

### Cover Sheet for Example Documentation

Please complete the following form and submit along with your documentation. If you have any questions, please email us at [accreditation@astho.org](mailto:accreditation@astho.org).

The following documentation has been submitted to ASTHO for the Accreditation Library as a potential example of Health Department documentation that might meet the **PHAB Domain 7 Standard 1 Measure 1**.

This document is not intended to be a template, but is a reference as state health agencies develop and select accreditation documentation specific to the health department's activities.

**Please note that the inclusion of documentation in this library does not indicate official approval or acceptance by PHAB.**

<b>Document Title:</b>	Health Systems Workgroup Meeting Notes						
<b>Document Date:</b>	2015						
Version of Standards and Measures Used: 1.5							
Related PHAB Standard and Measure Number							
Domain:	7	Standard:	1	Measure:	1	Required Documentation:	2
Short description of how this document meets the Standard and Measure's requirements:							
This is an example of how CT DPH shared data on the availability of health services to the Health Systems Action Team in August 2015 for the purposes of sharing and discussing data related to health systems and services and to develop the SHIP.							
<b>Submitting Agency:</b>	Connecticut Department of Public Health						
<b>Staff Contact Name:</b>	Melissa Touma						
<b>Staff Contact Position:</b>	Accreditation Coordinator						
<b>Staff Contact Email:</b>	<a href="mailto:Melissa.touma@ct.gov">Melissa.touma@ct.gov</a>						
<b>Staff Contact Phone:</b>	860 509 7179						

[Type here]



**Healthy Connecticut 2020**  
**State Health Improvement Plan**

**Health Systems ACTION Team Meeting AGENDA & NOTES**

**Date:** August 25, 2015

**Time:** 1:00-3:00 pm

**Location or Conference Call Number:** CT Hospital Association

**Conference Call Access Code:** 877-916-8051; passcode: 5399866

**Attendees** (Please list all who participated): Anne Fountain, Stamford Health and Social Services Department (Co-Chair); Lisa Pellegrini, Town of Somers, CT Conference of Municipalities; Carolyn Wysocki, CABOH, Pat Checko, Public Health Consultant; Steve Lazarus, DPH Office of Health Care Access, Lynne Ide, Universal Health Foundation,; Jesse White-Frese, CT Association of School Based Health Centers;; Kathy Yacavone, Southwest Community Health Center, Augusta Mueller, Yale New Have Health; Tracy Wodatch, CT Association of Home Care; Vicki Veltri, Office of the Health Advocate; Marc Camardo, CT DPH; Marijane Mitchell, CT DPH; John Quinlavin, St. Francis Care, Delores Williams, Sickle Cell Association, Laura Knapp, CT Children’s Medical Center, Tracy Wodatch, CT Association for Health Care at Home., Heather Cappabianca, Office of Rural Health, Kristin Sullivan, CT DPH, Maureen Good, CT DPH.

**Meeting Goal:** To identify and discuss data available that support objectives under Health Systems in order to assist with completing Step 1 in developing the Action Agenda.

Agenda Items	Time	Discussion	ACTION Items and person responsible
<b>Welcome and Introductions</b>	15	Participants on the phone and around the table introduced themselves	Co-Lead Conveners
<b>Step 1</b> <b>Identification of 2016 Action Objectives</b> <ul style="list-style-type: none"> <li>• <b>Discuss Objectives (homework)</b></li> <li>• <b>Incorporate Data Review</b> <ul style="list-style-type: none"> <li>○ HS-1: Kristin Sullivan</li> <li>○ HS-8: Marijane Mitchell</li> <li>○ HS-11: Kristin Sullivan</li> <li>○ HS-12: Steve Lazarus/Kristin Sullivan</li> <li>○ HS-13: Marc Camardo</li> </ul> </li> </ul>	90	<p>Data is available and was reviewed using the dashboard for 3 of the 17 Health Systems objectives is available (HS-1 health insurance coverage; HS-11 public health accreditation, HS-12 community health assessments, and HS-8 adoption of CLAS standards). Additionally, data is available that contributes to HS-13 professional workforce shortages; and HS-9 health information technology (although not covered).</p> <p>Member comments included that workforce issues are important to address; data on public health entities needs to be considered in the data as appropriate (e.g., workforce); health care access issues in eastern CT is the most pressing issue for</p>	All

		<p>this group; the group coordinated closely with the SIM initiative. Chairs and DPH reiterated the focus and charged discussed for Health Systems with both the executive and advisory council - on the public health's role in Health Systems or high impactful areas that get at root causes/social determinants of health and health equity such as advancing work and coordination of community needs assessments, and/or adoption of CLAS standards and training for example. This work has synergies with and is foundational to the work of SIM.</p>	
<p><b>Next Steps</b></p>	<p>15</p>	<ul style="list-style-type: none"> <li>• Evaluate Meeting-members indicated that an overview of the task at the beginning of the meeting would be helpful for new members as well as materials to review prior to the meeting.</li> <li>• Review Next Steps – Team will complete Step 1 of building the Action Agenda by discussing objectives and eliminating those that do not pass specified criteria (e.g, data source and evidence base).</li> <li>• Next Meeting Date/Time – a doodle poll will be sent out and 2 dates in September will be selected based on majority attendance.</li> </ul>	<p>Co-Lead Conveners</p>



# DEPARTMENT OF PUBLIC HEALTH

Select Language | ▼

Translation Disclaimer

Home

About Us

Publications

Forms

Contact Us

Raul Pino, M.D., M.P.H.  
Acting Commissioner

## Healthy Connecticut

[Printable Version](#)

### Healthy Connecticut 2020 Performance Dashboard

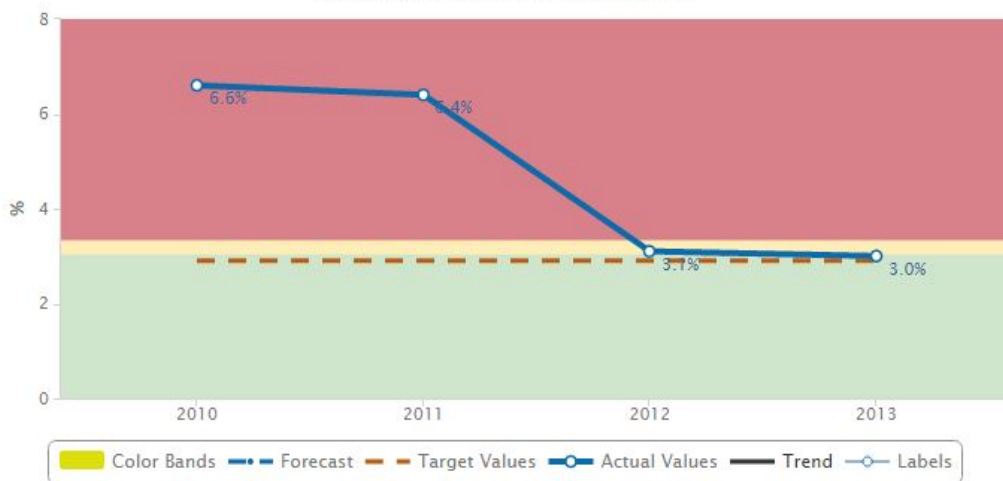
- Services & Programs
- Regulation & Licensure
- Vital Records
- News Room
- Topics A - Z
- Statistics & Research

Just as a car's dashboard provides the driver with a quick view of how the car is functioning, the **Healthy Connecticut 2020 Performance Dashboard** displays in a simple visual format, how the residents of Connecticut are faring in health improvement target areas such as heart disease, obesity, obtaining vaccinations, exposure to environmental risks, and many more as identified in [Healthy Connecticut 2020 State Health Improvement Plan](#).



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). (HCT2020)

Data Source: CT DPH, Lead Surveillance System



The Performance Dashboard is built on the concepts of *Results Based Accountability*<sup>™</sup> and specifically displays:

- **Population Indicators** (e.g., prevalence of lead poisoning in children under 6 years of age) identify the health status of Connecticut residents for which DPH, other state and local agencies, and community partners all share responsibility.
- **Performance Measures** (e.g., percent of children under 3 years of age tested for lead) tell us whether DPH interventions that affect population indicators (e.g., prevalence of lead poisoning in children), are achieving objectives, and if our agency's actions are helping to improve health.
- **Strategies** -are those that DPH and its partners are using to improve health to meet targets for improvement.
- **Current Year Priority Strategies and Actions** – are detailed for those strategies that were selected by the SHIP Action Teams to receive attention in the current year and were more fully developed in the form of Action Agendas. These are linked to selected priority strategies throughout the dashboard – in the strategy section.

The Dashboard currently displays data and information on a subset of population indicators from [Healthy Connecticut 2020](#). Ongoing data development and phased-in implementation will continue throughout the year. Links to the Dashboard for each health improvement area and to relevant sections of the Plan are given in the



table below.

**\*Please use Google Chrome or Firefox to best view the Healthy CT 2020 Dashboard.**

Healthy Connecticut 2020 Focus Area and Areas of Concentration	Performance Dashboard
<b>1. Maternal, Infant, &amp; Child Health</b> ( <a href="#">PDF</a> )	
Reproductive and Sexual Health	<a href="#">Dashboard</a>
Preconception and Pregnancy Care	<a href="#">Dashboard</a>
Birth Outcomes	<a href="#">Dashboard</a>
Child Health and Well-being	<a href="#">Dashboard</a>
<b>2. Environmental Risk Factors &amp; Health</b> ( <a href="#">PDF</a> )	
Lead	<a href="#">Dashboard</a>
Drinking Water Quality	<a href="#">Dashboard</a>
Outdoor Air Quality	<a href="#">Dashboard</a>
Healthy Homes	<a href="#">Dashboard</a>
Healthy Communities	<a href="#">Dashboard</a>
<b>3. Chronic Disease Prevention &amp; Control</b> ( <a href="#">PDF</a> )	
Heart Disease	<a href="#">Dashboard</a>
Stroke	<a href="#">Dashboard</a>
Diabetes & Chronic Kidney Disease	<a href="#">Dashboard</a>
Asthma & Chronic Respiratory Disease	<a href="#">Dashboard</a>
Oral Health	<a href="#">Dashboard</a>
Obesity	<a href="#">Dashboard</a>
Tobacco	<a href="#">Dashboard</a>
<b>4. Infectious Disease Prevention &amp; Control</b> ( <a href="#">PDF</a> )	
Vaccine-preventable Diseases	<a href="#">Dashboard</a>
Sexually Transmitted Diseases	<a href="#">Dashboard</a>
HIV Infection	<a href="#">Dashboard</a>
Tuberculosis	<a href="#">Dashboard</a>
Hepatitis C	Dashboard
Foodborne Illness & Infections	<a href="#">Dashboard</a>
Healthcare Associated Infections	<a href="#">Dashboard</a>
<b>5. Injury and Violence Prevention</b> ( <a href="#">PDF</a> )	
Falls	<a href="#">Dashboard</a>
Motor Vehicle & Motorcycle Accidents	<a href="#">Dashboard</a>
Suicide & Self-inflicted Injury	<a href="#">Dashboard</a>
Traumatic Brain Injury	<a href="#">Dashboard</a>
Sports Injuries	<a href="#">Dashboard</a>
Occupational Injuries	<a href="#">Dashboard</a>
<b>6. Mental Health, Alcohol, &amp; Substance Abuse</b> ( <a href="#">PDF</a> )	
Mental Health & Mental Disorders	<a href="#">Dashboard</a>
Alcohol Abuse	Dashboard
Substance Abuse	Dashboard
Exposure to Trauma	Dashboard

**7. Health Systems (PDE)**

<b>Access to Health Services</b>	<a href="#">Dashboard</a>
Quality Care & Patient Safety	<a href="#">Dashboard</a>
Health Literacy, Cultural Competency, and Language Services	<a href="#">Dashboard</a>
Electronic Health Records	<a href="#">Dashboard</a>
Public Health Infrastructure	<a href="#">Dashboard</a>
<b>Primary Care &amp; Public Health Workforce</b>	<a href="#">Dashboard</a>
Emergency Preparedness & Response	Dashboard

---

Content Last Modified on 1/20/2016 12:16:06 PM

[Printable Version](#)

**410 Capitol Avenue, PO Box 340308, Hartford, CT 06134 / Phone: 860-509-8000**

[Home](#) | [CT.gov Home](#) | [Send Feedback](#) | [Login](#) | [Register](#)  
State of Connecticut [Disclaimer](#), [Privacy Policy](#), and [Web Site Accessibility Policy](#). Copyright © 2002-2015 State of Connecticut.





# DEPARTMENT OF PUBLIC HEALTH

Select Language | ▼

Translation Disclaimer

Home

About Us

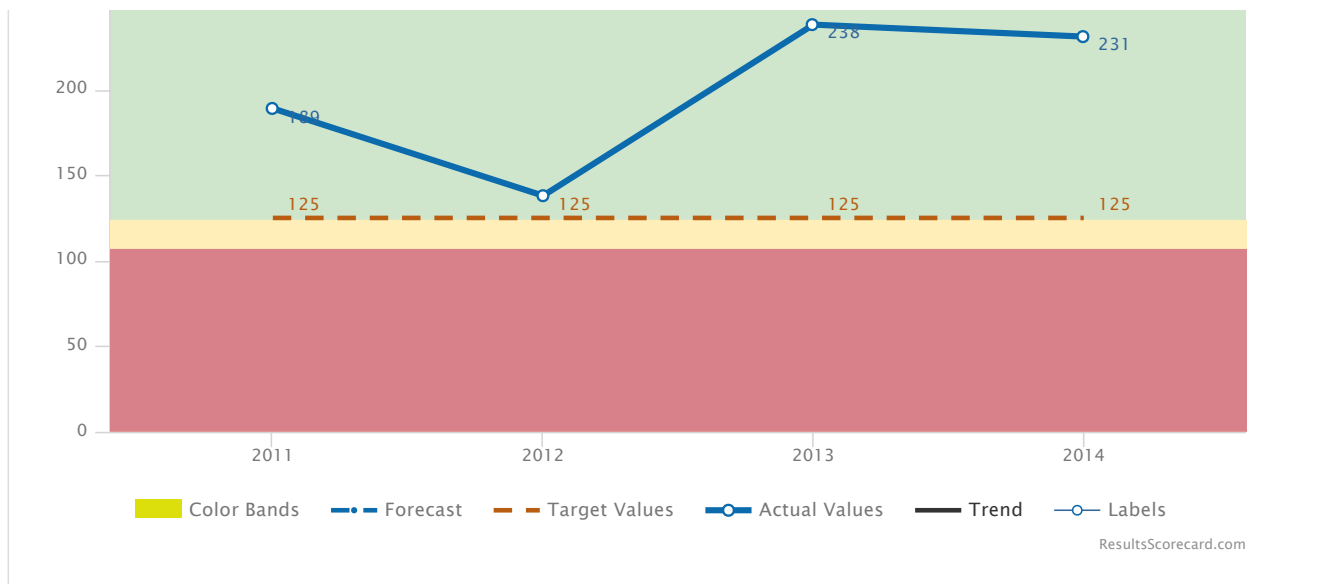
Publications

Forms

Contact Us

[Printable Version](#)

## HEALTH SYSTEMS Primary Care and Public Health Workforce



### Story Behind the Curve

A Health Professional Shortage Area (HPSA) designation is assigned by the federal government to allocate resources to meet local needs for certain health care providers and can be used by health care facilities to establish a need for additional health care professionals. This need is evaluated based on a complex set of statistical criteria as well as both population demographics and geographic factors. The process is administered by the Health Resources and Services Administration's (HRSA) Shortage Designation Branch. A HPSA is designated as having a critical shortage of either primary care, dental or mental health providers. Each type of HPSA is further classified as being a specific geographic area, a specific population group, or in some cases, a specific facility.

Since 2010, the Primary Care Office (PCO) worked to expand the areas covered by Primary Care, Mental/Behavioral Health, and Dental Care HPSAs. The increase in areas covered by a HPSA has resulted in an increase of Obligated Health Professionals (OHPs) working in a HPSA and more physicians receiving bonuses through the Federal Centers for Medicaid and Medicare Services (CMS) for accepting Medicaid patients. The Shortage Designation Process is in alignment with the PCO's commitment to work toward increasing primary healthcare access and services, and to



# DEPARTMENT OF PUBLIC HEALTH

Select Language | ▼

Translation Disclaimer

Home

About Us

Publications

Forms

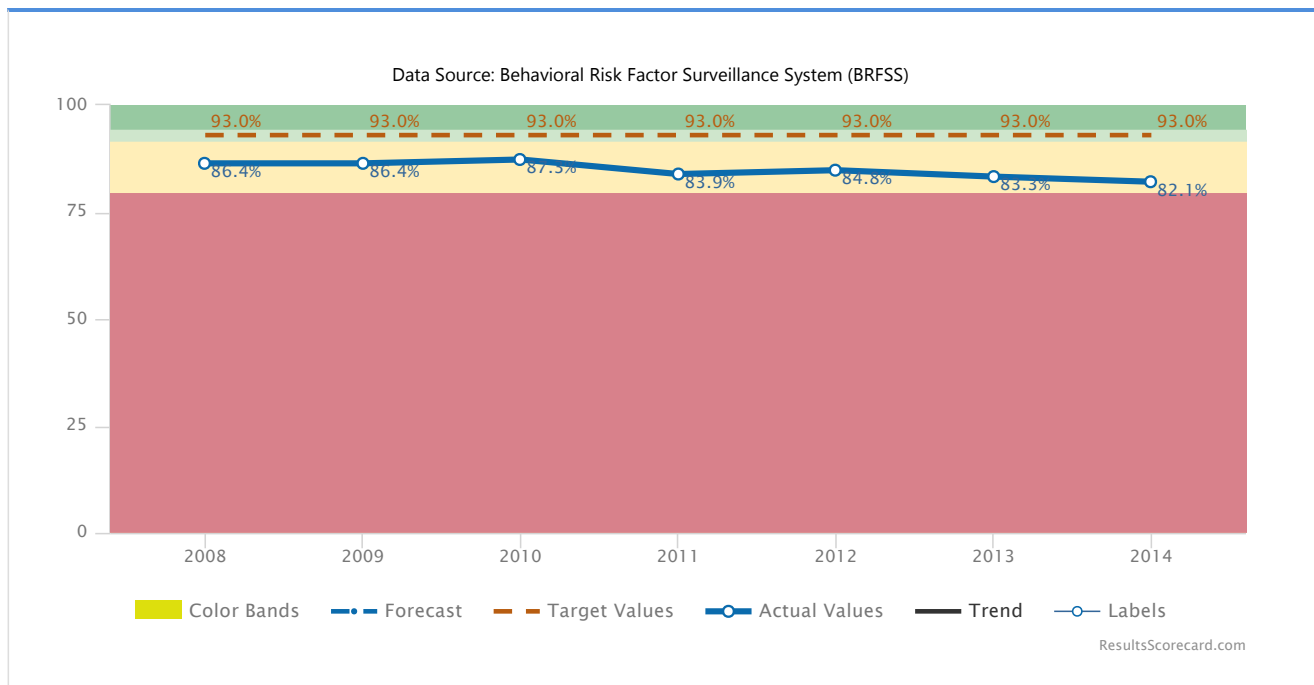
Contact Us

[Printable Version](#)

## HEALTH SYSTEMS Access to Health Services

# Percent of adults (18+y) who have a regular source of care (age-adjusted).

82.1% 2014



### Story Behind the Curve

The rates are single-year estimates and are age-adjusted to the US 2000 population. Percentages are age-adjusted to eliminate differences in crude rates that result from differences in the populations' age distributions from year to year.

Note: New BRFSS weighting and survey methodologies began in 2011 and include data collected from cellular telephones. These rates are not comparable to rates from 2010 and earlier.





# DEPARTMENT OF PUBLIC HEALTH

Select Language | ▼

Translation Disclaimer

Home

About Us

Publications

Forms

Contact Us

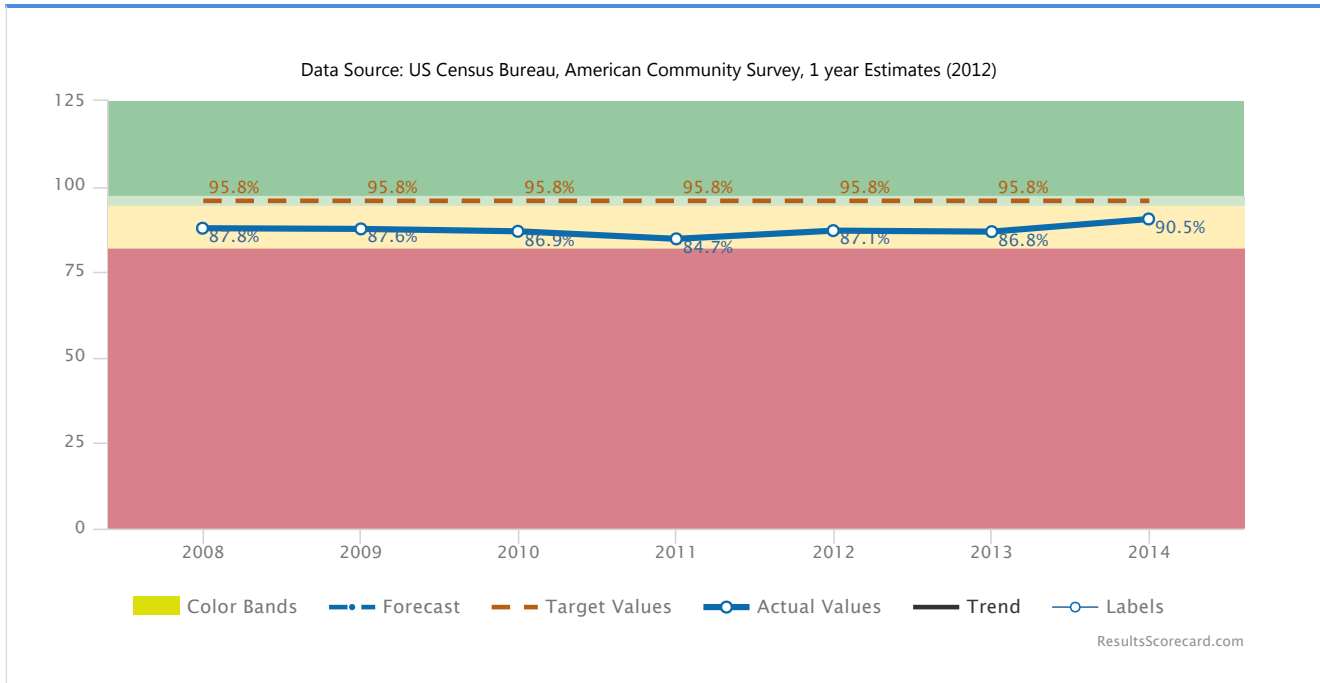
[Printable Version](#)

## HEALTH SYSTEMS Access to Health Services

# Percent of adults (18-64y) who have health care coverage through either public or private sector (HCT2020)

90.5%

2014



### Story Behind the Curve

Various sources of data exist that estimate the number and percent of adults with health insurance coverage. Estimates vary based on characteristics such as sample size and variability. Generally, adults are least likely to have health insurance, in part because their age excludes them from certain government health care programs. In Connecticut, the percent of adults (18-64y) with health



# DEPARTMENT OF PUBLIC HEALTH

Select Language | ▼

Translation Disclaimer

Home

About Us

Publications

Forms

Contact Us

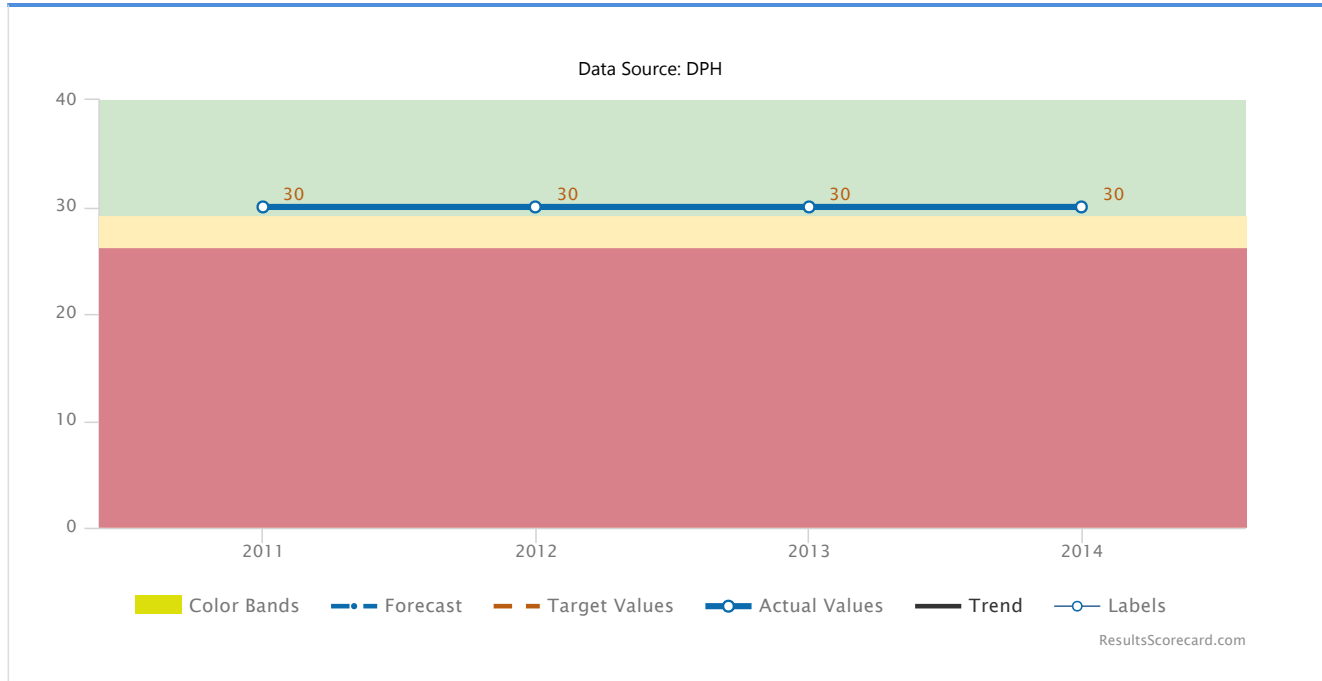
[Printable Version](#)

## HEALTH SYSTEMS

### Primary Care and Public Health Workforce

# Number of Obligated Critical Health Care Professionals through J-1 Visa Program

30 2014



### Story Behind the Curve

The goal of the J-1 Physician Visa Waiver program is to increase the number of physicians available to work in CT's Health Professional Shortage Areas (HPSAs). The objective of the J-1 Visa Program is to assure access to primary care by persons or population groups living in HPSA's and recruit and retain physicians (MDs/DOs) within designated shortage areas of the State who are specifically engaged in providing service to the underserved residents of their area. Connecticut sponsors up to thirty (30) waivers per federal fiscal year (October 1 through September 30). Connecticut has consistently filled all thirty (30) spots since 2012.



# DEPARTMENT OF PUBLIC HEALTH

Select Language

Translation Disclaimer

Home

About Us

Publications

Forms

Contact Us

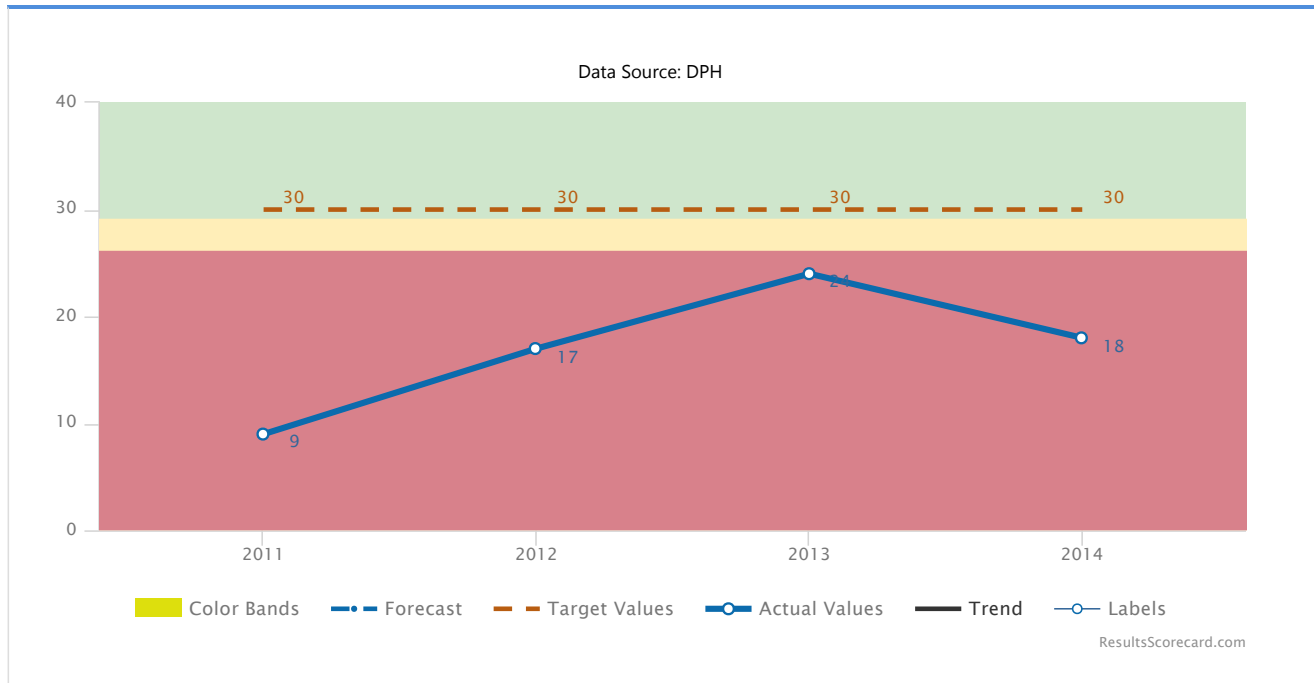
[Printable Version](#)

## HEALTH SYSTEMS

### Primary Care and Public Health Workforce

# Number of Obligated Critical Health Care Professionals through the National Interest Waiver program.

18 2014



### Story Behind the Curve

The goal of the National Interest Waiver program is to increase the number of physicians available to work in CT's Health Professional Shortage Areas (HPSAs). The program is considered a tool in the recruitment of physicians (MDs/DOs). The objective of the National Interest Waiver Program is to assure access to health care by persons or population groups living in HPSA's and recruit and retain physicians within designated shortage areas of the State who are specifically engaged in providing direct patient care to the underserved residents of their area.