

HEALTHY CT 2020: STATE HEALTH IMPROVEMENT PLAN - YEAR ONE ANNUAL REPORT

December 2015

The Healthy CT 2020: State Health Assessment & State Health Improvement Plan (SHIP) were released in March 2014. The initial phases of implementation emphasized communicating and disseminating the assessment and plan to partners across the state, while educating on the purpose and process for collaboratively moving forward with implementation. Additionally, implementation infrastructure was defined and partners were convened. A performance dashboard was created to track and provide transparency on implementation progress. Once the coalition infrastructure was established, Action Teams began the review and refinement process focusing on Phase One Objectives from the SHIP.

SHIP COALITION MOVES FROM PLANNING TO IMPLEMENTATION

The Plan was promoted through Communication and Education –

- A Speaker's Bureau was created consisting of partners who participated in the creation of the plan. Eight presentations were provided to various statewide networks, as well as community groups reaching approximately **125** attendees.
- An informative weekly [webinar series](#) was offered in June 2014 to provide an overview of each of the seven focus areas of the plan, reaching **220** participants
- [Where to Find Evidence-based Methods and Interventions](#) webpage resource was created and made available in September 2014.

Implementation [Infrastructure](#) created and convened February 2015

- Coalition at Large **informs** the overall process by participating in Action Teams and sharing information pertaining to existing efforts. Currently, **194** organizations participate in the coalition.
- Seven Action Teams convened in 2015 to focus on each of the seven focus areas of the plan. Action Teams consisted of coalition members, subject matter experts, and stakeholders. The role of the Action Teams is to **develop** implementation work plan strategies to align, refine and implement progress toward SHIP objectives targets.
- Advisory Council consists of **34** thought leaders representing statewide networks. The role of the Advisory Council is to **advise** on refinement and continuous improvement to the SHIP.
- Executive Committee consist of five members whose role is to provide high level and time sensitive **decision making** and guide the overall direction and sustainability of the State Health Improvement Coalition and plan implementation.
- The CT Department of Public Health provides **leadership** by providing coordination to the overall process and fostering collaborative solutions and opportunities.

Performance Management

- Healthy CT 2020 [Performance Dashboard](#) is now available on the DPH website as a transparent way to view the progress Connecticut is making toward moving health indicators connected to objectives within the State Health Improvement Plan. Of note, the BRFSS telephone survey had been traditionally conducted with people using land lines. However, in recent years, an increasing number of people are only using

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cell/mobile phones. CDC recognized the need to include cell phones and has adjusted their methodology accordingly. Due to these changes, new data cannot be accurately compared to previous findings line by line (point by point). (www.CDC.gov) This change has impacted target numbers for several SHIP priority indicators which will need to be adjusted in 2016.

LAUNCH OF ACTION TEAMS AND REVIEW PROCESS

Seven Action Teams convened June – December 2015 with the goal of reviewing Phase One objectives, refining strategies, and defining a 2016 Action Agenda. Action Teams included **157** partners, representing **97** different organizations, in this collaborative process. Teams assessed and prioritized objectives based on feasibility and effectiveness by using a three step process. (*See templates in Appendix A, pg. 4*)

STEP ONE: Identifying 2016 Objectives for implementation. Phase One Objectives were reviewed for access to available data, evidence of critical mass of partners working on the issue, feasibility of making progress in this first year, and additional priority was given to those objective addressing health equity. From this step, each team selected 3-5 objectives to focus on in 2016.

STEP TWO: Are we employing evidence based strategies? Teams reviewed the strategies listed in the SHIP for the selected objectives from STEP ONE, and verified supporting evidence through nationally recognized sources to assure feasibility and effectiveness of selected strategies.

STEP THREE: Defining the Action Agenda. Team members and stakeholders collaboratively developed action items and timeframes to be implemented and tracked in 2016. Through these discussions, Action Team members engaged additional collaborative partners and worked to assure efforts across the state were aligned to provide the most effective approach to improving health outcomes.

During this process, teams identified emerging issues and/or additional resources that needed consideration such as the Ebola outbreak, use of e-cigarettes by middle and high school students, prescription drug use and opioid overdoses, transportation and access to health services, and coordination of health improvement planning with the CT State Innovation Model (SIM) Initiative in which provides a significant amount of resources to transform Connecticut's health system. Other documents developed during this time period that assist with and provide assets for health improvement planning include:

- [Live Healthy Connecticut: A Coordinated Chronic Disease and Health Promotion Plan](#) – April 2014; this plan addresses collaborative strategies with the Chronic Disease Prevention Section of the SHIP.
- [Connecticut State Suicide Prevention Plan](#) – December 2014; this plan addresses collaborative strategies with the Injury & Violence Prevention section of the SHIP.
- Connecticut Plan to Improve Birth Outcomes – September 2015; this plan addresses collaborative strategies with the Maternal, infant & Child Health section of the SHIP.

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All 2016 Action Agendas were reviewed by the SHIP Advisory Council for feedback prior to being finalized. This process of reviewing feasibility, effectiveness, progress and refinements of targets, strategies and action items will continue on an annual basis through 2020.

REPORTING PROGRESS ON STRATEGIES

The 2016 Action Agendas (STEP THREE) developed by the Action Teams will be the working *and* reporting document for Action Team progress in implementation and revision of strategies and action items. Each Action Team will utilize the “Progress” section of the Action Agenda form to provide quarterly progress updates to the SHIP Advisory Council. Action Agendas, including progress updates, are posted online in the Strategies section of the Healthy CT 2020 Performance Dashboard. Additionally, a master spreadsheet will be maintained by DPH staff for compiling and reporting purposes. *(See SHIP Implementation Objective Tracker – MASTER LIST)*

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STEP ONE: Identifying 2016 Objectives for Implementation										
Maternal, Infant, and Child Health										
Objectives Ph1	Questions to Consider When Identifying 2016 Action Agenda (Year 1) Objectives (Identifying 3-5 Objectives or AOC for the 2016 Action Agenda)									
	a.	b.	c.	d.	e.	f.	g.	h.		
	If Developmental, will we be able to get the data in year 1? (Y/N)	Is there likely evidence-based practices available? (Y/N)	Is this an area where we have many partners and lots of initiatives that we can connect (critical mass)? (Y/N)	Does it connect to strategies in current plans or initiatives (critical mass)? (Y/N)	Does it address issues of equity and disparities? (Y/N)	Is it feasible/realistic within three years (mid-course check)? (Y/N)	Can we demonstrate impact within three years (mid-course check)? (Y/N)	Does it have a prevention vs. management/treatment focus? * (Y/N)		
								Total YES	Total NO	
Reproductive and Sexual Health										
OBJECTIVE MICH-1 Reduce by 10% the rate of unplanned pregnancies.										
Preconception										
OBJECTIVE MICH-3 Increase by 10% the proportion of pregnant women who receive prenatal care during the first trimester of pregnancy.										



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STEP TWO: Are We Employing Evidence-based Strategies? APPENDIX A

Maternal, Infant, and Child Health

Objectives Ph1	Evidence-Based Sources							
	US Preventive Services Task Force (USPSTF)	CDC's Guide to Community Preventive Services	CDC Community Health Improvement Navigator	National Prevention Strategy (NPS)	CDC Prevention Status Reports	CDC Winnable Battles	Healthy People 2020 (HP2020)	Other (write in source)



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STEP THREE: HCT2020 SAMPLE Action Agenda			APPENDIX A
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)			
<ul style="list-style-type: none"> • 			
Monitoring/Evaluation Approaches			
<ul style="list-style-type: none"> • Provide quarterly report outs 			

