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HCT2020 Year 1: 2016 Action Agenda Chronic Disease Prevention and Control

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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: Rate of Emergency Department visits among all Connecticut residents for which asthma was the primary diagnosis.

Strategies	Actions and Timeframes	Partners Responsible	Progress
<p>Communications, Education, and Training</p> <p>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.</p> <p>For 2016, the focus will be on primary care clinicians and dentists, and practices related to 2 of the four components of care identified in NAEPP Guidelines for the Diagnosis and Management of Asthma: assessment and monitoring, and education.</p>	<p><u>a. Utilize the Statewide Asthma Partnership and other key stakeholder organizations to identify individuals and entities willing to work on promoting the use of evidence-based asthma guidelines</u> April 2016 Ascertain where Easy Breathing®/other such programs are currently in place in the state to facilitate plans for areas of focus/resources to share best practices. January end 2016</p>	<p>DPH, CHA</p>	<p>04.01.16 SHIP Asthma workgroup lead identified, actions and timeframes revisions in process given major interim developments in state-wide asthma initiatives (CT asthma imitative implementation)</p>
	<p><u>b. Ascertain where Easy Breathing®/other such programs are currently in place in the state to facilitate plans for areas of focus/resources to share best practices.</u> Ongoing through 2016 Establish a SHIP Asthma Steering Group from key stakeholder organizations to assist in development of plan for investigation of current primary care clinician and dentists' asthma care practices and barriers/needs related to assessment and monitoring, and provision of self-management education. Investigate/collect information re: current practice and needs through key informant interviews and other methods April end 2016</p>	<p>Representatives from DPH, CHA, Local Departments of Health, Hospital Emergency Departments, Respiratory Care Practitioners, Dental Association, Primary Care Association (FQHCs), Pediatric Association, School Nurse Association, CT State Medical Society, large medical group practices, DPH medical home participants, CT College Health Association of Nurse Directors (CCHAND) school-based health centers/others.</p>	<p>04.01.16 On hold pending determination of EZ breathing program sustainability</p>
	<p><u>c. Offer CME awarded educational programs on evidence-based guidelines/asthma care.</u> Ongoing through 2016 Identify evidence-based guideline materials and develop communications. April end 2016</p>	<p>SHIP Asthma Steering Group As above</p>	<p>04.01.16 Outreach conducted to CT Chapter of American Academy of Pediatrics who have expressed interest in offering asthma CME webinars to their members.</p>

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	<p>d. Partner with Community Health Network/DSS, insurers, and others identified to promote evidence-based guidelines/asthma care to identify ways to collaborate on case management.</p> <p>b. Ongoing through 2016 Identify groups/audience for dissemination of information and promotion of educational programs. April end 2016</p>	SHIP Asthma Steering Group As above	04.01.16 Discussions underway, though currently apart for SHIP
	<p>b. Send materials to /communicate with (at association meetings, etc.) identified groups May end 2016, and again in August 2016</p>	Organizations represented in SHIP Asthma Steering Group	
	<p>b. Offer CME awarded educational programs on evidence-based guidelines/asthma care. September/October 2016</p>	DPH, CHA in collaboration with SHIP Asthma Steering Group organizations	
	<p>b. Partner with Community Health Network/DSS, insurers, and others identified to promote evidence-based guidelines/asthma care.</p> <ul style="list-style-type: none"> ◆ Initiate. January 2016 ● Identify ways to collaborate on education and dissemination of information. April 2016 	Community Health Network/DSS, Anthem, Connecticare, Aetna	
	<p>b. Develop and implement mechanism to assess changes in practice/asthma care through website, phone survey etc. October/November 2016</p>	SHIP Asthma Steering 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. 			
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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Dashboard Indicator: Rate of Emergency Department visits among all Connecticut residents for which asthma was the primary diagnosis.

Strategies	Actions and Timeframes	Partners Responsible	Progress
<p>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).</p> <p>For 2016, focus will be on environmental assessment, remediation at home, at school, and in the workplace.</p>	<p><u>a. Promote opportunities to enhance school-based interventions such as the use of asthma action plans through greater collaboration between clinicians, local health departments and school districts, and area hospitals</u> Ongoing through 2016 Work through SHIP Asthma Steering Group to identify key partners to address environmental factors affecting residents with asthma.</p>	<p>Representatives from DPH, CHA, Local Departments of Health, American Lung Association, Housing Authorities, Town Planners, Social Services, Connecticut Business and Industry Association, Office of Early Childhood, 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.</p>	<p>04.01.16 Efforts underway to standardize key elements of the asthma action plan. Pilot is underway to require AAP use for med authorization in some schools</p>
	<p><u>b. Explore reimbursement for asthma education, home assessment, case management.</u> b. Ongoing through 2016 Promote information about resources for asthma education/home evaluation- written materials in physician offices/clinics, hospitals, possible public service announcement, websites and social media. May 2016</p>	<p>SHIP Asthma Steering Group as above-</p>	<p>04.01.16 Group has identified that efforts are already underway regarding reimbursement and will explore what specifically will be value-added for this ongoing initiative.</p>

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	<p>c. Collaborate with CHA through its Connecticut Asthma Initiative (CAI)</p> <p>b. Hospital-Community Partnerships to promote the use of AAPs, improve follow up with primary care providers and utilize EHRs to improve care with CBIA and other employer groups to identify ways to promote information about employee wellness and healthy work environments. (February/March 2016). Collaborate to disseminate information, increase awareness. April/May 2016</p>	<p>SHIP Asthma Steering as above.</p>	
	<p>e.d. Collaborate with school nurses and others to identify environmental issues in schools.</p>	<p>SHIP Asthma Steering as above.</p>	
	<p>e. Ongoing through 2016 Connect clinicians with local departments of health and municipalities to assess opportunities for home intervention and environmental improvement.</p>	<p>SHIP Asthma Steering as above asthma educators, town leaders.</p>	
	<p>e. improve care Partner with the Action Team on Environmental Risk Factors and Health in advocacy efforts to address poor air quality. Meeting by February end 2016 to identify partnership opportunities.</p>	<p>SHIP Asthma Steering as above.</p>	
	<p>e. d Explore reimbursement for asthma education, home assessment, case management. (Meeting of Steering Representatives with identified insurers re: current support for asthma education, home assessment, case management. March end 2016</p>	<p>Insurers.</p>	
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 BRFS. 			

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: Oral Health			
SHIP Objective CD-22: Reduce to 35% the proportion of children in third grade who have dental decay.			
Dashboard Indicator: Proportion of Connecticut children in third grade who have dental decay			
Strategies	Actions and Timeframes	Partners Responsible	Progress
<p>Strategy 1: To maintain the statewide 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). Community water fluoridation has been identified as the most cost-effective method of delivering fluoride to all members of the community, regardless of age, race, ethnicity, educational attainment, or income level.</p>	<p>a. Continue the work of the Connecticut Water Fluoridation Work Group (CWFWG) of diverse stakeholders to facilitate education, communication and advocacy on the science and benefits of Community Water Fluoridation (CWF). Current to May 2016</p>	<p>Lead for Education and Communications: Connecticut Water Fluoridation Work Group (CWFWG) *See addendum for list of member organizations and agencies Leads for Advocacy: Connecticut Oral Health Initiative (COHI) and Connecticut State Dental Association</p>	<p>04.01.16 Convened on multiple dates for communications training and strategy plans including a tour of the MDC water plant. DPH developed the language and submitted the language for the proposed legislation to change the language in the present statute to match the new recommendation from US H&HS.</p>
	<p>b. Facilitate workshops to develop plans and effective communications strategies on the science and benefits of CWF and the value of the statewide CWF statute. September 2015</p>	<p>Partners: CWFWG, Children’s Dental Health Project, CT Health Foundation (CT Health), CT State Dental Association (CSDA)</p>	<p>04.01.16 Connecticut Water Fluoridation Workshops were held in September 10 & 11, 2015 with over 30 organizations represented. Plans were discussed for maintaining the statute with activities, partners and timelines developed. Participants received training on public communication skills.</p>
	<p>c. Identify Legislative Champions for passage of CWF legislation that is consistent with the recommendation of the US Health and Human Services. By December 2015</p>	<p>Leads : CSDA, COHI Partners: CT Coalition on Oral Health (CTCOH) *See addendum for list of member organizations, CT Health Foundation Oral Health Advocacy Grantees</p>	<p>04.01.16 Identified and communicated originally with Co-chairs of the CGA Public Health Committee, gaining their commitment to raise the legislation of CWF legislation that is consistent with the recommendation of US H&HS.</p>

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	<p>d. Develop and disburse communication and outreach programs to the public to inform about the safety and benefits of community water fluoride. Current to May 2016</p>	<p>Leads: CFWWG, CTCOH Partners: COHI, CSDA, CT Health OH Advocate grantees, Health Districts</p>	<p>04.01.16 Developed facts sheets, water bottles and other related materials to inform the public of the safety and benefits of CWF which were distributed at various venues throughout the state. CSDA and CTCOH developed and published a new website fluoridect.org and fluoridect.com to educate the public on the safety and benefits of CWF.</p>
	<p>e. Develop and disburse communication to policy makers to inform about the safety and benefits of community water fluoride to secure support for the passage of CWF legislation that is consistent with the recommendation of the US Health and Human Services. Current to May 2016</p>	<p>Leads: COHI, CSDA Partners: CTCOH, CT Health OH Advocate grantees</p>	<p>04.01.16 Developed specific fact sheets and other related materials to inform the legislators of the safety and benefits of CWF. Testified at the Public Health Committee public hearing in March. Over 25 written testimonies submitted in support of the bill.</p>
<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 			

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: Oral Health

SHIP Objective CD-22: Reduce to 35% the proportion of children in third grade who have dental decay.

Monitoring/Evaluation process:

- Expected Outcome:
 - Primary: Successful passage of legislation on CWF which is consistent with the recommendations of US Health & Human Services.
 - Secondary:
 - 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
 - Process outcomes:
 - 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
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.	a. Convene Dental Sealant Advisory by the Dept. of Public Health to provide opportunities on lessons learned, best practices, education and technical assistance. Current to 2018	Lead: DPH Office of Oral Health (OOH)	04.01.16 Convened Dental Sealant Advisory by the DPH to provide opportunities on lessons learned, best practices, education and technical assistance several times. Advisory consists of representatives from programs that provide dental sealants in schools and other public health settings.
	b. Develop and disseminate an RFP to establish or expand dental sealants in school-based programs. Current to January 2016	Lead: DPH OOH	04.01.16 RFP is in final phase of internal review and will be released in the beginning of April.
	c. Award funding to successful applicants of RFP. January – March 2016	Lead: DPH OOH	

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	d. Conduct data collection to develop lesson learns and best practices Current to 2018	Lead: DPH OOH Partners: Department of Social Services (DSS)	
	e. Education and awareness campaigns to select audiences to increase sealant placement in school-based programs. (i.e., school district administrators and boards, school administrators, staff and teacher and parents) Current to 2018	Lead: DPH OOH Partners: CT Dental Health Partnership/DSS, CT Association of School Based Health Centers (CASBHC), Local health departments, Federally Qualified Health Centers (FQHC), CTCOH	
	f. 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. Current – 2018	Lead: Dental Sealant Advisory Committee *see addendum for list of member organizations	
	g. Develop policy statement that all dental insurance plans cover dental sealants. September 2016	Leads: DPH OOH, CTCOH Partners: COHI, CSDA, CDHA, CT Business & Insurance Association (CBIA)	
	h. Develop policy statements that all children should receive sealants. September 2016	Leads: DPH, CTCOH Partners: COHI, CSDA, CDHA	
Resources Required (human, partnerships, financial, infrastructure or other)			
<ul style="list-style-type: none"> • Required: <ul style="list-style-type: none"> ○ Sealant program expansion in schools ○ Education and awareness campaign of sealants • Sources: <ul style="list-style-type: none"> ○ Funding from DPH 's grants from CDC and HRSA for school-based sealant programs ○ Need other funding for campaigns 			

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<p>Monitoring/Evaluation process:</p> <ul style="list-style-type: none"> • Expected Outcomes: <ul style="list-style-type: none"> ○ Primary: <ul style="list-style-type: none"> ▪ Increase number of schools with dental sealant programs by 5% by December 2016. ○ Secondary: <ul style="list-style-type: none"> ▪ 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 <ul style="list-style-type: none"> ○ Process Outcomes: <ul style="list-style-type: none"> ▪ 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
<p>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, though education and awareness with culturally and linguistically appropriate campaigns.</p>	<p>a. 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</p>	<p>Lead: COHI Partners: CTCOH, CT Health Foundation and its Oral Health Advocacy Grantees, CSDA, CASBHC</p>	<p>04.01.16 SIM accepted fluoride varnish applied by medical professionals as a CT- Specific Area of Emphasis in its Advanced Medical Home model. SIM accepted fluoride varnish applied by medical professionals as an elective in its Clinical and Community Integration Plan. SIM Quality Council is considering an Oral Health Measure in its list of Quality Measure and is still under discussion.</p>

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	<p>b. Convene oral health stakeholders to provide opportunities on lessons learned, best practices, education and technical assistance. Start in January 2016</p>	<p>Lead: CTCOH Partner: CTDHP/DSS, CT Chapter of the American Academy of Pediatrics (CT AAP), DPH OOH</p>	
	<p>c. 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</p>	<p>Lead: CTDHP/DSS Partners: CT AAP, CTCOH, DPH OOH/ CT Train, From the First Tooth, Child Health and Development Institute of CT /EPIC, CT Academy of Pediatric Dentistry</p>	04.01.16 Identified training opportunities with partners listed.
	<p>d. Develop policy statement that all medical insurance plans cover fluoride varnish in medical homes through the age of 21 year of age. September 2016</p>	<p>Leads: DPH OOH, CTCOH Partners: COHI, CSDA, CDHA, CBIA,</p>	
	<p>e. Develop policy statements that all children should receive fluoride varnish at least twice a year when appropriate. September 2016</p>	<p>Leads: DPH OOH, CTCOH Partners: COHI, CSDA, CDHA</p>	
Resources Required (human, partnerships, financial, infrastructure or other)			
<ul style="list-style-type: none"> • Funding • Expansion of insurance coverage for children 6 years and older 			

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- Expected Outcomes:
 - Primary: Increase the number of children receiving fluoride varnish application in school-based programs, medical homes and community access points.
 - Secondary:
 - 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
 - Process Outcomes:
 - 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

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: 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: Percent of youth (high school) in Connecticut who are obese. Percent of children (5-12y) in Connecticut who are obese. Percent of Connecticut children (5-12y) with a household income of <\$25,000 who are obese.

Strategies	Actions and Timeframes	Partners Responsible	Progress
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 distribution programs. (e.g. soup kitchens, food pantries)	a. Inventory existing initiatives working to improve nutritional quality of food served in food distribution programs. Dec 2015 <u>(all timeframes under revision)</u>	END HUNGER CT, CT FOOD BANK (covers 6 counties), Foodshare (Covers Hartford and Tolland Counties) 1000 partners. 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 DPH SHAPE American Heart Association ANCHOR, Parish Nurses	04.01.16 Reviewed potential partners and determined the need to outreach to 3 critical community partners End Hunger CT, CT Foodbank and Foodshare and 3 critical state agency partners (WIC, DSS, OEC). Outreach leads identified and underway
	b. Identify specific gaps or improvement opportunities, including conduct environmental scan. Dec 2015		
	c. Determine the number of children or families with children impacted by food assistance programs Feb 2016		
	d. Research any available food donation or food procurement guidelines or standards for food assistance programs Feb 2016		
	e. If needed, adapt or develop such guidelines April 2016		
	f. Education Donor community (e.g. Faith-based organization) and promote adoption of food procurement and donation guidelines 2016		

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	g. Increase demand for healthier foods through client education: see resource: See "Feeding America" http://healthyfoodbankhub.feedingamerica.org/ for resources and best practices		
	h. Incorporate Nutrition education for clients receiving food from food assistance programs as defined in the CT SNAP-ed plans submitted to USDA Sept 2016		

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<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>	<p>a. Conduct environmental scan, identify gaps and opportunities, review feasibility of adoption of Maine model April 2016</p>	<p>DPH/CSDE/AAP/Office of Early Childhood, Local Health, Regional Education Service Centers (RESCs), PTO/PTA groups, Family Resource Centers, CASBHC, Connecticut 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, Harvard Pilgrim, United Way</p>	<p>04.01.16 Maine model reviewed in detail and given large scope of program the feasibility of statewide roll out is limited given existing resources. Group is considering a pilot and also exploring links to an existing YMCA Healthy Eating Physical Activity Program</p>
	<p>b. Review specific recommendations and documents from CDC Community guide and determine feasibility for implementation Oct 2015</p>		
	<p>c. Convene a cadre of key stakeholders to develop an awareness campaign about the association between inactivity and health. Consider use of the 5-2-1-0 program. November 2015</p>		
	<p>d. 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. Consider providing resources to parents on low cost/free physical activity options for their families. November 2015</p>		
	<p>e. Identify best practices/guidelines and available resources December 2015.</p>		
	<p>f. Finalize awareness campaign and training program February 2016.</p>		
	<p>g. 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>		

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SHIP Objective CD-27: Reduce by 5% the prevalence of obesity in children 5-12 years of age and students in grades 9-12.	
<p>Resources Required (human, partnerships, financial, infrastructure or other)</p> <ul style="list-style-type: none"> • Coordinating Organization • Strategy coordinator with appropriate policy, systems, environmental expertise • One Research Assistant and/or intern per strategy (analytic resources, coordinator, going out and engage support, meet with the donor community etc.) • Centralized repository of information – environmental scan • Kellogg Foundation grants (possible) • New USDA grants <p>Available resources: (Food Distribution)</p> <ol style="list-style-type: none"> 1. KEY RESOURCE: Feeding America http://healthyfoodbankhub.feedingamerica.org/ 2. CT SNAP-ED Obesity prevention plans 3. County Health Rankings provided an evidence summary for this that I thought might be useful if you/the group didn't see it previously: http://www.countyhealthrankings.org/policies/food-banks-healthy-food-initiatives. 4. Superfooddrive.org is a non-profit organization dedicated to improving the nutritional content of food donated and provided to underserved populations. There is an entire webpage devoted to healthy beverage and food donations: http://www.superfooddrive.org/food-banks-and-food-pantries/. Most of what I saw is not in relation to developing standards but offers a toolkit for soliciting healthy donations. May be helpful later. 5. Change Lab Solutions "Banking on Health: Improving Healthy Beverage & Nutrition Standards in Food Banks" illustrates healthy beverage and food standards that have been set in several California area food banks/pantries. <p>Available Resources: (Screen Time Strategy)</p> <ol style="list-style-type: none"> 1. Let's go Maine evaluation and report (2. Community Guide recommendation on screen time 	
<p>Monitoring/Evaluation Approaches</p> <ul style="list-style-type: none"> • <p>Food Distribution:</p> <ul style="list-style-type: none"> • Identify if there existing metrics being used by food distribution community (food policy council) • CT food share, existing scoring system, use it to monitor progress • # clients being served in pantries that have adopted guidelines • BRFSS - healthy food and vegetables (local data) • Feeding America – food donations, 56.4% comes from CT foodbank, 16% from donations, 24% purchase. Client age breakdown. <p>Screen Time: (specific metrics will depend on whether focus of initiative is families, ECE's or other)</p> <ul style="list-style-type: none"> • Use metrics from Maine report % of children reporting 2 or less hours of screen time • # or percent early child care centers educated about screen time • # or percent of early childcare centers with screen time policies 	

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-30: Reduce by 25% the prevalence of tobacco-based product* use among students in grades 6-8 and 9-12. * 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.			
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.			
Strategies	Actions and Timeframes	Partners Responsible	Progress
Advocate for tax parity for all tobacco-based products*, including nicotine that is “vaped.”	a. Advocate for/propose legislation that would create tax parity for cigarettes, cigars, lose and chewing tobacco, and nicotine used in vaping devices SFY 2016	MATCH, CT Prevention Network, Tobacco Free Kids (Heart, Lung, Cancer are part of MATCH)	04.01.16 Governor and state legislature opted not to utilize any new taxes to deal with the budget short fall
Prevent access to tobacco products and electronic nicotine delivery (END) devices by minors by assessing retail merchants’ compliance with current laws.	a. Conduct inspections of tobacco and ENDS retailers in selected municipalities to ensure compliance with state access laws. SFY 2016	DMHAS	04.01.16 Synar report for 2016 (2015-16) reported a Retail Violation Rate of 9.0%
Explore legislation to raise the age for the purchase of tobacco-based products to 21. Legislation would also apply to nicotine-laced liquid that e-cigarettes use.	a. Marshall statewide organizations to support raising the age; Review data on the impact of the legislation where it has been enacted; Identify the steps/process undertaken by other cities/states in passing similar legislation; Work with CT cities/towns in passing ordinances (if there is no momentum for a state bill). SFY 2016	CT Prevention Network, MATCH (I can’t commit MATCH to taking a lead role here)	04.01.16 Ability to set legal age is a state preemption, Don’t think this is a valid strategy. Tobacco 21 Bill was raised (SB 290) and had a hearing
Strategies for long-term consideration			
Advocate for insurance coverage for smoking cessation and insurance incentives for nonsmokers.	a. Press conference w/Sen. Blumenthal to encourage insurers to comply with ACA. Introduce a bill requiring coverage	DPH, AHA, CHA, Local Coalitions	

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Advocate for appropriate and sustainable Tobacco Trust Fund allocations for education, prevention, and cessation on tobacco-based products* use.	a. Identify legislative and anti-tobacco partners. Mobilize the public.	MATCH, CT Prevention Network	04.01.16 Currently no allocation in THTF. Bill raised to fund and use THTF for smoking cessation and prevention purposes. No action to date.
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.	a. Conduct a pilot project for teens 12-18 years old.	CT Federally Qualified Health Centers	
Create a system of training and/or certification for tobacco cessation specialists	a. Note: This was added - although there was discussion as to whether this is consistent with our objective of preventing use	For further discussion Explore Massachusetts model	
Resources Required (human, partnerships, financial, infrastructure or other)			
<ul style="list-style-type: none"> Financial resources required for municipalities to conduct tobacco merchant inspections 			
Monitoring/Evaluation Approaches			
<ul style="list-style-type: none"> Provide quarterly report outs CT School Health Survey Annual CT Tobacco Retailer Violation Rate 			