

STEP 3: HCT2020 DRAFT Action Agenda

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: 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
Communications, Education, and Training 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.	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)	DPH, CHA	
	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)	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.	
	Identify groups/audience for dissemination of information and promotion of educational programs. (by January end 2016)	Advisory Group As above	
	Identify evidence-based guideline materials and develop communications. (by February end 2016)	Advisory Group As above	
	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	Organizations represented in Advisory Group	

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	medical home participants, school-based health centers. (by April end 2016, and again in May 2016)		
	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. 			

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Area of Concentration: Asthma and Chronic Respiratory Disease (B)			
SHIP Objective: 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
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).	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).	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.	
	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.	Advisory group as above.	
	Collaborate with school nurses to identify and address barriers in use of asthma management plans.	Advisory group as above.	
	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.	

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	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) <ul style="list-style-type: none"> Facilities for meeting, electronic/website communication capability, funding for home assessment programs, 			
Monitoring/Evaluation Approaches <ul style="list-style-type: none"> Provide quarterly reports, track home assessment referrals, practices and clinics using asthma management plans, survey patients through BRFSS. 			

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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: 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
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).	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. Current to May 2016	Partners: Current CWFWG	
	Facilitate workshops to develop strategic plans and effective communications to result in passage of revised CWF statute. By September 2015	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	
	Identify Legislative Champions for passage of CWF legislation that matches the recommendation of the CT Department of Public Health proposal. By December 2015	Partners: CSDA, COHI, CTCOH Policy & Advocacy Workgroup, CT Health Foundation Oral Health Advocacy Grantees	
	Develop and disburse communication and outreach programs to the public and policy makers to inform about the safety and benefits of community water fluoride. Start in September 2015 – May 2016	Partners: CWFWG, 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	

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<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
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<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

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, though education, awareness with culturally and linguistically appropriate campaigns.</p>	<p>Convene Dental Sealant Advisory by the Dept. of Public Health to provide opportunities on lessons learned, best practices, education and technical assistance.</p> <p style="text-align: center;">Current to 2018</p>	<p>Partner: DPH Office of Oral Health (OOH)</p>	
	<p>Develop and disseminate an RFP to establish or expand dental sealants in school-based programs.</p> <p style="text-align: center;">September 2015 – January 2016</p>	<p>Partner: DPH OOH</p>	
	<p>Award funding to successful applicants of RFP.</p> <p style="text-align: center;">January – March 2016</p>	<p>Partner: DPH OOH</p>	

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	<p>Conduct data collection to develop lesson learns and best practices</p> <p>Current to 2018</p>	<p>Partner: DPH OOH</p>	
	<p>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)</p> <p>Current to 2018</p>	<p>Partners: DPH, CDHP, CASBHC, Local health departments, FQHCs, CTCOH</p>	
	<p>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.</p> <p>Current – 2018</p>	<p>Partners: DPH</p>	
	<p>Develop policy statement that all dental insurance plans cover dental sealants.</p> <p>By May 2016</p>	<p>Partners: DPH, CTCOH, COHI, CSDA, CDHA, CBIA, Insurance companies</p>	
	<p>Develop policy statements that all children should receive sealants.</p> <p>By May 2016</p>	<p>Partners: DPH, CTCOH, COHI, CSDA, CDHA</p>	

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.

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- 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

Strategies	Actions and Timeframes	Partners Responsible	Progress
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.	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. Current to 2017	Partners: COHI, CTCOH, CT Health Foundation and its Oral Health Advocacy Grantees, CSDA, CASBHC	
	Convene oral health stakeholders to provide opportunities on lessons learned, best practices, education and technical assistance. Start in January 2016	Partner: CT Chapter of the American Academy of Pediatrics (CT AAP), CTCOH, DPH OOH	
	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. Current – 2018	Partners: CT AAP, DPH, CT Train, From the First Tooth, EPIC, CT Association of Pediatrics, CT Academy of Pediatric Dentistry	
	Develop policy statement that all medical insurance plans cover fluoride varnish in medical homes through the age of 21 year of age. By May 2016	Partners: DPH, CTCOH, COHI, CSDA, CDHA, CBIA,	

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	<p>Develop policy statements that all children should receive fluoride varnish at least twice a year when appropriate.</p> <p>By May 2016</p>	<p>Partners: DPH, CTCOH, COHI, CSDA, CDHA</p>	
<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 			

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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>	Inventory existing initiatives working to improve nutritional quality of food served in food assistance programs by Dec 2015	<p>PROPOSED: 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>	
	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>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>	Determine whether strength of evidence around "5-2-1-0" awareness initiative sufficient for action agenda by Oct 2015	<p>PROPOSED: DPH/CSDE/AAP/Office of Early Childhood, Local Health, Regional Education Service Centers (RESCs), PTO/PTA groups, Family Resource Centers, CASBHC, Connecticut</p>	
	Review specific recommendations and documents from CDC Community guide and		

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	<p>determine feasibility for implementation by Oct 2015</p>	<p>Association of Schools (CAS), CTAHPERD, 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>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</p>			
<p>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</p>			
<p>Identify best practices/guidelines and available resources by December 2015.</p>			
<p>Finalize awareness campaign and training program by February 2016.</p>			
<p>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>			
<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 			

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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: Reduce by 25% the prevalence of tobacco-based product* use among students in grades 6-8 and 9-12.			
Dashboard Indicator:			
Strategies	Actions and Timeframes	Partners Responsible	Progress
Advocate for insurance coverage for smoking cessation and insurance incentives for nonsmokers.	Press conference w/Sen. Blumenthal to encourage insurers to comply with ACA Introduce a bill requiring coverage	DPH, AHA, CHA, Local Coalitions	
Advocate for higher taxes on all tobacco-based products*.	Propose legislation; draft and line up sponsors Advocate for tax parity on all tobacco products	MATCH, Tobacco Free Kids	
Advocate for a greater Tobacco Trust Fund allocation for education, prevention, and cessation on tobacco-based products* use.			
Advocate for legislation to prohibit smoking in cars with children.	[We decided to drop this one since the Asthma group had this objective also]		
Propose legislation to raise the age for tobacco-based products* to 21.	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	
Prevent sales of tobacco-based products to minors by assessing compliance with current tobacco access laws	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	

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<p>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>	<p>[This was added from the Community Mobilization and Interventions section]</p>		
<p>Create a system of training and/or certification for tobacco cessation specialists</p>	<p>This was added - 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.