local), insurance companies	**04.01.16** This task has been moved to summer 2016.
	g. 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	**04.01.16** This task has been moved to summer/fall 2016.

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	h. 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: • 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 (CTDHP), DPH, CT Women's Consortium, Mental Health and Substance Abuse (MHSA) SHIP Action Team, OEC and Child Development Infoline (CDI).	

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

- 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

- Provide quarterly report outs

Focus Area 1: Maternal, Infant and Child Health

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

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: Disparity ratio between infant mortality rates for non-Hispanic blacks and non-Hispanic whites in Connecticut. (HCT 2020)

Strategies	Actions and Timeframes	Partners Responsible	Progress
Collaborate across sectors to increase social equity	a. 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 MCH Coalition, Graustein Memorial Fund, CityMatCH, W.K. Kellogg Foundation, Federal Healthy Start	
	b. 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 MCH Coalition, CWEALF, PCSW, March of Dimes, CAHS	**04.01.16** The Coalition is supporting the Permanent Commission on the Status of Women's efforts to pass S.B.221 An Act Concerning Paid Family and Medical Leave during the current legislative session.

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SHIP Objective MICH-8:	**Reduce by 10% the disparity between infant mortality rates for non-Hispanic blacks and non-Hispanic whites.**		
	c. 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 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 MCH Coalition, CAHS, PCSW, CWEALF, PLTI, Early Childhood Collaboratives/Discovery Communities, Graustein Memorial Fund, CABHN, CPHA, Connecticut Voices for Children	**04.01.16** In addition to supporting Paid Family and Medical Leave legislation, the Coalition is supporting SHIP's Environmental Risk Factors and Health Action Team's strategy for adopting a statewide property maintenance code. Note: There will be no proposed legislation on this in the current session. Work being done during this session includes raising awareness around the public health aspect of unsafe housing.

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Support the provision of preconception/ interconception health care throughout the childbearing years	a. Secure commitment from identified partners and leads **Ongoing**	CT MCH Coalition Planning Committee	**In Progress** Identified lead convener of potential pilot sites (CT Women's Consortium through funding support of March of Dimes and technical assistance from CoIIN leadership team and Joint Women's Health and Birth Outcomes workgroup from MCH Coalition). Began engaging potential sites and will continue exploring feasibility. Identified CT-based physician champion for potential replication of IMPLICIT Network model. Boston Public Health Commission offered to connect us with MA-based physician champions for the OKQ for potential grand rounds opportunities in CT. Exploring potential partnership opportunities with Federal Healthy Start, ABH, DMHAS, OEC, and DCF, among others. **04.01.16 Update** Various types of agencies in 8 communities have agreed to take the lead in recruiting local clinical and non-clinical programs to learn about and pilot two pre/inter-conception initiatives – OKQ and the IMPLICIT Network.
	b. Obtain implementation and evaluation information about the "One Key Question" initiative implemented in Oregon and Massachusetts. **November 2015**	CT MCH Coalition, CT MCH Coalition IM and Women's Well Care Workgroup, March of Dimes, DPH, Oregon Foundation for Reproductive Health, Massachusetts Department of Health, Boston Health Commission	**Completed** Implementation & evaluation info was obtained from The Oregon Foundation for Reproductive Health and from programs that use OKQ
	c. Obtain implementation and evaluation information about the "IMPLICIT Network" initiative implemented in Northeast US, including Middlesex Hospital Family Physician Residency program. **November 2015**	CT MCH Coalition, CT MCH Coalition IM and Women's Well Care Workgroup, Middlesex Hospital Family Residency Program	**Completed** Background info as well as implementation & evaluation info was obtained from Dr. Rosener at Middlesex Hospital which participates in the Network

Focus Area 1: Maternal, Infant and Child Health			
Goal: Optimize the health and well-being of women, infants, children and families, with a focus on disparate populations.			
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.**		
	d. 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 MCH Coalition, CT MCH Coalition IM and Women's Well Care Workgroup, March of Dimes, 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	**In Progress** Members of the Joint Women's Well Care and Birth Outcomes Workgroup agreed to serve as the advisory/oversight committee to this feasibility assessment phase. March of Dimes is supporting this initial effort in partnership with the CT Women's Consortium and members of the advisory committee. **04.01.16** Eight high-need communities have been identified and local leadership secured to guide piloting of OKQ and IMPLICIT network. The communities and lead agencies are: • New Haven/New Haven Healthy Start • Towns covered by the East Shore Health District/East Shore Health District • Waterbury/Wbty Health Dept. • Torrington/Education Connection • Danbury/Danbury Hospital • Southeastern region/VNASC • Hartford/Htfd Health Dept. • Norwalk/Norwalk Health Dept. and Family and Children's Agency.
	e. Explore potential funding sources to support effort **December 2015-April 2016**	CT MCH Coalition, CT MCH Coalition IM and Women's Well Care Workgroup, March of Dimes, foundations that support health-related initiatives (national, state, and local), insurance companies, Department of Social Services (DSS), March of Dimes	**04.01.16** This task has been moved to summer/fall 2016

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Promote enhanced models of prenatal care	a. 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, CT MCH Coalition, CT MCH Coalition IM and Women's Well Care workgroup,March of Dimes	**04.01.16** This task has been moved to spring/summer 2016.
	b. Promote Northeast Centering Symposium in Waltham, MA (Nov. 12, 2015) **September 2015-November 2015**	March of Dimes, Connecticut and New England Chapters	**Completed**. Partners from two CT health centers/practices attended the symposium.
	c. 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, CT MCH Coalition, CT MCH Coalition IM and Women's Well Care workgroup, March of Dimes	**04.01.16** This task has been moved to spring/summer 2016.
	d. Obtain implementation and evaluation information about the Medicaid Enhanced Prenatal Care programs in Michigan and Colorado. **November 2015 – January 2016**	CT MCH Coalition, CT MCH Coalition IM and Women's Well Care workgroup, March of Dimes, DSS, DPH	**04.01.16** This task has been moved to spring 2016.
	e. 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, CT MCH Coalition IM and Women's Well Care workgroup, March of Dimes, DSS, DPH	**04.01.16** This task has been moved to summer 2016.

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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.**		
	f. Explore potential funding sources to support effort **January 2016 – May 2016**	CT MCH Coalition, CT MCH Coalition IM and Women's Well Care workgroup, March of Dimes, DSS, DPH, OEC, foundations that support health-related initiatives (national, state, and local), insurance companies	**04.01.16** This task has been moved to summer 2016
	g. 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	**04.01.16** This task has been moved to summer/fall 2016
	h. 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: • 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 (CTDHP), DPH, CT Women's Consortium, Mental Health and Substance Abuse (MHSA) Action Team, OEC and Child Development Infoline (CDI).	

Focus Area 1: Maternal, Infant and Child Health

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

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.

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

- 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/inter-conception health initiatives
- Clinicians and other statewide leaders to serve as champions for enhanced prenatal care models

Monitoring/Evaluation Approaches

- Provide quarterly report outs

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 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. **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.**	a. 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)	**04.01.16** On the agenda of the next PIOH-WG, delay due to difficulty recruiting and OB/GYN champion
	b. 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)	**04.01.16** New partner: AAP's From the First Tooth Program
	c. 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	**04.01.16** Measure not yet available.
	d. 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	**04.01.16** Measure not yet available.
	e. Pediatric PCP's include oral health in well-child visits **Measure: # of claims filed for D0145 & D01206** **Timeframe: baseline, current – 2019**	CTDHP, Pediatric PCP's	**04.01.16** Significant increase in 2015 (and 2014) claims, see attached.
Advocate for funding for the Home by One program	f. Develop and examine potential funding opportunities. **Measure: List of funding opportunities** **Timeframe: 2016**	DPH Office of Oral Health	**04.01.16** Not yet available

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, CAFP, WIC, others) and pediatric PCP's
- New partners time
- New PCP involvement

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 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.**
Monitoring/Evaluation Approaches • See measures above • Annual Dashboard measurement, dental claims for HUSKY Health children under 3 years of age.	

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 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
Engage in cross system planning and coordination of activities around developmental screening. **(Policy and public health coordination)**	a. Expand coordination of statewide efforts around developmental screening and the public relations message emphasizing the promotion of good health/development. **Due: 11/1/15 Lead Partners: DPH, OEC, CDI, ECCS**	Dept. of Public Health (DPH), Office of Early Childhood (OEC), Infoline/Child Development Infoline (CDI), 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, The MCH Coalition, 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.	**04.01.16** Expansion of coordination of statewide efforts around developmental screening and public relations message identified as goal in the ECCS grant, promotes awareness and use of Child Development Infoline, modifies the "Learn the Signs.Act Early." Materials and distributes message through existing networks. New federal application submitted in March 2016 to continue cross systems planning and coordination.
	b. Promote awareness and use of Child Development Infoline (CDI). **Due: 11/1/15 & Ongoing Lead Partners: OEC & CDI**		
	c. Modify, integrate and utilize materials from CDC "Learn the Signs. Act Early". **Due: 1/1/16 Lead Partners: DPH, OEC, CDI & CT Act Early Team**		
	d. Distribute message through existing networks. **Due: 1/1/16 Lead Partners: DPH, OEC, CDI, ECCS, CT Act Early Team & The MCH Coalition**		

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 MICH-13: Increase by 10% the percentage of parents who complete standardized developmental screening tools consistent with the American Academy of Pediatrics (AAP) guidelines.			
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. **(Provider/practice level)**	a. Identity 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 Lead Partner: CHDI**	Dept. of Public Health, Office of Early Childhood, Department of Social Services (DSS), 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.	**04.01.16** CT practice information is complete. Community collaborative grant working to partner with statewide entities. Medicaid Claims data being gathered.
	b. 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 Lead Partners: CHDI, DPH & CT Act Early Team**		
	c. 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 Lead Partners: DSS & DPH**		
	d. 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 Lead Partners: CDHI, DSS, DPH & CT Act Early Team**		

Focus Area 1: Maternal, Infant, and Child Health			
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Area of Concentration Child Health and Well-being			
SHIP 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.			
Conduct an education and awareness campaign for families and communities in the importance of developmental screening. **(Family and community supports)**	a. Expand the number of families that receive information on LTS.AE materials or access website. **Due: 3/1/16 Lead Partners: OEC, CDI, ECCS DPH & CT Act Early Team**	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.	**04.01.16** Through the CT Act Early Team and the ECCS grant, continue to educate families about the importance of developmental screening, completion of developmental screening including the Ages and Stages Questionnaires. New federal application submitted in March 2016 to continue to expand educational materials for families and early childhood education providers.
	b. Expand the number of families who complete Ages and Stages Questionnaires. **Due: 6/1/16 Lead Partners: CDI & OEC**		
	c. Expand the number of early childhood education providers who are knowledgeable and talk with parents about developmental milestones. **Due: 6/1/16 Lead Partners: ECCS & CT Act Early Team**		
	d. Expand the number of LTS.AE materials distributed statewide to families and community providers. **Due: 3/1/16 Lead Partners: OEC, CDI, ECCS, DPH & CT Act Early Team**		
	e. Expand the number of individuals who report they have increased knowledge after a LTS.AE training. **Due: 3/1/16 Lead Partners: DPH & CT Act Early Team**		
Resources Required (human, partnerships, financial, infrastructure or other) • Existing programs/partners (DPH, OEC,CDI, ECCS) • New partners including programs that have access to families			
Monitoring/Evaluation Approaches • Provide quarterly report outs			