



CONNECTICUT
HEALTH IMPROVEMENT COALITION
Partners Integrating Efforts and Improving Population Health

HEALTHY CONNECTICUT 2020

Coordinating Call/Meeting Summary
February 8th, 2016
11:30 am – 12:30 pm

Purpose:

Inform coalition members of 2016 SHIP Activities and Plans for moving forward

Attendance:

Approximately 40 Coalition members participated by call, including DPH staff: Kristin Sullivan, Joan Ascheim, and Sandy Gill

Completed Action Agendas:

An overview was provided on the work that has been accomplished since the last Coalition Conference call in August 2015. Seven Action Teams convened from June through December to define the 2016 Action Agendas. Action Teams included 157 partners, representing 97 different organizations, in this collaborative process. Teams assessed and prioritized Phase One objectives based on feasibility and effectiveness. Strategies, action items and timeframes were collaboratively defined by Action Team members. Action Team priorities were shared via slides in the attached presentation. An example of the Environmental Health Action Agenda was also shared with webinar participants. The SHIP Advisory Council met monthly to review each Action Agenda and provide feedback. Final 2016 Action Agendas can be found on the coalition webpage (www.ct.gov/dph/SHIPCoalition).

Through the Advisory Council review process, some cross cutting issues have been identified. Several of the 2016 ACTION Agendas include strategies to engage healthcare providers to address patient or peer communication, receive training in the latest evidence based interventions, improve patient screening, education, awareness and improved referral processes. Several groups have also identified the impact of healthy housing on health outcomes in their focus area. Additionally, several groups have identified policy or legislative items in their 2016 Action Agendas. Rather than have seven different groups make multiple requests, Advisory Council and Executive Committee members will be discussing ways to effectively approach these common issues.

Implementation:

Action Team Co-Leads are currently working on finalizing dates, times and locations for their 2016 Kick Off meetings. This information will be posted to [coalition webpage](#) as soon as we receive confirmation. If you have not participated in an Action Team and you would like to join, or know someone who would like to join, please send an email to HCT2020@ct.gov and let us know. Action Team membership is open to everyone interested in participating.

Communication:

[The Healthy CT 2020 Performance Dashboard](#) will continue to be updated throughout the implementation phase of the SHIP. In addition to updating data as it becomes available, Action Agenda quarterly progress updates will be linked through the “strategies” section of the dashboard.

We are also starting a bi-monthly e-newsletter and we would like you to “Share Your Story”. If you are working on initiatives in your local community, organization, or statewide network, related to any of the seven focus areas of the SHIP, please complete a “Share Your Story” form, which can be found on the [coalition web page](#). We are looking for success stories and/or lessons learned.



CONNECTICUT
HEALTH IMPROVEMENT COALITION
Partners Integrating Efforts and Improving Population Health

Healthy Connecticut 2020
State Health Improvement Plan
Coalition Webinar

Monday, February 8th, 2016

11:30 AM-12:30 PM

800-779-9016

Access code: 6320190

Agenda

- Welcome
- Action Agenda Progress
- Communication
- Join an Action Team!

Kristin Sullivan

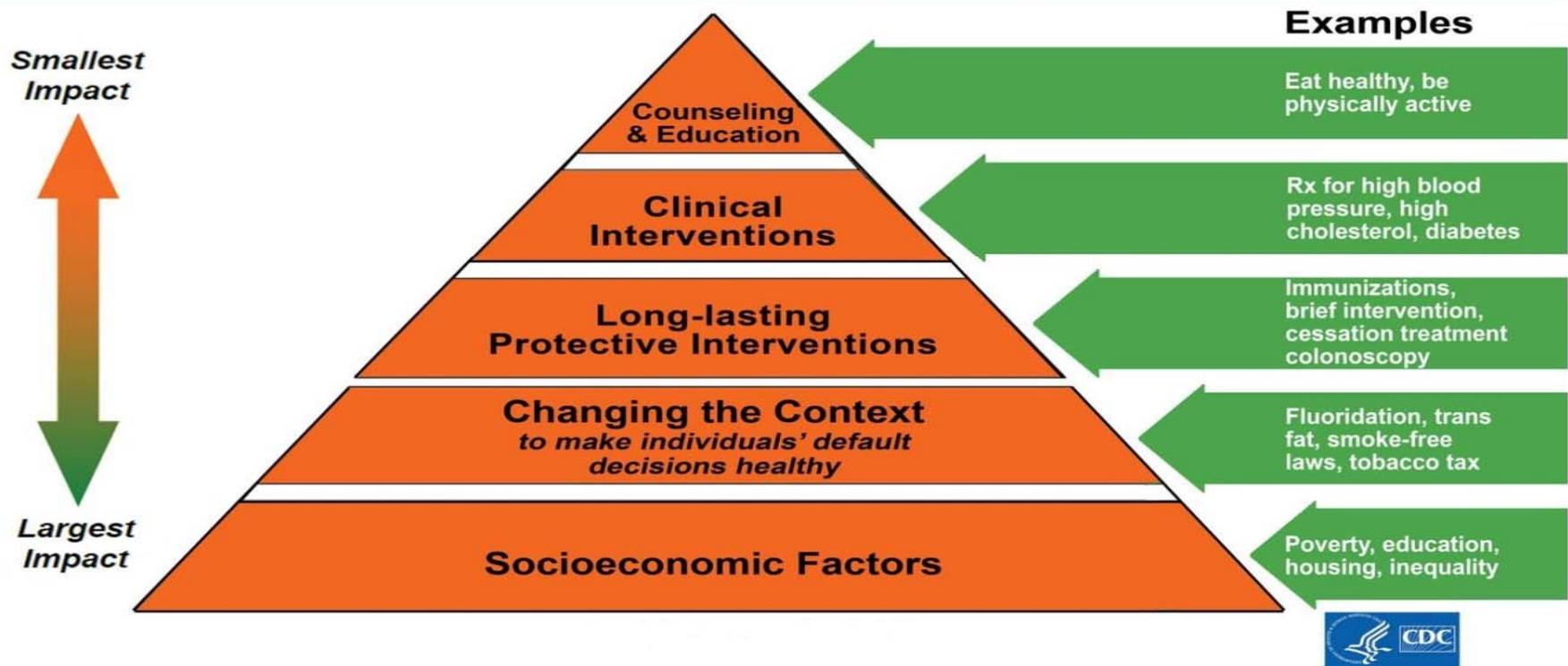
Welcome

Action Agenda Progress

- Completed Action Agendas
- Cross Cutting Issues
- Implementation
 - 2016 Kick Off meetings will occur before the end of March
 - Meeting dates and times will be posted as confirmed on SHIP Coalition webpage: www.ct.gov/dph/SHIPCoalition
 - Recruitment for Coalition and Action Teams

CDC Health Impact Pyramid

Factors that Affect Health



Maternal Infant and Child Health

Objectives for 2016 Action Agenda

MICH-1	Reduce the rate of unplanned pregnancies
MICH-5,6,7	Reduce proportion of low/very low birth weight, proportion of premature birth, and the rate of infant mortality
MICH-8	Reduce disparity between infant mortality rates for non-Hispanic Blacks and non-Hispanic Whites
MICH-12	Increase the percentage of children under three receiving dental care
	Cross-Reference with CD-22 (children's dental decay),
MICH-13	Increase percentage of parents who complete developmental screening tools consistent with AAP guidelines

Environmental Health

Objectives for 2016 Action Agenda

ENV-1	Reduce 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).
ENV-5	Increase public awareness of the presence and risks of poor air quality days. <div data-bbox="1150 818 2049 899" style="background-color: #00a651; color: white; padding: 5px; text-align: center;">Cross-Reference with CD-16 (asthma)</div>
ENV-6	Increase the enforcement of minimum housing code standards through the collaboration of code enforcement agencies.

Chronic Disease Prevention

Objectives for 2016 Action Agenda

CD-16	Decrease the rate of Emergency Department visits among all Connecticut residents for which asthma was the primary diagnosis. Cross-Reference with ENV-5 (air quality)
CD-22	Reduce the proportion of children in third grade who have dental decay Cross-Reference with MICH-12 (children dental care)
CD-27	Reduce the prevalence of obesity in children 5-12 years of age and students in grades 9-12.
CD-30	Reduce the prevalence of smoking among students in grades 6-8 and 9-12.

Infectious Disease Prevention

Objectives for 2016 Action Agenda

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

Injury and Violence Prevention

Objectives for 2016 Action Agenda

IV-1	Decrease by 10% the number of fall deaths among persons of all ages.
IV-3,4	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 Mental Health and Substance Abuse ACTION Team.</i>
IV-6	Reduce by 5% the number of deaths from motor vehicle crashes.
IV-12,14	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.
IV-18	Reduce by 10% the incidence of sexual violence.

Mental Health and Substance Abuse

Objectives for 2016 Action Agenda

MHSA-1	Decrease the rate of mental health emergency department visits.
MHSA-5	Reduce the non-medical use of pain relievers across the lifespan (ages 12 and older).
MHSA-8	Increase trauma screening by primary care and behavioral health providers.

Health Systems

Objectives for 2016 Action Agenda (All Are Developmental Objectives)

HS-3 (combined HS-3, HS-8, and HS-11)	Increase the quality and performance of clinical and public health entities as measured by: <ul style="list-style-type: none"> • Number of accredited PCMH that include dental • Number of Connecticut Health and social service agencies that have adopted CLAS • The number of voluntarily accredited public health departments
HS-4	Decrease the number of patients expressing difficulty in accessing health services due to the lack of non-emergency transportation services.
HS-12	All Connecticut communities are covered by a community health assessment.
HS-13 (combined HS-13 and HS-14)	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"> • The total number of those employed in workforce categories • Graduation rates of those with public health related or clinical degrees • Racial/ethnic demographics of the workforce • The number of continuing professional development certificate/CEU's for those in established public health and clinical careers. • The number of clinical public health workforce employees by geographic area.

Focus Area 2: Environmental Risk Factors and Health	
Goal 2: Enhance public health by decreasing environmental risk factors.	
Area of Concentration: Healthy Homes	
SHIP Objective ENV 6:	Increase the enforcement of minimum housing code standards through the collaboration and support of code enforcement programs. (DEVELOPMENTAL)
Dashboard Indicator:	Enforcement of minimum housing code standards through collaboration of code enforcement agencies

Strategies	Actions and Timeframes	Partners Responsible	Progress
<p>Adopt a statewide property maintenance code.</p> <p>Notes: A draft PMC was created by an unofficial statewide workgroup based on the ICC 2009, and then updated to the 2012 ICC Property Maintenance Code.</p> <p>The CGA Planning and Development Committee Task Force to Examine Procedural Problems in Addressing Blight at the Municipal Level (P.A. 13-132) proposed adoption of a Property Maintenance Code in CT in 2014.</p>	<p>a. Convene a meeting of primary code enforcement agency and organization stakeholders in the adoption of a statewide property maintenance code. Due Date: September 15, 2015</p>	DCJ, DPH, DAS, DEEP, CAHCEO, CFMA, CBOA, DCP, DESPP, CEHA, CADH.	
	<p>b. Propose adoption of a statewide maintenance code for CT to the Commissioners of DPH and DAS. Due Date: October 31, 2015</p>	DCJ, DPH, DAS, DOH, OPM.	
	<p>c. Establish a measurement of “sub-standard housing”; to include properties with code violations which caused or pose a serious risk of causing injury to any person's health or safety; Due Date: November 30, 2015. Code regulation in effect by July 1, 2018.</p>	DPH, DEEP, DESPP, DOH, DAS (including Office of Education and Data Management - OEDM), DSS. Resource partners further include federal agencies including HUD, EPA, DHHS.	A meeting was held on 8/17/15 of code enforcement officials and organizations to review the SHIP and the PMC objective in it.
	<p>d. Propose legislation to enable the adoption of a statewide property maintenance code. Due Date: Enabling legislation by end of session 2016; property maintenance code regulation passed by December 1, 2017; property maintenance</p>	(TBD) Possible responsible partners include CGA , DPH, DAS - Office of the State Building Inspector, Office of the State Fire Marshal, DOH (Dept. of Housing), CT Division of Criminal Justice, DEEP and DESPP.	A meeting was held on 9/10/15 resulting with full approval of Focus Area 2 Goal 2 SHIP objectives including support of PMC proposal.
<p>Establish incentives for property owners to comply with CT’s laws on health and safety cooperatively, such as tax breaks and directing federal, state, and local housing rehabilitation funding to those who comply.</p>	<p>a. Identify available funding sources for property owners to comply with CT’s codes through a "cooperative compliance" model where injury to health is prevented through funded enhanced code enforcement activities. Due Date: November 2015</p>	CGA, OPM, DOH, DPH, DEEP- Energy Conservation Program, Public Utilities, CT Dept. of Insurance, CT Division of Criminal Justice, U.S. HUD CDBG Block Grants, U.S. DOJ (public safety funding), Public Utility Companies	

Joan Ascheim and Sandy Gill

Communication

Reporting Progress on Action Agendas

- Action Team quarterly updates to SHIP Advisory Council
- Quarterly updates posted on the HCT2020 Performance Dashboard
- Data will be updated as it becomes available

Tell Us Your Story

- Tell your Story form on SHIP Coalition webpage
- Looking for examples of success or lessons learned related to SHIP Focus Areas:
 - Maternal Infant and Child Health
 - Environmental Health
 - Chronic Disease Prevention
 - Infectious Disease Prevention
 - Injury and Violence Prevention
 - Mental Health and substance Abuse
 - Health Systems
- Bi-monthly e-newsletter



**Are you working on improving the health of Connecticut residents?
Have you shared your story?**

We would like you to share your example of how your agency/organization has implemented a program, tackled a problem, taken advantage of an opportunity, or otherwise worked to improve health outcomes in your community or state. DPH staff will follow up with you to gather any additional information that might be needed to turn your example into a story that can be shared with others through the SHIP e-newsletter.

Contact Information:

First Name: [] Last Name: []
Phone: [] Email: []
Agency/Organization: []

Does your example address any of the following SHIP Focus Areas?

- Chronic Disease Prevention
- Injury and Violence Prevention
- Environmental Health
- Maternal, Infant and Child Health
- Health Systems
- Mental Health and Substance Abuse
- Infectious Disease Prevention
- Other

Public Health Topic Area:

[]

Briefly describe the challenge or issue you needed to address:

[]



Briefly describe your program or solution:

[]

What partners helped with the solution and what role did they play?

[]

What outcomes did you see as a result of your efforts and collaboration?

[]

Did you have any "lessons learned" that you would like to share?

[]

SUBMIT FORM

Join an Action Team Today!

By sending an email to HCT2020@ct.gov

Action Agendas and all materials located at:
www.ct.gov/dph/SHIPCoalition

Thank You!