



HEALTHY CONNECTICUT 2020 ADVISORY COUNCIL

Meeting Summary
March 10, 2020
9:00 am - 10:00 am

Meeting Purpose and Outcome

Provide SHIP Advisory Council members with an update of SHIP planning timelines and activities; provide a brief overview of SHIP Policy Agenda issues; solicit member feedback on next steps.

Attendees

Deputy Comr. Heather Aaron, CT Dept. of Public Health; Mark Abraham, DataHaven; Patricia Baker, CT Health Foundation/Advisory Council Chair; Robyn Anderson, CSTAC-Ministerial Health Alliance; Elizabeth Beaudin, Connecticut Hospital Association; Dr. Fred Browne, MD, Physician Representative; Joseph Cassidy, CT Dept. of Administrative Services; Judy Dicine, Chief State's Attorney Office; Phyllis DiFiore, CT Dept. of Transportation; Steve DiLella, CT Dept. of Housing; Tekisha Everette, Health Equity Solutions; Anne Foley, CT Office of Policy and Management; Jordana Frost, March of Dimes; Terry Gerratanna, CT Office of Health Strategy; Robyn Gulley, North Central Area Agency on Aging; Brenetta Henry, Consumer Representative; Lynne Ide, Universal Health Foundation; Ken Lalime, Community Health Center Association of CT; Shawn Lang, AIDS CT; Patrick McCormack, Uncas Health District; Augusta Mueller, Yale New Haven Health; Terry Nowakowski, Partnership for Strong Communities; Michael Pascucilla, CT Association of Directors of Health; Michelle Riordan-Nold, CT Data Collaborative; Carlos Rivera, Hispanic Health Council; Kathi Traugh, Connecticut Public Health Association; Erin Windham, CT Dept. of Agriculture; Nancy Yedlin, Donaghue Foundation; Kevin Borrup, CT Children's Hospital; Marianne Buchelli, CT Dept. of Public Health; Mario Garcia, CT Dept. of Public Health; Amy Mirizzi, CT Dept. of Public Health; Thomas St. Louis, CT Dept. of Public Health; Donna Burke, Health Resources in Action; Chantelle Archer, CT Dept. of Public Health; Sandy Gill, CT Dept. of Public Health; Orlando Velazco, CT Dept. of Public Health; Trish Torruella, CT Dept. of Public Health

CT DPH Deputy Commissioner Comments

In reference to the current COVID-19 pandemic, Deputy Commissioner Aaron, on behalf of Commissioner Coleman-Mitchell and DPH, acknowledged that the department will continue to create protocols that will change the way work is accomplished until the situation stabilizes. DPH looks forward to continued support.

Timeline Updates

DPH shared a timeline of upcoming planning activities that will aid in the development of SHIP 2.0. The agency has worked with local health departments and community partners to schedule community feedback sessions in seven communities across the state. The findings from the feedback sessions will be shared with the coalition via survey and conference call. Prior to the COVID-19 outbreak, the original plan was to host a full day planning session with 300 partners representing health sectors and non-health sectors. Under the current circumstances, DPH will consider the logistics of hosting the planning session virtually. The goal is to compile the feedback and planning input from partners by the end of May, upon which staff from Health Resources in Action (HRIA) will use the collected information to complete a first draft. Once a first draft is completed, DPH will circulate the draft for feedback to Advisory Council members and new Action Team members. By July, DPH will disseminate partner's feedback through subject matters and epidemiologists at DPH, compile their feedback, then distribute to HRIA for review. The goal is to produce a final document by the end of September.



Discussion on Alternatives to Full Day Planning Session

- The use of certain interactive technology, such as surveys that automatically display survey responses on devices would be a possible alternative. DPH would need to research the ability to access this type of technology.
- Another alternative would be to host a series of meetings that would replace the one-day event.
- DPH could consider convening smaller groups around the state where partners could still interact with each other. These groups could be hosted at different sites across the state and be live-streamed. The live stream option would allow people to still have in the in-person option without traveling.

Participants were asked to send comments/suggestions to HCT2020@ct.gov. This information will be compiled and disseminated to the group.

Community Feedback Sessions

Mario Garcia, from DPH, worked with local health partners to schedule community feedback sessions, inviting several partners to participate in the planning effort and assist in identifying communities. He contacted local health departments from Hartford, Uncas, New Haven, Danbury, Naugatuck Valley, North District in Enfield as well as the Office of Rural Health, with each department expressing interest in providing their own contributions to the SHIP based on activities in their own communities. These sessions are an opportunity for residents and regional collaboratives to share with the state their ideas for health improvement in their communities and across the state.

SHIP 2.0 and the Social Determinants of Health (SDOHs)

The intention is to create a SHIP that incorporates the Social Determinants of Health (SDOHs), has fewer priority areas, and maximizes resources. In order to align implementation efforts, the new SHIP must include strategies on SDOHs that impact priority health conditions and risk factors. Incorporating the SDOHs into the new SHIP will provide an opportunity to engage non-health partners, which will hopefully broaden the reach of the SHIP and create a collective impact that is widespread. The SHIP will look at opportunities for the SDOHs to layer policies, systems and environmental strategies across state and establish local level implementation. Having this focus will increase common ground across the new Action Teams and create a framework relevant to constituents and policymakers. Furthermore, SHIP 2.0 will look at upstream factors that go beyond genetics, individual lifestyles, behaviors and choices, instead examining the living and working conditions of how we exist in our everyday life and how those impact the health of CT residents.

Questions/Comments

- **Q:** Have we invested in giving information back to the community considering the number of families that are unaware of what is going on in the state because the feedback is not going back to them?
- **A:** As part of the introduction to the community feedback sessions, the facilitators will reference the initial focus groups that DPH conducted with community members as part of completing the State Health Assessment. DPH will share the information extracted from these focus groups, as well as share DPH's efforts to work with partners and establish priorities for SHIP 2.0, upon which the community will have the opportunity to determine whether the state is addressing the right priorities in the new SHIP. The hope is that community members will share their thoughts on how they believe certain issues should be addressed in their communities, which will help inform DPH and partners as they develop strategies as part of the new plan.



Action Teams and Communication Committee

Several Action Teams have had the opportunity to meet during the first quarter of 2020, including Environmental Health, Maternal, Infant and Child Health, and Mental Health and Substance Abuse. The Injury and Violence Prevention Action Team will hold its first meeting in April while the remaining Action Teams are figuring out the logistics and feasibility of meeting. Action Teams and lead conveners will be crucial in helping to compile the full retrospective look of all activities that were accomplished for the entire duration of Healthy CT 2020.

The Communication Committee officially launched in December 2019, however, the initial meeting had to be rescheduled, meaning individuals who expressed interest may not have had the opportunity to participate in the initial meeting. During the first meeting, participants brainstormed on what they believe the role of the committee should be. There were also requests from Action Team members to develop a communication strategy for sharing information across Action Teams and beyond. Additional comments were related to the ability to coordinate social media messaging that is consistent across multiple venues. DPH staff will compile the information that was shared during the meeting and create a survey to get additional input from members who were not able to participate. The goal is to relaunch the Committee virtually and establish some goals and timelines for 2020. Trish Torruella will be the DPH point person and she will work with the Committee in coordinating logistics and the timing of disseminating the survey. The intention is to relaunch the group sometime in April.

Policy Agenda

DPH will disseminate a table of bills related to the SHIP Policy Agenda to the Coalition. There have been topics related to tobacco and indoor air laws as well as some related to insurance coverage. Lynne Ide highlighted that there are two bills in the Insurance and Real Estate Committee. The first bill is to reconsider a bill that had been considered last year – creation of a public option form of coverage that would be expanded in the bill to include nonprofit organizations of any size and small businesses with 50 or fewer employees ([S.B. 346](#)). That would be another coverage option for many people that are employed by nonprofits and small businesses that have been excluded from the current marketplace. It also includes a proposal to look at creating dental coverage buy-in through Medicaid. There is another bill on that Committee that would consider putting together a taskforce to investigate coverage for immigrants ([H.B. 5251](#)). DPH will get bill numbers for the topics included on the Policy Agenda, including the prevention of tobacco use and vaping, the prevention of opioid use and abuse, expanded coverage for the uninsured, including dental coverage for the 18-26 age group, and suicide prevention.

Next Meeting

- SHIP Advisory Council Meeting – June 23, 2020 @ 9:30 am to 11:00 am (ZOOM)

SHIP Advisory Council Webinar/Conference Call

March 10, 2020



Agenda

Time	min	Agenda Item	Speaker/Notes
9:00	10	Welcome and Introductions	Pat Baker, AC Chair
9:10	5	CT DPH Deputy Commissioner Comments	DPH Deputy Commissioner Heather Aaron
9:15	5	Timeline Updates	Sandy Gill
9:20	15	Community Feedback Sessions	HRiA
9:35	10	Action Teams and Communication Committee	Sandy Gill Trish Torruella
9:45	10	Policy Agenda	Sandy Gill
9:55	5	Next Meeting	Pat Baker, AC Chair
10:00		Adjourn	

CT DPH Deputy Commissioner Comments

Deputy Commissioner Heather Aaron

Community Feedback Sessions

March 2020



Trajectory for SHIP v. 2.0

Incorporating the Social Determinants of Health (SDOH)

What is Different About SHIP v.2.0?

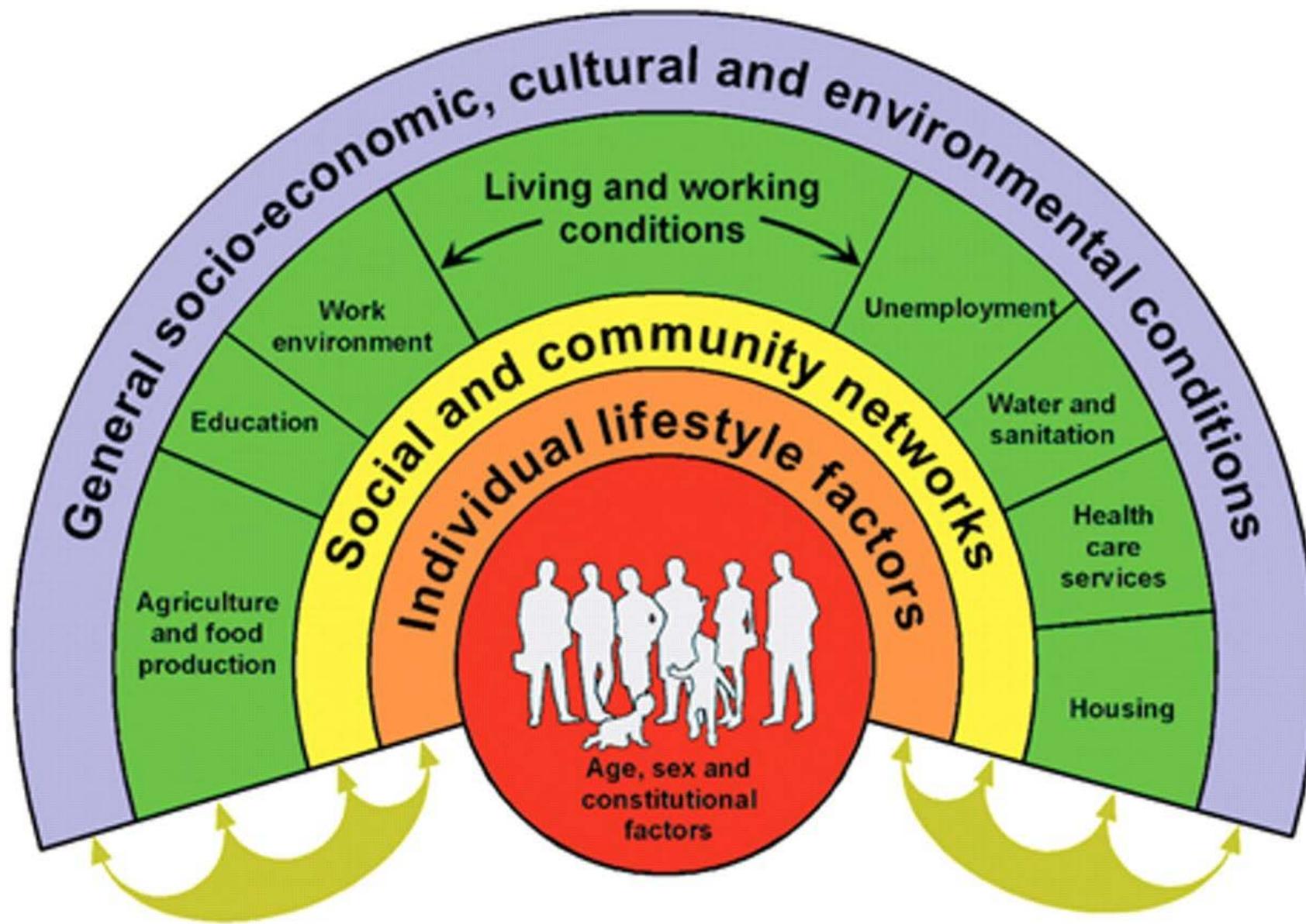
- SHIP v.2.0 will have fewer priority areas to maximize resources, effort, and results
- SHIP v.2.0 will align implementation efforts by focusing strategies on the Social Determinants of Health (SDOH) that impact priority health conditions and risk factors

Why Social Determinants?

- Social Determinants of Health (SDOH) impact several areas of concentration within the current SHIP.
- SDOH framework would provide opportunity to engage non-health partners in a preventive health discussion/collective impact.
- Provide opportunity for layering policy, systems, and environmental strategies across state and local level implementation.
- Increase common ground for action teams and create a framework in terms relevant to policy makers and constituents.

SDOH Overview

- According to the World Health Organization (WHO), the **social determinants of health** are the conditions in which people are born, grow, live, work and age.
- These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.
- The **social determinants of health are mostly responsible for health inequities** - the unfair and avoidable differences in health status seen within and between countries.



What are the Social Determinants of Health?

Healthy People 2020 identifies the social determinants in 5 main buckets with subcategories in each:

1. **Economic Stability**
 - Employment, Food Insecurity, Housing Instability, Poverty
2. **Neighborhood and Built Environment**
 - Access to Healthy Foods, Crime and Violence, Environmental Conditions, Quality of Housing
3. **Health and Healthcare**
 - Access to Healthcare, Primary Care, Health Literacy
4. **Social and Community Context**
 - Civic Participation, Discrimination, Incarceration, Social Cohesion
5. **Education**
 - Early Childhood Education and Development, Enrollment in Higher Education, High School Graduation, Language and Literacy



Process of Priority Identification

- Presentation of the State Health Assessment during the September 2019 Summit
- Identification of 30 health conditions/risk factors for individual reflection and discussion
- Alignment of the 5 most critical conditions/risk factors to the social determinants of health that impact them the most

SHA Indicators (Conditions and Risk Factors)

- Life Expectancy
- Birth Rates
- Infant Mortality Rates
- Unintended Pregnancy
- Low Birth Weight
- Percent Insured
- Emergency Room Visits
- Percent of Adults with Primary Care Providers, Number of Children with Medical Homes
- Well Water Quality
- Community Water Quality
- Housing Code Violations
- Lead Poisoning
- Non-Fatal/Fatal Work Injuries
- Heat-Related Illnesses
- Increasing Temperatures/Climate Indicators
- New HIV Cases
- Male Syphilis Rates
- Vaccine Coverage/Adolescents
- Lyme Disease
- Legionnaire's Disease
- High School Students/Sexual Violence
- Firearm-Related Deaths
- Non-Fatal Motor Vehicle ER Visits
- Suicide Rate
- Drug Overdose Death
- Mortality Rates – Cardio-Vascular Disease
- Cancer
- Lung Cancer
- ER – Asthma
- Percent of High School Students who Smoke
- Percent of Children who are Obese



Summit Brainstorming Exercise

1. Of the 30 indicators you've just heard about, what are the top 5 that resonate the most with you?
 - Write them down.
2. Which of the SDOH seem to contribute the most to these indicators? Which seem the most pressing/impactful/related to your chosen indicators?
 - Write the indicator on a post-it note and post it on the SDOH flip chart pages posted around the room.
 - You can post the same indicator under multiple SDOH's.

CT SHIP 2.0 Draft Framework

PSE & PP: Policy, Systems, Environment and Primary Prevention

CT Social Determinants of Health				
	1. SDoH	2. SDoH	3. SDoH	4. SDoH
	Goals and Objectives	Goals and Objectives	Goals and Objectives	Goals and Objectives
Priority Issues and Indicators	↓	↓	↓	↓
1. Priority Health Issue	Strategies (PSE & PP)			
2. Priority Health Issue	Strategies (PSE & PP)			
3. Priority Health Issue	Strategies (PSE & PP)			
4. Priority Health Issue	Strategies (PSE & PP)			

Recommended Draft Priorities for HCT2025

Based on the SDOH and Indicators Selected Most Often

- Priority 1: Health and Healthcare (Access to HC and Primary Care)
- Priority 2: Economic Stability (Poverty and Employment)
- Priority 3: Healthy Eating (Access to Healthy Foods and Food Insecurity)
- Priority 4: Housing (Quality and Stability)
- Priority 5: Crime and Violence

Top Health Conditions/Risk Factors Related to the SDOH in Rank Order

1. Percentage of Children Who Are Obese
2. Drug Overdose Deaths
3. Suicide Rate
4. Mortality Rates: Cardiovascular Disease
5. ER: Asthma
6. Infant Mortality Rates
7. Life Expectancy
8. Percentage Insured
9. Firearm Related Deaths
10. ER Visits
11. Housing Code Violations
12. High School Students/Sexual Violence

What Comes Next?

- 8 Community Feedback Sessions scheduled during weeks of 3/9/20 and 3/16/20 to gather feedback on health conditions/risk factors to focus on for the SHIP
- Survey to SHIP Coalition to come to consensus on SDOH and priority health conditions/risk factors
- SHIP full day planning summit to identify goals, objectives, and strategies

Community Feedback Session Questions

- Consider the social determinants of health that we have presented. What needs to happen to improve your living experience here? Help us prioritize what SDOH we need to focus on state-wide in order to address the priority health needs identified in the SHA?
- What are the top 4 priority health conditions we should address state-wide, from your perspective? Why? Are there specific populations we should address (e.g., children and obesity) or should they be broader?
- What interventions could be implemented across the State that would be potentially effective in your community to address these issues? What would fix this in your community?

Action Teams and Communication Committee

Sandy Gill

Healthy CT 2020 Action Teams

SHIP 2020 Action Team Meetings		
Have Met	Planning to Meet	TBD
Environmental Health (2/27)	Injury & Violence Prevention (4/30)	Chronic Disease
Maternal, Infant & Child Health (3/4)		Health Systems
Mental Health & Substance Abuse (2/5)		Infectious Disease

- All SHIP Action Teams had expressed interest in continuing to meet quarterly from January – June
- Lead Conveners will be contacted as we finalize the 2019 SHIP Annual Report
- Looking into a student intern to help compile a retrospective report on the accomplishments of Healthy CT2020
- Other updates?

SHIP Communication Committee

- Hosted a preliminary meeting of interested members in December 2019
- Suggested Roles for the committee
 - Coordinate regular education opportunities on SHIP action team initiatives and/or policy agenda topics to share the most current information with partners
 - Coordinate Social Media messaging
 - Coordinate cross action team sharing of information, events, initiatives or finished products/resources
- Next Steps
 - Survey full group to jump start the discussion
 - Re-convene through virtual meeting
 - Establish goals and timelines for 2020

SHIP Policy Agenda

Sandy Gill

- Insert Table

Thank You!