

Healthy Connecticut 2020

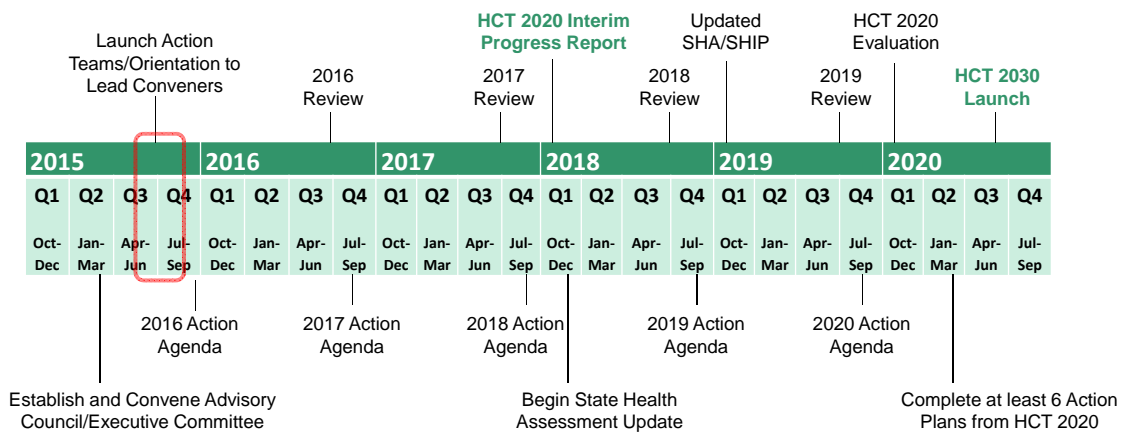
Update to the Health Care Cabinet

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Public Health Systems Improvement
Connecticut Department of Public Health

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Timeline



Implementation Structure



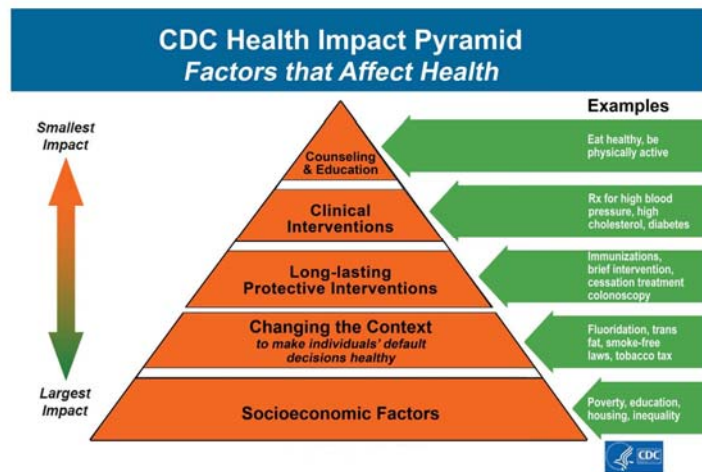
Action Teams

Focus Area	Chair/Co-Chairs
Maternal, Infant and Child Health	MCH Advisory Council DPH MCH Program
Environmental Health	DPH Environmental Health Program CT Association of Directors of Health
Chronic Disease	DPH Chronic Disease Program CT Hospital Association
Infectious Disease	DPH Infectious Disease Program
Injury and Violence Prevention	St. Francis Violence & Injury Program
Mental Health and Substance Abuse	Dept of Mental Health and Addiction Services
Health Systems	Stamford Dept of Health and Human Services CT Conference of Municipalities

2016 Action Agenda

Focus Area :			
Goal:			
Area of Concentration:			
SHIP Objective/Dashboard Indicator:			
Strategies	Actions and Timeframes	Partners Responsible	Progress
Resources Required (human, partnerships, financial, infrastructure or other)			
•			
Monitoring/Evaluation Approaches			

Strategies



Maternal Infant and Child Health

Proposed Objectives for 2016 Action Agenda

MICH-1	Reduce the rate of unplanned pregnancies
MICH-5,6,7	Reduce proportion of low/very low birth weight, proportion of premature birth, and the rate of infant mortality
MICH-8	Reduce disparity between infant mortality rates for non-Hispanic Blacks and non-Hispanic Whites
MICH-12	Increase the percentage of children under three receiving dental care <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center;">Cross-Reference with CD-22 (children's dental decay)</div>
MICH-13	Increase percentage of parents who complete developmental screening tools consistent with AAP guidelines

Environmental Health

Proposed Objectives for 2016 Action Agenda

ENV-1	Reduce 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).
ENV-5	Increase public awareness of the presence and risks of poor air quality days. <div style="background-color: #00b050; color: white; padding: 2px; text-align: center;">Cross-Reference with CD-16 (asthma)</div>
ENV-6	Increase the enforcement of minimum housing code standards through the collaboration of code enforcement agencies.

Chronic Disease Prevention

Proposed Objectives for 2016 Action Agenda

CD-16	Decrease the rate of Emergency Department visits among all Connecticut residents for which asthma was the primary diagnosis.
	Cross-Reference with ENV-5 (air quality)
CD-22	Reduce the proportion of children in third grade who have dental decay
	Cross-Reference with MICH-12 (children dental care)
CD-27	Reduce the prevalence of obesity in children 5-12 years of age and students in grades 9-12.
CD-30	Reduce the prevalence of smoking among students in grades 6-8 and 9-12.

Injury and Violence Prevention

Proposed Objectives for 2016 Action Agenda*

IV-1	Decrease the number of fall deaths among persons of all ages
IV-3,4	Reduce the number of deaths and hospitalizations for unintentional poisonings
IV-6	Reduce the number of deaths from motor vehicle crashes
IV-12,14	Reduce suicide rates for persons 15-64 years of age; Reduce proportion of students in grades 9-12 who attempted suicide in the past 12 months.
IV-18, 22	Reduce the incidence of sexual violence; Decrease the number of child maltreatment cases

Mental Health and Substance Abuse

Proposed Objectives for 2016 Action Agenda

MHSA-1	Decrease the rate of mental health emergency department visits.
MHSA-5	Reduce the non-medical use of pain relievers across the lifespan (ages 12 and older). Cross-Reference with IVP-3,4 (unintentional poisonings)
MHSA-8	Increase trauma screening by primary care and behavioral health providers.

Health Systems

Proposed Objectives for 2016 Action Agenda

HS-3	Increase the quality and performance of clinical and public health entities as measured by: <ul style="list-style-type: none"> • 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
HS-4	Decrease the number of patients expressing difficulty in accessing health services due to the lack of non-emergency transportation services.
HS-12	All Connecticut communities are covered by a community health assessment.
HS-13	Increase the capacity of the current clinical and public health workforce (e.g., number, skills, diversity, geography) as measured by: <ul style="list-style-type: none"> • 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 public health workforce employees by geographic area.

Infectious Disease Prevention

Proposed Objectives for 2016 Action Agenda

ID-1	Increase vaccination coverage levels for ACIP recommended vaccines among children and adults.
ID-5	Increase the percentage of adults who are vaccinated annually against seasonal influenza.
ID-7	Increase HPV vaccination rates for male and female adolescents 13 to 17 years of age to meet CDC guidelines.
ID-12	Reduce the number of diagnosed cases of HIV overall, among men who have sex with men (MSM) and among black females.



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www.ct.gov/dph/SHIPCoalition

Focus Area 4: Infectious Disease Prevention and Control

Goal 4: Prevent, reduce and ultimately eliminate the infectious disease burden in Connecticut.



Area of Concentration: Vaccine-Preventable Diseases

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

Dashboard Indicator:

- Percent of youth in Connecticut under 18 years of age who are vaccinated annually against seasonal influenza.
- Percent of adults in Connecticut (18 years of age and older) who are vaccinated annually against seasonal influenza.
- Percent of adults (65 years of age and older) in Connecticut who are vaccinated annually against seasonal influenza.

Strategies	Actions and Timeframes	Partners Responsible	Progress
Same as ID-1	Same as ID-1	Same as ID-1	
Develop new and diverse venues for influenza vaccine administration and culturally appropriate outreach to ensure access to all population groups.	Increase venues and outreach for flu vaccine administration through local health departments. <ul style="list-style-type: none"> ➢ Encourage local health departments to use a proportion of their Public Health Emergency Preparedness (PHEP) fund allocations to run flu clinics (e.g. drive-thru or Point of Dispensing sites (PODs)) Due: 1/1/16	DPH, Local Public Health Office, Public Health Emergency Preparedness (PHEP), Local Health Departments, CT Association of Directors of Public Health (CADH), Department of Social Services (DSS)	
Resources Required (human, partnerships, financial, infrastructure or other)			
<ul style="list-style-type: none"> • Financial: PHEP funds 			
Monitoring/Evaluation Approaches			
<ul style="list-style-type: none"> • Provide quarterly report outs from DPH Public Health Emergency Preparedness program 			

- 1. Maternal, Infant, & Child Health (PDF)**
 - Reproductive and Sexual Health [Dashboard](#)
 - Preconception and Pregnancy Care [Dashboard](#)
 - Birth Outcomes [Dashboard](#)
 - Child Health and Well-being [Dashboard](#)
- 2. Environmental Risk Factors & Health (PDF)**
 - Lead [Dashboard](#)
 - Drinking Water Quality [Dashboard](#)
 - Outdoor Air Quality [Dashboard](#)
 - Healthy Homes [Dashboard](#)
 - Healthy Communities [Dashboard](#)
- 3. Chronic Disease Prevention & Control (PDF)**
 - Heart Disease [Dashboard](#)
 - Stroke [Dashboard](#)
 - Diabetes & Chronic Kidney Disease [Dashboard](#)
 - Asthma & Chronic Respiratory Disease [Dashboard](#)
 - Oral Health [Dashboard](#)
 - Obesity [Dashboard](#)
 - Tobacco [Dashboard](#)
- 4. Infectious Disease Prevention & Control (PDF)**
 - Vaccine-preventable Diseases [Dashboard](#)
 - Sexually Transmitted Diseases [Dashboard](#)
 - HIV Infection [Dashboard](#)
 - Tuberculosis [Dashboard](#)
 - Hepatitis C [Dashboard](#)
 - Foodborne Illness & Infections [Dashboard](#)
 - Healthcare Associated Infections [Dashboard](#)
- 5. Injury and Violence Prevention (PDF)**

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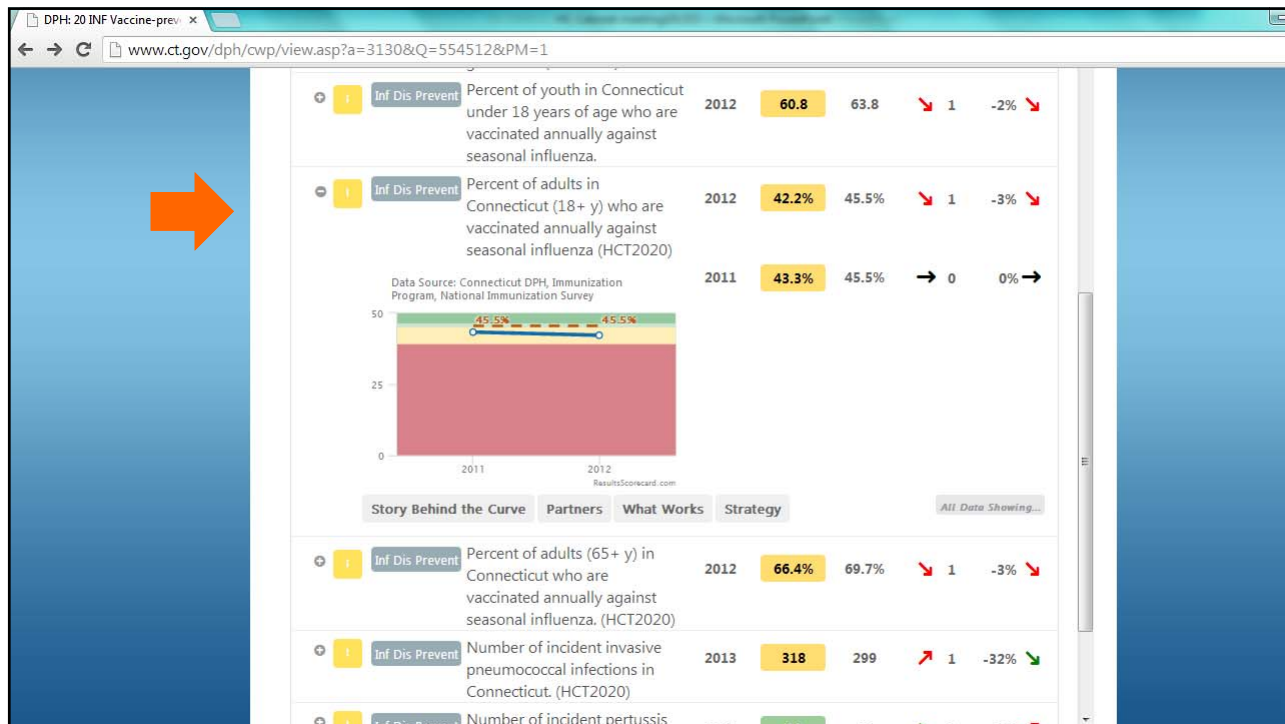
INFECTIOUS DISEASE PREVENTION AND CONTROL

Vaccine-preventable Diseases

1	Inf Dis Prevent Rate of HPV vaccinations for female adolescents 13 to 17 years of age meeting CDC guidelines. (HCT2020)	2013	40.1	52.3	1	72%	↗
2	Inf Dis Prevent Rate of HPV vaccinations for male adolescents 13 to 17 years of age meeting CDC guidelines. (HCT2020)	2013	23.4	10.2	1	175%	↗
3	Inf Dis Prevent Percent of youth in Connecticut under 18 years of age who are vaccinated annually against seasonal influenza.	2012	60.8	63.8	1	-2%	↘
4	Inf Dis Prevent Percent of adults in Connecticut (18+ y) who are vaccinated annually against seasonal influenza (HCT2020)	2012	42.2%	45.5%	1	-3%	↘
5	Inf Dis Prevent Percent of adults (65+ y) in Connecticut who are vaccinated annually against seasonal influenza. (HCT2020)	2012	66.4%	69.7%	1	-3%	↘
6	Inf Dis Prevent Number of incident invasive pneumococcal infections in Connecticut. (HCT2020)	2013	318	299	1	-32%	↘
7	Inf Dis Prevent Number of incident pertussis cases in Connecticut. (HCT2020)	2013	60	61	1	9%	↗
8	Inf Dis Prevent Number of incident hepatitis B cases in Connecticut. (HCT2020)	2013	8	18	3	-73%	↘

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Thank You!



For general questions, additional comments, and information please e-mail:

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For more information

www.ct.gov/dph/HCT2020

and

www.ct.gov/dph/Dashboard

Connecticut Health Improvement Planning Coalition
www.ct.gov/dph/SHIPcoalition

