



## Healthy Connecticut 2020 State Health Improvement Plan

### Infectious Disease ACTION Team Meeting AGENDA & NOTES

**Date:** June 25, 2015

**Time:** 1:30-3:30pm

**Location or Conference Call Number:** Room 1112 at 395 West Street, Rocky Hill

**Conference Call Access Code:** [Click here to enter text.](#)

**Attendees (Please list all who participated):** Matt Bizzarro (YNHCH), Matt Cartter (DPH), Dale Cunningham (AFTCT), Rachel Crosby (UConn Health), Danielle Daley (IPRO), Louise Dembry (YNHH), Shelli Eason (IPRO), Joe Garner (THOCC-New Britain), Lynne Garner (Donaghue Foundation), Sandra Gill (DPH), June Holmes (YNHH), Alison Hong (CHA), Victoria Liquori (DPH), Kristin Magnussen (LLHD & ICNC), Richard Melchreit (DPH), Linda Niccolai (Yale School of Public Health), Donna Ortelte (DPH) Michael Parry (Stamford Hospital), Josh Rozovsky (HGLHC), Carol Steinke (City of Hartford HHS), Peg Weeks (Institute for Community Research)

Agenda Items	Time	Discussion	ACTION Items and person responsible
<b>Welcome and Introductions</b>		<ul style="list-style-type: none"> <li>Members introduced themselves and shared their background information including what organization they represent.</li> </ul>	<b>Infectious Disease ACTION Team</b>
<b>SHIP and Action Team Orientation</b>		<ul style="list-style-type: none"> <li>A recording of this presentation will be available on Train Connecticut and information to access it will be made available as soon as it is posted.</li> <li>Summary: Healthy CT 2020 is Connecticut's version of the national Healthy People 2020 health initiative. It is focused on health promotion and disease prevention across the population. It has a specific concentration on health equity and social determinants of health. If Healthy Connecticut 2020 is a call to action, then the State Health Improvement Plan is its roadmap. It consists of 7 Focus Areas made up of measureable objectives. It is the job of the Action Team to review their specific area and create a 2016 Action Agenda. The Action Agenda details what objectives will be addressed in the coming year</li> </ul>	<b>Infectious Disease ACTION Team</b>

		<p>and how they will be accomplished. The SHIP is being implemented in 2 phases. We are in Phase 1, so we are just focusing on Phase 1 objectives. The others will be addressed in the next phase. The Infectious Disease Focus Area has 16 Phase 1 objectives, which we have narrowed down to 9 according to the advice from subject matter experts (SMEs). Although they are eliminated from consideration now, these objectives will be addressed at some point in the process. A draft of the 2016 Action Agenda is due by August 30, 2015.</p> <ul style="list-style-type: none"> <li>• Discussion on Objectives: <ul style="list-style-type: none"> <li>➢ ID-1 (increase ACIP vaccination rates): the objective specifically says "...among children and adults", but the data only looks are children and adolescents, so this may require a change in wording.</li> <li>➢ ID-12 (reduce diagnosed cases of HIV): Instead of saying "...Reduce by 5% the number of diagnosed cases...", say something about increasing the number of diagnosed cases among those living with HIV for a specific amount of time. There was concern about how an increase in the number of diagnosed cases of a disease may be due to an improving surveillance system or enhancing awareness, not to worsening health.</li> </ul> </li> <li>• Any changes would have to be approved by the Advisory Council. Prioritize the objectives based on what you think is important, even if the wording should be changed.</li> </ul>	
<p><b>Priority Table and Data Table Presentation</b></p>		<ul style="list-style-type: none"> <li>• The pre-filled priority tables, which were created based on the advice from the consulted SMEs, were studied by the attendees before a discussion period.</li> <li>• STD SME said that objective ID-8 (reduce chlamydia incidence rates) was not feasible within 3 years and that we would not be able to demonstrate impact by the mid-course check because there is a greater focus on gonorrhea by the CDC and chlamydia lacks the resources.</li> <li>• HAI SME thought that ID-30 (reduce rate of CLABSI in Hemodialysis facilities) addressed health disparities because most dialysis patients are generally 65+, so it was filled in on the table as a Yes in column e making it one of the highest priority objectives. It was argued that, by that logic, many of these objectives without a health equity sign could address health disparities and that should be taken into account when prioritizing objectives.</li> <li>• ID-12 is focused on prevention, whereas ID-14 (decrease the proportion of people progressing to AIDS within 1 year of diagnosis) is more focused on early diagnosis and management, so that may lower its ranking as a priority objective.</li> <li>• ID-28 (keeping SIRs less than or equal to 1): Hospitals are already focusing on this issue and the objective is being addressed. Deciding whether or not it is worth giving extra attention is up to the Action Team.</li> <li>• Deciding to pick objectives in all different areas of concentration or to pick similar</li> </ul>	<p><b>Infectious Disease ACTION Team</b></p>

		<p>objectives that will utilize the same strategies and creates synergy is also up to the Action Team.</p> <ul style="list-style-type: none"> <li>• It was asked how the strategies and actions would be funded. The 2016 Action Agenda will contain an estimate of the resources necessary to carry out the specific actions associated with each objective. The Advisory Council will take this into consideration.</li> <li>• Some thought it would be helpful to take a look at the specific evidence for the strategies and use that information to help with prioritization. A document will be sent out containing this information next week. Review before the official vote next meeting.</li> </ul>	
<b>Informal Objective Priority Voting</b>		<ul style="list-style-type: none"> <li>• Concern was expressed that the information from SMEs was subjective, so the team decided to reject the 3 objectives that were deemed the highest priority based pre-filled priority tables.</li> <li>• An unofficial vote was conducted. Members voted for their top 3 priority objectives. An official vote will be done at the beginning of the second meeting.</li> <li>• The results: <ul style="list-style-type: none"> <li>➢ ID-7 (increase HPV vaccination rates) – 10 votes</li> <li>➢ ID-5 (increase flu vaccination rates) – 9 votes</li> <li>➢ ID-12 – 9 votes</li> <li>➢ ID-1 – 7 votes</li> <li>➢ ID-9 (reduce gonorrhea incidence) – 6 votes</li> <li>➢ ID-14 – 5 votes</li> <li>➢ ID-30 – 4 votes</li> <li>➢ ID-28 – 0 votes</li> <li>➢ ID-8 – 0 votes</li> </ul> </li> </ul>	<b>Infectious Disease ACTION Team</b>
<b>Next Steps</b>		<ul style="list-style-type: none"> <li>• Evaluate Meeting: Bigger font on handouts</li> <li>• Review Next Steps</li> <li>• Homework: <ul style="list-style-type: none"> <li>➢ Review Infectious Disease section of the SHIP</li> <li>➢ Continue ranking objectives</li> <li>➢ Discuss the SHIP with colleagues and constituents and be prepared to share feedback at the next meeting</li> <li>➢ Fill out survey to plan for Meeting 2</li> </ul> </li> <li>• Next Meeting Date/Time: TBD (It will be held in 2 weeks and will include the official priority setting vote and group work on strategy development.</li> </ul>	



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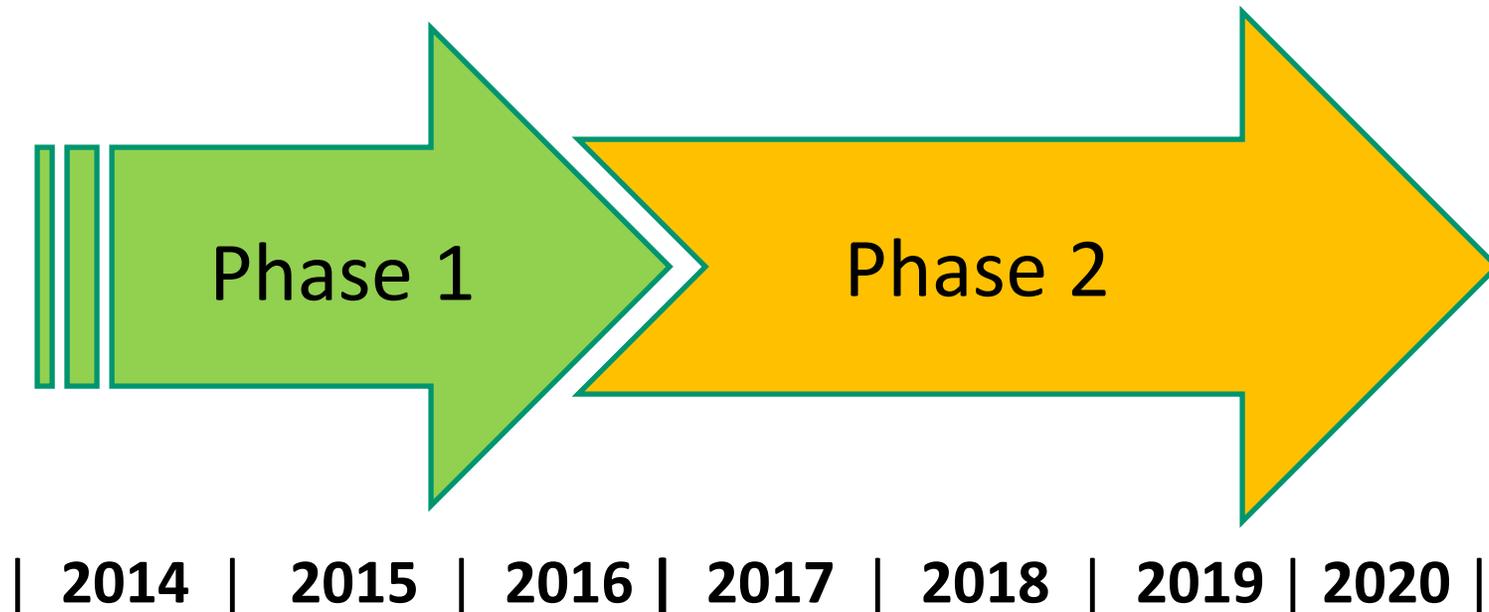
# Healthy Connecticut 2020 State Health Improvement Plan



# Implementation in 2 Phases

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**Ph1** = Phase 1



## 4. Infectious Disease Prevention & Control

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*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



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# What Are We Trying to Accomplish This Year?



[www.ct.gov/dph/SHIPCoalition](http://www.ct.gov/dph/SHIPCoalition)

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# The Action Agenda

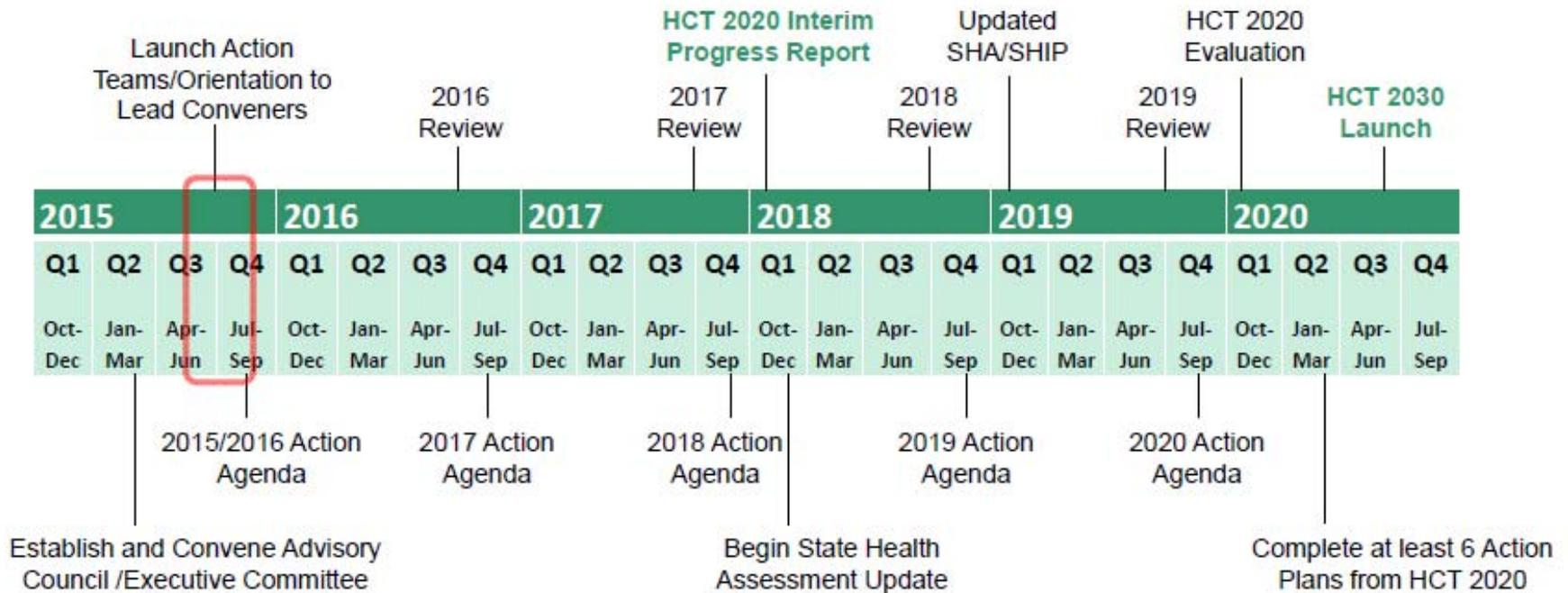


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# HCT 2020 Implementation Timeline



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# What is the Action Agenda?

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- The Action Agenda is the Implementation Plan for the Connecticut State Health Improvement Plan (HCT2020 SHIP)
- The 2016 Action Agenda contains those Objectives and Strategies that we will begin implementing in Year 1.
- It contains
  - Actions/Activities involved in executing each of the strategies for SHIP objectives.
  - Partners Responsible
  - An identified timeline for each action
  - Resources required for the strategies for each objective (human, partnerships, financial, infrastructure or other)
  - Monitoring/Evaluation approaches



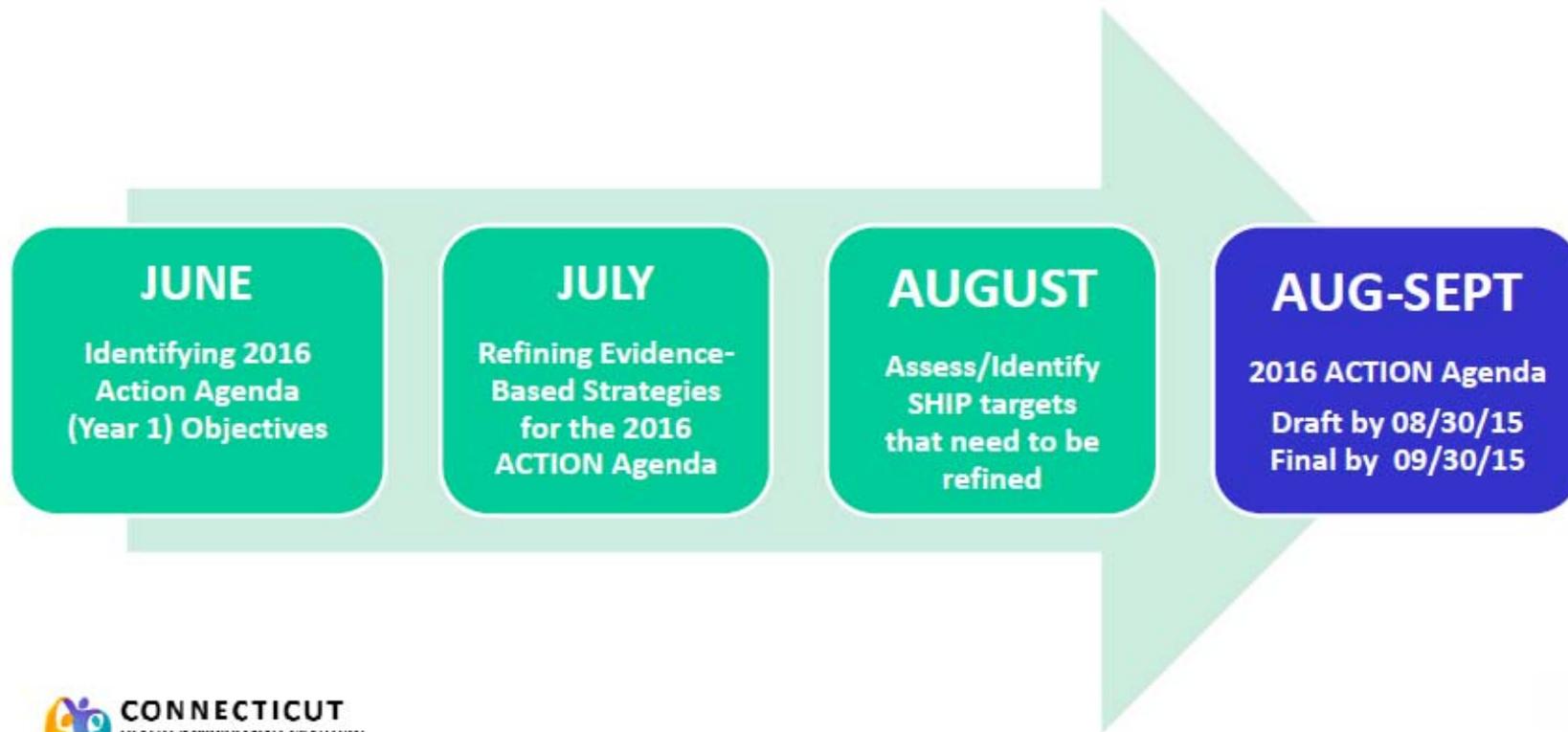
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# Timeline for Developing the Action Agenda

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# Specific Roles and Responsibilities



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# Roles and Responsibilities



## Action Team Role

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- The Action Teams will be responsible for refining the SHIP and developing the Action Agenda for their specific area of responsibility.
  - Developing the Action Agenda
  - Refining the SHIP
    - The plan is a living document - refinements are needed as implementation evolves
    - Revisit the Phase 1 Objectives
    - Update the data and targets
      - More realistic
      - Objectives that are not measurable but may have good proxy measures
      - Data refinement: Injury and Violence Prevention
    - Confirm/revise strategies – based on best evidence and current initiatives underway



## OBJECTIVE ID-20

Decrease by 5% the incidence of West Nile Virus infection.

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	21 cases (2012)	20 cases	Connecticut Department of Public Health, Infectious Disease Section

### Strategies

#### *Communications, Education and Training*

- Enhance public education programs regarding prevention strategies to minimize exposure to mosquitoes.

#### *Planning & Development*

- Develop and implement consistent mosquito reduction strategies statewide.

#### *Surveillance*

- Calculate average annual incidence, using a rolling 5-year average (due to year-to-year variability in incidence rates).

### Potential Partners

Connecticut Department of Public Health, Connecticut Department of Energy and Environmental Protection, Connecticut Agriculture Experiment Station, Connecticut Department of Consumer Protection, University of Connecticut Cooperative Extension System, College of Agriculture and Natural Resources, local public health agencies, laboratories, primary care and infectious disease physicians, professional associations, local coalitions that address vector-borne diseases and illness, schools of public health and medicine, and others.

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# Q&A



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# Thank You!



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