



STATE HEALTH IMPROVEMENT PLAN:  
CHILDHOOD LEAD POISONING PREVENTION  
COALITION MEETING

Connecticut Hospital Association  
Wednesday, July 13  
1:00 – 4:00 pm



# Welcome!

- Overview of SHIP and 2016 Action Agenda
- Review Progress/Work Completed in 2016
  - Lead Poisoning Performance Dashboard
  - Partner Updates
- Discuss Challenges, Gaps and Lessons Learned
- Identify key environmental factors that will impact our work
- Next Steps

# Meeting Objectives

- Understand SHIP and role of Childhood Lead Poisoning Prevention Coalition in the state health improvement planning process
- Review 2016 progress and identify next steps in reducing childhood lead poisoning incidence and prevalence

# Key Terms

- **Connecticut Health Improvement Coalition (CHIC):** Over 300 partner organizations that have participated in development and implementation of Healthy CT 2020: Connecticut State Health Improvement Plan (SHIP)
- **Environmental Action Team:** committee comprised of CHIC members with representatives and partners who are interested in implementing priority objectives and strategies in the Environmental Risk Factors and Health Action Agenda
- **Action Agenda:** document developed by Environmental Action Team that comprised priority objectives and strategies for each SHIP focus area; how the work will be accomplished, with whom (organizations, agencies, etc.), and in what timeframe
- **Childhood Lead Poisoning Prevention Coalition:** larger committee comprised of state partners who are working on and/or implementing lead poisoning strategies in the Action Agenda; THIS GROUP!

# Vision for Healthy CT 2020: Connecticut State Health Improvement Plan (SHIP)

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.



# Guiding Principles

- Integrated approach/Collaboration
- Align with national frameworks and existing plans, initiatives
- Health improvement approach
  - *Goals*
  - *Objectives (Measurable improvements in population health)*
  - *Strategies (Prevention and risk reduction)*
- Data-driven objectives and evidence-based strategies
- Health equity
- Balance between scope and depth of focus
- Understandable and actionable

# Overarching Themes

- Health Equity =
- Economic Factors
- Social Factors



# Healthy Connecticut 2020 by the Numbers

| Focus Area                                    | Areas of Concentration | Total Objectives |
|---|------------------------|------------------|
| 1: Maternal, Infant, and Child Health         | 5                      | 13               |
| 2: Environmental Risk Factors and Health      | 5                      | 8                |
| 3: Chronic Disease Prevention and Control     | 9                      | 30               |
| 4: Infectious Disease Prevention & Control    | 10                     | 34               |
| 5: Injury and Violence Prevention             | 6                      | 26               |
| 6: Mental Health, Alcohol and Substance Abuse | 5                      | 8                |
| 7: Health Systems                             | 8                      | 17               |
| <b>TOTAL:</b>                                 | <b>48</b>              | <b>136</b>       |

# Environmental Risk Factors and Health

- Mission: Enhance public health by decreasing environmental risk factors.
  
- Areas of Concentration
  - *Lead*
  - *Drinking Water Quality*
  - *Outdoor Air Quality*
  - *Healthy Homes*
  - *Healthy Communities*
  
- Objective Topics for Phase 1 Implementation
  - *Childhood Lead Poisoning*
  - *Healthy Homes*
  - *Air Quality*

# CHIC Roles and Responsibilities

## Commissioner

- Leader, decision-making authority

## Executive Committee

- Thought leadership to advance strategic goals
- Build public health approach across sectors
- Time sensitive decision-making

## Advisory Council

- Integrating
- Managing
- Advising & Approving

## Lead Conveners/ Action Teams (7)

- Organizing Action Teams, scheduling meetings
- Completing Year 1 Action Agenda
- 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

# Lead Conveners

|          | Focus Area/Action Team            | Lead Convener(s)  |
|----------|-----------------------------------|---|
| MICH     | Maternal, Infant and Child Health | Rosa Biaggi, Department of Public Health (DPH)<br>Marijane Carey, Carey Consulting  |
| EH       | Environmental Health              | Andrea Boissevain, Stratford Health Department<br>Krista Veneziano, Connecticut Department of Public Health   |
| CD       | Chronic Disease                   | Elizabeth Beaudin, Connecticut Hospital Association<br>Mehul Dalal, Connecticut Department of Public Health   |
| ID       | Infectious Disease                | Catherine Wiley, MD, Connecticut Children's Medical Center – Immunizations Co-chair<br>Elaine O'Keefe, Yale Center for Interdisciplinary Research on AIDS (CIRA) – HIV Co-chair<br>Richard Melchreit, Connecticut Department of Public Health – Co-chair ex officio |
| IVP      | Injury and Violence Prevention    | Kevin Borrup, Connecticut Children's Hospital<br>Chinedu Okeke, Department of Public Health (DPH)   |
| MHS<br>A | Mental Health and Substance Abuse | Janet Storey, Department of Mental Health and Substance Abuse<br>Cathy Sisco, Wheeler Clinic  |
| HS       | Health Systems                    | Mario Garcia, Connecticut Department of Public Health<br>Lisa Pellegrini, Connecticut Conference of Municipalities/Town of Somers   |

# Action Team Role

- Develop an Action Agenda for their specific area of responsibility.
  - *Identify 3-5 priorities from Phase 1 objectives*
  - *Confirm/revise strategies – ensure using best evidence and current initiatives underway*
  - *Identify action steps and lead organizations to implement*
  - *Refine and update data and targets*
- Finalized Action Agenda in January, 2016

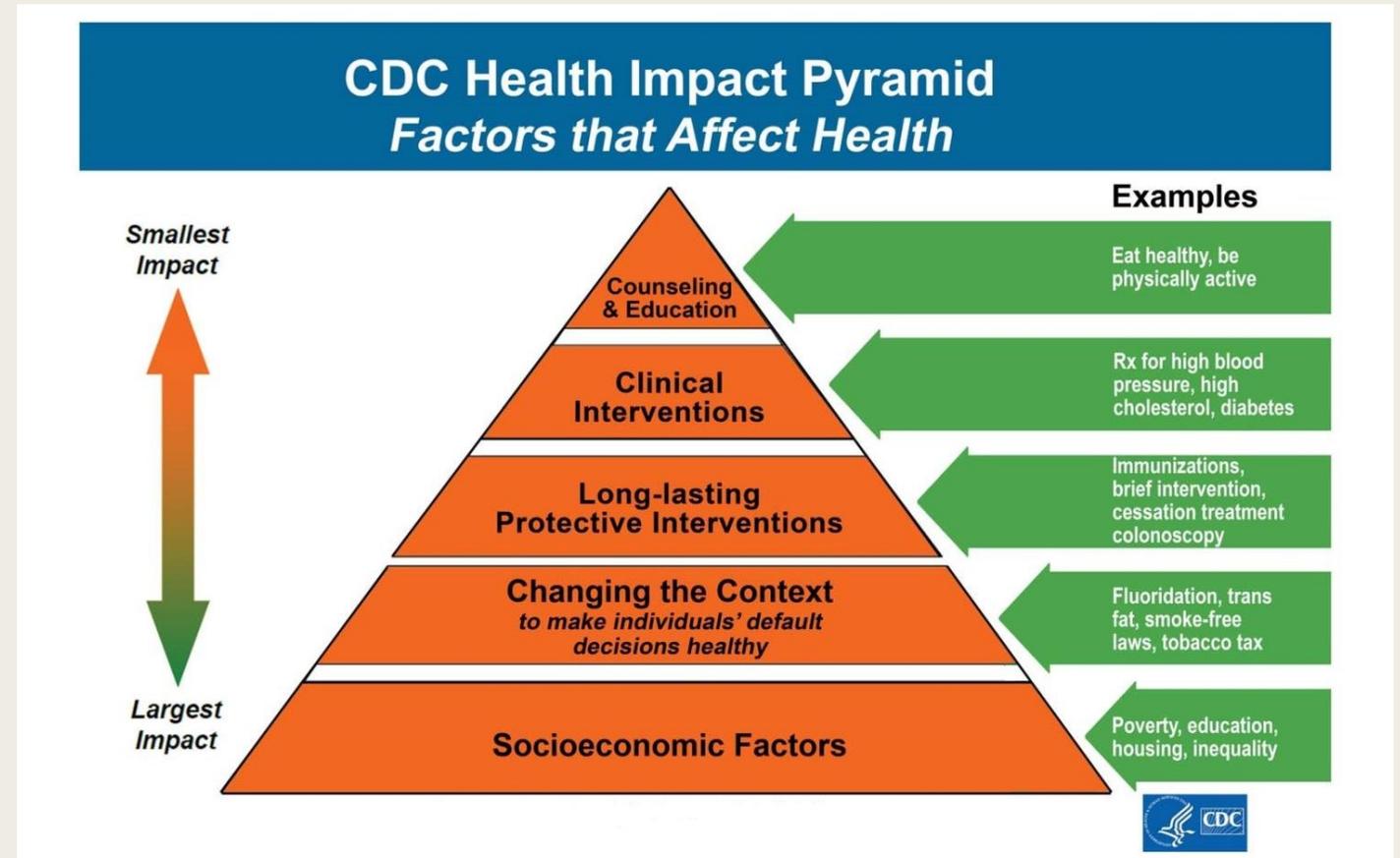
# 2016 Action Agenda

## Environmental Health

|   |   |
|---|---|
| <b>ENV-1</b>  | Reduce to less than 3% the prevalence rate of <b>children</b> less than 6 years of age with confirmed <b>blood lead levels</b> at or above the CDC reference value (5 µg/dL). |
| <b>ENV-5</b><br>   | Increase public awareness of the presence and risk of <b>poor air quality days</b> . (DEVELOPMENTAL)  |
| <b>ENV-6</b><br> | Increase the enforcement of minimum <b>housing code standards</b> through the collaboration and support of code enforcement programs. (DEVELOPMENTAL)                         |

# Action Agendas

- *Is there at least one policy, system, or environmental change included in the strategies?*
- *How can we better focus on health equity?*



# Healthy CT 2020 SHIP Action Summit

- All coalition members are invited and encouraged to attend!
  - **DATE: September 8, 2016**
  - **TIME: 8:30 am - 4:00 pm**
  - **LOCATION: Chrysalis Center, Hartford**
- Review progress in meeting health improvement targets
- Finalize 2017 Action Agendas and discuss 2017 policy agenda
- Recognize partner contributions

# **Work Completed to Date**

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# Lead Exposure

Lead exposure results and indicators are from the Healthy Connecticut 2020 State Health Improvement Plan Focus Area 2 - Environmental Health. This is a DPH priority area.

| R  | Environment | Time Period | Actual Value | Target Value | Current Trend | Baseline %Change |
|--|-------------|-------------|--------------|--------------|---------------|------------------|
| All Connecticut Children are Lead-Free.  |             |             |              |              |               |                  |
| I  | Environment | 2014        | 3.0%         | 2.9%         | 1             | -55%             |
| Prevalence rate of children less than 6 years of age with confirmed blood lead levels at or above the CDC reference value (5 µg/dL). (HCT2020) |             |             |              |              |               |                  |
| I  | Environment | 2014        | 1.9%         | 2.5%         | 1             | -17%             |
| Incidence rate of children under the age of six with confirmed blood lead levels at or above the CDC reference value (5 µg/dL)                 |             |             |              |              |               |                  |
| I  | Environment | 2014        | 2.2          | 1.9          | 1             | -8%              |
| Ratio of black to non-black children under the age of six with confirmed blood lead levels at or above the CDC reference value (5 µg/dL)       |             |             |              |              |               |                  |
| I  | Environment | 2014        | 1.5          | 1.9          | 1             | -17%             |
| Ratio of Hispanic to non-Hispanic children under the age of six with confirmed blood lead levels at or above the CDC reference value (5 µg/dL) |             |             |              |              |               |                  |

| Environment |  | Time Period | Actual Value | Target Value | Current Trend | Baseline %Change |
|-------------|--|-------------|--------------|--------------|---------------|------------------|
| <b>P</b>    | <b>Childhood Lead Poisoning Prevention and Control</b>   |             |              |              |               |                  |
| PM          | Environment  | 2014        | 97.3%        | 100.0%       | 1             | 1%               |
|             | Percent of children under the age of 3 years that were tested for lead at least once.  |             |              |              |               |                  |
| PM          | Environment  | 2014        | 23.3%        | 40.0%        | 1             | -3%              |
|             | Percent of housing units where lead abatement was completed out of total number of units issued orders for lead abatement.           |             |              |              |               |                  |
| PM          | Environment  | 2015        | 180          |              | 2             | 73%              |
|             | Number of currently licensed lead abatement contractors and lead consultant contractors in CT.                                       |             |              |              |               |                  |
| PM          | Environment  | 2016        | 236          | 74           | 5             | 48%              |
|             | Number of code enforcement officials maintaining credentials as lead inspectors or lead inspector-risk assessors.                    |             |              |              |               |                  |
| PM          | Environment  | 2015        | 59.7%        | 60.0%        | 2             | -7%              |
|             | Percent of governmental public health jurisdictions that elect to receive childhood lead poisoning prevention funds from the CT DPH. |             |              |              |               |                  |
| PM          | Environment  | 2014        | 77.0%        | 100.0%       | 1             | -13%             |
|             | Percent of governmental public health jurisdictions that utilized all childhood lead poisoning prevention funds that they received.  |             |              |              |               |                  |

# SHIP Childhood Lead Poisoning Team Progress

- The Lead team held two meetings in September, 2015
  - *Robust conversations with partners*
  - *Used feedback to create Lead Action Agenda*
  - *Work with state partners ongoing*

# Evidence Based Strategies

- Strategies based on recommendations made by the Advisory Committee on Childhood Lead Poisoning Prevention (ACCLPP) of the Centers for Disease Control and Prevention
  - *Advisory Committee established to guide the CDC regarding new scientific knowledge on childhood lead poisoning prevention*
  - *Goal is to provide advice that will assist the nation in reducing the incidence and prevalence of childhood lead poisoning*
  - *Charged with evaluating information about the health effects of lead exposure in children, the epidemiology of childhood lead poisoning, implementation issues, and other factors*

# Partner Updates

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# Partner Update: Department of Housing

## **Action Steps:**

- The DOH will provide data and addresses on their voucher-based programs to DPH on a quarterly basis
- Promote collaboration between DPH, LHDs, PHAs and state housing agencies with regard to available data

# Partner Update: Office of Early Childhood

## Action Steps:

- Clearly articulate and document lead safe requirements established between OEC and DPH for licensing
- OEC to send violation letters to child care operators/providers, sent after a toxic level of lead in paint or a lead hazard (e.g. lead in dust or soil) has been identified, in accordance with established written protocol
- Ensure that child care specialists implement the established written protocol
- Ensure that child care operators/providers are following up with identified lead issues in a timely manner

# Partner Update: Department of Social Services

## Action Steps:

- DSS will include information on preventing lead poisoning (including product recalls), and lead testing requirements on their member portal (online portal) that is accessed by clients, care coordinators/managers, and MDs
- DSS will reach out to its network of medical care providers to ensure they are testing children two times (one time between before turning 2, and then again at 2-3 years old)

# **Strengths and Identified Gaps**

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# Identified Strengths

- Bring partners together for a common goal
- Coordinated effort on a state level
- Partners who are participating have been active and eager

# Identified Gaps

- Group cohesion
  - *Operating in silos with individual partners; to date, not updating group with progress reports*
- Participation from other organizations
  - *Resources: time, staff*
  - *Active participation from different disciplines*

# Key Environmental Factors that Impact our Work

- Threats in funding
- Ability to form new partnerships and maintain existing ones
- Health Care Reform

# Future Planning

- Next steps
- Develop members list for coalition
- Identify legislative agenda
- Identify action steps with new partners
  - *Provide Christine with contacts*