

Healthy Connecticut 2020
State Health Improvement Plan

Advisory Council Meeting

September 4, 2015

9:30 am - 11:30 am

State Lab - 395 West St. Rocky Hill

Agenda

Meeting Purpose and Outcome: Begin presentation of completed and near completed Action Agendas. Make progress on identifying and coordinating the Coalition's Action Agenda.

Time	min.	Agenda Item	Speaker/Notes
9:30	10	Welcome & Introductions	<i>AC Chair</i>
9:40	40	Action Team Result – Infectious Disease <ul style="list-style-type: none"> • Overview of ID Action Agenda • Feedback/discussion 	<i>ID Chair, Richard Melchreit</i> <i>All</i>
10:20	40	Action Team Progress – Chronic Disease <ul style="list-style-type: none"> • Overview of CD DRAFT Action Agenda • Feedback/discussion 	<i>CD Co-Chair, Mehul Dalal</i> <i>All</i>
11:00	10	Draft Priority Objectives from other Action Teams	<i>DPH</i>
11:10	15	Sharing Action Agendas/Progress	<i>DPH</i> <i>All</i>
11:25	5	Next Steps <ul style="list-style-type: none"> • Expected Presentations: <ul style="list-style-type: none"> ○ Environmental Health ○ Mental Health ○ and/or MICH • Next Advisory Council meetings: <ul style="list-style-type: none"> ○ 10-07-2015 10:00 am – 12:00 pm @ DPH Lab ○ 11-10-2015 1:30 pm – 3:30 pm @ DPH Lab 	<i>AC Chair</i>



HEALTHY CONNECTICUT 2020 ADVISORY COUNCIL

Meeting Summary
June 15, 2015
9:30 am- 11:00 am

Meeting Purpose and Outcome:

Begin presentation of completed and near completed Action Agendas. Make progress on identifying and coordinating the Coalition's Action Agenda.

Attendees:

Mark Abraham, DataHaven; Patricia Baker, CT Health Foundation/Advisory Council Chair; Daun Barrett, Griffin Hospital – Parish Nurse Program; Yvette Bello, Hartford Foundation for Public Giving; Andrea Boissevain, CT Association of Directors of Health;; Mary Beaudin, CT Oral Health Initiative; Representative Theresa Conroy; Mehul Dalal, CT Dept. of Public Health; Judy Dicine, Chief State's Attorney's Office; Phyllis DiFiore, Dept. of Transportation; Jordana Frost, March of Dimes; Babatunde Green, Dept. of Veteran's Affairs; Jennifer Herz, CBIA; Lynne Ide, Universal Health Foundation; Laura Knapp, Consumer; Jim Maloney, CT Institute for Communities, Inc.; Elaine O'Keefe, Yale School of Public Health; Commissioner Elizabeth Ritter, Dept. of Aging; Mary Kate Mason, Dept. of Mental Health and Addiction Services; Commissioner Jewel Mullen, CT Dept. of Public Health; Kathi Traugh, Connecticut Public Health Association; Lynne Weeks, CT Association of School Based health Centers; Nancy Yedlin, Donaghue Foundation; Robert Zavoski, Dept. of Social Services; Joan Ascheim, CT Dept. of Public Health; Sandy Gill, CT Dept. of Public Health, Kristin Sullivan, CT Dept. of Public Health.

Chronic Disease 2016 ACTION Agenda

Mehul Dalal presented the DRAFT of the Chronic Disease 2016 ACTION Agenda. Four priority areas include: Asthma, Oral Health, Obesity, and Tobacco use. Most of the objectives for 2016 will focus on prevention in children with the intention of forming healthy habits at a young age to reduce prevalence throughout the life span. It was also discussed that strategies addressing children often include engaging the adults in education and advocacy efforts. Preliminary selection of strategies will focus on systemic implementation of evidence based guidelines in multiple settings.

Infectious Disease Prevention 2016 ACTION Agenda

Rich Melchreit presented the DRAFT of the Infectious Disease Prevention 2016 ACTION Agenda. Four priority areas include: Vaccinations for adults and children, flu vaccine, HPV vaccine, and HIV. There had been significant discussion among ACTION Team members regarding the cost of vaccines as either a driver, or a barrier to effectively enhance existing systems. Preliminary selection of strategies will focus on equity of access and replication of model delivery systems to additional settings.

Feedback Discussion

Advisory Council members provided feedback and suggestions to Lead Conveners. Significant themes included coordination with other ACTION Teams that have similar strategies; coordination across Action Teams where there is interest in approaching a common group (i.e. physicians, schools, afterschool organizations), learning to work/communicate with business and industry, and collaborating with partners in promotion and advocacy efforts.



CONNECTICUT HEALTH IMPROVEMENT COALITION

Partners Integrating Efforts and Improving Population Health

Performance Dashboard

Advisory Council members were shown the Performance Dashboard that tracks if we are meeting targets for health improvement. Joan Ascheim showed where in the Dashboard, the refined strategies can be captured, and where Action Plans can be located and uploaded under the appropriate health improvement objective.

Next Steps

- Expected Presentations:
 - Environmental Health
 - Mental Health
 - and/or MICH
- Next Advisory Council meetings:
 - 10-07-2015 10:00 am – 12:00 pm @ DPH Lab
 - 11-10-2015 1:30 pm – 3:30 pm @ DPH Lab



Proposed Objectives for 2016 ACTION Agendas
(as of September 1, 2015)

DRAFT

Maternal Infant and Child Health

- | | | |
|------------|---|-----------------------------------|
| MICH-1 | Reduce the rate of unplanned pregnancies | |
| MICH-5,6,7 | Reduce proportion of low/very low birth weight, proportion of premature birth, and the rate of infant mortality | |
| MICH-8 | Reduce disparity between infant mortality rates for non-Hispanic Blacks and non-Hispanic Whites | |
| MICH-12 | Increase the percentage of children under three receiving dental care | <i>Cross-Reference with CD-22</i> |
| MICH-13 | Increase percentage of parents who complete developmental screening tools consistent with AAP guidelines | |

Environmental Health

- | | | |
|-------|---|-----------------------------------|
| ENV-1 | Reduce the prevalence rate of children less than 6 years of age with confirmed blood lead levels at or above the CDC reference value (5 µg/dL). | |
| ENV-4 | Reduce the average number of days/year the Air Quality Index (AQI) exceeds 50. | |
| ENV-5 | Increase public awareness of the presence and risks of poor air quality days. | <i>Cross-Reference with CD-16</i> |
| ENV-6 | Increase the enforcement of minimum housing code standards through the collaboration of code enforcement agencies. | |

Chronic Disease Prevention

- | | | |
|-------|--|-------------------------------------|
| CD-16 | Decrease the rate of Emergency Department visits among all Connecticut residents for which asthma was the primary diagnosis. | <i>Cross-Reference with ENV-5</i> |
| CD-22 | Reduce the proportion of children in third grade who have dental decay | <i>Cross-Reference with MICH-12</i> |
| CD-27 | Reduce the prevalence of obesity in children 5-12 years of age and students in grades 9-12. | |
| CD-30 | Reduce the prevalence of smoking among students in grades 6-8 and 9-12. | |



Infectious Disease Prevention

- ID-1 Increase vaccination coverage levels for ACIP recommended vaccines among children and adults.
- ID-5 Increase the percentage of adults who are vaccinated annually against seasonal influenza.
- ID-7 Increase HPV vaccination rates for male and female adolescents 13 to 17 years of age to meet CDC guidelines.
- ID-12 Reduce the number of diagnosed cases of HIV overall, among men who have sex with men (MSM) and among black females.

Injury and Violence Prevention

- IV-1 Decrease the number of fall deaths among persons of all ages
- IV-3,4 Reduce the number of deaths and hospitalizations for unintentional poisonings
- IV-6 Reduce the number of deaths from motor vehicle crashes
- IV-12,14 Reduce suicide rates for persons 15-64 years of age; Reduce proportion of students in grades 9-12 who attempted suicide in the past 12 months.
- IV-18, 22 Reduce the incidence of sexual violence; Decrease the number of child maltreatment cases

Mental Health and Substance Abuse

- MHSA-1 Decrease the rate of mental health emergency department visits.
- MHSA-5 Reduce the non-medical use of pain relievers across the lifespan (ages 12 and older).
- MHSA-8 Increase trauma screening by primary care and behavioral health providers.



CONNECTICUT
HEALTH IMPROVEMENT COALITION
Partners Integrating Efforts and Improving Population Health

Healthy Connecticut 2020
State Health Improvement Plan
Advisory Council Meeting

Friday, September 4, 2015

9:30-11:30 A.M.

State Lab - 395 West St. Rocky Hill

Agenda

Welcome & Introductions

AC Chair

Action Team Result – Infectious Disease

- Overview of ID Action Agenda
- Feedback/discussion

*ID Chair, Richard Melchreit
All*

Action Team Progress – Chronic Disease

- Overview of CD DRAFT Action Agenda
- Feedback/discussion

*CD Co-Chair, Mehul Dalal
All*

Draft Priority Objectives from other Action Teams

DPH

Sharing Action Agendas/Progress

DPH

Next Steps & Meeting Dates

AC Chair

- Expected Presentations: Environmental Health; Mental Health; and/or MICH
- Next Advisory Council meeting – 10/7/15 @ 10 am

Meeting Purpose and Outcomes

- Begin presentation of completed and near completed Action Agendas.
- Make progress on identifying and coordinating the Coalition's Action Agenda.

ID Chair, Richard Melchreit

Action Team Result – Infectious Disease

SHIP Action Team Focus Area 4: Infectious Diseases



Richard Melchreit, MD
Action Team 4 Co-lead
HAI Coordinator, DPH



September 4, 2015

Infectious Disease Prevention

Proposed Objectives for 2016 Action Agenda

ID-1	Increase vaccination coverage levels for ACIP recommended vaccines among children and adults.
ID-5	Increase the percentage of adults who are vaccinated annually against seasonal influenza.
ID-7	Increase HPV vaccination rates for male and female adolescents 13 to 17 years of age to meet CDC guidelines.
ID-12	Reduce the number of diagnosed cases of HIV overall, among men who have sex with men (MSM) and among black females.

Focus Area 4: Infectious Disease Prevention and Control

Goal 4: Prevent, reduce and ultimately eliminate the infectious disease burden in Connecticut.

Area of Concentration: Vaccine-Preventable Diseases

SHIP Objective: ID-1: Increase by 5% the vaccination coverage levels for Advisory Committee on Immunization Practices (ACIP) recommended vaccines among children and adults.

- Dashboard Indicator:**
- Vaccine coverage levels for ACIP recommended vaccines among children 19 - 35 months of age.
 - Varicella vaccine coverage levels for ACIP recommended vaccines among adolescents 13 to 17 years of age.
 - Tdap vaccine coverage levels for ACIP recommended vaccines among adolescents 13 - 17 years of age.
 - Meningococcal conjugate vaccine coverage levels for ACIP recommended vaccines among adolescents (13 – 17 years of age).

Strategies	Actions and Timeframes	Partners Responsible	Progress
<p>Assure costs of vaccines/administration for all ages are covered by all insurers.</p> <p>Maintain and expand access to ACIP recommended vaccines for children (Human Papillomavirus (HPV), hepatitis A, rotavirus, influenza).</p>	<p>Expand the vaccines offered through the Connecticut Vaccination Program (CVP) for all children through age 18, regardless of insurance status to include: influenza, HPV, rotavirus, hepatitis A.</p> <ul style="list-style-type: none"> ➤ Submit budget option for expansion of CVP <p>Due: 1/1/16</p>	<p>DPH, Academy of Pediatrics-CT chapter, Pediatricians, Community Health Centers, local health departments, SHIP Advisory Council, CT Vaccine Advisory Committee, American Federation of Teachers-CT (AFT-CT), Yale Emerging Infections Program</p>	
<p>Maintain and expand Connecticut Immunization Registry and Tracking System (CIRTS) to include immunizations administered through age 18; implement comprehensive reminder/recall systems.</p>	<p>1. Enable Electronic Health Records (EHR) to report directly to the registry</p> <ul style="list-style-type: none"> ➤ Implement interoperability grant. <p>Due: 10/1/16</p> <p>2. Increase access by increasing the number of providers and local health departments using CIRTS</p> <ul style="list-style-type: none"> ➤ Propose legislation to expand reporting to CIRTS immunizations administered from age 6 to age 18. ➤ Propose legislation to require electronic reporting to CIRTS. <p>Due: 1/1/16</p>	<p>DPH, CDC, private physicians, BEST (IT)</p> <p>DPH, Academy of Pediatrics-CT chapter, Pediatricians, Community Health Centers, SHIP Advisory Council, CT Vaccine Advisory Committee, American Federation of Teachers-CT (AFT-CT), Yale Emerging Infections Program, Academy of Family Physicians, CT State Medical Society, Local Health Departments, Connecticut Public Health Association (CPHA), CT Association of Directors of Public Health (CADH), legislature</p>	

- Resources Required (human, partnerships, financial, infrastructure or other)**
- Human/partnerships: Advocacy from partners
 - Financial: \$23,100,000 in state budget and funding from the CDC

- Monitoring/Evaluation Approaches**
- Provide quarterly report outs
 - Regular reports from Connecticut legislation available on their website
 - DPH Government Relations gives updates on StateScape

Focus Area 4: Infectious Disease Prevention and Control

Goal 4: Prevent, reduce and ultimately eliminate the infectious disease burden in Connecticut.

Area of Concentration: Vaccine-Preventable Diseases

SHIP Objective: ID-5: Increase by 5% the percentage of adults who are vaccinated annually against seasonal influenza.

Dashboard Indicator:

- Percent of youth in Connecticut under 18 years of age who are vaccinated annually against seasonal influenza.
- Percent of adults in Connecticut (18 years of age and older) who are vaccinated annually against seasonal influenza.
- Percent of adults (65 years of age and older) in Connecticut who are vaccinated annually against seasonal influenza.

Strategies	Actions and Timeframes	Partners Responsible	Progress
Same as ID-1	Same as ID-1	Same as ID-1	
<p>Develop new and diverse venues for influenza vaccine administration and culturally appropriate outreach to ensure access to all population groups.</p>	<p>Increase venues and outreach for flu vaccine administration through local health departments.</p> <ul style="list-style-type: none"> ➤ Encourage local health departments to use a proportion of their Public Health Emergency Preparedness (PHEP) fund allocations to run flu clinics (e.g. drive-thru or Point of Dispensing sites (PODs)) <p>Due: 1/1/16</p>	<p>DPH, Local Public Health Office, Public Health Emergency Preparedness (PHEP), Local Health Departments, CT Association of Directors of Public Health (CADH), Department of Social Services (DSS)</p>	

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

- Financial: PHEP funds

Monitoring/Evaluation Approaches

- Provide quarterly report outs from DPH Public Health Emergency Preparedness program

Focus Area 4: Infectious Disease Prevention and Control

Goal 4: Prevent, reduce and ultimately eliminate the infectious disease burden in Connecticut.

Area of Concentration: Vaccine-Preventable Diseases

SHIP Objective: ID-7: Increase by 20% HPV vaccination rates for male and female adolescents 13 to 17 years of age to meet CDC guidelines.

Dashboard Indicator:

- Rate of HPV vaccinations for female adolescents 13 to 17 years of age meeting CDC guidelines.
- Rate of HPV vaccinations for male adolescents 13 to 17 years of age meeting CDC guidelines.

Strategies	Actions and Timeframes	Partners Responsible	Progress
Educate providers about vaccine availability, delivery, cost and practice guidelines.	Launch public communication campaign. ➤ Call-to-action letter from DPH Commissioner to physicians. Due: 1/1/16 ➤ Social media message on DPH website, Twitter, Facebook, etc. Due: 10/1/16	DPH Office of Communications, American Academy of Pediatrics-CT chapter (CT-AAP), Connecticut Cancer Partnership, CT Vaccine Advisory Committee	
Educate parents and providers about the cancer prevention benefits of the HPV vaccine.			

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

- In-kind DPH staff

Monitoring/Evaluation Approaches

- Review of DPH website for social media, call-to-action

Focus Area 4: Infectious Disease Prevention and Control

Goal 4: Prevent, reduce and ultimately eliminate the infectious disease burden in Connecticut.

Area of Concentration: HIV

SHIP Objective: ID-12: Reduce by 5% the number of diagnosed cases of HIV overall, among men who have sex with men (MSM) and among black females.

- Dashboard Indicator:**
- Number of newly diagnosed cases of HIV in Connecticut overall.
 - Number of newly diagnosed cases of HIV in Connecticut among men who have sex with men (MSM).
 - Number of newly diagnosed cases of HIV in Connecticut among black females.

Strategies	Actions and Timeframes	Partners Responsible	Progress
<p>Implement routine screening programs to increase early detection of HIV.</p>	<p>Establish routine testing initiatives throughout the state at healthcare facilities, modeled after the YNHH's AIDS Care Program's HIV testing program, CSHHC, other successful programs.</p> <ul style="list-style-type: none"> ➤ Complete expansion of YNHH program to 2 School-Based Health Centers (SBHCs). Due: 1/1/16 ➤ Expand program to other Yale New Haven Health System (YNHHS) hospitals (Bridgeport, Greenwich). Due: 7/1/16 ➤ Begin to expand program to other settings (e.g. Federally Qualified Health Centers (FQHC), Corrections). Due: 10/1/16 ➤ Assessment (key informant interviews) of private providers on barriers and possible ways to facilitate testing. Due: 4/1/16 	<p>DPH, YNHH's AIDS Care Program, Cornell Scott-Hill Health Center (CSHHC), Center for Interdisciplinary Research on AIDS (CIRA)</p>	
<p>Promote utilization of partner referral services for HIV-positive individuals.</p>	<p>1. Establish partner referral services throughout the state at healthcare facilities, modeled after the YNHH's AIDS Care Program's partner referral initiative, CSHHC, other successful programs.</p> <ul style="list-style-type: none"> ➤ Add additional language to DPH HIV contracts for testing services in clinical settings <p>Due: 1/1/16</p>	<p>DPH</p>	

Strategies	Actions and Timeframes	Partners Responsible	Progress
<p>Develop coordinated HIV surveillance, prevention and care data systems to monitor Connecticut trends in the HIV continuum and effectively target resources/interventions.</p>	<p>Coordinate data collection, identify data needs, and evaluate approaches for identifying people who are unaware of their status and link them and their patient level data with community viral load.</p> <ul style="list-style-type: none"> ➤ Assessment of current use of data linkage capabilities. Due: 4/1/16 ➤ Workshop for providers on linkage of data sets that they use. Due: 7/1/16 ➤ Submit Meaningful Use testimony regarding possible linkage improvements. Due: 10/1/16 	<p>Connecticut HAI/AIDS Identification and Referral Task Force (CHAIR includes: Community Renewal Team (CRT), Yale University, AIDS Project New Haven, City of Hartford Health Department (RWPA), Hill Health Center, CIRA, DPH, New England AIDS Education and Training Center (NEAETC-LPS), Yale New Haven Hospital, Community Health Center Association of Connecticut, Gilead Sciences, Hartford Gay and Lesbian Health Collective, Greater Bridgeport Area Prevention Program (GBAPP), University of Connecticut, Connecticut Children's Medical Center (CCMC), AIDS Project Greater Danbury, AIDS CT (ACT), City of New Haven (RWPA), World Health Clinicians (WHC), Institute for Community Research (ICR))</p>	
<p>Explore use of pre-exposure prophylaxis (PrEP) as preventive measure for persons engaging in high-risk behaviors.</p>	<p>1. Establish PrEP programs in conjunction with risk reduction and adherence counseling throughout the state at healthcare facilities, modeled after YNHHS's AIDS Care Program, CSHHC, other successful programs.</p> <ul style="list-style-type: none"> ➤ Expand program to other YNHHS hospitals (Bridgeport, Greenwich). Due: 7/1/16 ➤ Perform an assessment of the translation of PrEP and implementation in setting beyond the successful programs in HIV clinic (e.g., Yale) and community clinic (e.g., Cornell Scott) settings, and make recommendations on both the feasibility and best means of such expansion. Due: 10/1/16 ➤ Begin to expand program to other settings (e.g., Community health Centers, Planned Parenthood, Corrections). Due: 10/1/16 <p>2. Expand PrEP awareness in CT using social media and other CDC PrEP social marketing campaigns, like bus ads.</p> <ul style="list-style-type: none"> ➤ Public information campaign using bus ads, Ryan White educational and awareness materials. Due: 1/1/16 ➤ Distribute PrEP providers list via social media, Everbridge. Due: 1/1/16 	<p>DPH, YNHHS's AIDS Care Program, CHAIR, ICR, CSHHC</p>	
<p>Resources Required (human, partnerships, financial, infrastructure or other)</p> <ul style="list-style-type: none"> • Human/Partnerships: Provision of HIV test kits, CT AIDS Education and Training Center (TBD), DPH Data analysts, Interns in DPH HIV Surveillance program and CDC support, In-kind DPH and CIRA staff time, DPH PrEP awareness campaign materials (already available, current DPH-funded prevention contractor staff) • Financial: (Current) \$90,000 			
<p>Monitoring/Evaluation Approaches</p> <p>Provide quarterly report outs</p> <p>Contract reports from YNHHS to DPH, Data on routine testing from site to DPH, Final report of assessment, Data collected from sites by DPH PrEP coordinator, DPH social media, Everbridge reports, Final Assessment Reports, DPH HIV Prevention and Health Care and Support Services</p>			

Feedback/Discussion

CD Co-Chair, Mehul Dalal

Action Team Progress – Chronic Disease

Chronic Disease Prevention

Proposed Objectives for 2016 Action Agenda

CD-16	Decrease the rate of Emergency Department visits among all Connecticut residents for which asthma was the primary diagnosis. Cross-Reference with ENV-5 (air quality)
CD-22	Reduce the proportion of children in third grade who have dental decay Cross-Reference with MICH-12 (children dental care)
CD-27	Reduce the prevalence of obesity in children 5-12 years of age and students in grades 9-12.
CD-30	Reduce the prevalence of smoking among students in grades 6-8 and 9-12.

Focus Area 3: Chronic Disease Prevention

Goal 3: *Reduce the prevalence and burden of chronic disease through sustainable, evidence-based efforts at risk reduction and early intervention.*

Area of Concentration: Asthma and Chronic Respiratory Disease (A)

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

Dashboard Indicator: Target Population(s): Connecticut Overall; Baseline: 652.7 per 100,000 (2011); 2020 Target: 620.1 per 100,000

Data Source: Connecticut Department of Public Health, Office of Health Care Access

Strategies	Actions and Timeframes	Partners Responsible	Progress
<p><i>Communications, Education, and Training</i></p> <p>Promote the use of evidence-based asthma guidelines (e.g. Easy Breathing and other Programs) by primary care clinicians and dentists and other dental and medical professionals.</p>	<p>Ascertain where EB/other such programs are currently in place in the state to facilitate plans for areas of focus/resources to share best practices. (by calendar end 2015)</p>	<p>DPH, CHA</p>	
	<p>Establish advisory group from key stakeholder organizations to assist in identification of evidence-based guideline materials/communications plan, and educational program planning. (by January end 2016)</p>	<p>Representatives from DPH, CHA, Dental Association, Primary Care Association (FQHCs), Pediatric Association, School Nurse Association, CT State Medical Society, large medical group practices, DPH medical home participants, school-based health centers/others.</p>	
	<p>Identify groups/audience for dissemination of information and promotion of educational programs. (by January end 2016)</p>	<p>Advisory Group As above</p>	
	<p>Identify evidence-based guideline materials and develop communications. (by February end 2016)</p>	<p>Advisory Group As above</p>	

Strategies	Actions and Timeframes	Partners Responsible	Progress
	Send materials to /communicate with (at association meetings, etc.) identified groups including Dental Association, Primary Care Association (FQHCs), Pediatric Association, School Nurse Association, CT State Medical Society, large medical group practices, DPH medical home participants, school-based health centers. (by April end 2016, and again in May 2016)	Organizations represented in Advisory Group	
	Offer CME awarded educational programs on evidence-based guidelines/asthma care. (first, April 2016, second, September 2016)	DPH, CHA in collaboration with Advisory Group organizations	
	Tap pulmonary departments at UConn Health, Connecticut Children's Medical Center, Yale New Haven Hospital/Yale University and asthma program/professional leaders for program development and faculty.	Advisory Group As above	
	Partner with Community Health Network/DSS, insurers, and pharmaceutical companies to promote evidence-based guidelines/asthma care. (initiate January 2016, identify ways to collaborate on education and dissemination of information March 2016)	Community Health Network/DSS, Anthem, Connecticare, Aetna, GlaxoSmithKline	
	Develop and implement mechanism to assess changes in practice/asthma care – through website, phone survey etc. (October/November 2016)	Advisory Group As Above	
Resources Required (human, partnerships, financial, infrastructure or other)			
<ul style="list-style-type: none"> Facilities for education, electronic/website communication capability, funding for materials/possible honoraria. Funding for evidence-based primary care training (such as Easy Breathing programs). 			
Monitoring/Evaluation Approaches			
<ul style="list-style-type: none"> Provide quarterly reports including ED visit rate, number of clinicians/practices trained, number of participants attending education programs, education program evaluations, feedback/assessment results from clinicians/practices. 			

Focus Area 3: Chronic Disease Prevention

Goal 3: *Reduce the prevalence and burden of chronic disease through sustainable, evidence-based efforts at risk reduction and early intervention.*

Area of Concentration: Asthma and Chronic Respiratory Disease (B)

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

Dashboard Indicator: Target Population(s): Connecticut Overall; Baseline: 652.7 per 100,000 (2011); 2020 Target: 620.1 per 100,000

Data Source: Connecticut Department of Public Health, Office of Health Care Access

Strategies	Actions and Timeframes	Partners Responsible	Progress
<p>Implement evidence-based, comprehensive asthma programs (patient self-management, environmental assessment, and remediation at home, at school, and in the workplace, e.g., Putting on AIRs, Tools for Schools, Healthy Homes).</p>	<p>Work with (partners implement through own organizations in collaboration) providers, hospitals, clinics to ensure that patients have written asthma management plans and that they are communicated to school nurses and other members of the health care team (all clinicians involved).</p>	<p>Representatives from DPH, CHA, Dental Association, Primary Care Association (FQHCs), Pediatric Association, School Nurse Association, CT State Medical Society, large medical group practices, DPH medical home participants, school-based health centers/others.</p>	
	<p>Promote information about resources for asthma support (home evaluation, case management) written materials in physician offices/clinics, hospitals, possible public service announcement, websites and social media.</p>	<p>Advisory group as above.</p>	
	<p>Collaborate with school nurses to identify and address barriers in use of asthma management plans.</p>	<p>Advisory group as above.</p>	

Strategies	Actions and Timeframes	Partners Responsible	Progress
	Identify target organizations for information dissemination beyond healthcare – schools, churches, YMCAs etc.	Advisory group as above.	
	Mobilize providers, schools, public, through dissemination of information, regular communication, meetings re: components of comprehensive asthma care and support.	Advisory group as above.	
	Connect clinicians with local departments of health and municipalities to assess opportunities for home intervention and environmental improvement.	Directors of Health, primary care providers, asthma educators, town leaders.	
	Explore mechanisms of support for affordable medications.	Pharmaceutical company(s)	
	Explore reimbursement for asthma education, home assessment, case management.	Insurers.	

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

- Facilities for meeting, electronic/website communication capability, funding for home assessment programs,

Monitoring/Evaluation Approaches

- Provide quarterly reports, track home assessment referrals, practices and clinics using asthma management plans, survey patients through BRFSS.

Focus Area 3: Chronic Disease Prevention

Goal 3: Reduce the prevalence and burden of chronic disease through sustainable, evidence-based efforts at risk reduction and early intervention.

Area of Concentration: Oral Health

SHIP Objective CD-22: Reduce to 35% the proportion of children in third grade who have dental decay.

Dashboard Indicator: Target Population(s): Children in grade 3; Baseline: 40.0% (2010-2011); 2020 Target: 35.0%

Data Source: Connecticut Department of Public Health, Every Smile Counts: The Oral Health of Connecticut's Children Report, Key Finding #1

Strategies	Actions and Timeframes	Partners Responsible	Progress
<p>Strategy 1: To maintain the community water fluoridation statute with the new U.S. Dept. Health and Human Services' recommendation for the optimal fluoride level by educating the public and policy makers on the safety and benefits of community water fluoridation (CWF).</p>	<ul style="list-style-type: none"> • Continue the work of the Community Water Fluoridation Work Group (CWFWG) of diverse stakeholders to facilitate education, communication and advocacy on the science and benefits of CWF. <ul style="list-style-type: none"> ○ Current to May 2016 	<p>Partners: Current CWFWG</p>	
	<ul style="list-style-type: none"> • Facilitate workshops to develop strategic plans and effective communications to result in passage of revised CWF statute. <ul style="list-style-type: none"> ○ By September 2015 	<p>Partners: CWFWG, CT Coalition on Oral Health (CTCOH), Children's Dental Health Project, CT Health Foundation (CT Health), CT State Dental Association (CSDA), CT Health Foundation Oral Health Advocate Grantees</p>	
	<ul style="list-style-type: none"> • Identify Legislative Champions for passage of CWF legislation that matches the recommendation of the CT Department of Public Health proposal. <ul style="list-style-type: none"> ○ By December 2015 	<p>Partners: CSDA, COHI, CTCOH Policy & Advocacy Workgroup, CT Health Foundation Oral Health Advocacy Grantees</p>	

Strategies	Actions and Timeframes	Partners Responsible	Progress
	<ul style="list-style-type: none"> • Develop and disburse communication and outreach programs to the public and policy makers to inform about the safety and benefits of community water fluoride. <ul style="list-style-type: none"> ○ Start in September 2015 – May 2016 	Partners: CFWFG, CTCOH, COHI, CSDA, CT Health OH Advocate grantees, CT Dental Hygienists' Association (CDHA), CT Dental Assistants' Association (CDAA), Consortium on Oral Adults of Older Adults	
<p>Resources Required (human, partnerships, financial, infrastructure or other)</p> <ul style="list-style-type: none"> • Required <ul style="list-style-type: none"> ○ Development of legislative language for revising current statute ○ Funding for education and awareness campaign and meeting support • Sources <ul style="list-style-type: none"> ○ DPH for development of legislative language ○ Funding for training being provided by CT Health Foundation, CSDA and DPH 			
<p>Monitoring/Evaluation process:</p> <ul style="list-style-type: none"> • Expected Outcome: <ul style="list-style-type: none"> ○ Primary: Successful passage of a DPH proposed legislation on CWF. ○ Secondary: <ul style="list-style-type: none"> ▪ Development of diverse stakeholders to facilitate education, communication and advocacy on the science and benefits of CWF. ▪ Development of oral health expertise and awareness among legislators ▪ Support of CWF by the public and press • Evaluation <ul style="list-style-type: none"> ○ Process outcomes: <ul style="list-style-type: none"> ▪ Number of individual and organizational participants in Work Groups and meetings. ▪ Diversity of organizations involved ▪ Survey on effectiveness of trainings ▪ Identification of legislative champions ▪ Listing of communications and outreach programs and number of people reached ○ Provide Quarterly reports 			

Focus Area 3: Chronic Disease Prevention

Goal 3: *Reduce the prevalence and burden of chronic disease through sustainable, evidence-based efforts at risk reduction and early intervention.*

Area of Concentration: Oral Health

SHIP Objective CD-22: Reduce to 35% the proportion of children in third grade who have dental decay.

Dashboard Indicator: Target Population(s): Children in grade 3; Baseline: 40.0% (2010-2011); 2020 Target: 35.0%

Data Source: Connecticut Department of Public Health, Every Smile Counts: The Oral Health of Connecticut’s Children Report, Key Finding #1

Strategies	Actions and Timeframes	Partners Responsible	Progress
<p>Strategy 2: To enhance the use of dental sealants in school-based programs and promote the effectiveness and efficiency of dental sealants to prevent decay, through education, awareness with culturally and linguistically appropriate campaigns.</p>	<ul style="list-style-type: none"> • Convene Dental Sealant Advisory by the Dept. of Public Health to provide opportunities on lessons learned, best practices, education and technical assistance. <ul style="list-style-type: none"> ○ Current to 2018 	<p>Partner: DPH Office of Oral Health (OOH)</p>	
	<ul style="list-style-type: none"> • Develop and disseminate an RFP to establish or expand dental sealants in school-based programs. <ul style="list-style-type: none"> ○ September 2015 – January 2016 	<p>Partner: DPH OOH</p>	
	<ul style="list-style-type: none"> • Award funding to successful applicants of RFP. <ul style="list-style-type: none"> ○ January – March 2016 	<p>Partner: DPH OOH</p>	
	<ul style="list-style-type: none"> • Conduct data collection to develop lesson learns and best practices <ul style="list-style-type: none"> ○ Current to 2018 	<p>Partner: DPH OOH</p>	

Strategies	Actions and Timeframes	Partners Responsible	Progress
	<ul style="list-style-type: none"> • Education and awareness campaigns to select targeted audiences to increase sealant placement in school-based programs. (i.e., school district administrators and boards, school administrators, staff and teacher and parents) <ul style="list-style-type: none"> ○ Current to 2018 	Partners: DPH, CDHP, CASBHC, Local health departments, FQHCs, CTCOH	
	<ul style="list-style-type: none"> • Identify and promote training opportunities for dental providers in best practices for the delivery of dental sealants to increase the number of children receiving sealants. <ul style="list-style-type: none"> ○ Current – 2018 	Partners: DPH,	
	<ul style="list-style-type: none"> • Develop policy statement that all dental insurance plans cover dental sealants. <ul style="list-style-type: none"> ○ By May 2016 	Partners: DPH, CTCOH, COHI, CSDA, CDHA, CBIA, Insurance companies	
	<ul style="list-style-type: none"> • Develop policy statements that all children should receive sealants. <ul style="list-style-type: none"> ○ By May 2016 	Partners: DPH, CTCOH, COHI, CSDA, CDHA	

Focus Area 3: Chronic Disease Prevention

Goal 3: *Reduce the prevalence and burden of chronic disease through sustainable, evidence-based efforts at risk reduction and early intervention.*

Area of Concentration: Oral Health

SHIP Objective CD-22: Reduce to 35% the proportion of children in third grade who have dental decay.

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

- Required:
 - Sealant program expansion in schools
 - Education and awareness campaign of sealants
- Sources:
 - Funding from DPH 's grants from CDC and HRSA for school-based sealant programs
 - Need other funding for campaigns

Monitoring/Evaluation process:

- Expected Outcomes:
 - Primary:
 - Increase number school-based dental programs providing dental sealants by 5% by December 2016.
 - Secondary:
 - Increase number of children who have received at least one dental sealant on a permanent molar provided in a school-based program.
 - Increase the number of school-based programs in high-need schools (located in Dental Health Professional Shortage Area) (DHPSA) and or 50% or more free and reduced lunch eligibility) providing dental sealants.
 - Development of policy statement that all insurance cover dental sealants.
 - Development of policy statement that all children should receive sealants.
- Evaluation
 - Process Outcomes:
 - Number of dental professionals trained on best practices of sealants
 - Report of survey results on effectiveness of trainings
 - Listing of communications and outreach programs and number of people reached
 - Provide Quarterly reports

Focus Area 3: Chronic Disease Prevention

Goal 3: Reduce the prevalence and burden of chronic disease through sustainable, evidence-based efforts at risk reduction and early intervention.

Area of Concentration: Oral Health

SHIP Objective CD-22: Reduce to 35% the proportion of children in third grade who have dental decay.

Dashboard Indicator: Target Population(s): Children in grade 3; **Baseline:** 40.0% (2010-2011); **2020 Target:** 35.0%

Data Source: Connecticut Department of Public Health, Every Smile Counts: The Oral Health of Connecticut’s Children Report, Key Finding #1

Strategies	Actions and Timeframes	Partners Responsible	Progress
<p>Strategy 3: To enhance the acceptance and use of fluoride varnish for decay prevention in school-based programs, primary care practices and community access points and promote the effectiveness and efficiency of fluoride varnish to prevent decay, through education and awareness with culturally and linguistically appropriate campaigns.</p>	<ul style="list-style-type: none"> • Advocate for fluoride varnish as part of oral health integration in medical practices through the State Innovation Model and the Department of Social Service integrating it in its patient-centered medical home models as a critical factor. <ul style="list-style-type: none"> ○ Current to 2017 	<p>Partners: COHI, CTCOH, CT Health Foundation and its Oral Health Advocacy Grantees, CSDA, CASBHC</p>	
	<ul style="list-style-type: none"> • Convene oral health stakeholders to provide opportunities on lessons learned, best practices, education and technical assistance. <ul style="list-style-type: none"> ○ Start in January 2016 	<p>Partner: CT Chapter of the American Academy of Pediatrics (CT AAP), CTCOH, DPH OOH</p>	
	<ul style="list-style-type: none"> • Identify and promote training opportunities for medical providers in best practices for the delivery of fluoride varnish to increase the number of children receiving the decay prevention application. <ul style="list-style-type: none"> ○ Current – 2018 	<p>Partners: CT AAP, DPH, CT Train, From the First Tooth, EPIC, CT Association of Pediatrics, CT Academy of Pediatric Dentistry</p>	

Strategies	Actions and Timeframes	Partners Responsible	Progress
	<ul style="list-style-type: none"> • Develop policy statement that all medical insurance plans cover fluoride varnish in medical homes through the age of 21 year of age. <ul style="list-style-type: none"> ○ By May 2016 	Partners: DPH, CTCOH, COHI, CSDA, CDHA, CBIA,	
	<ul style="list-style-type: none"> • Develop policy statements that all children should receive fluoride varnish at least twice a year when appropriate. <ul style="list-style-type: none"> ○ By May 2016 	Partners: DPH, CTCOH, COHI, CSDA, CDHA	
<p>Resources Required (human, partnerships, financial, infrastructure or other)</p> <ul style="list-style-type: none"> • Funding • Expansion of insurance coverage for children 6 years and older 			
<p>Monitoring/Evaluation Approaches</p> <ul style="list-style-type: none"> • Expected Outcomes: <ul style="list-style-type: none"> ○ Primary: Increase the number of children receiving fluoride varnish application in school-based programs, medical homes and community access points. ○ Secondary: <ul style="list-style-type: none"> ▪ Increase number school-based programs providing fluoride varnish ▪ Increase number of fluoride varnishes provided in school-based programs ▪ Increase the number of types of organizations involved in providing fluoride varnish. ▪ Development of policy statement that all medical insurance cover fluoride varnish for all children through 21 years of age. ▪ Development of policy statement that all children should receive fluoride varnish at least twice per year. ○ Evaluation <ul style="list-style-type: none"> ▪ Process Outcomes: <ul style="list-style-type: none"> • Report of survey results on effectiveness of trainings • Listing of communications and outreach programs and number of people reached • Number of medical professionals trained on best practices of fluoride varnish ▪ Provide Quarterly reports 			

Focus Area 3: Chronic Disease Prevention

Goal 3: Reduce the prevalence and burden of chronic disease through sustainable, evidence-based efforts at risk reduction and early intervention.

Area of Concentration: Obesity

SHIP Objective CD - 27: Reduce by 5% the prevalence of obesity in children 5-12 years of age and students in grades 9-12.

Dashboard Indicator 1: Target Population(s): Students in grades 9-12; **Baseline:** 12.5% (2011); **2020 Target:** 11.9%

Dashboard Indicator 2: Target Population(s): Children 5-12 years of age; **Baseline:** 19.9% (2008-2010); **2020 Target:** 18.9%

Data Source 1: Connecticut School Health Survey

Data Source 2: Connecticut Behavioral Risk Factor Surveillance System

Strategies	Actions and Timeframes	Partners Responsible	Progress
<p>Increase the availability of healthy options for children and families in community settings with a focus on improving the nutritional quality of food served in food assistance programs. (rationale covers parents and children, targets population with document health disparities)</p>	<ul style="list-style-type: none"> • Inventory existing initiatives working to improve nutritional quality of food served in food assistance programs by Dec 2015 • Identify specific gaps or improvement opportunities by Dec 2105 • Determine the number of children or families with children impacted by food assistance programs by Feb 2016 • Research any available food donation or food procurement guidelines or standards for food assistance programs by Feb 2016 • If needed, adapt or develop such guidelines by April 2016 • Promote adoption of food procurement/donation guidelines (how? Who?) by Sept 2016 	<p><i>PROPOSED:</i> END HUNGER CT, CT FOOD BANK, Foodshare Local Food Policy Councils, Rudd, UCHC Center for Public Health and Health Policy, Faith-based organization, Regional Health Coalitions (Get Healthy CT), Local Health Depts, SNAP-ED nutrition education programs</p>	

Strategies	Actions and Timeframes	Partners Responsible	Progress
<p>Implement age-appropriate policies and practices that support increased physical activity with a focus on reducing screen time in children to (less than) 2 hours or less each day in targeted settings (e.g. healthcare providers, schools,</p>	<ul style="list-style-type: none"> • Determine whether strength of evidence around “5-2-1-0” awareness initiative sufficient for action agenda by Oct 2015 • Review specific recommendations and documents from CDC Community guide and determine feasibility for implementation by Oct 2015 • Convene a cadre of key stakeholders to develop an awareness campaign about the association between inactivity and health by November 2015. Consider use of the 5-2-1-0 program • Convene a cadre of key stakeholders to develop a training plan on policies and practices to increase the capacity of parents, early childhood education centers/family child care providers and youth-serving organizations to adopt practices aimed to limit screen time for children by November 2015. Consider providing resources to parents on low cost/free physical activity options for their families • Identify best practices/guidelines and available resources by December 2015. • Finalize awareness campaign and training program by February 2016. • Implement awareness campaign and provide training (? TOT approach) to key audiences (parent organization, medical providers, faith-based organizations, youth-serving organizations between March 2016 and June 2016. 	<p>PROPOSED: DPH/CSDE/AAP/Office of Early Childhood, Local Health, <u>Regional Education Service Centers (RESCs)</u>, PTO/PTA groups, <u>Family Resource Centers</u>, CASBHC, <u>Connecticut Association of Schools (CAS)</u>, <u>CTAHPERD</u>, CSDE Cadre of Nurse Consultants and Health and Physical Education Consultants, Early Childhood Education Center organizations, family child care provider organizations, Early Childhood Nurse Consultants, and representatives from other youth- serving organizations (Faith-Based, YMCA, Boys and Girls Clubs, Parks and Recreation, After-School Programs, etc.). SNAP-ED, Pediatricians, WIC</p>	
<p>Resources Required (human, partnerships, financial, infrastructure or other)</p> <ul style="list-style-type: none"> • One Research Assistant and/or intern per strategy • Available resources: <ul style="list-style-type: none"> ○ Feeding America http://healthyfoodbankhub.feedingamerica.org/ ○ CT SNAP-ED Obesity prevention plans 			
<p>Monitoring/Evaluation Approaches</p> <ul style="list-style-type: none"> • Provide quarterly report outs 			

Focus Area 3: Chronic Disease Prevention

Goal 3: Reduce the prevalence and burden of chronic disease through sustainable, evidence-based efforts at risk reduction and early intervention.

Area of Concentration: Tobacco

SHIP Objective CD-30: Reduce by 25% the prevalence of smoking among students in grades 6-8 and 9-12.

Dashboard Indicator 1: Target Population(s): Students in grades 6-8; **Baseline:** 2.9% (2011); **2020 Target:** 2.2%

Dashboard Indicator 2: Target Population(s): Children 5-12 years of age; **Baseline:** 14.0% (2011); **2020 Target:** 10.5%

Data Source 1: Connecticut School Health Survey, Youth Tobacco Component

Data Source 2: Connecticut School Health Survey, Youth Tobacco Component

Strategies	Actions and Timeframes	Partners Responsible	Progress
<ul style="list-style-type: none"> Advocate for insurance coverage for smoking cessation and insurance incentives for nonsmokers. 	<ul style="list-style-type: none"> Press conference w/Sen. Blumenthal to encourage insurers to comply with ACA Introduce a bill requiring coverage 	DPH, AHA, CHA, Local Coalitions	
<ul style="list-style-type: none"> Advocate for higher taxes on all tobacco-based products*. 	<ul style="list-style-type: none"> Propose legislation; draft and line up sponsors Advocate for tax parity on all tobacco products 	MATCH, Tobacco Free Kids	
<ul style="list-style-type: none"> Advocate for a greater Tobacco Trust Fund allocation for education, prevention, and cessation on tobacco-based products* use. 			
<ul style="list-style-type: none"> Propose legislation to raise the age for tobacco-based products* to 21. 	<ul style="list-style-type: none"> DPH will work on promoting this legislation and has taken steps to do so; line up folks to speak on behalf of the bill once drafted Have towns (New Haven) draft ordinance if state bill not passed 	DPH, DMHAS	
<ul style="list-style-type: none"> Prevent sales of tobacco-based products to minors by assessing compliance with current tobacco access laws 	<ul style="list-style-type: none"> Coordinate local communities to engage municipalities (Waterbury, Norwalk, New Haven, Bridgeport, New London, Stamford, Norwich, New Britain, Danbury) to inspect tobacco merchants to ensure compliance with laws 	DMHAS	

Strategies	Actions and Timeframes	Partners Responsible	Progress
<ul style="list-style-type: none"> Provide clinicians who treat minors with evidence to discuss smoking cessation/prevention with parents and teens and encourage them to capture that discussion on the school health physicals. 	<p>[This was added from the Community Mobilization and Interventions section]</p>		
<ul style="list-style-type: none"> Create a system of training and/or certification for tobacco cessation specialists 	<p>[Group added this one although there was discussion as to whether this is consistent with our objective of preventing use]</p>		
<p>Resources Required (human, partnerships, financial, infrastructure or other)</p> <ul style="list-style-type: none"> Financial resources required for municipalities to conduct tobacco merchant inspections 			
<p>Monitoring/Evaluation Approaches</p> <ul style="list-style-type: none"> Provide quarterly report outs CT School Health Survey Annual CT Tobacco Retailer Violation Rate 			

* include cigarettes, cigars, chewing tobacco, snuff, dip, pipes, bidis, kreteks (clove cigarettes), hookahs, and electronic nicotine delivery systems and other vapor products. NREPP is a registry for effective substance abuse and mental health interventions.

Feedback/Discussion

Draft Priority Objectives from other Action Teams

Maternal Infant and Child Health

Proposed Objectives for 2016 Action Agenda

MICH-1	Reduce the rate of unplanned pregnancies
MICH-5,6,7	Reduce proportion of low/very low birth weight, proportion of premature birth, and the rate of infant mortality
MICH-8	Reduce disparity between infant mortality rates for non-Hispanic Blacks and non-Hispanic Whites
MICH-12	Increase the percentage of children under three receiving dental care Cross-Reference with CD-22 (children's dental decay)
MICH-13	Increase percentage of parents who complete developmental screening tools consistent with AAP guidelines

Environmental Health

Proposed Objectives for 2016 Action Agenda

ENV-1	Reduce the prevalence rate of children less than 6 years of age with confirmed blood lead levels at or above the CDC reference value (5 µg/dL).
ENV-4	Reduce the average number of days/year the Air Quality Index (AQI) exceeds 50.
ENV-5	Increase public awareness of the presence and risks of poor air quality days.
	Cross-Reference with CD-16 (asthma)
ENV-6	Increase the enforcement of minimum housing code standards through the collaboration of code enforcement agencies.

Injury and Violence Prevention

Proposed Objectives for 2016 Action Agenda

IV-1	Decrease the number of fall deaths among persons of all ages
IV-3,4	Reduce the number of deaths and hospitalizations for unintentional poisonings
IV-6	Reduce the number of deaths from motor vehicle crashes
IV-12,14	Reduce suicide rates for persons 15-64 years of age; Reduce proportion of students in grades 9-12 who attempted suicide in the past 12 months.
IV-18, 22	Reduce the incidence of sexual violence; Decrease the number of child maltreatment cases

Mental Health and Substance Abuse

Proposed Objectives for 2016 Action Agenda

MHSA-1	Decrease the rate of mental health emergency department visits.
MHSA-5	Reduce the non-medical use of pain relievers across the lifespan (ages 12 and older).
MHSA-8	Increase trauma screening by primary care and behavioral health providers.

Sharing Action Agendas/Progress



DEPARTMENT OF PUBLIC HEALTH

Select Language

[Translation](#)
[Disclaimer](#)

[Home](#)

[About Us](#)

[Publications](#)

[Forms](#)

[Contact Us](#)

Services & Programs

Regulation & Licensure

Vital Records

News Room

Topics A - Z

Statistics & Research



Healthy Connecticut

[Printable Version](#)

Healthy Connecticut 2020 Performance Dashboard

Just as a car's dashboard provides the driver with a quick view of how the car is functioning, the **Healthy Connecticut 2020 Performance Dashboard** displays in a simple visual format, how the residents of Connecticut are faring in health improvement target areas such as heart disease, obesity, obtaining vaccinations, exposure to environmental risks, and many more as identified in [Healthy Connecticut 2020 State Health Improvement Plan](#).

Prevalence rate of children less than 6 years of age with confirmed blood lead levels

4. Infectious Disease Prevention & Control
(PDF)



Vaccine-preventable Diseases	Dashboard
Sexually Transmitted Diseases	Dashboard
HIV Infection	Dashboard
Tuberculosis	Dashboard
Hepatitis C	Dashboard
Foodborne Illness & Infections	Dashboard
Healthcare Associated Infections	Dashboard

5. Injury and Violence Prevention (PDF)

Falls	Dashboard
Motor Vehicle & Motorcycle Accidents	Dashboard
Suicide & Self-inflicted Injury	Dashboard
Traumatic Brain Injury	Dashboard
Sports Injuries	Dashboard
Occupational Injuries	Dashboard

6. Mental Health, Alcohol, & Substance Abuse
(PDF)

Mental Health & Mental Disorders	Dashboard
----------------------------------	---------------------------

[Printable Version](#)

INFECTIOUS DISEASE PREVENTION AND CONTROL

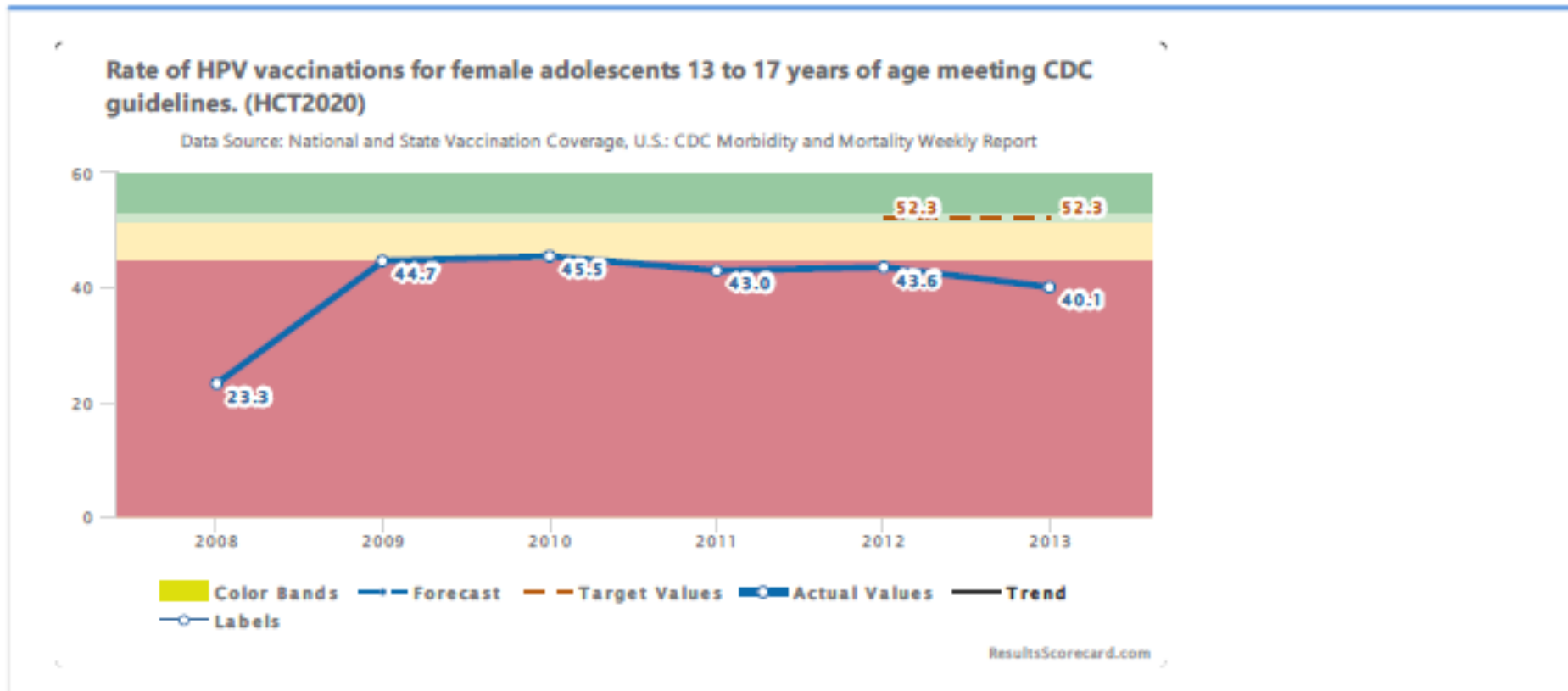
Vaccine-preventable Diseases

+	I	Inf Dis Prevent	Rate of HPV vaccinations for female adolescents 13 to 17 years of age meeting CDC guidelines. (HCT2020)	2013	40.1	52.3	↘	1	72%	↗
+	I	Inf Dis Prevent	Rate of HPV vaccinations for male adolescents 13 to 17 years of age meeting CDC guidelines. (HCT2020)	2013	23.4	10.2	↗	1	175%	↗
+	I	Inf Dis Prevent	Percent of youth in Connecticut under 18 years of age who are vaccinated annually against seasonal influenza.	2012	60.8	63.8	↘	1	-2%	↘
+	I	Inf Dis Prevent	Percent of adults in Connecticut (18+ y) who are	2012	42.2%	45.5%	↘	1	-3%	↘



R Minimize the Burden of Illness from Vaccine-Preventable Diseases for All People in Connecticut.

I **Inf Dis Prevent** Rate of HPV vaccinations for female adolescents 13 to 17 years of age meeting CDC guidelines. (HCT2020)



R Minimize the Burden of Illness from Vaccine-Preventable Diseases for All People in Connecticut.

I **Inf Dis Prevent** Rate of HPV vaccinations for female adolescents 13 to 17 years of age meeting CDC guidelines. (HCT2020)

Story Behind the Curve

Results from the CDC's 2013 National Immunization Survey-Teen (NIS-Teen) show that only 40.1% of adolescent females aged 13-17 years in Connecticut received at least 3 doses of HPV vaccine, with little change in this rate over the past 5 years. The 2013 U.S. rate was 37.6%, and the Healthy People 2020 goal is 80%. Confidence intervals can be seen by hovering over each data point.

Partners

Potential Partners:

Connecticut Department of Public Health, Connecticut Department of Social Services, Connecticut Department of Correction, Connecticut Department of Mental Health and Addiction Services, Connecticut Department of Veterans' Affairs (VA Hospital), State Department of Education, local public health agencies, public health professional associations, pediatricians and other primary care providers, community health centers, birthing hospitals, long term care facilities, and college and university health services, health professional associations, pharmacists, health insurers, other organizations and coalitions that address vaccine preventable diseases, faith based organizations, and others.

What Works

Strategy

Advocate expanding patient eligibility for free HPV vaccine available through the Connecticut Vaccine Program to include all age-eligible children.

Promote the use of HPV for the Vaccines for Children Program (VCP), and in targeted settings including School Based Health Clinics, to effectively reach prime audience.

Advocate for coverage of the HPV vaccine by commercial and public insurers.

Educate providers about vaccine availability, delivery, cost and practice guidelines.

Educate parents and providers about the cancer prevention benefits of the HPV vaccine.

Actions

Name	Assigned To	Status	Due Date	Progress
------	-------------	--------	----------	----------

File Attachments

File Name

Pat Baker

Next Steps

Next Meeting

- Expected Presentations:

- Environmental Health
- Mental Health
- and/or MICH

- Next Advisory Council meetings

- 10-07-2015 10:00 am – 12:00 pm @ DPH Lab in Rocky Hill
- 11-10-2015 1:30 pm – 3:30 pm @ DPH Lab in Rocky Hill

Thank You!