



WEBINAR: Chronic Disease Prevention and Control

June 19, 2014

Connecticut Department of Public Health



Healthy Connecticut 2020: *A Call to Action*

Today's Agenda

- Overview of State Health Improvement Plan and planning process
- Details about Chronic Disease Prevention and Control Focus Area of the Plan:
 - Areas of Concentration
 - Objectives identified for implementation in Phase 1 (first 3 years)
- Immediate next steps





Connecticut Department
of Public Health

Healthy Connecticut 2020



2 State Health Improvement Plan

Plan Overview



Focus Areas



1. Maternal, Infant, and Child Health



2. Environmental Risk Factors and Health



3. Chronic Disease Prevention and Control



4. Infectious Disease Prevention and Control



5. Injury and Violence Prevention



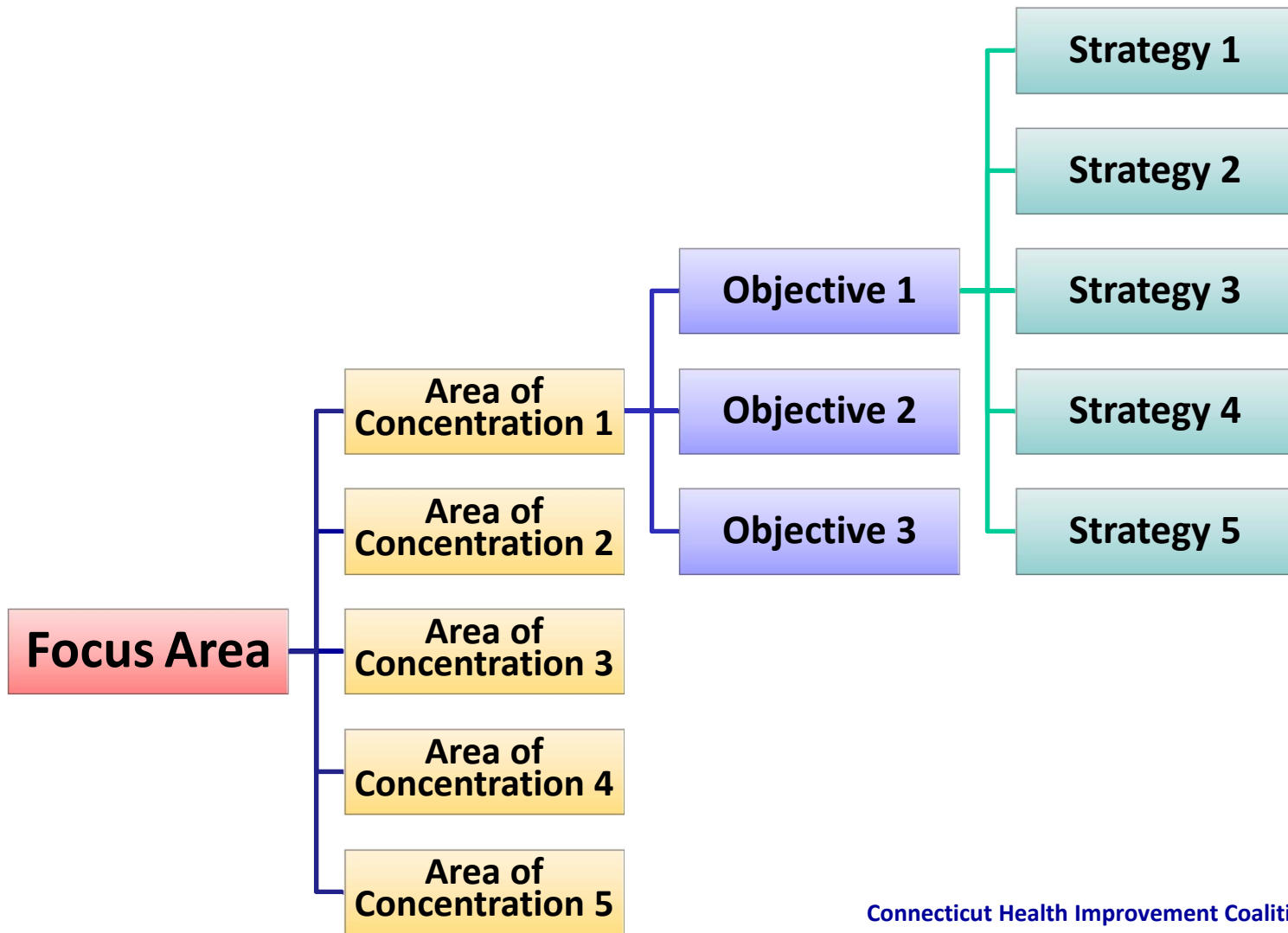
6. Mental Health, Alcohol, and Substance Abuse



7. Health Systems



Plan Layout



Planning Coalition

- Connecticut Health Improvement Planning Coalition
 - 100+ partners led by DPH
 - State and local health agencies
 - Traditional and non-traditional stakeholders
 - Focus Area Work Groups
 - Advisory Council



Guiding Principles

- Health improvement approach
- Evidence-based objectives and strategies
- Balance among scope, relevance, and depth of focus
- Align with national frameworks and standards
- Consistent with existing local and State plans and programs



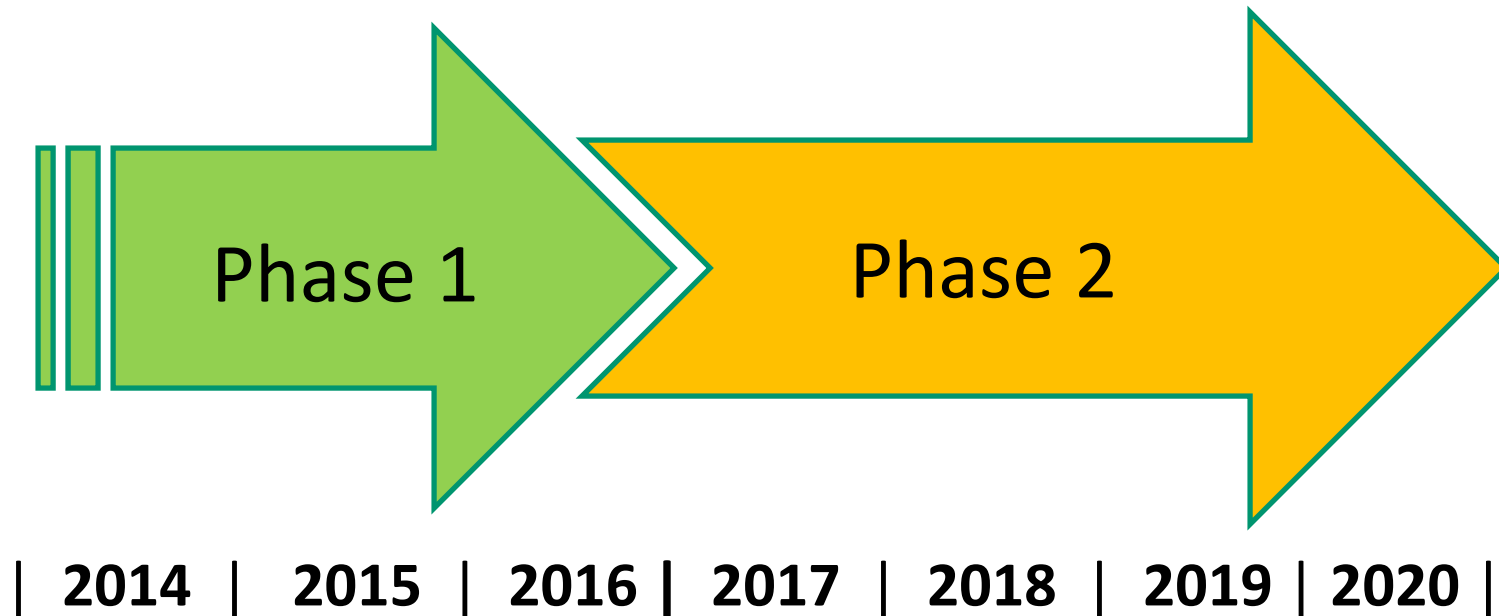
Guiding Principles

- Overarching themes:
 - Health equity =
 - Social and economic determinants of health
- Inspirational and actionable:
A Call to Action



Implementation in 2 Phases

Ph1 = Phase 1





Focus Area 4: Chronic Disease Prevention and Control



Work Group Members

Co-chairs:

Kristin duBay Horton
Bridgeport Health Department

Steve Updegrove
Pediatrician

Members:

Diane Aye
CT Department of Public Health

Anne Elwell
Qualidigm

Constance Kapral
CT Assoc. for Health, PA, Rec reat ion & Dance

Anmarie Beaulieu
CT Children's Medical Center

Nadine Fraser
CT Hospital Association

Peter Kennedy
University of Hartford

Mary Boudreau
CT Oral Health Initiative

Roberta Friedman
Rudd Center for Food Policy & Obesity

Marty Milkovic
CT Dental Health Partnership

Patricia Checko
Public Health Consultant

Lyn Garner
Donaghue Foundation

Lyn Salsgiver
Bridgeport Hospital/YNH Health System

Michelle M. Cloutier
CT Children's Medical Center

Kristen Noelle Hatcher
CT Legal Services

Catherine Wagner
CT State Medical Society

Dawn Crayco
End Hunger CT

Donna Heins
CT State Department of Education

Delores Williams-Edwards
Sickle Cell Disease Association

Mehul Dalal
CT Department of Public Health

Lucinda Hogarty
CT Cancer Partnership

Nancy Yedlin
Donaghue Foundation

Teresa Dotson
CT Academy of Nutrition & Dietetics



Goal

Reduce the prevalence and burden of chronic disease, through sustainable, evidence-based efforts at risk reduction and early intervention



Areas of Concentration

- **Heart disease and stroke** (5 objectives)
- **Cancer** (5 objectives)
- **Diabetes and chronic kidney disease** (5 objectives)
- **Asthma and chronic respiratory disease** (4 objectives)
- **Arthritis and osteoporosis** (2 objectives)
- **Oral health** (4 objectives)
- **Obesity** (2 objectives)
- **Nutrition and physical activity** (1 objective)
- **Tobacco** (2 objectives)

* Area with Phase 1 Objectives



Heart Disease and Stroke

Heart Disease Deaths

Phase 1 Objectives (2):

Reduce the age-adjusted death rate for heart disease; reduce the age-adjusted premature death rate for heart disease

■ By the Numbers

- 7,178 heart disease deaths (2011)
- Premature death:
27,129 years of potential life lost (2011)
- Black non-Hispanics have significantly higher death rates (2006-2010)



■ Implementation Strategies

- Ensure access to/insurance coverage for preventive services
- Media campaigns for healthy lifestyles
- Public education on importance of screenings
- Clinical-community linkages to self-management education & resources



Heart Disease and Stroke

Risk Factor Reduction: High Blood Pressure

Phase 1 Objective:

Reduce the proportion of adults 18+ years of age who have been told they have high blood pressure

■ By the Numbers

- 30% of adults have high blood pressure (2011)
 - 60% of adults with HBP taking medication (2011)
- Black non-Hispanics have significantly higher prevalence (2011)



■ Implementation Strategies

- Advocate for wellness/smoking cessation incentives
- Educate public on lifestyle changes to prevent high blood pressure
- Informing people on importance of screenings



Diabetes

Phase 1 Objectives (2):

Reduce the proportion of adults with diagnosed diabetes; reduce the estimated number of individuals with undiagnosed type 2 diabetes

■ By the Numbers

- 9.1% of adults with diagnosed diabetes (2012)
- 93,000 individuals with undiagnosed type 2 diabetes (2011)



■ Implementation Strategies

- Advocate for universal access to affordable, healthful foods
- Utilize CDC strategies for obesity prevention and guidelines for physical activity
- Expand screenings and referrals for diabetes



Asthma

Phase 1 Objective:

Decrease emergency department visits among all Connecticut residents for which asthma was the primary diagnosis

■ By the Numbers

- 19% of children and 14% of adults were ever told they had asthma (2012)
- 12% of children and 10% of adults currently have asthma (2012)
- Emergency Room visits (FFY 2012)
 - 27,905 All ages
 - 9,475 (34%) <18 years



■ Implementation Strategies (Prevention)

- Advocate to prohibit smoking in cars with children
- Educate public on health effects of poor air quality days
- Implement evidence-based remediation programs



Oral Health

Phase 1 Objectives (2):

*Reduce the proportion of 3rd graders who have dental decay;
reduce dental decay in black non-Hispanic and Hispanic 3rd graders*

- **By the Numbers (2011)**
 - Tooth decay:
 - 19% Preschoolers
 - 29% 1st graders
 - 40% 3rd graders
 - Untreated tooth decay (Grade 3):
 - 12% Overall
 - 9% White non-Hispanic
 - 18% Black non-Hispanic
 - 15% Hispanic

- **Implementation Strategies**
 - Expand use of dental homes through HUSKY insurance
 - Identify and address barriers to access
 - Educate about & maintain fluoridation



Obesity - Adults

Phase 1 Objective:

Decrease the percentage of adults 18+ years of age who are obese

- By the Numbers
 - 26% all adults (2012)
 - 27% male
24% female
 - 36% < \$15,000
23% > \$50,000
 - 33% less than high school
18% college grads
 - 34% black non-Hispanic
32% Hispanic
- Implementation Strategies
 - Partner to develop community gardens and farmers markets
 - Create and promote active living options (e.g., bike lanes)
 - Advocate for insurance coverage for weight loss programs
 - Increase healthy food & drink choices



Obesity - Children

Phase 1 Objective:

Decrease the prevalence of obesity in children 5-12 years of age and students in grades 9-12

- By the Numbers
 - 20% of children 5-12 years of age (2008-2010)
 - 38% with household incomes < \$25,000
 - 12% of high school students (2013)
 - 15% Males
10% Females
 - 10% White
18% Black
19% Hispanic
- Implementation Strategies
 - In vending machines, offer healthy foods and reduce price
 - Implement age-appropriate physical education policies in schools
 - Provide age-appropriate health education



Physical Activity

Phase 1 Objective:

Increase the proportion of adults who meet the recommended 150 minutes or more per week of aerobic physical activity

- By the Numbers (2012)
 - Adults 18+ yrs of age
 - 53% Both sexes
 - 54% Males
 - 51% Females
 - 56% White
 - 47% Black*
 - 37% Hispanic*
 - 61% College Graduate
 - 36% Less than high school*
- Implementation Strategies
 - Promote bicycle- and pedestrian-friendly communities
 - Adopt and advance policies promoting active living and daily physical activity



* Significantly lower than white or college grad



Cigarette Smoking

Phase 1 Objectives (2):

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

- **By the Numbers: % Current Smokers**
 - 16% Adults 18+ yrs of age (2012)
 - 29% Uninsured*
 - 26% Income < \$35,000*
 - 22% 18-34 yrs old*
 - 22% HS grad or less*
 - 22% Disabled*
 - 1.4% Grades 6-8 (2013)
 - 8.9% Grades 9-12 (2013)
- **Implementation Strategies**
 - Insurance coverage and incentives for smoking cessation
 - Higher taxes on tobacco products
 - Increase smoke-free environments
 - Educate parents about secondhand smoke; ban smoking in cars with children



* Significantly higher than all adults



What Next?

- **Methods of implementation:**

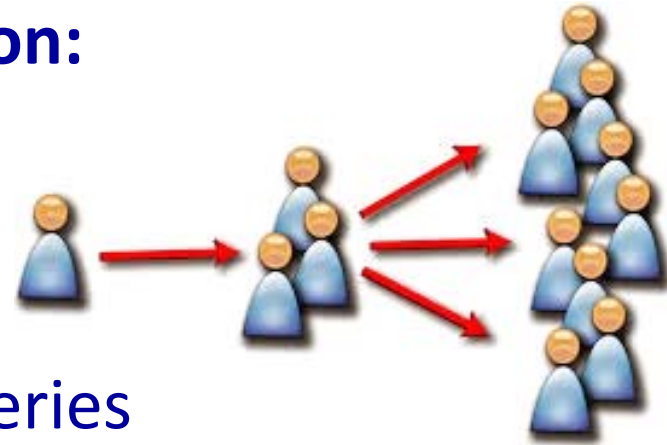
- Publicize the Plan

- Speakers Bureau

- Focus Area webinar series

- Implementation Advisory Council

- Coordinated communication system



What Next?

- **What you or your organization can do:**
 - Join or help grow the Coalition
 - Bring Speakers Bureau to your group
 - Identify goals & objectives for you & your organization, and *consider taking the lead*
 - Develop partnerships in your communities
 - Identify policies needed to improve health



Poll

- Are there objectives in this Focus Area on which your organization is already working or will work?
- Are there objectives in this Focus Area on which your organization might consider taking the lead?



Thank You!



To share what you're working on or where you'd like to take the lead, or for help, please e-mail me:

carol.e.bower@ct.gov

For general questions, additional comments, and information about Speakers Bureau, please e-mail:

HCT2020@ct.gov

To request CEUs, please e-mail:

mattie.adgers@ct.gov

www.ct.gov/dph/HCT2020



Statewide Priorities for DPH

- High blood pressure, heart disease, and stroke
- Obesity
- Vaccine-preventable infectious diseases
- Falls
- Preconception health and inter-conception care; premature/preterm births and low birthweight
- Poor housing conditions
- Unhealthy community design

