

Crosswalk Overview

| State Health Improvement Plan | Maternal, Infant, and Child Health | Environmental Risk Factors and Health | Chronic Disease Prevention and Control | Infectious Disease Prevention and Control | Injury and Violence Prevention | Mental Health, Alcohol, and Substance Abuse | Health Systems (Access to Health Services) |
|------------------------------------|------------------------------------|---------------------------------------|--|---|--------------------------------|---|--|
| Central CT | | | X | | X | X | X |
| Chesprocott | | | X | | | X | |
| Greater Bridgeport ¹ | | | X | | | X | X |
| Greater Danbury ³ | | | X | | X | X | X |
| Greater New Haven | | | X | | | X | X |
| East Shore District | X | | X | | | X | X |
| Hartford | X | | X | X | | | X |
| Hospital CHNAs* | | | X | | | X | X |
| Ledge Light Health District | | | X | | | X | X |
| Manchester | X | | X | | | X | X |
| Naugatuck Valley | X | X | X | | | X | X |
| Norwalk ² | | | X | | | X | X |
| Quinnipiack Valley Health District | | | X | | | X | X |
| Uncas Health District | | | X | | | X | X |
| Pomperaug | | | X | | | | |
| Wallingford | X | X | X | X | X | X | X |

*State strategies based on 2017 Action Team Agendas.

¹ The health departments/districts of Bridgeport, Stratford, Fairfield, Easton, Trumbull, and Monroe were involved in the development of the 2013 Greater Bridgeport CHIP.

² The health departments of New Canaan, Westport, Weston, Wilton, Darien, and Fairfield were involved in the development of the 2012 Greater Norwalk CHIP.

³ The health departments/districts of Bethel, Brookfield, Newtown, and Ridfield were involved in the development of the 2016 Greater Danbury CHIP.

Purpose: This crosswalk illustrates where strategies of CT State/Community Health Improvement Plans (SHIP/CHIPs) align to promote collaboration, synergy, and a learning community to improve the health of Connecticut residents.

Methods: A central repository of CHIPs has been established in CADH's dropbox. Strategies are pulled from the SHIP and available CHIPs, and listed in the left-hand column of each crosswalk topic. An X in the following columns indicate that a CHIP contains the same or similar strategy. Some strategies may be paraphrased to help demonstrate alignment.

Don't see your Community Health Improvement Plan? Add a copy of your department's CHIP to CADH's dropbox or email a copy to HCT2020@ct.gov and type "CHIP" in the subject line.

| <u>Table of Contents</u> | <u>Community Health Improvement Plans</u> |
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| <p>Maternal, Infant, and Child Health Environmental Risk Factors and Health Chronic Disease Prevention and Control Infectious Disease Prevention and Control Injury and Violence Prevention Mental Health, Alcohol, and Substance Abuse Health Systems</p> | <p>Connecticut State Health Improvement Plan ACTION AGENDAS (2018) Greater Bridgeport Region Community Health Improvement Plan (2013) Greater New Haven Region Implementation Plan (2016) Greater Norwalk Community Health Improvement Initiative (2012) Hartford Community Health Improvement Plan (2015) Naugatuck Valley Community Health Improvement Plan (2013-2015) Wallingford Health Improvement Plan (2017) Greater Danbury Community Health Improvement Plan (2016) Central Connecticut Community Health Improvement Plan (2014) Eastern Connecticut Health Network Implementation Plan (2016) Chesprocott Community Health Improvement Plan (2017) Ledge Light Health District Community Health Improvement Plan (2017)</p> |

SHIP/CHIP Linkages: Crosswalk of Priorities and Strategies
Maternal, Infant, and Child Health Strategies Crosswalk*

| Strategies | State** | Hartford | Naugatuck Valley | Greater Danbury | Eastern CT Health Network |
|---|---------|----------|------------------|-----------------|---------------------------|
| PRECONCEPTION CARE & PREGNANCY CARE | | | | | |
| Support the provision of preconception/interconception health care throughout the childbearing years in community and clinical settings | X | X | | | |
| Increase preconception and first trimester pregnancy education (Education) | | | | | X |
| Promote enhanced models of prenatal care | X | | | | |
| Engage in cross system planning and coordination of activities around developmental screening | X | | | | |
| Conduct an education and awareness campaign for families and communities in the importance of developmental screening (Education) | X | | | | |
| BIRTH OUTCOMES | | | | | |
| Improve the low birth weight percentages | | | | | X |
| Educate communities, pregnant women, and families on how to prevent infant mortality (Education) | | X | | | |
| Decrease infant mortality and promote infant and child health and wellbeing | | | | | X |

*Only CHIPS that focused on Maternal, Infant, and Child Health strategies were included on this page.

**State strategies based on 2018 Action Team Agendas

SHIP/CHIP Linkages: Crosswalk of Priorities and Strategies
Maternal, Infant, and Child Health Strategies Crosswalk*

| Strategies | State** | Hartford | Naugatuck Valley | Greater Danbury | Eastern CT Health Network |
|---|---------|----------|------------------|-----------------|---------------------------|
| Advise expecting mothers about factors that affect birth outcomes, such as alcohol, tobacco, and other drugs, poor nutrition, stress, lack of prenatal care and health conditions | | X | | | |
| REPRODUCTIVE & SEXUAL HEALTH | | | | | |
| Support reproductive and sexual health services | X | X | X | | |
| Improve access to care and educate on family planning (Access) | | | | | X |
| Increase number of youth who participate in teen pregnancy prevention and healthy sexual relationship evidence-based programs (Program) | | X | | | |
| CHILD HEALTH & WELL-BEING | | | | | |
| Adopt comprehensive breastfeeding friendly policies in municipal facilities, birthing hospitals, and private sector settings (Policy) | | X | | | |
| Collaborate across sectors to increase social equity | X | | | | |
| Staff and student absenteeism will be tracked and analyzed for underlying causes or trends | | | | X | |

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**State strategies based on 2018 Action Team Agendas

SHIP/CHIP Linkages: Crosswalk of Priorities and Strategies
Environmental Risk Factors and Health Strategies Crosswalk*

| Strategies | State** | Naugatuck Valley | Wallingford |
|---|----------|------------------|-------------|
| LEAD | | | |
| Advance preventive lead-safe housing standards for rental and own-occupied housing | X | | |
| Identify financing for lead hazard remediation and lead abatement for residential properties statewide | X | | |
| Develop prevention-based guidelines and document evidence-based practices to reduce environmental exposures from lead in soil, dust, paint and water (Policy) | X | | |
| Partner with health care professionals to promote and improve compliance with the Requirements and Guidelines for Childhood lead Screening (Policy) | X | | X |
| OUTDOOR AIR QUALITY | | | |
| Develop a comprehensive, standardized alert processes to alert the public, and specifically reach at risk-populations, in the event of poor air quality. | X | | |
| Provide public information and data to encourage sound decision making about outdoor activity on poor air quality days. | X | | |

*Only CHIPS that focused on Environmental Health Risk Factor and Health were included on this page

**State strategies based on 2018 Action Team Agendas

SHIP/CHIP Linkages: Crosswalk of Priorities and Strategies
Environmental Risk Factors and Health Strategies Crosswalk*

| Strategies | State** | Naugatuck Valley | Wallingford |
|--|---------|------------------|-------------|
| Encourage schools to develop a list of at-risk children and design specific alternative indoor recess activities for those children on “bad air” days. | X | | |
| Establish baseline measurement of at-risk populations’ level of awareness of forecasted poor air quality days. | X | | |
| Work with at-risk population care providers to develop appropriate responses to forecasted unhealthy air quality days. (day cares, day camps, nursing homes) | X | | |
| HEALTHY HOMES | | | |
| Encourage local, state, and other deferral agencies to facilitate timely data-sharing between health and housing agencies | X | | |
| Adopt a statewide property maintenance code. (Policy) | X | | |
| Establish incentives for property owners to comply with CT’s laws on health and safety cooperatively, such as tax breaks and directing federal, state, and local housing rehabilitation funding to those who comply. | X | | |

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**State strategies based on 2018 Action Team Agendas

SHIP/CHIP Linkages: Crosswalk of Priorities and Strategies
Environmental Risk Factors and Health Strategies Crosswalk*

| Strategies | State** | Naugatuck Valley | Wallingford |
|---|---------|------------------|-------------|
| Develop media or other awareness campaigns to inform property owners and others of the importance of code, and the benefits of cooperative compliance (Education) | X | | |
| OTHER | | | |
| Encourage partners and agencies to provide families with the information need to protect their children and promote environmental assessments (Education) | X | | X |
| Convene a meeting of primary stakeholders, recruit responsible partners, subject matter experts and build a coalition. | X | | |

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**State strategies based on 2018 Action Team Agendas

SHIP/CHIP Linkages: Crosswalk of Priorities and Strategies
Chronic Disease Prevention and Control Strategies Crosswalk*

| Strategies | State** | Greater Bridgeport | Norwalk | Hartford | Naugatuck Valley | Central CT | Wallingford | Greater Danbury | Greater New Haven | Eastern CT Health Network | Chesprocott |
|--|---------|--------------------|---------|----------|------------------|------------|-------------|-----------------|-------------------|---------------------------|-------------|
| ASTHMA | | | | | | | | | | | |
| Implement evidence-based, comprehensive asthma programs, such as patient self-management, environmental assessment, and remediation at home, at school and in the workplace (Programs) | X | | | | X | | X | | | | |
| Promote the use of evidence-based asthma guidelines by primary care clinicians and dentists, and other medical professionals (Policy) | X | | | | | | | | X | | |
| Obtain “Read Only” access to EPIC and enrollment in Epic Care Link for New Haven Public Schools health team and implement comprehensive asthma management strategy in schools | | | | | | | | | X | | |
| Support coverage and reimbursement for NIH Expert Panel Report-3 guideline-based asthma care | | | | | | | | | X | | |
| Develop advocacy strategy that supports sustainable funding and referral processes for community-based asthma programs that address asthma self-management education and focused environment interventions that aligns with medical home initiatives | | | | | | | | | X | | |
| Develop policies with area school districts mandating the use of Asthma Action Plans for medication authorization for asthma medications including data tracking mechanisms (Policy) | | | | | | | | | X | | |
| AIR QUALITY | | | | | | | | | | | |
| Provide public information and data to encourage sound decision making about outdoor activity on poor air quality days. | X | | | | | | | | | | |
| Encourage schools to develop a list of at-risk children and design specific alternative indoor recess activities for those children on “bad air” days. | X | | | | | | | | | | |
| Establish baseline measurement of at-risk populations’ level of awareness of forecasted poor air quality days. | X | | | | | | | | | | |

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**State strategies based on 2018 Action Team Agendas

SHIP/CHIP Linkages: Crosswalk of Priorities and Strategies
Chronic Disease Prevention and Control Strategies Crosswalk*

| Strategies | State** | Greater Bridgeport | Norwalk | Hartford | Naugatuck Valley | Central CT | Wallingford | Greater Danbury | Greater New Haven | Eastern CT Health Network | Chesprocott |
|---|---------|--------------------|---------|----------|------------------|------------|-------------|-----------------|-------------------|---------------------------|-------------|
| Work with at-risk population care providers to develop appropriate responses to forecasted unhealthy air quality days. (day cares, day camps, nursing homes) | X | | | | | | | | | | |
| Strategies | State* | Greater Bridgeport | Norwalk | Hartford | Naugatuck Valley | Central CT | Wallingford | Greater Danbury | Greater New Haven | Eastern CT Health Network | Chesprocott |
| CANCER | | | | | | | | | | | |
| Build community relationships to increase awareness of the ECHN Early Detection Program (Education) | | | | | | | | | | X | |
| Communicate the benefits and importance of cancer-specific screenings as appropriate (e.g., mammograms, colorectal screenings, etc.) (Education) | | | | | | X | X | | | | |
| Educate women about the importance of preventative and screening services and lifestyle changes (Education) | | | | | | | | | | X | |
| Develop and implement interventions with primary and middle schools to prevent skin cancer by increasing sun-protective behaviors. | | | | | | X | | | | | |
| Conduct media and public awareness/education campaigns to communicate and promote behaviors that decrease exposure to harmful UV radiation and sunburn (Education) | | | | | | X | | | | | |
| Colon Cancer - Colorectal screening and education: Develop a marketing campaign for Colon Cancer Awareness Month each year to create awareness, hold a colonoscopy screening event to promote screenings, and educate the community | | | | | | | | | | X | |
| Host a Prostate Screening Event | | | | | | | | | | X | |
| Establish process to identify patients who have completed cancer therapy and provide patients with summary care plan which includes cancer diagnosis, stage and treatment received | | | | | | | | | | X | |
| Educate cancer survivors on managing lifestyle behaviors after treatment completion | | | | | | | | | | X | |

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|--|---------|--------------------|---------|----------|------------------|------------|-------------|-----------------|-------------------|---------------------------|-------------|
| Colon Cancer - Colorectal screening and education: Promote the "Open Access Program" offered by local physicians at Evergreen Endoscopy Center that makes convenient appointments easier to obtain for screenings | | | | | | | | | | X | |
| Lung Cancer - Promote and educate community: Maintain ECHN's ACR accreditation as a Designated Cancer Screening Center; provide education to community and physicians through presence at health fairs and by hosting community education lectures; and Develop marketing and promotional material to create awareness of the need for screening and the community resources available | | | | | | | | | | X | |
| HEART DISEASE | | | | | | | | | | | |
| Advocate for universal screening for overweight and obesity in multiple settings | | | | | | X | | | | | |
| Use media and health communications to build public awareness of heart disease and stroke prevention. | | | | | | X | | | | | |
| Provide education for cardiovascular disease risk factors and behavior modification | | | | | | | | | | X | |
| Promote cardiac rehabilitation | | | | | | | | | | X | |
| Align efforts with the national Million Hearts® initiative to address ABCS | | | | | | X | | | | | |
| Conduct and provide education and training about high blood pressure and high cholesterol (e.g., Know Your Number) and self-referral. (Education) | | | | | | X | | | | | |
| Disseminate information on the benefits of regular screenings through community network of providers, community groups, healthcare systems, pharmacies, faith-based organizations, workplaces, etc. (e.g., "Know Your Numbers" campaign). | | X | | | | X | | | | | |
| Engage community pharmacists on counseling providers and patients on medication/self-management for adults with high blood pressure. | | | | | | X | | | | | |
| Facilitate statefunded Hypertension Education Program (Program) | | | | | | | X | | | | |

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|--|---------|--------------------|---------|----------|------------------|------------|-------------|-----------------|-------------------|---------------------------|-------------|
| Create a culturally competent, community-based screening and education program and integrate it into community clinics (Education) | | X | | | | | | | | | |
| Develop culturally appropriate media and education campaigns to increase screening (Education) | | | | | | X | | | | | |
| NUTRITION | | | | | | | | | | | |
| Assist CT Academy of Nutrition and Dietetics with raising awareness of bills related to food access/security, food legislative issues (e.g. food label revisions), food programs, reimbursement for nutrition services when medical nutrition therapy is needed (Policy) | | | | | | | | | X | | |
| Increase access to healthy foods through strategies such as community gardens, healthy food markets, farmers' markets, food pantries, and food distribution programs (Access) | X | X | X | X | X | X | | X | X | | |
| Support and implement vouchers for fruits and vegetables at farmer's markets and grocery stores (Cost) | | | | | | | | | | | |
| Support outreach to help families plant a home garden or establish a community garden. | | | | | | | | | | | |
| Develop and implement an education campaign to increase awareness about healthy eating (Education) | | X | X | X | X | X | | | X | | X |
| Offer nutrition lectures in community settings (i.e.: Local fire/police departments, senior centers, community centers, Adult Daycare Centers) (Education) | | | | | | | | | | X | |
| Produce and distribute printed education materials covering various nutrition topics for primary care physician offices to provide to patients (Education) | | | | | | | | | | X | |
| Collaborate with area supermarkets to provide grocery store tours designed to teach healthy buying habits (Education) | | | | | | | | | | X | |
| Promote awareness of behavioral health eating disorders, i.e. bulimia, anorexia, binge-eating disorder, and the treatment programs available locally (Education) | | | | | | | | | | X | |
| Identify ways to support the New Haven Food Policy Council (Policy) | | | | | | | | | X | | |

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|---|---------|--------------------|---------|----------|------------------|------------|-------------|-----------------|-------------------|---------------------------|-------------|
| Explore a healthy restaurant initiative and identify ways to reduce salt in menu items. (Program Initiative) | | | | | | | | | X | | X |
| Develop and implement a healthy eating restaurant initiative, featuring healthy choices (Program Initiative) | | | | | | | | | | | X |
| Identify high need areas and work with local partners to expand the reach of mobile food pantries to areas where the need is greatest - especially food deserts. (Access) | | | | | | | | | | | |
| Promote and support FRESH New London, University of Connecticut Extension programs, University of Connecticut College of Agriculture - Master Gardener Program, Food CORP, Boy Scouts of America, AmeriCorps Service Members or college students with internships graduating with a horticulture degree. Support organizations that provide community service - schools and legal system. | | | | | | | | | | | |
| PHYSICAL ACTIVITY | | | | | | | | | | | |
| Continue to host annual signature event, Get Fit Day | | | | | | | | | X | | |
| Implement "5,2,1,0, Let's Go" awareness campaign (Education) | | | | X | | | | X | | | |
| Increase awareness and opportunities for physical activity and wellness programs for adults (Education) | | X | X | X | | X | X | X | X | | |
| Implement age-appropriate policies and practices for children that support increased physical activity (Policy) | X | X | X | X | X | | X | X | | | |
| Promote livable streets that are designed and operated to enable the safe and convenient travel of all users of the roadway | | | | X | | X | | X | | | |
| Enhance/expand afterschool & extracurricular physical activity for pre-school and school-age children | | | | | | | | | | | X |
| NUTRITION/PHYSICAL ACTIVITY | | | | | | | | | | | |
| Support policies in schools, senior programs, worksites and other community groups that are consistent with good nutrition and/or increased exercise (Policy) | X | | | X | | X | X | | | | |

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Chronic Disease Prevention and Control Strategies Crosswalk*

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|---|---------|--------------------|---------|----------|------------------|------------|-------------|-----------------|-------------------|---------------------------|-------------|
| Utilize the coalition to support bills around Healthy Lifestyles (healthy school lunches, reimbursement for prevention programs, daycare fruit juice and activity policies) (Policy) | | | | | | | | | X | | |
| ORAL HEALTH | | | | | | | | | | | |
| Maintain the <u>statewide community water fluoridation statute</u> with the new US Dept. Health and Human Services' recommendation for the optimal fluoride level (Policy) | X | | | | | | | | | | |
| Enhance the use of dental sealants in school-based programs and promote the effectiveness and efficiency of dental sealants to prevent decay through education and awareness (Dental Sealants) | X | | | | | | | | | | |
| Enhance the acceptance and use of fluoride varnish for decay prevention in school-based programs, primary care practices, and community access points | X | | | | | | | | | | |
| Increase dental care provided by pediatric or adult primary care providers directly and through referral (Referrals) | X | X | | | | | | | | | |
| Develop a marketing and education campaign to increase awareness of the need to have a dental provider (Education) | | X | | | | | | | | | |
| Promote participation in Americans with Disabilities Act (ADA)-recognized, American Association of Diabetes Educators (AADE)-accredited, and /or Standard-licensed Diabetes Self-Management Education Programs (Program) | | | | | | X | | | | | |
| Advocate the need for increased and expanded insurance coverage for oral health (Cost) | | | | | | | | | X | | |
| Promote awareness campaign on how dental and oral health is connected to wellness (Education) | | | | | | | | | X | | |
| DIABETES | | | | | | | | | | | |
| Conduct public awareness campaigns and provider-patient outreach to increase awareness of pre-diabetes among people at high risk. (Education) | | | | | | X | | | | | |

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|---|---------|--------------------|---------|----------|------------------|------------|-------------|-----------------|-------------------|---------------------------|-------------|
| Implement public information campaign to promote screenings (knowledge of signs and symptoms) and regular blood glucose monitoring, especially for adults with Type 2 diabetes, and adolescents and children with Type 1 diabetes | | | | | | X | | | | | |
| Offer Diabetes Self-Management Program and Nutrition Counseling for individuals already diagnosed with diabetes (Program) | | | | | | | | | | | |
| Raise awareness of diabetes prevalence risk factors and educate the public on ways to manage lifestyle behaviors that affect them including diet, weight and physical activity (Education) | | | | | | | | | | X | |
| Increase access, referrals, and reimbursement for Diabetes Self-Management Education (DSME) programs. | | | | | | X | | | | | |
| Identify and reach out to health care service providers in each area to enlist support (i.e., information, donations of supplies) and establish a referral path for people identified as high risk. | | X | | | | | | | | | |
| TOBACCO USE | | | | | | | | | | | |
| Promote the Freedom From Smoking® cessation program (Program) | | | | | | | | | | X | |
| Freedom From Smoking: Provide program at least 3x per year (Program) | | | | | | | | | | X | |
| Prevent access to tobacco products and electronic nicotine delivery devices by minors (Access) | X | | | | | | | | | X | |
| Advocate for tax parity for all tobacco-based products and for appropriate and sustainable Tobacco Trust Fund allocations for education, prevention, and cessation on tobacco-based products use (Policy) | X | | | | | | | | | | |
| Explore legislation to raise the age for the purchase of tobacco-based products to 21 (Policy) | X | | | | | | | | X | | |
| Advocate for insurance coverage for smoking cessation and insurance incentives for nonsmokers (Cost) | X | | | | | | | | | | |
| Provide clinicians who treat minors with evidence to discuss smoking cessation/prevention | X | | | | | | | | | | |

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|---|---------|--------------------|---------|----------|------------------|------------|-------------|-----------------|-------------------|---------------------------|-------------|
| Develop and implement an online campaign to educate adults and children about the dangers of tobacco use including e-cigarettes (Education) | | | | | | | | | X | | |
| Offer smoking prevention presentation to public and private schools (Education) | | | | | | | | | | X | |
| Create a system of training and/or certification for tobacco cessation specialists | X | | | | | | | | | | |
| WELLNESS STRATEGIES | | | | | | | | | | | |
| Participate in health fairs | | | | | | | | | | X | |
| Utilize Get Healthy CT website, newsletter and Facebook page to disseminate information and share events | | X | | | | | | | X | | |
| OTHER | | | | | | | | | | | |
| Advocate for funding for the Home by One program | X | | | | | | | | | | |
| Provide CEU program to community primary care physicians | | | | | | | | | | X | |
| Review Report to identify additional measures such as data by municipality (e.g., children v. adult) and data by minority status in collaboration with CT Department of Public Health | | | | | | | | | X | | |
| Collaborate with DPH’s Chronic Disease Action Team to align the State Health Improvement Plan (SHIP) and our own Community Health Improvement Plan (CHIP) | | | | | | | | | X | | |

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Infectious Disease Prevention and Control Strategies Crosswalk*

| Strategies | State** | Norwalk | Hartford | Wallingford | Greater New Haven | Eastern CT Health Network |
|---|---------|---------|----------|-------------|-------------------|---------------------------|
| HEPATITIS C | | | | | | |
| Implement CDC protocols for HCV testing and disease management by targeting at-risk populations | | | X | | | |
| HIV/SEXUALLY TRANSMITTED DISEASES | | | | | | |
| Implement evidence-based practices to prevent HIV/ STIs, and ensure that resources are targeted to communities at highest risk | X | | X | | | |
| Develop coordinated HIV surveillance, prevention and care data systems to monitor Connecticut trends in the HIV continuum and effectively target resources/interventions. | X | | | | | |
| Implement routine screening programs to increase early detection of HIV | X | | X | | | |
| Explore use of pre-exposure prophylaxis (Prep) as preventive measure for persons engaging in high-risk behaviors | X | | X | | | |
| Promote utilization of partner referral services for HIV-positive individuals | X | | | | | |
| Promote and disseminate best practices and tools to reduce behavioral risk factors that contribute to high rates of STIs | | | X | | | |
| VACCINE-PREVENTABLE DISEASES | | | | | | |

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SHIP/CHIP Linkages: Crosswalk of Priorities and Strategies
Infectious Disease Prevention and Control Strategies Crosswalk*

| Strategies | State** | Norwalk | Hartford | Wallingford | Greater New Haven | Eastern CT Health Network |
|--|---------|---------|----------|-------------|-------------------|---------------------------|
| Explore feasibility and funding options to assure costs of vaccines/administration for all ages. (Cost) | X | | | | | |
| Maintain and expand access to ACIP recommended vaccines for children (Human Papillomavirus (HPV), hepatitis A, rotavirus, influenza). | X | | | | | |
| Develop new and diverse venues for influenza vaccine administration and culturally appropriate outreach to ensure access to all population groups. | X | | | | | |
| Educate providers about vaccine availability, delivery, cost and practice guidelines. (Education) | X | | | | | |
| Educate parents and providers about the cancer prevention benefits of the HPV vaccine. (Education) | X | | | | | |
| Maintain and expand Connecticut Immunization Registry and Tracking System (CIRTS) to include immunizations administered through age 18; implement comprehensive reminder/recall systems. | X | | | | | |
| Offer flu clinics at several times/locations to increase accessibility | | | | X | | |

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SHIP/CHIP Linkages: Crosswalk of Priorities and Strategies

Infectious Disease Prevention and Control Strategies Crosswalk*

| Strategies | State** | Norwalk | Hartford | Wallingford | Greater New Haven | Eastern CT Health Network |
|--|---------|---------|----------|-------------|-------------------|---------------------------|
| Increase public awareness to the dangers of and preventative measures for influenza (Education) | | | | X | | |
| Increase the rate of seasonal influenza immunization across all age groups by working with area health departments to promote and expand mass clinics (e.g. later in the season, employee wellness efforts, in-school options) | | | | | X | X |

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SHIP/CHIP Linkages: Crosswalk of Priorities and Strategies
Injury and Violence Prevention Strategies Crosswalk*

| Strategies | State** | Central CT | Wallingford |
|---|---------|------------|-------------|
| SEXUAL VIOLENCE | | | |
| Disseminate best practices and effective primary prevention strategies of sexual violence. | X | | |
| Advocate for sexual assault educator training to build capacity for prevention efforts. <i>(Advocacy/Education)</i> | X | | |
| FALL PREVENTION | | | |
| Engage healthcare, childcare, and other care providers to implement fall prevention initiatives | X | | X |
| Decrease the number of secondary and tertiary lift assist and transport calls | X | | |
| Promote implementation of evidence-based multi-faceted programs for community dwelling older adults that integrate fall risk reduction strategies | X | | X |
| Conduct Home Safety Assessments and host Fall Prevention Seminars | | | X |
| MOTOR VEHICLES | | | |
| Advocate for high visibility enforcement of distracted driving laws <i>(Advocacy)</i> | X | | |
| Expand and promote fitting stations and distribution of child restraint seats | X | | |

*Only CHIPS that focused on Injury and Violence Prevention strategies were included on this page.

**State strategies based on 2018 Action Team Agendas

SHIP/CHIP Linkages: Crosswalk of Priorities and Strategies
Injury and Violence Prevention Strategies Crosswalk*

| Strategies | State** | Central CT | Wallingford |
|--|---------|------------|-------------|
| Expand the current educational awareness campaign on Connecticut graduated driving licensing laws (Education) | X | | |
| Conduct Home Safety Assessments and host Fall Prevention Seminars | | | X |

*Only CHIPS that focused on Injury and Violence Prevention strategies were included on this page.

**State strategies based on 2018 Action Team Agendas

SHIP/CHIP Linkages: Crosswalk of Priorities and Strategies
Mental Health, Alcohol, and Substance Abuse Strategies Crosswalk*

| Strategies | State** | Greater Bridgeport | Norwalk | Hartford | Naugatuck Valley | Central CT | Wallingford | Greater Danbury |
|--|---------|--------------------|---------|----------|------------------|------------|-------------|-----------------|
| MENTAL HEALTH, MENTAL DISORDERS | | | | | | | | |
| Establish additional mental health services sites (Availability) | | | | | | | | |
| Explore the expansion of inpatient psychiatry services to be offered at MMH and RGH (Availability) | | | | | | | | |
| Provide Mental Health First Aid workshops to as many adults as possible (Education) | | | | | | | | |
| Provide Youth Mental Health First Aid workshops to all 3 school districts in area (Education) | | | | | | | | |
| Survey primary care providers to ask about mental health screening | | | | | | | | |
| Increase knowledge and implementation of behavioral health screening and/or treatment by primary care providers for adults, youth, and children (Education) | X | | | X | | X | | X |
| Implement strategies to encourage coordination and integration between healthcare, housing services, and other public and private sector programs to connect homeless individuals and families with mental health services and housing. (Collaboration) | | | | | | X | | |

*Only CHIPs that focused on Mental Health, Alcohol, and Substance Abuse strategies were included on this page

**State strategies based on 2018 Action Team Agendas

SHIP/CHIP Linkages: Crosswalk of Priorities and Strategies

Mental Health, Alcohol, and Substance Abuse Strategies Crosswalk*

| Strategies | State** | Greater Bridgeport | Norwalk | Hartford | Naugatuck Valley | Central CT | Wallingford | Greater Danbury |
|--|---------|--------------------|---------|----------|------------------|------------|-------------|-----------------|
| Support collaborations among community-based and regional organizations to enhance and deliver training and other educational opportunities for community members on topics related to mental health and substance abuse (Collaboration) | | X | X | | | | X | X |
| Collaborate with area hospital Emergency Departments (EDs) to reduce behavioral health ED visits (Collaboration) | X | | | | | X | | |
| SUBSTANCE ABUSE | | | | | | | | |
| Increase substance abuse prevention supports to youth (Youth Support) | | | | | | | | |
| Facilitate controlled drug disposal programs, including official prescription take-back events and local drop-boxes. (Programs/Events) | X | | | | | X | | |
| Culturally appropriate consumer education regarding mental health and substance abuse (Education) | X | X | X | | | X | | |
| Enter into formal collaboration with CCAR (Collaboration) | | | | | | | | |

*Only CHIPs that focused on Mental Health, Alcohol, and Substance Abuse strategies were included on this page

**State strategies based on 2018 Action Team Agendas

SHIP/CHIP Linkages: Crosswalk of Priorities and Strategies
Mental Health, Alcohol, and Substance Abuse Strategies Crosswalk*

| Strategies | State** | Greater Bridgeport | Norwalk | Hartford | Naugatuck Valley | Central CT | Wallingford | Greater Danbury |
|---|---------|--------------------|---------|----------|------------------|------------|-------------|-----------------|
| Improve health provider knowledge and utilization of best practices for prevention, identification, and treatment of opioid/OTC addiction, such as the adoption of opioid prescribing guidelines (Education) | X | X | | X | | | | |
| Identify prevention opportunities from the review of aggregate data from the CPMRS and other sources. | X | | | | | | | |
| EXPOSURE TO TRAUMA | | | | | | | | |
| Determine current baseline level of trauma screening in primary care and behavioral health | X | | | | | | | |
| Create public awareness campaign about the key behaviors and environmental conditions that promote physical and emotional health (Education) | | | | | X | | | |
| Implement community-wide training and involvement in nurturing the developmental assets of young people (Youth Training) | | | | | X | | | |
| Support and expand current family strengthening initiatives | | | | | X | | | |
| SUICIDE | | | | | | | | |
| Align with objectives and strategies in CT Suicide Prevention Strategies | | | | | | X | X | |

*Only CHIPs that focused on Mental Health, Alcohol, and Substance Abuse strategies were included on this page

**State strategies based on 2018 Action Team Agendas

SHIP/CHIP Linkages: Crosswalk of Priorities and Strategies

Mental Health, Alcohol, and Substance Abuse Strategies Crosswalk*

| Strategies | State** | Greater Bridgeport | Norwalk | Hartford | Naugatuck Valley | Central CT | Wallingford | Greater Danbury |
|--|---------|--------------------|---------|----------|------------------|------------|-------------|-----------------|
| Participate in the Zero Suicide Initiative to standardize suicide risk assessment and network with providers to secure wrap around supports (Collaboration) | | | | | | | | |
| ALCOHOL ABUSE | | | | | | | | |
| Identify and disseminate information about community coalitions that use evidence-based programs to address underage drinking (Education) | | | | | | X | X | |
| Promote a media campaign aimed at responsible adult alcohol behaviors (Education) | | | | | | | | |
| OTHER | | | | | | | | |
| Advocate for an annual requirement for primary care, college health, emergency department providers to receive continuing education on evidence-based strategies for screening, brief intervention, and referral to treatment. (Advocacy) | | | | | | X | | |
| Establish knowledgeable, well-trained, bilingual and culturally competent service and community providers (Workforce) | | | X | | X | | | |

*Only CHIPs that focused on Mental Health, Alcohol, and Substance Abuse strategies were included on this page

**State strategies based on 2018 Action Team Agendas

SHIP/CHIP Linkages: Crosswalk of Priorities and Strategies
Mental Health, Alcohol, and Substance Abuse Strategies Crosswalk*

| Strategies | State** | Greater Bridgeport | Norwalk | Hartford | Naugatuck Valley | Central CT | Wallingford | Greater Danbury |
|---|---------|--------------------|---------|----------|------------------|------------|-------------|-----------------|
| Convene payers in ACO/PHO (Accountable Care Organization/Physician Hospital Organization) to address reimbursement issues around mental health and substance abuse. (Cost) | | | X | | | | | |
| Promote and disseminate information about self-help recovery groups (Education) | | | | | | X | | |
| Devereux Student Strengths Assessment (DESSA) Pilot | | | | | | | X | |
| In-school programming to be implemented to support student education on risky behaviors (Education) | | | | | | | X | |
| Parent education seminars and presentations on risky behaviors of youth (Education) | | | | | | | X | |
| Shared marketing of activities, events & projects between prevention partners | | | | | | | | |

*Only CHIPs that focused on Mental Health, Alcohol, and Substance Abuse strategies were included on this page

**State strategies based on 2018 Action Team Agendas

SHIP/CHIP Linkages: Crosswalk of Priorities and Strategies

Health Systems Prevention Strategies Crosswalk*

| Strategies | State** | Greater Bridgeport | Norwalk | Hartford | Naugatuck Valley | Central CT | Wallingford | Greater Danbury | Greater New Haven | Eastern CT Health Network | Chesprocott |
|--|---------|--------------------|---------|----------|------------------|------------|-------------|-----------------|-------------------|---------------------------|-------------|
| ACCESS TO HEALTH SERVICES | | | | | | | | | | | |
| Implement Project Access to increase access to speciality care for the uninsured and educate patients and providers about available speciality medical resources (Specialty Care) | | X | | | | | | | | | |
| Establish a baseline of/decrease number of patients expressing difficulty in accessing health services due to non-emergency transportation services. | X | | | | | | | | X | | |
| Ensure consumer access to and insurance coverage for preventive services, and enhance reimbursement and incentive models. (Cost) | | | | | | X | | | | | |
| Coordinate efforts among all parties including Access to Care workgroup to identify and enroll uninsured/underinsured and to affiliate people with a true medical home | | | | | | | | | X | | |
| Provide access to appropriate post-acute care rehabilitation services to adults, specifically those with complex neurological-endocrine and orthopedic intolerances. | | | | | X | | | | | | |

*Only CHIPs that focused on Health Systems strategies were included on this page.

**State strategies based on 2018 Action Team Agendas

SHIP/CHIP Linkages: Crosswalk of Priorities and Strategies

Health Systems Prevention Strategies Crosswalk*

| Strategies | State** | Greater Bridgeport | Norwalk | Hartford | Naugatuck Valley | Central CT | Wallingford | Greater Danbury | Greater New Haven | Eastern CT Health Network | Chesprocott |
|---|---------|--------------------|---------|----------|------------------|------------|-------------|-----------------|-------------------|---------------------------|-------------|
| Identify strategies to increase health care availability and utilization by undocumented individuals | | | | X | | | | | | | |
| Engage community partners to assess barriers to care and identify at-risk populations | | | | | | | | X | | | |
| QUALITY OF CARE & PATIENT SAFETY | | | | | | | | | | | |
| Ensure that ECHN hospital and home health care management programs as well as the ECHN hospitalist practitioners provide effective transitions of care for patients treated at ECHN facilities with an emphasis on communication with primary care physicians | | | | | | | | | | X | |
| HEALTH LITERACY, CULTURAL COMPETENCY & LANGUAGE SERVICES | | | | | | | | | | | |
| Develop culturally and linguistically appropriate materials, policies, and processes in clinical and public health entities | X | | | X | X | | | | | | |
| Support and promote use of health applications that provide tailored health information and empower residents to engage in behaviors with positive health outcomes | | | | X | | | | | | | |
| PUBLIC HEALTH INFRASTRUCTURE | | | | | | | | | | | |

*Only CHIPs that focused on Health Systems strategies were included on this page.

**State strategies based on 2018 Action Team Agendas

SHIP/CHIP Linkages: Crosswalk of Priorities and Strategies

Health Systems Prevention Strategies Crosswalk*

| Strategies | State** | Greater Bridgeport | Norwalk | Hartford | Naugatuck Valley | Central CT | Wallingford | Greater Danbury | Greater New Haven | Eastern CT Health Network | Chesprocott |
|--|---------|--------------------|---------|----------|------------------|------------|-------------|-----------------|-------------------|---------------------------|-------------|
| Develop a sustainable infrastructure for widely accessible, readily available self-management interventions that link community and clinical settings and make use of lifestyle intervention professionals | | | | | | X | | | | | |
| Improve use of patient-centered care coordination models, including establishing a registry of accredited Patient-Centered Medical Homes | X | | | X | | | | | | | |
| Build the capacity of ECMPF primary care offices to provide primary and preventive healthcare services | | | | | | | | | | X | |
| ELECTRONIC HEALTH RECORDS | | | | | | | | | | | |
| Expand and enhance the network of regional practices with EPIC-interoperable Electronic Health Records. | | | | | | | | | X | | |
| PUBLIC HEALTH INFRASTRUCTURE | | | | | | | | | | | |
| Develop a sustainable infrastructure for widely accessible, readily available self-management interventions that link community and clinical settings and make use of lifestyle intervention professionals | | | | | | X | | | | | |

*Only CHIPs that focused on Health Systems strategies were included on this page.

**State strategies based on 2018 Action Team Agendas

SHIP/CHIP Linkages: Crosswalk of Priorities and Strategies

Health Systems Prevention Strategies Crosswalk*

| Strategies | State** | Greater Bridgeport | Norwalk | Hartford | Naugatuck Valley | Central CT | Wallingford | Greater Danbury | Greater New Haven | Eastern CT Health Network | Chesprocott |
|--|---------|--------------------|---------|----------|------------------|------------|-------------|-----------------|-------------------|---------------------------|-------------|
| Improve use of patient-centered care coordination models, including establishing a registry of accredited Patient-Centered Medical Homes | X | | | X | | | | | | | |
| Build the capacity of ECMPF primary care offices to provide primary and preventive healthcare services | | | | | | | | | | X | |
| PRIMARY & PUBLIC HEALTH WORKFORCE | | | | | | | | | | | |
| Support establishment of training for health and social service providers and monitor health care workforce data | X | | | | | | | | | | |
| Continue support for the ECHN GME Family Medicine Residency Program trained at ECHN and actively recruit graduates to practice locally | | | | | | | | | | X | |
| EMERGENCY PREPAREDNESS & RESPONSE | | | | | | | | | | | |
| Increase public awareness about volunteer opportunities in emergency response and recovery | | | | | | | X | | | | |
| Enhance transition of pediatric patients to adult providers to ensure continuity of care | | | | | | | | | X | | |

*Only CHIPs that focused on Health Systems strategies were included on this page.

**State strategies based on 2018 Action Team Agendas

SHIP/CHIP Linkages: Crosswalk of Priorities and Strategies

Health Systems Prevention Strategies Crosswalk*

| Strategies | State** | Greater Bridgeport | Norwalk | Hartford | Naugatuck Valley | Central CT | Wallingford | Greater Danbury | Greater New Haven | Eastern CT Health Network | Chesprocott |
|---|---------|--------------------|---------|----------|------------------|------------|-------------|-----------------|-------------------|---------------------------|-------------|
| Universal follow up after emergency department visit with a warm handoff by emergency department | | | | | | | | | X | | |
| Undertake a study to analyze Emergency Department processes and policies that may account for high rates of hospitalizations and propose procedure and structural | | | | | | | | | X | | |
| Identify frequent users of ED system and assess holistic health needs of these users (i.e., all contributing factors influencing their tendency for ED visits) | | | | X | | | | | | | |

*Only CHIPs that focused on Health Systems strategies were included on this page.

**State strategies based on 2018 Action Team Agendas

Department: Central Connecticut Health District

Year: 2014 (draft)

Mental Health and Substance Abuse

Promote depression screening by primary care providers for adults over 18 and for youth 12-17 yrs. of age through identification and implementation of standardized health and behavioral health screening tools during patient assessments.

Promote reciprocal referrals between mental health and primary care providers by identifying and implementing methods for collaboration and integration.

Identify and implement strategies to encourage integration in both public and the private sector programs to connect homeless individuals and families with mental health problems to mental health services.

Encourage coordination between healthcare and permanent supportive housing and homeless service agencies.

Advocate for an annual requirement for primary care, college health, emergency department providers to receive continuing education on evidence-based strategies for screening, brief intervention, and referral to treatment.

Identify and disseminate information about community coalitions that use evidence-based programs to address underage drinking.

Educate the public relative to existing laws and regulations regarding underage drinking.

Partner with the Connecticut Hospital Association to expand the use of evidence-based screening, tools, brief intervention, and referral to treatment in emergency departments.

Educate and inform consumers regarding the risks and benefits of regulated products using strategies appropriate to culture, language, and literacy skills (e.g., prescription drug safety and side effects, public health alerts, general information about safe and appropriate medication use).

Facilitate controlled drug disposal programs, including official prescription take-back events and local drop-boxes.

Promote and disseminate information about self-help recovery groups.

Identify and implement evidence-based prevention and early intervention programs and strategies.

Align with objectives and strategies in Connecticut Suicide Prevention Strategy to provide training to community and clinical service providers on prevention of suicide and related behaviors and to address integration of prevention efforts across sectors and settings.

Align with objectives and strategies in Connecticut Suicide Prevention Strategy to address developing, implementing and monitoring effective programs that promote wellness and prevent suicide and related behaviors for adolescents; lesbian, gay, bisexual, and transgender youth; and veterans.

Chronic Disease

- Ensure consumer access to and insurance coverage for preventive services, and enhance reimbursement and incentive models.
- Conduct public awareness campaigns and work with providers and community health workers to promote eating a heart healthy diet (low saturated fat, low salt), getting at least 150 minutes of exercise per week of moderate-intensity aerobic physical activity, and muscle strengthening activities a minimum of 2 days a week, the importance of avoiding tobacco smoke and smoking cessation for current smokers, and the importance of maintaining a healthy weight.
- Use media and health communications to build public awareness of heart disease and stroke prevention.
- Align efforts with the national Million Hearts® initiative to address ABCS (aspirin for high risk, blood pressure control, cholesterol control, and smoking cessation).
- Conduct and provide education and training about high blood pressure and high cholesterol (e.g., Know Your Number) and self-referral.
- Disseminate information on the benefits of regular screenings (blood pressure, cholesterol, diabetes) through community network of providers, community groups, healthcare systems, pharmacies, faith-based organizations, workplaces, etc. (e.g., “Know Your Numbers” campaign).
- Educate existing and at-risk patients with high blood pressure on the use of self-measured blood pressure monitoring tied with clinical support.
- Engage community pharmacists on counseling providers and patients on medication/self-management for adults with high blood pressure.
- Ensure that healthcare providers have the tools to promote healthy lifestyle behaviors (healthy eating, active living, avoiding the use of tobacco products, limiting exposure to secondhand smoke, etc.) and to make referrals to community resources.
- Train and develop teams of community health workers to ensure consistent follow up and connections between patients and providers, and to enhance referrals and treatments.
- Foster collaboration among community-based organizations, the education and faith-based sectors, independent living centers, businesses, and clinicians to identify underserved groups and implement programs to improve access to preventive services.
- Develop a sustainable infrastructure for widely accessible, readily available self-management interventions that link community and clinical settings and make use of lifestyle intervention professionals such as registered dietitians, exercise physiologists, and social workers.
- Establish clinical-community linkages that connect patients to self-management education and community resources.
- Conduct media and public awareness/education campaigns to communicate and promote behaviors that decrease exposure to harmful UV radiation and sunburn.
- Develop and implement interventions with primary and middle schools to prevent skin cancer by increasing sun-protective behaviors.

State/Community Health Improvement Plans
Central CT Health District Strategies

3/6/2019

Develop culturally appropriate media and education campaigns to increase screening.

Enhance population-based approaches to cancer screening through targeted outreach; patient navigation services; high quality screening services; and education and training to health professionals.

Educate and provide support to cancer survivors on the importance of healthy lifestyles.

Implement public information campaign to promote screenings (knowledge of signs and symptoms) and regular blood glucose monitoring, especially for adults with Type 2 diabetes, and adolescents and children with Type 1 diabetes.

Conduct public awareness campaigns and provider-patient outreach to increase awareness of pre-diabetes among people at high risk.

Promote participation in Americans with Disabilities Act (ADA)-recognized, American Association of Diabetes Educators (AADE)-accredited, and /or Standard-licensed Diabetes Self-Management Education Programs.

Increase access, referrals, and reimbursement for Diabetes Self-Management Education (DSME) programs.

Conduct creative media and education campaigns to reduce initiation of tobacco use and increase cessation attempts.

Increase smoke-free environments on campuses, school grounds, recreational areas and state parks, etc.

Provide quality, accessible, low-cost or no-cost tobacco cessation services for all smokers.

Educate parents about the dangers of secondhand smoke (smoking in room, cars) to children. Encourage pediatricians to discuss smoking

Implement evidence-based, comprehensive smoking prevention and cessation programs (e.g., counseling and Rx) in community and

Advocate for greater Tobacco Trust Fund allocations for education, prevention, and cessation on tobacco use.

Include smoking and tobacco use in the health education curriculum for all schools, K-12.

Enlist youth as consumers to develop, test, and evaluate smoking prevention/cessation strategies, campaigns, etc.

Advocate for universal screening for overweight and obesity in multiple settings (office, school, other screening programs, health fairs).

Advocate for businesses (food retailers) and school cafeterias to post nutritional information re: food labeling and menu labeling; posting information re: healthy options; and encouraging food rating system.

Increase healthy food options in vending machines by reducing the price of healthy choices and increasing the number of healthy choices compared to unhealthy choices.

Communicate and educate on the benefits of healthy eating and active living through multiple modes and to multiple audiences and settings (e.g., grocery stores, health centers, community groups, food distribution, family based programs, etc.).

Work with communities, businesses, and local/state agencies to create and promote active living options (e.g., bike lanes, bike paths, pedestrian paths, etc.).

Work with communities, businesses, and local/state agencies to develop community gardens and farmers markets to increase access to healthy foods in neighborhoods.

State/Community Health Improvement Plans
Central CT Health District Strategies

3/6/2019

Implement physical activity programs through local government that include walking challenges, free or reduced gym memberships, financial incentives for completing a Health Risk Assessment and for maintaining good health or improving health.

Partner with schools and early child education centers to adopt and implement policies that create a healthy nutrition environment and promote daily physical activity.

Department: Chesprocott

Year: 2017

Obesity & Physical Activity

Increase # of adults at a healthy weight, based on the CT Wellness Study.

Increase knowledge of and access to healthy food choices and opportunities for physical activity and exercise.

Create marketing materials to promote healthy food choices, including promotion of local farms, farm stands and farm markets. Physical activity and exercise opportunities will also be promoted in these materials, including walking trails, parks, classes, and use of town property, such as local land trusts.

Enhance/expand afterschool & extracurricular physical activity for pre-school and school age children.

Develop and implement a healthy eating restaurant initiative, featuring healthy choices.

Develop and implement a media campaign to educate parents and youth about high-calorie beverages.

Substance Abuse

Increase collaboration between prevention organizations

Promote responsible alcohol consumption behaviors

Shared marketing of activities, events & projects between partners. Shared marketing of programs will be encouraged.

Promote a media campaign aimed at responsible adult alcohol behaviors.

Mental Health

Increase the # of people trained in MHFA

Increase the # of people trained in Youth MHFA

Increase proportion of primary care providers who screen for mental health issues

To provide Mental Health First Aid workshops to as many adults as possible.

To provide Youth mental First Aid workshops to all 3 school districts in our area.

To survey primary care providers, including OB-GYNs in our area to ask about mental health screening practices.

Department: Greater Danbury Year: 2016 Danbury, New Milford

Chronic Disease

All people are supported in practicing positive habits that include physical activity and healthy eating

- Promote and strengthen universal healthy lifestyle message (e.g. 5,3,2,1,0) across sectors in community
- Support community gardening programs and farmers markets
- Advocate for proven physical activity initiatives

People of all ages and economic backgrounds are supported in obtaining health screenings and participating in disease prevention/health maintenance programs

- Develop continuum of services for target populations
- Increase provider awareness of/referrals to community programs
- Implement screening and awareness campaigns for chronic disease

Develop or enhance access to places and programs to promote physical activity opportunities for all

- Develop inventory of free trails, parks, and recreational opportunities in the Greater Danbury Region
- Promote participation in national physical activity events (e.g. Walk to School Day)
- Advocate for and support development of infrastructure improvements that encourage walking and/or biking

Mental Health and Substance Abuse

Reduce substance use across the lifespan in our region

- Create community level change and ensure a continuum of care by utilizing the Strategic Prevention Framework and evidence-based initiatives

Promote behavioral health and wellness across the lifespan in our region

- Provide access to information and resources that reduce stigma enhance awareness and encourage early identification of behavioral health issues
- Embed behavioral health into Primary Care

Reduce the number of opiate addiction disorders, overdoses and related deaths in our region

- Increase the number of prevention and intervention activities related to opioids
- Promote SBIRT, MAT, and Narcan training

Health Systems

Identify key needs within our community related to access to care, which are not addressed by other priority areas

- Engage community partners to assess barriers to care and identify at-risk populations
- Conduct additional surveys/focus groups among at risk populations

Develop a comprehensive action plan to address identified needs/ barriers

- Implement targeted outreach and strategies to improve access and/or reduce barriers to care

Injury Prevention

Support those planning for healthy aging and those managing immediate needs for services and supports

Increase pathways to a comprehensive resource for individuals who are planning for healthy aging

Increase pathways to a comprehensive resource for seniors and caregivers who are managing an immediate need for services and supports

Enhance education, advocacy, access and communication to support ability of seniors to age in place

Increase awareness of services and supports that enable seniors to age in the place of their choice

Implement targeted outreach to decision makers at the local, regional and state level to inform and shape public policies

Department: East Shore District

Year: 2018-2021

Branford, East Haven, North Branford

Access to Services

Have a better way for agencies and ESDHD partners to refer services and find resources for community members.

- Create a digital resource binder to share
- Get resources from our partners

Create a “think-tank” that shares the information on services available and works on difficult specific cases

- Monthly meetings about sharing services
- Set up a "hot-line" "list-service or some channel to access services quicker for people who need them

Healthy Lifestyles

Educate the public about nutrition, physical activity and lowering their risk of disease and disability

- Run programs that educate to various populations in the community
- Train on and adopt new and evidence based programs
- Use the power of media and social media and the internet to educate

Mental Health & Addiction

Educate the public about the opioid crisis and destigmatize addiction

- Use the local coalitions to help spread the message through PSAs, events and town gatherings
- Spread education through the Middle schools and High schools and the parents of these children

Enhance the drug disposal system in our region

- Educate and promote public proper disposal of medications
- Assist in creating a "dropbox" for medications to be located in our community

Educate providers and prescribers

- Educate on the use of the State system to monitor opioid prescribing and use
- Encourage the use of alternatives to pharmaceuticals and opioids to relieve pain when appropriate

Department: Eastern Connecticut Health Network

Year: 2016

Manchester, Vernon/Rockville

Access to Healthcare Services

Build the capacity of ECMPF primary care offices to provide primary and preventive healthcare services

Continue support for the ECHN GME Family Medicine Residency Program trained at ECHN and actively recruit graduates to practice locally

Ensure that ECHN hospital and home health care management programs as well as the ECHN hospitalist practitioners provide effective transitions of care for patients treated at ECHN facilities with an emphasis on communication with primary care physicians

Chronic Disease

Colon Cancer - Colorectal screening and education: Develop a marketing campaign for Colon Cancer Awareness Month each year to create awareness

Colon Cancer - Colorectal screening and education: Hold a colonoscopy screening event to promote screenings, educate the community

Colon Cancer - Colorectal screening and education: Promote the "Open Access Program" offered by local physicians at Evergreen Endoscopy Center that makes convenient appointments easier to obtain for screenings

Lung Cancer - Promote and educate community: Maintain ECHN's ACR accreditation as a Designated Cancer Screening Center

Lung Cancer - Promote and educate community: Develop marketing and promotional material to create awareness of the need for screening and the community resources available

Lung Cancer - Promote and educate community: Provide education to community and physicians through presence at health fairs and by hosting community education lectures

Prostate Cancer - Host a Prostate Screening Event

Educate women about the importance of preventative and screening services and lifestyle changes

Build community relationships to increase awareness of the ECHN Early Detection Program

Freedom From Smoking: Provide program at least 3x per year

Offer smoking prevention presentation to public and private schools

Provide CEU program to community primary care physicians

Participate in health fairs

Establish process to identify patients who have completed cancer therapy and provide patients with summary care plan which includes cancer diagnosis, stage and treatment received

Educate cancer survivors on managing lifestyle behaviors after treatment completion

Provide education for cardiovascular disease risk factors and behavior modification

Promote the Freedom From Smoking® cessation program

Promote cardiac rehabilitation

Produce and distribute printed education materials covering various nutrition topics for primary care physician offices to provide to patients

Offer nutrition lectures in community settings (i.e.: Local fire/police departments, senior centers, community centers, Adult Daycare Centers)

Promote awareness of behavioral health eating disorders, i.e. bulimia, anorexia, binge-eating disorder, and the treatment programs available locally

Collaborate with area supermarkets to provide grocery store tours designed to teach healthy buying habits

Raise awareness of diabetes prevalence risk factors and educate the public on ways to manage lifestyle behaviors that affect them including diet, weight and physical activity

Offer Diabetes Self-Management Program and Nutrition Counseling for individuals already diagnosed with diabetes

Maternal, Infant, and Child Health

Improve access to care and educate on family planning

Increase preconception and first trimester pregnancy education

Improve the low birth weight percentages

Improve the low birth weight percentages

Decrease infant mortality and promote infant and child health and wellbeing

Mental Health and Substance Abuse

Establish additional mental health services sites

Explore the expansion of inpatient psychiatry services to be offered at MMH and RGH

Participate in the Zero Suicide Initiative to standardize suicide risk assessment and network with providers to secure wrap around supports

Continue ECHN's partnership with the Manchester Police Department in the H.O.P.E. Initiative (Heroin/Opioid Prevention & Education Initiative)

Increase substance abuse prevention supports to youth

Enter into formal collaboration with CCAR

Department: Hartford Health Department

Year: 2015

Health Systems

Promote access to preventive primary care services

Establish a consortium of Hartford's health safety net providers to coordinate efforts towards providing extended hour services and fill existing and soon-to-be identified service gaps

Create a third party electronic and/or phone medical triage system with the ability to offer non-medical referrals and action plans based on patient input

Increase the use of patient-centered care coordination models and approaches that follow and support the Affordable Care Act (e.g., medical homes, community health teams, and health insurance navigator training)

Identify frequent users of Hartford ED system and assess holistic health needs of these users (i.e., all contributing factors influencing their tendency for ED visits)

Invest in primary care services to prevent undocumented and migrant workers, and uninsured residents from not having full access to healthcare

Increase delivery of culturally competent services

Identify strategies to increase healthcare utilization by undocumented individuals

Leverage social service agencies and community health workers to increase health literacy among undocumented

Identify and include community-based agencies that work with vulnerable populations into the department's Health Alert Network

Facilitate exchange of information between healthcare organizations and target populations

Develop a healthcare resource directory for uninsured and underinsured individuals

Create an information sheet and/or PSA about the proper use of emergency room visits

Educate and empower City Departments – in particular the 311 City Call Center – about available health services and include these services as part of workforce development

Develop and disseminate culturally and linguistically appropriate materials to effectively communicate and promote available services to the hard to reach target populations

Collaborate with community-based agencies to share health information and materials that focus on improving the health status of Hartford's diverse populations

Establish a Multicultural Health Advisory Board that provides a forum for discussion and advice to HHS

Empower residents and facilitate informed decision making in order to encourage active participation in meaningful health decisions, medical information consumption, and healthy lifestyle maintenance

Increase utilization of news and social media as tools for product and education dissemination

Support and promote use of health applications that provide tailored health information and empower residents to engage in behaviors with positive health outcomes

Chronic Diseases

Increase the number of individuals and families engaging in regular physical activity

Promote policies to increase physical activity with emphasis on improving the city's walkability (e.g., presence of sidewalks, adequate lighting on walking routes, establish city-wide initiatives that encourage walking)

Increase the number of safe places (i.e., access to neighborhood or school play area and/or recreational facilities) for families to be physically active

Implement "5,2,1,0, Let's Go" awareness campaign, which helps children and families to eat healthy and be active by emphasizing four healthy habits daily

Implement physical education and physical activity in Early Learning Centers throughout the city

Increase awareness and knowledge of the benefits of regular physical activity

Provide consistent citywide healthy active living messaging through social marketing

Increase awareness and access to different types of physical activity, programs and facilities

Advocate for creating and sustaining an environment conducive to physical activity including "walkable" neighborhoods that respect pedestrian rights and have sidewalks in good repair, bicycle paths, improved lighting, etc.

Increase the proportion of physician office visits that include counseling or education related to physical activity

Increase access to healthy and diverse food resources

Promote perinatal nutrition and health

Expand Hartford's urban agricultural infrastructure

Create healthier food landscape

Assess and update Early Learning Centers' nutritional standards

Increase the number of food providers/restaurants/school cafeterias offering and promoting healthier food choices

Improve consumers' perceptions concerning the value of healthy food choices

Foster a culture of healthy cooking by facilitating hands-on learning experiences using foods and products readily available

Increase knowledge and skills needed to purchase, prepare and consume healthy foods among all groups

Promote policies that advance positive eating habits for families

Increase distribution of nutrition information

Increase awareness of programs and resources providing increased access to healthy food choices

Promote policy, system, and environmental changes that encourage active living and healthy eating

Support policies in schools, senior programs, worksites and other community groups that are consistent with good nutrition and increased exercise

Adopt comprehensive breastfeeding-friendly policies in municipal facilities, birthing hospitals, and private sector settings

Implement and increase physical activity standards within Early Learning Centers

Implement higher nutritional standards at Early Learning Centers

Promote livable streets that are designed and operated to enable the safe and convenient travel of all users of the roadway, including pedestrians, bicyclist, public transit users, motorists, children, the elderly, and people with disabilities

Maternal, Infant, and Child Health

Increase the proportion of expecting mothers who receive early and adequate prenatal care

Increase access to comprehensive preconception and prenatal care, especially for low-income and at-risk women, by expanding home visitation services provided by the Maternal Infant Outreach Program (MIOP) model

Support reproductive and sexual health services as well as services for expecting parents

Implement strategies recommended by the Maternal and Child Health Blueprint

Strengthen the delivery of quality reproductive health services (e.g., family planning, support referrals)

Reduce the Infant Mortality Rate, and the proportion of low and very low birth weight babies

Educate communities, pregnant women, and families on how to prevent infant mortality (e.g., nutrition, stress reduction, postpartum and newborn care)

Advise expecting mothers about factors that affect birth outcomes, such as alcohol, tobacco and other drugs, poor nutrition, stress, lack of prenatal care, and chronic illness or other health conditions

Increase the number of youth, both male and female, who participate in teen pregnancy prevention and healthy sexual relationship evidence-based programs

Collaborate with youth-serving organizations to increase capacity to select, implement and evaluate culturally competent evidence-based programs

Fund youth-serving Hartford organizations to implement evidence-based programs through the Teen Pregnancy Prevention Initiative (TPPI)

Implement evidence-based programs in community schools, various community based organizations and summer youth employment programs with fidelity

Implement evidence-based practices to prevent teen pregnancy and HIV/ STIs, and ensure that resources are targeted to communities at highest risk

Support community partners to implement evidence-based sexual health education

Increase formal linkages between youth-serving partners and community based clinical services to provide quality teen-friendly health services

Increase access to contraception and reproductive health services utilizing evidence based practices to inform service delivery and increase utilization of contraception, including long acting reversible contraceptives

Complete clinical partner needs assessment and convene individual meetings to identify needs

Establish clinic focus groups for increased accountability in quality of services

Identify best clinical practices to increase adolescent access and other clinical needs

Create a visible and effective sustainable community wide teen pregnancy prevention initiative

Increase capacity of community action teams, multiple stakeholders, and youth in the city to be leaders in support of adolescent sexual and reproductive Health

Identify venues and forums in which to engage policy makers as well as identify non-traditional partners and agents

Engage the community at large and provide positive messaging that reflects overall goals of TPPI will be maintained and further developed

Develop a public awareness campaign aimed at educating key stakeholders

Provide community partners with training in the social determinants of health and the diverse needs of the young population

Collaborate with youth-serving organizations to collect demographic data and data reflecting program specific needs

Infectious Disease

Encourage HIV testing and treatment, align programs to better identify people living with HIV, and link HIV-positive individuals to care

Promote and disseminate national screening recommendations for HIV

Provide holistic services to individuals in need of HIV care

The Greater Hartford Ryan White Planning Council will allocate Ryan White funds for Early Intervention Services (EIS) in order to identify persons who are HIV positive

Increase antiretroviral medication adherence by identifying HIV-positive individuals who are out of care and connecting them to related services

Strengthen the delivery of quality sexual health services (e.g., increased outreach measures for HIV/STI testing)

Client centered services will comprise of intensive interventions and programs to address the needs of the Transitional Geographic Area's special populations

Adopt May 2014 CDC clinic recommendations for Pre-Exposure Prophylaxis to further reduce HIV transmission among high-risk individuals¹

Reduce the proportion of adolescents and young adults with sexually transmitted infections

Expand targeted screening of at-risk populations

Increase STI screening and treatment among targeted populations

Promote and disseminate best practices and tools to reduce behavioral risk factors (e.g., sexual violence, alcohol and other drug use) that contribute to high rates of STIs and teen pregnancy

Collaborate with partners (i.e., Board of Education and health care providers) to optimize diagnosis, treatment, and control of STIs among adolescents

Assess, enhance, develop and evaluate data to monitor and inform strategies and activities to reduce new STI infections (incidence)

Increase the proportion of persons aware of their hepatitis C (HCV) status, align programs to better identify people living with HCV, and link HCV-positive individuals to care

Improve timely access to information and data of newly diagnosed chronic HCV individuals

State/Community Health Improvement Plans
Hartford Health Department Strategies

3/6/2019

Increase the identification of the new HCV cases and their response rate to a follow-up, which includes a contact letter and completion of a telephone survey

Implement CDC protocols for HCV testing and disease management by targeting at-risk populations (e.g., injection drug users, baby

Create and disseminate culturally appropriate educational materials about HCV testing and treatment

Develop, implement and evaluate a point-of-service integrated HCV testing model at HHS' medical clinic

Implement a release of information form at the time of referral for a reactive or positive HCV test result to streamline linkage to care

State/Community Health Improvement Plans
Greater Bridgeport Region Strategies

3/6/2019

Department: Greater Bridgeport Region **Date:** 2016 update Bridgeport, Easton, Fairfield, Monroe, Stratford, and Trumbull

Chronic Diseases

- Develop a Cardiac and Diabetes Provider Directory
- Conduct almost 800 Know Your Numbers screening at community sites over three years
- Work with community feeding programs to encourage healthier food choices in food pantries and soup kitchens
- Launch Get Healthy CT website; a clearinghouse of information around healthy eating and physical activity with monthly health features
- Provide healthy lifestyles education at community events
- Participate in Statewide Asthma Reduction Initiative

Mental Health and Substance Abuse

- Establish a high ED Utilizer Mental Health Patient Community Care Team and is fully operational
- Support several public awareness campaigns to de-stigmatize issues around mental health and provide training to providers and support to patients and their families

Health System

- Increase number of primary care and specialty clinic visits while reducing wait times for appointments
- Develop and implemented (at clinics and EDs) a brochure on the need for a Primary Care Medical Home
- Advocate for the use of Community Health Workers

State/Community Health Improvement Plans
Greater New Haven Region Strategies

3/6/2019

Department: Greater New Haven Region **Year:** 2016 New Haven, East Haven, Hamden, West Haven,
Bethany, Branford, Guilford, Madison, Milford, North
Branford, North Haven, Orange, Woodbridge

Health Systems

Decrease number of people who are negatively impacted by insurance redetermination in Greater New Haven

Research barriers/challenges

Increase number of young adults and adults that have a primary care provider or place in Greater New Haven

Research alternative methods such as telemedicine, e-consults, call-a-nurse

Enhance transition of pediatric patients to adult providers to ensure continuity of care

Explore impact of Urgent Care and Walk-in centers on patient care

Decrease the number of patients expressing difficulty in accessing health services due to the lack of nonemergency transportation

Explore modification of bus routes

Develop a directory of transportation services for seniors

Increase adults accessing dental care in Greater New Haven

Promote awareness campaign on how dental and oral health is connected to wellness

Advocate the need for increased and expanded insurance coverage for oral health

Increase access to specialty care

Pilot the eConsult model at Fair Haven Community Health Center with Medicaid patients in specialty care

Chronic Disease

Promote healthy eating in Greater New Haven

Identify existing programs/resources to support healthy eating; update regional directory of resources on Get Healthy CT site

Utilize Get Healthy CT website, newsletter and Facebook page to disseminate information and share events

Promote area food pantries and support healthy donations

Identify ways to support the New Haven Food Policy Council

Distribute information on farmer's markets, community gardens, summer meals and supper programs

Work with local partners to promote Get Healthy CT healthy eating resources (schools, healthcare providers, daycares, businesses)

Identify ways to support the work of the New Haven District Wellness Committee

Link Get Healthy CT website to local school/district websites & parent newsletters

Explore a healthy restaurant initiative in Milford and identify ways to reduce salt in menu items. Expand to other towns as appropriate

Promote physical activity in Greater New Haven

Identify existing programs and resources to support physical activity and update regional online directory of resources on Get Healthy CT website

Focus on getting individuals mobilized and walking more and reducing screen time
Create an access plan for classes/fitness centers to increase engagement
Utilize Get Healthy CT website, newsletter and Facebook page to disseminate information and share events
Work with local partners to promote Get Healthy CT physical activity resources (schools, healthcare providers, daycares, businesses)
Continue to host annual signature event, Get Fit Day

Advocate for change to improve access to healthy food, physical activity and issues that impact healthy lifestyles

Assist CT Academy of Nutrition and Dietetics with raising awareness of bills related to food access / security, food legislative issues (e.g. food label revisions), food programs, reimbursement for nutrition services when medical nutrition therapy is needed
Utilize the coalition to support bills around Healthy Lifestyles (healthy school lunches, reimbursement for prevention programs, daycare fruit juice and activity policies)

Educate the community about the dangers of all forms of tobacco

Develop and implement an online campaign to educate adults and children about the dangers of tobacco use including e-cigarettes
Promote smoking cessation programs through Get Healthy CT website and community networks (businesses, faith-based organizations, healthcare providers, etc.)
Advocate for legislation, policies, and ordinances that support tobacco-free spaces and increased age for tobacco sales

Promote and enhance evidence-based approaches for population-based asthma care that supports the medical home and communitywide efforts

Universal implementation of training in best practice medication / delivery system use in emergency department
Universal follow up after emergency department visit with a warm handoff by emergency department
Develop policies with area school districts mandating the use of Asthma Action Plans for medication authorization for asthma medications including data tracking mechanisms
Expand and enhance the network of regional practices with EPIC-interoperable Electronic Health Records.
Obtain “Read Only” access to EPIC and enrollment in Epic Care Link for New Haven Public Schools health team and implement comprehensive asthma management strategy in schools
Increase the rate of seasonal influenza immunization across all age groups by working with area health departments to promote and expand mass clinics (e.g. later in the season, employee wellness efforts, in-school options)
Coordinate efforts among all parties including Access to Care workgroup to identify and enroll the uninsured or underinsured
Coordinate efforts among all parties including Access to Care Workgroup to affiliate people with a true medical home

Promote financial support and reimbursement for evidence-based levels of cost-effective asthma care and revise processes and policies that result in excess utilization of hospital services

Support coverage and reimbursement for NIH Expert Panel Report-3 guideline-based asthma care
Develop advocacy strategy that supports sustainable funding and referral processes for community-based asthma programs that address asthma self-management education and focused environment interventions that aligns with medical home initiatives

Undertake a study to analyze Emergency Department processes and policies that may account for high rates of hospitalizations and propose procedural and structural changes as appropriate

Identify additional measures/tables to add to the CT Asthma Surveillance Report to better understand disparities and other variables and seek to further align the CHIP with DPH's State Health Improvement Plan

Review Report to identify additional measures such as data by municipality (e.g., children v. adult) and data by minority status in collaboration with CT Department of Public Health

Collaborate with DPH's Chronic Disease Action Team to align the State Health Improvement Plan (SHIP) and our own Community Health Improvement Plan (CHIP)

Support New Haven City Transformation Plan's efforts to target areas identified with high concentrations of children with asthma

Develop and implement summer camps that combine fun activities with positive normalization of asthma, peer support, and education on how to effectively manage symptoms and avoid triggers

Inspect homes and educate caregivers to minimize environmental triggers like dust mites, mold, and smoke

Mental Health and Substance Abuse

Continue to partner with the South Central Connecticut Consortium for Integrated HealthCare Improvement in order to enable greater coordination among local mental and health outcomes for patients with complex medical and/or behavioral health illnesses

Support coordination and implementation of programs

Advocate and support legislative efforts

Collaborate with regional organizations/agencies around behavioral and mental health issues

Support City of New Haven Transformation Community and Mental Health Workgroup Plan

Implement a screening tool to identify residents with stress, trauma, and distress

Train providers in trauma-informed practices that will help them better assist clients with trauma and mental health concerns

Build a comprehensive, whole-school system to support the social, emotional, and mental health of students and their families

Increase awareness of current substance use and mental health issues among youth to local providers

Provide information on current substance use and mental health trends among youth to local providers

State/Community Health Improvement Plans
Hartford Health Department Strategies

3/6/2019

Department: Ledge Light Health District

Year: 2017

Mental Well-being & Substance Abuse

By January 2018, better understand the characteristics of people living with opioid addiction in order to inform prevention activities.

By January 2018, identify and understand local disparities related to anxiety and depression and take concrete action to improve local mental health systems of care.

Healthy Life Styles

By January 2018, identify policy/systems change opportunities and take concrete action in support of healthy food consumption and increased physical activity.

By January 2018, develop a plan and implement a campaign to raise awareness of healthy lifestyles.

By January 2018, identify gaps in the system of care for people with pre-diabetes and create strategies to address those gaps.

Access to Care

By January 2018, increase understanding of communities needs and misalignments between local systems of care, transportation systems and other factors impacting access, and take concrete action to increase access to equitable and quality health care.

By January 2018, identify and understand local disparities with regard to prenatal care, low birthweight, neonatal abstinence syndrome and infant mortality, and take concrete action to improve local systems that improve these birth outcomes.

Department: Naugatuck Valley Health District **Date:** 2016-2018

Creation of a Chronic Behavioral Health Community CARE Team

Develop a network of agencies (CCT) in the Valley who treat patients with behavioral health and substance abuse issues.

Lifestyle-focused Chronic Disease Management & Prevention Programs

Create a catalogue/inventory of lifestyle-focused chronic disease prevention and management programs/services.

Establish referral tracking system.

Tracking number of community members who sign up for programs/services.

Increase number of community members completing programs.

Increase community participation/involvement.

Maintain/increase provider/office referrals.

Substance Use Disorders

Conduct inventory of community resources.

Establish baseline overdose data for the Valley.

Establish baseline substance use disorder data and DUI data.

Raising awareness /community education.

Advocacy

Identify connections to care

Childhood Obesity Prevention / Community Based Programming

Sustain an obesity prevention initiative.

Continue existing programming, including annual cooking contest.

Continue subcommittee work programming development.

Lung Cancer Screening / Smoking Cessation

Detect lung cancer at early stage(s) and decrease lung cancer mortality.

Expand smoking cessation initiatives.

Obtain and be trained to utilize navigational component to LungView LCSP software.

Asthma Prevention and Self Management

Increase asthma awareness.

Increase community and provider education.

Establish benchmark/tracking.

Healthy Homes

Healthy Homes Assessments

Remediation

Education

Surveillance

Department: Norwalk Health Department

Date: 2012

Mental Health and Substance Abuse

Increase providers' and community members' awareness and use of evidence-based mental health and substance abuse services and

Support collaborations among community-based and regional organizations to enhance and deliver training and other educational opportunities for community members on topics related to mental health and substance abuse.

Build upon or expand existing training programs for providers at area educational institutions.

Establish knowledgeable, well-trained, bilingual Patient Navigators and Community Health workers in key community based organizations.

Develop and disseminate a comprehensive, bilingual resource guide for programs and services that support mental health and prevent and treat substance use and abuse.

Enhance local and regional partnerships to improve access to timely, comprehensive, and coordinated services for diverse populations

Conduct a regional assessment of the existing number of mental health care and substance abuse providers/resources currently available for adults and adolescents at each level of care as an initial step in the further development of collaboration and efficient use of resources among providers.

Identify and/or create 1 or 2 formalized, regional partnerships to address mental health and substance abuse service gaps and inefficiencies through collaborative planning, service delivery, and resource sharing.

Form an Alliance between local health care providers and community based services to provide accessible and financially viable outpatient services.

Reduce financial barriers to treatment

Convene payers in ACO/PHO (Accountable Care Organization/Physician Hospital Organization) to address reimbursement issues around mental health and substance abuse.

Work with local businesses to promote existing programs that address employees' substance abuse and mental health issues.

Chronic Diseases

Increase the number of children and adults who meet physical activity guidelines

Increase opportunities for physical activity among school age children (Examples include instituting a walk school bus initiative, developing a physical activity "tool kit" for schools and community-based organizations, establishing or improving organizational policies)

Increase opportunities for physical activity among adults. (Examples include promoting "NorWALKER" walking routes, developing community "tool box" for community groups, conduct a community drive to collect exercise equipment and DVDs for distribution to

Increase access to and consumption of healthy and affordable foods throughout the region

Increase access to healthy foods through evidence-based initiatives such as mobile markets, healthy market projects, or healthy restaurant programs.

Develop and implement an education campaign (programs, tools, and resources) to increase awareness about healthy eating.

Department: Uncas Health District

Year: 2017

Chronic Disease Prevention/Risk Factors

By 2022, increase by 3% the number of adults meeting the CDC recommendation for daily fruit and vegetable consumption.

Support and implement vouchers for fruits and vegetables at farmer's markets and grocery stores.

Identify high need areas and work with local partners to expand the reach of mobile food pantries to areas where the need is greatest - especially food deserts.

Support outreach to help families plant a home garden or establish a community garden.

Promote and support FRESH New London, University of Connecticut Extension programs, University of Connecticut College of Agriculture - Master Gardener Program, Food CORP, Boy Scouts of America, AmeriCorps Service Members or college students with internships

Connect senior centers and communities to local organizations that promote healthy eating and active living strategies.

Increase the volume of fruits and vegetables donated to food pantries

Increase outreach efforts to the business community and local zoning enforcement officials to address the number of fast food restaurants allowed in communities.

By 2022, increase by 20% the number of pre-school programs in the UHD who have implemented an evidence-based healthy eating/active living curriculum in their child care center.

Develop an inventory of preschools that provide meals and snacks.

Survey preschool programs to establish whether they have healthy preschool certification; a nutrition curriculum and/or a physical activity curriculum. If preschools do not have nutrition and physical activity certification, assess whether the preschool is interested in developing a program to promote healthy eating and physical activity. Determine if barriers exist for preschools to implement these programs.

Identify evidence-based programs to promote USDA My Plate, an American Academy of Pediatrics program that can be accessed at healthychildren.org, Rudd Center programs, the precise portion size program, etc.

Promote the program that has been identified. Connect preschools with the State agencies that offer preschool certification for nutrition and physical activity programs. Offer the assistance of a registered dietician to review menus.

By 2022, decrease by 10% the number of youth who report using cigarettes, tobacco or e-cigarettes within the past 30 days in New London County.

Partner with youth prevention coalitions to support education outreach and compliance checks.

Support a policy agenda that advocates for outreach to youth groups, athletic coaches and after school activity leaders through the Connecticut Interscholastic Athletic Center (CIAC), to provide education on the risks associated with tobacco use. Outreach efforts should also include the risks of using chewing tobacco and cigarette alternatives. Age-appropriate language and methods developed by the Connecticut Department of Education, Health Education Standards should be used as a guide.

Support advocacy efforts that promote smoke-free outdoor spaces in our communities that align with the CHIP priorities.

By 2022, decrease by 3% the number of adults who smoke cigarettes or use tobacco products.

Increase access to community-based smoking cessation programs.

Establish culturally and linguistically appropriate cessation classes.

Promote the Connecticut Quit Line.

Support a policy agenda that advocates for an increased availability of nicotine replacement therapy and other smoking cessation aids such as Chantix that align with CHIP priorities.

By 2022, increase the number of adults who are using lung cancer screening programs (DEVELOPMENTAL).

Increase outreach and education to primary care providers on available lung cancer screening tools.

Develop a community awareness campaign.

Establish partnerships with local hospitals to increase lung cancer screening.

Partner with the Chamber of Commerce to educate employers on methods to disseminate information.

Substance Abuse

Reduce the number of active opioid dependent individuals by 3% and the number who misuse by 3% by 2022.

Conduct public education campaigns on the hazards of opioids and the avenues to dependence.

Through participation on the Connecticut State Health Improvement Plan (SHIP) advisory board, support policies that advocate for sufficient and accessible treatment options, resources and facilities that align with CHIP priorities.

Conduct evidence-based programs in the schools that target the misuse of opioids. Programming should include training on peer leadership, experiential learning and influence, resistance training, as well as activities that help students develop social skills.

Reduce the number of opioid deaths 5% by 2022.

Increase access to Narcan and increase education on how to obtain and use Narcan.

Advocate for treatment of opioid dependent individuals over criminalization.

Conduct training for opioid users to be able to recognize overdose signs and symptoms.

Conduct training for opioid users admitted for treatment on how to reduce overdose risk.

By 2022, increase by 5%, the percent of people who have adequate addiction treatment insurance coverage and can access and utilize inpatient and outpatient addiction services.

Support policy agendas that advocate for more comprehensive coverage and reimbursement of addiction services that align with CHIP priorities.

Support policies that advocate for increasing the number of buprenorphine, methadone and vivitrol prescribers.

Advocate and support policy agendas that promote job development and job training as key strategies for effective treatment, recovery, and sobriety for individuals experiencing opioid use disorder (OUD).

Support policy agendas that advocate for a better transition support system for patients post-recovery as they align with the SHIP and the CHIP.

Reduce the number of children who score greater than 4 on Adverse Childhood Experiences Survey (ACES assessment) (DEVELOPMENTAL).

Identify potential partners and resources.

Develop a data collection system.

Identify potential individuals to screen young children 0-5 years old for adverse childhood experiences (ACES). Provide education and training on best practice screening methods.

Provide education and support to at-risk families by providing universal home visits.

Increase trauma-focused treatment and care for children 0-5 years old. Advocate for family based recovery programs such as Nurturing Families who screen all birth parents at The William W. Backus Hospital and first-time parents at Lawrence and Memorial Hospital.

By 2022, increase to 95% the number of providers who utilize the Connecticut Prescription Monitoring Reporting System (CPMRS).

Adopt strategies from State Health Improvement Plan (SHIP).

Explore strategies using the EPIC program as a potential provider and training source. This service is offered by the Child Health Development Institute at no cost.

Encourage a peer review of prescriber practices.

Access to Care

Reduce transportation barriers to health care for residents of the Uncas Health District (DEVELOPMENTAL).

Conduct a transportation needs assessment to identify barriers to access.

- Create a Transportation Task Force which includes existing transportation providers, community members, Council of Governments (COG), Eastern Connecticut Transportation Consortium (ECTC), nonprofits, healthcare providers, senior centers, and social service providers.

- Select a subcommittee of the Task Force to collect additional data and conduct a gap analysis.

Present data to the full Task Force with recommendations for high areas of need.

Establish a baseline for other objectives in this Priority Area.

Once the State Transportation Plan is completed, align strategies for this priority with that plan.

By 2022, increase by 5% the awareness of existing transportation options (DEVELOPMENTAL).

Establish a subcommittee of the Transportation Task Force.

Identify the message and methods of distribution (e.g., social media, LATV network, newsletters (e.g., town, church, and utility), senior centers, social service agencies, and resource guides, etc.

Determine how to measure awareness (e.g., existing or new surveys).

Identify and address perceptions and barriers to low utilization of transportation options.

Identify funding to implement strategies for improvement.

By 2022, increase public transit routes to underserved areas (DEVELOPMENTAL).

Establish a subcommittee of the Task Force.

Identify underserved areas and towns that are not covered in the study and expand study coverage.

Partner with other transit districts to potentially link to the SEAT System.

Prioritize based on the biggest impact.

Identify potential funding sources to implement new routes.

By 2022, expand existing alternative transportation options to underserved areas (DEVELOPMENTAL).

Establish a subcommittee of the Task Force.

Pull in other volunteers/organizations not involved in Task Force.

Identify alternative options that are available - including exploring partnerships with other transportation service providers that are not used 24x7 (e.g., school buses).

Identify barriers (e.g., funding restrictions, liability, qualified drivers, or school bus restrictions)

Prioritize and develop strategies to address barriers.

Establish a baseline and develop a method to monitor progress.

By 2022, increase the options for bringing care to the patient (DEVELOPMENTAL).

Convene a group of providers such as hospitals, Visiting Nurse Associations (VNAs), first responders, social service agencies, etc.

Identify services that are currently available.

Identify types of services that could be brought to the patient (e.g., screening, primary care provider or dental).

Identify gaps and determine what is most needed.

Prioritize which services to offer and where they could be offered.

Identify funding sources.

Department: Wallingford Health Department

Year: 2017

Maternal, Infant, and Child Health Strategies

Efforts will be employed with students and families to have fewer students absent from school, and/or the absences will be shorter in duration

Student absenteeism will be tracked and analyzed for underlying causes or trends

Demonstrate health habits with students (hand washing, covering mouth coughing/sneezing, not sharing clothing)

Efforts will be employed with staff to have fewer absences from school, and/or the absences will be shorter in duration

Staff absenteeism will be tracked and analyzed for underlying causes or trends

Infant and child nutrition and well-being

Early Childhood Education programs (nutrition and physical activity)

School Age Child Care-Before/after school programs (nutrition and physical activity)

Environmental Risk Factors Strategies

Reduce by 5% the rate of children less than 6 years of age with confirmed blood levels at or above the CDC reference value 5

Micrograms/dL

Provide educational materials about reducing lead exposures to high risk families with children under the age of 6

Partner with healthcare professionals to improve provider compliance with mandated lead testing requirements; increasing mandatory lead testing for all children at least 1 time per year until they reach the age of 3

Partner with health care professionals to enhance case management activities to align with 2012 CDC recommendations for childhood lead poisoning prevention and control

Chronic Disease Prevention

Increase opportunities for students, staff, and families to be more physically active

Physical activity programming for entire family - gap analysis, identify students/families in need

Increase extracurricular physical activities for students and/or family

Increase classroom physical activity - how to do more at high and middle school

Promote walking programs

Create incentive programs for employees to move more

Continue District-wide health awareness

Increase opportunities for students to learn and implement good nutritional practices

Educate on portion control caloric, and nutritional value

Address food celebrations and fundraisers

Investigate increasing health at high school and shift wellness program through data from audi

Wellness Consultant to assist in overseeing K-12 Health/PE/Wellness program

Re-establishment of District Wellness Committee/Strategic Plan Committee

To promote activities that will decrease stress for students and staff

- Unplug message for holidays and weekends for staff and students
- Promote staff and students to take time to relieve stress during their breaks in the day
- Promote students and staff to get involved in activities that decrease stress
- Promote school-based instruction/resources for students experiencing anxiety and depression

Decrease by 5% emergency room visits for which asthma is the primary diagnosis/Decrease by 10% hospitalizations for asthma

- Obtain data on ER visits for Wallingford residents from area hospitals, EMS providers
- Increase awareness and participants in Putting on Airs program (school-aged population)
- Asthma action plan requirements for asthmatic students in Wallingford school system

Increase public awareness of health risks associated with uncontrolled hypertension

- Facilitate state funded Hypertension Education Program
- Provide educational materials on hypertension at Health Department Replicate Hypertension Program

Decrease the number of Wallingford residents who are overweight/obese/Increase the number of Wallingford residents who are consuming a healthier diet

- Town Employee Wellness and Weight loss Program - Replicate program contingent on funding
- Winter Fitness Program
- Walking Steps Program
- Development of a Healthy Dining Guide

Focus on healthy lifestyle development

- Increase awareness and promotion of arthritis prevention and treatment among Wallingford senior community and hold education programming in Wallingford - Expand to communicate benefits of community walking program
- Communicate the benefits and importance of cancer-specific screenings through community outreach efforts, traditional and social media outlets, and among the physician community
- Collaborate with Wallingford YMCA on diabetes initiative

Infectious Disease Prevention and Control

Increase by 5% the number of Wallingford residents who attend Health Department sponsored flu clinics

- Offer flu clinics at several times/locations to increase accessibility
- Increase public awareness to the dangers of and preventative measures for influenza

Increase vaccination rates for seasonal flu (per CT Health Improvement Coalition)

- Assure insurance coverage
- Develop new venues for vaccine administration
- Annual education campaigns

Injury and Violence Prevention

Decrease the number of fall deaths among persons of all ages

- Risk Reduction interventions for non-institutionalized older adults
- Healthcare provider education about fall prevention
- Improve surveillance for causes and locations of falls by age

Reduce the number of fall-related injuries in older adults

- Conduct Home Safety assessments
- Host Fall prevention seminars

Reduce by 10% the age-specific suicide rates for persons 15 to 64 years of age

- Align with objectives and strategies in the CT Suicide Prevention Strategy to provide training to community and clinical service providers on prevention of suicide and related behaviors

Mental Health, Alcohol, Substance Abuse

Increase educational opportunities for students on risky behavior

- In-school programming to be implemented to support student education on risky behaviors
- Student athlete and club leader training
- Wellness Consultant will become liaison between Coalition for a Better Wallingford and the school system
- Devereux Student Strengths Assessment (DESSA) - administered as a pilot at 3-5 Level

Increase education opportunities for parents on risky behaviors

- Middle school open house presentations
- Underage drinking presentation at PTAC
- Conduct a Parent Survey on their understanding of risky behaviors

Increase educational opportunities for staff on risky behaviors

- Conduct mandated trainings
- Counseling department working on psychological first aid programming and QPR suicide prevention training

Review, revise, and communicate district policies as related to risky behaviors to ensure they are addressing the needs of the students and families

- Review and revise policies that are related to risky teen behaviors
- Educate middle school and high school students on district policies as it relates to risky teen behaviors

Reduce the proportion of people who drink excessively across the lifespan

- Expand SBIRT training to community professionals
- Identify and disseminate information about community efforts that use programs to address underage drinking

Reduce the proportion of drinking for youth grades 9-12

- Educate the public relative to existing laws and regulations regarding underage drinking
- Conduct seller/server responsible beverage server training

Reduce the non-medical use of pain relievers across the lifespan (ages 12 and older)

Educate prescribers and social service professionals on SBIRT techniques

Educate prescribers on the benefits of the CT Prescription Monitoring and Reporting System

Facilitate controlled drug disposal programs, including official prescription take-back events and local drop boxes

Reduce the illicit drugs across the lifespan (ages 12 and older)

Promote and disseminate information about self-help recovery groups

Identify and implement evidence-based prevention and early intervention programs and strategies

Reduce the prevalence of cigarette smoking among adults; reduce the prevalence of cigarette smoking among students in grades 6-8 and 9-12

Educate parents about secondhand smoke

Increase smoke-free environments

Health Systems

Increase by 10% the number of public health volunteers in order to enhance community resilience in response and recovery from emergencies

Increase public awareness about volunteer opportunities

Conduct regional recruitment and training events

Current, relevant, and authoritative sources of health information are widely accessible and understandable to all segments of the population

Work with appropriate partners to build on or establish a platform to make information publicly accessible and understandable

Promote the availability of this information through multiple avenues such as social media and provider websites

Increase the number of public health volunteers in order to enhance community resilience in response to and recovery from emergencies

Increase public awareness about volunteer opportunities

Conduct regional recruitment and training events

Increase the percentage of Wallingford adults 18-64 years of age who have health coverage through either public or private sectors

Invest in community outreach and consumer engagement. Promote the Health Insurance Exchange and Access Health CT website through community partners.