



CONNECTICUT HEALTH IMPROVEMENT COALITION

Partners Integrating Efforts and Improving Population Health

HEALTHY CONNECTICUT 2020

ADVISORY COUNCIL

Meeting Summary
April 07, 2016
12:30pm - 2:30 pm

Meeting Purpose and Outcome:

To inform Advisory Council members on first quarter activities/progress and accomplishments and obtain feedback on identified challenges and barriers.

Attendees:

Commissioner Raul Pino, CT Dept. of Public Health, Patricia Baker, CT Health Foundation/Advisory Council Chair; Liz Beaudin, CT Hospital Association; Andrea Boissevain, CT Association of Directors of Health; Mary Boudreau, CT Oral Health Initiative; Representative Theresa Conroy; Mehul Dalal, DPH/Chronic Disease Director; Judy Dicine, Chief State's Attorney's Office; Colleen Gallagher, CT Dept. of Corrections; Brenetta Henry, Consumer Representative; Lynne Ide, Universal Health Foundation; Patrick McCormack, Uncas Health District; George McDonald, Consumer Representative; Lisa Pellegrini, CT Conference of Municipalities; Scott Sjoquist, Mohegan Tribal Health; Janet Storey, Dept. of Mental Health & Addiction Services; Kathi Traugh, Connecticut Public Health Association; Nancy Yedlin, Donaghue Foundation; Robert Zavoski, Dept. of Social Services; Donna Burke, Health Resources in Action; Rose Swensen, Health Resources in Action; Joan Ascheim, CT Dept. of Public Health; Sandy Gill, CT Dept. of Public Health; Kristin Sullivan, CT Dept. of Public Health; Kevin Borrup, CT Children's Medical Center; Marijane Carey, Carey Consulting; Mario Garcia, CT Dept. of Public Health; Richard Melchreit, CT Dept. of Public Health; Krista Veneziano, CT Dept. of Public Health; Suzanne Blancaflor, CT Dept. of Public Health

Remarks

In March, nominations were requested from Coalition members to fill advisory council representation for Local Health Districts and Injury & Violence Prevention. Pat Baker welcomed the two newest members of the SHIP Advisory Council: Patrick McCormack from Uncas Health District, and Shawn Lang from AIDS CT. Cmr. Pino's provided an overview of current issues including the budget and the need to look for new and diversified funding streams as we continue to move forward with SHIP implementation. He acknowledged the efforts of infectious disease partners around the state in addressing Ebola and announced that the state has recently rescinded the Ebola Public Health Emergency. Efforts will continue in developing the state's plan to address Zika Virus. Cmr. Pino also identified several critical areas to address including teen pregnancy, housing, chronic disease management, HIV prevention, and coordination with primary care. In response to a question, Cmr. Pino shared the importance of the SIM and SHIP initiatives and the need to address population health in order to improve health outcomes.

Action Team Progress

Lead Conveners from each of the seven Action Teams provided brief highlights from their first quarter progress. A red, yellow, green traffic light rating system was utilized to indicate progress: Red light indicated that work on the objective had either stalled or was behind schedule and/or vulnerable for successful completion; yellow light indicated the work on the objective was progressing, but behind schedule or other minor issue, but still potential of successful completion; green light indicated the work



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on the objective was going well and on track. At the end of each Action Team update, Advisory Council members could ask questions and provide feedback on specific issues identified in the presentation. Please see the attached slides for more details on each Action Team update.

Progress on SHIP Targets

Members were provided with a summary report, from the Performance Dashboard that provided an initial view of whether targets were being met for related indicators in the 2016 Action Agendas. DPH will continue to refine the summary report, ensuring data points are fully updated for detailed discussions with the Coalition over the next six months. Initial feedback was positive and members will be asked to provide more feedback on this format as part of the follow up survey.

Approaching Providers

The SHIP Executive Committee convened via conference call on 03-28-2016, to review the Advisory Council feedback on the crosscutting issue of approaching providers. DPH staff conducted additional follow up with each Action Team and learned that most groups were already working with specific engaged partners to advance their 2016 strategies. There is interest to possibly coordinate engagement of FQHC's and SBHC's in the future. Most proposed screenings and services are currently reimbursable, though some need to extend age beyond Medicaid's current limit. Other recommendations included connecting with SIM, reaching out to professional organizations, and examining areas not reimbursed for broader populations and through private insurance. This feedback will be utilized in the development of the 2017 Action Agendas.

Ship Related Legislation/Advocacy

The SHIP Executive Committee also discussed the issue of SHIP related legislation and/or advocacy. In 2016, several SHIP related issues have been introduced for discussion in the General Assembly. These included property maintenance code, family medical leave act, oral health, water fluoridation, tobacco use, and opioid abuse treatment. The committee identified a need for a more strategic approach in 2017, which would include coalition membership input, advisory council feedback, and executive committee approval prior to November 2016. A full coalition membership meeting in September was proposed to address both defining the 2017 Action Agenda for all seven action teams, as well as identifying legislative priorities for 2017. This would be a full day in-person meeting at a venue large enough to accommodate membership although depending upon available resources. Partner's that would like to contribute resources to this meeting should contact HCT2020@ct.gov.

Next Steps

Your feedback on this meeting is very important. Health Resources in Action will develop a brief survey monkey, which will be sent out from the HCT2020@ct.gov email, to obtain feedback on the process used to provide first quarter progress updates. Please respond to this short survey.

Next Advisory Council meetings:

- July 27th, 2016
- October 14th, 2016

Healthy Connecticut 2020 State Health Improvement Plan Advisory Council Meeting

Thursday, April 7, 2016

12:30-2:30 PM

Connecticut Economic Resource Center, Inc. (CERC), Rocky Hill, CT

Meeting Purpose and Outcomes

- To inform Advisory Council members on first quarter activities/progress and accomplishments.
- To obtain AC feedback on identified challenges and barriers.




Agenda

12:30	5	Welcome & Introductions	<i>AC Chair</i>
12:35	5	Remarks	<i>Commissioner Pino</i>
12:40	80	Action Team Progress	<i>HRIA Lead Conveners</i>
2:00	20	SHIP Targets Progress on Approaching Providers SHIP Related Legislation/Advocacy	<i>DPH</i>
2:20	10	Wrap Up/Debrief Next Steps/Next Meeting Date	<i>AC Chair</i>

Action Teams (10 minutes each)

- Maternal Infant & Child Health
- Environmental Health
- Chronic Disease Prevention
- Infectious Disease
- Injury and Violence Prevention
- Mental Health & Substance Abuse
- Health Systems

Definitions

-  ■ **RED** – Stalled, behind schedule, and/or vulnerable for successful completion
-  ■ **YELLOW** – Progressing, but behind schedule or other minor issues, still high potential of successful completion
-  ■ **GREEN LIGHT** – Successes! Going well, on track, and/or complete

Lead Conveners

	Focus Area	Lead Convener(s)
MICH	Maternal, Infant and Child Health	Rosa Biaggi, Department of Public Health (DPH) Marijane Carey, Carey Consulting
EH	Environmental Health	Andrea Boissevain, Stratford Health Department Krista Veneziano, Connecticut Department of Public Health
CD	Chronic Disease	Elizabeth Beaudin, Connecticut Hospital Association Mehul Dalal, Connecticut Department of Public Health
ID	Infectious Disease	Catherine Wiley, MD, Connecticut Children's Medical Center – Immunizations Co-chair Elaine O'Keefe, Yale Center for Interdisciplinary Research on AIDS (CIRA) – HIV Co-chair Richard Melchreit, Connecticut Department of Public Health – Co-chair ex officio
IVP	Injury and Violence Prevention	Kevin Borrup, Connecticut Children's Hospital Chinedu Okeke, Department of Public Health (DPH)
MHSA	Mental Health and Substance Abuse	Janet Storey, Department of Mental Health and Substance Abuse Cathy Sisco, Wheeler Clinic
HS	Health Systems	Mario Garcia, Connecticut Department of Public Health Lisa Pellegrini, Connecticut Conference of Municipalities/Town of Somers

Maternal Infant and Child Health



Maternal Infant and Child Health

- Action Team Leads
 - Rosa Biaggi
Connecticut Department of Public Health (DPH)
 - Marijane Carey
Carey Consulting
 - Jordana Frost
March of Dimes, CT Chapter
- Goal 1: Optimize the health and well-being of women, infants, children and families, with a focus on disparate populations



Maternal Infant and Child Health

Objectives for 2016 Action Agenda

	MICH-1	Reduce the rate of unplanned pregnancies
	MICH-5,6,7,2	MICH-5: Reduce by 10% the proportion of low birthweight and very low birthweight among singleton births. MICH-6: Reduce by 10% the proportion of live singleton births delivered at less than 37 weeks gestation. MICH-7: Reduce by 10% the infant mortality rate (infant deaths per 1,000 live births). <i>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.</i>
	MICH-8	Reduce by 10% the disparity between infant mortality rates for non-Hispanic blacks and non-Hispanic whites.
	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.
	MICH-13	Increase by 10% the percentage of parents who complete standardized developmental screening tools consistent with the American Academy of Pediatrics (AAP) guidelines.





Maternal Infant and Child Health Green Light Successes!

- MICH-1,2,3,4,5,6,7,8: Piloting a pre/interconception initiative, The Every Woman CT Learning Collaborative in 8 communities
- MICH-12: Established partnership with AAP's From the First Tooth Program to coordinate fluoride varnish applications by pediatric PCP's
- MICH-12: Significant increases in 2015 (and 2014) in pediatric PCP's applying fluoride varnish
- MICH-13: CT personalized "Learn the Signs.Act Early" Milestone Moments Book to add Office of Early Childhood logo.
- MICH-13: Federal grant submitted March 2016 to continue cross system planning and coordination of activities.



Maternal Infant and Child Health Yellow Light Issues

- MICH-1-8: Due to the amount of time and effort needed to pilot Every Woman CT, timeline for promoting enhanced models of prenatal care has been moved further out to summer/fall.
- MICH-12: Having difficulty recruiting an OB/GYN oral health champion, that is delaying the meeting of the Perinatal & Infant Oral Health Work Group (PIOH-WG) which will coordinate this work.
- MICH-13: Medicaid data by bill code (96110) is available but data by screening age (9, 18, 24 & 30 months old) is difficult to track.



Maternal Infant and Child Health Red Light Issues



Maternal Infant and Child Health Key Questions for AC Feedback

- MICH-1,2,3,4,5,6,7,8: After Every Woman CT is field tested, would appreciate SHIP's support in promoting the initiative and securing endorsements from key entities, such as ACOG, AAP, AAFP, ACNM, etc.
- MICH-12: Looking for an OB/GYN oral health champion.




Environmental Health

Environmental Health

- Action Team Co-Leads
 - Andrea Boissevain
Stratford Health Department
 - Krista Veneziano
Connecticut Department of Public Health
- Goal 2: Enhance public health by decreasing environmental risk factors

Environmental Health

Objectives for 2016 Action Agenda

	ENV-1	Reduce to less than 3% 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).
	ENV-5	Increase public awareness of the presence and risk of poor air quality days. (DEVELOPMENTAL)
	ENV-6	Increase the enforcement of minimum housing code standards through the collaboration and support of code enforcement programs. (DEVELOPMENTAL)



Environmental Health Green Light Successes!

- Preliminary 2015 numbers reflect 2.9% prevalence
- Chief Attorney's Office along with state and municipal code agencies and organizations and other partners invested in code change
- DPH has a good base to get the work completed and we're building collaborations to continue and expand work to meet the goal



Environmental Health Yellow Light Issues

- Connecticut Housing Finance Authority (CHFA) change in representation and will regroup with current leadership, had meeting, looking good (ENV-1)
- Support for legislative initiative to adopt International Property Maintenance Code (IPMC) (ENV-6)
- Coordinate existing funding sources for healthy housing improvements



Environmental Health Red Light Issues

- Conversations stalled with environmental partners due to competing directives and staffing capacity (ENV-5)



Environmental Health Key Questions for AC Feedback

- Is there a way to engage environmental partners for ENV-5?
- Can the AC suggest a group that can coordinate a subgroup that look at all environmental risk factors contributing to air quality and/or asthma?
- Should the ENV-5 objective be revised by broadening it to include asthma and fold it into the Healthy Housing objective (ENV-6)?

Chronic Disease Prevention





Chronic Disease Prevention

- Action Team Co-Leads
 - Elizabeth Beaudin
Connecticut Hospital Association
 - Meहुल Dalal
Connecticut Department of Public Health

- Goal 3: Reduce the prevalence and burden of chronic disease through sustainable, evidence-based efforts at risk reduction and early intervention

Chronic Disease Prevention

Objectives for 2016 Action Agenda

	CD-16	Decrease by 5% the rate of Emergency Department visits among all Connecticut residents for which asthma was the primary diagnosis.
	CD-22	Reduce to 35% the proportion of children in third grade who have dental decay.
	CD-27	Reduce by 5% the prevalence of obesity in children 5-12 years of age and students in grades 9-12.
	CD-30	Reduce by 25% the prevalence of tobacco-based product* use among students in grades 6-8 and 9-12. <i>* include cigarettes, cigars, chewing tobacco, snuff, dip, pipes, bidis, kreteks (clove cigarettes), hookahs, and electronic nicotine delivery systems and other vapor products. NREPP is a registry for effective substance abuse and mental health interventions.</i>



Chronic Disease Prevention Green Light Successes!

- **Oral Health:** Community Water Fluoridation Legislation: Bill introduced to adjust fluoride standards, building support through targeted outreach and general education regarding fluoride benefits
- **Oral Health:** Integration into various aspects of State Innovation Model components (Advance Medical Home, Community-Clinical integration and Quality Council)
- **Tobacco:** 2016 SYNAR report indicates a 9.0% retail violation rate (low)



Chronic Disease Prevention Yellow Light Issues

- **Asthma:** Workgroup lead identified, activities and timeframes are in the process of being refocused
- **Asthma:** Efforts underway to standardize key elements of asthma action plan to facilitate use in schools
- **Obesity:** Upon detailed review, the Maine model to conduct statewide education and policy is too large in scope to adopt, a pilot possibly involving an ongoing YMCA program is being explored
- **Tobacco:** A bill proposing to increase legal purchase age to 21 was raised and had a hearing.



Chronic Disease Prevention Red Light Issues

- **Tobacco:** Tax Parity among all tobacco products cannot move forward as no new taxes are currently being considered
- **Tobacco:** The Tobacco Health and Trust Fund was zeroed out for next two years, rendering moot the possibility to inform allocations.



Chronic Disease Prevention Key Questions for AC Feedback

- Asthma activities have been refocused and refined while honoring the intent of the approved action agenda. Key changes include:
 - Elevate the focus on Asthma Action Plans in provider and school settings
 - Explore opportunities for low-cost / feasible provider education initiatives
 - Establish stronger links to existing initiatives such as Connecticut Asthma Initiative and asthma home-visiting program



Focus Area 4: The “Ochre” Team

Infectious Disease Prevention

Infectious Disease Prevention

- Action Team Co-Leads
 - Catherine Wiley, MD
Connecticut Children’s Medical Center – Immunizations Co-chair
 - Elaine O’Keefe
Yale Center for Interdisciplinary Research on AIDS (CIRA) – HIV Co-chair
 - Richard Melchreit
Connecticut Department of Public Health – Co-chair ex officio
- Goal 4: Prevent, reduce and ultimately eliminate the infectious disease burden in Connecticut

Infectious Disease Prevention







Infectious Disease Prevention



Infectious Disease Prevention

Objectives for 2016 Action Agenda

	ID-1	Increase by 5% the vaccination coverage levels for Advisory Committee on Immunization Practices (ACIP) recommended vaccines among children and adults.
	ID-5	Increase by 5% the percentage of adults who are vaccinated annually against seasonal influenza.
	ID-7	Increase by 20% HPV vaccination rates for male and female adolescents 13 to 17 years of age to meet CDC guidelines.
	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.



Infectious Disease Prevention Green Light Successes!

- Reactivated Action Team
 - Two sub-groups: HIV, Immunizations
 - Three Co-chairs: HIV (community), Immunizations (community), DPH
- Routine HIV testing at Yale NHH, funded FQHCs – potential expansion
- HIV Partner Referral – required of funded providers
- HIV Pre-exposure Prophylaxis (PrEP) – documented success at YNHH, other providers offering, effective publicity campaign



Infectious Disease Prevention Yellow Light Issues

- Before we require immunization providers to use the Connecticut Immunization Registry and Tracking System (CIRTS), must build it out – the vendor, Consilience, is working on hiring a full time developer
- We need information about LHD vaccination clinics from this flu season – survey
- HPV public information campaign – need to meet with DPH Communications, Connecticut Cancer Partnership was also suggested
- HIV services data linkage for tracking is a challenge, Project Connect can be a model/pilot, new DSS IT system in the works



Infectious Disease Prevention Red Light Issues

- ID 1 Strategies 1 and 2: Study already done, plans made, the block we need help with is no money to expand vaccine purchase



Infectious Disease Prevention Key Questions for AC Feedback

- Can the SHIP Advisory Council help obtain funds to expand vaccine purchase for distribution through the state vaccine distribution system?
- Connecticut Cancer Partnership –collaborate on public information activities to educate the public and providers about HPV vaccine for cancer prevention?

Injury and Violence Prevention

Injury and Violence Prevention

- Action Team Lead
 - Kevin Borrup
Connecticut Children’s Hospital
 - Chinedu Okeke
Department of Public Health

- Goal 5: Create an environment in which exposure to injuries is minimized or eliminated

Injury and Violence Prevention

Objectives for 2016 Action Agenda

	IV-1	Decrease by 10% the number of fall deaths among persons of all ages.
	IV-3,4	Reduce by 10% the number of deaths caused by unintentional poisonings.* Decrease by 10% the number of hospitalizations for unintentional poisonings.* <i>*2016 efforts will focus on unintentional poisonings related to opioids and prescription drugs. These objectives will be addressed collaboratively with the Mental Health and Substance Abuse ACTION Team.</i>
	IV-6	Reduce by 5% the number of deaths from motor vehicle crashes.
	IV-12,14	Reduce by 10% the age-specific suicide rates for persons 15 to 64 years of age. Reduce by 20% the proportion of students in grades 9-12 who attempted suicide in the past 12 months.
	IV-18	Reduce by 10% the incidence of sexual violence.



Injury and Violence Prevention Green Light Successes!

- Action Team has identified and begun working with stakeholder groups Connecticut Suicide Advisory Board; Connecticut Teen Driving Safety Partnership; Connecticut Sexual Violence Prevention Planning Committee.
- CT DOT’s Highway Safety Plan is comprehensive across a broad range of motor vehicle issues. Connecticut has been very successful and is the only state to receive distracted driving enforcement funding.



Injury and Violence Prevention Yellow Light Issues

- A number of steps to combat opioid poisoning through education and elevating the level of public conversation over the epidemic.
- Fall prevention projects are being initiated at the local level across the state.
- Efforts to change the culture on sexual violence have resulted in an important culture shift resulting in policy changes around consenting standards and the education of young adults.



Injury and Violence Prevention Red Light Issues

- It can be challenging to bring all stakeholders to the table for Action Team meetings since individuals and groups tend to be issue specific across the broad range of injury and violence prevention topics.



Injury and Violence Prevention Key Questions for AC Feedback




Mental Health and Substance Abuse

Mental Health and Substance Abuse

- Action Team Co-Leads
 - Janet Storey**
Department of Mental Health and Substance Abuse
 - Cathy Sisco**
Wheeler Clinic
- Goal 6: *Improve overall health through the lifespan, through access to quality behavioral health services that include screening, early intervention, prevention and treatment.*

Mental Health and Substance Abuse

Objectives for 2016 Action Agenda

	MHSA-1	Decrease by 5% the rate of mental health emergency department visits.
	MHSA-5	Reduce by 5% the non-medical use of pain relievers across the lifespan (ages 12 & older).
	MHSA-8	Increase by 5% trauma screening by primary care and behavioral health providers.



Mental Health and Substance Abuse Green Light Successes!

- MHSA-1**
- Compiled rolling list of emergency department (ED) frequent visitors through Medicaid claims data and are sharing with five collaborating EDs
 - Deployed Intensive Care Manager and Peer Teams to each of the five EDs to work with staff and frequent visitors
 - Planning to provide training to Local Mental Health Authorities to assist communities in conducting organized, preventive responses to hoarding
-
- MHSA-5**
- Obtained 2015 prescription drug monitoring program data to use as outcome measures
 - Team members putting link to DCPs drug disposal material and drop box locations on their agency websites
 - Developing partnership with AARP CT to disseminate info on preventing older adult prescription misuse
-
- MHSA-8**
- Consulted with researcher on baseline for measuring increase in screening
 - Arranged to obtain consultation with V. Felitti, co-author of Adverse Childhood Experiences (ACEs) study about common definition for trauma screening and tools



Mental Health and Substance Abuse Yellow Light Issues

- MHSA-1**
- Increasing implementation of *comprehensive* behavioral health screening by primary care providers for adults over 18 and for youth 12-17 yrs. of age *will take time*
-
- MHSA-5**
- Changing approach to promoting adoption of opioid prescribing guidelines
-
- MHSA-8**
- Establishing a CT baseline for trauma screening and determining a method for tracking will take time



Mental Health and Substance Abuse Red Light Issues

- Many workgroups and initiatives are asking medical practices to conduct a variety of screening
- *Way behind* in uploading data and information to dashboard - but have working session planned



Mental Health and Substance Abuse Key Questions for AC Feedback

- How can the AC support the implementation of screening?

Health Systems

Health Systems

- Action Team Co-Leads
 - Mario Garcia
Connecticut Department of Public Health
 - Lisa Pellegrini
Connecticut Conference of Municipalities/Town of Somers
- Goal 7: Align efforts of health systems stakeholders to achieve sustainable, equitable, and optimal population health.

Health Systems

Objectives for 2016 Action Agenda (All Are Developmental Objectives)	
	HS-3 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
	HS-4 Decrease the number of patients expressing difficulty in accessing health services due to the lack of non-emergency transportation services.
	HS-12 All Connecticut communities are covered by a community health assessment.
	HS-13 Increase the capacity of the current clinical and public health workforce (e.g., number, skills, diversity, geography) as measured by: <ul style="list-style-type: none"> • 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 public health workforce employees by geographic area.



Health Systems Green Light Successes!

- The number of voluntarily accredited public health departments
 - Funding made available under PHHS Block Grant for local health agencies; currently 3 accredited local public health agencies, expect more in the pipeline; DPH submit full application on March 31.
- Number of Connecticut Health and social service agencies that have adopted CLAS
 - CLAS 101 available to DPH/partners at <https://ct.train.org/ID#1058875>; CLAS toolkit available on website for DPH/partners
 - Human service contracts include non discrimination and CLAS provisions



Health Systems Yellow Light Issues

- All Connecticut communities are covered by a community health assessment
 - Baseline identified; communities not covered identified; exploring options to ensure remaining communities covered
- Increase the capacity of the current clinical and public health workforce (e.g., number, skills, diversity, geography)
 - Lead identified 3/31/16: Pat Checko
- Decrease the number of patients expressing difficulty in accessing health services due to the lack of non-emergency transportation services.
 - Lead identified 3/31/16: Lisa Pellegrini



Health Systems Red Light Issues

- Number of accredited PCMH that include dental
 - No work has started. Looking for Lead/build on existing initiatives (may be addressed under SIM or through DSS)



Health Systems Key Questions for AC Feedback

- How do we better coordinate state/community health assessments looking forward?
 - Core set of standard indicators?
- What resources are available to address red light issues?

SHIP Targets

Progress on Approaching Providers

SHIP Related Legislation/Advocacy



SHIP Targets

Healthy CT 2020 Chronic Disease Prevention and Control

		Time Period	Actual Value	Target Value	Current Band	Baseline %Change
R	Reduce the prevalence and burden of chronic disease through sustainable, evidence-based efforts at risk reduction and early intervention.					
5	Asthma	Rate of Emergency Department visits among all Connecticut residents for which asthma was the primary diagnosis. (HCT2020)	2014	66.2 per 10,000	62.8 per 10,000	1 2%
5	Oral Health	Proportion of Connecticut children in third grade who have dental decay. (HCT2020)	2011	39.6%	35.0%	1 -2%
5	Obesity	Percent of children (5-12y) in Connecticut who are obese. (HCT2020)	2013	17.6%	17.9%	1 -6%
5	Obesity	Percent of Connecticut children (5-12y) with a household income of <\$25,000 who are obese.	2013	35.1%	36.1%	1 -8%
5	Obesity	Percent of youth (high school) in Connecticut who are obese. (HCT2020)	2013	12.3%	11.9%	1 11%
5	Tobacco	Percent of youth (grades 6-8) who currently use other types of tobacco including e-cigarettes.	2013	3.6%	3.0%	1 -58%
5	Tobacco	Percent of youth (high school) who currently use other types of tobacco including e-cigarettes.	2013	17.7%	17.0%	2 26%
5	Tobacco	Percent of youth (grades 6 - 8) who currently smoke cigarettes. (HCT2020)	2013	1.4%	2.2%	4 -86%



Progress on Approaching Providers

Executive Council Concerns

- Work through existing contacts and professional associations
- Consider other providers (non-medical)
- Determine if there is there reimbursement for the service or is it a barrier
- Consider which of the strategies are priorities
- Coordinate efforts with SIM
- Coordinate efforts with local health



Progress on Approaching Providers

Our concern may have been unfounded. There do not currently seem to be a lot of groups approaching the same providers.

- Teams are currently working with key, engaged partners:
 - MICH – with interested prenatal providers
 - HIV – with key hospital and health care systems
 - Mental health with FQHCs
 - Oral health with pediatricians and AAP
 - Developmental screening with developmental pediatricians
- Interest exists across many groups to work with FQHCs and SBHCs in future
- Most services are reimbursable though some need to extend age or beyond Medicaid



Progress on Approaching Providers

Where we might collaborate going forward :

- Coordinate with SBHC, FQHCs
- Connect with SIM
- Outreach to OB/GYNs, family practice
- Coordinate around EPIC trainings
- Reach out to businesses
- Reach out to professional associations (ACOG, Oral Health Coalition)
- Examine areas not reimbursed for broader populations and through private insurance

SHIP Related Legislation/Advocacy

- 2016 Legislation
 - EH – Property Maintenance Code
 - MICH – Family Medical Leave Act
 - Other SHIP related legislation
- Executive Committee discussion
 - Coalition membership input
 - 2017 Legislative Agenda
- Questions?/Feedback?

Wrap Up/Debrief

- How did the reporting work for Action Team Reports?
 - AC Feedback
 - Lead Convener Feedback

Pat Baker

Wrap Up/Debrief

Next Steps/Next Meeting Date

Next Steps/Next Meeting Date

- Next Steps
- Next Meeting Date
 - July 2016 (to be scheduled)

Thank You!

Every Woman Connecticut



Join the “EVERY WOMAN CONNECTICUT” Learning Collaborative to give babies in your community a healthy start and ensure that all women and men are as healthy as they can possibly be throughout the course of their life, whether they want to start a family or not.

1 The Facts

- Nearly 3 out of 10 pregnancies in Connecticut in 2013 were unplanned.
 - Only 56.6% of women who were not trying to get pregnant at the time, were using some form of birth control at the time they got pregnant.
- 40.7% of postpartum women using birth control, were using less or least effective methods of birth control
- Only 27.4% of women reported having a “preconception health” discussion with their health care provider prior to becoming pregnant, to help them prepare for a healthy pregnancy.
 - 48.5% of women were overweight or obese prior to becoming pregnant.
 - 19.8% of women were taking medication other than birth control prior to becoming pregnant.
- 12.8% of mothers received late or no prenatal care, while 22.9% received inadequate prenatal care.
- Non-Hispanic Blacks, Hispanics, younger women (<20 and 20-24 years), and women who were on Medicaid or uninsured were disproportionately affected by poor health status before, during, and after a pregnancy, unintended pregnancies, and poor birth outcomes.

2 The Challenge

Although preconception care guidelines exist, there is no standardized model for delivering pre-/inter-conception care. As a result, the consequences of current practice include:

- delayed prenatal care; missed opportunities for best practice in prenatal care
- women at increased risk of untreated chronic diseases, depression, anxiety and physical abuse
- disparities in preterm birth, low birth weight, and infant mortality rates
- immediate and long term health problems for both mother and infant

In order for pre-/inter-conception health care to become an integral part of routine care within different health care settings and in non-clinical interactions, new tools, structures, and processes need to be created, disseminated, and institutionally supported. **Contact Every Woman CT at (203) 850-7724 or everywomanCT@gmail.com to learn more!**

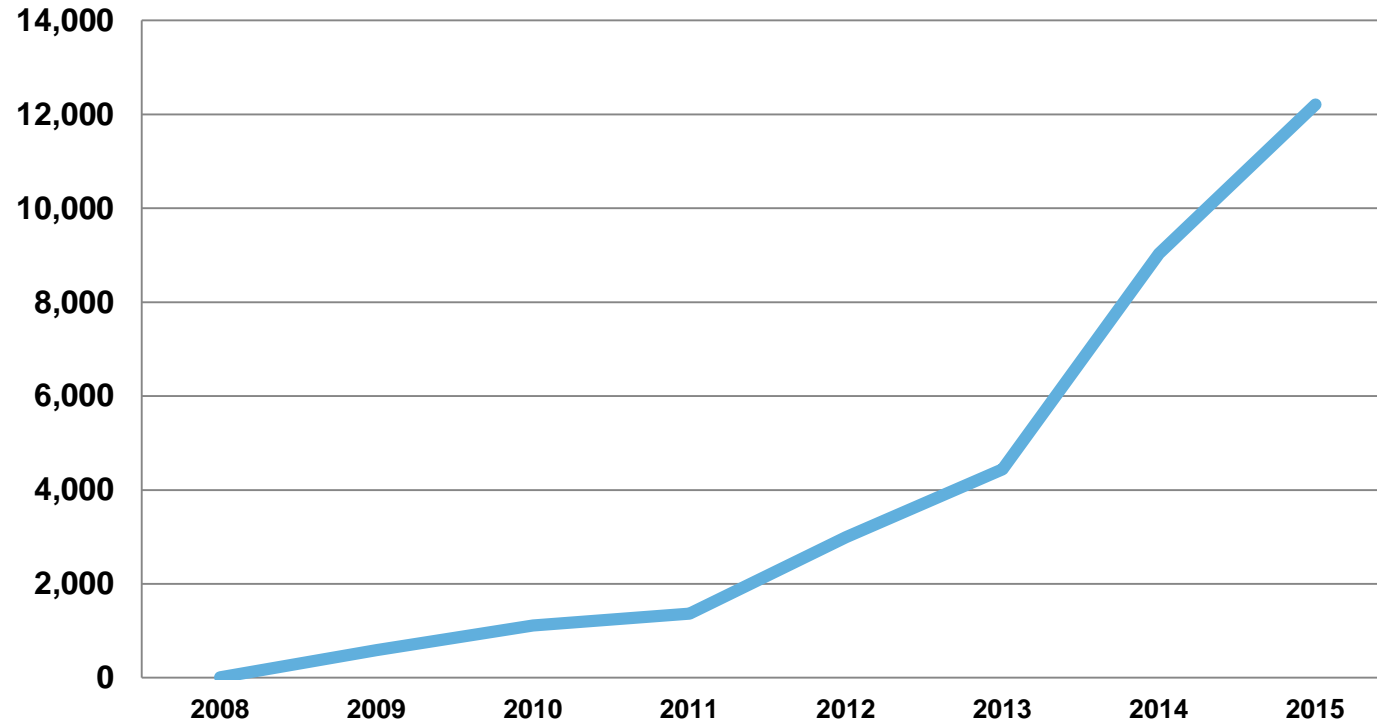
WHAT COULD WE DO DIFFERENTLY?

Screen for pregnancy the way we screen for other preventable conditions, BUT in this case we want to know about *intention*.

“WOULD YOU LIKE TO BECOME PREGNANT IN THE NEXT YEAR?”

One Key Question (OKQ) is a screening tool to identify each woman’s need for reproductive health care. It opens the door to appropriate care, depending on whether she responds yes, no, or maybe/I’m OK either way.

Topical Fluoride Varnish Applications by Pediatric Primary Care Physician Offices (D1206)



2014 & 2015 data from CTDHP, Other from Oral Health Care for Young Children in the HUSKY Program, SERVICES DELIVERED BY PRIMARY CARE PROVIDERS, 2008–2013; August 2015; Mary Alice Lee, Ph.D., Sarah Iverson; Connecticut Voices for Children; Prepared for DSS and CTDHP under grant H47MC26549 from the Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services



Feedback on Action Agenda Q1 Updates

MICH

Key Questions for AC Feedback

- **MICH-1,2,3,4,5,6,7,8: After Every Woman CT is field tested, would appreciate SHIP's support in promoting the initiative and securing endorsements from key entities, such as ACOG, AAP, AAFP, ACNM, etc.**
 - *Leads were asked to provide a list of organizations that they would like endorsement from so that AC members can coordinate efforts.*
 - *Question was asked whether Every Woman CT will impact disparities, specifically in the Latino population and teen pregnancy in urban areas. Education is key.*
- **MICH-12: Looking for an OB/GYN oral health champion.**
 - *Pat Baker knows of an OBGYN from St Francis Hospital. She will provide contact info.*

ENV

Key Questions for AC Feedback

- **Is there a way to engage environmental partners for ENV-5?**
 - *Recommendation made that someone from the AC go to the [Asthma] conference to facilitate conversation (e.g., a breakout group).*
 - *This issue ties into other initiatives as well: public transportation, biking, etc. Suggestion to have the different commissioners in these areas discuss the issue.*
- **Can the AC suggest a group that can coordinate a subgroup that looks at all environmental risk factors contributing to air quality and/or asthma?**
 - *CD – a subgroup is reforming to address issues around asthma – this question can be brought to them.*
 - *Is there low hanging fruit that could be addressed? Outdoor air quality isn't moving, but indoor air quality is.*
 - *Suggestion to reach out to the CT Fund for the Environment*
 - *What other groups has the Action Team reached out to?*
- **Should the ENV-5 objective be revised by broadening it to include asthma and fold it into the Healthy Housing objective (ENV-6)?**
 - *No specific recommendations made*



CD

Key Questions for AC Feedback

- **Asthma activities have been refocused and refined while honoring the intent of the approved action agenda. Key changes include:**
 - Elevate the focus on Asthma Action Plans in provider and school settings
 - Explore opportunities for low-cost / feasible provider education initiatives
 - Establish stronger links to existing initiatives such as Connecticut Asthma Initiative and asthma home-visiting program
- *Consider adding asthma coordination with SIM. Look at payment, value-based insurance → reinvestment in prevention and early intervention*
- *Multi-payers – what quality metrics are they promoting?*

ID

Key Questions for AC Feedback

- **Can the SHIP Advisory Council help obtain funds to expand vaccine purchase for distribution through the state vaccine distribution system?**
 - *Providers pay more for vaccines – they don't have the economies of scale like the state does*
 - *>6-18 years requires \$23M*
 - *Encouraged to work with pediatricians to take advantage of purchasing power.*
- **Connecticut Cancer Partnership –collaborate on public information activities to educate the public and providers about HPV vaccine for cancer prevention?**
 - *No specific recommendations*

MHSA

Key Questions for AC Feedback

- **How can the AC support the implementation of screening?**
 - *Local CHIPs are grappling with the same issue (see Bridgewater) – look at what is going on and leverage that so no one is reinventing the wheel. Connect and coalesce activity. Get reps on the action team.*
 - *Adults with ASD are overlooked/not served by DEMIS. Who is looking at them?*
 - *Child Health and Development Institute*

IVP

- *Looking at indicators. E.g., motor vehicle death rate is already low, so 5% reduction may not be achievable. May have to look at injury data.*
- *Will repeat overdoses survived (use of Narcan) impact the numbers?*
- *Education: where are you doing education? It has been an epidemic in urban communities for years.*
- *Collection of information: poisonings (non-death) - is the question being asked whether Narcan was given? Can we separate accidental poisonings from death? Are they asking the question?*



- *Similar situation in lead – recognition of the problem in yuppie communities elevates the concern*

HS

Key Questions for AC Feedback

- **How do we better coordinate state/community health assessments looking forward?**
 - **Core set of standard indicators?**
 - *Lead on PCMH including dental initiative*
 - *Support to bridge SIM with Health Systems*
 - *Is anyone looking at how to transport children and adults with sensory issues? People who cannot take the bus?*
 - *What about people who live in areas where there is no bus?*
 - *Transport upon release from ER?*
 - *Providers are currently under scrutiny for instances where someone is not allowed to accompany the person being transported (parent, peer).*
 - *Directors of hospitals meeting with directors of public health - The hope is that conversations between them can match up who is doing what. Previous assessments done by hospitals covered only their service areas, not all communities.*
 - *All hospitals file Community Health Needs Assessments. The challenge is to cover those communities not currently included in any hospital coverage area.*
- **What resources are available to address red light issues?**
 - *No specific recommendations*