



# CONNECTICUT HEALTH IMPROVEMENT COALITION

*Partners Integrating Efforts and Improving Population Health*

## HEALTHY CONNECTICUT 2020

### ADVISORY COUNCIL

**Meeting Summary**  
**February 8, 2018**  
**10:00 am - 12:00 pm**

#### **Meeting Purpose and Outcome:**

Understand the state budget process and the impact on public health funding, review the interim progress toward strategies and indicators and discuss the implications for SHIP Action Agendas and SHA-SHIP v. 2.0

#### **Attendees:**

Comr. Raul Pino, CT Dept. of Public Health; Patricia Baker, CT Health Foundation/Advisory Council Chair; Mark Abraham, DataHaven; Robyn Anderson, Advanced Behavioral, Inc.; Elizabeth Beaudin, Connecticut Hospital Foundation; Mary Boudreau, Connecticut Oral Health Initiative; Mehul Dalal, CT Dept. of Public Health; Judy Dicine, Office of the Chief State's Attorney; Phyllis DiFiore, CT Dept. of Transportation; Jordana Frost, March of Dimes; Colleen Gallagher, Department of Correction; Robyn Gulley, North Central Area Agency on Aging; Brenetta Henry, Consumer Representative; George McDonald, Consumer Representative; Marcus McKinney, Trinity Health-New England; Terry Nowakowski, Partnership for Strong Communities; Elaine O'Keefe, Yale School of Public Health; Scott Sjoquist, Mohegan Tribal Health; Janet Storey, CT Dept. of Mental Health and Addiction Services; Kathi Traugh, Connecticut Public Health Association; Nancy Yedlin, Donaghue Foundation; Abdi Elmi, CT Dept. of Public Health, Victor Daye, CT Dept. of Public Health, Mario Garcia, CT Dept. of Public Health; Donna Burke, Health Resources in Action; Kristin Sullivan, CT Dept. of Public Health; Sandy Gill, CT Dept. of Public Health; Melissa Touma, CT Dept. of Public Health; Laurie Ann Wager, CT Dept. of Public Health; Chantelle Archer, CT Dept. of Public Health

#### **DataHaven Community Well-being Survey:**

Mark Abraham, DataHaven, presented an update on the *DataHaven Community Well-being Survey* which measures quality of life and well-being. Some of the topics included in the survey are health, personal finance, education and skills, natural environment, where we live, and what we do. The 2018 survey is scheduled to launch at the end of February. That is also the deadline for adding questions to the survey or interviews within a given area. The new questions being considered for 2018 include opioid use and impacts within communities, housing quality, alcohol and marijuana use, and transportation to non-emergency medical care per the Health Systems Action Team discussions/needs to provide data sources and better assess access to health services. A total of 15,000 live interviews are planned in every Connecticut town, with 1,000 in the largest cities.

#### **Q&A:**

- **Q: Would DataHaven make a person's job easier for finding data, for example on youth?** Yes, we can let you know what is publicly available and direct you to that information.
- **Q: On some of the new areas proposed for 2018, will the survey specifically ask about transgender?** Yes, we are strongly leaning toward adding a question about transgender. We will be testing the questions to determine what to include. It is helpful to know that there is interest.
- **Q: What is the angle for HIV testing questions being added?** One angle would be: 'Have you been offered the opportunity to be tested?'
- **Q: Does the survey include questions on civic engagements, the level of activism?** The survey has some standard measures for that. It is difficult to measure the level of volunteerism.



# CONNECTICUT HEALTH IMPROVEMENT COALITION

*Partners Integrating Efforts and Improving Population Health*

- **Q: How much input from faith-based organizations have been incorporated into the creation of the questions?** There is input from some religious councils but would like more and to build capacity to build those relationships. Hopefully, as these groups use the data, they will provide input to it in the future. It was suggested that DataHaven reach out to the Black Ministerial Health Fellowship Coalition which is a faith-based leader's advocacy coalition.
- **Q: What is the process for getting questions included on different topics?** A call went out to public agencies and non-profits and we added the questions to the bank. People write to us about which will be helpful and why. We have a prioritization process.
- **Q: Who are DataHaven's customers? Who benefits from this information?** We have a lot of measures. There are over 60 funders who use the information (government, foundations, non-profits, municipalities). We want to hear how they use the results.

Contact information for Mark Abraham if members have additional questions about the survey:

Email: [info@ctdatahaven.org](mailto:info@ctdatahaven.org); Tel: 203-500-7059; Twitter: @ctdata

## Public Health Funding:

Representatives from DPH's Fiscal Office, Abdi Elmi and Victor Daye, provided an overview of DPH's funding and sources of funding. They presented an overall breakdown of DPH's state and federal budgets for 2018 (refer to power point slides) including legislated line items. Historically, state and federal funding for public health services has declined with the exception of funding for immunization services which has increased overtime.

## Q&A

- **Q: Does DPH have the ability to request additional information from providers on vaccinations?** Yes. Immunization providers are mandated to report to CT DPH's Connecticut Immunization Registry and Tracking System (CIRTS) all vaccinations administered to children "who have not begun first grade". More information on CIRTS is available on the DPH website: <http://www.portal.ct.gov/DPH/Infectious-Diseases/Immunization/Connecticut-Immunization-Registry-and-Tracking-System-CIRTS>.
- **Q: Are revenues listed as a source of funding?** Approximately \$46 million is the total revenue for 2016. We are answering the question of where the funding comes from. Most of the revenue comes from licensing; \$300,000 for 60 different licenses. We are looking to get the newborn screening monies (\$108/child) reimbursed.
- **Q: Is maternal, infant, and child health services supported by state funds?** There are limited health initiatives that are directly supported by state funds. The general fund is \$58 million, \$34 million of which are for state salaries. Many are paid by federal funds. Community health services (\$1.6 million) includes Planned Parenthood and health access (New Haven and Waterbury).
- **Q: With federal funding for community health centers not being renewed yet, is the state taking any steps to bridge that funding gap?** The allocations at DPH for community health centers was moved to DSS two years ago. DPH does not have responsibility for those funds. DSS has reimbursements from Medicaid, so it made sense to have that money there.
- **Q: Part of the WIC funding is also for food purchasing, right?** Yes. Part is the program and part is for purchasing the food consumed through the program. We estimate that 5,000 to 10,000 children who are eligible for WIC are not accessing the program. The program returns money. Non-filling of vacancies (retirement or people leaving) contributes to all money not being spent.



# CONNECTICUT HEALTH IMPROVEMENT COALITION

*Partners Integrating Efforts and Improving Population Health*

- **Q: What are rebates?** Rebates are basically about the purchase of food. Food is received from different food vendors and rebates are received from them. Rebates must be used first before federal funds. This creates a surplus.
- **Q: Is it fair to say that DPH's capacity to provide services has been impacted?** Yes. We try to use the services to infuse the community. And the state government tries to not provide services that can be provided by others. DPH has accumulated about \$20 million that we have to use from those rebates.
- **Q: Could you provide us with information on the maternal child health block grant and how it is allocated?** A redistribution of this grant is being considered to ensure the community is getting the appropriate services. It is important to be performance based and provide funds based on results. The funds are distributed evenly, and should be about where the needs are and where the results are.
- **Q: Does DPH have numbers of the staffing level from 2014 to 2017?** Yes. The number of DPH staff has gone down.
- **Q: When thinking about staffing, are there any benchmarks compared to other states?** Connecticut is one of the states that spends the least in public health per capita. That has to be qualified – our needs may be less than other states given that we consistently rank as one of the healthiest states in the country. The issue we will face in the future is the ability to reallocate resources to address health disparities.
- **Q: What are bond funds?** Bond funds are a form of debt, money the state borrows for certain projects. They are obligations of the state for the payment of the principal and interest. For the state, there are two primary types of bonds: general obligation bonds and special tax obligation bonds. There are also revenue bonds. The Bond Commission approves these funds. Bond funds are accessed when a project cannot be funded from our operating expenses. For example, DPH has bonding for drinking water projects that invest in infrastructure. More information about each type of bond can be found at:  
[http://www.ct.gov/opm/cwp/view.asp?a=3010&Q=382918&opmNav\\_GID=1793](http://www.ct.gov/opm/cwp/view.asp?a=3010&Q=382918&opmNav_GID=1793).

## **Other comments made by Advisory Council members include:**

- If cuts continue to occur DPH will have to determine what services the agency is able to provide.
- More flexibility in the budget categories is needed to respond to service needs and emerging public health issues.
- There is less funding for personal services and school-based services.
- The provider licensing section has seen a 25% decrease in staffing. The number of licenses needed, however, continues to increase.
- The lab provides HIV confirmation testing and in the near future will begin offering CD4 (or T cell count which assesses how well your immune system is functioning), viral load and genotyping.

## **Healthy Connecticut 2020 Interim Report Preliminary Findings:**

- The Healthy Connecticut 2020 Interim Report assesses progress for 70 SHIP health indicators (41 are related to the SHIP priorities and 29 are specific to health disparities). The report looks at baseline data, current targets, and whether targets were reached for all 70 indicators. The report does not provide a trend analysis, just whether the target was reached and if the data points are moving in the right direction or towards the target. The data in the report should be interpreted with caution due to the following limitations: a) data collection methodology for some indicators has changed due to improved processes or shifts in funding sources, b) significant time lag between data collection, analysis, and availability for public



# CONNECTICUT HEALTH IMPROVEMENT COALITION

*Partners Integrating Efforts and Improving Population Health*

reporting, so that the current data does not reflect impact of implementation efforts; c) for some conditions such as obesity, impact of strategies may take several years.

- **The following question was asked of Advisory Council members for thoughts and input:** Are there any implications for how the Advisory Council thinks about the next iteration of the SHA and SHIP based on the preliminary report findings?

Comments included the following:

- 136 objectives is very ambitious. It's okay not to have so many objectives.
- As a coalition we need to look at where we have the strongest influence and reach. There are multiple sectors and communities.
- The secret to success is focus; we need that capacity to have focus
- What are the areas of greatest need and what is the number we're trying to reach? / What are the greatest needs of Connecticut?/What is the criteria?
- Need to focus on the outcome we are striving for versus the structure of how we do it. There has to be stratification/focus. The mission should address the differences in outcomes, equity. Connecticut's rank as one of the five healthiest states in the country doesn't help our cause.
- Health equity needs to be at the front and center of the SHIP. Equity and disparities underlie all of the priorities. Housing, for example, is a large issue and there is tremendous overlap between housing disparities and health, crime etc. (social determinants of health). Housing cuts across all of the Action Teams.
- Health equity: We tagged them but are we focusing on them? Are the strategies focused on health equity? When we report do we focus on health equity?
- Housing is a crosscutting factor for health improvement. It will take money to correct housing which will result in savings in health care. The property maintenance code is important.
- To look at health equity it is critical that we have good data on race and ethnicity. We need to know what the sources are/we need a policy agenda around the data.
- The priority of the SHIP should be improving quality of data. There is a data deficit in Connecticut. We need more promotion of best practices.
- Is the SHIP about impact, measurements? If you can't measure it does it make sense to make it a priority?
- We need a more succinct and better way to talk about the SHIP. The SHIP can be overwhelming. There are three portfolios of work – 1) education/promotion/best practices, 2) systems approach, 3) policy agenda
- Action teams need to look at what is slowing down the strategies. Are there common barriers?
- Too many people working on something can be a problem. Groups have intersected with their own agendas and are trying to make changes in the same areas. How do you change that conversation? If someone else is doing a better job at something we should let them work on it.
- We need to think about how things are different with the SHIP compared to when it was first implemented.



# CONNECTICUT HEALTH IMPROVEMENT COALITION

*Partners Integrating Efforts and Improving Population Health*

- The next phase of the SHIP should incorporate the promotion of statewide practices that relate to the objectives.
- Advisory Council members were asked by the chair to consider this question for further discussion about this at the next meeting.

## **Announcements:**

- **State Innovation Model, Population Health Plan, RFP & RFA:**
  - Mario Garcia provided copies of a *Request for Proposals (RFP)* and a *Request for Applications (RFA)*. The RFP is titled '*Health Enhancement Community Initiative: Reference Communities*'. The SIM Program Management Office working with DPH is soliciting at least three community health collaborative ("reference communities") to work with the State in planning for a new Health Enhancement Community (HEC). The RFP was released on February 6, 2018 and the deadline to submit applications is March 13<sup>th</sup> at 3pm. The RFA is titled '*Prevention Service Initiative for Community-Based Organizations*'. Through this RFA the State of Connecticut is soliciting community based organizations (CBOs) and public health departments to participate in the Prevention Service Initiative (PS) which is part of Connecticut's comprehensive SIM strategy to promote healthier people, better care, smarter spending, and health equity. The RFA was released on February 6, 2018 and the deadline to submit applications is March 9<sup>th</sup> at 3pm. Copies of the applications were provided to Advisory Council members for their review.
- **Yale School of Public Health Presentation:** Dr. George Koob, the Director of the National Institute on Alcohol Abuse and Alcoholism will be giving a presentation at the Environmental Health Sciences Department on February 21<sup>st</sup>, 12 PM to 1 PM at Winslow Auditorium (60 College Street, Lower Level). Title of Presentation: "What Science Can Tell you about the Diagnosis, Prevention and Treatment of Alcoholism".
- **Webinars:**
  - "Innovation in Public Health: Giving Meaning to a Buzzword", February 28<sup>th</sup>, 12 PM-1:30 PM. Register on TRAIN – <https://www.train.org/connecticut> (Course ID # 1075367)
  - "Mold Confusion? Think Moisture Intrusion", March 13 at 12PM. Register on TRAIN (Course # 1074212).
  - "The Green & Healthy Homes Initiative: Successful Cross-Sector Collaboration", Friday, March 23<sup>rd</sup>, 12 PM, Register on Train (Course ID # 1075368).
  - "CT Statewide Hoarding Resources: Assets for Community Agencies" April 18<sup>th</sup> at 12PM, Register on Train (Course # 1074206).

## **Next Steps/Next Meeting Dates:**

- Next SHIP Advisory Council Meeting: April 24<sup>th</sup>, 9:30am-11:30am, DPH Lab in Rocky Hill.

# Meeting Purpose and Outcomes

---

- Understand the state budget process and the impact on public health funding
- Review the interim progress toward strategies and indicators and discuss the implications for SHIP Action Agendas and SHA-SHIP v. 2.0

---

# Welcome & Introductions

# Agenda

---

<b>9:30</b>	<i>10</i>	<b>Welcome and Introductions</b>	<i>Pat Baker, AC Chair</i>
<b>9:40</b>	<i>15</i>	<b>DataHaven Community Wellbeing Survey Update</b>	<i>Mark Abraham</i>
<b>9:55</b>	<i>60</i>	<b>Public Health Funding</b>	<i>Abdi Elmi Chukwuma Amechi Victor Daye</i>
<b>10:55</b>	<i>30</i>	<b>HCT2020 Interim Report</b> <ul style="list-style-type: none"><li>• Preliminary Findings</li><li>• Discussion &amp; Feedback</li></ul>	<i>DPH/HRiA/All</i>
<b>11:25</b>	<i>5</i>	<b>Next Steps/Next Meeting Date</b>	<i>Pat Baker, AC Chair</i>



---

# DataHaven Community Wellbeing Survey



**DataHaven**  
The Twenty Fifth Year

# **DataHaven Community Wellbeing Survey**

## **February 8, 2018 Program Update**

Email: [info@ctdatahaven.org](mailto:info@ctdatahaven.org)

Tel: 203-500-7059 Twitter: [@ctdata](https://twitter.com/ctdata)



# DataHaven

## The Twenty Fifth Year

- DataHaven is a non-profit organization with a 25-year history of public service
- Our mission is to collect, share, and interpret public data to support local communities: [www.ctdatahaven.org](http://www.ctdatahaven.org)
- We provide free technical assistance to over 200 public agencies and non-profits each year
- DataHaven is a formal affiliate of the National Neighborhood Indicators Partnership of the Urban Institute (Washington, DC).



Topic: Community vitality | Indicator: Feel safe walking at night

Show map labels |  Show statewide values

**Feel safe walking at night**

**State Senate District 17 - Community vitality**  
Sen. George S. Logan (R)  
Sponsored bills, 2017

Feel local parks in good condition	67%
Feel safe walking at night	66%
Satisfied with area	78%
Feel local government is responsive	42%
Think residents are able to obtain jobs	27%
Feel area is good place to raise kids	65%
Feel they have some influence over local government	57%

District contains all or parts of Ansonia, Beacon Falls, Bethany, Derby, Hamden, Naugatuck, Woodbridge

---

Percent Latino by neighborhood, 2016

View map | View chart

**Asylum Hill - Race and ethnicity**

Total population:	9,609
Latino population:	2,467
Percent Latino:	26%
White population:	1,282
Percent white:	13%
Black population:	4,689
Percent black:	49%
Other race population:	1,171
Percent other race:	12%

Neighborhood | Town | Total population | Latino population | Percent Latino | White population | Percent white | Black population | Percent black | Other race population | Percent other race

DataHaven Website

# A Focus on Neighborhood Equity



**"If you want to achieve an equitable outcome, it starts with disaggregated data. We need to have the courage to look within ourselves and see who is, and who isn't, doing well."**

-Angela Blackwell, PolicyLink, at Ford Foundation, 2/2014



**"[Data] is about whether we really want to have a democracy, and whether we really want to empower folks who are disempowered now."**

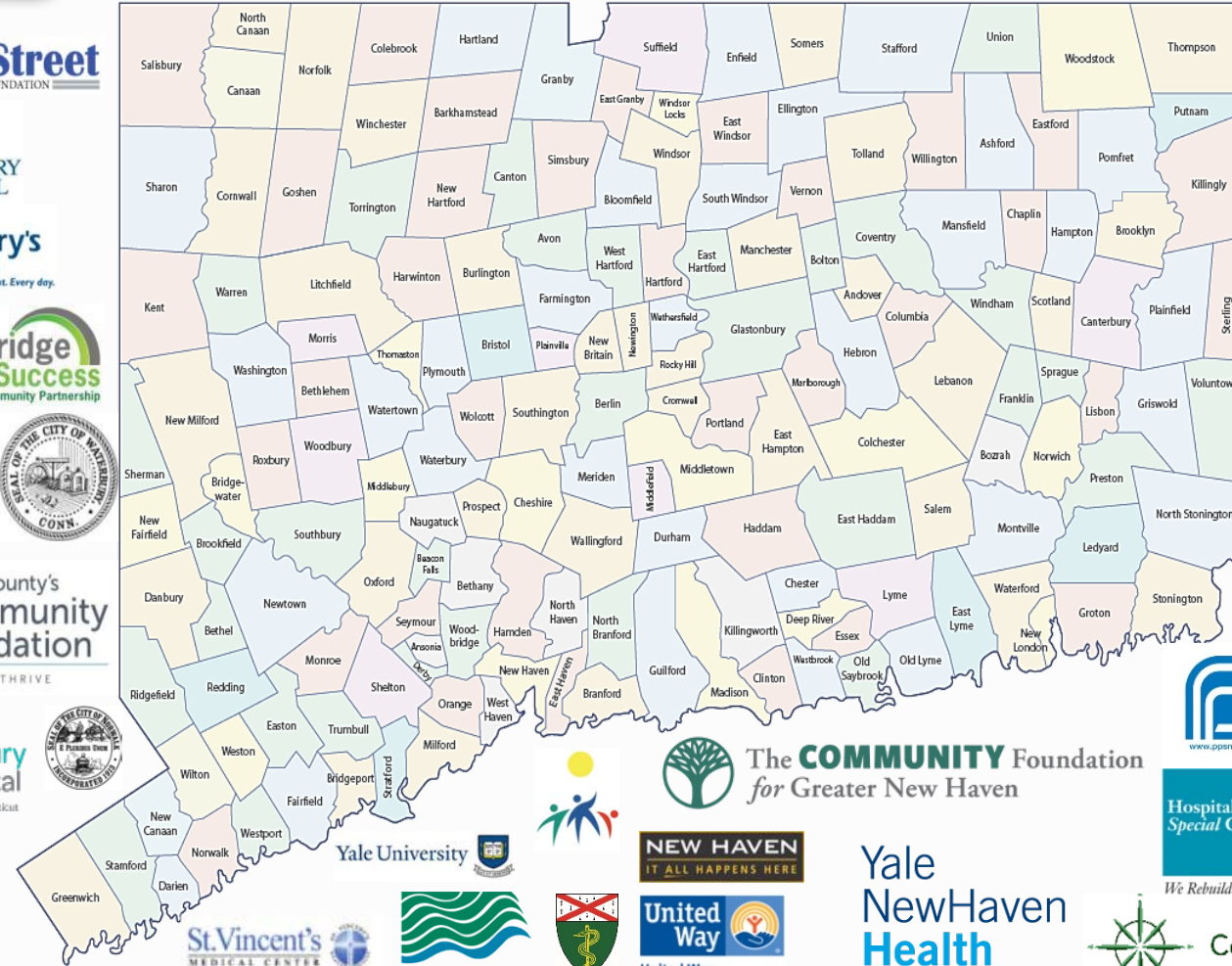
-New Haven Mayor Toni Harp, at Hartford Library, 3/2014





DataHaven  
The Twenty Fifth Year

# DataHaven Survey: 2015 and 2018 Funders



# January 2018 Partner Convening: Program

## Welcome

Penny Canny, President, DataHaven Board of Directors,  
Yale School of Public Health

## Why So Many Questions, DataHaven?

Mark Abraham, Executive Director, DataHaven  
Don Levy, Director, Siena College Research Institute

## Panel Discussion

Moderator: Brita Roy, Director of Population Health, Yale Medicine  
Patricia Baker, President & CEO, Connecticut Health Foundation  
Juanita T. James, President & CEO, Fairfield County's Community Foundation  
Russell Melmed, Epidemiologist and Supervisor of Health Education &  
Community Outreach, Ledge Light Health District

## Breakout Discussions

### Room A: Health Improvement

Moderator: Catherine Rees, Director, Community Benefit, Middlesex Hospital

### Room B: Strong Communities and Secure Families

Moderator: Scott Gaul, Director of Research and Evaluation, Hartford Foundation



## Event Sponsors



The Community Foundation  
for Greater New Haven



Connecticut Health  
FOUNDATION  
Changing Systems, Improving Lives.

Yale University

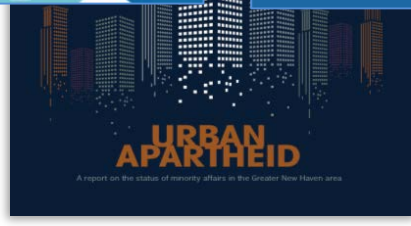
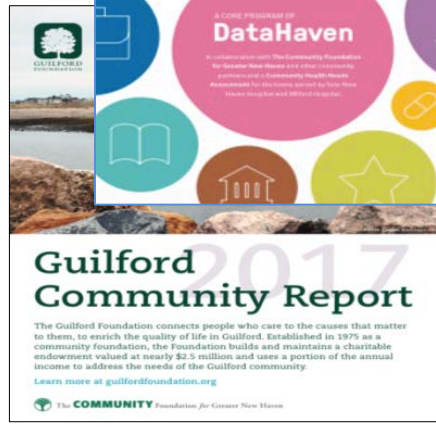
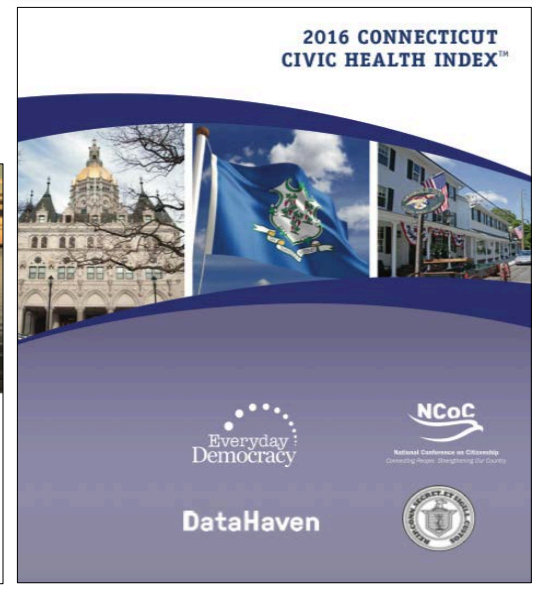
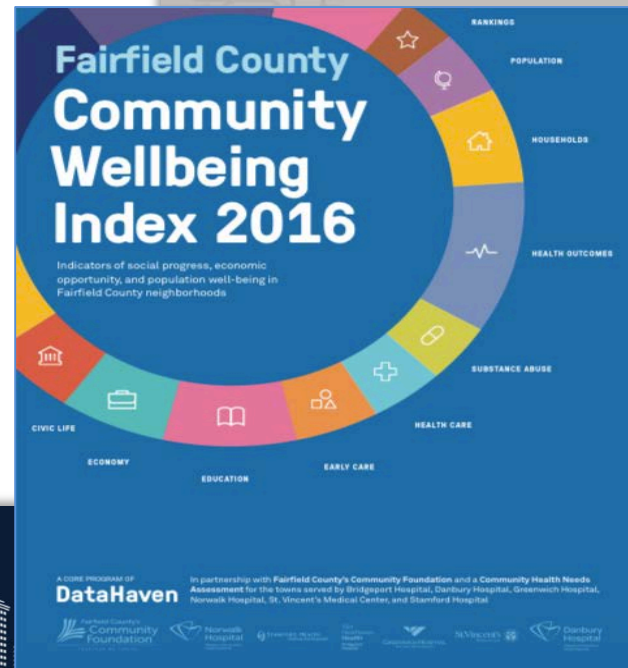
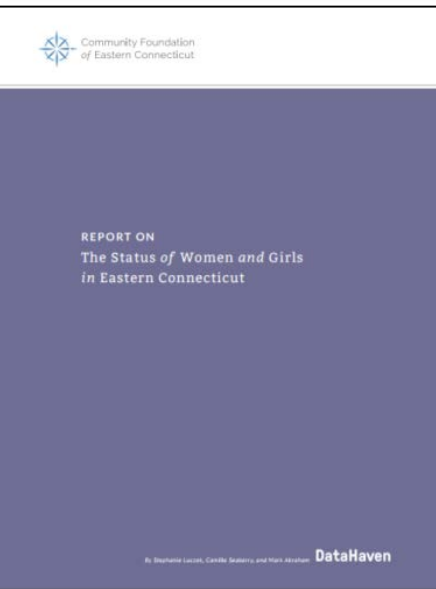
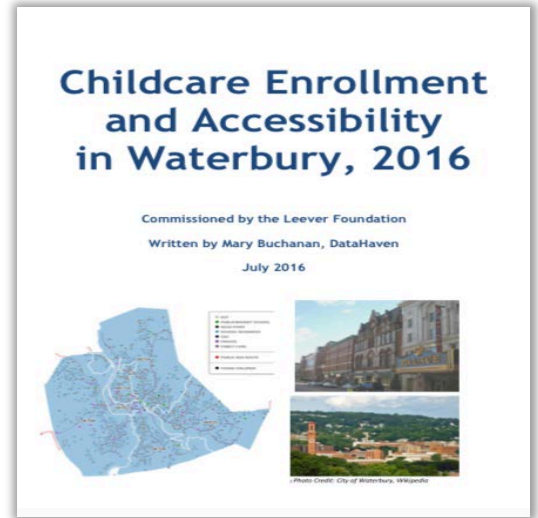
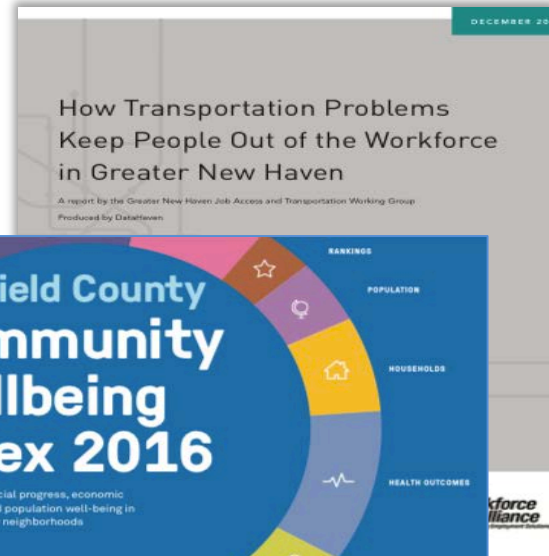
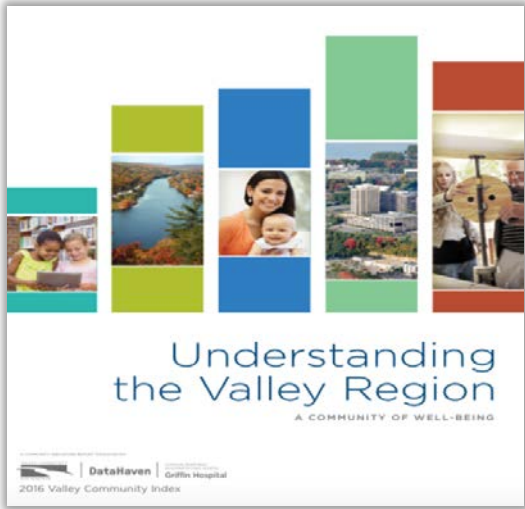






DataHaven  
The Twenty Fifth Year

# Measurement as a Unifier: DataHaven and Partner Publications





SPECIAL REPORT: TOP DENTISTS

# New Haven Living

**In The Spirit!**  
Uplifting Music  
Final Touchdown  
A Christmas To Remember?

**Learning For A Lifetime**

## THE CHANGING CITY

BY THE NUMBERS

### Bridgeport Community Wellbeing 2016

From the Fairfield County Community Wellbeing Index 2016

#### Social and Economic Environment

Total Population (Bridgeport)	2014	2014	Race and Ethnicity (Bridgeport)	2014	2014
Total Population	146,000	147,376	% Total Population, Hispanic	18.2%	18.2%
% of Total Population, Age 0-17	22.3%	22.3%	% Total Population, White, Non-Hispanic	14.1%	14.1%
% of Total Population, Age 65+	9.8%	9.8%	% Total Population, Black, Non-Hispanic	27.2%	27.2%
% of Total Population, Female	51.6%	51.6%	% Total Population, Other Race, Non-Hispanic	3.9%	3.9%

**Income**  
The median income in Fairfield County is \$33,163. However, income is not evenly distributed. In 2014, the top 20 percent of income in the county earned \$184,000 and the bottom 20 percent earned \$12,000. According to the Connecticut "Wellbeing Index" report, "Bridgeport is home to the largest population of people working low-wage jobs" and about 21,000 of the residents live the way to find work. In 2014, the median income in Bridgeport was \$12,000 (\$18,000 for those with a bachelor's degree) and 14.2% of the population lives on less than \$10,000 per year.

**Housing Cost Burden**  
The housing cost burden rate in Fairfield County is slightly higher than average, with 38% of households spending more than 30% of their income on housing. In 2014, the housing cost burden rate in Fairfield County was 38.2%, higher than the Fairfield County rate of 36.9% and other rates.

**Housing cost burden is more prevalent in some towns and neighborhoods, such as in the city of Bridgeport, where 58% of households pay more than 30 percent of their income on housing.**

Bridgeport Department of Health and Social Services

## Living Storybook

### Bridgeport Department of Health and Social Services

### Community Health Assessment

Collective Action to Create a Healthier Community

### METRO HARTFORD PROGRESS POINTS

July 2016  
What Can We Do Differently? A Look at Progress and Promise in Our Communities

Reported by the Hartford Foundation for Public Giving

### Connecticut Children's Office for Community Child Health

## Community Health Needs Assessment

Connecticut Children's Medical Center  
Hartford, Connecticut  
2016

### Happiness and Hope

Effects of poverty vary by location

The "Wellbeing Survey," conducted by **DataHaven**, a non-profit Connecticut-based partnership of more than 100 state and local governments, healthcare, academic, and community institutions, identified both barriers and opportunities for Connecticut citizens, gauging their overall contentment with their current situation and expectations for the future. The survey crossed geographic, racial, and economic lines in getting to the roots of their happiness and hope.

While the survey analyzed responses from 80 different metrics such as income, crime, safety, education, health, employment, and opportunity, it began with one simple question: "Are you satisfied with the city or area where you live?"

The recurring theme to that question was that happiness was tied to income and disparities in income were largely based on where someone lived. The survey divided all 169 cities and towns into five groups that shared similarities: urban core, urban periphery, suburban, rural, and wealthy.

An example of some of the communities assigned to those classifica-

### 2016 Community Health Needs Assessment

Executive Summary

December 2016. Revised June 2017

UNCAS HEALTH DISTRICT COMMUNITY HEALTH ASSESSMENT

October 16, 2016

### Community Livability in Connecticut

Shaping Great Places for People to Grow Up and Grow Older

An Annual Report  
Prepared by Connecticut's Legislative Commission on Aging,  
Pursuant to Public Act 13-109,  
To the Connecticut General Assembly's Committees on Aging, Housing, Human Services and Transportation  
July 1, 2015

## EWIB EASTERN CT WORKFORCE INVESTMENT BOARD

### Comprehensive Four-Year Plan

July 2016-June 2020

Workforce Innovation and Opportunity Act (WIOA)

Approved for Submission: May 25, 2016

### July 21, 2016 CLOSING THE OPPORTUNITY GAP A Workshop with Dr. Robert Putnam

Author of Our Kids: The American Dream in Crisis

Across Connecticut, the opportunity gap is widening. Here are just a few examples.

More children are living in homes with less educated single parents

Currently, Connecticut children living in single-parent households are three times more likely to have parents that have a high school diploma or less.

Percent of Children Living in a Single-Parent Household in Connecticut

### Chapter 2

### 2016 Greater Danbury Region Community Health Needs Assessment and Priorities

Danbury Hospital  
New Milford Hospital

## NUMBER CRUNCHING NEW HAVEN

17 Data Points That Point To An Evolving Community

By David Molinaro

New Haven residents may regard themselves as exceptionally distinctive, but demographically the city is more similar to the U.S. average than any city in America.

So says Mark Abraham, executive director of DataHaven, and he's got the data to prove it.

DataHaven is an information factory that generates, collects, interprets, and shares data about New Haven — as well as Connecticut and beyond — with fellow nonprofits, government, community organizations, universities and hospitals. Its findings have helped to identify and quantify problems, often spurring government action.

The example, the report says, is a survey of 100,000 residents. DataHaven is an information factory that generates, collects, interprets, and shares data about New Haven — as well as Connecticut and beyond — with fellow nonprofits, government, community organizations, universities and hospitals. Its findings have helped to identify and quantify problems, often spurring government action.









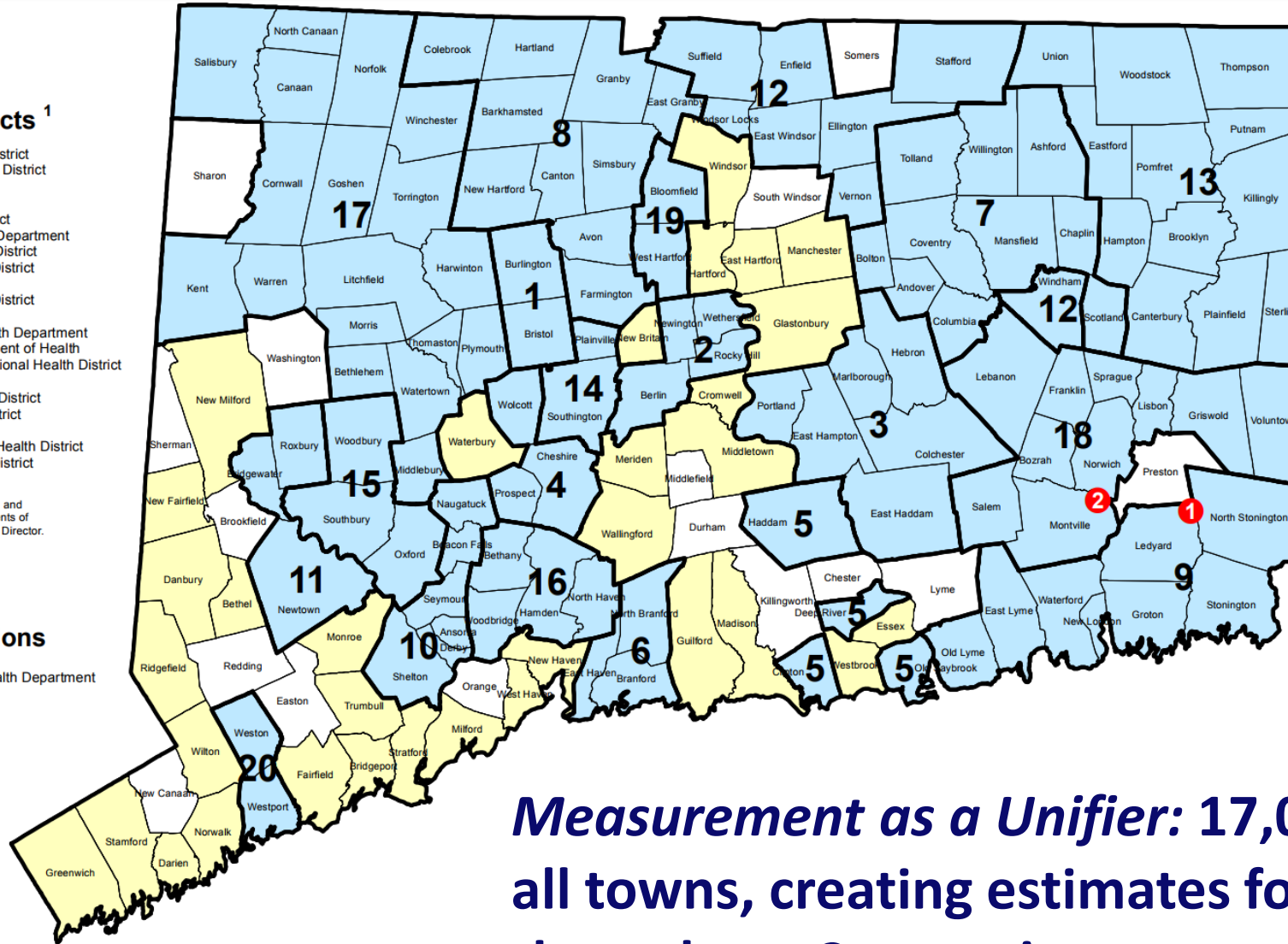
**Health Districts <sup>1</sup>**

1. Bristol-Burlington Health District
2. Central Connecticut Health District
3. Chatham Health District
4. Chesprocott Health District
5. CT River Area Health District
6. East Shore District Health Department
7. Eastern Highlands Health District
8. Farmington Valley Health District
9. Ledge Light Health District
10. Naugatuck Valley Health District
11. Newtown Health District
12. North Central District Health Department
13. Northeast District Department of Health
14. Plainville-Southington Regional Health District
15. Pomperaug Health District
16. Quinnipiac Valley Health District
17. Torrington Area Health District
18. Uncas Health District
19. West Hartford-Bloomfield Health District
20. Westport Weston Health District

<sup>1</sup> Health Districts are towns, cities, and boroughs united to form departments of health and have a full-time Health Director.

**Sovereign Nations**

1. Mashantucket Pequot Health Department
2. Mohegan Tribal Health



***Measurement as a Unifier: 17,000 live interviews in all towns, creating estimates for over 100 local areas throughout Connecticut***

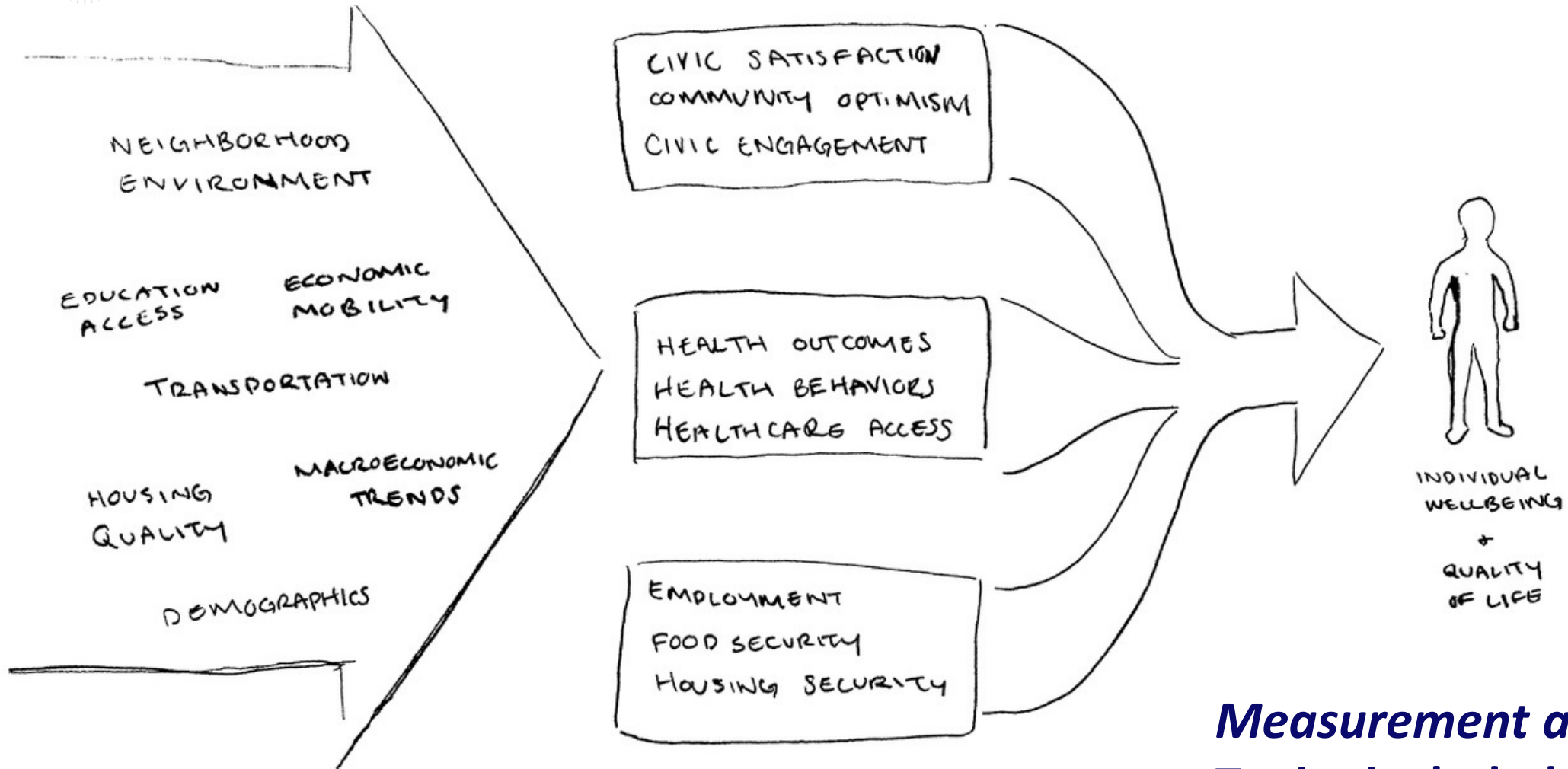
# Measures of National Well-being

Measuring what matters:  
Understanding the nation's well-being

September 2014 release  
Data are the latest available at August 2014

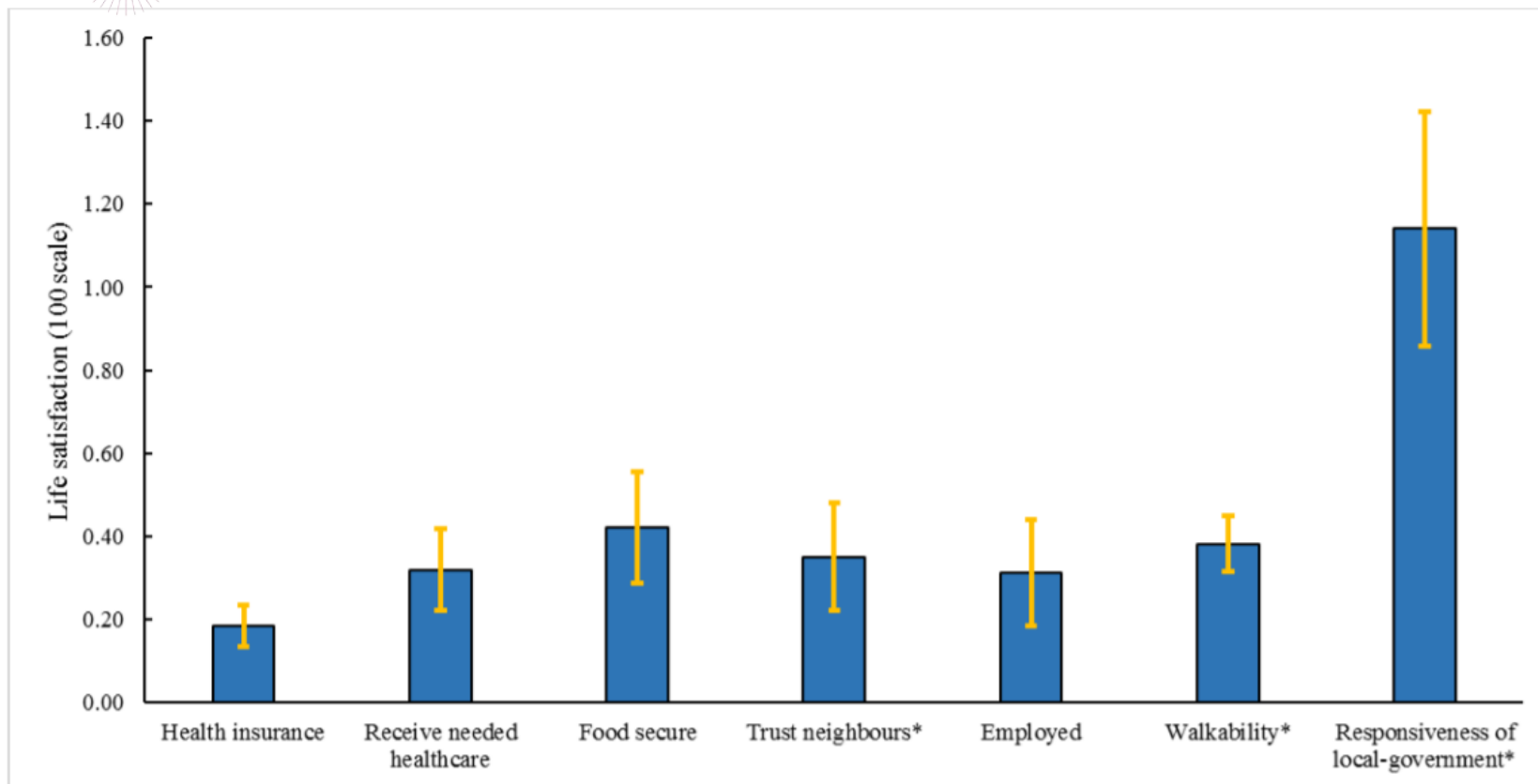


**Measurement as a Unifier:  
Topics included in the  
DataHaven Community  
Wellbeing Survey**



***Measurement as a Unifier:***  
Topics included in the  
**DataHaven Community  
Wellbeing Survey**

# Measurement as a Unifier: How much is well-being “worth”?



Analyses of DataHaven Survey data from Jan Wollenberg and Chris Barrington-Leigh, McGill University, Not yet published (2017)

**Figure 1:** Aggregate increase in mean life satisfaction (across entire population) for improving various life experience variables. Error bars represent standard errors for coefficients from model [2]

***“The trust in neighbours variable, for example, has a compensating differential of 6.1; moving from strongly disagreeing that those in an individual’s neighbourhood can be trusted to strongly agreeing that they can be trusted generates the same predicted increase life satisfaction as 6-fold increase in household income.”***

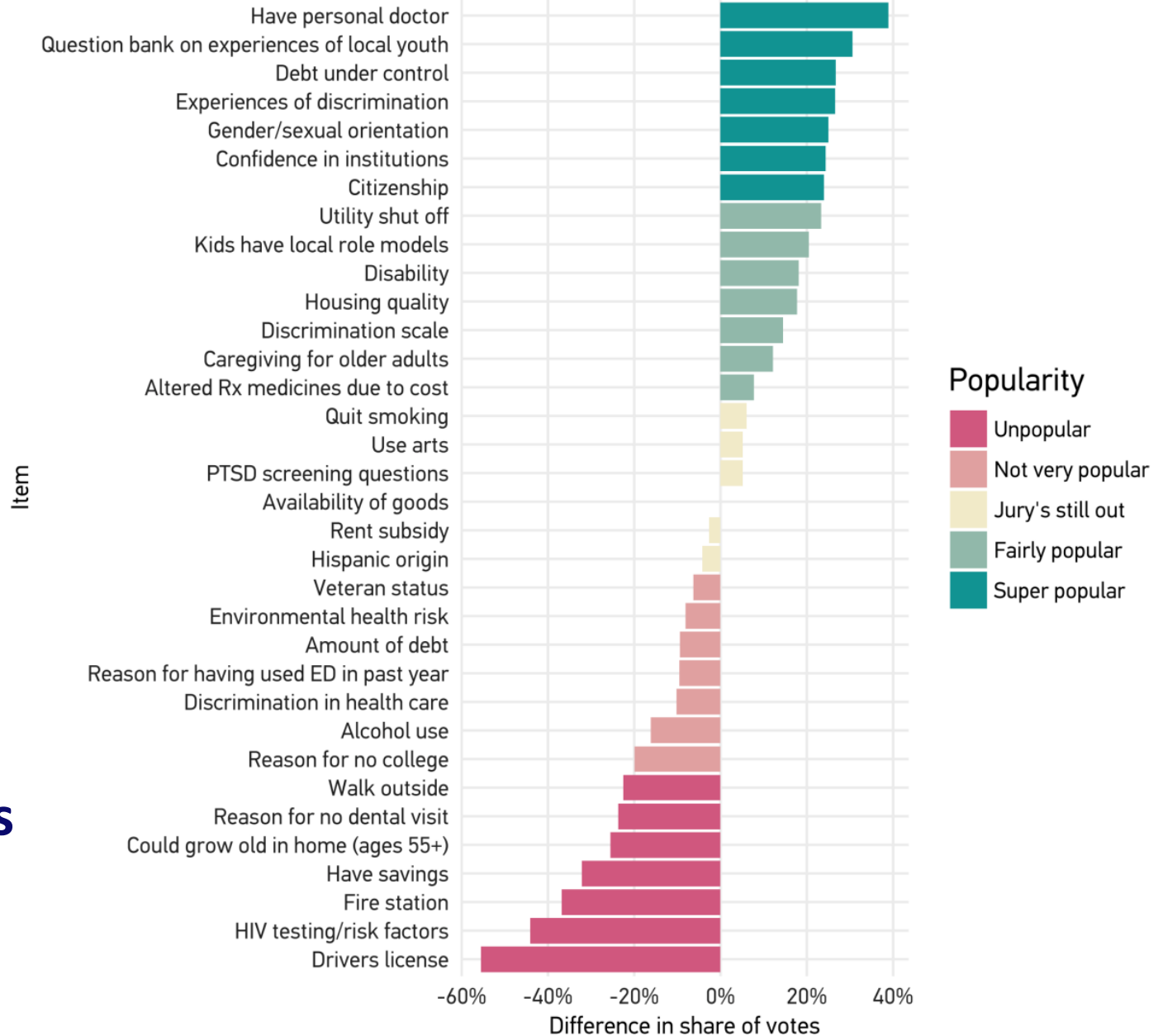




# Measurement as a Unifier: Survey Development Process with over 100 Advisory Council members

## Popularity of questions

Share of respondents ranking as highest priority minus share ranking as lowest priority





# New Questionnaire Being Considered for 2018

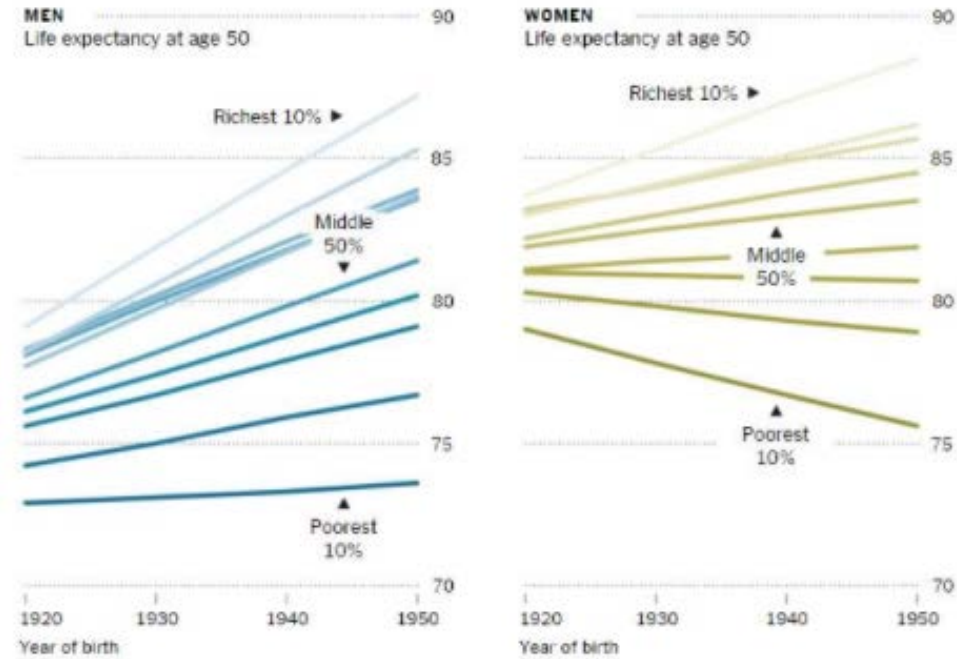
- Improved asthma, hypertension, and mental health measures (depression, PTSD)
- Altering how/when prescription drugs are taken and why they are taken
- Opioid use and impacts within communities
- Alcohol and marijuana use
- HIV testing
- Eviction and reasons for moving
- Housing quality
- Household debt
- Utility shut-offs
- Discrimination scales (David Williams)
- Additional items on neighborhood perceptions, transportation, and food access
- Caregiving
- New demographics: Gender and sexual orientation, Veteran Status, more on ancestry



**Mark Abraham** @urbandata · 12 Feb 2016  
Gap in **life expectancy** between US rich & poor has more than doubled:  
[nytimes.com/2016/02/13/hea...](http://nytimes.com/2016/02/13/hea...) #inequality #phealth

### An Expanding Longevity Gap

Wealthier Americans tend to live longer than poorer Americans. Despite advances in medicine and education, the difference in life span between the richest and the poorest has more than doubled since the 1970s.

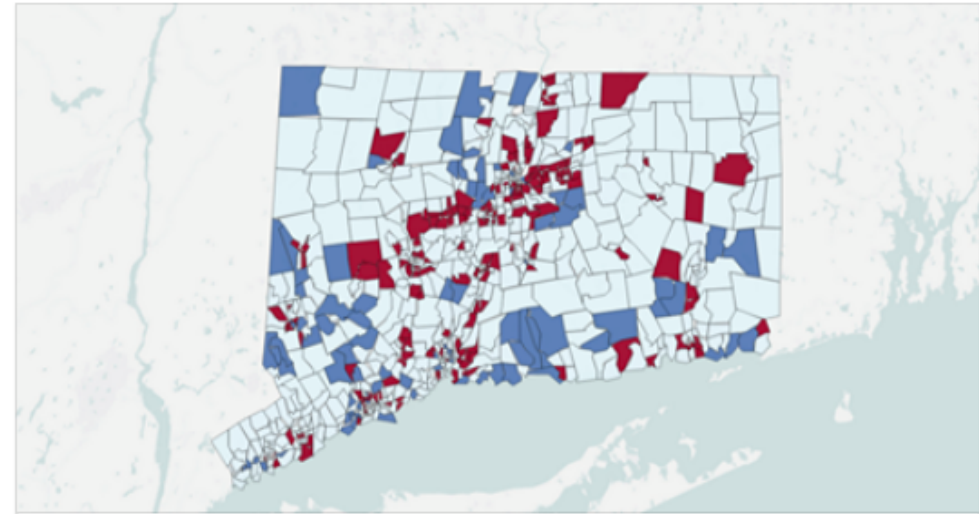


Sources: Brookings Institution; U. of Michigan Health and Retirement Study  
By The New York Times

6   204   103



Read our new article and explore the map of disappearing middle class neighborhoods since 1980, posted in today's Connecticut Mirror:  
<http://trendct.org/.../in-last-35-years-a-significant-drop-i.../>



### In last 35 years, a significant drop in middle-income neighborhoods

A new analysis from DataHaven shows that from 1980 to 2013, the percentage of Connecticut residents living in neighborhoods of concentrated wealth or poverty...

TRENDCT.ORG

63,704 people reached

Like   Comment   Share

378

Chronological

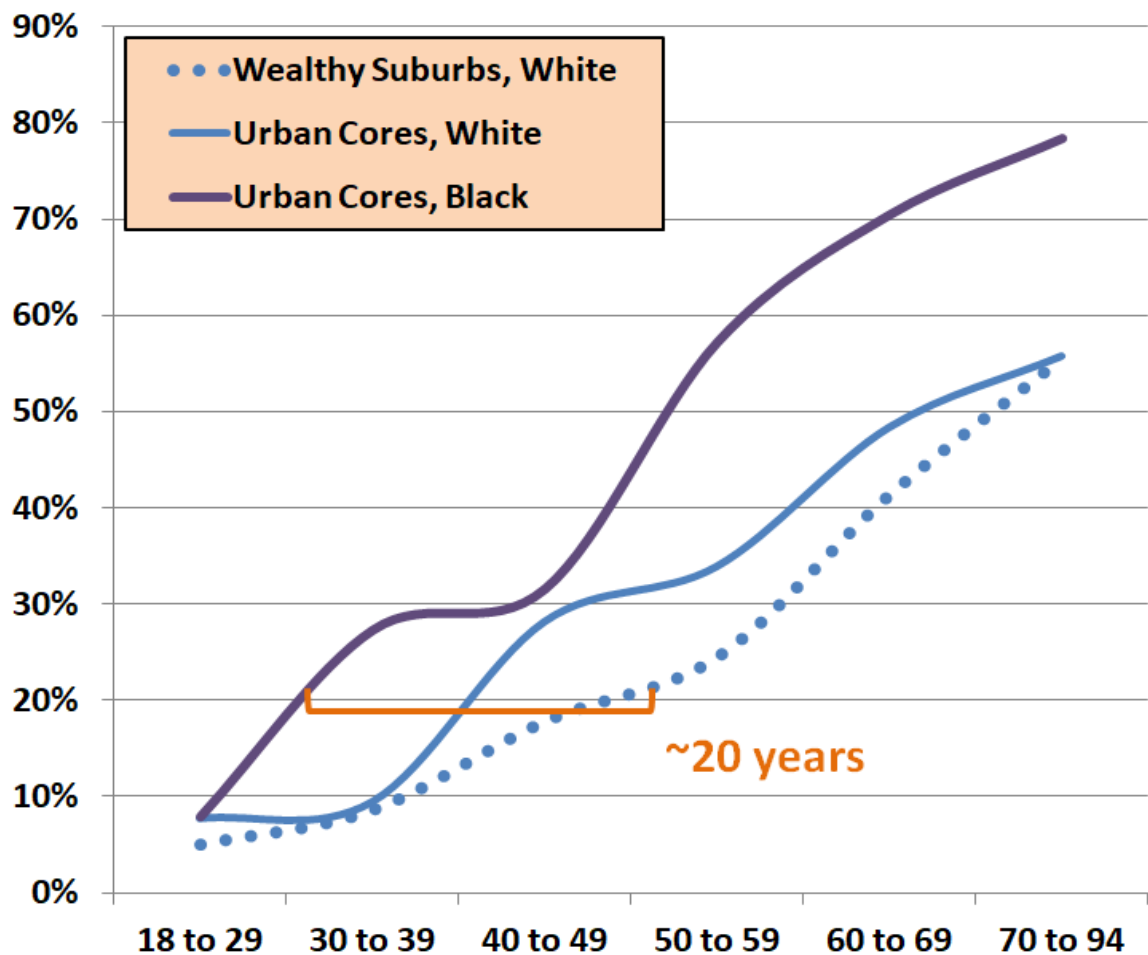
234 Shares

88 Comments

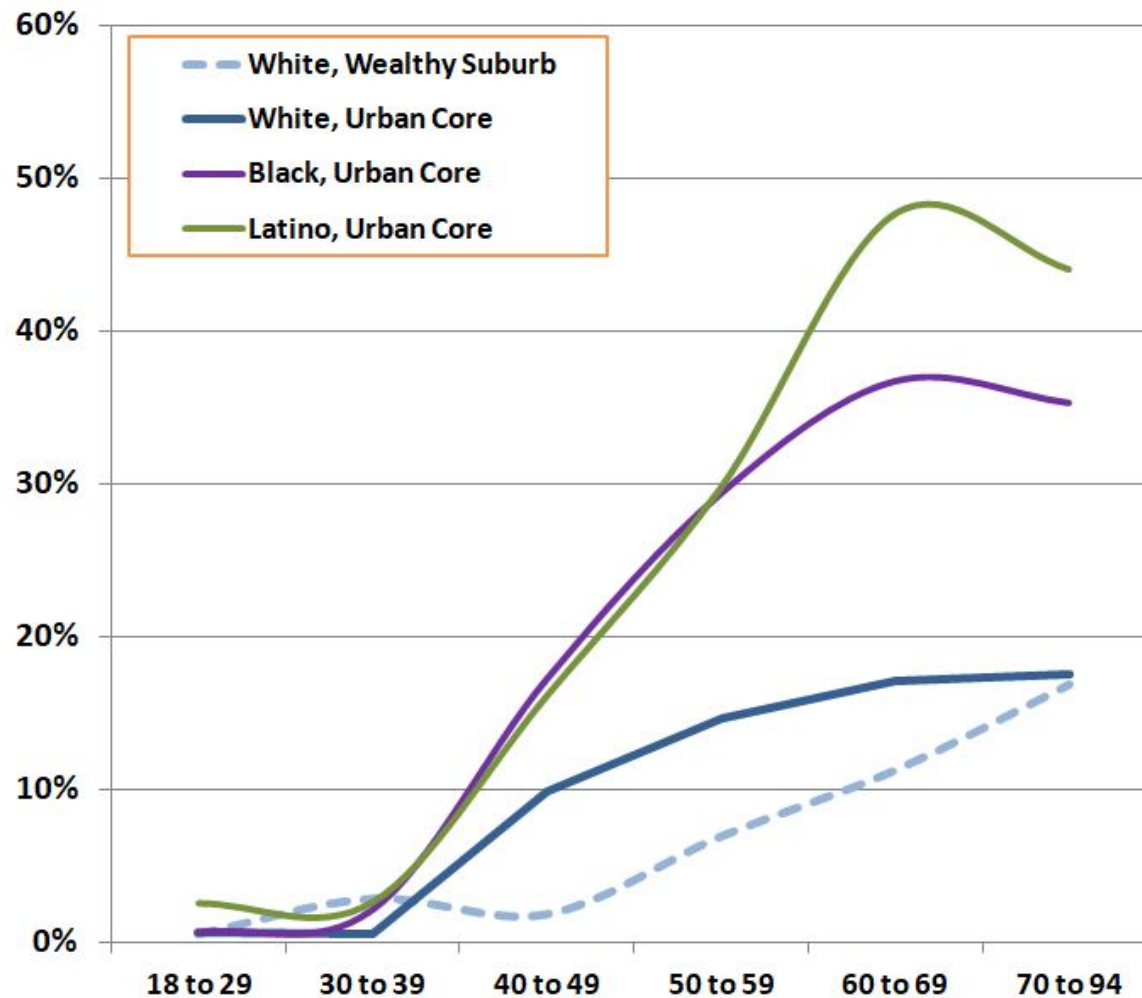




## Connecticut Hypertension Rates by Age, Race, Location

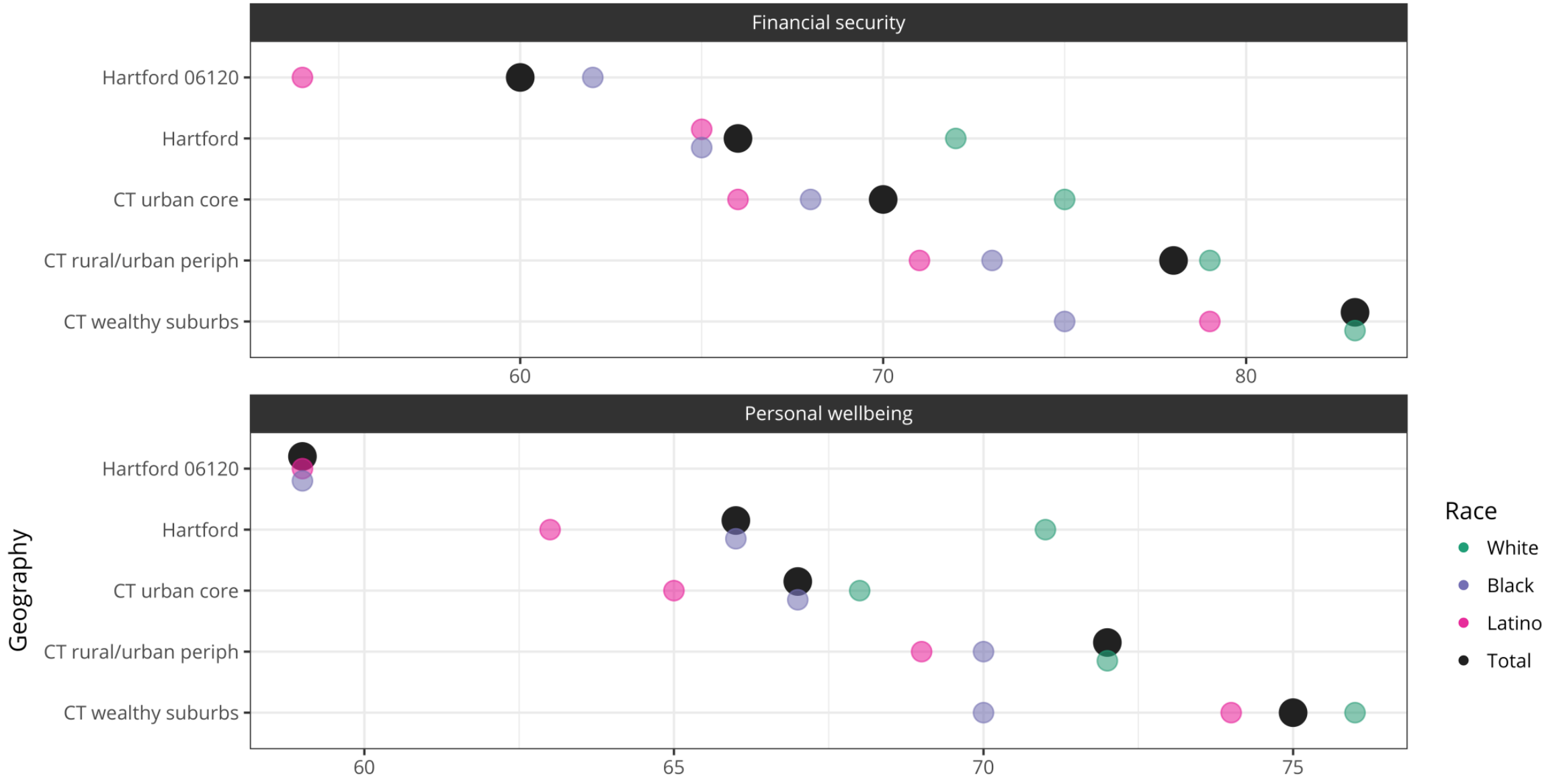


## Connecticut Diabetes Rates by Age, Race, Location





### Wellbeing indices by race and location, 2015





# Comparing ED Use and Personal Experiences

**% of adults visiting ED 3+ times**

Have there been times in the past 12 months when you did not have enough money to buy food that you or your family needed?	Yes	14.8%
	No	3.2%
In the last 12 months, have you not had enough money to provide adequate shelter or housing for you or your family?	Yes	11.2%
	No	4.2%
In the past 12 months, did you stay home when you needed or wanted to go someplace because you had no access to reliable transportation?	Yes	13.4%
	No	3.3%
In the past 12 months, have you had an experience in which someone attacked you, tried to take something from you by force, or physically threatened you?	Yes	16.3%
	No	4.1%
During the past 12 months, was there any time when you didn't get the medical care you needed?	Yes	12.1%
	No	4.0%
Do you have health insurance?	Yes	4.6%
	No	5.3%



# Timeline and Next Steps

- **2017-present: Input from Advisory Committee, Research Committee, Fundraising**
- **February 2018: Launch data collection**
  - 15,000 live interviews planned in every CT town, with 1,000 in each of the largest cities
  - Deadline for adding survey interviews within a given area
- **September 2018: Begin reporting results**
  - Merge and model 2015 and 2018 data to produce far more granular information, for large cities and small towns, and evaluate change over time
- **2018-2019: Statewide publications, including comprehensive Community Wellbeing Index reports and shared CHNAs for all hospitals in Fairfield County, Greater New Haven, Greater Hartford-New Britain, and New London County**
- **2018-2020: Continuing technical assistance and support for local-level data users**
- **More statewide and regional events, partnerships, and networking opportunities leading to further use and institutionalization of the Community Wellbeing Survey**

**Thank you!**

---

# Public Health Funding


# DEPARTMENT OF PUBLIC HEALTH

WHERE THE MONEY COMES FROM?

# OVERVIEW

- ▶ DPH is a medium size agency with approximately \$432 million in funding to support the public health objectives of the state.

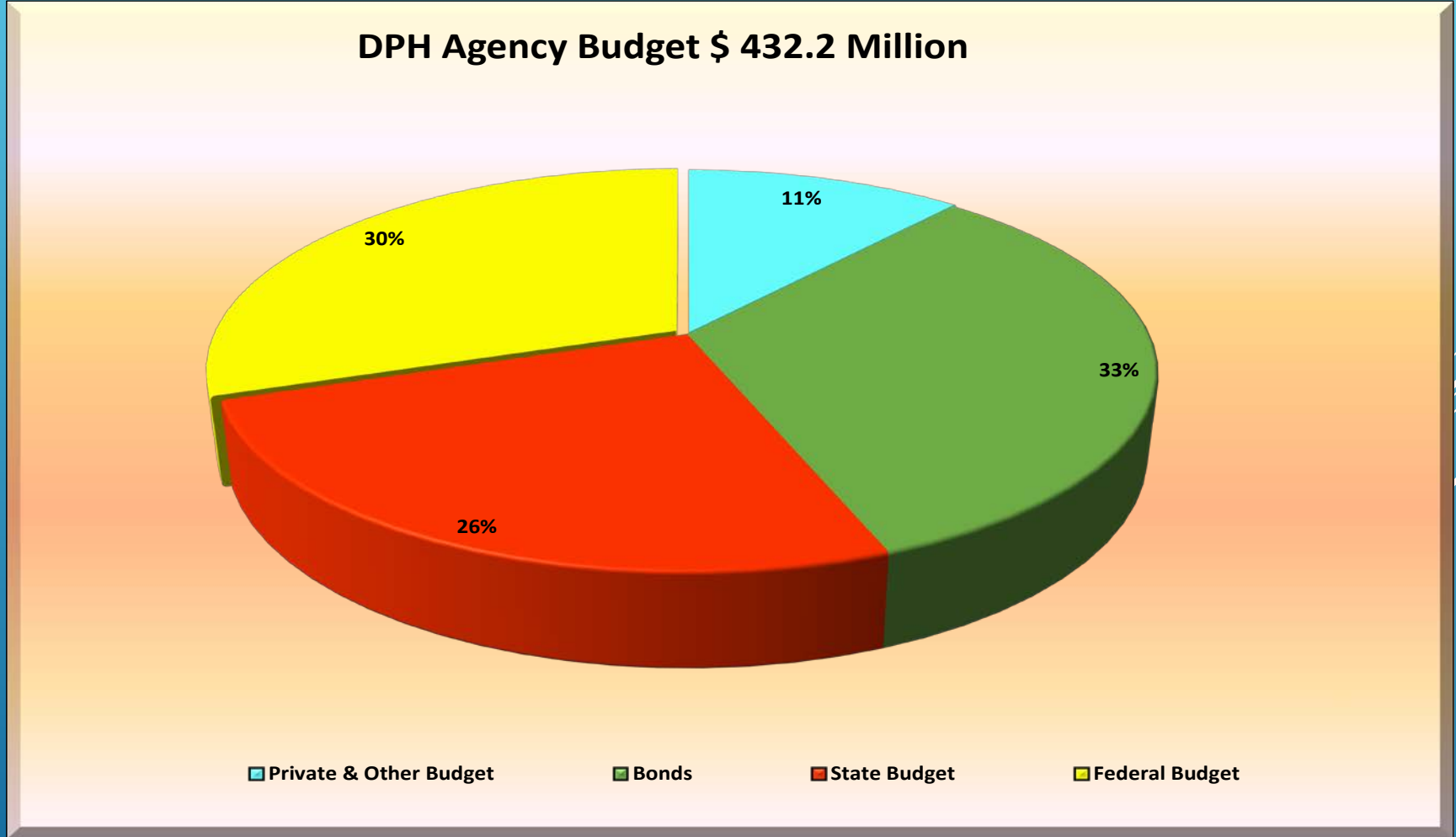
## Source of funds:

- ▶ State Appropriations
  - ▶ Federal Grants
  - ▶ Private and Other Grantors
  - ▶ State Bonds
- 

# DPH 2018 FUNDS SUMMARY

DPH Budget Composition by Amount	
Funding Type	Amount
Private & Other Budget	\$49,213,628
Bonds	\$141,473,927
State Budget	\$110,991,051
Federal Budget	\$130,492,673
<b>Total Operational Budget</b>	<b>\$432,171,248</b>

DPH Budget Composition By Percentages	
Private & Other Budget	11.39%
Bonds	39.74%
State Budget	25.68%
Federal Budget	30.19%
<b>Total</b>	<b>100.00%</b>



Source: DPH 2018 Net Budget, Federal Awards as of January, 2018, Private & Other Budgets, plus Bonds Balance as of July 1, 2018.



# STATE FUNDS

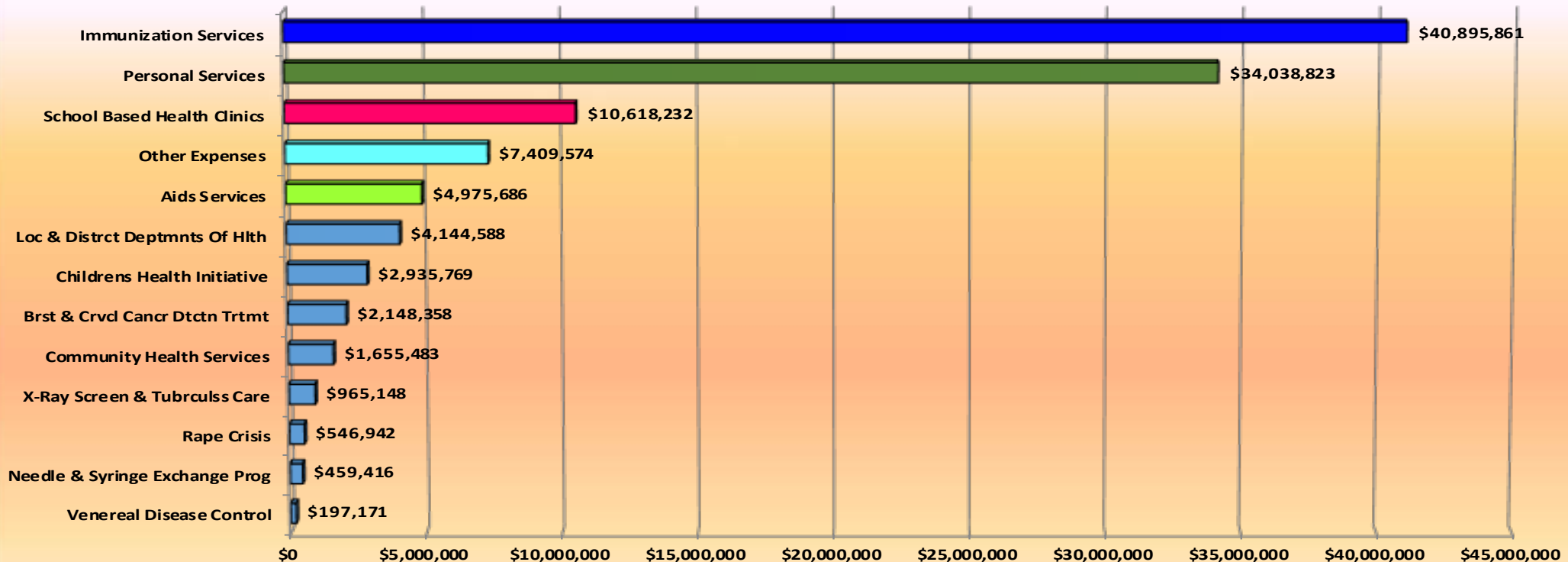


# DPH STATE BUDGET - 2018

2018 Final State Budget	Amount
Venereal Disease Control	\$197,171
Needle & Syringe Exchange Prog	\$459,416
Rape Crisis	\$546,942
X-Ray Screen & Tuberculss Care	\$965,148
Community Health Services	\$1,655,483
Brst & Crvcl Cancr Dtctn Trtmt	\$2,148,358
Childrens Health Initiative	\$2,935,769
Loc & Distrct Deptmnts Of Hlth	\$4,144,588
Aids Services	\$4,975,686
Other Expenses	\$7,409,574
School Based Health Clinics	\$10,618,232
Personal Services	\$34,038,823
Immunization Services	\$40,895,861
<b>Total 2018 State Budget</b>	<b>\$110,991,051</b>

# DPH STATE BUDGET – 2018 ... CONTINUED

## 2018 State Funded Budget \$110.99 Million



# HISTORICAL STATE FUNDING TRENDS

## MAJOR STATE FUNDING CHANGES 2014 – 2017

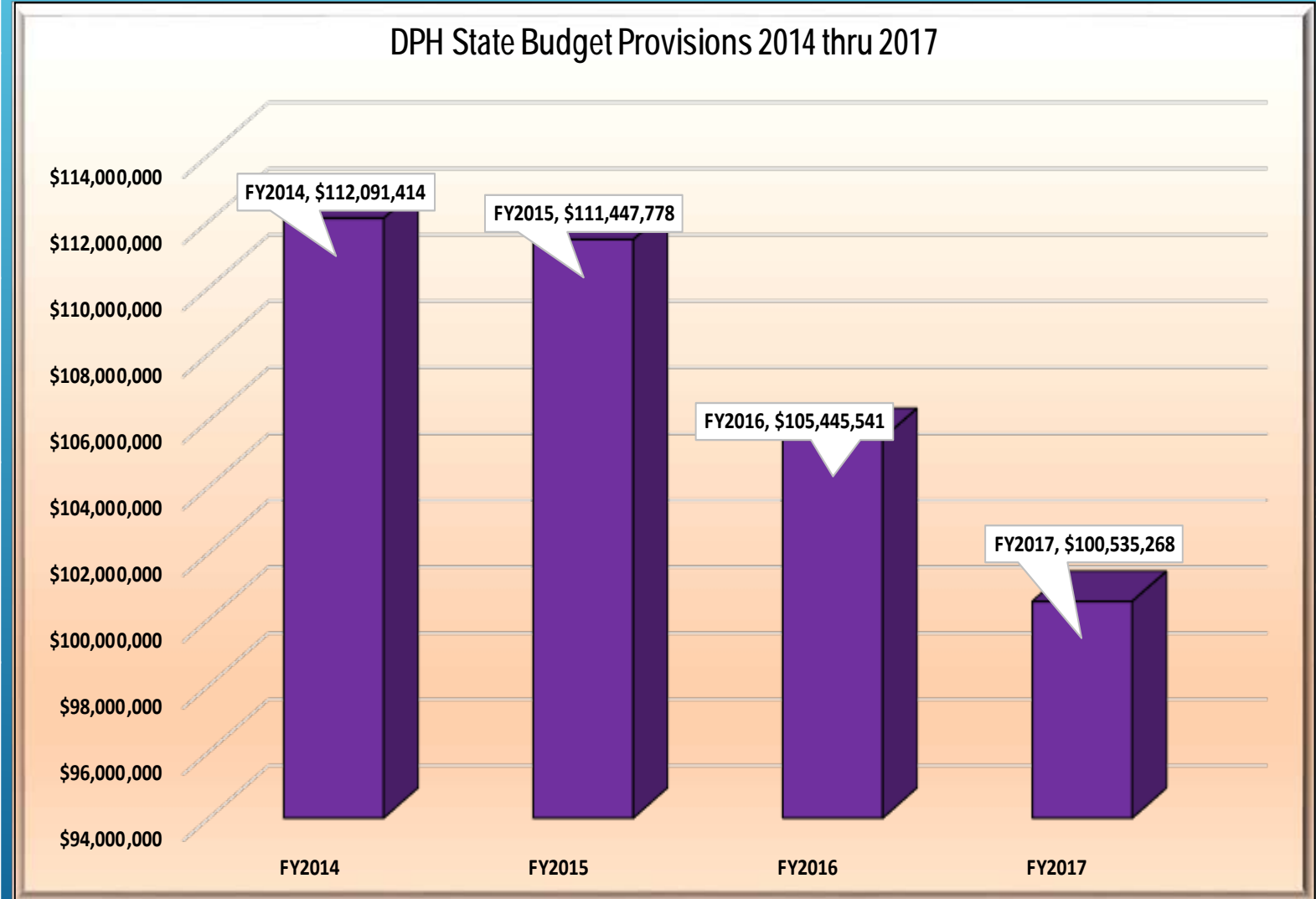
State funding provided to DPH from 20014 through 2017 decreased by approximately \$11.9 million (11.85%) or \$4 million annually. Some of the reductions came from:

1: **Community Health Centers** net funding reduction of \$4.5 million.

2. **Personal Services** net funding reduction since 2014 net \$1 million. That's an average of \$300K each year.

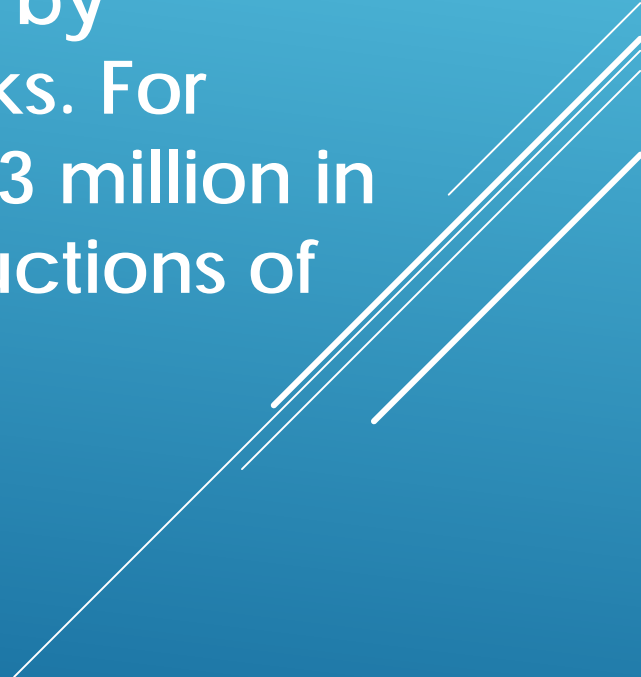
3. **Schoolbased Health** centers budget reductions of approximately \$1.8 million or almost \$611K annually. This reductions impacted the level of services and number of students seen. The impact of the ACA to reduce the under and uninsured is factored in these budget mitigation & holdbacks.

4. **Other Expenses** reduced approximately \$600K or \$198K annually while demands for these funds increased. Over 60% of the annual budget supports the LAB with the remaining funds supporting other DPH activities or Legislative mandates annually.



# HISTORICAL STATE FUNDING TRENDS NOTE:

The net changes for some of the highlighted accounts seems small. However, this net change is offset by numerous adjustments, reductions, or holdbacks. For example, Personal Services alone saw over \$5.3 million in reductions and Other Expenses which saw reductions of over \$1 million for the period under review.

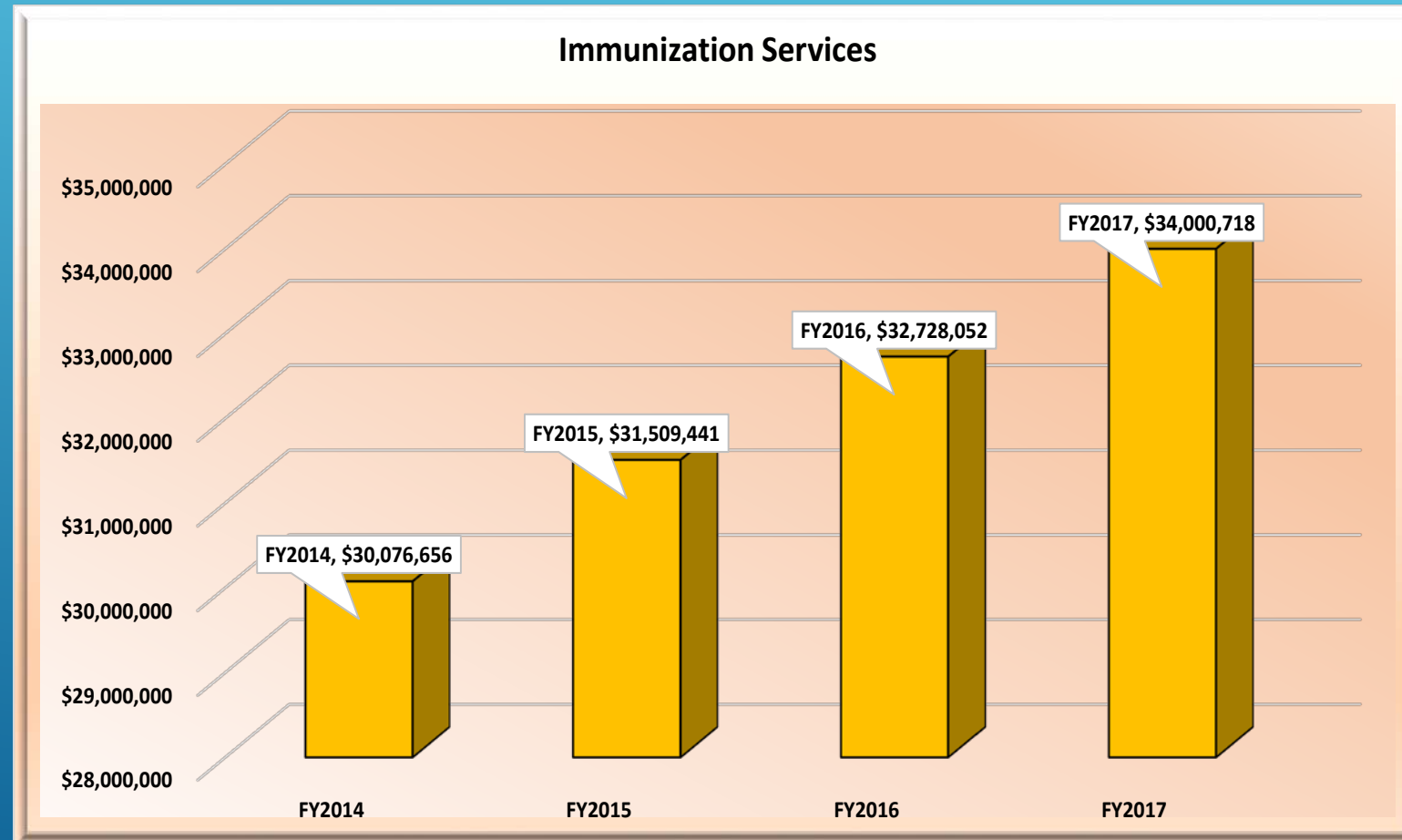


WHILE STATE FUNDING IS GENERALLY BEING REDUCED ACROSS ALL PROGRAMS AND FUNCTIONS, SOME AREAS HAVE SEEN THEIR FUNDING REMAIN FLAT OR INCREASE OVER THE SAME PERIOD.

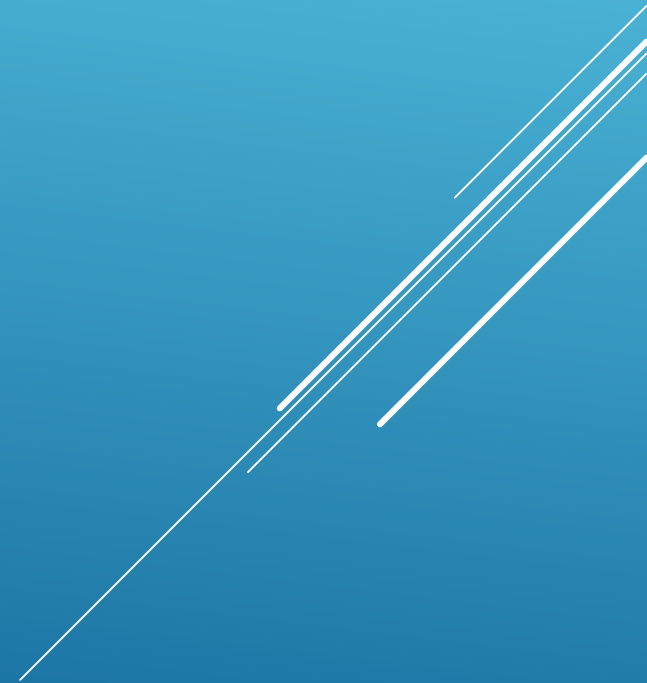
- ▶ Areas where funding remain relatively flat are
  - ▶ AIDS Services,
  - ▶ Breast & Cervical Cancer Detection and Treatment,
  - ▶ X-Ray Screening & Tuberculosis Care
  - ▶ Needle Exchange.

# IMMUNIZATION IS ONE AREA WHERE FUNDING HAS INCREASED OVER THE SAME PERIOD.

Annual price adjustment for vaccines obtained from the Centers for Disease Control and Prevention resulted in this increase in funding from 2014 through 2017. The average number of vaccines provided by these funds is 1.1 million dosages distributed annually.



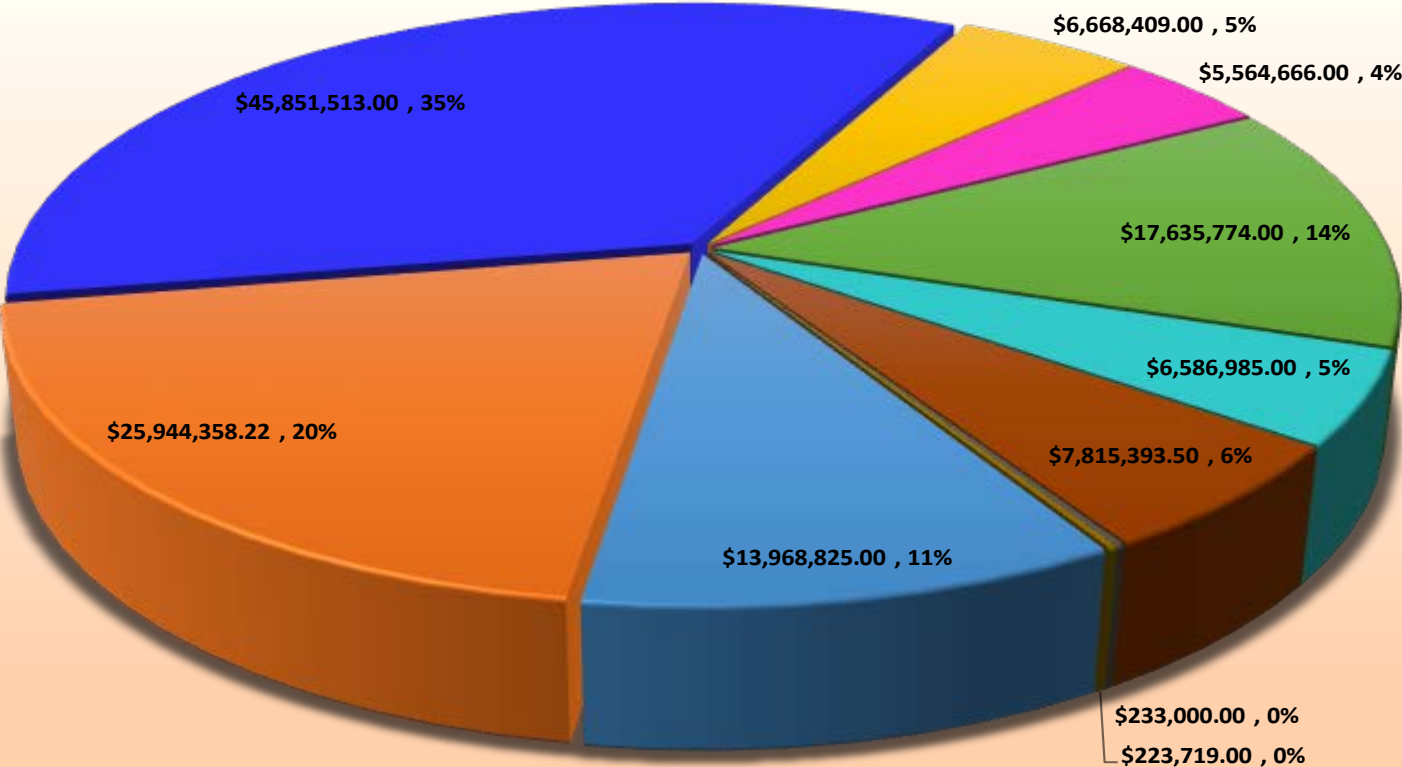
# FEDERAL FUNDS





# DPH FEDERAL 2018 BUDGET APPROXIMATELY \$130,492,642

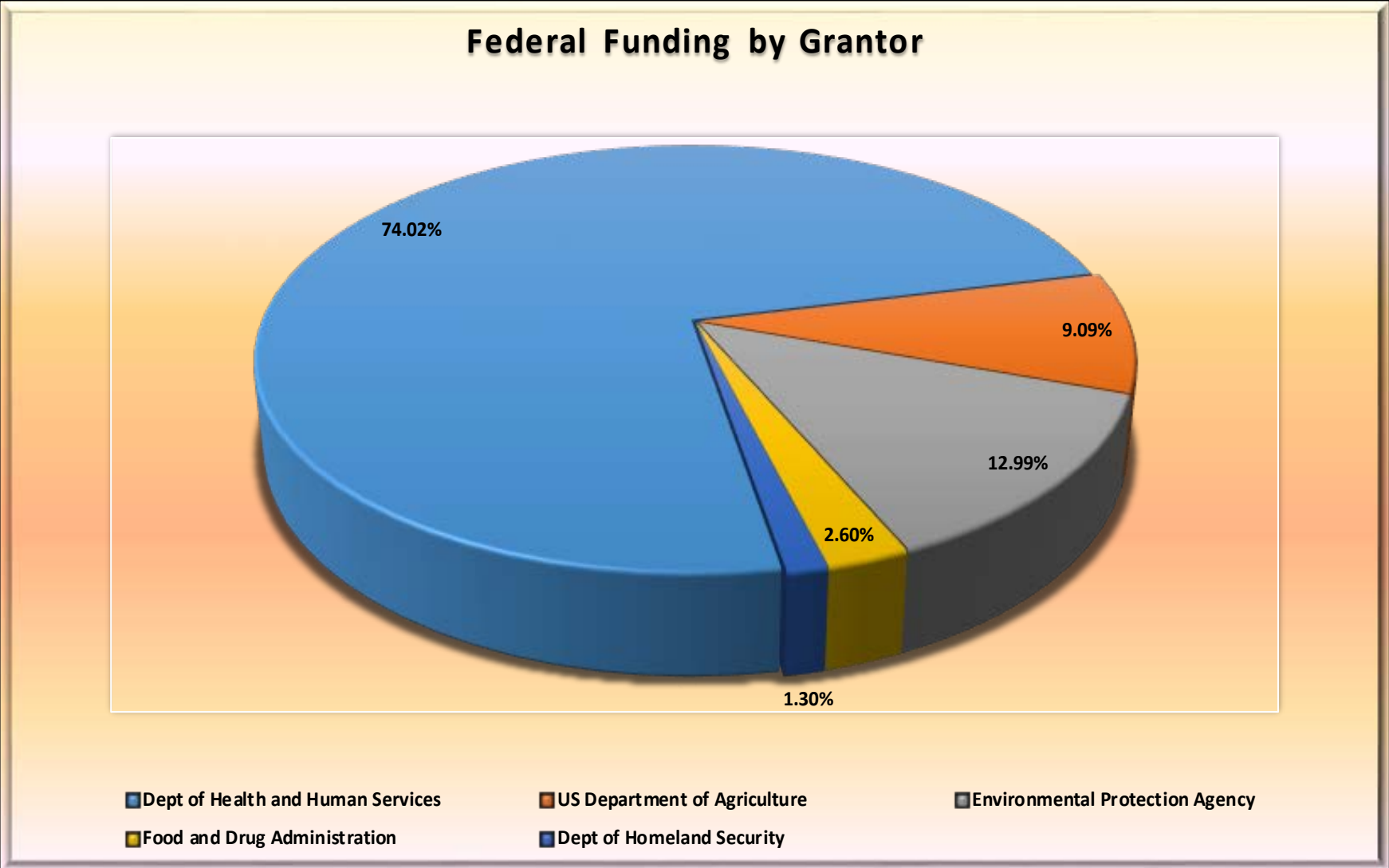
## Federal Funds by Public Health Foundational Areas & Capabilities



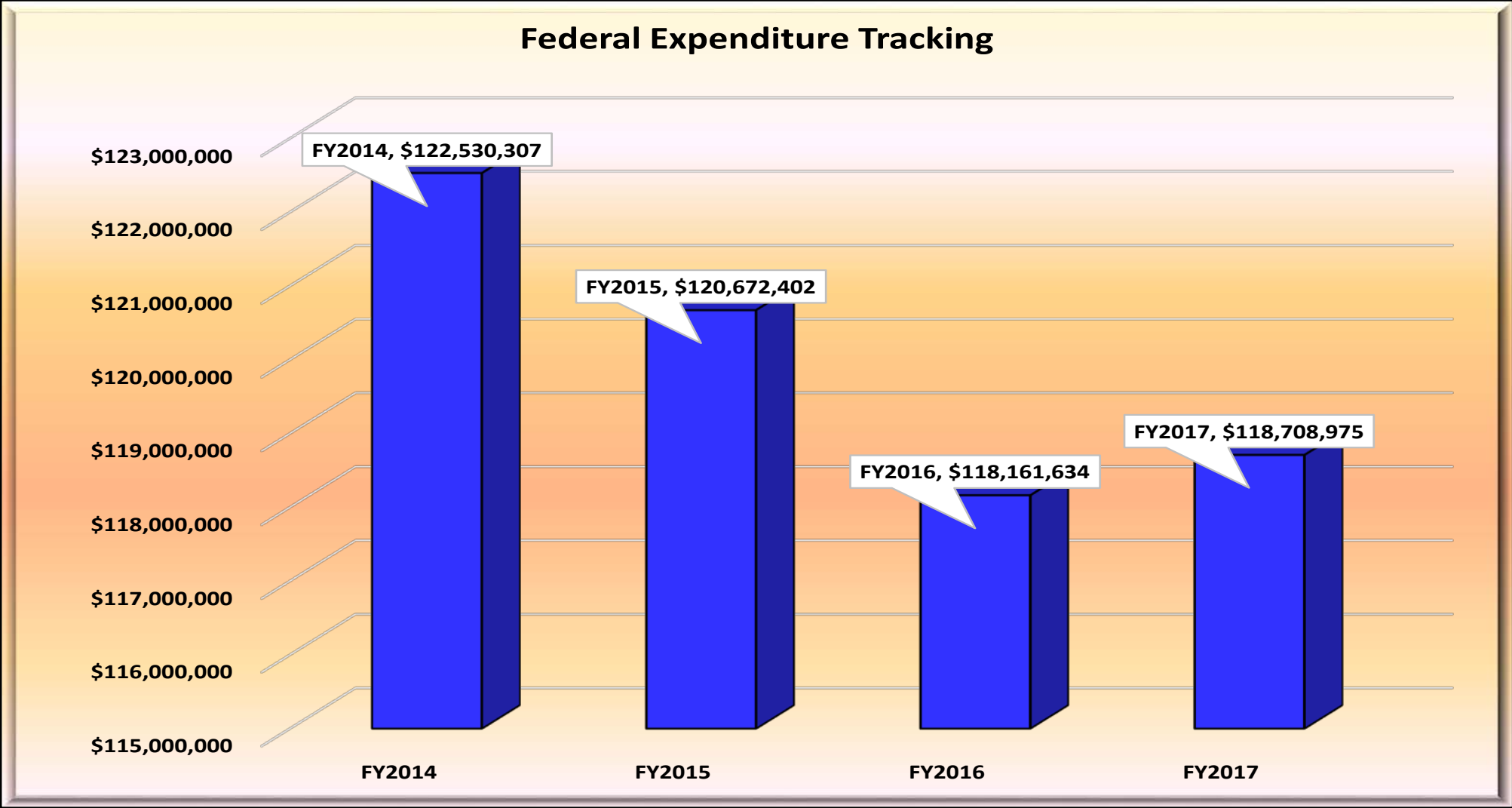
- Chronic Disease
- Infectious Disease
- WIC
- Environmental Health
- Improving Consumer Health
- All Hazards Preparedness and Response
- Quality of Health Services
- Health Data
- Health Laboratory
- Vital Statistics

Source: DPH SID list as of January, 2018. Federal budgets are constantly changing as old awards ends new ones started.

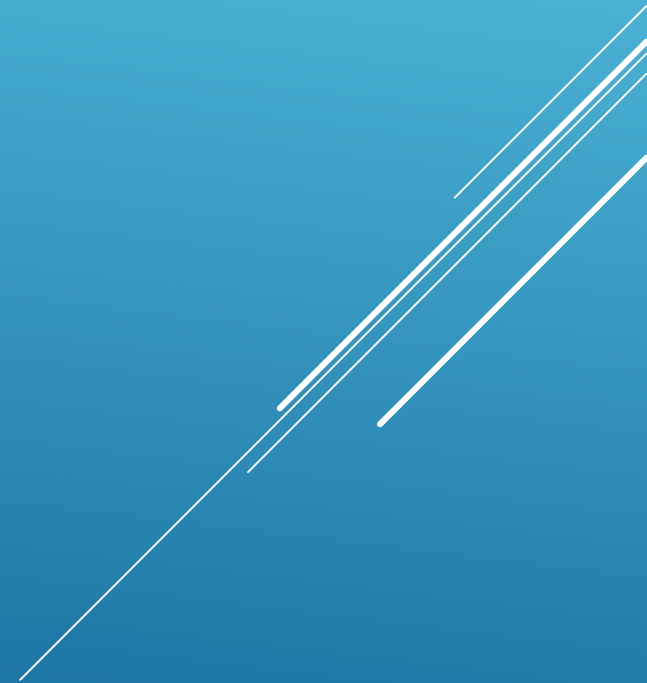
# DPH FEDERAL 2018 BUDGET APPROXIMATELY \$130,492,642 CONTINUED



# FEDERAL EXPENDITURE TRENDS 2014 - 2017



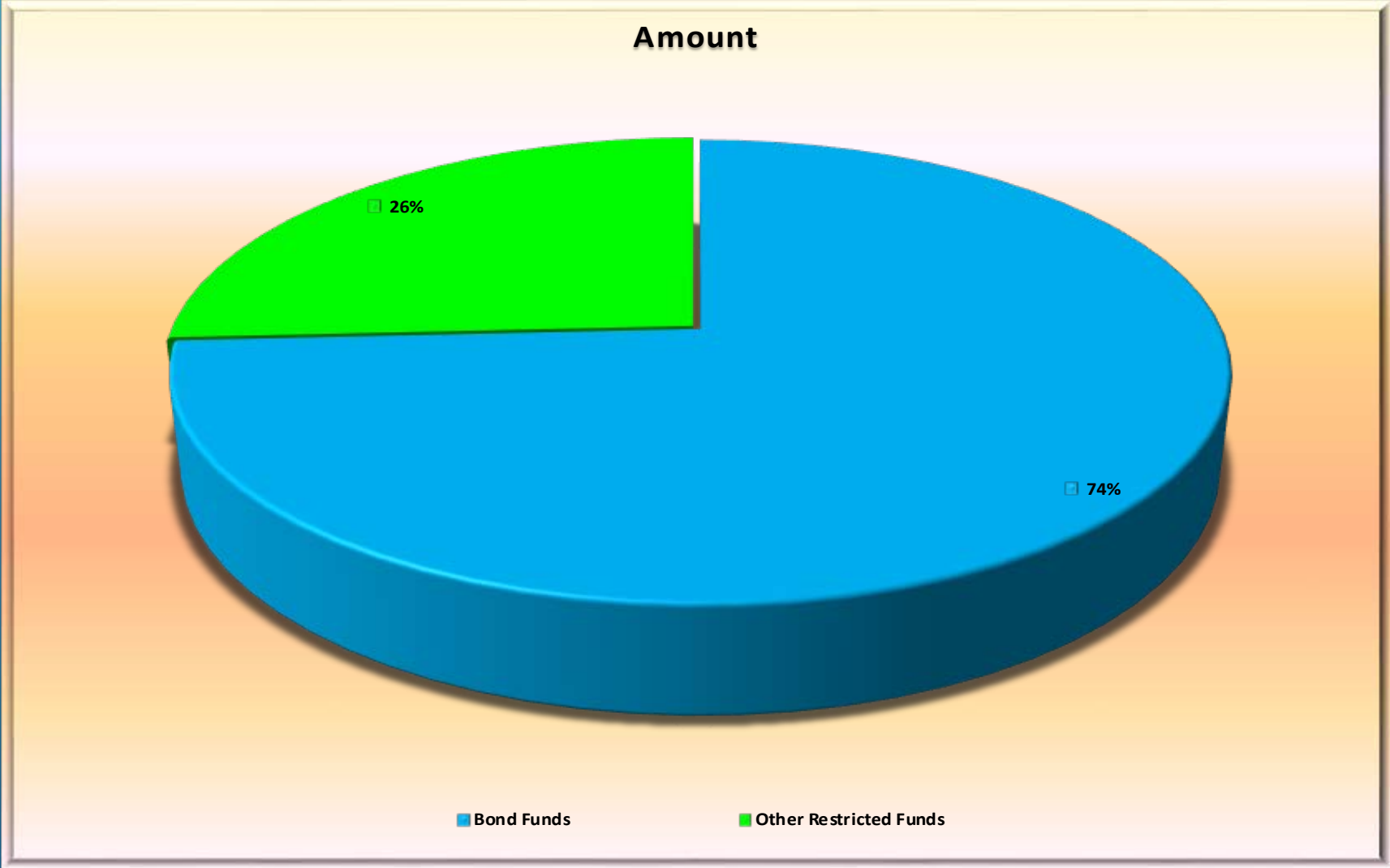
# PRIVATE AND OTHER RESTRICTED FUNDS





# DPH PRIVATE RESTRICTED & BOND FUNDS

Description	Amount
Bond Funds	\$141,473,927
Other Restricted Funds	\$49,213,628
<b>Total Private &amp; Other Funds</b>	<b>\$190,687,555</b>



# PRIVATE & OTHER RESTRICTED FUND HIGHLIGHTS:

- ▶ **Definition:** Gifts, fee receipts, donations, grants, bonds, and contracts restricted to a particular purpose or project from sources other than the federal government. Some of these accounts are:
  - ▶ **Drinking Water: \$93,334,987 (Bond)**
    - ▶ Revolving loan funds for the financing of drinking water construction projects that will preserve and create jobs and economic recovery through investment in infrastructure projects that provide long term public health and economic benefit.
  - ▶ **Ryan White Rebate: \$39,357,392 (Other Restricted)**
    - ▶ Account for rebates received from Pharmaceutical Companies that supplies antiretroviral drugs, with people living with HIV/AIDS through the CT AIDS Drug Assistance Program (CADAP).

# PRIVATE & OTHER RESTRICTED FUND HIGHLIGHTS ... CONTINUED

- ▶ **STEAP FUND: \$1,332,077 (Bond)**

- ▶ Grant in Aid to various municipalities under the Small Town Economic Assistance Program

- ▶ **Community Health Center Grant \$1,331,224 (Bond)**

- ▶ Grant in Aid to Community Health Centers, Primary Care Offices (PCO) and municipalities for School Based Health Centers (SHBC), for renovations, improvements, expansion of facilities and for the purchase and installation of dental equipment, including the purchase of mobile dental health clinics.

- ▶ **Comprehensive Cancer Public Act \$4,618,598 (Other Restricted)**

- ▶ Trust fund created to provide a continuing significant source of funds to support and encourage development of programs to reduce tobacco abuse through prevention, education and cessation programs. To support and encourage development of programs to reduce substance abuse and develop and implement programs to meet the unmet physical and mental health needs in the state.

# Fiscal Office Contact For Budget Matters

- **Abdi Elmi: Tele 860-509-7225**
    - Section Chief, Fiscal Services
  - **Chuma Amechi: Tele 860-509-7233**
    - Fiscal Administrative Manager
  - **Victor Daye : Tele 860-509-7812**
    - Associate Accountant
  - **PLEASE CONTACT US WITH ANY QUESTIONS**
- 

Preliminary Findings

---

# HCT2020 Interim Report



# Discussion

---

- Are there any implications for how we think about the next iteration of the SHA and SHIP that we could glean from these findings?
  - Are we doing the right things? How do we know?
  - Are we measuring the right things? How do we know?
  - Is the current portfolio sustainable?
    - If not, what could we do differently to show progress and affect change while not taking on too much?

# Next Steps/Next Meeting Date

---

- Announcements
- Next Advisory Council Meeting
  - Tuesday, April 24, 2018

---

# Thank You!