



CONNECTICUT
STATE HEALTH ASSESSMENT
STATE HEALTH IMPROVEMENT PLAN

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

DRAFT
**Objectives by Phase
for all
Focus Areas**

August 21, 2013

Connecticut SHIP – **DRAFT** Objectives by Phase

Focus Area	Phase 1 Objectives	Number of Objectives Recommended for Phase 1
1: Chronic Disease	50%	13 out of 26
2: Environmental Risk Factors and Health	50%	4 out of 8
3: Health Systems	41%	7 out of 17
4: Infectious Disease Prevention and Control	49%	17 out of 35
5: Injury Prevention	46%	12 out of 26
6: Maternal, Infant and Child Health	46%	6 out of 13
7: Mental Health and Substance Abuse	88%	7 out of 8

Connecticut SHIP – DRAFT Objectives by Phase

Focus Area 1: Chronic Disease

Goal 1: Reduce the prevalence and burden of chronic disease through sustainable efforts at risk reduction and early intervention.

Phase 1 Objectives	Phase 2 Objectives
<p>1.3: Reduce dental decay in third-grade children from 40% to 35%. Phase 1</p> <p>1.4: Reduce untreated dental decay in Black and Hispanic third-grade children from 18% and 15% to 15% and 12%. Phase 1</p> <p>1.5: Reduce the proportion of adults over 65 who have had all their natural teeth extracted from 9.2% in 2010 to 5% in 2020. Phase 1</p> <p>1.6: Decrease incidence of new cases of the 6 major cancers by 2%. Phase 1</p> <p>1.10: Reduce the prevalence of undiagnosed Type II Diabetes from 30% to 25% by 2020. Phase 1</p> <p>1.11: Reduce the percent of adults (18+y) with diagnosed diabetes from 8.5% in 2011 to 8>0% in 2020. Phase 1</p> <p>1.15: Reduce age-adjusted death rate for heart disease from 152.46 per 100,000 population in 2010 to 137.21 per 100,000 population in 2020. ^{HP2020} Phase 1</p> <p>1.16: Reduce age-adjusted death rate for stroke from 28.51 per 100,000 population in 2010 to 25.65 in 2020. ^{HP2020} Phase 1</p> <p>1.19: Decrease the rate of Emergency Department visits for asthma by 5%. Phase 1</p> <ul style="list-style-type: none"> • asthma for children by 5%. (need baseline and target) • for adults by 5%. (need baseline and target) <p>1.23: Decrease the proportion of overweight and obese adults age 18 and older from 59.7% in 2011 to 54% in 2020. Phase 1</p> <p>1.24: Reduce percent of overweight/obesity among children and youth. Phase 1</p> <ul style="list-style-type: none"> • by x% among children ages preschool – 8th grade • from 29.3% in 2011 to 26.4% in 2020 among students in grades 9-12. • children 5-12y from 19.9% to 18.9%) (data from SHAPE grant provided by MM). <p>1.25: Reduce prevalence of smoking among adults age 18 and older from 17.1 to 13.5% by 2020. Phase 1</p> <p>1.26: Reduce the prevalence of smoking among students in grades 6 through 12 from 15.9% to 11.5%. Phase 1</p>	<p>1.1: Reduce the proportion of Medicare Beneficiaries with Osteoporosis from 7.4% in 2011 to 6.7% in 2020.</p> <p>1.2: Reduce the proportion of Medicare Beneficiaries with Rheumatoid Arthritis/Osteoarthritis from 27% in 2011 to 25% in 2020.</p> <p>1.7: Reduce percent of late-stage diagnoses for 4 major cancers by 5%.</p> <p>1.8: Reduce and age-adjusted mortality rates for 6 major cancers (lung, breast, prostate, colon, melanoma, and cervical) by 5% through modification of major risk factors.</p> <p>1.9: Increase 5-year survival rates for the 6 major cancers by 5%.</p> <p>1.17: Reduce percent of adults 18 years old and older who have been told they have high blood pressure from 27.6% in 2011 to 24.8% in 2020. ^{HP2020}</p> <p>1.18: Reduce percent of adults 18 years old and older who have ever been told they had high cholesterol and had their cholesterol checked from 31.6% in 2011 to 28.4% in 2020. ^{HP2020}</p> <ul style="list-style-type: none"> • asthma for children by 5%. (need baseline and target) • for adults by 5%. (need baseline and target) <p>1.20: Decrease rate of hospitalizations for asthma by 5%. (need baseline and target from children and adults)</p> <p>1.21: Reduce hospitalizations for COPD by 5%.</p> <p>1.22: Reduce age-adjusted death rate for chronic lower respiratory disease by 5%.</p>

^{HP2020}: Used HP2020 Recommended target improvement Increment

Connecticut SHIP – **DRAFT** Objectives by Phase

Focus Area 2: Environmental Risk Factors and Health	
Goal 2: Promote public health by decreasing environmental risk factors.	
Phase 1 Objectives	Phase 2 Objectives
<p>2.1: Reduce the prevalence rate of children under age 6 with confirmed blood lead levels at or above the CDC reference value (5ug/dl) to below 3%. Phase 1</p> <p>2.3: Reduce the risk of waterborne disease outbreaks due to consumption of contaminated drinking water for all ground water based small community public water systems. Phase 1</p> <p>2.4: Reduce the number of days/yr the Air Quality Index (AQI) exceeds 50 by 10%. ^{HP2020} Phase 1</p> <p>2.8: Increase the number of local planning agencies and others making land-use decisions incorporating a health-in-all-policies approach by 10%. ^{HP2020} Phase 1</p>	<p>2.2: Reduce the risk of consumption of unsafe drinking water from ground water sources serving private wells.</p> <p>2.5: Increase awareness of the presence and risks of poor air quality days by 10%. ^{HP2020}</p> <p>2.6: Increase the enforcement of minimum housing code standards through the collaboration of code enforcement agencies.</p> <p>2.7: Increase the number of Healthy Homes inspections by 10%. ^{HP2020}</p>

^{HP2020}: Used HP2020 Recommended target improvement Increment

Connecticut SHIP – **DRAFT** Objectives by Phase

Focus Area 3: Health Systems

Goal 3: Align efforts of health systems stakeholders to achieve sustainable, equitable, and optimal population health.

Phase 1 Objectives	Phase 2 Objectives
3.1 Increase the percentage of Connecticut residents who have health coverage through either public or private sector to 95%. Phase 1	3.3 Ensure that 100% of Connecticut residents have access to an accredited patient centered medical home (PCMH).
3.2 Increase the number of community based health services by 25% in communities who have demonstrated need and/or vulnerable populations to create a strong, integrated state-wide safety net system. Phase 1	3.4. Decrease the number of patients expressing difficulty in accessing health services due to the lack of non-emergency transportation services by 10%. ^{HP2020}
3.5 Identify and reduce professional health workforce shortages by 10%. ^{HP2020} Phase 1	3.9 Increase from baseline to 90% those health system service providers within the care continuum who meet standardized quality and patient safety measures that include measures for ethnic/race disparities.
3.6 Increase the diversity of the health workforce by 10%. ^{HP2020} Phase 1	3.10 Ensure that 100% of standardized quality and patient safety measures are publicly accessible and understandable.
3.7 Increase and/or appropriately align existing and future funding to meet prevention and population health priorities in the State Health Improvement Plan. Phase 1	3.11 Increase from baseline to 100% the number of providers who have access to Electronic Health Records (EHR) that meet national data/regulatory standards for interoperability, data integrity, and patient privacy.
3.8 Establish standard quality and patient safety measures that will include measures for ethnic/race disparities among each health system service provider within the care continuum will. Phase 1	3.12 Increase from baseline to 100% the number of Connecticut residents will have access to their own personal health record.
3.13 Increase the number of Connecticut health and social service agencies that have adopted and taken (documented) steps to implement CLAS Standards by 10%. ^{HP2020} Phase 1	3.14 Increase the number of governmental public health jurisdictions that meet National Public Health Accreditation Board (PHAB) standards to 50%.
	3.15 Increase the number of Connecticut communities covered by a community health assessment to 100%.
	3.16 Achieve a composite score of 90 or greater for the Medical Countermeasure Distribution and Dispensing capabilities.
	3.17 Increase the number of public health volunteers by 10% in order to enhance community resilience in response to and recovery from emergencies.

^{HP2020}: Used HP2020 Recommended target improvement Increment

Connecticut SHIP – **DRAFT** Objectives by Phase

Focus Area 4: Infectious Disease Prevention and Control

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

Phase 1 Objectives	Phase 2 Objectives
<p>4.1 Reduce chlamydia incidence rates among youths, Blacks, and Latinos. Phase 1</p> <ul style="list-style-type: none"> • *by 5% among youths 15-24 years of age • *by 10% among the Black and Latino population <p>4.2 Reduce gonorrhea incidence rates among youths, Blacks, and Latinos. Phase 1</p> <ul style="list-style-type: none"> • *by 5% among youths 15-24 years of age • *by 10% among the Black and Latino population <p>4.5 Increase HPV vaccination rates according to CDC guidelines by 20%. Phase 1</p> <p>4.6 Increase use of HPV vaccine by 5% among boys and girls 13-17 years of age. Phase 1</p> <p>4.7 Reduce HIV incidence rates overall, for MSM and Black women. Phase 1</p> <ul style="list-style-type: none"> • *by 5% overall *by 5% among MSM *by 55 among Black women <p>4.8 Reduce community viral load in disproportionately affected areas of Connecticut by 5%. Phase 1</p> <p>4.9 Decrease the proportion of people who progress to AIDS within one year of initial diagnosis by 20%. Phase 1</p> <p>4.12 Increase Hepatitis C screening among high risk populations according to CDC guidelines by 5%. Phase 1</p> <p>4.19 Increase vaccination coverage levels for ACIP recommended vaccines among children and adults by 5%. Phase 1</p> <p>4.21 Increase vaccination levels of pregnant women and child care providers by 10%. Phase 1</p> <p>4.23 Increase the percentage of children and adults who are vaccinated annually against seasonal influenza by 5%. Phase 1</p> <p>4.27 Increase the public reporting via National Healthcare Safety Network (NHSN) of healthcare associated infections in Connecticut by 5%. Phase 1</p> <p>4.28 Achieve and maintain Standard Infection Ratio (SIR) of less than or equal to one in the following (CLABSI's, CAUTI's, SSI's, Clostridium difficile infections, MRSA bacteremia) for Acute Care Hospital HAls. Phase 1</p> <p>4.29 Reduce the rate of CAUTI's and Clostridium difficile infections in Long Term Care (LTC) facilities by 5%. Phase 1</p> <p>4.30 Reduce the rate of CLABSI's in Hemodialysis facilities by 5%. Phase 1</p> <p>4.31 Reduce the number of SSI's in Ambulatory Surgical Centers by 5%. (ASC's) Phase 1</p> <p>4.35 Reduce the adverse impact of emerging infectious disease on population health through early detection and control by maintaining support for and expanding the current Emerging Infections Program. Phase 1</p>	<p>4.3 Reduce incidence rates for primary and secondary syphilis by 10%.</p> <p>4.4 Reduce incidence rates of syphilis in HIV infected MSM by 10%.</p> <p>4.10 Reduce overall TB incidence rates by 5%.</p> <p>4.11 Reduce incidence rate of Hepatitis C by 5%.</p> <p>4.13 Increase the proportion of persons with identified Hepatitis C infection who are receiving appropriate treatment and care by 5%.</p> <p>4.14 Reduce the overall incidence of illnesses caused by enteric pathogens and toxins by 5%.</p> <p>4.15 Reduce the incidence of infections associated with the most common foodborne bacterial pathogens, such as Salmonella and Campylobacter by 5%.</p> <p>4.16 Reduce the incidence of infections caused by foodborne pathogens associated with significant morbidity and mortality, such as E.coli 0157 and non-0157, shiga-toxin-producing E.coli (STEC) and Listeria by 5%.</p> <p>4.17 Reduce the number of annual outbreaks attributed to norovirus by 5%.</p> <p>4.18 Reduce the overall incidence of illnesses caused by waterborne pathogens by 5%.</p> <p>4.20 Reduce the incidence of pertussis by 5%.</p> <p>4.22 Reduce the incidence of invasive pneumococcal infections by 5%.</p> <p>4.24 Reduce the incidence of hepatitis B infections by 5%.</p> <p>4.25 Decrease the incidence of Lyme disease by 5%.</p> <p>4.26 Decrease the incidence of West Nile Virus infection by 5%.</p> <p>4.32 Reduce the number of CAUTI's and SSI's in Homecare and Hospice programs by 5%.</p> <p>4.33 Reduce the number of healthcare associated influenza outbreaks by 5%</p> <p>4.34 Reduce the number of new Multi Drug Resistant Organism (MDRO) isolates by 5%.</p>

HP2020: Used HP2020 Recommended target improvement Increment

Connecticut SHIP – **DRAFT** Objectives by Phase

Focus Area 5: Injury Prevention

Goal 5: Create an environment in which exposure to injuries is minimized or eliminated.

Phase 1 Objectives	Phase 2 Objectives
<p>5.1: Reduce the age-adjusted death rate for motor vehicle crashes by 5%. Phase 1</p> <p>5.3: Increase the statewide observed seatbelt rate to at least 90%. Phase 1</p> <p>5.4: Increase children in child safety restraints by 10%. Phase 1</p> <p>5.5: Reduce the age-adjusted death rate for motorcycle drivers and passengers by 10%. Phase 1</p> <p>5.7: Reduce the age-adjusted rate of firearm homicides by 10%. Phase 1</p> <p>5.9: Reduce the incidence of sexual violence by 10%. Phase 1</p> <p>5.11: Reduce deaths caused by unintentional poisonings to no more than 6.6 per 100,000. Phase 1</p> <p>5.14: Reduce the age-adjusted suicide rate for the population ages 15 to 64 by 10%. Phase 1</p> <p>5.16: Reduce the proportion of students in grades 9-12 who attempt suicide in the past 12 months by 20%. Phase 1</p> <p>5.18: Decrease the age-adjusted death rate for falls among all persons by 10%. ^{HP2020} Phase 1</p> <p>5.20: Decrease the number of child maltreatment injuries by 10%. Phase 1</p> <p>5.21: Decrease the number of child maltreatment deaths by 10%. Phase 1</p>	<p>5.2: Reduce the rate of motor vehicle crash related emergency department visits by 10%</p> <p>5.6: Reduce the rate of motorcycle crash related emergency department visits by 10%.</p> <p>5.8: Reduce Emergency Department visits related to domestic violence by 10%.</p> <p>5.10: Reduce the number of family violence arrests by 10%.</p> <p>5.12: Decrease hospitalization rate from non-fatal poisonings to no more than 21.5 per 100,000. ^{HP2020}</p> <p>5.13: Increase hospital reporting to the Connecticut Poison Control Center by 10%. ^{HP2020}</p> <ul style="list-style-type: none"> • Increase hospital calls to Connecticut Poison Control Center by 10% among all poison center calls. • Increase 911/ambulance/fire calls to Connecticut Poison Control Center by 10% among all poison center calls. <p>5.15: Reduce the rate of emergency department visits for suicide and self-inflicted injury by 5%.</p> <p>5.17: Reduce the proportion of students in grades 9-12 who seriously considered attempting suicide by 20%.</p> <p>5.19: Reduce fall related Emergency Department visits among all ages by 10%. ^{HP2020}</p> <p>5.22: Decrease the rate of hospitalizations resulting from TBI by 10%.</p> <p>5.23: Decrease the rate of Emergency Department visits resulting from TBI by 10%.</p> <p>5.24: Decrease the number of fatal occupational injuries by 10%.</p> <p>5.25: Decrease the rate of nonfatal occupational injuries by 10%.</p> <p>5.26: Decrease the rate of Emergency Department visits for sports-related injuries by 10%.</p> <ul style="list-style-type: none"> • among children 5-14 years of age • among adolescents 15-19 years of age

^{HP2020}: Used HP2020 Recommended target improvement Increment

Connecticut SHIP – **DRAFT** Objectives by Phase

Focus Area 6: Maternal Infant and Child Health	
Goal 6: Optimize the health and well-being of women, infants, children and families with a focus on disparate populations.	
Phase 1 Objectives	Phase 2 Objectives
<p>6.2: Increase the proportion of pregnant women who receive prenatal care during their first trimester by 10%. Phase 1</p> <p>6.3: Increase the proportion of pregnant women who receive adequate prenatal care by 10%. (defined by Kotelchuck Index) Phase 1</p> <p>6.6: Reduce the infant mortality rate per 1000 live births by 10%. Phase 1</p> <p>6.7: Reduce the ratio of the non-Hispanic black infant mortality rate to the non-Hispanic, White infant mortality rate by 10%. Phase 1</p> <p>6.12: Increase parents who complete standardized developmental screening tools per AAP (American Academy of Pediatric) guidelines by 10%. Phase 1</p> <p>6.13: Increase the proportion of infants who are breastfed by 10%. Phase 1</p> <ul style="list-style-type: none"> • Ever breastfed • Breastfed exclusively through 3 and 6 months • Breastfed at 6 months and 1 year 	<p>6.1: Increase the proportion of women delivering a live birth who discuss preconception health with a health care worker prior to pregnancy by 10%.</p> <p>6.4: Reduce the number of low birth weight among singleton births by 10%. <ul style="list-style-type: none"> • (under 1,500 g) • (under 2,500 g) </p> <p>6.5: Reduce the proportion of live singleton births born at less than 37 weeks gestation by 10%.</p> <p>6.8: Reduce the rate of non-medically indicated inductions/cesarean sections prior to 39 weeks gestation by 10%.</p> <p>6.9: Reduce the rate of unplanned pregnancies by 10%.</p> <p>6.10: Increase the number of children up to age 17 that receive well-child visits by 10%.</p> <p>6.11: Increase dental visits for children under age 2 years at greatest risk for oral disease by 10%.</p>
Focus Area 7: Mental Health and Substance Abuse	
Goal 7: Improve overall health through the lifespan, through access to quality behavioral health services that include screening, early intervention, prevention and treatment.	
Phase 1 Objectives	Phase 2 Objectives
<p>7.1: Decrease the rate of mental health emergency department visits by 5%. Phase 1</p> <p>7.2: Reduce the proportion of people (ages 12 and older) who drink excessively across the lifespan by 5%. Phase 1</p> <p>7.3: Reduce the prevalence of drinking for youth under age 21 (ages 12 to 20) by 5%. Phase 1</p> <p>7.5: Reduce non-medical use of pain relievers across the lifespan by 5%. Phase 1</p> <p>7.6: Reduce the use of illicit drugs across the lifespan (ages 12 and older) from 9.1% to 8.65%. Phase 1</p> <p>7.7: Increase the number of children who are referred to Birth to 3 following a failed Modified Checklist for Autism in Toddlers screening by 10%.^{HP2020} Phase 1</p> <p>7.8: Increase trauma screening by primary care and behavioral health providers by 5%. Phase 1</p>	<p>7.4: Reduce the proportion of people (ages 12 and older) who are alcohol dependent across the lifespan by 5%.</p>

^{HP2020}: Used HP2020 Recommended target improvement Increment