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

January 1, 2018 – December 31, 2018

This annual report for Year 4 of Healthy CT 2020 implementation is one means of continually tracking implementation of the SHIP and sharing progress with our Coalition. In 2018, the Coalition explored health improvement accomplishments and challenges, new data and sources of data, and leveraging and aligning with other health planning initiatives. The impact of these discussions on the design and development to the next iteration of the State Health Assessment (SHA) and State Health Improvement Plan (SHIP) was also explored with agreement to focus and establish a smaller number of priorities that move us closer to health equity. Additionally, Coalition members and statewide partners prepared for the transition to a new administration and state leadership.

PARTNER ENGAGEMENT

Throughout the year, SHIP Advisory Council and Coalition members were engaged and informed through a combination of in-person meetings, interactive webinars, conference calls, and email notifications to support continued efforts in addressing focus area priorities and enhancing collaboration and alignment with emerging statewide efforts.

Advisory Council

The 30-member SHIP Advisory Council met quarterly (4 times) in 2018. Members took an in-depth look at the Healthy CT 2020 Interim Report, which informed extensive discussions on the strategic direction and development of the next SHA/SHIP 2.0. Members provided input on a revised vision statement, proposed criteria for prioritizing data collection, defined specific populations or populations in need, monitored the SHIP policy agenda, and prioritized social determinants of health for consideration as a cross-cutting framework for SHA/SHIP 2.0. Starting with the review of the Healthy CT 2020 Interim Report, Advisory Council members devoted a portion of each meeting to discussing the direction of future planning. Members reflected on how the SHIP process has helped to identify and connect initiatives and partners, and alignment across focus areas (e.g., maternal and child health with housing, chronic disease and mental health and substance abuse). Additional themes for the 2018 quarterly meetings included: Data and data gaps; the state of public health funding, innovation in health and health research; cross sector collaboration; and proven strategies for implementing systemic change to address SHIP priorities. Presentations included:

- **New and enhanced sources of data –** The CT Data Collaborative shared their work on the **500 Cities Data Challenge**, a collaboration between the Centers for Disease Control & Prevention, the Robert Wood Johnson Foundation, and the CDC Foundation. The focus of their work in 2018 is to understand the relationship between housing and health via geospatial analysis in the city of Hartford and eventually make the initiative scalable to other cities across the state. Additional focus will be placed on the housing stability index and housing conditions. Additionally, members received an update on the **DataHaven Community Well-being Survey** which measures quality of life and well-being. Newly added topics for 2018, included opioids, marijuana, alcohol,

HIV, housing instability, health care, gender identity, sexual orientation, and other demographics. The survey launched at the end of February with results expected in early 2019.

- **Public Health Funding -** Representatives from DPH's Fiscal Office provided an overview of DPH's funding and sources of funding, including line items in DPH's state budget. Historically, state and federal funding for public health services has declined over time with the exception of funding for immunization services which has increased overtime. Statutorily mandated line items in DPH's state budget limit the agency's ability to allocate funds to address emerging public health issues and to target health disparities.
- **Examples of Promoting Cross Sector Collaboration and Systemic Change -** DPH presented on their working partnership with the Office of the Chief Medical Examiner (CME), the Department of Mental Health & Substance Abuse (DMHAS), and the Department of Consumer Protection (DCP) to create a systemic infrastructure change to implement of the **Connecticut Opioid Response (CORe) Plan** at the local and community level. Local health departments share data at the community level with EMS, local coalitions, and other partners to engage residents and design targeted interventions. Other initiatives include syndromic surveillance and data from poison control to map overdoses. As a result of this intervention, 10 pilot communities now have a local infrastructure in place: Hartford, New Haven, Bridgeport, Waterbury Health Departments, Quinnipiac Valley Health District, and Ledge Light Health District, East Shore, Torrington, Uncas, and North Central Health Districts. At the local level, the Stratford Health Department recently launched the EPA's **AirNow Flag Program** which informs residents on the status of their air quality and provides education and resources on how to modify activities to reduce exposure to pollutants in the air and protect their health. Participating organizations display a colored flag outside of its building to inform all residents of the air quality forecast. Advisory Council members were encouraged to promote the importance of air quality by talking to their constituents about the issue and inserting a custom air quality widget onto their organization websites. Both initiatives also engaged Injury & Violence Prevention and the Environmental Health Action Team. These initiatives address SHIP priorities related to prescription drug misuse and air quality.
- **Leveraging and Aligning with Other Statewide Planning Initiatives –** Advisory Council members were briefed and asked for input on the SIM Population Health planning initiative that includes the **Prevention Service Initiative,** a linkage model that seeks to strengthen the relationships between Community Based Organizations and Advanced Networks/Federally Qualified Health Centers to expand delivery of evidence-based diabetes and asthma self-management programs in non-clinical settings; and planning for **Health Enhancement Communities (HEC)**. Community health collaboratives from the cities of Hartford, Norwalk, Waterbury and New London assisted with development of a technical plan to design community models that focus on improving two

conditions: healthy weight and child well-being. Design of HECs include stakeholder engagement, geographic boundaries, health indicators, interventions, infrastructure, and financial sustainability. The technical report is in public comment period and was distributed to Advisory Council and Coalition members for review and comment.

- **SHA/SHIP 2.0 -** The Council provided significant input into initial design and planning for the second iteration of the State Health Assessment and State Health Improvement Plan. Members advised on maintaining a focus on health equity and focusing the broad scope and structure to be more manageable and effective moving forward. To support this, the Council requested that DPH identify themes across focus areas which was assessed via a survey of Action Team members to identify the most important social determinants that affect conditions relative to the focus areas. Poverty was the top ranking subcategory, followed by access to health care, environmental conditions, health literacy, and housing stability. Members noted that the natural areas of overlap present an opportunity to potentially focus priorities on the social determinants of health. This upstream approach would also generate additional opportunities to leverage the SHIP policy agenda in addressing equity gaps and creating sustainable change. The Council was also apprised of planning activities related to the SHA including the role of the DPH Data Advisory Committee, timeline for activities. They advised on a proposed vision for SHA/SHIP 2.0, inclusion of specific populations, key strategies and frameworks to guide planning such as CDC 6|18 initiative, and criteria for prioritizing indicators. Advisory Council members also recommended seeking alignment among local, national, and state priorities, and better communicating the value of the SHIP. Finally, the Council considered information from an analysis on **national trends related to state and local health CHAs and CHIPs** in meeting national public health practice standards. The analysis indicated that many health departments experienced difficulty in meeting CHA standards related to representation of populations at risk and data to address health inequities and high risk populations. Additionally, most CHIPs across the country address nutrition, physical activity, and obesity as well as access to health services, but very few included oral health.

Several new members were appointed to the Advisory Council effective January 1, 2019 due to retirement or changes in employment. Given the frequency of changing membership and appointments, an orientation binder was developed to document and provide new members with the importance of and history of the SHIP, procedures for meetings, and communication protocols.

Executive Committee

Although the five member SHIP Executive Committee did not formally meet in 2018, members of the Executive Committee contributed to the high level discussions within Advisory Council meetings as

summarized above. Currently there is one vacancies on the Executive Committee related to representation from the State Legislature. The role and membership of the Executive Committee will be revisited and adjusted as needed.

Action Teams

SHIP Action Teams currently engage 379 individuals, representing 206 organizations with the goal of working on priorities and strategies in their 2018 action plans. Action Teams convened 26 meetings, not including various subcommittees that met between full group meetings. Members also contributed to advocacy and education efforts related to important health policies that support priority areas. All teams were asked to identify data gaps that may be creating barriers to progress. Additionally, each team prioritized Social Determinants of Health (SDOH) that had the greatest impact on health outcomes related to their focus area. This exercise was helpful in identifying social determinants in common, and opportunities to connect and leverage the work of other Action Teams. The results were also used to inform advisory council discussions regarding the evolution of the next SHA 2.0 and framework for the SHIP 2.0.

Coalition

Currently, the SHIP Coalition membership is comprised of 570 members, which includes those organizations and individuals requesting to be included on the SHIP distribution list. Although the Coalition did not formally convene in 2018, members were kept apprised via email of activity and status of proposed legislation related to the Coalition's 2018 Policy Agenda. Additional communications to the full Coalition membership included: funding opportunities; status of legislation relevant to the SHIP Policy Agenda, public health advocacy training opportunities; educational opportunities related to Healthy Homes and Public Health/Housing innovations, health equity and healthcare access; awareness alerts for National Drug Take Back days to support the work of Action Teams; informational webinar opportunity to learn about the Prevention Service Initiative developed through the SIM Population Health Planning initiative; and opportunities for public comment on the Health Enhancement Community Initiative also developed through the SIM Population Health Planning initiative.

ALIGNMENT OF STATE AND LOCAL HEALTH IMPROVEMENT PLANS

DPH began monitoring and tracking completion of local community health improvement plans (CHIPs) in 2015, and in 2016 questions were added to the local health annual survey to assess status and provides an annual source of annual data. Additionally, many local health departments and districts indicated interest in aligning their local CHIP priorities with the SHIP. For this reason and a greater interest in working toward collective impact, DPH prepared a crosswalk and database of completed CHIPs and alignment of priorities with SHIP available on the SHIP Coalition webpage. There is alignment of general

priorities in areas of chronic disease, mental health and substance abuse, and access to care. At the strategy level however, there is significant variation across topic areas.

UPDATE OF SHIP INDICATORS AND OBJECTIVES

SHIP Actions teams continued to make progress in addressing focus area priorities through improving alignment with existing and emerging efforts. Initial meetings of each Action Team focused on reviewing the most recent data available for each health indicator supporting priority objectives. Particular attention was given to disparity data and emerging health trends which warranted elevating their priority for action in 2018. In the process of updating health indicators based on changing or new data sources, some SHIP objectives in the plan were revised to more appropriately reflect emerging health trends and/or updated indicators. Objectives and indicators that were refined include:

Housing

- **Original Objective ENV-6 "DEVELOPMENTAL": *Increase the enforcement of minimum housing code standards through the collaboration of code enforcement agencies*.** This objective lacked a viable data indicator to provide any measurement of prevalence or progress. After discussions with partners and investigation of available data sources, the Environmental Health Action Team revised the objective to be consistent with an identified, viable data source and measurable indicator: *percent of households with severe housing problems (data source:* Comprehensive Housing Affordability Strategy (CHAS)). The developmental objective noted above was moved to a strategy that addresses the revised objective. **REVISED ENV-6: *Decrease the percent of households with severe housing problems.***

Tobacco

- **Original Objective CD-29: *Reduce by 20% the prevalence of current cigarette smoking among adults 18 years of age and older.*** SHIP Chronic Disease Action Team reviewed the current BRFSS data which reflected the current decreasing trend away from cigarette smoking by adults and an increasing trend in the use of other tobacco products, including the rapidly growing market for e-cigarette and vaping products. Based on this emerging cultural norm, the adult tobacco use indicator and objective were updated respectively. ***REVISED CD-29: Reduce the prevalence of current tobacco-based product use by 20% among CT adults 18 years of age and older*** *(Tobacco use includes cigarettes, cigars, smokeless tobacco, hookah, electronic nicotine delivery systems and vapor products).*

- **Original Objective CD-30: *Reduce by 25% the prevalence of smoking among students in grades 6-8 and 9-12***. Consistent with the adult population, Connecticut has experienced a positive trend away from the use of cigarettes and smoking in our high school teen population. This trend is supported by data from the 2017 Youth Tobacco Survey data. However, the SHIP Chronic Disease

Action Team members also discussed an alarming increase in the use of smokeless tobacco and vaping products by Connecticut's teen population and suggested revision of the above objective to address the issue. Additionally, 2015 was the last year that Youth Tobacco Survey data will be collected from the middle school population in Connecticut. Due to this change, students in grades 6-8 were removed in the revised objective. ***REVISED CD-30: Reduce by 10% the prevalence of tobacco-based product use among students in grades 9-12*** *(Tobacco use includes cigarettes, cigars, smokeless tobacco, hookah, electronic nicotine delivery systems and vapor products).*

Substance Use and Misuse

- **Original Objective MHSA-5:** ***Reduce by 5% the non-medical use of pain relievers across the lifespan (ages 12 and older).*** Since the development of the original Healthy CT 2020 State Health Improvement Plan in 2014, Connecticut, along with the rest of the country, has experienced an alarming increase in opioid and heroin overdose deaths. After reviewing the most recent data on this topic, SHIP Mental Health and Substance Abuse Action Team members requested the revision of the above objective to more accurately address this public health crisis. Additionally, the SAMSHA data source for the original indicator no longer tracks this data point. The Action Team now utilizes data from the Connecticut Office of the Chief Medical Examiner, which allows for more specific and timely review of data to monitor the crisis, to monitor the following new indicators: 1) rate of unintentional overdose deaths; 2) rate of unintentional prescription opioid overdose deaths; 3) rate of unintentional heroin overdose deaths; 4) rate of unintentional fentanyl involved drug overdose deaths per 100,000. ***REVISED MHSA-5: Reduce by 5% the use of opioids, including heroin, across the lifespan (ages 12 and older).***

TRACKING PROGRESS ON HEALTH INDICATORS

Including those mentioned above, SHIP Action Teams monitored 69 health indicators relevant to priority objectives within each focus area. Of the 69 health indicators being monitored, 30 represent health disparities for vulnerable populations. Health disparities refer to those avoidable differences in health among specific population groups that result from cumulative social disadvantages. DPH monitors and reports on health disparities as an essential part of reducing the disease burden on vulnerable populations in Connecticut, identifying high-risk groups, formulating health care policy, and evaluating our state's progress in eliminating health disparities. In addition, this year the DPH Office of Health Equity contributed to the CT Report Card on Health Equity Among Boys and Men of Color prepared by the UCONN Health Disparities Institute.

All SHIP health indicators are monitored through the Healthy Connecticut 2020 Performance Dashboard which acts as the "living" version of the SHIP. This year, DPH is undertaking update of the State Health Assessment and focus is placed on data gathering and analysis for this purpose. For this reason, DPH was unable to update all dashboards in time for this annual report, limiting ability at this time to fully assess

progress and trends. Although it may not be reflected in all Dashboards, DPH and Action Teams are using the most current data available to guide their decisions in developing implementation strategies and identifying collaborative partners to engage in the process. We are able, however, to report on several dashboards/indicators related to priorities that include the most recent data available (2017) and currently show a positive trend (3 annual data points) as listed below:

- Prevalence rate of children less than 6 years of age with confirmed blood lead levels at or above the CDC reference value (5 ug/dl).
- Percent of youth (high school) in CT who are obese.
- Percent of youth (high school) who currently smoke cigarettes.
- Proportion of people who progress to AIDS within 1 year of diagnosis.
- Estimated HPV vaccination coverage for female and male adolescents 13 to 17 years of age meeting CDC guidelines.
- Estimated Tdap vaccine coverage for adolescents 13 to 17 years of age in Connecticut.
- Estimated meningococcal conjugate vaccine coverage for adolescents 13 to 17 years of age in Connecticut.

Appendix A shows selected disparity dashboards with inclusion criteria of containing data no later than 2015. While full assessment is limited for reasons identified above, generally half of indicators have met original targets indicating progress, however significant disparities in these areas continue to exist requiring a continued focus to improve health in Connecticut.

While significant progress has been made over the last four years in operationalizing the performance dashboard, challenges remain in measuring and monitoring health improvement. DPH recently conducted an evaluation and is implementing recommendations, working to modernize its data collection and sharing capability to improve the quality and timeliness of data, and is exploring options to link current surveillance systems with the Dashboard for automatic updates.

PROGRESS ON STRATEGIES

New strategies were added to three of the action agendas, while completed strategies or those deemed unrealistic in the current environment were removed by Action Teams reducing the total number of implementation strategies from 80 in 2017, to 55 in 2018. Newly added strategies included the new cross-sector and multi-agency collaboration for the CT Green & Healthy Homes Project under Environmental Health that seeks to improve the quality of housing to low and moderate income families; the collaborative development of the CT Oral Health Improvement Plan under Chronic Disease Prevention; and the identification of data gaps and challenges for SHIP Action Teams was added under the Health Systems.

Progress was made in addressing over 94% of current year implementation strategies in all seven focus areas of the SHIP. A summary of progress is identified below.

Focus Area/Action Team	Total strategies in Action Agenda	Progress	Complete	No Progress
Maternal, Infant & Child Health	10	3	7	0
Environmental Health	9	8	1	0
Chronic Disease Prevention & Control	6	4	1	1
Infectious Disease Prevention	10	8	2	0
Injury & Violence Prevention	4	0	4	0
Mental Health, Alcohol & Substance Abuse	9	4	5	0
Health Systems	7	2	3	2
TOTALS	**55**	29	23	3

ACTION TEAM HIGHLIGHTS

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

Maternal, Infant, and Child Health

- Several strategies have been implemented to raise awareness about the impact of trauma on pregnancy, birth outcomes and child development. Forty-one statewide health professionals participated in the screening and discussion of *Resilience*, a film exploring the dangerous, long-term effects of trauma and Adverse Childhood Events (ACEs); 80 partners attended training for trauma informed care before, during, and between pregnancies; 60 individuals attended an implicit bias/micro-aggressions training.
- An online training module on pregnancy intention screening and pre-conception health was developed and publicly made available. The purpose of the training is to assist participating organizations to overcome common barriers to screening.
- Partners provided collaborative input in the development of the “Where is Bear?” publication which is designed to assist parents with identifying developmental milestones for two year olds. The publication contains checklists to guide parent’s discussions with their child’s doctor.

Environmental Health

- Along with the Air Quality Index, EPA provides the Air Quality Flag Program that can be used by organizations to identify the local air quality forecast and take action to protect people's health, including those with asthma. A local CHIP Collaborative has utilized CHIME data to identify asthma hot spots to guide the geographic recruitment of key organizations such as school districts and early childhood school readiness committees to obtain the EPA flag kits and train them how to integrate the program into their culture and systems.
- Collaborative work between Stratford Housing Authority and Stratford Department of Health identifies families with children under 6 years utilizing the housing voucher program to assess lead exposure risks in housing units and to educate housing authority inspectors on the important new requirements of the HUD Lead Safe Housing Rule for children with BLL ≥5 µg/dL.
- Connecticut Green and Healthy Homes Project, a collaborative of key state agencies and energy partners, is working to sustainably fund and scale statewide, energy, health and safety improvements in housing for low to moderate income families. Phase I of the project was completed this year and included a pre-feasibility and asset/gap analysis, Medicaid data sharing, stakeholder engagement, and fund raising for Phase II. Over $200,000 was raised for Phase II of the project that includes economic return on investment analysis, pilot project design, and additional stakeholder engagement.

Chronic Disease Prevention & Control

- To enhance chronic disease self-management, one local health agency has formally contracted with an FQHC to provide in-home assessment including use of an asthma action plan provided with sustainable health care system reimbursement (e.g., Milford Health Department and Fairhaven Health Center).
- The Connecticut Oral Health Improvement Plan was collaboratively developed with input from public health advocates, and medical and dental practitioners from around the state. The framework of the plan was modeled after the SHIP and includes the four focus areas of prevention, access and utilization, medical and dental integration, and data collection and analyses.
- An ordinance increasing the age to purchase tobacco products to 21 years (T21) has passed in the city of Hartford. Additional communities are aligning stakeholders, while the communities of Wallingford, Bridgeport, Bloomfield, and South Windsor are actively pursuing similar ordinances. T21 is also a SHIP policy agenda item and is actively supported by the Coalition and health community.

Infectious Disease Prevention

- Getting to Zero (G2Z) campaign was launched in 2018. The purpose of the campaign is to get

to zero new HIV infections, zero HIV-related deaths and zero HIV-related stigma and discrimination in Connecticut. The campaign will focus on the population groups and the areas in Connecticut where HIV continues to have a disproportionate impact, specifically the state's five largest cities and among young men having sex with men, particularly in communities of color, Black women and transgender individuals.

- In 2018, the cost of two doses of the HPV vaccine for 11 and 12 year olds in the state was included in the cost of the universal vaccine package for the first time. HPV vaccination is an important cancer prevention tool that provides children with safe, effective and long-lasting protection.
- During the CDC's National Influenza Vaccination Week, 23 Connecticut health departments, health districts or collaborations hosted a total of 27 dedicated Influenza Vaccination clinics.

Injury & Violence Prevention

- Twenty-three health systems and mental health service providers involved in the CT Zero Suicide Learning Community have reported using evidence-based practices for suicide prevention.
- Falls Prevention Program Compendium has been created to capture statewide efforts in one resource.
- The "Where Do You Stand" campaign to end sexual violence has expanded into high schools and middle schools in 2018. Since the inception of the campaign in 2014, there has been a 31% increase in survivors seeking services at The CT Alliance to End Sexual Violence member centers between 2013 and 2017.

Mental Health, Alcohol & Substance Abuse

- Over 26 mental health first aid public safety trainings were held, certifying 405 personnel. The goal is to reduce mental health emergency visits through increasing mental health literacy of public safety officials.
- Two state agencies (DPH, DMHAS) standardized data collection around naloxone use and reversal outcome reporting for more consistency in identifying needs and appropriate interventions.
- To increase the number of trauma screenings by primary care providers, Medicaid reimbursement for trauma screening has been proposed by DSS and awaiting approval. DCF in collaboration with CHDI have developed a validated 10 question child trauma screening tool and training on use.

Health Systems

- Partners have encouraged use of National CLAS Standards by health agencies. The Primary Care Action Group in Greater Bridgeport held a successful CLAS Learning Symposium that

included perspectives from public health and health care organizations with plans to replicate in other cities in their service area. A survey was conducted to assess the percentage of local health departments satisfying enhanced National CLAS Standards. The results are used to identify technical assistance needs and monitor progress of public health agencies meeting standards.

- In collaboration with the Yale School of Public Health, MPH students have developed a survey to assess the data gaps and challenges across Action Teams which may be preventing effective implementation of selected evidence-based strategies, and monitoring and analysis of health outcomes.
- Eleven local health departments participate in monthly Accreditation Learning Community interactive webinars, which provide technical assistance and a peer to peer sharing network for local health departments seeking to advance their accreditation readiness, or to foster commitment to attaining the highest standards of public health practice and the capacity to deliver the Ten Essential Public Health Services.

POLICY AGENDA

The process to develop the 2018 policy agenda began in September, 2017 and included recommendations from SHIP Action Team members with review and voting by the SHIP Advisory Council. Policies that became law in 2017 were removed and new policies were added to address emerging issues. The proposed agenda was then shared with Coalition membership via conference call for discussion and input. The topics covered in the 2018 policy agenda reflect the SHIP strategic priority to address the social determinants of health through policy and system changes to achieve the greatest impact on health outcomes. Advocates worked to educate legislators on the importance of the proposed public health issues through the distribution of fact sheets and hosting informational forums.

Although several had proposed bills pass successfully out of committees, a limited number were taken to a final vote. Some successes include: ***Public Act 18-107***, which updates statutes to include the definition of vaping and vaping products and to treat these electronic forms of nicotine delivery the same as other tobacco products in retail sale establishments, was signed by the Governor on June 7, 2018. ***Public Act 18-168***, which requires public drinking water systems to review the age and condition of the water system's infrastructure, was signed by the Governor on June 13, 2018. ***Public Act 18-160***, signed by Governor June 13, 2018, requires a surcharge to be added to certain insurance policies for the purpose of establishing the Healthy Homes Fund. Fifteen percent of the surcharge funds collected will be used for lead abatement. See Appendix B for the status of the SHIP Policy Agenda from 2016-2018.

The development of the 2019 Policy Agenda followed a similar process to previous years starting with gathering input from SHIP action team members, and later the SHIP Advisory Council members. Many of the topics from previous years were carried over to the 2019 SHIP Policy Agenda given that significant progress was made in raising the visibility of these issues and potential support by a new administration. Policy topics will include:

- Paid Family Medical Leave
- Increase the age to purchase tobacco products to 21 years
- Tax parity for all tobacco based products including e-cigarettes
- Updating the state's Property Maintenance Code to uniform standards
- Seatbelt use in all seating positions of automobiles
- Universal motorcycle helmet use
- Community health worker certification
- Opioid use/misuse prevention and treatment
- Race, Ethnicity, and Language (REL) Data Collection Standards

EMERGING ISSUES AND FORCES OF CHANGE

The following emerging issues and forces of change were discussed over the past year by Advisory Council and Coalition members:

- New challenges exist in the evolving opioid crisis as communities work to improve awareness, address culture norms and stigma, and develop timely and effective responses to the increasing numbers of individuals struggling with opioid misuse disorder, as well as the dangerously potent synthetic and sometimes laced products, which are becoming more widely available.
- Vaping of nicotine products is increasing in Connecticut high schools at an alarming rate creating a growing number of nicotine dependent young adults, with growing research regarding the longer term health effects of such products.
- Childhood obesity, adverse childhood experiences and early trauma, and mental health and wellbeing in general are a statewide focus in part related to priority areas identified through SIM population health planning efforts.
- Coalition members have expressed that alcohol use and misuse is an underappreciated threat contributing to premature death, chronic disease and health inequities in our communities.
- Additional research and education is needed to assess the health and social impacts of legalizing marijuana, and the public health community will need to work to be included in any revenue streams created from legalization to build capacity to assess and address threats to the public's health.
- National dialogues on immigration has influenced advocates and legislators to monitor the

issue in Connecticut including the need for culturally appropriate services.

- Environmental issues such as housing insecurity and quality, drinking water infrastructure and quality, and climate change have garnered attention of advocates, legislative leaders, and other partners seeking to ensure health effects are monitored and/or minimized.
- Modernizing data collection and sharing is needed with a focus on filling data gaps to better target populations and interventions and monitor health outcomes.
- A new governing entity will be in place beginning in 2019 and will require orientation to the State Health Improvement Plan, the Coalition, its activities and impact.

CHANGES IN RESOURCES AND ASSETS

The following are several key changes in resources and assets for health improvement over the last year:

- The DataHaven 2018 Wellbeing survey included new questions related to opioid use, housing quality, alcohol and marijuana use, and transportation to non-emergency medical care which support several SHIP priority objectives.
- State and federal funding for public health services has declined historically, with the exception of funding for immunization services which has increased overtime.
- DPH and partners completed the State Oral Health Improvement Plan and State Water Plan.
- A new administration and new leaders in Connecticut State government began transitioning in November, 2018. Several transition teams were developed to hear and review proposals that improve health and wellbeing.
- A new Office of Health Strategy was created as an executive state agency with a mission to implement comprehensive, data driven strategies that promote equal access to high quality health care, control costs and ensure better health for the people of Connecticut.
- Connecticut, like other states, received significant funding to address the opioid crisis through a multi-state agency response.
- New funding and technical assistance became available to support multi-sector partnerships that address healthy housing including lead abatement, household injury, energy efficiency, and asthma self-management programs.
- Significant planning was conducted to develop the concept of Health Enhancement Communities, and to link health care providers and community based organizations to provide diabetes and asthma self-management services in the community.
- The Social Impact Partnership to Pay for Results Act (SIPPRA) signed into law in 2018 provides a funding opportunity for state and local governments to enhance capacity and funding to improve specific health and social services.

CONCLUSIONS

In the fourth year of implementation of the Healthy CT 2020 State Health Improvement Plan significant emphasis was placed on considering progress and lessons from the last several years and planning the second iteration of the State Health Assessment and State Health Improvement Plan. This included discussion of improving data, public health funding, and focusing on outcomes. It is anticipated that planning and statewide efforts over the last several years will lead to a more focused set of priorities grounded in the social determinants of health. The SHIP Policy Agenda highlights the success of SHIP partners in passing legislation to improve health and the benefits of collective impact. Action Teams and Council members continue to report the benefits of the SHIP process including a better understanding of how health issues are interrelated (e.g., how housing is related to healthy families and behavioral health for example) and subsequently a cross pollination of Action Teams and partners. While capacity and participation is strained, Action Teams reported the ability to address most strategies and to lead system changes, including but not limited to, awareness of poor air quality days, trauma awareness, enhancing use of CLAS standards, and changing cultural norms around prescription drug misuse for example. SHIP partners have provided input and expertise on emerging issues and existing assets to address health, and are committed to addressing persistent disparities in health through identification of at risk populations, and addressing systemic gaps that have contributed to these disparities. Innovation, new sources of funding and quality improvement principles must be further incorporated into planning and Coalition discussions to make progress toward health equity.

Appendix A: Selected Disparity Dashboards

HCT2020 Maternal, Infant, and Child Health Health Disparity

R	Optimize the health and well-being of women, infants, children and families, with a focus on disparate populations.	Most Recent Period	Current Actual Value	Current Target Value	Current Trend
I	Birth Outcomes — Disparity ratio between infant mortality rates for non-Hispanic blacks and non-Hispanic whites in Connecticut. (HCT2020)	2015	3.6	2.6	↗ 2
I	FA1 MICH — Percent of children under 3 years of age at greatest risk for oral disease who receive any dental care. (HCT2020)	2015	48.3%	45.8%	↗ 1
I	Disparity ratio between rates of unplanned pregnancy for non-Hispanic blacks and non-Hispanic whites in Connecticut.	2015	2.60	2.79	↘ 2
I	Disparity ratio between rates of unplanned pregnancy for Hispanics and non-Hispanic whites in Connecticut.	2015	1.90	2.25	↘ 2

HCT2020 Environmental Risk Factors and Health Health Disparity

R	Enhance Public Health by Decreasing Environmental Risk Factors	Most Recent Period	Current Actual Value	Current Target Value	Current Trend
I	Environment — Ratio of Hispanic to non-Hispanic children under the age of six with confirmed blood lead levels at or above the CDC reference value (5 µg/dL)	2016	1.5	1.6	↘ 1
I	Environment — Ratio of black to non-black children under the age of six with confirmed blood lead levels at or above the CDC reference value (5 µg/dL)	2016	2.4	1.9	↗ 1
I	Environment — Percent of households with severe housing problems.	2015	18.7	16.2	↘ 1

HCT2020 Chronic Disease Prevention and Control Health Disparity

R	Reduce the prevalence and burden of chronic disease through sustainable, evidence-based efforts at risk reduction and early intervention.	Most Recent Period	Current Actual Value	Current Target Value	Current Trend
I	Active Living — Percent of adults with a household income of <$25,000 who meet the recommended 150-minute weekly minimum of aerobic physical activity.	2017	42.1%	42.7%	↗ 1
I	Obesity — Percent of Connecticut children (5-12y) with a household income of <$25,000 who are obese.	2017	41.2%	33.0%	↘ 1
I	Tobacco — Percent of adults (18+y) with a household income of <$25,000 who currently smoke cigarettes.	2017	20.5%	20.0%	↘ 1
I	Heart Health — Rate of premature death (<75 years of age) from cardiovascular disease in non-Hispanic black adults (18+y) per 100,000 population.	2016	1,381.4	860.0	↗ 1
I	Cancer — Percent of adults (50+y) with a household income of <$25,000 who have ever had a sigmoidoscopy/colonoscopy.	2016	65.7%	68.2%	↗ 1
I	Diabetes — Percent of adults (18+y) with a household income of <$25,000 who have diagnosed diabetes.	2016	13.7%	12.0%	↘ 1
I	Asthma — Rate of Emergency Department visits among all Hispanic Connecticut residents for which asthma was the primary diagnosis.	2016	120.3 per 10,000	123.5 per 10,000	↘ 2
I	Asthma — Rate of Emergency Department visits among all non-Hispanic black Connecticut residents for which asthma was the primary diagnosis.	2016	135.5 per 10,000	138.0 per 10,000	↗ 1
I	Oral Health — Percent of adults (18+y) with a household income <$25,000 who have visited a dentist or dental clinic in the last year.	2016	62.2%	65.0%	↗ 2
I	Oral Health — Percent of adults (65+y) with a household income <$25,000 who have had all their natural teeth extracted.	2016	17.2%	15.0%	↘ 2

Colored boxes- green: value meeting or exceeding target; red: value trending in the wrong direction, away from target; yellow: value trending close to target; white: target not available

HCT2020 Infectious Disease Prevention and Control Health Disparity

		Most Recent Period	Current Actual Value	Current Target Value	Current Trend
R	Prevent, reduce and ultimately eliminate the infectious disease burden in Connecticut.				
I	Inf Dis Prevent Number of newly diagnosed cases of HIV in Connecticut among men who have sex with men (MSM). (HCT2020)	2017	137	148	↘ 1
I	Inf Dis Prevent Number of newly diagnosed cases of HIV in Connecticut among black females.	2017	50	39	↗ 1
I	Inf Dis Prevent Number of incident syphilis cases in Connecticut among HIV-infected men who have sex with men. (HCT2020)	2016	26	–	↗ 1
I	Inf Dis Prevent Rate of gonorrhea incidence in Connecticut, by black race (# per 100,000 population). (HCT2020)	2016	255	282	↗ 2
I	Inf Dis Prevent Rate of gonorrhea incidence in Connecticut, by Hispanic ethnicity (# per 100,000 population). (HCT2020)	2016	90	63	↗ 2
I	Inf Dis Prevent Rate of chlamydia incidence in Connecticut, by black race (# per 100,000 population). (HCT2020)	2016	624	1,080	↘ 1
I	Inf Dis Prevent Rate of chlamydia incidence in Connecticut, by Hispanic ethnicity (# per 100,000 population). (HCT2020)	2016	234	387	↗ 2

HCT2020 Injury and Violence Prevention Health Disparity

		Most Recent Period	Current Actual Value	Current Target Value	Current Trend
R	Create an environment in which exposure to injuries is minimized or eliminated.				
I	Disparity ratio between number of motor vehicle traffic-related deaths for males and females.	2015	2.6	–	↘ 1
I	Disparity ratio between rates of suicide for males and females.	2018	3.2	–	→ 1

HCT2020 Mental Health and Substance Abuse Health Disparity

		Most Recent Period	Current Actual Value	Current Target Value	Current Trend
R	Improve overall health through the lifespan, through access to quality behavioral health services that include screening, early intervention, prevention and treatment.				
I	Mental Health Rate of mental health emergency department visits in Connecticut. (HCT2020)	2017	2,819.1 per 100,000	2,546.0 per 100,000	↘ 1
I	Alcohol Percentage of Connecticut students (14-18 y) who had five or more drinks of alcohol within a few hours, on one or more of the past 30 days.	2015	14.0%	21.0%	↘ 5

HCT2020 Health Systems Health Disparity

		Most Recent Period	Current Actual Value	Current Target Value	Current Trend
R	Align efforts of health systems stakeholders to achieve sustainable, equitable, and optimal population health.				
I	Access to Care Percent of adults (18-64y) with a household income of <$25,000 who have health care coverage.	2017	76.9%	100.0%	↘ 1
I	Access to Care Percent of adults (18+y) with a household income <$25,000 who have a regular source of care.	2017	77.2%	83.0%	↗ 3

Colored boxes- green: value meeting or exceeding target; red: value trending in the wrong direction, away from target; yellow: value trending close to target; white: target not available

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Appendix B: SHIP Policy Agenda Status 2016-2019

SHIP Policy Agenda	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. b. ***Tax parity for other tobacco products and Electronic Nicotine Delivery Systems (ENDS)*** to match the current cigarette tax i. **Related - 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. **Related - Public Act 17-74 - Signed by Governor 06-30-2017** to define Community Health Worker	✓		✓
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	✓	✓	✓
5. ***Property Maintenance Code (PMC)*** – Connecticut adoption of 2015 International Property Maintenance Code (IPMC)	✓	✓	✓
6. ***Opioids*** – support evidence based treatment and prevention efforts a. **Related – Public Act 18-166 - Signed by Governor 06-14-2018 -** to provide opioid overdose data to municipality/health district; expand naloxone distribution		✓	✓
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			

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Appendix B: SHIP Policy Agenda Status 2016-2019

SHIP Policy Agenda	2017	2018	2019
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.	✓		