

Connecticut Chronic Disease Prevention Plan

Introduction: Why do we need a chronic disease prevention plan?

Excerpted from the CDC Chronic Disease and Health Promotion website

Chronic diseases – including heart disease, stroke, cancer, diabetes, and asthma – are among the most common, costly, and preventable of all health problems in the U.S. Chronic diseases are the leading causes of death and disability in the U.S.

- 7 out of 10 deaths among Americans each year are from chronic diseases. Heart disease, cancer and stroke account for more than 50% of all deaths each year.¹
- In 2005, 133 million Americans – almost 1 out of every 2 adults – had at least one chronic illness.²
- Obesity has become a major health concern. 1 in every 3 adults is obese³ and almost 1 in 5 youth between the ages of 6 and 19 is obese (BMI ≥ 95th percentile of the CDC growth chart).⁴
- Diabetes continues to be the leading cause of kidney failure, nontraumatic lower-extremity amputations, and blindness among adults, aged 20-74.⁷

Four modifiable health risk behaviors—**lack of physical activity, poor nutrition, tobacco use, and excessive alcohol consumption**—are responsible for much of the illness, suffering, and early death related to chronic diseases. (CT data will be added in the Plan Burden Section)

- More than one-third of all adults do not meet recommendations for aerobic physical activity based on the 2008 Physical Activity Guidelines for Americans, and 23% report no leisure-time physical activity at all in the preceding month.⁸
- In 2007, less than 22% of high school students⁹ and only 24% of adults¹⁰ reported eating 5 or more servings of fruits and vegetables per day.
- More than 43 million American adults (approximately 1 in 5) smoke.¹¹
- In 2007, 20% of high school students in the United States were current cigarette smokers.¹²
- Lung cancer is the leading cause of cancer death, and cigarette smoking causes almost all cases. Compared to nonsmokers, men who smoke are about 23 times more likely to develop lung cancer and women who smoke are about 13 times more likely. Smoking causes about 90% of lung cancer deaths in men and almost 80% in women.¹³
- Nearly 45% of high school students report consuming alcohol in the past 30 days, and over 60% of those who drink report binge drinking (consuming 5 or more drinks on an occasion) within the past 30 days.¹⁴
- A large number of studies provide strong evidence that drinking alcohol is a risk factor for primary liver cancer, and more than 100 studies have found an increased risk of breast cancer with increasing alcohol intake. The link between alcohol consumption and colorectal (colon) cancer has been reported in more than 50 studies.¹⁵

Table of Common Risk Factors

Modifiable Risk Factors	The Critical Four (from CDC)				Identified in research and selected by Executive Committee				
	Lack of Physical Activity	Poor Nutrition	Tobacco Use	Excessive Alcohol Consumption	Obesity	Hypertension High Blood Pressure	High Blood Cholesterol	Exposure to Second Hand Smoke	Poor Oral Health
Chronic Disease									
Asthma (chronic respiratory disease)	✓	✓	✓		✓			✓	
Cancer	✓	✓	✓	✓	✓			✓	
Cardiovascular Disease	✓	✓	✓	✓	✓	✓	✓	✓	✓
Diabetes	✓	✓	✓	✓	✓	✓	✓		✓

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GOAL: To reduce the burden of chronic diseases that share common modifiable risk factors through systems and policy changes.

❖ Connecticut Chronic Disease Prevention Partnership

Establish a statewide Connecticut Chronic Disease Prevention Partnership to: support systems change, and influence policies at the state and local / community levels with the result that State and local policies and actions across all government departments support healthy nutrition and increased physical activity.

	Outcomes/Indicators
<p>❖ Creation of Connecticut Chronic Disease Prevention Partnership</p> <ol style="list-style-type: none"> 1.1. Engage key stakeholders to form a Connecticut Chronic Disease Prevention Partnership connecting with existing efforts/partnerships such as the Connecticut Cancer Partnership. 1.2. Identify representatives for the partnership from specific sectors both public and private (health, education, government, provider, public, among others). 1.3. Establish coalition priorities for systems and policy change to support healthy lifestyles and prevent chronic disease. 1.4. Work with partners to ensure appropriate strategies and messaging. 1.5. [Add objective for web site / social networking presence (see Cancer Partnership for model)] 	<p>Connecticut Chronic Disease Prevention Partnership indicators overall:</p> <ul style="list-style-type: none"> • % of residents with key risk factors (i.e., exercise, healthy eating, tobacco use, alcohol use/misuse, HBP, HBC, etc.) • % of residents with chronic diseases

❖ Policy Change

Create policy and environmental systems changes to support healthy choices and lifestyles.

	Outcomes/Indicators
<ol style="list-style-type: none"> 1. Legislative Agenda <ol style="list-style-type: none"> 1.a. Prior to each legislative session, the Connecticut Chronic Disease Prevention Partnership approves a legislative agenda, with attached funding requests for implementation. 1.b. Maintain a tracking system and database regarding legislative activity to monitor and report progress on advocacy 1.c. Maintain a compilation and publish a report on enacted laws and policies related to chronic diseases prevention. 1.d. Educate legislators, policy makers and advocates 2. Cadre of local champions and statewide/national advocates <ol style="list-style-type: none"> 2.a. Identify legislative champions and partner advocates to support chronic disease prevention efforts who can advocate for Health plans to cover and/or reimburse for prevention interventions, screening, education and counseling programs, and referral processes (legislative and/or insurer policy changes). 2.b. Conduct training sessions for Healthy Lifestyles Partnership members, parents, and others on how to advocate for specific issues related to health legislation 2.c. With local champions and advocates, hold a legislative health briefing at the LOB to discuss the legislative agenda and how the Partnership is working to show how the risk factors and issues are focusing on preventing chronic disease. 2.d. Advocate for the use of common practices, standards, and screening and referral mechanisms for addressing chronic diseases such as obesity across MCOs, Health Plans, and Public Health Systems and disease management programs. 2.e. Suggestion to add objective of collaboration with current initiatives: With Achieve communities (Northeast CT) to implement policy, environment, and system changes that will encourage all residents to adopt personal wellness 	<ul style="list-style-type: none"> • # of legislative policies that support healthy lifestyles

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	behaviors and provide opportunities to achieve healthy lifestyles.	
3. <i>Policy Development</i>		
3a. Disparities: Develop and implement policies to ensure equal access for all Connecticut residents to services that prevent, screen for, diagnose, and manage chronic disease.		
3b. Prevention:		
1. Create and implement policies addressing common risk and protective factors:		
<ul style="list-style-type: none"> • Tobacco (<i>restrict access to tobacco</i> products, smoking in enclosed public areas, and exposure to second hand smoke) • Nutrition (ensure that everyone has access to healthier foods, fruits and vegetables, and foods lower in salt) • Physical Activity (promote physical activity) • Alcohol (underage access to alcohol, enforcement of alcohol policies) • Create policies to increase access to prevention services and education. 		<ul style="list-style-type: none"> • Decreased tobacco use among adults (≥ 18 years); among youth (grades 9-12); among low socioeconomic status adult smokers by 25%. • Reduced exposure to tobacco smoke • Increased % of adults (≥ 18 years) and youth (high school and middle school) who consume at least five fruits and vegetables a day (see Cancer plan) • Increase the percentage of people who engage in regular physical activity (ACS activity guidelines) from 52.4% for adults and 45.1% for youth to 70%. • Reduce the rates of underage drinking by 7% (19.6% to 18.1% among youth 12-17: SAMHSA perf. target for CT)
2. <i>Suggestion to add objective related to Medicaid and CHIP provisions in the Patient Protection and Affordable Care Act (P.L. 111-148)- components may include: Increased access, including expanded eligibility, and coverage of prevention services including immunization. See http://www.kff.org/healthreform/sidebyside.cfm.</i>		
3c. Early Detection: Create and implement policies to ensure timely screening for chronic diseases is provided to all CT residents, particularly those at high risk.		<ul style="list-style-type: none"> • Add from Cancer Plan
3d. Management: Develop and implement school policies that require all schools to have a chronic disease action plan for children with chronic diseases.		<ul style="list-style-type: none"> • # of schools with coordinated health plans for children with chronic disease
❖ Systems Change		
Add system change overall objective.		
		Outcomes/Indicators
1. <i>Data Systems</i>		
1.a. In collaboration with CT's HIT effort, develop data and surveillance capabilities to track key metrics in Plan and to collect accurate data on the incidence, prevalence, patterns, and characteristics of chronic disease.		
1.b. Develop uniform reporting and coding systems and new indicators that provide better measurement outcomes for nutrition, physical activity, obesity, <i>alcohol use</i> , and either add them to current BRFSS activities or conduct surveys to address them.		<ul style="list-style-type: none"> • Indicators are tracked regularly to show outcomes and measures of progress (see key metrics in action plan logic models by disease in appendix)
2. <i>Health Care Provision to improve care and outcomes</i>		
2.a. Improve patient care by increasing the number of health care providers (e.g., hospitals, long-term care facilities, private practices (physicians and nurses), and first responders) who: a) use electronic medical records; b) receive		<ul style="list-style-type: none"> • % providers using electronic records for statewide data exchange;

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<p>education on best practices; c) use best practices; and d) adopt uniform reporting.</p> <p>2.b. Suggest adding objective that is related to the Changes Made by the Health Reform Law P.L. 111-148, § 4002 that related to Racial and Ethnic Disparities in Healthcare and allows a tax refund for providers working in underserved areas</p> <p>2.c. In collaboration with the workforce development efforts program within the CT DPH, develop a curriculum for cross training on disease risk factors, nutrition, behavior, chronic disease management, sensitivity, cultural competence, health histories across providers and connect with state licensure.</p> <p>2.d. Create a model network of state certified Community Health Workers❖ who work with providers (based on the Massachusetts model (Massachusetts Association of Community Health Workers http://www.machw.org/)</p> <p>2.e. Increase the number and percentage of target populations (e.g., priority populations and those not receiving care) who receive prevention, early detection, and care services for chronic diseases.</p> <p>2.f. Increase the percentage of residents with chronic disease who receive self management education such as the Stanford Chronic Disease Self Management Program, and who are conducting comprehensive self-management to improve their health status. http://patienteducation.stanford.edu/programs/cdsmp.html</p> <p>2.g. Increase the number of insurers who reimburse providers for prevention services and lifestyles medicine services.</p> <p>2.h. Increase the number of CT residents with chronic disease who have a medical home.</p> <p>2.i. Suggest adding objective(s) that are specific to prevention and may be conducted through screenings or other initiatives (e.g., Connecticut Chronic Disease Prevention Partnership) Refer to Prevention and Public Health fund language: “Funds will be used to support programs “authorized by the Public Health Service Act [PHSA], for prevention, wellness and public health activities including prevention research, health screenings, and initiatives, such as the Community Transformation Grant program,^[7] the Education and Outreach Campaign Regarding Preventive Benefits,^[8] and immunization programs”</p>	<ul style="list-style-type: none"> • % providers educated on chronic disease and applying that in their practice with patients; • % of providers using uniform reporting • % of hospitals, physicians and other healthcare providers are using best practices – evidence based guidelines to screen for and treat chronic disease • % of providers that provide counseling/education on healthy behaviors • Number of insurers who reimburse providers for prevention / lifestyle medicine • Difference in prevalence of risk factors and chronic diseases between target populations and CT averages • X% of adults age 18 and over engaged in comprehensive self care resulting in avoidance of complications; Management and reduction of co-morbidities and secondary prevention
<p>3. <i>School, Colleges, and Other Child Care Environments</i></p> <ul style="list-style-type: none"> ○ Objectives TBD... <p>3a. All school districts, Pre-K – 12, have a district wide Health Coordinator and have comprehensive school health education program that includes the following key elements:</p> <ul style="list-style-type: none"> • A documented, planned and sequential program of health instruction for students in Grades K-12. • A curriculum that addresses and integrates education about a range of categorical health problems and issues at developmentally appropriate ages. • Activities that help young people develop the skills they need to avoid: tobacco use; dietary patterns that contribute to disease; sedentary lifestyle; sexual behaviors that result in HIV infection, other STDs and unintended pregnancy; alcohol and other drug use; and behaviors that result in unintentional and intentional injuries. • Instruction provided for a prescribed amount of time at each grade level. • Management and coordination by an education professional trained to implement the program. • Instruction from teachers who are trained to teach the subject. • Involvement of parents, health professionals and other concerned community members. • Periodic evaluation, updating and improvement. <p>3b. Create lasting changes in schools (district and non district, including after school, pre-school, daycare and college</p>	<ul style="list-style-type: none"> • X % schools have programs in place that increase physical activity, healthy eating and prevention education. <p>For middle and high schools (from 2010 School Health Profiles Data): Percentage of schools in which teachers tried to increase student knowledge on the following topics in a required course in any of grades 6 through 12 during the current school year:</p> <ul style="list-style-type: none"> Nutrition and dietary behavior: 92.3% Physical activity and fitness: 95.1% Comprehending concepts related to health promotion and disease prevention to enhance health:

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<p>campuses) on food, nutrition, and physical activity education and other interventions, through a coordinated approach to school health, by:</p> <ul style="list-style-type: none"> • Organizing school health teams at the district and school level – structures for coordinating activities • Conducting an assessment – determining what is needed and what is already in place to address gaps • Creating an action plan – setting priorities, developing implementation strategies and valuating the process <p>3c. Work with college campuses to build their capacity to provide wellness programs that address obesity, heart health, alcohol and tobacco use.</p>	<p>86.6%</p> <ul style="list-style-type: none"> • X % of school districts including preschool, pre-k and kindergarten programs have comprehensive school health education curriculum. <p>For middle and high schools (from 2010 School Health Profiles): 27.2% of schools in which students take only one required health education course; 63.4% of schools in which students take two or more required health education courses.</p> <ul style="list-style-type: none"> • Increase the number of screening and brief interventions for alcohol abuse in school and on college campuses • # of college campuses with policies on underage alcohol use and related problem behaviors • [Add specific objectives for child care programs and colleges] <p><i>See implementation activity outcomes (specific outcomes would include data from School Health Profiles and YRBS data on kids)</i></p>
<p>4. <i>Workplace and Community</i></p> <p>4a. Engage corporations /employer groups headquartered in CT to promote worksites wellness programs that encourage improved nutritional practices, physical activity opportunities, chronic disease prevention and management, breastfeeding, screening and brief interventions for alcohol and smoking cessation; (CT priority) and, encourage employers to design benefits that eliminate co-pays for chronic disease meds.</p> <p>4b. Work with businesses to educate employees on health and conduct chronic disease self management programs beginning at age 50. Materials can be obtained via DPH; Target business population for evening programs; Work with Parish Nurse programs to implement; Effective Worksite Wellness Programs (current – obesity) including screening and brief interventions</p> <p>4c. HEARTSafe workplace and community programs (current, workplace program just starting)</p> <p>4d. Replicate successful models for promoting healthy behavior such as “Fit for Kids”(Middletown), where a team works with pediatricians on how to talk to parents about weight management in a way that encourages participation.</p> <ul style="list-style-type: none"> ○ Be Well Wellness Program, Mansfield CT Employees ○ Workplace toolkits, the ADA ‘Stop Diabetes’ bilingual toolkit <p>4e. Collaborate with local prevention Task Forces and community coalitions that currently focus on the prevention and</p>	<p>To Be Determined</p> <ul style="list-style-type: none"> • Increase the number of screening and brief interventions for alcohol abuse in workplaces

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reduction of underage alcohol use and related problem behaviors.

- 4f. Suggest adding an objective related to State or Federal Legislative Acts/policies that support community health/activity (P.A. 09-154) which is a general requirement imposed upon the state DOT and every municipality in the state. E.g., work with communities to understand the law and how to implement it. This includes **bikeways and other alternate routes being planned in consultation with local health directors and child wellness coalitions**. In collaboration with public and private organizations, develop a collaborative planning model in local and state health promotion that involves transportation and zoning authorities at all levels, as well as the bicycle advocates.

Assessing Healthy Lifestyles to Prevent Chronic Disease

- 4g. Adopt a Health Risk Assessment tool for communities and workplace: Be Well health assessment used in Mansfield for employees to identify areas in their lives that impact health and well-being and promote the use of this tool with CT employers.

- 4h. Create a repository of best practices for healthy lifestyles for general use

Social Marketing Campaign

- 4i. Conduct strategic social marketing events that provide awareness of the risk factors for chronic disease and prevention efforts, e.g., environmental tobacco smoke (ETS) as a trigger for asthma, CVD, cancer; nutrition and physical activity for diabetes and CVD; prevent smoking at home; reducing underage alcohol use, campus binge drinking. (Using: media, billboards, champions, providers, community and college settings)
- 4j. Educate/mobilize individuals and communities in various public venues including modern technology to interact with (young) people in ways they will respond on the need for prevention and intervention to reduce obesity, increase physical activity, reducing alcohol and tobacco use, and to advocate for individual and systemic change.
- 4k. Collaborate with partners to communicate best practices about screening at-risk individuals for preventable diseases such as diabetes and pre-diabetes, heart disease, cancer, alcohol misuse, etc., using evidence-based guidelines.

- % of adults aware of risk factors, actions they can take, and signs and symptoms

- ❖ A community health worker is a public health professional who promotes full and equal access to necessary health and social services by applying his or her unique understanding of the experiences, language and culture of the communities he or she serves.