



CONNECTICUT HEALTH IMPROVEMENT COALITION

Partners Integrating Efforts and Improving Population Health

HEALTHY CONNECTICUT 2020 ADVISORY COUNCIL

Meeting Summary
June 23, 2020
9:30 am - 11:00 am

Meeting Purpose and Outcome

Provide SHIP Advisory Council members with an update of SHIP planning timelines and activities; provide an overview of SHIP Community Feedback Sessions and the SHIP Coalition Survey results; solicit approval from members regarding the proposed planning framework.

Attendees

Acting Comr. Deidre Gifford, CT Dept. of Public Health; Deputy Comr. Heather Aaron, CT Dept. of Public Health; Mark Abraham, DataHaven; Dr. Natalie Achong, Physician Representative; 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; Ellen Crowe, CT Hospital Association; 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 Gerratana, CT Office of Health Strategy; Pareesa Charmchi Goodwin, CT Oral Health Initiative; 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; George McDonald, Consumer Representative; 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; Marijane Carey, Carey Consulting; Amanda DeLoreto, CT Dept. Of Public Health; Amy Mirizzi, CT Dept. of Public Health; Thomas St. Louis, CT Dept. of Public Health; Cathy Sisco, Wheeler Clinic ; Brie Wolf, CT Dept. of Public Health; Donna Burke, Health Resources in Action; Mario Garcia, CT Dept. of Public Health; Sandy Gill, CT Dept. of Public Health; Chantelle Archer, CT Dept. of Public Health; Melissa Touma, CT Dept. of Public Health; Orlando Velazco, CT Dept. of Public Health; Trish Torruella, CT Dept. of Public Health; Sasha Gibbel, Yale University- School of Public Health; Rebecca Schwartz, Yale University- School of Public Health; Rose Swensen, Health Resources in Action;

CT DPH Acting Commissioner Comments

Mario Garcia, the new manager of DPH's Office of Public Health Systems Improvement, introduced himself to the Advisory Council and briefly discussed his career and commitment to public health, including his more recent involvement with the State Innovation Model (SIM).

Deidre Gifford, DPH Acting Commissioner, introduced herself to the Council and reiterated DPH's commitment to State Health Improvement Plan (SHIP), as well as the Governor's support for the cross-sector collaborative work of this coalition. By working together, we are able to expand and strengthen our efforts and together reach more Connecticut residents than any one of our organizations can reach on our own. DPH's Office of Public Health Systems Improvement will continue to lead and coordinate the initiative through convening partners, plan development, and the tracking of implementation activities as we move into the next five years. Cross



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sector collaboration, engagement of state and local agencies, and leveraging of collective resources will be vital to addressing the systemic and upstream factors that are considered to be root causes of chronic health challenges experienced by many. These same factors have been brought to light during the COVID pandemic response and have been identified as contributing to poor COVID outcomes. We have learned some painful lessons over the last couple of months which have put into sharper focus the need for this work and all of our partners collectively bringing their lessons learned to help effectively strategize the work of the SHIP. Additionally, recent events have also shined a light on systemic racism and discrimination. Comr. Gifford noted that progress to improve health and health outcomes in the United States will not happen if the country fails to address issues of inequality, discrimination, and historic racism.

Q: How do we as a state get ready for a second wave? What do we, as public health practitioners and members of the SHIP need to be ready for?

A: It is important that we continue to wear masks, wash hands, practice social distancing, and get tested if you have come into contact with someone who has COVID. These simple acts will have a huge impact on preventing the spread of the virus. Source control of all of us wearing a mask cannot be overstated. Contact tracing and responding to these efforts is also very important. DSS is currently leading this effort in collaboration with local health departments and community organizations in the state. A uniform phone number “CT CONTACT TRACE” will show in caller ID so people will know that it is a legitimate call. Our hope is that people will respond and share information about their contacts to effectively use this resource. This is a critical piece of preventing a second wave.

Q: Is DPH still supportive of the SHIP proposal of a State Property Maintenance Code (PMC) for healthy housing as a recognized significant factor in social determinants of health and health equity for all people in CT?

A: I would be happy to follow-up with the team concerning this issue. Every day we become increasingly more cognizant of the importance of housing. DSS is currently trying to figure out how to leverage Medicaid dollars to support people in housing and regulatory frameworks to ensure that we adhere to the standards for safe and healthy housing.

SHIP Timeline and Virtual Planning

Advisory Council members were briefed on the upcoming timeline for the development of SHIP 2.0. The next step in the process will be to host a pre-planning webinar, followed by a series of virtual planning sessions related to the four priority areas of the plan. These sessions will begin near the end of August and will continue through early October. HRiA will compile input from the planning sessions into a draft document for review by the beginning of November. During November, this draft will be circulated and reviewed by planning participants, SHIP Advisory Council membership, and DPH subject matter experts to confirm accuracy of representation and the ability to measure the objectives. There will be no “developmental” objectives in SHIP 2.0. Final edits will be made in December and the document will then be graphically designed to match the State Health Assessment that was recently posted on the [Coalition webpage](#). The goal is to officially launch SHIP 2.0 by mid-February.



Refining the SHIP 2.0 Framework

HRIA provided an overview of the planning process used to develop and refine the most recent version of the framework for SHIP 2.0. The process began in 2019 with a series of SHIP Advisory Council discussions around framework design, narrowing the focus, breaking down silos, making the best use of everyone's collective expertise and resources, and demonstrating impact. Early in 2019, DPH coordinated and convened SHIP partners and Advisory Council members to review the most current data on Connecticut demographics and key health indicators; collected community input via focus groups; and compiled the results of these engagement activities to inform the State Health Assessment (SHA). In September 2019, 120 partners convened at the SHIP Coalition Summit to discuss the preliminary findings of the SHA and the social drivers that contribute to these findings. These discussions prioritized and informed a proposed framework for SHIP 2.0. These results were then shared in March and May of 2020, with community representatives, via six community feedback sessions, to test and validate the prioritized focus areas and health conditions. One final check back with SHIP Coalition members was conducted via SurveyMonkey in June 2020.

Proposed Framework from SHIP Summit

Prioritization activities and the SHIP Coalition Summit in September yielded a list of five social determinants of health (SDOH) that could be potential priority areas for SHIP 2.0. The SDOHs selected the most often by the participants included: 1) Health and Healthcare (Access to Healthcare and Primary Care), 2) Economic Stability (Poverty & Employment), 3) Healthy Eating (Access to Healthy Foods & Food Insecurity), 4) Housing (Quality & Stability), and 5) Crime and Violence. The top health conditions/risk factors that participants related to the SDOHs included percentage of children who are obese/obesity, drug overdose deaths, suicide rate, mortality rates: cardiovascular disease, ER: asthma, infant mortality rates, life expectancy, percentage insured firearm related deaths, ER visits, housing code violations, and high school students/sexual violence.

Community Feedback Sessions

With the help of local health departments, local partners, and the Office of Health Strategy, community feedback sessions were conducted in six geographical areas including Hartford, New Haven, Northeast CT, Northwest CT, Southeast CT and Southwest CT. Two of these were conducted in-person prior to the COVID shut downs and four were conducted virtually, with a total of 48 participants. The feedback from community members were consistent - all six groups agreed with the SDOHs being the organizing principle of the SHIP; however, some members had issues with the term social determinants of health. Most of the groups agreed that structural racism, education, and transportation were key cross-cutting factors that impacted all the social determinants and needed to be addressed and incorporated into the plan. After presenting the potential SHIP 2.0 framework to community members, the framework was slightly revised to incorporate their feedback to focus on four priority areas (Access, Economics, Healthy Food & Shelter, and Community Strength & Resilience) and to capture the impact of surveillance measures that were highlighted most often from among the health topics and risk factors.

SHIP Coalition Survey Results

Results of the Feedback Sessions were incorporated into the proposed framework and then shared back with SHIP Coalition membership via a survey in June 2020. The intent of the survey was to assess consensus on the updated proposed framework for SHIP 2.0. A total of 67 responses were submitted (See slides for results).



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Updated Proposed Framework

The updated framework includes combining Healthy Eating and Housing into one priority area and the addition of Emergency Preparedness & Response to the social determinant of Crime & Violence under the header of Community Strength and Resilience. The priority areas, related goals, objectives, and strategies, as well as the new implementation action teams will be organized by the SDOHs. This will allow for a multidisciplinary perspective within each action team, and to breakdown the silos experienced during SHIP 1.0. Objectives and strategies under each priority area will focus on policy, systems, environmental changes and primary prevention strategies.

Quick Pulse Discussion & Member Voting

Council members and SHIP Action Team Lead Conveners in attendance had the opportunity to respond to the following questions regarding the framework.

1) *Do we need to call out Structural Racism more prominently than as a cross-cutting theme? If yes, how?*

VOTING RESULTS: Yes (28); No (5)

Comments:

- Structural racism is the overarching reason why the SDOHs exist; without addressing it you don't address the SDOHs. Not calling out structural racism within a broader discussion and embedding it within the other priority areas continues to ignore the influence it has on the policies, structures, and systems that created these differences.
- Structural racism should be in each of the priority areas. When you separate it from the work it gets pushed aside. It's imperative that racism is addressed with systems and structural changes proposed in each category. It needs to be spelled out with strategies and expectations; it should not be its own category.
- Structural racism needs to be called out explicitly; it needs to be at the top of the agency across each priority area.
- We need to be mindful that when structural racism is put with housing and transportation, given that both are social determinants of health. Racism can't be treated the same way because it's the root cause; it's the cause of the causes; it influences both transportation and housing. Structural racism should be applied very intentionally when thinking about the solutions and the strategies for everything we are doing. Perhaps solving/dismantling racism is the priority and the other things are the focus areas.
- We need to keep in mind that as public health professionals we deal with things that are measurable. How do we measure structural racism?
- Structural racism needs to be at the forefront of everything; health equity and the social determinants of health can't be addressed if structural racism is not addressed.
- We need to be mindful of specific terms and definitions that will guide every focus area; we need a dedicated effort to define those principles and criteria for the policies to be effective and to show that there is a central effort to address structural racism. (This will be addressed at the August Advisory Council meeting)
- Measurement is very important - what gets measured gets addressed.

2) *Do you agree with changing Social Determinants of Health to Social Influencers of Health?*

VOTING RESULTS: Yes (16); No (16)

Comments:



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- Community groups suggested “social influencers”
- People resent thinking their life is determined; rather what are the drivers.
- Drivers would be better than influencers.
- Influencers sounds very reminiscent of influencers on social media.
- Determinants imply there is nothing that can be done about it.
- Influencer is a clearly established term for individuals in the online world.

3) *Are you okay with the inclusion of emergency response and preparedness under priority D. Community Strength and Resilience based on the current reality in the community?*

VOTING RESULTS: Yes (29); No (0)

Comments:

- I don't like the notion of violence and what community resilience really means
- Several mentioned would have liked and “I don't know” button

4) *Do you as an Advisory Council member agree that this is the right framework for the SHIP? Y*

VOTING RESULTS: Yes (24) 92%; No (2) (8%)

Comments:

- We may need to look at the key impact/surveillance measures.
- Overlooks populations we should be measuring (e.g. older adults). People who work in nursing homes are disproportionately affected by COVID-19 and there are no measurements that highlight what is happening in nursing homes. Even if we are looking at gender, age, and geography there is the concern that this group, a vulnerable population will be overlooked.

Legislative Update: *(provided post meeting by Brie Wolf, DPH)*

- When COVID-19 cases were identified in Connecticut, each branch of state government moved swiftly to close or restrict access to state buildings. The Legislative Office Building closed for cleaning on March 12th and has not reopened to the public. This effectively stopped the legislation session.
- On June 6, 2020, it was confirmed that a special session will be called to address use of absentee ballots in the November General Election and police accountability policy.
 - Governor Lamont issued Executive Order 8 on June 15, 2020, which outlines several police accountability measures that Connecticut State police Troopers must follow – this does not pertain to municipal police. The Police Transparency and Accountability Task Force voted to further study its draft recommendations on June 16, 2020. On June 19, 2020, Senate Democrats issued a series of initiatives that they would like to take up on police accountability.
- Special session will be held sometime in July. From the information available, it appears that legislation from the 2020 regular session and budget adjustments will not be included in any emergency certified bills taken up during special session.

Next Meeting

- SHIP Advisory Council Meeting – August 18, 2020 @ 9:30 am to 11:00:am (ZOOM)
- SHIP Coalition Conference Call – July 30, 2020
- Pre-Planning Webinar – TBD (End of August)



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- Planning Sessions – TBD (late August through early October)

Healthy Connecticut 2020 State Health Improvement Plan Advisory Council Meeting

Tuesday, June 23, 2020
9:30 AM – 11:00 AM
Virtual via ZOOM



Agenda

9:30	10	Welcome and Introductions	<i>Pat Baker, AC Chair</i>
9:40	10	CT DPH Acting Commissioner Comments	<i>Deidre S. Gifford, Acting DPH Commissioner</i>
9:50	10	SHIP Timeline and Virtual Planning	<i>Sandy Gill, DPH</i>
10:00	50	Refining SHIP 2.0 Framework <ul style="list-style-type: none">• Partner Input,• Community Feedback Sessions• Planning Framework (Poll)	<i>Rose Swensen, HRiA</i>
10:50	5	Legislative Update	<i>Brie Wolf, DPH</i>
10:55	5	Upcoming Dates	<i>Pat Baker, AC Chair</i>
11:00		Adjourn	

Welcome and Introductions

Pat Baker, AC Chair

DPH Commissioner Remarks

Deidre S. Gifford, Acting DPH Commissioner

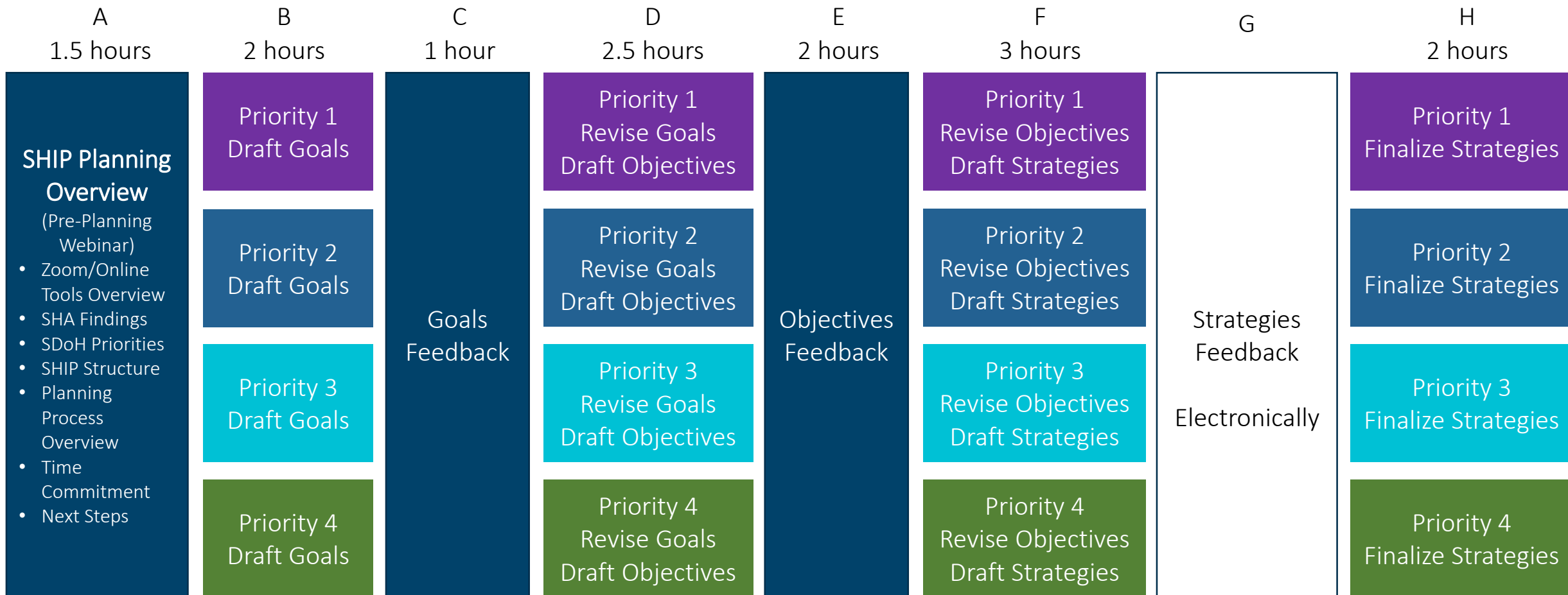
SHIP Timeline and Virtual Planning

Sandy Gill, DPH

Revised Planning Timeline

Date(s)	Activity
June 23 rd	AC Meeting to finalize Priorities for the SHIP
July - August	Pre-Planning & Planning Prep
August 17-21	Pre-Planning Webinar (A)
August - early Oct	Planning Sessions (B-H)
Oct 12-30	HRiA writes SHIP DRAFT 1
Nov 2 – 30	DPH Review: DPH coordinates first Review Process; (SMEs, Key Stakeholders, AC, etc.)
Dec 1-8	HRiA reviews edits
Dec 9-11	DPH review before graphic design
Dec 14- Jan 15	Graphic Design
Jan 19-22	DPH final review before print
Jan 25-29	HRiA makes any corrections
Feb 1 - 5	Printing of SHA and SHIP
Mid-February	LAUNCH

Virtual Planning for SHIP 2.0



Three (3) HRIA staff for each session: 2 facilitators, 1 tech support
 Two (2) DPH Staff co-facilitators for each Priority Area planning session
 Maximum of 25 participants per Priority Area planning session

Participant Criteria:

- Able to participate via Zoom (audio AND visual)
- Available to participate in ALL sessions

Time Commitment

Per facilitator: **42.5 hours** of session time + prep and follow-up

Per participant: **20 hours** of sessions + homework
(assumes participation in only one (1) Priority Area)

Refining SHIP 2.0 Framework

Rose Swensen, HRiA

Partner Input

- Over the 18 months, partners and SHIP Advisory Council reviewed health data and collected community input via focus groups on key health concerns of Connecticut residents.
- Discuss with AC a potential framework centered on the Social Determinants of health.
- Gathered input at a state-wide Summit in September 2019.
- Gathered input via (6) community dialogue sessions held across the state in the spring of 2020 testing and validating outcomes from the Summit.

Summit: Process of Priority Identification

- Presentation of the State Health Assessment
- 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

Summit: Recommended Draft Priorities

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: Community Resilience (Crime and Violence, Emergency Preparedness)

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

1. Percentage of Children Who Are Obese / Obesity
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

Community Feedback Sessions

- Gathered input via (6) community dialogue sessions held across the state in the spring of 2020
 - Conducted 2 in-person and 4 virtual groups
 - Total of 48 participants
 - SE, SW, NE, NW, Hartford, New Haven
- Results of these sessions were extremely consistent.
 - All 6 groups confirmed SDoH focus for the SHIP, but some had issues with the language.
 - Most groups raised racism, education, and transportation as key
 - The top 4 health topics/risk factors prioritize were quite clear
 - All recognized the interrelated nature of SDoH and risk factors
 - All recognized that COVID-19 highlighted persistent challenges

CT SHIP 2.0
Revised Framework

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

Priority Areas: Social Influencers of Health

	A. Access (primary care, health/mental health care)	B. Economics (poverty, unemployment)	C. Healthy Food and Shelter (housing quality/accessibility, healthy food access)	D. Community Strength and Resilience (cohesion, safety, emergency response & preparedness)
	Goal and Objectives	Goal and Objectives	Goal and Objectives	Goal and Objectives
Key Impact/ Surveillance Measures	↓	↓	↓	↓
<ul style="list-style-type: none"> • Percentage of Children Who Are Obese/Obesity • Suicide Rate • Drug Overdose Deaths • High School Students/Sexual Violence • Percent Insured/ER Visits 	Strategies (PSEE & PP)	Strategies (PSEE & PP)	Strategies (PSEE & PP)	Strategies (PSEE & PP)

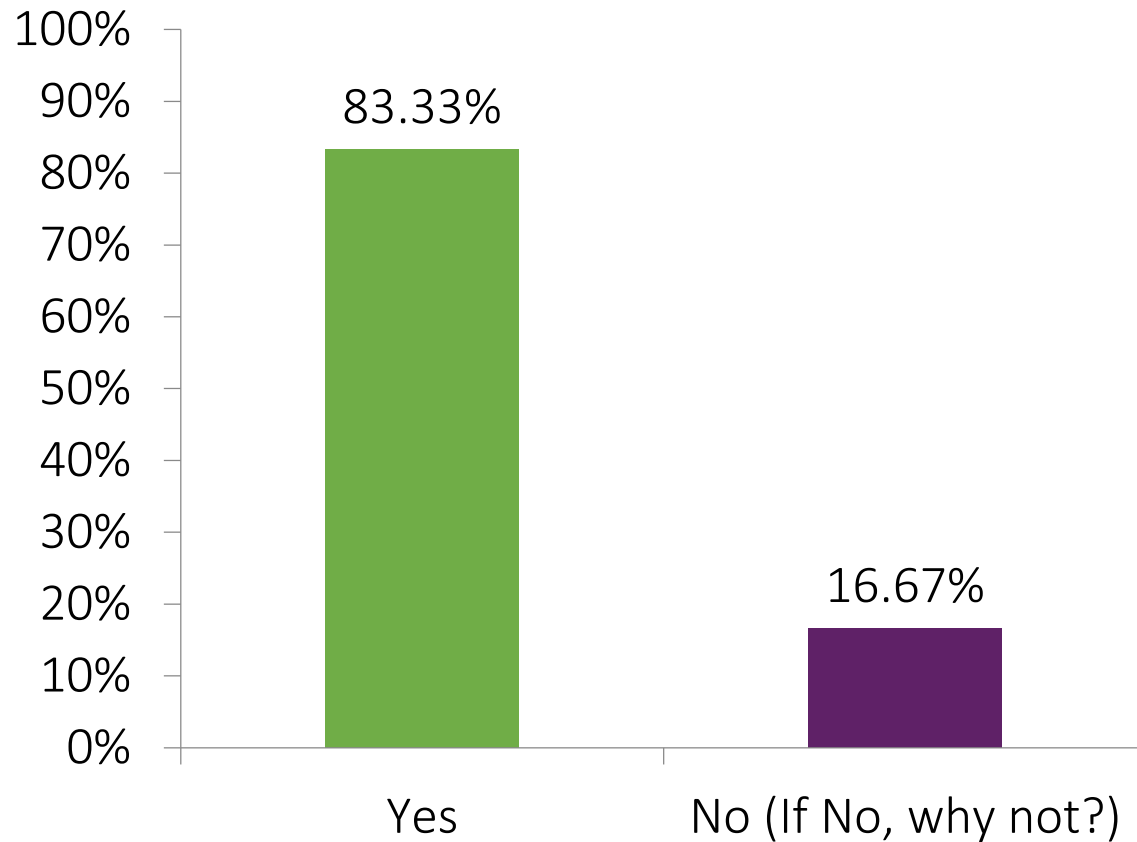
Cross-Cutting Themes Addressed by PSEE & PP Strategies:

- Structural Racism/Inherent Bias
- Transportation
- Education

Coalition Survey Results

- Survey gathered input June 15th – 19th
- Focus of survey was to ask for consensus on where we have solidified our focus for the Healthy CT 2025: State Health Improvement Plan (SHIP 2.0).
- We received 67 Responses

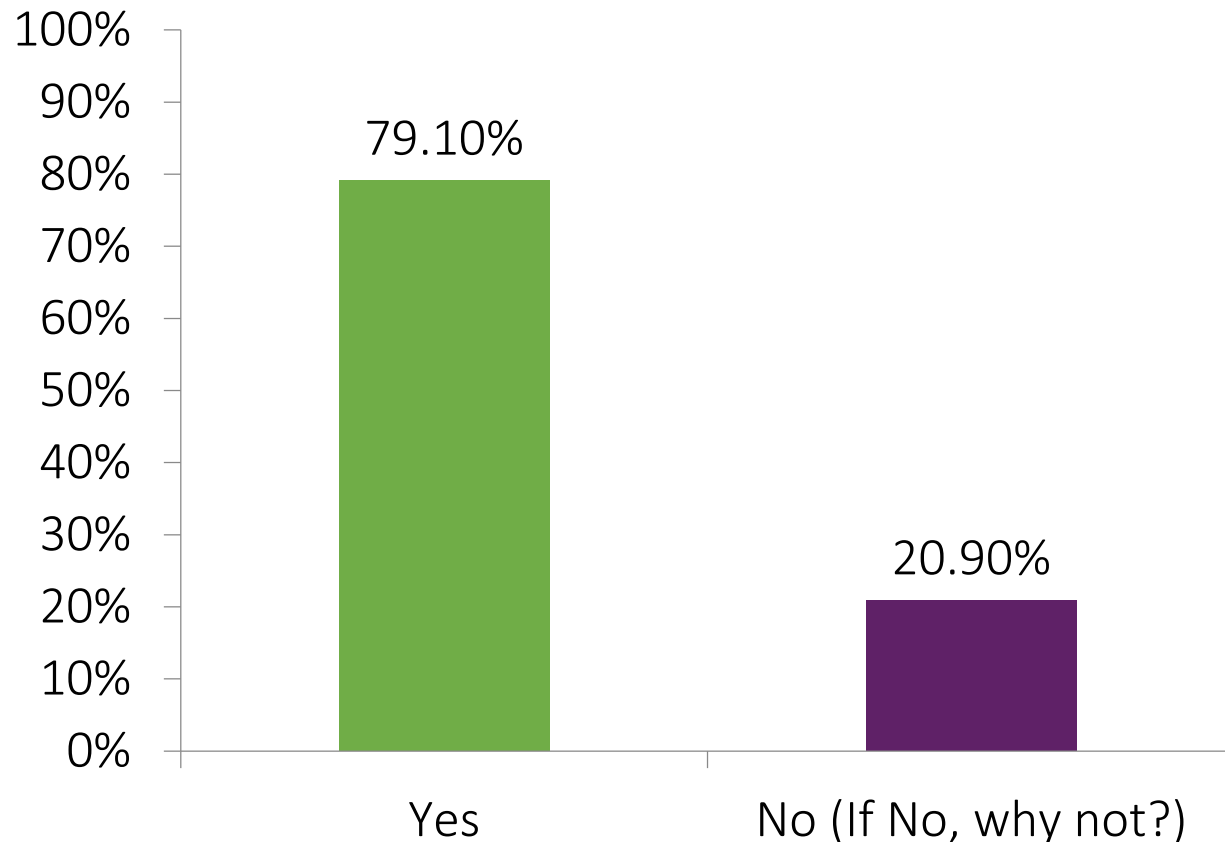
Q1: Can you support these as the **priority areas of the SHIP?**



- A. Access
- B. Economics
- C. Healthy Food and Shelter
- D. Community Strength & Resilience

Answer Choices	Responses	
Yes	83.33%	55
No	16.67%	11
	Answered	66
	Skipped	1

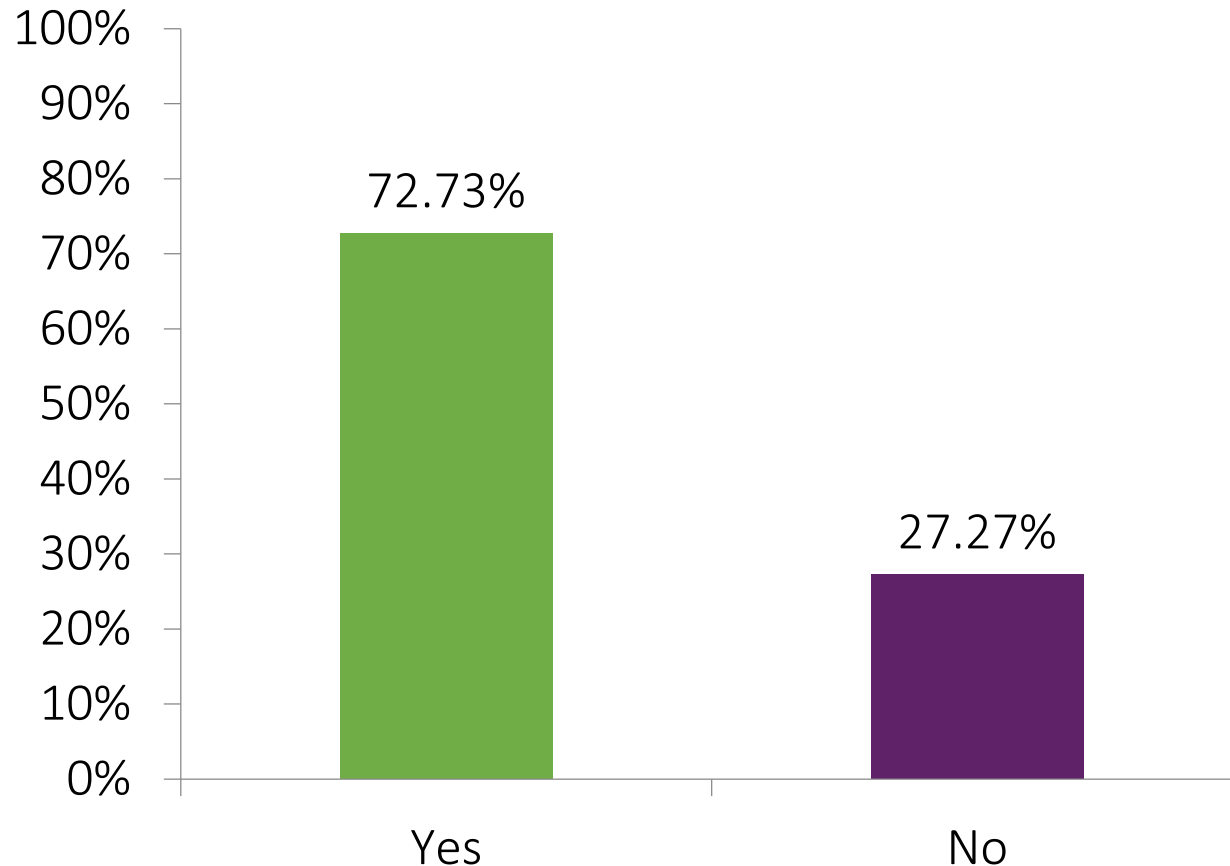
Q2. Can you support these as the **cross-cutting themes** of the SHIP?



- Structural Racism/Inherent Bias
- Transportation
- Education

Answer Choices	Responses	
Yes	79.10%	53
No	20.90%	14
	Answered	67
	Skipped	0

Q3. Can you support these as the **key impact indicators** of the SHIP?



- Percentage of Children Who Are Obese/Obesity
- Suicide Rate
- Drug Overdose Deaths
- High School Students/Sexual Violence
- Percent Insured/ER Visits

Answer Choices	Responses	
Yes	72.73%	48
No	27.27%	18
	Answered	66
	Skipped	1

Quick Pulse & Discussion

1. Do you we need to call out **Structural Racism** more prominently than as a cross-cutting theme? If yes, how?
2. Do you agree with changing Social Determinants of Health to **Social Influencers of Health**?
3. Are you okay with the inclusion of **emergency response and preparedness** under priority D. Community Strength and Resilience based on the current reality in the community?

Poll – Reaching Consensus

Do you as an Advisory Council member agree that this is the right framework for the SHIP? Yes/No

Legislative Update

Brie Wolf, DPH

Upcoming Dates

Pat Baker, AC Chair

Upcoming Dates

- SHIP Advisory Council - August, 18, 2020 @ 9:30am 11:00am (ZOOM)
- SHIP Coalition Conference Call – TBD (July)
- Pre-Planning Webinar TBD (end of August)
- Planning Sessions TBD (late August through early October)

Thank You!