Agenda

10:00 a.m. Welcome and Introductions

10:15 a.m. Focus Area Orientation

- Introduction to the process

10:30 a.m. Vision Statement (samples below)

- All CT residents equally enjoying the highest attainable standard of health by minimizing the health, social and economic impact of chronic disease.
- CT residents will be supported by a comprehensive, sufficiently resourced, sustainable, and integrated system of research, surveillance, policies, and programs for maintaining health and prevention of chronic disease.
- CT will be a place where individuals at risk for or living with chronic disease, can achieve optimal health and well-being with the support of the community and health care system.

11:00 a.m. How do we develop an overarching goal with clear objectives and strategies to meet it?

- Marathon or series of meetings
- Phone or in-person
- Who is missing from this table? This conversation and who will invite them?

11:20 a.m. First Cut at our Chronic Disease Goal

11:40 a.m. Review Vision

11:50 a.m. Plus Delta – what worked and didn't? What should we change for next time?

12:00am ADJOURN

Materials/Handouts

Vision statements

Focus Areas, Cross Cutting slides (not our slides)

Spreadsheet with contact info

Preliminary Findings from January Meeting

Attendees (see chart on last page)

Meeting Notes

Orientation:

Dr. Mehul Dalal from DPH opened with a review of the Chronic Disease Section's current strategic planning efforts as embodied in the DRAFT *CT Coordinated Chronic Disease Prevention and Health Promotion Plan* (hereafter referred to as the Draft Strategic Plan or DSP). From its Logic Model Dr. Dalal identified the following four Key Strategies that inform that strategic plan's Objectives:

1. Environmental strategies to support healthy behaviors
2. Health systems interventions to improve delivery of clinical preventive services
3. Improve and promote linkages between community setting and the clinical setting
4. Enhance epidemiology and surveillance systems

In addition these further components will be built into this plan:

1. Developing and aligning partnerships
2. Coordination of communication across chronic disease states
3. Evaluation of what's working
4. Health equity

Dr. Dalal then gave an introduction to the Health Improvement Planning approach the state is now asking us to participate in. Two important distinctions were made: (1) while the Objectives of the DSP are process based, those of our Health Improvement Plan (HIP) are outcome based (like those in the Healthy People 2020 Plan); and (2) while the DSP addresses only those categorical line items funded by the CDC, the HIP does not have restrictions on its scope. Furthermore, Chronic Disease is but one Focus Area among at least seven in the projected overall Health Improvement Plan. Despite these differences, however, the expectation is that the two will be complementary.

DPH is not approaching Chronic Disease in the HIP solely on the basis of the Areas of Concentration (i.e., the 8 identified disease states), but rather in a more coordinated way that takes into account Risk Factors (e.g., obesity, smoking, lack of physical activity) as well as Cross-Cutting Themes such as Population Factors and Determinants of Health. We will need to assess the suggested areas for work and determine if others should be added or if data is sufficient to include those now identified.

Vision Statement Discussion:

The first three of the following examples were offered as a starting point for this discussion. The fourth, considered for inclusion but left out, was independently mentioned at the meeting:

- All CT residents equally enjoying the highest attainable standard of health by minimizing the health, social and economic impact of chronic disease.
- CT residents will be supported by a comprehensive, sufficiently resourced, sustainable, and integrated system of research, surveillance, policies, and programs for maintaining health and prevention of chronic disease.
- CT will be a place where individuals at risk for or living with chronic disease, can achieve optimal health and well-being with the support of the community and health care system.

- All people living healthy lives free from chronic diseases.

Of these, the first was ultimately favored by the group. It was decided that the term 'equally' adequately conveyed the need to emphasize the theme of health equity and that it was not necessary to qualify the statement with the term 'sustainable' since a vision statement represents an ideal and thus need not embrace limitations.

Process Discussion:

It was proposed that we try to identify smaller sub-work groups to tackle individual areas of concentration (disease states) and/or risk factors between larger group meetings with a goal of returning for a full day session to refine proposed objectives for each area and begin work on strategies. However, given the number of people attending today's meeting, it would be difficult to create sub-groups at this time.

A three-dimensional matrix was proposed to create Objectives. Initially it was proposed that one of the axes of the matrix include the Key Strategies of the current DRAFT Plan, but it was pointed out that this represented a strategic planning model. The matrix to develop the Objectives was then amended to include (a) the Risk Factors, (b) the Cross-Cutting Themes and (c) the Areas of Concentration. The matrix to develop the subsequent Strategies would then include (a) the Objectives, (b) the Key Strategies and (c) the DRAFT's additional components enumerated above.

Additional Considerations – What Else Is Needed Going Forward?

Given the number of people attending today and the response we got to the meeting's notice, we need to know exactly who is committed to participate in this process of the 47 or so names we started with. Only then can we know if we have sufficient participation to use the break-out strategy into sub-groups that was originally proposed. It will also tell us if we have any major gaps among those who need representation at the table.

It was also felt that there needs to be clearer information sent out concerning the nature of our work to help distinguish between health improvement versus strategic planning, especially since so many people were not here today to benefit from our discussion of this issue.

It was also felt that guidance was needed about what Objectives could be framed given the limited extent of the data currently available. It was pointed out that out of 233 Healthy People 2020 Objectives, the State Health Assessment's report of Preliminary Results had data for only 10% of them.

Setting An Over-Arching Goal(s):

At first two Goals were proposed to embrace the concepts of primary, secondary, and tertiary intervention. However, after some discussion these were conflated to produce the following:

> "Reduce the prevalence and burden of chronic disease through sustainable efforts at risk reduction and early intervention."

Review of Earlier Discussion:

The Work Group reaffirmed its preference for the first Vision Statement:

- "All CT residents equally enjoying the highest attainable standard of health by minimizing the health, social and economic impact of chronic disease."

Issues such as a commitment to health equity, acknowledgement of sustainability and an emphasis on risk factors were reiterated.

Next Steps

1. Rose to email info to 40 people who did not participate today, follow up with phone calls to assess participation and confirm in next 2 weeks. Group to then decide if will or will not subdivide once participant numbers are clear.
2. Dr. Dalal will send further information on the Health Improvement Planning process including a copy of the DRAFT *CT Coordinated Chronic Disease Prevention and Health Promotion Plan.*
3. April conference call planned for now.
4. Marathon meeting early May?

Attendees (insert complete list of work group members and check off all who attended each meeting)

	3/15/13					**Members** (Will split into first & last name)	**Organization**	**Email**
1	x					Peter Kennedy	University of Hartford	pkennedy@hartford.ed
2	x					Roberta Friedman	Rudd Center	Roberta.friedman@yahoo.com
3	x					Marty Milkovic	CT Dental Health Partnership	marty.milkovic@ctdhp.com
4	x					Nadine Fraser	CHA	fraser@chime.org
5	x					Delores Williams-Edwards (on phone)	CT Chap., Sickle Cell Assoc. of Am.	scdaasouthernct@sbcglobal.net
6	x					Teresa Dotson	CT Academy of Nutrition & Dietetics	tmdotson@gmail.com
7	x					Kristen Hatcher	CT Legal Services	khatcher@connlegalservices.org
						Co-Chairs, Support, Etc	**Organization**	**Email**
8	x					Stephen Updegrove	Co-Chair	supdegrove@snet.net steve.updegrove@new-haven.k12.ct.us
9	x					Kristin Dubay Horton	Co-Chair, Bridgeport Health Dept	kristin.dubay_horton@bridgeportct.gov
	x					Kristen Sullivan	CT DPH, Staff	Kristen.sullivan@ct.gov
	x					Carol Bower	CT DPH, Staff	Carol.e.bower@ct.gov
	x					Rose Swensen (on phone)	HRiA, Staff	rwswensen@hria.org rswensen@verizon.net
	x					Mehul Dalal	CT DPH, Invited Speaker	Mehul.dalal@ct.gov