CONNECTICUT
HEALTH IMPROVEMENT COALITION
Partners Integrating Efforts and Improving Population Health

HEALTHY CONNECTICUT 2020: SHIP ACTION SUMMIT

SUMMARY

September 8, 2016

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.

On September 8th, 2016, over 175 partners from across the state convened for the Healthy CT 2020: SHIP Action Summit. The full day event provided an overview of current Connecticut health reform initiatives, alignment opportunities with CDC's 6-18 initiative, as well as small group discussion regarding the 2016 progress and 2017 planning by focus area Action Teams. During a lunchtime presentation, Commissioner Pino recognized the contribution of SHIP Advisory Council members, Action Team Lead Conveners, and active members of the seven SHIP Action Teams for their efforts and dedication to moving efforts forward in 2016. Summit participants wrapped up the day by providing input on three key questions related to impacting policy to address health equity and improve health outcomes for all Connecticut residents.

CT's Health Reform Initiatives

The morning started with an overview presentation about health reform initiatives currently underway in the state of Connecticut. Victoria Veltri (Office of Lt Governor Nancy Wyman) addressed the focus and connectedness of each of the following initiatives: Access Health CT and Medicaid Expansion; State Innovation Model Initiative; Healthcare Cabinet Cost Containment Study; Certificate of Need Taskforce; All Payer Claims Database. Common characteristics to these initiatives include: Coordination and Alignment of Efforts; Centralized Data and policy; Robust Data collection for design and improvement of programs; Consumers as central to design and implementation of all reform efforts; Recognizing changing demographic; Health and health insurance literacy; Complexity of requirements – taxes, etc.; Broad Stakeholder Engagement.

Keynote Presentation – DPH, Rooted in Pop Health

Connecticut Department of Public Health Commissioner Raul Pino, MD, MPH, provided the keynote presentation. Using the framework of the CDC's 6-18 Initiative, Cmr Pino highlighted current Connecticut data for diabetes, asthma, teen pregnancy, tobacco use, and cardiovascular disease. Additional breakdown of these topics demonstrated disparities by race, ethnicity and income. To effectively address these issues as a state we must work together to address the underlying contribution of social determinants, as well as the policies and systems that contribute to health disparities for our state residents

Framing the Day

Joan Ascheim (DPH), presented key accomplishments for the first eight months of implementation which were the direct result of Action Team efforts. Healthy CT 2020 Performance Dashboards were shared to highlight progress toward meeting or exceeding indicator targets. Newly developed health disparity dashboards for each focus area were provided to guide discussions in the small group breakouts. Rose Swensen (HRiA) reviewed the overall implementation timeline and reminded the group of the initial vision, values and operating principles established by the original planning coalition for the development of the SHIP and the continued implementation of selected strategies. Key points in framing the discussions for the day included: 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).

Small Group Discussions

Participants attended one of seven small group discussions depending on their focus area of interest. Groups worked toward finalizing 2017 Action Agenda, as well as identifying strategies that could be elevated to be included in a 2017 Policy Agenda. Key focus for each of the Action Teams include:

Maternal, Infant & Child Health

- *Support the provision of preconception/ interconception health care throughout the childbearing years in community and clinical settings; Collaborate across sectors to increase socio-economic and health equity*
- *Increase dental care provided by pediatric primary care providers and advocate for the Home by One program*
- *Conduct an education and awareness campaign that targets families and communities on the importance of developmental screening. Train community and healthcare providers to improve screening rates and coordination of referrals and linkage to services within the state. Engage in cross system planning and coordination of activities around developmental screening.*

Environmental Health

- *Reduce lead levels in children under the age of five through data sharing, and education for providers on screening & referral. Improving housing standard compliance through consumer, contractor and property owner education, financial assistance with remediation, and promoting environmental assessments to identify and mitigate lead hazards prior to exposure.*
- *Increase public awareness of the presence and risks of poor air quality days through collaborative education efforts for the general population, targeted education to care providers for at-risk populations, and coordinated data surveillance.*
- *Adoption of a statewide property maintenance code to meet ICC 2015 PMC standards. Incentivize property owners to comply with CT's laws on health and safety*

Chronic Disease Prevention

- *Asthma education and awareness in schools for staff, coaches, and students. Improve communication between providers, patients, care givers, schools and other providers through utilization of Asthma Action Plans and established referral protocols.*

- *Addressing dental decay in children through the acceptance and use of fluoride varnish and dental sealants in school-based programs, primary care practices and community access points.*
- *Improving the availability and access of health food options for children and families through procurement policies, food donation guidelines, and limiting marketing and availability of unhealthy food and beverages. Utilizing a multi-community approach to promoting and/or improving walkability of local neighborhoods.*
- *Advocacy for tobacco legislation to provide tax parity for other tobacco products and to raise the legal age to purchase tobacco products to 21 years.*

Infectious Disease Prevention

- *Advocacy for expansion of vaccination coverage. Improve interoperability between EHR and CIRTS and increase utilization of CIRTS for patient vaccination reminder calls.*
- *Collaborate with local businesses, LHD, and DSS to increase access and opportunity for CT residents to obtain a preventive flu shot.*
- *Advocacy and awareness of HPV vaccine and it's link to cancer prevention*
- *Promoting the use of routine screening, partner referral, and post exposure prophylaxis for HIV in disparate populations.*

Injury & Violence Prevention

- *Identifying communities which lack access to fall prevention screening and programming. Utilizing existing statewide network of Physical Therapist to provide voluntary services to gap communities. Re-establishment of the CT Fall Prevention Collaborative.*
- *Education and enforcement of statewide distracted driving laws. Expansion of car seat fitting stations and installation inspection at hospital discharge.*
- *Expansion of "Where do you stand?" campaign to additional communities, schools and universities. Strengthening provider referral process evidence based community programming.*

Mental Health & Substance Abuse

- *Increase the use of behavioral health screening tools by providers and improve referral process to local behavioral health service providers. Provide support for Opening Doors CT- hospital initiative by working with community care teams and local police chiefs.*
- *Implementing strategies recommended by the ADPC and CORE Initiatives by assisting with dissemination of materials and education at the regional level. Comparison of prescriber level data with incidences of overdose and death related to opioid pain medication.*
- *Enhance trauma awareness in schools through training of school & SBHC staff. Development of a baseline trauma screening tool to be used by providers in multiple settings*

Health Systems

- *Addressing quality and performance of clinical and public health entities through financial incentives for health jurisdictions to become accredited and increasing the use*

of CLAS standards through policy, as well as inclusion in contract language for state and partner agencies.

- *Explore the issue of accessing health services due to limitations in accessing non-emergency transportation services.*
- *Improve coverage of community health assessments by encouraging regional assessments and possible standardized core indicators for all CT communities to measure. Encourage alignment with between SHIP and CHIP strategies.*
- *Monitor health and health care workforce data.*

2017 Policy Agenda

The final activity of the day included a discussion about the 2017 Policy Agenda. Participants were asked to break into groups of three to discuss and record responses for three key questions, with one member responsible for taking notes on one question. The second half of the discussion involved one member from each of the small groups joining a larger group to compile responses for each of the questions. The responses for this exercise are included at the end of the attached meeting materials.

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Jigsaw

Question #1: How can we modify or add to strategies across the SHIP to impact policy?

1. Standardized data collection methods and data sets, and a single tool for all Public Health
2. Standardized reporting tools and methods
3. Longer term tracking (data)
4. More timely data (Return on Investment)
5. Policy statement/resolution from Governor's Office; singular call to action
6. Collect data based on strategies
7. Mandate health impact assessment for legislative proposals; establish a separate entity
8. Support paid family leave act, housing maintenance policy, mandate health standards for healthcare providers, policy for workforce development
9. Regionalization
10. Regionalization, consolidation, and allocation of resources
11. Aligning with best practices where applicable
12. Expanding outreach of stakeholders to impact policy (focus groups)
13. Convening of co-leaders across priority areas for small group discussions
14. QI process
15. Aligning strategies with other teams
16. Develop sustainable financial strategy for public health services statewide
    a. Improving awareness of other policies
17. Coalition building, including with grassroots organizations
18. Cross-cutting strategies
19. Greater agility to addressing current (and immediate future; emerging) public health issues (i.e. opioids)
20. Incorporate and promote cost savings of prevention efforts
21. Standing public health futurist committee (addressing issues that may emerge way down the line)

Question #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?**

Content Specific:

1. Spend more money, time, energy on prevention
2. Advocate for tangible support of code enforcement, such as training needed to comply with updated regulations, tools, education, financial staffing
3. Advocate increase tobacco age to 21 and support $0.25 tax
4. Mandatory HPV

Jigsaw

5. Enforce submission of data at APCD and HUIE and link to DPH to enhance reporting and accountability; include oral heath
6. Examine policies and structures to protect human subjects to support PH research in the field (policy barriers) with consideration for the consumer whose data we are using

General:

1. Informing legislature through testimony
2. Educate different constituencies for awareness, alignment, and synergy
3. Advocate better for things already in place and working
4. Need bidirectional relevant engagement throughout systems
5. Put media into SHIP
    a. Communicate importance
    b. CT Health Council, how they can participate
6. Advocate for collection/stratification of racial and ethnic data and robust performance monitoring
7. Collect longitudinal data
8. Chairs of Action Teams meet periodically to support each other and define collective voice
9. Evaluate what was previously done and continuously improve
10. Public-Private Partnerships-social impact bonds
11. Change conversation from reducing cost of health care to "how does this positively impact health?"
12. Take into consideration state and Federal economic and political landscape: What resources are available to achieve our goals?
    a. Focus on educating legislators about state plan first. See if there is a need for enforcement then prioritize efforts
13. Align SHIP and CCIP and Population Council of SIM to drive system change and to achieve accountable health community
14. Mandate or reallocate resources and analyze licensure data base to describe public health workforce
15. Create heightened awareness of existing strategies
16. If we advocate for new taxes, we also need to advocate for restricted use of the funds

Question #3: Disparate Populations:
How do we more effectively impact health disparities through policies?

1. Start by defining "disparate populations"; include:
    - Geo-location; towns; communities
2. Collect the data about disparate populations
3. Target campaigns based on more accurate data – better leverage of resources
4. Review legislation from health equity lens standpoint – who is and who is not going to benefit

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Jigsaw

5. Coordinating more with organizations who already work with disparate populations (i.e. WIC and low income populations)
6. Work with police department and look at their policies around working with and responding to i.e. mental health issues (if you want to get admitted – call the police)
7. Identification of barriers and facilitators in terms of policies
8. Recognition of availability of a resource vs access to a resource
9. Equity vs Equality
10. Identify resources to establish pilot programs
11. Engage the populations that we are talking about – have them be part of the planning and implementation process
12. Think about the earliest intervention levels – early ages - SDH that impact long-term. Want to look at over time – but programs are tied to political whims
13. Need data systems and policies to identify health disparities and better inform targeting strategies
14. Need data from the non-health sectors which would get at social determinants and help to bridge to the clinical side. This could lead to one to one mapping
15. Value based payment designed to address health conditions common to disparate populations
16. Implement SBHC and services across all school districts – because they support health advocacy and health management skills for students which should lead to decreased health disparities and improve health outcomes.
17. Look at existing policies that are supposed to address disparity – are they being fully enforced?
18. Look at systems change related to CLAS standards – making these a system wide change
19. Acknowledge socioeconomic gradients in the state – that they do exist and where they map
20. Maximize public assets such as schools – making use of the buildings outside of school hours.
21. Measurement related to community outcomes/benefits – tie money to community outcomes
22. Community Health Workers certified and paid for i.e. reimbursable time – not just depending on grant funds to cover costs.
23. Trend health in all policies
24. People need to recognize there is a problem and that there is a solution
25. Determine needs – the outcome is to provide solutions
26. Need a public education measure to raise up disparities in an impactful manner – not just to discourage people (focused on public)
27. Institute public policy to break down and/or promote prevention across all populations

How can we consider and provide support for populations most impacted by them (smoking example)?

1. Working with populations most affected – mission driven in addition to institution
2. Better data on disparities and improvement then target resources to where disparities located.
3. Designing education and outreach based on the data
4. Breaking down data by race/ethnicity and consistently reporting across all agencies
5. Invest in IT solutions to integrate the need for standard reporting

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Jigsaw

6. Enforcement of compliance
7. Accurate data leads to more effective resource distribution
8. Aligning with advocacy groups that may not have health as part of their mission; however, they are effective in reaching the intended audience
9. Incentivize compliance i.e. housing incentive for landlords to do lead abatement to avoid lead poisoning in children
10. Approach this population, educate them, let them know what is going on in the legislation and why we are doing this (long term impact) support them and advocate for them
11. Educate communities on being culturally sensitive and linguistically relevant
12. Standardize collection of data
13. Culturally appropriate interventions and education – language specific
14. Protective factors – if you know that parent/child relationship is a protective factor. If you can't eliminate the health issue you can strengthen the protective factor.
15. Ensure that professionals in community are culturally competent
16. Provide support for communities to implement health policies
17. Engage media in public education efforts (i.e. anti-smoking effort)
18. Engage large insurers in supporting community based solutions
19. Engage everyday consumers on an ongoing basis – not just reactive but proactively

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HEALTHY CT 2020: SHIP ACTION SUMMIT EVALUATION RESULTS
09-08-2016

Attendees:	170
Completed Evaluation:	84

	1. **Overall Summit Content**	2. **Materials**	3. **CT's Health Reform Initiatives** by Victoria L. Veltri	4. **Key Note Presentation** by Commissioner Raul Pino	5. **Framing the Day** - Review of Progress Towards Health Improvement Targets	6 **Framing the Day** - Instructions for Finalizing 2017 Action Agendas
Very Satisfied	35	24	34	55	34	33
Satisfied	40	44	35	20	38	41
Somewhat Satisfied	5	11	6	5	6	9
Somewhat Dissatisfied	0	2	2	0	1	0
Very Dissatisfied	0	0	0	1	0	0
Left Blank	4	3	7	3	5	1
Total	80	81	77	81	79	83

Attendees:	
Completed Evaluation:	

	7. **Small Group Discussions** Finalizing 2017 Action Agendas	8. **Coalition Recognition** (during lunch)	9. **2017 Policy Agenda** - Discussion and Recommendations (Jigsaw Exercise)	10. **Understanding Next Steps**	11. Overall Satisfaction with the **Facilitators**	12. Overall Satisfaction with the **Location & Facilities**
Very Satisfied	30	32	16	14	36	47
Satisfied	36	32	25	22	32	17
Somewhat Satisfied	13	5	17	17	2	4
Somewhat Dissatisfied	3	2	5	1	2	2
Very Dissatisfied	0	0	0	1	0	0
Left Blank	2	13	21	29	12	14
Total	82	71	63	55	72	70

13. Length of the Summit	
Too Long	14
Too Short	3
Just Right	54
Left Blank	13

MICH	**6**
ENV	**10**
CD	**12**
ID	**7**
IVP	**4**
MHSA	**7**
HS	**8**
blank	**31**

HEALTHY CT 2020: SHIP ACTION SUMMIT EVALUATION RESULTS
09-08-2016

What did you like most about the planning session?

- The information that was provided based on previous work completed by the Action Teams
- Very productive.
- (5) Comments mentioned the diverse representation of a cross section of agencies and districts
- Opportunity to provide input for 2017 Action Agendas.
- Framing health issues.
- (14) comments mentioned the benefit and productivity of the small group discussions
- The overview and recognitions
- (20) Comments referenced the opportunity to network, meet new people and hear different perspectives
- Topics.
- It gave us a chance to get our ideas out to the group with time to think before finalizing.
- (3) comments referenced good facilitation
- Opportunity for new partners to get engaged
- (5) comments referenced the Keynote presentation including the participant voting
- Collaboration among many stakeholders in one place at one time
- The participants brought an expansive perspective to the process.
- Teamwork
- Our group worked together - not all members were in the "know" about topics - worked well together to exchange experiences.
- (3) comments referenced the facility's cleanliness and the lunch variety
- Identifying good resources.
- The opportunity to percolate our perspectives/ideas and overlapping in the vast activities. "The whole is greater than the sum of the parts.
- Learning more about SHIP/SHA and how their work is structured.
- Jigsaw exercise and discussion
- Opportunity to put our groups' work in context, additional energy and the focus the day gave to our small group work.
- Group work/interaction.
- In the environment small group we did our small group discussion together and not by table.
- Interaction with peers.
- Ability to share progress and discuss next year's plan.
- Small group sessions - helps get things done.
- Great turnout…nice to see everyone engaged.
- In the chronic disease we broke out into smaller groups to focus on specific objectives which seemed efficient.
- Identified new strategies/adapted current strategies - outside insight.
- Seeing more of the big "health" picture.
- Liked the "know your numbers" approach.
- The huge turnout of a wide variety of partners.
- Interactive and participatory format

HEALTHY CT 2020: SHIP ACTION SUMMIT EVALUATION RESULTS
09-08-2016

What did you like least about the planning session?

- (7) Comments referenced the needing more time for discussion especially about complex topics.
- (2) Comments referenced needing to see more minority groups participate in the action agenda development process
- (9) Comments referenced the Jigsaw policy discussion activity as needing more time and clarification, as well as the challenge of addressing such abstract content at the end of a very busy day
- (9) Comments referenced providing more time prior to the summit to review meeting materials, as well as the need of new participants to be brought up to speed prior to the event.
- Need for clarity on next steps and timeline
- (11) comments referenced the size, location and noise factor related to the small group breakout sessions; these factors made some discussions challenging to move forward
- Was difficult to come to decisions with so many people at the table.
- Would like more handouts
- (7) comments mentioned that although the day was productive it was still a very long day
- Overlapping small group discussions made it challenging to participate in all areas of interest
- Missed having report out time to hear what other groups were doing
- Consider ways to include more consumers and advocates in the discussion and decisions

Do you have any suggestions for improving future planning sessions?

- (3) comments mentioned the need for a larger venue
- Include more minorities with more experience in public health.
- (5) comments mentioned identifying a way to allow participants to contribute to multiple small group discussions rather than concurrent sessions
- (4) comments mentioned sharing all handouts electronically and possibly making them available in advance
- Plan more time for abstract discussions such as the policy jigsaw activity.
- (5) Comments referenced shortening the length of the session.
- Establish participant ground rules for the small group discussions.
- (2) Comments mentioned convening the large group meetings more often – promote a louder voice in numbers.
- Host a crosswalk day
- Provide more big picture perspective to balance small groups' focus
- Provide a general overview of what each group discussed.
- More in-depth preparation for action team co-leads
- More focus area time and time to cross collaborate with other focus areas.
- (2) Comments referenced being more proactive about bringing new members up to speed prior to event.
- perhaps spend a little more time highlighting SHIP goals and progress in assembly
- Include support & endorsement of the Governor’s Office and how work of the day aligns with various other initiatives