



**Healthy Connecticut 2020**  
**State Health Improvement Plan**

**Advisory Council Meeting**

July 27, 2016

9:00 am – 11:30am

DPH State Lab - 395 West St. Rocky Hill

**Agenda**

**Meeting Purpose and Outcome:** To discuss second quarter activities/progress/ and challenges and obtain feedback on key HCT 2020 implementation issues.

<b>Time</b>	<b>min</b>	<b>Agenda Item</b>	<b>Speaker/Notes</b>
9:00	5	<b>Welcome</b>	<i>AC Chair</i>
9:05	55	<b>Action Team Progress</b> <b>Action Teams:</b> <ul style="list-style-type: none"> <li>• Chronic Disease Prevention (15 minutes)</li> <li>• Infectious Disease (15 minutes)</li> <li>• Health Systems (15 minutes)</li> </ul>	<i>HRiA</i> <i>Lead Conveners</i>
10:00	10	<b>Break</b>	
10:10	60	<ul style="list-style-type: none"> <li>• Mental Health &amp; Substance Abuse (15 minutes)</li> <li>• Injury and Violence Prevention (15 minutes)</li> <li>• Environmental Health (15 minutes)</li> <li>• Maternal Infant &amp; Child Health (15 minutes)</li> </ul>	<i>HRiA</i> <i>Lead Conveners</i>
11:10	15	<b>Key Implementation Issues</b> <ul style="list-style-type: none"> <li>• How do we currently focus our efforts on addressing health equity in the SHIP and how can we do it better?</li> <li>• What can we work on collaboratively that affects all populations and SHIP priorities?</li> </ul>	<i>All</i>
11:25	5	<b>Next Steps/Next Meeting Date</b> <b>SHIP Action Summit</b> – September 8, 2016 8:30 am – 4:00pm <b>SHIP Advisory Council</b> – October 14, 2016 9:00am – 11:30am	<i>AC Chair/DPH/HRiA</i>



**CONNECTICUT**

**HEALTH IMPROVEMENT COALITION**

*Partners Integrating Efforts and Improving Population Health*

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**Healthy Connecticut 2020**  
**State Health Improvement Plan**  
**Advisory Council Meeting**

Wednesday, July 27, 2016

9:00 am -11:30 am

*DPH State Lab - 395 West St. Rocky Hill*

# Meeting Purpose and Outcomes

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- Discuss second quarter activities/progress/ and challenges
- Obtain feedback on key HCT 2020 implementation issues

# Agenda

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<b>9:00</b>	<i>5</i>	<b>Welcome &amp; Introductions</b>	<i>AC Chair</i>
<b>9:05</b>	<i>45</i>	<b>Action Team Progress (15 minutes each)</b> <ul style="list-style-type: none"><li>■ Chronic Disease Prevention</li><li>■ Infectious Disease</li><li>■ Health Systems</li></ul>	<i>HRiA Lead Conveners</i>
<b>9:50</b>	<i>10</i>	<b>Break</b>	
<b>10:00</b>	<i>60</i>	<b>Action Team Progress (15 minutes each)</b> <ul style="list-style-type: none"><li>■ Mental Health &amp; Substance Abuse</li><li>■ Injury and Violence Prevention</li><li>■ Environmental Health</li><li>■ Maternal Infant &amp; Child Health</li></ul>	<i>HRiA Lead Conveners</i>
<b>11:00</b>	<i>20</i>	<b>Key Implementation Issues</b>	<i>All</i>
<b>11:20</b>	<i>10</i>	<b>Next Steps/Next Meeting Date</b>	<i>AC Chair/DPH/HRiA</i>

# Definitions

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- RED – Stalled, behind schedule, and/or vulnerable for successful completion



- YELLOW – Progressing, but behind schedule or other minor issues, still high potential of successful completion



- GREEN LIGHT – Successes! Going well, on track, and/or complete

# Lead Conveners

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

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# Chronic Disease Prevention

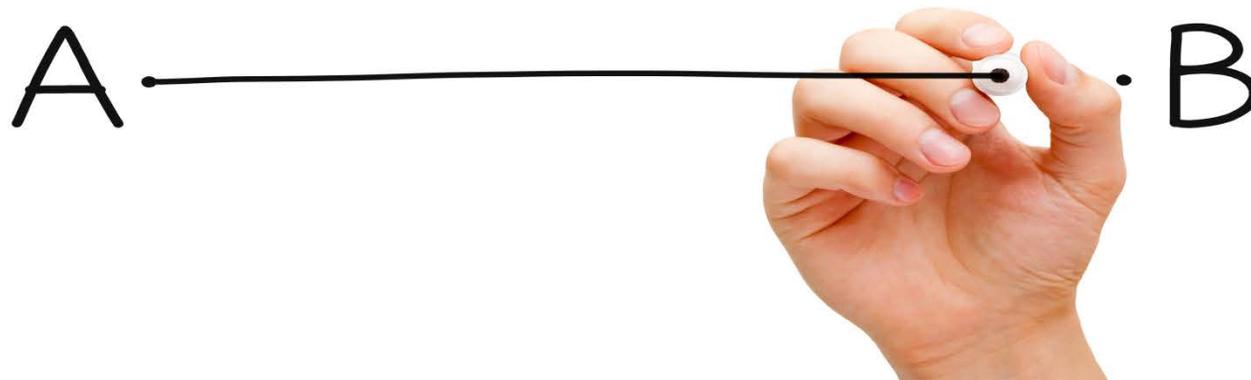
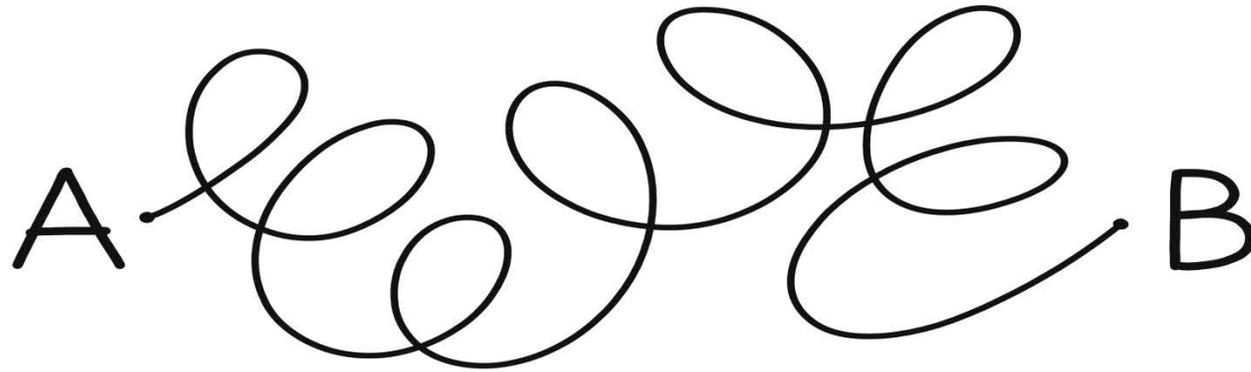
# Chronic Disease Prevention

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- **Action Team Co-Leads**
  - **Elizabeth Beaudin**  
Connecticut Hospital Association
  - **Mehul Dalal**  
Connecticut Department of Public Health
  
- **Goal 3: Reduce the prevalence and burden of chronic disease through sustainable, evidence-based efforts at risk reduction and early intervention**

# Chronic Disease Prevention

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# Chronic Disease Prevention

## Objectives for 2016 Action Agenda

	<b>CD-16</b>	Decrease by 5% the rate of Emergency Department visits among all Connecticut residents for which asthma was the primary diagnosis.
	<b>CD-22</b>	Reduce to 35% the proportion of children in third grade who have dental decay.
	<b>CD-27</b>	Reduce by 5% the prevalence of obesity in children 5-12 years of age and students in grades 9-12.
	<b>CD-30</b>	Reduce by 25% the prevalence of tobacco-based product* use among students in grades 6-8 and 9-12. <i>* include cigarettes, cigars, chewing tobacco, snuff, dip, pipes, bidis, kreteks (clove cigarettes), hookahs, and electronic nicotine delivery systems and other vapor products. NREPP is a registry for effective substance abuse and mental health interventions.</i>



# Chronic Disease Prevention Green Light Successes!

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- Standardized Asthma Action Plans undergoing final review, will be promoted through CT Hospital Association's asthma initiative network
- Fluoride varnish claims by pediatric providers increased substantially in Q1 of 2016
- Contacts made with key strategic stakeholders: Hunger Action Teams and Foodshare



# Chronic Disease Prevention

## Yellow Light Issues

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- Federal actuarial analysis of home-based asthma intervention is delayed, results are anticipated to be considered by DSS and inform sustainability strategies
- Limited human resources relative to research/analysis needs for obesity strategies. MPH candidate intern has joined the group last quarter and we anticipate these needs will be filled moving forward.



# Chronic Disease Prevention

## Red Light Issues

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- Funding to offer CME on asthma guidelines could not be identified



# Chronic Disease Prevention

## Key Questions for AC Feedback

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- Through what networks and by which methods could we further promote the finalized asthma action plan, particularly in schools?

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# Infectious Disease Prevention

# Infectious Disease Prevention

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- **Action Team Co-Leads**
  - **Catherine Wiley, MD**  
Connecticut Children's Medical Center – Immunizations Co-chair
  - **Elaine O'Keefe**  
Yale Center for Interdisciplinary Research on AIDS (CIRA) – HIV Co-chair
  - **Richard Melchreit**  
Connecticut Department of Public Health – Co-chair ex officio
  
- **Goal 4: Prevent, reduce and ultimately eliminate the infectious disease burden in Connecticut**

# Infectious Disease Prevention



Nothing that a little planning  
can't sort out

# Infectious Disease Prevention

## Objectives for 2016 Action Agenda

	<b>ID-1</b>	Increase by 5% the vaccination coverage levels for Advisory Committee on Immunization Practices (ACIP) recommended vaccines among children and adults.
	<b>ID-5</b>	Increase by 5% the percentage of adults who are vaccinated annually against seasonal influenza.
	<b>ID-7</b>	Increase by 20% HPV vaccination rates for male and female adolescents 13 to 17 years of age to meet CDC guidelines.
	<b>ID-12</b>	Reduce by 5% the number of diagnosed cases of HIV overall, among men who have sex with men (MSM) and among black females.



# Infectious Disease Prevention Green Light Successes! ID-12

- Statewide Pre-exposure Prophylaxis (PrEP) public information campaign, outreach promotion, payment assistance, providers across the state, pilot studies (men who have sex with men, women, persons with infectious diseases)



PrEP Program Resources • June 2016 • PAGE 2

**How do I pay for PrEP?**  
All major health insurance companies and state-provided insurance in CT will cover PrEP medication and the necessary medical care. Depending on your plan, you may be responsible for co-pays, co-insurance, and/or deductibles. A number of resources are available to help with these costs and can reduce or even eliminate what you pay out of pocket. Project Inform has an excellent flow-chart that explains your options for affording PrEP: [http://www.projectinform.org/pdf/PrEP\\_Flow\\_Chart.pdf](http://www.projectinform.org/pdf/PrEP_Flow_Chart.pdf)

Many of the medical providers listed on the following page will be able to offer assistance in signing up for health insurance and applying for payment assistance programs. If a site convenient to you cannot offer you such assistance, or you have other questions about whether PrEP may be right for you, please contact Daniel Davidson at the CT Department of Public Health @ 860-509-7754 or [Daniel.Davidson@ct.gov](mailto:Daniel.Davidson@ct.gov)

**PrEP Web Resources:**

**PrEP Consumer Information:**

- CDC Website: <http://www.cdc.gov/hiv/basics/prep.html>
- Project Inform: [www.projectinform.org](http://www.projectinform.org)
- PrEPfacts.org: <http://men.prepfacts.org/the-basics/>
- Gilead Website: <https://start.truvada.com/>
- How PrEP Works Video: <http://www.whatisprep.org/>
- AltaMed Bilingual PrEP awareness videos: <http://www.altamed.org/prep>
- AIDS Project New Haven PrEP site: <http://prepnh.org/>
- DPH PrEP Provider List (This document, in case you're looking at a printed copy): [http://www.ct.gov/dph/lib/dph/aids\\_and\\_chronic/prevention/pdf/prep\\_services.pdf](http://www.ct.gov/dph/lib/dph/aids_and_chronic/prevention/pdf/prep_services.pdf)

**Paying for PrEP:**

- NASTAD Resource: [Pharmaceutical Company Co-Payment Assistance \(CAP\) Programs](http://www.nastad.org/)
- Gilead Co-Pay: <https://www.gileadadvancingaccess.com/copy-coupon-card>
- Project Inform Flowchart: [http://www.projectinform.org/pdf/PrEP\\_Flow\\_Chart.pdf](http://www.projectinform.org/pdf/PrEP_Flow_Chart.pdf)

Connecticut Department of Public Health  
HIV Prevention Program • 860-509-7801

PrEP Program Resources • June 2016 • PAGE 3

PrEP Program	Address	Telephone	Program Contact	Program Email	Additional Information
Community Health & Wellness Center	469 Migeon Avenue, Torrington, CT 06790	860-489-0931	Chelsea Kenneson Provider: Paul Anthony, MD	<a href="mailto:ckeneson@chwctorr.org">ckeneson@chwctorr.org</a>	Primary care available on site Open Weekdays 7:30am-6:00 pm
City of Hartford	131 Coventry Street Hartford, CT 06112	860-757-4846	Carol Steinke	<a href="mailto:Steic001@hartford.gov">Steic001@hartford.gov</a>	
CCMC/UCONN Pediatric, Youth + Family HIV Program	CT Children's Medical Center 282 Washington St., 2L Hartford, CT 06106	860-545-9490, option 3	Gail Karas, RN	<a href="mailto:Gkaras@connecticutchildrens.org">Gkaras@connecticutchildrens.org</a>	Patients must be 18-23 years old
University of Connecticut Health Center	263 Farmington Avenue, Farmington, CT 06032	860-679-4225	Juliana Mantey, RN	<a href="mailto:mantey@uchc.edu">mantey@uchc.edu</a>	
Community Health Services	500 Albany Avenue Hartford, CT 06120	860-808-8749	Nitza Agosto HIV/EIS Program Manager	<a href="mailto:Nitza.agosto@chshartford.org">Nitza.agosto@chshartford.org</a>	Primary care available on site
Community Health Center, Inc.	675 Main Street Middletown, CT 06457	860-347-6971 X6280	Idiana Velez HIV Education Coordinator	<a href="mailto:velez@chci1.com">velez@chci1.com</a>	Open until 7pm M-Th, Open Saturday

Connecticut Department of Public Health  
HIV Prevention Program • 860-509-7801

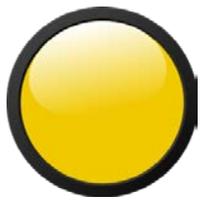


# Infectious Disease Prevention

## Yellow Light Issues ID-5 (Influenza)

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- Influenza vaccination traditionally promoted by Local Health Departments
  - LDH are providers who could access harder-to-reach populations
  - Concerns about public acceptance in light of vaccine efficacy issues that might affect vaccination rates
  - Availability in other settings: pharmacies
- Investigate vaccine coverage trends going forward
- Survey LHDs this late summer to assess plans to the coming flu vaccination season



# Infectious Disease Prevention

## Yellow Light Issues ID-5 (Human Papilloma Virus)

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- HPV education for providers
  - Proposed letter from DPH Commissioner to providers
  - Fact sheet
- Partnership with CT Cancer Partnership and School-based Health Center Association
- Consider mandating HPV vaccine for school enrollment?
  - Two states and DC do (with broad opportunities for refusal)
  - Very controversial



# Infectious Disease Prevention

## Red Light Issues ID-1

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- Funding to expand coverage is a key issue:
  - In the past, after consulting Vaccine Advisory Committee, DPH put in legislative budget option for expansion
  - New state fiscal realities mean a different approach is needed:
    - Exploring options
    - At last Council meeting the suggestion was made to approach the American Academy of Pediatrics to see if they would take the lead
    - We have not done that yet, a new course of action to promote expansion has not yet been worked out



# Infectious Disease Prevention

## Key Questions for AC Feedback

- We would like to continue focus on Immunizations, HIV prevention in the coming year (calendar year 2017) – any concerns?
- Any further thoughts/suggestions on funding the expansion of ACIP-recommended vaccination?
- Thoughts on mandating HPV vaccine?



<http://www.bing.com/images/search?q=hokusai+the+great+wave&view=detailv2&id=309BDF3497AC695F80BD223D47CD300EE5E9CA76&selectedIndex=4&ccid=HkWKadcb&simid=608045341591470687&thid=OIP.M1e458a69d71bff083427573d792432d7o0&ajaxhist=0>

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# Health Systems

# Health Systems

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- **Action Team Co-Leads**
  - **Mario Garcia**  
Connecticut Department of Public Health
  - **Lisa Pellegrini**  
Connecticut Conference of Municipalities/Town of Somers
  
- **Goal 7: Align efforts of health systems stakeholders to achieve sustainable, equitable, and optimal population health.**

# Health Systems

## Objectives for 2016 Action Agenda (All Are Developmental Objectives)

 <b>HS-3</b>	Increase the quality and performance of clinical and public health entities as measured by: <ul style="list-style-type: none"><li>• Number of accredited PCMH that include dental</li><li>• Number of Connecticut Health and social service agencies that have adopted CLAS</li><li>• The number of voluntarily accredited public health departments</li></ul>
 <b>HS-4</b>	Decrease the number of patients expressing difficulty in accessing health services due to the lack of non-emergency transportation services.
 <b>HS-12</b>	All Connecticut communities are covered by a community health assessment.
 <b>HS-13</b>	Increase the capacity of the current clinical and public health workforce (e.g., number, skills, diversity, geography) as measured by: <ul style="list-style-type: none"><li>• The total number of those employed in workforce categories</li><li>• Graduation rates of those with public health related or clinical degrees</li><li>• Racial/ethnic demographics of the workforce</li><li>• The number of continuing professional development certificate/CEU's for those in established public health and clinical careers.</li><li>• The number of clinical public health workforce employees by geographic area.</li></ul>



# Health Systems

## Green Light Successes!

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- PCMH and workforce (community health workers) objectives are worked on through the SIM initiative
  - Many primary care practices in CT will be accredited as PCMH's through recently released RFP to implement the SIM Community and Clinical Integration Program (CCIP) standards and Medicaid Quality Improvement Shared Savings Program (MQISSP)
- Quality and Performance of clinical and public health agencies
  - TA/support for local public health agencies in accreditation
  - Data collection on accreditation status and collaboration on community health assessments via local public health annual survey, to inform future needs
  - CLAS incorporated at 2 hospital systems (Bridgeport/Greenwich); synergy with SIM CCIP



# Health Systems Yellow Light Issues

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- Engaging Council of Governments in transportation/access to care issues
- Central depository created to collect local public health CHA/CHIPs to inform scope of statewide coverage and alignment of strategies



# Health Systems

## Key Questions for AC Feedback

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- How do community health assessments improve public health initiatives within communities? It is not clear if elected officials are aware of community health assessments or what communities are doing with the information.

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# PHOTO BREAK

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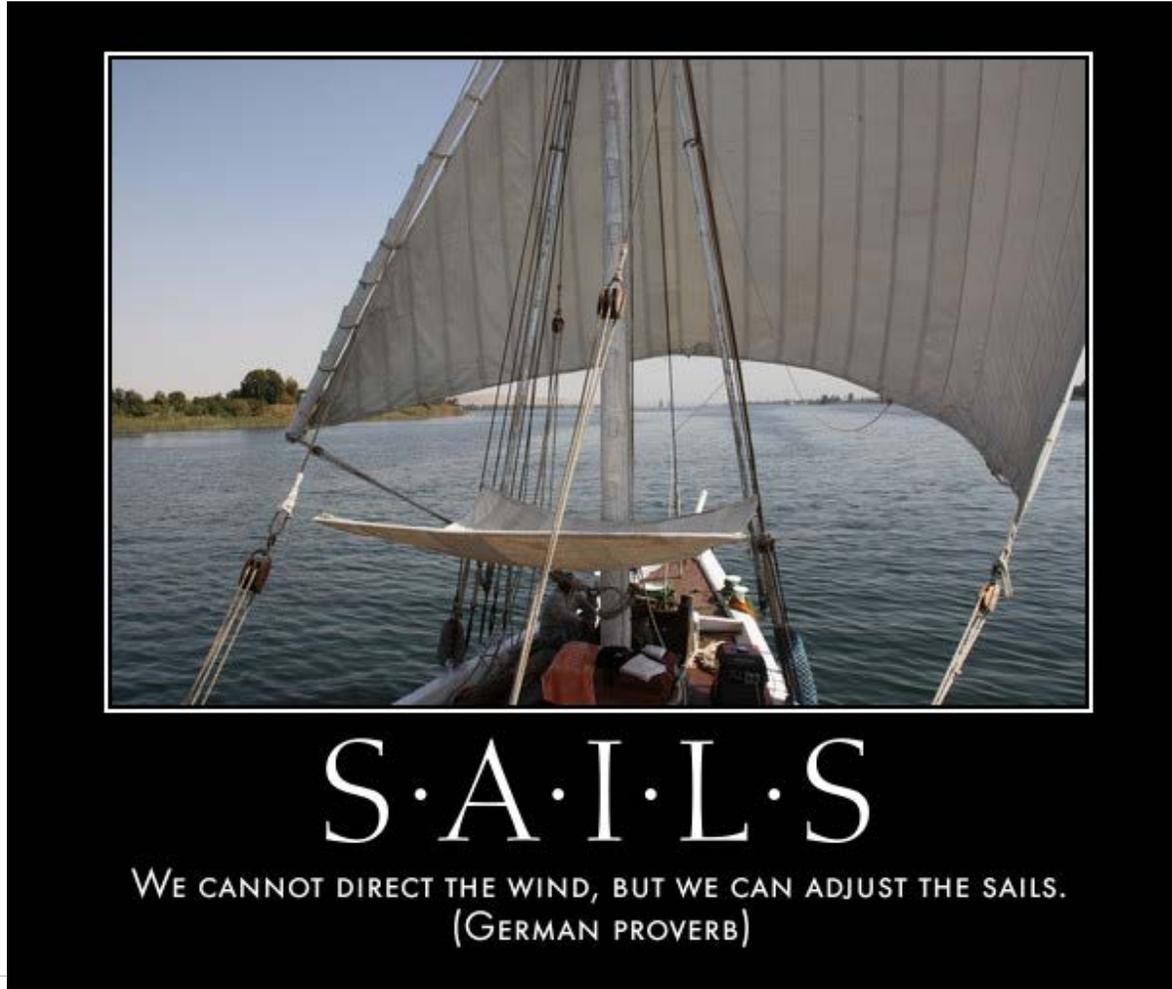
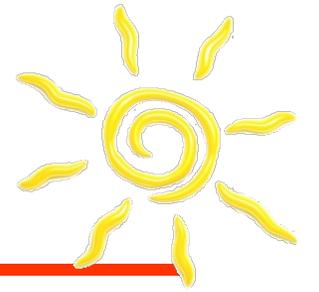
# Mental Health and Substance Abuse

# Mental Health and Substance Abuse

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- Action Team Co-Leads
  - **Janet Storey**  
Department of Mental Health and Substance Abuse
  - **Cathy Sisco**  
Wheeler Clinic
  
- Goal 6: Improve overall health through the lifespan, through access to quality behavioral health services that include screening, early intervention, prevention and treatment.

# Mental Health and Substance Abuse



# Mental Health and Substance Abuse

## Objectives for 2016 Action Agenda



**MHSA-1**

Decrease by 5% the rate of mental health emergency department visits.



**MHSA-5**

Reduce by 5% the non-medical use of pain relievers across the lifespan (ages 12 and older).



**MHSA-8**

Increase by 5% trauma screening by primary care and behavioral health providers.



# Mental Health and Substance Abuse

## Green Light Successes!

- CT College of Emergency Physicians joined team as avenue of dissemination for information on reducing ED visits
- UCONN Health Department of Community Medicine has developed a training institute that prepares primary care health professionals to conduct SBIRT
- Nine Community Care Teams are up-and-running right now, funded by hospitals, through private grants, and with the help of donations from providers and not-for-profit organizations
- Hoarding taskforce bill has passed both House and Senate; currently awaiting Governor's signature
- DCP provided 2015 data from Prescription Drug Monitoring Program
- To compare to 2009 data on opioid prescriptions dispensed





# Mental Health and Substance Abuse Yellow Light Issues...

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- CT Clearinghouse is partnering with DMHAS to develop 5 minute YouTube video depicting a health care practitioner conducting SBIRT
- Building on new collaboration with CHDI, DMHAS meeting with CHDI and DCF to identify methods and definition of trauma screening
  - Will allow us to identify a common understanding of “trauma screening” and provide basis for measuring increase in trauma screening



# Mental Health and Substance Abuse

## Red Light Issues

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# Mental Health and Substance Abuse

## Key Questions for AC Feedback

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- Is it possible to have a Q & A with representatives from State Innovation Model intersection with SHIP?
- Is it possible to have a Q & A with Alcohol and Drug Policy Council members on intersection with SHIP?

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# Injury and Violence Prevention

# Injury and Violence Prevention

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- **Action Team Lead**
  - **Kevin Borrup**  
Connecticut Children's Medical Center
  - **Chinedu Okeke**  
Department of Public Health
  
- **Goal 5: Create an environment in which exposure to injuries is minimized or eliminated**

# Injury and Violence Prevention



# Injury and Violence Prevention

## Objectives for 2016 Action Agenda

	<b>IV-1</b>	Decrease by 10% the number of fall deaths among persons of all ages.
	<b>IV-3,4</b>	Reduce by 10% the number of deaths caused by unintentional poisonings.* Decrease by 10% the number of hospitalizations for unintentional poisonings.* <i>*2016 efforts will focus on unintentional poisonings related to opioids and prescription drugs. These objectives will be addressed collaboratively with the <b>Mental Health and Substance Abuse ACTION Team</b>.</i>
	<b>IV-6</b>	Reduce by 5% the number of deaths from motor vehicle crashes.
	<b>IV-12,14</b>	Reduce by 10% the age-specific suicide rates for persons 15 to 64 years of age. Reduce by 20% the proportion of students in grades 9-12 who attempted suicide in the past 12 months.
	<b>IV-18</b>	Reduce by 10% the incidence of sexual violence.



# Injury and Violence Prevention Green Light Successes!

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- DCP in collaboration with DPH using funding from CDC will conduct an awareness campaign to educate prescribers and dispensers on the benefits of registering and using the prescription drug monitoring program (PDMP).
- Law Enforcement issued 12,000 citations for 14-296aa (distracted driving)
- DPH has executed a contract with Wheeler Clinic and a sub contract with JPF to expand fresh check days on college campuses



# Injury and Violence Prevention

## Yellow Light Issues

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- CT DOT has funded expanded support to Child Passenger Safety but data on these efforts and from Safe Kids Worldwide is still pending.



# Injury and Violence Prevention

## Red Light Issues

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- Creating a coalition of stakeholders around siloed subject matter areas remains challenging.



# Injury and Violence Prevention Key Questions for AC Feedback

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- What role should existing coalitions or convening bodies play?

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# Environmental Health

# Environmental Health

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- Action Team Co-Leads
  - **Andrea Boissevain**  
Stratford Health Department
  - **Krista Veneziano**  
Connecticut Department of Public Health
  
- Goal 2: Enhance public health by decreasing environmental risk factors

# Environmental Health

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## *All Hands on Deck*

<https://www.theguardian.com/travel/2013/nov/19/crew-ship-see-the-world-free>

Photograph: Alamy

# Environmental Health

## Objectives for 2016 Action Agenda

	<b>ENV-1</b>	Reduce to less than 3% the 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).
	<b>ENV-5</b>	Increase public awareness of the presence and risk of poor air quality days. (DEVELOPMENTAL)
	<b>ENV-6</b>	Increase the enforcement of minimum housing code standards through the collaboration and support of code enforcement programs. (DEVELOPMENTAL)



# Environmental Health Green Light Successes!

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- Coordinated existing funding partners that perform housing improvement work and established a draft flowchart for available funding sources for funding sources statewide
- City of Waterbury's Lead, Asthma, and Healthy Homes Coalition is forming a pilot targeting Healthy Homes, Asthma, Lead



# Environmental Health Yellow Light Issues

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- Developing Key Partnerships for Lead
  - Connecticut Housing Finance Authority
  - Community Health Network
- Adoption of a Statewide Property Maintenance Code
  - Strong support/interest from partners but need additional support
- Funding for lead and healthy homes work



# Environmental Health

## Red Light Issues

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- Increase public awareness of the presence and risk of poor air quality days.
  - Work going on but no statewide champion
    - Asthma coalitions and partners have been sharing the information that was shared at the 4/28/16 CTDEEP *Communicating Air Quality Alerts to the Public* meeting
  - No coordinating entity has been identified



# Environmental Health

## Key Questions for AC Feedback

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- Adjustment from 3.0% (met) to 2.9%.
  - Reduce to less than 3% the prevalence rate of children less than 6 years of age with confirmed blood lead levels at or above the CDC reference value (5  $\mu\text{g}/\text{dL}$ ).
- Quantify and qualify health equity work?
  - Best data that would show Healthy Housing issues and how our work affect this?
  - Identify what data to capture to ensure our strategies are working.
- Suggestions for partners to address air quality awareness?

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# Maternal Infant and Child Health

# Maternal Infant and Child Health

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- **Action Team Leads**
  - **Rosa Biaggi**  
Connecticut Department of Public Health (DPH)
  - **Marijane Carey**  
Consulting
  - **Jordana Frost**  
March of Dimes, CT Chapter
- **Goal 1: Optimize the health and well-being of women, infants, children and families, with a focus on disparate populations**

# Consider a flock of birds...

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# Maternal Infant and Child Health

## Objectives for 2016 Action Agenda

	<b>MICH-1</b>	Reduce the rate of unplanned pregnancies
	<b>MICH-5,6,7,2</b>	<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><i>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.</i></p>
	<b>MICH-8</b>	Reduce by 10% the disparity between infant mortality rates for non-Hispanic blacks and non-Hispanic whites.
	<b>MICH-12</b>	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.
	<b>MICH-13</b>	Increase by 10% the percentage of parents who complete standardized developmental screening tools consistent with the American Academy of Pediatrics (AAP) guidelines.



# Maternal Infant and Child Health Green Light Successes!

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- MICH-1,2,3,4,5,6,7,8: Piloting a pre/interconception initiative, **The Every Woman CT Learning Collaborative** in 8 communities
  - Representatives from the 8 communities attended a day long training session on One Key Question, the pre/interconception tool being implemented.
  - Every Woman CT was featured on a national webinar sponsored by Nat'l Institute for Children's Health Quality (NICHQ)
- MICH-12: Established partnership with AAP's From the First Tooth Program to coordinate fluoride varnish applications by pediatric PCP's
- MICH-12: Significant increases in 2015 (and 2014) in pediatric PCP's applying fluoride varnish
- MICH-13: CT personalized "Learn the Signs.Act Early" Milestone Moments Book to add Office of Early Childhood logo.



# Maternal Infant and Child Health

## Yellow Light Issues

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- MICH-1-8: Due to the amount of time and effort needed to pilot Every Woman CT, timeline for promoting enhanced models of prenatal care has been moved for consideration in the 2nd year action plan.
- MICH-12: Having difficulty recruiting an OB/GYN oral health champion, that is delaying the meeting of the Perinatal & Infant Oral Health Work Group (PIOH-WG) which will coordinate this work.
- MICH-12: Advocate for funding for the Home by One programs
- MICH-13: Medicaid data by bill code (96110) is available but data by screening age (9, 18, 24 & 30 months old) is difficult to track.



# Maternal Infant and Child Health Red Light Issues

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- MICH-13:CT's federal grant application to continue cross system planning and coordination of activities was not funded.



# Maternal Infant and Child Health Key Questions for AC Feedback

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- MICH-1,2,3,4,5,6,7,8: After Every Woman CT is field tested, would appreciate SHIP's support in promoting the initiative and securing endorsements from key entities, such as ACOG, AAP, AAFP, ACNM, etc.
- MICH-12: Looking for an OB/GYN oral health champion.
- MICH- All: Align SHIP and CT's State Innovation Model (SIM) efforts.

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# Key Implementation Issues

# Key Implementation Issues

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- How do we currently focus our efforts on addressing health equity in the SHIP and how can we do it better?
- What can we work on collaboratively that affects all populations and SHIP priorities?

# Next Steps/Next Meeting Date

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- Next Steps
- Next Meeting Date
  - SHIP Action Summit – September 8th, 2016 8:30 am – 4:00 pm
  - SHIP Advisory Council – October 14, 2016 9:00 am – 11:30 am

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# Thank You!



## Notes from July 27, 2016 Advisory Council Meeting

### Key Questions for AC Feedback

#### Chronic Disease

Through what networks and by which methods could we further promote the finalized asthma action plan, particularly in schools?

**Commissioner**

- CT DPH looking at attaching funding from school based centers
- Attaching licensure to performance of school-based centers; Licensure attached to structural capacity and minimum outcomes especially for those entities that impact public health
- Need to redirect funding to where it makes the most difference
- Property maintenance code will play a role in asthma
- DPH to propose ↑ in tobacco age to 21 and uniform tax process for tobacco products
- Send the plan with HER
- Surveillance system - can track only 7-8% of kids who have an asthma action plan on file
- Q: Will we be educating ER docs? A: the goal is to have the plan completed by PCP's.
- CME's of practices to undertake and get credit for implementing the plans.
- Can track asthma through ER
- Looking at reorganizing 74 LPHD's which will help with that
- Issue is getting providers on board
- International Property Maintenance Code-seeking partners-Healthy Homes approach
- Need to get count of # districts promoting/complying
- CME-Dual ↑ plan
- Restructure and regionalize PH

Are there any opportunities or barriers when considering legislation for tobacco?

- N/A

#### Infectious Disease

We would like to continue focus on Immunizations, HIV prevention in the coming year (calendar year 2017) – any concerns?

- Money follows the rates.
- We want to be out of business
- 90/90/90 -90% are aware of their status, 90% of those with HIV are on treatment, 90% of those on treatment are in compliance; working w/ providers and moving PrEP into Primary Care
- Letter from Commissioner to providers to encourage them to engage in PrEP.
- Need to provide supports to ↑ compliance w/ regimen



Any further thoughts/suggestions on funding the expansion of ACIP-recommended vaccination?

- N/A

Thoughts on mandating HPV vaccine?

**Commissioner**

- Proposing to legislature to make HPV mandatory for HS admission @ minimum, must also include education re: prevention
- Have to determine where and when (Middle School would be ideal, but by High School at the latest).
- Include HPV in CT Vaccine program (funded by insurance companies, not the state).
- Need to move away from focus on sexual transmission to cancer prevention
- Family fears are that they don't talk about prevention - don't want kids to think it will protect them from all cancers. Will require education; Market HPV as cancer prevention, ≠ sex
- Q: If we are mandating, will there be resources to help them get all three doses?
- Would like to remove Medicaid as a barrier; Medicaid supports goals

## Health Systems

How does community health assessments improve public health initiatives within communities? It is not clear if elected officials are aware of community health assessments or what communities are doing with the information?

- CHA putting out survey to hospitals to gather CHA info (who) and CHIP (what)-work w/ CADH's; to see which towns have done assessments, a CHIP, and what the priorities are for hospitals
- Q: Are you working with CT DPH on the survey? A: We need to send the survey to them as well.
- Discussion on SIM... Opportunity for public health to inform SIM
- How do you track/monitor data and who is point person/accountable? (CLAS, PCMH, etc...)-how to support systems work @ ongoing basis, and how to integrate SHIP w/ other reform efforts?  
INTEGRATION vs. SILOS

## Mental Health and Substance Abuse

Is it possible to have a Q & A with representatives from State Innovation Model intersection with SHIP?

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Is it possible to have a Q & A with Alcohol and Drug Policy Council members on intersection with SHIP?



Need to start partnering w/ consumers and consumer groups

- Latch onto ICAN conference (breakouts)

**Commissioner**

- CT is working on statewide strategic plan in response to opioid crisis, collaboration between \_\_\_\_\_, DPH, and \_\_\_\_\_; will include opioid free dental practices
- First draft almost ready
- Based on RI plan
- One aspect - opiate-free dental practices (using other pain management prescriptions). 70% of addiction has been generated by prescribe pain killers
- 7-day Rx limit for acute, 30-day for chronic
- Grant from CDC for work in Rx management
- Looking at prescribers

**Injury and Violence Prevention**

What role should existing coalitions or convening bodies play?

- This is also a problem for Chronic Disease as well.
- It is a dance - sometimes have to accept that it will be silos
- Is there a value add to get them together? (e.g., seat at a bigger table)
- All struggling with getting/keeping people involved
- Go back and look at lists of interested partners and reengage them.
- NAACHO - conference theme - health equity - don't worry if we don't have coalitions for everything
- Presentation at NCH(?) Coalition meetings that can then lead to joint efforts.  
Presentation>>Coordination>>Integration
- State has a "small" budget deficit - a lot of what we pay for is preventable. This is your time to get your message across.
- What role should coalitions play? Very issue-specific
  - People are drawn to areas of interest-sometimes just need to accept it.
  - Communicate value-add of attendance (bigger connections)
  - Look @ lists of interested partners and invite in
  - Health Equity requires bigger focus-HOW v.s. WHAT (impacts all objectives)
  - Solution for ↓ costs! Preventable



## Environmental Health

Adjustment from 3.0% (met) to 2.9%.

Reduce to less than 3% the 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).

Quantify and qualify health equity work?

Best data that would show Healthy Housing issues and how our work affect this?

Identify what data to capture to ensure our strategies are working.

### **Commissioner**

- Housing, housing, housing - housing is going to make the difference (air, lead)

Suggestions for partners to address air quality awareness?

- Connect to local consumer collaboratives (26 around the state that meet together quarterly - next meeting in Oct.); consumer and family
- Get public awareness out

### **Commissioner**

- If there are not that many poor air quality days, can we send the same way that they do Amber Alerts? A: it is on weather apps and apps you sign up for (Joan looked it up - there are 150+ poor air quality days)
- Someone may be looking to test lead in schools. DPH - what are you going to do if you find lead in the water? How about only testing schools where there is evidence of elevated blood lead levels?
- Lead in CT is paint, dust and soil, not water.
- Get a registry in place for lead testing - link to communication registry; mandate lead screening @ school entry

## Maternal Infant and Child Health

MICH-1,2,3,4,5,6,7,8: After Every Woman CT is field tested, would appreciate SHIP's support in promoting the initiative and securing endorsements from key entities, such as ACOG, AAP, AAFP, ACNM, etc.

- Home assessment for low birth weight babies
- Need to coordinate these home visits/assessments
- One visit meeting multiple needs

### **Commissioner**

- CHW certification training to do "whole assessment"
- Maybe a joint meeting with PHC to educate the on the SHIP (better than meeting with entire SIM)



# CONNECTICUT HEALTH IMPROVEMENT COALITION

*Partners Integrating Efforts and Improving Population Health*

MICH-12: Looking for an OB/GYN oral health champion.

- Mary Boudreau has a name for them

MICH- All: Align SHIP and CT's State Innovation Model (SIM) efforts.

- Home assessments- Coordinate and connect w/ Environmental Health – get same data once

**Suggestions:**

- Look at quality measures report, which has metrics on MCH
- Get consumer input on CHW
- Educate consumers on the SHIP
- CHW-certif/licensure to do comprehensive, integrated home assessments-joint meeting w/ Pop Health Council, re: SHIP
  - Look @ Qual Metrics Report for MICH