Healthy Connecticut 2020
State Health Improvement Plan

Health Systems ACTION Team Meeting AGENDA & NOTES	
Date: November 17, 2015 **Time: 2:00-4:00 pm** **Location or Conference Call Number: Universal Health Care Foundation**	

Attendees *(Please list all who participated)*:   Anne Fountain, Stamford Health and Social Services Department (Co-Chair); Carolyn Wysocki, CABOH, Pat Checko, Public Health Consultant; Lynne Ide, Universal Health Foundation, Kathy Yacavone, Southwest Community Health Center, Augusta Mueller, Yale New Have Health; Pat Baker, CT Health Foundation, Kathi Traugh, CT Public Health Association/Yale PH Training Center, Lisa Rivers, CT Dept of Transportation, Antonio Diaz-Carrrera, Community Health Center Association of CT, Kristin Sullivan, CT DPH, Donna Burke, HRiA.

Meeting Goal: To identify and discuss data available that support objectives under Health Systems in order to assist with completing Step 1 in developing the Action Agenda.

Agenda Items	Time	Discussion	ACTION Items and person responsible
Welcome and Introductions	15	Participants on the phone and around the table introduced themselves	Co-Lead Conveners
Building Action Plan – identification of strategies and action steps (HS-4 Transportation and Access to Care; and HS-12 Community Health Assessments)	90	The group discussed issues related current transportation and access to care. The CT Dept of Transportation participated in the meeting and provided information on current initiatives to enhance transportation infrastructure. See attached draft Action Agenda that was developed at the meeting. The group discussed issues related to community health assessments currently conducted by local and state public health agencies, hospitals and FQHCs. There is room to coordinate these initiatives, share data, and link partners. See attached draft Action Agenda that was developed at the meeting.	All
Next Steps	15	HRiA will write up information from the meeting into an Action Plan. Co-chairs will distribute the group for review and comment. Next Meeting Nov. 23rd to address the last two objectives	Co-Lead Conveners

STEP 3: HCT2020 Health Systems Y1 Action Agenda

Focus Area 7: Health Systems
Goal 7: Align efforts of health systems stakeholders to achieve sustainable, equitable, and optimal population health.
Area of Concentration: Access to Health Services
SHIP Objective HS-4 (DEVELOPMENTAL): Decrease the number of patients expressing difficulty in accessing health services due to the lack of non-emergency transportation services.
Dashboard Indicator: Number of patients expressing difficulty in accessing health services due to non-emergency transportation services
There is currently no identified data source for this indicator. If a relevant data source is available, may need to adapt or refine indicator

Strategies	Actions <mark>and Timeframes</mark>	Partners Responsible	Progress
1. **Establish a baseline and monitor progress by exploring use of existing survey vehicles such as Connecticut Behavioral Risk Factor Surveillance System (BRFSS).**	**LEADING IMPLEMENTATION EFFORTS** a. Invite representatives from key organizations to a meeting to present the Year 1 Action Agenda for this objectives, and gauge the level of interest in their participation in a small, core group to be responsible for leading the implementation efforts. *Timing: Jan of Y1*	Subgroup of HS Action Team (A. Fountain to initially investigate and attend a DOT regional planning meeting) Suggested groups: Office for Health Care Advocate, CT Hospital Association, CT Chapter of American Planning Association, DSS	
	ESTABLISH A BASELINE b. Conduct an assessment to determine coverage of existing non-emergency transportation services.	**LEAD:** See Action a.	

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	Potential information sources include: • CT 211 - transportation data. The website has been recently revamped. Comment made that 211 has better information on transportation than the DOT has. Rick Porth – oversees 211. • Regional Transportation Plans (last done in 2009, data stored at the local level). Look at whether they cover the whole state and whether problems identified by region. • CT Wellbeing Survey - questions relating to transportation. • DOT Website - has a page addressing Human Services Transportation. • CT Rural Health Program –see if their reports address transportation. • DSS System – What does DSS have? What is out there for clients that goes above and beyond "use public transportation"? • Logisticare service areas (Medicaid). Are there portions that are not served well? DOT receives calls on this. *Timing: Complete in Yr 2*	**Support/Implement**: Establish or link with an existing Transportation Work Group – DOT (Amy in Lisa River's group) – Local Health Depts – Graduate students/ Student Consulting Group at Yale (Kathi will check to see if they are booked) – UConn Transportation Institute (Prof. Lownes) – Ombudsmen (quarterly meetings) – Regional planning orgs – CT Conference of Municipalities – may have access/transportation work group?	

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	Other potential information sources: • Mobility Ombudsmen Services They go out and talk to senior centers etc. and gather feedback. • Councils on Aging - Look globally as well as populations at risk • Conduct focus groups • Determine where transportation complaints come in • Use the regional structure to do a survey of the municipalities. – What services? What gaps? • Determine which populations are having the hardest time getting transportation (Medicaid, Veterans) • Attend DOT quarterly Regional Planning Meetings.(Lisa Rivers, DOT invited Health Systems Co-Leads to attend and discuss the information we are looking for - Dec 1st or 2nd. At DOT headquarters with webinar tie in.) *Timing:*		
	c. Develop/update a mapping of coverage of existing non-emergency transportation services. *Timing:Yr 2*		
	d. Identify gaps in coverage of existing non-emergency transportation services. *Timing:Yr 2:*		

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	e. Determine the quality of the current transportation systems and define "adequate transportation" in this context *Timing: Yr 2*		
	f. Identify new or refine strategies to address gaps Timing: Yr 2		
	MONITOR PROGRESS g. Monitor updates in data from the above listed sources in order to track changes/improvements in coverage of existing non-emergency transportation services and gauge the impact of strategies implemented in future years. *Timing: Yr 2 and 3*		
	h. Determine if Performance measures/reporting exists and where this data housed (e.g., state contracts)? *Timing: future years of implementation*		
	i. **Explore ways to communicate information to identified target audiences** • Local planning process identified lack of information and awareness about rural transportation. Missing Northwest corner of the state. *Timing: Yr 2 or 3 depending upon progress*		

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Resources Required (human, partnerships, financial, infrastructure or other) • Partnerships with existing initiatives • Human resources to represent to existing groups working in this area, issues related to access to health services and relationship to statewide health improvement • Financial costs may be associated with assessment and analysis unless graduate students or other are available to do this work.
Monitoring/Evaluation Approaches • Provide quarterly report outs • • Ask that questions on transportation be added to all CHA's • • Passengers per hour, # turned down for transportation

Notes on existing data for transportation (from Lisa Rivers, DOT):
- Contract for all passenger rail services
- Transit services
- Contract with transit districts around the state (voluntary orgs that come together, take on the role of DOT within their borders)
- Fund 90% of the transportation subsidy in the state (delta in expenses vs. revenue)
- Local and express bus services
- $5M available for municipalities as matching grant money (seniors, people with disabilities)
- Specialty programs, grant programs, specialized services generally targeted at seniors, people with disabilities
- Access to urgent care – accessible option that didn't need to be booked in advance. Created a discounted program for wheelchair taxis. Taxis purchased with grant money in some areas. . Voucher programs used in other areas. Don't have equal coverage statewide.
- When new facilities are constructed, people need to consider transportation access
- Conducted a statewide bus study
- Per DOT, performance measures are not fully established and are undergoing refinement. A single standard between urban rural areas is not realistic.

STEP 3: HCT2020 Health Systems Y1 Action Agenda

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Area of Concentration: Public Health Infrastructure			
SHIP Objective HS-12 (DEVELOPMENTAL) All Connecticut communities are covered by a community health assessment.			
Dashboard Indicator: Percentage of Connecticut communities covered by a community health assessment			
# hospitals conducting assessments (all; and starting 2nd round of assessments in 3 yr cycle) # health depts. conducting assessments (38 of 73) # FQHC's conducting assessments # communities covered by assessments (from hospital assessments – several north central communities not covered)			
Strategies	**Actions and Timeframes**	**Partners Responsible**	**Progress**
1. **Encourage regional health assessments.**	a. Establish a baseline of the number of communities currently covered by a community health assessment (within the past 3 years). • This is done separately for local health (annual survey) and Hospitals (OHCA assessment). May need to be refined or updated • Central repository of hospital assessments exist on OHCA website. No central repository for local health assessments *Timing: Yr 1*	**Lead**: Core Group comprised of DPH/CHA/CADH **Support/Implement**: – CTSIM – DataHaven- Interviews were conducted in every town. The samples in small towns are small. – Universities – FQHC's (uniform data system) – Boards of Health – Local Health Depts	
	b. For assessments conducted, determine the level of partnering/collaboration with/between: • Hospitals • FQHC's • Local health department(s) • CADH • Other agencies *Timing: Yr 1*		

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	c. Identify those communities NOT covered by any type of assessment (remember, we're not looking at covering every person, but every community). *Timing: Yr 1*		
	d. Generate and explore options for getting the communities covered who are not already covered by an assessment (e.g., expanding areas for hospital assessments, establishing partnerships to expand assessment areas). *Timing: Yr 2*		
	e. Establish a systematic process for conducting assessments that includes greater alignment and rigor • Make recommendations for a core set of data/questions to be included in all assessments *Timing: Yr 2*		
	f. Explore establishing/expanding use of templates and data sharing agreements. *Timing: Yr 2 or 3 depending upon progress*		

Resources Required (human, partnerships, financial, infrastructure or other)
- Costs of doing assessments – explore other partners who are interested in the health of their communities
- Partnerships – link to existing groups working on and discussing community health assessments
- Human/people

Monitoring/Evaluation Approaches
- Provide quarterly report outs
- Healthy CT 2020 Performance dashboard (see indicator above)
  (Notes: other relevant data sources for Assessments and indicators include BRFSS/YBRFS; SIM Population Health Assessment and evaluation data)

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Action Agenda Definitions

Term	Definition/Description
Strategies	A strategy describes your approach to getting things done. It is less specific than action steps but tries broadly to answer the question, "How can we get from where we are now to where we want to be?" The best strategies are those which have impact in multiple areas, also known as leverage or "bang for the buck."
Actions and Timeframes	The actions/activities outline the specific, concrete steps you will take to achieve each strategy. It is best to arrange these chronologically by start dates. State the projected dates (start-end) for each activity.
Partners Responsible	Identify by name the key person(s)/group(s)/organization(s) that will be responsible for leading the activity.
Progress	Use this space to indicate progress on each action step as they are implemented.
Resources Needed	The human resources, partnerships, financial, infrastructure or other resources required for successful implementation of the strategies and activities.
Monitoring/ Evaluation Approaches	The approaches you will use to track and monitor progress on strategies and activities (e.g., quarterly reports, participant evaluations from training)