# STATEWIDE MEETING OF CODE AGENCIES AND ORGANIZATIONS ON THE STATE HEALTH IMPROVEMENT PLAN (SHIP) "HEALTHY CT 2020"

## Monday, August 17, 2015
## 1:30-3:30 p.m.

**OCSA Training Center**

**State of Connecticut, Division of Criminal Justice**
**Office of the Chief State's Attorney**
300 Corporate Place
Rocky Hill, CT 06067

**Telephone:**860-258-5800

**Directions:**
Interstate 91 Exit 23 Follow green highway directional signs to "Chief State's Attorney."

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# AGENDA

| | |
|---|---|
| 1:10 -1:30 p.m. | Arrival and Registration |
| 1:30 -1:45 p.m. | Welcome and Introductions |
| 1:45 - 2:20 p.m. | Overview of the State Health Improvement Plan (SHIP)<br>"HEALTHY CT 2020" - HOW YOU ARE IN THE ACTION PLAN |
| 2:30 - 2:40 p.m. | Break |
| 2:40 - 3:20 p.m. | The SHIP Objectives – Partners aligning now<br>- Enhanced Code Enforcement<br>- Adoption of a statewide property maintenance code |
| 3:20 - 3:30 | Future meetings discussion, planning and goodbyes (*for now*) |

**Questions:**
**Contact Judith R. Dicine, Supervisory Assistant State's Attorney at**
**Judith.dicine@ct.gov**

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**ON THE STATE HEALTH IMPROVEMENT PLAN (SHIP)**
**"HEALTHY CT 2020"**

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**A. Welcoming Comments –** *Judith R. Dicine, SASA*

**B. Overview of the State Health Improvement Plan (SHIP) "HEALTHY CT 2020" - HOW YOU ARE IN THE ACTION PLAN**

1. *The DPH Vision:* The Connecticut Department of Public Health, local health districts and departments, key health system partners, and other stakeholders integrate and focus efforts to achieve measurable improvements in health outcomes.
2. Reviewed SHIP's Overarching Themes/Detriments of Health
    i. Health Equity
    ii. Economic Factors
    iii. Social Factors
3. Provided overview of SHIP Roles & Responsibilities
4. Reviewed CT Health Improvement Coalition Planning Chart, Lead Conveners, Milestones and Timelines for Action Agendas/Implementation

**C. Overview of 7 Focus Areas**

1. Maternal, Infant, and Child Health
2. Environmental Risk Factors and Health
    i. Areas of Concentration: Enhanced Code Enforcement
    ii. **Broken Windows and Codes**: "Police and other public safety code officials working with the community and leaders *to lower crime and improve health and safety through coordinated code enforcement programs."*
    iii. Coordinated enforcement programs should include representation from police, health, fire, building, housing, blight, and animal control.
        1. Suggestion was made to also include Zoning
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

**D. DPH Statewide Priorities**

1. Primary concerns especially relevant to this group include:
    i. Falls
    ii. Poor Housing Conditions
    iii. Unhealthy Community Design

**E. The SHIP Objectives – Partners Aligning Now**

1. Calls for Enhanced Code Enforcement, Adoption of a Statewide Property Maintenance Code (PMC)
2. Overview of 10 focus areas/recommendations from "Up to Code" document was presented (*link*: http://changelabsolutions.org/publications/up-to-code )
    1. Adopt a Strong Housing Code

        a. e.g. Property Maintenance Code
    2. Fund the Code Enforcement Program Sufficiently
        a. Discussion: The need for funding was a common need expressed by attendees
    3. Train Officers Comprehensively
        a. Discussion: Training on how to use these approaches, prior to implementation, would be necessary
    4. Partner with Community Organizations
    5. Promote Cross-Agency Coordination
    6. Develop a Cooperative Compliance Model
        a. Teach the code obligations, enforce the codes, then provide assistance in accomplishing compliance by providing education and assistance (i.e. lead them to compliance)
    7. Enforce the Local Housing Code
    8. Adopt a Proactive Rental Inspection Program
    9. Establish Supplementary Programs
    10. Evaluate the Code Enforcement Program
3. Discussion Items:
    i. *Dan Tierney announced his willingness to approach Codes & Standards again regarding minimum requirements for radon enforcement*
    ii. "First Preventers" – Discussed taking a more proactive and positive approach to code enforcement in an effort prevent common health and safety problems *before* they occur
    iii. Attendees were asked to provide their recommendations for enhancing what had been discussed thus far in the meeting:
        1. More training for code enforcement officials is needed, particularly in regards to mental health; suggestion to do cross training with DMHAS was made.
        2. Overall need for a firm and fair enforcement plan was expressed.
        3. The need to tie in legislative changes and action was recognized and discussed
    iv. Attendees were also asked to indicate level of support for the concept adopting a statewide housing code
        1. Overall consensus from group: supported this concept
        2. Discussion Items:
            a. Clarification regarding who/what such code would apply to was requested; important to consider and finalize down the road
            b. A list of cities and towns in CT currently employing Property Maintenance Code was requested; such list does not currently exist, however we can work to generate one
            c. Support for *area search inspections*, which would be based on relevant local statistics (e.g. fire, injury, crime, etc.) – Keith Flood indicated positive results from West Haven's implementation of such approach in the past. Approach is also supported in research and in case studies from other towns and cities throughout the U.S.

**F. Training Announcements:**

1. "Connecticut Conference on Hoarding – When a house is not a home"
    i. May 4, 2015 Conference at CCSU is now available for viewing online through CT Train: https://ct.train.org
2. Tuesday, October 27th

        i. Topic: Legal training on housing matters; an overview of mediation, investigation and enforcement
        ii. Time: 8:30 a.m. – 4:00 p.m.
        iii. Location: Connecticut Police Academy
    3. Monday, November 9th
        i. Topic: Using a team approach to address hoarding conditions, more information to follow.
        ii. Location: Connecticut Police Academy

**G. What Now?**

1. Support for this effort is needed; attendees were encouraged to join the CT Health Improvement Coalition online at: www.ct.gov/dph/SHIPcoalition (click on "Join Today" button)
    i. After joining the coalition, individuals are still able to sign up to participate in the Action Teams (e.g. Environmental Health) and be part of the planning and implementation processes!

**H. Want more Information?**

1. General questions regarding the SHIP and/or each of the 7 focus areas can be directed to HCT2020@ct.gov
2. More information can be found at www.ct.gov/dph/SHIPCoalition and www.ct.gov/dph/Dashboard
3. Questions specific to code enforcement's role in the Environmental Health Focus Area can be directed to Judith Dicine, J.D. at Judith.Dicine@ct.gov

# The State Health Improvement Plan:

## *Recognizing and Breaking the Links between Preventable Risks to Health and Public Safety*

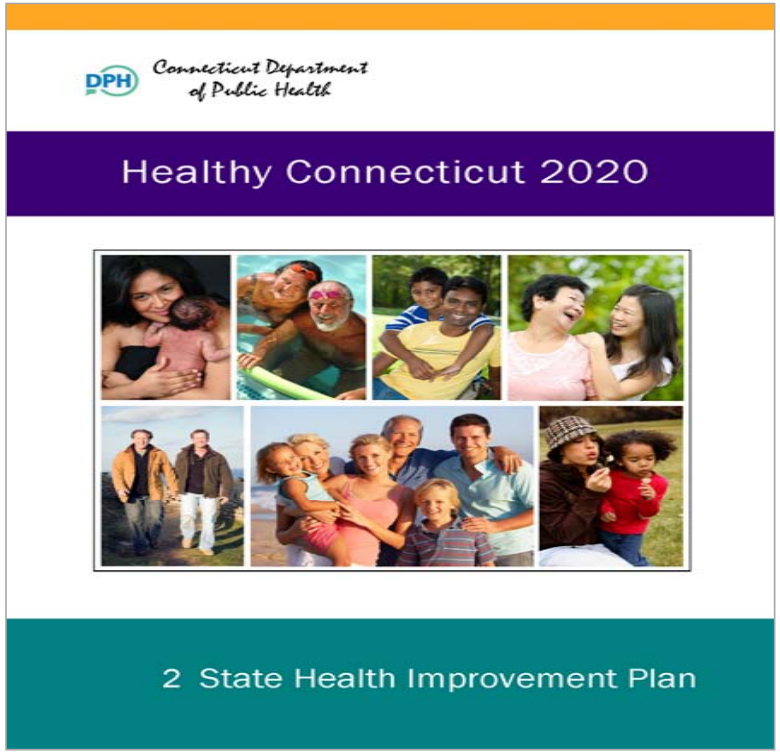
**Judith R. Dicine, Supv. ASA Housing Matters**

**State of Connecticut**

**Division of Criminal Justice**

**Office of the Chief State's Attorney**

The 2015 John M. Bailey Seminar on Instruction Re: New Legal Developments Which Concern Police Policies and Practices




# Plan Overview

# Connecticut Health Improvement Coalition (CHIC) and the State Health Improvement Plan (SHIP)

The DPH Vision-

The Connecticut Department of Public Health, local health districts and departments, key health system partners, and other stakeholders integrate and focus efforts to achieve measurable improvements in health outcomes.

# The State Health Improvement Plan (SHIP)
# Overarching Determinants of Health

- Health Equity =
- Economic Factors
- Social Factors

# SHIP Roles and Responsibilities

| | |
|---|---|
| DPH Commissioner | • Leader, decision-making authority |
| Executive Committee | • Thought leadership to advance strategic goals<br>• Build public health approach across sectors<br>• Time sensitive decision-making |
| Advisory Council | • Integrating<br>• Managing<br>• Advising & Approving |
| Lead Conveners/ Action Teams (7) | • Organizing Action Teams, scheduling meetings<br>• Completing Year 1 Action Agenda<br>• Prioritizing 2-3 strategies for the priority area that a critical mass of partners will address |

## Supports

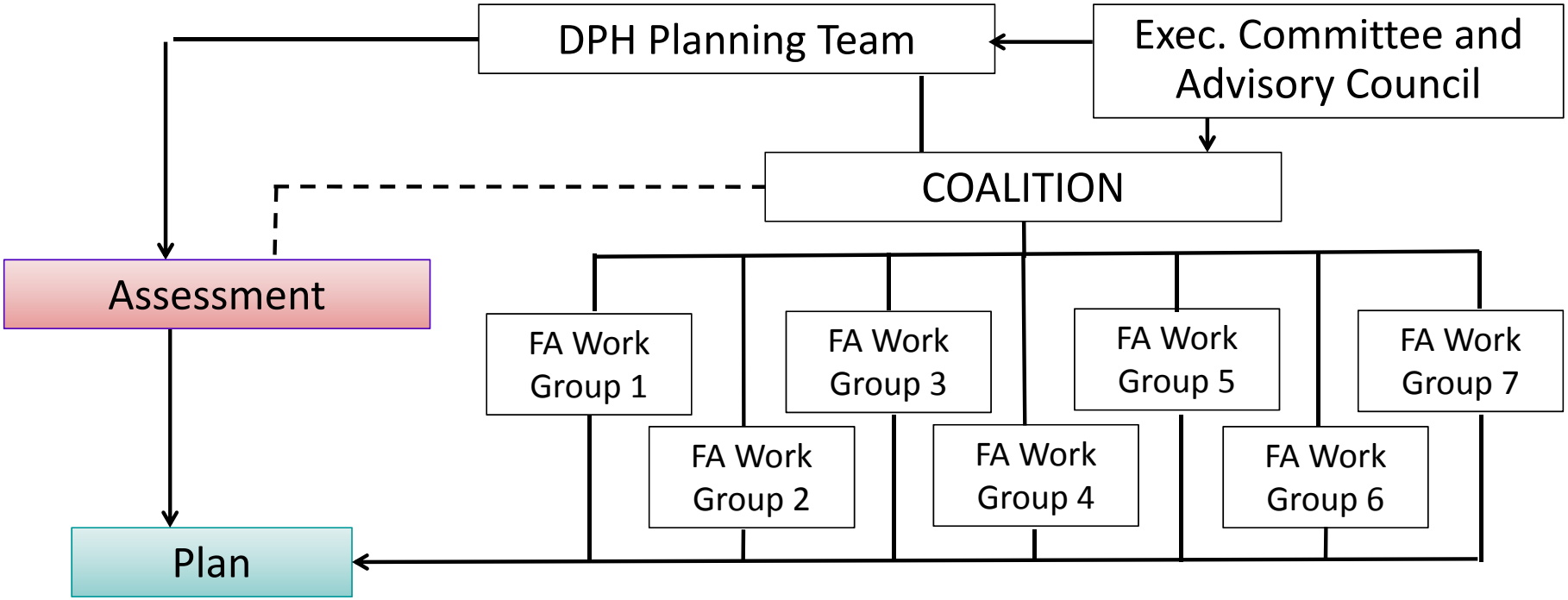
### HRiA

- Facilitation
- Group process
- Technical assistance

### DPH

- Administrative coordination & support

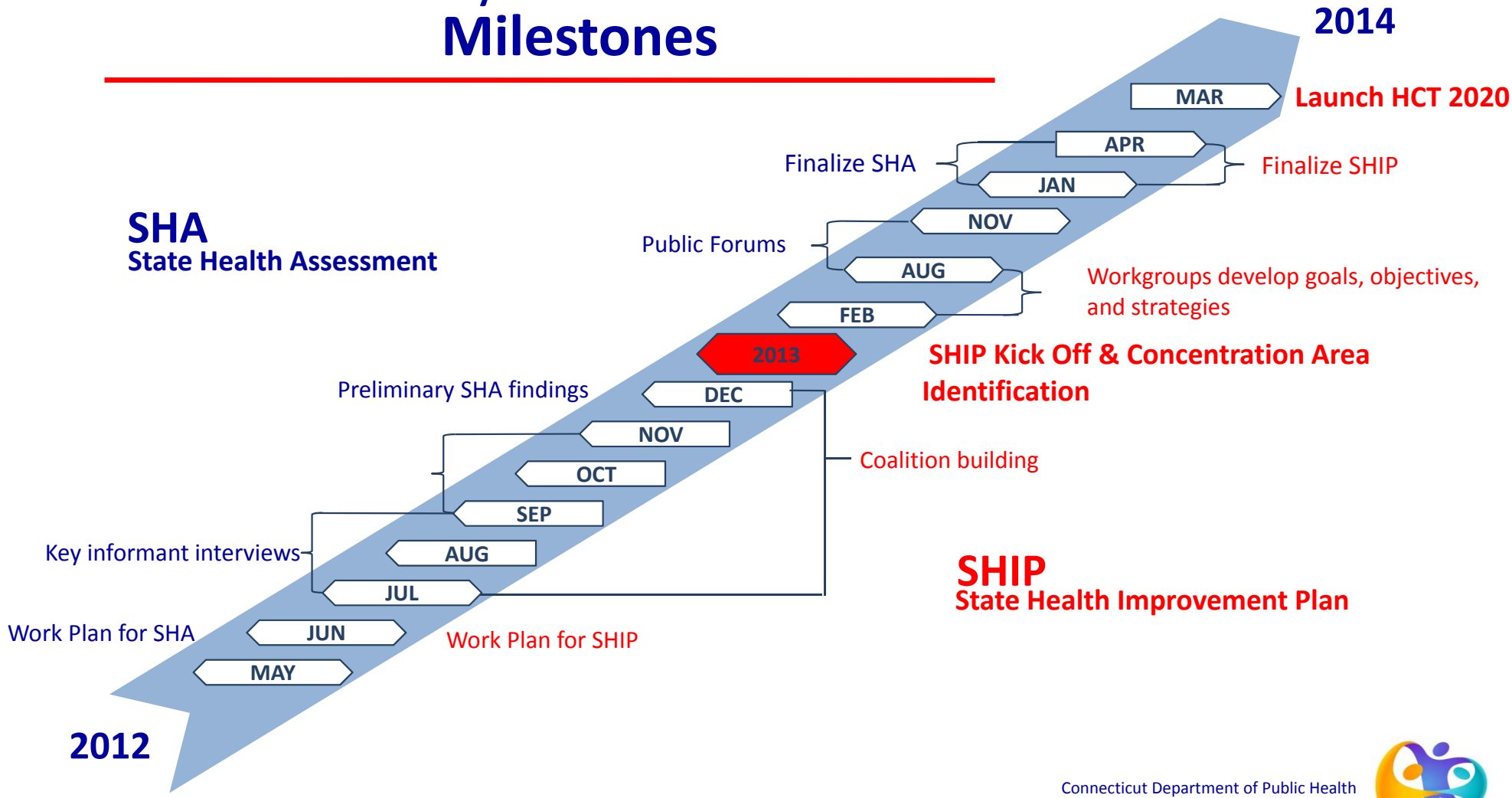
# Connecticut Health Improvement Coalition Planning Chart



# Lead Conveners

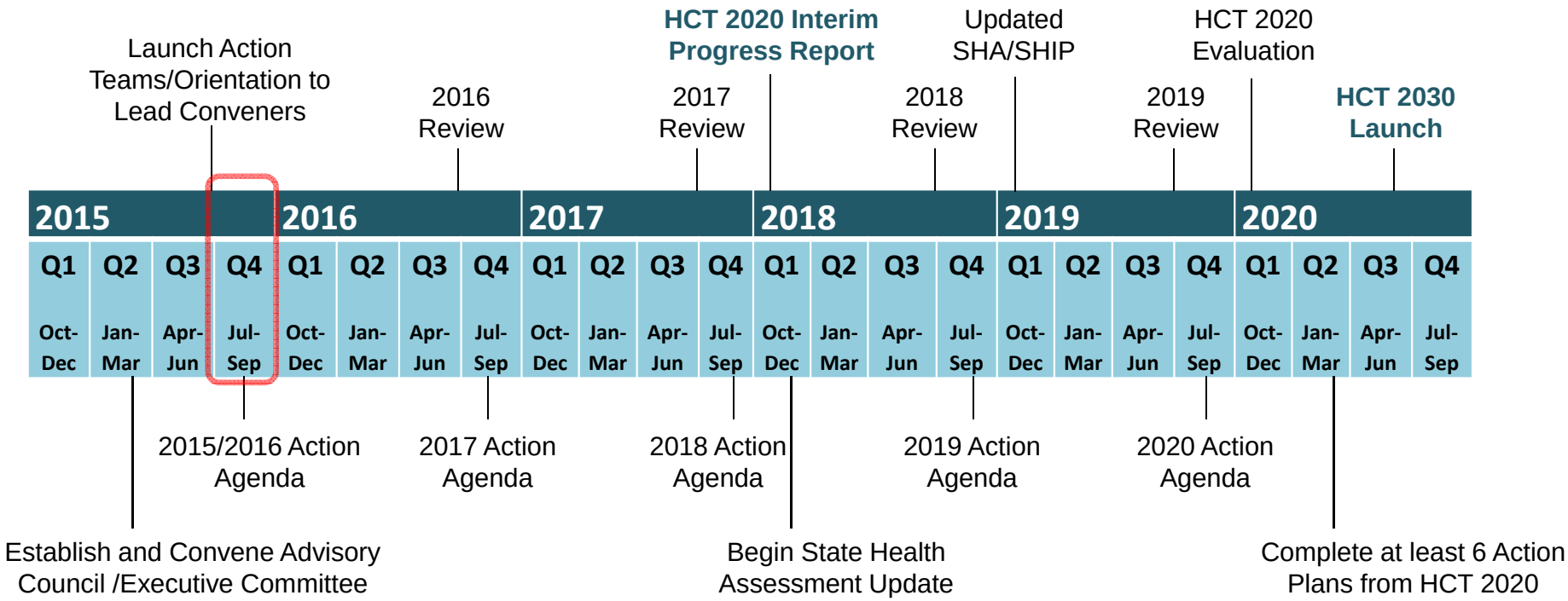
| Focus Area | Lead Convener(s) |
|---|---|
| **Maternal, Infant and Child Health (MICH)** | MCH Advisory Council<br>DPH Family Health Program |
| **Environmental Health (EH)** | DPH Environmental Health Program<br>CT Association of Directors of Health |
| **Chronic Disease (CD)** | DPH Chronic Disease Program<br>CT Hospital Association |
| **Infectious Disease (ID)** | DPH Infectious Disease Program |
| **Injury and Violence Prevention (IVP)** | St. Francis Violence & Injury Program |
| **Mental Health and Substance Abuse (MHSA)** | Dept. of Mental Health and Addiction Services |
| **Health Systems (HS)** | *In Progress* |

# Healthy Connecticut 2020
# Milestones



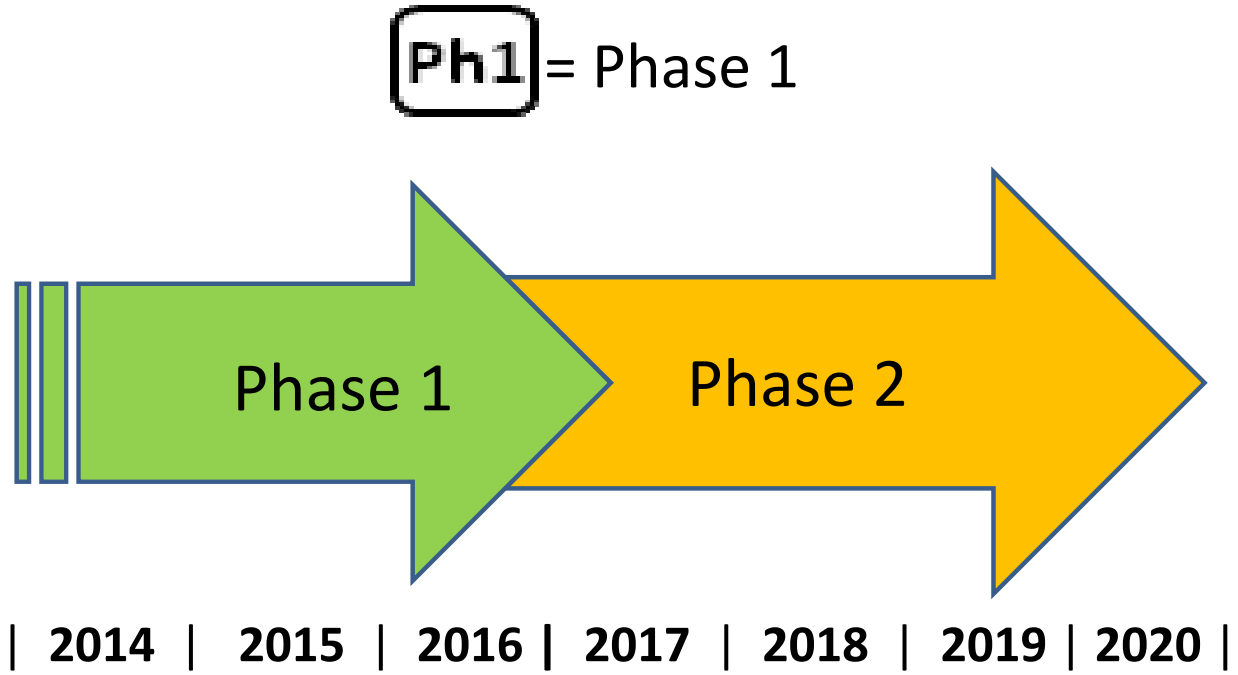

Connecticut Department of Public Health
www.ct.gov/dph/SHIPcoalition

# Timeline


Launch Action Teams/Orientation to Lead Conveners
2016 Review
HCT 2020 Interim Progress Report
2017 Review
Updated SHA/SHIP
2018 Review
HCT 2020 Evaluation
2019 Review
HCT 2030 Launch
2015
2016
2017
2018
2019
2020
Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4
Oct-Dec Jan-Mar Apr-Jun Jul-Sep Oct-Dec Jan-Mar Apr-Jun Jul-Sep Oct-Dec Jan-Mar Apr-Jun Jul-Sep Oct-Dec Jan-Mar Apr-Jun Jul-Sep Oct-Dec Jan-Mar Apr-Jun Jul-Sep Oct-Dec Jan-Mar Apr-Jun Jul-Sep
2015/2016 Action Agenda
2017 Action Agenda
2018 Action Agenda
2019 Action Agenda
2020 Action Agenda
Establish and Convene Advisory Council /Executive Committee
Begin State Health Assessment Update
Complete at least 6 Action Plans from HCT 2020

# Timeline for Developing the Action Agenda

# Action Agenda Implementation in 2 Phases



# 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.*

**Areas of Concentration**

- Reproductive and Sexual Health
- Preconception and Pregnancy Care
- Birth Outcomes
- Infant and Child Nutrition
- Child Health and Well-being

**Objectives Selected for Phase 1 Implementation**

- Unplanned pregnancies
- Prenatal care
- Infant deaths
- Breastfeeding
- Oral health for children
- Developmental screening

# 2. Environmental Risk Factors and Health

***Goal:*** *Enhance public health by decreasing environmental risk factors.*

**Areas of Concentration**

- **LEAD**
- **DRINKING WATER QUALITY**
- **OUTDOOR AIR QUALITY**
- **HEALTHY HOMES**
- **HEALTHY COMMUNITIES**

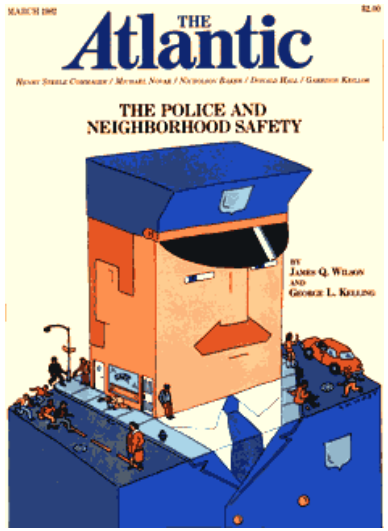
**Objectives Selected for Phase 1 Implementation**

- **CHILDHOOD LEAD POISONING**
- **DRINKING WATER QUALITY**
- **OUTDOOR AIR QUALITY**
- **ENHANCED CODE ENFORCEMENT –** see following 4 slides on this.

# What is the ‘Broken Window Theory’?

‘Broken Window Theory’
(Wilson and Kelling, 1989).

- Broken Window Theory says Root Causes matter.
- Broken Windows asks about personal agency (free will), crimes of opportunity (situational crime prevention), and ***the role of police in crime prevention.***
- How can police work *with the community to* reduce fear and create a less criminal environment?

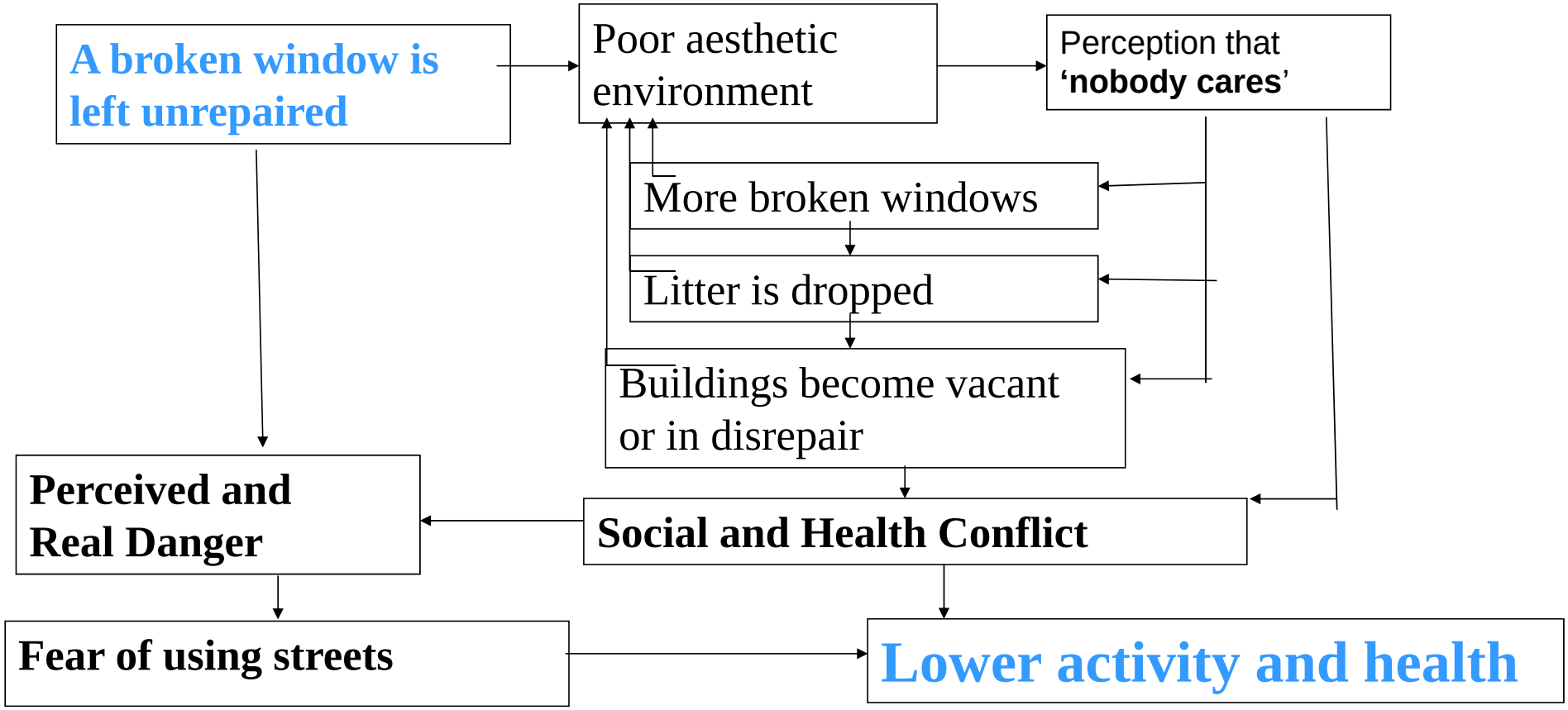


# What is "*Broken Windows and Codes*"?
## A new policy concept for Connecticut

- Based on the "*Broken Window Theory*," but expanded:
- Police and other public safety code officials working with the community and leaders *to lower crime and improve health and safety through coordinated code enforcement programs.*

# CT's Safety and Health Codes

# *Broken Windows and Codes* and Health



# 3. Chronic Disease Prevention and Control

***Goal:*** *Reduce the prevalence and burden of chronic disease through sustainable, evidence-based efforts at risk reduction and early intervention.*

**Areas of Concentration**

- Heart Disease and Stroke
- Cancer
- Diabetes and Chronic Kidney Disease
- Asthma and Chronic Respiratory Disease
- Arthritis and Osteoporosis
- Oral Health
- Obesity
- Nutrition and Physical Activity
- Tobacco

**Objectives Selected for Phase 1 Implementation**

- Heart disease
- Diabetes
- Asthma
- Oral health for children
- High blood pressure
- Obesity
- Physical activity
- Smoking

# 4. Infectious Disease Prevention & Control

***Goal:*** *Prevent, reduce and ultimately eliminate the infectious disease burden in Connecticut.*

**Areas of Concentration**

- Vaccine-preventable Diseases
- Sexually Transmitted Diseases
- HIV
- Tuberculosis
- Hepatitis C
- Vector-borne Diseases
- Foodborne Illness and Infections
- Waterborne Illness and Infections
- Healthcare Associated Infections
- Preparedness for Emerging Infectious Diseases

**Objectives Selected for Phase 1 Implementation**

- Vaccinations for children, pregnant women, and childcare providers
- Vaccinate adults against seasonal flu
- Vaccinate adolescents for HPV
- Chlamydia and gonorrhea
- HIV/AIDS
- Hepatitis C
- Healthcare associated infections
- Emerging infectious disease

# 5. Injury and Violence Prevention

***Goal:*** *Create an environment in which exposure to injuries is minimized or eliminated.*

**Areas of Concentration**

***Unintentional Injury***

- **Falls**
- **Poisoning**
- **Motor Vehicle Crashes**

***Intentional Injury***

- **Suicide**
- **Homicide and Community Violence**
- **Child Maltreatment**

***Either Intent***

- **Traumatic Brain Injury**
- Sports Injuries
- Occupational Injuries

**Objectives Selected for**
**Phase 1 Implementation**

- **Falls**
- **Unintentional poisonings**
- **Motor vehicle crashes**
- **Motorcycle deaths**
- **Seatbelts and child safety restraint s**
- **Suicide**
- **Firearms homicide**
- **Sexual violence**
- **Child maltreatment**

# 6. Mental Health, Alcohol, and Substance Abuse

***Goal:*** *Improve overall health through the lifespan, through access to quality behavioral health services that include screening, early intervention, prevention and treatment.*

## Areas of Concentration

- **Mental Health and Mental Disorders**
- **Alcohol Abuse**
- **Substance Abuse**
- Autism Spectrum Disorders
- Exposure to Trauma

## Objectives Selected for Phase 1 Implementation

- Mental health emergency room visits
- Excessive drinking by youths and adults
- Non-medical use of pain relievers
- Illicit drug use
- Screening for autism
- Screening for trauma

# 7. Health Systems

***Goal:*** *Align efforts of health systems stakeholders to achieve sustainable, equitable, and optimal population health.*

**Areas of Concentration**

- Access to Health Services
- Quality of Care and Patient Safety
- Health Literacy, Cultural Competency and Language Services
- Electronic Health Records
- Public Health Infrastructure
- Primary Care and Public Health Workforce
- Financing Systems
- Emergency Preparedness and Response

**Objectives Selected for Phase 1 Implementation**

- Health insurance coverage
- Community-based health services
- Patient-centered medical homes
- Transportation to access health services
- Quality and patient safety standards for health systems
- Adoption of national Culturally and Linguistically Appropriate Services standards by health and social service agencies
- Professional health workforce shortages and diversity
- Funding to align with prevention and population health priorities

# DPH Statewide Priorities

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

# What Can You Do?

- Join the CT Health Improvement Coalition. Press "JOIN TODAY" at http://www.ct.gov/dph/SHIPCoalition
- Consider dedicated members to work on Action Teams
- Identify/align/fund policies to improve health under the SHIP
- Use/encourage use of evidence based actions
- Collaborate with other sectors
- Consider health impact assessments and health in decision making
- Participate in community health assessments and community health improvement plans

# Message from Department of Public Health

For general questions, additional comments, and information on the SHIP please e-mail:

**HCT2020@ct.gov**

For more information

**www.ct.gov/dph/HCT2020**

and

**www.ct.gov/dph/Dashboard**

## LEGAL TRAINING ON HOUSING MATTERS – OCTOBER 27, 2015

**An Overview for Mediation, Investigation and Enforcement**

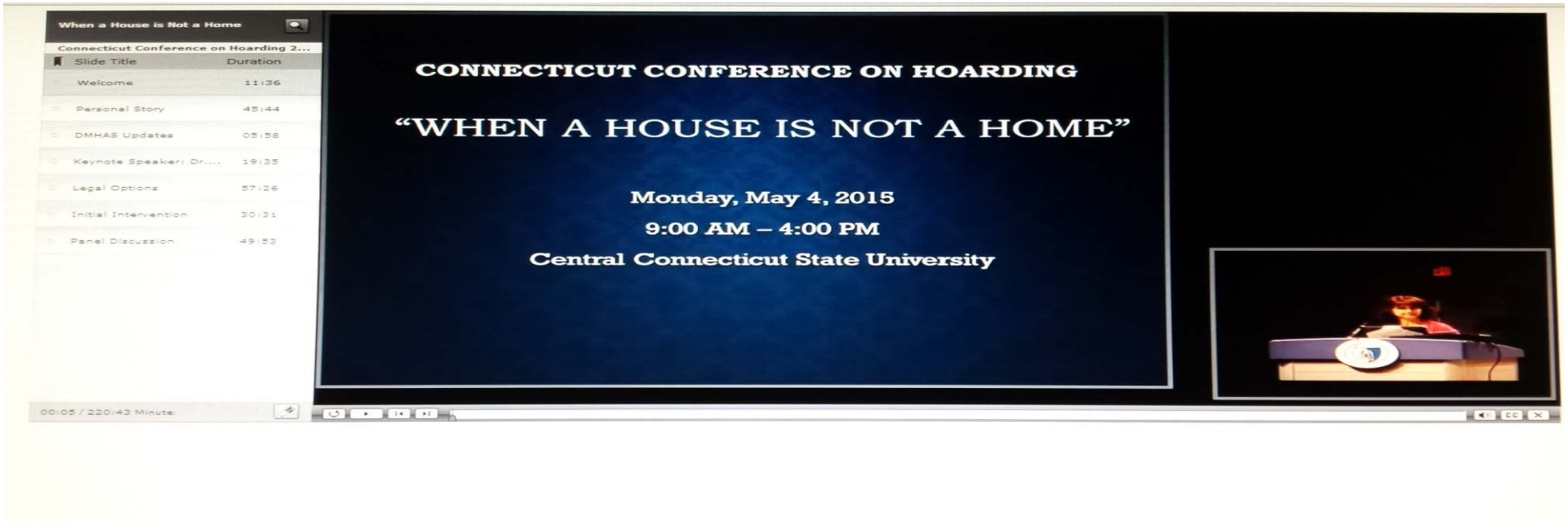
- POST's Field Services Training Division, in cooperation with the Office of the Chief State's Attorney, is again offering a one-day seminar titled "Legal Training on Housing Matters." The seminar will take place on **Tuesday, October 27, 2015** from 8:30 a.m. to 4:00 p.m. and is important for officers of every level. The seminar is free. It will be presented at the Connecticut Police Academy, 285 Preston Avenue, Meriden, CT in order to allow for maximum open enrollment.

  All applicants registered will be accepted and no confirmation of enrollment will be sent out.

A great Hoarding Hazard Response Resource:

# CT'S FIRST STATEWIDE FULL DAY CONFERENCE ON HOARDING

See it for free at https://ct.train.org



# CONTACT INFORMATION
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