WELCOME!

Healthy Connecticut 2020:
A Call to Action

March 25, 2014
Plan Overview

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Health Resources in Action, Inc.
Healthy Connecticut 2020
The Connecticut State Health Improvement Plan

CONNECTICUT HEALTH IMPROVEMENT PLANNING COALITION

**Connecticut Health Improvement Planning Coalition**

**Membership**
A large advisory body of representatives from diverse local, regional, and statewide organizations and agencies whose policies and activities can affect health. (Up to 400 members)

**Charge**
Make recommendations for the Plan. Be community ambassadors for planning initiatives. Foster connections with key networks and groups for action

**Role**
- Review Assessment data
- Participate in Work Groups
- Develop goals, objectives, & strategies for the Plan
- Share information
- Participate in implementation activities

**Focus Area Work Group Co-Chairs**

**Membership**
Each Focus Area has two Work Group Leaders, from the member organizations of the Coalition

**Charge**
Coordinate development of goals, objectives, and implementation strategies for the Focus Areas of the Plan

**Role**
- Lead work groups
- Recruit content experts
- Serve as liaisons
- Act as ambassadors and educators

**Advisory Council**

**Membership**
Up to 20 Connecticut leaders from across all sectors--government, non-profits, business & industry, health care, education, community services, and complementary services

**Charge**
Guide the Connecticut Department of Public Health in the development of a statewide Health Improvement Plan

**Role**
- Review materials and make recommendations
- Ensure potential effects are considered
- Act as ambassadors
- Contribute to priority setting

Revised 1-29-13
Principles for Planning (1)

- Overall purpose of the Health Improvement Plan: *To improve the health status of Connecticut residents*

- The plan and its related parts will be:
  - **Aligned** with the National Prevention Strategy, Healthy People 2020 objectives, the Centers for Disease Prevention and Control, and with other existing State of Connecticut and DPH Plans
  - **Data-informed** (based on assessment report) and **data-driven** (clear, measurable objectives)
  - **Evidence-based** (using proven strategies)
  - **Systems-change** focused
  - Geared toward **achieving health equity and eliminating health disparities**
  - Integrated with **Healthy Communities** approaches
  - **Accessible** to a broad audience and will **inspire action with personal stories** from the community
Principles for Planning (2)

- Phase 1 Implementation Priorities
  - First 3 years of Plan will be:
    - Based on key selection criteria:
      - Burden
      - Public perception
      - Political will
      - Ability to “move the needle”
  - Focused on prevention
## Cross-Cutting Themes for Focus Areas

*(High-Risk, Disadvantaged, Underserved, and Vulnerable Populations)*

<table>
<thead>
<tr>
<th>Life Course:</th>
<th>Race and Ethnicity:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mothers &amp; Infants</td>
<td>Race (all non-Hispanic):</td>
</tr>
<tr>
<td>Children</td>
<td>- White</td>
</tr>
<tr>
<td>Adolescents and Young People</td>
<td>- Black</td>
</tr>
<tr>
<td>Working-age Adults</td>
<td>- Asian</td>
</tr>
<tr>
<td>Older Adults</td>
<td>- American Indian</td>
</tr>
<tr>
<td></td>
<td>- Hispanic ethnicity (all races)</td>
</tr>
<tr>
<td>Sex and Gender:</td>
<td>Other Specific Populations:</td>
</tr>
<tr>
<td>- Male and Female</td>
<td>- People with Disabilities</td>
</tr>
<tr>
<td>- Lesbian, Gay, Bisexual,</td>
<td>- Veterans</td>
</tr>
<tr>
<td>and Transgender</td>
<td>- Homeless Persons</td>
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<tr>
<td></td>
<td>- Rural Populations</td>
</tr>
<tr>
<td></td>
<td>- Incarcerated Persons</td>
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</table>
Cross-Cutting Themes for Focus Areas
(High-Risk, Disadvantaged, Underserved, and Vulnerable Populations)

DETERMINANTS OF HEALTH THEMES:
- Social & Economic:
  - Income and Poverty
  - Educational Attainment
  - Unemployment
  - Language and Literacy
  - Geography ("The 5 Connecticuts")
  - Access to food (Food Deserts)
  - Housing
  - Public Safety
  - Exposure to Crime & Violence
  - Recreation
  - Transportation

- Overarching Behavioral:
  - Nutrition
  - Weight Status (Overweight, Obesity)
  - Physical Activity
  - Tobacco Use

- STRATEGIC THEMES:
  - Education & Training
  - Communications
  - Policy & Advocacy
  - Data, Surveillance, & Evaluation
  - Partnership & Collaboration
  - Planning & Research

- EMERGENCY PREPAREDNESS
- GENOMICS
# Healthy Connecticut 2020 by the Numbers

<table>
<thead>
<tr>
<th>Focus Area</th>
<th># Areas of Concentration</th>
<th>Total / Phase 1 Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Maternal, Infant, and Child Health</td>
<td>5</td>
<td>13/8</td>
</tr>
<tr>
<td>2: Environmental Risk Factors and Health</td>
<td>5</td>
<td>8/4</td>
</tr>
<tr>
<td>3: Chronic Disease Prevention and Control</td>
<td>9</td>
<td>30/13</td>
</tr>
<tr>
<td>4: Infectious Disease Prevention &amp; Control</td>
<td>10</td>
<td>34/16</td>
</tr>
<tr>
<td>5: Injury and Violence Prevention</td>
<td>6</td>
<td>26/11</td>
</tr>
<tr>
<td>6: Mental Health, Alcohol, and Substance Abuse</td>
<td>5</td>
<td>8/7</td>
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<tr>
<td>7: Health Systems</td>
<td>8</td>
<td>17/9</td>
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<tr>
<td><strong>TOTAL:</strong></td>
<td><strong>48</strong></td>
<td><strong>136/68</strong></td>
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</tbody>
</table>
Maternal, Infant and Child Health

Optimize the health and well-being of women, infants, children and families, with a focus on disparate populations.

Areas of Concentration
- Reproductive and Sexual Health
- Preconception and Pregnancy Care
- Birth Outcomes
- Infant and Child Nutrition
- Child Health and Well-being

Objective Topics for Phase 1 Implementation
- Unplanned pregnancies
- Prenatal care
- Birth outcomes
- Breastfeeding
- Oral health for children
- Developmental screening
Environmental Risk Factors and Health

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
- Drinking water quality
- Air quality
Chronic Disease Prevention and Control

Reduce the prevalence and burden of chronic disease through sustainable, evidence-based efforts at risk reduction and early intervention.

Areas of Concentration
- Heart Disease and Stroke
- Cancer
- Diabetes and Chronic Kidney Disease
- Asthma and Chronic Respiratory Disease
- Arthritis and Osteoporosis
- Oral Health
- Obesity
- Nutrition and Physical Activity
- Tobacco

Objective Topics for Phase 1 Implementation
- Heart disease and high blood pressure
- Diabetes
- Asthma
- Oral health for children
- Obesity
- Smoking

Connecticut Health Improvement Planning Coalition
www.ct.gov/dph/SHIPcoalition
Infectious Disease Prevention & Control

*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
- Emergency Preparedness for Emerging Infectious Diseases

**Objective Topics 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

Connecticut Health Improvement Planning Coalition
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Injury and Violence Prevention

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

Areas of Concentration

Unintentional Injury
- Falls
- Poisoning
- Motor Vehicle Crashes

Intentional Injury
- Suicide
- Homicide and Community Violence
- Traumatic Brain Injury
- Child Maltreatment
- Sports Injuries
- Occupational Injuries

Objective Topics for Phase 1 Implementation
- Falls
- Unintentional poisonings
- Motor vehicle crashes
- Seatbelt use
- Motorcycle deaths
- Suicide
- Firearms
- Sexual violence
- Child maltreatment

Connecticut Health Improvement Planning Coalition
www.ct.gov/dph/SHIPcoalition
Mental Health, Alcohol and Substance Abuse

Improve overall health through the lifespan, through access to quality behavioral health services that include screening, early intervention, prevention and treatment.

Areas of Concentration
- Mental Health and Mental Disorders
- Alcohol Abuse
- Substance Abuse
- Autism Spectrum Disorders
- Exposure to Trauma

Objective Topics for Phase 1 Implementation
- Mental health emergency room visits
- Excessive drinking by youths and adults
- Non-medical use of pain relievers
- Illicit drug use
- Screening for autism
- Screening for trauma
Health Systems

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

Areas of Concentration
- Access to Health Services
- Quality of Care and Patient Safety
- Health Literacy, Cultural Competency and Language Services
- Electronic Health Records
- Public Health Infrastructure
- Primary Care and Public Health Workforce
- Financing Systems
- Emergency Preparedness and Response

Objective Topics for Phase 1 Implementation
- Health insurance coverage
- Community-based health services
- Patient-centered medical homes
- Transportation to access health services
- Quality and patient safety standards for health systems
- Adoption of national Culturally and Linguistically Appropriate Services standards by health and social service agencies
- Professional health workforce shortages and diversity
- Funding to align with prevention and population health priorities
Partner Perspectives

- **Phyllis DiFiore**
  *Occupant Protection Program Manager*
  Connecticut Department of Transportation

- **Lisa Pellegrini**
  *First Selectman, Somers, Connecticut*
  Connecticut Conference of Municipalities

- **Linda Colangelo**
  *Education & Communications Coordinator*
  Northeast District Department of Health
DPH Priorities
MODIFIED BASIC PRIORITY RATING SYSTEM

Connecticut Department of Public Health
Public Health Strategic Team

A. SIZE OF PROBLEM
(Number of people directly affected; incidence or prevalence)

B. SERIOUSNESS OF PROBLEM

1. Severity
   a. Deaths (Number of deaths)
   b. Premature Deaths (Years of potential life lost per 100,000 population)
   c. Hospitalizations (Number of inpatient discharges)
   d. Emergency Department Visits (Number of ED visits, regardless of whether admitted to hospital or discharged)

2. Economic Cost (Societal or individual)

3. Urgency (Emergent nature, public health/public concern, trend increasing/decreasing/stable)

4. Impact on Others or on Individual’s Life Course

5. Health Inequities (Age, sex, race, ethnicity, geography, other specific populations)

C. EFFECTIVENESS OF AVAILABLE INTERVENTIONS
(Includes acceptability to target population)
# Chronic Disease Prevention

<table>
<thead>
<tr>
<th>Health Problem or Subject of Objective</th>
<th>Size of Problem</th>
<th>Severity</th>
<th>Seriousness of Problem</th>
<th>Effectiveness of Available Intervention(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic Disease</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Heart Disease and Stroke</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Disease</td>
<td>3.60%</td>
<td>98,255</td>
<td>7,063</td>
<td>Aspirin for high risk, control of cholesterol and blood pressure, and tobacco use cessation.</td>
</tr>
<tr>
<td>Stroke</td>
<td>1.70%</td>
<td>46,670</td>
<td>1,326</td>
<td>Death, premature death, and hospitalization by race, ethnicity, and gender. Black males higher AARH, males AARH 24% higher than females (2010) SHA. 52% or stroke deaths in females.</td>
</tr>
</tbody>
</table>

Notes:
- AARH: Age-adjusted annual rate of change in the number of deaths.
- SHA: State Health Authority.
- CVD: Cardiovascular disease.
- VPLL: Years of potential life lost.
- Economic Cost: Cots estimated annually in medical care costs and productivity loss (CD cost calculator).
- Total CT hospital charges in 2011: \$7,556,065,912².
- Total CT medical costs and productivity loss for stroke estimated at \$963,911 annually (CD cost calculator).
- Deaths and hospitalization rates have declined since 2001. 4th leading cause of death in CT.
- Can result in serious illness, disability, and decreased quality of life.

Sources:
- Connecticut Health Improvement Planning Coalition.
- www.ct.gov/dph/SHIPcoalition
- Various reports and studies.
<table>
<thead>
<tr>
<th>HEALTH PROBLEM OR SUBJECT OF OBJECTIVE</th>
<th>Focus Area</th>
<th>No. of Persons Affected</th>
<th>Deaths (Rate or No.)</th>
<th>Premature Deaths (YPLL)</th>
<th>Hospital Discharges</th>
<th>ED Visits (Rate or No.)</th>
<th>Mean Severity</th>
<th>2. Economic Cost</th>
<th>3. Urgency</th>
<th>4. Impact on Others</th>
<th>5. Health Inequity</th>
<th>Mean Seriousness</th>
<th>Effectiveness Available Intervention</th>
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<tr>
<td>High Blood Pressure</td>
<td>CD</td>
<td>5</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1.7</td>
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<td>4</td>
<td>4</td>
<td>4</td>
<td>4.2</td>
<td>3.5</td>
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<tr>
<td>Obesity - Adults</td>
<td>CD</td>
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<td>0.0</td>
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<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>3.8</td>
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<tr>
<td>Asthma</td>
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<td>0</td>
<td>2</td>
<td>4.5</td>
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<td>5</td>
<td>4</td>
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<td>3.7</td>
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<tr>
<td>Cigarette Smoking - Adults</td>
<td>CD</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0</td>
<td>5</td>
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<td>5</td>
<td>5</td>
<td>4</td>
<td>3.6</td>
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<tr>
<td>Heart Disease</td>
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<td>5</td>
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<td>4</td>
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<tr>
<td>Diabetes</td>
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<td>2</td>
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<td>4.1</td>
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<td>Stroke</td>
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<td>4</td>
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<tr>
<td>Excessive drinking (&gt;age 12)</td>
<td>MHSA</td>
<td>5</td>
<td>4</td>
<td>0</td>
<td>3</td>
<td>2.3</td>
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<td>5</td>
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<tr>
<td>Exposure to Trauma</td>
<td>MHSA</td>
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<tr>
<td>Mental health</td>
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<td>Cigarette Smoking - Students grades 6-12</td>
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<td>4</td>
<td>3.6</td>
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<tr>
<td>Dental Decay - children up to 3rd grade</td>
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<tr>
<td>Rheumatoid/OsteoArthritis</td>
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<tr>
<td>Obesity - Children 5-12 years old</td>
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<td>2.3</td>
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<td>Motor Vehicle Crashes</td>
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<td>3.5</td>
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<td>3.3</td>
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</tr>
</tbody>
</table>
Strategy & Structure for Implementation

- Renewed Coalition and Advisory Council
- DPH roles
- Collaborative process for critical decisions
- Schedule
- Tracking: *Performance Management IT System* (PMIT)
Next Steps

- Synthesize meeting input
- Public comment period
- Webinars on Focus Areas
- Establish Advisory Council
- Additional Coalition members and partners
THANK YOU!

Questions and Additional Comments

e-mail: HCT2020@ct.gov