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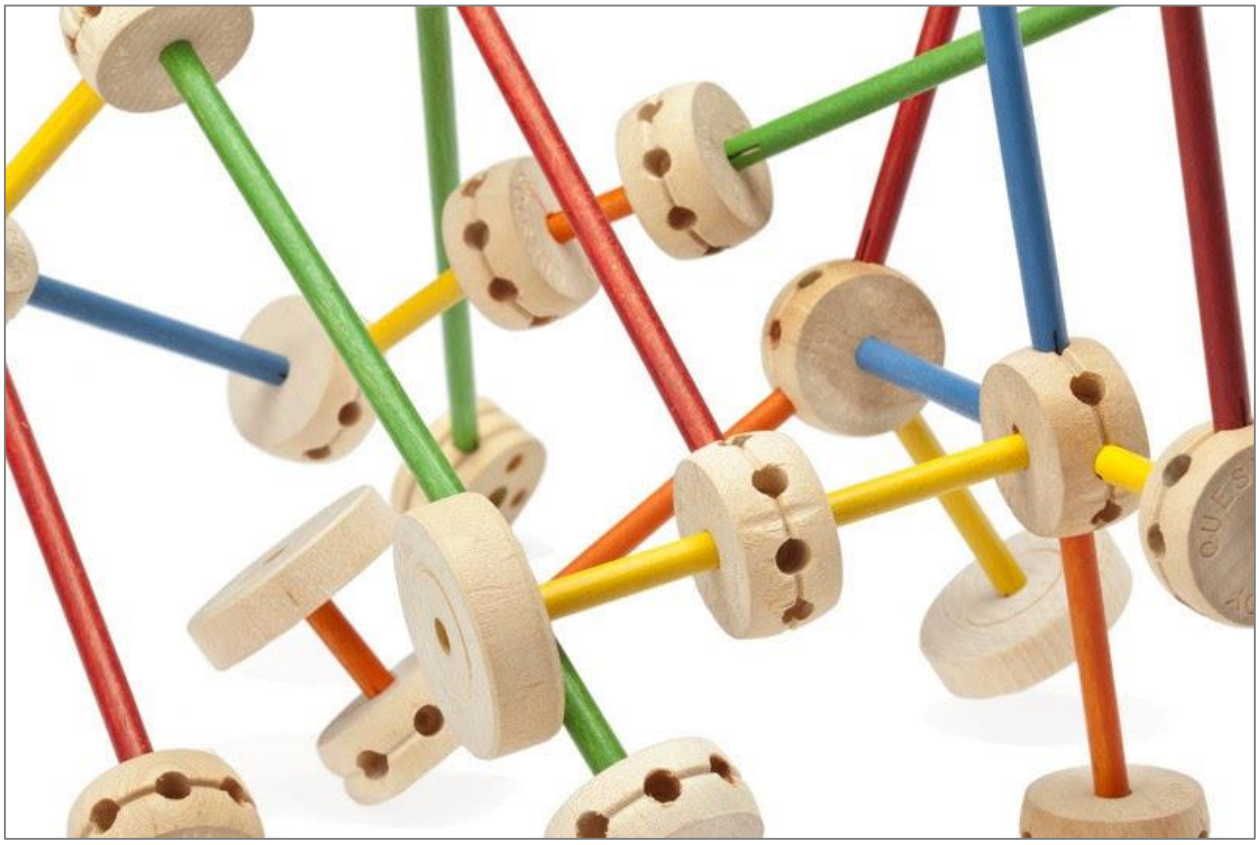

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GOAL

Align efforts of health systems stakeholders to achieve sustainable, equitable, and optimal population health.

WHY THIS GOAL IS IMPORTANT

Equitable access to quality health care is important for eliminating health inequities, reducing health care costs, and improving quality of life.[83] Improvements in health insurance; quality of and access to health care services; the size and diversity of the health care workforce; and integration of clinical care and public health, are critical to enhancing care delivery, reducing health care expenditures, and preventing illness to improve population health.

Access to Health Services

Rationale

Persons without health insurance coverage are less likely to receive needed medical care, more likely to have poor health, and more likely to experience premature mortality than those with health insurance.[84] Health insurance coverage is expected to increase nationally and in Connecticut upon implementation of the Patient Protection and Affordable Care Act (ACA).

Safety net providers such as hospitals, clinics, and community health centers, also provide important sources of care especially for specific populations who may experience inequities in health care access.[85]

"Some of the primary health issues I see are lack of people's ability to afford medication. Without insurance, people go to the emergency room for treatment, and get prescriptions that they cannot afford. There is also a high population of underinsured -- people who are working, but don't have the money to afford treatment." (Hartford)

OBJECTIVE HS-1 Ph1

Increase by 10% the percentage of Connecticut adults 18 – 64 years of age who have health coverage through either public or private sector

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	87.1 % (2012)	95.8%	US Census Bureau, American Community Survey, 1-Year Estimates (2012), DP03 File.

Strategies

Advocacy and Policy

- Improve and expand Medicaid eligibility and enrollment.
- Maximize Federal funding towards health insurance coverage.

Communications

- Invest in community outreach and consumer engagement.

Planning & Development

- Support the development of the Health Insurance Exchange (HIE), and, ensure that health equity, management of chronic disease, and wellness is included in plans.
- Improve and enhance interoperability between Exchange and Medicaid.
- Develop an enrollment and eligibility system that ensures continuity of coverage.

Surveillance

- Improve reporting/data for public accountability.

OBJECTIVE HS-2 (DEVELOPMENTAL) Ph1 =

Increase the number of community based health services in communities who have demonstrated need and/or vulnerable populations to create a strong, integrated statewide safety net system.

Strategies

Partnership and Collaboration

- Explore systems linkages between Federally Qualified Health Centers (FQHC's), School-based Health Centers (SBHC's) and Board of Education for comprehensive continuum of care delivery (SBHC's as satellites of FQHC's).

Planning & Development

- Conduct Needs Assessment to determine target communities for placement of safety net services, including rural communities.
- Assure adequate funding for safety net service providers.

OBJECTIVE HS-3 (DEVELOPMENTAL) Ph1

Increase access to accredited patient-centered medical homes (PCMH)/ health homes to include dental

Strategies

Advocacy and Policy

- Provide incentives for Patient-Centered Medical Home (PCMH) accreditation.

Planning and Development

- Explore and support models and programs that coordinate community services and link primary and specialty care.
- Support telemedicine for specialty care links.

Communications

- Establish a listing/registry of practices that are Patient-Centered Medical Home (PCMH) accredited.

OBJECTIVE HS-4 (DEVELOPMENTAL) Ph1

Decrease the number of patients expressing difficulty in accessing health services due to the lack of non-emergency transportation services.

Strategies

Advocacy and Policy

- Advocate for extended bus routes or other transportation options to core providers, especially to/from rural areas.

Partnership and Collaboration

- Partner with transportations agencies to create a universal map that identifies routes for public transportation, noting points of services.

Planning and Development

- Expand bus hours to cover service hours.

Surveillance

- Establish a baseline and monitor progress by exploring use of existing survey vehicles such as Connecticut Behavioral Risk Factor Surveillance System (BRFSS).

Potential Partners

Connecticut Department of Public Health, Connecticut Office of Policy and Management, Connecticut Department of Children and Families, Connecticut Department of Consumer Protection, Connecticut Department of Mental Health and Addiction Services, Connecticut Department of Social Services, Connecticut Department of Transportation, Connecticut Office of Rural Health, Office of the Healthcare Advocate, Office of Health Care Reform and Innovation, local public health agencies, municipal government, health care providers, health professional associations, other organizations and coalitions focused on access to health services, community service organizations serving specific populations (children, older adults, underserved populations), faith-based organizations, local and state boards of education, business, health insurers, philanthropic organizations that address access to health services, and others.

Quality of Care and Patient Safety

Rationale

Improving the quality of health care by making it safer, more reliable, and less costly is important for the public's health. Health care-associated conditions include infections, falls, pressure ulcers (or bed sores), and blood clots. These conditions are common and cause significant morbidity, mortality, and excess healthcare expenditures. They can be prevented by adopting evidence-based practices and using those practices consistently in facilities and settings across the spectrum of health care. Creating, disseminating, and enforcing safety and performance standards are key components of quality patient care and require a robust partnership between heath providers and facilities and public health.

OBJECTIVE HS-5 (DEVELOPMENTAL)

Establish quality and patient safety standards for health system service providers across the continuum of care, with standardized performance measures that include racial/ethnic disparities.

Strategies

Communications and Surveillance

- Make use of new sources of data (i.e., the All Payer Claims Database (APCD)) to provide a critical health care decision making tool for all residents and a means for providers to evaluate their care delivery.

Partnership and Collaboration

- Establish a collaborative of health system service providers.

Planning & Development

- Work with collaborative of health systems to develop standards.
- Work with collaborative of health systems to establish standardized quality and patient safety measures (include ethnic/race disparities) to be reviewed and approved by DPH advisory council (QAC).
- Consider potential quality metrics including:
  - Environment of Care
  - Infection Control
  - Personnel - training/competency
  - Patient Safety
  - Preventable Harm

OBJECTIVE HS-6 (DEVELOPMENTAL)

Increase the number of health system service providers within the care continuum who meet standardized quality and patient safety measures that include measures for ethnic/racial disparities.

Strategies

Advocacy and Policy

- Promote/encourage/incentivize National Accreditation (i.e., Patient-Centered Medical Homes PCMH).

Planning & Development

- Identify a baseline of the percentage of providers performing at or above the standards
- Identify and incorporate best practices to ensure that standards and practices are met.
- Implement quality improvement strategies to reduce disparities.
- Explore the feasibility of statewide accreditation and credentialing.

- Award accreditation or “gold seal” for service providers who meet the standardized quality and patient safety measures.

OBJECTIVE HS-7 (DEVELOPMENTAL)

All standardized quality and patient safety measures are publicly accessible and understandable.

Strategies

Communications

- Work with appropriate partners to build on or establish a platform to make information publicly accessible and understandable.
- Promote the availability of this information through multiple avenues such as social media and provider websites.

Potential Partners

Connecticut Department of Public Health, Connecticut Department of Children and Families, Connecticut Department of Mental Health and Addiction Services, Connecticut Department of Social Services, Connecticut Department of Developmental Services, Office of Health Care Reform and Innovation, local public health agencies, health care providers, health professional associations, other organizations and coalitions focused on quality of care and patient safety, community service organizations serving specific populations (children, older adults, underserved populations), health insurers, philanthropic and research organizations that address health care quality and patient safety, and others.

Health Literacy, Cultural Competency and Language Services

Rationale

Health communication influences the way people understand and use health information and may influence decisions they make pertaining to their health. Differences in belief systems, communication styles, understanding of health information, and responses to health information influence health literacy, or the extent to which individuals have access to, process, and understand health information in order to make informed health decisions. Implementing National Culturally and Linguistically Appropriate Services (CLAS) Standards across health system service providers would facilitate access to relevant health information by providers and patients alike and thereby enhance informed decision-making among all those involved in patient care.

OBJECTIVE HS-8 (DEVELOPMENTAL) Ph1 =
Increase the number of Connecticut health and social service agencies that have adopted and taken (documented) steps to implement National Culturally and Linguistically Appropriate Services (CLAS) Standards.

Strategies

Advocacy and Policy

- Explore incentives at the Federal level.

Planning & Development

- Support the establishment of training and quality control/testing standards for health and social service providers.
- Explore licensing for medical interpreters.

Research

- Support research and evaluation of effective health literacy and needs of population.

Surveillance

- Establish inclusion criteria and baseline.

Potential Partners

Connecticut Department of Public Health, Connecticut Department of Mental Health and Addiction Services, Connecticut Department of Social Services, State Department of Education, Connecticut Department of Developmental Services, Connecticut Department of Energy and Environmental Protection, African-American Affairs Commission, Asian and Pacific Islander Affairs Commission, Latin and Puerto Rican Affairs Commission, Connecticut Council on Developmental Disabilities, Commission on Health Equity, Permanent Commission on the Status of Women, local public health agencies, other organizations and coalitions focused on health literacy and access to care, community service providers serving specific populations (children, older adults, underserved populations), faith-based organizations, health insurance providers, health care facilities, health care providers, health educators and community health workers, health professional associations, colleges and universities with health and social service programs, philanthropic and research organizations that address health literacy, and others.

Electronic Health Records

Rationale

Converting from paper to electronic health records (EHRs) has the potential to improve health care quality, efficiency and safety. EHRs allow for the systematic collection and management of patient health information in a form that can be shared and communicated among providers and across care sites. These systems also have the potential to promote use of preventive services, assist with patient education and self-management, improve public health surveillance, and support population health research. Although the potential is great, EHRs are costly and complicated to put in place which affects implementation nationally as well as in Connecticut.

OBJECTIVE HS-9

Increase to 100% the percentage of providers who have access to Electronic Health Records (EHR) that meet national data/regulatory standards for interoperability, data integrity, and patient privacy.

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	53.5% (2013)	100%	Connecticut Department of Public Health, Connecticut's Health Information Technology Exchange Evaluation Process: Baseline Assessments & Updates (2011) and Connecticut Department of Public Health, Personal Communication.

Strategies

Advocacy and Policy

- Provide incentives for providers to adopt certified EHR technology.
- Support providers to exchange health data across care settings through the use of national interoperability standards.
- Support providers to achieve Meaningful Use (e.g., funds for doctors that serve Medicaid/Medicare populations to help purchase certified systems and meet certain guidelines).

Communications, Education and Training

- Support providers via education for:
  - Technical assistance for EHR's
  - Targeted education about the public health measures & implications
  - Timely communication via EHR's and secure messaging between providers in order to decrease duplication of tests/efforts

OBJECTIVE HS-10 (DEVELOPMENTAL)

Increase the number of Connecticut residents who want and have access to their own personal health record.

Strategies

Communications, Education and Training

- Use national interoperability standards for transmission of data.
- Develop a training strategy so that residents know how to access and interpret their EHR.

Partnership and Collaboration, Planning & Development

- Determine which records should be accessible.
- Recommend one central portal for each resident to access their records.

Potential Partners

Connecticut Department of Public Health, Connecticut Department of Social Services, Connecticut Department of Mental Health and Addiction Services, Office of Health Care Reform and Innovation, eHealth Connecticut, federal Office of the National Coordinator for Health Information Technology, community colleges and universities, health care providers, health care facilities, health insurers, health professional associations, organizations and coalitions that focus on quality of care and patient safety, and others.

Public Health Infrastructure

Rationale

A strong public health infrastructure provides the capacity to prepare for and respond to emerging and ongoing threats to the public's health. Key infrastructure components vary both in Connecticut as well as across the nation. These components include a capable and qualified workforce; up-to-date data and information systems; and the capability of assessing and responding to population health concerns.[86] Accreditation through the national Public Health Accreditation Board (PHAB) provides an opportunity to strengthen the infrastructure and improve the quality and performance of governmental public health agencies. Quality standards address delivery of the 10 essential public health services, beginning with routine assessment of population health needs in our communities.

OBJECTIVE HS-11

Increase to 50% the percentage of governmental public health jurisdictions that meet National Public Health Accreditation Board (PHAB) standards.

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	0 (2013)	38	National Public Health Accreditation Board

Strategies

Advocacy and Policy

- Provide financial incentives to health jurisdictions for accreditation and to those who are accredited.

Planning & Development

- Align Community Health Improvement Plans with goals and strategies in Healthy Connecticut 2020.

OBJECTIVE HS-12 (DEVELOPMENTAL)

All Connecticut communities are covered by a community health assessment.

Strategies

Communications

- Identify a central repository for assessment reports.

Planning & Development

- Encourage regional health assessments.
- Develop and implement a systematic, statewide health planning infrastructure and network.
- Establish linkages with educational institutions to provide support for needs assessments.

Surveillance

- Establish a baseline of the number of communities currently covered by a community health assessment.

Potential Partners

Connecticut Department of Public Health, Office of Policy and Management, local public health agencies, public health professional associations, municipal governments and planning agencies, other organizations and coalitions that address public health, community service organizations serving specific populations (children, older adults, underserved populations), health care providers, health professional associations, academic institutions that prepare the public health workforce, philanthropic organizations that address public health infrastructure, and others.

Primary Care and Public Health Workforce

Rationale

Primary care providers are critical sources of ongoing medical care and primary prevention. With implementation of the Affordable Care Act (ACA), the need for primary care providers is expected to increase. Persons with primary care providers whom they see for ongoing care are more likely to trust their provider, experience good patient-provider communication, and receive appropriate health care.[87] Over the years, however, there has been a decline in the number of medical students interested in careers in primary care,[88] decreasing funding for public health agencies and growing gaps in service areas for primary care providers. These trends contribute to health professional shortage areas (HPSA) and medically underserved areas (MUAs) across the state.

OBJECTIVE HS-13 (DEVELOPMENTAL) Ph1
Identify and reduce professional health workforce shortages.

Strategies

Advocacy and Policy

- Support development of the future pipeline for primary care and public health workforce to address the needs of population health.
- Invest in emerging health disciplines (i.e., community health workers, patient navigators, certified medical translators).

Planning & Development

- Conduct gap analysis to identify shortages.
- Leverage/build upon existing health workforce enhancement initiatives.
- Develop at least one new statewide incentive to attract/retain/redistribute identified gap providers for Public Health/Health Care.

Surveillance

- Monitor health professional workforce shortage areas and medically underserved areas
- Gather or develop reliable, reproducible data on existing workforce by type and FTE practicing in the state of Connecticut.

OBJECTIVE HS-14 (DEVELOPMENTAL) Ph1

Increase the diversity of the health workforce.

Strategies

Advocacy and Policy

- Support development of the future pipeline for primary care and public health workforce to address diversity of the workforce.

Education and Training

- Identify existing trainings to address identified gaps.
- Work with appropriate Health Professions Programs to train and update needed providers with appropriate skill sets (knowledge, attitudes, behaviors, quality, and safety).
- Engage training and education institutions to develop and enlarge programs to address identified gaps

Surveillance

- Develop, analyze, distribute and maintain reliable reproducible data on qualitative measures of workforce diversity and skills.

Potential Partners

Connecticut Department of Public Health; State Department of Education; Connecticut Office of Higher Education; Connecticut Department of Labor; Connecticut Department of Mental Health and Addiction Services; Connecticut Department of Social Services; Connecticut Office of Rural Health; Office of Health Care Reform and Innovation; local public health agencies; federal health agencies; national health provider accrediting bodies; other organizations and coalitions focused on health workforce issues; community service organizations serving specific populations (children, older adults, underserved populations); health insurers; community health centers and hospitals; health professional associations; schools of public health, allied health, nursing and medicine; philanthropic organizations that address access to care and health workforce issues; and others.

Financing Systems

Rationale

Public health and health care are funded by multiple funding sources and driven by often competing priorities and goals. Health care reform demands that public health and health care providers explore new and innovative ways to prevent disease and disability, increase the value of health services, decrease costs and ensure equitable service delivery across the system of care. Increasing and/or ensuring appropriate alignment of existing and future funding to meet shared prevention and population health priorities is fundamental to meeting these demands.

"I am very concerned about the movement of hospitals to for profit status. How will this affect us as residents, especially poor and uninsured or underinsured?" (Tolland)

OBJECTIVE HS-15 (DEVELOPMENTAL) Ph1

Increase and/or appropriately align existing and future funding to meet prevention and population health priorities in Healthy Connecticut 2020.

Strategies

Advocacy and Policy

- Advocate for sin tax revenue (cigarettes, alcohol,) and tobacco settlement revenue to support population health priorities.
- Ensure that Community Benefits resources are allocated to meet community needs and aligned with priorities of the Plan.
- Support policy change to align payment systems with population health, not just illness care.
- Support payment mechanisms that support proven community-based health promotion and prevention models/programs.

Partnership and Collaboration

- Strengthen and establish partnerships to leverage existing resources so that they are distributed more efficiently and evenly.

Potential Partners

Connecticut Department of Public Health, Connecticut Department of Mental Health and Addiction Services, Connecticut Department of Social Services, Office of Health Care Reform and Innovation, local public health agencies, federal health agencies, other organizations and coalitions focused on health financing, community service organizations serving specific populations (children, older adults, underserved populations),health insurers, business and business associations, health care facilities, health care providers, health professional associations, philanthropic organizations that address health care delivery and financing systems, and others.

Emergency Preparedness and Response

Rationale

Emergency Preparedness and Response includes all communication, information, and mechanisms designed to ensure that public health and safety officials, as well as citizens at large, are prepared for and can cope with natural and manmade disasters, acts of terror, emerging disease outbreaks, trauma, and other threats to the public's health. The public health agencies play a vital role in ensuring the communities' capacity to anticipate, plan for, respond to, and recover from emergency events.

OBJECTIVE HS-16

Achieve a composite score of 90 or greater for the Medical Countermeasure Distribution and Dispensing capabilities.

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	58.6 (2013)	≥90	Connecticut Department of Public Health (2013).

Strategies

Planning & Development

- Complete statewide, full-scale Medical Countermeasure Distribution exercises in 2014 and 2015.

OBJECTIVE HS-17

Increase by 10% the number of public health volunteers in order to enhance community resilience in response to and recovery from emergencies.

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	2,463 (2013)	2,709	Connecticut Department of Public Health (2013).

Strategies

Communications

- Increase public awareness about volunteer opportunities.

Education and Training

- Conduct regional recruitment and training events.

Potential Partners

Connecticut Department of Public Health, Connecticut Department of Consumer Protection, Connecticut Department of Correction, Connecticut Department of Emergency Services and Public Protection (Division of Emergency Management and Homeland Security), local public health agencies, law enforcement, municipal governments, local planning agencies, local community emergency response teams, medical reserve corps, public health professional associations, hospitals, community health centers, and others.