



Healthy Connecticut 2020 State Health Improvement Plan

Chronic Disease ACTION Team Meeting AGENDA & NOTES

Date: Friday, August 4, 2017

Time: 1:00 p.m. to 2:00 p.m.

Location: GoToWebinar

Attendees: Mehul Dalal, Liz Beaudin, Lucinda Hogarty, Charles Brown, Donna Heins, Mary Boudreau, Gina Smith Sandy Gill, Chantelle Archer

Agenda Items	Discussion	ACTION Items and person responsible
<p>2017 Progress and 2018 Action Agenda Update</p>	<p>ASTHMA</p> <ul style="list-style-type: none"> • Mary mentioned linking tobacco and indoor air to asthma and also collaborating with the schools on the asthma action plans. • Donna mentioned the Health Systems Action Team and possibly collaborating with them on the training of health and social providers. • Mehul noted that there isn't an existing workgroup to align with the Asthma work. • Liz noted that we need to leverage the CHW work that transpires in other areas. • Donna mentioned the Summer Feeding Program- could potentially access these sites in the summer regarding dental sealants. Mary could present with sponsors. <p>ORAL HEALTH</p> <p><u>Every Smile Counts Survey:</u></p> <ul style="list-style-type: none"> • Mary noted that more results from the survey have come in; a third strategy might need to be added because the results of the survey have shown an increase in decay. The strategy would be: <i>Increase access to dental treatment and prevention.</i> • Discussed possibly collaborating with home visitors, health centers, and health workers. • School-based health centers will have the most impact with dental sealants. • Discussed possibly working with the Drinking Water Section at DPH. 	<p>Sandy will share the action team's interest in working with Health Systems (HS) on the training of health and social providers at their next meeting HS on 8/15 (Tuesday).</p> <p>Donna will send Mary the contact information for Caroline Cook regarding the Summer Feeding Program.</p> <p>Sandy will get Health System's thoughts on a possible collaboration.</p> <p>Sandy will find out if it would be possible to work with the Drinking Water section at DPH.</p>

	<p>OBESITY <i>Healthy Food Donation List</i></p> <ul style="list-style-type: none"> • <u>Local Health Webinar</u>: Either Lynn or Teresa can present the list at the webinar on August 17th since Charles will be unavailable. The webinar starts at 2:00 pm; will be allotted 15 minutes to present. • <u>CPHA Conference</u>: Lynn and Gina submitted an abstract on the Healthy Food Donation List and will promote it during one of the sessions. • Discussed possibly collaborating with the MICH team on early childhood centers. • The subcommittee is interested in addressing physical activity. There might be an opportunity to collaborate with the Injury & Violence Prevention Action Team which is looking into a possible strategy related to Safe Routes to School and pedestrian safety. <p>TOBACCO</p> <ul style="list-style-type: none"> • The team is looking to see how they can play an active role in putting policy forward as well as having stronger engagement of the team to make people care about the issue. 	<p>Sandy will get input from the Injury & Violence Prevention action team on a possible collaboration regarding physical activity.</p>
<p>Review of Initial Objectives</p>	<p><u>Phase 1 Objectives</u></p> <p>Objective IV-1: Reduce by 10% the age-adjusted death rate for heart disease. Comments: Ongoing, no new emerging information, leveling off at rapid reductions.</p> <p>Objective IV-11: Reduce by 5% the estimated number of individuals with undiagnosed Type II diabetes. Comments: Ongoing/active, no need to add anything or redirect energy.</p> <p>Objective IV-23: Reduce untreated dental decay to 15.0% in black non-Hispanic children and 12% in Hispanic children in the third-grade. Comments: Made progress on black non-Hispanic children, not in Hispanic children. Mary will send statistics. She plans to form a group to discuss the survey results and disparities sometime in September.</p> <p>Objective IV-26: Decrease by 5% the percent adults age 18 and older who are obese. Comments: No emerging issues; stable</p>	

	<p>Objective IV-27: Reduce by 5% the prevalence of obesity in children 5-12 years of age and students in grades 9-12. Comments: Currently addressing</p> <p>Objective IV-28: Increase by 5% the proportion of adults who meet the recommended 150 minutes or more of aerobic physical activity per week. Comments: Stable, not moving, will adjust as they incorporate physical activity</p> <p>Objectives IV 29-30 Comments: Addressing through tobacco strategies.</p> <p><u>Phase 2 Objectives</u></p> <ul style="list-style-type: none"> • Did not have time to address these objectives during the meeting. If members feel strongly about taking on any of these objectives they can email Liz or Mehul. • Lucinda noted that the CT Cancer Prevention Plan is currently being revised and she doesn't see a lot of changes regarding the phase two objectives. They are looking to change shared division due to controversies around screening guidelines. They want to make sure this issue is cross-referenced between the revised cancer plan and the SHIP. 	
<p>Healthy Food Donation List Survey</p>	<ul style="list-style-type: none"> • The Obesity Sub-committee has developed a customizable cover letter to be distributed along with the Healthy Food Donation List. The group discussed providing a generic letter so that partners could simply make copies without needing to make edits. We could include a note that a customizable template is also available. • Chantelle shared with the team the survey she created in <i>Survey Monkey</i> that will be distributed to the team to determine what members have done within their own organizations and with their partner organizations in disseminating the healthy food donation list, and to find out the level of involvement their organizations and their partner organizations have had regarding the donation of food to local area food pantries. 	<p>Sandy will work on a generic version of the cover letter.</p>
<p>Key Dates/Meetings</p>	<p><u>Chronic Disease Action Team</u></p> <ul style="list-style-type: none"> • October – TBD 	<p>Need to confirm a date for the October meeting</p>



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	a. Was strategy completed in Y2? (if no, current status)	b. Do we intend to continue work on this into Y3?	c. Are there opportunities for continued or new policy agendas?	d. Are there opportunities for collaboration with other Action Teams on objectives, strategies, or policy agendas?
<p>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>	<p>Not completed; No Progress</p>	<p>Yes. It was proposed that we retain this strategy but report the top initiatives happening with asthma. (CHA & DPH)</p> <p>Another option would include revising the strategy to align with ongoing asthma activity; the strategy would be more global.</p> <p>It was also suggested that the team change the action steps to better align with the strategy.</p>	<p>None considered yet</p> <p>Tobacco related to asthma – development??</p>	<p>Partners in MICH might be interested in doing education.</p> <p>ENV Action Team’s collaboration with CT Green Bank looking to track Asthma outcomes as they relate to housing and energy improvements in multi-family unit housing for low-income populations.</p> <p>Health Systems – training of providers (CHW)??</p>



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	a. Was strategy completed in Y2? (if no, current status)	b. Do we intend to continue work on this into Y3?	c. Are there opportunities for continued or new policy agendas?	d. Are there opportunities for collaboration with other Action Teams on objectives, strategies, or policy agendas?
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, through education, awareness with culturally and linguistically appropriate campaigns.	Some progress, not completed Every Smile Count Survey: <ul style="list-style-type: none"> Last survey completed on 6/15/17 4,418 children surveyed 44 schools participated 36 school districts participated Data didn't show improvements in dental sealants. 270 schools funded by DPH to do sealants? Need to look up status	Yes	None considered yet Expanding public health setting definition for dental hygienist	CHW (HS Action Team) SBHC
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, through education and awareness with culturally and linguistically appropriate campaigns.	Some progress, not completed	Yes	None considered yet	CHW (HS Action Team) SBHC MICH – getting to dentist by age of one
DRAFT – Increase access to dental treatment and prevention in order to decrease decay experience and untreated decay.				OTHER: Opioid use (MICH, IVP, MHSA) Working with the drinking water – discussion?? ENV



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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: 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	a. Was strategy completed in Y2? (if no, current status)	b. Do we intend to continue work on this into Y3?	c. Are there opportunities for continued or new policy agendas?	d. Are there opportunities for collaboration with other Action Teams on objectives, strategies, or policy agendas?
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 • Community non-profits • Corner stores (marketing focus) • Grocery stores • Worksites 	Some progress, not completed. 1) Healthy Food List: It was completed by the subcommittee and recently endorsed by USDA. 2) Food Policy Councils: The subcommittee will work on developing a tool kit for the communities that want to start food policy councils. The focus will be on access to food, creation of farmer's markets/gardens etc.	Yes	Sugar Sweetened Beverage tax/or other policy	MICH – early childhood centers?? Healthy food



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				Possible – IVP Safe Routes/ walkable communities??



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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	a. Was strategy completed in Y2? (if no, current status)	b. Do we intend to continue work on this into Y3?	c. Are there opportunities for continued or new policy agendas ?	d. Are there opportunities for collaboration with other Action Teams on objectives, strategies, or policy agendas?
<p>Advocate for comprehensive tobacco control legislation include:</p> <ul style="list-style-type: none"> 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. 	<p>No</p>	<p>Yes. Next year will again pursue a bill that would raise the age for the purchase of tobacco-based products to 21.</p>	<p>Yes.</p>	

e. Review the full list of objectives. Out of the ones not part of Y1 & Y2 implementation, are there any emerging issues that would suggest that we act on any of these in Y3?

OBJECTIVE CD-1 Ph1 ☑
 Reduce by 10% the age-adjusted death rate for heart disease.

OBJECTIVE CD-2 Ph1 ☑
 Decrease by 40% the age-adjusted premature death rate for heart disease.

OBJECTIVE CD-4 Ph1
 Reduce by 3% the proportion of adults 18 years of age and older who have been told they have high blood pressure.

OBJECTIVE CD-11 Ph1
 Reduce by 5% the estimated number of individuals with undiagnosed Type II diabetes.

OBJECTIVE CD-12 Ph1
 Reduce by 6% the proportion of adults 18 years of age and older with diagnosed diabetes.

OBJECTIVE CD-16 Ph1
 Decrease by 5% the rate of Emergency Department visits among all Connecticut residents for which asthma was the primary diagnosis.

OBJECTIVE CD-22 Ph1
 Reduce to 35% the proportion of children in third grade who have dental decay.

OBJECTIVE CD-23 Ph1 ☑
 Reduce untreated dental decay to 15.0% in black non-Hispanic children and 12% in Hispanic children in the third-grade.

OBJECTIVE CD-3 ☑
 Reduce by 10% the age-adjusted death rate for stroke.

OBJECTIVE CD-5
 Reduce by 10% the prevalence of adults 18 years of age and older who have had their cholesterol checked and have ever been told they have high cholesterol.

OBJECTIVE CD-6
 Decrease by 2% the incidence of new cases of the 6 major cancers (breast, cervical, prostate, lung, colorectal, and melanoma).

OBJECTIVE CD-7
 Reduce by 5% the proportion of late-stage diagnoses for 4 major cancers (breast, prostate, lung, and colorectal).

OBJECTIVE CD-8
 Reduce by 5% the age-adjusted mortality rates for 6 major cancers (breast, cervical, prostate, lung, colorectal, and melanoma) through modification of major risk factors.

OBJECTIVE CD-9 ☑
 Increase by 5% the proportion of adults who have ever had a sigmoidoscopy/colonoscopy.

OBJECTIVE CD-10
 Increase by 5% the 5-year relative survival rates for the 6 major cancers (lung, breast, prostate, colorectal, melanoma, and cervical).

OBJECTIVE CD-13 ☑
 Stabilize at 15% the prevalence of chronic kidney diseases among Medicare beneficiaries 65+ years of age.

OBJECTIVE CD-14
 Decrease by 10% the age-adjusted hospital discharge rate for “diabetes-related” hospitalizations.

OBJECTIVE CD-15 (DEVELOPMENTAL)
 Reduce hospitalizations due to chronic kidney disease.

OBJECTIVE CD-17
 Decrease by 5% the rate of hospitalizations for asthma.



Phase 1 Objectives

Phase 2 Objectives

Chronic Disease Prevention and Control

- OBJECTIVE CD-26** Ph1
Decrease by 5% the percent adults age 18 and older who are obese.
- OBJECTIVE CD-27** Ph1
Reduce by 5% the prevalence of obesity in children 5-12 years of age and students in grades 9-12.
- OBJECTIVE CD-28** Ph1
Increase by 5% the proportion of adults who meet the recommended 150 minutes or more of aerobic physical activity per week.
- OBJECTIVE CD-29** Ph1
Reduce by 20% the prevalence of current cigarette smoking among adults 18 years of age and older.
- OBJECTIVE CD-30** Ph1
Reduce by 25% the prevalence of smoking among students in grades 6-8 and 9-12.

- OBJECTIVE CD-18** =
Reduce by 5% hospitalizations for chronic obstructive pulmonary disease (COPD).
- OBJECTIVE CD-19** =
Reduce by 5% the age-adjusted death rate for chronic lower respiratory disease.
- OBJECTIVE CD-20** =
Reduce by 10% the proportion of Medicare beneficiaries with osteoporosis.
- OBJECTIVE CD-21** =
Reduce by 7% the proportion of Medicare Beneficiaries with Rheumatoid Arthritis/Osteoarthritis.
- OBJECTIVE CD-24** =
Increase by 4% the proportion of adults who have visited a dentist or dental clinic in the last year.
- OBJECTIVE CD-25** =
Reduce by 5% the proportion of adults over 65 who have had all their natural teeth extracted



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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
<p>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> <p>Evidence-Based Sources:</p> <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 • Use of mass media campaigns to change health behavior (2010): https://www.ncbi.nlm.nih.gov/pubmed/20933263 • Mass media interventions: effects on health services utilisation (2002): https://www.ncbi.nlm.nih.gov/pubmed/11869574 • Asthma: Home-Based Multi-Trigger, Multicomponent Environmental Interventions – Children and Adolescents with Asthma (2008): https://www.thecommunityguide.org/findings/asthma-home-based-multi-trigger-multicomponent-environmental-interventions-children-and 	<p>Schools</p> <ol style="list-style-type: none"> 1. Implement ALA open airways in school training of school nurses. 2. Develop education and awareness in collaboration with school nurses and SBHCs for school folks and PTOs. 3. Consider transportation to school issues – PCPs & other care information. 4. Promote use of AAP to providers and school nurses. 5. Add coaches to any training for school staff/nurses. 6. Include AAP on SDE website in reference to medication authorization. <p>Communication provider to provider, and to/from home</p> <ol style="list-style-type: none"> 1. Develop sheet with resource information such as home visiting and smoking cessation programs to distribute to providers /patient families. 2. Explore mechanism for pharmacy to notify that patient did not fill script. 3. Emergency departments provide AAP form to patients to give to PCPs. and/or communicate with PCP/clinic. 		
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. 			



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Dashboard Indicator: Proportion of Connecticut children in third grade who have dental decay			
Strategies	Actions and Timeframes	Partners Responsible	Progress
<p>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, through education, awareness with culturally and linguistically appropriate campaigns.</p> <p><i>Evidence-Based Sources:</i></p> <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 	<p>1. Oral Health assessments as part of children wellness visit</p>	<p>DPH AAP CHC/FQHCs Black Nurses Association CMS CHA</p> <p>-----</p> <p>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</p>	<p>05-01-2017 <i>Every Smile Counts Surveys-</i> DPH initiative where dentists visit schools and conduct open mouth surveys on students to detect history of decay, dental sealants, and determine their urgency of care. After the screening, every child receives a letter for their parents stating one of three things: 1) continue with regular checkups, 2) visit the dentist in the next couple of weeks, 3) the child should see a dentist in the next 24-48 hours. If the child does not have a dentist, the parent should call (866) 420-2924, which is the CT Dental Health Partnership who will refer them to a dentist who treats Medicaid patients, or to a Community Health Center that provides dental services. Students are sent home with a letter indicating findings and are referred to the CT Health Dental Partnership. Three quarters of the schools have been completed.</p> <p>08-01-2017 The last dental survey was completed on June 15th. The report will be completed by August 31st. The data did not show improvements in dental sealants</p> <p><i>Results:</i></p> <ul style="list-style-type: none"> • # of children surveyed: 4,418 • # of participating schools: 44 • #of school districts: 36



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	2. Inter-professional development		
	3. Increase awareness by parents to get more participation by kids by parents signing forms		
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, through education and awareness with culturally and linguistically appropriate campaigns. <i>Evidence-Based Sources:</i> <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 • Fluoride Use in Caries Prevention in the Primary Care Setting (2014) http://pediatrics.aappublications.org/content/134/3/626.full?sid=6b9305f1-1af2-4fba-8617-e452ff57afcc 	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		
Resources Required (human, partnerships, financial, infrastructure or other)			
Monitoring/Evaluation Approaches			



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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
<p>Improve the availability and access of healthy food options for children and families through the settings of:</p> <ul style="list-style-type: none"> • Pre-school (when most lifetime habits are first developed) • School (students & parents) • Afterschool • Childcare • Community non-profits • Corner stores (marketing focus) • Grocery stores • Worksites <p>Evidence-Based Sources:</p> <ul style="list-style-type: none"> • National Prevention Strategy (2011) https://www.surgeongeneral.gov/priorities/prevention/strategy/report.pdf 	<p>Dissemination of healthy food donation guidelines to focus settings in targeted communities</p> <p>Compile pantry site list & emergency food sites</p>	<p>DPH</p>	<p>05-01-2017</p> <p><u>Healthy Food Donation Guidelines.</u> Guidelines were developed by the Univ. of Saint Joseph SNAP-Ed program (English & Spanish). Obesity subcommittee is working on a background document that will describe its purpose and the development process. It went through full agency approval; United Way of CT is on board with promoting the guide. SC members reached out to CT Foodbank and connected with <i>AHA's Voices for Healthy Kids</i>. SC is looking into promoting the guide through the LHD monthly webinar. SC has looked at the availability of food at food pantries and have started working with school wellness counsels LHDs, health districts, and Food Share.</p> <p>08-01-2017</p> <p>The Healthy Food Donation List was finalized along with the background document and cover letter. The cover letter will be distributing along with the list. The list was shared on the LHD Webinar Call on 8/17 and simple action steps were provided to calls so they could aid in distributing the list within their departments and outside of them.</p>



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	<p>Establishment of Hunger Action Teams/Food Policy Council in target communities</p> <ul style="list-style-type: none"> Review statewide data to identify target communities where Identify active local organizations Provide framework for “how to” establish a group Track implementation of new groups Track community readiness <p>Track common issues</p>		
	<p>Disseminate food procurement policy recommendations to identified existing networks reaching faith based organizations, schools, community and worksites.</p> <ul style="list-style-type: none"> Finalize model copy of recommendations – Setting specific?? <ul style="list-style-type: none"> Healthy vending Healthy meeting Identify contacts and networks for distribution <p>Track implementation</p>		
	<p>Limiting the marketing and availability of unhealthy food and beverage options <i>(needs more discussion)</i></p>		
Resources Required (human, partnerships, financial, infrastructure or other)			
Monitoring/Evaluation Approaches			



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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>Advocate for comprehensive tobacco control legislation include:</p> <p>1) Tax parity for all tobacco-based products*, including nicotine that is “vaped.”</p> <p>2) Raise the age for the purchase of tobacco-based products to 21.</p> <p>3) Removal of Pre-emption clauses that hinder local tobacco control authority,</p> <p>4) Comprehensive Clean Indoor Laws and</p> <p>5) Advocate for appropriate and sustainable Tobacco Trust Fund allocations for education, prevention, and cessation on tobacco-based products* use.</p> <p>Evidence-Based Sources:</p> <ul style="list-style-type: none"> • CDC Best Practices for Comprehensive Tobacco Control Programs (2014) https://www.cdc.gov/tobacco/stateandcommunity/best_practices/pdfs/2014/comprehensive.pdf 	<ol style="list-style-type: none"> 1. Request revenue impact study on tax parity and on raising the age to 21 yrs. (DPH; SIM; AHA) 2. Increase the # of individuals providing testimony for bills (Advocacy groups; MATCH coalition members) <ol style="list-style-type: none"> a. # of meetings convened b. # of testimonies given/provided c. # of allies d. # of key messages <ol style="list-style-type: none"> i. Methods developed ii. Methods of delivery 3. Explore alignment of agenda with CADH and other professional associations (i.e. CPHA) <ol style="list-style-type: none"> a. # of local grassroots organizations that are aligned b. # messages delivered 4. Distribute topic specific materials (succinct one-pagers) to legislators to help educate them on issues (MATCH) <ol style="list-style-type: none"> a. Development of materials b. Distribution of materials 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"> a. # recognition events <p>Presentations at COG meetings</p>		<p>05-01-2017</p> <p><i>Tobacco Control bills introduced during the legislative session.</i></p> <ul style="list-style-type: none"> • HB 6368 was introduced. This bill would promote tax parity between all tobacco products by establishing a uniform method of taxation. • HB 5384 was introduced. This bill would raise the legal age for purchase and use of tobacco products. • SB 448 was introduced. This bill would raise the age for the purchase of all tobacco products to twenty-one. • HB 7089 was introduced. Addresses Clean Indoor Laws. • SB 156 was introduced. This bill concerns funds from the Tobacco and Health Trust Fund. <p>Events:</p> <ul style="list-style-type: none"> • Kick Butts Day was held on March 15th. • CT Cancer Partnership Legislative Day was held on April 5th. • American Heart Association Lobby Day was held on March 8th.
Resources Required (human, partnerships, financial, infrastructure or other)			
Monitoring/Evaluation Approaches			