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HCT2020 Year 3: 2018 Action Agenda Chronic Disease Prevention and Control

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Commented [DB1]: All names need to be updated



Focus Area 3: Chronic Disease Prevention and Control				
Goal 3: Reduce the prevalence and burden of chronic disease through sustainable, evidence-based efforts at risk reduction and early intervention.				
Area of Concentration: Asthma and Chronic Respiratory Disease				
SHIP Objective CD-16: Decrease by 5% the rate of Emergency Department visits among all Connecticut residents for which asthma was the primary diagnosis.				
Dashboard Indicator: Rate of Emergency Department visits among all Connecticut residents for which asthma was the primary diagnosis.				
Strategies	Actions and Timeframes	Partners Responsible	Progress	
Promote wider utilization of asthma action plans (AAP) for children, building on existing statewide initiatives to <ol style="list-style-type: none"> 1) increase AAP use in homes, schools and medical practices and 2) Identify and promote appropriate policy and systems changes to accelerate adoption and use. Evidence-Based Sources: <ul style="list-style-type: none"> • Pediatric Asthma Education in Primary Care (2011): http://respiratory-care-sleep-medicine.advanceweb.com/Features/Articles/Pediatric-Asthma-Education-in-Primary-Care.aspx • Children with Asthma: https://www.cdc.gov/asthma/interventions/children_medicalclinics.htm 	<ul style="list-style-type: none"> • Include Putting on AIRS program and referral information in SHIP update to the CT Chapter of the American Academy of Pediatrics Timeline: by June 2018 	DPH – Public Health Systems Improvement		
		<ul style="list-style-type: none"> • SIM Prevention Services Initiative will provide technical assistance to community based asthma home visiting providers and SIM-participating healthcare systems to establish contractual linkages so that home visiting services can be sustained financially and referral coordination of services can be enhanced. Timeline: ?? 	SIM – Prevention Services Initiative Community based asthma home visiting providers SIM-participating healthcare systems	
		<ul style="list-style-type: none"> • Pilot Project Design of CT Green & Healthy Home Initiative to provide an integrated approach to health safety, and energy efficiency of CT homes through a multi-agency, multi-sector initiative. The initiative will be tracking Asthma indicators and home visiting programs will be included as part of a holistic approach. Timeline: June 2018 	CT Green Bank Green & Healthy Homes Initiative DPH, DSS, DEEP, DOA, DOH, OEC, DCF, OCSA	
Resources Required (human, partnerships, financial, infrastructure or other) <ul style="list-style-type: none"> • Facilities for education, electronic/website communication capability, funding for materials/possible honoraria. 				
Monitoring/Evaluation Approaches <ul style="list-style-type: none"> • Provide quarterly reports including ED visit rate, number of clinicians/practices trained, number of participants attending education programs, education program evaluations, feedback/assessment results from clinicians/practices. 				



Focus Area 3: Chronic Disease Prevention and Control			
Goal 3: Reduce the prevalence and burden of chronic disease through sustainable, evidence-based efforts at risk reduction and early intervention.			
Area of Concentration: Oral Health			
SHIP Objective CD-22: Reduce to 35% the proportion of children in third grade who have dental decay.			
Dashboard Indicator: Proportion of Connecticut children in third grade who have dental decay			
Strategies	Actions and Timeframes	Partners Responsible	Progress
Strategy 1: To enhance the use of dental sealants in school-based programs and promote the effectiveness and efficiency of dental sealants to prevent decay, though education, awareness with culturally and linguistically appropriate campaigns. Evidence-Based Sources: <ul style="list-style-type: none"> • Guide to Children’s Dental Care in Medicaid (2004) https://www.medicaid.gov/medicaid/benefits/downloads/child-dental-guide.pdf • Reducing Early Childhood Tooth Decay: Approaches in Medicaid (2015) https://www.medicaid.gov/medicaid/benefits/downloads/learninglabslides12.pdf • Policy on the Dental Home (2015/2016) http://www.aapd.org/media/Policies_Guidelines/P_DentalHome.pdf • Oral Health Risk Assessment Timing and Establishment of the Dental Home (2003) http://pediatrics.aappublications.org/content/111/5/1113.full?sid=6b9305f1-1af2-4fba-8617-e452ff57afcc 	1. Host conference for School Based Health Center Dental Hygienists and Dentists to assess issue of “opt-in” form signage by parents. DUE: July 2018	COHI; School-based Dental Hygienist; DPH Office of Oral Health; CT Association of School-based Health Centers	
	2. Develop materials to increase parent awareness and understanding of the importance of dental sealants as preventive. DUE: December 2018 (Distribute in 2019)	CT Society of Pediatric Dentists; CT Dental Partnership	
	3. Develop policy statement for use and insurance coverage of dental sealants. DUE: December 2018	COHI; School-based Dental Hygienist; DPH Office of Oral Health; CT Association of School-based Health Centers	
Strategy 2: To enhance the acceptance and use of fluoride varnish for decay prevention in school-based programs, primary care practices and community access points and promote the effectiveness and efficiency of	1. Statewide policy to include use and insurance coverage of oral health assessments and fluoride varnish during child wellness visit DUE: December 2018	COHI; CT Society of Pediatric Dentists; CT Dental Health Partnership	



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<p>fluoride varnish to prevent decay, though education and awareness with culturally and linguistically appropriate campaigns.</p> <p><i>Evidence-Based Sources:</i></p> <ul style="list-style-type: none"> • Policy on Use of Fluoride (2014) http://www.aapd.org/media/Policies_Guidelines/P_FluorideUse.pdf • Best Practice Approach Reports: Improving Children's Oral Health through Coordinated School Health Programs https://www.astdd.org/bestpractices/wsc-bpar-final-3-2017.pdf 	<p>2. Expand reach of Inter-professional development for medical providers (RN, PA, CHW, MD) DUE: December 2018</p>	<p>DPH – Office of Oral Health</p>	
<p>Strategy 3: Improve access to utilization of dental prevention and treatment (NEW STRATEGY)</p>	<p>1. Develop strategies to strengthen children's dental Medicaid coverage DUE: December 2018</p>	<p>COHI; DSS; CT Dental Health Partnership; CT Coalition on Oral Health; DPH – Office of Oral Health</p>	
	<p>2. Advocate to increase the number of School-based Health Centers offering dental services DUE: December 2019</p>	<p>COHI; DSS; CT Dental Health Partnership; CT Coalition on Oral Health; DPH – Office of Oral Health; CT Association of School-based Health Centers</p>	
Resources Required (human, partnerships, financial, infrastructure or other)			
Monitoring/Evaluation Approaches			



Focus Area 3: Chronic Disease Prevention and Control			
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Area of Concentration: Obesity			
SHIP Objective CD-27: Reduce by 5% the prevalence of obesity in children 5-12 years of age and students in grades 9-12.			
Dashboard Indicator 1: Percent of youth (high school) in Connecticut who are obese. Percent of children (5-12y) in Connecticut who are obese. Percent of Connecticut children (5-12y) with a household income of <\$25,000 who are obese.			
Strategies	Actions and Timeframes	Partners Responsible	Progress
Improve the availability and access of healthy food options for children and families through the settings of: <ul style="list-style-type: none"> • Pre-school (when most lifetime habits are first developed) • School (students & parents) • Afterschool • Childcare • Food Pantries • Community non-profits • Corner stores (marketing focus) • Grocery stores • Worksites Evidence-Based Sources: <ul style="list-style-type: none"> • National Prevention Strategy (2011) https://www.surgeongeneral.gov/priorities/prevention/strategy/report.pdf 	Dissemination of healthy food donation list to focus settings in targeted communities Timeline: track quarterly through 2018	Mid-State Medical Center, St Joseph’s SNAP program, Yale New Haven Health, CT State Dept. of Education, DPH	
	Develop framework for “how to” establish a Hunger Action Team/Food Policy Council <ul style="list-style-type: none"> • Develop by June 2018 • Review/edit final by September 2018 • Share at CPHA Conference by November 2018 • Track implementation of new groups by December 2018 	Mid-State Medical Center, St Joseph’s SNAP program, Yale New Haven Health, CT State Dept. of Education, DPH	
	Disseminate food procurement policy recommendations to identified existing networks reaching faith based organizations, schools, community and worksites. <ul style="list-style-type: none"> • Draft model copy of recommendations by June 2018 <ul style="list-style-type: none"> ○ Healthy vending ○ Healthy meeting • Identify contacts and networks for distribution by September 2018 • Track implementation by December 2018 	American Heart Association, Mid-State Medical Center, St Joseph’s SNAP program, Yale New Haven Health, CT State Dept. of Education, DPH	
Resources Required (human, partnerships, financial, infrastructure or other)			
Monitoring/Evaluation Approaches			



Focus Area 3: Chronic Disease Prevention and Control			
Goal 3: Reduce the prevalence and burden of chronic disease through sustainable, evidence-based efforts at risk reduction and early intervention.			
Area of Concentration: Tobacco			
SHIP Objective CD-30: Reduce by 25% the prevalence of tobacco-based product* use among students in grades 6-8 and 9-12.			
SHIP Objective CD-29: Reduce by 20% prevalence of cigarette smoking among adults 18 years of age and older.			
* include cigarettes, cigars, chewing tobacco, snuff, dip, pipes, bidis, kreteks (clove cigarettes), hookahs, and electronic nicotine delivery systems and other vapor products. NREPP is a registry for effective substance abuse and mental health interventions.			
Dashboard Indicator: Percent of youth (grades 6 - 8) who currently smoke cigarettes. Percent of youth (high school) who currently use other types of tobacco including e-cigarettes. Percent of youth (grades 6-8) who currently use other types of tobacco including e-cigarettes. Percent of adults (18+y) who currently smoke cigarettes. Percent of adults (18+y) with a household income of <\$25,000 who currently smoke cigarettes.			
Strategies	Actions and Timeframes	Partners Responsible	Progress
Advocate for comprehensive tobacco control legislation include: 1) Tax parity for all tobacco-based products*, including nicotine that is "vaped." 2) Raise the age for the purchase of tobacco-based products to 21. 3) Removal of Pre-emption clauses that hinder local tobacco control authority, 4) Comprehensive Clean Indoor Laws and 5) Advocate for appropriate and sustainable Tobacco Trust Fund allocations for education, prevention, and cessation on tobacco-based products* use.	1. Increase the # of individuals providing testimony for bills <ul style="list-style-type: none"> a. # of meetings convened b. # of testimonies given/provided c. # of allies d. # of key messages Timeline: by June 2018	Advocacy groups; MATCH coalition members	
	2. Request CADH and CPHA alignment of policy agendas to address <ul style="list-style-type: none"> a. # of local grassroots organizations that are aligned b. # messages delivered Timeline: by January 2018	MATCH, CPHA, CADH	
	Evidence-Based Sources: • CDC Best Practices for Comprehensive Tobacco Control Programs (2014) https://www.cdc.gov/tobacco/stateandcommunity/best_practices/pdfs/2014/comprehensive.pdf	3. Distribute topic specific materials (succinct one-pagers) to legislators to help educate them on issues <ul style="list-style-type: none"> a. Development of materials b. Distribution of materials Timeline: by March 2018	MATCH



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	4. <i>Share Synar data with communities track communities using data to educate vendors, general public and elected officials. Still need to confirm with DHMAS</i>	DMHAS	