



**HEALTHY CONNECTICUT 2020**

**ADVISORY COUNCIL**

**Meeting Summary**  
**December 7th, 2016**  
**2:00 pm - 3:00 pm**

**Meeting Purpose and Outcome:**

To provide follow-up to the 2017 SHIP Policy Agenda discussion from the 11-17-2016 Advisory Council meeting, and to define next steps.

**Attendees:**

Patricia Baker, CT Health Foundation/Advisory Council Chair; Daun Barrett, Griffin Hospital Parish Nurse Program; Liz Beaudin, CT Hospital Association; Yvette Bello, Hartford Foundation for Public Giving; Andrea Boissevain, CT Association of Directors of Health; Mehul Dalal, DPH/Chronic Disease Director; Louise Dembry, Yale University; Judy Dicine, Chief State’s Attorney’s Office; Phyllis DiFiore, CT Dept. of Transportation; Laura Knapp, Consumer Representative; Elaine O’Keefe, Yale School of Public 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; 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; Deputy Commissioner Yvonne Addo, CT Dept. of Public Health; Deputy Commissioner Janet Brancifort, CT Dept. of Public Health; Kevin Borrup, CT Children’s Medical Center; Jill Kennedy, CT Dept. of Public Health, and Brie Wolf, CT Dept. of Public Health; Suzanne Blancaflor, CT Dept. of Public Health; Catherine Wiley, CT Children’s Medical Center; Jessie White-Frese, CT Association of School Based Health Centers; Donna Heins, CT Dept. of Education.

**1. Potential Roles for Coalition Members in Advancing Policy Agenda**

- a. Key role is collecting information and sharing with coalition members, reporting on activities (must identify communication coordinator(s) for each policy agenda item)
- b. Goal is collective action: pooling resources, building on the strengths of each other
- c. Hard to answer who can do/should do what without a knowledge of each member’s home institution’s priorities and boundaries; need a sense of overall capacity to champion policy
- d. DPH: Provide guidance to lead conveners on line between education and advocacy

Advisory Council	Action Teams	Members at Large
<ul style="list-style-type: none"> <li>• Select and confirm policy agenda</li> <li>• Review and comment on strategies</li> <li>• Reinforce relationship between policy agenda items in the SHIP</li> <li>• Sounding board</li> </ul>	<ul style="list-style-type: none"> <li>• Collect information</li> <li>• Advance policy strategies</li> <li>• Report on outcomes to Council</li> <li>• Send grassroots action alerts to member advocacy committees/ legislative teams</li> <li>• Develop and make specific asks to AC for support</li> </ul>	<ul style="list-style-type: none"> <li>• Develop and disseminate position papers</li> <li>• Letters to the editor</li> <li>• Fund policy analysis</li> <li>• Submit testimony</li> <li>• Educate legislators</li> <li>• Share results of studies</li> <li>• Advocate</li> </ul>



**CONNECTICUT**  
**HEALTH IMPROVEMENT COALITION**  
*Partners Integrating Efforts and Improving Population Health*

**2. DPH Legislative Process – Health Equity Form** (*See attached*)

**3. Next Steps**

- a. Policy agenda remains as is (nothing removed)
- b. Survey all members to understand:
  - i. Who has what capacity?
  - ii. What information is needed?
  - iii. What are organizational priorities that align with policy agenda and/or SHIP?
  - iv. Where are their organizational boundaries with respect to policy?
- c. Identify communication coordinator(s) for each policy agenda item
- d. Align policies with workgroups; they choose how to move forward

**4. Next Coalition Conference Call** - Thursday, January 12<sup>th</sup>, 2016, 11:00am – 12:00 pm



**Results of 2017 SHIP Policy Agenda Discussion & Voting from 11-17-2016**

**Definition:** Policy is a law, regulation, procedure, administrative action, incentive, or voluntary practice of governments and other institutions. <http://www.cdc.gov/policy/analysis/process/definition.html>

Policy Suggestions (LEGISLATIVE)	1	2	3	4	5	6	7	
	Legislative Proposal Y/N?	Lead Agency or sponsor identified Y/N?	Benefit multiple areas of SHIP Y/N?	Expecting support Y/N?	Potential for Maximum impact Y/N?	CDC PSR rating	Priority	% vote
1. <b>TOBACCO</b> - Raise the age to purchase tobacco & ENDS products from 18 years of age to 21 years of age. (CD Action Agenda)	y	Y (DPH)	Y	MIXED	Y		H	75%
2. <b>TOBACCO</b> - Upgrade Clean Indoor Air Laws to meet national recommendations for comprehensive law (CD Action Agenda)	Y	Y (DPH)	Y	MIXED	Y	Red	H	62%
3. <b>TOBACCO</b> - Remove pre-emption clauses that hinder local tobacco control authority (CD Action Agenda)	Y	Y (DPH)	Y	MIXED	Y		H	62%
4. Establish Community Health Worker Certification and ability to seek reimbursement for services (discussed in HS)	Y	AHEC/SIM	Y	Y	Y		H	75%
5. Seatbelt use for all positions (IVP Action Agenda)	Y	DOT	Y	Y	y	Yellow	H	73%
6. Require employers to provide paid Family Medical Leave (MICH Action Agenda)	Y	CT Women's Education Legal Fund	Y	MIXED	Y		H	69%
7. Connecticut adoption of 2015 International Property Maintenance Code (IPMC) (ENV & MICH Action Agenda )	drafted	In discussion	Y	MIXED	Y		H	56%
8. Add HPV vaccine to the mandated vaccines for schools (ID Action Agenda)	y	Y (DPH)	Y	MIXED	Y		M	67%
9. Integration of Local Health Districts	Y	Y (DPH)	Y		Y		L	44%
10. Tax parity for other tobacco products and Electronic Nicotine Delivery Systems (ENDS) to match the current cigarette tax (CD Action Agenda)	N	DRS	Y	MIXED	Y		H	62%
11. Motorcycle Helmet law (IVP Action Agenda)	N			Lots of opposition			L	38%



**Results of 2017 SHIP Policy Agenda Discussion & Voting from 11-17-2016**

Policy Suggestions (NON-LEGISLATIVE)	1	2	3	4	5	6	7	
	Legislative Proposal Y/N?	Lead Agency or sponsor identified Y/N?	Benefit multiple areas of SHIP Y/N?	Expecting support Y/N?	Potential for Maximum impact Y/N?	CDC PSR rating	Priority	% vote
1. Require use of fluoride varnish for decay prevention in school-based programs, primary care practices and community access points <i>(CD Action Agenda)</i>		COHI	Y	Y	Y		H	100%
2. Improve data at the local level to address social determinants a. Defining and mapping of disparate populations by indicator b. Systemic inclusion of social determinant impact on health		OPM? SIM? Need umbrella org	Y		Y		H	93%
3. Standardized indicators for local CHIPs <i>(HS)</i>			Y		Y		H	67%
4. Require CLAS standards in all state agency contracts <i>(HS Action Agenda)</i>			Y	MIXED	Y		H	60%
5. Advocate for appropriate and sustainable Tobacco Trust Fund allocations for education, prevention, and cessation <i>(CD Action Agenda)</i>		MATCH Coalition	Y	Y	Y	Red	H/L	40%/40%
6. Nutrition standards for procurement and sales of food and beverages sold on state owned/operated property <i>(CD) *Cannot act on this until next state contract</i>			Y			Red	L	87%
7. <del>Standard requirement for community dialog with target audiences - REMOVE BASED ON AC DISCUSSION – this is an expectation not a policy</del>								

# Health Equity\* Impact of Legislative Proposals Worksheet



## Introduction

The “health equity impact” worksheet was established in 2016 in order to assist DPH staff in analyzing the impact of CT legislative proposals from a health-equity perspective. Following is background information and guidance on each question in the worksheet.

## Background

DPH first established its Health Equity Policy in 2012, and later revised it in 2016. The policy describes “health disparities” priority populations served in Connecticut as well as the ten essential services of DPH.

## Worksheet Instructions:

- **Identify the CGS Bill # in the upper left-hand corner**
- **Question 1** – asks if this bill is meant to impact all CT residents, or not.
- **Question 2** – identifies the DPH health disparities priority populations. Does the bill under consideration impact any of the priority populations listed? For example, would it conceivably have an effect (positive **or** negative) on any groups listed? Oftentimes, smaller or hidden population groups are overlooked in examining impact of legislative proposals. If the answer is “yes,” please check all groups to which it applies.
- **Question 3** – identifies social, structural factors (aka “social determinants of health”) that may be affected by this legislation. The factors listed are examples of a broad range of social determinants that are closely linked to the public’s health. Ideally, good state policies will have a beneficial influence on a wide array of social factors. The list is not comprehensive of all social determinants, so please consider other possible factors that the legislation may influence and write them in under “Other, describe.”
- **Question 4** – asks if the proposal may be harmful or beneficial to the target population. Please answer all three items (a., b., c.). Please consult the list under Question 3 to answer question 4
- **Question 5** – please describe in your own words any potential positive or negative impacts this bill may have on health equity, that is, “the fair distribution of resources needed for health, fair access to the opportunities available, and fairness in the support offered to people when ill.”

\* Refers to how uniformly services, opportunities and access are distributed across groups and places, according to the population group. Equity in health implies that ideally everyone can attain full health potential, and that no one should be disadvantaged from achieving this potential because of social position or other socially determined circumstance. Efforts to promote equity in health are therefore aimed at creating opportunities and removing barriers to achieving the health potential of all people. It involves the fair distribution of resources needed for health, fair access to the opportunities available, and fairness in the support offered to people when ill.

# Health Equity\* Impact of Legislative Proposals Worksheet



**BILL#** \_\_\_\_\_

**1. Does this legislation impact all CT residents? Check one:**  Yes  No

**2. Does this legislation impact any of the following priority populations of DPH (or else all CT residents)? If yes, check all that apply.**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Racial minority         | <input type="checkbox"/> Immigrants/Refugees         | <input type="checkbox"/> Homeless                    |
| <input type="checkbox"/> Ethnic minority         | <input type="checkbox"/> Incarcerated                | <input type="checkbox"/> Mentally ill                |
| <input type="checkbox"/> Age group               | <input type="checkbox"/> Sexual minority             | <input type="checkbox"/> Underserved geographic area |
| <input type="checkbox"/> Gender group            | <input type="checkbox"/> Limited English proficiency | <input type="checkbox"/> Veterans                    |
| <input type="checkbox"/> Low income or education | <input type="checkbox"/> Disabled                    |  |

**3. Does this legislation impact any of the following social, structural factors? If Yes, check all that apply:**

Access to healthy food	<input type="checkbox"/>
Access to safe, affordable housing	<input type="checkbox"/>
Access to healthy indoor and outdoor places, such as homes, schools, parks, and playgrounds	<input type="checkbox"/>
Access to quality medical care and/or social services	<input type="checkbox"/>
Access to safe medical care and/or social services	<input type="checkbox"/>
Access to medical/social services that are affordable and culturally appropriate	<input type="checkbox"/>
Appropriate language/communication services in medical care /social service settings	<input type="checkbox"/>
Diverse pool of health and medical practitioners representative of the populations served	<input type="checkbox"/>
Community economic development that supports local homes, businesses, buildings and land	<input type="checkbox"/>
Data collection on sociodemographic factors that influence health (e.g., race, language spoken)	<input type="checkbox"/>
Early childhood development services and community supports	<input type="checkbox"/>
Education that is high quality and culturally appropriate for all students	<input type="checkbox"/>
Job training and jobs that provide all residents a livable income	<input type="checkbox"/>
Law and justice system that provides equitable access and fair treatment for each person	<input type="checkbox"/>
Policies to eliminate discriminatory practices that negatively affect the priority populations	<input type="checkbox"/>
Public safety that includes fire, police, emergency medical services, and code enforcement	<input type="checkbox"/>
Safe and supportive communities	<input type="checkbox"/>
Transportation that is safe, efficient, affordable, convenient, and reliable for everyone	<input type="checkbox"/>
Underserved medical or health professional shortage areas	<input type="checkbox"/>
Other, describe:	<input type="checkbox"/>

**4. Would the proposed legislation improve or harm the target population’s relationship to these factors?**

a. Legislation may improve the target population’s relationship to one or more factors listed in #3.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Legislation may harm the target population’s relationship to one or more factors listed in #3.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Legislation does not consider the health impact of these social factors on the target population.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Additional comments:		

**5. Describe any positive or negative impacts the bill may have on health equity.**