CONNECTICUT
HEALTH IMPROVEMENT COALITION
*Partners Integrating Efforts and Improving Population Health*

# HEALTHY CONNECTICUT 2020 ADVISORY COUNCIL

**Meeting Summary**
**October 7th, 2015**
**10:00 am- 12:00 pm**

**Meeting Purpose and Outcome**:
Continue presentation of completed and near completed Action Agendas. Make progress on identifying and coordinating the Coalition's Action Agenda.

**Attendees:**
Mark Abraham, DataHaven; Patricia Baker, CT Health Foundation/Advisory Council Chair; Daun Barrett, Griffin Hospital – Parish Nurse Program; Liz Beaudin, Ct Hospital Association; Andrea Boissevain, CT Association of Directors of Health; Mary Boudreau, CT Oral Health Initiative; Representative Theresa Conroy; Judy Dicine, Chief State's Attorney's Office; Jordana Frost, March of Dimes; Brenetta Henry, Consumer Representative; Jennifer Herz, CBIA; George McDonald, Consumer Representative; Michael Michaud, Dept. of Mental Health and Addiction Services; Commissioner Jewel Mullen, CT Dept. of Public Health; Lisa Pellegrini, CT Conference of Municipalities; Lynne Weeks, CT Association of School Based Health Centers; Fran Provenzano, CT Dept. of Public Health; Ann Gionet, CT Dept. of Public Health; Marijane Carey, Carey Consulting; Marty Milkovic, CT Dental Partnership; Donna Burke, HRiA; Joan Ascheim, CT Dept. of Public Health; Sandy Gill, CT Dept. of Public Health, Kristin Sullivan, CT Dept. of Public Health.

**Framing Feedback Discussion**
Based on Advisory Council feedback for more direction on how to frame feedback on Action Agendas, DPH staff presented the CDC's Health Impact Pyramid. This framework can be used to help provide feedback on whether proposed strategies and interventions on the Action Agendas will have the greatest impact possible on health. Interventions and strategies that address policy, systems and environmental changes, or address socioeconomic factors such as income, education and poverty, will have the greatest effect on health. Counseling, education and clinical interventions have a small impact. A range of interventions can be impactful particularly if counseling and education are done in conjunction with policy, system and environmental changes. For this first year, Action Agendas should include at a minimum one policy, system or environmental change, and overtime should increase investment in socioeconomic factors that influence health; thus, focusing efforts at the base level of the Health Impact Pyramid.

**Maternal, Infant and Child Health 2016 ACTION Agenda**
Marijane Carey presented the DRAFT of the Maternal, Infant and Child Health 2016 ACTION Agenda. Five priority areas include: Unplanned pregnancies, birth outcomes, infant mortality for non-Hispanic Blacks and Non-Hispanic Whites, and developmental screening. Marijane shared the groups process of creating a crosswalk between the SHIP and the newly release Birth Outcomes Plan to identify synergies of efforts and to more effectively develop action steps for 2016. Through their discussions, ACTION Team members have identified a need for an objective to address the overall health of women. The group will continue to look at the best way to define this issue.

**Environmental Health 2016 ACTION Agenda**

Andrea Boissevain, Fran Provenzano, and Judy Dicine presented the DRAFT of the Environmental Health 2016 ACTION Agenda. Three priority areas include: lead, outdoor air quality, and healthy housing. This ACTION Team has also worked with existing groups and coalitions to develop the action steps for 2016. Strategies will focus on educating families, service providers, advocates and public officials, as well as defining and strengthening standards to improve the quality of housing for Connecticut residents.

**Feedback Discussion**

Advisory Council members provided feedback and suggestions to Lead Conveners. Significant themes included coordination with other ACTION Teams that have similar focus to strategies; consider providing training at an academic level for providers; and consideration for a centralized database for local health directors to access, related to prevalence of lead issues in their community/region.

**Health Systems**

Lisa Pellegrini provided an update on the Health Systems ACTION Team. This group has had extensive discussion to address the broad scope of this focus area. Objectives and strategies have been reviewed and consolidated to identify four priority areas that best address social determinants of health and critical health access issues. They include: the quality and performance of clinical and public health entities (combining objectives HS- 3, HS – 8 and HS – 11); non-emergency transportation to health services; community health assessments; and workforce development (combining objectives: HS-13 & HS-14).

**Next Steps**

- Expected Presentations:
  - Mental Health
- Next Advisory Council meetings:
  - 11-10-2015 1:30 pm – 3:30 pm @ DPH Lab
  - 12-03-2015 1:30 pm - 3:30 pm @DPH Lab
  - 01-21-2015 10:00 am – 12:00 pm @ DPH Lab

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# Healthy Connecticut 2020
## State Health Improvement Plan
# Advisory Council Meeting

Wednesday, October 7, 2015
10:00-12:00 A.M.
State Lab - 395 West St. Rocky Hill

# Agenda

| | | |
|---|---|---|
| **10:00** | **Welcome & Introductions** | *AC Chair* |
| **10:10** | **Framing Your Feedback on Action Plans** | *DPH* |
| **10:20** | **Action Team Result – Maternal, Infant and Child Health**<br>▪ Overview of Maternal, Infant and Child Health DRAFT Action Agenda<br>▪ Feedback/discussion | *Maternal Infant and Child Health ACTION Team Chair, Marijane Carey HRiA* |
| **11:00** | **Action Team Progress – Environmental Health**<br>▪ Overview of Environmental Health DRAFT Action Agenda<br>▪ Feedback/discussion | *Environmental Health ACTION Team Co-Chair, Andrea Boissevain HRiA* |
| **11:00** | **Health Systems Action Team Update** | *Health Systems ACTION Team Co-Chairs Lisa Pellegrini and Anne Fountain* |
| **11:50** | **Next Steps & Meeting Dates** | *AC Chair* |

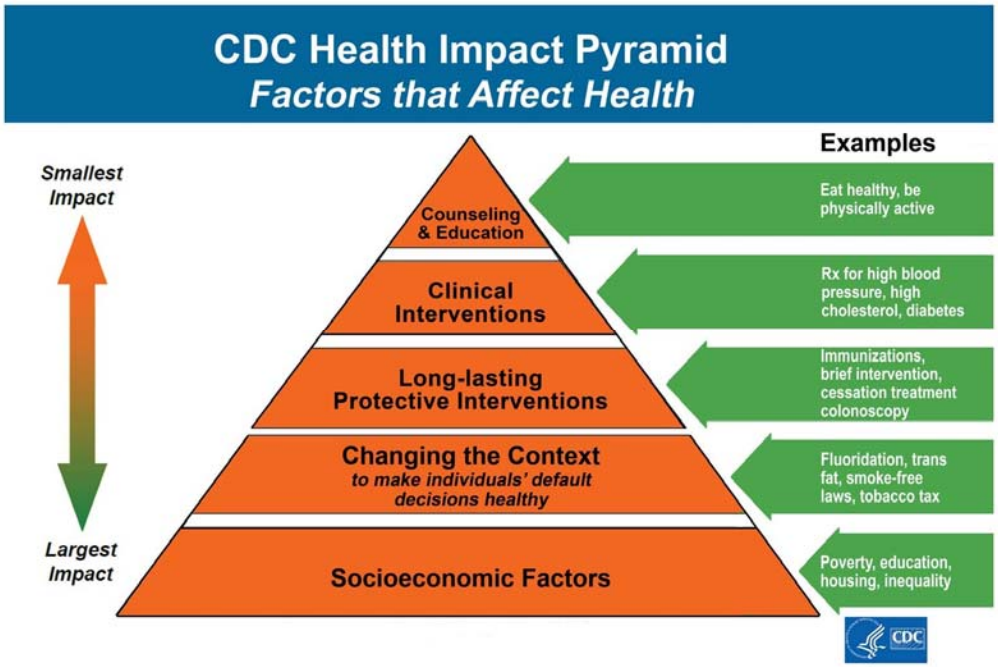
# Meeting Purpose and Outcomes

- Continue presentations of completed and near completed Action Agendas.
- Make progress on identifying and coordinating the Coalition's Action Agenda.

# Framing Your Feedback

# Framing Your Feedback

- Is there at least one policy, system, or environmental change included in the strategies?
- Is there opportunity for integration with other aspects of the SHIP?



*Maternal Infant and Child Health ACTION Team Chair, Marijane Carey*

# Action Team Result – Maternal, Infant and Child Health

# 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 |
| **MICH-13** | Increase percentage of parents who complete developmental screening tools consistent with AAP guidelines |

Cross-Reference with CD-22 (children's dental decay),

| | | | |
|---|---|---|---|
| **Focus Area 1: Maternal, Infant and Child Health** | | | |
| **Goal 1: All women in Connecticut make informed and healthy choices in planning their families** | | | |
| **Area of Concentration: Reproductive and Sexual Health** | | | |
| **SHIP Objective: MICH-1 Reduce by 10% the rate of unplanned pregnancies** | | | |
| **Dashboard Indicator:** | **Rate of unplanned pregnancies in Connecticut. (HCT2020)** | | |
| | | | |
| **Strategies** | **Actions and Timeframes** | **Partners Responsible** | **Progress** |
| **Support the provision of preconception/ interconception health care throughout the childbearing years in community and clinical settings** | Secure commitment from identified partners and leads<br>**Ongoing** | CT Maternal and Child Health (MCH) Coalition Planning Committee | |
| | Obtain implementation and evaluation information about the "One Key Question" initiative implemented in Oregon and Massachusetts.<br>**November 2015** | CT MCH Coalition, CT MCH Coalition IM and Women's Well Care Workgroup, Oregon Foundation for Reproductive Health, Massachusetts Department of Health, Boston Health Commission | |
| | Obtain implementation and evaluation information about the "IMPLICIT Network" initiative implemented in Northeast US, including Middlesex Hospital Family Physician Residency program.<br>**November 2015** | CT MCH Coalition, CT MCH Coalition Infant Mortality (IM) and Women's Well Care Workgroup, Middlesex Hospital Family Residency Program | |
| | Assess potential for replication and feasibility of pilot programs in selected sites:<br>-recruit physician champions<br>-secure buy-in from potential sites located in high-need communities<br>-design project logistics, personnel, and estimated costs<br>**December 2015 – April 2016** | CT MCH Coalition, CT MCH Coalition IM and Women's Well Care Workgroup, March of Dimes, CT chapters of American College of Obstetricians and Gynecologists (ACOG) American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP), Department of Pubic Health (DPH), Office of Early Childhood (OEC), nail salons, beauty parlors, barber shops, childcare providers, community health care workers, family visiting programs, faith communities, Text4Baby, MoMba, Clifford Beers, Federally Qualified Health Centers (FQHCs), clinical residency programs, nursing and medical higher education programs | |

| Strategies | Actions and Timeframes | Partners Responsible | Progress |
|---|---|---|---|
| | Explore potential funding sources to support effort<br>**December 2015-April 2016** | CT MCH Coalition, CT MCH Coalition IM and Women's Well Care Workgroup, March of Dimes, foundations that support health-related initiatives (national, state, and local), insurance companies, Department of Social Services (DSS), March of Dimes | |
| | Based on above actions, determine whether to move forward with pilot programs<br>**June 2016** | CT MCH Coalition | |
| | Review currently available DPH preconception health media campaign and evaluate need to adapt/revise<br>**October 2015– December 2015** | CT MCH Coalition, CT MCH Coalition IM and Women's Well Care Workgroup, State Department of Education (SDE), DPH | |
| | Identify logistics, human and financial resources needed to relaunch media campaign<br>**December 2015-January 2016** | DPH and other partners from CT MCH Coalition | |
| | Develop or adapt a media campaign about the importance of preconception health (including evaluation plan development)<br>**January 2016-June 2016** | DPH, SDE, 2-1-1 and other partners from the MCH Coalition | |
| | Relaunch media campaign about importance of preconception health and "call to action"<br>**In conjunction with above mentioned pilot program rollout?** | College radio stations, radio, TV, print, community champions, internet, social media, etc. | |

| Strategies | Actions and Timeframes | Partners Responsible | Progress |
|---|---|---|---|
| **Collaborate across sectors to increase social equity** | All strategies and actions identified within the MICH work plan will be evaluated from a social equity perspective with a focus on ensuring that priority populations are adequately represented<br>**September –October 2015** | CT MCH Coalition | |
| | Identify and support 2-5 relevant legislative and policy efforts that promote social determinants of health (i.e. housing quality and affordability, education quality and completion, poverty reduction, food security, violence prevention, toxic stress reduction, access to quality healthcare, juvenile justice) while educating the public and legislators on the impact that social determinants of health have on women's health throughout the lifecourse and perinatal health outcomes:<br>-assemble ad-hoc advocacy committee within the CT MCH Coalition tasked with leading advocacy efforts and coordinating with other partners<br>-develop relevant fact sheets to be shared by coalition members and partners with legislators, leaders, media, and members of the public<br>-identify and partner with community members and organizations that could provide testimony on key issues and legislative bills and policies<br>**October 2015 thru end of Legislative Session 2016** | CT MCH Coalition, CT Association for Human Services (CAHS), Permanent Commission on the Status of Women (PCSW), CT Women's Education and Legal Fund (CWEALF), Parent Leadership Training Institutes (PLTI), Early Childhood Collaboratives/Discovery Communities, Mothers for Justice, Graustein Memorial Fund, Connecticut Association for Basic Human Needs (CABHN), CT Public Health Association (CPHA), Connecticut Voices for Children | |
| | Explore opportunities/feasibility of relaunching statewide media campaign aimed at reducing high school dropout rates<br>**September 2015-January 2016** | CT MCH Coalition SDE, CT MCH Coalition IM and Women's Well Care workgroup, Graustein Memorial Fund, foundations that support health-related initiatives (national, state, and local) | |
| | Identify and address barriers to access of culturally competent health care services<br>**Ongoing** | Office of Health Equity, CT MCH Coalition, SDE, CT Hospital Association, foundations that support health-related initiatives (national, state, and local), clinical providers, home visiting programs, community health care workers | |

| Strategies | Actions and Timeframes | Partners Responsible | Progress |
|---|---|---|---|
| **Support reproductive and sexual health services** | Identify partners to support relevant priorities and initiatives (i.e. equitable access to long-acting reversible contraceptives, equitable access to culturally-sensitive and developmentally appropriate information and materials, equitable access to reproductive and sexual health care services, etc.) **Ongoing** | CT MCH Coalition, CT MCH Coalition IM and Women's Well Care workgroup, DPH, DSS, SDE, Council on Medical Assistance Program Oversight (Women's Health Sub-Committee), Planned Parenthood of Southern New England, CWEALF, PCSW | |

**Resources Required (human, partnerships, financial, infrastructure or other)**

- Commitment from lead organizations for each major initiative
- Graduate-level interns assigned to each major initiative, as needed. March of Dimes may be able to supervise some interns. There might be an opportunity to coordinate with other intern supervisors from other partner organizations within MCH Coalition.
- Continued active involvement of focused workgroups within CT Maternal and Child Health Coalition to continue leading implementation of above-proposed initiatives.
- Funding to support feasibility study on initiative akin to One Key Question/Implicit Network. March of Dimes may be interested in supporting this effort. They are currently evaluating this opportunity.
- Clinicians and other statewide leaders to serve as champions of preconception/ interconception health initiatives

**Monitoring/Evaluation Approaches**

- Provide quarterly report outs

**Focus Area 1: Maternal, Infant and Child Health**

**Goal 2 and 3: All babies in Connecticut are born healthy and all Connecticut women of childbearing age are healthy.**

**Area of Concentration: Birth Outcomes and Preconception and Pregnancy Care**

**SHIP Objective**

**MICH-5:** Reduce by 10% the proportion of low birthweight and very low birthweight among singleton births.
**MICH-6:** Reduce by 10% the proportion of live singleton births delivered at less than 37 weeks gestation.
**MICH-7:** Reduce by 10% the infant mortality rate (infant deaths per 1,000 live births).
***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.*

**Dashboard Indicators:**

- **Proportion of very low birthweight babies among live singleton births in Connecticut. (HCT 2020)**
- **Proportion of low birthweight babies among live singleton births in Connecticut. (HCT 2020)**
- **Proportion of live singleton births in Connecticut delivered at less than 37 weeks gestation. (HCT 2020)**
- **Infant mortality rate (infant deaths per 1,000 live births) in Connecticut. (HCT 2020)**
- **Proportion of women in Connecticut delivering a live birth who discuss preconception health with a health care worker prior to pregnancy. (HCT2020)**

| Strategies | Actions and Timeframes | Partners Responsible | Progress |
|---|---|---|---|
| **Collaborate across sectors to increase social equity** | Support the Campaign for Paid Family Leave to equitably reduce financial stressors impacting families during pregnancy and the interconception period.<br><br>**October 2015 thru end of Legislative Session 2016** | CT Maternal and Child Health Coalition, CWEALF PCSW, March of Dimes, Connecticut Association of Human Services (CAHS) | |

| Strategies | Actions and Timeframes | Partners Responsible | Progress |
|---|---|---|---|
| | Identify and support 2-5 relevant legislative and policy efforts that promote social determinants of health (i.e. housing quality and affordability, education quality and completion, poverty reduction, food security, violence prevention, toxic stress reduction, access to quality healthcare, juvenile justice) while educating the public and legislators on the impact that social determinants of health have on women's health throughout the lifecourse and perinatal health outcomes:<br>-assemble ad-hoc advocacy committee within the CT MCH Coalition tasked with leading advocacy efforts and coordinating with other partners<br>-develop relevant fact sheets to be shared by coalition members and partners with legislators, leaders, media, and members of the public<br>-identify and partner with community members and organizations that could provide testimony on key issues and legislative bills and policies<br>**October 2015 thru end of Legislative Session 2016** | CT MCH Coalition, CAHS PCSW, CWEALF, PLTI, Early Childhood Collaboratives/Discovery Communities, Graustein Memorial Fund, Connecticut Association for Basic Human Needs (CABHN), CPHA, Connecticut Voices for Children | |
| | Evaluate and assess feasibility/replicability of projects aimed at reducing/eliminating institutionalized racism (as identified in the Plan to Improve Birth Outcomes)<br>**July 2016 – September 2016** | CT MCH Coalition, Graustein Memorial Fund, CityMatCH, W.K. Kellogg Foundation, Federal Healthy Start | |

| Strategies | Actions and Timeframes | Partners Responsible | Progress |
|---|---|---|---|
| **Support the provision of preconception/ interconception health care throughout the childbearing years in community and clinical settings** | Secure commitment from identified partners and leads<br>**Ongoing** | CT MCH Coalition Planning Committee | |
| | Obtain implementation and evaluation information about the "One Key Question" initiative implemented in Oregon and Massachusetts.<br>**November 2015** | CT MCH Coalition, CT MCH Coalition IM and Women's Well Care workgroup, March of Dimes, DPH, Oregon Foundation for Reproductive Health, Massachusetts Department of Health, Boston Health Commission | |
| | Obtain implementation and evaluation information about the "IMPLICIT Network" initiative implemented in Northeast US, including Middlesex Hospital Family Physician Residency program.<br>**November 2015** | CT MCH Coalition, CT MCH Coalition IM and Women's Well Care workgroup, March of Dimes, Middlesex Hospital | |
| | Assess potential for replication and feasibility of pilot programs in selected sites:<br>-recruit physician champions<br>-secure buy-in from potential sites located in high-need communities<br>-design project logistics, personnel, and estimated costs<br>**December 2015 – April 2016** | CT MCH Coalition, CT MCH Coalition IM and Women's Well Care workgroup, March of Dimes, CT chapters of ACOG, AAP, AAFP, DPH, OEC, nail salons, beauty parlors, barber shops, childcare providers, community health care workers, family visiting programs, faith communities, Text4Baby, MoMba, Clifford Beers, FQHCs, clinical residency programs, nursing and medical higher education programs | |
| | Explore potential funding sources to support effort<br>**December 2015-April 2016** | CT MCH Coalition, CT MCH Coalition IM and Women's Well Care workgroup, March of Dimes, foundations that support health-related initiatives (national, state, and local), insurance companies, DSS | |

| Strategies | Actions and Timeframes | Partners Responsible | Progress |
|---|---|---|---|
| **Promote enhanced models of prenatal care** | Obtain implementation research results about group prenatal care models, identify potential barriers to implementation and anticipate strategies to overcome them.<br>**October – December 2015** | Yale School of Nursing, CT MCH Coalition, CT MCH Coalition IM and Women's Well Care workgroup, March of Dimes | |
| | Promote Northeast Centering Symposium in Waltham, MA (Nov. 12, 2015)<br>**September 2015-November 2015** | March of Dimes, Connecticut and New England Chapters | |
| | Assess potential for replication and feasibility of pilot programs:<br>-recruit clinical champions<br>-secure buy-in from potential sites located in high-need communities<br>-design project logistics, personnel, and estimated costs<br>-secure funding<br>**November 2015 – April 2016** | Anthem, CT MCH Coalition, CT MCH Coalition IM and Women's Well Care workgroup, March of Dimes | |
| | Obtain implementation and evaluation information about the Medicaid Enhanced Prenatal Care programs in Michigan and Colorado. **November 2015 – January 2016** | CT MCH Coalition, CT MCH Coalition IM and Women's Well Care workgroup,March of Dimes, DSS, DPH, OEC | |
| | Assess potential for replication and feasibility of pilot programs in selected sites:<br>-recruit champions<br>-secure buy-in from potential sites located in high-need communities<br>-design project logistics, personnel, and estimated costs<br>**January 2016 – May 2016** | CT MCH Coalition, CT MCH Coalition IM and Women's Well Care workgroup, March of Dimes, DSS, DPH, OEC | |

| Strategies | Actions and Timeframes | Partners Responsible | Progress |
|---|---|---|---|
| | Explore potential funding sources to support effort<br>**January 2016 – May 2016** | CT MCH Coalition, CT MCH Coalition IM and Women's Well Care workgroup, March of Dimes, DSS, DPH, OEC, foundations that support health-related initiatives (national, state, and local), insurance companies | |
| | Based on above actions, determine whether to move forward with pilot programs<br>**May 2016-June 2016** | CT MCH Coalition, March of Dimes, DSS, DPH, OEC | |
| | Promote the integration of mental health, oral health, and wellbeing into hospital-based perinatal education models, group prenatal care, as well as home visiting programs:<br>• Identify potential champions and partners<br>• Assess current programs and conduct gaps analysis<br>• Study feasibility, logistics, and resources needed to implement actions aimed at filling gaps<br>**June 2016-December 2016** | CT MCH Coalition, March of Dimes, perinatal health educators at various CT maternity care hospitals, home visiting programs, Connecticut Alliance for Perinatal Mental Health, CT Dental Health Partnership (CTDHP), DPH, CT Women's Consortium, Mental Health and Substance Abuse (MHSA) SHIP Action Team, OEC and Child Development Infoline (CDI). | |

**Resources Required (human, partnerships, financial, infrastructure or other)**

- Commitment from lead organizations for each major initiative
- Graduate-level interns assigned to each major initiative, as needed. March of Dimes may be able to supervise some interns. There might be an opportunity to coordinate with other intern supervisors from other partner organizations within MCH Coalition.
- Continued active involvement of focused workgroups within CT Maternal and Child Health Coalition to continue leading implementation of above-proposed initiatives.
- Funding to support feasibility study on initiative akin to One Key Question/Implicit Network. March of Dimes may be interested in supporting this effort. They are currently evaluating this opportunity.
- Funding to support pilot programs in enhanced prenatal care models.
- Clinicians and other statewide leaders to serve as champions for preconception/interconception health initiatives
- Clinicians and other statewide leaders to serve as champions for enhanced prenatal care models

**Monitoring/Evaluation Approaches**

- Provide quarterly report outs

| Focus Area 1: Maternal, Infant and Child Health | | | |
|---|---|---|---|
| **Goal 2: All babies in Connecticut are born healthy** | | | |
| **Area of Concentration: Birth Outcomes** | | | |
| **SHIP Objective:** **MICH-8** Reduce by 10% the disparity between infant mortality rates for non-Hispanic blacks and non-Hispanic whites. | | | |
| **Dashboard Indicator:** **Disparity ratio between infant mortality rates for non-Hispanic blacks and non-Hispanic whites in Connecticut. (HCT 2020)** | | | |
| | | | |
| **Strategies** | **Actions and Timeframes** | **Partners Responsible** | **Progress** |
| **Collaborate across sectors to increase social equity** | Evaluate and assess feasibility/replicability of projects aimed at reducing/eliminating institutionalized racism (as identified in the Plan to Improve Birth Outcomes)<br>**July 2016 – September 2016** | CT MCH Coalition, Graustein Memorial Fund, CityMatCH, W.K. Kellogg Foundation, Federal Healthy Start | |
| | Support the Campaign for Paid Family Leave to equitably reduce financial stressors impacting families during pregnancy and the interconception period.<br>**October 2015 thru end of Legislative Session 2016** | CT MCH Coalition, CWEALF, PCSW, March of Dimes, CAHS | |
| | Identify and support 2-5 relevant legislative and policy efforts that promote social determinants of health (i.e. housing quality and affordability, education quality and completion, poverty reduction, food security, violence prevention, toxic stress reduction, access to quality healthcare, juvenile justice) while educating the public and legislators on the impact that social determinants of health have on women's health throughout the lifecourse and perinatal health outcomes:<br>-assemble ad-hoc advocacy committee within the CT MCH Coalition tasked with leading advocacy efforts and coordinating with other partners<br>-develop relevant fact sheets to be shared by coalition members and partners with legislators, leaders, media, and members of the public<br>-identify and partner with community members and organizations that could provide testimony on key issues and legislative bills and policies<br>**October 2015 thru end of Legislative Session 2016** | CT MCH Coalition, CAHS, PCSW, CWEALF, PLTI, Early Childhood Collaboratives/Discovery Communities, Graustein Memorial Fund, CABHN, CPHA, Connecticut Voices for Children | |

| Strategies | Actions and Timeframes | Partners Responsible | Progress |
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| **Support the provision of preconception/ interconception health care throughout the childbearing years** | Secure commitment from identified partners and leads<br>**Ongoing** | CT MCH Coalition Planning Committee | |
| | Obtain implementation and evaluation information about the "One Key Question" initiative implemented in Oregon and Massachusetts.<br>**November 2015** | CT MCH Coalition, CT MCH Coalition IM and Women's Well Care Workgroup, March of Dimes, DPH, Oregon Foundation for Reproductive Health, Massachusetts Department of Health, Boston Health Commission | |
| | Obtain implementation and evaluation information about the "IMPLICIT Network" initiative implemented in Northeast US, including Middlesex Hospital Family Physician Residency program.<br>**November 2015** | CT MCH Coalition, CT MCH Coalition IM and Women's Well Care Workgroup, Middlesex Hospital Family Residency Program | |
| | Assess potential for replication and feasibility of pilot programs in selected sites:<br>-recruit physician champions<br>-secure buy-in from potential sites located in high-need communities<br>-design project logistics, personnel, and estimated costs<br>**December 2015 – April 2016** | CT MCH Coalition, CT MCH Coalition IM and Women's Well Care Workgroup, March of Dimes, ACOG, AAP, AAFP, DPH, OEC, nail salons, beauty parlors, barber shops, childcare providers, community health care workers, family visiting programs, faith communities, Text4Baby, MoMba, Clifford Beers, FQHCs, clinical residency programs, nursing and medical higher education programs | |
| | Explore potential funding sources to support effort<br>**December 2015-April 2016** | CT MCH Coalition, CT MCH Coalition IM and Women's Well Care Workgroup, March of Dimes, foundations that support health-related initiatives (national, state, and local), insurance companies, Department of Social Services (DSS), March of Dimes | |

| Strategies | Actions and Timeframes | Partners Responsible | Progress |
|---|---|---|---|
| **Promote enhanced models of prenatal care** | Obtain implementation research results about group prenatal care models, identify potential barriers to implementation, and anticipate strategies to overcome them.<br>**October – December 2015** | Yale School of Nursing, CT MCH Coalition, CT MCH Coalition IM and Women's Well Care workgroup,March of Dimes | |
| | Promote Northeast Centering Symposium in Waltham, MA (Nov. 12, 2015) **September 2015-November 2015** | March of Dimes, Connecticut and New England Chapters | |
| | Assess potential for replication and feasibility of pilot programs:<br>-recruit clinical champions<br>-secure buy-in from potential sites located in high-need communities<br>-design project logistics, personnel, and estimated costs<br>-secure funding<br>**November 2015 – April 2016** | Anthem, CT MCH Coalition, CT MCH Coalition IM and Women's Well Care workgroup, March of Dimes | |
| | Obtain implementation and evaluation information about the Medicaid Enhanced Prenatal Care programs in Michigan and Colorado.<br>**November 2015 – January 2016** | CT MCH Coalition, CT MCH Coalition IM and Women's Well Care workgroup, March of Dimes, DSS, DPH | |
| | Assess potential for replication and feasibility of pilot programs in selected sites:<br>-recruit champions<br>-secure buy-in from potential sites located in high-need communities<br>-design project logistics, personnel, and estimated costs<br>**January 2016 – May 2016** | CT MCH Coalition, CT MCH Coalition IM and Women's Well Care workgroup, March of Dimes, DSS, DPH | |
| | Explore potential funding sources to support effort<br>**January 2016 – May 2016** | CT MCH Coalition, CT MCH Coalition IM and Women's Well Care workgroup, March of Dimes, DSS, DPH, OEC, foundations that support health-related initiatives (national, state, and local), insurance companies | |
| | Based on above actions, determine whether to move forward with pilot programs<br>**May 2016 – June 2016** | CT MCH Coalition, March of Dimes, DSS, DPH, OEC | |

| Strategies | Actions and Timeframes | Partners Responsible | Progress |
|---|---|---|---|
| | Promote the integration of mental health, oral health, and wellbeing into hospital-based perinatal education models, group prenatal care, as well as home visiting programs:<br>• Identify potential champions and partners<br>• Assess current programs and conduct gaps analysis<br>• Study feasibility, logistics, and resources needed to implement actions aimed at filling gaps<br>**June 2016 – December 2016** | CT MCH Coalition, March of Dimes, perinatal health educators at various CT maternity care hospitals, home visiting programs, Connecticut Alliance for Perinatal Mental Health, CT Dental Health Partnership (CTDHP), DPH, CT Women's Consortium, Mental Health and Substance Abuse (MHSA) Action Team, OEC and Child Development Infoline (CDI). | |

**Resources Required (human, partnerships, financial, infrastructure or other)**

- Commitment from lead organizations for each major initiative
- Graduate-level interns assigned to each major initiative, as needed. March of Dimes may be able to supervise some interns. There might be an opportunity to coordinate with other intern supervisors from other partner organizations within MCH Coalition.
- Continued active involvement of focused workgroups within CT Maternal and Child Health Coalition to continue leading implementation of above-proposed initiatives.
- Funding to support feasibility study on initiative akin to One Key Question/Implicit Network. March of Dimes may be interested in supporting this effort. They are currently evaluating this opportunity.
- Funding to support pilot programs in enhanced prenatal care models.
- Funding and technical assistance to support racism-related initiatives
- Community and statewide leaders to serve as champions for racism-related initiatives
- Clinicians and other statewide leaders to serve as champions for preconception/interconception health initiatives
- Clinicians and other statewide leaders to serve as champions for enhanced prenatal care models

**Monitoring/Evaluation Approaches**

- Provide quarterly report outs

**Focus Area 1: Maternal, Infant, and Child Health**

**Goal 1: Optimize the health and well-being of women, infants, children and families, with a focus on disparate populations.**

**Area of Concentration Child Health and Well-being**

**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.**

**Dashboard Indicator: Dental Utilization for Children under the Age of Three in HUSKY Health**

| Strategies | Actions and Timeframes | Partners Responsible | Progress |
|---|---|---|---|
| **Increase dental care provided by pediatric primary care providers (PCPs) directly and through referral.** | Coordinate effort, strategize, monitor, create targets [quarterly meetings]<br>**Measure**: CTCOH PIOH-WG minutes, targets in 2016<br>**Timeframe**: late 2015 – 2019 | CT Coalition for Oral Health (CTCOH) Perinatal & Infant Oral Health Work Group (CTCOH PIOH-WG) | |
| **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.** | Bring in support from Connecticut State Medical Society (CSMS), Connecticut Academy of Family Physicians (CAFP), WIC, others<br>**Measure**: Continually maintained list of partners, # of new partners and # of potential partners<br>**Timeframe**: 2016 – 2019 | CTCOH members, Department of Public Health (DPH) | |
| | Outreach to Pediatric Primary Care Providers<br>**Measures**: # of providers receiving outreach<br>**Timeline**: 2016 – 2019 | CT Dental Health Partnership (CTDHP), American Academy of Pediatricians (AAP), CSMS, DPH, CTCOH PIOH-WG | |
| | Provide Access for Baby Care (ABC) Program Training<br>**Measure**: # of providers trained, # of providers registered<br>**Timeframe**: current – 2019 | From the First Tooth (FFT), Children's Health & Development Institute (CHDI) EPIC program | |
| | Pediatric PCP's include oral health in well-child visits<br>**Measure**: # of claims filed for D0145 & D01206<br>**Timeframe**: baseline, current – 2019 | Pediatric PCP's | |
| Advocate for funding for the Home by One program | Develop and examine potential funding opportunities.<br>**Measure**: List of funding opportunities<br>**Timeframe**: 2016 | DPH Office of Oral Health | |

**Resources Required (human, partnerships, financial, infrastructure or other)**

- Existing programs/partners: CTCOH, CTCOH-WG, CTDHP, AAP, FFT, CHDI
- DPH staff time to involve new partners (CSMS, CAFP, WIC, others) and pediatric PCP's
- New partners time
- New PCP involvement

**Monitoring/Evaluation Approaches**

- See measures above
- Annual Dashboard measurement, dental claims for HUSKY Health children under 3 years of age.

| Focus Area 1: Maternal, Infant, and Child Health | | | |
|---|---|---|---|
| **Goal 1: Optimize the health and well-being of women, infants, children and families, with a focus on disparate populations.** | | | |
| **Area of Concentration Child Health and Well-being** | | | |
| **SHIP Objective** | **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.** | | |
| **Dashboard Indicator: Percentage of parents in Connecticut who complete standardized developmental screening tools consistent with the American Academy of Pediatrics (AAP) guidelines (HCT 2020).** | | | |
| | | | |
| **Strategies** | **Actions and Timeframes** | **Partners Responsible** | **Progress** |
| **Engage in cross system planning and coordination of activities around developmental screening.**<br><br>**(Policy and public health coordination)** | Expand coordination of statewide efforts around developmental screening and the public relations message emphasizing the promotion of good health/development.<br>**Due: 11/1/15 Lead Partners: DPH, OEC, CDI, ECCS**<br><br>Promote awareness and use of Child Development Infoline (CDI).<br>**Due: 11/1/15 & Ongoing Lead Partners: OEC & CDI**<br><br>Modify, integrate and utilize materials from CDC "Learn the Signs. Act Early".<br>**Due: 1/1/16 Lead Partners: DPH, OEC, CDI & CT Act Early Team**<br><br>Distribute message through existing networks.<br>**Due: 1/1/16 Lead Partners: DPH, OEC, CDI, ECCS, CT Act Early Team & The MCH Coalition** | Dept. of Public Health (DPH), Office of Early Childhood (OEC), Infoline/Child Development Infoline (CDI), Birth to Three, Help Me Grow, Early Childhood Comprehensive Systems (ECCS) partners, CT Act Early Team, AAP, Child Health and Development Institute (CHDI), Project Launch, The MCH Coalition, primary care providers, health care professionals, schools of public health, allied health, nursing and medicine, family support organizations, faith-based organizations, early childcare providers, and others. | |

| Strategies | Actions and Timeframes | Partners Responsible | Progress |
|---|---|---|---|
| **Partner with statewide entities to develop and disseminate resources for clinical pediatric practices to improve screening rates and coordination of referrals and linkage to services within the state.**<br><br>**(Provider/practice level)** | Identity CT practices that have participated in Educating Practices in Communities (EPIC) Developmental Screening presentations by calendar year for past three years.<br>**Due: 12/1/15 Lead Partner: CHDI**<br><br>Increase the number of practices that participate in an EPIC presentation with enhanced CDI, LTS.AE information, and culturally sensitive parental education of developmental milestones and screening tools.<br>**Due: 09/01/16 Lead Partners: CHDI, DPH & CT Act Early Team**<br><br>Gather Medicaid Claims billing code data for developmental screening (96110 CPT) including number and percentage of usage at 9, 18, 24, and 30 month olds.<br>**Due: 2/1/16 Lead Partners: DSS & DPH**<br><br>Educate provider practice staff on when and how to bill appropriately for developmental screening through EPIC including Maintenance of Certification Part 4 performance improvement option.<br>**Due: 3/1/16 Lead Partners: CDHI, DSS, DPH & CT Act Early Team** | Dept. of Public Health, Office of Early Childhood, Department of Social Services (DSS), Infoline/Child Development Infoline, Birth to Three, Help Me Grow, Early Childhood Comprehensive Systems (ECCS) partners, CT Act Early Team, AAP, Child Health and Development Institute (CHDI), Project Launch, primary care providers, health care professionals, schools of public health, allied health, nursing and medicine, family support organizations, faith-based organizations, early childcare providers, and others. | |

| Strategies | Actions and Timeframes | Partners Responsible | Progress |
|---|---|---|---|
| **Conduct an education and awareness campaign for families and communities in the importance of developmental screening.**<br><br>**(Family and community supports)** | Expand the number of families that receive information on LTS.AE materials or access website.<br>**Due: 3/1/16 Lead Partners: OEC, CDI, ECCS DPH & CT Act Early Team**<br><br>Expand the number of families who complete Ages and Stages Questionnaires.<br>**Due: 6/1/16 Lead Partners: CDI & OEC**<br><br>Expand the number of early childhood education providers who are knowledgeable and talk with parents about developmental milestones.<br>**Due: 6/1/16 Lead Partners: ECCS & CT Act Early Team**<br><br>Expand the number of LTS.AE materials distributed statewide to families and community providers.<br>**Due: 3/1/16 Lead Partners:** OEC, CDI, ECCS, DPH & **CT Act Early Team**<br><br>Expand the number of individuals who report they have increased knowledge after a LTS.AE training.<br>**Due: 3/1/16 Lead Partners: DPH & CT Act Early Team** | Dept. of Public Health, Office of Early Childhood, Infoline/Child Development Infoline, Birth to Three, Help Me Grow, Early Childhood Comprehensive Systems (ECCS) partners, CT Act Early Team, AAP, Child Health and Development Institute (CHDI), Project Launch, primary care providers, health care professionals, schools of public health, allied health, nursing and medicine, family support organizations, faith-based organizations, early childcare providers, and others. | |

**Resources Required (human, partnerships, financial, infrastructure or other)**

- 

**Monitoring/Evaluation Approaches**

- Provide quarterly report outs

# Feedback/Discussion

# Framing Your Feedback

- Is there at least one policy, system, or environmental change included in the strategies?
- Is there opportunity for integration with other aspects of the SHIP?

*Environmental Health ACTION Team Co-Chair, Andrea Boissevain*

# Action Team Progress – Environmental Health

# 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-4** | Reduce the average number of days/year the Air Quality Index (AQI) exceeds 50. |
| **ENV-5** | Increase public awareness of the presence and risks of poor air quality days. |
| **ENV-6** | Increase the enforcement of minimum housing code standards through the collaboration of code enforcement agencies. |

Cross-Reference with CD-16 (asthma),)

| Focus Area 2: Environmental Risk Factors and Health | | | |
|---|---|---|---|
| **Goal 2: Enhance public health by decreasing environmental risk factors.** | | | |
| **Area of Concentration: Lead** | | | |
| **SHIP Objective ENV-1: Reduce to less than 3% 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).** | | | |
| **Dashboard Indicator:** | | | |
| | | | |
| **Strategies** | **Actions and Timeframes** | **Partners Responsible** | **Progress** |
| **Encourage local, state, and other federal agencies to facilitate data-sharing between health and housing agencies.** | Establish data sharing agreement between DPH WIC and L&HHP programs (December, 2016) | WIC, DPH Lead Program, contracts, legal | TBD; WIC staff need to contact DPH L&HHP to determine feasibility |
| | Enter into an agreement between state housing and DPH to provide data on a regular basis (March, 2016) | DOH, CHFA, HUD, DPH, local PHOs | Have an executed MOU by 3/1/2016 |
| | Promote collaboration between DPH, LHDs, PHAs and state housing agencies with regard to available data (December, 2016 ) | DOH, CHFA, local PHOs, CONN-NAHRO, DPH, LHD | Share data on a quarterly basis with listed partners |
| | DPH will provide high/moderate risk towns with cloud maps indicating lead poisoning concentration by neighborhood | DPH, LHDs | Produce and distribute maps |
| **Resources Required (human, partnerships, financial, infrastructure or other)**<br>• | | | |
| **Monitoring/Evaluation Approaches**<br>• Provide quarterly report outs | | | |

| SHIP Objective ENV-1: Reduce to less than 3% 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). | | | |
|---|---|---|---|
| **Strategies** | **Actions and Timeframes** | **Partners Responsible** | **Progress** |
| **Advance preventive lead-safe housing standards for rental and owner-occupied housing** | Educate property owners, residents and LHDs on statutes and regulations pertaining to lead-safe housing (Ongoing) | DPH, LHD, residents, property owners, DCJ | Attendance at meetings, activity reports from LHDs, presentations, etc. |
| | Support any legislative initiative to adopt International Property Maintenance Code (IPMC) (refer to Healthy Housing SHIP objective) | DSS, DOH, DCF, DPH, DAS, CCM | Testimony submitted |
| | Develop, offer and advertise lead-related training for rental property owners (January, 2017) | Training providers, rental property owners, property owner's association | To be determined by POA or private industry |
| | Create and issue DPH Directive regarding lead abatement order from LHD before a referral should be made to housing court (suggest 90 days) (Early 2016)<br><br>Conduct training for DoH on civil court filings. Training for LHDs on timely housing court referrals (what is needed, who to refer to, etc.) (Semi-Annual meeting topic) (January, 2017) | LHD, CADH, CEHA, DPH, DCJ, CAMA, CCM | Reduction in number of old cases (2 years or longer), Reduction in number of days to achieve compliance |
| | Examine existing foster care licensure regulations for any necessary update or improvement to ensure that no foster children are placed in homes with lead hazards (December, 2016) | DCF, DPH L&HHP | DCF staff to respond to DPH on next steps |

| Strategies | Actions and Timeframes | Partners Responsible | Progress |
|---|---|---|---|
| *continued*<br>**Advance preventive lead-safe housing standards for rental and owner-occupied housing** | Explore how to promote lead-safe housing through renter's insurance incentives and requirements (January, 2016)<br><br>Engage Property Owners Association through the General Assembly/Housing Committee to make uniform language protocol for insurance companies regarding verbiage; "no lead paint" versus "lead free", etc. (August, 2016) | DPH, Dept. of Insurance Property Owners Assoc., General Assembly, DPH, consultants, training providers, Legal | Language used by insurance companies is uniform and policy established |
| | Explore options to enforce 19a-111 regulations when property owners or LHDs do not respond adequately (April 2016) | DPH, LHA, DPH Legal, DPH Government Relations, DCJ | Written summary of findings |
| | Create and offer "Enforcing the Public Health Code" training series for DoH and provide them with necessary tools and resources (January, 2016) | CADH, DCJ, LHDs, DPH | Written policies and procedures for Directors of Health provided through DCJ, presentations and meetings |
| | Enforce lead disclosure notification requirements during occupant turnover, changes in residency, and tenant issues among CHFA property managers (December 2017) | CHFA, property managers | Notify property managers of disclosure requirements, document efforts, provide summary document of efforts at end of 2017 |
| **Resources Required (human, partnerships, financial, infrastructure or other)**<br>• | | | |
| **Monitoring/Evaluation Approaches**<br>• | | | |

| SHIP Objective ENV-1: Reduce to less than 3% 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). | | | |
|---|---|---|---|
| **Strategies** | **Actions and Timeframes** | **Partners Responsible** | **Progress** |
| **Identify financing for lead hazard remediation and lead abatement for residential properties statewide** | Review federal legislation and identify opportunities for funding lead abatement or lead hazard remediation (Ongoing) | DOH, CHFA | Availability of new funding source(s) |
| | CADH engages CDBG officers and ask them to allocate money for public health code compliance violations (December, 2016) | LHD, CDBG, DoH, CCM, COST, LHA | Number of health departments and districts that meet with CDBG officers and identify a source of funding (tracked by LHA?) |
| | CT Children's Medical Center Healthy Homes Program will continue to apply for DOH and HUD funding sources to be used for lead abatement/remediation and healthy homes interventions in high-risk communities in CT (July 2016) | DOH, CCMC – HHP | Successful submittal of application and funding provided (for communities) |
| **Resources Required (human, partnerships, financial, infrastructure or other)**<br>• | | | |
| **Monitoring/Evaluation Approaches**<br>• Provide quarterly report outs | | | |

| **SHIP Objective ENV-1: Reduce to less than 3% 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).** | | | |
|---|---|---|---|
| **Strategies** | **Actions and Timeframes** | **Partners Responsible** | **Progress** |
| **Educate families, service providers, advocates, and public officials on sources of lead in homes and other child-occupied facilities, so that lead hazards are eliminated before children are exposed.** | DPH WIC program will provide education to parents on reducing the risk of lead absorption (March, 2016) | WIC, DPH Lead Program, LHDs | Increased compliance with lead screening, reduced rates of lead poisoning in WIC enrollees |
| | The RLTCs will host educational meetings on lead poisoning and testing for pediatricians/ continue work of EPIC on larger scale (July, 2016) | LHDs, DPH, HUD grantees, EPIC, CT AAP, Regional Lead Treatment Centers | Date of meetings, Number of attendees, impact measures based on objectives |
| | DPH will increase frequencies of communication to licensed workforce (Ongoing) | DPH, training providers, private sector | Produce and share quarterly Lead Line |
| | LHDs will utilize lead poisoning prevention funds to educate property owner associations and landlords in their towns (July, 2016) | LHDs, DoH, DPH | Contractual measures |
| | Create an educational video with CT Network (CT-N) and other social media outlets for viewing (Air during NLAM) | CT-N, DPH, DOH | CT-N monitors number of views of video on website, Tweets, FB posts, etc. |
| | Provide each state legislator with a simple lead information resource that they can easily reference if constituents ask them lead-related questions (May, 2016) | DPH, Commission on Children | Develop and distribute lead information resource |
| | DOH to continue to provide *Protect Your Family From Lead* booklet and 1018 form to residents annually (Ongoing)<br><br>CHFA will develop and provide educational material to tenants and owners of pre-1978 properties in their portfolio known to have lead (December, 2015) | Tenants, parents, property owners DOH, HUD, CHFA, local PHAs | Require signature that property owners and parents receive and understand material<br>Reduce number of childhood lead poisonings in "assisted" units to zero |
| | | | zero |

| SHIP Objective ENV-1: Reduce to less than 3% 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). | | | |
|---|---|---|---|
| **Strategies** | **Actions and Timeframes** | **Partners Responsible** | **Progress** |
| **Encourage partners and agencies to provide families with the information needed to protect their children from potential lead hazards in homes.** | Train DCF Regions/investigators/staff on lead poisoning, defective paint, what to look for, what actions to take if observed by DCF<br><br>Partner with LHDs to strengthen system for issuing arrest warrants to property owners | DPH, DCF Training Academy<br>LHD, property owners | TBD by DCF |
| | Clearly articulate and document lead safe requirements established between OEC and DPH for licensing specialists (January, 2016) | OEC, DPH | Make part of OEC new employee training outline |
| | Promote RRP Rule and lead-safe work practices --Collaborate with local building officials to share permits issued on pre-1978 homes. LHD ensure the contractor is RRP certified; if they are not, f/u with contractor, owner and EPA (Ongoing) | LHD, EPA, building officials (local and state), DPH | Number of permits reviewed, number of agreements received by DPH from LHDs |
| | Approved Lead Training Providers who offer courses for inspectors, risk assessors and planner project designers incorporate “marketing management plan follow-up" with existing clients as part of the refresher training curriculum (December, 2015) | Trainers, DPH | Memorandum from DPH to all approved training providers |
| | Incorporate lead risk messaging into with DCF’s first contact with family (such as with safe sleep initiative) | DCF medical director, DPH, | TBD by DCF |
| | DSS will include information on preventing lead poisoning (including product recalls), and lead testing requirements on their member portal (online portal) that is accessed by clients, care coordinators/managers, and MDs (2016) | DSS, DPH | Posted on portal |

| SHIP Objective ENV-1: Reduce to less than 3% 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). | | | |
|---|---|---|---|
| **Strategies** | **Actions and Timeframes** | **Partners Responsible** | **Progress** |
| **Promote environmental assessments (inspections and risk assessments) to identify and mitigate lead hazards in homes before children demonstrate BLLs above the reference value.** | CHFA will follow-up and require and inspection and review of dwelling units with children under the age of 6 if unit has lead paint or presumed lead paint in it | DOH, CHFA, property owners, property manager | Provide inspection report to LHD, DOH, CHFA, owner/land lord |
| | Ensure that clinical care operators (day care specialists) are following up on licensed facilities known to have lead hazards or no lead inspection conducted in a timely manner (December, 2016) | OEC | Completed protocol |
| | LHDs investigate BLLs >5 and seek funding sources to eliminate lead hazards | LHDs, tenants, home owners, CADH | Number of units made lead safe |
| | OEC to send letters to LHDs and DPH L&HHP immediately upon receipt of EBLL | | |
| | Target lead risk assessments and lead hazard screening in neighborhoods with pre-1978 housing already demonstrating reportable EBLLs over a four year period--share risk maps with all LHDs, ask LHDs to proactively investigate, issue orders for lead abatement when lead hazards are found. (July 2016)<br><br>Incorporate targeted lead inspections in units with children under the age of six into lead poisoning prevention funding contracts (July 2016) | DPH, DoH, CADH, Code Enforcement Officials | Number of child-occupied units inspected and abated in 12-month period (units occupied by children under age of six and who have a venous blood lead level below 15ug/dL) |

| SHIP Objective ENV-1: Reduce to less than 3% 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). | | | |
|---|---|---|---|
| **Strategies** | **Actions and Timeframes** | **Partners Responsible** | **Progress** |
| **Develop prevention-based guidelines and document evidence-based practices to reduce environmental exposures from lead in soil, dust, paint, and water before children are exposed to those hazards.** | Share the SHIP Action Agenda with stakeholders and partners to engage them in reducing childhood lead poisoning rates statewide (December 2015, semi-annual meetings) | Key stakeholders | Meetings, minutes, revision of SHIP action agenda, progress |
| | Enhance enforcement and oversight of LHDs to ensure they are fulfilling their role under the public health code (Ongoing) | LHDs, OLHA, DPH | Complaint referrals to OLHA, surveillance system tracking data |
| | Establish MOU between DCF and DPH to detail process for notifying local officials of homes with outstanding lead-based paint orders (December, 2017) | DCF, DPH, LHD | MOU established |
| | Establish guidelines to provide/require a lead paint management plan every two years in homes with known intact lead-based paint. If lead hazards are detected expand the action to inspection and abatement/remediation in such units | CHFA, property owners, private industry consultants, local health departments, OEC | Submit report to DOH/CHFA/asset manager; TBD by CHFA |

| **SHIP Objective ENV-1: Reduce to less than 3% 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).** | | | |
|---|---|---|---|
| **Strategies** | **Actions and Timeframes** | **Partners Responsible** | **Progress** |
| **Partner with health care professionals to promote and improve compliance with the *Requirements and Guidelines for Childhood Lead Screening By Health Care Professionals in Connecticut* (April 2013), including ensuring that all children are tested at least annually before turning three years of age. This also includes recommending environmental assessments be conducted by licensed lead consultants in patients' pre-1978 homes.** | Through lead poisoning prevention funding LHDs will provide pediatricians with necessary information, contacts, and resources to educate families (July, 2016) | DPH, LHDs | Contractual measures |
| | The Regional Lead Treatment Centers shall educate pediatricians throughout CT on childhood lead poisoning protocols, billing practices and codes, and other relevant topics annually (July, 2016) | RLTCs, DPH, pediatricians, CT-AAP | Number of pediatricians visited or attended educational conference on lead |
| | Ensure resources pertaining to licensed lead practitioners are included in messaging to pediatricians so that when referrals are made, the peds are referring to the appropriate entity (July, 2016) | DPH, training providers, private sector, pediatricians | |
| | DSS will reach out to its network of medical care providers to ensure they are testing children two times (one time between before turning 2, and then again at 2-3 years old) | DSS, CHN providers, Medicaid | Increased number of children tested 2x before turning 3 years of age |

| SHIP Objective ENV-1: Reduce to less than 3% 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). | | | |
|---|---|---|---|
| **Strategies** | **Actions and Timeframes** | **Partners Responsible** | **Progress** |
| **Ensure lead data is shared in a timely manner.** | CHFA will distribute lead/housing data (TBD) to housing agency owners to discuss trends - have CHFA, DPH and DOH meet to discuss how lead and housing data can be combined and shared with partners (MOUs, content, and confidentiality) (December, 2017) | DPH, LHDs, Housing agencies | Final report is shared with partners |
| | The DOH will provide data and addresses on their voucher-based programs to DPH on a quarterly basis (September, 2015) | DOH, DPH | Share the data |
| | Identify current data collection available and organizations that are in need of lead data (and who/what is not currently receiving) (Deadline TBD) | DPH, DOH, DEEP, DESPP, LHD | |
| **Resources Required (human, partnerships, financial, infrastructure or other)**<br>• | | | |
| **Monitoring/Evaluation Approaches**<br>• | | | |

| Focus Area 1: Environmental Risk Factors and Health | | | |
|---|---|---|---|
| **Goal 1: Enhance public health by decreasing environmental risk factors.** | | | |
| **Area of Concentration: Outdoor Air Quality** | | | |
| **SHIP Objective ENV-5: Increase public awareness of the presence and risk of poor air quality days. (DEVELOPMENTAL)** | | | |
| **Dashboard Indicator:** | | | |
| | | | |
| **Strategies** | **Actions and Timeframes** | **Partners Responsible** | **Progress** |
| **Convene a meeting of primary stakeholders recruit responsible partners, subject matter experts and build a coalition.** | Organize and hold stakeholders meeting. Complete by 2/1/16. | CTDPH, CTDEEP, CADH, Local Health Departments (especially those who are lead agencies for each of the 7 Asthma regions), Asthma coalition | |
| **Provide public information and data to encourage sound decision making about outdoor activity on poor air quality days.** | Inventory and evaluate existing information/messaging and being shared with public. Complete by 12/1/15.<br><br>Organize a meeting with meteorologists to evaluate and discuss public messaging. Complete by 1/1/16.<br><br>Identify target audiences and create messaging to link CTDEEP's forecasted AQI data and associated adverse health effects. Complete by 3/1/16. | EPA, CTDEEP, CTDPH, CADH, Local Health Departments (especially those who are lead agencies for each of the 7 Asthma regions), Asthma coalition | |
| **Develop a comprehensive, standardized alert processes to alert the public, and specifically reach at-risk populations, in the event of poor air quality.** | Inventory how forecasted AQI data is disseminated and identify a baseline of number of direct contacts made. Complete by 11/1/15.<br><br>Identify target audiences and best tools to disseminated targeted messages. This effort should explore and identify the benefits and opportunities available through electronic and social media. Complete by 5/1/16. | CTDEEP, CTDPH (Communications, Asthma program), EPA and Regional Asthma leads (who will them share with their respective coalitions) | |

| Strategies | Actions and Timeframes | Partners Responsible | Progress |
|---|---|---|---|
| **Develop and implement a plan for education and outreach about poor air quality days for at-risk populations.** | Identify at-risk populations and representative organizations. Complete by 12/1/15.<br>Determine which media avenues are best to reach at-risk populations. Complete by 4/1/15.<br>Coordinate putting cross-jurisdictional messages out. Complete by 5/1/16.<br>Develop partnerships with media channels (e.g. connect with health correspondents of each of the major media outlets) to make it a collaborative effort. Complete by 1/1/16.<br>Launch pilot media campaign and evaluate effectiveness. Complete by 8/1/16. | Local Health Departments (especially those who take the lead for the 7 Asthma regions); health collaboratives that are working on CHA-CHIP activities (e.g. PCAG in Greater Bridgeport area); CTDEEP and CTDPH Work with health collaboratives (PCP groups, hospitals, FQHC, LHDs) | |
| **Encourage schools and to develop a list of at-risk children and design specific alternative indoor recess activities for those children on "bad air" days.** | Work with CTDPH and CASBHC to identify children with asthma (to help target outreach efforts) Complete by 2/1/15.<br>Work with school wellness committees to make decisions (evidence-based) to direct indoors. Complete by 8/1/16. | CTDPH, CASBHC, School Nurses-BOE/School Nurses-LHDs, Regional Asthma Coalitions | |
| **Establish baseline measurement of at-risk populations' level of awareness of forecasted poor air quality days.** | Develop pilot assessment of perceptions and awareness. Complete by 4/1/16.<br>Develop set of analytics to measure social media reach (likes, shares, hits, etc.) Complete by 1/1/16. | CTDEEP, CTDPH (Communications, Asthma program), EPA and Regional Asthma leads (who will them share with their respective coalitions) | |
| **Work with at-risk population care providers to develop appropriate responses to forecasted unhealthy air quality days. (day cares, day camps, nursing homes)** | Work with representative organizations of at-risk populations on the development and implementation appropriate responses to forecasted unhealthy air quality days for specific groups. Complete by 8/1/16. | CTDEEP, CTDPH (Communications, Asthma program), EPA and Regional Asthma leads (who will them share with their respective coalitions) | |
| **Resources Required (human, partnerships, financial, infrastructure or other)**<br>• Create partnerships with media outlets.<br>• Develop messaging to characterize adverse health effects associated with exercising/being out in bad AQI day, options, and resources to help/address problems. | | | |
| **Monitoring/Evaluation Approaches**<br>• Develop analytics to measure<br>• Provide quarterly report outs | | | |

| Focus Area 2: Environmental Risk Factors and Health | | | |
|---|---|---|---|
| **Goal 2: Enhance public health by decreasing environmental risk factors.** | | | |
| **Area of Concentration: Healthy Homes** | | | |
| **SHIP Objective ENV 6: Healthy Housing: Increase the enforcement of minimum housing code standards through the collaboration and support of code enforcement programs. (DEVELOPMENTAL)** | | | |
| **Dashboard Indicator: Data reporting of incidents of injury or preventable health risks in identified housing areas.** | | | |
| | | | |
| **Strategies** | **Actions and Timeframes** | **Partners Responsible** | **Progress** |
| **Adopt a statewide property maintenance code.** | • Convene a meeting of primary code enforcement agency and organization stakeholders in the adoption of a statewide property maintenance code.<br>• Due Date: September 15, 2015 | DCJ, DPH, DAS, DEEP, CAHCEO, CFMA, CBOA, DCP, DESPP, CEHA, CADH. | A draft PMC was created by an unofficial statewide workgroup based on the ICC 2009, and then updated to the 2012 ICC Property Maintenance Code, with consensus from a large group of stakeholders attending for adoption. |
| | • Propose adoption of a statewide maintenance code for CT to the Commissioners of DPH and DAS.<br>• Due Date: October 31, 2015 | DCJ, DPH, DAS, DOH, OPM. | The CGA Planning and Development Committee Task Force to Examine Procedural Problems in Addressing Blight at the Municipal Level (P.A. 13-132) proposed adoption of a Property Maintenance Code in CT in 2014. |

| Strategies | Actions and Timeframes | Partners Responsible | Progress |
|---|---|---|---|
| | • Establish a measurement of "sub-standard housing"; to include properties with code violations which caused or pose a serious risk of causing injury to any person's health or safety; which baseline may be used to highlight injury and illness preventative work needed in those identifiable properties, and the health equity that can be achieved through enhanced code enforcement in these areas, particularly through the adoption of a statewide property maintenance code, which would set a currently non-existent standard of minimum requirements for decent, safe and sanitary housing for all persons.<br>• Due Date: November 30, 2015<br>• Code regulation in effect by July 1, 2018. | DPH, DEEP, DESPP, DOH, DAS (including Office of Education and Data Management - OEDM), DSS. Resource partners further include federal agencies including HUD, EPA, DHHS. | A meeting was held on 8/17/15 of code enforcement officials and organizations to review the SHIP and the PMC objective in it. |
| | • Propose legislation to enable the adoption of a statewide property maintenance code.<br>• Due Date: Enabling legislation by end of session 2016; property maintenance code regulation passed by December 1, 2017; property maintenance | (TBD) Possible responsible partners include CGA , DPH, DAS - Office of the State Building Inspector, Office of the State Fire Marshal, DOH (Dept. of Housing), CT Division of Criminal Justice, DEEP and DESPP. | A meeting was held on 9/10/15 of representative code agencies and organizations resulting with full approval of Focus Area 2 Goal 2 SHIP objectives including support of PMC proposal. |

| Strategies | Actions and Timeframes | Partners Responsible | Progress |
|---|---|---|---|
| **Establish incentives for property owners to comply with CT's laws on health and safety cooperatively, such as tax breaks and directing federal, state, and local housing rehabilitation funding to those who comply.** | • Identify available funding sources for property owners to comply with CT's codes through a "cooperative compliance" model where injury to health is prevented through funded enhanced code enforcement activities.<br>• Due Date: November 2015 | CGA, OPM, DOH, DPH, DEEP- Energy Conservation Program, Public Utilities, CT Dept. of Insurance (for possible incentives for cooperative code compliance), CT Division of Criminal Justice, U.S. HUD CDBG Block Grants, U.S. DOJ (public safety funding), Public Utility Companies | Existing state and federal programs, private lending has been reported by DPH 12/30/14 A Report on Special Act No. 14-14: An Act Concerning the Location of Funding Sources for the Healthy Homes Initiative. |
| | • Coordinate area inspection programs in a cooperative compliance model, with code enforcement officials as "First Preventers", targeting preventable risks and health inequalities in unsafe and unsanitary housing.<br>• Due Date: February 29, 2016 | DCJ, DPH, DAS, DOH, DEEP, DESPP, CT Police Chiefs Assoc., CAHCEO, CEHA, CADH, CBOA, CFMA | |
| | • Increase funding sources for state and municipal health and safety code enforcement agencies as "First Preventers" as needed to adequately staff, comprehensively train and monitor code enforcement activities under a cooperative compliance model.<br>• Due Date: End of CGA 2016 Session | CGA, OPM, U.S. HUD CDBG Block Grants, U.S. DOJ | |
| | • Hold statewide educational conference on Enhanced Code Enforcement as CT's first prevention of risks of injury and illness for Mayors, First Selectpersons and municipal attorneys and others on housing enforcement<br>• Due Date: February 2016 | • DCJ, DPH, DAS, DOH, DEEP, DESPP, CT Police Chiefs Assoc., CAHCEO, CEHA, CADH, CBOA, CFMA | |
| | • Launch "First Preventer" campaign for code officials improving public health and safety through first prevention by cooperative compliance models of environmental housing enforcement<br>• Due Date: April 2016 | DCJ, DPH, DAS, DOH, DEEP, DESPP, CT Police Chiefs Assoc., CAHCEO, CEHA, CADH, CBOA, CFMA | |

| Strategies | Actions and Timeframes | Partners Responsible | Progress |
|---|---|---|---|
| **Develop media or other awareness campaigns to inform property owners and others of the importance of code, and the benefits of cooperative compliance** | • Launch geographically tailored public awareness campaigns stressing importance of establishing and maintaining healthy housing<br>• *Due Date*: April 2016 | DPH, DAS, OPM, CT DCJ, DEEP, DESPP – Fire & Explosion Unit, CT Association of Housing Code Enforcement Officials, CT Building Officials Association, CT Professional Fire Chiefs Association, , CT Directors of Health Association, CT Environmental Health Association, CT Fire Marshal's Association, CAZEO, CCM, CT Police Chiefs Association, Partnership for Stronger Communities, Local Initiatives Support Corporation LISC and other housing advocates | |

**Resources Required (human, partnerships, financial, infrastructure or other)**

- Require coordination with those Focus groups in the SHIP with statistical data on the cost of preventable illnesses and injuries arising from environmental health factors to support the importance of this objective.
- Require adequate funding to create level of preventative programming needed to make the health equity change needed in substandard housing.

**Monitoring/Evaluation Approaches**

- Evaluation of substandard housing baseline before and after enhanced enforcement programming through this objective and the strategies assigned to it. Monthly reports are recommended.

# Feedback/Discussion

# Framing Your Feedback

- Is there at least one policy, system, or environmental change included in the strategies?
- Is there opportunity for integration with other aspects of the SHIP?

*Health Systems ACTION Team Co-Chairs  Lisa Pellegrini and Anne Fountain*

# Health Systems Action Team Update

# Health Systems

| Proposed Objectives for 2016 Action Agenda (All Are Developmental Objectives) | |
|---|---|
| **HS-3** (combined HS-3, HS-8, and HS-11) | Increase the quality and performance of clinical and public health entities as measured by:<br>• Number of accredited PCMH that include dental<br>• Number of Connecticut Health and social service agencies that have adopted CLAS<br>• 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** (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:<br>• The total number of those employed in workforce categories<br>• Graduation rates of those with public health related or clinical degrees<br>• Racial/ethnic demographics of the workforce<br>• The number of continuing professional development certificate/CEU's for those in established public health and clinical careers.<br>• The number of clinical public health workforce employees by geographic area. |

Pat Baker

# Next Steps

# Next Meeting

- Next Advisory Council meetings
  - November 10th 1:30 pm - 3:30 pm @ DPH Lab
  - December 3rd 1:30 pm - 3:30 pm @ DPH Lab

# Thank You!

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