



HEALTHY CONNECTICUT 2020 ADVISORY COUNCIL

Meeting Summary
December 03, 2015
1:30 pm- 3:30 pm

Meeting Purpose and Outcome:

Continue presentation near final draft Action Agendas. Make progress on identifying and coordinating the Coalition's Action Agenda.

Attendees:

Pat Baker, CT Health Foundation; Daun Barrett, Griffin Hospital, Parish Nurse Program; Liz Beaudin, CT Hospital Association; Andrea Boissevain, CT Association of Directors of Health; Mary Boudreau, CT Oral Health Initiative; Judy Dicine, Chief State's Attorney's Office; Jordana Frost, March of Dimes; Colleen Gallagher, CT Dept. of Corrections; Lynne Ide, Universal Health Foundation; Brenetta Henry, Consumer; Jim Maloney, CT Institute for Communities, Inc.; George McDonald, Consumer; Commissioner Jewel Mullen, CT Dept. of Public Health; Elaine O'Keefe, Yale School of Public Health; Lisa Pellegrini, CT Conference of Municipalities; Scott Sjoquist, Mohegan Tribal Health; Janet Storey, Dept. of Mental Health and Addiction Services; Kathi Traugh, Connecticut Public Health Association; Robert Zavoski, Dept. of Social Services; Joan Ascheim, CT Dept. of Public Health; Sandy Gill, CT Dept. of Public Health; Kristin Sullivan, CT Dept. of Public Health; Rose Swensen, Health Resources in Action; Donna Burke, Health Resources in Action

Health Systems 2016 ACTION Agenda

Lisa Pellegrini presented the DRAFT of the Health Systems 2016 ACTION Agenda. Four priority areas include: Quality and performance of clinical and public health entities, non-emergency transportation to health services, community health assessments, and capacity of clinical and public health workforce. Quality and performance will include accreditation of both clinical and public health entities, as well as the adoption of CLAS standards by health and social service agencies. Workforce capacity will include racial ethnic demographics, geographic distribution, graduation rates, numbers employed, and continuing education opportunities. Defining these priorities resulted from combining some of the original "developmental" objectives and strategies. No leads have been identified at this time however, to take on the work for the workforce and transportation objectives.

Members identified transportation as a high need and suggested building collaboration, local solutions and raising awareness around the issue in the absence of legislative action this year. The Coalition has the opportunity to imbed population health considerations into conversations now so that our system is built to improve overall health not just medical care. These conversations should happen in multiple places at multiple events, not just Coalition meetings, for influence and collective impact.

Injury and Violence Prevention 2016 ACTION Agenda

Sandy Gill presented the DRAFT of the Injury and Violence Prevention 2016 ACTION Agenda. Five priority areas include: Falls, opioid poisoning, motor vehicle crashes, suicide, and sexual violence. Strategies will focus on provider education, consumer awareness of laws and services, enhanced training for law enforcement, and early identification and referral to available preventive services. Focused action items will allow efforts to reach a variety of age ranges from newborns to elderly. This group will also align efforts with existing groups related to opioid poisoning and suicide prevention.



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Members suggested addressing bullying and laws to protect adults with special needs, as well as strengthening existing laws for graduated licensure and enforcement activities such as sobriety and seat belt checks.

Strategies Related to Healthcare Providers

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 education and awareness, advocate for policy change, perform additional patient screenings, or partnership & collaboration for improved referral process. Rather than have seven different groups make multiple requests, Advisory Council members' brainstormed ways to streamline and coordinate our approach to this audience. The group had a variety of suggestions and comments including reaching out to influential groups, holding conferences with providers to discuss our message, reimbursement for screenings and checking with other states implementing a SHIP for best practices in reaching out to physicians. Commissioner Mullen referred to the CDC Health Impact Pyramid and suggested that the biggest impact may be in helping people understand the social determinants not just medical outcomes.

Commissioner's Remarks

Commissioner Mullen will be leaving the CT Department of Public Health to assume a new post with the Federal Department of Health and Human Services. This was her final meeting with the SHIP Advisory Council; however, the efforts of Advisory Council, ACTION Teams, and Coalition are expected to continue to move forward in 2016. She thanked members for their commitment to this collaborative coordination and integration of efforts to improve the health of Connecticut residents and reminded the group how far this initiative has come in just a few short years.

Upcoming Advisory Council Meetings:

- January 21st, 2015 10:00 am – 12:00 pm @ DPH Lab. MHSAs presentation
- Full Coalition Conference Call – TBD end of January – to inform Coalition about Action Agendas and next steps



CONNECTICUT
HEALTH IMPROVEMENT COALITION
Partners Integrating Efforts and Improving Population Health

Healthy Connecticut 2020
State Health Improvement Plan
Advisory Council Meeting

Thursday, December 3, 2015

1:30-3:30 PM

State Lab - 395 West St. Rocky Hill

Agenda

1:30	10	Welcome & Introductions	<i>AC Chair</i>
1:40	30	Action Team Result – Health Systems <ul style="list-style-type: none">▪ Overview of Health Systems DRAFT Action Agenda▪ Feedback/discussion	<i>Health Systems Co-Lead Conveners, Anne Fountain and Lisa Pellegrini</i>
2:10	30	Action Team Result – Injury and Violence Prevention <ul style="list-style-type: none">▪ Overview of Injury and Violence Prevention DRAFT Action Agenda▪ Feedback/discussion	<i>Injury and Violence Prevention Lead Conveners, Marisol Feliciano and Sandy Gill</i>
2:40	30	Strategies Related to Healthcare Providers	<i>HRiA/All</i>
3:10	15	Commissioner’s Remarks	<i>Commissioner Mullen</i>
3:25	5	Next Steps	<i>AC Chair</i>

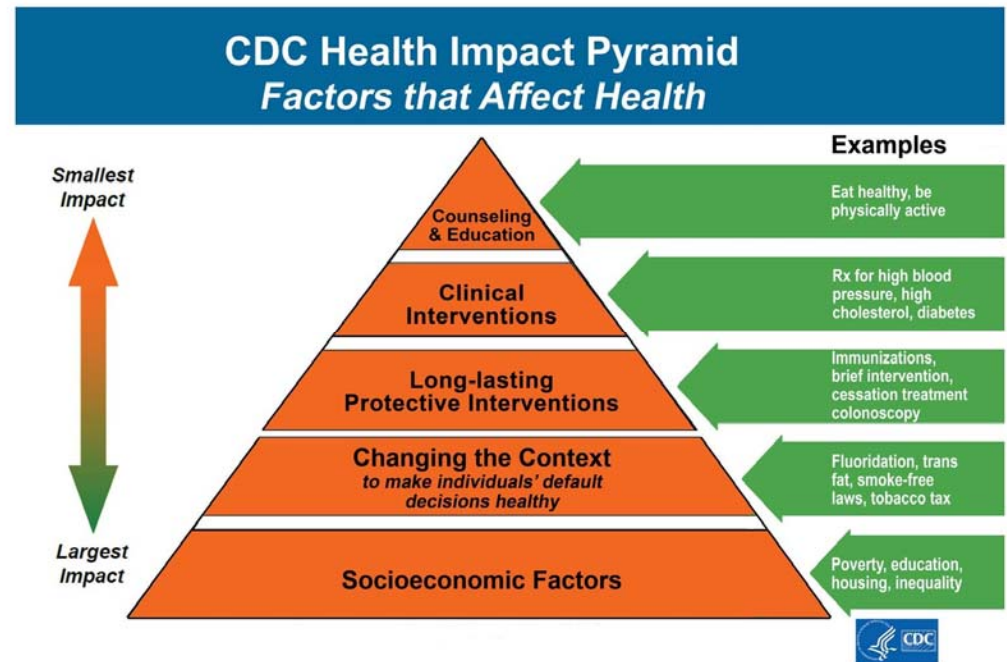
Meeting Purpose and Outcomes

- Continue presentations of completed and near completed Action Agendas and provide feedback
 - Health Systems
 - Injury and Violence Prevention
- Discuss identified common strategy/action items across focus areas (provider engagement)
 - Do we want to develop a strategic, collective approach and message?
 - Where do we start? What would be important to include?

Framing Your Feedback

Framing Your Feedback

- Is there at least one policy, system, or environmental change included in the strategies?
- Is there opportunity for integration with other aspects of the SHIP?



Health Systems Co-Lead Conveners, Anne Fountain and Lisa Pellegrini

Action Team Result – Health Systems

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.

SHIP Objective HS-3

Increase the quality and performance of clinical and public health entities

Y1 Strategies

1. Provide financial incentives to health jurisdictions for accreditation and to those who are accredited.
2. Align Community Health Improvement Plans with goals and strategies in Healthy Connecticut 2020.
3. Establish a listing/registry of practices that are Patient-Centered Medical Home (PCMH) accredited.
4. Support establishment of training for health and social service providers
5. Establish inclusion criteria and baseline. (CLAS)

SHIP Objective HS-4

Decrease the number of patients expressing difficulty in accessing health services due to the lack of non-emergency transportation services.

Y1 Strategies

1. Establish a baseline and monitor progress by exploring use of existing survey vehicles such as Connecticut Behavioral Risk Factor Surveillance System (BRFSS).

SHIP Objective HS-12

All Connecticut communities are covered by a community health assessment

Y1 Strategies

1. Encourage regional health assessments.

SHIP Objective HS-13

Increase the capacity of the current clinical and public health workforce (e.g., number, skills, diversity, geography).

Y1 Strategies

1. Monitor health and health care workforce data

Feedback & Discussion

- Framing Your Feedback

- Is there at least one policy, system, or environmental change included in the strategies?
- Is there opportunity for integration with other aspects of the SHIP?

Injury and Violence Prevention Lead Conveners, Marisol Feliciano and Sandy Gill

Action Team Result – Injury and Violence Prevention

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.

SHIP Objective IV-1

Decrease by 10% the number of fall deaths among persons of all ages.

Y1 Strategies

1. Engage healthcare, childcare, and other care providers to implement fall prevention initiatives.
2. Promote implementation of evidence-based multi-faceted programs for community dwelling older adults that integrate fall risk reduction strategies.
3. Decrease the number of secondary and tertiary lift assist and transport calls.

SHIP Objective IV-3&4

Reduce by 10% the number of deaths caused by unintentional poisonings.* Decrease by 10% the number of hospitalizations for unintentional poisonings.*

Y1 Strategies

1. Educate and inform consumers regarding the risks and benefits of regulated products using strategies appropriate to culture, language, and literacy skills (e.g., prescription drug safety and side effects, public health alerts, general information about safe and appropriate medication use).
2. Educate health care professionals on proper opioid prescribing, brief screening, intervention referral and treatment, and effective use of prescription drug monitoring programs.
3. Facilitate controlled drug disposal programs, including official prescription take-back events and local drop-boxes.

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.*

SHIP Objective IV-6

Reduce by 5% the number of deaths from motor vehicle crashes.

Y1 Strategies

1. Advocate for high visibility enforcement of distracted driving laws
2. Expand and promote fitting stations and distribution of child restraint seats
3. Expand the current educational awareness campaign on Connecticut graduated driving licensing laws

SHIP Objective 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.

****Injury and Violence Prevention ACTION Team will work with the Connecticut Suicide Prevention Advisory Board to develop action items and align efforts with the Connecticut Suicide Prevention Plan 2020, which was recently released. Strategies and Actions will be developed in collaboration with this existing group in 2016.*

SHIP Objective IV-18

Reduce by 10% the incidence of sexual violence.

Y1 Strategies

1. Disseminate best practices and effective primary prevention strategies of sexual violence.
2. Advocate for sexual assault educator training to build capacity for prevention efforts.

Feedback & Discussion

- Framing Your Feedback

- Is there at least one policy, system, or environmental change included in the strategies?
- Is there opportunity for integration with other aspects of the SHIP?

All

Discussion on Cross-Cutting Strategies and Action Items Related to Providers

Discussion

- Do we want to develop a common state-wide approach and message so that we do not engage providers in a piecemeal, confusing way?
- Does it make sense to have a statewide approach and statewide ask? What are our key change levers?
- Where do we start?
 - Specific group(s)
 - Key message(s)
 - Key interventions
 - Other?
- What would be important to include?

Pat Baker

Next Steps

Next Meeting

- Next Advisory Council Meetings
 - January 21st, 10:00-12:00 @ DPH Lab
 - Final ACTION Agenda presentation: Mental Health and Substance abuse

Thank You!

Maternal Infant and Child Health

Objectives for 2016 Action Agenda

MICH-1	Reduce the rate of unplanned pregnancies
MICH-5,6,7,2	<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>
MICH-8	Reduce by 10% the disparity between infant mortality rates for non-Hispanic blacks and non-Hispanic whites.
MICH-12	<p>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.</p> <p style="text-align: center;">Cross-Reference with CD-22 (children's dental decay), and PH2 Objectives CD-20 & 21 (osteoporosis, rheumatoid arthritis/ osteoporosis), and CD-25 (adult oral health)</p>
MICH-13	Increase by 10% the percentage of parents who complete standardized developmental screening tools consistent with the American Academy of Pediatrics (AAP) guidelines.

Environmental Health

Objectives for 2016 Action Agenda

ENV-1	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).
ENV-5	Increase public awareness of the presence and risk of poor air quality days. (DEVELOPMENTAL) <div style="text-align: right; background-color: #00a651; color: white; padding: 5px; border-radius: 10px; display: inline-block;">Cross-Reference with CD-16 (asthma), and PH2 Objectives CD-17&18 (asthma and COPD)</div>
ENV-6	Increase the enforcement of minimum housing code standards through the collaboration and support of code enforcement programs. (DEVELOPMENTAL)

Chronic Disease Prevention

Objectives for 2016 Action Agenda

CD-16	Decrease by 5% 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 to 35% the proportion of children in third grade who have dental decay.	Cross-Reference with MICH-12 (children dental care)
CD-27	Reduce by 5% the prevalence of obesity in children 5-12 years of age and students in grades 9-12.	Cross-Reference multiple Ph2 CD Objectives
CD-30	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>	

Infectious Disease Prevention

Objectives for 2016 Action Agenda

ID-1	Increase by 5% the vaccination coverage levels for Advisory Committee on Immunization Practices (ACIP) recommended vaccines among children and adults.
ID-5	Increase by 5% the percentage of adults who are vaccinated annually against seasonal influenza.
ID-7	Increase by 20% HPV vaccination rates for male and female adolescents 13 to 17 years of age to meet CDC guidelines.
	Cross-Reference with Ph2 Objectives CD-7&8 (Cancer)
ID-12	Reduce by 5% the number of diagnosed cases of HIV overall, among men who have sex with men (MSM) and among black females.

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.

Obj		HCT 2020 Year 1: 2016 Action Agenda Provider Related Strategies
MICH-13	Communications	* Partner with statewide entities to develop and disseminate resources for clinical pediatric practices to improve screening rates and coordination of referrals and linkage to services within the state.
ID-12	Communications	Promote utilization of partner referral services for HIV-positive individuals.
HS-3	Communications	Establish a listing/registry of practices that are Patient-Centered Medical Home (PCMH) accredited.
CD-16	Communications, Education and Training	Promote the use of evidence-based asthma guidelines (e.g. Easy Breathing and other programs) by primary care clinicians and dentists and other dental and medical professionals.
CD-22	Communications, Education and Training	To enhance the use of dental sealants in school-based programs and promote the effectiveness and efficiency of dental sealants to prevent decay, though education, awareness with culturally and linguistically appropriate campaigns.
CD-30	Communications, Education and Training	* Provide clinicians who treat minors with evidence to discuss smoking cessation/prevention with parents and teens and encourage them to capture that discussion on the school health physicals.
MHSA-1	Communications, Education and Training	Promote behavioral health screening by primary care providers for adults over 18 and for youth 12-17 yrs. of age
MHSA-1	Communications, Education and Training	Identify and implement standardized health and behavioral health screening tools during patient assessments
MHSA-5	Communications, Education and Training	Educate health care professionals on proper opioid prescribing, brief screening, intervention referral and treatment, and effective use of prescription drug monitoring programs.
ID-7	Education & Training	Educate providers about vaccine availability, delivery, cost and practice guidelines.
ID-7	Education & Training	Educate parents and providers about the cancer prevention benefits of the HPV vaccine.
IV-3,4	Education & Training	* Educate health care professionals on proper opioid prescribing, brief screening, intervention referral and treatment, and effective use of prescription drug monitoring programs.

*Note: not all strategies have action steps that deal directly with providers in Year 1
* Strategies that were added or reworded from the original SHIP*

Obj		HCT 2020 Year 1: 2016 Action Agenda Provider Related Strategies
MICH-5,6,7,2	Advocacy and Policy	* Promote enhanced models of prenatal care
MICH-12	Advocacy and Policy	* Increase dental care provided by pediatric primary care providers (PCPs) directly and through referral. Encourage pediatric PCPs to include oral health in the well child visits for their patients under the age of three
CD-22	Advocacy and Policy	* To enhance the acceptance and use of fluoride varnish for decay prevention in school-based programs, primary care practices and community access points and promote the effectiveness and efficiency of fluoride varnish to prevent decay, though education and awareness with culturally and linguistically appropriate campaigns.
MHSA-1	Advocacy and Policy	* Develop policies to address training, continuing education, and workforce needs of providers and entities participating in integrated health care practices.
MICH-1	Partnership and Collaboration	* Support the provision of preconception/ interconception health care throughout the childbearing years in community and clinical settings
ENV-1	Partnership and Collaboration	Partner with health care professionals to promote and improve compliance with the <i>Requirements and Guidelines for Childhood Lead Screening</i> (April 2013), including ensuring that all children are tested at least annually before turning three years of age. This also includes recommending environmental assessments be conducted by licensed lead consultants in patients' pre-1978 homes.
IV-1	Partnership and Collaboration	* Engage healthcare, childcare, and other care providers to implement fall prevention initiatives
MHSA-1	Partnership and Collaboration	Promote reciprocal referrals between mental health and primary care providers by identifying and implementing methods for collaboration and integration.
ID-12	Planning & Development	Implement routine screening programs to increase early detection of HIV.
MHSA-8	Planning & Development	Conduct trauma screening for all referrals on an out-patient basis for children and adults.
HS-3	Planning & Development	* Support establishment of training for health and social service providers
ID-1	Surveillance	Maintain and expand Connecticut Immunization Registry and Tracking System (CIRTS) to include immunizations administered through age 18; implement comprehensive reminder/recall systems.

Note: not all strategies have action steps that deal directly with providers in Year 1
 * Strategies that were added or reworded from the original SHIP