

STEP 3: HCT2020 **DRAFT** Action Agenda

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: 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 (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 Collin 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.
	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.
	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, implementation & evaluation info was obtained from Dr. Rosener at Middlesex Hospital which participates in the Network. <i>An implementation toolkit is</i>

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		<i>expected to be made available to us in March 2016.</i>
<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>	<p>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 Public 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</p>	<p>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. <i>The state's CoIIN Leadership Team joined the workgroup and agreed to focus its QI project on the implementation of OKQ in one selected community.</i> March of Dimes is supporting this initial effort in partnership with the CT Women's Consortium and members of the advisory committee. <i>The workgroup co-sponsored a perinatal health event on 01/07/16 at the Connecticut Hospital Association where both interventions were included on the agenda and substantial interest was generated among clinical partners in the audience. A consultant has been hired to begin reaching out to potential sites and other activities are underway to continue generating interest in the initiative and to help plan next steps. We are currently also in the process of organizing the logistics for an implementation training workshop that will take place in spring 2016.</i></p>
<p>Explore potential funding sources to support effort December 2015-April 2016</p>	<p>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</p>	
<p>Based on above actions, determine whether to move forward with pilot programs June 2016</p>	<p>CT MCH Coalition</p>	

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	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	
	Identify logistics, human and financial resources needed to relaunch media campaign December 2015-January 2016	DPH and other partners from CT MCH Coalition	
	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	
	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 MCH Coalition	In Progress <i>The pre-/inter-conception health initiative will be providing technical assistance to pilot sites across CT, with a particular focus on communities with highest volume of births and greatest burden of need (poorest outcomes), as identified in the 2015 March of Dimes Premature Birth Report Card.</i>
	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	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	In Progress <i>The December meeting of the CT MCH Coalition featured a presentation by Judith Dicine about an upcoming advocacy opportunity related to healthy housing, through the adoption of a universal housing code in CT. The coalition was receptive and supportive of becoming involved in this effort through education and advocacy. March of Dimes is partnering with UCONN to hire 1-3 MPH Practicum interns to support the implementation work of the CT MCH Coalition. One area of responsibility for the intern(s) will be to support the advocacy-related action steps in the 2016 MICH Action</i>

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	<p>-develop relevant fact sheets to be shared by coalition members and partners with legislators, leaders, media, and members of the public</p> <p>-identify and partner with community members and organizations that could provide testimony on key issues and legislative bills and policies</p> <p>October 2015 thru end of Legislative Session 2016</p>		<p><i>Agenda. Lastly, during the perinatal health meeting hosted by the Connecticut Hospital Association on 01/07/2016 a great amount of attention and focus was devoted to educating providers and healthcare leaders about the lifecourse perspective and social determinants of health.</i></p>
	<p>Explore opportunities/feasibility of relaunching statewide media campaign aimed at reducing high school dropout rates</p> <p>September 2015-January 2016</p>	<p>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)</p>	
	<p>Identify and address barriers to access of culturally competent health care services</p> <p>Ongoing</p>	<p>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</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.)</p> <p>Ongoing</p>	<p>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), CT Chapter of ACOG, Planned Parenthood of Southern New England, CHA, CWEALF, PCSW</p>	<p>In Progress</p> <p><i>Preliminary discussions are underway to identify opportunities for increasing access to and utilization of Long Acting Reversible Contraceptives (LARCs) for women who desire insertion before leaving the hospital after childbirth. This may become an advocacy/legislative opportunity in the 2016 legislative session.</i></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 			

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Monitoring/Evaluation Approaches

- Provide quarterly report outs

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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 <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, CWEALF PCSW , March of Dimes, Connecticut Association of Human Services (CAHS)	In Progress <i>The campaign resumed advocacy planning activities in Fall 2015 and will continue to be active throughout the legislative session. It is expected that the CT MCH Coalition will support this advocacy effort.</i>
	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	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	In Progress <i>The December meeting of the CT MCH Coalition featured a presentation by Judith Dicine about an upcoming advocacy opportunity related to healthy housing, through the adoption of a universal housing code in CT. The coalition was receptive and supportive of becoming involved in this effort through education and advocacy. March of Dimes is partnering with UCONN to hire 1-3 MPH Practicum interns to support the</i>

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	<p>health throughout the lifecourse and perinatal health outcomes:</p> <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>		<p><i>implementation work of the CT MCH Coalition. One area of responsibility for the intern(s) will be to support the advocacy-related action steps in the 2016 MICH Action Agenda. Lastly, during the perinatal health meeting hosted by the Connecticut Hospital Association on 01/07/2016 a great amount of attention and focus was devoted to educating providers and healthcare leaders about the lifecourse perspective and social determinants of health.</i></p>
	<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>	<p>CT MCH Coalition, Graustein Memorial Fund, CityMatCH, W.K. Kellogg Foundation, Federal Healthy Start</p>	<p>In Progress <i>March of Dimes is partnering with UCONN to hire 1-3 MPH Practicum interns to support the implementation work of the CT MCH Coalition. One area of responsibility for the intern(s) will be to carry out activities associated with this action step.</i></p>
<p>Support the provision of preconception/interconception health care throughout the childbearing years in community and clinical settings</p>	<p>Secure commitment from identified partners and leads</p> <p>Ongoing</p>	<p>CT MCH Coalition Planning Committee</p>	<p>In Progress Identified lead convener of potential pilot sites (CT Women’s Consortium through funding support of March of Dimes and technical assistance from ColIN 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</p>

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			Federal Healthy Start, ABH, DMHAS, OEC, and DCF, among others.
	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.
	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, implementation & evaluation info was obtained from Dr. Rosener at Middlesex Hospital which participates in the Network. <i>An implementation toolkit is expected to be made available to us in March 2016.</i>
	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. <i>The state’s CollN Leadership Team joined the workgroup and agreed to focus its QI project on the implementation of OKQ in one selected community.</i> March of Dimes is supporting this initial effort in partnership with the CT Women’s Consortium and members of the advisory committee. <i>The workgroup co-sponsored a perinatal health event on 01/07/16 at the Connecticut Hospital Association where both interventions were included on the agenda and substantial interest was generated among clinical partners in the audience. A consultant has been hired to begin reaching out to potential sites and other activities are underway to continue generating interest in the initiative and to help plan next steps. We are currently also in the process of organizing the logistics for an implementation training workshop that will take place in spring 2016.</i>

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	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	
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, CT MCH Coalition, CT MCH Coalition IM and Women's Well Care workgroup, March of Dimes	In Progress <i>March of Dimes will be funding a new Centering Pregnancy site in CT in 2016. Part of the project will include an implementation evaluation component to better understand the realities of organizational implementation of this model of care, which under ideal circumstances, has been proven to promote better birth outcomes, increased breastfeeding rates, and greater (and more positive) patient engagement with prenatal health care.</i>
	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.
	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	In Progress <i>March of Dimes will be funding a new Centering Pregnancy site in CT in 2016.</i>
	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	
	Assess potential for replication and feasibility of pilot programs in selected sites: -recruit champions	CT MCH Coalition, CT MCH Coalition IM and Women's Well Care workgroup, March of Dimes, DSS, DPH, OEC	

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	<ul style="list-style-type: none"> -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>Explore potential funding sources to support effort</p> <p>January 2016 – May 2016</p>	<p>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</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 (CTDHP), DPH, CT Women's Consortium, Mental Health and Substance Abuse (MHSA) SHIP Action Team, OEC and Child Development Infoline (CDI).</p>	<p>In Progress</p> <p><i>During a 01/07/16 perinatal health event hosted by the Connecticut Hospital Association, the MCH Coalition co-sponsored presentations about perinatal mental health disorders and existing clinical and community-based resources. Audience members included care coordinators, home visiting program supervisors, and perinatal health educators, among others.</i></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. 			

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- 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

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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	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	In Progress See notes above.
	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	In Progress See notes above.
	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	CT MCH Coalition , CAHS, PCSW, CWEALF, PLTI, Early Childhood Collaboratives/Discovery Communities, Graustein Memorial Fund, CABHN, CPHA, Connecticut Voices for Children	In Progress See notes above.

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	<ul style="list-style-type: none"> -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>		
Support the provision of preconception/interconception health care throughout the childbearing years	Secure commitment from identified partners and leads Ongoing	CT MCH Coalition Planning Committee	In Progress See notes above.
	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	In Progress See notes above.
	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	In Progress See notes above.
	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 <p>December 2015 – April 2016</p>	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,	In Progress See notes above.

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		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 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	
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, CT MCH Coalition, CT MCH Coalition IM and Women's Well Care workgroup, March of Dimes	In Progress See notes above.
	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.
	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	In Progress See notes above.

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	<p>Obtain implementation and evaluation information about the Medicaid Enhanced Prenatal Care programs in Michigan and Colorado. November 2015 – January 2016</p>	<p>CT MCH Coalition, CT MCH Coalition IM and Women's Well Care workgroup, March of Dimes, DSS, DPH</p>	
	<p>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</p>	<p>CT MCH Coalition, CT MCH Coalition IM and Women's Well Care workgroup, March of Dimes, DSS, DPH</p>	
	<p>Explore potential funding sources to support effort January 2016 – May 2016</p>	<p>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</p>	
	<p>Based on above actions, determine whether to move forward with pilot programs 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 (CTDHP), DPH, CT Women's Consortium, Mental Health and Substance</p>	<p>In Progress See notes above.</p>

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		Abuse (MHSA) Action Team, OEC and Child Development Infoline (CDI).	
<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 			