



CONNECTICUT HEALTH IMPROVEMENT COALITION

Partners Integrating Efforts and Improving Population Health

HEALTHY CONNECTICUT 2020

**Coalition Coordinating Call
January 12, 2017
11:00 am – 12:00 pm**

Meeting Summary

Purpose of the Call:

Discuss 2017 SHIP Policy Agenda and share opportunities to get involved with educating local partners and elected officials on these important issues impacting Connecticut residents.

Attendance:

Approximately 98 Coalition members participated by call, including DPH staff: Kristin Sullivan, Joan Ascheim, Sandy Gill, Chantelle Archer, Jill Kennedy, and Barbara Walsh.

2017 Policy Agenda & Advocacy Opportunities:

The 2017 SHIP Policy Agenda is the first ever policy agenda collaboratively created by the Coalition, Action Teams, and Summit participants. The proposed policy concepts have been discussed and finalized by the SHIP Advisory Council. This is a real opportunity for collective impact on policies that improve health.

The Role of Coalition Members in Advancing the Policy Agenda

There is a role for everyone in advancing the policy agenda. Advisory Council members can promote and reinforce the relationship between policy agenda items and advancing SHIP priorities. Action Teams can assist with coordinating and disseminating advocacy requests and information to grassroots action alert networks, and the coalition organizations/members at large can volunteer to provide testimony, educate elected officials about the public health issue, write letters to the editor, and share results of recent studies.

The Maternal Infant Child Health (MICH) Action Team was used as an example of how action teams can take an active role in promoting and tracking these shared priorities. MICH shares an interest in the Family Medical Leave Act, the Comprehensive Tobacco Prevention Legislation, and the Property Maintenance Code. The action team has discussed producing fact sheets about how these issues affect the MICH population. Action team members can educate elected officials, write letters to the editor, or conduct other advocacy related activities and then report back to the coalition about: how many members have contacted which elected officials; the number of members that submitted letters to the editor; which media outlet/newspaper printed or covered the issue; how many members provided testimony during public hearings.

2017 SHIP Policy Agenda Survey

A coalition membership survey was sent out at the end of December to assess the capacity of coalition members to help with advocacy. Seventy-nine people responded. Eighty-four percent of respondents indicated their organization would advocate for one or more of the seven policy areas. In response to capacity, more than 50% indicated they could provide testimony, educate legislators, or provide education or factsheets on the impact of existing health issues in their community. In response to what organization's need to advocate, respondents indicated the need for factsheets to share with constituents, key advocacy dates, talking points, and bill status information.



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Highlights of the proposed legislation and requests for assistance if needed

- **Paid Family Medical Leave – Maddie Granato, CWEALF**
For the past two legislative sessions, CWEALF has advocated for a system that is: accessible to all workers; affordable & especially benefiting low-wage earners; and provides adequate time for bonding and/or healing of those wanting to take time off. Senator Marty Looney included Paid Family Medical Leave in Senate Bill One for the current 2017 legislative session. There are also three other legislative champions supporting this issue. The proposed bill is expected to go to the Labor and Public Employees Committee, which is led by Senator Craig Miner. **Action items:** Coalition members are encouraged to share their stories of how their lives have been impacted by unpaid family medical leave. Stories can be shared via this website: www.paidfamilyleavect.org If you have additional questions about this issue, you can contact Maddie Granato at mgranato@cwealf.org
- **Enhancement in Tobacco Control – Barbara Walsh (DPH Tobacco Control Program)**
A number of provisions are trying to be removed or expanded within the current Clean Indoor Air Act, which includes: 1) removing smoking rooms at work places, 2) inclusion of small work places, and 3) incorporating electronic nicotine delivery language with other tobacco products (i.e. hookah) Additionally, the proposal includes raising the age to legally purchase tobacco products to 21 years. **Action item:** MATCH Coalition will be hosting an Informational Forum at the Legislative Office Building (LOB) in Hartford on January 23rd, 2017. 10:00am -12:00pm; Room 1C. If you are interested in participating you will need to RSVP to Jill Barry by Thursday 1/19: jill@graffwood.com , 860-983-4814.
- **Seatbelt use for all positions –Phyllis DiFiore (DOT)**
The DOT has proposed a bill for seatbelt use in all seating position in motor vehicles. Current law only requires passengers in the front seat to wear a seatbelt. This proposed bill would extend that protection to passengers in all seating positions. Additionally, DOT is proposing, a motorcycle helmet law, and an open container law (all three issues are part of the same proposed bill) If you would like additional information about these issues contact Phyllis at phyllis.difiore@ct.gov .
- **Cancer Prevention/HPV Vaccine –Jill Kennedy (DPH)**
DPH has proposed to include Human Papilloma Virus vaccine (HPV) as a mandated immunization as part of the Connecticut Vaccine Program for children age 11. During the call we also learned that there is a newly formed group in the state working on this issue: **HPV Vaccine Alliance of Connecticut**. Their mission is to bring together organizations and professionals from around the state who are committed to increasing HPV vaccination coverage by facilitating information sharing and developing coordinated and impactful initiatives. Linda M. Niccolai, PhD, ScM (Yale School of Public Health), is the contact person for the HPV Vaccine Alliance of CT: linda.niccolai@yale.edu
- **Property Maintenance Code (PMC)– Judy Dicine (Chief State’s Attorney’s Office)**
The PMC is a model **code** that regulates the minimum maintenance requirements for existing buildings. Increases in inspections for code compliance minimizes risks to people and actual incidences of bad health and injury that result from poor housing conditions. Representative Chris Rosario from Bridgeport has filed a bill and it is pending currently with the state of CT legislature (House Bill 5177). A fact sheet is currently being developed which advocates can share at the Capital or with locally elected officials about this issue. There is a meeting on January 26 to continue planning and discussion on provisions and proposed language that they might take for a CT version of the PMC. If you would like additional information about the Property Maintenance Code, contact Judy at Judith.Dicine@ct.gov .



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- **Integration of Local Health Departments into districts—Jill Kennedy (DPH)**
In an effort to improve health equity for all Connecticut residents and to better facilitate leveraging of resources, DPH has proposed the integration of local health departments into larger districts. The most recent proposed structure would align districts with the existing COGS boundaries. It was noted that under the existing structure, several of the smaller and part time districts currently lack the capacity to ensure that all community residents have equal access to the 10 essential services of public health. Commissioner Pino has been hosting several town hall meetings around the state to seek input and address constituent concerns. This proposal has not yet been officially approved by the Office of Policy and Management (OPM) to move forward. For additional information on this issue, members can contact Brie Wolf (DPH) at Brie.Wolf@ct.gov or 860.256.1836 (cell).
- **Certification of Community Health Workers**
There was no update on this issue during the call; however, there is a workgroup under the State Innovation Model Test Grant Program, which is working on developing recommendations for the certification of CHWs that will eventually require legislation. There is a great deal of support for this initiative by the Coalition, and the Advisory Council feels strongly about supporting any legislation that is proposed this year and to move forward.

Q&A

QUESTION: How did you come up with the seven proposed legislative requests as compared to the hand out of the SHIP priority policies which are eleven? There were three different priority tobacco policies from the Chronic Disease Action Team. These have been consolidated into one legislative proposal submitted by DPH (Enhancement and Tobacco Control). The proposal for tax parity on other tobacco products was not included in the DPH tobacco proposal because it relates to “revenue” and would need to be proposed by a different state agency (i.e. The Department of Revenue Services). Currently there is no legislative proposal on this from DRS. The motorcycle helmet proposal was raised by the Injury & Violence Prevention Action Team, but until recently, there was no lead agency. DOT has announced that it has introduced this legislation so it will remain on the 2017 SHIP Policy Agenda.

QUESTION: Why is the Integration of Local Health Districts on the legislative agenda even though it was rated low? There was significant discussion among Advisory Council members. Members acknowledged that there was a strong lead for the proposal but it was rated low because members thought there was going to be significant opposition and that ongoing and more discussion was needed about the details of the proposal. Additionally, the Advisory Council overall decided that all proposals should remain on the policy agenda vs. prioritizing down to 1-3 proposals. Worth noting on this issue, although 44% of the advisory council voted this as a low priority, 31% voted this as a medium priority and 25% voted this issue as a high priority indicating council interest in this issue.

QUESTION: - Has a bill number been assigned to the policy for the Integration of Local Health Districts? OPM has not approved the legislative proposal to move forward yet. Members will be notified if it does, and when there is a bill number assigned.



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COMMENT: There will be a lot of opposition to mandatory HPV vaccination by the provider community. Several Coalition members responded noting the evidence of HPV vaccination to prevent cervical and other cancers and noted that the proposed age requirement of 11 or 12 years is consistent with research that finds preteens are initiating sex. For more information, the original DPH proposal can be found on the OPM website. For information on the research and evidence base behind HPV vaccinations please contact HPV Vaccine Alliance of CT, Linda M. Niccolai, PhD, ScM (Yale School of Public Health): linda.niccolai@yale.edu

QUESTION: Is there any information available on the age at which school children would be required to receive the HPV vaccine? Currently the age specified in the proposal is 11 or 12 years old consistent with the position of the American Academy of Pediatrics. The age could change depending on how things move forward. There has been mention of a staggered roll out; there is a lot of discussion around this.

QUESTION: The CT Council of Municipalities does not support the proposal on the integration of local health districts and there is no support for it from municipalities. Why is DPH continuing with this? The Commissioner has developed a proposal to start a conversation and is meeting with groups around the state to discuss benefits, feasibility and improvements towards a workable proposal.

QUESTION: Has there been any discussion on youth obesity and specifically sugar sweetened beverage policies at the state level? Although the Chronic Disease Action Team discussed procurement policies for the sale of food and beverages sold on state property. Unfortunately the state contract in place has 1-2 more years before any revisions can be proposed. Other strategies to address youth obesity are included in the 2017 Chronic Disease Action Agenda; however, no formal legislative policy was proposed for the consideration of the SHIP Advisory Council.

- **Wrap Up/Other**

- See the Office of Policy and Management (OPM) website, where members can find the original legislative proposals from state agencies. Keep in mind that these drafts are in original form and do not reflect any language updates that may have been mentioned on the call: <http://www.ct.gov/opm/cwp/view.asp?a=3011&Q=586886&PM=1>
- DPH staff will send a follow up email to the coalition including advocacy contact information, and Action Team Co-Leads will receive contact information from the 2017 SHIP Policy Agenda Coalition Membership Survey
- Other resources mentioned:
 - There is an APHA webinar opportunity on Thursday January 19th from 2-3pm – ‘**Building Successful Cross-sector Coalitions**’.
 - *Public Health 3.0*, is a report released from the Office of the Assistant Secretary for Health in October 2016. The work of the SHIP Coalition toward addressing social determinants of health is a contribution toward Public Health 3.0. <https://www.healthypeople.gov/sites/default/files/Public-Health-3.0-White-Paper.pdf>

All Coalition information and proceedings can be found at <http://www.ct.gov/dph/SHIPCoalition>



2017 SHIP Policy Agenda

Definition: 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>

Policy Suggestions (LEGISLATIVE)	1	2	3	4	5	6
	Legislative Proposal Y/N?	Lead Agency or sponsor identified Y/N?	Benefit multiple areas of SHIP Y/N?	Expecting support Y/N?	Potential for Maximum impact Y/N?	CDC PSR rating
1. TOBACCO - Raise the age to purchase tobacco & ENDS products from 18 years of age to 21 years of age. (CD Action Agenda)	y	Y (DPH)	Y	MIXED	Y	
2. TOBACCO - Upgrade Clean Indoor Air Laws to meet national recommendations for comprehensive law (CD Action Agenda)	Y	Y (DPH)	Y	MIXED	Y	Red
3. TOBACCO - Remove pre-emption clauses that hinder local tobacco control authority (CD Action Agenda)	Y	Y (DPH)	Y	MIXED	Y	
4. Establish Community Health Worker Certification and ability to seek reimbursement for services (discussed in HS)	Y	AHEC/SIM	Y	Y	Y	
5. Seatbelt use for all positions (IVP Action Agenda)	Y	DOT	Y	Y	y	Yellow
6. Require employers to provide paid Family Medical Leave (MICH Action Agenda)	Y	CT Women's Education Legal Fund	Y	MIXED	Y	
7. Connecticut adoption of 2015 International Property Maintenance Code (IPMC) (ENV & MICH Action Agenda)	drafted	In discussion	Y	MIXED	Y	
8. Add HPV vaccine to the mandated vaccines for schools (ID Action Agenda)	y	Y (DPH)	Y	MIXED	Y	
9. Integration of Local Health Districts	Y	Y (DPH)	Y		Y	
10. Tax parity for other tobacco products and Electronic Nicotine Delivery Systems (ENDS) to match the current cigarette tax (CD Action Agenda)	N	DRS	Y	MIXED	Y	
11. Motorcycle Helmet law (IVP Action Agenda)	N			Expected opposition		



2017 SHIP Policy Agenda

Policy Suggestions (NON-LEGISLATIVE)	1	2	3	4	5	6	7	
	Legislative Proposal Y/N?	Lead Agency or sponsor identified Y/N?	Benefit multiple areas of SHIP Y/N?	Expecting support Y/N?	Potential for Maximum impact Y/N?	CDC PSR rating	Priority	% vote
1. Require use of fluoride varnish for decay prevention in school-based programs, primary care practices and community access points <i>(CD Action Agenda)</i>		COHI	Y	Y	Y		H	100%
2. Improve data at the local level to address social determinants a. Defining and mapping of disparate populations by indicator b. Systemic inclusion of social determinant impact on health		OPM? SIM? Need umbrella org	Y		Y		H	93%
3. Standardized indicators for local CHIPs <i>(HS)</i>			Y		Y		H	67%
4. Require CLAS standards in all state agency contracts <i>(HS Action Agenda)</i>			Y	MIXED	Y		H	60%
5. Advocate for appropriate and sustainable Tobacco Trust Fund allocations for education, prevention, and cessation <i>(CD Action Agenda)</i>		MATCH Coalition	Y	Y	Y	Red	H/L	40%/40%
6. Nutrition standards for procurement and sales of food and beverages sold on state owned/operated property <i>(CD) *Cannot act on this until next state contract</i>			Y			Red	L	87%