



<b>Focus Area 3: Chronic Disease Prevention and Control</b>			
<b>Goal 3: Reduce the prevalence and burden of chronic disease through sustainable, evidence-based efforts at risk reduction and early intervention.</b>			
<b>Area of Concentration: Asthma and Chronic Respiratory Disease</b>			
<b>SHIP Objective CD-16: Decrease by 5% the rate of Emergency Department visits among all Connecticut residents for which asthma was the primary diagnosis.</b>			
<b>Dashboard Indicator: <a href="#">Rate of Emergency Department visits among all Connecticut residents for which asthma was the primary diagnosis.</a></b>			
<b>Strategies</b>	<b>Actions and Timeframes</b>	<b>Partners Responsible</b>	<b>Progress</b>
Promote wider utilization of asthma action plans (AAP) for children, building on existing statewide initiatives to 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.	<p>Schools</p> <ol style="list-style-type: none"> <li>1. Implement ALA open airways in school training of school nurses.</li> <li>2. Develop education and awareness in collaboration with school nurses and SBHCs for school folks and PTOs.</li> <li>3. Consider transportation to school issues – PCPs &amp; other care information.</li> <li>4. Promote use of AAP to providers and school nurses.</li> <li>5. Add coaches to any training for school staff/nurses.</li> <li>6. Include AAP on SDE website in reference to medication authorization.</li> </ol> <p>Communication provider to provider, and to/from home</p> <ol style="list-style-type: none"> <li>1. Develop sheet with resource information such as home visiting and smoking cessation programs to distribute to providers /patient families.</li> <li>2. Explore mechanism for pharmacy to notify that patient did not fill script.</li> <li>3. Emergency departments provide AAP form to patients to give to PCPs. and/or communicate with PCP/clinic.</li> </ol>		
<b>Resources Required (human, partnerships, financial, infrastructure or other)</b>			
<ul style="list-style-type: none"> <li>• Facilities for education, electronic/website communication capability, funding for materials/possible honoraria.</li> </ul>			
<b>Monitoring/Evaluation Approaches</b>			
<ul style="list-style-type: none"> <li>• 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.</li> </ul>			



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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: <a href="#">Proportion of Connecticut children in third grade who have dental decay</a>			
Strategies	Actions and Timeframes	Partners Responsible	Progress
<b>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.</b>	1. Oral Health assessments as part of children wellness visit	DPH AAP CHC/FQHCs Black Nurses Association CMS CHA	
	2. Inter-professional development		
	3. Increase awareness by parents to get more participation by kids by parents signing forms	----- Outreach to educate parents: CHC/FQHC Hospitals Commission of E & D ??? Commission of WIC & S Local Health Department Faith based organizations CASBHC PTO/Family Resource CTCOH - Awareness	
<b>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 fluoride varnish to prevent decay, though education and awareness with culturally and linguistically appropriate campaigns.</b>	1. Insurance coverage ESPDT???		
	2. Inter-professional development for MD's; incentives to look		
	3. Education – application of education into practice		
	4. Dentist into PCP offices		
	5. Add dental to SBHC contracts OHA/fv		
<b>Resources Required (human, partnerships, financial, infrastructure or other)</b> <ul style="list-style-type: none"> <li>•</li> </ul>			
<b>Monitoring/Evaluation Approaches</b> <ul style="list-style-type: none"> <li>•</li> </ul>			



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<b>Area of Concentration: Obesity</b>			
<b>SHIP Objective CD-27: Reduce by 5% the prevalence of obesity in children 5-12 years of age and students in grades 9-12.</b>			
<b>Dashboard Indicator 1:</b>			
<a href="#">Percent of youth (high school) in Connecticut who are obese.</a>			
<a href="#">Percent of children (5-12y) in Connecticut who are obese.</a>			
<a href="#">Percent of Connecticut children (5-12y) with a household income of &lt;\$25,000 who are obese.</a>			
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"> <li>• Pre-school (when most lifetime habits are first developed)</li> <li>• School (students &amp; parents)</li> <li>• Afterschool</li> <li>• Childcare</li> <li>• Community non-profits</li> <li>• Corner stores (marketing focus)</li> <li>• Grocery stores</li> <li>• Worksites</li> </ul>	Dissemination of healthy food donation guidelines to focus settings in targeted communities Compile pantry site list & emergency food sites		
	Establishment of Hunger Action Teams/Food Policy Council in target communities <ul style="list-style-type: none"> <li>• Review statewide data to identify target communities where</li> <li>• Identify active local organizations</li> <li>• Provide framework for “how to” establish a group</li> <li>• Track implementation of new groups</li> <li>• Track community readiness</li> <li>• Track common issues</li> </ul>		
	Disseminate food procurement policy recommendations to identified existing networks reaching faith based organizations, schools, community and worksites. <ul style="list-style-type: none"> <li>• Finalize model copy of recommendations               <ul style="list-style-type: none"> <li>– Setting specific??                   <ul style="list-style-type: none"> <li>○ Healthy vending</li> <li>○ Healthy meeting</li> </ul> </li> <li>• Identify contacts and networks for distribution</li> <li>• Track implementation</li> </ul> </li></ul>		
	Limiting the marketing and availability of unhealthy food and beverage options ( <i>needs more discussion</i> )		
<b>Resources Required (human, partnerships, financial, infrastructure or other)</b>			
<b>Monitoring/Evaluation Approaches</b>			



**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.**

\* 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.  
**Proposed Addition: SHIP Objective CD-29 Reduce by 20% prevalence of tobacco-based produce use among adults 18 years of age and older**

**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.](#)

Strategies	Actions and Timeframes	Partners Responsible	Progress
<p><b>Advocate for comprehensive tobacco control legislation include:</b></p> <p><b>1) Tax parity for all tobacco-based products*, including nicotine that is “vaped.”</b></p> <p><b>2) Raise the age for the purchase of tobacco-based products to 21.</b></p> <p><b>3) Removal of Pre-emption clauses that hinder local tobacco control authority,</b></p> <p><b>4) Comprehensive Clean Indoor Laws and</b></p> <p><b>5) Advocate for appropriate and sustainable Tobacco Trust Fund allocations for education, prevention, and cessation on tobacco-based products* use.</b></p>	<ol style="list-style-type: none"> <li>1. Request revenue impact study on tax parity and on raising the age to 21 yrs. (DPH; SIM; AHA)</li> <li>2. Increase the # of individuals providing testimony for bills (Advocacy groups; MATCH coalition members)               <ol style="list-style-type: none"> <li>a. # of meetings convened</li> <li>b. # of testimonies given/provided</li> <li>c. # of allies</li> <li>d. # of key messages                   <ol style="list-style-type: none"> <li>i. Methods developed</li> <li>ii. Methods of delivery</li> </ol> </li> </ol> </li> <li>3. Explore alignment of agenda with CADH and other professional associations (i.e. CPHA)               <ol style="list-style-type: none"> <li>a. # of local grassroots organizations that are aligned</li> <li>b. # messages delivered</li> </ol> </li> <li>4. Distribute topic specific materials (succinct one-pagers) to legislators to help educate them on issues (MATCH)               <ol style="list-style-type: none"> <li>a. Development of materials</li> <li>b. Distribution of materials</li> </ol> </li> <li>5. Recognition events/celebrations for merchants/community organizations that promote tobacco free policies and/or comply with laws, etc. (RAC’s; substance abuse coalitions, LHD)               <ol style="list-style-type: none"> <li>a. # recognition events</li> <li>b. Presentations at COG meetings</li> </ol> </li> </ol>		

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

Monitoring/Evaluation Approaches