CONNECTICUT
HEALTH IMPROVEMENT COALITION
Partners Integrating Efforts and Improving Population Health

Healthy Connecticut 2020

State Health Improvement Plan Interim Report

January 1, 2015 – December 31, 2017

Keeping Connecticut Healthy
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Connecticut Department of Public Health

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Advancing public health performance

Connecticut Department of Public Health

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INTRODUCTION

The Connecticut State Health Improvement Plan (SHIP) is a roadmap for promoting and advancing population health and ensuring all people in Connecticut have the opportunity to attain their highest potential for health. The plan is based on findings from the Connecticut State Health Assessment (SHA) and together these efforts comprise Healthy Connecticut 2020.

The Connecticut Health Improvement Coalition, a large body of representatives from diverse local, regional and statewide entities whose policies and activities can influence health, advised and contributed to all aspects of Plan development and implementation activities. The SHIP is intended to provide a vision for the health of the state and a framework for organizations to use in leveraging resources, engaging partners and identifying their own priorities and strategies for collective action. Healthy Connecticut 2020 enables loosely-networked system partners to align and coordinate for more efficient, targeted and integrated health improvement efforts.

Healthy Connecticut 2020: The State Health Improvement Plan was officially launched in March 2014 followed by a series of educational webinars on the Plan, a renewed Advisory Council to advise on Plan implementation, and establishment of seven Action Teams to work on selected priorities. Plan Implementation was officially launched in 2015 with a timeline that scheduled phase 1 implementation from 2015-2017, an Interim Report in 2018, followed by SHA and SHIP updates in preparation to launch Healthy Connecticut 2030 by the end of the decade (see timeline in Appendix A).

This report identifies interim progress on several key components to statewide health improvement: stakeholder engagement, monitoring implementation of strategies, and monitoring progress in meeting targets for priority health indicators. The report also identifies significant policy development activities, reflects on emerging issues and key assets that must be considered in the continuous planning process, and identifies areas to consider in updating the Plan in 2020. The basis for this report is the Healthy Connecticut 2020 Performance Dashboard which uses the Results Based Accountability framework and software to track and display progress on population health indicators identified in 2014 as a priority by the Coalition, and serves as a source of information, education and transparency to the public, our partners and stakeholders. Associated disparity dashboards provide a more focused look at how we are faring reducing health disparities in priority areas.

STAKEHOLDER ENGAGEMENT

Stakeholder engagement is the foundation of a SHIP and involves a wide range of community partners representing various sectors. Stakeholders that comprise the Coalition are engaged through an organizational infrastructure established in 2015 (see Appendix B), which provides a consistent framework for members to engage in dialogue, share their unique perspective and expertise, collaboratively develop solutions, and coordinate activities across the state.

Coalition

The Coalition is a large advisory, advocacy and action body comprising leaders from Connecticut organizations, who serve as community ambassadors and who inform the overall implementation of the SHIP, sharing information from key networks and groups to facilitate action. Members participate on several levels: Action Teams, Advisory Council, Coalition calls and meetings such as the SHIP Action Summit in 2016, ad-hoc surveys, communication to constituents, and advocacy of prevention policies. Coalition members may sign up via the SHIP Coalition webpage. Members may be active or ask to be on distribution lists for information and updates. Continual recruitment of member organizations is guided by the sector wheel (see Appendix C). In 2017, gaps were identified in representation for payers,

business, and physician groups. A list of contributing organizations can be found in Appendix D. The number of individual members has fluctuated over the last three years with 228 members in 2015, 695 in 2016 and 629 in 2017. This count includes those organizations and individuals requesting to be included on the SHIP distribution list.

Since 2015, eight Coalition calls and one full meeting were held for the members. In 2017 two Coalition calls were held, 26 email communications sent, and two surveys disseminated and analyzed to assess existing community collaboratives to inform population health planning for the Connecticut State Innovation Model (SIM) Initiative, and to assess Coalition membership capacity to assist with advocacy of legislative priorities.

Action Teams

Action Teams were created by the Coalition for implementation of the SHIP. They develop and implement annual Action Agendas and report progress quarterly to the Advisory Council of the Connecticut Health Improvement Coalition. In developing Action Agendas, the Action Teams may prioritize objectives and strategies, and identify and recommend refinements to the SHIP. Action Teams may also create subcommittees to identify specific strategies and action steps for a prioritized objective, and/or address issues that require concentrated subject matter expertise. Action Teams are comprised of Coalition members and others with subject matter expertise in focus areas of the Healthy Connecticut 2020 State Health Improvement Plan. In most cases, Action Team members are already engaged in initiatives related to their assigned focus area.

Each Action Team has convened approximately 18 times since 2015, including quarterly meetings in 2017. Subcommittees addressing specific areas of concentration met monthly, as needed, between regular full action team meetings. Written progress updates on implementation were provided quarterly and linked electronically to the appropriate health indicators in the Healthy CT 2020 Performance Dashboard. Action Team Co-Lead Conveners have also had the opportunity to share implementation initiatives at quarterly Advisory Council meetings to seek advice on challenges, and extending the reach of their initiatives.

Action Team membership has varied over the last three years and has declined for the current year with 105 partners participating in the SHIP Action Teams, representing 69 organizations. Action Teams report their work has benefited from collaboration and input from several other Coalitions and workgroups whose work is aligned with health improvement activities. These may be existing coalitions or newly established by Action Team Co-leads. These Coalitions include the Connecticut Birth Outcomes Coalition, the Healthy Homes Coalition, the Lead Poisoning Prevention Coalition, the Connecticut Healthy Air Coalition, Connecticut Hospital Association Asthma Initiative, Mobilize Against Tobacco for Connecticut's Health (MATCH) Coalition, Connecticut Physical Therapy Association, Connecticut Occupational Therapy Association, Connecticut Suicide Advisory Board, and the Connecticut Alliance to End Sexual Violence Coalition. This alignment of health improvement work and partners is significant in advancing collective impact and specifically developing a common understanding of public health issues, a better understanding of how coalitions and partners health improvement work is connected, and identification of partners' roles and responsibilities in improving health.

Advisory Council

The Advisory Council of the Coalition provides guidance, oversight and management of the State Health Improvement Plan, including coordinating implementation timelines, reporting, and communication strategies in conjunction with Department of Public Health (DPH) leadership. The Advisory Council is

comprised of 35 members who are thought leaders in Connecticut, representing cross-sector entities that have a direct or indirect impact on health or determinants of health (see Appendix E).

The SHIP Advisory Council membership experienced several changes in 2017 with the addition of new members representing faith-based institutions, homelessness and housing. These new members replaced vacancies due to retirements or employment changes. Nominations were solicited from the Coalition and new members reviewed and approved by the Executive Committee.

The Advisory Council met 18 times since 2015, including four quarterly meetings in 2017. Each meeting provided an opportunity for Action Team Co-Lead Conveners to share their team's progress in achieving the objectives indicated in their action agendas. The meetings also allowed Advisory Council members the opportunity to provide input and feedback on the initiatives being pursued by each Action Team.

In 2017 the Advisory Council also discussed innovation as a means to improve the health of Connecticut residents and work toward health equity. This included a discussion of the national Public Health Accreditation Board's (PHAB) Public Health National Center for Innovation, a presentation by the Donaghue Foundation on open science and open data in health-related research, and a presentation by Connecticut Green Bank on the Connecticut Green and Healthy Homes Project which seeks to research the feasibility of evidence based housing interventions that address hazards related to asthma, injury and lead poisoning; improve energy efficiency; and result in long term public sector cost savings.

Executive Committee

The Executive Committee provides high level and time sensitive decision making on the refinement of the State Health Improvement Plan and other key decisions for effective implementation and sustainability of the Connecticut Health Improvement Coalition. The five-member SHIP Executive Committee includes the DPH Commissioner, the Advisory Council Chair, a local health representative, a representative from the Legislature, and a Coalition member at large. The Executive Committee has met six times since 2015, including one conference call in 2017. Key decisions included refinement of the policy agendas, and selection of new Advisory Council members from Coalition nominees. The Committee also discussed the exploration of new strategic partnerships and perspectives to add to the Coalition to help address the changing landscape of the health system.

POLICY AGENDAS

2017 was the first year that partners from across the state came together to identify policies related to health improvement priorities that would have the largest impact on health. Guided by The Centers for Disease Control and Prevention (CDC) Health Impact Pyramid (see Appendix F), these policies reflected the SHIP strategic priority to work toward health equity and address the social determinants of health through policy and system changes. The policy agenda was identified and prompted by a statewide Action Summit in 2016 sponsored by the Donaghue Foundation, for which 175 Coalition members and other stakeholders were convened. The Advisory Council and Executive Committee helped to prioritize the ideas from the Coalition and finalized the policy agenda. SHIP Coalition and Advisory Council members engaged in providing testimony, fact sheets, education and coordination of advocacy efforts.

The process to develop the 2018 policy agenda began in September, 2017 and included recommendations from SHIP Action Team members with review and voting by the SHIP Advisory Council. Policies that became law in 2017 were removed and new policies were added to address emerging issues. The proposed agenda was then shared with Coalition membership via conference call for discussion and input. The policy agendas for both years are identified in Table 1. Expected

challenges for 2018 include a continued budget deficit for the state, as well as the legislative session being a “short session” running from February-May 2018.

Table 1: SHIP Policy Agendas

SHIP Policy Agendas	2017	2018
1. ***TOBACCO*** – Raise the age to purchase tobacco and electronic nicotine delivery system (ENDS) products from 18 years of age to 21 years of age. Upgrade Clean Indoor Air Laws to meet national recommendations for comprehensive law. Remove pre-emption clauses that hinder local tobacco control authority.	✓	✓
2. ***Community Health Worker*** – to define Community Health Worker **Public Act 17-74 - Signed by Governor 06-30-2017**	✓	
3. ***Seatbelt use for all seating positions in automobiles*** – update current law to include rear seated passengers in automobiles	✓	✓
4. ***Motorcycle Helmet Law*** – require all operators and passengers to wear protective helmets	✓	✓
5. ***Paid Family and Medical Leave*** – require employers to provide paid Family and Medical Leave	✓	✓
6. ***Property Maintenance Code (PMC)*** – Connecticut adoption of 2015 International Property Maintenance Code (IPMC)	✓	✓
7. ***Cancer Prevention: Human Papilloma Virus (HPV) Vaccine*** **Public Act 17-2 – Signed by Governor 10-31-2017 – included funding for education and Universal HPV vaccine (two-dose series) for children ages 11 and 12.**	✓	
8. ***Integration of Local Health Districts*** – integration into larger health districts to improve health equity for all Connecticut residents and to better facilitate leveraging of resources.	✓	
9. ***Tax parity for other tobacco products and Electronic Nicotine Delivery Systems (ENDS)*** to match the current cigarette tax	✓	✓
10. ***Tobacco Trust Fund Allocations*** – advocate for appropriate and sustainable Tobacco Trust Fund allocations for education, prevention, and cessation	✓	
11. ***Safe Drinking Water*** – require public drinking water systems to review the age and condition of the water system's infrastructure		✓
12. ***Immunizations*** – allow the release of aggregate immunization data for each school in Connecticut		✓
13. ***Lead Paint Assessment Fee*** – require manufacturers of architectural paint to pay a 25-cent assessment fee per gallon sold to a distributor in the state, to fund lead paint abatement projects for low income family housing and housing where children under age six have been found to have elevated blood lead levels.		✓
14. ***Opioids –*** establish a system for uniform data collection on the administering of naloxone by first responders and community groups		✓
15. ***Medicare Shared Savings Program & Medicaid Eligibility/Cuts*** – restore funding cuts that affect income and access to health care for 113,000 Connecticut residents.		✓
16. ***Funding for public health agencies*** – advocate for funding for state and local public health agencies to support prevention and health improvement.		✓

MONITORING HEALTH INDICATORS

The Coalition is currently monitoring 70 health indicators relevant to priority SHIP objectives, with health improvement targets of 5-10% based on methodology employed by Healthy People 2020 and consideration of intervention strategies and resources. Strategies being implemented by SHIP Action Teams and partners were selected based on evidence of impact on health improvement over time.

The indicators are monitored through the Healthy Connecticut 2020 Performance Dashboard which acts as the "living" version of the SHIP. The Dashboard also provides a data driven focus by providing baselines, targets, evidence based strategies and a visual presentation of how we are doing on the most important health indicators. Indicators may be adapted or added by SHIP Action Teams based on emerging issues. Since 2015, health indicators related to the opioid crisis and e-cigarettes have been added and/or adjusted to reflect current and better data sources and measurement. Two SHIP objectives originally labeled "developmental", have been added due to availability of a new data source for measurement. These include an indicator of poor housing, and the percentage of the Connecticut population covered by a community health needs assessment.

A summary of performance is provided in Table 2 below showing 23 of the 70 total health indicators (green) have met original or updated SHIP targets, 37 indicators (yellow + red) have not met targets, and 10 remain "developmental" or do not have comparable data available. The data in the summary should be interpreted with caution with the following limitations in mind: a) No trend analysis was conducted, only identification of data points relative to targets; b) data collection methodology for some indicators has changed due to improved processes or shifts in funding sources; b) some data sources have a significant time lag between data collection, analysis, and availability for public reporting (i.e., some data are current to 2014 which is prior to implementation efforts); c) for some conditions such as obesity, impact of strategies on indicators may take several years. Despite these limitations, an overall review of indicator status at this interim point, along with the experience gained over the first three years of implementation, will help guide adjustments to 2020 indicators and targets during the second phase of implementation.

Table 2: Summary of Performance

Symbol	Relevance	TOTAL SHIP Health Indicators		
		Overall Health Indicators	Indicators Specific to Health Disparities	Combined totals
	Original SHIP and updated target has been reached	13	10	23
	Indicator's most recent data point is moving in a positive direction relative to the current 2020 target	6	4	10
	Indicator's most recent data point is moving in a negative direction relative to the current 2020 target	15	12	27
	No comparable data available	7	3	10
	TOTALS	**41**	**29**	**70**

Appendix G of this report includes additional detail on the status of the 70 health indicators. Health disparity indicators are identified by this icon and provide an important focus given that many of the greatest health improvement challenges underlie statewide statistics.

PROGRESS ON STRATEGIES

Throughout the planning and implementation process, the SHIP Coalition has worked to build on existing strengths and assets to implement policy, systems, and environmental changes that support efforts to promote "making the healthy choice the easy choice" and reducing stressors for Connecticut residents. A priority focus has been given to reducing health disparities, whether social, economic, demographic, or geographic.

In 2015, Action Teams used a three-step process in prioritizing phase I SHIP objectives to include in the development of annual action agendas (work plans). This process involved team members and stakeholders collaboratively reviewing available data and identifying a manageable subset of objectives to prioritize efforts; reviewing and verifying nationally supported, evidence-based strategies to assure feasibility and effectiveness; then developing action items and timeframes to be implemented and tracked. This process has been utilized annually to guide the implementation efforts of the SHIP action teams.

In 2017, all seven action teams continued to build on the progress made during the first two years of implementation. Particular attention was given to strengthen collaboration and alignment with existing coalitions to extend the reach of efforts to multiple communities across the state. Action Team members recognize that implementation is a continuous improvement process and that annual progress informs appropriate adjustments and next steps in addressing priority health indicators. Although the current strategies address a subset of objectives included in the original SHIP, Action Team members have prioritized these topics as foundational to making an impact on health indicators in our state.

Table 3 provides a summary of progress, and shows that progress was made in addressing 80% of the evidence-based action agenda strategies in all seven focus areas of the SHIP. Details of Action Team progress are available on request, or within the strategy sections of the Healthy CT 2020 Performance Dashboard corresponding indicators. See the table below for a breakdown by action team.

Table 3: Progress Implementing Strategies

Focus Area/Action Team	Progress	Completed	No Progress	Total Strategies in Action Agenda
Maternal Infant and Child Health	10	2	1	13
Environmental Health	10	1	2	13
Chronic Disease Prevention	8	1	2	11
Infectious Disease	5	7	1	13
Injury & Violence Prevention	1	3	0	4
Mental Health & Substance Abuse	7	2	8	17
Health Systems	5	2	2	9
TOTALS	**46**	**18**	**16**	**80**

The following section includes more detailed information on Action Teams including priorities and strategies, contributing individuals and organizations, priority strategies, and highlights of implementation activities conducted with partners and stakeholders. Additionally, each action team contributed a success story that spotlights partner and stakeholder efforts to improve systemic infrastructure or processes to improve health in SHIP priority areas.

1 Maternal, Infant, and Child Health

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The Maternal, Infant, and Child Health (MICH) Action Team gratefully acknowledges the significant input and contributions of members of the Every Woman Connecticut Advisory Committee, the Perinatal and Infant Oral Health Workgroup, and the Developmental Screening Workgroup.

GOAL

Optimize the health and well-being of women, infants, children and families, with a focus on disparate populations.

Highlights:

Every Woman CT:

Increasing the awareness and utilization of One Key Question

- A total of 477 professionals were trained on the One Key Question (OKQ) screening tool.
- Over 120 providers from across CT attended the Every Woman Connecticut Symposium "Chronic conditions that can affect a future pregnancy: pre/inter-conception health care for partners implementing One Key Question."
- Every Woman CT Collective Impact Framework was presented at the national American Public Health Association and local Connecticut Public Health Association.

Developmental Screening:

Educating families and communities on the importance of developmental screening

- Over 1,200 "Learn the Signs. Act Early Developmental Monitoring" materials were distributed.
- The Child Development Infoline, a program that supports children's healthy growth and development starting from pregnancy, received 2,841 calls, 511 of which were related to developmental screening and developmental promotion.

Perinatal & Infant Oral Health:

Raising awareness and training pediatric providers to increase dental utilization in children

- Perinatal Dental utilization in HUSKY Health has reached its highest level since 2005 with over half of perinatal women getting care.
- Dental utilization for infants in HUSKY Health, (children under three) has also reached a new high. Growth is in preventive services with treatment services staying steady, a positive trend for oral health.
- Fluoride varnish applications and oral assessments by pediatric primary care physicians for children in HUSKY Health aged three years and younger has remained at a high level after several years of large increases.

Strategies in 2017 Maternal, Infant & Child Health Action Agenda:

Progress made:	10
Completed:	2
No progress:	1
TOTAL # strategies:	13

Success Story:

Issue: In Connecticut, 46% of all infant deaths are from preterm-related causes, and another 19% are from other perinatal conditions. These are also the most significant cause-specific components of the racial and ethnic disparities in infant mortality in the state. Because so many pregnancies are unplanned and many risk factors have an impact during the first few weeks of pregnancy, attaining optimal health prior to pregnancy is essential to preventing adverse outcomes such as low birth weight and preterm birth.

Strategy/Intervention: The Every Woman Connecticut (EWCT) initiative focuses on promoting optimal women's health before, after, and in between pregnancies. One of its primary interventions is the integration of One Key Question (OKQ) into routine care. OKQ is a pregnancy intention screening tool that identifies each woman's need for reproductive and/or pre-/interconception health care.

Results: The EWCT initiative launched in April 2016, training 260 public health and clinical providers across 8 communities in CT. Partners include a cross-section of providers including home visitors, care coordinators, women's health care clinicians, Early Head Start teachers, and oral hygienists. In 2017, EWCT trained 477 professionals. A new partnership with the Department of Mental Health and Addiction Services (DMHAS) integrated pregnancy intention screening into mental and behavioral health care settings across the state, leading to more opportunities for delivering whole-person care to populations at higher risk for adverse birth outcomes.

2 Environmental Risk Factors and Health

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The Environmental Health (ENV) Action Team gratefully acknowledges the significant input and contributions of members of the Childhood Lead Poisoning Prevention Coalition, the Healthy Housing Coalition, and the Connecticut Healthy Air Coalition.

GOAL

Enhance public health by decreasing environmental risk factors.

Highlights:

Lead:

Expanding partnerships and outreach to reduce the risks of lead in the home

- Formal relationship established between DPH and Department of Housing to share data on tenant-based assistance and confidential blood lead data.
- 2017 media campaign developed to address disparities in lead poisoning prevalence among Hispanic and Black children and families.
- Local health partners utilized lead poisoning prevention funds to conduct home visits/risk assessments, outreach to physician offices to promote testing of children, and provide education to rental property owners.

Outdoor Air Quality:

Raising public awareness of poor air quality

- Established a Coalition to address public awareness and risk of poor air quality days.
- Questions added to the 2018 Behavioral Risk Factor Surveillance Survey (BRFSS) to gather primary data on air quality and health and establish a baseline for public awareness of poor air quality days.
- Collaborated with Environmental Protection Agency (EPA) and Connecticut Green Leaf Schools to train schools on the EPA Air Quality Flags Program for forecasted poor air quality days.

Healthy Homes:

Engaging partners to address severe housing problems

- Engagement of code enforcement agencies, interested stakeholders and affected state agencies for the adoption of International Property Maintenance Code (IPMC) in Connecticut culminating in greater awareness statewide.
- Engagement of partners in the Connecticut Green and Healthy Homes Project, a collective effort of partners in government, energy, health and housing to plan and implement statewide interventions to reduce asthma, injury, and lead exposure risks.

Strategies in 2017 Environmental Health Action Agenda:

Progress made:	10
Completed:	1
No progress:	2
TOTAL # strategies:	13

Success Story:

Issue: With Stratford's older housing stock, it is possible that some pre-1978 homes in the Housing Choice Voucher Program (HCVP) have not been identified to contain in-tact or defective leaded paint surfaces that may generate lead in dust, posing a potential source of lead exposure for children under the age of six. From August 2015 - August 2017, at least 4 children under the age of 6 in the Housing program had blood lead levels greater than 5 m/dcl. The number of children poisoned by lead-based paint hazards in the HCVP should be zero.

Strategy/Intervention: Stratford Health Department implemented a specific evidence-based strategy included in the Environmental Health Action Agenda: Promote environmental assessments to identify and mitigate lead hazards in homes to prevent lead poisoning in children. Specifically, staff began accompanying the Stratford Housing Authority on annual inspections, targeting the at-risk population in older housing. Staff conducted dust wipe sampling, provided education to the family, and advised about cleaning protocols. Apartments that had positive lead dust wipe results were re-tested and additional education and cleaning information was provided.

Results: In the first 4 months of this effort with the Housing Authority, 7 HCVP homes were sampled, and 5 of the 7 homes found to have elevated levels of lead dust. Additional funding is needed to continue sampling of HCVP homes.

3

Chronic Disease Prevention and Control

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The Chronic Disease (CD) Prevention Action Team gratefully acknowledges the significant input and contributions of members of the Connecticut Hospital Association Asthma Initiative and Mobilize Against Tobacco for Connecticut's Health (MATCH) Coalition.

GOAL

Reduce the prevalence and burden of chronic disease through sustainable, evidence-based efforts at risk reduction and early intervention.

Highlights:

Asthma:

Improving primary and secondary prevention of asthma

- In 2017, the Putting on AIRS Program received almost 150 referrals for home-based asthma visits.
- Three Federally Qualified Health Centers (FQHCs) participated in quality improvement initiatives to improve asthma quality of care.

Oral Health:

Working with schools to increase referrals and access to dental care

- Every Smile Counts Survey was conducted in 42 schools representing 25 school districts. Out of 4418 students surveyed, 41.5% were identified and referred as having untreated decay.
- Six school-based dental programs, covering 275 schools, received funding to provide dental services in identified schools with > 50% National School Lunch Program participation, or in Dental Health Professional Shortage Areas (HPSA).

Obesity:

Improving the availability and access of healthy food options for food insecure populations

- Healthy Food Donation List collaboratively developed and disseminated statewide.
- Partners now working with local communities to initiate Food Policy Councils or Hunger Action Teams to address access to healthy foods.

Tobacco:

Advocating for tobacco control legislation

- Partners coordinated advocacy for proposed legislation to raise the legal age to purchase and use tobacco to 21 years.

Strategies in 2017 Chronic Disease Prevention Action Agenda:

Progress made:	8
Completed:	1
No progress:	2
TOTAL # strategies:	11

Success Story:

Issue: In Connecticut, the prevalence of obesity is much higher among low income and food insecure populations. Food insecure households are at higher risk for developing obesity, diabetes, hypertension, and other chronic health problems related to poor nutrition. Families in these households often depend on local food pantries to provide or supplement their household food needs. Some pantries have adopted guidelines for identifying healthy food; however, most rely on donations to stock their shelves. Local food drives typically bring in food high in sodium, carbohydrates, sugar and low in fiber, vitamins and minerals.

Strategy/Intervention: The Obesity Sub-Committee of the SHIP Chronic Disease Action Team focused on improving the nutritional quality of food available in food distribution programs. Health advocates and representatives from non-profit and government agencies merged existing healthy food and beverage recommendations into one common reproducible list in both English and Spanish. The resulting Healthy Food Donation List was then distributed and promoted by food banks, nutrition professionals and other assistance programs.

Results: The Healthy Food Donation List has been distributed statewide to approximately 700 organizations and networks, reaching every municipality in Connecticut.

4

Infectious Disease Prevention and Control

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GOAL

Prevent, reduce and ultimately eliminate the infectious disease burden in Connecticut.

Highlights:

Vaccine Coverage for Children:

Maintaining immunization coverage and enhancing data reporting

- Access to The Advisory Committee on Immunization Practices (ACIP) recommended vaccines for children was maintained in 2017.
- In October 2017, a local pediatric practice successfully submitted immunization data electronically from their Electronic Health Record (EHR) to the Connecticut Immunization Registry and Tracking System (CIRTS).

Flu Vaccine for Adults:

Increasing venues and outreach for flu vaccine administration

- Action Team members developed Local Health Department survey to identify flu vaccine venues and strategies.
- Three drive-through flu vaccine clinics were conducted in 2017.

Human Papilloma Virus (HPV) Vaccine for Children:

Promoting the cancer prevention benefits of HPV vaccination

- Action Team members reached out to professional networks within the state to educate on cancer prevention benefits of HPV vaccine for children.
- Funding secured in state budget to make the HPV vaccine universally available for 11 and 12 year olds in CT.

Human Immunodeficiency Virus (HIV):

Improving awareness and access to HIV prevention services

- HIV screening access/availability increased in St. Raphael's and Yale New Haven Health Emergency Departments, Wheeler Clinic, and Department of Corrections.
- Four research studies launched to examine acceptability and uptake of Pre-exposure prophylaxis (PrEP) in different populations to optimize approaches to PrEP implementation.
- PrEP Navigation program utilized social media to increase enrollment and service access. This has been particularly successful in reaching MSM (men who have sex with men) of color populations.

Strategies in 2017 Infectious Disease Action Agenda:

Progress made:	5
Completed:	7
No progress:	1
TOTAL # strategies:	13

Success Story:

Issue: New diagnoses of HIV infections have been increasing in Connecticut among men who have sex with men (MSM). Pre-Exposure Prophylaxis (PrEP) offers a novel and effective prevention method but uptake nationally and in the state has been low among MSM of color, who are at even higher risk than their white counterparts. Fewer than 1,000 individuals could be confirmed to have received PrEP prescriptions in CT through 2015. Patient, provider, and system factors all contribute to challenges in uptake.

Strategy/Intervention: Connecticut began looking for ways to increase PrEP use among those at high risk, holding a statewide PrEP Summit for community and clinical HIV prevention providers in 2014. Since then DPH and partners have been working to educate clinicians on PrEP through on-site trainings. Community members have been educated using online resources and social marketing/health communications campaigns. Additionally, community based organizations (CBOs) and clinical sites have been providing individual "navigation" assistance to clients who face logistical barriers to accessing PrEP. PrEP Navigation Pilot Projects were launched at 6 CT sites (4 CBOs and 2 clinical sites) in 2017. Social media has also been a key tool for engaging hard to reach populations.

Results: As of November 2017, PrEP navigation services have reached approximately 290 clients statewide. Of the 290 clients reached via the PrEP Navigation Pilots —50% self-reported as Latino and 26% as Black. Participating agencies reported 156 clients have been linked to PrEP medical services.

5 Injury and Violence Prevention

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The Injury and Violence Prevention (IVP) Action Team gratefully acknowledges the significant input and contributions of members of the Connecticut Physical Therapy Association, Connecticut Occupational Therapy Association, Connecticut Suicide Advisory Board, and the Connecticut Alliance to End Sexual Violence Coalition.

GOAL

Create an environment in which exposure to injuries is minimized or eliminated.

Highlights:

Fall Prevention:

Promoting fall prevention education and programs

- Approximately 175 senior adults received fall prevention education and screening by physical therapists.

Motor Vehicle Crashes:

Reducing unsafe driving through education and visible enforcement

- The Department of Transportation conducted nine separate High Visibility Enforcement (HVE) initiatives in 2017 to address distracted driving, impaired driving, unrestrained driving and speeding.
- Public Awareness/Education campaigns coincided with each of the HVE initiatives.
- Sixty local area high schools received "Save a Life Tour" demonstrations about distracted driving.

Suicide Prevention:

Coordinating education and implementation of best practices for suicide prevention

- Nine organizations from the Zero Suicide Learning Community are implementing the Zero Suicide toolkit.
- Three training sessions on Best Practice Strategies for Suicide Prevention and Mental Health Promotion were offered statewide, reaching sixty behavioral health practitioners and primary care providers.

Sexual Violence:

Raising awareness and prevention of sexual violence

- Standardized Safe Dates curriculum developed for grades 8-12.
- Staff at all nine rape crisis centers have been trained.
- "Where do you stand?" a bystander intervention campaign to prevent sexual violence, was relaunched in 2017, to focus on college and adult males; Public Service Announcements were developed to run on Pandora, YouTube, Facebook and Instagram.

Strategies in 2017 Injury & Violence Prevention Action Agenda:

Progress made:	1
Completed:	3
No progress:	0
TOTAL # strategies:	4

Success Story:

Issue: Falls are the leading cause of injury and death among older adults 65 years of age and older. Falls can cause serious injuries such as head trauma and fractures that require emergency treatment or hospitalization. In addition, older adults may require a year or more to recover from these injuries and may never be able to return to their homes.

Strategy/Intervention: Fall risk assessment and reduction strategies can reduce the number of, and physical, emotional, and economic costs associated with, falls. The Connecticut Physical Therapist (PT) Association and Connecticut Occupational Therapist (OT) Association recruited volunteers from their membership to contact local Senior Centers offering free fall risk assessments at their locations. Three Centers scheduled and promoted the opportunity to their members. These pilot communities included Westport, Milford, and Wallingford. At the first two locations an educational presentation was provided, as well as a fall risk assessment for approximately 75 seniors. At the third location, screenings were conducted as part of a senior center health fair where over 100 adults were screened by PT and OT volunteers.

Results/Lessons Learned: From these initial pilot communities, PT/OT volunteers found an overwhelming majority of those seniors screened had excellent balance, with a very limited number needing additional education and recommendations to follow up with their providers. Moving forward in 2018, the group would like to reach out to additional Community Senior Centers to expand the reach of this free service. Additionally, there are plans to provide a training for local healthcare providers to expand the number of volunteers available to conduct balance assessments, as well as home assessments.

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Mental Health, Alcohol, and Substance Abuse

Action Team Co-Leads

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GOAL

Improve overall health through the lifespan, through access to quality behavioral health services that include screening, early intervention, prevention and treatment.

Highlights:

Behavioral Health:

Increasing mental health literacy throughout Connecticut

- The Department of Social Services (DSS) distributed behavioral health updates by way of Provider Bulletins to all Medicaid providers.
- The Connecticut Community Health Network held a two-day conference for 125 providers with presentations by behavioral health subject matter experts in October 2017.
- 107 public safety professionals were certified as Mental Health First Aiders.

Substance abuse:

Working to raise awareness and reduce risk of opiate misuse, abuse and overdose

- Fact sheets on risks and alternatives to opioids were distributed to the Alcohol and Drug Policy Council (ADPC), SHIP Advisory Council and the Regional Action Councils.
- Pharmacists were trained in the use of a new electronic system to assist them in identifying opioid misuse, diversion and doctor shopping.
- Eight overdose prevention banners were developed and disseminated to programs targeting populations at risk for opioid related substance use and overdose in Connecticut.
- Six Local health departments (LHDs) were provided with training and education materials on what overdose is and how to respond.
- 85 drop boxes are located throughout Connecticut to decrease the misuse of unused medications.

Strategies in 2017 Mental Health & Substance Abuse Action Agenda:

Progress made:	7
Completed:	2
No progress:	8
TOTAL # strategies:	17

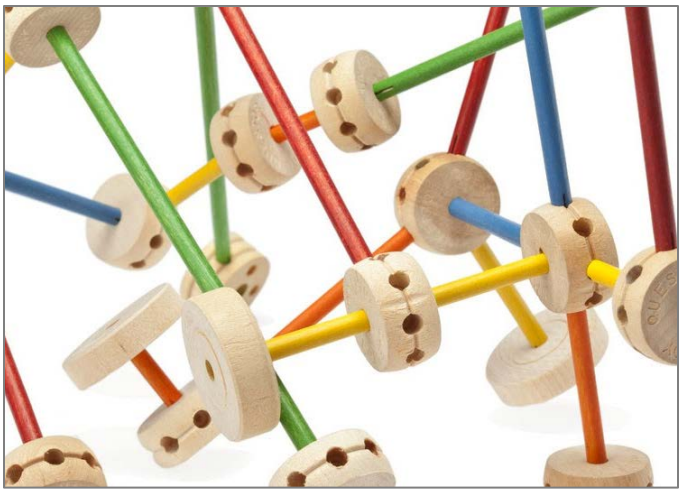
Success Story:

Issue: In support of the Connecticut Opioid Response (CORE) Initiative that includes dissemination of materials to educate and inform consumers regarding the risks of, and alternatives to, opioid pain relievers, the Mental Health and Substance Abuse (MHSA) Action team identified that no local infrastructure existed to communicate the implementation of the CORE plan at the community level.

Strategy/Intervention: Under the scope of a CDC grant, DPH provides funding to 6 Local Health Departments/Districts (LHDs), and under the scope of a Substance Abuse and Mental Health Services Administration (SAMHSA) grant, DMHAS provides funding to 4 LHDs to build that infrastructure.
The LHDs implementing opioid prevention work are convened bimonthly as a group for technical assistance and to share statewide updates and community-level initiatives.

Results: A local infrastructure is currently in place in ten pilot communities. DPH will be gathering and sharing overdose death data quarterly with all pilot sites and statewide in 2018. Previously, statewide data has been made available by the Office of the Chief Medical Examiner annually. In addition, DPH and DMHAS currently holds a regular forum with 10 LHDs on a bimonthly basis, to bring together multiple statewide partners with local-level initiatives.

7
Health Systems



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Ecological Health Organization, Inc. and Connecticut Association of Local Boards of Health

Kathy Yaccavone
Southwest Community Health Center, Inc.

GOAL

Align efforts of health systems stakeholders to achieve sustainable, equitable, and optimal population health.

Highlights:

Public Health Infrastructure:

Increasing the quality and performance of clinical and public health entities

- All of Connecticut's communities are covered by a community health needs assessment conducted by a hospital, health system, local health department or regional collaborative arrangement.
- A repository of hospital and local health Community Health Needs Assessment (CHNA) and Community Health Improvement Plans (CHIPs) were created to assist with linkage and alignment of health improvement priorities at the state and local level.
- A total of four public health agencies have achieved national public health accreditation since 2014.
- Fourteen local public health agencies receive federal block grant funding toward preparing for national accreditation.

Access to Health Services:

Improving the reach of health services to underserved populations

- The Connecticut Health Improvement Coalition supported legislation (Public Act 17-74) to help advance the role of the community health worker as part of the health system.
- Culturally and Linguistically Appropriate Services (CLAS) Standards 101 online training available for partners
- Greenwich Community Health Improvement Partnership/Southwest Regional Mental Health Board established a CLAS learning symposium and collaborative to address CLAS implementation.
- Investigated collaboration among partners to address transportation and mobility management issues in accessing health services.

Strategies in 2017 Health Systems Action Agenda:

Progress made:	5
Completed:	2
No progress:	2
TOTAL # strategies:	9

Success Story:

Issue: Accreditation of public health agencies through the national Public Health Accreditation Board provides an opportunity to strengthen the public health infrastructure and enhance the quality and performance of governmental public health agencies. Standards address delivery of the 10 Essential Services of Public Health, beginning with routine assessment of population health needs in our communities, and a focus on continuous quality improvement driving toward health equity. Prior to the launch of Healthy Connecticut 2020, 1 local health agency was accredited, and 2 others were formally seeking accreditation.

Strategy/Intervention: DPH, local health and Coalition partners ensured availability of federal Block Grant funds to state and local public health agencies for accreditation activities, instituted annual survey questions to better understand the scope of local accreditation activity, and developed an accreditation learning community for technical assistance. Local health and health care partners ensured all communities were covered by a community health needs assessment (a pre-requisite for accreditation), and participated in a survey that revealed characteristics of a sample of community collaboratives including a focus on regional collaboration to develop community health needs assessments and community health improvement plans.

Result: 2 local health agencies and the state health department achieved accreditation since 2015. Currently, there are 14 local public health agencies receiving funding towards meeting accreditation standards and 3 using per capita funds. Results from the SFY 2017 Local Health Annual survey show that 1 local health agency has applied for accreditation and 5 others are registered with PHAB for application in 2018-2019.

EMERGING ISSUES

Several emerging issues have been raised since the SHIP was released in 2014. Coalition members identified Zika Virus, natural disasters and the opioid crisis. This past year, Advisory Council members identified the following as significant emerging issues to consider moving forward:

- Housing related issues such as sober houses and hoarding including local coordination and state support.
- Maintenance of high quality drinking water including infrastructure needs and planning for climate change effects such as droughts.
- Working with undocumented individuals including considering what the Coalition could do to assist.
- Changes to hypertension guidelines in 2017, if adopted, will result in a significant increase in the number of patients who are diagnosed with hypertension. Previous guidelines identified high blood pressures as ≥ 140/90 mm HG. New guidelines define high blood pressure as anyone with a systolic blood pressure (SBP) ≥ 130 mm Hg or diastolic blood pressure (DBP) ≥ 80 mm HG. It is estimated that more than 31 million Americans will be affected by this change.
- The national opioid crisis remains a very serious problem for Connecticut and many other states across the country. In 2017, almost 1,000 deaths were attributed to opioid overdoses. DPH continues to partner with other state agencies such as the Department of Correction and the federal Department of Health and Human Services to implement prevention strategies and improve insurance coverage for addiction services. Syndromic surveillance is being used to collect timely data from emergency room visits on overdose cases in order to develop a more targeted and effective response. The information collected includes types of drugs being used and the geographic location of where the overdose occurred.
- The need for enhanced advocacy and activism, including ways to be more effective as a collective group advocating for policies that promote better health of Connecticut residents.
- Changing data needs to improve population health that include real time data and data at the community and neighborhood level.

CHANGES IN RESOURCES AND ASSETS

Changes to the national landscape including the approach to health as well as reductions in federal and state funding continue to affect statewide resources for personnel and prevention activities, and capacity of community-based partners that could help fill gaps. These changes may also affect health insurance coverage and access to health services for our most vulnerable populations. In some cases, federal funding for prevention and public health activities has moved to a competitive grant process and is no longer guaranteed. Other significant changes in resources (increases or decreases) noted in the 2016 annual report included an increase in funding to address the opioid crisis, and a decrease in funding for the Healthy Homes Program resulting in reduced capacity to conduct home inspections.

The Advisory Council also identified some changes in statewide assets that may contribute to capacity to address health improvement priorities and emerging issues. Advances in data infrastructure include Connecticut's open data portal, the DataHaven Community Wellbeing Survey, and the Connecticut Data Collaborative that provides capacity building for health partners with respect to data interpretation and data analysis. Additionally, the State Innovation Model Test Grant provides 45 million dollars in funding

for innovative health reform and population health planning. Population health planning funds address stronger linkages between public health and primary care and use of health system dollars for upstream prevention activities.

CONCLUSIONS

Healthy Connecticut 2020 is Connecticut's first ever statewide health improvement planning and implementation effort. The contribution, enthusiasm and engagement of partners and stakeholders is a primary reason for the initial success and accomplishments to date. The partnerships created and strengthened as a result, has provided a strong foundation from which to advance statewide health improvement. Collective advocacy efforts through development of SHIP Policy Agenda, has contributed to policies that have potential to improve and impact health of all Connecticut residents. Still, new and different partnerships will be needed to advance health and health equity in the coming years.

A performance dashboard is used to monitor SHIP priority health indicators and help to focus partners on monitoring and addressing health disparities. The dashboard serves as the "living" version of the SHIP. Through Action Team and Advisory Council discussions, indicators have been adapted, added, or deleted based on new and better data sources, emerging public health threats, and advances in identification and monitoring of certain health conditions. Some indicators lack data, and better data sources and real-time data is needed to adequately monitor and track health improvement.

About one-third of the 70 priority health indicators have reached targets, although this data should be interpreted with caution. A trend analysis was not conducted and there are significant data needs as well as capacity building to effectively track and monitor health indicators. Data needs include more timely data, additional data sources, and potential refinement of targets. General areas that health improvement may have occurred include reductions in childhood lead poisoning, reductions in youth cigarette smoking, reductions in newly diagnosed HIV cases, suicide ages 20-24 years, adults receiving flu vaccine ages 18-64 years, HPV vaccinations for male and female adolescents, and dental utilization for children in HUSKY. Areas that appear to need more attention include obesity, infant mortality, deaths due to falls, use of opioids, and health disparities in all focus areas.

Action Teams have contributed significantly to implementation efforts and have faced recent challenges sustaining participation. Action Team progress is in part, a function of historical collaboration efforts and funding. For example, some Action Teams such as MICH are supported by a previously existing Coalition while others such as Injury and Violence Prevention, worked to establish new relationships and collective strategy to address varying health conditions under this broad area. Successes and highlights are identified for each Action Team, and overall members collectively worked to extend the reach of advocacy and education efforts by engaging new and existing networks in their Teams.

Several emerging public health issues demand attention since the SHIP was released in 2014 such as the opioid crisis, drinking water infrastructure, housing issues, immigration policy, impacts of adverse childhood experiences, and increasing use of electronic nicotine delivery systems. Innovation, new sources of funding and quality improvement principles must be further incorporated into planning and Coalition discussions to address persistent disparities in health. A general inventory of statewide assets that contribute to health was created and will be further developed with ongoing input and refinement by Coalition and Advisory Council members.

At this midpoint reflection of the implementation of Healthy Connecticut 2020: State Health Improvement Plan, strengths identified by members include growth and maturity of the Coalition in terms of cohesiveness; depth of expertise within membership; increasing focus on improving the reach of collaborative efforts to engage new audiences – particularly in addressing health equity; identification

and prioritization of social determinants such as housing, and health conditions such as prescription drug misuse that can improve and support health issues in multiple focus areas; the coordination of advocacy efforts in support of the SHIP Policy Agenda; and partners working on data source development for priority indicators lacking a baseline (example, question added to BRFSS for awareness of poor air quality days; question added to DataHaven Community Wellbeing Survey for non-emergency transportation to medical services).

Members also reflected on the challenging aspects of these first three years. These include diminishing federal and state budgets contributing to reductions in staff, competing priorities of partners and their ability to contribute to planning and implementation efforts; gaps in data and data lag that affect ability to monitor health indicators in real time; and that some Phase I objectives and strategies have taken longer than expected and will need to be continued and some Phase II objectives and strategies will need to be delayed or reconsidered.

Based on what has been learned over the last three years, Advisory Council members have recommended the following considerations in the development of Healthy Connecticut 2030:

- Alignment
    - Continue to develop alignment with local, state and federal priorities;
    - Utilize national indicators from the National Quality Forum and regional or national benchmarking to guide planning and strategy development;
    - Identify statewide assets that specifically support each priority.

- Communication
    - Increase promotion and awareness of statewide best practices that relate to objectives *(i.e. website success story page, learning collaborative webinars);*
    - Develop a SHIP "elevator speech" to simplify the initiative for non-health partners, legislators and others;
    - Adapt communication to specific sector audiences in the state – engaging non-health sectors to understand their connection to the overall health of Connecticut residents.

- Continued Focus on Health Equity
    - Identify strategies that address root causes of health inequities;
    - Elevate the importance of health equity in all discussions, particularly as it relates to health disparities in a state ranked as the fourth healthiest state in the nation;
    - Utilize the coalition to build a system for policy development and strong public health advocacy.

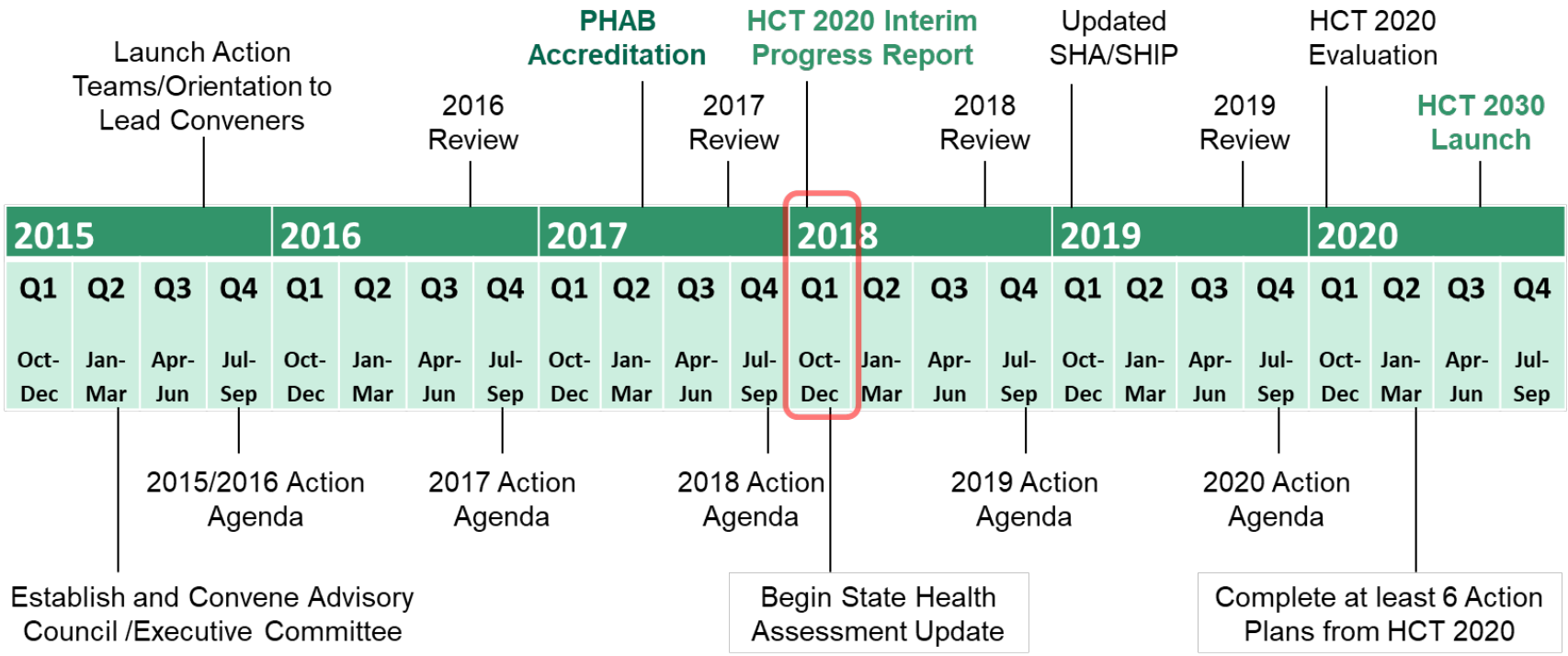
- Data and Performance
    - Review that we are monitoring the right indicators to have the most significant impact on the health of Connecticut residents;
    - Address data challenges and process for target changes;
    - Continue to populate performance dashboards to help manage performance, transparency and accountability.

- Scope and Structure
    - Consider ways to strengthen the sustainability of volunteer structure;
    - Consider reducing the number of objectives to allow for greater focus to collectively attain impactful outcomes;

- Identify and consider focusing on crosscutting strategies/priorities that affect multiple focus areas and Action Teams.

APPENDICES

Appendix A: HCT2020 Implementation Timeline



Appendix B: Connecticut Health Improvement Coalition Organizational Structure

Connecticut Health Improvement Coalition Organizational Structure

Appendix C: Sector & Stakeholder Engagement Wheel

State of Connecticut State Health Assessment & Health Improvement Planning
Sector & Stakeholder Engagement Wheel

Appendix D: Other Contributing Organizations 2015-2017

AFT Connecticut

All About You Collaborative Health Care Services LLC

Alzheimer's Association, Connecticut Chapter

American Federation of Teachers Connecticut

American Heart Association

American Translators Association

Bridgeport Health Department

Brookfield Health Department

Capital for Change

Chatham Health District

Child Health and Development Institute of Connecticut

City of Bridgeport

City of Danbury

City of Groton

City of Meriden

City of New Britain Community Services Department

Commission on Equity and Opportunity

Connecticut Area Health Education Centers

Connecticut Association for Infant Mental Health

Connecticut Association of Ambulatory Surgery Centers

Connecticut Association of Housing Code Enforcement Officials

Connecticut Association of Zoning Enforcement Officers

Connecticut Autism Action Coalition

Connecticut Business and Industry Association

Connecticut Coalition for Environmental Justice

Connecticut Commission on Women, Children and Seniors

Connecticut Conference of Municipalities

Connecticut Department of Emergency Services and Public Protection

Connecticut Department of Energy and Environmental Protection

Connecticut Department of Housing

Connecticut Department of Labor

Connecticut Department of Motor Vehicles

Connecticut Early Childhood Alliance

Connecticut Emergency Medical Advisory Board

Connecticut Environmental Health Association

Connecticut Food Bank

Connecticut Insurance Department

Connecticut Medical Home Initiative

Connecticut Multicultural Health Partnership

Connecticut Nurses Association

Connecticut Office of Chief State's Attorney

Connecticut Office of Early Childhood

Connecticut Parent Teacher Association

Connecticut Physical Therapy Association

Connecticut Poison Control Center

Connecticut Public Health Association

Connecticut State Conference of the NAACP

Connecticut State Dental Association

Connecticut State Department of Children and Families

Connecticut State Department on Aging

Connecticut State Medical Society

Connecticut Voices for Children

Cornell Scott Hill Health Center

Connecticut General Assembly Public Health Committee

Commission on Equity and Opportunity

Danbury Department of Health and Human Services

Darien Health Department

East Shore District Health Department

Eastern Highlands Health District

EdAdvance

Education Connection

End Hunger Connecticut!

End Sexual Violence Connecticut

Fair Haven Community Health Center

Fairfield Health Department

Family Centered Services of Connecticut

Farmington Valley Health District

Glastonbury Health Department

Greater Hartford Legal Aid

Hartford Regional Lead Treatment Center

Health Equity Solutions

Health Resources in Action

Hispanic Health Council

Hospital for Special Care

Institute for Sustainable Energy

International Code Council

LeadingAge Connecticut

Lily's Kids Inc.

Manchester Health Department

Middlesex Hospital

Midstate Medical Center

National Association for the Advancement of Colored People, Norwalk Connecticut Branch

Naugatuck Valley Health District

New England Conservation Services

New Haven Health Department

New Haven Public Schools

Newington Department of Human Services

Newtown Health District

North Central District Health Department

Northeast District Department of Health

Norwalk Health Department

Office of the Child Advocate

Office of the Healthcare Advocate

Partnership for Strong Communities

Planned Parenthood of Southern New England, Inc.

Pomperaug District Department of Health

Quinnipiack Valley Health District

Regional Water Authority

Rudd Center for Food Policy and Obesity

Saint Francis Hospital and Medical Center

South Central Region Council of Government

Southwest Community Health Center

Stamford Department of Health and Social Services

Stamford Health Commission

Statewide Hoarding Work Group

The Child Health and Development Institute of Connecticut, Inc.

The Community Foundation for Greater New Haven

The Connecticut Agricultural Experiment Station

The North Central Area Agency on Aging

Town of Bloomfield

Town of Killingworth

Town of Somers

Trinity Health of New England

Trumbull Health Department

U.S. Department of Housing & Urban Development

United Community and Family Services

United Way of Connecticut

University of Connecticut Health Center

University of Connecticut School of Medicine

Urban League Greater Hartford

Wallingford Family YMCA

Wallingford Health Department

Waterbury Development Corporation

Waterbury Police Department

West Hartford-Bloomfield Health District

Western Connecticut Health Network

Yale New Haven Children's Hospital

Yale University School of Public Health

YMCA of Greater Hartford

Youth Challenge of Connecticut

*These organizations are recognized for contributing their time and expertise to SHIP implementation activities that supported the Action Teams and Advisory Council. This included participating in Coalition Conference calls, surveys, advocacy, and/or the 2016 SHIP Action Summit. Action Team and Advisory Council organizations are not duplicated in this list.

Appendix E: Advisory Council 2015-2017

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Mary Boudreau
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Jordana Frost
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March of Dimes

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Universal Health Care Foundation of Connecticut

Laura Knapp
Consumer Representative

Shawn Lang
Deputy Director, AIDS Connecticut

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President and CEO,
Connecticut Institute for Communities, Inc. /Greater Danbury Community Health Center

Patrick McCormack*
Director of Health, Uncas Health District

George McDonald
Consumer Representative

Marcus McKinney
Regional Vice President/Chief Health Equity Officer
Trinity Health of New England

Terry Nowakowski
Chief Operating Officer,
Partnership for Strong Communities

Elaine O'Keefe
Executive Director, Office of Public Health Practice and Center for Interdisciplinary Research on AIDS
Yale School of Public Health

Lisa Pellegrini**
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Connecticut Conference of Municipalities

Raul Pino*
Commissioner,
Connecticut State Department of Public Health

Elizabeth Ritter**
Commissioner, Connecticut Department on Aging

Scott Sjoquist
Director of Health, Mohegan Tribal Health

Janet Storey
Behavioral Health Program Manager, Connecticut Department of Mental Health & Addiction Services

Kathi Traugh
Immediate Past President, Connecticut Public Health Association

Lynne Weeks
Director, Connecticut Association of School Based Health Centers

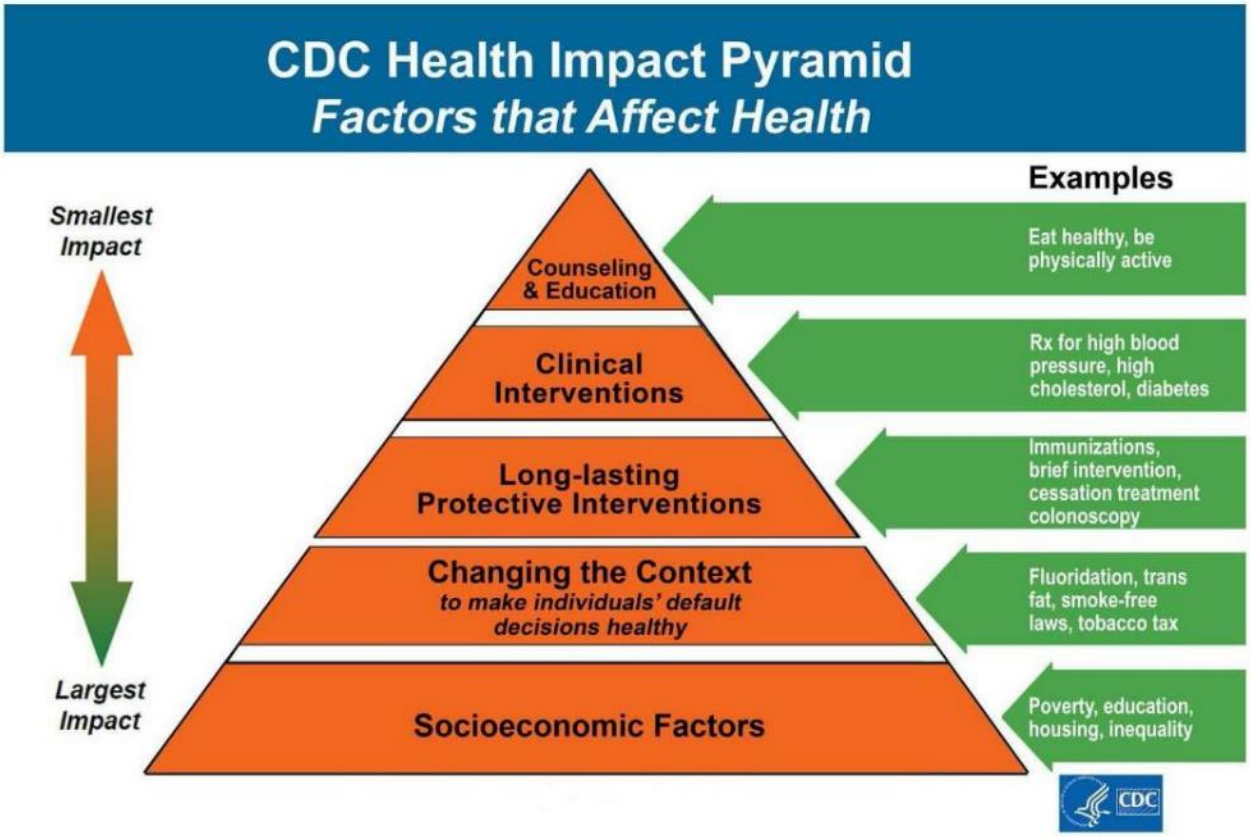
Nancy Yedlin
Vice President, Donaghue Foundation

Rob Zavoski
Medical Director, Connecticut State Department of Social Services

Dawn Barrett**
Director, Parish Nursing Program Griffin Hospital

*=Executive Committee
**=Past Advisory Council Member

Appendix F: CDC Health Impact Pyramid



Adapted from Thomas R. Frieden. A Framework for Public Health Action: The Health Impact Pyramid. American Journal of Public Health: April 2010, Vol. 100, No. 4, pp. 590-595. doi: 10.2105/AJPH.2009.185652

Appendix G: Priority Health and Disparity Indicator Tables by Focus Area

This appendix includes a summary of the most recent data for each health indicator being addressed that correlates to prioritized SHIP objectives. Symbols for each health indicator represent direction of progress or if an original SHIP target has been met.

Key to Indicator Status

Key to Indicator Status			
			
Original SHIP and/or updated target has been reached	Most current data point is moving in a positive direction relative to the indicator target	Most current data point is moving in a negative direction relative to the indicator target	No comparable data available

Indicators may receive green or red if one or more data point moves in a positive or negative direction. For more specific details on indicators, click on the link in the tables, or go to Healthy CT 2020 Performance Dashboard.

 The Health Equity Icon was used in the State Health Improvement Plan (SHIP) to represent health equity objectives and strategies for disadvantaged or vulnerable populations and those with significant health disparities. In this report, it is used to identify health disparity indicators and dashboards that have been added to maintain focus and monitor progress toward ensuring that all people in Connecticut have the opportunity to attain their highest potential for health.

SHIP Objective MICH-1: Reduce by 10% the rate of unplanned pregnancies				
Strategy A: Support the provision of preconception/ interconception health care throughout the childbearing years in community and clinical settings				
Strategy B: Collaborate across sectors to increase socio-economic and health equity				
Strategy C: Support reproductive and sexual health services				
Indicator	**Baseline and Year**	**Current Target and Year**	**Actual Measure** *2017 Plan Year*	**Status**
Rate of unplanned pregnancies in Connecticut.	28.5% (2013)*	25.7% (2020)	26.9% (2015)**	
Disparity ratio between rates of unplanned pregnancy for non-Hispanic blacks and non-Hispanic whites in Connecticut	3.10 (2013)	2.79 (2020)	2.60 (2015)	
Disparity ratio between rates of unplanned pregnancy for Hispanics and non-Hispanic whites in Connecticut	2.50 (2013)	2.25 (2020)	1.90 (2015)	
*Connecticut Pregnancy Risk Assessment Monitoring System (PRAMS) data was not available prior to 2013. Data from a PRAMS-like survey: Pregnancy Risk Assessment Tracking System (PRATS); was used for the original SHIP indicators until PRAMS data were available; Baseline and target revised accordingly in 2013.				
**Although the most recent data point is closer to the target than baseline, the 2015 rate has shown an increase compared to the 2014 rate; therefore, the status for this indicator is red.				

SHIP Objective MICH-2: Increase by 10% the proportion of women delivering a live birth who discuss preconception health with a health care worker prior to pregnancy.				
Strategy A: Collaborate across sectors to increase socio-economic and health equity				
Strategy B: Support the provision of pre-/ interconception health care throughout the childbearing years in community and clinical settings				
Indicator	**Baseline and Year**	**Current Target and Year**	**Actual Measure** *2017 Plan Year*	**Status**
Proportion of women in Connecticut delivering a live birth who discuss preconception health with a health care worker prior to pregnancy.	27.4% (2013)	30% (2020)*	28.3% (2015)**	
*Methodology for data collection changed in 2013; target revised accordingly				
**Although the most recent data point is closer to the target than baseline, the 2015 rate has shown a decrease compared to the 2014 rate; therefore, the status for this indicator is red.				

SHIP Objective MICH-5: Reduce by 10% the proportion of low birthweight and very low birthweight among singleton births.				
Strategy A: Collaborate across sectors to increase socio-economic and health equity				
Strategy B: Support the provision of pre-/ interconception health care throughout the childbearing years in community and clinical settings				
Indicator	**Baseline and Year**	**Current Target and Year**	**Actual Measure** *2017 Plan Year*	**Status**
Proportion of very low birthweight babies among live singleton births in Connecticut.	1.1% VLBW (2010)*	1.0% VLBW (2020)*	1.1% (2015)	
Proportion of low birthweight babies among live singleton births in Connecticut.	5.8% LBW (2010)*	5.0% LBW (2020)*	5.9% (2015)	
Disparity ratio between percent of very low birthweight singleton births for non-Hispanic blacks and non-Hispanic whites in Connecticut	3.75 (2011)	3.38 (2020)	3.43 (2014)	
Disparity ratio between percent of very low birthweight singleton births for Hispanics and non-Hispanic whites in Connecticut	1.57 (2011)	1.41 (2020)	1.86 (2014)	
Disparity ratio between percent of low birthweight singleton births for non-Hispanic blacks and non-Hispanic whites in Connecticut	2.34 (2011)	2.11 (2020)	2.14 (2014)	
Disparity ratio between percent of low birthweight singleton births for Hispanics and non-Hispanic whites in Connecticut	1.56 (2011)	1.40 (2020)	1.45 (2014)**	
* Original SHIP baseline updated with most current data available				
**Although the most recent data point is closer to the target than baseline, the 2014 rate has shown an increase compared to the 2013 rate; therefore, the status for this indicator is red.				

SHIP Objective MICH-6: Reduce by 10% the proportion of live singleton births delivered at less than 37 weeks gestation.

Strategy A: Collaborate across sectors to increase socio-economic and health equity

Strategy B: Support the provision of pre-/ interconception health care throughout the childbearing years in community and clinical settings

Indicator	Baseline and Year	Current Target and Year	Actual Measure *2017 Plan Year*	Status
Proportion of live singleton births in Connecticut delivered at less than 37 weeks gestation.	8.0% (2011)	7.2% (2020)	7.3% (2015)*	
Disparity ratio between the proportion of live singleton births delivered at less than 37 weeks gestation for non-Hispanic blacks and non-Hispanic whites in Connecticut	1.80 (2010)	1.62 (2020)	1.56 (2014)	
Disparity ratio between the proportion of live singleton births delivered at less than 37 weeks gestation for Hispanics and non-Hispanic whites in Connecticut	1.48 (2010)	1.33 (2020)	1.36 (2014)	

*Although the most recent data point is closer to the target than baseline, the 2015 rate has shown an increase compared to the 2014 rate; therefore, the status for this indicator is red.

SHIP Objective MICH-7 & 8:

- Reduce by 10% the infant mortality rate (infant deaths per 1,000 live births).
- Reduce by 10% the disparity between infant mortality rates for non-Hispanic blacks and non-Hispanic whites.

Strategy A: Collaborate across sectors to increase socio-economic and health equity

Strategy B: Support the provision of preconception/ interconception health care throughout the childbearing years

Indicator	Baseline and Year	Current Target and Year	Actual Measure *2017 Plan Year*	Status
Infant mortality rate (infant deaths per 1,000 live births) in Connecticut.	5.2 per 1,000 (2008-2010)*	4.7 per 1,000 (2020)*	5.6 per 1,000 (2015)	
Disparity ratio between infant mortality rates for non-Hispanic blacks and non-Hispanic whites in Connecticut.	2.9 per 1,000 (2008-2010)	2.6 per 1,000 (2020)	3.6 per 1000 (2015)	

* Original SHIP baseline updated with most current data available

SHIP Objective MICH-12: Increase by 10% the percentage of children under 3 years of age at greatest risk for oral disease (i.e., in HUSKY A) who receive any dental care.				
Strategy A: Increase dental care provided by pediatric primary care providers (PCPs) directly and through referral.				
Strategy B: Encourage pediatric PCPs to include oral health in the well child visits for their patients under the age of three, including performance of these two procedures: D0145 ($25) Oral evaluation for a patient under three (3) years of age and counseling with the primary caregiver; and D1206 ($20) Topical therapeutic fluoride varnish application for moderate to high risk caries patients, an evidenced-based practice. Both are consistent with EPSDT.				
Strategy C: Advocate for funding for the Home by One program				
Indicator	**Baseline and Year**	**Current Target and Year**	**Actual Measure** *2017 Plan Year*	**Status**
Dental Utilization for Children under the Age of Three in HUSKY Health	41.6% (2011)	45.8% (2020)	48.3% (2015)	

SHIP Objective MICH-13: Increase by 10% the percentage of parents who complete standardized developmental screening tools consistent with the American Academy of Pediatrics (AAP) guidelines.				
Strategy A: Conduct an education and awareness campaign that targets families and communities on the importance of developmental screening. (Family and community supports)				
Strategy B: Train community and healthcare providers to improve screening rates and coordination of referrals and linkage to services within the state.				
Strategy C: Engage in cross system planning and coordination of activities around developmental screening.				
Indicator	**Baseline and Year**	**Current Target and Year**	**Actual Measure** *2017 Plan Year*	**Status**
Percentage of parents in Connecticut who complete standardized developmental screening tools consistent with the American Academy of Pediatrics (AAP) guidelines.	26.6% (2011)	29.3% (2020)	28.1% (2016)	

SHIP Objective ENV-1: Reduce to less than 2.9% the prevalence rate of children less than 6 years of age with confirmed blood lead levels at or above the CDC reference value (5 µg/dL).

Strategy A: Data-sharing between health and housing agencies

Strategy B: Preventive lead-safe housing standards enforcement for rental and owner-occupied housing

Strategy C: Identify financing for lead hazard remediation and lead abatement for residential properties

Strategy D: Educate families, service providers, advocates, and public officials on sources of lead in homes

Strategy E: Promote environmental assessments to identify and mitigate lead hazards in homes

Indicator	Baseline and Year	Current Target and Year	Actual Measure *2017 Plan Year*	Status
Prevalence rate of children less than 6 years of age with confirmed blood lead levels at or above the CDC reference value (5 µg/dL).	3.1% (2012)	2.9% (2020)	2.7% (2016)	
Ratio of Hispanic to non-Hispanic children under the age of 6 with confirmed blood lead levels at or above the CDC reference value (5 µg/dL)	1.6 (2012)	1.6 (2020)	1.5 (2016)	
Ratio of black to non-black children under the age of six with confirmed blood lead levels at or above the CDC reference value (5 µg/dL)	2.4 (2012)	1.9 (2020)	2.4 (2016)*	

*Although the most recent data point is equal to baseline, the 2016 rate has shown an increase compared to the 2015 rate; therefore, the status for this indicator is red.

SHIP Objective ENV-5: Increase public awareness of the presence and risk of poor air quality days. (DEVELOPMENTAL)

Strategy A: Build a coalition of key stakeholders

Strategy B: Comprehensive inventory of CT activities which promote awareness of air quality among key stakeholders and at risk populations.

Strategy C: Gather data about public perspective and knowledge of air quality and its impact on health

Strategy D: Develop appropriate responses to forecasted unhealthy air quality

Indicator	Baseline and Year	Current Target and Year	Actual Measure *2017 Plan Year*	Status
Public awareness of the presence and risk of poor air quality day (DEVELOPMENTAL)	-	-	-	

SHIP Objective ENV-6: Decrease the percentage of households with severe housing problems*

Strategy A: Adopt a statewide property maintenance code.

Strategy B: Incentivize property owners to comply with CT's laws on health and safety cooperatively

Strategy C: Awareness campaigns to inform the importance of code, and benefits of cooperative compliance

Strategy D: Develop a Healthy Homes Surveillance Report and Strategic Plan

Indicator	Baseline and Year	Current Target and Year	Actual Measure *2017 Plan Year*	Status
Percent of households with severe housing problems	18% (2010)	16.2% (2020)	19% (2013)	
Number of healthy homes inspections in Connecticut	187 (2014)	250 (2020)	73 (2016)**	

*Revised from the original SHIP objective based on identification of an available and relevant data source.

**A two year funding gap (2012-2014) for Healthy Homes inspections resulted in a significant deacrease in staffing capacity to conduct inspections. A reduced funding source was identified in 2014 and baseline was revised; 2020 target remained the same.

SHIP Objective CD-16: Decrease by 5% the rate of Emergency Department visits among all Connecticut residents for which asthma was the primary diagnosis.

Strategy A: Promote wider utilization of asthma action plans (AAP) for children, building on existing statewide initiatives to increase AAP use in homes, schools and medical practices

Strategy B: Promote wider utilization of asthma action plans (AAP) for children, and promote appropriate policy and systems changes to accelerate adoption and use.

Indicator	Baseline and Year	Current Target and Year	Actual Measure *2017 Plan Year*	Status **
Rate of Emergency Department visits among all Connecticut residents for which asthma was the primary diagnosis.	73.0 per 10,000 (2011)*	62.8 per 10,000 (2020)	59.7 per 10,000 (2016)	◯
Rate of Emergency Department visits among all Hispanic Connecticut residents for which asthma was the primary diagnosis.	153.0 per 10,000 (2011)	123.5 per 10,000 (2020)	120.3 per 10,000 (2016)	◯
Rate of Emergency Department visits among all non-Hispanic black Connecticut residents for which asthma was the primary diagnosis.	119.1 Per 10,000 (2011)	138.0 per 10,000 (2020)	135.5 per 10,000 (2016)	◯

* Original SHIP baseline updated with most current data available

The cause of ED visit ***classifications before 2015 are not directly comparable to classifications for 2016 or later*. Since October 1, 2015, all causes of emergency department (ED) visit are classified according to the ICD-10-CM classification system. The ICD-9-CM coding system was used for ED visits occurring before October 1, 2015.

SHIP Objective CD-22: Reduce to 35% the proportion of children in third grade who have dental decay.

Strategy A: Enhance the use of dental sealants in school-based programs and promote the effectiveness and efficiency of dental sealants to prevent decay, though education, awareness with culturally and linguistically appropriate campaigns.

Strategy B: Enhance the acceptance and use of fluoride varnish for decay prevention in school-based programs, primary care practices and community access points and promote the effectiveness and efficiency of fluoride varnish to prevent decay, though education and awareness with culturally and linguistically appropriate campaigns.

Indicator	Baseline and Year	Current Target and Year	Actual Measure *2017 Plan Year*	Status
Proportion of Connecticut children in third grade who have dental decay	39.6% (2011)	35% (2020)	41.5% (2017)	🔴
Reduce untreated dental decay to 15.0% in black non-Hispanic children in the third grade.	17.7% (2011)*	15.0% (2020)	15.9% (2017)	🟡
Reduce untreated dental decay in Hispanic children in the third grade.	15.0% (2011)	12.0% (2020)	17.0% (2017)	🔴

* Original SHIP baseline updated with most current data available

SHIP Objective CD-27: Reduce by 5% the prevalence of obesity in children 5-12 years of age and students in grades 9-12.

Strategy A: Multi-level distribution and adoption of Healthy Food Donation List

Strategy B: Development and implementation of Food Policy Councils or Hunger Action Teams in focus communities

Indicator	Baseline and Year	Current Target and Year	Actual Measure *2017 Plan Year*	Status
Percent of youth (high school) in Connecticut who are obese.	12.5% (2011)	11.9% (2020)	12.3% (2015)	
Percent of children (5-12y) in Connecticut who are obese.	17.1% (2013)*	17.0% (2020)*	20.1% (2016)	
Percent of Connecticut children (5-12y) with a household income of <$25,000 who are obese.	33.1% (2013)	33.0% (2020)	41.6% (2016)	

*Methodology changed in 2011; new baseline and target revised accordingly in 2013.

SHIP Objective CD-30: Reduce by 25% the prevalence of tobacco-based product use among students in grades 6-8 and 9-12.
(Tobacco-based products *include cigarettes, cigars, chewing tobacco, snuff, dip, pipes, bidis, kreteks (clove cigarettes), hookahs, and electronic nicotine delivery systems and other vapor products).*

Strategy A: Advocate for tax parity for all tobacco-based products, including nicotine that is "vaped."

Strategy B: Advocate for raising the age for purchase of tobacco-based products to 21 years

Strategy C: Advocate for removal of Pre-emption clauses that hinder local tobacco control authority

Strategy D: Advocate for Comprehensive Clean Indoor Laws

Strategy E: Advocate for appropriate and sustainable Tobacco Trust Fund allocations for education, prevention, and cessation on tobacco-based products* use.

Indicator	Baseline and Year	Current Target and Year	Actual Measure *2017 Plan Year*	Status
Percent of youth (high school) who currently smoke cigarettes.	14.0% (2011)	10.5% (2020)	5.6% (2015)	
Percent of youth (high school) who currently use other types of tobacco including e-cigarettes.	17.7% (2013)*	17.0% (2020)	12.7% (2015)	
Percent of youth (grades 6 - 8) who currently smoke cigarettes.	2.9% (2011)	2.2% (2020)	0.8% (2015)	
Percent of youth (grades 6-8) who currently use other types of tobacco including e-cigarettes.	4.5% (2011)	3.0% (2020)	2.7% (2015)	

*Baseline and target revised in 2013 when e-cigarette data was added to this indicator question as part of the Connecticut Youth Tobacco Survey

SHIP Objective ID-1: Increase by 5% the vaccination coverage levels for Advisory Committee on Immunization Practices (ACIP) recommended vaccines among children and adults.

Strategy A: Explore feasibility and funding options to assure costs of vaccines/administration for all ages.

Strategy B: Maintain and expand access to ACIP recommended vaccines for children (Human Papillomavirus (HPV), hepatitis A, rotavirus, influenza).

Strategy C: Enhance Connecticut Immunization Registry and Tracking System (CIRTS) to accept electronic reporting and implement comprehensive reminder/recall systems.

Indicator	Baseline and Year	Current Target and Year	Actual Measure *2017 Plan Year*	Status
Estimated vaccine coverage levels for ACIP recommended vaccines among children 19 - 35 months of age.	77.1% (2012)	83% (2020)	75.7% (2016)*	
Estimated vaccination coverage levels for2+ doses of varicella vaccine among adolescents 13 to 17 years of age.	95.1% (2012)**	98.2% (2020)	96.9% (2016)	
Estimated Tdap vaccine coverage levels for adolescents 13 - 17 years of age.	89.3% (2012)	93.8% (2020)	93.9 (2016)	
Estimated meningococcal conjugate vaccine coverage levels for adolescents 13 – 17 years of age.	88.8% (2012)	93.2% (2020)	93.9% (2016)	

*There was a small decrease in the CDC's 2016 National Immunization Survey (NIS) immunization rates between 2015-2016; this may be related to the survey sampling methodology as this decrease was not observed using the local population-based immunization registry

**Original SHIP baseline updated with most current data available

SHIP Objective ID-5: Increase by 5% the percentage of adults who are vaccinated annually against seasonal influenza. *

Strategy A: Develop new and diverse venues for influenza vaccine administration and culturally appropriate outreach to ensure access to all population groups.

Indicator	Baseline and Year	Current Target and Year	Actual Measure *2017 Plan Year*	Status
Estimated influenza vaccination coverage levels for adults (18 -64 years of age) in Connecticut	34.4% (2012)	36.1% (2020)	43.6% (2016)	
Estimated vaccination coverage levels for adults (65 years of age and older) in Connecticut	66.8% (2012)	70.1% (2020)	66.6% (2016)	

*Original health indicator in SHIP was broken down by ages 18-34 years, 35-54 years, and 55+ years. Data is now being tracked by 18-64 years and 65+ years.

SHIP Objective ID-7: Increase by 20% HPV vaccination rates for male and female adolescents 13 to 17 years of age to meet CDC guidelines.

Strategy A: Educate providers about vaccine availability, delivery, cost and practice guidelines.

Strategy B: Educate parents and providers about the cancer prevention benefits of the HPV vaccine.

Strategy C: Develop plan for a mandate for HPV vaccination for youth in CT

Indicator	Baseline and Year	Current Target and Year	Actual Measure *2017 Plan Year*	Status
Estimated HPV vaccination coverage for female adolescents 13 to 17 years of age meeting CDC guidelines.	43.6% (2012)	52.3% (2020)	56.9% (2016)	
Estimated HPV vaccination coverage for male adolescents 13 to 17 years of age meeting CDC guidelines.	8.5% (2012)	10.2% (2020)	41.5% (2016)	

SHIP Objective ID-12: Reduce by 5% the number of diagnosed cases of HIV overall, among men who have sex with men (MSM) and among black females.

Strategy A: Implement routine screening programs to increase early detection of HIV.

Strategy B: Develop coordinated HIV surveillance, prevention and care data systems to monitor Connecticut trends in the HIV continuum and effectively target resources/ interventions.

Strategy C: Increase referrals to partner services

Strategy D: Expand use of pre-exposure prophylaxis (PrEP) as preventive measure for persons engaging in high-risk behaviors.

Strategy E: Increase use of post-exposure prophylaxis (PEP) as preventive measure for persons with suspected exposure to HIV.

Indicator	Baseline and Year	Current Target and Year	Actual Measure *2017 Plan Year*	Status
Number of newly diagnosed cases of HIV in Connecticut overall.	351 (2011)*	331 (2020)	269 (2016)	
Number of newly diagnosed cases of HIV in Connecticut among men who have sex with men (MSM).	169 (2011)*	148 (2020)	143 (2016)	
Number of newly diagnosed cases of HIV in Connecticut among black females.	38 (2011)*	39 (2020)	35 (2016)	

*Orgininal SHIP baseline updated with most current data available

SHIP Objective IV-1: Decrease by 10% the number of fall deaths among persons of all ages.

Strategy A: Promote implementation of evidence-based multi-faceted programs for community dwelling older adults that integrate fall risk reduction strategies

Indicator	Baseline and Year	Current Target and Year	Actual Measure *2017 Plan Year*	Status
Number of deaths from falls among persons of all ages in Connecticut.	327 deaths (2010)	294 deaths (2020)	406 deaths (2014)	

SHIP Objective IV-6: Reduce by 5% the number of deaths from motor vehicle crashes.

Strategy A: Education and statewide enforcement of laws regarding distracted driving, impaired driving, speeding, and unrestrained driving.

Indicator	Baseline and Year	Current Target and Year	Actual Measure *2017 Plan Year*	Status
Number of deaths from motor vehicle crashes in Connecticut.	318 deaths (2010)	302 deaths (2020)	276 deaths (2014)	

SHIP Objective IV - 12: Reduce by 10% the age-specific suicide rates for persons 15 to 64 years of age.

Strategy A: Coordinate and implement suicide prevention program and training around the state.

Indicator	Baseline and Year	Current Target and Year	Actual Measure *2017 Plan Year*	Status
Rate of suicide for persons 15 to 19 years of age in Connecticut	4.4 per 100,000 (2010)	4.0 per 100,000 (2020)	5.6 per 100,000 (2015)	
Rate of suicide for persons 20 to 24 years of age in Connecticut	10.9 per 100,000 (2010)	9.8 per 100,000 (2020)	7.4 per 100,000 (2015)	
Rate of suicide for persons 25 to 34 years of age in Connecticut	10.9 per 100,000 (2010)	9.8 per 100,000 (2020)	12.0 per 100,000 (2015)	
Rate of suicide for persons 35 to 44 years of age in Connecticut	13.1 per 100,000 (2010)	11.8 per 100,000 (2020)	11.4 per 100,000 (2015)	
Rate of suicide for persons 45 to 54 years of age in Connecticut	15.1 per 100,000 (2010)	13.6 per 100,000 (2020)	19.1 per 100,000 (2015)	
Rate of suicide for persons 55 to 64 years of age in Connecticut	15.0 per 100,000 (2010)	13.5 per 100,000 (2020)	17.1 per 100,000 (2015)	

SHIP Objective IV-14: Reduce by 20% the proportion of students in grades 9-12 who attempted suicide in the past 12 months

Strategy A: Coordinate and implement suicide prevention program and training around the state.

Indicator	Baseline and Year	Current Target and Year	Actual Measure *2017 Plan Year*	Status
Proportion of Connecticut high school students in grades 9-12 who attempted suicide in the past 12 months.	6.7% (2011)	5.4% (2020)	7.9% (2015)	
Proportion of Connecticut students in grades 9-12 who seriously considered attempting suicide.	14.6% (2011)	11.7% (2020)	13.4% (2015)	

SHIP Objective IV-18: Reduce by 10% the incidence of sexual violence.*

Strategy A: Disseminate best practices and effective primary prevention strategies of sexual violence to professionals around the state, including evidence-based services to victims.

Indicator	Baseline and Year	Current Target and Year	Actual Measure *2017 Plan Year*	Status
Incidence Rate of Sexual Violence arrests	22.0 per 100,000 (2014)**	19.8 per 100,000 (2020)**	21.7 per 100,000 (2016)	

*Definition of Sexual Violence changed in 2014 to include both male and female victims and offenders, and reflects the various forms of sexual penetration understood to be rape. This new, more inclusive definition of rape has led to an increased number of arrests.

**Baseline year and target value revised in 2014 to reflect more inclusive definition.

SHIP Objective MHSA-1: Decrease by 5% the rate of mental health emergency department visits.

Strategy A: Increase knowledge and implementation of behavioral health screening by primary care providers for youth (age 12-17) and adults (age 18 and older)

Strategy B: Support CT BHP Intensive Care Manager Program and Opening Doors-CT Hospital Initiative that will reduce behavioral health related emergency department visits

Strategy C: Increase mental health literacy of public safety officials

Strategy D: Support efforts to create safe and affordable behavioral health recovery homes

Strategy E: Enhanced trauma awareness in all schools (i.e. colleges, independent, private, etc.)

Indicator	Baseline and Year	Current Target and Year	Actual Measure *2017 Plan Year*	Status
Rate of mental health emergency department visits in Connecticut	2,680 per 100,000 (2011)	2,546 per 100,000 (2020)	2,785 per 100,000 (2014)*	

*Although the most recent data point is higher than baseline, the 2014 rate has shown a decrease compared to the 2013 rate; therefore, the status for this indicator is yellow.

SHIP Objective MHSA-5:
Reduce by 5% the non-medical use of pain relievers across the lifespan (ages 12 and older)
Reduce accidental intoxication overdose deaths by 10%.*

Strategy A: Implement ADPC and CORE Initiative strategies to educate and inform consumers regarding the risks of and alternatives to opioid pain relievers,

Strategy B: Increase understanding of Medication Assisted Treatment among Primary Care, OBGYNs, etc. including reduction of stigma

Strategy C: Identify possible opiate misuse and diversion of opiates to reduce the amount of medication being dispensed for non-medical purposes.

Strategy D: Increase access to naloxone by understanding the distribution of pharmacies that carry naloxone and identifying geographic gaps to access.

Strategy E: Expand overdose prevention education and training and Naloxone access and distribution

Strategy F: Increase awareness of safe disposal of prescription opiates and other medications

Strategy G: Identify prevention opportunities from the review of aggregate non-fatal and fatal drug overdose (OD) data compared to the number of prescription opioid pain medication dispensed within a geographic area.

Strategy H: Identify prevention opportunities by comparing aggregate opioid prescription with medical marijuana data

Strategy I: Implement Statewide Uniform Data Collection mechanism to streamline naloxone use and reversal outcome reporting.

Indicator	Baseline and Year	Current Target and Year	Actual Measure *2017 Plan Year*	Status
Non-medical use of pain relievers ages 12 and older in Connecticut**	4.4% (2010-2011)	4.2% (2020)	No Dashboard	
Rate of Unintentional Drug Overdose Deaths per 100,000 Connecticut Population	13.8% (2013)	8.4% (2020)	25.5% (2016)	
Rate of Unintentional Fentanyl-Involved Drug Overdose Deaths per 100,000 Connecticut Population	1.0% (2013)	0.4% (2020)	13.4% (2016)	

*Based on the emerging opioid crisis and newly available data sources, action team members have focused efforts specifically on opioids rather than the broad category of pain relievers.

** SAMSHA data source for this indicator no longer tracks this data point

SHIP Objective MHSA-8: Increase by 5% trauma screening by primary care and behavioral health providers.				
Strategy A: Determine current baseline level of trauma screening in CT for Medicaid funded programs.				
Strategy B: Determine data points needed to consider base level of trauma screenings for commercial payers.				
Strategy C: Implement the utilization of trauma screening tools(s) by primary care dental, medical and behavioral health providers.				
Indicator	**Baseline and Year**	**Current Target and Year**	**Actual Measure** *2017 Plan Year*	**Status**
Number of trauma screenings conducted in publicly funded programs	25,085 (FY 2011)	26,339 (2020)	No Dashboard	◯

SHIP 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

Strategy A: Provide financial incentives to health jurisdictions for accreditation and to those who are accredited.

Strategy B: Encourage regional health assessments.

Strategy C: Align Community Health Improvement Plans with goals and strategies in Healthy Connecticut 2020.

Strategy D: Establish a listing/registry of practices that are Patient-Centered Medical Home (PCMH) accredited.

Strategy E: Support establishment of training for health and social service providers

Strategy F: Establish inclusion criteria and baseline. (CLAS)

Indicator	Baseline and Year	Current Target and Year	Actual Measure *2017 Plan Year*	Status
Number of accredited PCMH that include dental (DEVELOPMENTAL)*	-	-	-	○
Number of targeted health and/or social service agencies that have taken actions to comply with CLAS**	0 (2013)	No Target	13 (2015)	●
Percentage of population covered by an accredited local health department ***	0.0% (2013)	36% (2020)	7.5% (2017)	●
Percentage of Connecticut communities covered by a community health assessment	99% (2014)	100% (2020)	100% (2017)	●

*A listing of accredited PCMH providers is kept by the Connecticut Department of Social Services at http://www.huskyhealthct.org/member_pcmh_practices.html#. It does not specifically identify dental services.

**This indicator was slightly adapted from the original SHIP indicator for consistency with the Local health annual survey question (data source)

***This indicator and target was adapted from the original SHIP indicator due to availability of and consistency with a national progress indicator and CT specific survey data to estimate the target.

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)

Strategy A: Establish a baseline and monitor progress by exploring use of existing survey vehicles such as Connecticut Behavioral Risk Factor Surveillance Survey (BRFSS).

Indicator	Baseline and Year	Current Target and Year	Actual Measure *2017 Plan Year*	Status
Number of patients expressing difficulty in accessing health services due to the lack of nonemergency transportation services.	-	-	-	○

SHIP Objective HS-13: (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.

Strategy A: Monitor health and health care workforce data

Strategy B: Advance cause of Community Health Workers as part of the health system workforce

Indicator	Baseline and Year	Current Target and Year	Actual Measure *2017 Plan Year*	Status
Identify and reduce professional health workforce shortages (DEVELOPMENTAL)*	-	-	-	◯
Increase the diversity of the health workforce (DEVELOPMENTAL)*	-	-	-	◯

*Measures are still developmental given complexity in measuring the health workforce and scope and impact of health workforce shortages. Other indicators of progress in covering designated health workforce shortage areas are located here.