



CONNECTICUT HEALTH IMPROVEMENT COALITION

Partners Integrating Efforts and Improving Population Health

HEALTHY CONNECTICUT 2020 ADVISORY COUNCIL

Meeting Summary
February 21, 2019
10:00 am - 12:00 pm

Meeting Purpose and Outcome

To prepare and plan for implementation of the final year of HCT2020.

Attendees

Comr. Raul Pino, CT Dept. of Public Health; Patricia Baker, CT Health Foundation/Advisory Council Chair; Mark Abraham, DataHaven; Elizabeth Beaudin, Connecticut Hospital Association; Phyllis DiFiore, CT Dept. of Transportation; Jordana Frost, March of Dimes; Pareesa Charmchi Goodwin, Connecticut Oral Health Initiative; Robyn Gulley, North Central Area Agency on Aging; Brenetta Henry, Consumer Representative; Ken Lalime, Community Health Center Association of Connecticut; George McDonald, Consumer Representative; Elaine O'Keefe, Yale School of Public Health; Michael Pascucilla, East Shore Health District; Janet Storey, CT Dept. of Mental Health and Addiction Services; Kathi Traugh, Connecticut Public Health Association; Rob Zavoski; Marijane Carey, Carey Consulting; Augusta Mueller, Yale New Haven Health; Leonardo Lizbinski, Yale New Haven Health; Donna Burke, Health Resources in Action; Kristin Sullivan, CT Dept. of Public Health; 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

Introductions and Welcome New Members

Three new members were welcomed to the Advisory Council: Pareesa Charmchi Goodwin, Executive Director of the Connecticut Oral Health Initiative; Michael Pascucilla, Director of Health of the East Shore Health District; and Ken Lalime, Chief Executive Officer of the Community Health Center Association of Connecticut.

Data for Health Improvement

Mark Abraham, DataHaven, presented on the results of the 2018 DataHaven Community Well-being Survey which measures quality of life and well-being. New questions on opioids, marijuana, alcohol, HIV, housing instability, health care, gender identity, sexual orientation, and various other topics were added to the survey.

Q: How did culture and environment influence the data?

A: To determine the location of people cellphone numbers were obtained. Also, the questions were asked in English and Spanish.

2019 Policy Agenda Update

Proposed items for the 2019 Policy Agenda are related to:

- 1) Tobacco
- 2) Paid Family Medical Leave
- 3) Updating the state's Property Maintenance Code
- 4) Seatbelts use in all seating positions of automobiles:
 - *Has been included in bills being proposed by DPH and DOT*
- 5) Universal Motorcycle Helmet Use – proper head protection:



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- *Has been included in bills being proposed by DPH and DOT; There is a grassroots state-wide coalition called HeadFirstCT that aims to increase motorcycle safety and reduce the number of preventable motorcycle crash injuries and deaths including traumatic brain injuries.*
- 6) Community Health Worker Certification
 - *Health Equity Solutions is leading the charge on this item.*
 - *Comr. Pino mentioned the need for universally trained CHWs that can serve communities.*
 - 7) Opioids: SHIP supports the prevention and treatment of those who misuse opioids.
 - 8) REL (Race, Ethnicity, and Language) Data Collection Standards
 - *This item was proposed in 2018 by Health Equity Solutions*

Council members were asked to email their ideas on the policy agenda to HCT2020.

Reflections on Health Improvement Activity

Comr. Pino presented on precision public health, the Getting to Zero initiative to end the HIV epidemic in CT, the CDC 6|18 initiative, and health equity.

He highlighted the importance of modernizing data collection, a process that would involve making data available to the public. At DPH the modernization of data would involve interconnecting 69 databases based on funding availability. For example, the birth registries are now available electronically and eventually the goal is to do the same with the death registries. Despite great advances in HIV prevention, there have been increasing rates of HIV infection in various high risk populations including African American women, MSM of color, and intravenous drug users. Comr. Pino highlighted the importance of empowering women of color in relationships to aid in decreasing rates among that population. The CDC 6|18 initiative which targets six common and costly health conditions that can be prevented or improved: 1) tobacco use, 2) high blood pressure, 3) health-care-associated infections, 4) asthma, 5) unintended pregnancies, and 6) diabetes. We need to use interventions that will address the burden and cost with guidance and technical assistance provided by the initiative, including aligning block grant funding to the 6|18 interventions. More information on the initiative can be found at <https://www.cdc.gov/sixeighteen/>. In regards to health equity, DPH has consistently supported legislation to pass a universal property maintenance code which would help to ensure a more equitable Connecticut. The new code which has an emphasis on health would help level the playing field for all residents of Connecticut.

Ensuring a Strong Finish for HCT2020

Advisory Council members were asked to provide their thoughts and ideas on maintaining Action Team momentum in the final year of SHIP implementation and potential steps they can take to convey their interests and alignment with the SHA and SHIP to the new administration.

How do we maintain momentum in the Action Teams for the final year of HCT2020 Implementation?

- We should look at the legalization of marijuana, including:
 - The use of income from taxes since it can influence what those funds are earmarked for.
 - The impact on children and families (i.e. babies being born addicted to marijuana; children accidentally overdosing on it)
 - The lessons learned from other states (e.g. Colorado)
- The legalization of marijuana in Connecticut will change where and how marijuana is used and how public health will protect the public (Comr. Pino).
- We should use the upcoming SHIP Coalition Summit on June 28th to highlight important issues.
- We should re-administer a survey to the entire coalition on their interests to reconstitute the Action Teams.



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- Should get input from Action Teams on how to disseminate the survey
- Should consider modifying the wording of the questions to make sure they are clear (e.g., individual involvement vs. organizational involvement vs. awareness of any involvement)
- We should break down silos between efforts across the state to improve health (e.g. cross-collaboration)
 - Should recognize that this will take coordination
 - Should align SHA measurements where possible
 - Since 2019 is a significant year for hospital Community Benefits Plans we should look at trends that have been connecting people doing CHNA's with SIM.

What steps can we take to apprise the new administration of their interests and alignment with the SHA and SHIP?

- We should invite the new administration to an Advisory Council meeting as well as consider having the meeting at the legislative offices to educate them on the SHA and SHIP, and to discuss ways to move forward together.
- We could have standing members from the new administration on the Advisory Council.
- SHIP Coalition Summit on June 28th:
 - Someone from the new administration could serve as the key note speaker. The Commissioner or a group of Commissioners should assist with finding a speaker.
 - We should ensure broad participation.
 - Q: Should we have speakers or should we focus on the work for the day?
A: The speaker would be considered a visionary and would encourage attendance.
- We could develop a simple infographic to include information on the SHIP including who we are and what we've done (for the administration as well as for Action Team members). This should be provided before the survey is disseminated to the coalition.
- Since the new administration doesn't consist of very many public health people we need to work with them about making a point of spending money on public health and on prevention. They need to understand what is necessary from and for both sides.
- Plastic Bag/Lead Reduction Bills
 - We need to have the conversation with legislators around the cost to local public health departments for these "mandates".
 - We need funding behind well-intentioned bills.

Next Steps/Updates

- The *Connecticut Community Health Priority Survey* was disseminated to the entire SHIP Coalition on February 20, 2019 with the goal of having as many Connecticut residents, including partners and community organizations, identify health issues that are priorities for their communities. The results from the survey will be incorporated into the State Health Assessment (SHA) and the deadline to complete the survey is March 15th. Advisory Council members were asked to disseminate the survey broadly to their partners.
- A *SHIP Coalition Summit* will be held on June 28th to begin discussing plans for the launch of HCT2030. It will include broad participation from partners across the state.
- *AirNow Flag Program Follow Up*: More information on the Air Quality Flag Program can be found at https://airnow.gov/index.cfm?action=flag_program.index. Members who are interested in displaying an air quality widget on their organization website can visit https://airnow.gov/index.cfm?action=flag_program.sfp_widget to learn how.
- The 2018 SHIP Annual Report will be available this spring.



CONNECTICUT

HEALTH IMPROVEMENT COALITION

Partners Integrating Efforts and Improving Population Health

Healthy Connecticut 2020
State Health Improvement Plan
Advisory Council Meeting

Thursday, February 21, 2019

10:00 AM – 12:00 Noon

DPH State Lab - 395 West Street, Rocky Hill

Introductions

Welcome New Members

- **Pareesa Charmchi Goodwin**

Executive Director, CT Oral Health Initiative

- **Michael Pascucilla**

Director of Health, East Shore Health District/CT Association of Directors of Health

- **Ken Lalime**

Chief Executive Officer, Community Health Center Association of CT

Agenda

- | | | | |
|--------------|-----------|---|--|
| 10:00 | <i>20</i> | Introductions and Welcome New Members | <i>Pat Baker, AC Chair</i> |
| 10:20 | <i>20</i> | Data for Health Improvement | <i>Mark Abraham, DataHaven</i> |
| 10:40 | <i>15</i> | 2019 Policy Agenda Update | <i>Sandy Gill, DPH</i> |
| 10:55 | <i>25</i> | Reflections on Health Improvement Activity | <i>Cmr. Pino or designee</i> |
| 11:20 | <i>25</i> | Ensuring a Strong Finish for HCT2020 | <i>Donna Burke, HRiA</i> |
| 11:45 | <i>15</i> | Next Steps/Updates | <i>Pat Baker, AC Chair</i>
<i>DPH</i> |
| 11:30 | | Adjourn | |

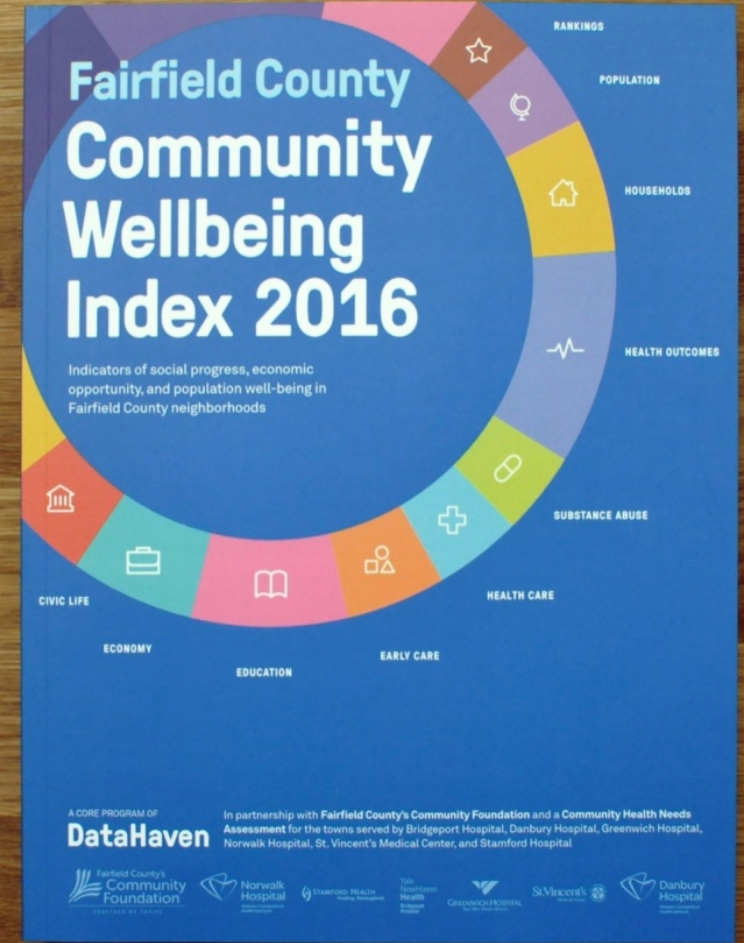
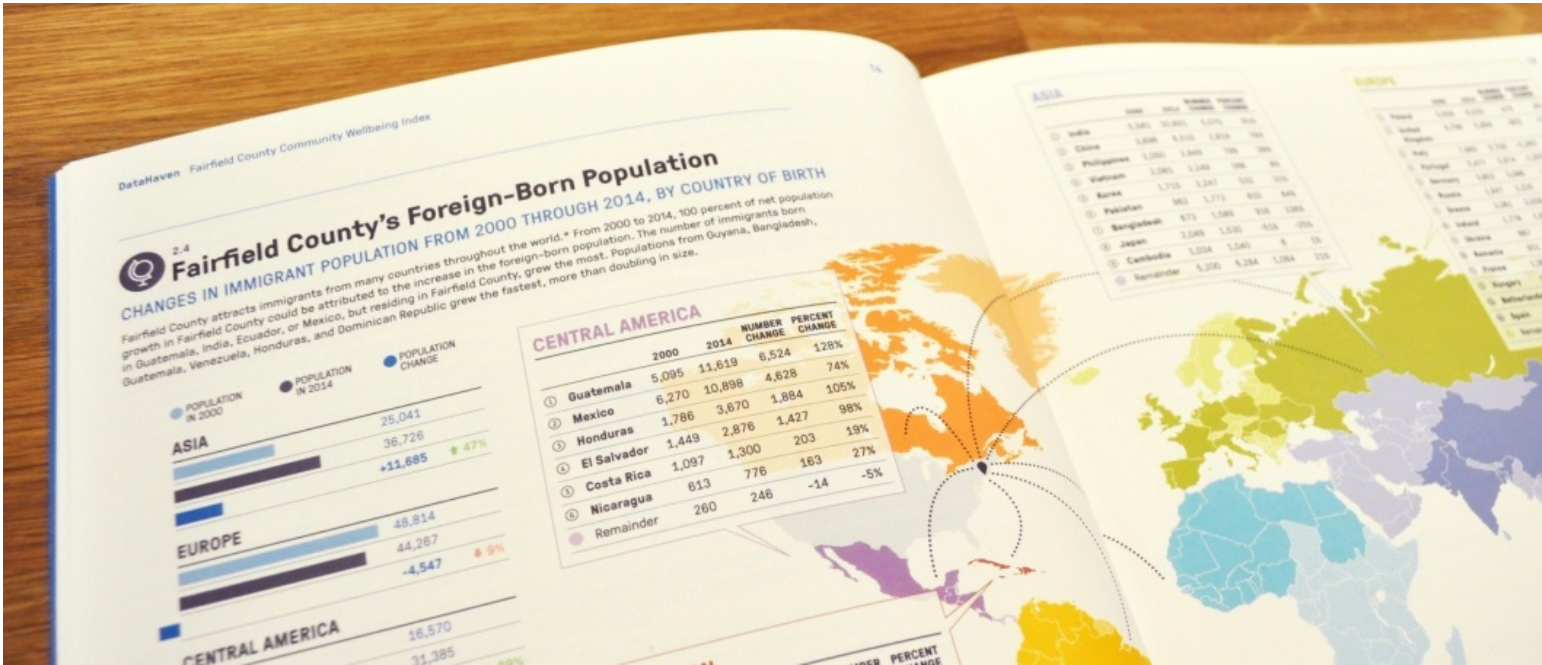
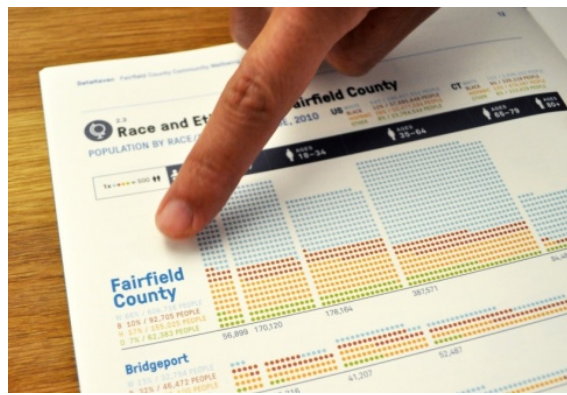
Mark Abraham, DataHaven

Data for Health Improvement



DataHaven

The Twenty Fifth Year



Mark Abraham, Executive Director

Email: info@ctdatahaven.org Tel: 203-500-7059 Twitter: @ctdata



DataHaven

The Twenty Fifth Year

- DataHaven is a non-profit organization with a 25-year history of public service to Connecticut
- We collect, share, & interpret public data to support local communities: www.ctdatahaven.org
- DataHaven provides free technical assistance to over 200 agencies per year on the collection and use of federal, state, and local data
- DataHaven is a formal affiliate of the National Neighborhood Indicators Partnership of the Urban Institute (Washington, DC).



NATIONAL NEIGHBORHOOD INDICATORS PARTNERSHIP



FEATURED CONTENT

ANNOUNCEMENTS

- Mar. 10, 2018: Connecticut Residents Once Again Urged to "Pick Up the Phone" to Support Largest-Ever Survey - Over 75 Leading Foundations, Hospitals, and Local Agencies Join DataHaven Initiative
- Feb. 12, 2018: Newsletter: New CT Legislative District Data Profiles, Women & Girls Report, Statewide Launch Event
- Dec. 9, 2017: Newsletter: Join the Advisory Council for our 2018 statewide survey. New Connecticut census data
- Nov. 7, 2017: The Many Wage Gaps in CT: Data Story
- Oct. 27, 2017: Financial Security in CT: Data Story

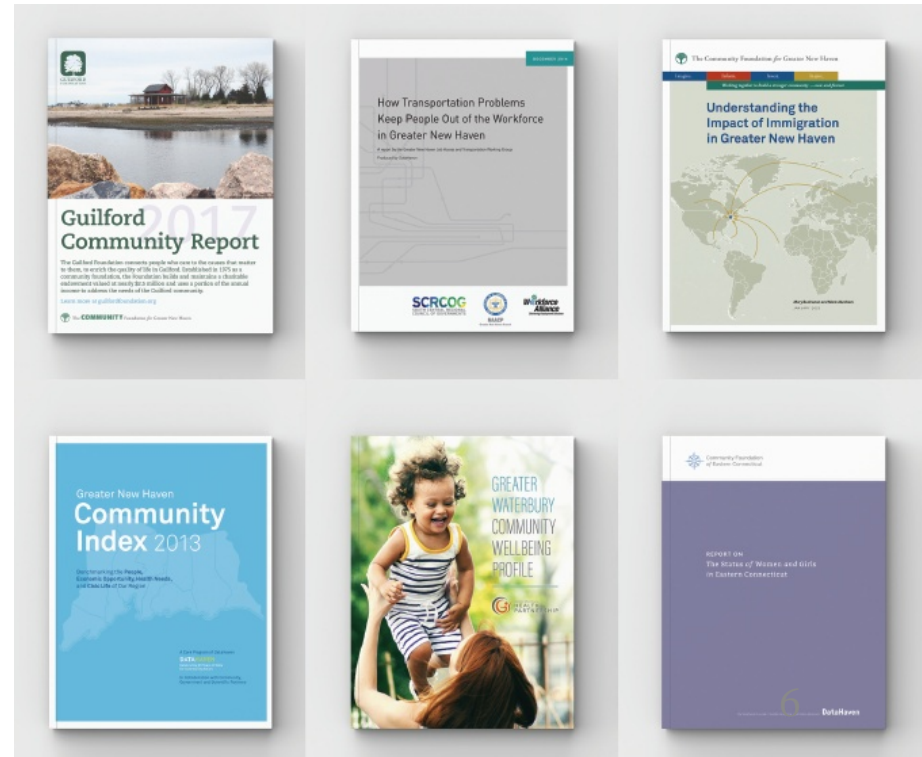
ASK MARK

Are you writing a grant proposal, plan, or news story and having trouble finding information here? Complete the Ask Mark form to request assistance.

TWEETS

Within CT, low-income adults were 8x more likely than high-income adults to say they did not get the health care they...
<https://t.co/kuJkZz1g>

RT @ctdata: When America's Basic Housing Unit Was a Bed, Not a Haven. Great visual storytelling on SAGs & affordablehousing.





DataHaven
The Twenty Fifth Year

Measurement as a Unifier: 90 Public and Private Funders of the DataHaven Community Wellbeing Survey

Investors include nearly every hospital, community foundation, city, and large public health district in CT

Over 32,000 live, in-depth interviews with randomly-selected adults in every CT zip code (2015, 2018)

Example: About 3,600 in Greater Bridgeport, including 2,000 in the city

Measurement as a Unifier: Survey Development Process with over 125 Advisory Council members



Measures harmonized from 15 pre-existing local surveys in Connecticut; Survey Development Process involved 125 Advisory Council members

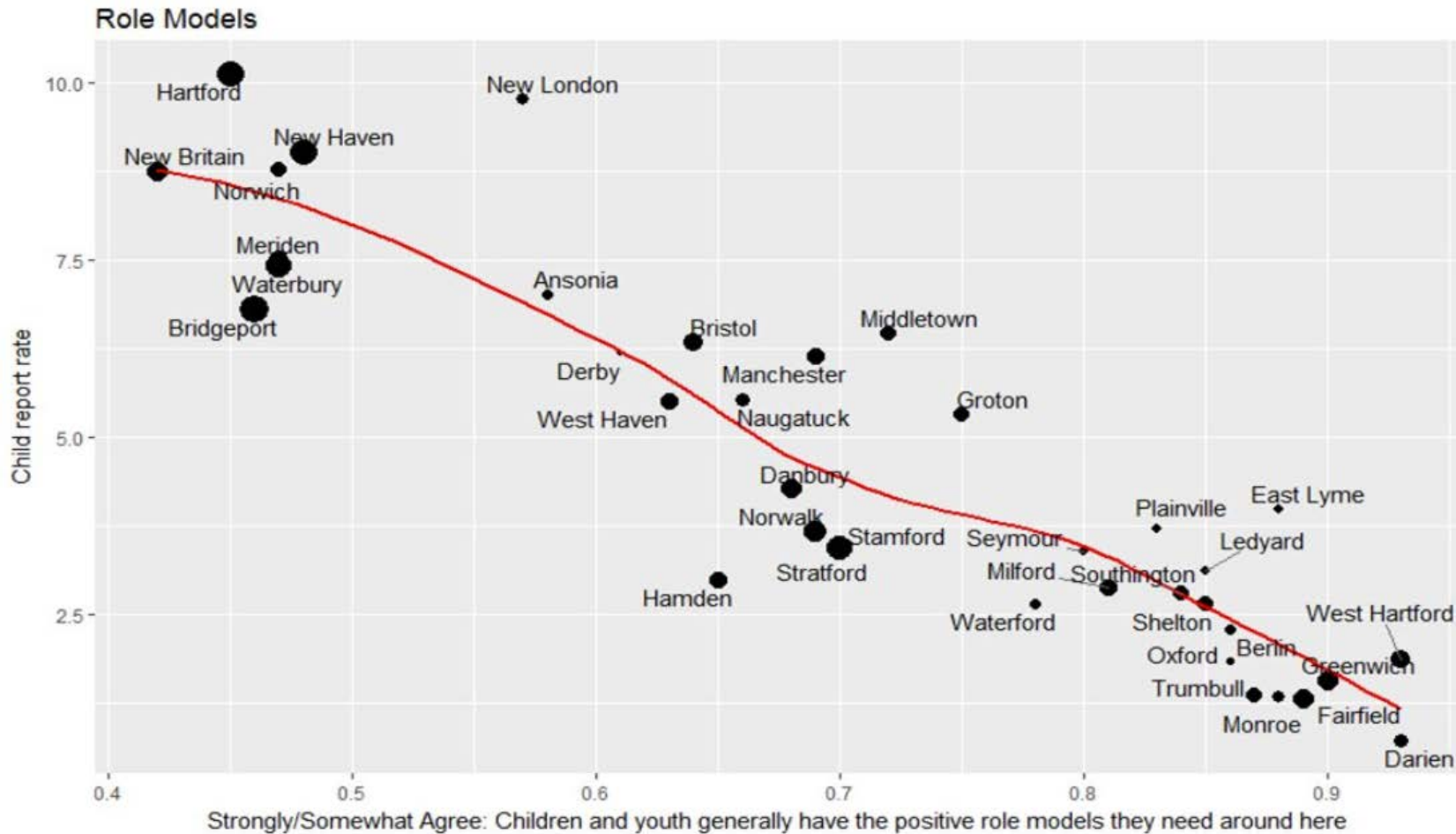
Why Measure Community Well-being?



Source: Analysis of 2015 DataHaven Community Wellbeing Survey by Barrington-Leigh and Wollenberg, McGill University

“Wellbeing Valuation allows you to measure the success of a [program] by how much it increases people’s wellbeing, which is widely regarded as a useful common currency for improvements to society. To do this, large surveys are analyzed to **isolate the effect of a particular factor on a person’s wellbeing.** Analysis then reveals the equivalent amount of money needed to increase someone’s wellbeing by the same amount.... different services can be evaluated with the same consistent approach, improving resource allocation decisions and aiding communication with citizens.” [socialvaluebank.org]

Why Measure Community Well-being?



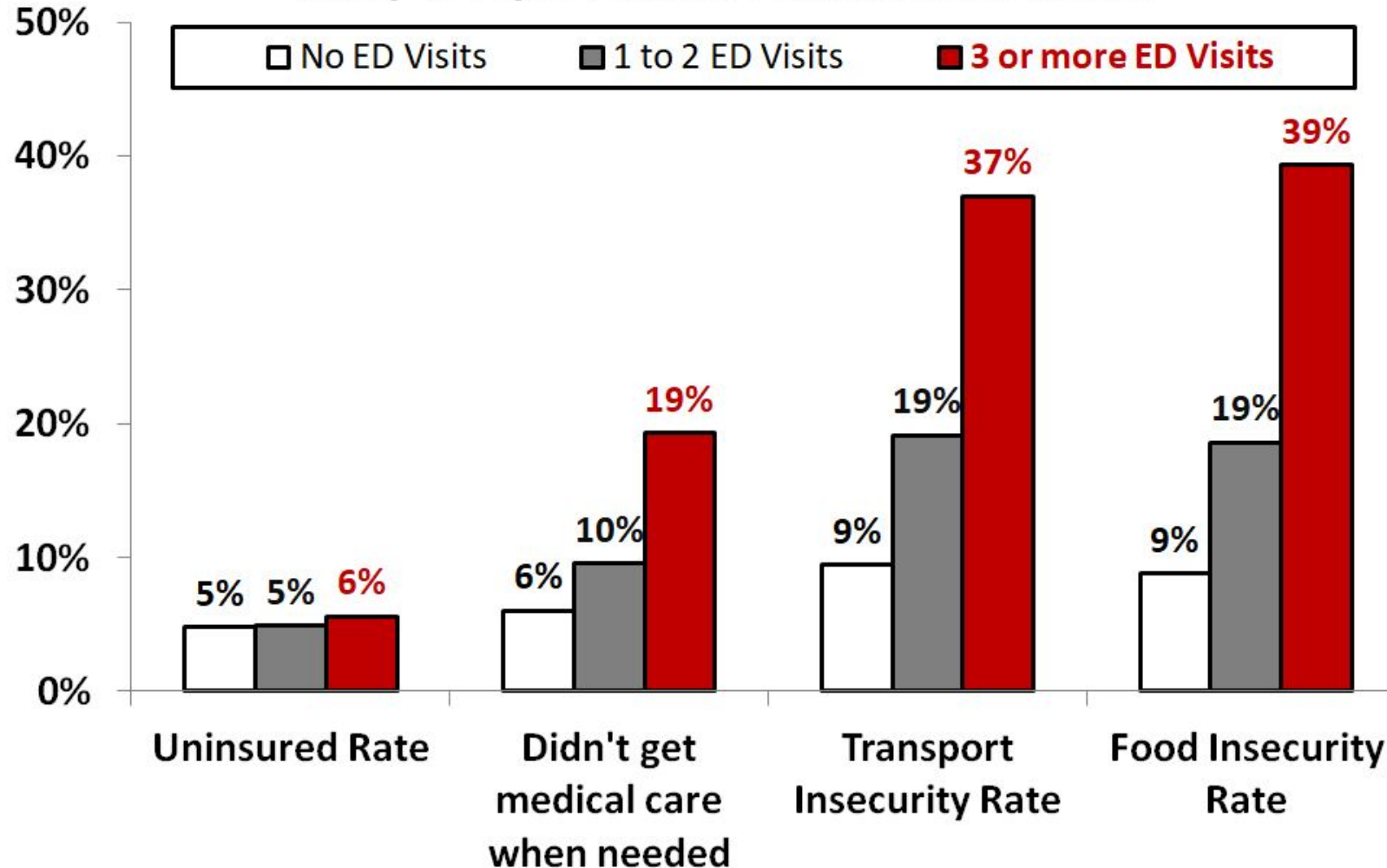
“These measures seem to be capturing something very important in communities, over and above the kind of demographic data we get from the Census. It may not just be that residents in some places are poorer or have high unemployment, but that they feel their communities have fewer role models and services for kids.”
-Kelley Fong

Source: Analysis of 2015 DataHaven Community Wellbeing Survey and CTDCF data by Kelley Fong, Harvard University



Why Measure Community Well-being?

Frequent ED users in Connecticut are significantly more likely to report health-related social needs



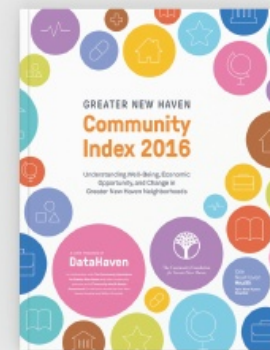
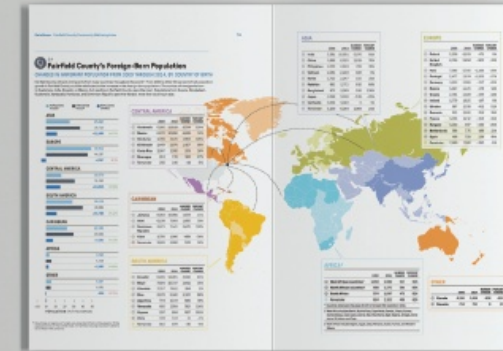
Using the Data

2015 data available on DataHaven website
and through our Community Index reports:

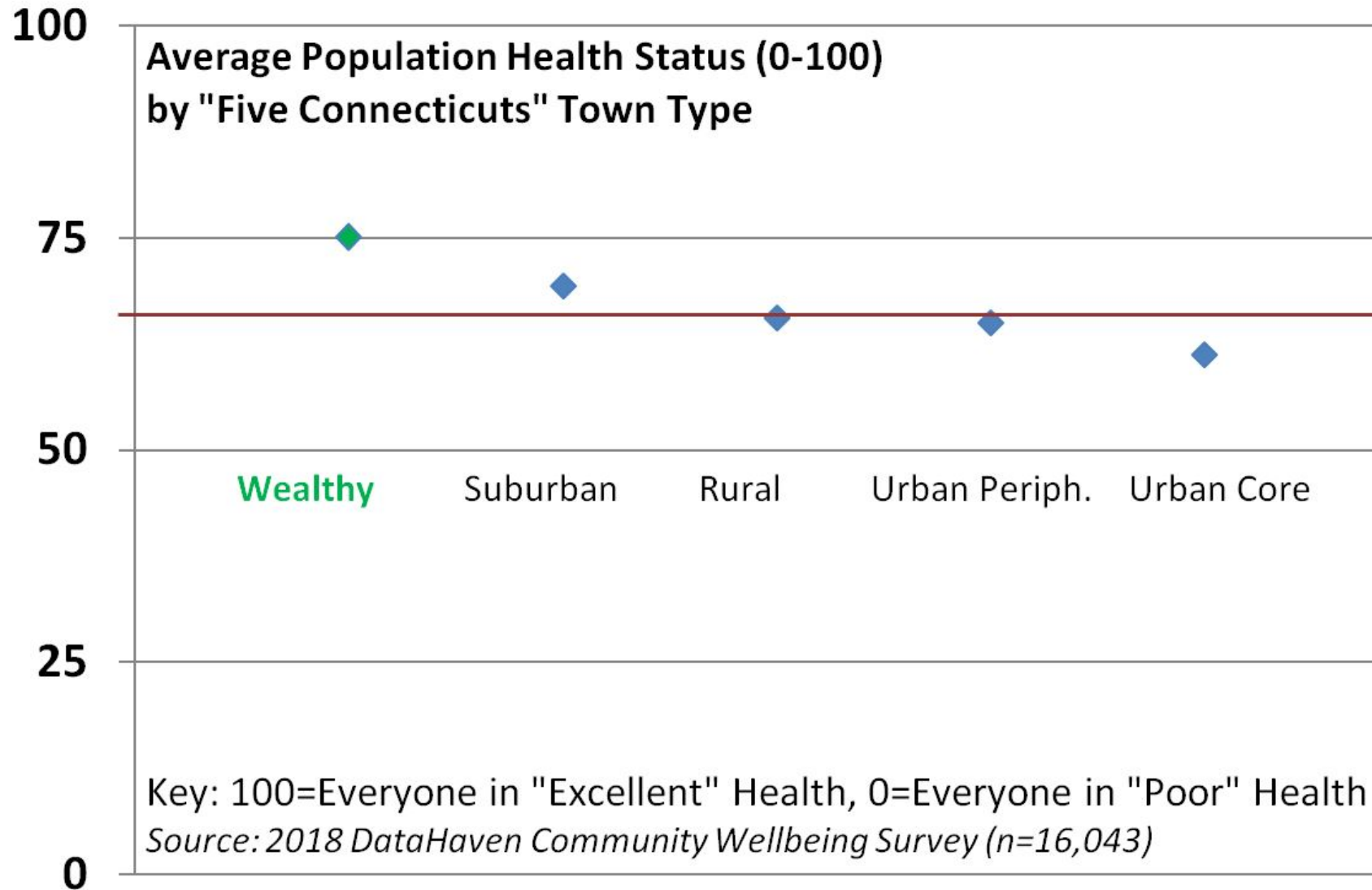
ctdatahaven.org

2018 survey data publicly posted this year

2019 DataHaven Community Indexes,
combining survey data with many local and
statewide public data sources, will be
published with partners in each major region
of Connecticut



Self-Reported Health



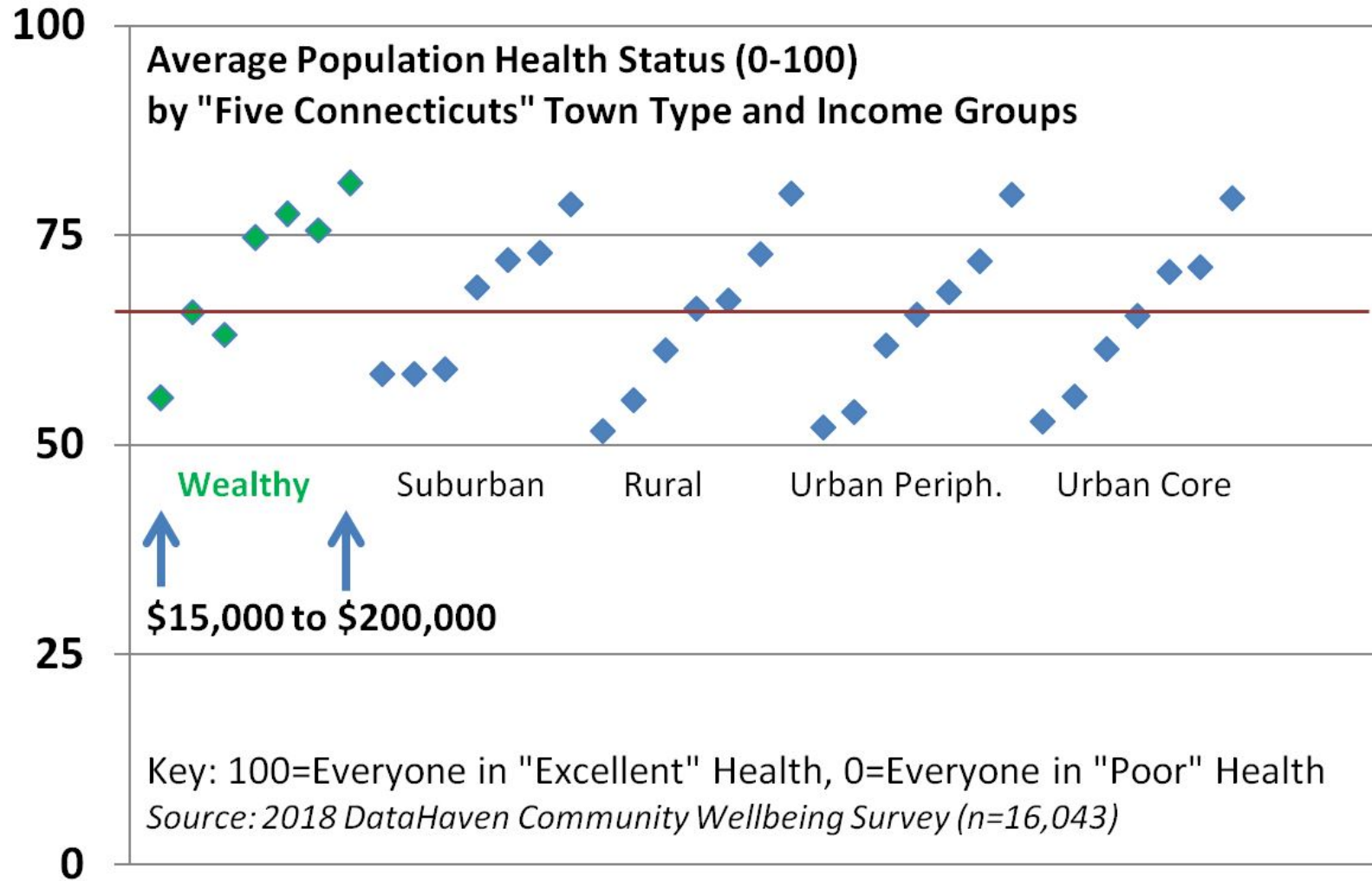
Examples

Darien = 76
Fairfield = 71

CT State Average = 66
Stratford = 63

Bridgeport = 59

Self-Reported Health



Even in wealthiest towns, adults experiencing financial stress have much poorer health

Self-reported health status is also associated w/ other factors, such as:

- **Education, Influence on Gov't**
- **Social support**
- **Exercise; Absence of chronic diseases, asthma, and hypertension**
- **Limited substance use**
- **Good mental health**
- **Ability to get around (e.g., adults who stayed home from a doctor's visit due to lack of reliable transport had a score of 48 on this chart)**

2015-2018 Social Trends

Financial Stress

- **Percent of adults with less than 6 months of savings rose from 44% to 47% statewide (from 55% to 61% in Bridgeport)**
- **Increase in food insecurity from 12% to 13% statewide (from 25% to 28% in Bridgeport)**

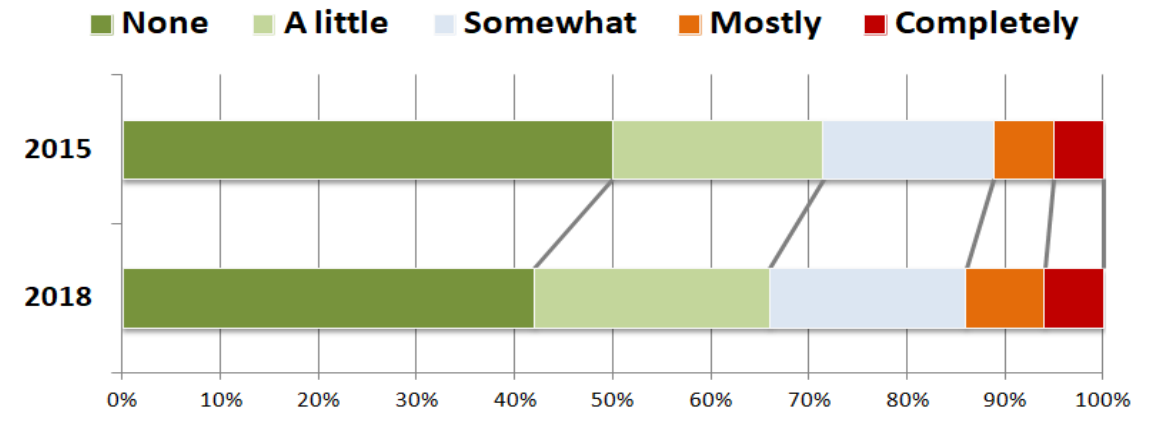
Increasing shares of adults are living with little to no savings

Percent of Connecticut adults estimating their savings would last less than 6 months or 1 year by race and income, 2015-2018



Life Satisfaction / Happiness / Anxiety

- **Slightly lower levels of life satisfaction and happiness, and higher reported anxiety**



2015-2018 Social Trends

- **Improved perception of job opportunities, both in cities and suburbs; however, city residents are still half as likely as suburban residents to have positive views on this**
- **Confidence in ability to influence local government rose from 60% to 70% statewide**
- **Perception that there are safe places to ride a bicycle improved statewide from 59% to 62% (47% in Bridgeport)**
- **Stable percentage of statewide adults who do not feel safe walking at night in their neighborhood from 28% to 29%, although there is a large gender gap (and in Bridgeport the percent rose significantly, from 49% to 56%)**
- **Most indicators didn't change since 2015, showing belief among most adults that area is a good place to live; overall satisfaction with the area was steady at 81% statewide (68% in Bridgeport)**
- **74% of statewide residents agree people in their neighborhood are trying to improve their neighborhood (62% of city of Bridgeport)**

New 2018 Data: Life Chances

How likely do you think a typical young person in your neighborhood will experience each of the following?	CT <i>(very likely or almost certain)</i>	Darien	Fairfield	Stratford	Bridgeport
Graduate from high school	86%	99%	94%	78%	60%
Get a job with opportunities for advancement	57%	83%	82%	53%	39%
Be in a gang	8%	1%	2%	9%	32%
Abuse drugs or alcohol	27%	24%	19%	24%	41%
Get arrested for a felony	11%	1%	3%	11%	32%

BMI (from height/weight)

- **Obesity rate rose from 26% to 29% statewide**
 - From 36% to 40% in Bridgeport

Exercise

- **Increase in adults not getting 3 days of exercise, from 36% to 42% statewide**

Tobacco

- **Current cigarette smoking fell from 15% to 14% statewide**
- **Continued rise in vaping, with many more adults having tried e-cigs. 8% of statewide adults were using e-cigarettes during the past 30 days**

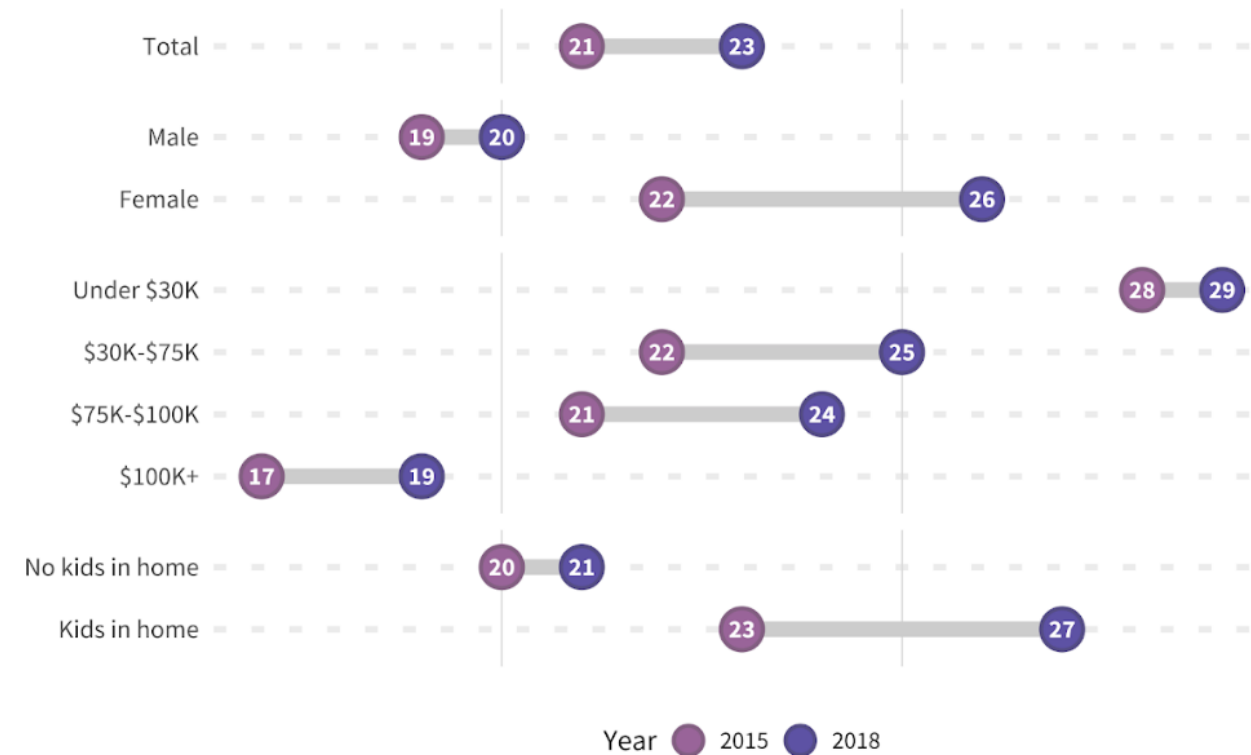
Health Care Access

- **Adult health insurance coverage rate may have dropped slightly in some areas (around 94% statewide, but dropped from 90% to 88% in Bridgeport)**
- **74% of statewide adults visited a dentist in past year, down from 76% in 2015. The rate in the city of Bridgeport dropped from 66% to 61%**
- **Large racial/ethnic disparities in not taking medications due to cost**

- **More adults didn't get, or postponed, medical care they needed in past year**

Lower-income adults, women, and adults living with children increasingly put off medical care

Percent of Connecticut adults reporting postponing medical care by sex, income, and presence of children, 2015-2018



Other 2018 Health Data Examples

Access to Health Care

- Health concerns included not getting needed health care: this is most often due to cost, lack of time, not being able to get (or being unable to get to) an appointment, caregiving, lack of adequate insurance, health plan not paying; other issues are also factors
- Adults with limited income are more likely to be impacted by these cost and health insurance-related issues
- **In Greater Bridgeport, 14% of adults, including 25% of Latinos and 27% of adults age 18-34, do not have a “medical home,”** i.e., they can not think of a single person or place that they consider to be a personal doctor or health care provider

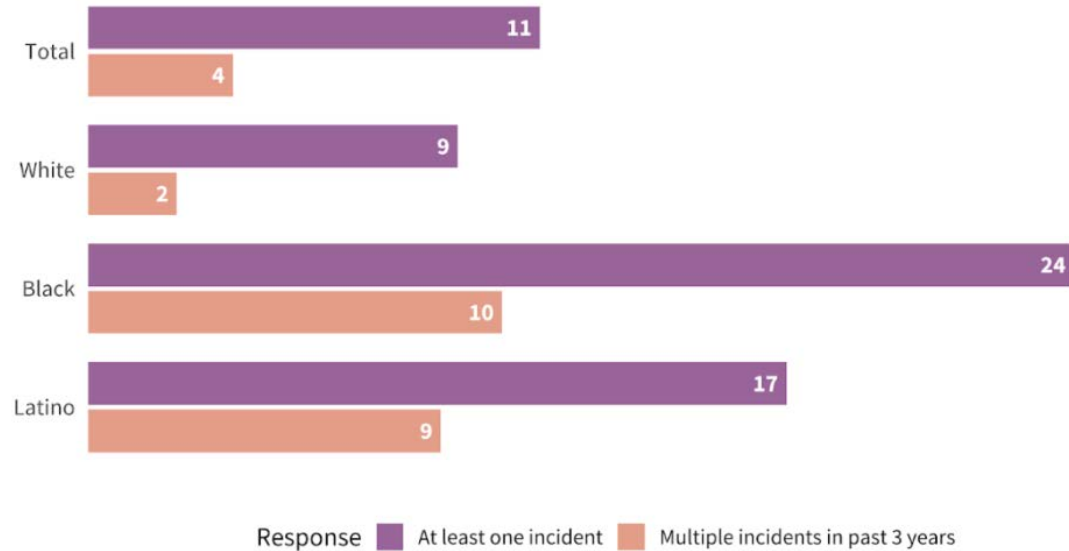
Discrimination, Transportation, Asthma

- **Statewide, 8% of adults, including 12% of blacks and 16% of Latinos, say when seeking health care in the past 3 years, they have been treated with less respect or received poorer services;** this is most often due to race/ethnicity and insurance status
- **Statewide, 5% of adults stayed home from medical appointments because they had no transportation**
- Statewide, about 2% of adult population went to ER due to asthma this year and a similar proportion uses an inhaler daily or more than once a day

<https://ctmirror.org/2019/01/02/discrimination-questions-add-new-depth-wellbeing-survey/>

Black and Latino adults disproportionately experience negative encounters with police

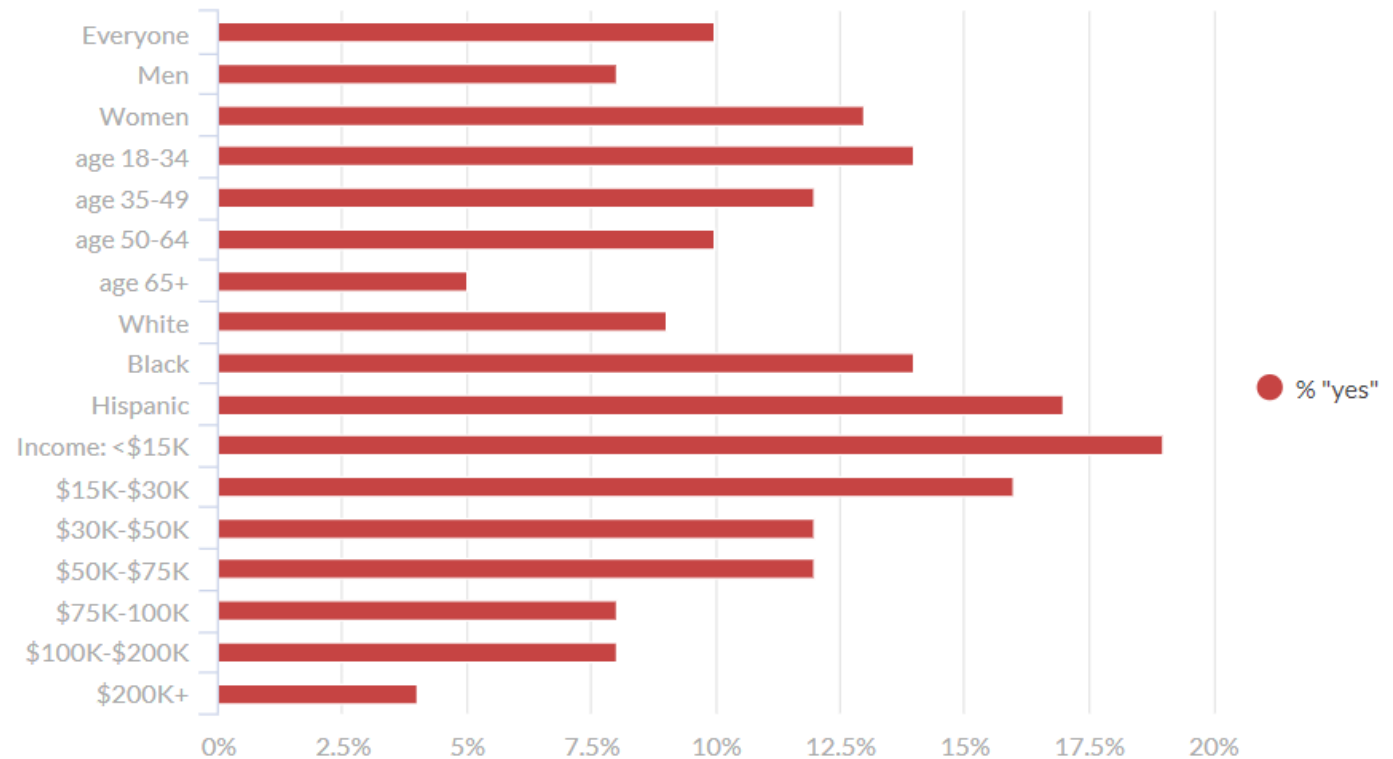
Percent of Connecticut adults reporting unfair police stops, searches, or other mistreatment, and frequency of incidents, by race, 2018



MONEY POLITICS EDUCATION HEALTH JUSTICE ENVIRONMENT

Experiencing disrespect, subpar treatment in health care

This chart shows how many people answered "yes" when asked if they have "ever been treated with less respect or received services that were not as good as what other people get."



Source: 2018 DataHaven Community Wellbeing Survey

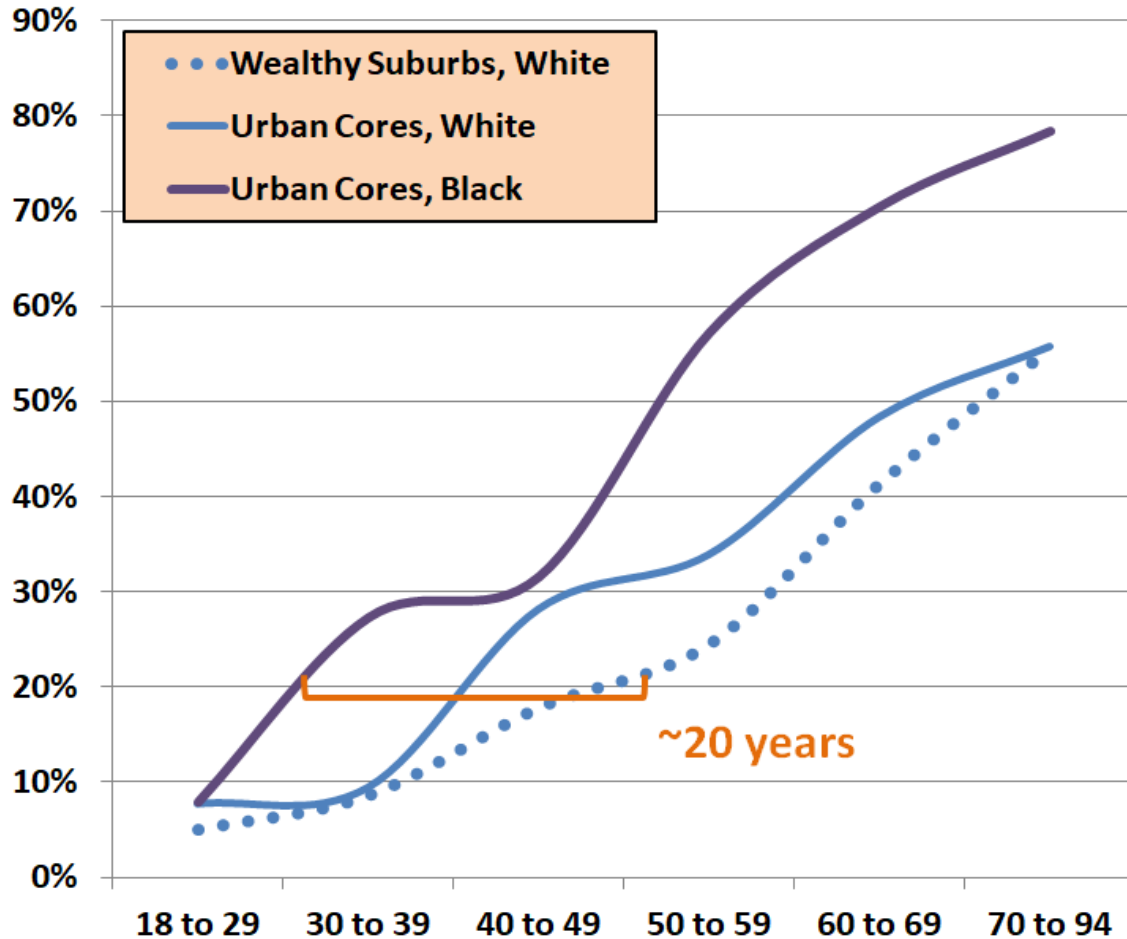
More 2018 Data: Substance Use / MH / Care

	CT	Darien	Fairfield	Stratford	Bridgeport
Usually/sometimes get social support	88%	98%	93%	83%	79%
Feel depressed several days per month	30%	22%	24%	35%	38%
Know someone who has struggled with misuse of opioids in past 3 years [Statewide, 2% say they themselves have personally struggled with this, and 1 in 20 have close friends or family members who have died from an overdose]	31%	17%	31%	28%	24%
Used marijuana past 30 days	12%	4%	13%	17%	18%
3+ visits to emergency room	4%	3%	3%	5%	7%

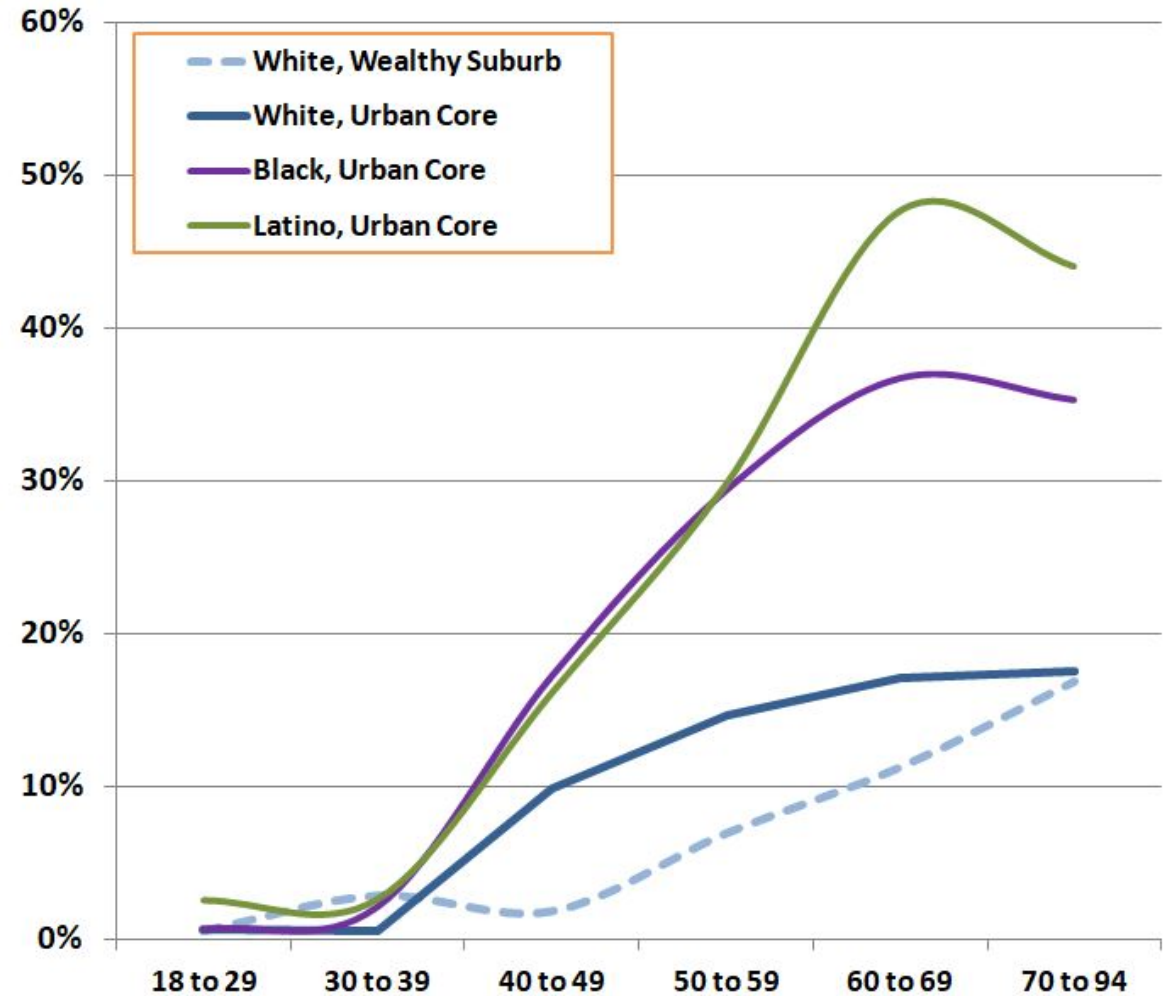
More 2018 Data: Physical Health / SDOH

	CT	Darien	Fairfield	Stratford	Bridgeport
Obesity Rate	29%	12%	26%	37%	40%
Diabetes	10%	3%	6%	14%	13%
Hypertension (all adults)	30%	14%	24%	35%	32%
Current asthma	10%	4%	9%	11%	14%
Good local availability of affordable, high-qual. fruit/veg	72%	78%	82%	64%	51%
Parks nearby in good condition	72%	90%	89%	69%	50%

Connecticut Hypertension Rates by Age, Race, Location



Connecticut Diabetes Rates by Age, Race, Location



Other Health Topics in 2019 Community Indexes

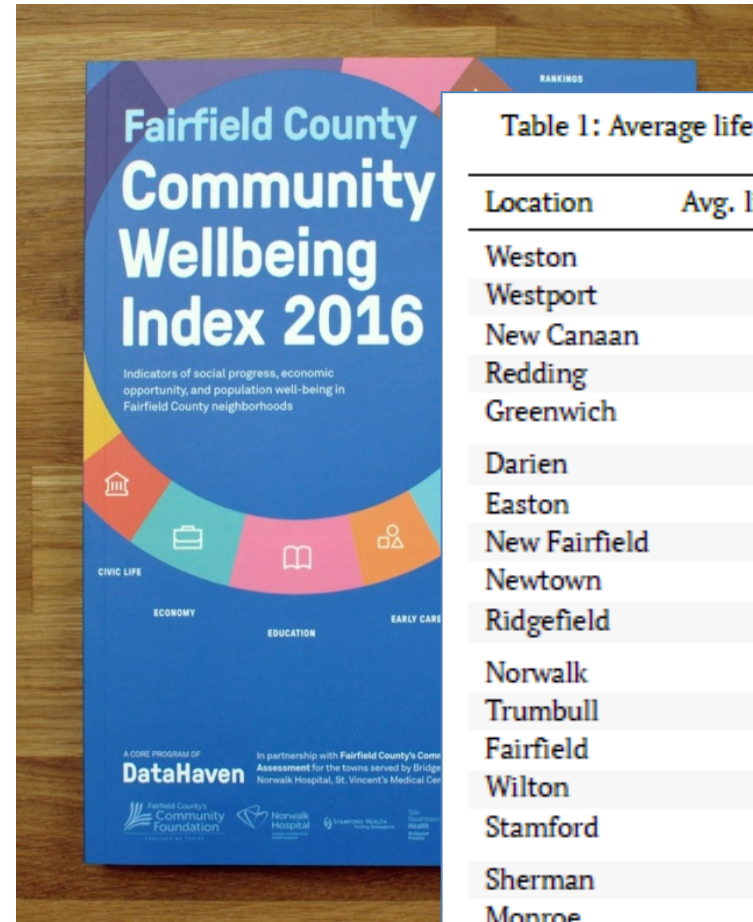
Extensive CDC, OCME, and CTDPH data

- Leading causes of premature death, and 2005-09 / 2010-14 trends
- Region is healthy overall, but with large disparities in life expectancy
- Increase in poisoning / overdose deaths has been seen throughout most of the state

Child Health

- Asthma, lead poisoning, child welfare/education, infectious disease

Bulk of chapters focus on demographic change, education, economy, and social determinants



DataHaven
analysis of
USALEEP data

Table 1: Average life expectancy by town

Location	Avg. life expectancy (years)
Weston	86.5
Westport	85.4
New Canaan	85.1
Redding	84.5
Greenwich	84.0
Darien	83.4
Easton	83.4
New Fairfield	82.9
Newtown	82.8
Ridgefield	82.8
Norwalk	82.5
Trumbull	82.4
Fairfield	82.3
Wilton	82.0
Stamford	81.9
Sherman	81.8
Monroe	81.6
Danbury	81.4
Bethel	81.3
Shelton	81.3
Brookfield	81.2
Connecticut	80.3
Stratford	79.6
US	78.7
Bridgeport	77.6

Sandy Gill, DPH

2019 Policy Agenda Update

Proposed 2019 Policy Agenda Items

- Tobacco –
 - Age to purchase tobacco products (including e-cigarettes) to 21 years
 - Tax parity on Other Tobacco Products including e-cigarettes and vaping products
- Paid Family Medical Leave
- Updating the state's Property Maintenance Code
- Seatbelts use in all seating positions of automobiles
- Universal Motorcycle Helmet Use – proper head protection
- Community Health Worker Certification
- Opioids
- REL (Race, Ethnicity, and Language) Data Collection Standards

DPH Approved Legislative Proposals

- Dental Practitioners
- Drinking Water
- Electronic Medical Records
- Emergency Medical Services Definitions and Certifications
- Seatbelts in All Seating Positions
- DPH Various Revisions

Cmr. Pino or designee

Reflections on Health Improvement Activity

Precision Public Health

- The right intervention at the right time, every time, to the right population. Use better and more precise data to target disease prevention and control, and to improve health and health equity
- Modernization of Data Collection
 - Access to EMR for reportable diseases and laboratory findings, emergency illnesses and health conditions
 - System interoperability to enhance TB, HIV, STD and Viral Hep field work follow up
 - Electronic Birth and Death Registration
 - Electronic data collection for youth risk behavior survey
 - CT WIZ-CT Immunizations Information System

Precision Public Health

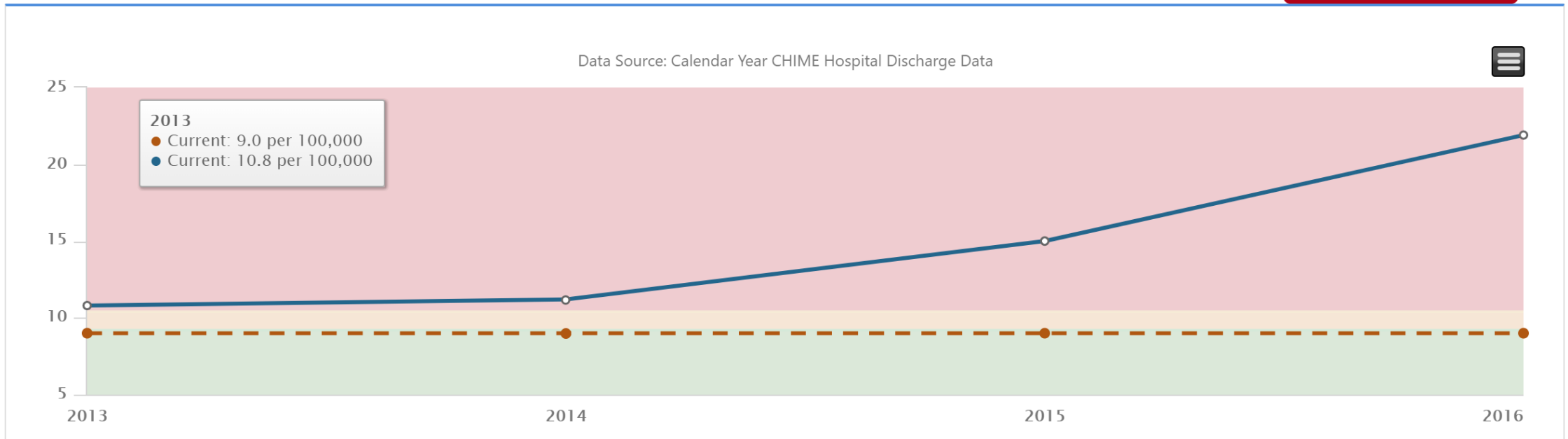
- Opioid Crisis
 - EpiCenter syndromic surveillance system
 - Enhanced laboratory testing for drugs
 - Change the Script – addressing cultural norms
 - Multi-state agency response and collaboration (DMHAS, DCF, DPH, DCP, DOC)
- Advanced Molecular Diagnostic Laboratory Testing
 - Advanced drug testing to support opioid crisis
 - Rapid identification of emerging and re-emerging disease causing agents and drug resistant pathogens

Monitoring and Managing Performance

Opioid and Prescription Drug Overdose Prevention Program

Age Adjusted Rate Of ED Visits Involving All Opioid Overdoses (Excluding Heroin) In Connecticut

21.9 per 100,000 2016

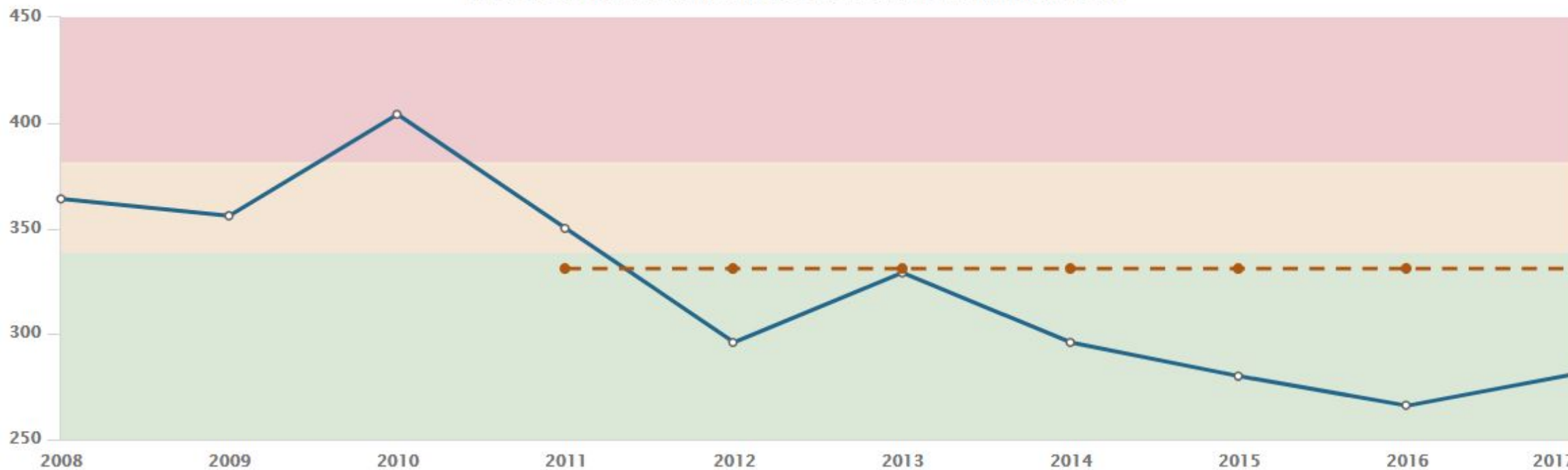


Getting to Zero- Ending the HIV Epidemic in CT

- Getting to Zero – Ending the HIV epidemic in CT
 - All people living with HIV to be diagnosed, received care, and achieve viral suppression through HIV medication.
 - Eliminate new cases through pre-exposure prophylaxis (PrEP)
 - CT G2Z Commission Recommendations (Dec. 2018)
 - Transition of CADAP to DPH
- Addressing Disparities: access to services, race/ethnicity/geography
 - Disparities in HIV incidence, care and AIDS related illness and deaths
 - Black and Latino communities most impacted including MSM of color, Black women, and transgender women
 - Hartford, Waterbury, Bridgeport, New Haven and Stamford

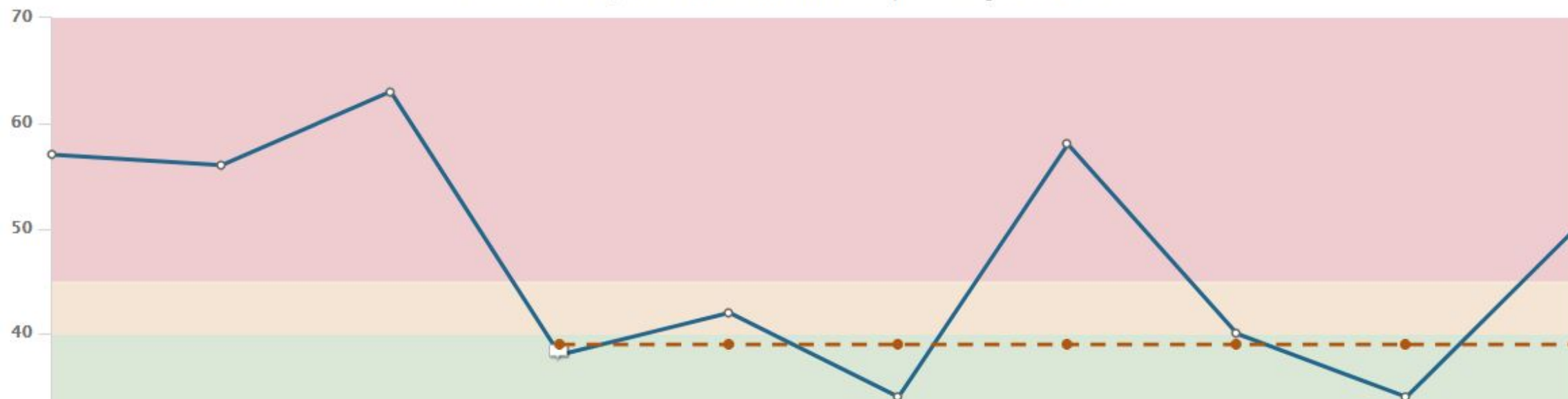
Number of newly diagnosed cases of HIV in Connecticut overall.

Data Source: CT DPH, HIV Surveillance database for cases reported through December 2018

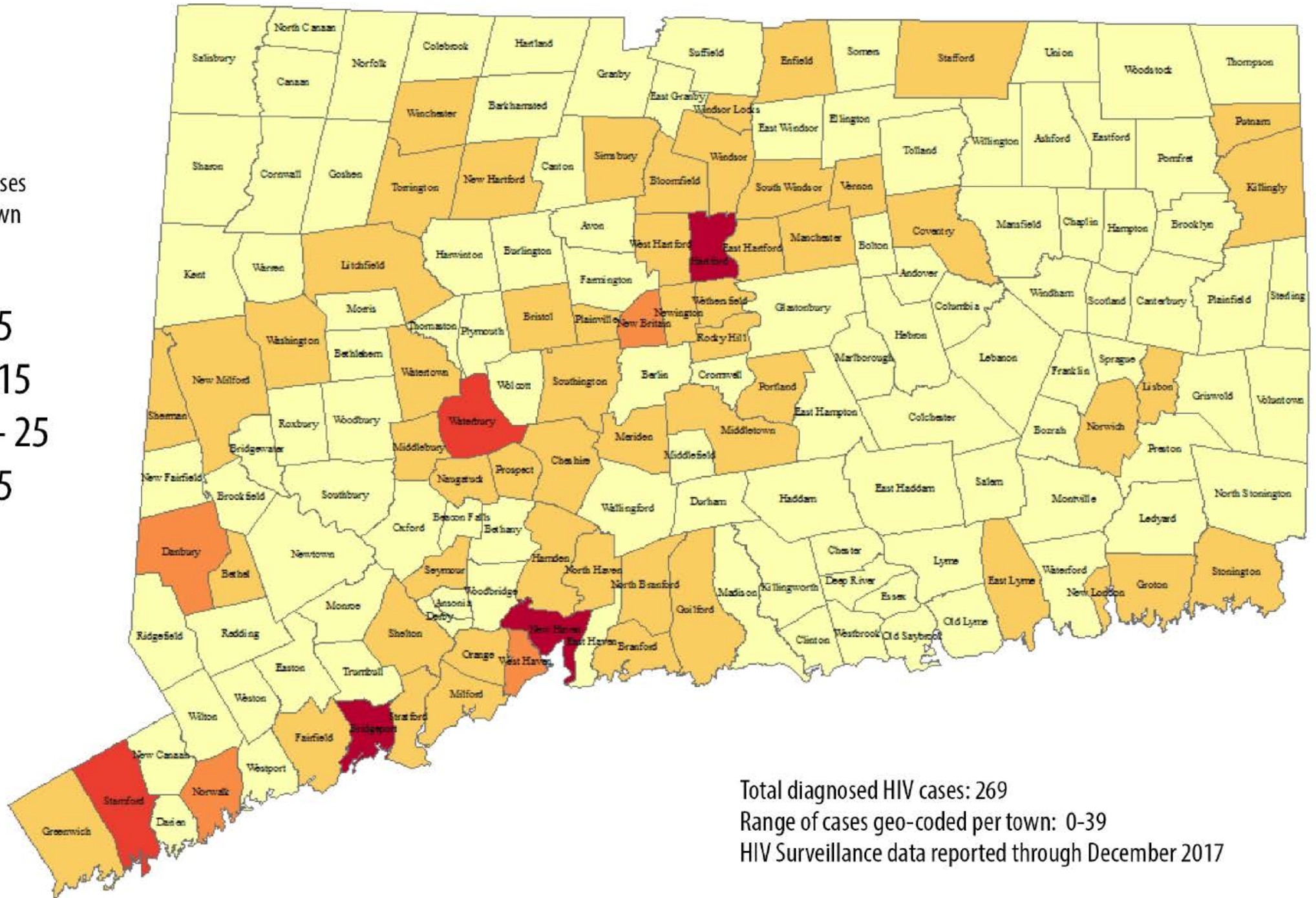
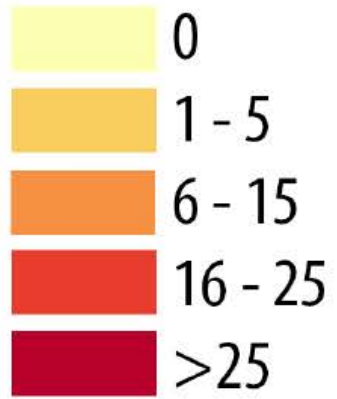


Number of newly diagnosed cases of HIV in Connecticut among black females.

Data Source: CT DPH, HIV Surveillance database for cases reported through December 2018



Number of HIV cases diagnosed per town



Total diagnosed HIV cases: 269
Range of cases geo-coded per town: 0-39
HIV Surveillance data reported through December 2017

Vaccine

- Cancer Prevention - Policy for universal HPV vaccine coverage
 - Eliminate cervical and other genital cancers in men and women
- Vaccine expansion –rotavirus ages 2-8 months; meningococcal B vaccine for youth ages 16-18 (in governor’s budget)

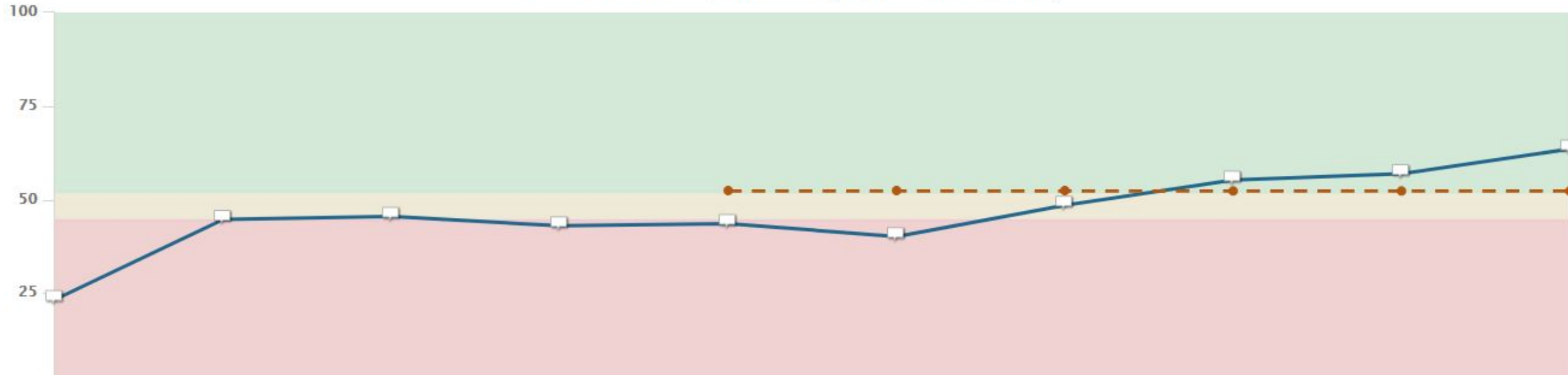
Estimated HPV vaccination coverage for male adolescents 13 to 17 years of age in Connecticut. (HCT2020)

Data Source: Connecticut DPH, Immunization Program, National Immunization Survey



Estimated HPV vaccination coverage for female adolescents 13 to 17 years of age in Connecticut. (HCT2020)

Data Source: Connecticut DPH, Immunization Program, National Immunization Survey

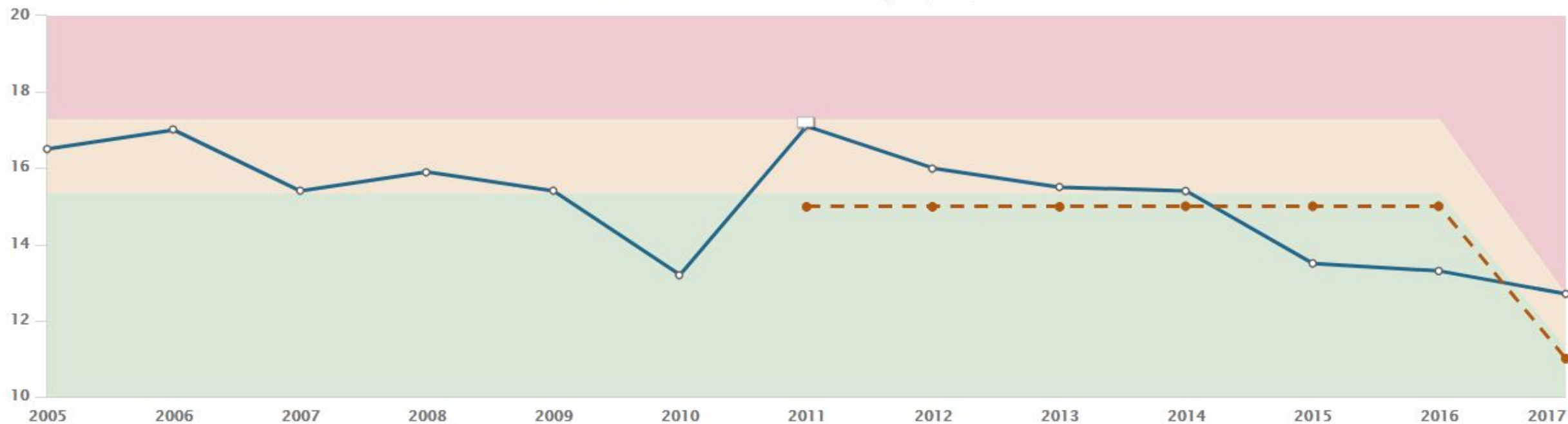


Tackle High Burden, High Cost Conditions

- Use interventions that we know will work to address the burden and cost with guidance and technical assistance provided by CDC 6|18 Initiative
- Align block grant funding to 6|18 interventions
 - Reduce Tobacco Use – raise age to 21 to purchase tobacco and e-cigarettes; 75% increase in e-cigarette tax; (in Governor’s budget); proposed Clean Indoor Air Act
 - Control Asthma – Putting on Airs
 - Control High Blood Pressure – DSS/DPH Technical Assistance project to increase use of HBP monitors for at risk populations.
 - Improve Antibiotic Use
 - Prevent Unintended Pregnancy
 - Prevent/Control Type 2 Diabetes – DPP and DSM Programs; 1.5 cent tax on sugar sweetened beverages (in Governor’s budget)

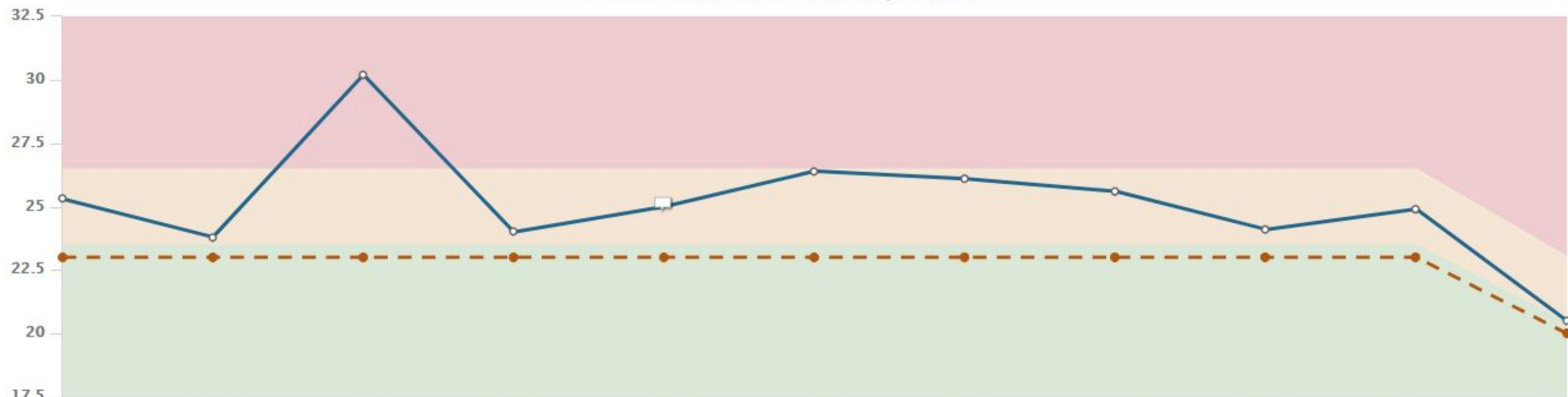
Percent of adults (18+y) who currently smoke cigarettes. (HCT2020)

Data Source: Behavioral Risk Factor Surveillance System (BRFSS)



Percent of adults (18+y) with a household income of <\$25,000 who currently smoke cigarettes.

Data Source: Behavioral Risk Factor Surveillance System (BRFSS)



More Health Equity

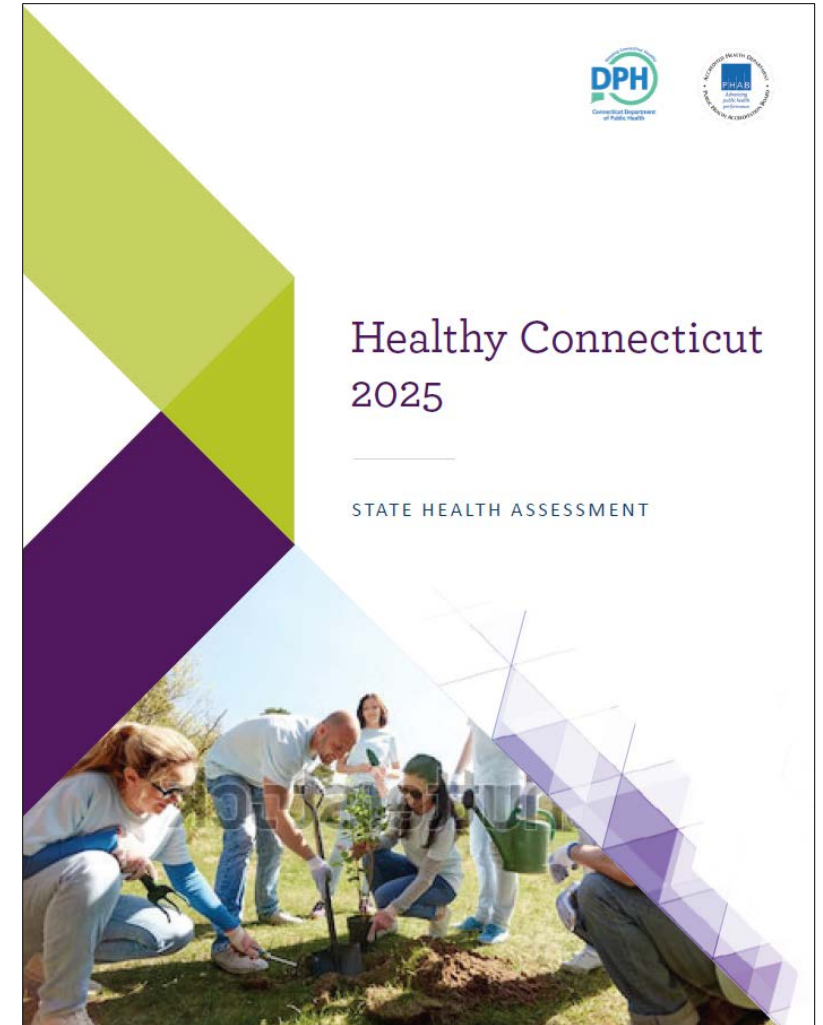
- Housing Quality Initiatives
 - Lead poisoning prevention
 - Green and Healthy Homes
- CLAS Standards

Ensuring a Strong Finish for HCT2020

- How do we maintain momentum in the Action Teams for the final year of HCT2020 Implementation?
- What steps can we take to apprise the new administration of their interests and alignment with SHA-SHIP?

Next Steps/Updates

- SHA Update - community priority survey
- SHIP Coalition Summit in June
- AIRNow Flag Program Follow Up
- 2018 SHIP Annual Report
- Other Announcements from the Council



Thank You!