CONNECTICUT
HEALTH IMPROVEMENT COALITION
Partners Integrating Efforts and Improving Population Health

Healthy Connecticut 2020

State Health Improvement Plan

SHIP ACTION SUMMIT

Thursday, September 8th, 2016
8:30 am – 4:00 pm

Chrysalis Center, 255 Homestead Avenue, Hartford, CT

Sponsorship has been provided by : The Donaghue Foundation

Welcome and Introductions

Meeting Objectives

- Review progress in meeting health improvement targets.
- Finalize priorities for 2017 and discuss recommendations for 2017 policy agenda.
- Recognize Coalition accomplishments and member contributions in the implementation process.

Agenda

8:30	**Registration and Continental Breakfast**
9:00	**Welcome and Introduction, CT's Health Reform Initiatives, Keynote Presentation**
10:00	**Framing the Day**
10:30	**Break and Transition to Small Group Session**
10:45	**Small Group Discussions** *Finalizing 2017 Action Agendas*
12:00	**Lunch and Coalition Recognition**
1:00	**Small Group Discussions** *Finalizing 2017 Action Agendas*
2:15	**Break and Transition to Large Group Discussion**
2:30	**2017 Policy Agenda**
3:45	**Next Steps and Closing Remarks**
4:00	**Adjourn**

Victoria L. Veltri, JD, LLM
Chief Health Policy Advisor, Office of Lt. Governor Nancy Wyman

CT's Health Reform Initiatives

Commissioner Raul Pino, MD, MPH

Keynote Presentation

Review of Progress Toward Health Improvement Targets

Finalizing 2017 Action Agendas

Recommendations for a 2017 Policy Agenda

Framing the Day

Joan Ascheim, CT Department of Public Health

Review of Progress Toward Health Improvement Targets

SHIP Successes - Eight Months into Implementation

- Overall we have met 57% of the SHIP targets included in the 2016 Action Agendas
- Every Woman CT Initiative, which addresses pregnancy intention and improve birth outcomes, is currently being piloted in 8 communities
- Significant increases in 2015 in pediatric primary care providers applying fluoride varnish
- Reduced prevalence rate for lead levels in children target has been met and surpassed
- Legislation passed supporting new water fluoridation standards
- Expansion of the HIV PrEP Program to additional communities
- Nine community care teams are working in emergency departments to try to decrease readmissions for mental and behavioral health issues

continued

SHIP Successes - Eight Months into Implementation

- The “Where Do You Stand?” awareness campaign to end sexual violence is now being implemented on 17 college campuses as well as the US Submarine Base, and last year over 3,700 people attended a WDYS training
- Funding to support accreditation has been distributed to 12 Local Health Districts to prepare for accreditation
- DPH officially submitted their application for accreditation on March 31, 2016, anticipating joining the 3 accredited local health departments
- Significant coalition building to support adoption of a statewide Property Maintenance Code

Healthy CT 2020 Maternal, Infant and Child Health

R	Optimize the health and well-being of women, infants, children and families, with a focus on disparate populations.	Time Period	Actual Value	Target Value	Current Trend	Baseline %Change
I	Pregnancy — Rate of unplanned pregnancies in Connecticut. (HCT2020)	2013	28.5	31.0	↘ 1	-17% ↓
I	Birth Outcomes — Proportion of very low birthweight babies among live singleton births in Connecticut. (HCT2020)	2014	1.0%	1.0%	→ 1	-9% ↓
I	Birth Outcomes — Proportion of low birthweight babies among live singleton births in Connecticut. (HCT2020)	2014	5.2%	5.0%	↘ 2	-12% ↓
I	Birth Outcomes — Proportion of live singleton births in Connecticut delivered at less than 37 weeks gestation. (HCT2020)	2014	6.7%	7.2%	↘ 1	-18% ↓
I	Birth Outcomes — Infant mortality rate (infant deaths per 1,000 live births) in Connecticut. (HCT2020)	2014	4.9 per 1000	4.7 per 1000	↗ 1	-26% ↓
I	Women's Health — Proportion of women in Connecticut delivering a live birth who discuss preconception health with a health care worker prior to pregnancy. (HCT2020)	2013	27.4%	30.0%	→ 0	0% →
I	Birth Outcomes — Disparity ratio between infant mortality rates for non-Hispanic blacks and non-Hispanic whites in Connecticut. (HCT2020)	2014	1.8	2.6	↘ 2	-18% ↓
I	Oral Health — Percent of children under 3 years of age at greatest risk for oral disease (i.e., in HUSKY A) who receive any dental care. (HCT2020)	2013	44.8%	45.8%	↗ 5	112% ↑
I	Child Health — Percent of parents in Connecticut who complete standardized developmental screening tools consistent with American Academy of Pediatrics (AAP) guidelines. (HCT2020)	2011	26.6%	29.3%	↗ 1	66% ↑

Healthy CT 2020 Chronic Disease Prevention and Control

			Time Period	Actual Value	Target Value	Current Trend	Baseline %Change
R		Reduce the prevalence and burden of chronic disease through sustainable, evidence-based efforts at risk reduction and early intervention.					
I	Asthma	Rate of Emergency Department visits among all Connecticut residents for which asthma was the primary diagnosis. (HCT2020)	2014	66.2 per 10,000	62.8 per 10,000	↗ 1	2% ↑
I	Oral Health	Proportion of Connecticut children in third grade who have dental decay. (HCT2020)	2011	39.6%	35.0%	↘ 1	-2% ↓
I	Obesity	Percent of children (5-12y) in Connecticut who are obese. (HCT2020)	2014	15.9%	17.9%	→ 1	-15% ↓
I	Obesity	Percent of Connecticut children (5-12y) with a household income of <$25,000 who are obese.	2014	36.6%	36.1%	↗ 1	-4% ↓
I	Obesity	Percent of youth (high school) in Connecticut who are obese. (HCT2020)	2013	12.3%	11.9%	↘ 1	11% ↑
I	Tobacco	Percent of youth (grades 6-8) who currently use other types of tobacco including e-cigarettes.	2013	3.6%	3.0%	↘ 1	-58% ↓
I	Tobacco	Percent of youth (high school) who currently use other types of tobacco including e-cigarettes.	2013	17.7%	17.0%	↗ 2	26% ↑
I	Tobacco	Percent of youth (grades 6 - 8) who currently smoke cigarettes. (HCT2020)	2013	1.4%	2.2%	↘ 4	-86% ↓

HCT2020 Maternal, Infant, and Child Health Disparity

R Optimize the health and well-being of women, infants, children and families, with a focus on disparate populations.	Time Period	Actual Value	Target Value	Current Trend	Baseline %Change
I Birth Outcomes — Disparity ratio between infant mortality rates for non-Hispanic blacks and non-Hispanic whites in Connecticut. (HCT2020)	2014	1.8	2.6	↘ 2	-18% ↓
I Oral Health — Percent of children under 3 years of age at greatest risk for oral disease (i.e., in HUSKY A) who receive any dental care. (HCT2020)	2013	44.8%	45.8%	↗ 5	112% ↑
I Family Health — Percent of children up to 19 years of age at greatest risk for poor health outcomes that receive well-child visits (e.g., enrolled in HUSKY A). (HCT2020)	2011	62.9%	69.1%	↘ 1	17% ↑
I Disparity ratio between rates of unplanned pregnancy for non-Hispanic blacks and non-Hispanic whites in Connecticut.	2013	3.07	–	→ 0	0% →
I Disparity ratio between rates of unplanned pregnancy for Hispanics and non-Hispanic whites in Connecticut.	2013	2.51	–	→ 0	0% →
I Disparity ratio between percent of very low birthweight singleton births for non-Hispanic blacks and non-Hispanic whites in Connecticut.	2013	2.86	–	↘ 2	-24% ↓
I Disparity ratio between percent of very low birthweight singleton births for Hispanics and non-Hispanic whites in Connecticut.	2013	1.86	–	→ 1	18% ↑
I Disparity ratio between percent of low birthweight singleton births for non-Hispanic blacks and non-Hispanic whites in Connecticut.	2013	2.30	–	→ 1	-2% ↓

HCT2020 Chronic Disease Prevention and Control Health Disparity

R	Reduce the prevalence and burden of chronic disease through sustainable, evidence-based efforts at risk reduction and early intervention.	Time Period	Actual Value	Target Value	Current Trend	Baseline %Change
I	Active Living: Percent of adults (18+y) with a household income of <$25,000 who meet the recommended 150 minutes or more of aerobic physical activity per week.	2013	42.8%	42.7%	↗ 1	5% ↑
I	Obesity: Percent of Connecticut children (5-12y) with a household income of <$25,000 who are obese.	2014	36.6%	36.1%	↗ 1	-4% ↓
I	Tobacco: Percent of adults (18+y) with a household income of <$25,000 who currently smoke cigarettes.	2014	25.6%	23.0%	↘ 2	1% ↑
I	Heart Health: Rate of premature death (<75 years of age) from cardiovascular disease in non-Hispanic black adults (18+y) per 100,000 population.	2012	1,514.7	860.0	↘ 6	-33% ↓
I	Cancer: Percent of adults (50+y) with a household income of <$25,000 who have ever had a sigmoidoscopy/colonoscopy.	2010	64.9%	68.2%	→ 0	0% →
I	Diabetes: Percent of adults (18+y) with a household income of <$25,000 who have diagnosed diabetes.	2013	12.6%	12.0%	↘ 2	40% ↑
I	Asthma: Rate of Emergency Department visits among all Hispanic Connecticut residents for which asthma was the primary diagnosis.	2014	137.6 per 10,000	123.5 per 10,000	↗ 1	-5% ↓
I	Asthma: Rate of Emergency Department visits among all non-Hispanic black Connecticut residents for which asthma was the primary diagnosis.	2014	142.1 per 10,000	138.0 per 10,000	↘ 2	27% ↑

HCT2020 Environmental Risk Factors and Health Disparity

R	Enhance Public Health by Decreasing Environmental Risk Factors	Time Period	Actual Value	Target Value	Current Trend	Baseline %Change
I	Environment — Ratio of Hispanic to non-Hispanic children under the age of six with confirmed blood lead levels at or above the CDC reference value (5 µg/dL)	2014	1.5	1.9	↘ 1	-17% ↓
I	Environment — Ratio of black to non-black children under the age of six with confirmed blood lead levels at or above the CDC reference value (5 µg/dL)	2014	2.2	1.9	↘ 1	-8% ↓

Example of Action Plan with Interim Measures

Focus Area 1: Maternal, Infant and Child Health

Goal 1: All children in CT have optimal oral health.

Area of Concentration: Child Health and Well-being

SHIP Objective: OBJECTIVE MICH-12 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.

Dashboard Indicator: Dental Utilization for Children under the Age of Three in HUSKY Health

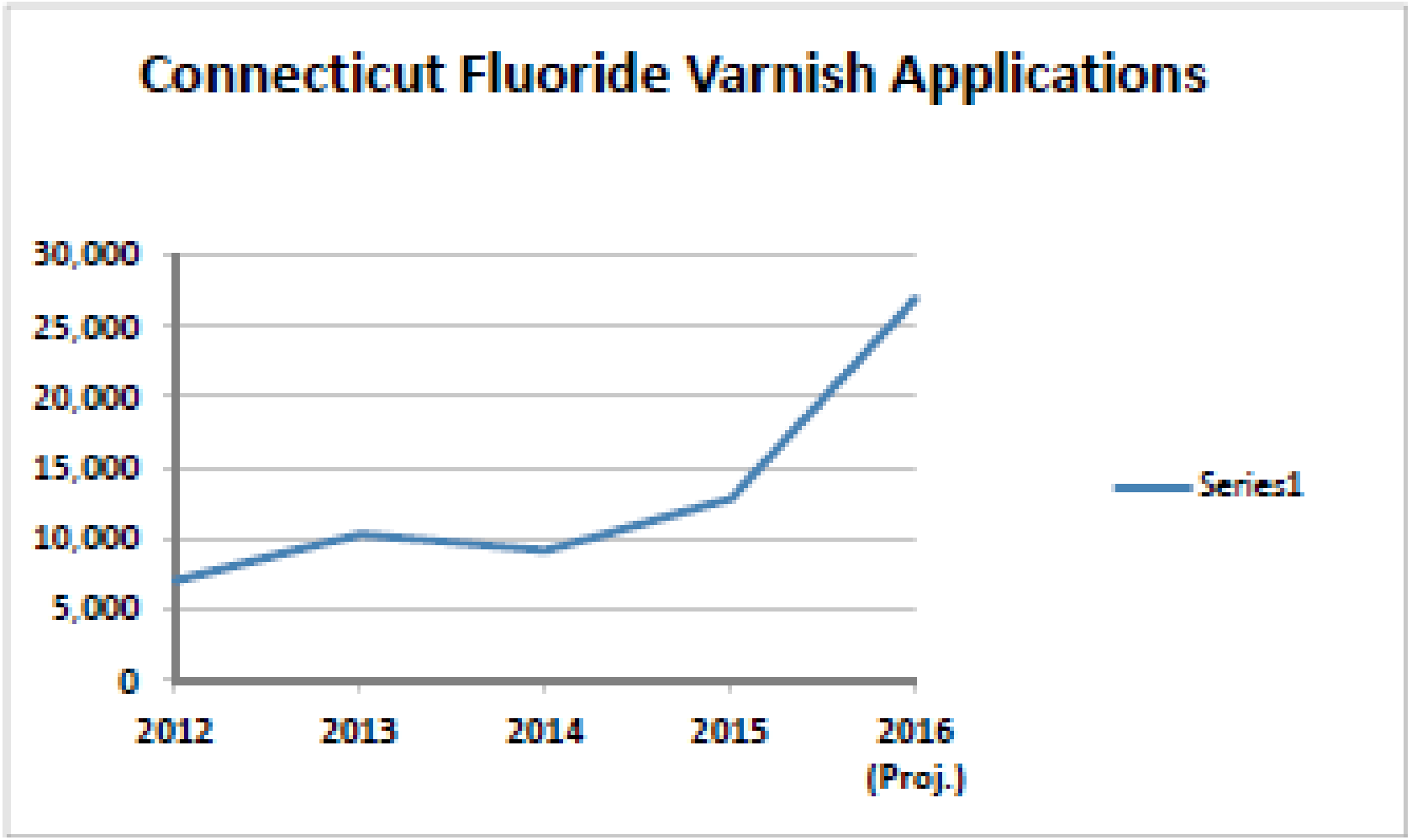
Strategies	Actions and Timeframes	Partners Responsible	Progress
Increase dental care provided by pediatric primary care providers (PCPs) directly and through referral. Encourage pediatric PCPs to include oral health in the well child visits for their patients under the age of three, including performance of these two procedures: **D0145** ($25) Oral evaluation for a patient under three (3) years of age and counseling with the primary caregiver; and **D1206** ($20) Topical therapeutic fluoride varnish application for moderate to high risk caries patients, an evidenced-based practice. Both are consistent with EPSDT.	Coordinate effort, strategize, monitor, create targets [quarterly meetings] **Measure**: CTCOH PIOH-WG minutes, targets in 2016 **Timeframe**: late 2015 – 2019,	CT Coalition for Oral Health (CTCOH) Perinatal & Infant Oral Health Work Group (CTCOH PIOH-WG)	06.30.16 Update On the agenda of the next PIOH-WG in early July
	Bring in support from Connecticut State Medical Society (CSMS), Connecticut Academy of Family Physicians (CAFP), WIC, others **Measure:** Continually maintained list of partners, # of new partners and # of potential partners **Timeframe:** 2016 – 2019	CTCOH members, Department of Public Health (DPH)	06.30.16 Update Coordinating with AAP's From the First Tooth Program (FFT)
	Outreach to Pediatric Primary Care Providers **Measures:** # of providers receiving outreach **Timeline:** 2016 – 2019	CT Dental Health Partnership (CTDHP), American Academy of Pediatricians (AAP), CSMS, DPH, CTCOH PIOH-WG	06.30.16 Update Measure not yet available. CTDHP & FFT comparing lists, will make joint approaches
	Provide Access for Baby Care (ABC) Program Training **Measure:** # of providers trained, # of providers registered **Timeframe:** current – 2019	From the First Tooth (FFT), Children's Health & Development Institute (CHDI) EPIC program	06.30.16 Update As of 10/2015 – 419 registered. As there are multiple training sites, difficult to get overall total of those trained.
	Pediatric PCP's include oral health in well-child visits **Measure:** # of claims filed for fluoride varnish **Timeframe:** baseline, current – 2019	CTDHP, Pediatric PCP's	06.30.16 Update Significant increase in 2015 (and 2014) claims. 1st Q 2016 shows remarkable growth (see attached), also 198 providers in 53 offices billed.
Advocate for funding for the Home by One program	Develop and examine potential funding opportunities. **Measure:** List of funding opportunities **Timeframe:** 2016	DPH Office of Oral Health	06.30.16 Update No report

Resources Required (human, partnerships, financial, infrastructure or other)

- Existing programs/partners: CTCOH, CTCOH-WG, CTDHP, AAP, FFT, CHDI; • DPH staff time to involve new partners (CSMS, CAFP, WIC, others) and pediatric PCP's; • New partners time; • New PCP involvement

Monitoring/Evaluation Approaches

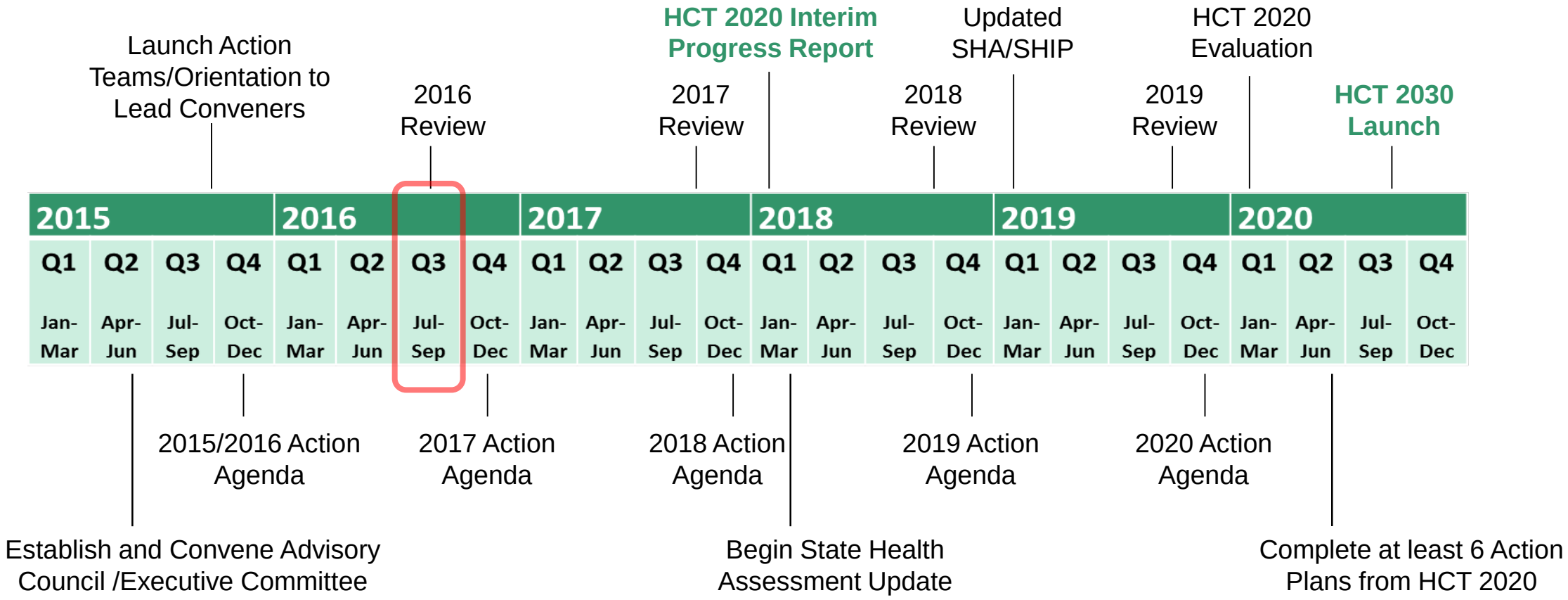
- See measures above; • Annual dashboard measurement, dental claims for HUSKY Health children under 3 years of age.


Connecticut Fluoride Varnish Applications
30,000
25,000
20,000
15,000
10,000
5,000
0
2012
2013
2014
2015
2016 (Proj.)
Series1

Rose Swensen, Director of Strategic Planning and Organizational Effectiveness
Health Resources in Action, Inc. (HRiA)

Finalizing 2017 Action Agendas

HCT 2020 Implementation Timeline



Vision, Values and Operating Principles

- **Vision**: *The Connecticut Department of Public Health, local health districts and departments, key health system partners, and other stakeholders integrate and focus their efforts to achieve measurable improvements in health outcomes.*
- **Values and Operating Principles**
  - Integrated approach (with State and local health departments and key health system partners)
  - Collaboration (among State and local health departments and DPH programs)
  - Balance between depth of focus and breadth of scope (to increase impact)
  - Health equity
  - Evidence-based practices and strategies
  - Build on and expand from existing initiatives
  - Present data to stakeholders in a meaningful way (understandable, actionable, can drive next action)

Why did we do a SHA/SHIP?

- State as leader and champion with clear agenda for change
- Alignment and integration of local and regional initiatives and strategies to maximize resources and impact
- Framework to promote collaboration, partnership, and data sharing statewide (Measurement, evaluation, & tracking)

Focus Area Action Teams

- Focus Area 1: Chronic Disease Prevention & Control
- Focus Area 2: Environmental Risk Factors and Health
- Focus Area 3: Health Systems
- Focus Area 4: Infectious Disease Prevention & Control
- Focus Area 5: Injury and Violence Prevention
- Focus Area 6: Maternal, Infant, and Child Health
- Focus Area 7: Mental Health, Alcohol and Substance Abuse

The Process

Quarterly Advisory Council Meetings

Green-Yellow-Red Light Progress Reports

July & August, 2016

Action Team Pre-Summit Planning Meetings

Leads facilitate a Pre-Summit Planning Meetings with their work groups to review what has been accomplished in Y1 and to determine what strategies and policy priorities to focus on in Y2.

September 8, 2016

Year 2 Coalition Planning Summit

2016 Action Agenda – Structure and Format

Focus Area 1:			
Goal 1:			
Area of Concentration			
SHIP Objective			
Dashboard Indicator:			
Strategies	**Actions and Timeframes**	**Partners Responsible**	**Progress**
Resources Required (human, partnerships, financial, infrastructure or other) •			
Monitoring/Evaluation Approaches • Provide quarterly report outs			

Definitions of Action Agenda Components

Strategies	A strategy describes your approach to getting things done. It is less specific than action steps but tries broadly to answer the question, "How can we get from where we are now to where we want to be?" The best strategies are those which have impact in multiple areas, also known as leverage or “bang for the buck.”
Actions and Timeframes	The actions/activities outline the specific, concrete steps you will take to achieve each strategy. It is best to arrange these chronologically by start dates. State the projected date of completion for each activity.
Partners Responsible	Identify by name the key person(s)/group(s)/organization(s) that will be responsible for leading the activity.
Progress	Use this space to indicate and track progress on each action step as they are implemented.
Resources Needed	The human resources, partnerships, financial, infrastructure or other resources required for successful implementation of the strategies and activities.
Monitoring/ Evaluation Approaches	The approaches you will use to track and monitor progress on strategies and activities (e.g., quarterly reports, participant evaluations from training)

Role and Responsibilities for Today

Facilitators	• Facilitate Work Groups • Document outcomes of the Planning Summit
Action Team Members & Partners	• Be fully engaged and informed participants as content experts and continuity experts from Y1 Action Agenda
Action Team Leads	• Be fully engaged and informed participants as content experts and continuity experts from Y1 Action Agenda • Assist HRiA facilitators in note taking
Advisory Committee Members	• Be fully engaged and informed participants as content experts and continuity experts from Y1 Action Agenda • Ensure the cross-walk across the Action Plan

Facilitators

Focus Area	Facilitator
1: Maternal, Infant, and Child Health	Joan Ascheim
2: Environmental Risk Factors and Health	Kristin Sullivan
3: Chronic Disease Prevention and Control	Sandra Gill
4: Infectious Disease Prevention & Control	Shari Sprong
5: Injury and Violence Prevention	Donna Burke
6: Mental Health, Alcohol and Substance Abuse	Amanda Ayers
7: Health Systems	Rose Swensen

Small Group - Action Planning

- You will be guided by your facilitator to complete the process of the Year 2 Action Agenda according to each Team's progress to date.
  - All groups are at different stages of development and we have prepped the facilitators accordingly.
  - By the end of the day, ALL groups will have
    - Completed the highlighted items on the Action Plan template
    - Included action items for partner recruitment and development
    - Identified policy priorities for their Focus Area
- We will have total of 2 hours 30 min to complete the action planning with a lunch break in between.
  - To help guide your planning and prioritization for Y2, for the total number of strategies identified for Y2, you will have 2.5 hours divided by the number of strategies to complete each action agenda template (e.g., if your group selects 10 strategies for Y2, you will have 15 minutes to complete each template).

Recommendations for a 2017 Policy Agenda

- In your small groups, as part of your Y2 planning, you will be asked to identify any Y2 strategies that can be elevated to be included in a legislative policy agenda.
  - Discussion question: What are 1-2 legislative policy ideas specific to your Focus Area that need to be considered during Year 2 of HCT2020 implementation?

- Definition of Policy:
  - Policy is a law, regulation, procedure, administrative action, incentive, or voluntary practice of governments and other institutions.

http://www.cdc.gov/policy/analysis/process/definition.html

Break and Transition to Small Group Session

2017 Policy Agenda

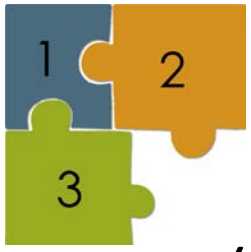
Definition of Policy

- Policy is a law, regulation, procedure, administrative action, incentive, or voluntary practice of governments and other institutions.

http://www.cdc.gov/policy/analysis/process/definition.html

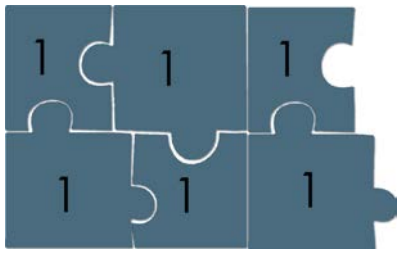
Jigsaw Exercise

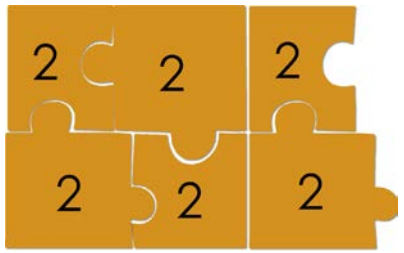
- Break into groups of 3
- Individual brainstorm for a few minutes

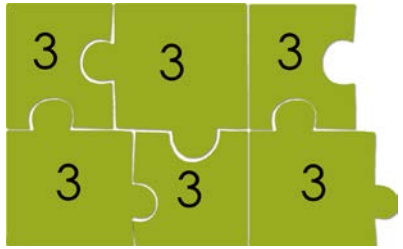


- Address three questions in small groups. Note responses (each member is responsible for taking notes for one question)

- Assemble in groups by number. Facilitators will guide you in synthesizing and capturing responses on flip chart paper provided.







Large Group Jigsaw Exercise on Policy

1. How can we modify or add to strategies across the SHIP to impact policy?
2. Given trends and priorities (e.g., CDC 618 Initiative, SIM, community and clinical linkages) where can we lend our collective power and voice to policy?
   - Do we want to educate people about what is in place?
   - Do we want to advocate for something new?
   - Do we want to support enforcement efforts?
3. Disparate Populations:
   - How do we more effectively impact health disparities through policies?
   - How can we consider and provide support for populations most impacted by them (smoking example)?

Next Steps and Closing Remarks

Next Steps & Closing Remarks

- Today's Action Team progress
- Today's policy discussion will be documented and presented to the Advisory Council and the Executive Committee for action
  - Determination of policies that would move forward
  - Decision communicated back to Coalition members with request for your support

Sponsorship has been provided by :

The Donaghue Foundation

Please take a few minutes to complete the **Participant Evaluation** found in your packet.

Thank You!