

INTRODUCTION

In year five of implementation of the Healthy CT 2020: State Health Improvement Plan (SHIP), staff and statewide partners continued the ongoing implementation of the SHIP, planned for the development of Healthy CT 2025, worked on completing the 2019 Connecticut State Health Assessment (SHA), and hosted the SHIP Coalition Summit. This was also the year of transitions, beginning with the arrival of a new Governor (Ned Lamont) as well as a new Commissioner and Deputy Commissioners for the Department of Public Health (DPH). While these changes did impact the work of the SHIP, Coalition members and statewide partners continued to meet and work towards improving the health of Connecticut residents.

PARTNER ENGAGEMENT & CONTRIBUTIONS

Since 2014, statewide partners representing various sectors of public health, have provided a solid foundation for the implementation of the SHIP collaborative process. In 2019, their contributions through the Advisory Council, Coalition, and Action Teams, were significant for the implementation of the HCT2020 and planning for HCT2025.

Advisory Council

The SHIP Advisory Council played a pivotal role in the implementation of HCT2020 and preparation for HCT2025. In 2019, the 35-member Advisory Council convened four times and welcomed 14 new members representing various sectors of public health, including government, health care, community organizations, and Connecticut at-large. These members also brought to the Council experience in mental health, early childhood, housing, agriculture, health equity, policy and management, and data analysis. Throughout the year, members provided ideas on a variety of topics, including maintaining Action Team momentum in the final year of SHIP implementation as well as potential steps they could take to communicate the SHA and SHIP priorities to the new administration. Members also provided feedback on the infrastructure of the SHIP (See 'Planning for Healthy CT 2025' for more information), discussed emerging issues to consider for the development of State Health Assessment (SHA 2.0), and finalized the 2020 SHIP Policy Agenda. See [Appendix A](#) for list of 2019 Advisory Council members.

Presentations

Advisory Council meetings were also an opportunity for members to present on a variety of topics related to health improvement activity. During the February Advisory Council meeting, DPH's former Commissioner highlighted the importance of modernizing data collection processes and using better and more precise data to target disease prevention and control (e.g. electronic birth and death registration, and electronic data collection for the Youth Risk Behavior Surveillance survey). The presentation also highlighted the importance of using evidence-based interventions to address the burden and cost of health issues, such as aligning block grant funding with the CDC's 6|18 initiative to target six common

and costly health conditions that can be prevented or improved, including tobacco use, high blood pressure, health-care-associated infections, asthma, unintended pregnancies, and diabetes.

DataHaven also presented on the results of the *2018 DataHaven Community Well-being Survey*, which measured quality of life and well-being in Connecticut’s diverse neighborhoods. New questions were added to the survey related to opioids, marijuana, alcohol, HIV, housing instability, health care, gender identity, sexual orientation, and various other topics. During the May meeting, DPH staff presented on a collaboration project between the Health Systems Action Team and the Yale School of Public Health Student Consulting Group Project to identify data gaps across the SHIP. The students conducted key informant interviews with Action Team lead conveners and reviewed other State Health Improvement Plans that had addressed data needs. Their findings indicated a need for timely data; data related to mental health access; standardization of data across entities; data at the local level; race and income data, and the need for staff to analyze the data. This presentation also highlighted the need for a data workgroup within the SHIP infrastructure.

Executive Committee

Since the launch of Healthy CT 2020, the Executive Committee has been fundamental in providing key decisions that have helped with implementation of the SHIP. Even though the Committee did not convene in 2019, each member, except for a representative from the State Legislature, was present at each Advisory Council meeting and provided significant contributions to the high-level discussions.

Coalition

Coalition members (655 in total) contributed to the implementation of the SHIP through a variety of ways in 2019 ([Appendix B](#)). This included participation in a Coalition Call, Action Team meetings, and the SHIP Coalition Summit. Members were also given the opportunity to help distribute and complete the *Community Health Priority Survey* for the State Health Assessment. Throughout the year, members also received regular notifications on statewide activities:

SHIP 2019 Coalition Activities/Opportunities
• Contribute to the development of the State Health Assessment update
• Training for public health partners on opioid toolkits
• Community listening session to support families with young children
• The Health Enhancement Community Initiative Request for Proposals (RFP)
• Conferences on injury prevention and hoarding
• Funding for cross-sector collaboration to improve health
• Submit an abstract for the 2019 CT Public Health Association Annual Conference
• Attend 6 th Annual LEAN CT Showcase on “COLLABORATION, IMPACT, and RESULTS”

Coalition Call

On August 14, 2019, DPH coordinated a SHIP Coalition call to provide updates for coalition members on SHIP Coalition activities and 2019 Policy Agenda results. In addition, DPH shared preliminary findings from the State Health Assessment update and sought to solicit feedback and input on the development of the report.

Action Teams

All seven Action Teams continued to move the work of Healthy CT 2020 forward in 2019, with some teams also making plans to continue the work into 2020. Meeting 22 times throughout the year (126 active members, representing 64 organizations), not including various subcommittee meetings, Action Teams implemented the SHIP strategies indicated in their Action Agendas, advocated for the passage of legislation, identified data gaps and barriers, and discussed policy items to be included in the 2020 SHIP Policy Agenda. In September, many Action Team members participated in the SHIP Coalition Summit, the first step in developing the next State Health Improvement Plan (SHIP 2.0). This was followed by the launch of the Communication Committee in December, which served as an opportunity for members to identify communication needs of coalition partners, identify existing communication resources, and define committee goals for 2020. During the initial meeting, participants brainstormed on what the role of the committee should be, discussed the need to develop a communication strategy for sharing information across Action Teams and beyond, and discussed ways to coordinate social media messaging that is consistent across multiple venues. See [Appendix C](#) for a list of 2019 Action Team members.

Progress on Action Team Strategies

As noted above, Action Team members continued to implement the SHIP strategies indicated in their Action Agendas in 2019. These strategies were related to various areas including advocacy and policy, communication, education and training, planning and development, partnership and collaboration, and research and surveillance. **Table 1** provides a summary of progress made on these strategies. See [Appendix D](#) for a full list of 2019 SHIP objectives and strategies.

Table 1: Progress on Action Team Strategies

Focus Area/Action Team	Total # of Strategies	Progress	Complete	No Progress
Maternal, Infant & Child Health	8	1	6	1
Environmental Health	11	5	4	2
Chronic Disease Prevention & Control	6	3	1	2
Infectious Disease Prevention	8	0	8	0
Injury & Violence Prevention	4	2	2	0
Mental Health, Alcohol & Substance Abuse	8	0	5	3
Health Systems	8	1	6	1
TOTAL	53	12	32	9

ACTION TEAM HIGHLIGHTS & ACCOMPLISHMENTS

As the result of various collaborative efforts within and across Action Teams in 2019, teams successfully accomplished many health improvement goals and objectives. The following are just some of those accomplishments.

Maternal, Infant, and Child Health

- Partners advocated for Paid Family Medical Leave which passed and went into effect on October 1, 2019. The law will allow employers to provide employees paid, job-protected leave (12 weeks) for health-related reasons.
- Partners collaborated on Connecticut’s *Screening to Succeed* initiative to ensure developmental screenings are completed for all young children.
- Through Maternal and Child Health Services Block Grant (Title V) funding, DMHAS successfully allocated funding for expanding the implementation of One Key Question (OKQ) and supported this effort by offering trainings sponsored by Every Woman Connecticut and Planned Parenthood. OKQ is an initiative that provides women of childbearing age recommendations for either becoming pregnant or preventing pregnancy.

Environmental Health

- To enhance education on sources of lead in homes and other child-occupied facilities, the Community Health Network of Connecticut, Inc. updated and uploaded lead poisoning educational materials to their member and provider portals.
- Funded by EPA’s Healthy Communities grant, Stratford Health Department partnered with over 65 community-based organizations (schools, hospitals, FQHCs, EMS, YMCAs, Recreation Departments, Child Care programs, etc.) in the Greater Bridgeport area to implement the AirNOW flag program. Partners were trained on how to “advertise” air quality with the use

of physical flags/laminated posters, etc. and provide corresponding behavior modifications matching the air quality. Pre-tests were administered to determine level of awareness.

- Partners worked on developing a curriculum on Healthy Homes for Community Health Workers.

Chronic Disease Prevention & Control

- Partners participated in the Connecticut Asthma Conference which focused on housing and air quality. Information was shared on the Connecticut Children’s Medical Center’s Healthy Homes Program, the CT Green & Healthy Homes Program, Sustainable CT, housing code enforcement, smoke free policies, medical-legal partnerships, and Healthy Housing Vouchers – a prescription for Asthma disparities.
- To integrate care and increase dental sealant rates in children, members advocated for the passage of several bills. There were two successes including the passage of [Public Act 19-149](#), which allowed a mobile dental clinic to submit claims for Medicaid reimbursement for services not more than fifty miles from the fixed dental location associated with the clinic. The other was [Public Act 19-72](#), which outlined new procedures for obtaining/renewing dental licenses.
- Partners continued to advocate for comprehensive tobacco control legislation. One success was the passage of [Public Act 19-13](#) which prohibits the sale of cigarettes, tobacco products, electronic nicotine delivery systems and vapor products to persons under age 21.

Infectious Disease Prevention

- A universal flu vaccine was approved for individuals 18 years of age and younger. To increase flu vaccination levels in Connecticut, DPH staff and the American Lung Association hosted an annual flu conference for over 100 healthcare professionals, collaborated with Plan Coordinators (IAP) at statewide advisory meetings, established partnerships, and discussed adult immunization recommendations for elderly and medically compromised populations in diverse communities.
- Clinical staff at the Community Health Network of CT, Inc., who provide administrative services to all Medicaid/Medicare Providers, were educated on HPV best practices. The goal was to train their clinical staff to help providers improve HPV-related HEDIS outcomes measured by utilizing a strong provider recommendation. HEDIS stand for Healthcare Effectiveness Data and Information Set. It is a performance improvement tool set by the National Committee on Quality Assurance.
- A partnership with DHMAS was established in the form of a Infectious Disease Learning Collaborative in order to educate addiction services providers on how to take a complete and thorough sexual history and identify high-risk behaviors with the ultimate outcome of active PrEP referrals to PrEP Providers with-in their region.

Injury & Violence Prevention

- A Drug Recognition Program has been training law enforcement officers and other approved public safety to be drug recognition experts or drug recognition evaluators (DREs). The

program trains them to recognize impairment in drivers under the influence of drugs, or in addition to alcohol.

- The Department of Aging and Disability Services collaborated with the Dartmouth Center for Health and Aging to provide regional trainings on fall prevention with the focus being on Tai Ji Quan Moving for Better Balance (TJQMBB).
- The CT Coalition Against Domestic Violence (CCADV) held a training for health centers, particularly anyone in the health care field who works with patients. The training provided education on intimate partner violence and how to facilitate discussions with patients about this topic.

Mental Health, Alcohol & Substance Abuse

- Legislation passed that anyone with EMS certification must have Mental Health First Aid (MHFA) training in their transcript before applying for certification. 527 individuals in FY2019 were trained in MHFA by Wheeler Clinic.
- To increase provider trauma screening training opportunities for medical and behavioral health providers, Wheeler Clinic conducted three Cognitive Behavioral Intervention for Trauma in Schools (CBITS) trainings.
- DPH and DMHAS collaborated to launch the “LiveLOUD – Live Life with Opioid Use Disorder” statewide awareness campaign to reduce the use of opioids in Connecticut. To help with this effort the state also launched the new Naloxone + Opioid Response App (NORA).

Health Systems

- *Action Teams Data Gaps for Policy* – The Action Team focused on identifying data gaps across all SHIP Action Teams to develop policy/system change recommendations. Analysis included the type of data collected and barriers associated with the methods of collection. The data gaps assessment evaluated whether the state systems were appropriate and the vehicles for data distribution appropriate.
- *Community Health Assessments Alignment* – Over twenty Community Health Needs Assessments were [filed in 2019](#) with the Office of Health Strategy. The assessments are developed in coordination with the Local Health Departments and other multiple human services organizations in each jurisdiction. Also, Data Haven developed a statewide coordinated partnership with multiple organizations to develop a validated questionnaire that allows regional comparisons and setting benchmark data. The survey provides highly reliable local information not available from any other public data source and services as the main instrument for multiple Community Health Needs Assessments and Community Health Improvement Plans.
- *Advance Community Health Workers Certification* – The 2019 House Bill 7429 was enacted as a [Public Act 19-117](#) to establish a Community Health Worker advisory body within the Office of Health Strategy. This advisory provides guidance to the Department of Public Health for the

education and certification programs’ requirements for Community Health Workers. As a result, a certification program is formally established to be administered by the Department of Public Health. Designated organizations are regulated to provide the training standards and continuous education for certification and renewals.

TRACKING PROGRESS ON HEALTH INDICATORS

SHIP Action Teams monitored 73 health indicators relevant to priority objectives within each focus area in 2019. Of the 73 health indicators being monitored, 29 represented health disparities for vulnerable populations, which according to the CDC, “are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially advantaged populations”. To significantly reduce the disease burden of vulnerable populations in Connecticut, Action Teams continued to track and report on health disparities.

Since 2014, all SHIP health indicators have been monitored through the [Healthy Connecticut 2020 Performance Dashboard](#), a performance management tool which acts as the “living” version of the SHIP. DPH programs have used the tool to track data overtime and provide *Story Behind the Curves* that provide background information on the indicators, explain the data and any data trends, and reflect on why the targets were being met or not being met etc. Given that DPH was in the process of updating the State Health Assessment in 2019, a considerable amount of time was placed on making sure the dashboards were updated with the most current data (**Table 2**).

Table 2: Summary of Performance

Symbol	Relevance	TOTAL SHIP Health Indicators		
		Overall Health Indicators	Indicators Specific to Health Disparities 	Combined totals
	Original SHIP and updated target has been reached	18	9	27
	Indicator’s most recent data point is moving in a positive direction relative to the current 2020 target	5	6	11
	Indicator’s most recent data point is moving in a negative direction relative to the current 2020 target	15	13	28
	No comparable data available	6	1	7
TOTALS		44	29	73

To improve the quality of the dashboards across the agency, and their utilization, DPH staff developed a plan towards the end of 2019 to meet quarterly with branches/sections across the agency in 2020. The performance dashboards have been essential in tracking progress of the SHIP indicators over the years and will continue to be so for Healthy CT 2025. See [Appendix E](#) for performance on indicators for each focus area.

SHIP POLICY AGENDA

Since 2017, the SHIP Policy Agenda has been a very important part of the Healthy CT 2020 implementation process, allowing statewide partners to collectively identify health improvement policies that would impact the health of Connecticut residents.

Developing the 2019 SHIP Policy Agenda

The process to develop the 2019 policy agenda began in 2018 and included recommendations from SHIP Action Team and Advisory Council members. After much discussion, eight policy items were included in the final version of the Policy Agenda, including but not limited to tobacco, seatbelt use for all seating positions in automobiles, paid family medical leave, property maintenance code, opioids, and Race, Ethnicity and Language (REL) Data Collection Standards. Throughout the year, SHIP Coalition members advocated for the passage of these policy items along with other health improvement policies, and as a result of these efforts, there were some successes. Tobacco 21 ([Public Act 19-13](#)), for example, passed and went into effect on October 1, 2019. The law increased the age of sale and fines of tobacco products. Another success was the passage of Paid Family Medical Leave ([Public Act 19-25](#)) after several attempts. When the law goes into effect on January 1, 2021, it will allow employers to provide employees paid, job-protected leave (12 weeks) for health-related reasons. In addition, several bills to support the prevention and treatment of opioids passed including ([Public Act 19-38](#)) which will increase penalties for the sale of fentanyl.

Developing the 2020 SHIP Policy Agenda

The process to develop the 2020 SHIP Policy Agenda started during August third quarter Action Team meetings where members provided their recommendations on policies to add to the policy agenda. A list of proposed policy items were then compiled and shared with teams during November fourth quarter meetings, several of them being policies that had been included on previous policy agendas. Action Team members also added several new policy items to the agenda. During the November SHIP Advisory Council meeting, members were provided with an overview of proposed concepts (14 in total) for the 2020 SHIP Policy Agenda and voted on their top choices. The top seven policy items were included on the final policy agenda including:

- Opioids
- Tobacco
- Suicide Prevention

- Race, Ethnicity, and Language (REL) Data Collection Standards
- Dental Insurance
- Property Maintenance Code
- Expanded coverage for the uninsured

PLANNING FOR HEALTHY CT 2025 (SHIP 2.0)

While much of 2019 was dedicated to the implementation of Healthy CT 2020 (SHIP 1.0), a considerable amount of work was dedicated to planning for the development of Healthy CT 2025 (SHIP 2.0). This effort involved participation from statewide partners including members of the SHIP Advisory Council, Action Teams, and the Coalition-at-large. Members contributed in many ways, conducting a modified force field analysis of the current state of the SHIP infrastructure to identify drivers of success and opportunities for improvement for HCT 2025, providing feedback on the direction and development of the SHA, and setting the foundation for SHIP 2.0 priorities at the SHIP Coalition Summit.

Modified Force Field Analysis of the SHIP Infrastructure

During the May Advisory Council meeting, members worked in small groups to discuss factors that influence the infrastructure of the SHIP, including: 1) drivers of success, 2) opportunities for improvement/barriers to success, and 3) ways to enhance SHIP implementation. The results of the discussion are identified in **Table 3** below and will be considered during the planning phases for SHIP 2.0.

Table 3: SHIP Force Field Analysis Results

Drivers of Success	Opportunities for Improvement	Ways to Enhance SHIP implementation
Dedicated DPH Staff	Increase DPH staff	Create opportunities for Action Team Co-leads to meet often
Committed Action Team members	Downsize the number of Action Teams	Improve the functionality of the SHIP Coalition website
Diverse membership	Increase Action Team membership	Engage students in the SHIP
Collective legislative impact	Increase communication	Leverage community and family consumers
Collaboration across subcommittees	Engage other state agencies to support the SHIP	Align state agencies around SHIP
	Explore diverse funding and resources	Learn from other states that have received accreditation

State Health Assessment

Community Health Priority Survey

DPH led the development of the SHA update in 2019, which will be the basis for SHIP 2.0. In February, DPH sought community input for the SHA via the *Connecticut Community Health Priority Survey*, which was disseminated to the entire SHIP Coalition with the goal of having as many Connecticut residents, including partners and community organizations, identify health issues that are priorities for their communities. Overall, there were 1,388 responses to the survey. The top five health concerns reported on the survey were mental health issues, drug use, chronic health conditions, aging health concerns, and cancer.

Community Focus Groups

Additional community input was sought through focus groups of Connecticut residents representing different geographic areas throughout the state. The focus groups were an opportunity to learn more about the health issues affecting specific communities in the state as well as the programs/services that are most important to them. Overall, 11 focus groups were conducted throughout the state with input from diverse groups of Connecticut communities (See **Table 4**). Input from both the survey and focus groups were incorporated into a draft version of the SHA that was made available to the public and all SHIP Coalition partners for review.

Table 4: SHA Focus Group Populations and Organizations

Population	Organizations
Aging Adults	Groton Senior Center
Families of Alzheimer’s Patients	Alzheimer’s Association
Black/African American Women	Hartford Health Initiative
Families Affected by Autism	FOCUS Center for Autism
Hispanic Community	Hispanic Health Council
Immigrants/Refugees	Sudanese-American House
LGBTQ Aging Adults	Newington Senior Center
LGBTQ Young Adults	Triangle Community Center
Families of Children with Special Health Care Needs	iCAN Kids Connecticut
Recently Incarcerated	Open Hearth
Veterans and Family	Resilience Grows Here

Reviewing Preliminary Findings and Providing Input

During the August Coalition Call, participants received a data presentation of preliminary findings, including population demographics, maternal, infant and child health, infectious disease, environmental health, chronic diseases, injury and violence prevention, and health systems. Participants were asked two discussion questions to solicit feedback for the SHA and SHIP updates:

1. From these preliminary findings, what surprised you?

2. Was there anything you saw today that members of your community could come together to address?

In addition, a draft of the assessment report was made available to partners for a public comment period in November 2019. Partners had the opportunity to read each chapter of the report and provide input to improve the final document.

SHIP Coalition Summit

On September 20, 2019, over 120 state and local health partners from across the state convened for *The Healthy Connecticut 2025 Health Improvement Coalition Summit: Navigating Towards Health Equity*. This event marked the first step in developing the next State Health Improvement Plan (SHIP 2.0). During the Summit, DPH epidemiologists and program staff shared preliminary findings from the SHA and highlighted the social determinants of health (SDOH) contributing to poor health outcomes for CT residents during a panel presentation. The half-day event also included two interactive exercises where participants prioritized the social determinants of health as well as provided input on three key questions regarding upstream factors impacting health outcomes, additional partners to engage, and defining what success might look like in the next five years.

Social Determinants of Health (SDOHs) Prioritization Exercise

During this exercise, participants reviewed the SHA health indicator data (30 in total) and identified what they believed to be the top five most important/relevant indicators that would have the most significant impact on improving the health of Connecticut residents. See **Table 5** for the results. Then, participants identified the SDOHs that contributed to, or most impacted, their identified top five health indicators. These included economic stability, neighborhood and built environment, health and health care, social and community context, and education, in addition to various subcategories for each SDOH. During the final step of the exercise, participants wrote down their top five health indicators on post-it notes (one indicator/post-it) and placed these post-its on the SDOH flip charts (See **Table 6**). The same priority indicator could be posted under multiple SDOHs.

Table 5: SHA Indicators identified as being the top five 5 most important/relevant indicators that would have the most significant impact on improving the health of Connecticut residents.*

SHA Indicator	Count
1. Percentage of children who are obese	130
2. Drug Overdose Deaths	90
3. Suicide Rate	83
4. Mortality Rates – Cardiovascular Disease	82
5. Emergency Room – Asthma	76
6. Infant Mortality Rates	74
7. Life Expectancy	73
8. Percentage Insured	72
9. Firearm-Related Deaths	68
10. Emergency Room Visits	60
11. Housing Code Violations	50
12. High School Students/Sexual Violence	50

*The counts listed represent the actual number of post-it notes placed by participants using the criteria given for the exercise.

Table 6: SDOHs identified as most impacting participant’s top five health indicators.*

SHA Indicator	Social Determinants of Health (SDOHs)				
	Economic Stability	Neighborhood & Built Environment	Health & Health Care	Social & Community Context	Education
1. Percentage of children who are obese	46	33	23	13	15
2. Drug Overdose Deaths	16	21	20	21	12
3. Suicide Rate	15	15	18	26	9
4. Mortality Rates – Cardiovascular Disease	22	23	21	9	7
5. Emergency Room – Asthma	19	26	23	4	4
6. Infant Mortality Rates	16	18	20	10	10
7. Life Expectancy	19	17	18	10	10
8. Percentage Insured	25	3	30	4	10
9. Firearm-Related Deaths	13	21	4	22	8
10. Emergency Room Visits	20	4	27	5	4
11. Housing Code Violations	20	15	2	7	7
12. High School Students/Sexual Violence	8	12	5	15	10

*The counts listed represent the actual number of post-it notes placed by participants using the criteria given for the exercise.

SHIP 2.0 Small Group Discussions (Jigsaw)

During this exercise, participants were asked three thought provoking questions related to the social determinants of health exercise. First, they were asked to identify 2-3 upstream factors that they believed were primary contributors to each SDOH, and therefore more important to address. Then, participants were asked what they would like to see done to address the primary contributors and who should be engaged to address them. In the final question, participants were asked to describe what success would look like in five years if they were able to impact the upstream factors. See [Appendix F](#) for a summary of the responses.

EMERGING ISSUES TO CONSIDER

In 2019, there were several emerging issues that impacted the health of Connecticut residents. The decline in vaccination rates among children, for example, prompted the state to consider the removal of religious exemptions to increase rates and protect public safety and health. Furthermore, chemicals known as per-and polyfluoroalkyl substances (PFAS) were discovered at dangerous levels in the environment. DPH and DEEP convened a working group to examine this issue, which has been known to cause serious health problems for Connecticut residents. Also, during the Fall, CT experienced a surge in the presence of mosquitoes testing positive for the deadly Eastern Equine Encephalitis (EEE) virus, a vector-borne disease, which resulted in three deaths and prompted the state to issue a series of health warnings to residents.

Emerging Issues identified by SHIP Advisory Council Members

During the August SHIP Advisory Council meeting, members were asked to identify emerging issues to be included in the State Health Assessment along with existing data sources. The following issues were noted:

- Adverse Childhood Experiences (ACEs) which have been linked to adult chronic diseases, such as asthma and other health outcomes
- The *LGBTQ+* community which has experienced real-world barriers that impede their attainment of optimal health including reproductive and sexual rights despite Connecticut having passed 20 bills since 2009 that are supportive of the community.
- Barriers to access healthcare and quality of care, especially with respect to communities of color that have a history of not trusting health care systems
- Child and adolescent mental health
- Lack of quality health care for incarcerated persons
- Silos between medical and mental health
- Lack of integration between medical care and dental care
- Hoarding, which affects 2-5% of the population
- Geriatric end of life issues
- Lack of state resources and funding to address health priorities

CHANGES IN RESOURCES AND ASSETS

There were several key changes in resources and assets that directly and indirectly impacted the implementation of Healthy CT 2020 in 2019 and will go on to impact the implementation of Healthy CT 2025. These included administration and policy (See ‘SHIP Policy Agenda’) changes, as well as new funding opportunities.

Administration Changes

As noted earlier, Connecticut welcomed a new Governor and administration to the state who revealed plans to provide affordable and quality health care to the people of Connecticut by investing in public health and focusing on the social determinants of health (SDOHs), specifically expanding the state’s health care policy to incorporate interventions in housing, education, poverty, and the environment. This is especially important to note since the next phase of the SHIP will focus around the SDOHs, as mentioned previously. Connecticut also welcomed a new Commissioner for DPH, who identified priorities for the agency that were in alignment with the both SHIP 1.0 and 2.0, including health equity for all, chronic disease, environmental and local health, and drinking water safety.

New Funding Opportunities

The success of public health programs and initiatives has been largely dependent upon funding. In 2019, funding was made available to the following initiatives:

- The One Key Question (OKQ) initiative, which provides women of childbearing age recommendations for either becoming pregnant or preventing pregnancy, received funding from DMHAS to expand its implementation.
- The state received federal funding to increase capacity of the state’s Medicaid program in delivering substance use disorder treatment and recovery services. The funding will be used to complete a comprehensive assessment of the substance use disorder treatment and recovery needs for the Medicaid population, and develop a plan to meet those needs with the Medicaid SUD treatment and recovery service system.
- The Department of Energy and Environmental Protection (DEEP) allocated funding to 15 Clean Air projects to improve air quality in the state and protect public health. The funding will help reduce excess nitrogen oxide (NOx) emitted by certain vehicles, as well as, carbon dioxide, and greenhouse gas.

CONCLUSION

In the fifth and final year of implementation of the Healthy CT 2020 State Health Improvement Plan, much effort was put into ensuring a strong finish for HCT2020, completing the 2020 State Health Assessment, and planning for the development of Healthy CT 2025. This included determining the best



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way to maintain Action Team momentum given that the next iteration of the SHIP will focus around the social determinants of health, rather than specific focus areas. Thus, it is expected that the composition of Action Teams for HCT2025 will look different. During this final year, Action Team members and Advisory Council members diligently continued to work on improving the health of Connecticut residents and credited the SHIP infrastructure to their successes (e.g. collaboration across subcommittees, diverse membership, collective legislative impact etc.). Also, with the transition to a new administration and state leadership, it was important to communicate the priorities of the SHA and SHIP to the new administration to ensure that priorities were aligned.. Although Action Teams continued to experience low membership, the teams saw several successes, including but not limited to, air quality awareness, mental health first aid training, fall prevention, flu vaccine availability, and education on PrEP. The passage of Paid Family Medical Leave was a major win for Connecticut residents and highlights the importance of having people come together to advocate for health policies that improve health and keep people healthy. These efforts will need to continue in order to address emerging issues that will likely become even more significant issues and threats to the health of Connecticut residents. During the planning for Healthy CT 2025 and its eventual launch in 2020, it's important to always remember that achieving health equity for the state will require innovation, new sources of funding, and quality improvement.

DRAFT

Appendix A: Advisory Council Members, 2019

Mark Abraham Executive
Director, DataHaven

Natalie M. Achong
Physician Representative

Robyn Anderson
*Multidimensional Family Therapy Training
Coordinator, Advanced Behavioral, Inc.*

Pat Baker*
*President and CEO, Connecticut Health
Foundation*

Elizabeth Beaudin
*Senior Director, Population Health Connecticut
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Yvette Bello
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Fred Browne
Physician Representative

Beth Bye
*Commissioner, Connecticut Office of Early
Childhood*

Joseph Cassidy
*State Building Inspector/Director Div. of
Construction Services, Connecticut State
Department of Administrative Services*

Renée Coleman-Mitchell*
*Commissioner, Connecticut State Department of
Public Health*

Mehul Dalal**
*Chronic Disease Director, Connecticut State
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Judy Dicine*
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Steve DiLella
*Manager-Housing and Community
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Tekisha Everette
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Phyllis DiFiore
*Occupant Protection Program Manager,
Connecticut Department of Transportation*

Anne Foley
*Acting Undersecretary for Health and Human
Services Policy and Planning, State of Connecticut
Office of Policy and Management*

Jordana Frost
*State Director of Program Services, March of
Dimes*

Colleen Gallagher
*Program Director, Health and Addiction
Services, Connecticut Department of Correction*

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Robyn Gulley
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Lynne Ide
*Director of Program & Policy, Universal Health
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Ken Lalime
*Chief Executive Officer, Community Health
Center Association of Connecticut*

Shawn Lang Deputy
Director, AIDS Connecticut

Patrick McCormack*
Director of Health, Uncas Health District

Appendix A: Advisory Council Members, 2019

George McDonald
Consumer Representative

Terry Nowakowski
Chief Operating Officer, Partnership for Strong Communities

Elaine O'Keefe**
Executive Director, Office of Public Health Practice and Center for Interdisciplinary Research on AIDS Yale School of Public Health

Michael Pascucilla
Board of Director/Past President, Connecticut Association of Directors of Health

Raul Pino**
Commissioner, Connecticut State Department of Public Health

Michelle Riordan-Nold
Executive Director, Connecticut Data Collaborative

Carlos Rivera
Director of Behavioral Health Services Hispanic Health Council

Lauren Siembab
Opioid Services Coordinator and SOTA, Connecticut State Department of Mental Health and Addiction Services

Scott Sjoquist**
Director of Health, Mohegan Tribal Health

Janet Storey**
Behavioral Health Program Manager, Connecticut Department of Mental Health & Addiction Services

Kathi Traugh
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Nancy Yedlin
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Marketing and Inspection Representative, Connecticut Department of Agriculture

Rob Zavoski**
Medical Director, Connecticut State Department of Social Services

*=Executive Committee

**=Past Advisory Council Member

Appendix B: Other Contributing Organizations, 2019*

2-1-1 Health and Human Services United Way of Connecticut	City of New Britain Community Services
African American Affairs Commission	City of New Haven
All About You Collaborative Health Care Services LLC	City of Norwalk
Alzheimer's Association, CT Chapter	City of Torrington
American College of Emergency Physicians Connecticut Chapter	Clean Water Action
American Federation of Teachers Healthcare Division	Clifford Beers Clinic
American Heart Association	Commission on Health Equity
Anthem, Inc.	Commission on Human Rights & Opportunities
Aquarion Water Company	Community Health Services, Inc
Billian Stern Consulting, LLC	Community Foundation for Greater New Haven
Brain Injury Alliance of Connecticut	Community Health Center, Inc
Bridgeport Health Department	Community Renewal Team, Inc
Bridgeport Hospital	Conference of Churches
Bristol Hospital	ConnectiCOSH
Bristol-Burlington Health District	Connecticut Academy of Family Physicians
Brookfield Health Department	Connecticut Area Health Education Center
Capital Region Council of Governments	Connecticut Association for Health, Physical Education, Recreation and Dance
Capitol Child Development Center	Connecticut Association for Human Services
Central Area Health Education Center, Inc.	Connecticut Association for Infant Mental Health
Chesprocott Health District	Connecticut Association of Boards of Education
Child Health and Development Institute	Connecticut Association of Boards of Health
Children's Fund of Connecticut and Child Health Development Institute	Connecticut Association of Directors of Health
Citizens for Quality Sickle Cell Care, Inc.	Connecticut Association of Health Care Facilities
City of Ansonia	Connecticut Association of Housing Code Enforcement Officials
City of Bridgeport	Connecticut Association of School Based Health Centers
City of Meriden	Connecticut Association of Zoning Enforcement Officers
	Connecticut Autism Action Coalition
	Connecticut Business and Industry Association

*These organizations are recognized for contributing their time and expertise to SHIP implementation activities that supported the Action Teams and Advisory Council. This included participating in Coalition Conference calls, surveys, advocacy, and/or the 2019 SHIP Coalition Summit. Action Team and Advisory Council organizations are not duplicated in this list.

Appendix B: Other Contributing Organizations, 2019*

Connecticut Camping Association	Connecticut Post
Connecticut Center for Patient Safety	Connecticut Public Health Association
Connecticut Chapter of the American Academy of Pediatrics	Connecticut Realtors
Connecticut Childcare Association	Connecticut Restaurant Association
Connecticut Coalition for Environmental Justice	Connecticut River Area Health District
Connecticut Commission on Women, Children and Seniors	Connecticut Specialty Food Association
Connecticut Community for Addiction Recovery	Connecticut State Conference of NAACP
Connecticut Data Collaborative	Connecticut State Dental Association
Connecticut Department of Agriculture	Connecticut State Department of Consumer Protection
Connecticut Department of Economic and Community Development	Connecticut State Department of Correction
Connecticut Department of Labor	Connecticut State Department of Emergency Services and Public Protection
Connecticut Department of Transportation	Connecticut State Department of Housing
Connecticut Dietetic Association	Connecticut State Department of Veterans Affairs
Connecticut Early Childhood Alliance	Connecticut State Legislature
Connecticut Emergency Medical Services Advisory Board	Connecticut State Medical Society
Connecticut Fair Housing Center	Connecticut State Office of Rural Health
Connecticut Family Support Network	Connecticut Suicide Advisory Board
Connecticut Food Bank	Connecticut TransAdvocacy Coalition
Connecticut General Assembly	Connecticut Voices for Children
Connecticut Health Policy Project	Cornell Scott Hill Health
Connecticut Housing Investment Fund (CHIF)	Danbury Hospital
Connecticut Institute for Communities, Inc.	Day Kimball Hospital
Connecticut Legal Rights Project	Dixwell Avenue Congregational United Church of Christ
Connecticut Legal Services	Donaghue Foundation
Connecticut Multicultural Health Partnership	Eastern Connecticut State University
Connecticut Nurses Association	Eastern Highlands Health District
Connecticut Parent Teacher Association	Education Connection
Connecticut Physical Therapy Association	End Hunger Connecticut
Connecticut Poison Control Center	End Sexual Violence Connecticut

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Appendix B: Other Contributing Organizations, 2019*

Ethnic Marketing Solutions	Madonna Place
Fair Haven Community Health Center	MATCH, Inc.
Fairfield Health Department	Mi Casa Family Services and Education Center
Family Centered Services of Connecticut	Middlesex Hospital
Family Strides, Inc	Milford Hospital
Farmington Valley Health District	Mohegan Tribal Health
Foodshare	Monroe Health Department
Foundation for Community Health	Murtha Cullina, LLP
Glastonbury Health Department	National Alliance on Mental Illness Connecticut
Global Health Systems Consultants, LLC	National Fire Protection Association
Goodall Specialties	New England Conservation Services
Grainger Industrial Supply	New England Dairy and Food Council
Griffin Hospital	New Haven Health Department
Hartford Department of Health & Human Services	New Haven Legal Assistance Association
Hartford Gay and Lesbian Health Collaborative	New Opportunities, Inc
Hartford HealthCare	Newington Human Services
Health Equity Solutions	Newtown Health District
Hispanic Health Council	Northeast District Department of Health
Hospital for Special Care	Northern Connecticut Black Nurses Association
Housing and Urban Development (HUD)	Northwest Chamber of Commerce
HVCASA Connecticut Prevention Network	Norwalk Health Department
Imagineers, LLC	Optimus Health
Institute for Sustainable Energy	Partnership for Strong Communities
International Code Council	Pediatric Dentistry Associates
John D'Amelia and Associates	Pomperaug Health District
Latino and Puerto Rican Affairs Commission	Qualidigm
Lawrence Memorial Hospital	Quinnipiac University
Leading Age Connecticut	Quinnipiack Valley Health District
Ledge Light Health District	Robinson & Cole LLP
Linda Arpino & Associates, Inc.	Saint Francis Hospital and Medical Center

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Appendix B: Other Contributing Organizations, 2019*

SBC Global Services, Inc.	Town of Guilford
Sickle Cell Disease Association of America, Southern Connecticut Chapter	Town of Mansfield
Simsbury Fire Department	Town of New Canaan
Southern Connecticut Black Nurses Association	Town of Newington
Southern Connecticut State University	Town of Plymouth
Southwest Community Health Center, Inc.	Town of Ridgefield
Spanish American Merchants Association	Town of Somers
Special Olympics Connecticut	Town of Vernon
Stamford Health	TRC Solutions, Inc
Stamford Health Department	United Community and Family Services
Stamford Health Department	United Technologies
Stamford Hospital	University of Connecticut School of Dental Medicine
State Adolescent Health Resource Center	University of Connecticut School of Law
State of Connecticut Department of Motor Vehicles	University of Connecticut School of Medicine
State of Connecticut Insurance Department	University of Connecticut School of Nursing
State of Connecticut Office of Policy and Management	University of Connecticut School of Social Work
State of Connecticut Office of the Healthcare Advocate	Urban League of Greater Hartford
Statewide Legal Services of Connecticut	Wallingford Health Department
Stratford Health Department	Waterbury Development Corporation
Subway World Headquarters	Waterbury Health Department
The Community Foundation for Greater New Haven	Waterbury Hospital
The Connecticut Agricultural Experiment Station	West Haven Fire Department
The Connecticut Women's Consortium	Western Connecticut Health Network
The Connection, Inc.	Windham Regional Community Council
The Governor's Prevention Partnership	Yale School of Public Health
The Hospital of Central Connecticut	Yale University School of Medicine
The Legacy Foundation of Hartford, Inc.	
The Mom Source	
Torrington Area Health District	

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Appendix C: Action Team Members, 2019

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Appendix C: Action Team Members, 2019

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Appendix C: Action Team Members, 2019

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Appendix C: Action Team Members, 2019

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**Past Action Team Member*

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Appendix D: 2019 SHIP Action Team Objectives & Strategies

Maternal, Infant, and Child Health		
Objective #	Objective Topic	Strategies
MICH-1	Unplanned Pregnancies	Support the provision of preconception/ interconception health care throughout the childbearing years in community and clinical settings.
MICH-1	Unplanned Pregnancies	Collaborate across sectors to increase socio-economic and health equity.
MICH-2,5,6,7,8	Low/very low birth weight, proportion of premature birth, and the rate of infant mortality	Support reproductive and sexual health services.
MICH-12	Dental care for children under the age of three	Increase dental care provided by pediatric primary care providers (PCPs) directly and through referral.
MICH-12	Dental care for children under the age of three	Advocate for funding for the Home by One program.
MICH-13	Parents completing developmental screening tools consistent with AAP guidelines	Conduct an education and awareness campaign that targets families and communities on the importance of developmental screening.
MICH-13	Parents completing developmental screening tools consistent with AAP guidelines	Train community and healthcare providers to improve screening rates and coordination of referrals and linkage to services within the state.
MICH-13	Parents completing developmental screening tools consistent with AAP guidelines	Engage in cross system planning and coordination of activities around developmental screening.
Environmental Health		
Objective #	Objective Topic	Strategies
ENV-1	Lead Levels in children under 6 years of age	Encourage local, state, and other federal agencies to facilitate data-sharing between health and housing agencies and ensure lead data is shared in a timely manner.
ENV-1	Lead Levels in children under 6 years of age	Increase preventive lead-safe housing standards enforcement for rental and owner-occupied housing
ENV-1	Lead Levels in children under 6 years of age	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.

Appendix D: 2019 SHIP Action Team Objectives & Strategies

ENV-1	Lead Levels in children under 6 years of age	Build a coalition of key stakeholders to work toward this objective.
ENV-5	Public awareness of the presence and risks of poor air quality days.	Keep a comprehensive inventory of current activities in CT which promote awareness of air quality among key stakeholders and at risk populations.
ENV-5	Public awareness of the presence and risks of poor air quality days.	Gather data about public perspective and knowledge of air quality and its impact on health through work on the DPH BRFS and potential partnership with Data Haven.
ENV-5	Public awareness of the presence and risks of poor air quality days.	Work with at-risk population care providers to develop appropriate responses to forecasted unhealthy air quality days (especially day cares and summer day camps).
ENV-6	Enforcement of minimum housing code standards	Adopt a statewide property maintenance code.
ENV-6	Enforcement of minimum housing code standards	Establish incentives for property owners to comply with CT's laws on health and safety cooperatively, such as tax breaks and directing
ENV-6	Enforcement of minimum housing code standards	Develop media or other awareness campaigns to inform property owners and others of the importance of code, and the benefits of cooperative compliance.
ENV-6	Enforcement of minimum housing code standards	Implement Components of the CT DPH Healthy Homes Strategic Plan.
Chronic Disease Prevention & Control		
Objective #	Objective Topic	Strategies
CD-16	Emergency Department visits for which asthma was the primary diagnosis	Promote wider utilization of asthma action plans (AAP) for children, building on existing statewide initiatives to:1) increase AAP use in homes, schools and medical practices and 2) Identify and promote appropriate policy and systems changes to accelerate adoption and use.
CD-22	Proportion of children in third grade who have dental decay	To enhance the use of dental sealants in school-based programs and promote the effectiveness and efficiency of dental sealants to prevent decay, though education, awareness with culturally and linguistically appropriate campaigns.
CD-22	Proportion of children in third grade who have dental decay	To enhance the acceptance and use of fluoride varnish for decay prevention in school-based programs, primary care practices and community access points and promote the effectiveness and efficiency of fluoride varnish to prevent decay, though education and awareness with culturally and linguistically appropriate campaigns.



Appendix D: 2019 SHIP Action Team Objectives & Strategies

CD-22	Proportion of children in third grade who have dental decay	Improve access to utilization of dental prevention and treatment.
CD-27	Prevalence of obesity in children 5-12 years of age and students in grades 9-12	Improve the availability and access of healthy food options for children and families through the settings of: a) pre-school (when most lifetime habits are first developed), b) school (students & parents), c) Afterschool, d) Childcare, e) Food Pantries, f) Community non-profits, g) Corner stores (marketing focus), h) Grocery stores, i) Worksites
CD 29 & CD-30	Prevalence of tobacco/nicotine use among adults 8 and older and students in grades 9-12	Advocate for comprehensive tobacco control legislation include: 1) Tax parity for all tobacco-based products*, including nicotine that is “vaped.” 2) Raise the age for the purchase of tobacco-based products to 21. 3) Removal of Pre-emption clauses that hinder local tobacco control authority, 4) Comprehensive Clean Indoor Laws and 5) Advocate for appropriate and sustainable Tobacco Trust Fund allocations for education, prevention, and cessation on tobacco-based products* use.
Infectious Disease Prevention		
Objective #	Objective Topic	Strategies
ID – 1.1	Vaccination coverage levels for ACIP recommended vaccines among children and adults	Educate parents/consumers about the importance of ACIP recommended vaccines for children (Human Papillomavirus (HPV), hepatitis A, rotavirus, influenza)
ID – 1.2	Vaccination coverage levels for ACIP recommended vaccines among children and adults	Enhance Connecticut Immunization Information System (IIS) to process bi-directional electronic reporting; then increase utilization by providers and the general public.
ID – 5.1	Percentage of adults who are vaccinated annually against seasonal influenza	Develop new and diverse venues for influenza vaccine administration and culturally appropriate outreach to ensure access to all population groups
ID – 7.1	HPV vaccination rates for male and female adolescents age 13 to 17 years	Educate providers about vaccine availability, delivery, cost and practice guidelines.

Appendix D: 2019 SHIP Action Team Objectives & Strategies

ID – 7.2	HPV vaccination rates for male and female adolescents age 13 to 17 years	Educate parents and providers about the cancer prevention benefits of the HPV vaccine.
ID – 12.1	Diagnosed cases of HIV overall, among (MSM) and among black females	Expand routine screening programs to increase early detection of HIV.
ID – 12.2	Diagnosed cases of HIV overall, among (MSM) and among black females	Expand Inclusion of follow up interview for all newly diagnosed HIV positive patients
ID – 12.3	Diagnosed cases of HIV overall, among (MSM) and among black females	Expand use of pre-exposure prophylaxis (PrEP) as preventive measure for persons engaging in high-risk behaviors.
Injury & Violence Prevention		
Objective #	Objective Topic	Strategies
IV-1	Fall related deaths among community dwelling older adults	Promote implementation of evidence-based multi-faceted programs for community dwelling older adults that integrate fall risk reduction strategies <ul style="list-style-type: none"> • Universal fall prevention screening for all seniors • All communities have access to fall prevention programming • Promote certification for trainers
IV-6	Deaths from motor vehicle crashes	Education and statewide enforcement of laws regarding distracted driving, impaired driving, speeding, and unrestrained driving
IV-12, 14	Suicide Prevention	Coordinate and implement suicide prevention programs and training around the state.
IV-18	Sexual violence	Disseminate best practices and effective primary prevention strategies of sexual violence to professionals around the state, including evidence-based services to victims.
Mental Health, Alcohol, & Substance Abuse		
Objective #	Objective Topic	Strategies
MHSA-1	Mental health emergency department visits	Increase knowledge and implementation of behavioral health screening by primary care providers for youth (age 12-17) and adults (age 18 and older)



Appendix D: 2019 SHIP Action Team Objectives & Strategies

MHSA-1	Mental health emergency department visits	Increase mental health literacy of public safety officials.
MHSA-1	Mental health emergency department visits	Increase access to community-based mental health services that offer sliding fee scales and/or no cost services including school-based health centers and community health centers.
MHSA-5	Non-medical use of pain relievers across the lifespan (ages 12 and older)	Implement strategies recommended by the ADPC and CORE Initiative to increase public education on overdose prevention, and the dangers of regular non-medical use of pain relievers and alternatives to opioid pain relievers, and strategies appropriate to culture, language, and literacy skills.
MHSA-5	Non-medical use of pain relievers across the lifespan (ages 12 and older)	Train Primary Care, OBGYNs, Dental professionals, etc. on alternatives to opiate use for pain management and reduction of stigma – measure: increased use of alternative medicines and practices in place of opiate prescription.
MHSA-5	Non-medical use of pain relievers across the lifespan (ages 12 and older)	Determine current baseline level of trauma screening in CT for Medicaid funded programs; Determine data points needed to consider base level of trauma screenings for commercial payers
MHSA-8	Trauma screening by primary care and behavioral health providers	Increase provider trauma screening training opportunities (i.e. CBITS, other trauma screenings) for medical and behavioral health providers across all settings (private offices, FQHCs, SBHCs).
MHSA-8	Trauma screening by primary care and behavioral health providers	Create a billing code for primary care providers to bill for trauma screening. There is currently no way to track trauma screening across either behavioral health or primary care statewide. Trauma screening is trackable in child welfare and juvenile,
Health Systems		
Objective #	Objective Topic	Strategies
HS-3	Quality and performance of clinical and public health entities	Provide financial incentives to health jurisdictions for accreditation and to those who are accredited.
HS-3	Quality and performance of clinical and public health entities	Encourage regional health assessments.
HS-3	Quality and performance of clinical and public health entities	Identify data needs/gaps across focus areas/action teams to support health improvement and quality and performance of health agencies.



Appendix D: 2019 SHIP Action Team Objectives & Strategies

HS-3	Quality and performance of clinical and public health entities	Align Community Health Improvement Plans with goals and strategies in Healthy Connecticut 2020.
HS-3	Quality and performance of clinical and public health entities	Support establishment of training for health and social service providers.
HS-4	Non-emergency medical transportation	Establish a baseline and monitor progress by exploring use of existing survey vehicles such as Connecticut Behavioral Risk Factor Surveillance System (BRFSS).
HS-13	Clinical and public health workforce	Monitor health and health care workforce data.
HS-13	Clinical and public health workforce	Advance cause of CHW as part of the health system workforce; define what a CHW does.

Appendix E: Priority Health and Disparity Indicator Tables by Focus Area

This appendix includes a summary of the most recent data for each health indicator being addressed that correlates to prioritized SHIP objectives. Symbols for each health indicator represent direction of progress or if an original SHIP target has been met.

Key to Indicator Status

Key to Indicator Status			
			
Original SHIP and/or updated target has been reached	Most current data point has shown an increase or decrease in a positive direction relative to the indicator target	Most current data point has shown an increase or decrease in a negative direction relative to the indicator target	No comparable data available

For more specific details on indicators, click on the link in the tables, or go to [Healthy CT 2020 Performance Dashboard](#).

- The Health Equity Icon was used in the State Health Improvement Plan (SHIP) to represent health equity objectives and strategies for disadvantaged or vulnerable populations and those with significant health disparities. In this report, it is used to identify health disparity indicators and dashboards that have been added to maintain focus and monitor progress toward ensuring that all people in Connecticut have the opportunity to attain their highest potential for health.

Appendix E: Priority Health and Disparity Indicator Tables by Focus Area

1) Maternal, Infant, and Child Health

SHIP Objective MICH-1: Reduce by 10% the rate of unplanned pregnancies.				
Strategy A: Support the provision of preconception/ interconception health care throughout the childbearing years in community and clinical settings.				
Strategy B: Collaborate across sectors to increase socio-economic and health equity.				
Strategy C: Support reproductive and sexual health services.				
Indicator	Baseline and Year	Current Target and Year	Actual Measure <i>2019 Plan Year</i>	Status
Rate of unplanned pregnancies in Connecticut.	28.5% (2013)*	23.3% (2020)	20.6% (2018)	
Disparity ratio between rates of unplanned pregnancy for non-Hispanic blacks and non-Hispanic whites in Connecticut. 	3.10 (2013)	2.43 (2020)	2.3 (2018)	
Disparity ratio between rates of unplanned pregnancy for Hispanics and non-Hispanic whites in Connecticut. 	2.50 (2013)	2.25 (2020)	2.1 (2018)**	
*Connecticut Pregnancy Risk Assessment Monitoring System (PRAMS) data was not available prior to 2013. Data from a PRAMS-like survey: Pregnancy Risk Assessment Tracking System (PRATS); was used for the original SHIP indicators until PRAMS data were available; Baseline and target revised accordingly in 2013.				
** The 2018 rate has down an increase compared to the 2017 ratio (1.9); therefore, the status for this indicator is red.				

SHIP Objective MICH-2: Increase by 10% the proportion of women delivering a live birth who discuss preconception health with a health care worker prior to pregnancy.				
Strategy A: Collaborate across sectors to increase socio-economic and health equity.				
Strategy B: Support the provision of pre-/ interconception health care throughout the childbearing years in community and clinical settings.				
Indicator	Baseline and Year	Current Target and Year	Actual Measure <i>2019 Plan Year</i>	Status
Proportion of women in Connecticut delivering a live birth who discuss preconception health with a health care worker prior to pregnancy.	27.4% (2013)	30% (2020)*	35.8% (2018)**	
*Methodology for data collection changed in 2013; target revised accordingly.				
**The 2018 rate has shown a decrease compared to the 2017 rate (36.7%); therefore, the status for this indicator is red.				

Appendix E: Priority Health and Disparity Indicator Tables by Focus Area

SHIP Objective MICH-5: Reduce by 10% the proportion of low birthweight and very low birthweight among singleton births.				
Strategy A: Collaborate across sectors to increase socio-economic and health equity.				
Strategy B: Support the provision of pre-/ interconception health care throughout the childbearing years in community and clinical settings.				
Indicator	Baseline and Year	Current Target and Year	Actual Measure <i>2019 Plan Year</i>	Status
Proportion of very low birthweight babies among live singleton births in Connecticut.	1.1% VLBW (2010)	1.0% VLBW (2020)*	1.0% (2018)	
Proportion of low birthweight babies among live singleton births in Connecticut.	5.8% LBW (2010)	5.0% LBW (2020)*	5.8% (2018)	
Disparity ratio between percent of very low birthweight singleton births for non-Hispanic blacks and non-Hispanic whites in Connecticut. 	3.75 (2011)	3.38 (2020)	4.54 (2018)**	
Disparity ratio between percent of very low birthweight singleton births for Hispanics and non-Hispanic whites in Connecticut. 	1.57 (2011)	1.41 (2020)	2.46 (2018)**	
Disparity ratio between percent of low birthweight singleton births for non-Hispanic blacks and non-Hispanic whites in Connecticut. 	2.34 (2011)	2.11 (2020)	2.42 (2018)**	
Disparity ratio between percent of low birthweight singleton births for Hispanics and non-Hispanic whites in Connecticut. 	1.56 (2011)	1.40 (2020)	1.6 (2018)**	
*The 2018 rates have shown an increase compared to the 2017 rates (2.74, 1.75, 2.04, and 1.4 respectively); therefore, the status for these indicators is red.				

Appendix E: Priority Health and Disparity Indicator Tables by Focus Area

SHIP Objective MICH-6: Reduce by 10% the proportion of live singleton births delivered at less than 37 weeks gestation.				
Strategy A: Collaborate across sectors to increase socio-economic and health equity.				
Strategy B: Support the provision of pre-/ interconception health care throughout the childbearing years in community and clinical settings.				
Indicator	Baseline and Year	Current Target and Year	Actual Measure 2019 Plan Year	Status
Proportion of live singleton births in Connecticut delivered at less than 37 weeks gestation.	8.0% (2011)	7.2% (2020)	7.6% (2018)*	
Disparity ratio between the proportion of live singleton births delivered at less than 37 weeks gestation for non-Hispanic blacks and non-Hispanic whites in Connecticut. 	1.80 (2010)	1.62 (2020)	1.73 (2018)*	
Disparity ratio between the proportion of live singleton births delivered at less than 37 weeks gestation for Hispanics and non-Hispanic whites in Connecticut. 	1.48 (2010)	1.33 (2020)	1.42 (2018)*	
*The 2018 rate has shown an increase compared to the 2017 rates (7.5%, 1.69, and 1.34 respectively); therefore, the status for these indicators is red.				

SHIP Objective MICH-7 & 8:				
<ul style="list-style-type: none"> Reduce by 10% the infant mortality rate (infant deaths per 1,000 live births). Reduce by 10% the disparity between infant mortality rates for non-Hispanic blacks and non-Hispanic whites. 				
Strategy A: Collaborate across sectors to increase socio-economic and health equity.				
Strategy B: Support the provision of preconception/interconception health care throughout the childbearing years.				
Indicator	Baseline and Year	Current Target and Year	Actual Measure 2019 Plan Year	Status
Infant mortality rate (infant deaths per 1,000 live births) in Connecticut.	526 per 1,000 (2008-2010)	4.7 per 1,000 (2020)	4.4 per 1,000 (2018)	
Disparity ratio between infant mortality rates for non-Hispanic blacks and non-Hispanic whites in Connecticut. 	2.9 per 1,000 (2008-2010)	2.6 per 1,000 (2020)	2.1 per 1000 (2018)	

Appendix E: Priority Health and Disparity Indicator Tables by Focus Area

SHIP Objective MICH-12: Increase by 10% the percentage of children under 3 years of age at greatest risk for oral disease (i.e., in HUSKY A) who receive any dental care.				
Strategy A: Increase dental care provided by pediatric primary care providers (PCPs) directly and through referral.				
Strategy B: Encourage pediatric PCPs to include oral health in the well child visits for their patients under the age of three, including performance of these two procedures: D0145 (\$25) Oral evaluation for a patient under three (3) years of age and counseling with the primary caregiver; and D1206 (\$20) Topical therapeutic fluoride varnish application for moderate to high risk caries patients, an evidenced-based practice: Both are consistent with Early and Periodic Screening, Diagnosis, & Treatment (EPSDT).				
Strategy C: Advocate for funding for the Home by One program.				
Indicator	Baseline and Year	Current Target and Year	Actual Measure <i>2019 Plan Year</i>	Status
Dental Utilization for Children under the Age of Three in HUSKY Health. 	41.6% (2011)	45.8% (2020)	48.3% (2015)	

SHIP Objective MICH-13: Increase by 10% the percentage of parents who complete standardized developmental screening tools consistent with the American Academy of Pediatrics (AAP) guidelines.				
Strategy A: Conduct an education and awareness campaign that targets families and communities on the importance of developmental screening. (Family and community supports).				
Strategy B: Train community and healthcare providers to improve screening rates and coordination of referrals and linkage to services within the state.				
Strategy C: Engage in cross system planning and coordination of activities around developmental screening.				
Indicator	Baseline and Year	Current Target and Year	Actual Measure <i>2019 Plan Year</i>	Status
Percentage of parents in Connecticut who complete standardized developmental screening tools consistent with the American Academy of Pediatrics (AAP) guidelines.	26.6% (2011)	29.3% (2020)	28.1% (2016)	

Appendix E: Priority Health and Disparity Indicator Tables by Focus Area

2) Environmental Risk Factors and Health

SHIP Objective ENV-1: Reduce to less than 2.9% the prevalence rate of children less than 6 years of age with confirmed blood lead levels at or above the CDC reference value (5 µg/dL).				
Strategy A: Encourage local, state, and other federal agencies to facilitate data-sharing between health and housing agencies and ensure lead data is shared in a timely manner.				
Strategy B: Increase preventive lead-safe housing standards enforcement for rental and owner-occupied housing				
Strategy C: 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.				
Indicator	Baseline and Year	Current Target and Year	Actual Measure 2019 Plan Year	Status
Prevalence rate of children less than 6 years of age with confirmed blood lead levels at or above the CDC reference value (5 µg/dL).	3.1% (2012)	2.9% (2020)	2.3% (2017)	
Ratio of Hispanic to non-Hispanic children under the age of 6 with confirmed blood lead levels at or above the CDC reference value (5 µg/dL). 	1.6 (2012)	1.6 (2020)	1.4 (2017)	
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). 	2.4 (2012)	1.9 (2020)	2.3 (2017)*	
The 2017 rate has shown a decrease compared to the 2016 rate (2.4); therefore, the status for this indicator is yellow.				

SHIP Objective ENV-5: Increase public awareness of the presence and risk of poor air quality days. (DEVELOPMENTAL)				
Strategy A: Build a coalition of key stakeholders.				
Strategy B: Keep a comprehensive inventory of current activities in CT which promote awareness of air quality among key stakeholders and at risk populations.				
Strategy C: Gather data about public perspective and knowledge of air quality and its impact on health through work on the DPH BRFSS and potential partnership with Data Haven.				
Strategy D: Work with at-risk population care providers to develop appropriate responses to forecasted unhealthy air quality days (especially day cares and summer day camps).				
Indicator	Baseline and Year	Current Target and Year	Actual Measure 2018 Plan Year	Status
Public awareness of the presence and risk of poor air quality day. (DEVELOPMENTAL)	-	-	-	

Appendix E: Priority Health and Disparity Indicator Tables by Focus Area

SHIP Objective ENV-6: Increase the enforcement of minimum housing code standards through the collaboration and support of code enforcement programs. (DEVELOPMENTAL)*				
Strategy A: Adopt a statewide property maintenance code.				
Strategy B: Develop media or other awareness campaigns to inform property owners and others of the importance of code, and the benefits of cooperative compliance.				
Strategy C: Establish incentives for property owners to comply with CT's laws on health and safety cooperatively, such as tax breaks and directing.				
Strategy D: Develop media or other awareness campaigns to inform property owners and others of the importance of code, and the benefits of cooperative compliance.				
Strategy E: Implement Components of the CT DPH Healthy Homes Strategic Plan.				
Indicator	Baseline and Year	Current Target and Year	Actual Measure <i>2019 Plan Year</i>	Status
Percent of households with severe housing problems. =	18% (2010)	16.2% (2020)	18.7% (2015)	
Number of healthy homes inspections in Connecticut.**	24 (2016)	250 (2020)	35 (2017)	
*Revised from the original SHIP objective based on identification of an available and relevant data source.				
**Reduced funding since 2012 for Healthy Homes inspections has resulted in a significant decrease in inspections. The original SHIP baseline was updated to 2014 to reflect this change.				

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Appendix E: Priority Health and Disparity Indicator Tables by Focus Area

3) Chronic Disease

SHIP Objective CD-16: Decrease by 5% the rate of Emergency Department visits among all Connecticut residents for which asthma was the primary diagnosis.				
Strategy A: Promote wider utilization of asthma action plans (AAP) for children, building on existing statewide initiatives to increase AAP use in homes, schools and medical practices.				
Strategy B: Promote wider utilization of asthma action plans (AAP) for children, building on existing statewide initiatives to identify and promote appropriate policy and systems changes to accelerate adoption and use.				
Indicator	Baseline and Year	Current Target and Year	Actual Measure <i>2019 Plan Year</i>	Status **
Rate of Emergency Department visits among all Connecticut residents for which asthma was the primary diagnosis.	73.0 per 10,000 (2011)*	62.8 per 10,000 (2020)	57.9 per 10,000 (2018)	
Rate of Emergency Department visits among all Hispanic Connecticut residents for which asthma was the primary diagnosis. =	153.0 per 10,000 (2011)	123.5 per 10,000 (2020)	124.7 per 10,000 (2018)***	
Rate of Emergency Department visits among all non-Hispanic black Connecticut residents for which asthma was the primary diagnosis. =	119.1 Per 10,000 (2011)	138.0 per 10,000 (2020)	127.0 per 10,000 (2018)	
* Original SHIP baseline updated with most current data available.				
**The cause of ED visit <i>classifications before 2015 are not directly comparable to classifications for 2016 or later</i> . Since October 1, 2015, all causes of emergency department (ED) visit are classified according to the ICD-10-CM classification system. The ICD-9-CM coding system was used for ED visits occurring before October 1, 2015.				
***The 2018 rate has shown an increase compared to the 2017 rate (121.4); therefore, the status for this indicator is red.				

Appendix E: Priority Health and Disparity Indicator Tables by Focus Area

SHIP Objective CD-22: Reduce to 35% the proportion of children in third grade who have dental decay.				
Strategy A: Enhance the use of dental sealants in school-based programs and promote the effectiveness and efficiency of dental sealants to prevent decay, through education, awareness with culturally and linguistically appropriate campaigns.				
Strategy B: Enhance the acceptance and use of fluoride varnish for decay prevention in school-based programs, primary care practices and community access points and promote the effectiveness and efficiency of fluoride varnish to prevent decay, through education and awareness with culturally and linguistically appropriate campaigns.				
Strategy C: Improve access to utilization of dental prevention and treatment.				
Indicator	Baseline and Year	Current Target and Year	Actual Measure <i>2019 Plan Year</i>	Status
Proportion of Connecticut children in third grade who have dental decay.	39.6% (2011)	35% (2020)	41.5% (2017)	
Reduce untreated dental decay to 15.0% in black non-Hispanic children in the third grade. 	17.7% (2011)*	15.0% (2020)	15.9% (2017)	
Reduce untreated dental decay in Hispanic children in the third grade 	15.0% (2011)	12.0% (2020)	17.0% (2017)	
* Original SHIP baseline updated with most current data available.				

SHIP Objective CD-27: Reduce by 5% the prevalence of obesity in children 5-12 years of age and students in grades 9-12.				
Strategy A: Improve the availability and access of healthy food options for children and families through the settings of pre-school, school, afterschool, childcare, food pantries, community non-profits, corner stores, grocery stores, and worksites.				
Indicator	Baseline and Year	Current Target and Year	Actual Measure <i>2019 Plan Year</i>	Status
Percent of youth (high school) in Connecticut who are obese.	12.5% (2011)	11.9% (2020)	14.4% (2019)	
Percent of children (5-12y) in Connecticut who are obese.	17.1% (2013)*	17.0% (2020)*	24.6% (2018)**	
Percent of Connecticut children (5-12y) with a household income of <\$25,000 who are obese. 	33.1% (2013)	33.0% (2020)	43.3% (2018)**	
*Methodology changed in 2011; new baseline and target revised accordingly in 2013.				
**The 2018 rates have shown an increase compared to the 2017 rates (22.3% and 41.2% respectively); therefore, the status for this indicator is red.				

Appendix E: Priority Health and Disparity Indicator Tables by Focus Area

SHIP Objective CD-30: Reduce by 10% the prevalence of tobacco-based product use among students in grades 9 through 12. Tobacco based products include cigarettes, cigars, pipes, smokeless tobacco, hookah, electronic nicotine delivery systems and vapor products.				
Strategy A: Advocate for tax parity for all tobacco-based products, including nicotine that is “vaped.”				
Strategy B: Advocate for raising the age for purchase of tobacco-based products to 21 years.				
Strategy C: Advocate for removal of Pre-emption clauses that hinder local tobacco control authority.				
Strategy D: Advocate for Comprehensive Clean Indoor Laws.				
Strategy E: Advocate for appropriate and sustainable Tobacco Trust Fund allocations for education, prevention, and cessation on tobacco-based products* use.				
Indicator	Baseline and Year	Current Target and Year	Actual Measure <i>2019 Plan Year</i>	Status
Percent of youth (high school) who currently smoke cigarettes.	14.0% (2011)	10.5% (2020)	3.7% (2019)	
Percent of youth (high school) who currently use other types of tobacco including e-cigarettes.	17.7% (2013)*	17.0% (2020)	17.6% (2017)***	
<u>E-cigarettes for high school</u>	2.4% (2011)	2.2% (guess)	14.7% (2017)	
Percent of youth (grades 6 - 8) who currently smoke cigarettes.	2.9% (2011)	2.2% (2020)	0.8% (2015)**	
Percent of youth (grades 6-8) who currently use other types of tobacco including e-cigarettes.	4.5% (2011)	3.0% (2020)	2.7% (2015)**	
*Baseline and target revised in 2013 when e-cigarette data was added to this indicator question as part of the Connecticut Youth Tobacco Survey.				
** Middle School data no longer collected after 2015				
***The 2017 rate has shown an increase compared to the 2015 rate (12.7%); therefore, the status for this indicator is red.				

Appendix E: Priority Health and Disparity Indicator Tables by Focus Area

4) Infectious Disease

SHIP Objective ID-1: Increase by 5% the vaccination coverage levels for Advisory Committee on Immunization Practices (ACIP) recommended vaccines among children and adults.				
Strategy A: Educate parents/consumers about the importance of ACIP recommended vaccines for children (Human Papillomavirus (HPV), hepatitis A, rotavirus, influenza)				
Strategy B: Enhance Connecticut Immunization Information System (IIS) to process bi-directional electronic reporting; then increase utilization by providers and the general public.				
Indicator	Baseline and Year	Current Target and Year	Actual Measure <i>2019 Plan Year</i>	Status
Estimated vaccine coverage levels for ACIP recommended vaccines among children 19 - 35 months of age.	77.1% (2012)	83% (2020)	78% (2018)	
Estimated vaccination coverage levels for 2+ doses of varicella vaccine among adolescents 13 to 17 years of age.	95.1% (2012)	98.2% (2020)	96.5% (2018*)	
Estimated Tdap vaccine coverage levels for adolescents 13 - 17 years of age.	89.3% (2012)	93.8% (2020)	95.7% (2018)	
Estimated meningococcal conjugate vaccine coverage levels for adolescents 13 – 17 years of age.	88.8% (2012)	93.2% (2020)	92.1% (2018)*	
*The 2018 rates show a decrease compared to the 2017 rates (98.1% and 94.9%); therefore, the status for these indicators is red.				

SHIP Objective ID-5: Increase by 5% the percentage of adults who are vaccinated annually against seasonal influenza. *				
Strategy A: Develop new and diverse venues for influenza vaccine administration and culturally appropriate outreach to ensure access to all population groups.				
Indicator	Baseline and Year	Current Target and Year	Actual Measure <i>2019 Plan Year</i>	Status
Estimated influenza vaccination coverage levels for adults (18 -64 years of age) in Connecticut.	34.4% (2012)	36.1% (2020)	45.8% (2018)	
Estimated vaccination coverage levels for adults (65 years of age and older) in Connecticut. 	66.8% (2012)	70.1% (2020)	75.4% (2018)	
*Original health indicator in SHIP was broken down by ages 18-34 years, 35-54 years, and 55+ years. Data is now being tracked by 18-64 years and 65+ years.				

Appendix E: Priority Health and Disparity Indicator Tables by Focus Area

SHIP Objective ID-7: Increase by 20% HPV vaccination rates for male and female adolescents 13 to 17 years of age to meet CDC guidelines.				
Strategy A: Educate providers about vaccine availability, delivery, cost and practice guidelines.				
Strategy B: Educate parents and providers about the cancer prevention benefits of the HPV vaccine.				
Indicator	Baseline and Year	Current Target and Year	Actual Measure 2019 Plan Year	Status
Estimated HPV vaccination coverage for female adolescents 13 to 17 years of age meeting CDC guidelines.	43.6% (2012)	52.3% (2020)	54.7% (2018)	
Estimated HPV vaccination coverage for male adolescents 13 to 17 years of age meeting CDC guidelines.	8.5% (2012)	10.2% (2020)	51.6% (2018)	

SHIP Objective ID-12: Reduce by 5% the number of diagnosed cases of HIV overall, among men who have sex with men (MSM) and among black females.				
Strategy A: Expand routine screening programs to increase early detection of HIV.				
Strategy B: Expand Inclusion of follow up interview for all newly diagnosed HIV positive patients.				
Strategy C: Expand use of pre-exposure prophylaxis (PrEP) as preventive measure for persons engaging in high-risk behaviors.				
Indicator	Baseline and Year	Current Target and Year	Actual Measure 2019 Plan Year	Status
Number of newly diagnosed cases of HIV in Connecticut overall.	351 (2011)*	331 (2020)	258 (2018)	
Number of newly diagnosed cases of HIV in Connecticut among men who have sex with men (MSM). 	169 (2011)*	148 (2020)	134 (2018)	
Number of newly diagnosed cases of HIV in Connecticut among black females. 	38 (2011)*	39 (2020)	33 (2018)	

Appendix E: Priority Health and Disparity Indicator Tables by Focus Area

5) Injury and Violence Prevention

SHIP Objective IV-1: Decrease by 10% the number of fall deaths among persons of all ages.				
Strategy A: Promote implementation of evidence-based multi-faceted programs for community dwelling older adults that integrate fall risk reduction strategies.				
Indicator	Baseline and Year	Current Target and Year	Actual Measure 2019 Plan Year	Status
Number of deaths from falls among persons of all ages in Connecticut.	327 deaths (2010)	294 deaths (2020)	399 deaths (2016)*	
*The 2016 rate has shown a decrease compared to the 2015 rate (455) therefore, the status for this indicators is yellow.				

SHIP Objective IV-6: Reduce by 5% the number of deaths from motor vehicle crashes.				
Strategy A: Education and statewide enforcement of laws regarding distracted driving, impaired driving, speeding, and unrestrained driving.				
Indicator	Baseline and Year	Current Target and Year	Actual Measure 2019 Plan Year	Status
Number of deaths from motor vehicle crashes in Connecticut.	318 deaths (2010)	302 deaths (2020)	298 deaths (2016)*	

Appendix E: Priority Health and Disparity Indicator Tables by Focus Area

SHIP Objective IV - 12: Reduce by 10% the age-specific suicide rates for persons 15 to 64 years of age.				
Strategy A: Coordinate and implement suicide prevention program and training around the state.				
Indicator	Baseline and Year	Current Target and Year	Actual Measure <i>2019 Plan Year</i>	Status
Rate of suicide for persons 15 to 19 years of age in Connecticut.	4.4 per 100,000 (2010)	4.0 per 100,000 (2020)	5.8 per 100,000 (2018)	
Rate of suicide for persons 20 to 24 years of age in Connecticut.	10.9 per 100,000 (2010)	9.8 per 100,000 (2020)	8.1 per 100,000 (2016)	
Rate of suicide for persons 25 to 34 years of age in Connecticut.	10.9 per 100,000 (2010)	9.8 per 100,000 (2020)	11.5 per 100,000 (2016)	
Rate of suicide for persons 35 to 44 years of age in Connecticut.	13.1 per 100,000 (2010)	11.8 per 100,000 (2020)	10.6 per 100,000 (2016)	
Rate of suicide for persons 45 to 54 years of age in Connecticut.	15.1 per 100,000 (2010)	13.6 per 100,000 (2020)	17.4 per 100,000 (2016)	
Rate of suicide for persons 55 to 64 years of age in Connecticut.	15.0 per 100,000 (2010)	13.5 per 100,000 (2020)	18.4 per 100,000 (2016)*	
*The 2016 rate has shown an increase compared to the 2015 rate (17.1) therefore, the status for this indicator is red.				

SHIP Objective IV-14: Reduce by 20% the proportion of students in grades 9-12 who attempted suicide in the past 12 months.				
Strategy A: Coordinate and implement suicide prevention program and training around the state.				
Indicator	Baseline and Year	Current Target and Year	Actual Measure <i>2019 Plan Year</i>	Status
Proportion of Connecticut high school students in grades 9-12 who attempted suicide in the past 12 months.	6.7% (2011)	5.4% (2020)	8.1% (2017)*	
Proportion of Connecticut students in grades 9-12 who seriously considered attempting suicide.	14.6% (2011)	11.7% (2020)	13.5% (2017)*	
*The 2017 rates have shown an increase compared to the 2015 rates (7.9%; 13.4%) therefore, the status for these indicators are red.				

Appendix E: Priority Health and Disparity Indicator Tables by Focus Area

SHIP Objective IV-18: Reduce by 10% the incidence of sexual violence.*				
Strategy A: Disseminate best practices and effective primary prevention strategies of sexual violence to professionals around the state, including evidence-based services to victims.				
Indicator	Baseline and Year	Current Target and Year	Actual Measure <i>2019 Plan Year</i>	Status
Incidence Rate of Sexual Violence arrests.	22.0 per 100,000 (2014)**	19.8 per 100,000 (2020)**	23.2 per 100,000 (2017) ***	
*Definition of Sexual Violence changed in 2014 to include both male and female victims and offenders, and reflects the various forms of sexual penetration understood to be rape. This new, more inclusive definition of rape has led to an increased number of arrests.				
**Baseline year and target value revised in 2014 to reflect more inclusive definition.				
***The 2017 rate has shown an increase compared to the 2016 rate (21.7) therefore, the status for this indicator is red.				

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Appendix E: Priority Health and Disparity Indicator Tables by Focus Area

6) Mental Health, Alcohol, and Substance Abuse

SHIP Objective MHSA-1: Decrease by 5% the rate of mental health emergency department visits.				
Strategy A: Increase knowledge and implementation of behavioral health screening by primary care providers for youth (age 12-17) and adults (age 18 and older).				
Strategy B: Increase mental health literacy of public safety officials.				
Strategy C: Increase access to community-based mental health services that offer sliding fee scales and/or no cost services including school-based health centers and community health centers.				
Indicator	Baseline and Year	Current Target and Year	Actual Measure <i>2019 Plan Year</i>	Status
Rate of mental health emergency department visits in Connecticut.	2,680 per 100,000 (2011)	2,546 per 100,000 (2020)	2819.1 per 100,000 (2017)*	
*The 2017 rate has shown an increase compared to the 2016 rate (2924.3); therefore, the status for this indicator is red.				

SHIP Objective MHSA-5: Reduce by 5% the use of opioids, including heroin across the lifespan (ages 12 and older).				
Strategy A: Implement strategies recommended by the ADPC and CORE Initiative to increase public education on overdose prevention, and the dangers of regular non-medical use of pain relievers and alternatives to opioid pain relievers, and strategies appropriate to culture, language, and literacy skills.				
Strategy B: Train Primary Care, OBGYNs, Dental professionals, etc. on alternatives to opiate use for pain management and reduction of stigma – measure: increased use of alternative medicines and practices in place of opiate prescription				
Strategy C: Determine current baseline level of trauma screening in CT for Medicaid funded programs; Determine data points needed to consider base level of trauma screenings for commercial payers				
Indicator	Baseline and Year	Current Target and Year	Actual Measure <i>2019 Plan Year</i>	Status
Non-medical use of pain relievers ages 12 and older in Connecticut. **	4.4% (2010-2011)	4.2% (2020)	No Dashboard	
Rate of Unintentional Drug Overdose Deaths per 100,000 Connecticut Population.	13.8% (2013)	8.4% (2020)	33.6 per 100,000 (2019)*	
Rate of Unintentional Fentanyl-Involved Drug Overdose Deaths per 100,000 Connecticut Population.	1.0% (2013)	0.4% (2020)	27.4 per 100,000 (2019)*	
Rate of Unintentional Prescription Opioid Overdose Deaths per 100,000 Connecticut Population	4.9% (2013)	1.7% (2020)	6.3% (2018)	
Rate of Unintentional Heroin Overdose Deaths per 100,000 Connecticut Population	2.1% (2013)	5.9% (2020)	10.8 per 100,000 (2019)	
** SAMSHA data source for this indicator no longer tracks this data point.				
*The 2019 rates show an increase compared to the 2018 rates (28.5 and 21.3); therefore, the status for these indicators are red.				

Appendix E: Priority Health and Disparity Indicator Tables by Focus Area

SHIP Objective MHSA-8: Increase by 5% trauma screening by primary care and behavioral health providers.				
Strategy A: Increase provider trauma screening training opportunities (i.e. CBITS, other trauma screenings) for medical and behavioral health providers across all settings (private offices, FQHCs, SBHCs)				
Strategy B: Create a billing code for primary care providers to bill for trauma screening. There is currently no way to track trauma screening across either behavioral health or primary care statewide. Trauma screening is trackable in child welfare and juvenile				
Indicator	Baseline and Year	Current Target and Year	Actual Measure <i>2019 Plan Year</i>	Status
Number of trauma screenings conducted in publicly funded programs.	25,085 (FY 2011)	26,339 (2020)	No Dashboard	○

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Appendix E: Priority Health and Disparity Indicator Tables by Focus Area

7) Health Systems

SHIP Objective HS-3: (Developmental) Increase the quality and performance of clinical and public health entities as measured by:				
<ul style="list-style-type: none"> • Number of accredited PCMH that include dental • Number of Connecticut health and social service agencies that have adopted CLAS • The number of voluntarily accredited public health departments • The percentage of CT communities covered by a community health needs assessment 				
Strategy A: Provide financial incentives to health jurisdictions for accreditation and to those who are accredited.				
Strategy B: Encourage regional health assessments.				
Strategy C: Align Community Health Improvement Plans with goals and strategies in Healthy Connecticut 2020.				
Strategy D: Establish a listing/registry of practices that are Patient-Centered Medical Home (PCMH) accredited.				
Strategy E: Support establishment of training for health and social service providers.				
Strategy F: Establish inclusion criteria and baseline. (CLAS)				
Indicator	Baseline and Year	Current Target and Year	Actual Measure 2019 Plan Year	Status
Number of accredited PCMH that include dental. (DEVELOPMENTAL)*	-	-	-	
Number of targeted health and/or social service agencies that have taken actions to comply with CLAS. **	0 (2013)	No Target, No Dashboard graph	13 (2015)	
Percentage of population covered by an accredited local health department. ***	0.0% (2013)	36% (2020)	7.5% (2019)	
Percentage of Connecticut communities covered by a community health assessment.	99% (2014)	100% (2020)	100% (2018)	
<p>*A listing of accredited PCMH providers is kept by the Connecticut Department of Social Services at http://www.huskyhealthct.org/member_pcmh_practices.html#. It does not specifically identify dental services.</p> <p>**This indicator was slightly adapted from the original SHIP indicator for consistency with the Local health annual survey question (data source).</p> <p>***This indicator and target was adapted from the original SHIP indicator due to availability of and consistency with a national progress indicator and CT specific survey data to estimate the target.</p>				

SHIP Objective HS-4: Decrease the number of patients expressing difficulty in accessing health services due to the lack of non-emergency transportation services. (DEVELOPMENTAL)				
Strategy A: Establish a baseline and monitor progress by exploring use of existing survey vehicles such as Connecticut Behavioral Risk Factor Surveillance Survey (BRFSS).				
Indicator	Baseline and Year	Current Target and Year	Actual Measure 2019 Plan Year	Status
Number of patients expressing difficulty in accessing health services due to the lack of nonemergency transportation services.	-	-	-	

Appendix E: Priority Health and Disparity Indicator Tables by Focus Area

SHIP Objective HS-13: (Developmental) COMBINED HS-13 AND HS-14
 Increase the capacity of the current clinical and public health workforce (e.g., number, skills, diversity, geography) as measured by:

- The total number of those employed in workforce categories
- Graduation rates of those with public health related or clinical degrees
- Racial/ethnic demographics of the workforce
- The number of continuing professional development certificate/CEU's for those in established public health and clinical careers.
- The number of clinical and public health workforce employees by geographic area.

Strategy A: Monitor health and health care workforce data.

Strategy B: Advance cause of Community Health Workers as part of the health system workforce.

Indicator	Baseline and Year	Current Target and Year	Actual Measure <i>2019 Plan Year</i>	Status
Identify and reduce professional health workforce shortages. (DEVELOPMENTAL)*	-	-	-	<input type="radio"/>
Increase the diversity of the health workforce (DEVELOPMENTAL)*	-	-	-	<input type="radio"/>
*Measures are still developmental given complexity in measuring the health workforce and scope and impact of health workforce shortages. Other indicators of progress in covering designated health workforce shortage areas are located here .				

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Appendix E: Priority Health and Disparity Indicator Tables by Focus Area

Symbol	Relevance	TOTAL SHIP Health Indicators		Combined
		Overall Health Indicators	Indicators Specific to Health Disparities 	
	Original SHIP and updated target has been reached	17	10	27
	Indicator's most recent data point is moving in a positive direction relative to the current 2020 target	5	6	11
	Indicator's most recent data point is moving in a negative direction relative to the current 2020 target	16	12	28
	No comparable data	6	1	7
TOTALS		44	29	
		73		

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Appendix F: SHIP Summit Jigsaw Exercise Responses (Summary)

1) Which of the 2-3 upstream factors (SDoH) are the primary contributors to these issues and are therefore most important to address? Why?	
Economic Stability	<p><u>Housing instability</u></p> <ul style="list-style-type: none"> • Housing affordability/quality • Aging buildings, absentee landlords, lack of affordable housing <p><u>Poverty</u></p> <ul style="list-style-type: none"> • Language barrier often equals lack of access to income, housing and healthcare • People don't know what resources are available; • Systematic institutional racism contributes to keeping people living in poverty and/or living paycheck to paycheck <p><u>Food Insecurity</u></p> <ul style="list-style-type: none"> • Families don't have means to find access to healthcare or find food; parents having to work 2-3 jobs - kids home by themselves – contributes to obesity
Neighborhood & Build Environment	<p><u>Environmental Conditions</u></p> <ul style="list-style-type: none"> • CT cities build around aging industry • Absentee landlords <p><u>Safety</u></p> <ul style="list-style-type: none"> • Kids not home in safe environment – nowhere for kids to go out and play
Health & Healthcare Access	<p><u>Health Literacy</u></p> <ul style="list-style-type: none"> • Literacy tied to knowledge and education <p><u>Incarceration</u></p> <ul style="list-style-type: none"> • Laws of the past have impacted communities including both women and men which has created a ripple effect <p><u>Stigma</u></p> <ul style="list-style-type: none"> • Often a barrier to addressing SDOH <p><u>Civic participation</u></p> <ul style="list-style-type: none"> • Those who vote contribute to power structure within communities <p><u>Diversity</u></p> <ul style="list-style-type: none"> • Need diversity in healthcare workforce – nursing, physicians, physician assistants <p><u>Education</u></p> <ul style="list-style-type: none"> • Lack of education is a major driver for poverty
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)?	
Economic Stability	<ul style="list-style-type: none"> • Progressive tax reform; Equitable tax structure; Earned income tax credit; Redistribute the money to where the need exists; Example - School taxes should be collected and utilized statewide • Statewide centralization/regionalization of government systems o • Establish universal/baseline income for all • Ensure employment for all including those with low income and/or mental health and/or DOC histories <p><u>Housing affordability</u></p> <ul style="list-style-type: none"> • This can be achieved in 5 years if legislation is in place for housing issues that require new buildings to be mixed income, municipality levels enforce safety standards, secure safe housing for everyone
Neighborhood & Build Environment	<ul style="list-style-type: none"> • Code Enforcement; Enforcement of existing regulation; Make sure properties are safe and hold owners accountable • Rent Control Legislation o Repurpose abandoned buildings; Ensure that all regulations are maintained • Explore rezoning and promote mixed use properties • Change from short term thinking to long term planning for our communities

Appendix F: SHIP Summit Jigsaw Exercise Responses (Summary)

Health & Healthcare Access	<ul style="list-style-type: none"> Put money back into community organizations to allow programs/services to continue and expand their reach Educate residents about what resources are available to maximize utilization of Education and prevention activity around mental health
Social & Community Context	<ul style="list-style-type: none"> Reduce the stigmatization of mental health Eliminate institutional racism by introducing anti-racism curriculum in all schools Decrease incarceration for non-violent crimes
Education	<ul style="list-style-type: none"> Educational Service Partnerships - connect technical schools to housing entities so that repairs can be done efficiently and inexpensively
3) What would success look like in five years if we are able to impact the upstream factors?	
Economic Stability	<ul style="list-style-type: none"> More jobs for all that pay well enough to sustain Better fiscal planning and cost-shifting for communities and state Reduced income inequality and reduce cost burdens; Move toward living wage by using self-sufficient standard to direct public policy Evaluate success based on economic and racial disparities Increased affordability to live in this state
Neighborhood & Built Environment	<ul style="list-style-type: none"> Lower crime and violence rates More stable housing or More affordable housing by decreasing housing cost burden on communities Increased residential engagement in local communities Walkable communities
Health & Healthcare	<ul style="list-style-type: none"> Healthcare access, coverage for all Integrated healthcare to serve mental health Integrated healthcare to serve LGBTQ population Change fee for service model to value-based payment model Physician education on SDOH prioritized in medical school and continuing education training Improved health outcomes for all nonwhite populations
Social & Community Context	<ul style="list-style-type: none"> Improved mental health Reduced social segregation Increased antiracist ethos as a state
Education	<ul style="list-style-type: none"> Increase number of residents seeking higher education (college/post high school) Universal pre-kindergarten Increased equitable culturally appropriate education Increased trends in higher education, trade schools Increased accessibility for non-traditional older students Health education embedded into standardized curriculum for elementary and middle schools that is culturally appropriate and inclusive

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