



Healthy Connecticut 2020 State Health Improvement Plan

Click here to enter text. **ACTION Team Meeting AGENDA & NOTES**

Date: Thursday, July 2, 2015
Time: 9:00 a.m. – 11:00 a.m.
Location or Conference Call Number: 1-888-640-7748
Conference Call Access Code: 6430258#

Attendees (Please list all who participated): Click here to enter text.

Agenda Items	Time	Discussion	ACTION Items and person responsible
1. Welcome and Introductions		<ul style="list-style-type: none"> Members in the room and on the phone introduced themselves. 	<ul style="list-style-type: none">
2. Review of Charge and Timeline		<ul style="list-style-type: none"> Reviewed charge: To establish the 2016 Action Agenda for the Chronic Disease Prevention and Control area of the SHIP and complete a draft by August 30, 2015. 	<ul style="list-style-type: none">
3. Review of Meeting Ground Rules		<ul style="list-style-type: none"> Ground rules agreed upon at the introductory meeting June 18 were reviewed including: start and end on time, value all ideas, mutual respect, one person-one voice at a time, group vote on key decisions with the majority of those present deciding, summary at the end of the meeting, and translate acronyms. 	<ul style="list-style-type: none">
4. Preliminary Data Review		<ul style="list-style-type: none"> Diane Aye presented trend analysis and data on heart disease and stroke objectives to assist in assessment of the likelihood of achievement in identified timeframes. CD-1: Reduce by 10% the age-adjusted death rate for heart disease -An overall decrease of 10% from 2010 to 2020 can be achieved based on observed trend. CD-2: Decrease by 40% the age-adjusted premature death rate for heart disease is not likely to be achieved from 2010 to 2020 based on evident trend. CD-4 Decrease by 3% the proportion of adults 18 years of age and older who have ever been told they have high blood pressure. Data for 2011 and 2013 suggest that a reduction to 26.5% by 2020 may not be achieved. 	<ul style="list-style-type: none">

5. Step 1 Identification of 2016 Action Agenda (Year 1) Objectives		<ul style="list-style-type: none"> • With the Step 1 tool displayed, the group began discussion of Phase 1 Chronic Disease Prevention and Control Year 1 Objectives. It was agreed that none of the objectives are developmental (a), thus, discussion began with the question of available evidence (b) for each objective. The group noted that synergy of strategies exist across objectives e.g. addressing blood pressure can also serve to have impact on stroke, heart disease etc. Also noted was the need to consider underlying issues such as behavioral health, health disparity/social determinants. • With an understanding of data presented, the group discussed and offered rationale for answers to objective evaluation/review questions for objectives CD-1, CD-2, CD-16, CD-27, noting possible future considerations for some, such as a need to reexamine measures and targets. 	<ul style="list-style-type: none"> •
6. Next Steps		<ul style="list-style-type: none"> • The group agreed that the presentation of trend data was especially helpful to the objective review and evaluation process and that for the July 16 meeting when the process will continue; data review will be conducted concurrently as related objectives are evaluated. • Next Meeting Date/Time: Thursday, July 16, 2015 CHA 9:00 a.m. to 11:00 a.m. 	<ul style="list-style-type: none"> • Diane Aye will present data on additional objectives and Mary Boudreau will present data related to oral health.

Attendance:

Attending	Name	Title	Organization
	Aye, Diane	Chairman, Human Investigations Com.	CT Department of Public Health
	Beaudin, PhD, Liz	Sr. Director, Nursing/Health/Workforce	Connecticut Hospital Association
	Boudreau, Mary	Executive Director	Connecticut Oral Health Initiative
	Brown, Charles	Director of Health	Central CT Health District
	Checko, DrPH, Patricia	Public Health Consultant	MATCH Coalition
	Dalal, MD, Mehul	Chronic Disease Director	CT Department of Public Health
	Greene, Michael	Comp Cancer Control Health Program	CT Department of Public Health

	Heins, Donna	Education Consultant	CT Department of Education
	Jubenville, Nancy	Director Case Management	Hospital for Special Care
	Knapp, Laura	Care Coordinator	CT Children's Medical Center
	Martin Dotson, Teresa	Representative	CT Academy of Nutrition & Dietetics
	Meredith, Carol	Director of Prevention Services	Dept of Mental Health & Addiction
	Merkouriou, Nancy	HHC Manager, Respiratory Care Services	MidState Medical Center
	Santiago, Rebecca	Community Healthcare Navigator	Saint Francis Hospital and Medical Center
	Sullivan, Kristin	Section Chief for Work Force & Prof Dev	CT Department of Public Health
	Wagner, EdD, Catherine	VP, Education & Health Information	Connecticut State Medical Society
	Williams, Delores	Executive Director	So CT Sickle Cell Disease Association
	Yedlin, Nancy	Vice President	Donaghue Medical Research Foundation
	Zavoski, MD, Robert	Medical Director	CT Department of Social Services

STEP 1: Identifying 2016 Action Agenda (Year 1) Objectives

Chronic Disease Prevention and Control

Objectives Ph1	Questions to Consider When Identifying 2016 Action Agenda (Year 1) Objectives (Identifying 3-5 Objectives or AOC for the 2016 Action Agenda)								Total YES	Total NO
	a.	b.	c.	d.	e.	f.	g.	h.		
	If Developmental, will we be able to get the data in year 1? (Y/N)	Is there likely evidence-based practices available? (Y/N)	Is this an area where we have many partners and lots of initiatives that we can connect (critical mass)? (Y/N)	Does it connect to strategies in current plans or initiatives (critical mass)? (Y/N)	Does it address issues of equity and disparities? (Y/N)	Is it feasible/ realistic within three years (mid-course check)? (Y/N)	Can we demonstrate impact within three years (mid-course check)? (Y/N)	Does it have a prevention vs. management/ treatment focus? * (Y/N)		
Heart Disease and Stroke										
OBJECTIVE CD-1 = Reduce by 10% the age-adjusted death rate for heart disease.		Y	Y	Y	Y	N – responsiveness of death rate	Y – may need different measures	Y		
OBJECTIVE CD-2 = Decrease by 40% the age-adjusted premature death rate for heart disease.		Y	Y	Y	Y	N	N – consider target revision	Y		
OBJECTIVE CD-4 Reduce by 3% the proportion of adults 18 years of age and older who have been told they have high blood pressure. (INTENT OF OBJECTIVE UNCLEAR – MAY BE ALIGNED WITH HIGHER LEVEL OBJECTIVES CD-1 and CD-2)										

* h. This will not apply to all Focus Areas

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Diabetes and Chronic Kidney Disease										
OBJECTIVE CD-11 Reduce by 5% the estimated number of individuals with undiagnosed Type II diabetes. (MORE INFO NEEDED ON DATA SOURCE)										
OBJECTIVE CD-12 Reduce by 6% the proportion of adults 18 years of age and older with diagnosed diabetes. (CONFLICT WITH CD-11 – MORE DATA)										
Asthma and Chronic Respiratory Disease										

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OBJECTIVE CD-16 Decrease by 5% the rate of Emergency Department visits among all Connecticut residents for which asthma was the primary diagnosis.	MAY NEED TO LOOK AT SUBPOPULATIONS (ADULTS, CHILDREN, RACE/ETHNICITY)	Y	Y	Y (link with Environmental section of SHIP)	Y	Y	Y	Y		
Oral Health										
OBJECTIVE CD-22 Reduce to 35% the proportion of children in third grade who have dental decay.										
OBJECTIVE CD-23  Reduce untreated dental decay to 15.0% in black non-Hispanic children and 12% in Hispanic children in the third-grade.										

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Obesity										
OBJECTIVE CD-26 Decrease by 5% the percent adults age 18 and older who are obese.										
OBJECTIVE CD-27 Reduce by 5% the prevalence of obesity in children 5-12 years of age and students in grades 9-12.		Y	Y	Y	Y	Y	Y – May need program measures or indirect measures	Y		
Nutrition and Physical Activity										
OBJECTIVE CD-28 Increase by 5% the proportion of adults who meet the recommended 150 minutes or more of aerobic physical activity per week.										

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Tobacco										
OBJECTIVE CD-29 Reduce by 20% the prevalence of current cigarette smoking among adults 18 years of age and older.										
OBJECTIVE CD-30 Ph1 Reduce by 25% the prevalence of smoking among students in grades 6-8 and 9-12.										

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