

## HEALTHY CONNECTICUT 2025: SHIP COALITION SUMMIT

### SUMMARY

**September 20, 2019**

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). The half day event included a panel presentation of the 2019 State Health Assessment (SHA) findings, followed by an overview of the social determinants of health and preliminary prioritization activity. During lunch, the 2019 SHIP Action Team highlights were shared via PowerPoint slides acknowledging the collaborative accomplishments of engaged partners. Summit participants wrapped up the day by providing 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.

#### **Commissioner DPH**

DPH's Commissioner Renée D. Coleman-Mitchell welcomed partners and set an energetic tone for the day, emphasizing the agency's commitment to advancing health equity through collaboration and engagement of partners and stakeholders. The Commissioner acknowledged the collaborative success of the 2016 SHIP ACTION Summit in developing the coalition's first annual policy agenda and the significant progress that has been made on the coalition's priorities since that first summit event. Connecticut will continue to face challenges moving forward and together we must examine the most recent data available while seeking innovative approaches to address upstream factors impacting the health of Connecticut residents.

#### **Panel Presentation of State Health Assessment (SHA) Findings**

In order to set a foundation for the day's discussions about future state health improvement planning efforts, DPH epidemiologists and program staff provided a panel presentation on select findings from the SHA and highlighted the SDoH contributing to poor health outcomes for CT residents. The presentation covered the following topic areas:

- Population and Socioeconomic Statistics (presented by Karyn Backus)
- Maternal, Infant, and Child Health (presented by Marc Camardo)
- Health Systems (presented by Roy Wang)
- Drinking Water (presented by Tom St. Louis)
- Environmental Health (presented by Tom St. Louis)
- Climate and Health (presented by Laura Hayes)
- Infectious Diseases (presented by Amanda Durante)
- Behavioral Health, Trauma, and Injury (presented by Amy Mirizzi)
- Chronic Diseases and Risk Factors (presented by Justin Peng)

This presentation and supporting materials, including a data packet, provided partners with up-to-date information from the SHA and key take-away messages about the health disparities identified in the report. Partners were provided the opportunity to further explore data and potential root causes for health gaps through a Q&A with subject-matter experts, and during networking periods throughout the

day. In addition, index cards were provided so that participants could write questions down and receive follow-up answers.

### **SHA Panel Presentation Q & A**

***Q: Does the data breakdown quality of health insurance for emergency department visits?***

**A:** The data presented came from the National Survey of Children's Health which does not look into quality of health insurance.

**Comment:** More needs to be done to educate children about teen pregnancy.

***Q: Are there data on maternal mortality for Connecticut and the above by race and ethnicity?***

**A:** All maternal mortality data are under review per 2018 Connecticut legislation establishing a maternal mortality review program to review medical records and data related to each maternal death case in the state. The legislation also established a maternal mortality review committee within CT DPH to conduct a comprehensive, multidisciplinary review of cases in order to identify factors associated with maternal mortality and make recommendations to reduce the incidence of maternal deaths. Through the work of this committee, CT identifies and characterizes these maternal deaths as Pregnancy-Related or Pregnancy-Associated maternal deaths, which are approximately 8-10 maternal deaths per year. Like the nation, CT is seeing racial and ethnic disparities in maternal deaths.

**Comment:** Recommendation was made to use as close to real-time data as possible, noting that 2016 data was not very current. Observation shared was that communities of color experience gun violence at a higher rate and do not get the same public/media attention compared to "mass shootings," highlighting the urgent need to view urban violence just as critically.

**A:** Regarding the timeliness of data, the Injury and Violence Prevention firearms-related deaths slide in the Summit presentation included death certificate data from the Connecticut State Office of Vital Records, which has to be reported to CDC and verified before it can be finalized. DPH also collects Connecticut Violent Death Reporting System (CTVDRS) data on all violent deaths in the state, which is more current and uses data from the Office of the Chief Medical Examiner and law enforcement reports. DPH will explore additional CTVDRS data analyses using the descriptive location of the injury, types of firearm involved, and the relationship between victims; to better inform the Injury and Violence Surveillance Epidemiologists regarding the circumstances surrounding violent gun deaths.

***Q: How often should private wells be tested?***

**A:** DPH has a [publication](#) that provides guidance on private well testing. DPH recommends all private wells be tested on an annual basis for basic indicators. A list of basic indicators is provided in Table 2 of the publication. Table 1 provides guidance for the testing frequency of other parameters.

***Q: Are there ways to mitigate excessive uranium and arsenic in private wells?***

**A:** Yes, there are effective treatment options for reduction of both arsenic and uranium. In many cases, a point of use, reverse osmosis unit installed under the kitchen sink to reduce levels of arsenic or uranium in the water being consumed is sufficient. We have two factsheets, [one on uranium](#) and [one on arsenic](#), that provide further detail on the sources, tests, and treatment options for each contaminant.

***Q: Does "health literacy" include reproductive health education?***

**A:** Neither HealthyPeople2020 nor the CDC appears to explicitly identify reproductive health education in their descriptions of “health literacy”, however, by definition we believe reproductive health education is included in health literacy. HHS defines health literacy as “the degree to which an individual has the capacity to obtain, communicate, process and understand basic health information and services to make appropriate health decisions.” ([Healthy People 2020- Health Literacy page](#)) Community members need information they can understand and use to make the best decisions for their reproductive health and wellbeing. When medical and public health professionals deliver information that is too complex for people to be able to understand their choices, we create a health literacy problem.

### **Social Determinants of Health (SDoH) Prioritization Exercise**

Building on previous feedback from current SHIP Action Teams and Advisory Council members, the next SHIP (SHIP 2.0) will focus on the common upstream factors of SDoH as a cross-cutting framework to address prioritized health issues. An overview of the social determinants of health (SDoH) highlighted the systemic impact in creating health inequities across communities. Summit participants provided input in a preliminary prioritization of SDoH through an interactive exercise. The first step of the exercise was to review the updated SHA health indicator data presented during the panel presentation and prioritize what they believed to be the top five most important/relevant health indicators that would have the most significant impact on improving the health of Connecticut residents. The second step of the exercise asked participants to identify all of the SDOH that contributed to, or most impacted, their identified top five health indicators. During the final step of the exercise, participants were asked to write their top five health indicators on post-it notes (one indicator/post-it) and place these post-its on the SDoH flip charts posted around the room. The same priority indicator could be posted under multiple SDOHs. The results of this exercise can be found [here](#).

### **SHIP 2.0 Small Group Discussions (Jigsaw)**

The small group discussion exercise built upon the SDoH prioritization exercise and utilized a jigsaw model to engage partners with three thought provoking questions: 1) Which of the 2-3 upstream factors are the primary contributors to these issues, and are therefore most important to address? Why?; 2) What would you like to see done to address the primary contributors and who should be engaged to address them?; and 3) What would success look like in five years if we are able to impact the upstream factors? The intent of the jigsaw exercise was to provide an opportunity of every meeting participant to have a voice, and to effectively synthesize the ideas of many partners at once. A summary of responses for each question can be found [here](#).

### **Next Steps – Coming Attractions**

- **Summit Results** - The results of the group exercises will be compiled and shared via the coalition webpage. The results will also be reviewed and discussed by the SHIP Advisory Council on November 19, 2019, where members will advise on the next phase of the prioritization process. The goal of this multi-step prioritization process is to create a framework for the next SHIP 2.0 that is refined and focused on a limited number of key upstream factors impacting multiple health indicators of Connecticut residents.
- **2020 SHIP Policy Agenda** – There have been several policy agenda suggestions proposed for consideration by the SHIP Action Team and Advisory Council members. Coalition partners were encouraged to submit policy agenda recommendations via the [HCT2020@ct.gov](mailto:HCT2020@ct.gov) email, with



# CONNECTICUT

## HEALTH IMPROVEMENT COALITION

*Partners Integrating Efforts and Improving Population Health*

“POLICY” in the subject line, before September 30, 2019. All 2020 SHIP Policy Agenda recommendations will be discussed and prioritized with the SHIP Advisory Council at the November 19, 2019 meeting. A finalized policy agenda will be shared with coalition members in December 2019.

- **SHIP Communications Committee** – In response to SHIP Action Team member requests, a new member driven Communications Committee will be created to build a collaborative communication strategy which leverages our existing networks to extend the reach of SHIP information sharing across the state. A planning meeting for this new committee will be scheduled for the Fall of 2019. Any coalition members interested in participating in this new opportunity can send an email to [HCT2020@ct.gov](mailto:HCT2020@ct.gov) and include “COMMUNICATION” in the subject line of your email.
- **State Health Assessment Public Comment** – The most recent State Health Assessment will be posted for public comment in the Fall of 2019. Coalition partners and the general public are encouraged to review and provide feedback. The electronic link to the document will be provided via the [HCT2020@ct.gov](mailto:HCT2020@ct.gov) coalition distribution list.
- **Coming Up in 2020** – There will be several opportunities to participate in the process of creating the Healthy Connecticut 2025: State Health Improvement Plan (SHIP 2.0).
  - DPH will be coordinating up to eight focus groups around the state to gather feedback on the preliminary framework and prioritized health indicators. This feedback will build on the results of the SHIP Coalition Survey (March 2019); Coalition and Action Team member input (throughout 2019); results of the 2019 SHIP Summit (September 2019); the most recent State Health Assessment public comment feedback (November 2019); and SHIP Advisory Council feedback and recommendations (November 2019).
  - A full day planning session will be scheduled in late March, or early April, to establish the goals and objectives for SHIP 2.0. Additional details for this full day event will be communicated early next year through the [HCT2020@ct.gov](mailto:HCT2020@ct.gov) coalition distribution list and through selected strategies developed by the new SHIP Communications Committee.
  - Half day meetings will be scheduled following the full day planning event to finish developing strategies for the objectives under each priority area.
- **Join the coalition to stay informed of upcoming activities!** [www.ct.gov/dph/shipcoalition](http://www.ct.gov/dph/shipcoalition)