



**CONNECTICUT**  
**HEALTH IMPROVEMENT COALITION**  
*Partners Integrating Efforts and Improving Population Health*

## HEALTHY CONNECTICUT 2020

**Coordinating Call/Meeting Summary**  
**August 19, 2015**  
**9:30 am – 10:30 am**

**Purpose:**

Inform coalition members on progress of Action Teams

**Attendance:**

Approximately 55 Coalition members participated by call, including Commissioner Mullen, DPH staff: Kristin Sullivan, Joan Ascheim, Sandy Gill and Rose Swensen (HRiA)

**Update:**

ACTION Teams have been actively meeting and this call is to provide an update of the work accomplished to date. The website is continually being updated with meetings announcements and meeting summaries of the Action Teams at [www.ct.gov/dph/SHIPCoalition](http://www.ct.gov/dph/SHIPCoalition)

**Maternal, Infant and Child Health – Joan Ascheim**

This has been a very active group. Leadership for this ACTION team have brought together several existing coalition and groups into one ACTION Team. They have also taken the time to create a cross-walk document which aligns the objectives from the SHIP, the Birth Outcome Plan and the Block Grant to identify areas of overlap. From this document the group prioritized three “synergy baskets” and formed three sub-groups respectively to take a more in-depth look at the data and evidence based strategies.

- Women’s Well Care
- Child Well Care
- Infant mortality

Discussions have also yielded observations of overlap across synergy baskets, such as, pre-conception care should also expand to well woman care. Upcoming meeting dates can be found on the SHIP Coalition website.

**Environmental Health – Andrea Boissevain and Judy Dicine**

This group has met several times and members have come to a consensus on four priorities:

- Lead poisoning prevention
- Outdoor Air Quality (two objectives)
- Healthy Housing

Sub groups have been created which are engaging both public health and non-public health sectors. The groups have been sharing and translating evidence based strategies for non-public health partners, which has sometimes led to a communication challenge. It was suggested that using the term “standards” rather than “evidence-based” may resonate better with non-public health partners. Judy Dicine provided an update on the Housing Code Enforcement sub-group which has engaged law enforcement, fire protection, local health departments and code agencies from across the state. It was also noted that the work of this sub-group may overlap with the work of the Chronic Disease Prevention ACTION Team. Cmr Mullen offered to help convene discussions around policy with colleagues in other agencies as needed.



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## **Chronic Disease Prevention– Mehul Dalal**

This group participated in detailed deliberations on each of the thirteen phase one objectives in the plan, which span 5-6 topic areas. One observation of the group was that there is an interrelation between many of the objectives and by addressing a root cause the group may be addressing more than one objective. Four priorities have been identified and sub groups formed to take a closer look at the research.

- Asthma
- Oral health
- Obesity
- Tobacco use

The objectives selected at this time focus on youth and root causes. The group is also working on proposing objective language to address an emerging trend related to electronic nicotine delivery devices and other tobacco products.

## **Infectious Disease Prevention – Sandy Gill for Rich Melchreit, MD**

This group hosted several two hour meetings in June and July and finished their proposed draft via conference calls during the first couple of weeks in August. Members have collaboratively worked through all three steps of the prioritization process and this group is actually the first team to submit a proposed draft of their 2016 ACTION Agenda. This will be the first ACTION Agenda to be reviewed by the Advisory Council. The full draft, including appendix, is available on the coalition webpage. This group thought that it was important to document some of the issues with the original wording of the objectives related to changes in the current landscape. These issues are captured in appendix B of their ACTION Agenda, which provides an explanation of how the groups arrived at the decisions they made as part of their process.

The focus for 2016 will be:

- ACIP Vaccinations for adults and children
- Flu vaccines
- HPV vaccines
- HIV

## **Injury and Violence Prevention – Marisol Feliciano**

This group has met twice and is still fine combing objectives and researching evidence based strategies. Currently, the group has narrowed down to five areas of concentration:

- Falls
- Unintentional poisoning
- Motor vehicle crashes
- Suicide
- Sexual violence and maltreatment

Members have found synergies similar to what other groups mentioned related to multiple objectives within this Focus Area could be addressed through similar strategies. For example, sexual violence and child maltreatment often engage similar audiences and use similar strategies to address the issue.

## **Mental Health and Substance Abuse – Michael Michaud and Janet Storey**

This group has identified three priorities which link closely to work that has been started since the planning process for the SHIP. This information will be shared for discussion at the first ACTION Team meeting in Middletown on August 20<sup>th</sup>. The three identified areas include:



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- Mental Health emergency room visits
- Substance abuse
- Trauma screening

## **Health Systems – Anne Fountain & Lisa Pellegrini**

This group met for the first time at the end of July. The goal of the first meeting was to orient the members to the prioritization process in defining the 2016 ACTION Agenda. Members also discussed the importance of this group focusing on health equity and social determinants of health. In doing this, it was clarified that this group will not focus on health care delivery systems, but rather on the intersection of health care delivery and public health, always keeping in mind that the goal is eliminating health inequities. Focus area objectives were reviewed from the perspective of how we can use data to back up what we do as we determine our priorities. The next meeting will include presentations on available data and information around adoption of CLAS standards and community health assessments. Commissioner Mullen thanked the co-chairs for their efforts and offered that the work of this group will help inform SIM population health planning, rather than morphing the work of this group to fit the SIM initiative.

Co-chairs were thanked for their hard work and dedication to health improvement planning and implementation.

## **Next Steps**

Next Advisory Council meetings:

- 09-04-2015 9:30 am – 11:30 am @ DPH Lab
- 10-07-2015 10:00 am – 12:00 pm @ DPH Lab
- 11-10-2015 1:30 pm – 3:30 pm @ DPH Lab

The goal is to have a full action agenda by the end of December.