



CONNECTICUT HEALTH IMPROVEMENT COALITION

Partners Integrating Efforts and Improving Population Health

HEALTHY CONNECTICUT 2020 ADVISORY COUNCIL

Meeting Summary
May 21, 2019
9:30 am - 11:30 am

Meeting Purpose and Outcome

To celebrate the successes and learnings from SHIP 1.0 as we prepare to chart the course for SHIP 2.0.

Attendees

Comr. Renée Coleman-Mitchell, CT Dept. of Public Health; Patricia Baker, CT Health Foundation/Advisory Council Chair; Elizabeth Beaudin, Connecticut Hospital Association; Judy Dicine, Chief State's Attorney Office, Phyllis DiFiore, CT Dept. of Transportation; Brenetta Henry, Consumer Representative; Shawn Lang, AIDS CT; George McDonald, Consumer Representative; Terry Nowakowski, Partnership for Strong Communities; Elaine O'Keefe, Yale School of Public Health; Scott Sjoquist, Mohegan Tribal Health; Kathi Traugh, Connecticut Public Health Association; Marijane Carey, Carey Consulting; Amy Mirizzi, CT Dept. of Public Health; Augusta Mueller, Yale New Haven Health; Krista Veneziano, CT Dept. of Public Health; Rose Swensen, Health Resources in Action; Sandy Gill, CT Dept. of Public Health; Laurie Ann Wagner, CT Dept. of Public Health; Melissa Touma, CT Dept. of Public Health; Chantelle Archer, CT Dept. of Public Health; Orlando Velazco, CT Dept. of Public Health

DPH Commissioner Remarks

Commissioner Renée Coleman-Mitchell introduced herself to the Advisory Council and described her journey in public health and how she came to be in her current role. She also described her current priorities which includes maternal mortality an environmental and local health. She also praised the work of the SHIP and everything it has accomplished thus far.

Action Team Highlights

All seven Action Teams reported on their greatest accomplishment over the last four years of implementation, the current activities they are working on, and their team's highest priority to complete by December 2019. Please see the attached slides for additional details.

Data Gaps and Barriers in the State of Connecticut:

Yale School of Public Health Student Consulting Group Project

The Health Systems Action Team looked at ways to identify data gaps that have prevented other SHIP Action teams from achieving their strategies. The team collaborated with students from the Yale School of Public Health Student Consulting Group Project. The students developed a key informant interview tool and contacted the Action Team lead conveners to determine what data issues existed. They also looked at other State Health Improvement Plans that addressed data needs. Their findings indicated the need for timely data; the lack of race and income data; need to capture data related to mental health access; a need for standardization of data across entities; the need for data at the local level; and the lack of personnel to analyze data. Recommendations from the students included creating a centralized depository for data. Advisory Council members discussed the need for a data workgroup within the SHIP infrastructure and possible collaboration with the State Epidemiological Outcomes Workgroup.



Force Field Analysis

Advisory Council members participated in a Force Field Analysis of the SHIP Infrastructure. Participants were divided into four groups to discuss with respect to the SHIP's infrastructure:

- Drivers of success
- Barriers to success
- Ways to enhance SHIP implementation

Existing assets the group considered:

- DPH support staff/leadership
- Coalition
- Advisory Council members
- Action Teams
- Performance Management Dashboard (though metrics are old)
- Consumer groups
- Website as portal
- Policy Agenda
- Diversity (age, race, male, female)

What are the drivers of success with respect to the infrastructure of the SHIP? What are concrete mechanisms, structures, processes, etc. that have worked well and why?

- Dedicated DPH Staff (backbone of SHIP Coalition)
- Committed action team members
- Dedicated members
- Diverse membership with many opinions
- Various organizations
- Collective legislative impact/connections
- Collaboration across subcommittees
- All connected: dialog flows from one committee to another, great to share with multiple groups
- Participants are able to pursue agency and personal agendas
- Structure is good

What are the barriers to success, or how does the SHIP infrastructure make implementation of the SHIP challenging?

- Not enough DPH staff (low capacity)
- Too many Action Teams
- Low Action Team membership
- Action Teams lack subject matter expertise (e.g. communication and strategic planning)
- Not having all the right people at the table
- Difficult to expand participation when we want to have an inclusive process
- Lack of support from other state agencies
- Coalition not receiving information (something like a newsletter would be helpful)
- Lack of funding and resources
- Legislative piece
- Duplication

What would enhance SHIP implementation from an infrastructure perspective?

- Creating opportunities for Lead Conveners to get together on a regular basis
- Improve functionality of website
- Providing informational webinars



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- Engage students in the work of the SHIP; find opportunities for students to improve components of the SHIP. For example, they could look at ways to enhance the dashboard (i.e. increase usability, make it easier to find)
- Leveraging community and family consumers. If we could engage consumer groups, and recruit consumers for the action teams, we can include the community being impacted by SHIP strategies and work closer to the grassroots level
- Unifying and aligning state agencies around having a stake and helping carry the SHIP
 - Inviting Health Equity officers from other state agencies to be participate in SHIP discussions and planning activities.
- Can philanthropies host/support the SHIP infrastructure rather than DPH? It is somewhat easier for philanthropies to bring partners together, rather than state agencies trying to break down silos
- Recruit parents/consumers from rural/urban and suburban environments to participate in SHIP discussions and activities
- Important to recruit representation from small town CCM on the SHIP Advisory Council
- Revisit members commitment to SHIP Advisory Council – need members to be present for meetings
- Revisit the template for the Action Team work plan: needs to be simplified, broader, more reflective
- Look at other states that are accredited: learn more about what they thought went well

Next Steps/Updates

- The SHIP Coalition Summit will be held on June 28th at the Chrysalis Center in Hartford, 9:00 am – 2:00 pm.
- CPHA abstracts are due on July 1, 2019.



CONNECTICUT

HEALTH IMPROVEMENT COALITION

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Healthy Connecticut 2020
State Health Improvement Plan
Advisory Council Meeting

Tuesday, May 21, 2019

9:30 AM – 11:30 AM

DPH State Lab - 395 West Street, Rocky Hill

Agenda

9:30	<i>10</i>	Welcome and Introductions	<i>Pat Baker, AC Chair</i>
9:40	<i>15</i>	DPH Commissioner Remarks	<i>Renée D. Coleman-Mitchell, MPH Commissioner</i>
9:55	<i>45</i>	Action Team Highlights	<i>Action Team Co-Leads</i>
10:40	<i>10</i>	Data Gaps and Barriers in the State of Connecticut: Yale School of Public Health Student Consulting Group Project	<i>Kathi Traugh (YSPH)</i>
10:50	<i>35</i>	Force Field Analysis – SHIP Infrastructure	<i>Rose Swensen, HRiA All</i>
11:25	<i>5</i>	Next Steps/Updates	<i>Pat Baker, AC Chair DPH</i>
11:30		Adjourn	

Welcome and Introductions

Renée D. Coleman-Mitchell, MPH Commissioner

DPH Commissioner Remarks

Action Team Highlights

- What is the group's greatest accomplishment over the last 4 years of implementation?
- What is the group currently working on?
- What is the group's highest priority to complete by December 2019?

Action Team: Maternal, Infant & Child Health

- **Greatest Accomplishment**
 - Serving as a vehicle for communicating, coordinating and, where appropriate integrating MCH services
- **Currently Working On**
 - Community call to actions in offering developmental screenings
 - Screenings of the Resilience film and working with legislative champions on this issue
 - Advocating for paid family leave legislation
- **Highest Priority to Complete by Dec 2020**
 - Develop a legislative agenda around toxic stress and trauma
 - Getting paid family leave legislation passed

Action Team: Environmental Health

- **Greatest Accomplishment**
 - Decreased in the prevalence of lead poisoning $\geq 5\mu\text{g}/\text{dL}$ for children under the age of 6 years
 - 2017 2.3%, 2016 2.7%, 2015 2.9%, 2014 3.0%
- **Currently Working On**
 - Air Quality Awareness – EPA’s Air NOW Flag Program 75 sets distributed in the Greater Bridgeport area
- **Highest Priority to Complete by Dec 2020**
 - Expand knowledge of the Healthy Homes Initiative and integrating partners to promote healthy housing

Action Team: Chronic Disease

- **Greatest Accomplishment**
 - Use of a common asthma action plan document across multiple settings
 - Effective network distribution of Healthy Food Donation List
- **Currently Working On**
 - Asthma education and delivery of services
 - Oral Health integration into School Based Health Centers
 - Collaborative implementation of federal physical activity guidelines
 - Limiting exposure and access to nicotine products and smoke/vapor
- **Highest Priority to Complete by Dec 2020**
 - Communication strategy to circulate key information and identification of opportunities for overlapping work with other SHIP action teams

Action Team: Infectious Disease

- **Greatest Accomplishment**
 - HPV vaccine included in state purchasing
 - Updating electronic platform for immunization reporting system
- **Currently Working On**
 - Continue on-boarding of clinics for electronic reporting of immunizations
 - Expanded HIV screening and follow up for newly diagnosed
 - Increasing vaccination rates for HPV
- **Highest Priority to Complete by Dec 2020**
 - Educate elected officials/policy makers on the science of immunization and vaccines
 - Advancing the recommendations of Getting to Zero (G2Z) report

Action Team: Injury & Violence Prevention

- **Greatest Accomplishment**
 - Expanded partnerships and stakeholder engagement including local health departments, the DORS State Unit on Aging, Connecticut Community Care (CCC)/CT Healthy Living Collective (CHLC), and state university Physical Therapy/Occupational Therapy faculty
- **Currently Working On**
 - Sexual violence, suicide, and motor vehicle crash prevention.
 - CT Falls Compendium of evidence-based falls prevention programming
- **Highest Priority to Complete by Dec 2020**
 - Integration of overlapping Injury and Mental Health and Substance Abuse priorities.

Action Team: Mental Health & Substance Abuse

■ Greatest Accomplishments

- Increased MH awareness among first responders via MHFA
- Child Trauma Screening (CTS) tool was developed collaboratively by CHDI, DCF and Yale
- CT Medicaid administration endorsed development of a trauma screening billing code

■ Continuing to Work On

- Reducing by 5% the use of opioids including heroin across the lifespan (ages 12 and older)
- Increasing by 5% trauma screening by primary care and behavioral health providers
- Decreasing by 5% the rate of Mental Health Emergency Department visits

■ Highest Priority to Complete by Dec 2020

- Identify appropriate data to track and report change related to objectives

Action Team: Health Systems

- **Greatest Accomplishment**
 - Local health departments received funding to pursue accreditation
 - Established a baseline of communities covered by a CHNA
 - Surveyed SHIP action teams co-leads to determine data gaps
- **Currently Working On**
 - Reviewing findings from data gaps assessment and identifying strategies
 - CLAS training now available online and regional in-person sessions
- **Highest Priority to Complete by Dec 2020**
 - Implementing strategies to address identified needs and data gaps of SHIP Action Teams

Kathi Traugh (Yale School of Public Health, Office of Public Health Practice)

Data Gaps and Barriers in the State of Connecticut: Yale School of Public Health Student Consulting Group Project

Force Field Analysis – SHIP Infrastructure

- What are the drivers of success with respect to the infrastructure of the SHIP? What are concrete mechanisms, structures, processes, etc. that have worked well and why?
- What are the barriers to success, or how does the SHIP infrastructure make implementation of the SHIP challenging?
- What would enhance SHIP implementation from an infrastructure perspective?

Next Steps/Updates

- SHA Update/SHIP Coalition Summit on June 28th
- Other Announcements from the Council

Thank You!