HEALTHY CT 2020: STATE HEALTH IMPROVEMENT PLAN
YEAR TWO ANNUAL REPORT

January 1, 2016 - December 31, 2016

In year two of implementation of the Healthy CT 2020: State Health Improvement Plan (SHIP), the CT Health Improvement Coalition focused on and made progress in implementing the priority evidence-based strategies identified in the 2016 Action Agendas for each focus area. Central to this effort was ongoing partner engagement, linking and leveraging existing and collaborative efforts, and monitoring and tracking performance via periodic review of progress in meeting health improvement targets located on the Healthy CT 2020 Performance Dashboard. This year disparity dashboards were added to identify and provide a focus on health disparities that are masked by statewide statistics and trends. In September, the Coalition invited all partners to participate in a SHIP Action Summit where priorities, strategies, progress and emerging issues were discussed. Discussions from this event yielded the first ever 2017 SHIP Policy Agenda. Subsequently, the Coalition worked on coordinated education and advocacy efforts for the policy agenda to build collective impact during the 2017 legislative session and in year three of implementation.

PARTNER ENGAGEMENT

Advisory Council

The 34 member SHIP Advisory Council hosted quarterly meetings in 2016. Each meeting provided an opportunity for Action Team Co-Lead Conveners to provide progress updates on the current year action agendas. The initial reporting format included red, yellow and green highlights to indicate if a selected strategy (red) had stalled, fallen behind schedule, and/or was vulnerable for successful completion; (yellow) was progressing, but behind schedule, still with a high potential for successful completion; (green) was going well, on track, and/or complete. These meetings also provided an opportunity for Advisory Council feedback and assistance with action team challenges.

The SHIP Advisory Council membership was updated to include a representative for local health departments and districts and a representative for injury and violence prevention. Previous members had moved on to other employment opportunities. Nominations were requested from the membership at large, reviewed by the DPH Commissioner, and approved by the Executive Committee. The new Advisory Council members include: Patrick McCormack, Health Director for Uncas Health District (local health) and Shawn Lang, Deputy Director for AIDS Connecticut (injury & violence prevention).

Executive Committee

The five member SHIP Executive Committee met via conference calls in March and October. Key decisions from the group included approval of new advisory council members, review of cross cutting action team request of primary care providers to guide a unified approach, streamlining the process to define and prioritize a 2017 SHIP Policy Agenda, as well as identifying possible advocacy roles for the advisory council, action team and the membership at large.

Action Teams

Seven Action Teams, representing each of the seven focus areas of the SHIP, met at least quarterly, with subcommittees meeting monthly to advance the work of the 2016 Action Agendas. Quarterly written progress updates were provided to advisory council members for review. Progress updates were also linked electronically to the appropriate indicators in the Healthy CT 2020 Performance Dashboard. Teams made an effort to recruit additional members, as well as linking to other related existing networks. 145 partners participated in the SHIP Action Teams, representing 87 organizations.

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Coalition

Coalition members continued to be engaged through periodic conference calls, emails, an informational website that documents all meeting proceedings and outcomes, membership surveys, action team participation, and a full day SHIP Action Summit. A key theme for 2016 was identifying cross-cutting issues and defining ways to utilize the collective impact of the full SHIP Coalition membership to advance the public health agenda. Members accomplished this through sharing how their local communities were aligning their local efforts with SHIP priorities, sharing advocacy messaging with partners in their communities, recruiting local advocates to participate in action team activities, and connecting the SHIP to statewide initiatives related to SIM, suicide prevention, and opioid abuse.

2016 SHIP Coalition membership increased from 194 organizations in 2015 to 409 organizations (695 actual members) from all sectors of the sector wheel **(APPENDIX A),** including tribal health districts.

SHIP Action Summit

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, and small group discussion by focus area regarding progress and 2017 priorities. During a lunchtime presentation, DPH Commissioner Raul Pino recognized the contribution, effort and dedication of SHIP Advisory Council members, Action Team Lead Conveners, and active members of the seven SHIP Action Teams. Participant input provided the groundwork for defining the 2017 SHIP Policy Agenda.

PROGRESS ON STRATEGIES

Progress was made in addressing over 80% of strategies in all seven focus areas of the SHIP, although Action Teams primarily focused on a subset of priorities on the Action Agendas. A summary of progress is identified below and details of the action team progress is available on request, or within the strategy sections of the Healthy CT 2020 Performance Dashboard corresponding indicators.

Focus Area/Action Team	Total strategies in Action Agenda	Progress	Complete	No Progress
Maternal, Infant & Child Health	14	2	11	1
Environmental Health	19	7	7	5
Chronic Disease Prevention & Control	14	6	3	5
Infectious Disease Prevention	10	5	5	0
Injury & Violence Prevention	13	2	9	2
Mental Health, Alcohol & Substance Abuse	8	5	1	2
Health Systems	8	4	4	0
TOTALS	**86**	**31**	**40**	**15**

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ACTION TEAM HIGHLIGHTS

Action Team highlights presented below identify an outcome or significant effort to link with and leverage existing initiatives in the state that align with Action Team priorities.

Maternal, Infant, and Child Health

- Every Woman CT Initiative, which addresses pregnancy intention and improving birth outcomes, is currently being piloted in 8 communities
- Significant increases in pediatric primary care providers applying fluoride varnish
- 2-1-1 Infoline webinar for eight communities who are working on the Everyone Woman CT Initiative

Environmental Health

- Met and surpassed initial target of prevalence rate for lead levels in children
- Significant coalition building to support adoption of a statewide Property Maintenance Code
- Six local schools were trained as part of the Green Schools program on the EPA Air Quality Plan Program in the use of air quality flags

Chronic Disease Prevention & Control

- Legislation passed supporting new water fluoridation standards
- Asthma Action Plan template is now available via the Department of Education's website and local school districts are being encouraged to use with identified students
- 2016 Synar report indicates a 9.0% retail violation rate (low).

Infectious Disease Prevention

- Expansion of the HIV PrEP Program to additional communities
- HPV fact sheet has been distributed to pediatricians statewide
- Local health departments surveyed to assess innovative approaches to providing flu vaccine to vulnerable populations

Injury & Violence Prevention

- The "Where Do You Stand?" (WDYS) awareness campaign to end sexual violence is now being implemented on 17 college campuses as well as the Naval Submarine Base New London and last year over 3,700 people attended a WDYS training
- Twenty-two Connecticut colleges are hosting Fresh Check Days for suicide prevention.
- Seat Belt use rate increased from 85.4% in 2015 to 89.4% in 2016.

Mental Health, Alcohol & Substance Abuse

- Nine community care teams are working in emergency departments to try to decrease readmissions for mental and behavioral health issues
- Increased trauma screening by primary care and behavioral health providers by 5%
- 3rd Annual Overdose Prevention Summit was held at the end of October

Health Systems

- Funding to prepare for accreditation distributed to 14 Local Health Departments. DPH officially submitted their application, held a successful site visit and is expecting a decision in 2017.
- A CLAS standards online training is available for staff and partners on CT TRAIN learning management system. (Course number: 1058875)
- In collaboration with CT Association of Directors of Health, initial collection of local CHIPs and crosswalk of SHIP/local CHIP alignment presented at Action Summit. Overall alignment is occurring in the areas of chronic disease, access to care and mental health and substance abuse. The alignment process will continue as additional CHIPs become available

TRACKING PROGRESS AND CHANGE IN HEALTH INDICATORS

Healthy Connecticut 2020: State Health Improvement Plan is using Results Based Accountability software to produce the Healthy Connecticut 2020 Performance Dashboard to track and display online, progress in meeting measurable objectives in the plan. This assures all action team members, the SHIP Coalition and the public have access to the most current data trends and progress towards targets for all the SHIP objectives. Results Based Accountability software enables creation of dashboards for each of the seven action teams to specifically display progress made on the objectives and health improvement targets selected as priorities for the Action Agendas. Progress towards meeting each target can be viewed in the Healthy Connecticut 2020 Performance Dashboard. A summary report, the 2016 SHIP Indicator Update Tracker is available upon request and provides the status of and progress in meeting projected targets. As of December 2016:

- 49 of the original SHIP indicators have been met or exceeded
- 29 of the original SHIP targets have been changed/updated, and of these, 2 have been updated a second time. 28 of the changed/updated/new targets have been met or exceeded

New targets have been defined for the three indicators under Infectious Disease Objective ID-28 relative to hospital acquired infections. Some targets are under consideration for revision to improve accuracy and have been temporarily removed from the Dashboard, but we continue to track performance. The revisions and refinements to targets is expected to be an ongoing process and fluid overtime as partners and DPH programs align their work with the SHIP and dashboard indicators. In some instances changes are made to better reflect a more realistic target that was initially set in 2014. In other cases, they are changed based on new data points that show progress in meeting initial targets.

Achievement of health improvement targets cannot be necessarily linked directly to implementation of specific strategies over the last year. Those achievements are likely the result of policy and prevention activities in place for several years. Implementation of SHIP evidence-based strategies are expected to contribute to improved outcomes in the future.

HEALTH DISPARITY INDICATORS

Connecticut meets or exceeds many national targets for health status and risk factors but significant challenges underlie these statewide statistics. Deep disparities in health exist among certain demographic and socioeconomic groups and even adjacent towns. There is a common understanding that in order to improve statewide averages, these disparities must be addressed. To provide more

focus and accountability, health disparity dashboards were produced for each Action Team for their priority health improvement objectives and major conditions where disparities exist by race, age, or gender, sexual orientation, or specific population. The disparity dashboards were shared at the SHIP Action Summit so that Action Team members could review the data and determine if they needed to make adjustments in their action plans for 2017. For example, the Environmental Risk Factors and Health dashboard tracks the prevalence of children less than 6 years of age with lead poisoning. While the statewide rate decreased and the initial target was met, the health disparity dashboard shows a lead poisoning prevalence ratio of 2 to 1 among black and non-black children. The health disparity dashboards present a clear and simple visual to increase understanding of existing disparities and assist action teams in planning to reduce disparities. **(APPENDIX B)**

2017 POLICY AGENDA

In April of this year, the SHIP Advisory Council proposed developing a more unified approach to policy and legislative initiatives connected to SHIP priorities. This is part of a SHIP strategic priority to address the social determinants of health through policy and system changes to achieve the greatest impact on health outcomes. In building this agenda the Advisory Council reviewed and discussed The Health Impact Pyramid **(APPENDIX C)** and how to improve SHIP strategies for maximum impact. Over the summer months, Action Teams met to identify and further develop the most important policy initiatives for 2017. In September, at the SHIP Action Summit, participants proposed both legislative and non-legislative policy concepts through small group discussions. The 2017 SHIP Policy Agenda **(APPENDIX D)** is a consolidated list of input from Action Team members and Summit participants and aligned with policies and priorities developed through Action Teams.

EMERGING ISSUES

Development and activation of the ***Zika Virus*** Surveillance and Response Plan engaged experts from around the state in planning, prevention and public education activities. To date, 111 Connecticut patients have tested positive for Zika virus (including six pregnant women), although no locally acquired cases have been reported. DPH is monitoring births to pregnant women who have tested positive for Zika virus for potential birth defects.

The national ***opioid crisis*** continues to challenge Connecticut and other states as a very serious public health issue affecting all residents. DPH partners with other state agencies for planning and implementing strategies to reduce opioid deaths, and a significant statewide effort is expected to continue with the Department of Mental Health and Addiction Services and the CT Alcohol and Drug Policy Council leading planning and intervention efforts.

In 2016, over 82% of the state received a ***severe drought*** designation, and over 40% of the state was considered to be in an extreme drought, according to the US Drought Monitor. This became a concern for residents dependent on private well source water for daily needs. Businesses and residents were asked to reduce water usage by 10-15%. Other environmental concerns include ***lead levels in drinking water*** highlighted by the crisis in Flint, Michigan. The national attention provided an opportunity for CT to review water supply infrastructure and plan for future investments to maintain its high quality drinking water.

Planning related to CT's ***State Innovation Model Test Grant (SIM)*** is seeking to achieve health system payment and delivery reforms that improve experience of care, reduce health care costs, and improve the health of populations. Development of a Population Health Plan includes planning for a model demonstration of Prevention Service Centers (PSC). The PSC concept seeks to organize community-based prevention providers and services related to high cost, high burden conditions such as hypertension, asthma, diabetes, and depression, and develop and test marketability of these services to accountable care organizations that have a financial incentive to invest in prevention.

Federal ***leadership changes*** provide uncertainty about the future of the Affordable Care Act and associated funding that supports health reform efforts, access to health care for vulnerable residents, and public health prevention activities. Additionally, efforts to repeal the law could cause the uninsured rate to increase significantly, therefore reversing significant gains made in CT to achieve universal health insurance coverage. Since the law was enacted in 2010, the uninsured rate in Connecticut has fallen by 34 percent.

The State of Connecticut will face another ***challenging fiscal year*** entering 2017 with a chronic deficit that threatens funding for health and social services for its most vulnerable residents.

CHANGES IN RESOURCES AT THE STATE LEVEL

General reductions to state agency budgets continue to affect statewide resources for personnel and prevention activities. Other significant changes in resources (increases or decreases) are noted below. This list is not inclusive and identifies some examples of changes relevant to SHIP priorities.

- In 2016, both the Department of Public Health (DPH) and the Department of Mental Health and Addiction Services (DMHAS) received SAMSHA funding to address Connecticut's growing opioid crisis. DPH funding will be used for prevention activities to: 1) maximize use of the Prescription Drug Monitoring Program; 2) work with 6 local health departments that are located in high morbidity and mortality areas to implement prevention strategies; and 3) evaluate the Good Samaritan Law, a policy with an objective to reduce morbidity and mortality. DMHAS will focus on addiction and overdose treatment. Additional SAMSHA funds ($6 million) were also allocated to eight Connecticut communities to prevent underage drinking and prescription drug abuse.
- Connecticut also experienced a reduction in funding for the Healthy Homes Program. This reduction significantly reduced the capacity to conduct home inspections which can identify health and safety issues and provide education to at risk families. Current funding levels limit the state's ability to provide this service to only three out of eight counties in the state.

CONCLUSIONS

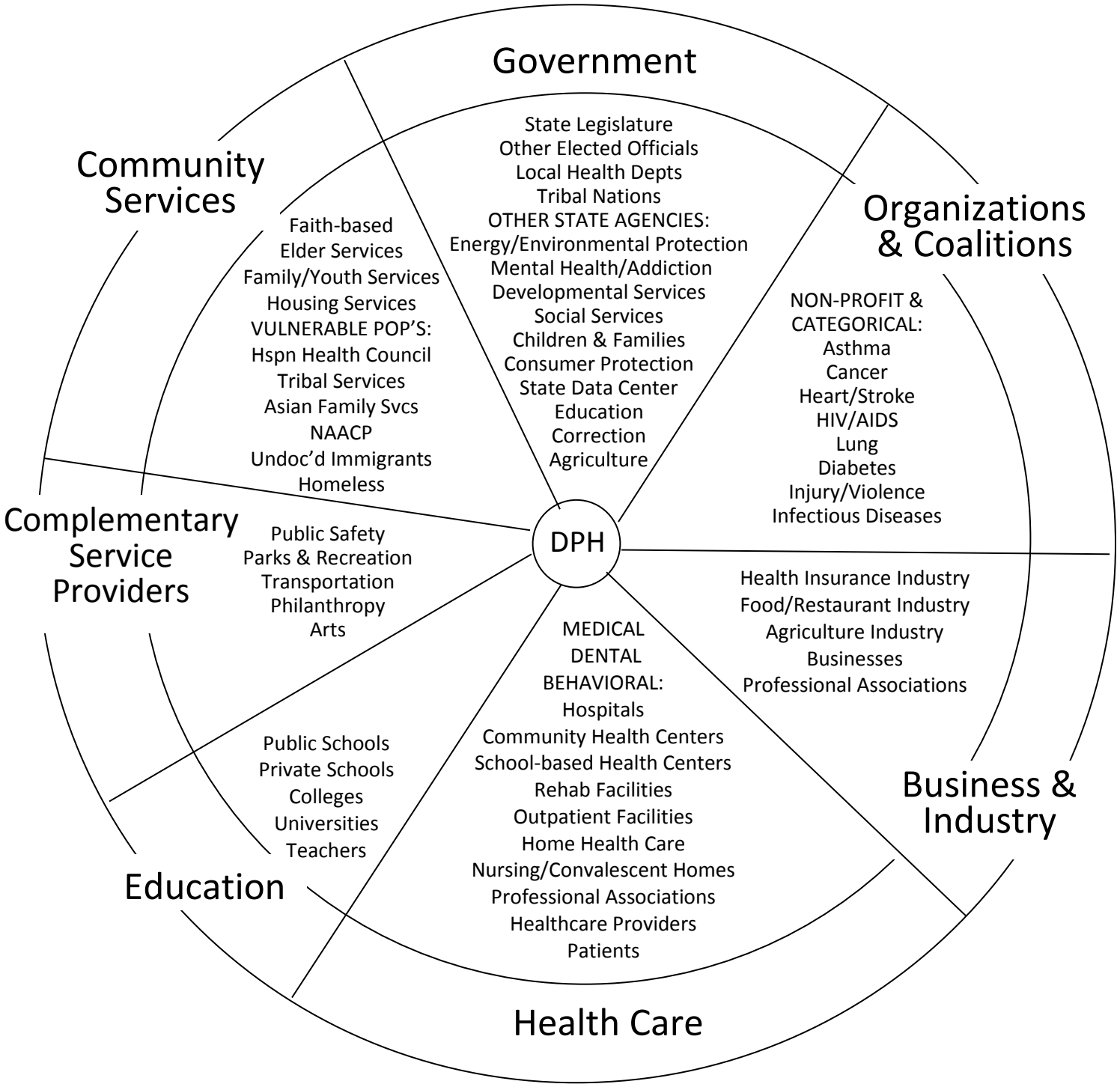
The second year of implementation of the Healthy CT 2020 State Health Improvement Plan, strengthened partnerships, demonstrated progress in addressing strategies and documented achievement of targets for dozens of objectives. During year two planning, a renewed emphasis was placed on health disparities as action teams reviewed disparity data to focus strategies for the future.

The benefits of the collective impact of all the SHIP partners working together came to light most specifically around the work of the policy agenda. For example, three of the seven action teams (Maternal, Infant and Child Health, Environmental Health and Mental Health and Substance Abuse) are addressing the social determinants of health through their combined support of legislation to institute a property maintenance code. Statewide adoption of such a code would assure consistent enforcement of property maintenance across the state to assure that health risks due to unhealthy and unsafe housing would be minimized.

It is anticipated that the synergistic effects of the action teams will continue to lead to successful strategies and improved outcomes for the population of Connecticut, particularly for those who are most vulnerable.

State of Connecticut
State Health Assessment & Health Improvement Planning

SECTOR & STAKEHOLDER WHEEL



POTENTIAL STAKEHOLDERS BY SECTOR

SECTOR	STAKEHOLDERS
Government	State Legislators Other Elected Officials (Mayors, Selectmen, etc.) Local Health Departments Tribal Nations (MPTN and Mohegan) OTHER STATE AGENCIES: Agriculture Children & Families Consumer Protection Correction Developmental Services Education Energy/Environmental Protection Housing Labor Mental Health/Addiction Social Services State Data Center Transportation
Organizations & Coalitions	NON-PROFIT & CATEGORICAL RELATED TO: Arthritis Prevention Asthma Prevention Cancer Prevention & Control CT Cancer Partnership Diabetes Prevention & Management Heart Disease/Stroke Prevention HIV/AIDS Prevention & Management Injury/Violence Prevention Infectious Diseases Prevention HEALTH EQUITY: Multicultural Health Partnership Commission on Health Equity Professional organizations for minorities (Black Social Workers, Black Nurses, Hispanic Nurses)
Business & Industry	Health Insurance Industry Food/Restaurant Industry Agriculture Industry Businesses Recreation Industry Professional Associations

SECTOR	STAKEHOLDERS
Health Care	MEDICAL, DENTAL & BEHAVIORAL: Hospitals Community Health Centers School-based Health Centers Rehab Facilities Outpatient Facilities Home Health Care LGBT Health Collectives Nursing/Convalescent Homes Emergency Medical Services Professional Associations CT Medical Association CT Dental Association Healthcare Providers Healthcare Advocates Patients
SECTOR	STAKEHOLDERS
Education	Public Schools Private Schools Colleges & Universities Teachers Boards of Education Professional Associations CT Education Association
Community Services	Faith-based organizations Housing Services YMCA/YWCA ORGANIZATIONS REPRESENTING VULNERABLE POPULATIONS: Elder Services Family/Child/Youth Services Tribal Services Services for Undocumented Immigrants Services for Homeless People Asian Family Services Hispanic Health Council NAACP African American Affairs Commission Latino & Puerto Rican Affairs Commission Urban League

SECTOR	STAKEHOLDERS
Complementary Service Providers	Arts Parks & Recreation Philanthropy Public Safety Police Fire Emergency Management Transportation

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% ↓
I Disparity ratio between percent of low birthweight singleton births for Hispanics and non-Hispanic whites in Connecticut.	2013	1.43	–	↘ 1	-8% ↓
I Disparity ratio between the proportion of live singleton births delivered at less than 37 weeks gestation for non-Hispanic blacks and non-Hispanic whites in Connecticut	2013	1.70	–	→ 1	-6% ↓
I Disparity ratio between the proportion of live singleton births delivered at less than 37 weeks gestation for Hispanics and non-Hispanic whites in Connecticut	2013	1.39	–	↘ 1	0% →

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% ↓

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% ↑
I	Oral Health — Percent of adults (18+y) with a household income <$25,000 who have visited a dentist or dental clinic in the last year.	2014	61.2%	65.0%	↗ 1	-1% ↓
I	Oral Health — Percent of adults (65+y) with a household income <$25,000 who have had all their natural teeth extracted.	2014	19.3%	15.0%	↘ 1	9% ↑
I	Genomics — Percent of adults (18+y) with a household income of less than $25,000 who have collected health information from their relatives to develop their family health history.	2011	49.0%	55.0%	→ 0	0% →
I	Quality&Safety — Rate of preventable hospitalizations among all non-Hispanic Black adult residents.	2012	2,146.0 per 100,000	2,062.0 per 100,000	↘ 1	-1% ↓

HCT2020 Infectious Disease Prevention and Control Health Disparity

APPENDIX B

R Prevent, reduce and ultimately eliminate the infectious disease burden in Connecticut.		Time Period	Actual Value	Target Value	Current Trend	Baseline %Change
I Inf Dis Prevent	Number of newly diagnosed cases of HIV in Connecticut among men who have sex with men (MSM). (HCT2020)	2014	135	148	↘ 1	4% ↑
I Inf Dis Prevent	Number of newly diagnosed cases of HIV in Connecticut among black females.	2014	57	39	↗ 1	-2% ↓
I Inf Dis Prevent	Number of incident syphilis cases in Connecticut among HIV-infected men who have sex with men. (HCT2020)	2015	20	–	↘ 1	-20% ↓
I Inf Dis Prevent	Rate of gonorrhea incidence in Connecticut, by black race (# per 100,000 population). (HCT2020)	2015	211	282	↗ 1	-49% ↓
I Inf Dis Prevent	Rate of gonorrhea incidence in Connecticut, by Hispanic ethnicity (# per 100,000 population). (HCT2020)	2015	58	63	↗ 1	-11% ↓
I Inf Dis Prevent	Rate of chlamydia incidence in Connecticut, by black race (# per 100,000 population). (HCT2020)	2015	669	1,080	↗ 1	-40% ↓
I Inf Dis Prevent	Rate of chlamydia incidence in Connecticut, by Hispanic ethnicity (# per 100,000 population). (HCT2020)	2015	208	387	↗ 1	-50% ↓

HCT2020 Injury and Violence Prevention Health Disparity

APPENDIX B

R	Create an environment in which exposure to injuries is minimized or eliminated.	Time Period	Actual Value	Target Value	Current Trend	Baseline % Change
I	Disparity ratio between the number of unintentional fall deaths for ages 70+ and 0-69 years old.	2013	3.7	–	↘ 1	-3% ↓
I	Disparity ratio between rates of fall-related ED visits among 70+ and 5-69 years old.	2013	2.7	–	→ 1	13% ↑
I	Disparity ratio between number of motor vehicle traffic-related deaths for males and females.	2013	2.6	–	→ 1	0% →
I	Disparity ratio between rates of motor vehicle traffic-related ED visits for non-Hispanic blacks and non-Hispanic whites.	2013	3.1	–	↗ 2	7% ↑
I	Disparity ratio between rates of motor vehicle traffic-related ED visits for Hispanics and non-Hispanic whites.	2013	1.9	–	↗ 1	-17% ↓
I	Disparity ratio between rates of motor vehicle traffic-related ED visits for Other non-Hispanics and non-Hispanic whites.	2013	1.8	–	→ 1	-5% ↓
I	Disparity ratio between rates of suicide for males and females.	2013	3.6	–	↗ 1	0% →
I	Disparity ratio between rates of suicide for non-Hispanic whites and non-Hispanic blacks.	2013	3.2	–	↘ 1	0% →
I	Disparity ratio between rates of suicide for non-Hispanic whites and Hispanics.	2013	3.1	–	↗ 1	63% ↑
I	Disparity ratio between rates of suicide attempt ED visits for Hispanics and non-Hispanic whites.	2013	1.4	–	↗ 1	-26% ↓
I	Disparity ratio between number of TBI-related hospitalizations for males and females.	2013	1.4	–	↘ 1	-13% ↓
I	Disparity ratio between rates of TBI-related hospitalizations among 70+ and 5-69 years old.	2013	7.3	–	↗ 4	40% ↑
I	Disparity ratio between rates of TBI-related ED visits among 70+ and 5-69 years old.	2013	2.2	–	↗ 1	16% ↑
I	Disparity ratio between number of firearm homicides for males and females.	2013	15.3	–	↗ 1	76% ↑
I	Disparity ratio between number of firearm deaths between 15-39 and 40+ years old.	2013	6.0	–	↗ 1	-5% ↓
I	Disparity ratio between number of firearm homicides for non-Hispanic blacks and non-Hispanic whites.	2013	3.1	–	↗ 1	24% ↑
I	Disparity ratio between number of firearm homicides for Hispanics and non-Hispanic whites.	2013	1.3	–	↗ 1	0% →

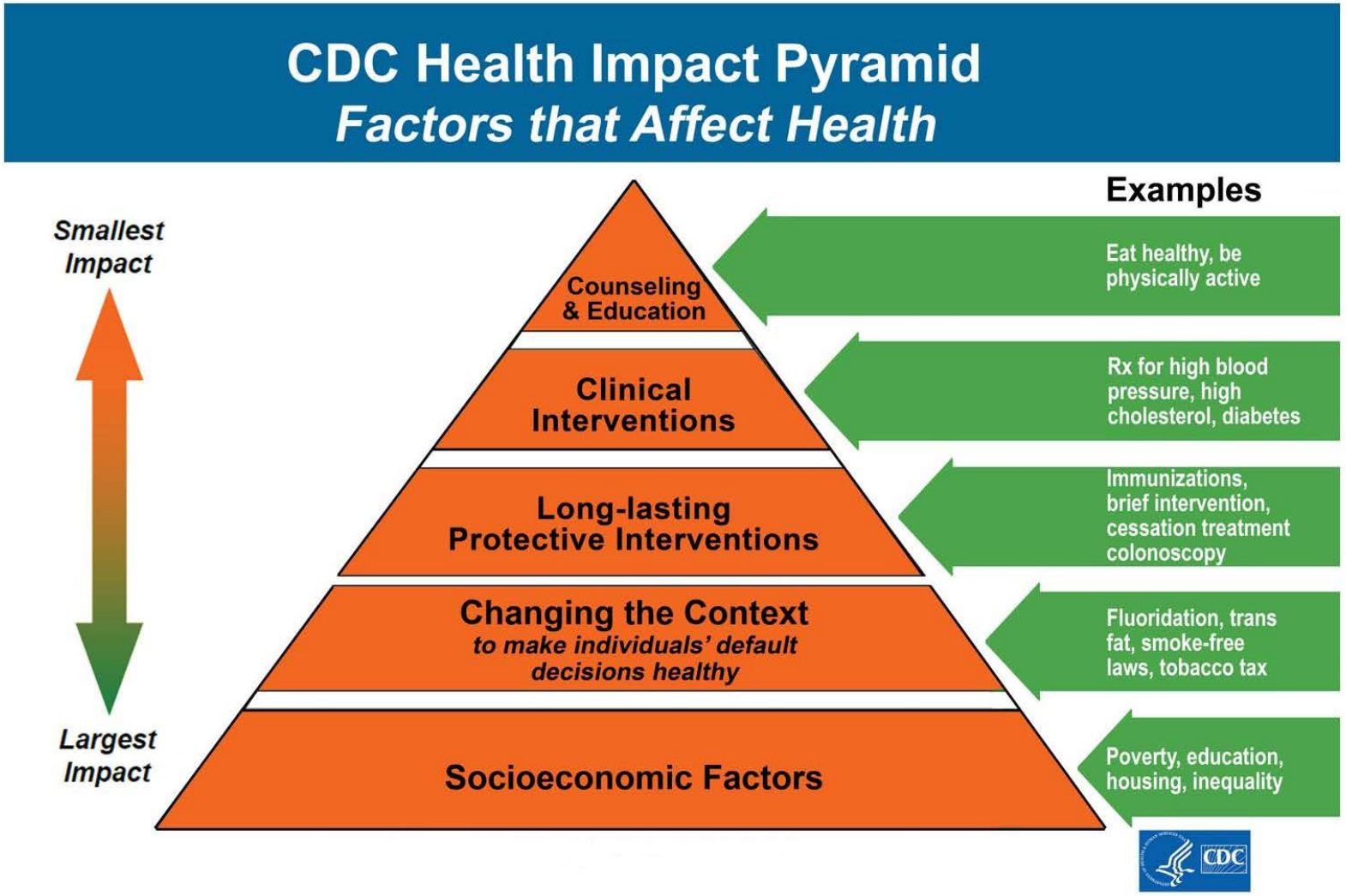
HCT2020 Mental Health and Substance Abuse Health Disparity

APPENDIX B

R	Improve overall health through the lifespan, through access to quality behavioral health services that include screening, early intervention, prevention and treatment.	Time Period	Actual Value	Target Value	Current Trend	Baseline %Change
I	Mental Health — Rate of mental health emergency department visits in Connecticut. (HCT2020)	2014	2,784.6 per 100,000	2,546.0 per 100,000	↘ 1	4% ↑
I	Alcohol — Percentage of Connecticut students (14-18 y) who had five or more drinks of alcohol within a few hours, on one or more of the past 30 days.	2015	14.0%	21.0%	↘ 5	-50% ↓
I	Substance Abuse — Proportion of non-medical use of pain relievers across the lifespan (12+ years old). (HCT2020)	2014	3.8%	4.2%	↗ 1	-14% ↓
I	Injury — Rate of Unintentional Prescription Opioid Overdose Deaths per 100,000 Connecticut Population	2013	4.9	1.7	↗ 1	158% ↑

HCT2020 Health Systems Health Disparity

R	Align efforts of health systems stakeholders to achieve sustainable, equitable, and optimal population health.	Time Period	Actual Value	Target Value	Current Trend	Baseline %Change
I	FA7 Health Syst — Percent of households with severe housing problems.	2012	19	–	→ 1	6% ↑
I	Access to Care — Percent of adults (18-64y) with a household income of <$25,000 who have health care coverage.	2014	75.0%	80.0%	↗ 1	14% ↑
I	Access to Care — Percent of adults (18+y) with a household income <$25,000 who have a regular source of care.	2014	69.8%	83.0%	↘ 2	-7% ↓



Adapted from Thomas R. Frieden. A Framework for Public Health Action: The Health Impact Pyramid. American Journal of Public Health: April 2010, Vol. 100, No. 4, pp. 590-595. doi: 10.2105/AJPH.2009.185652

CONNECTICUT
HEALTH IMPROVEMENT COALITION
Partners Integrating Efforts and Improving Population Health

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 Priorities (LEGISLATIVE)	1 Legislative Proposal Y/N?	2 Lead Agency or sponsor identified Y/N?	3 Benefit multiple areas of SHIP Y/N?	4 Expecting support Y/N?	5 Potential for Maximum impact Y/N?	6 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			Expect opposition		

*CDC Prevention Status Reports (PSR) - https://wwwn.cdc.gov/psr/

01-12-2017

CONNECTICUT
HEALTH IMPROVEMENT COALITION
Partners Integrating Efforts and Improving Population Health

2017 SHIP Policy Agenda

Policy Suggestions (NON-LEGISLATIVE)	1 Legislative Proposal Y/N?	2 Lead Agency or sponsor identified Y/N?	3 Benefit multiple areas of SHIP Y/N?	4 Expecting support Y/N?	5 Potential for Maximum impact Y/N?	6 CDC PSR rating
1. Require use of fluoride varnish for decay prevention in school-based programs, primary care practices and community access points *(CD Action Agenda)*		COHI	Y	Y	Y	
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	
3. Standardized indicators for local CHIPs *(HS)*			Y		Y	
4. Require CLAS standards in all state agency contracts *(HS Action Agenda)*			Y	MIXED	Y	
5. Advocate for appropriate and sustainable Tobacco Trust Fund allocations for education, prevention, and cessation *(CD Action Agenda)*		MATCH Coalition	Y	Y	Y	Red
6. Nutrition standards for procurement and sales of food and beverages sold on state owned/operated property *(CD) *Cannot act on this until next state contract*			Y			Red

*CDC Prevention Status Reports (PSR) - https://wwwn.cdc.gov/psr/