**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/Public Health Infrastructure**

**SHIP Objective** **Combined HS-3, HS-8, HS-11, and HS 12**

**NEW Objective HS-3 (Developmental)**

**Increase the quality and performance of clinical and public health entities as measured by:**

- 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
- The percentage of CT communities covered by a community health needs assessment

**Dashboard Indicators:**

- Number of accredited PCMH that include dental
- Number of Connecticut Health and social service agencies that have taken steps to implement CLAS in health and health care
- Percentage of governmental public health jurisdictions that meet National Public Health Accreditation Board standards.
- **Percentage of Connecticut communities covered by a community health assessment**

| Strategies | Actions and Timeframes | Partners Responsible | Progress |
|---|---|---|---|
| **1. Provide financial incentives to health jurisdictions for accreditation and to those who are accredited.**<br><br>***Opportunities for Collaboration with other Action Teams:***<br>Chronic Disease<br>Mental Health & Substance Abuse<br>Injury & Violence Prevention<br>See SHIP/CHIP Crosswalk | a. Identify funding sources and incentives<br>b. Consider increase in per capita for those health departments/districts achieving accreditation.<br>c. Communicate financial sources available<br>d. Seek to increase funding available including but not limited to, ensuring grant funds can be used for accreditation activities.<br>e. Ask health jurisdictions for input on what incentives would be most effective<br>f. Provide education to raise awareness of accreditation and promote benefits (e.g., training already available, no cost webinars) | Leads: DPH, Yale PHTC, CT Association of Local Boards of Health (CALBOH); CADH | |
| **2. Encourage regional health assessments.**<br><br>***Opportunities for Collaboration with other Action Teams:***<br>Wellbeing Survey<br>Other Action Teams – new data needs TBD | a. Establish a baseline of the number of communities currently covered by a community health assessment (within the past 3 years). | Lead: Core Group comprised of DPH/CHA/CADH<br>Support/Implement:<br>CTSIM<br>DataHaven.<br>Universities<br>FQHC's (uniform data system)<br>Boards of Health<br>Local Health Depts | |

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| | b. For assessments conducted, determine the level of partnering/collaboration with/between Hospitals, FQHC's, Local health department(s), CADH, Other agencies | | |
| | c. Identify those communities NOT covered by any type of assessment | | |
| | 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 **Timing: Yr 2** | | |
| | f. Explore establishing/expanding use of templates and data sharing agreements. **Timing: Yr 2 or 3 depending upon progress** | | |

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| **3. Align Community Health Improvement Plans with goals and strategies in Healthy Connecticut 2020.**<br><br>***Opportunities for Collaboration with other Action Teams:***<br>All Action Teams<br>Also See SHIP/CHIP Crosswalk | a. Build a web-based central repository of existing CHIPS.<br>b. Develop a crosswalk template/tool to make HCT2020 easy to understand and check off areas of alignment with local CHIPs.<br>c. Distribute template to all depts/districts developing CHIPs from 2015 on.<br>d. Determine baseline number of Health departments / districts working collaboratively with hospitals and health systems through health improvement coalitions<br>e. Establish the number of 2016 CHIPs that align as a baseline | Leads: DPH, CHA, CADH<br><br>Web repository: DPH or CADH (ask)<br><br>Tool: S. Paulmeno (Global Public Health Consultants, Inc.)<br><br>Baseline: A. Mueller, DPH, CHA | |
| **4. Establish a listing/registry of practices that are Patient-Centered Medical Home (PCMH) accredited.**<br><br>***Opportunities for Collaboration with other Action Teams:***<br>Invite CT Oral Health Initiative to meeting | a. Determine where the listing/registry will be housed/maintained.<br>b. Determine where data on PCMH accredited practices can be found.<br>c. Gather data from identified sources | No lead specified | |
| **5. Support establishment of training for health and social service providers** | a. Create standard, web-based training<br>b. Make available to and track training to DPH and contractors | Leads: DPH with partners (e.g., Commission on Health Equity, Multicultural Health Partnership) | |

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| **6. Establish inclusion criteria and baseline. (CLAS)**<br><br>***Opportunities for Collaboration with other Action Teams:***<br>All Action Teams as they develop materials to share with the public meet CLAS standards | a. Begin with small sample such as local and state agencies.<br>**Year 2:**<br>b. Develop criteria for what to count<br>c. Assess who is currently using CLAS and how they are implementing CLAS<br>d. Identify how to collect baseline data<br>e. Ensure that all state contracts require CLAS | Leads: DPH, MCHP, Multicultural Health Partnership Commission on Health Equity<br><br>(S.Paulmeno can assist with CLAS) | |
| **Resources Required (human, partnerships, financial, infrastructure or other)**<br>• Partnerships; human resources of lead person/agency;<br>• Costs of doing assessments – explore other partners who are interested in the health of their communities<br>• Partnerships – link to existing groups working on and discussing community health assessments | | | |
| **Monitoring/Evaluation Approaches**<br>• Provide quarterly report outs<br>• Healthy CT 2020 Performance dashboard (see indicator above)<br>• (Notes: other relevant data sources for Assessments and indicators include BRFSS/YBRFS; SIM Population Health Assessment and evaluation data) | | | |

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**Area of Concentration: Access to Health Services**

**SHIP Objective HS-4: Decrease the number of patients expressing difficulty in accessing health services due to the lack of non-emergency transportation services. (DEVELOPMENTAL)**

**Dashboard Indicator:** Number of patients expressing difficulty in accessing health services due to non-emergency transportation services

- BRFSS data is available for years 2013 and 2014 and may provide a proxy or refine indicator

| Strategies | Actions and Timeframes | Partners Responsible | Progress |
|---|---|---|---|
| **Establish a baseline and monitor progress by exploring use of existing survey vehicles such as Connecticut Behavioral Risk Factor Surveillance System (BRFSS).**<br><br>***Opportunities for Collaboration with other Action Teams:***<br>Wellbeing Survey | **LEADING IMPLEMENTATION EFFORTS**<br>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. | Subgroup of HS Action Team (A.Fountain to initially investigate and attend a DOT regional planning meeting)<br><br>Suggested groups: Office for Health Care Advocate, CT Hospital Association, CT Chapter of American Planning Association, DSS | |
| | **ESTABLISH A BASELINE**<br>b. Conduct an assessment to determine coverage of existing non-emergency transportation services. (Complete in Yr. 2)<br>**Timing: Complete in Yr 2** | LEAD: See Action a.<br><br>Support/Implement:<br>Establish or link with an existing Transportation Work Group<br><br>DOT, 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? | |
| | c. Develop/update a mapping of coverage of existing non-emergency transportation services.<br>**Timing: Yr 2** | | |
| | d. Identify gaps in coverage of existing non-emergency transportation services.<br>**Timing: Yr 2** | | |

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| **Area of Concentration: Access to Health Services** | | | |
| **SHIP Objective HS-4:** | **Decrease the number of patients expressing difficulty in accessing health services due to the lack of non-emergency transportation services. (DEVELOPMENTAL)** | | |
| | e. Determine the quality of the current transportation systems and define "adequate transportation" in this context<br>**Timing: Yr 2** | | |
| | f. Identify new or refine strategies to address gaps"<br>**Timing: Yr 2** | | |
| | **MONITOR PROGRESS**<br>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.<br>**Timing: Yr 2 and 3** | | |
| | h. Determine if Performance measures/reporting exists and where this data housed (e.g., state contracts)?<br>**Timing: future years of implementation** | | |
| | i. Explore ways to communicate information to identified target audiences<br>• Local planning process identified lack of information and awareness about rural transportation. Missing Northwest corner of the state.<br>**Timing: Yr 2 or 3 depending upon progress** | | |

**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 Community health assessments
- Passengers per hour, # turned down for transportation

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**Area of Concentration: Public Health Infrastructure**

**SHIP Objective HS-13 NEW (DEVELOPMENTAL) COMBINED HS-13 AND HS-14**

**Increase the capacity of the current clinical and public health workforce (e.g., number, skills, diversity, geography) as measured by:**

- 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 and public health workforce employees by geographic area.

**Dashboard Indicator:**

- Identify and reduce professional health workforce shortages
- Increase the diversity of the health workforce

| Strategies | Actions and Timeframes | Partners Responsible | Progress |
|---|---|---|---|
| **1. Monitor health and health care workforce data** | a. Identify the resources needed for state level leadership to assess and plan for a workforce capacity development.<br>b. Look at existing groups (e.g., Allied Health Workforce Policy Board and their data sources (assessment)<br>c. Determine which state agencies have data on public health and clinical workforce.<br>d. Gather data from identified sources | **Pat Checko Lead– 4/2016** | |
| | **Year 2:**<br>e. Analyze data (advocate for resource or look into graduate students/universities).<br>f. Have meeting with university and hospital HR heads to identify the shortages and why there are shortages | Support/Implement:<br>DPH/DOL<br>MPH Students<br><br>Reach out to CT Data Collaborative: S. Paulmeno<br>DPH (public health workforce) | |
| **2. Advance cause of CHW as part of the health system workforce; define what a CHW does** | Y2 Progress made – SB126 passed to define CHW<br>Invite Tekeisha Everrett (sp?) | | |

**Resources Required (human, partnerships, financial, infrastructure or other)**

- Partnerships and human resources needed for this objective and strategy

**Monitoring/Evaluation Approaches**

- Provide quarterly report outs