



## Healthy Connecticut 2020 State Health Improvement Plan

### Injury and Violence Prevention ACTION Team Meeting AGENDA & NOTES

**Date:** Tuesday, October 20<sup>th</sup>, 2015

**Time:** 9:00 am – 11:00am

**Location:** CT DPH Lab, 395 West St, Rocky Hill, room 1110

**Members present:** Kevin Borrup, CT Children’s; Deb Shulansky, Brain Injury Alliance of CT ; Judy Dicine, State of Connecticut, Division of Criminal Justice, Office of the Chief State’s Attorney ; Amy Hanoian – Fontana, CT Poison Control Center; Chinedu Okeke, DPH ; Sandy Gill, Project Consultant

Agenda Items	Time	Discussion	ACTION Items and person responsible
<b>Overview of ACTION Team work completed</b>	50 min	<ul style="list-style-type: none"> <li>• Survey monkey results were reviewed</li> <li>• The original charge of the ACTION team was to meet twice a month for (2) hours each meeting, through the months of June, July and August, with the goal of having a draft ACTION Agenda completed by 08-31-2015, and a final draft by 09-30-2015. The Injury and Violence Prevention (IVP) ACTION Team has met twice (07-07-2015 &amp; 08-06-2015).</li> <li>• Members discussed and identified some opportunities to get the group back on track with the goal of completing a collaborative 2016 ACTION Agenda.</li> <li>• Comments from the brainstorm activity included:               <ul style="list-style-type: none"> <li>○ Discussions should result in decisions by the end of the meeting</li> <li>○ Focus area is still very broad - process may work better through convening sub groups of stakeholders/ or working through existing groups, then connect as an IVP network</li> </ul> </li> </ul>	•

		<ul style="list-style-type: none"> <li>▪ Efforts should be made to connect with stakeholders not currently at the table, who may already be implementing strategies from the plan.</li> <li>▪ ACTION Team needs additional subject matter experts participating in the process</li> <li>▪ It is difficult to speak on behalf of other stakeholders</li> <li>▪ Need more members to bounce ideas off</li> <li>▪ Current IVP members have connections to existing groups of stakeholders that should be engaged in this process. <ul style="list-style-type: none"> <li>○ Consider narrowing the number of priorities to 3-4 rather than 5-8</li> </ul> </li> </ul>	
<b>Who still needs to be at the “virtual” table</b>	50 min	<ul style="list-style-type: none"> <li>• To frame the discussion of who needs to be at the table, the group reviewed Frieden’s Pyramid and examples in Policy, Systems, and Environmental Changes (PSEC) from Change Labs Solutions – which gave context to a layering approach to population based strategies.</li> <li>• The attached table includes a list of suggested partners mentioned in the groups brainstorm activity. (See: <i>Brainstorm List of Potential Stakeholders</i>)</li> <li>• Members agreed that it would be best to try taking the IVP ACTION Team information to existing groups first, rather than trying to convene in a single meeting of multiple stakeholders. This will need to happen fairly quickly.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>ALL</b> – review the attached list of stakeholders and identify which ones you will be able to follow up with, along with any additional contact information that you can provide. Bring all information to the next meeting (10/26<sup>th</sup>)</li> <li>• <b>ALL</b> – If possible bring information regarding any meetings these groups may have scheduled in the next month.</li> </ul>
<b>Goals for next meeting</b>	10 min	<ul style="list-style-type: none"> <li>• Members will identify which groups of stakeholders they will contact, and identify additional gaps in representation</li> <li>• Review and reframe strategies in the context of PSEC to better define “ask” of additional stakeholders.</li> <li>• Review talking points for stakeholder recruitment</li> <li>• Establish timeline to complete 2016 ACTION Agenda draft</li> </ul>	<ul style="list-style-type: none"> <li>• <b>ALL</b> – RSVP through survey monkey link for next meeting (10/26): <a href="https://www.surveymonkey.com/r/8JCJB5X">https://www.surveymonkey.com/r/8JCJB5X</a></li> </ul>
<b>Next Steps</b>	10 min	<ul style="list-style-type: none"> <li>• <b>Next meeting Monday, October 26<sup>th</sup> 1:30-3:30pm @ CT DPH Lab in Rocky Hill.</b></li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>

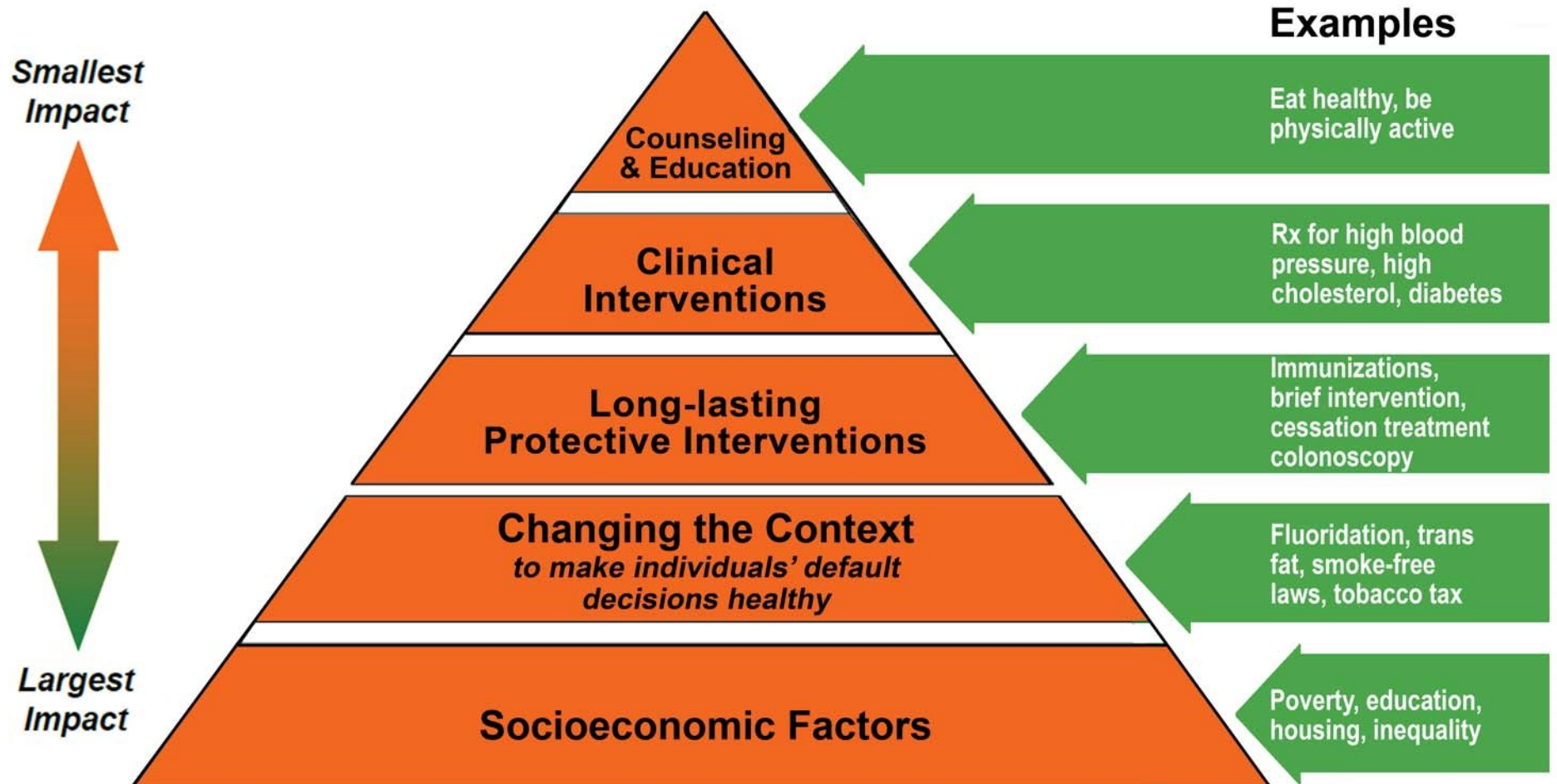
### Brainstorm List of Potential Stakeholders

*\*official names and contacts for each group will be updated at the next meeting (10-26-2015)*

Falls	Opioid Poisonings	Motor Vehicle	Suicide	Intimate Partner Violence & Child Maltreatment
<ul style="list-style-type: none"> <li>• Dorothy Baker – Yale University School of Medicine – <i>Kevin (Gary)</i></li> <li>• Sanitarians &amp; Housing inspectors-<i>Judy</i></li> <li>• Healthy Homes (Children’s, DPH) - <i>Kevin</i></li> <li>• VNA-regional groups</li> <li>• CT Collaboration for Fall Prevention – fall prevention.org - Dorothy</li> <li>• Housing Authority National Association of Housing – Kathy Stebbins??</li> <li>• Hoarding workgroups (housing, mental health, home aids)</li> <li>• Local Health Departments</li> <li>• EMS</li> <li>• Daycare Licensing – DPH</li> <li>• Hospitals</li> <li>• Department of Education</li> <li>• Departments of Recreation</li> <li>• Adult Education Programs</li> <li>• Professional Fire Chiefs</li> </ul>	<ul style="list-style-type: none"> <li>• DMHAS – Opioid Prevention Group</li> <li>• CT Poison Control Center</li> <li>• Regional Action Councils</li> <li>• Opioid and Prescription Drug Overdose workgroups</li> <li>• CT Institute for Communities</li> <li>• Department of Corrections</li> <li>• Multicultural Health Equality</li> <li>• UCONN Health</li> <li>• Department of Consumer Protection – Prescription Monitoring Program</li> <li>• Drug Enforcement Administration (DEA)</li> <li>• Local Health Departments</li> <li>• SAMHSA</li> <li>• Veterans – Jim Tackett??</li> <li>• EMS</li> <li>• State Police, Municipal Police</li> <li>• Medical Examiner Office</li> <li>• CT Medical Society</li> <li>• CT Chronic Pain group???</li> </ul>	<ul style="list-style-type: none"> <li>• CT DMV Commissioner Advisory Group on Teen Driving</li> <li>• Driving Schools</li> <li>• CT Teen Driving Safety Partnership</li> <li>• !MOURNING Parent Act</li> <li>• Safe Kids CT</li> <li>• CT DOT Highway Safety Office</li> <li>• Office of Child Advocate</li> <li>• DUI – Distracted Driving = CT DMV group</li> <li>• MADD</li> <li>• UNCONN Transportation Data Center Data Collaborative</li> <li>• Criminal Justice</li> <li>• CT Police Chief’s Association</li> <li>• Department of Insurance</li> <li>• Brain Injury Alliance - <i>Deb</i></li> </ul>	<ul style="list-style-type: none"> <li>• CT Suicide Advisory Board – DCF &amp; DHMAS</li> </ul>	<ul style="list-style-type: none"> <li>• CCADV – CT Coalition Against Domestic Violence</li> <li>• CT Coalition to End Sexual Violence</li> <li>• Sexual Violence Prevention Planning Committee – DPH (plan)</li> <li>• Suspected Child Abuse and Neglect Program – hospital based program</li> <li>• Office of Child Advocate</li> <li>• DCF</li> <li>• CT School Based Health Centers</li> <li>• Prosecutors – Division of Criminal justice</li> <li>• CSSD Court Support Services Division</li> <li>• American Academy of Pediatrics</li> </ul>

# CDC Health Impact Pyramid

## Factors that Affect Health



### STEP 3: HCT2020 SAMPLE Action Agenda

<b>Focus Area 5: Injury &amp; Violence Prevention</b>			
<b>Goal 5: <i>Create an environment in which exposure to injuries is minimized or eliminated.</i></b>			
<b>Area of Concentration: Fall Prevention</b>			
<b>SHIP Objective IV – 1: Decrease by 10% the number of fall deaths among persons of all ages.</b>			
<b>Dashboard Indicator:</b>			
<b>Strategies</b>	<b>Actions and Timeframes</b>	<b>Partners Responsible</b>	<b>Progress</b>
Educate healthcare, childcare, and other care providers on fall prevention			
Promote implementation of evidence-based multi-faceted programs for community dwelling older adults that integrate fall risk reduction strategies			
Develop comprehensive home safety program for families and caregivers, focusing on injury risks for children.			
<b>Resources Required (human, partnerships, financial, infrastructure or other)</b>			
<ul style="list-style-type: none"> <li>•</li> </ul>			
<b>Monitoring/Evaluation Approaches</b>			
<ul style="list-style-type: none"> <li>• Provide quarterly report outs</li> </ul>			

### STEP 3: HCT2020 SAMPLE Action Agenda

<b>Focus Area 5: Injury &amp; Violence Prevention</b>			
<b>Goal 5: <i>Create an environment in which exposure to injuries is minimized or eliminated.</i></b>			
<b>Area of Concentration: Opioid Poisoning</b>			
<b>SHIP Objective IV - 3: Reduce by 10% the number of deaths caused by unintentional poisonings.</b>			
<b>SHIP Objective IV - 4 Decrease by 10% the number of hospitalizations for unintentional poisonings</b>			
<b>Dashboard Indicator:</b>			
<b>Strategies</b>	<b>Actions and Timeframes</b>	<b>Partners Responsible</b>	<b>Progress</b>
Educate the public on the causes and prevention of poisonings			
<b>Resources Required (human, partnerships, financial, infrastructure or other)</b>			
<ul style="list-style-type: none"> <li>•</li> </ul>			
<b>Monitoring/Evaluation Approaches</b>			
<ul style="list-style-type: none"> <li>• Provide quarterly report outs</li> </ul>			

### STEP 3: HCT2020 SAMPLE Action Agenda

<b>Focus Area 5: Injury &amp; Violence Prevention</b>			
<b>Goal 5: <i>Create an environment in which exposure to injuries is minimized or eliminated.</i></b>			
<b>Area of Concentration: <i>Motor Vehicle Crashes</i></b>			
<b>SHIP Objective IV – 6: Reduce by 5% the number of deaths from motor vehicle crashes.</b>			
<b>Dashboard Indicator:</b>			
<b>Strategies</b>	<b>Actions and Timeframes</b>	<b>Partners Responsible</b>	<b>Progress</b>
<b>Advocate for high visibility enforcement of distracted driving laws</b>			
<b>Expand screening and distribution of child restraint seats</b>			
<b>Expand the current educational awareness campaign on Connecticut graduated driving licensing laws</b>			
<b>Resources Required (human, partnerships, financial, infrastructure or other)</b>			
<ul style="list-style-type: none"> <li>•</li> </ul>			
<b>Monitoring/Evaluation Approaches</b>			
<ul style="list-style-type: none"> <li>• Provide quarterly report outs</li> </ul>			

### STEP 3: HCT2020 SAMPLE Action Agenda

<b>Focus Area 5: Injury &amp; Violence Prevention</b>			
<b>Goal 5: <i>Create an environment in which exposure to injuries is minimized or eliminated.</i></b>			
<b>Area of Concentration: Suicide Prevention</b>			
<b>SHIP Objective IV – 12: Reduce by 10% the age-specific suicide rates for persons 15 to 64 years of age.</b>			
<b>SHIP Objective IV – 14: Reduce by 20% the proportion of students in grades 9-12 who attempted suicide in the past 12 months.</b>			
<b>Dashboard Indicator:</b>			
<b>Strategies</b>	<b>Actions and Timeframes</b>	<b>Partners Responsible</b>	<b>Progress</b>
Provide training to community and clinical service providers on prevention of suicide and related behaviors			
Promote efforts to reduce access to lethal means of suicide among individuals with identified risks, including youth and veterans.			
Integration of prevention efforts across sectors and settings			
<b>Resources Required (human, partnerships, financial, infrastructure or other)</b>			
<ul style="list-style-type: none"> <li>•</li> </ul>			
<b>Monitoring/Evaluation Approaches</b>			
<ul style="list-style-type: none"> <li>• Provide quarterly report outs</li> </ul>			



### STEP 3: HCT2020 SAMPLE Action Agenda

<b>Focus Area 5: Injury &amp; Violence Prevention</b>			
<b>Goal 5: <i>Create an environment in which exposure to injuries is minimized or eliminated.</i></b>			
<b>Area of Concentration: Community Violence and Child Maltreatment</b>			
SHIP Objective IV – 18: Reduce by 10% the incidence of sexual violence.			
SHIP Objective IV – 22: Decrease by 10% the number of child maltreatment cases.			
<b>Dashboard Indicator:</b>			
<b>Strategies</b>	<b>Actions and Timeframes</b>	<b>Partners Responsible</b>	<b>Progress</b>
Advocate for increased screening, surveillance, recognition and reporting for mandatory reporters.			
Advocate for sexual assault educator training to build capacity for prevention efforts.			
Disseminate best practices and effective primary prevention strategies of sexual violence.			
<b>Resources Required (human, partnerships, financial, infrastructure or other)</b>			
•			
<b>Monitoring/Evaluation Approaches</b>			
• Provide quarterly report outs			

### STEP 3: HCT2020 SAMPLE Action Agenda

#### Action Agenda Definitions

Term	Definition/Description
<b>Strategies</b>	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."
<b>Actions and Timeframes</b>	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.
<b>Partners Responsible</b>	Identify by name the key person(s)/group(s)/organization(s) that will be responsible for leading the activity.
<b>Progress</b>	Use this space to indicate progress on each action step as they are implemented.
<b>Resources Needed</b>	The human resources, partnerships, financial, infrastructure or other resources required for successful implementation of the strategies and activities.
<b>Monitoring/ Evaluation Approaches</b>	The approaches you will use to track and monitor progress on strategies and activities (e.g., quarterly reports, participant evaluations from training)