



Focus Area 3: Chronic Disease Prevention and Control			
Goal 3: Reduce the prevalence and burden of chronic disease through sustainable, evidence-based efforts at risk reduction and early intervention.			
Area of Concentration: Asthma and Chronic Respiratory Disease			
SHIP Objective CD-16: Decrease by 5% the rate of Emergency Department visits among all Connecticut residents for which asthma was the primary diagnosis.			
Dashboard Indicator: <a href="#">Rate of Emergency Department visits among all Connecticut residents for which asthma was the primary diagnosis.</a>			
Strategies	Actions and Timeframes	Partners Responsible	Progress
<p><b>CD-16.1</b>            Promote wider utilization of asthma action plans (AAP) for children, building on existing statewide initiatives to</p> <ol style="list-style-type: none"> <li>1) increase AAP use in homes, schools and medical practices and</li> <li>2) Identify and promote appropriate policy and systems changes to accelerate adoption and use.</li> </ol>	<ul style="list-style-type: none"> <li>• SIM Prevention Services Initiative will provide technical assistance to community based asthma home visiting providers and SIM-participating healthcare systems to establish contractual linkages so that home visiting services can be sustained financially and referral coordination of services can be enhanced.</li> </ul> <p><b>Timeline: ??</b></p>	<p>SIM – Prevention Services Initiative            Community based asthma home visiting providers            SIM-participating healthcare systems</p>	
<p>Evidence-Based Sources:</p> <ul style="list-style-type: none"> <li>• <b>Pediatric Asthma Education in Primary Care (2011):</b> <a href="http://respiratory-care-sleep-medicine.advanceweb.com/Features/Articles/Pediatric-Asthma-Education-in-Primary-Care.aspx">http://respiratory-care-sleep-medicine.advanceweb.com/Features/Articles/Pediatric-Asthma-Education-in-Primary-Care.aspx</a></li> <li>• <b>Children with Asthma:</b> <a href="https://www.cdc.gov/asthma/interventions/children_medicalclinics.htm">https://www.cdc.gov/asthma/interventions/children_medicalclinics.htm</a></li> </ul>	<ul style="list-style-type: none"> <li>• Pilot Project Design of CT Green &amp; Healthy Home Initiative to provide an integrated approach to health safety, and energy efficiency of CT homes through a multi-agency, multi-sector initiative. The initiative will be tracking Asthma indicators and home visiting programs will be included as part of a holistic approach.</li> </ul> <p><b>Timeline: June 2018</b></p>	<p>CT Green Bank            Green &amp; Healthy Homes Initiative            DPH, DSS, DEEP, DOA, DOH, OEC, DCF, OCSA</p>	
<b>Resources Required (human, partnerships, financial, infrastructure or other)</b>			
<ul style="list-style-type: none"> <li>• Facilities for education, electronic/website communication capability, funding for materials/possible honoraria.</li> <li>•</li> </ul>			



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Area of Concentration: Oral Health			
SHIP Objective CD-22: Reduce to 35% the proportion of children in third grade who have dental decay.			
Dashboard Indicator: <a href="#">Proportion of Connecticut children in third grade who have dental decay</a>			
Strategies	Actions and Timeframes	Partners Responsible	Progress
<p><b>Strategy CD-22.1:</b>  <b>To enhance the use of dental sealants in school-based programs and promote the effectiveness and efficiency of dental sealants to prevent decay, though education, awareness with culturally and linguistically appropriate campaigns.</b></p> <p>Evidence-Based Sources:</p> <ul style="list-style-type: none"> <li>• Guide to Children’s Dental Care in Medicaid (2004)  <a href="https://www.medicaid.gov/medicaid/benefits/downloads/child-dental-guide.pdf">https://www.medicaid.gov/medicaid/benefits/downloads/child-dental-guide.pdf</a></li> <li>• Reducing Early Childhood Tooth Decay: Approaches in Medicaid (2015)  <a href="https://www.medicaid.gov/medicaid/benefits/downloads/earninglabslides12.pdf">https://www.medicaid.gov/medicaid/benefits/downloads/earninglabslides12.pdf</a></li> </ul>	<p>1. Host conference for School Based Health Center Dental Hygienists and Dentists to assess issue of “opt-in’ form signage by parents.  <b>DUE: July 2018</b></p>	<p>COHI; School-based Dental Hygienist; DPH Office of Oral Health; CT Association of School-based Health Centers</p>	
	<p>2. Develop materials to increase parent awareness and understanding of the importance of dental sealants as preventive.  <b>DUE: December 2018</b>            (Distribute in 2019)</p>	<p>CT Society of Pediatric Dentists; CT Dental Partnership</p>	
	<p>3. Develop policy statement for use and insurance coverage of dental sealants.  <b>DUE: December 2018</b></p>	<p>COHI; School-based Dental Hygienist; DPH Office of Oral Health; CT Association of School-based Health Centers</p>	
<p><b>Strategy CD-22.2:</b>  <b>To enhance the acceptance and use of fluoride varnish for decay prevention in school-based programs, primary care practices and community access points and promote the effectiveness and efficiency of fluoride varnish to prevent decay, though education and awareness with culturally and linguistically appropriate campaigns.</b></p> <p>Evidence-Based Sources:</p> <ul style="list-style-type: none"> <li>• Policy on Use of Fluoride (2014)  <a href="http://www.aapd.org/media/Policies_Guidelines/P_Fluoride_Use.pdf">http://www.aapd.org/media/Policies_Guidelines/P_Fluoride_Use.pdf</a></li> <li>• Best Practice Approach Reports: Improving Children’s Oral Health through Coordinated School Health Programs  <a href="https://www.astdd.org/bestpractices/wsc-bpar-final-3-2017.pdf">https://www.astdd.org/bestpractices/wsc-bpar-final-3-2017.pdf</a></li> </ul>	<p>1. Statewide policy to include use and insurance coverage of oral health assessments and fluoride varnish during child wellness visit  <b>DUE: December 2018</b></p>	<p>COHI; CT Society of Pediatric Dentists; CT Dental Health Partnership</p>	
	<p>2. Expand reach of Inter-professional development for medical providers (RN, PA, CHW, MD)  <b>DUE: December 2018</b></p>	<p>DPH – Office of Oral Health</p>	



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<b>SHIP Objective CD-22: Reduce to 35% the proportion of children in third grade who have dental decay.</b>			
<b>Strategy CD-22.3: (NEW STRATEGY)</b> <b>Improve access to utilization of dental prevention and treatment</b>	1. Develop strategies to strengthen children’s dental Medicaid coverage <b>DUE: December 2018</b>	COHI; DSS; CT Dental Health Partnership; CT Coalition on Oral Health; DPH – Office of Oral Health	
	2. Advocate to increase the number of School-based Health Centers offering dental services <b>DUE: December 2019</b>	COHI; DSS; CT Dental Health Partnership; CT Coalition on Oral Health; DPH – Office of Oral Health; CT Association of School-based Health Centers	
<b>Resources Required (human, partnerships, financial, infrastructure or other)</b>			
<b>Monitoring/Evaluation Approaches</b>			



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<b>Area of Concentration: Obesity</b>			
<b>SHIP Objective CD-27: Reduce by 5% the prevalence of obesity in children 5-12 years of age and students in grades 9-12.</b>			
<b>Dashboard Indicator 1:</b>			
<a href="#">Percent of youth (high school) in Connecticut who are obese.</a>			
<a href="#">Percent of children (5-12y) in Connecticut who are obese.</a>			
<a href="#">Percent of Connecticut children (5-12y) with a household income of &lt;\$25,000 who are obese.</a>			
Strategies	Actions and Timeframes	Partners Responsible	Progress
CD-27.1 Improve the availability and access of healthy food options for children and families through the settings of: <ul style="list-style-type: none"> <li>• Pre-school (when most lifetime habits are first developed)</li> <li>• School (students &amp; parents)</li> <li>• Afterschool</li> <li>• Childcare</li> <li>• Food Pantries</li> <li>• Community non-profits</li> <li>• Corner stores (marketing focus)</li> <li>• Grocery stores</li> <li>• Worksites</li> </ul> Evidence-Based Sources: <ul style="list-style-type: none"> <li>• <b>National Prevention Strategy (2011)</b>  <a href="https://www.surgeongeneral.gov/priorities/prevention/strategy/report.pdf">https://www.surgeongeneral.gov/priorities/prevention/strategy/report.pdf</a> </li> </ul>	Dissemination of healthy food donation list to focus settings in targeted communities <b>Timeline: track quarterly through 2018</b>	Mid-State Medical Center, St Joseph’s SNAP program, Yale New Haven Health, CT State Dept. of Education, DPH	
	Develop framework for “how to” establish a Hunger Action Team/Food Policy Council <ul style="list-style-type: none"> <li>• Develop <b>by June 2018</b></li> <li>• Review/edit final <b>by September 2018</b></li> <li>• Share at CPHA Conference <b>by November 2018</b></li> <li>• Track implementation of new groups <b>by December 2018</b></li> </ul>	Mid-State Medical Center, St Joseph’s SNAP program, Yale New Haven Health, CT State Dept. of Education, DPH	
	Disseminate food procurement policy recommendations to identified existing networks reaching faith based organizations, schools, community and worksites. <ul style="list-style-type: none"> <li>• Draft model copy of recommendations <b>by June 2018</b> <ul style="list-style-type: none"> <li>○ Healthy vending</li> <li>○ Healthy meeting</li> </ul> </li> <li>• Identify contacts and networks for distribution <b>by September 2018</b></li> <li>• Track implementation <b>by December 2018</b></li> </ul>	American Heart Association, Mid-State Medical Center, St Joseph’s SNAP program, Yale New Haven Health, CT State Dept. of Education, DPH	
<b>Resources Required (human, partnerships, financial, infrastructure or other)</b>			
<b>Monitoring/Evaluation Approaches</b>			



**Focus Area 3: Chronic Disease Prevention and Control**

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

**Area of Concentration: Tobacco**

**SHIP Objective CD-29:** ~~Reduce by 20% prevalence of tobacco-based produce use among adults 18 years of age and older~~  
**REVISED 05-01-2018:** *Reduce the prevalence of current tobacco-based product use by 20% among CT adults 18 years of age and older. Tobacco use includes cigarettes, cigars, smokeless tobacco, hookah, and electronic nicotine delivery systems and vapor products.*

**SHIP Objective CD-30:** ~~Reduce by 25% the prevalence of tobacco-based product\* use among students in grades 6-8 and 9-12.~~  
**REVISED 05-01-2018:** *Reduce by 10% the prevalence of tobacco-based product use among students in grades 9 through 12. Tobacco based products include cigarettes, cigars, pipes, smokeless tobacco, hookah, electronic nicotine delivery systems and vapor products.*

**Dashboard Indicator:** [Percent of youth \(grades 6–8\) who currently smoke cigarettes.](#)  
[Percent of youth \(high school\) who currently use other types of tobacco including e-cigarettes.](#)  
[Percent of youth \(grades 6-8\) who currently use other types of tobacco including e-cigarettes.](#)

**UPDATED Indicators:**

- Percent of adults aged 18 and over that report current tobacco use; 2015 Baseline = 19.9%; 2020 target = 15.9%.
- Percent of adults aged 18 and over that report current cigarette smoking; 2015 Baseline = 13.5%; proposed 2020 target = 10.8%
- Percent of youth in grades 9 through 12 that currently use tobacco products; 2015 Baseline = 13.5%; 2020 target = 10.8%
- Percent of youth in grades 9 through 12 that currently smoke cigarettes; 2015 Baseline = 3.5%; 2020 Target = 2.6%

Strategies	Actions and Timeframes	Partners Responsible	Progress
<p><b>CD-29 &amp; CD-30:</b>  <b>Advocate for comprehensive tobacco control legislation include:</b></p> <ol style="list-style-type: none"> <li>1. Tax parity for all tobacco-based products*, including nicotine that is “vaped.”</li> <li>2. Raise the age for the purchase of tobacco-based products to 21.</li> <li>3. Removal of Pre-emption clauses that hinder local tobacco control authority,</li> <li>4. Comprehensive Clean Indoor Laws and</li> <li>5. Advocate for appropriate and sustainable Tobacco Trust Fund allocations for education, prevention, and cessation on tobacco-based products* use.</li> </ol>	<p>a. Increase the # of individuals providing testimony for bills</p> <ul style="list-style-type: none"> <li>• # of meetings convened</li> <li>• # of testimonies given/provided</li> <li>• # of allies</li> <li>• # of key messages</li> </ul> <p><b>Timeline: by June 2018</b></p> <p>b. Request CADH and CPHA alignment of policy agendas to address</p> <ul style="list-style-type: none"> <li>• # of local grassroots organizations that are aligned</li> <li>• # messages delivered</li> </ul> <p><b>Timeline: by January 2018</b></p>	<p>Advocacy groups;            MATCH coalition members</p> <p>MATCH, CPHA, CADH</p>	



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<p><b>SHIP Objective CD-29:</b> <del>Reduce by 20% prevalence of tobacco-based produce use among adults 18 years of age and older</del>  <b>REVISED 05-01-2018:</b> <i>Reduce the prevalence of current tobacco-based product use by 20% among CT adults 18 years of age and older. Tobacco use includes cigarettes, cigars, smokeless tobacco, hookah, and electronic nicotine delivery systems and vapor products.</i></p> <p><b>SHIP Objective CD-30:</b> <del>Reduce by 25% the prevalence of tobacco-based product* use among students in grades 6-8 and 9-12.</del>  <b>REVISED 05-01-2018:</b> <i>Reduce by 10% the prevalence of tobacco-based product use among students in grades 9 through 12. Tobacco based products include cigarettes, cigars, pipes, smokeless tobacco, hookah, electronic nicotine delivery systems and vapor products.</i></p>			
<p>Evidence-Based Sources:</p> <ul style="list-style-type: none"> <li>• <b>CDC Best Practices for Comprehensive Tobacco Control Programs (2014)</b>  <a href="https://www.cdc.gov/tobacco/stateandcommunity/best_practices/pdfs/2014/comprehensive.pdf">https://www.cdc.gov/tobacco/stateandcommunity/best_practices/pdfs/2014/comprehensive.pdf</a></li> </ul>	<p>c. Distribute topic specific materials (succinct one-pagers) to legislators to help educate them on issues</p> <ul style="list-style-type: none"> <li>• Development of materials</li> <li>• Distribution of materials</li> </ul> <p><b>Timeline: by March 2018</b></p>	MATCH	
	<p>d. Share Synar data with communities track communities using data to educate vendors, general public and elected officials. <b>Still need to confirm with DHMAS</b></p>	DMHAS	