# Healthy Connecticut 2025 Data Committee Subcommittee Meeting

January, 2023

Virtual via ZOOM





### Welcome & Introductions

Name, Title, Organization



### **Volunteers for Data Subcommittees**

| Priority A   | Priority B  | Priority C   | Priority D   |
|--|---|--|--|
| Access to<br>Health Care   | Economic<br>Stability   | Healthy Food<br>and Housing  | Community Strength<br>& Resilience   |
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# Today's Agenda

| 9:30  | 15 | Welcome & Introductions  | HRiA |
|-------|----|--|------|
| 9:45  | 10 | Overview   | HRIA |
| 9:55  | 60 | <ul><li>SHIP Priority Area B Indicators</li><li>Key Questions</li><li>Selection Criteria</li><li>Handout</li></ul> | HRiA |
| 10:55 | 5  | Next Steps   | HRIA |
| 11:00 |    | Adjourn  |      |



## Why are we forming this Data Committee?

- We need to have reliable data indicators and data sources to monitor and track progress on the SHIP.
- The SHIP is oriented cross-sector and centered on social drivers of health, which makes data sourcing complex.
- In the previous SHIP, gathering health data for performance tracking was based on a traditional programmatic mindset. Social drivers of health are not tracked as consistently.

#### We are gathering you, the state-wide data experts, to address these issues.

U.S. Studies estimate that clinical care impacts only 20 percent of county-level variation in health outcomes, while **social determinants of health (SDOH) affect as much as 50 percent**. Within SDOH, socioeconomic factors such as poverty, employment, and education have the largest impact on health outcomes. Apr 1, 2022



### What we are hoping to accomplish today

#### • Purpose:

• Review and come to consensus on the top 2-3 indicators for each objective in our Priority Area.

#### Outcomes:

• Defined indicators for at least three of our five objectives.

#### • Process:

Group discussion



### Retrospective: Development of SHIP Indicators

Late 2021-2022: CT DPH preliminary discussions with the Health Equity Affinity

Group (HEA) of Office of Health Strategy (OHS).

April 2022: DPH sent out a survey, compiled the results, and facilitated a

discussion to develop a list of potential data indicators to share

with the SHIP Action Teams, which included aligning with

relevant HP2030 objectives where possible.

May-July 2022: The Action Teams reviewed these indicators, discussed,

identified questions, and offered their feedback.

January-March 2023: Refine and finalize SHIP indicators



### **Priority Area Goal Statements**

| Priority                          | Goal  |
|-----------------------------------|---|
| Access to Health Care             | Ensure all Connecticut residents have knowledge of, and equitable access to affordable, comprehensive, appropriate, quality health care   |
| Economic Stability                | Achieve equitable economic wellbeing, stability and security so all Connecticut residents have the opportunity to work here, and can afford to live, stay, and retire here.   |
| Healthy Food and Housing          | <ul> <li>Ensure that all Connecticut residents have equitable access to safe and affordable:</li> <li>nutritious and culturally appropriate food</li> <li>fair, stable, healthy housing</li> </ul>                      |
| Community Strength and Resilience | Ensure community strength, safety and resiliency by providing equitable and sustainable access to community resources to address the unique physical, social, and behavioral health needs of all Connecticut residents. |



### **Key Questions**

- 1. What are best data sources or evidence of the indicator that match to the objective?
  - If none: What is available that closely approximates intent of objective and strategies?
- 2. Does the objective need to be reworded to align with available data?
- 3. How should we address questions and resolve disagreements about indicators?



#### **Draft Indicator Selection Criteria**

| Indicator | Baseline | Target | Data Source |
|-----------|----------|--------|-------------|
|           |          |        |             |
|           |          |        |             |

- We're looking for QUALITY, not quantity .... 2-3 indicators to measure progress for each objective.
- Criteria for Consideration
  - Validated data source
  - Defined numerators/denominators from which a baseline(s) and feasible target(s) can be established
  - Covers as much of the objective as possible
  - Data updated at least every 2 years and/or within the timeline of the SHIP
  - Other?



### Next Steps

- Schedule another subcommittee meeting to complete remaining objectives (stay tuned for Doodle poll).
- Gather information as needed for indicators that have not been finalized.
- Review data for indicators that have been finalized and bring forward recommendations for baselines and targets.



### Data Committee Charge

- To develop the performance indicators and targets for the objectives in the Connecticut State Health Improvement Plan (SHIP).
- Develop Data Committee Structure and Finalize Charge.
- Meet monthly or as needed for the balance of the year to coordinate data presentations to demonstrate Priority Area SDOH impact on each SHIP health outcome priority.

Your participation as a statewide data expert ensures that the SHIP will include the most relevant, current, and appropriate data points and sources available and will facilitate cross-sector data sharing and analysis to improve health equity.



#### Focus: Root Cause of Health Inequities (Structural Racism and Inherent Bias)

|  | Priority Areas: Social Drivers of Health  |  |   |  |
|--|---|--|---|--|
| Key Impact/<br>Surveillance<br>Measures  | A. Access to Health Care  Primary care, health/mental health care   | B. Economic Stability Poverty, unemployment  | C. Healthy Food and Housing Housing quality/ accessibility, healthy food access   | D. Community Strength and Resilience Cohesion, safety, emergency response & preparedness   |
| <ul> <li>Obesity</li> <li>Suicide</li> <li>Drug Overdose Deaths</li> <li>Sexual Violence</li> <li>Domestic Violence</li> <li>Percent Insured</li> <li>ER Visits</li> </ul> | Increase points of access  Clinical best practices and standards  Community preventive health best practices and standards  Health education framework across the lifespan  Diversity of care providers and services  Reduce health care cost to income ratio | Living expenses to income ratio  Capital investment in communities  Employer investment in retention and wellness  Equitable, affordable education on career and finance  Equitable and sustainable employment opportunities across all demographics | Increase affordable and sustainable housing  Statewide property maintenance code  Increase owner-occupied housing  Utilization of food & housing assistance programs  Increase access points to healthy and nutritious food | Access to critical and essential emergency resources  Trauma informed aid to the public  Access to technology & internet  Access to state and community information  Resident community connectedness  Environmental and social justice through meaningful community engagement. |

Cross-Cutting Themes Addressed by PSE & PP Strategies: Transportation & Education

#### Access to Health Care

**Goal A:** Ensure all Connecticut residents have knowledge of, and equitable access to affordable, comprehensive, appropriate, quality health care.

- **A1:** Increase the number of traditional and alternative (community- and technology-based) places people can access health care by 2025.
- A2: Increase adoption of accepted best practices and standards of care among clinical health care providers by 2025.
- A3: Increase adoption of accepted best practices and standards of care among community health preventive care providers by 2025.
- **A4:** Develop a comprehensive, across-the-lifespan, statewide health education framework by 2025.
- **A5:** Increase the availability and diversity of primary care providers, community partners, and care management services by 2025, while respecting patients' rights to privacy and choice.
- **A6:** Decrease the number of CT residents who are at risk of spending more than 10% of their income on health care services and coverage by 2025.



### **Economic Stability**

**Goal B:** Achieve equitable economic wellbeing, stability and security so all Connecticut residents have the opportunity to work here, and can afford to live, stay, and retire here.

- **B1:** Increase the percentage of all CT residents who can meet their living expenses and have the ability to contribute at least 10% of their earnings towards savings by 2025.
- **B2:** Increase the amount of capital investment in communities and local businesses to support workforce development, community development, and entrepreneurship by 2025.
- **B3:** Increase the number of employers who invest in employee retention and wellness programs/policies that support the continuity of their work by 2025.
- **B4:** Increase the number of opportunities for children, young adults, adults, and retirees/older adults for equitable, affordable education on career development and personal finance by 2025.
- **B5:** Increase the number of employers across sectors that offer equitable and sustainable employment opportunities for all levels and demographics by 2025.



### Healthy Food and Housing

# **Goal C:** Ensure that all Connecticut residents have equitable access to safe and affordable:

- nutritious and culturally appropriate food
- fair, stable, healthy housing

- C1: Increase the utilization of available housing and food programs by eligible residents by 2025.
- **C2:** Increase the number of access points where people can obtain affordable, healthy and nutritious food by 2025.
- C3: Decrease the number of persons experiencing or at risk of homelessness and increase opportunities to obtain affordable and sustainable housing by 2025.
- **C4:** Adopt and begin to implement a Connecticut property maintenance code that includes a statewide definition for safe and quality housing by 2025.
- C5: Increase the percentage of owner-occupied housing in CT by 2025.



### Community Strength & Resilience

**Goal D:** Ensure community strength, safety and resiliency by providing equitable and sustainable access to community resources to address the unique physical, social, and behavioral health needs of all Connecticut residents.

- **D1:** Increase the number of community members who have the critical, essential resources to meet emergencies by 2025.
- **D2:** Increase the capacity of 1st responders, public health departments, and municipal service and community-based providers to deliver barrier-free, timely, trauma informed, and transparent aid to the public by 2025.
- **D3:** Increase the number of residents who have access to safe, affordable, and accessible technology, including internet-based public health and emergency information, by 2025.
- **D4:** Align existing multi-sector communication networks to provide a central point for accessing information statewide by 2025.
- **D5:** Increase the number of safe methods, spaces, and places for connecting residents to community life to measurably strengthen social capital by 2025.
- **D6:** Increase the number of policies and systems that address environmental and social justice, health disparities, and community safety as a result of meaningful community engagement by 2025.



HCT2025 Y1/Y2 Implementation **TODAY** 2022 2023 Jul Feb Jul Dec Jun Aug Sep Oct Nov Jan Mar Apr May Jun Aug Sep Oct Nov **Advisory Council** Approve AC **Indicators** Develop Structure Meet monthly to coordinate data presentations to demonstrate Priority Data Committee with AT's, Present to AC and Finalize Charge Area SDOH impact on each SHIP health outcome priority **Action Teams** Phase 1: SHIP Indicator Review Phase 2: Phase 3: Subcommittee/Full AT Work to Execute Action Steps in Y1/Y2 Action Plan Data Gathering (frequency & approach varies by Action Team) & Outreach Update & Engage Advisory Council Quarterly Identify Policy Agenda Concepts **Y3** Action Planning Indicators Y2 Report Y1 Report Progress/ Progress Successes CONNECTICUT



# Thank you for your wisdom and participation!

