Childhood Lead Poisoning Prevention Coalition (SHIP)

September 23, 2019

Agenda

1) 2019 Lead SHIP Action Agenda
   a. Review of Action Agenda
   b. Assign tasks to members
   c. Healthy Connecticut 2025: Navigating Toward Health Equity Connecticut Health Improvement Coalition Summit

2) Updates/Wrap-up/Next Meeting

   a. Next meeting:
      November 22, 2019
      GotoMeeting

Childhood Lead Poisoning Prevention Coalition (SHIP)

September 23, 2019 Meeting Minutes

Attendees: Kimberly Ploszaj, Brianna Foley, Stella Spyropoulos, Edith Pestana, Judy Goldberg, Marta Kostecki, Alba Cruz, Sandy Gill

1) 2019 Lead SHIP Action Agenda

   a) Review of Action Agenda

- Partnership with CHNCT, Inc. – lead poisoning educational materials have been updated and uploaded to member and provider portals
- Judy Goldberg (CT PTA and 211) offered suggestion that CT PTA could disseminate and support information to local PTA's as well as creating materials that OEC staff can make available to child care providers, also suggested that up-to-date information be provided on a regular basis to 211 that can be provided to when families call
- Exploring Medicaid reimbursement and possibility for local health departments (or other programs/agencies that offer home visits) to charge for inspections, interim control measures, etc., GHHI has also started to look into this funding stream but it could stall funding to local health departments
- Community Health Worker credentials – official as of 10/1/19, SWAHEC is in charge with the setup of program, LR&HHP has created a healthy homes module, ideas from attendees for alternative programs to offer program included High Schools, CT Works, ConnCAT, second chance programs

   b) Assign tasks to members
- No information shared

c) Healthy Connecticut 2025: Navigating Toward Health Equity Connecticut Health Improvement Coalition Summit
- CHA targeted focus groups, 31 topics identified, topics will be put into categories related to Social Determinants of Health
- Top five categories are:
  - Economic Stability
    - Employment, food insecurity, housing instability, poverty
  - Neighborhood and Built Environment
    - Access to healthy foods, crime and violence, environmental conditions, quality of housing
  - Health and Healthcare
    - Access to healthcare, primary care, health literacy
  - Social and Community Context
    - Civic participation, discrimination, incarceration, social cohesion
  - Education
    - Early childhood education and development, enrollment in higher education, high school graduation, language and literacy
- Timeline: (16 month timeline has been condensed to 9 months)
  - October – December 2019:
    - Convene NEW Communications Sub-Committee
    - Advisory Council finalize 2020 SHIP Policy Agenda
    - Engage local partners
    - Public comment on State Health Assessment Draft
  - January - March 2020:
    - Community Focus Group meetings
    - Coalition Survey
    - Full Day Planning Session
    - 3-4 pillars to be presented, attendees can determine which is best; finalize goals and objectives.

2) Updates/Wrap-Up/Next Meeting

a) Quarterly meetings are not a required goal for 2020, but rather groups can present one or two projects and discuss or begin planning focus for 2020 outline

Next meeting:
November 22, 2019
GotoMeeting

LEAD SHIP MEETNIG 9/23/19

Name	Agency	Email	Phone Number
Kim Ploszaj	DPH	Kimberly.ploszaj@ct.gov	860 509 7959
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Judy Goldberg	CT PTA	CTPTAcorrelations@yahoo.com	203 386 4400
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Sandy Gill	DPH	Sandra.M.Gill@ct.gov	860-509-7141

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Healthy Connecticut 2025

2019 State Health Improvement Coalition Summit
Navigating Towards Health Equity

Friday, September 20, 2019
8:30 am - 2:00 pm
Chrysalis Center, 255 Homestead Ave, Hartford, CT 06112

Time	*min*	Agenda Item	Speaker
8:30	*30*	**Networking Breakfast and Sign-in**	
9:00	*10*	**Introductions and Welcome**	*Laurie Ann Wagner, DPH*
9:10	*10*	**Commissioner DPH**	*Renée D. Coleman-Mitchell, DPH*
9:20	*60*	**Panel Presentation of State Health Assessment (SHA) Findings** • *Population and Socioeconomic Statistics* • *Maternal, Infant, and Child Health* • *Health Systems* • *Drinking Water* • *Environmental Health* • *Climate and Health* • *Infectious Diseases* • *Behavioral Health, Trauma, and Injury* • *Chronic Diseases and Risk Factors* • *Q&A*	*Melissa Touma, DPH* *Moderator*
10:20	*15*	**Break**	
10:35	*55*	**SDOH Overview and Brainstorming Exercise** • *Overview of SDOH* • *Participant Input*	*Rose Swensen, Health Resources in Action (HRiA)*
11:30	*30*	**Lunch** • *Action Team Highlights* • *Coalition Activities*	*Sandy Gill, DPH*
12:00	*110*	**SHIP 2.0 Small Group Table Discussions (Jigsaw Exercise)** 1. *Which of the 2-3 upstream factors (SDOH) are the primary contributors to these issues, and are therefore most important to address? Why?* 2. *What would you like to see done to address the primary contributors and who should be engaged to address them (consider innovative development; design thinking)?* 3. *What would success look like in five years if we are able to impact the upstream factors?* NOTE: this will help inform our SHIP priorities and strategies	*Rose Swensen, HRiA* *Donna Burke, HRiA* *Laurie Ann Wagner, DPH*
1:50	*10*	**Next Steps - Coming Attractions**	*Sandy Gill, DPH*
2:00		**Evaluation & Adjourn**	

WHAT IS THE SHIP?

The Connecticut State Health Improvement Plan (SHIP) is a roadmap for promoting and advancing population health, and ensuring all people in Connecticut have the opportunity to attain their highest potential for health. The plan is based on findings from the Connecticut State Health Assessment (SHA) and together these efforts will comprise Healthy Connecticut 2025.

A State Health Improvement Plan is created through a statewide collaborative planning process that engages partners and stakeholders to develop, support and implement the Plan. It is intended to provide a vision for the health of the state and a framework for organizations to use in aligning priorities, leveraging resources, engaging partners and identifying strategies for collective action.

Vision, Values and Operating Principles

Healthy Connecticut Vision
Through effective assessment, prevention, and policy development, the Connecticut Department of Public Health and its stakeholders and partners provide every Connecticut resident equitable opportunities to be healthy throughout their lifetimes and are accountable to making measurable improvements toward health equity.
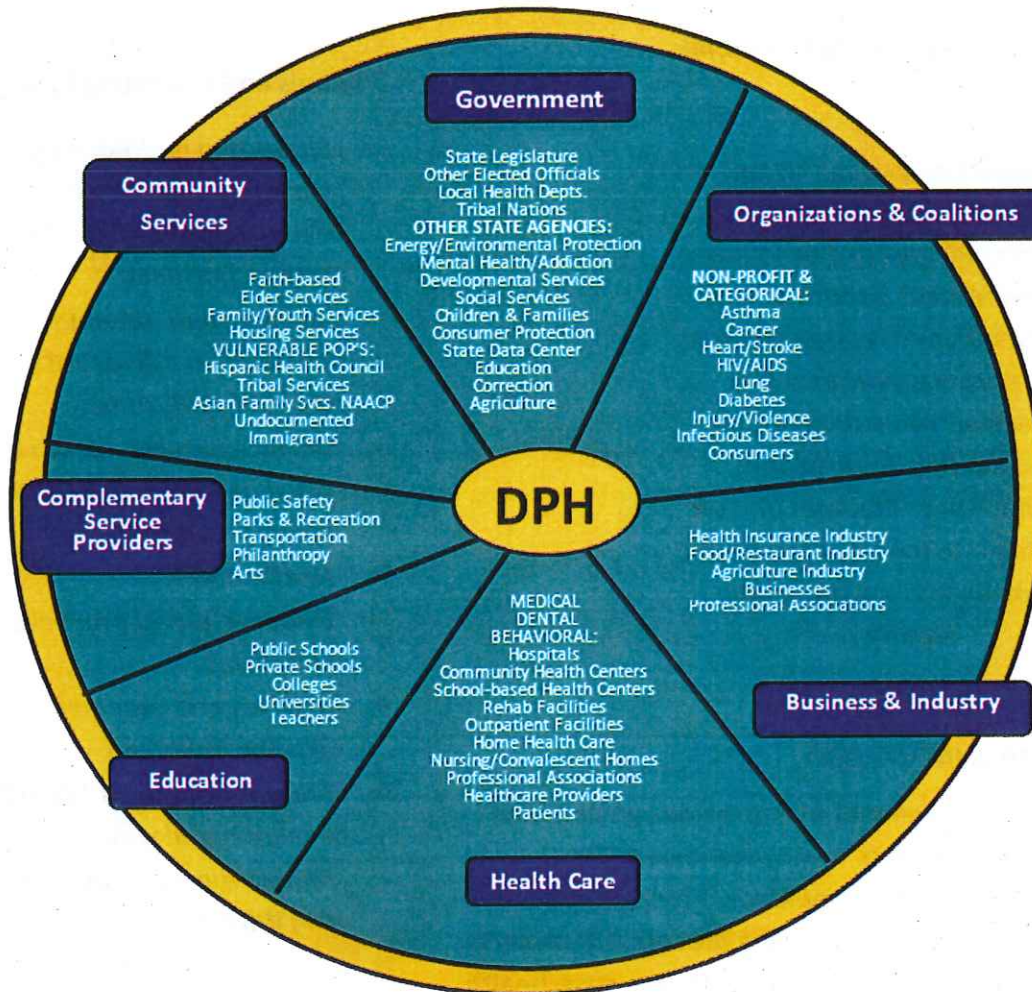
Values and Operating Principles

- *Integrated approach (with state and local health departments and key health system partners)*
- *Collaboration (among state and local health departments and DPH programs)*
- *Balance between depth of focus and breadth of scope (to increase impact)*
- *Health equity*
- *Evidence-based practices and strategies*
- *Build on and expand from existing initiatives*
- *Present data to stakeholders in a meaningful way (understandable, actionable, can drive next action)*

WHY IS THE SHIP IS IMPORTANT

The state health improvement plan provides guidance to the department, its partners, and stakeholders, for improving the health of the population. The plan reflects the results of a collaborative planning process that includes involvement of key sectors. Partners can use a state health improvement plan to prioritize existing activities and set new priorities. It serves as the basis for taking collective action, facilitating collaborations, and shared responsibility for addressing population health improvement. Health improvement planning is a core function for state and local health departments and the documentation provides a resource for staff and the public as well as providing consistency in operations and identification for areas of improvement. (Source: Adapted from the Public Health Accreditation Board, Standards and Measures Version 1.5, 2013).

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STAKEHOLDER ENGAGEMENT

Stakeholder engagement is the foundation of the SHIP collaborative effort and involves a wide range of community partners representing various sectors. These stakeholders, organized as the Connecticut Health Improvement Coalition, serve as community ambassadors who inform the overall implementation of the SHIP, sharing information from key networks and groups to facilitate action. Through the infrastructure of the Coalition, partners are enabled to share their unique perspective and expertise, collaboratively develop solutions, and coordinate activities across the state.

Government

State Legislature
Other Elected Officials
Local Health Depts.
Tribal Nations
OTHER STATE AGENCIES:
Energy/Environmental Protection
Mental Health/Addiction
Developmental Services
Social Services
Children & Families
Consumer Protection
State Data Center
Education
Correction
Agriculture

Community Services

Faith-based
Elder Services
Family/Youth Services
Housing Services
VULNERABLE POP'S:
Hispanic Health Council
Tribal Services
Asian Family Svcs. NAACP
Undocumented
Immigrants

Organizations & Coalitions

NON-PROFIT &
CATEGORICAL:
Asthma
Cancer
Heart/Stroke
HIV/AIDS
Lung
Diabetes
Injury/Violence
Infectious Diseases
Consumers

Complementary Service Providers

Public Safety
Parks & Recreation
Transportation
Philanthropy
Arts

DPH

Health Insurance Industry
Food/Restaurant Industry
Agriculture Industry
Businesses
Professional Associations

Business & Industry

Public Schools
Private Schools
Colleges
Universities
Teachers

MEDICAL
DENTAL
BEHAVIORAL:
Hospitals
Community Health Centers
School-based Health Centers
Rehab Facilities
Outpatient Facilities
Home Health Care
Nursing/Convalescent Homes
Professional Associations
Healthcare Providers
Patients

Education

Health Care

For additional information, please contact us at

HCT2020@ct.gov

SHIP Policy Agendas	2017	2018	2019

• **TOBACCO** –
   a. Raise the age to purchase tobacco and electronic nicotine delivery system (ENDS) products from 18 years of age to 21 years of age.
      i. **Public Act 19-13** – **Signed by Governor 06-18-2019** – Raises age to purchase tobacco and vaping products to 21 years.
   b. **Tax parity for other tobacco products and Electronic Nicotine Delivery Systems (ENDS)** to match the current cigarette tax
      i. **Public Act 18-109** – **Signed by the Governor 06-07-2018** Sale of ENDS treated like other tobacco products – must be kept behind the counter
   c. *(Upgrade Clean Indoor Air Laws to meet national recommendations for comprehensive law. Remove pre-emption clauses that hinder local tobacco control authority. – 2017 & 2018)*
   d. **Tobacco Trust Fund Allocations** – advocate for appropriate and sustainable Tobacco Trust Fund allocations for education, prevention, and cessation
	✓	✓	✓

1. **Community Health Worker Certification** – establish certification standards (2019)
   a. **Public Act 17-74 - Signed by Governor 06-30-2017** to define Community Health Worker
   b. **Public Act 19-117** – **Signed by Governor 06-26-2019** establish Community Health Worker Certification
	✓		✓

2. **Seatbelt use for all seating positions in automobiles** – update current law to include rear seated passengers in automobiles	✓	✓	✓
3. **Motorcycle Helmet Use by Operators and Passengers** –adequate head protection	✓	✓	✓
4. **Paid Family and Medical Leave** – require employers to provide paid Family and Medical Leave a. **Public Act 19-25** – **Signed by Governor 06-25-2019** Establish Paid Family Medical Leave Fund for eligible employees	✓	✓	✓
5. **Property Maintenance Code (PMC)** – Connecticut adoption of 2015 International Property Maintenance Code (IPMC)	✓	✓	✓

6. **Opioids** – support evidence based treatment and prevention efforts
   a. **Public Act 19-38** – **Signed by Governor 06-21-2019** penalties for the sale of fentanyl
   b. **Public Act 19-159** – **Signed by Governor 07-08-2019** mental health and substance use disorder benefits
   c. **Public Act 19-191** – **Signed by Governor 07-09-2019** addressing opioid use
   d. **Public Act 19-169** – **Signed by Governor 07-08-2019** extends good Samaritan protections when Narcan stored in cabinet with AED
		✓	✓

7. **REL (Race, Ethnicity, and Language) Data Collection Standards** – improve standardization of demographic data collection			✓
8. **Cancer Prevention: Human Papilloma Virus (HPV) Vaccine** a. **Public Act 17-2** – **Signed by Governor 10-31-2017** – included funding for education and Universal HPV vaccine (two-dose series) for children ages 11 and 12.	✓		
9. **Safe Drinking Water** a. **Public Act 18-168** – **Signed by Governor 06-13-2018** - requires public drinking water systems to review the age and condition of the water system's infrastructure		✓	
10. **Immunizations** – allow the release of aggregate immunization data for each school in Connecticut		✓	
11. **Lead Paint Assessment Fee** – create sustainable funding source to fund lead paint abatement projects for low income family housing.		✓	

Update as of 07-12-2019

SHIP Policy Agendas	2017	2018	2019
a. **Public Act 18-160 – Signed by Governor 06-13-2018** - surcharge added to certain insurance policies and establishing the Healthy Homes Fund – 15% of surcharge funds collected to be used for lead abatement			
12. *Medicare Shared Savings Program & Medicaid Eligibility/Cuts* – restore funding cuts that affect income and access to health care for 113,000 Connecticut residents. a. **Funds Restored end of 2018 session**		✓	
13. *Funding for public health agencies* – advocate for funding for state and local public health agencies to support prevention and health improvement.		✓	
14. *Integration of Local Health Districts* – integration into larger health districts to improve health equity for all Connecticut residents and to better facilitate leveraging of resources.	✓		

SHIP Action Team Highlights

Healthy Connecticut 2020
State Health Improvement Plan

- Maternal, Infant and Child Health
- Environmental Health
- Chronic Disease Prevention
- Infectious Disease Prevention
- Injury and Violence Prevention
- Mental Health and Substance
- Health Systems

September 20, 2019

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Action Team: Maternal, Infant & Child Health

Maternal, Infant & Child Health Highlights

- Greatest Accomplishment
  - Serving as a vehicle for communicating, coordinating and integrating MCH services
  - Advocacy efforts led to passage of Paid Family Medical Leave Act
- Currently Working On
  - Community call to action to offer developmental screenings
  - Worked with legislative champions to promote screenings of the film "Resilience: The Biology of Stress & The Science of Hope"
- Highest Priority to Complete by Dec 2020
  - Develop a legislative agenda on toxic stress and trauma

Maternal, Infant & Child Health Strategies

- Support the provision of preconception/interconception health care throughout the childbearing years in community and clinical settings
- Collaborate across sectors to increase socioeconomic and health equity
- Support reproductive and sexual health services
- Increase dental care provided by pediatric primary care providers (PCPs)
- Encourage pediatric PCPs to include oral health in the well child visits
- Increase awareness on the importance of developmental screening
- Train community and healthcare providers to improve screening rates and coordination of referrals and linkage to services within the state
- Engage in cross system planning and coordination of activities around developmental screening

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Every Woman Connecticut

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Action Team: Environmental Health

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Environmental Health Highlights

- **Greatest Accomplishment**
  - Decreased the prevalence of lead poisoning ≥5µg/dL for children under the age of 6 years
    - In 2017, 2.3%; in 2016, 2.7%; in 2015, 2.9%; and in 2014, 3.0%
- **Currently Working On**
  - Air Quality Awareness – Distributed 75 sets of EPA's Air NOW Flag Program in the Greater Bridgeport area
- **Highest Priority to Complete by Dec 2020**
  - Expand knowledge of the Healthy Homes Initiative and collaborate with partners to promote healthy housing

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Environmental Health Strategies

- Encourage local, state, and other federal agencies to facilitate data-sharing between health and housing in a timely manner
- Educate the general public, families, service providers, advocates, and public officials on sources of lead in homes and other child-occupied facilities, so that lead hazards are eliminated before children are exposed
- Promote awareness of air quality among key stakeholders and at risk populations.
- Work with at-risk population care providers to develop a plan of action for forecasted unhealthy air quality days (especially day cares and summer day camps)
- Adopt a statewide property maintenance code
- Improve compliance with CT's laws on health and safety

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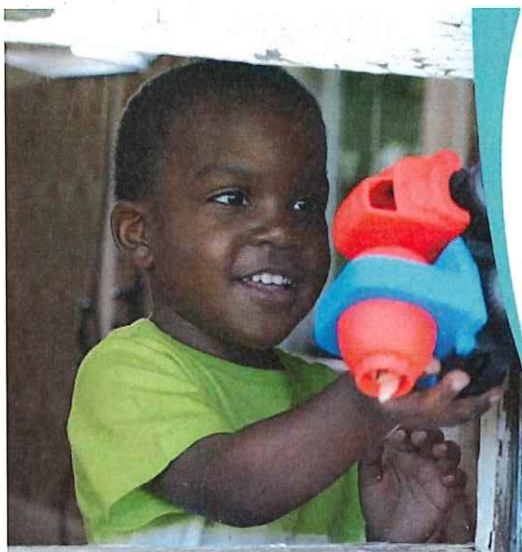
Don't let lead poisoning change your child's future.

Learn how to prevent childhood lead poisoning.
860 509-7299 • ct.gov/PreventLead

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Action Team: Chronic Disease Prevention & Control

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Chronic Disease Prevention Highlights

- Greatest Accomplishment
  - Use of a common asthma action plan across multiple settings
  - Effective network distribution of Healthy Food Donation List
- Currently Working On
  - Asthma education and delivery of services
  - Oral Health integration into School Based Health Centers
  - Collaborative implementation of federal physical activity guidelines
  - Limiting exposure and access to nicotine products through smoking & vaping
- Highest Priority to Complete by Dec 2020
  - Develop a communication strategy to circulate key information and identify opportunities for overlapping work with other SHIP Action Teams

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Chronic Disease Prevention Strategies

- Promote utilization of asthma action plans (AAP) for children to increase AAP use in homes, schools and medical practices

- Increase use of dental sealants and fluoride varnish in school-based programs and promote the effectiveness and efficiency of dental sealants to prevent decay, through education and awareness with culturally and linguistically appropriate campaigns

- Improve the availability and access of healthy food options for children and families through the settings of community schools and worksites

- Advocate for comprehensive tobacco control legislation including: Tax parity for all nicotine-based products; Raise age to purchase to 21; Removal of Pre-emption clauses that hinder local tobacco control authority; Advocate for appropriate and sustainable Tobacco Trust Fund allocations for education, prevention, and cessation on tobacco-based product use

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Action Team: Infectious Disease Prevention

Infectious Disease Prevention Highlights

- Greatest Accomplishment
  - HPV vaccine included in state purchasing
  - Updating electronic platform for immunization reporting system
- Currently Working On
  - Continue on-boarding of clinics for electronic reporting of immunizations
  - Expanding HIV screening and follow up for newly diagnosed
  - Increasing vaccination rates for HPV
- Highest Priority to Complete by Dec 2020
  - Educate elected officials/policy makers on the science of immunization and vaccines
  - Advance the recommendations of Getting to Zero (G2Z) report

Infectious Disease Prevention & Control Strategies

- Educate parents/consumers about the importance and science of ACIP recommended vaccines for children
- Establish bi-directional electronic reporting of vaccination data; then increase utilization by providers.
- Develop new and diverse venues for influenza vaccine administration and culturally appropriate outreach to ensure access to all population groups.
- Educate parents and providers about the cancer prevention benefits of the HPV vaccine.
- Expand routine screening programs to increase early detection of HIV.
- Establish partner referral services throughout the state at healthcare facilities.
- Develop coordinated HIV surveillance, prevention and care data systems to monitor Connecticut trends in the HIV continuum and effectively target resources/interventions.
- Expand use of pre-exposure prophylaxis (PrEP) as preventive measure for persons engaging in high-risk behaviors.

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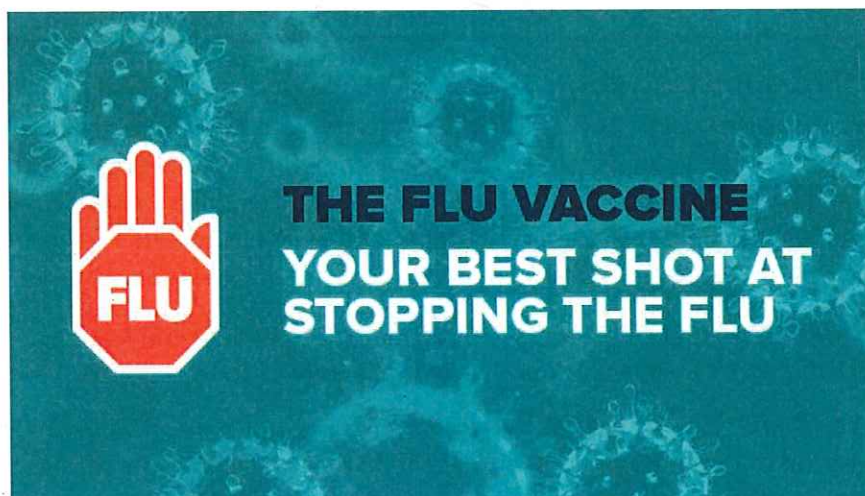
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Action Team: Injury & Violence Prevention

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Injury & Violence Prevention Highlights

- Greatest Accomplishment
  - Expanded partnerships and stakeholder engagement including local health departments, the Dept. of Aging and Disability Services (formerly DORS), Connecticut Community Care (CCC)/CT Healthy Living Collective (CHLC), and state university Physical Therapy/Occupational Therapy faculty
- Currently Working On
  - Prevention of sexual violence, suicide, and motor vehicle crashes.
  - CT Falls Compendium of evidence-based falls prevention programs
- Highest Priority to Complete by Dec 2020
  - Integration of overlapping priorities of the Injury and Mental Health and Substance Abuse Action Teams.

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Injury & Violence Prevention Strategies

- Promote implementation of evidence-based multi-faceted programs for community dwelling older adults that integrate fall risk reduction strategies
- Education and statewide enforcement of laws regarding distracted driving, impaired driving, speeding, and unrestrained driving
- Coordinate and implement suicide prevention program and training around the state
- Disseminate best practices and effective primary prevention strategies of sexual violence to professionals around the state, including evidence-based services to victims

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CHANGE the SCRIPT

Opioid misuse is a public health issue that can be prevented and treated.

Recovery is possible.

Learn more at
drugfreect.org

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Action Team: Mental Health & Substance Abuse

Mental Health & Substance Abuse Highlights

- Greatest Accomplishments
  - Increased **MH** awareness among first responders via **MH First Aid** training
  - Child Trauma Screening (CTS) tool developed collaboratively by **CHDI, DCF** and **Yale**
  - CT Medicaid administration endorsed development of a trauma screening billing code

- Continuing to Work On
  - Reducing by 5% the use of opioids including heroin for ages 12 and older
  - Increasing by 5% trauma screening by primary care and behavioral health providers
  - Decreasing by 5% the rate of Mental Health Emergency Department visits

- Highest Priority to Complete by Dec 2020
  - Identify appropriate data to track and report change related to objectives

Mental Health & Substance Abuse Strategies

- Increase knowledge and implementation of behavioral health screening by primary care providers for youth (age 12-17) and adults (age 18 and older)
- Increase mental health literacy of public safety officials
- Increase access to community-based mental health services offered on a sliding fee scale and/or at no cost by school based and community based health centers
- Implement strategies recommended by the ADPC and CORE Initiative to increase public education on overdose prevention
- Increase provider trauma screening training opportunities for medical and behavioral health providers across all settings (private offices, FQHCs, SBHCs)
- Create a billing code for primary care providers to bill for trauma screening
- Train Primary Care, OBGYNs, Dental and other professionals on alternatives to opiate use for pain management and reduction of stigma

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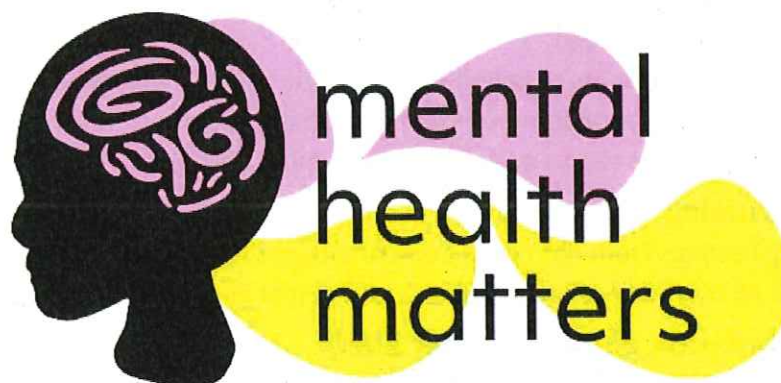
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Action Team: Health Systems

Health Systems Highlights

- Greatest Accomplishment
  - Local health departments received funding to pursue accreditation
  - Established a baseline of communities covered by a CHNA
  - Surveyed SHIP action teams co-leads to determine data gaps

- Currently Working On
  - Reviewing findings from data gaps assessment and identifying strategies
  - Making CLAS training available online and regional in-person sessions

- Highest Priority to Complete by Dec 2020
  - Implementing strategies to address identified needs and data gaps of SHIP Action Teams

Health Systems Strategies

- Provide financial incentives to health jurisdictions for accreditation and to those who are accredited
- Encourage regional health assessments
- Identify data needs/gaps across focus areas/action teams to support health improvement and quality and performance of health agencies
- Align Community Health Improvement Plans with goals and strategies in the State Health Improvement Plan
- Advocate for the utilization of Community Health Workers as part of the health system workforce

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The wider determinants of health

Our health behaviours and lifestyles

An integrated health and care system

The places and communities we live in, and with

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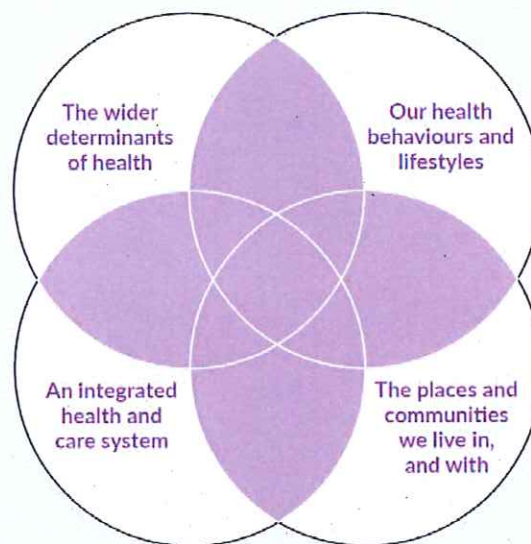
Suggested Resources

Multiple self-study courses and webinars are available through TRAIN, a free national learning management system. In addition, our SHIP partners at the New England Public Health Training Center (NEPHTC) and the Yale School of Public Health add new trainings every month on a variety of topics. Join their mailing list at https://sites.bu.edu/nephtc/signup/

To access any of the courses listed below log into your CT TRAIN account and search by the course number. The course number is at the end of the ulr listed below.

Innovation

- Innovation and Quality in Public Health
  https://www.train.org/connecticut/course/1076152/
- Introduction to Design Thinking
  https://www.train.org/connecticut/course/1078510/
- Innovations-Green & Healthy Homes Initiative: Successful Cross-Sector Collaboration
  https://www.train.org/connecticut/admin/course/1076708/
- Innovation in Public Health: Giving Meaning to a Buzzword (Recorded)
  https://www.train.org/connecticut/admin/course/1076075/

Systems thinking

- Systems Thinking for Public Health: An Introduction
  https://www.train.org/connecticut/course/1085636/
- Introduction to Systems Thinking
  https://www.train.org/connecticut/course/1081824/
- NDPHTN L Systems Thinking Introduction
  https://www.train.org/connecticut/course/1086581/
- A Need for System Thinking in Public Health
  https://www.train.org/connecticut/course/1064729/
- Strategic Skills Training Series: Introduction to Systems Thinking
  https://www.train.org/connecticut/course/1085866/

Don't have a TRAIN *Connecticut* account yet?

If you have never registered using the Train website please follow directions below:

1. Log on to http://ct.train.org to set up your personal account.

2. Click on the "Create Account" button in the left hand margin and complete the online registration form to set up your account. Once your account has been set up you are ready to register for a class. (There is no cost to set up your account.)

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Social Determinants of Health & Group Activities

2019 State Health Improvement Coalition Summit:

Navigating Towards Health Equity

September 20, 2019

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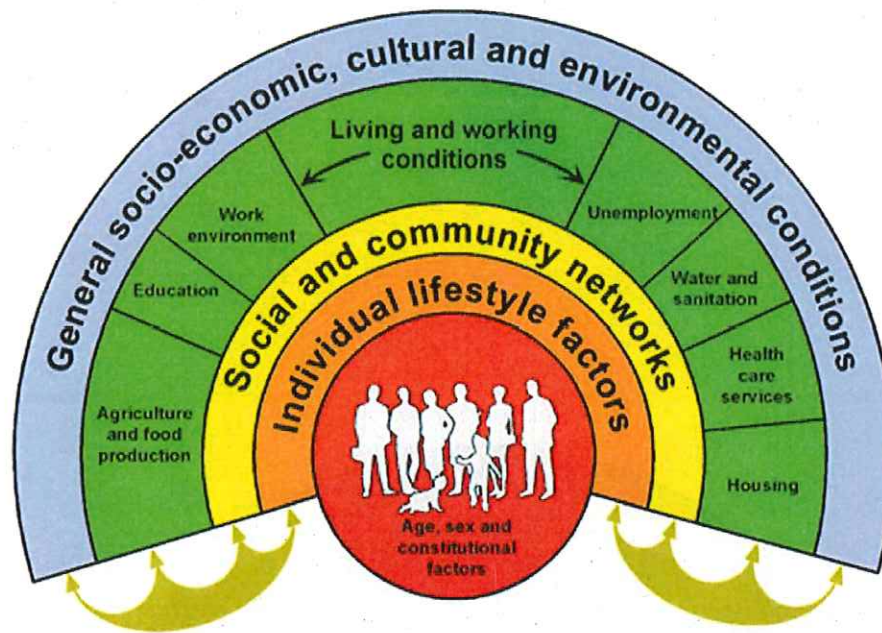
SDOH Overview

- According to the World Health Organization (WHO), the **social determinants of health** are the conditions in which people are born, grow, live, work and age.

- These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.

- The **social determinants of health are mostly responsible for health inequities** - the unfair and avoidable differences in health status seen within and between countries.
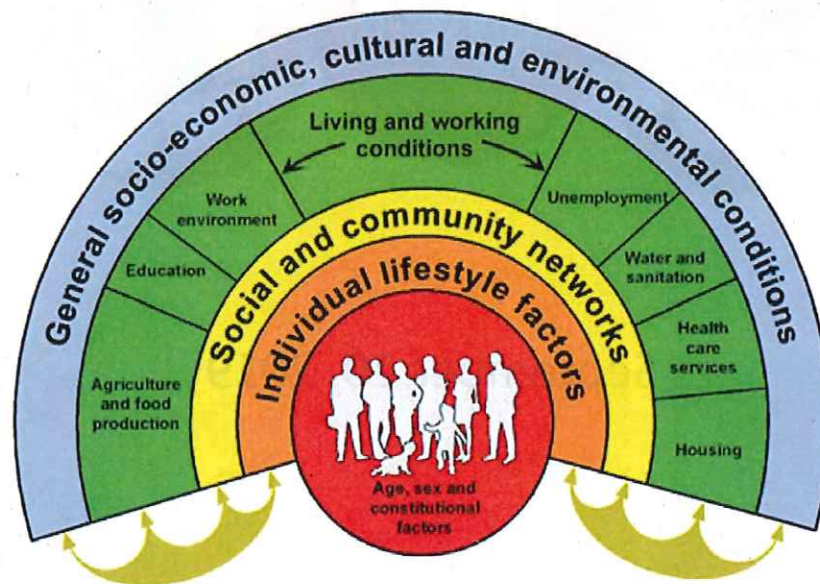
What are the Social Determinants of Health?

Healthy People 2020 identifies the social determinants in 5 main buckets with subcategories in each, as follows:

1. Economic Stability
   - Employment, Food Insecurity, Housing Instability, Poverty
2. Neighborhood and Built Environment
   - Access to Healthy Foods, Crime and Violence, Environmental Conditions, Quality of Housing
3. Health and Healthcare
   - Access to Healthcare, Primary Care, Health Literacy
4. Social and Community Context
   - Civic Participation, Discrimination, Incarceration, Social Cohesion
5. Education
   - Early Childhood Education and Development, Enrollment in Higher Education, High School Graduation, Language and Literacy

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Brainstorming Exercise

1. Of the 30 indicators you've just heard about, what are the top 5 that resonate the most with you?
   - Write on the back of your agenda.

2. Which of the SDOH seem to contribute the most to these indicators? Which seem the most pressing/impactful/related to your chosen indicators?
   - Write the indicator on a post-it note and post it on the SDOH flip chart pages posted around the room.
   - You can post the same indicator under multiple SDOH's.

State Health Improvement Plan

Framework and SHIP 2.0 Table Discussions

Framework for SHIP 2.0

- We are organizing the content of the SHIP around SDOH
- We are looking for it to be more streamlined so that it is more organized, easier to track, and more likely to achieve impact across a number of different health conditions and concerns.

SHIP Framework (for illustrative purposes only)

PSE & PP: Policy, Systems, Environment and Primary Prevention

	CT Social Determinants of Health			
	1. SDoH	2. SDoH	3. SDoH	4. SDoH
	Goals and Objectives	Goals and Objectives	Goals and Objectives	Goals and Objectives
Priority Issues and Indicators	↓	↓	↓	↓
1. Priority Health Issue	Strategies (PSE & PP)	Strategies (PSE & PP)	Strategies (PSE & PP)	Strategies (PSE & PP)
2. Priority Health Issue	Strategies (PSE & PP)	Strategies (PSE & PP)	Strategies (PSE & PP)	Strategies (PSE & PP)
3. Priority Health Issue	Strategies (PSE & PP)	Strategies (PSE & PP)	Strategies (PSE & PP)	Strategies (PSE & PP)
4. Priority Health Issue	Strategies (PSE & PP)	Strategies (PSE & PP)	Strategies (PSE & PP)	Strategies (PSE & PP)

Informing SHIP Priorities

- HRiA will work with CT DPH to develop a list of recommended priorities based on the findings of the SHA and the outputs of today's Coalition Summit.

- Priorities will be narrowed and refined through Community Focus Groups, a Coalition Survey, discussion and recommendations from the SHIP Advisory Council, review and input by the SHIP Executive Committee of the Advisory Council, and final approval by the DPH Commissioner.

- The desired outcome is a more focused plan with 3-4 priority/focus areas.

Discussion Questions

1. Which of the 2-3 upstream factors (SDOH) are the primary contributors to these issues, and are therefore most important to address? Why?

2. What would you like to see done to address the primary contributors and who should be engaged to address them (consider innovative development; design thinking)?

3. What would success look like in five years if we are able to impact the upstream factors?

Jigsaw Exercise

- We're going to use a Jigsaw exercise
  - Have people work in small groups to discuss and generate responses to a series of questions and then reform into groups by question to synthesize the responses to the questions in real-time.
  - This exercise will begin the process of identifying priority indicators and their related social determinants for the SHIP 2.0.

Jigsaw Exercise

- Break into groups of 3
- Individual brainstorm for a few minutes
- Address three questions in small groups. Note responses (each member is responsible for taking notes for one question)

- Assemble in groups by number. Facilitators will guide you in synthesizing and capturing responses on flip chart paper provided.

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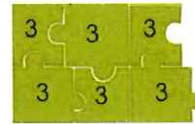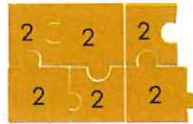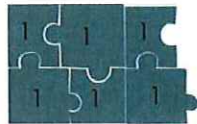
Next Steps

2019 (October-December)
- Convene the NEW Communications Sub-Committee
- Finalize 2020 SHIP Policy Agenda
- Engage Local Partners
- Public Comment on State Health Assessment Draft

2020 (January-March)
- Community Focus Groups
- Coalition Survey
- Full Day Planning Session

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Coalition Summit

SHIP Coalition Activities

- Policy Agenda –
  - Topics proposed by coalition, action team, and advisory council members during the third quarter of the year
  - Reviewed, prioritized, and finalized by SHIP Advisory Council members during the fourth quarter of the year
  - First SHIP Policy Agenda (2017 session) was a product of the 2016 SHIP Action Summit
  - Concepts can be proposed through September 30, 2019 by sending an email to HCT2020@ct.gov with "POLICY" in the subject line
- Communications Sub-Committee - **NEW**
  - Proposed by SHIP Action Team members as a way to share progress, success and lessons learned on strategies to improve health outcomes with statewide partners
  - If you are interested in finding out more about this subcommittee, please email your contact information to HCT2020@ct.gov with "COMMUNICATION" in the subject line

Findings from the 2019 State Health Assessment

Presented at the

2019 State Health Improvement Coalition Summit:
Navigating Towards Health Equity
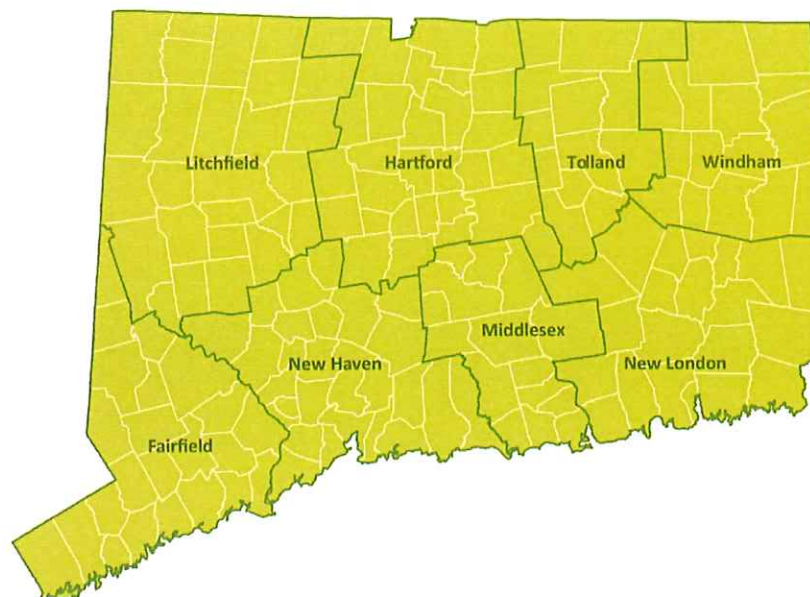
September 20, 2019

Population and Socioeconomic Statistics

Life Expectancy

Life Expectancy, by Sex, Connecticut and U.S., 2005-2017

- CT Males
- CT Females
- US Males
- US Females

81.7 ... 83.0 ... 82.9
80.1 ... 81.1
76.9 ... 78.4 ... 78.1
75 ... 76.1

- 2014 was the peak year for life expectancy in both the US and CT

Life Expectancy, by Race and Ethnicity, 2006-2010 and 2013-2017

Males
- NH White: 78.1 / 78.3
- NH Black: 73.1 / 74.9
- Hispanic: 77.8 / 78.7

Females
- NH White: 82.4 / 83.0
- NH Black: 79.3 / 80.2
- Hispanic: 82.5 / 83.2

- 2006-2010
- 2013-2017

CT Department Public Health, Health Statistics and Surveillance Section, 2005-2017

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Connecticut's population overall is getting older

Connecticut Population by Age and Sex, 2000

Male / Female

Connecticut Population by Age and Sex, 2017
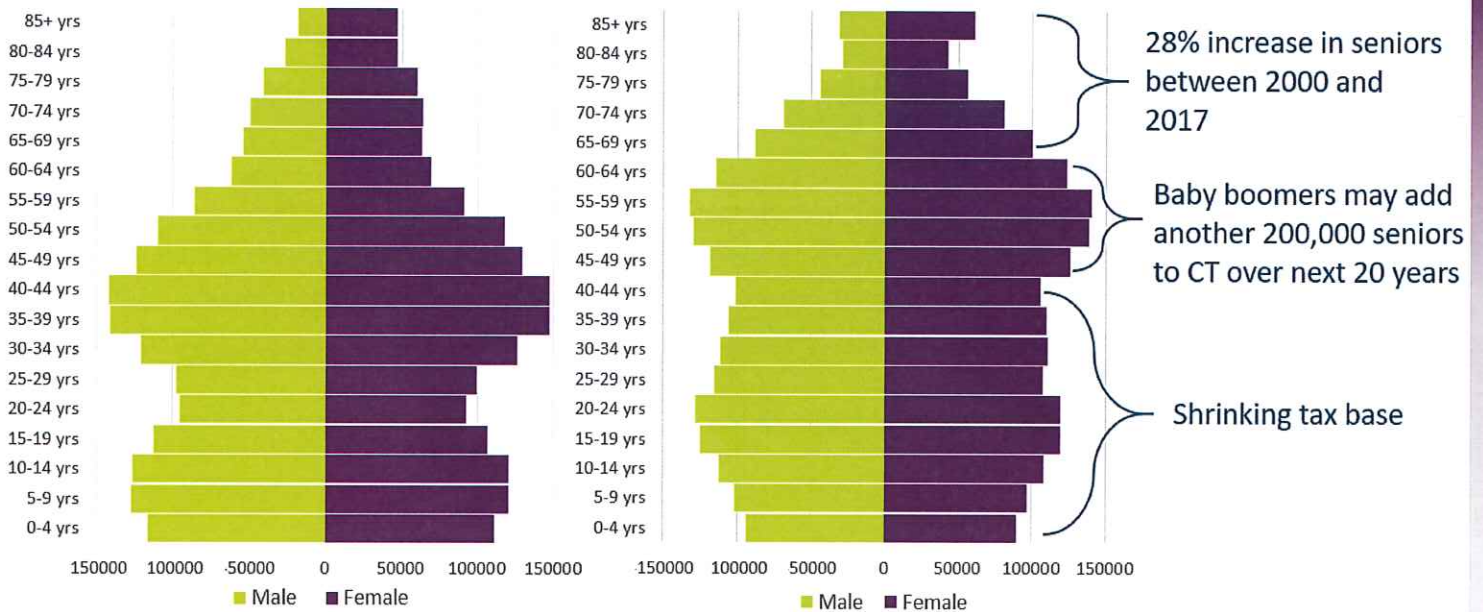
Male / Female

28% increase in seniors between 2000 and 2017

Baby boomers may add another 200,000 seniors to CT over next 20 years

Shrinking tax base

US Census Bureau, Population Estimates Program, Connecticut 2000 and 2017

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Connecticut's population is becoming more racially diverse

Connecticut, by Race and Ethnicity, 2000-2017

Y-axis: Percent of Population (0 to 100)

X-axis: 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017

Legend: ■ NH White ■ Hispanic ■ NH Black ■ NH Asian ■ NH Other

US Census Bureau, Population Estimates Program, Connecticut 2000 and 2017
US Census Bureau, ACS Estimates, 2017
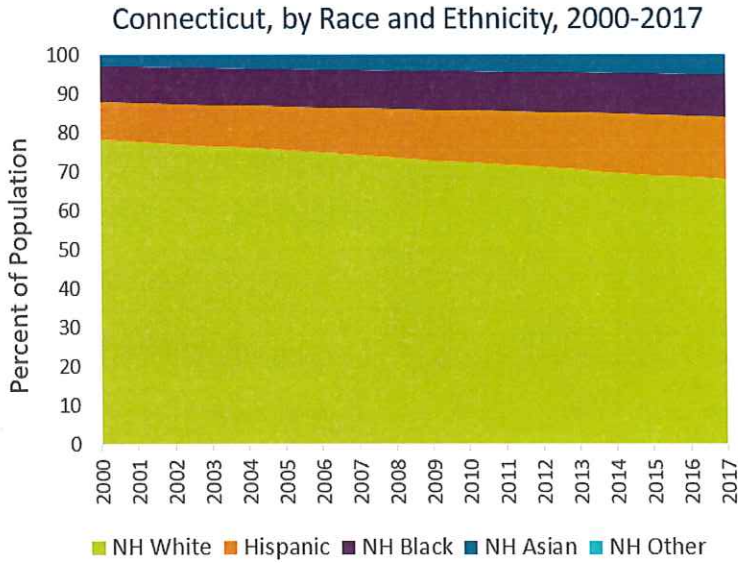
Ratio of persons of color, by Town, 2017

Legend:
☐ Less than 1 in 10
☐ 1 in 10
☐ 1 in 5
☐ 1 in 3

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23% are living below 200% of the poverty threshold

Ratio of persons living below 200% Federal Poverty Level (FPL), by Town, 2013-2017
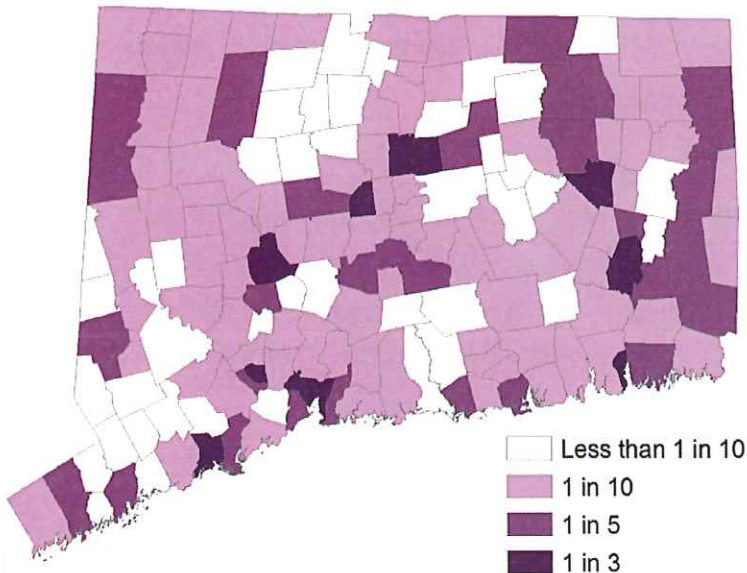
Legend:
☐ Less than 1 in 10
☐ 1 in 10
☐ 1 in 5
☐ 1 in 3

US Census Bureau, American Community Survey 5-year estimates, 2013-2017

Living Wage* for Family of 3 in CT $ 59,502

Family Size	100% of the Poverty Threshold	200% of the Poverty Threshold
1 person	$ 12,488	$ 24,976
2 people	$ 15,877	$ 31,754
3 people	$ 19,515	$ 39,030
4 people	$ 25,094	$ 50,188
5 people	$ 29,714	$ 59,428

MIT's Living Wage Estimate

- Almost 1 in 4 live below 200% FPL
- 1 in 10 people in CT live below 100% FPL
- Poverty is high in our cities
- Poverty is high in many of our rural towns

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10% are living below 100% of the poverty threshold

Proportion of persons living in poverty among select racial-ethnic groups

Legend: 2007, 2012, 2017

- NH White: 4.8, 5.8, 6
- NH Black: 16.3, 24, 15.7
- Hispanic, Puerto Rican: 28.2, 34.9, 27.6
- Hispanic, Other: 12.4, 18.6, 14

- Persons of color are more likely to live in poverty than whites
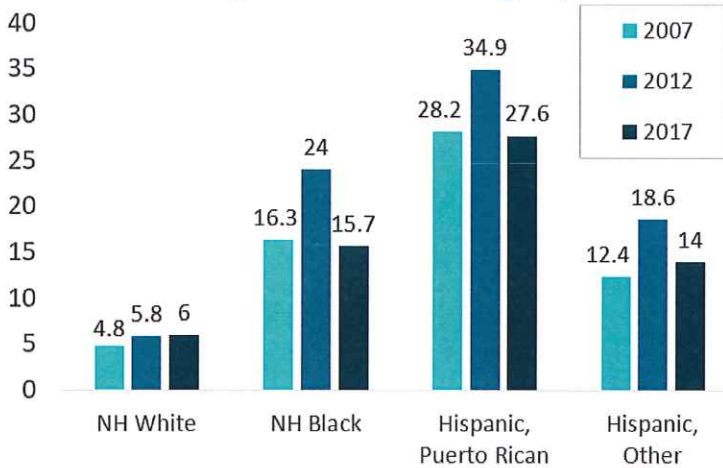
US Census Bureau, American Community Survey 1-year estimates, 2007, 2012, 2017

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Racial-ethnic distribution of CT residents who live in poverty, 2017

- NH White: 41%
- NH Black: 17%
- Hispanic, Puerto Rican: 24%
- Hispanic, Other: 12%
- NH Other: 6%

- Poverty cuts across race and ethnicity

Housing Affordability

Ratio of renters spending 30% or more of gross income on rent, by town, 2013-2017
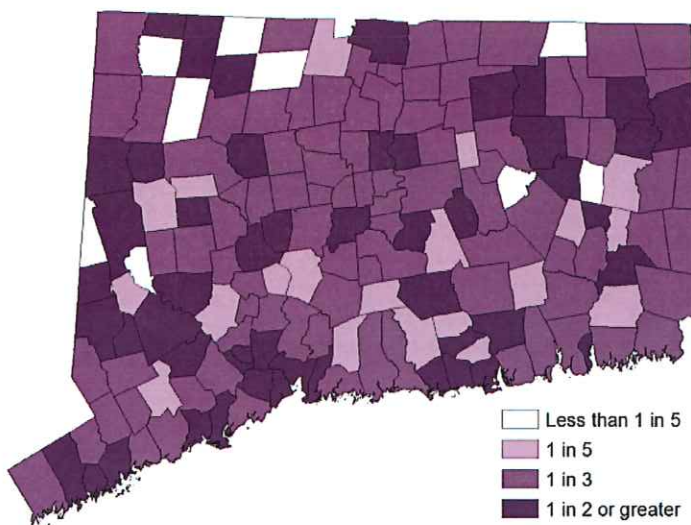
Legend:
- Less than 1 in 5
- 1 in 5
- 1 in 3
- 1 in 2 or greater

US Census Bureau, American Community Survey 5-year estimates, 2013-2017

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➢ Cost-burdened Households spend 30% or more of gross income on housing costs (rent, mortgage)
- Owners – 29%
- Renters – 49%
- Limits resources for other necessities
- Increases housing instability
  - Changes in employment status
  - Unforeseen costs (medical, car repair)

➢ Connecticut Eviction Rates
- 3.0 evictions per 100 rentals = 37 per day
- Higher than U.S. rate of 2.3 evictions

Health Disparities

While CT compares favorably to the United States regarding many health indicators, this summary of the State Health Assessment will demonstrate that certain groups within Connecticut experience a greater share of adverse health events.

- Key Maternal and Child Health indicators
  - Unintended pregnancies
  - Teen births
  - Low birth weight
  - Infant mortality
- Adequate insurance and health care coverage
- Drinking water safety

- Lead poisoning and work-related injuries
- Infectious diseases, including STIs, HIV, vaccine preventable, and emerging trends
- Trauma related to violence and injury
- Chronic diseases and risk factors

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Maternal, Infant, and Child Health

Percent of Unintended Pregnancies Among Women Having a Live Birth, by Maternal Race/Ethnicity, Connecticut, 2016
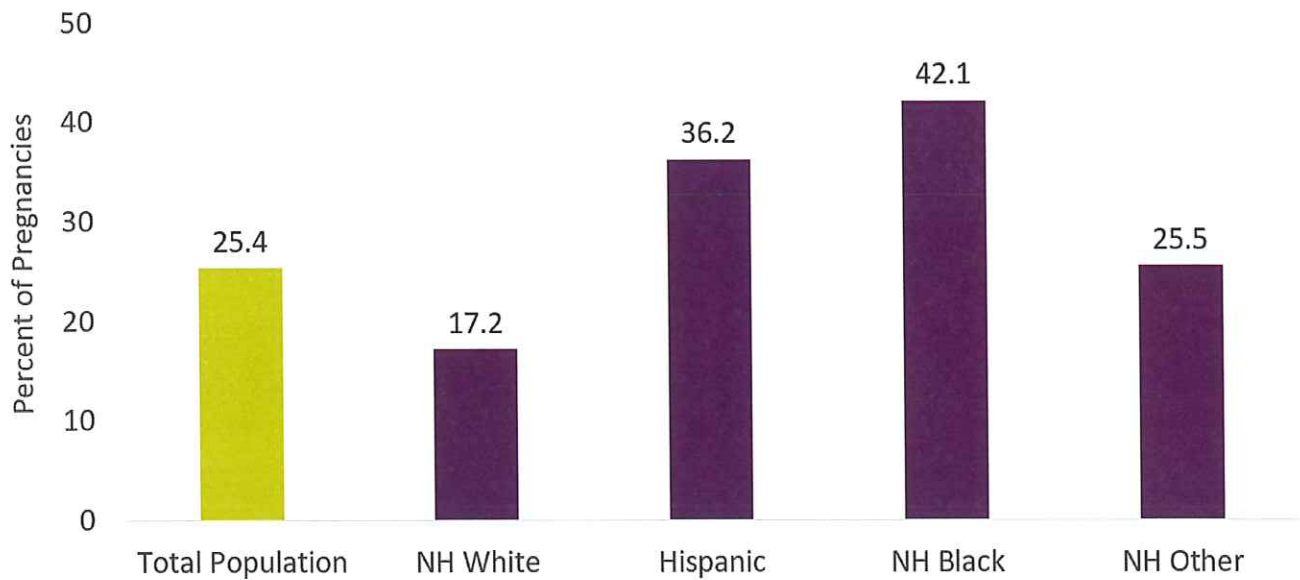
CT Department of Public Health, Pregnancy Risk Assessment Monitoring System (PRAMS), 2016

www.ct.gov/dph/SHIPCoalition | 13

Birth Rate Among Teens Ages 15-19 By Race/Ethnicity, Connecticut, 2008-2017

Births Registry, Connecticut DPH Office of Vital Records and Surveillance Analysis and Reporting Unit, 2008-2016, provisional 2017

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Trends in Low Birth Weight (All Pluralities) By Race/Ethnicity, Connecticut, 2008-2018
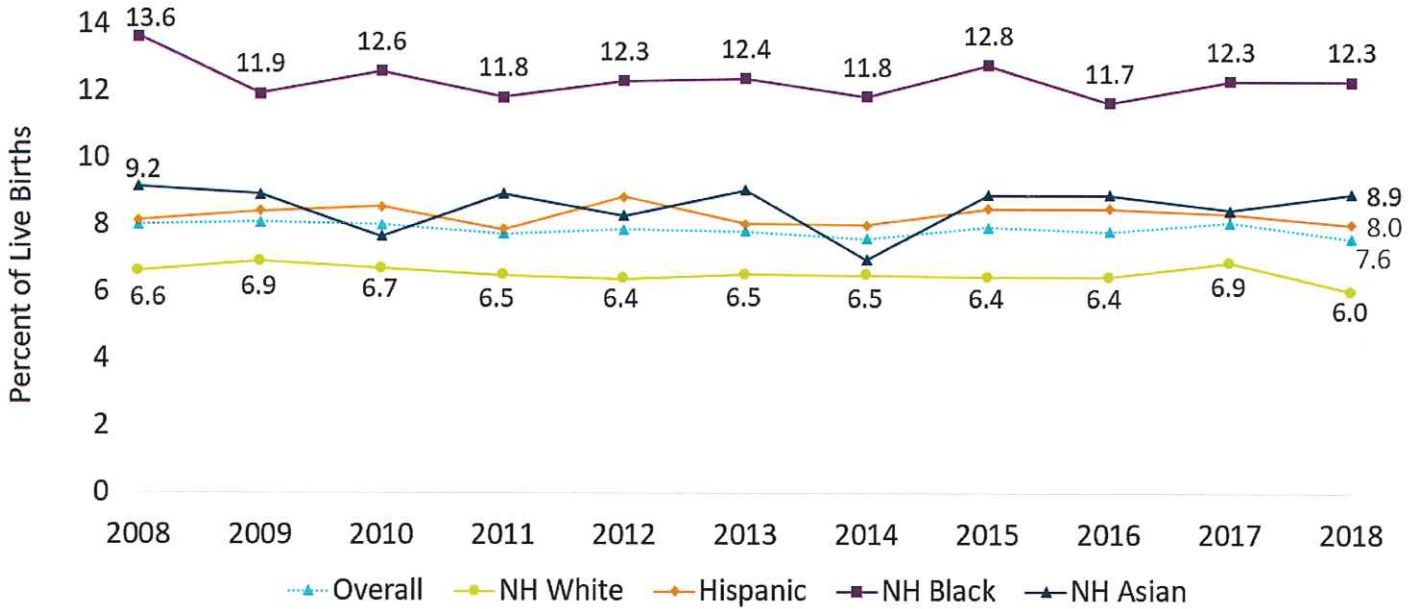
Percent of Live Births

NH Black: 13.6, 11.9, 12.6, 11.8, 12.3, 12.4, 11.8, 12.8, 11.7, 12.3, 12.3

NH Asian: 9.2, ..., ..., ..., ..., ..., ..., ..., ..., ..., 8.9

Overall: 8.0, ..., ..., ..., ..., ..., ..., ..., ..., 8.0, 7.6

NH White: 6.6, 6.9, 6.7, 6.5, 6.4, 6.5, 6.5, 6.4, 6.4, 6.9, 6.0

2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018
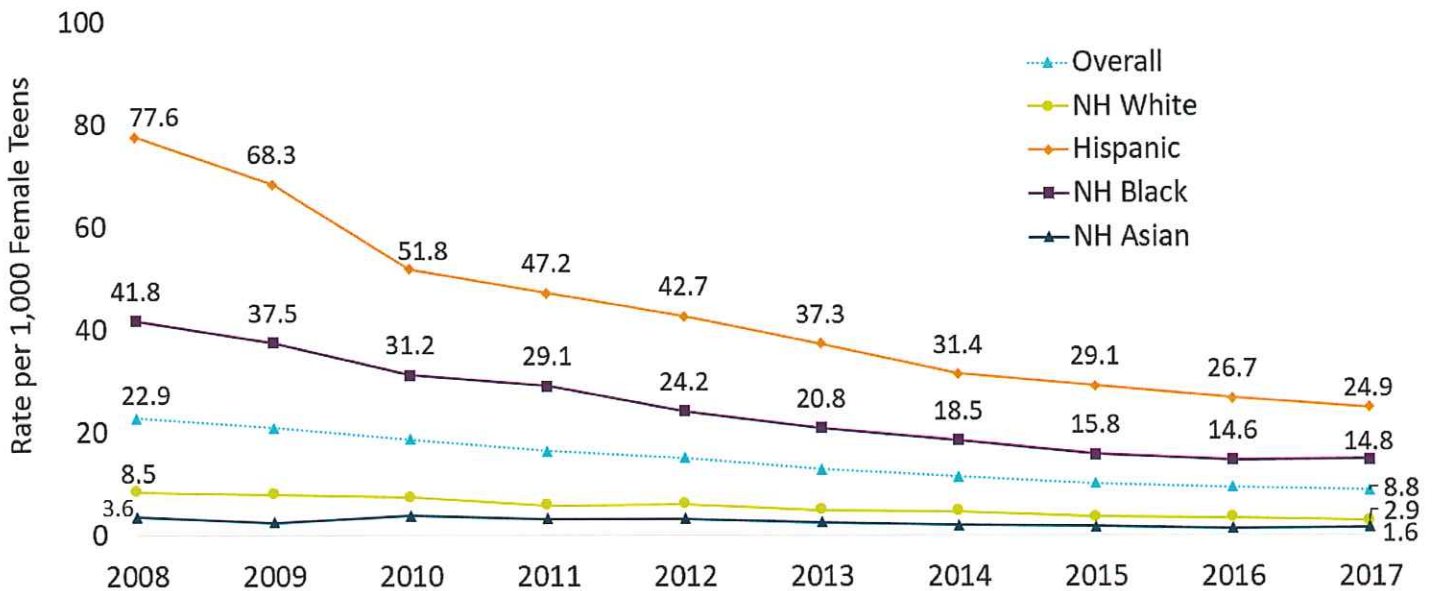
······▲······ Overall   ──●── NH White   ──◆── Hispanic   ──■── NH Black   ──▲── NH Asian

Births Registry, Connecticut Department of Public Health Office of Vital Records and Surveillance Analysis and Reporting Unit, 2008-2016, provisional 2017 and 2018

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Infant Mortality Rate, by Race/Ethnicity, CT 2005-2017

Rate per 1,000 live births

NH Black: 14.5, 14.1, 13.1, 13.0, 12.6, 10.4, 9.8, 11.5, 9.4, 8.7, 12.3, 11.5, 9.9

Hispanic: 7.9, ..., ..., ..., ..., ..., ..., ..., ..., ..., ..., ..., 4.9

Overall: 5.9, ..., ..., ..., ..., ..., ..., ..., ..., ..., ..., ..., 4.6

NH White: 3.6, 4.5, 5.5, 4.2, 3.8, 3.5, 3.5, 3.4, 3.5, 3.5, 3.7, 2.9, 3.0

2005 2007 2009 2011 2013 2015 2017

······▲······ Overall   ──●── NH White   ──◆── Hispanic   ──■── NH Black

Births and Deaths Registries, Connecticut Department of Public Health Office of Vital Records and Surveillance Analysis and Reporting Unit, 2005-2016, provisional 2017

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Percent of Children, Ages 0-17, Who Are Continuously and Adequately Insured, by Federal Poverty Level (FPL), Connecticut compared to US, 2016-2017
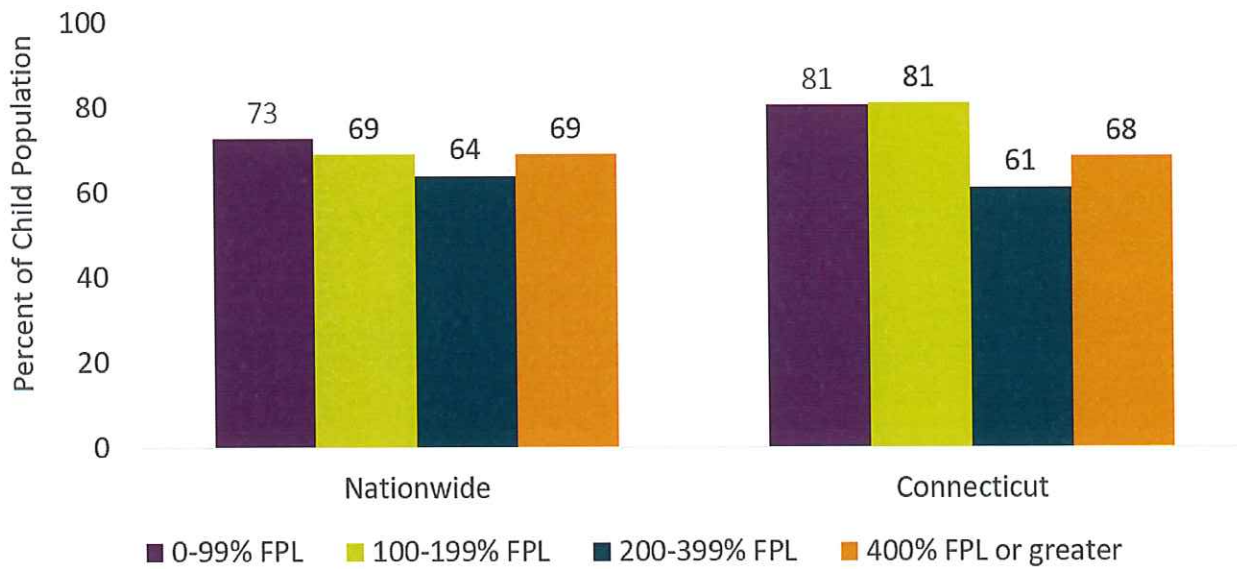
US Health Resources and Services Administration, National Survey of Children's Health, 2016-2017

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Health Systems

Percent of Health Insurance Coverage among Adults (18-64 years old) by Race/Ethnicity, Connecticut, 2018
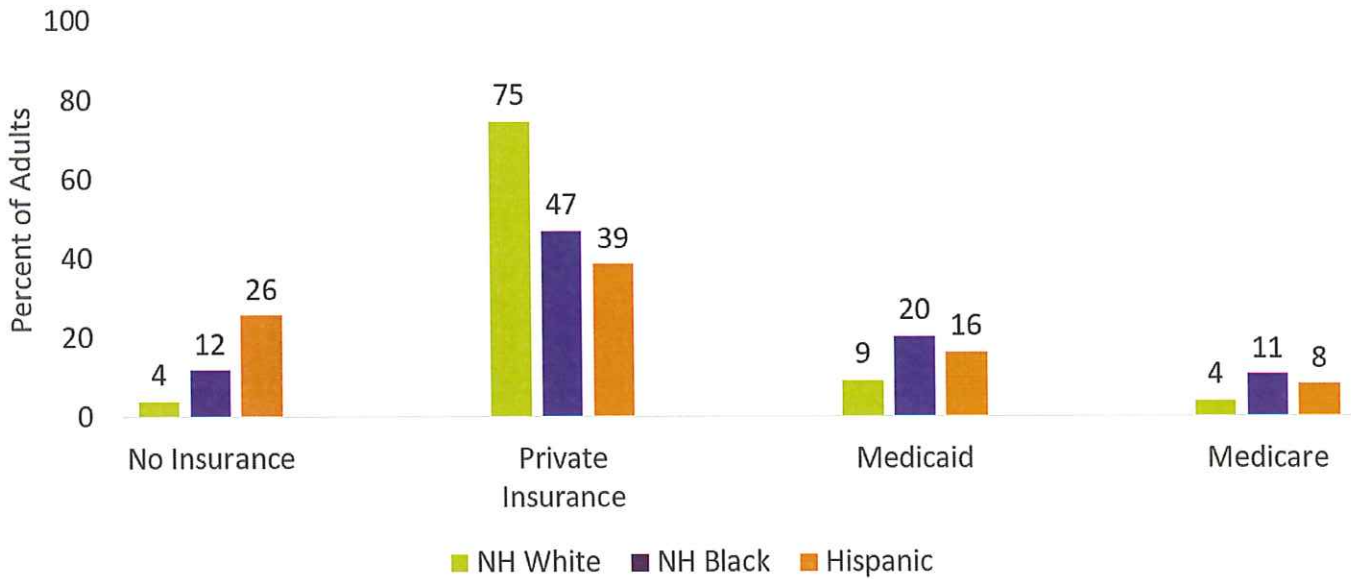
No Insurance: NH White 4, NH Black 12, Hispanic 26
Private Insurance: NH White 75, NH Black 47, Hispanic 39
Medicaid: NH White 9, NH Black 20, Hispanic 16
Medicare: NH White 4, NH Black 11, Hispanic 8

Legend: NH White, NH Black, Hispanic

CT Department of Public Health, Behavioral Risk Factor Surveillance System Survey, 2018

www.ct.gov/dph/SHIPCoalition | 19

Percent of Adults with at Least One Primary Healthcare Provider, Overall and by Race/Ethnicity, Connecticut, 2018

Health People 2020 Target 84, Connecticut 84, NH White 89, NH Black 77, Hispanic 67

CT Department of Public Health, Behavioral Risk Factor Surveillance System Survey, 2018

www.ct.gov/dph/SHIPCoalition | 20

Percent of Children Under 18 Years Old Receiving Care Within a Medical Home, by US, New England States (HRSA Region 1), Race/Ethnicity, Connecticut, 2016

Chart — Percent of Adults (y-axis, 0 to 80):

Category	Percent
United States	48.7
New England States	56.1
Connecticut	54.5
NH White	64.7
Hispanic	45.3
NH Black	35.9
NH Other	47.7

US Health Resources and Services Administration, National Survey of Children's Health, 2016

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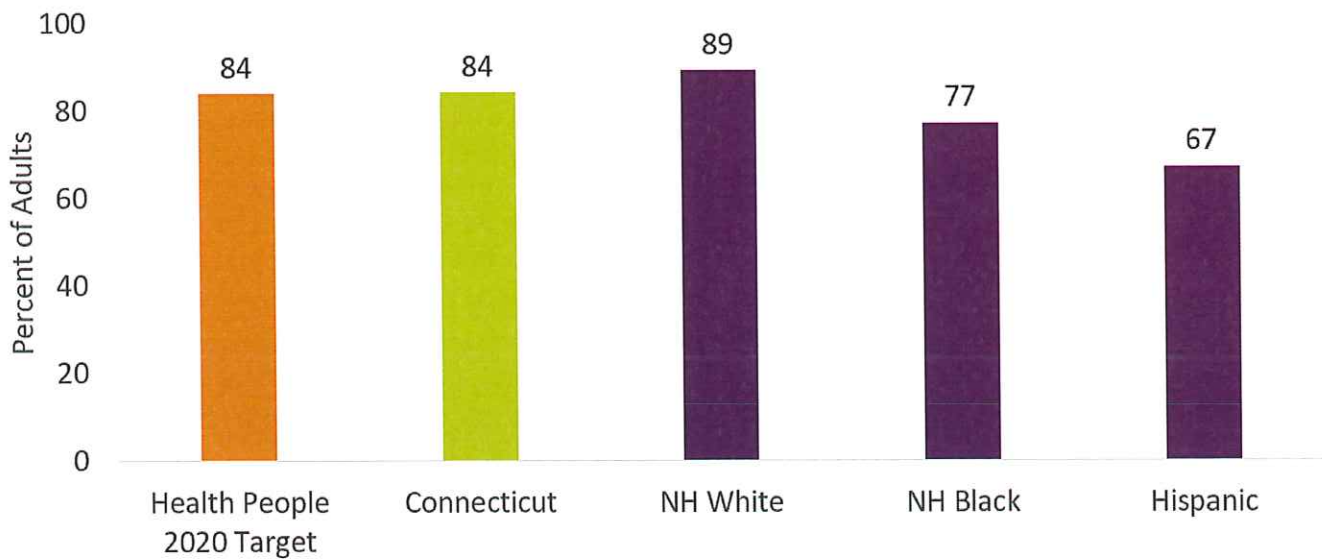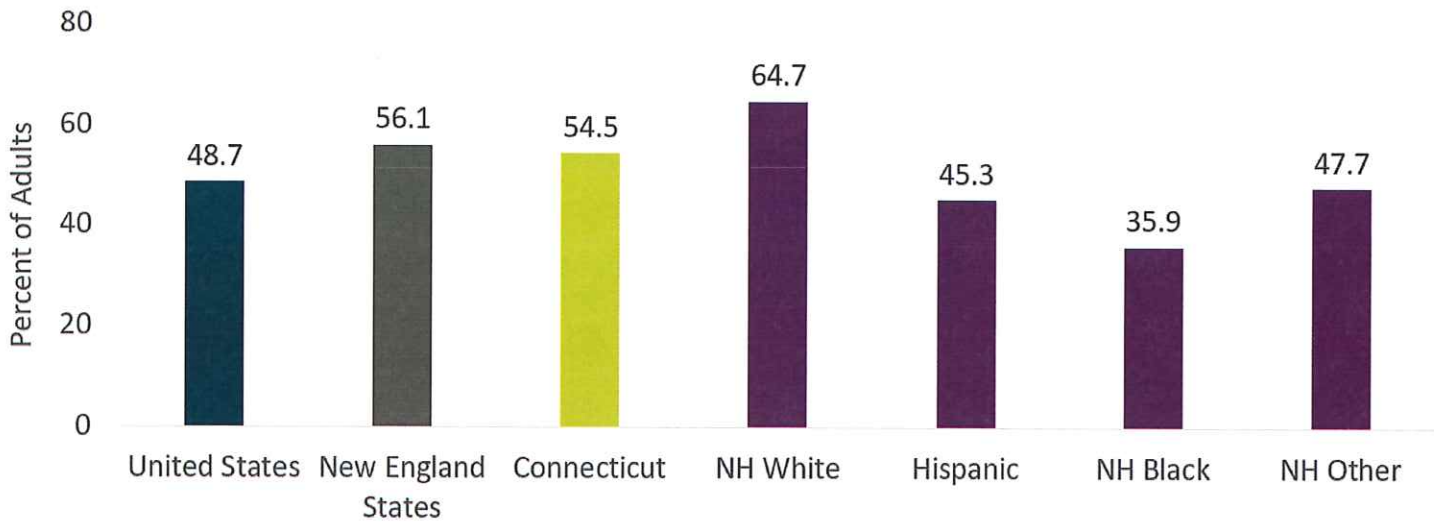Partners Integrating Efforts and Improving Population Health

www.ct.gov/dph/SHIPCoalition | 21

Trends in Emergency Room Visits for All Services Other Than Pregnancy and Birth, by Insurance Type, Connecticut, 2013-2017
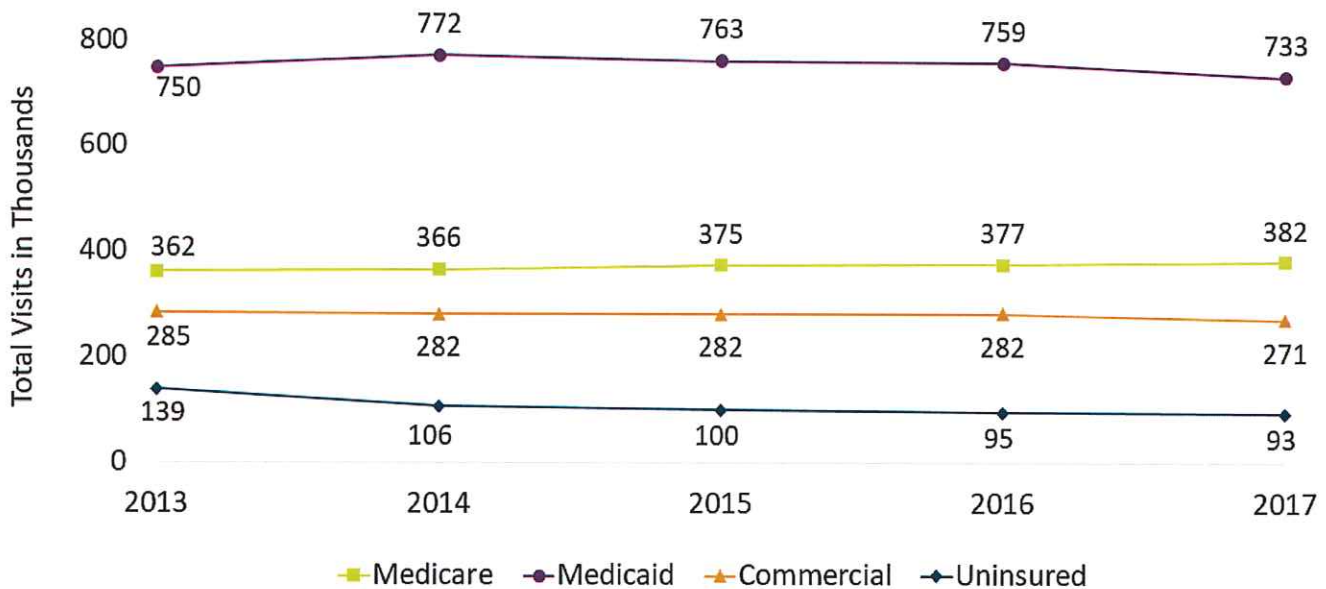
Chart — Total Visits in Thousands (y-axis, 0 to 800):

Insurance Type	2013	2014	2015	2016	2017
Medicaid	750	772	763	759	733
Medicare	362	366	375	377	382
Commercial	285	282	282	282	271
Uninsured	139	106	100	95	93

Legend: Medicare Medicaid Commercial Uninsured

Connecticut Inpatient Hospitalization and Emergency Department Visit Dataset, 2013-2017

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Percent of Local Health Departments (LHD) Satisfying Enhanced National Culturally and Linguistically Appropriate Services Standards By LHD Type, Connecticut, 2018

Legend: ■ All LHDs ■ Full-Time HD ■ District ■ Part-Time HD

Y-axis: Percent of Local Health Departments (0, 25, 50, 75)

Governance, Leadership and Workforce
- All LHDs: 57
- Full-Time HD: 61
- District: 55
- Part-Time HD: 50

Communication and Language Assistance
- All LHDs: 55
- Full-Time HD: 55
- District: 70
- Part-Time HD: 36

Engagement, Continuous Improvement, and Accountability
- All LHDs: 28
- Full-Time HD: 21
- District: 40
- Part-Time HD: 29

X-axis: Enhanced CLAS theme

CT Department of Public Health, Local Health Annual Survey, 2018

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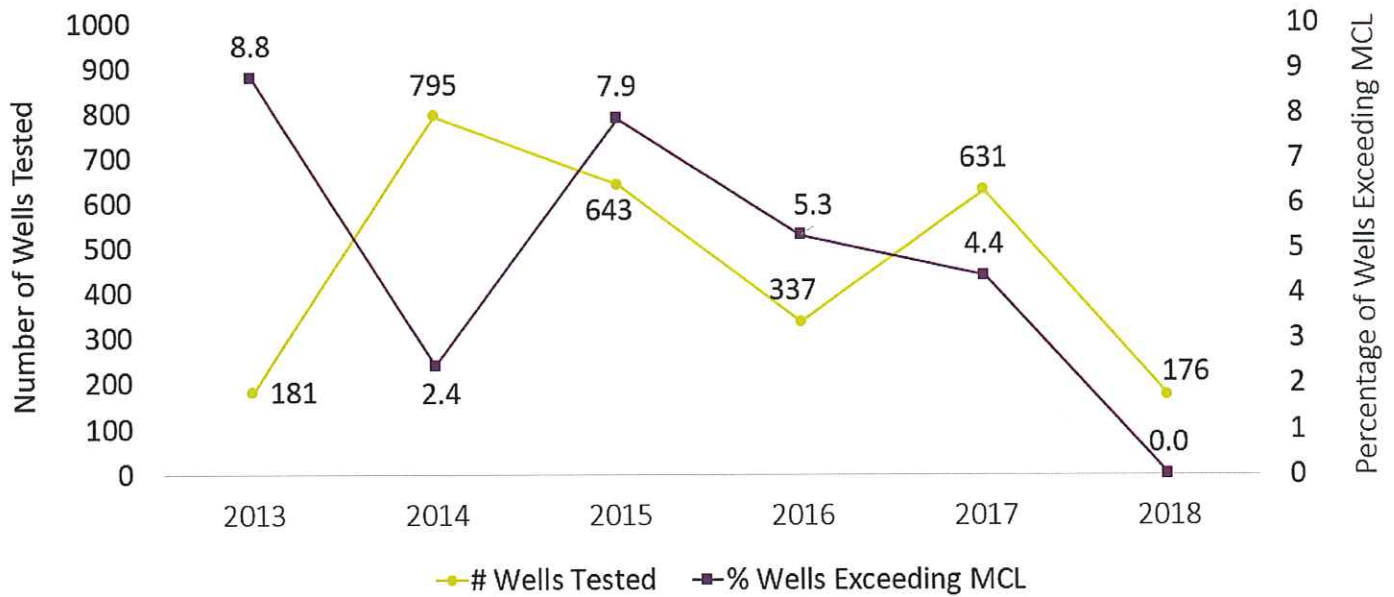Partners Integrating Efforts and Improving Population Health

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Drinking Water

Number of Private Wells Tested for Arsenic and Percentage of Wells Exceeding the Maximum Contaminant Level (MCL), Connecticut, 2013-2018
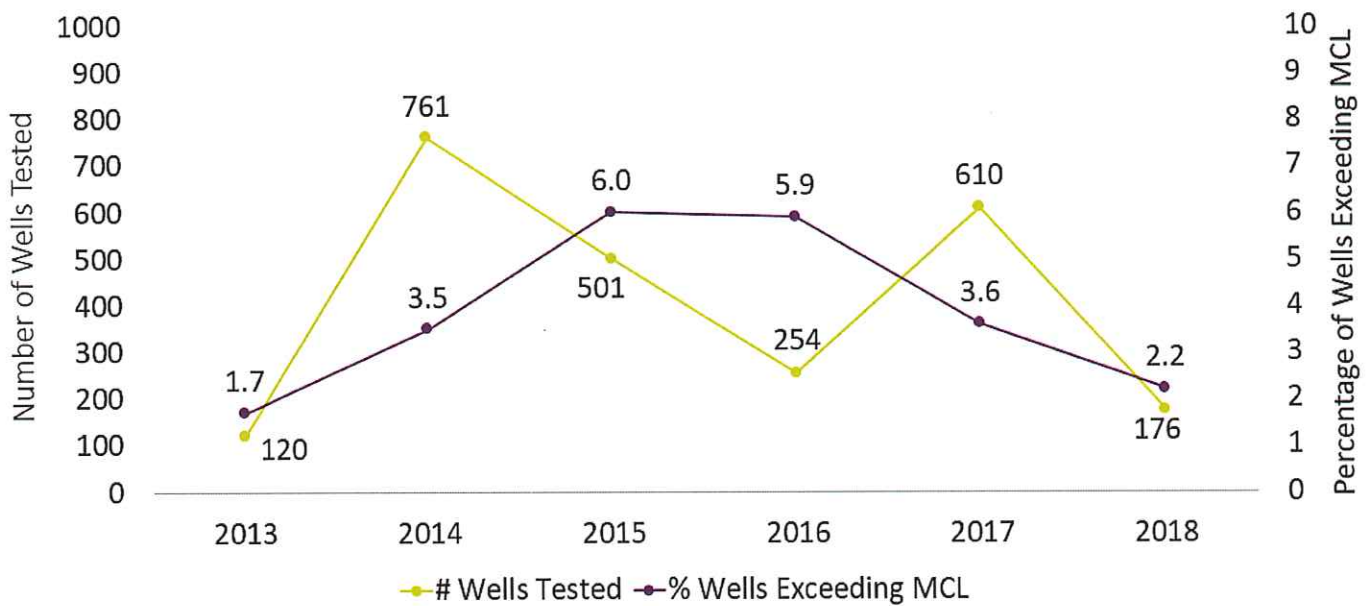
CT Department of Public Health, Private Well Program, 2013-2018

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Number of Private Wells Tested for Uranium and Percentage of Wells Exceeding the Maximum Contaminant Level (MCL), Connecticut, 2013-2018

CT Department of Public Health, Private Well Program, 2013-2018

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Percent of Population Served by Community Water Systems That Provide Drinking Water That Meets All Applicable Standards, Connecticut, 2017-2019
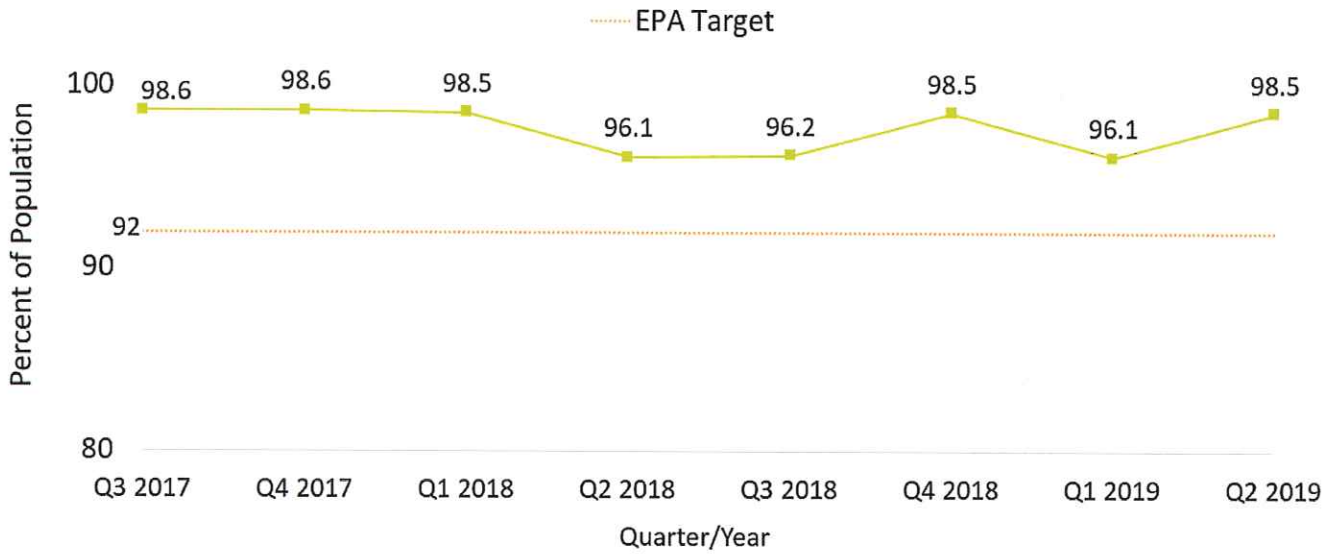
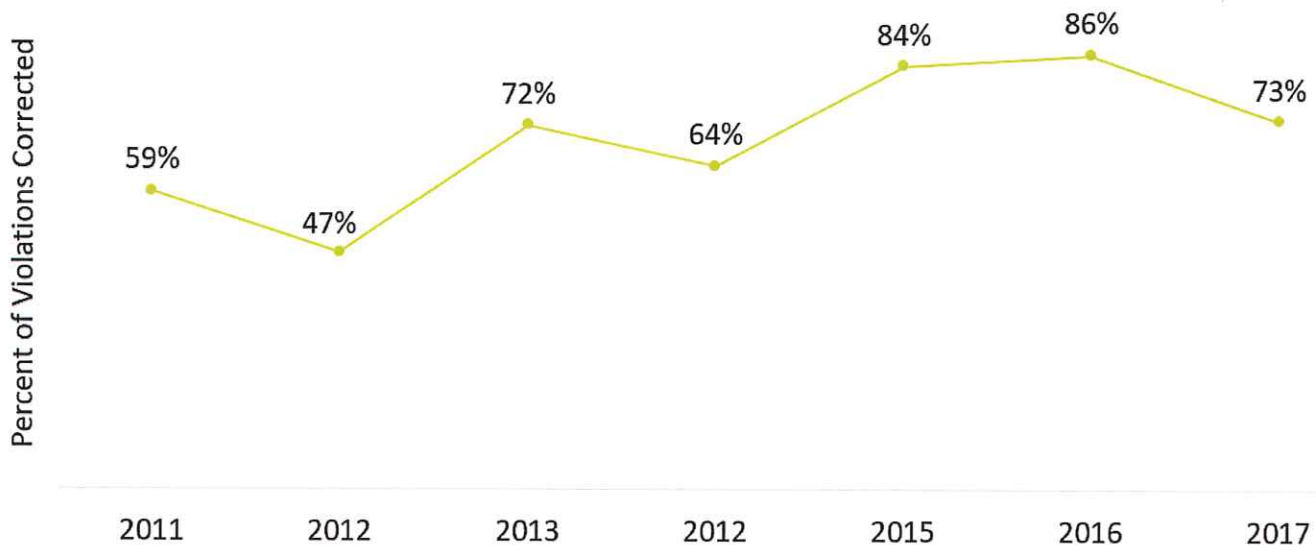Environmental Protection Agency (EPA), 2017-2019

Environmental Health

Percent of Severe Housing Code Violations that Were Corrected Upon Reassessment, Connecticut, 2011-2017

Percent of Violations Corrected

59%

47%

72%

64%

84%

86%

73%

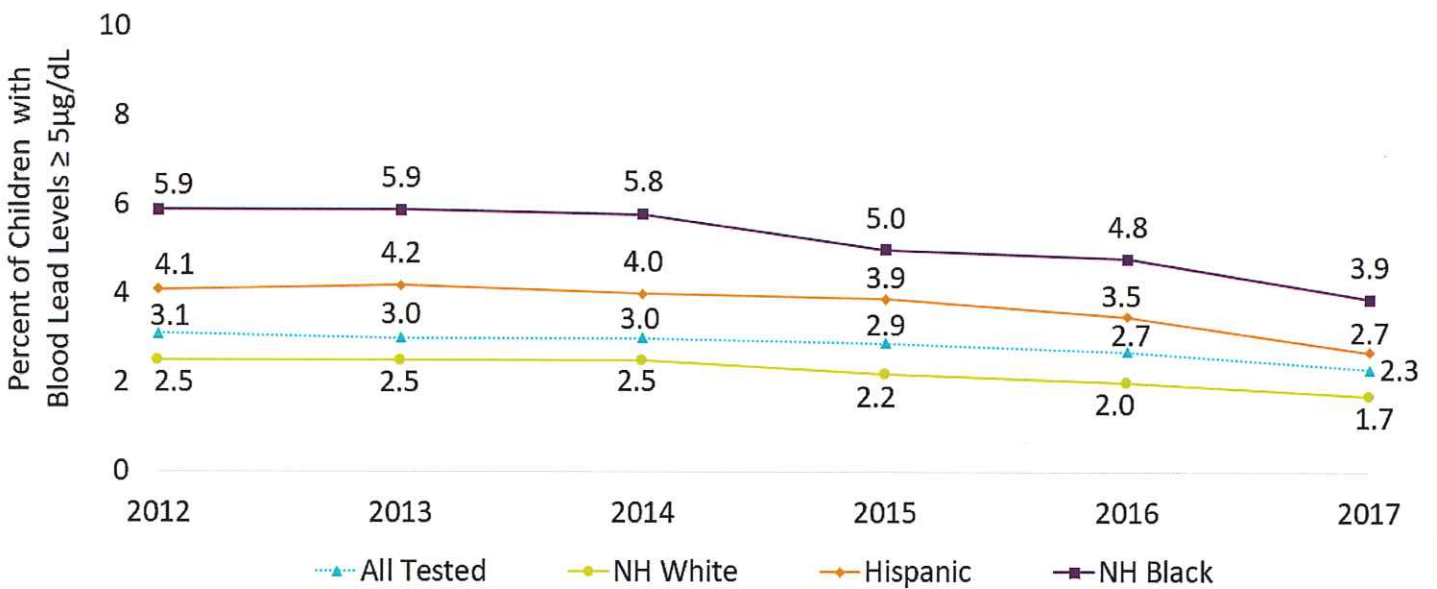| 2011 | 2012 | 2013 | 2012 | 2015 | 2016 | 2017 |

CT Department of Public Health, CT Environmental Public Health Tracking Portal (Healthy Homes Surveillance System), 2011-2017

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Percentage of Lead Poisoned Children Under 6 Years of Age By Race/Ethnicity, Connecticut, 2012-2017

Percent of Children with Blood Lead Levels ≥ 5µg/dL

10

8

6

4

2

0

5.9   5.9   5.8   5.0   4.8   3.9

4.1   4.2   4.0   3.9   3.5   2.7

3.1   3.0   3.0   2.9   2.7   2.3

2.5   2.5   2.5   2.2   2.0   1.7

| 2012 | 2013 | 2014 | 2015 | 2016 | 2017 |

·······▲······ All Tested   —●— NH White   —◆— Hispanic   —■— NH Black

CT Department of Public Health, Lead Surveillance System, 2012-2017

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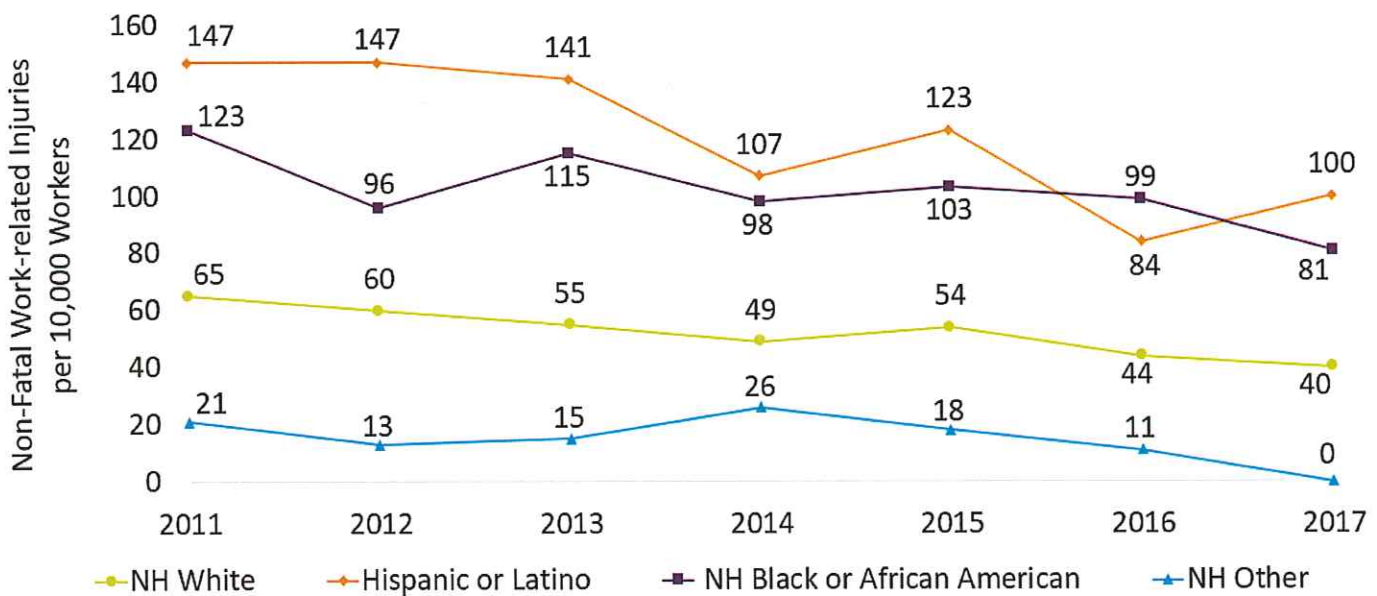# Percentages of Pre-1979 Housing and Lead Poisoned Children Under 6 Years Old, By Town, Connecticut, 2013-2017
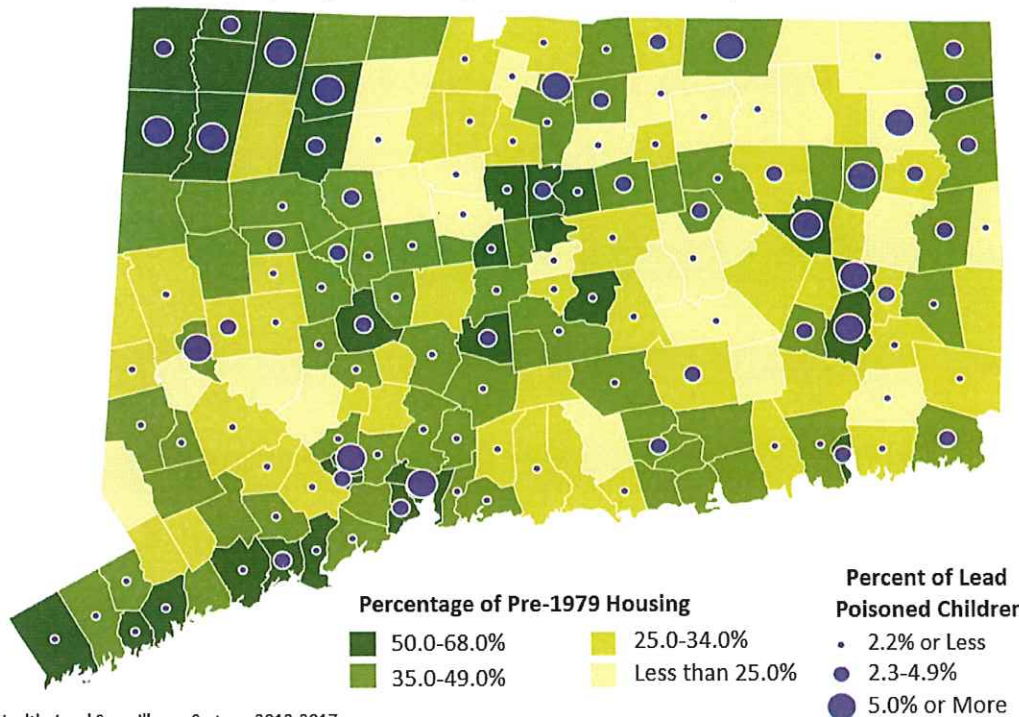
Percentage of Pre-1979 Housing
- 50.0-68.0%
- 35.0-49.0%
- 25.0-34.0%
- Less than 25.0%

Percent of Lead Poisoned Children
- · 2.2% or Less
- ● 2.3-4.9%
- ⬤ 5.0% or More

CT Department of Public Health, Lead Surveillance System, 2013-2017
US Census Bureau, American Community Survey, Five-Year Estimates, 2013-2017

| 31

Incidence Rate for Non-Fatal Work-Related Injuries By Race, Connecticut, 2011-2017

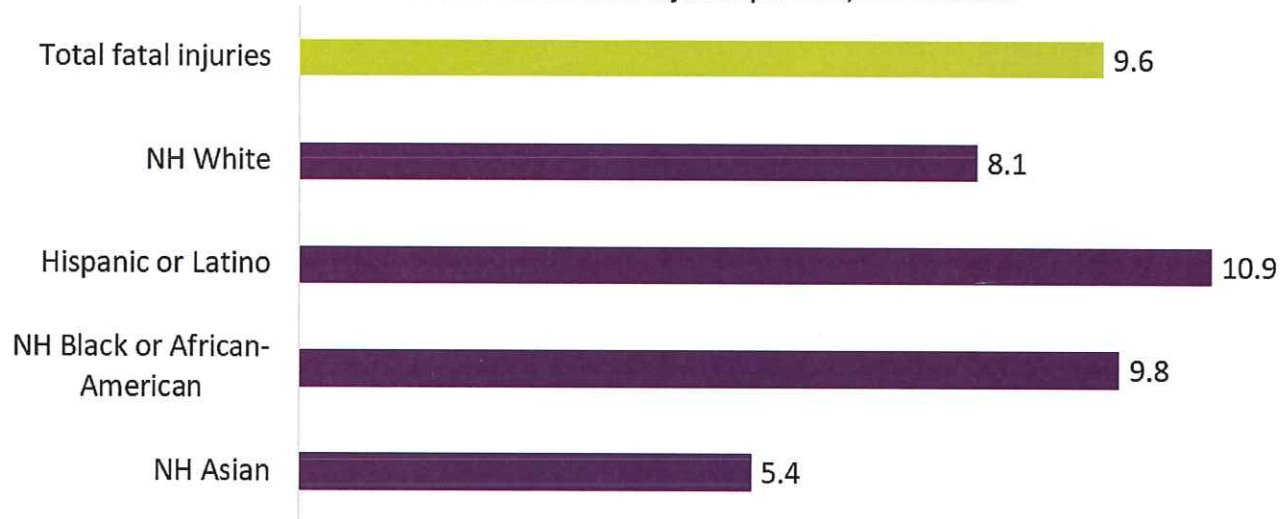US Department of Labor, Bureau of Labor Statistics, 2011-2017

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Incidence Rate for Fatal Work-Related Injuries, by Race/Ethnicity, Connecticut, 2013-2017

Fatal Work-Related Injuries per 100,000 Workers

Category	Rate
Total fatal injuries	9.6
NH White	8.1
Hispanic or Latino	10.9
NH Black or African-American	9.8
NH Asian	5.4

US Department of Labor, Bureau of Labor Statistics, 2013-2017

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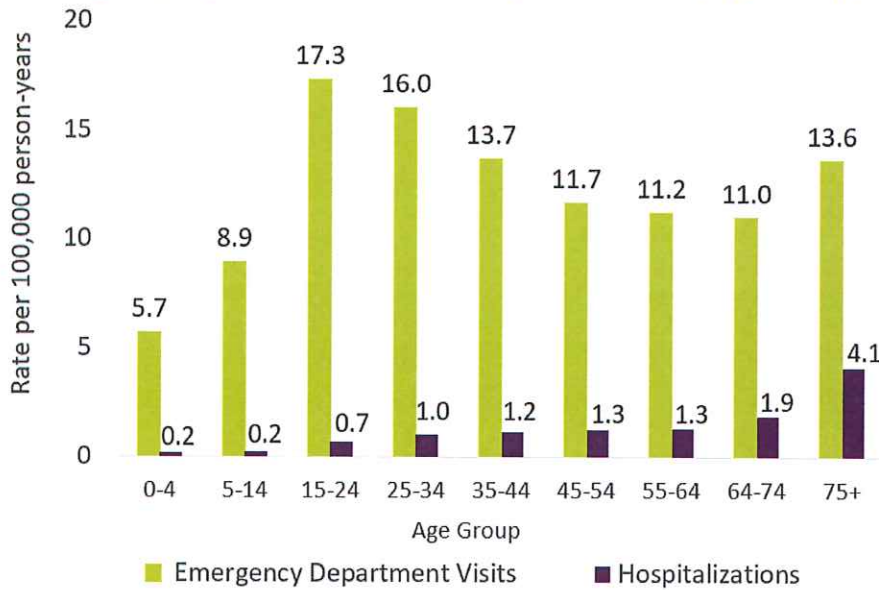
www.ct.gov/dph/SHIPCoalition | 33

Climate and Health

Heat-related Illness (HRI) in Connecticut

- Forms of HRI include heat syncope (fainting), edema (swelling), cramps, exhaustion, and stroke.

Rates of HRI Emergency Department Visits and Hospitalizations by Age Group, 2014-2018

Connecticut Inpatient Hospitalization and Emergency Department Visit Dataset, 2014-2018
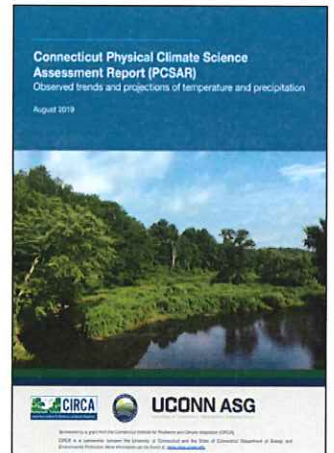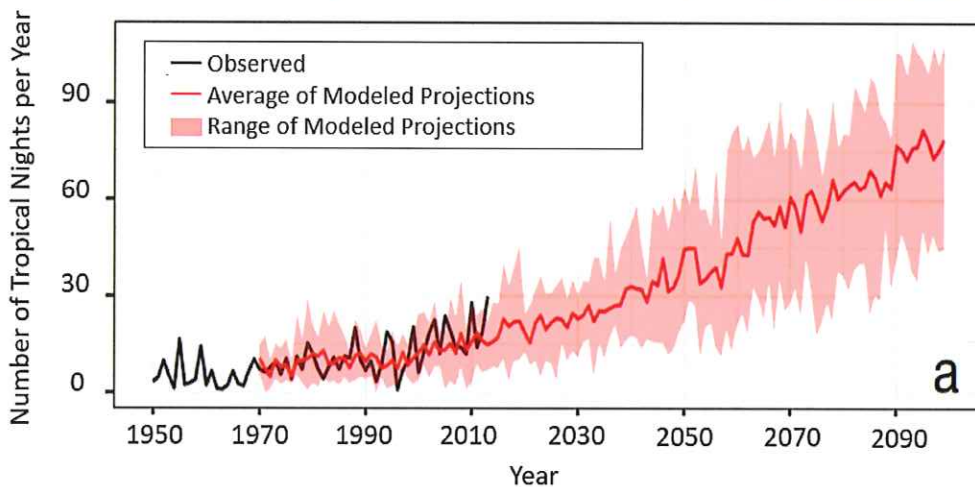
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Increasing Temperatures in Connecticut

- Tropical Nights: days with minimum nighttime temp > 68° F.
- 1950: 10 days/year
- 2100: 70 days/year (projected)

Observed and Projected Annual Number of Tropical Nights, 1950-2100

Connecticut Physical Climate Science Assessment Report, Seth et al. (2019). https://circa.uconn.edu/wp-content/uploads/sites/1618/2019/08/CTPCSAR-Aug2019.pdf

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Infectious Diseases

Rate of Newly Diagnosed HIV, by Race, Sex, and Age, Connecticut, 2013-2017
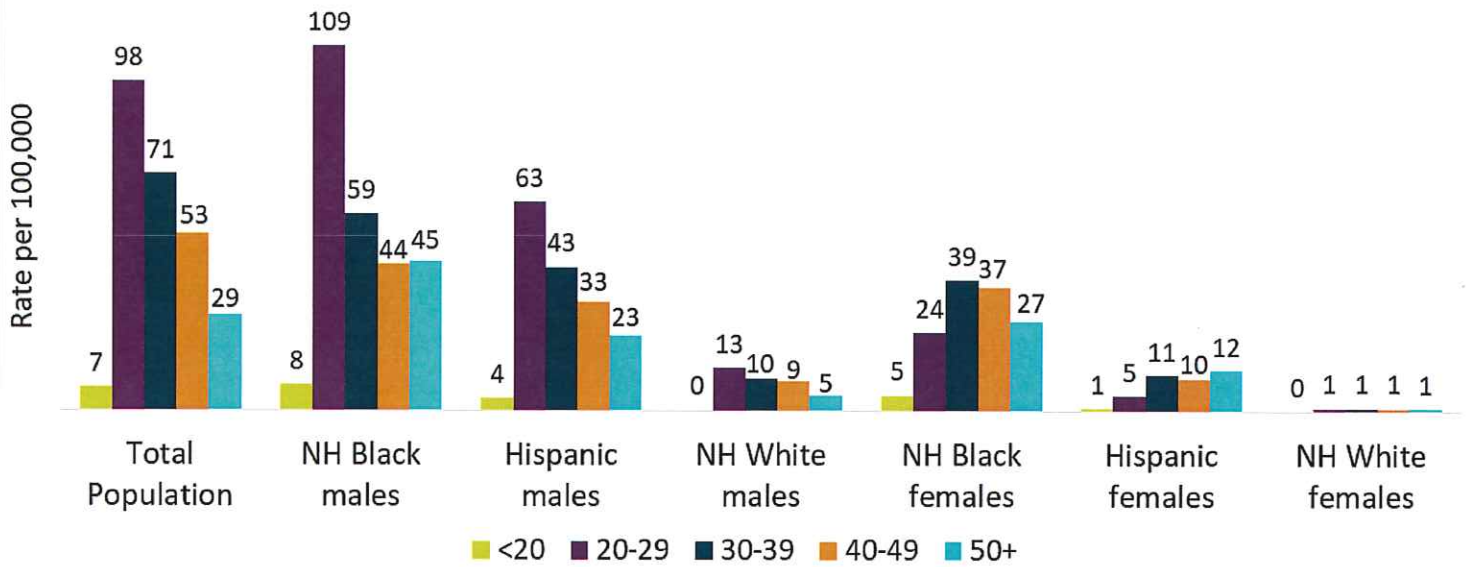
CT Department of Public Health, HIV Surveillance Registry for Cases Reported through December 2018 and State-level Bridged Race Estimates for Connecticut, 2010

Number of People on Pre-Exposure Prophylaxis (PrEP) and at Risk Population, Connecticut, 2012-2017

Emory University's Rollins School of Public Health, AIDSVu Pre-Exposure Prophylaxis (PrEP) data, 2012-2017

Number of Male Syphilis Cases per Year, by Sex of Sex Partner, Connecticut, 2013-2017
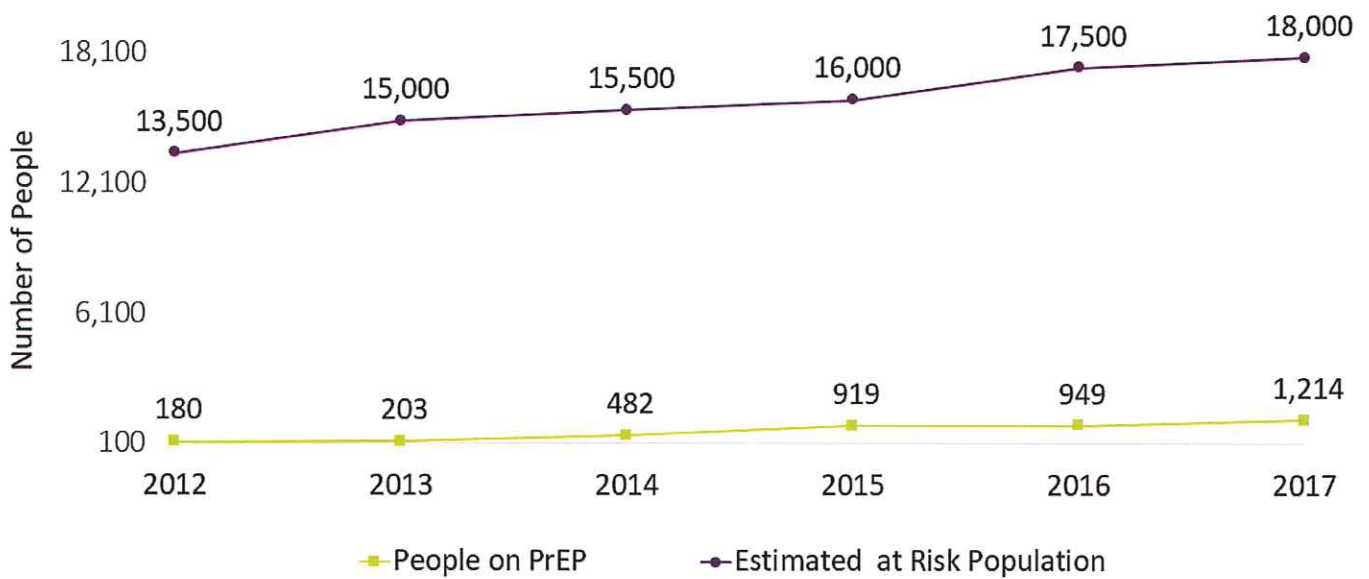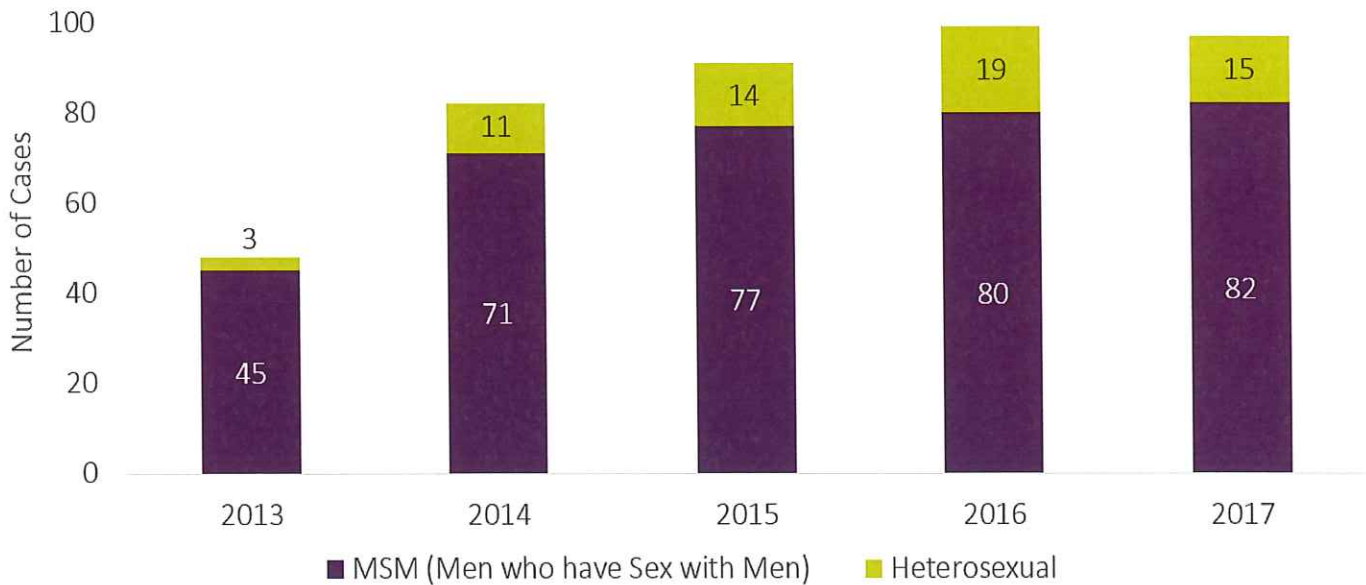
Number of Cases

- 2013: MSM 45, Heterosexual 3
- 2014: MSM 71, Heterosexual 11
- 2015: MSM 77, Heterosexual 14
- 2016: MSM 80, Heterosexual 19
- 2017: MSM 82, Heterosexual 15

■ MSM (Men who have Sex with Men) ■ Heterosexual

CT Department of Public Health, Sexually Transmitted Diseases Control Program, 2013–2017

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Vaccine Coverage Among Children 13 to 17 Years Old, Connecticut, 2015-2018
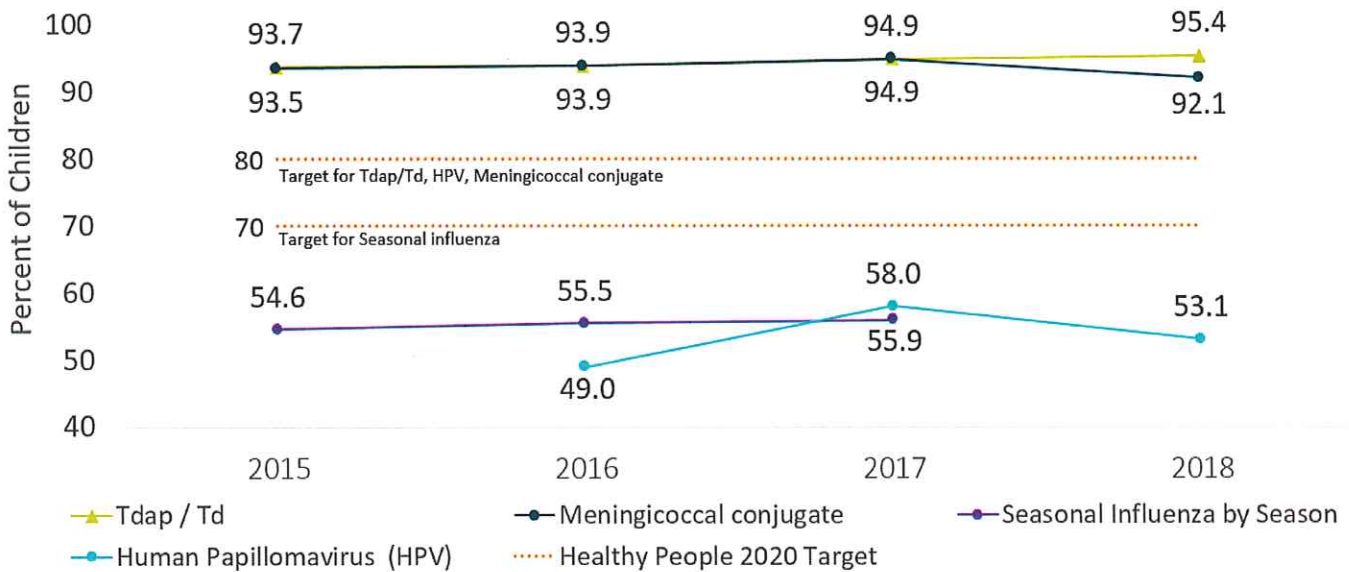
Percent of Children

Tdap / Td: 93.7, 93.9, 94.9, 95.4
Meningicoccal conjugate: 93.5, 93.9, 94.9, 92.1

80 ···· Target for Tdap/Td, HPV, Meningicoccal conjugate
70 ···· Target for Seasonal influenza

Seasonal Influenza by Season: 54.6, 55.5, 55.9, 53.1
Human Papillomavirus (HPV): 49.0, 58.0

- ▲ Tdap / Td
- ● Meningicoccal conjugate
- ● Seasonal Influenza by Season
- ● Human Papillomavirus (HPV)
- ······ Healthy People 2020 Target

Centers for Disease Control and Prevention, National Immunization Survey (NIS), Teen, 2015 - 2018

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Incidence Rate of Lyme Disease per 100,000 Population, by County, Connecticut, 2013-2017

Litchfield   Hartford   Tolland   Windham

Middlesex   New London

New Haven

Fairfield

■	126 or More	■	51-100
■	101-125	■	50 or Less
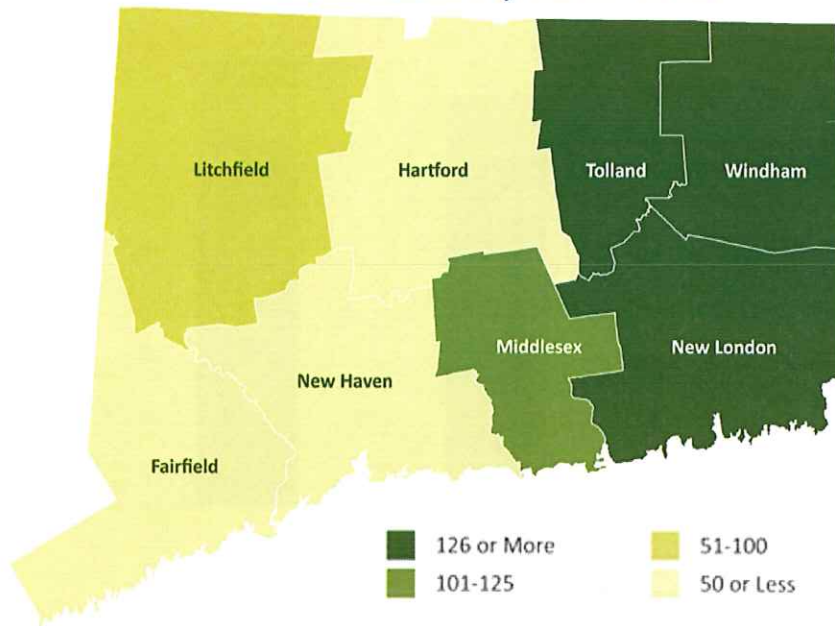
CT Department of Public Health, Connecticut Electronic Disease Surveillance System, 2013–2017

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Cases of Legionellosis per 100,000 by Age Group Connecticut, 2014-2018
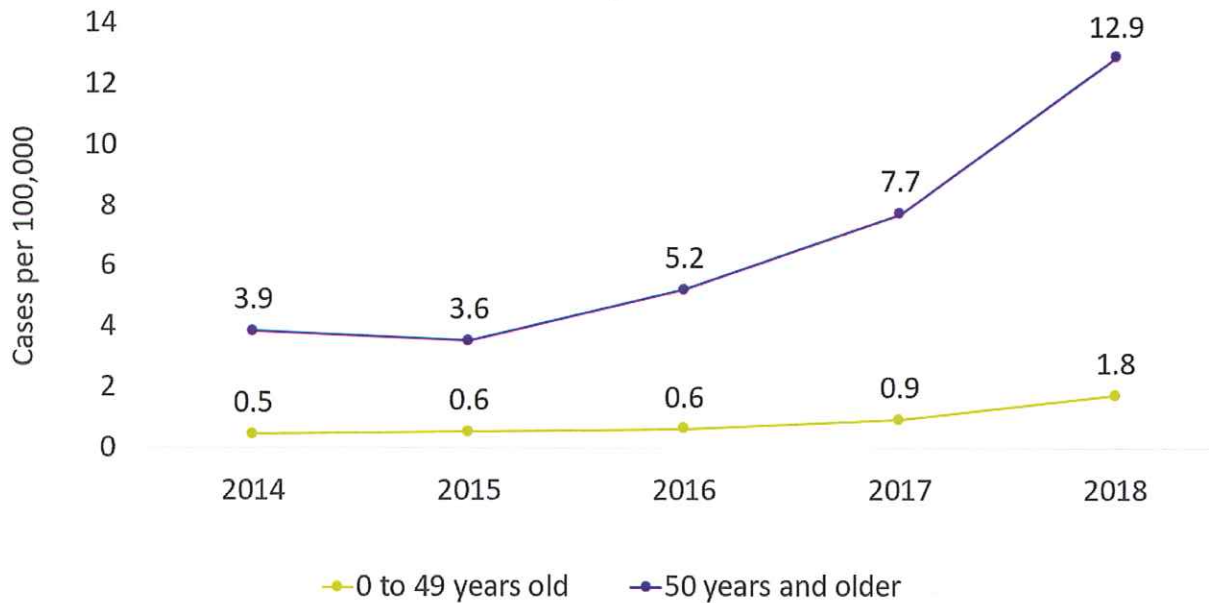
Cases per 100,000

14
12.9

12

10

8
7.7

6
5.2

4
3.9   3.6

2
0.5   0.6   0.6   0.9   1.8

0

2014   2015   2016   2017   2018

—●—0 to 49 years old   —●—50 years and older

CT Department of Public Health, CT Electronic Disease Surveillance System, 2014-2018

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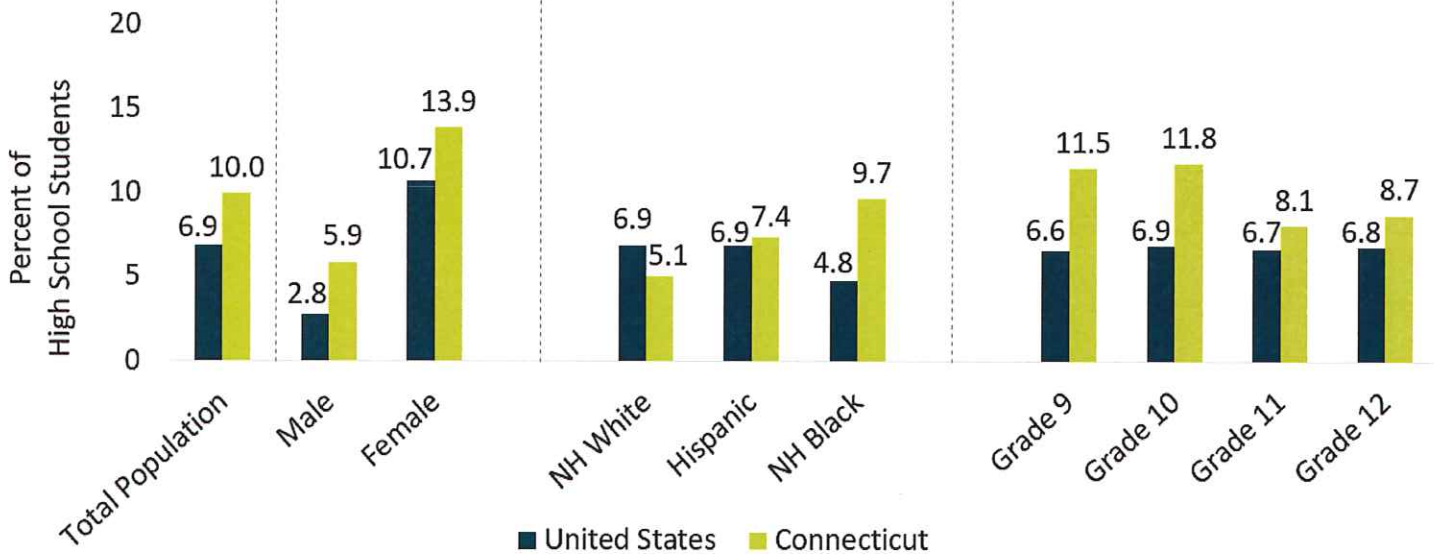HEALTH IMPROVEMENT COALITION
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Behavioral Health, Trauma, and Injury

Percent of High School Students who Experienced Sexual Violence Within a Dating Relationship in the Last Year By Sex, Race/Ethnicity and Grade, US and Connecticut, 2017
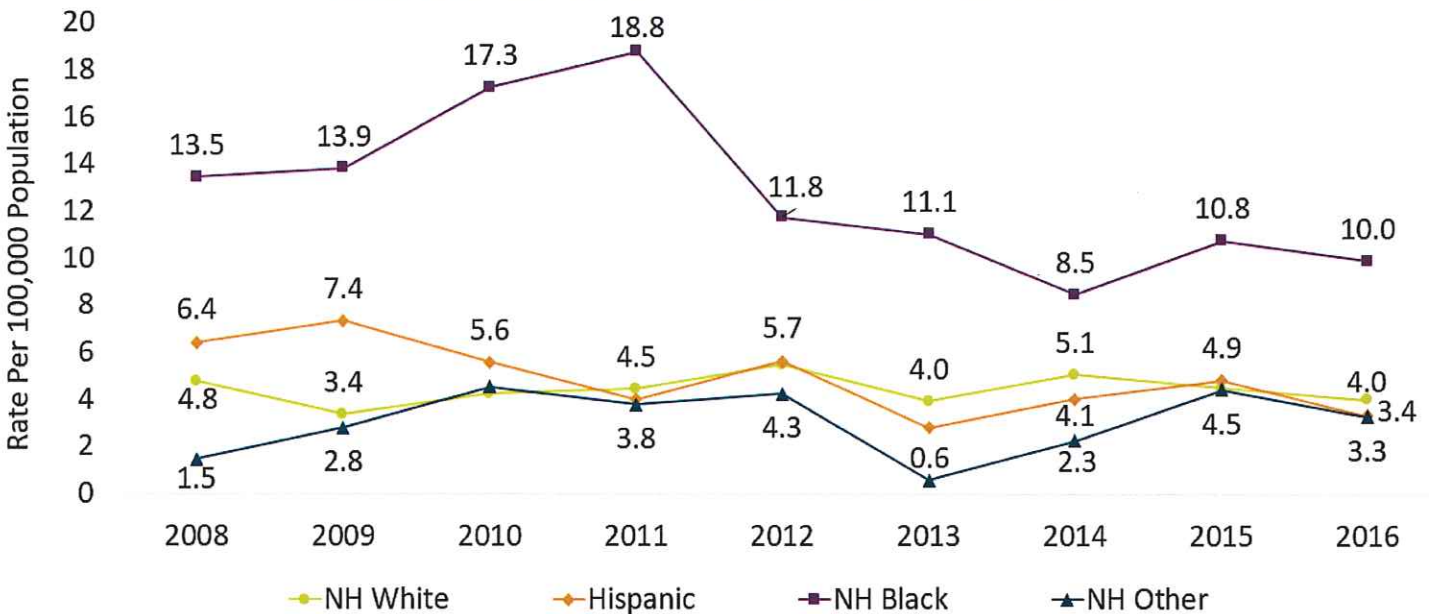

Percent of High School Students

	United States	Connecticut
Total Population	6.9	10.0
Male	2.8	5.9
Female	10.7	13.9
NH White	6.9	5.1
Hispanic	6.9	7.4
NH Black	4.8	9.7
Grade 9	6.6	11.5
Grade 10	6.9	11.8
Grade 11	6.7	8.1
Grade 12	6.8	8.7

■ United States ■ Connecticut

CT Department of Public Health, CT School Health Survey (Youth Risk Behavior Survey), 2017

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Rate of Firearm-Related Deaths per 100,000 Population, by Race/Ethnicity, Connecticut, 2008-2016

Year	NH White	Hispanic	NH Black	NH Other
2008	4.8	6.4	13.5	1.5
2009	3.4	7.4	13.9	2.8
2010		5.6	17.3	
2011	4.5		11.8	3.8
2012		5.7		4.3
2013	4.0		8.5	0.6
2014	5.1		11.1	2.3
2015	4.9		10.8	4.5
2016	4.0	3.4	10.0	3.3

(Peak NH Black: 18.8 in 2011; 4.1 Hispanic 2014)

—●—NH White   —◆—Hispanic   —■—NH Black   —▲—NH Other

Death Certificate data from CT State Office of Vital Records and provided by the CT DPH Health Statistics and Surveillance Section, 2008-2016

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Rate of Non-Fatal Motor Vehicle Traffic-Related Emergency Department Visits and Hospitalizations per 100,000 Population, by Age Group, Connecticut, 2008-2017
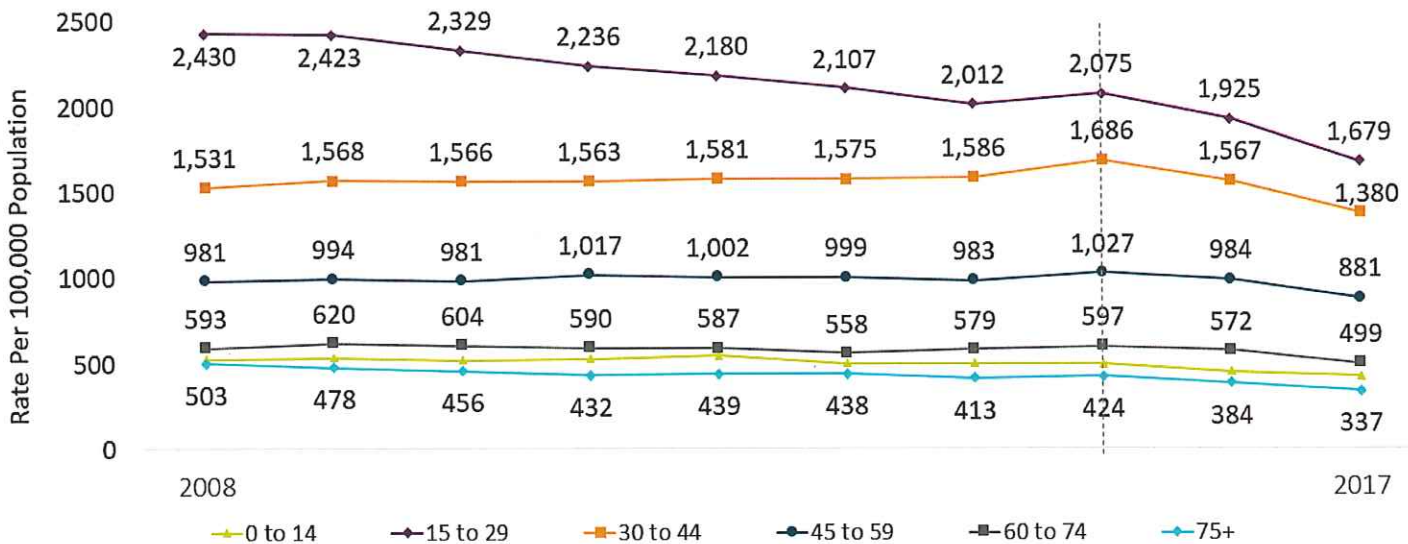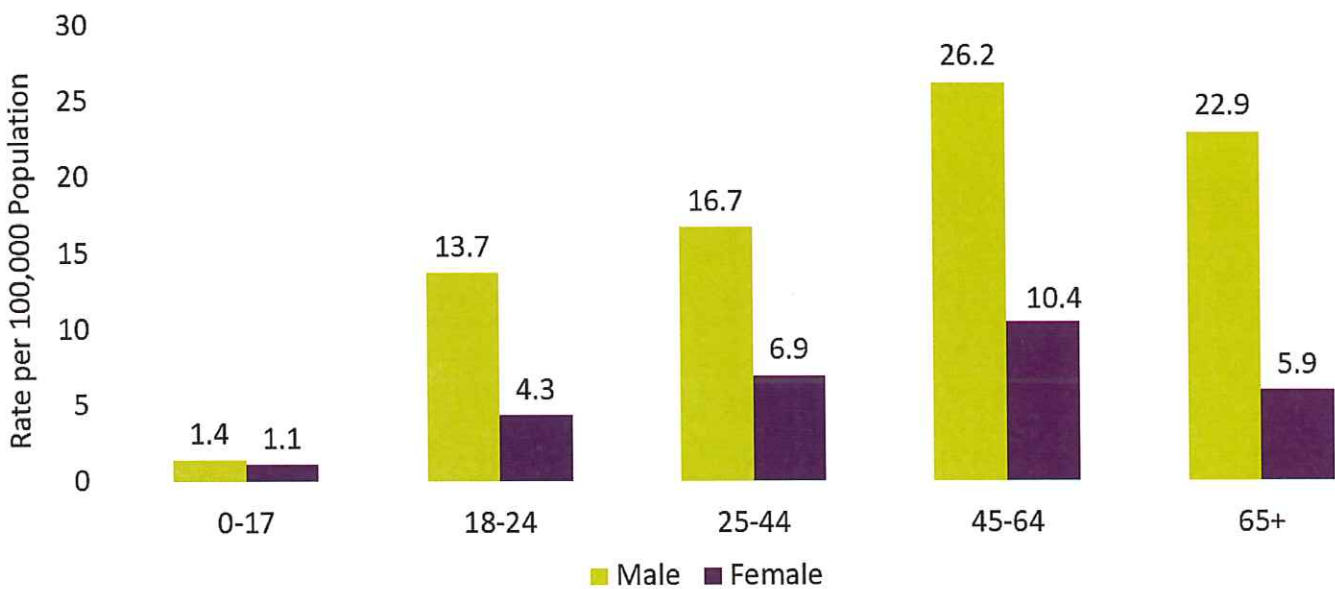

Connecticut Inpatient Hospitalization and Emergency Department Visit Dataset, 2008 -2017. *The vertical line is the break line where the diagnosis codes were converted from ICD9 to ICD10 (as of October 1, 2015).*

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Age-Adjusted Suicide Rate per 100,000 Population, by Sex and Age, Connecticut, 2018

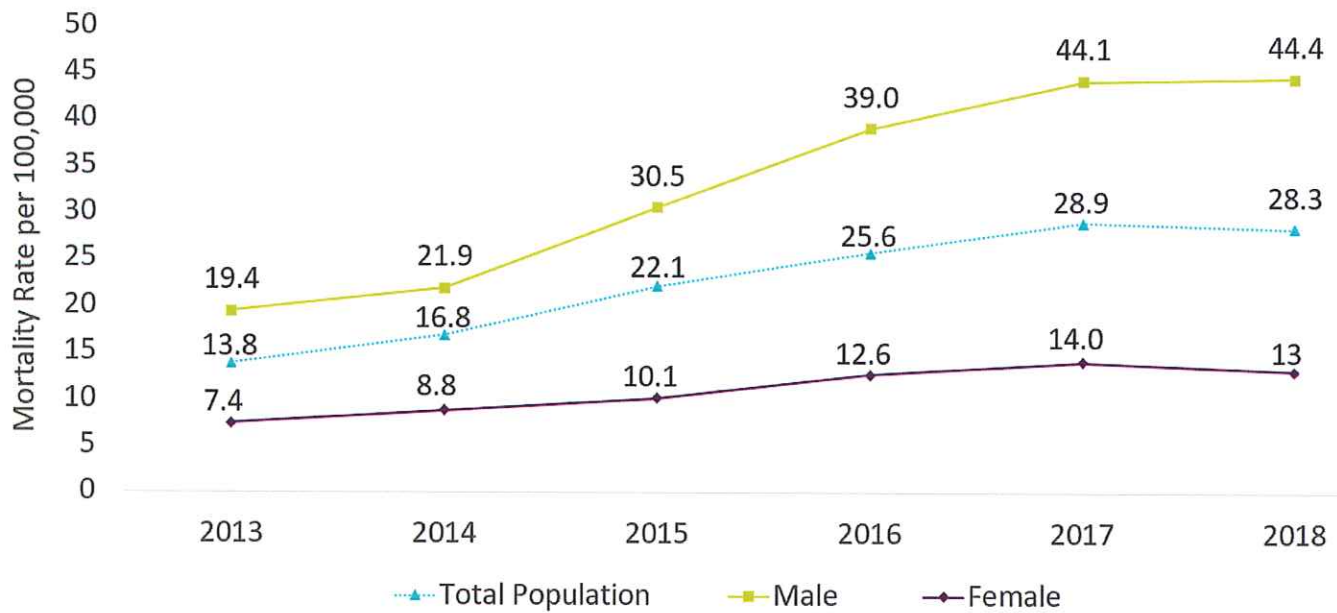CT Department of Public Health, Connecticut Violent Death Reporting System, 2018

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www.ct.gov/dph/SHIPCoalition | 48

Rate of Drug Overdose-Related Deaths per 100,000 Population, Overall and by Sex, Connecticut, 2013-2018

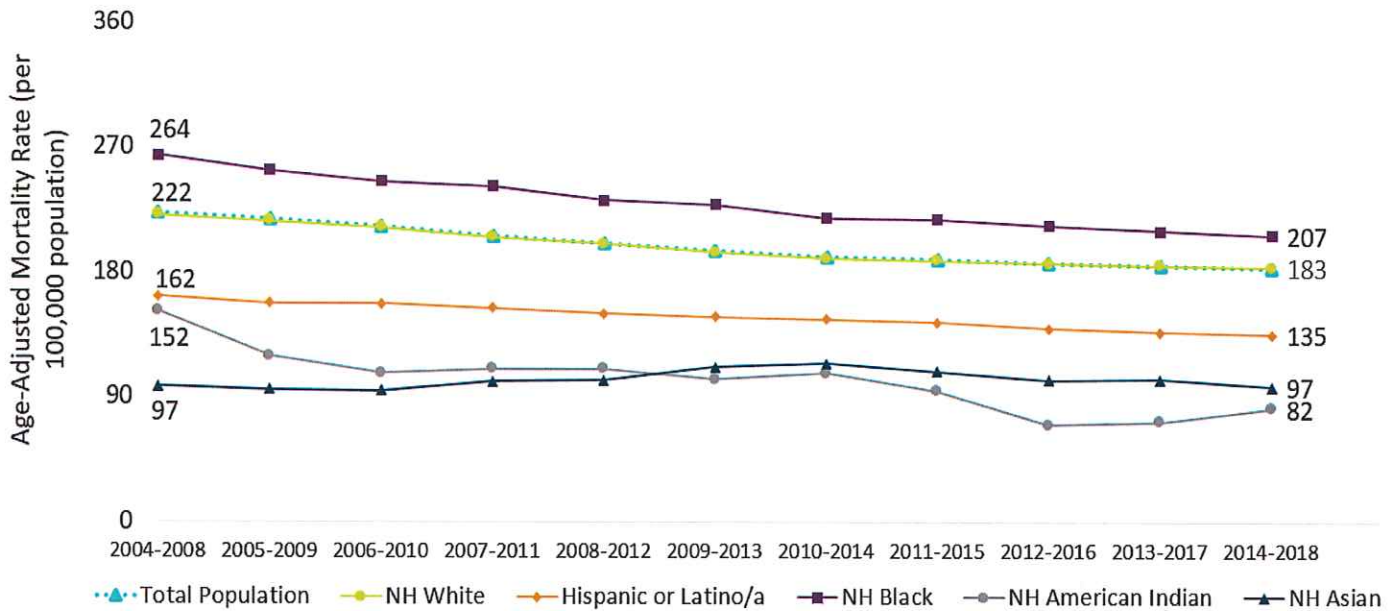Office of Chief Medical Examiner, Connecticut, 2013-2018

www.ct.gov/dph/SHIPCoalition | 49

Chronic Diseases and Risk Factors

Age-Adjusted Mortality Rate with Cardiovascular Disease as a Primary Diagnosis, Overall and by Race/Ethnicity, Connecticut, 2003-2018
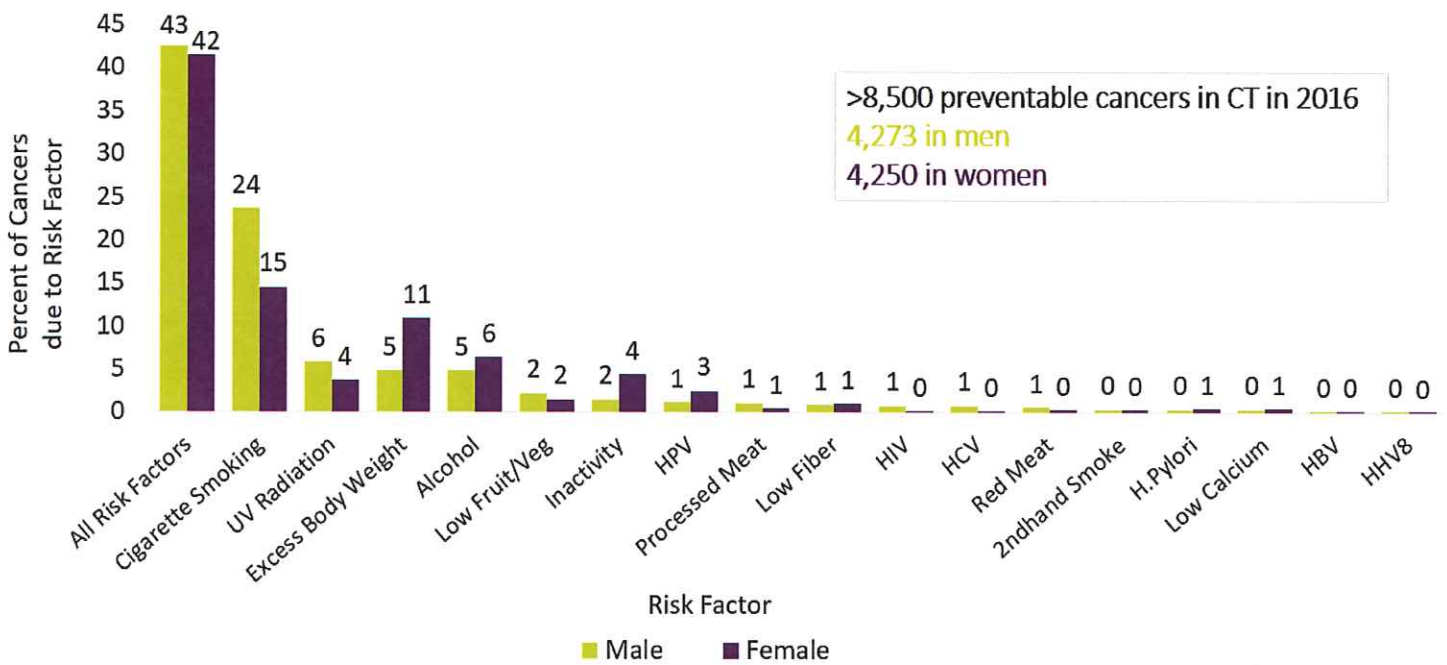

CT Department of Public Health, Rolling 5-year Age-Adjusted Mortality Rates, 2008-2016, provisional 2017 and 2018

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Proportion of cancer cases due to preventable causes, Connecticut, 2016

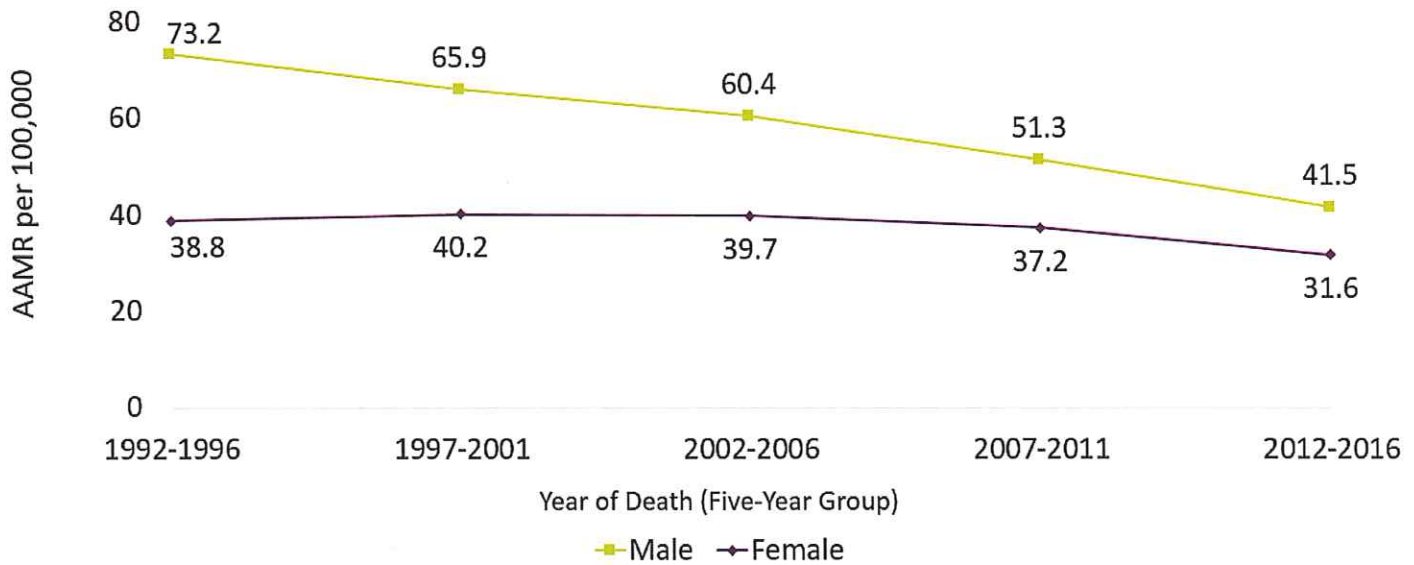>8,500 preventable cancers in CT in 2016
4,273 in men
4,250 in women

CT Department of Public Health, Connecticut Tumor Registry, 2016. Methodology based on: Islami et al. *CA Cancer J Clin.* 2018 Jan;68(1):31-54.

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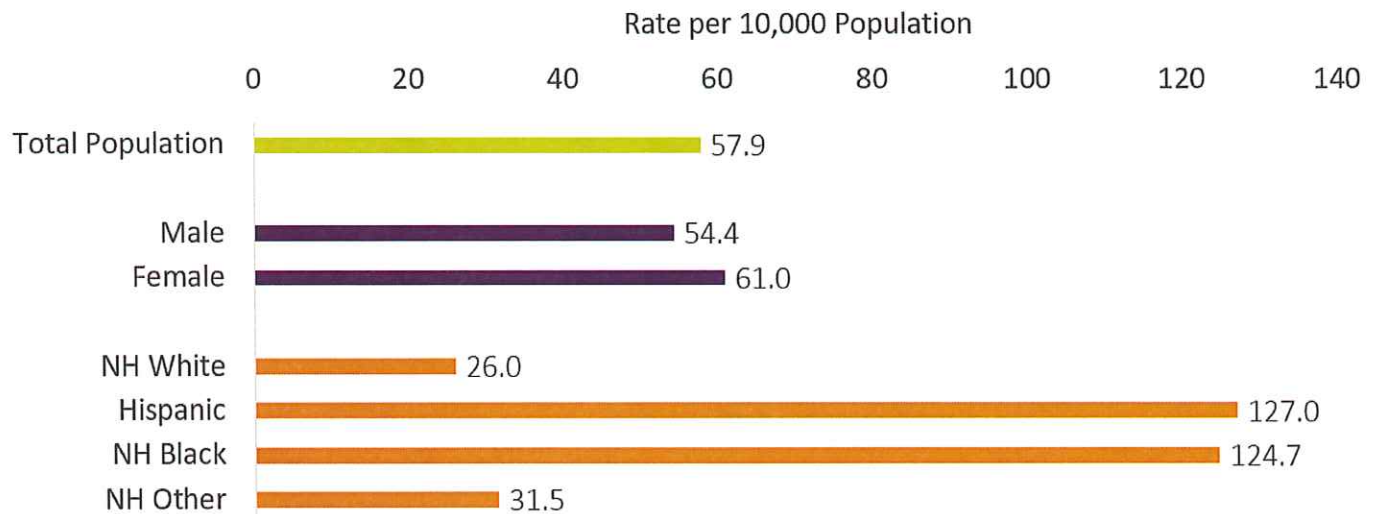
www.ct.gov/dph/SHIPCoalition | 52

Lung and Bronchus Cancer Age-Adjusted Mortality Rates (AAMR) by Year of Death, Connecticut, 1992-2016

National Cancer Institute, SEER*Stat Database, 1992-2016

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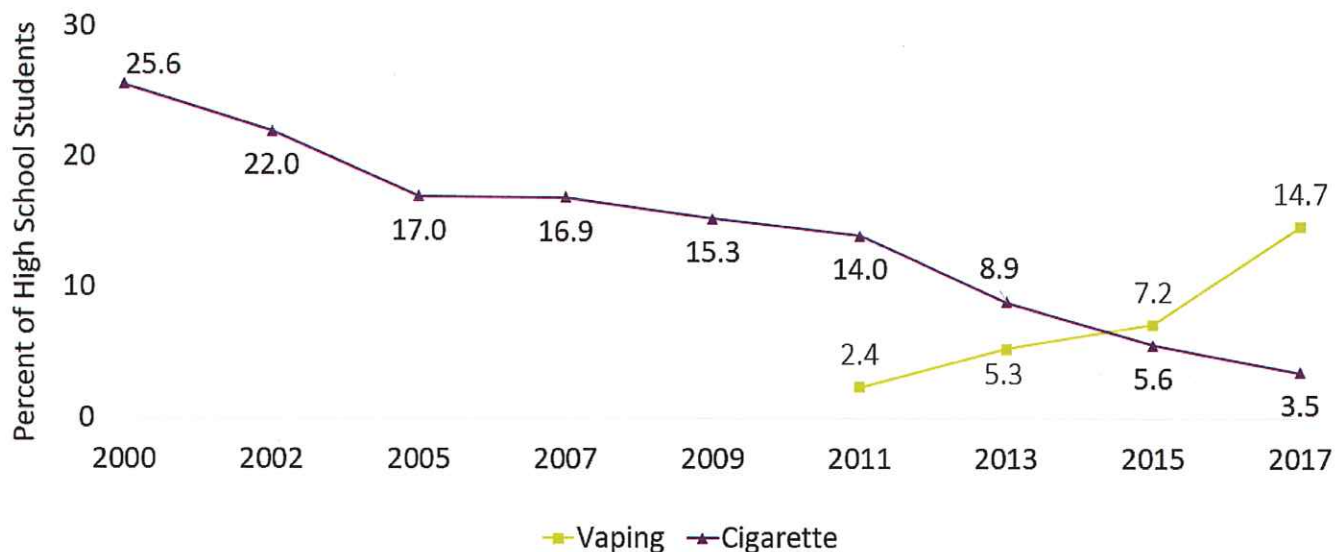
www.ct.gov/dph/SHIPCoalition | 53

Age-Adjusted Emergency Department Asthma Rate per 10,000 Population, by Gender and Race/Ethnicity, Connecticut, 2018

Connecticut Inpatient Hospitalization and Emergency Department Visit Dataset, 2018

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www.ct.gov/dph/SHIPCoalition | 54

Percent of High School Students Who Currently Used Cigarettes or e-Cigarettes (Vaping) by Year, Connecticut, 2000-2017

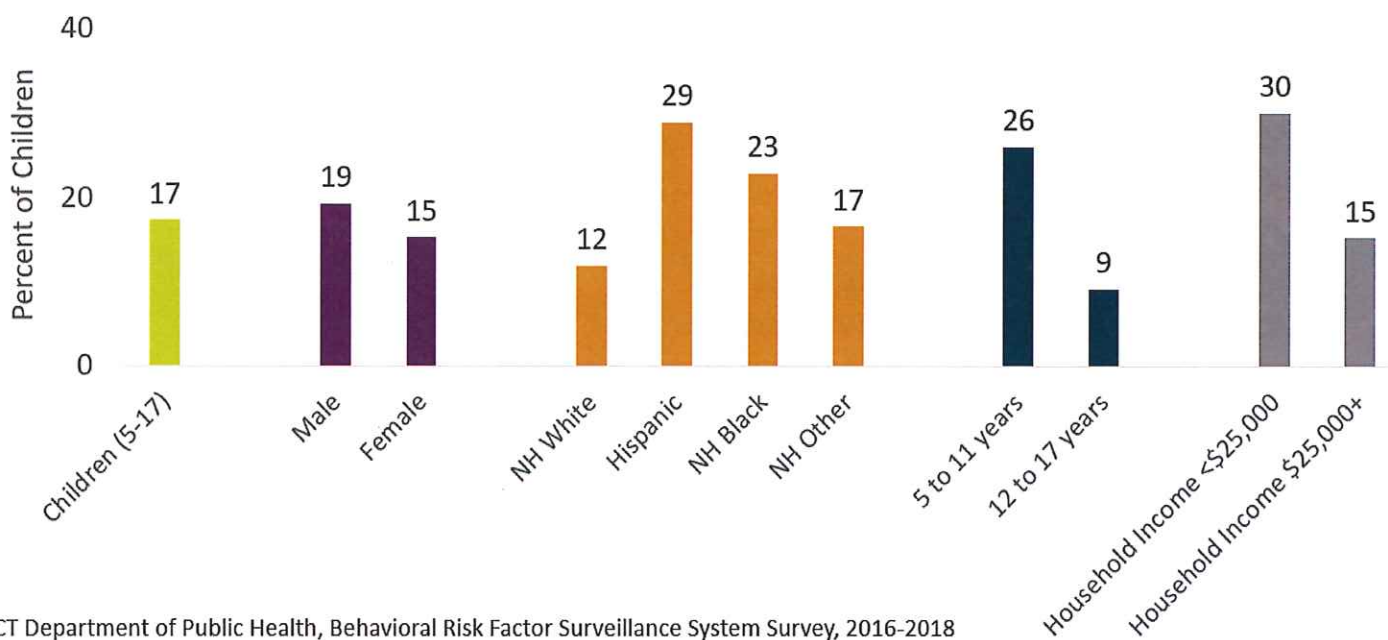CT Department of Public Health, CT Youth Tobacco Survey, 2000-2017

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www.ct.gov/dph/SHIPCoalition | 55

Percent of Children (5-17 Years Old) Who are Obese, Connecticut, 2016-2018

CT Department of Public Health, Behavioral Risk Factor Surveillance System Survey, 2016-2018

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www.ct.gov/dph/SHIPCoalition | 56

Data Sources

Population and Socioeconomic Statistics

CT Department Public Health, Health Statistics and Surveillance Section, 2005-2017
US Census Bureau, ACS Estimates, 2017
US Census Bureau, American Community Survey 1-year estimates, 2007, 2012, 2017
US Census Bureau, American Community Survey 5-year estimates, 2013-2017
US Census Bureau, Population Estimates Program, Connecticut, 2000 and 2017

Maternal, Infant, and Child Health

CT Department of Public Health, Pregnancy Risk Assessment Monitoring System, 2016
Births Registry, Connecticut DPH Office of Vital Records and Surveillance Analysis and Reporting Unit, 2008-2016, provisional 2017
Births Registry, Connecticut Department of Public Health Office of Vital Records and Surveillance Analysis and Reporting Unit, 2008-2016, provisional 2017 and 2018
Births and Deaths Registries, Connecticut Department of Public Health Office of Vital Records and Surveillance Analysis and Reporting Unit, 2005-2016, provisional 2017
US Health Resources and Services Administration, National Survey of Children's Health, 2016-2017

Health Systems

CT Department of Public Health, Local Health Annual Survey, 2018
CT Department of Public Health, Behavioral Risk Factor Surveillance System Survey, 2018;
www.ct.gov/dph/brfss
Connecticut Inpatient Hospitalization and Emergency Department Visit Dataset, 2013-2017
US Health Resources and Services Administration, National Survey of Children's Health, 2016

Drinking Water

CT Department of Public Health, Private Well Program, 2013-2018
Environmental Protection Agency (EPA), 2017-2019

Environmental Health

CT Department of Public Health, CT Environmental Public Health Tracking Portal (Healthy Homes Surveillance System), 2011-2017
CT Department of Public Health, Lead Surveillance System, 2012-2017
CT Department of Public Health, Lead Surveillance System, 2013-2017
US Census Bureau, American Community Survey, Five-Year Estimates, 2013-2017
US Department of Labor, Bureau of Labor Statistics, 2011-2017
US Department of Labor, Bureau of Labor Statistics, 2013-2017

Climate and Health

Connecticut Inpatient Hospitalization and Emergency Department Visit Dataset, 2014-2018
Connecticut Physical Climate Science Assessment Report, Seth et al. (2019). https://circa.uconn.edu/wp-content/uploads/sites/1618/2019/08/CTPCSAR-Aug2019.pdf

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CT Department of Public Health, HIV Surveillance Registry for Cases Reported through December 2018 and State-level Bridged Race Estimates for Connecticut, 2010

Emory University's Rollins School of Public Health, AIDSVu Pre-exposure Prophylaxis (PrEP) data, 2012-2017

CT Department of Public Health, Sexually Transmitted Diseases Control Program, 2013–2017

Centers for Disease Control and Prevention, National Immunization Survey (NIS), Teen, 2015 - 2018

CT Department of Public Health, CT Electronic Disease Surveillance System, 2013–2017

CT Department of Public Health, CT Electronic Disease Surveillance System, 2009-2018

Behavioral Health, Trauma, and Injury

CT Department of Public Health, CT School Health Survey (Youth Risk Behavior Survey), 2017; www.ct.gov/dph/yrbs

Death Certificate data from CT State Office of Vital Records and provided by the CT DPH Health Statistics and Surveillance Section, 2008-2016

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Office of Chief Medical Examiner, Connecticut, 2013-2018

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National Cancer Institute, SEER*Stat Database, 1992-2016

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CT Department of Public Health, CT Youth Tobacco Survey, 2000-2017

CT Department of Public Health, Behavioral Risk Factor Surveillance System Survey, 2016-2018; www.ct.gov/dph/brfss