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Chronic Disease Prevention and Control

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- Arthritis and Osteoporosis
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- Tobacco

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GOAL

Reduce the prevalence and burden of chronic disease through sustainable, evidence-based efforts at risk reduction and early intervention.

WHY THIS GOAL IS IMPORTANT

The prevalence of chronic conditions and their risk factors in the United States have been rising steadily, whereas many other diseases and conditions are declining. The CDC has designated reductions in smoking and obesity and improvements in nutrition and physical activity, as "Winnable Battles" in efforts to improve the health of Americans and reduce the prevalence and severity of chronic diseases.[22]

In Connecticut, chronic diseases account for 6 out of 10 of the leading causes of death. Costs associated with treatment of and loss of productivity due to cancer, diabetes, heart disease, hypertension, stroke, and lung conditions totaled $16.2 billion in 2003.[23] If the number of people with these chronic conditions continues to grow, the economic impact in Connecticut could reach $44.5 billion in 2023.[24] Addressing modifiable risk factors for chronic disease, such as smoking, nutrition, physical activity, obesity, and the early detection of disease, could save thousands of lives and reduce the future economic impact of chronic disease in Connecticut by $11.9 billion in 2023.[25]

Heart Disease and Stroke

Rationale

Although deaths from heart disease have declined, it is still the leading cause of death in and the third-leading cause of premature death in the US and Connecticut.[26] Stroke is the third leading cause of death for Connecticut residents of all ages. Many risk factors, including smoking, high cholesterol, and high blood pressure, increase the likelihood of getting heart disease and/or stroke. The proportion of people with high blood pressure, a key risk factor for stroke and heart disease, has increased among adults in Connecticut during the past decade, as has the prevalence of high cholesterol. There are racial and ethnic disparities in premature death from cardiovascular disease, and non-Hispanic blacks are more likely than other groups to have high blood pressure. Focusing on detecting and managing high blood pressure and high cholesterol among adults may help to reduce illness and deaths from heart disease and stroke

OBJECTIVE CD-1

Reduce by 10% the age-adjusted death rate for heart disease.

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	164.7 per 100,000 (2006-2010)	148.2 per 100,000	Connecticut Department of Public Health, Vital Statistics, Death Registry data (special analysis)
Black non-Hispanic	178.0 per 100,000 (2006-2010)	160.2 per 100,000	

OBJECTIVE CD-2

Decrease by 40% the age-adjusted premature death rate for heart disease.

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	889.0 per 100,000 (2007-2009)	540.0 per 100,000	Connecticut Department of Public Health, Vital Statistics, Death Registry data

Strategies

Advocacy and Policy

- Ensure consumer access to and insurance coverage for preventive services, and enhance reimbursement and incentive models.
- Adopt and implement policies to support insurance coverage for chronic disease self-management programs.
- Explore insurance incentives to promote employee wellness programs (e.g., State Health Enhancement Program insurance plan as a model).
- Explore insurance incentives for non-smokers.
- Align efforts with the national Million Hearts® initiative to address ABCS (aspirin for high risk, blood pressure control, cholesterol control, and smoking cessation).

Communications

- Conduct public awareness campaigns and work with providers and community health workers to promote eating a heart healthy diet (low saturated fat, low salt).
- Conduct public awareness campaigns and work with providers and community health workers to promote getting at least 150 minutes of exercise per week of moderate-intensity aerobic physical activity, and muscle strengthening activities a minimum of 2 days a week.
- Conduct public awareness campaigns and work with providers and community health workers to promote the importance of avoiding tobacco smoke and smoking cessation for current smokers (see C-25, CD-26).
- Conduct public awareness campaigns and work with providers and community health workers to promote the importance of maintaining a healthy weight (see CD-23, CD-24).
- Use media and health communications to build public awareness of heart disease and stroke prevention.
- Disseminate information on the benefits of regular screenings (blood pressure, cholesterol, diabetes) through community network of providers, community groups, healthcare systems, pharmacies, faith-based organizations, workplaces, etc. (e.g., "Know Your Numbers" campaign).
- Educate existing and at-risk patients with high blood pressure on the use of self-measured blood pressure monitoring tied with clinical support.
- Engage community pharmacists on counseling providers and patients on medication/self-management for adults with high blood pressure.

Education and Training

- Ensure that healthcare providers have the tools to promote healthy lifestyle behaviors (healthy eating, active living, avoiding the use of tobacco products, limiting exposure to secondhand smoke, etc.) and to make referrals to community resources.
- Train and develop teams of community health workers to ensure consistent follow up and connections between patients and providers, and to enhance referrals and treatments.

Partnership and Collaboration

- Foster collaboration among community-based organizations, the education and faith-based sectors, independent living centers, businesses, and clinicians to identify underserved groups and implement programs to improve access to preventive services.

Planning & Development

- Expand use of health information technology to remind and provide feedback to patients; and develop incentives for clinicians and health care systems.
- Develop a sustainable infrastructure for widely accessible, readily available self-management interventions that link community and clinical settings and make use of lifestyle intervention professionals such as registered dietitians, exercise physiologists, and social workers.
- Establish clinical-community linkages that connect patients to self-management education and community resources.
- Develop and implement community-led, place-based interventions targeted to address the social determinants of health in high-priority, at-risk communities.

OBJECTIVE CD-3

Reduce by 10% the age-adjusted death rate for stroke.

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	32.5 per 100,000 (2006-2010)	29.3 per 100,000	Connecticut Department of Public Health, Vital Statistics, Death Registry (special analysis
Black non-Hispanic	42.9 per 100,000 (2006-2010)	38.6 per 100,000	

Strategies

Advocacy and Policy

- Ensure consumer access to and insurance coverage for preventive services, and enhance reimbursement and incentive models.
- Adopt and implement policies to support insurance coverage for chronic disease self-management programs.
- Explore insurance incentives to promote employee wellness programs (e.g., State Health Enhancement Program (HEP) insurance plan as a model).
- Explore insurance incentives for non-smokers.

Communications

- Conduct public awareness campaigns and work with providers and community health workers to promote eating a heart healthy diet (low saturated fat, low salt).
- Conduct public awareness campaigns, and work with providers and community health workers to promote getting at least 150 minutes of exercise per week of moderate-intensity aerobic physical activity, and of muscle strengthening activities a minimum of two days a week.
- Conduct public awareness campaigns and work with providers and community health workers to promote the importance of avoiding tobacco smoke and smoking cessation for current smokers (see CD-25, CD-26).
- Conduct public awareness campaigns and work with providers and community health workers to promote the importance of maintaining a healthy weight (see CD-23, CD-24).
- Use media and health communications to build public awareness of heart disease and stroke prevention.
- Disseminate information on the benefits of regular screenings (blood pressure, cholesterol, diabetes) through a community network of providers, community groups, healthcare systems, pharmacies, faith-based organizations, workplaces, etc. (e.g., “Know Your Numbers” campaign).
- Educate current and at-risk patients with high blood pressure on the use of self-measured blood pressure monitoring tied with clinical support.
- Engage community pharmacists on counseling providers and patients on medication/self-management for adults with high blood pressure.

Education and Training

- Ensure that healthcare providers have the tools to promote healthy lifestyle behaviors (healthy eating, active living, avoiding the use of tobacco products, limiting exposure to secondhand smoke, etc.) and to make referrals to community resources.
- Train and develop teams of community health workers to ensure consistent follow-up and connections between patients and providers, and to enhance referrals and treatments.

Partnership and Collaboration

- Foster collaboration among community-based organizations, the education and faith-based sectors, independent living centers, businesses and clinicians to identify underserved groups and implement programs to improve access to preventive services.

Planning & Development

- Expand use of health information technology to remind and provide feedback to patients; and provide incentives to clinicians and health care systems.
- Develop a sustainable infrastructure for widely accessible, readily available self-management interventions that link community and clinical settings and make use of lifestyle intervention professionals such as registered dietitians, exercise physiologists, and social workers.
- Establish clinical-community linkages that connect patients to self-management education and community resources.
- Develop and implement community-led, place-based interventions targeted to address the social determinants of health in high-priority vulnerable communities.

OBJECTIVE CD-4 Ph1

Reduce by 3% the proportion of adults 18 years of age and older who have been told they have high blood pressure.

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	29.8% (2011)	28.9%	Connecticut Behavioral Risk Factor Surveillance System

Strategies

Advocacy and Policy

- Explore insurance incentives to promote employee wellness programs (e.g., State Health Enhancement Program (HEP) insurance plan as a model).
- Explore insurance incentives for non-smokers.

Communications, Education & Training

- Communicate and educate on burden of high blood pressure to multiple audiences and through multiple modes (e.g., patients, parents, health care providers, schools, workplaces, community groups, etc.).
- Develop, promote, and/or leverage community outreach and education messages that address common lifestyle factors that can prevent high blood pressure.

Partnership and Collaboration

- Work with community network of providers, community groups, healthcare systems, pharmacies, faith-based organizations, workplaces, etc. (e.g., "Know Your Numbers" campaign) to disseminate information on the benefits of regular screenings (blood pressure, cholesterol).
- Work with community network of providers, community groups, healthcare systems, pharmacies, faith-based organizations, workplaces, etc. to disseminate information on lifestyle changes that can prevent high blood pressure or lower blood pressure (maintain healthy weight, regular exercise, eat a healthy diet, reduce sodium in diet, limit alcohol, avoid tobacco products, cut back on caffeine, reduce stress).

OBJECTIVE CD-5

Reduce by 10% the prevalence of adults 18 years of age and older who have had their cholesterol checked and have ever been told they have high cholesterol.

Target Population(s)	Baseline	2020 Target	Data Source
Adults 18 years of age and older	36.2% (2011)	32.6%	Connecticut Behavioral Risk Factor Surveillance System

Strategies

Advocacy and Policy

- Explore insurance incentives to promote employee wellness programs (e.g., State Health Enhancement Program (HEP) insurance plan as a model).
- Explore insurance incentives for non-smokers.

Communications

- Communicate and educate about the impact of high cholesterol to multiple audiences and through multiple modes (e.g., patients, parents, health care providers, schools, workplaces, community groups, etc.).
- Develop, promote, and/or leverage community outreach and education messages that address common lifestyle factors that prevent high cholesterol.

Partnership and Collaboration

- Work with community network of providers, community groups, healthcare systems, pharmacies, faith-based organizations, workplaces, etc. to disseminate information on the benefits of regular screenings (blood pressure, cholesterol) (e.g., "Know Your Numbers" campaign).
- Train and develop teams of community health workers to ensure consistent follow up and connections between patients and providers, and to enhance referrals and treatments.

Potential Partners

Connecticut Department of Public Health; Connecticut Department of Agriculture; Connecticut Department of Social Services; State Department on Aging; Connecticut Department of Energy and Environmental Protection; Office of the Healthcare Advocate; local public health agencies; health care providers including community health centers, hospitals, nurses and physicians; health professional associations; health insurers; pharmaceutical companies; other businesses and business associations; American Heart Association; other organizations and coalitions focused on heart disease and stroke; community service providers that serve seniors and other at-risk populations; philanthropic and research organizations that address heart disease and stroke; schools of public health, allied health, nursing, and medicine; faith-based organizations; and others.

Cancer

Rationale

Half of all men and one-third of all women will be diagnosed with cancer at some time in their lives.[27] Cancer is the second leading cause of death in Connecticut overall and the leading cause of death for Connecticut men. In 2010, lung cancer was the leading cause of cancer deaths for male and female Connecticut residents. The second and third leading causes of death were prostate and colorectal cancer for males and breast and colorectal cancer for females. White non-Hispanics are the most likely to be diagnosed with cancer, whereas non-Hispanic blacks are the most likely to die from cancer. Other disparities occur for individual cancers, suggesting a need for increased attention to the modifiable behavioral risk factors for many cancers (smoking, physical inactivity, poor nutrition, obesity, and ultraviolet light exposure),[28] and for improving access to screening and treatment for disparate populations. More than half of all cancers are preventable, and cancer screening is an effective strategy to detect cancer in the early stages and enhance survival.[29]

In 2008, health care costs associated with cancer cost the US $77.4 billion, and loss of productivity due to cancer cost $124 billion.[30]

OBJECTIVE CD-6
Decrease by 2% the incidence of new cases of the 6 major cancers (breast, cervical, prostate, lung, colorectal, and melanoma).

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	491.8 per 100,000 All Cancers (2008-2010)	482.0 per 100,000	Connecticut Tumor Registry
	137.0 per 100,000 Female Breast Cancer	134.3 per 100,000	
	5.8 per 100,000 Cervical Cancer	5.7 per 100,000	
	150.4 per 100,000 Prostate Cancer	147.4 per 100,000	
	64.7 per 100,000 Lung Cancer	63.4 per 100,000	
	42.9 per 100,000 Colorectal Cancer	42.0 per 100,000	
	23.0 per 100,000 Melanoma	22.5 per 100,000	

Strategies

Advocacy and Policy

- Advocate for legislation to create tax parity for all tobacco products in Connecticut.
- Utilize regular and voluntary measures to increase smoke-free environments.
- Advocate for Synar inspections, vendor education, and fines for underage sale of tobacco products. (Refers to the Synar Amendment, named after Congressman Mike Synar)
- Identify, disseminate, and recommend evidence-based policies to reduce modifiable risk factors for the six major cancers (see: CD-23, CD-24, CD-25, CD-26).

- Advocate for genetic risk assessment and BRCA mutation testing for breast and ovarian cancer susceptibility, and genetic testing for Lynch syndrome.

Communications, Education and Training

- Conduct creative media and education campaigns to reduce initiation of tobacco use and increase cessation attempts.
- Conduct outreach to females and 13-17 year old males on importance of 3-dose HPV vaccination, through peer-to-peer education, pediatrician-parent outreach, and education, and through school-based education and outreach.
- Conduct media and public awareness/education campaigns to communicate and promote behaviors that decrease exposure to harmful UV radiation and sunburn.

Partnership and Collaboration

- Partner with school districts to advocate for legislation to expand school-based health centers.
- Develop and implement interventions with primary and middle schools to prevent skin cancer by increasing sun-protective behaviors.

Planning and Development

- Provide quality, accessible, low-cost or no-cost tobacco cessation services for all smokers.
- Adopt coordinated school health model for all Connecticut schools.

Research

- Research and adopt evidence-based systems change strategies to reduce modifiable risk factors for the six major cancers (see: CD-23, CD-24, CD-25, CD-26).
- Research and adopt evidence-based environmental change strategies to reduce modifiable risk factors for the six major cancers (see: CD-23, CD-24, CD-25, CD-26).

OBJECTIVE CD-7

Reduce by 5% the proportion of late-stage diagnoses for 4 major cancers (breast, prostate, lung, and colorectal).

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	22.1% All Cancers (2004-2009)	21.0%	Connecticut Tumor Registry
	5.0% Female Breast Cancer	4.8%	
	4.2% Prostate Cancer	4.0%	
	54.7% Lung Cancer	52.0%	
	18.4% Colorectal Cancer	17.5%	

Strategies

Advocacy and Policy

- Advocate for universal access to cancer-related screenings mandated by the Affordable Care Act, regardless of insurance status.

Communications, Education and Training

- Communicate the benefits and importance of cancer-specific screenings as appropriate (e.g., mammograms, colorectal screenings, etc.) through:
  Use of written and/or telephone client reminders to participate in regular screenings, including an explanation of benefits;

1:1 education through providers on benefits of and recommendations for regular screenings; Identification and reduction of structural barriers for patients.

- Develop culturally appropriate media and education campaigns to increase screening.

OBJECTIVE CD-8

Reduce by 5% the age-adjusted mortality rates for 6 major cancers (breast, cervical, prostate, lung, colorectal, and melanoma) through modification of major risk factors.

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	164.2 per 100,000 All Cancers (2008-2010)	156.0 per 100,000	Connecticut Department of Public Health, Connecticut Resident Deaths, 3-year Mortality Tables.
	21.0 per 100,000 Breast Cancer	20.0 per 100,000	
	1.6 per 100,000 Cervical Cancer	1.5 per 100,000	
	43.6 per 100,000 Lung Cancer	41.4 per 100,000	
	13.5 per 100,000 Colorectal Cancer	12.8 per 100,000	
	2.5 per 100,000 Melanoma	2.4 per 100,000	

Strategies

Advocacy and Policy

- Advocate for legislation to create tax parity for all tobacco products in Connecticut.
- Utilize regular and voluntary measures to increase smoke-free environments.
- Advocate for Synar inspections, vendor education, and fines for underage sale of tobacco products. (Refers to the Synar Amendment, named after Congressman Mike Synar).
- Identify, disseminate, and recommend evidence-based policies to reduce modifiable risk factors for the six major cancers (see: CD-23, CD-24, CD-25, CD-26).
- Advocate for genetic risk assessment and BRCA mutation testing for breast and ovarian cancer susceptibility and also genetic testing for Lynch syndrome.

Communications, Education and Training

- Conduct creative media and education campaigns to reduce initiation of tobacco use and increase cessation attempts.
- Conduct outreach to females and 13-17 year old males on importance of 3-dose HPV vaccination, through peer-to-peer education, pediatrician-parent outreach and education, and through school-based education and outreach (see ID-7).
- Conduct media and public awareness/education campaigns to communicate and promote behaviors that decrease exposure to harmful UV radiation and sunburn

Partnership and Collaboration, Planning and Development

- Provide quality, accessible, low-cost or no-cost tobacco cessation services for all smokers.
- Adopt coordinated school health model for all Connecticut schools.
- Partner with school districts to advocate for legislature to expand school-based health centers.
- Develop and implement interventions with primary and middle schools to prevent skin cancer by increasing sun-protective behaviors.

Planning & Development, Research

- Research and adopt evidence-based systems change strategies to reduce modifiable risk factors for the six major cancers (see: CD-23, CD-24, CD-25, CD-26).
- Research and adopt evidence-based environmental change strategies to reduce modifiable risk factors for the six major cancers (see: CD-23, CD-24, CD-25, CD-26).

OBJECTIVE CD-9

Increase by 5% the proportion of adults who have ever had a sigmoidoscopy/colonoscopy.

Target Population(s)	Baseline	2020 Target	Data Source
Adults 50+	75.7% (2010)	79.5%	Behavioral Risk Factor Surveillance System

Strategies

- Offer colorectal cancer screening, diagnostic, case management, and treatment referral services to medically underserved men and women.
- Enhance population-based approaches to cancer screening through targeted outreach; patient navigation services; high quality screening services; and education and training to health professionals.
- Promote the awareness of evidence-based recommendations for hereditary cancers

OBJECTIVE CD-10

Increase by 5% the 5-year relative survival rates for the 6 major cancers (lung, breast, prostate, colorectal, melanoma, and cervical).

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	68.4% All Invasive Cancers (Diagnosed 2005-2009; followed through 2010)	71.8%	Connecticut Tumor Registry
	92.0.0% Female Breast Cancer	96.6%	
	99.7% Prostate Cancer	100.0%	
	21.0% Lung Cancer	22.1%	
	68.1.1% Colorectal Cancer	71.5%	
	93.3% Melanoma	98.0%	
	69.6 Cervical Cancer	73.1%	

Strategies

Advocacy and Policy

- Advocate for universal access to cancer-related screenings mandated by the Affordable Care Act regardless of insurance status.
- Advocate for universal access to state of the art cancer treatment and clinical trials for all cancer patients regardless of insurance status.

Communications, Education and Training

- Communicate the benefits and importance of cancer specific screenings as appropriate (e.g., mammograms, colorectal screenings, etc.) through:
  Use of written and/or telephone client reminders to participate in regular screenings, including an explanation of benefits
  1:1 education through providers on benefits of and recommendations for regular screenings
  Identification and reduction of structural barriers for patients
- Develop culturally appropriate media and education campaigns to increase screening.
- Educate and provide support to cancer survivors on the importance of healthy lifestyles.

Potential Partners

Connecticut Department of Public Health; Connecticut Department of Social Services; Connecticut Department of Energy and Environmental Protection; State Department of Education; Connecticut Department of Agriculture; Connecticut Department of Mental Health and Addiction Services; Office of the Healthcare Advocate; local public health agencies; laboratories; health care providers including oncology nurses, oncologists, community health centers, hospitals, visiting nurse associations, palliative care and hospice providers, health professional associations; health insurers; pharmaceutical companies; business and business associations; American Cancer Society; other organizations and coalitions that focus on cancer prevention and control; patient advocates; cancer survivors, community service providers for families, youths, and seniors; philanthropic and research organizations that address cancer prevention and control; schools of public health, allied health, nursing, and medicine; faith-based organizations; food industry; farmer's markets organizations; food advocacy groups; and others.

Diabetes and Chronic Kidney Disease

Rationale

Diabetes affects an estimated 23.6 million people in the United States and is the 7th leading cause of death.[3] There are significant human costs to the disease, including lowered life expectancy by up to 15 years; increased risk of heart disease; and risks of kidney failure, lower limb amputations, and adult-onset blindness.[3, 4] In addition to these human costs, the estimated total financial cost of diabetes in the US in 2007 was $174 billion, which includes the costs of medical care, disability, and premature death.[31]

The proportion of Connecticut adults ever told they had diabetes increased significantly in the last decade to nearly 10%. Disparities exist in diabetes prevalence by race, ethnicity, and income; in premature mortality by race and ethnicity; and in lower extremity amputations by race and ethnicity. In the absence of more effective intervention strategies, the proportion of adults diagnosed with diabetes in Connecticut is expected to continue to increase.

Diet is key to preventing and managing diabetes, yet children and adults in lower-income households are less likely than those of higher income households to consume a healthful diet.[32] Ensuring that all Connecticut residents eat and have access to healthy foods; engage in regular exercise; and receive the care of a primary care physician in a patient-centered medical home are important factors in prevention, early detection, and effective management of diabetes.

In Connecticut, costs associated with health care, lost productivity, and premature mortality due to diabetes totaled $1.7 billion in 2002.[33]

OBJECTIVE CD-11 Ph1

Reduce by 5% the estimated number of individuals with undiagnosed Type II diabetes.

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	93,000 individuals (2011)	88,350 individuals	Connecticut Department of Public Health, Diabetes Surveillance Reports (Estimates)

Strategies

Advocacy and Policy, Education and Training

- Advocate for the implementation of patient-centered medical home model in primary care practices.
- Promote case management combined with disease management approach among providers to encourage patients to be engaged in early screening and preventive health care.

Communications

- Implement a public information campaign to promote screenings (knowledge of signs and symptoms) and regular blood glucose monitoring, especially for adults with Type 2 diabetes, and adolescents and children with Type 1 diabetes.

Partnership and Collaboration

- Expand statewide screenings for diabetes with direct referrals to primary care physicians as appropriate.

OBJECTIVE CD-12

Reduce by 6% the proportion of adults 18 years of age and older with diagnosed diabetes.

Target Population(s)	Baseline	2020 Target	Data Source
Adults 18 years of age and older	9.1% (2012)	8.6%	Connecticut Behavioral Risk Factor Surveillance System

Strategies

Advocacy and Policy

- Advocate for universal access to affordable, culturally appropriate healthy foods (address food deserts in Connecticut via Farmers markets, WIC policing, Diabetic Foot Study Group) (see CD-23, CD-24).
- Advocate for policy change on State level to require itemized receipts to monitor WIC vendors.

Communications, Education and Training

- Conduct public awareness campaigns and provider-patient outreach to increase awareness of pre-diabetes among people at high risk.

Planning & Development

- Utilize 2009 CDC strategies to prevent obesity in the US. (see CD-23, CD-24).
- Implement CDC guidelines around physical education programs and physical activity programs (Early Childhood Education through high school).
- Increase access, referrals, and reimbursements for Center for Disease Control recognized lifestyle change programs for the prevention of Type 2 diabetes (Diabetes Prevention Program).

OBJECTIVE CD-13

Stabilize at 15% the prevalence of chronic kidney diseases among Medicare beneficiaries 65+ years of age.

Target Population(s)	Baseline	2020 Target	Data Source
Medicare beneficiaries	14.8% (2011)	15%	Centers for Medicaid and Medicare Services, State-Level Chronic Conditions Reports

Strategies

Advocacy and Policy

- Advocate for insurers to improve their comprehensive diabetes care (Healthcare Effectiveness Data and Information Set HEDIS measures).

Communications

- Utilize nontraditional methods to provide culturally appropriate supports for patient engagement (e.g., community brokers, faith-based organizations).

Education and Training

- Promote evidence-based chronic kidney disease guidelines through academic detailing.

Planning & Development

- Remove barriers to diabetes and hypertension treatment adherence for underserved populations.
- Professionalize and find methods to sustain needed community health outreach work.

OBJECTIVE CD-14

Decrease by 10% the age-adjusted hospital discharge rate for "diabetes-related" hospitalizations.

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	138.3 per 100,0000 (2011)	124.5 per 100,0000	Connecticut Department of Public Health, Hospitalization Reports, Table H-1

Strategies

Communications, Education and Training

- Encourage culturally sensitive self-management skill training among providers and caregivers.
- Promote participation in Americans with Disabilities Act (ADA)-recognized, American Association of Diabetes Educators (AADE)-accredited, and /or Standard-licensed Diabetes Self-Management Education Programs.
- Increase access, referrals, and reimbursement for Diabetes Self-Management Education (DSME) programs.
- Expand health coaching, individual assessment, and treatment planning on a personal level (faith based).
- Expand use of peer champions to re-educate family and community members.

Planning & Development

- Include chronic kidney disease in strategies from Connecticut Diabetes Prevention and Control Plan.

OBJECTIVE CD-15 (DEVELOPMENTAL)

Reduce hospitalizations due to chronic kidney disease.

Strategies

Education and Training

- Provide education, incentives and technology-based tools to providers, patients and families to facilitate self-reporting on hypertension data.
- Provide education and incentives to providers, patients and families to facilitate monitoring and management of high cholesterol data.

Surveillance

- Identify and implement data tracking methods to establish a baseline for hospitalizations; chronic kidney disease currently is identified based on clinical characteristics of the disease.

Potential Partners

Connecticut Department of Public Health; Connecticut Department of Social Services; State Department of Education; Connecticut Department of Energy and Environmental Protection; Office of the Healthcare Advocate; local public health agencies; health care providers including community health centers, hospitals, nurses and physicians; health professional associations; health insurers; pharmaceutical companies; other businesses and business associations; American Diabetes and Heart Associations; National Kidney Foundation; other organizations and coalitions focused on diabetes and kidney disorders; community service providers; other philanthropic and research organizations that address diabetes and kidney disorders; schools of public health, allied health, nursing, and medicine; and others.

Asthma and Chronic Respiratory Disease

Rationale

Asthma is a chronic respiratory disease characterized by reversible obstruction of the passages that take air into the lungs. Blockage of these airways results from chronic inflammation related to over-responsiveness to various environmental "triggers" (tobacco smoke, pollen, mold, dust mites, air pollution, cockroach allergens, pet allergens, etc.). The effect is episodes of wheezing, shortness of breath, chest pain or tightness, and coughing. Although there is no cure for asthma, its symptoms can be reversed with treatment for most people.[34]

"My son has asthma, also food allergies and diabetes. We have school nurses 1-2 days per week. If an incident occurs at school, staff has to call a parent or take the child to the ER. People are not sure how to take care of these kids. A nurse could offer this education but they are not in the building enough. We are told there is not enough money for more nurses in schools. We need to come up with creative solutions to get more coverage for our kids in schools." (New Haven)

The prevalence of asthma among Connecticut adults and children increased significantly during the last decade. Childhood asthma appears to be increasing at a greater rate than adult asthma. Asthma prevalence is highest in Hispanic children and adults, and they also are the most likely to go to hospital emergency rooms for treatment of asthma episodes. Asthma health care costs in Connecticut totaled $112 million in 2009.

OBJECTIVE CD-16 Ph1

Decrease by 5% the rate of Emergency Department visits among all Connecticut residents for which asthma was the primary diagnosis.

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	652.7 per 100,000 (2011)	620.1 per 100,000	Connecticut Department of Public Health, Office of Health Care Access

Strategies

Advocacy and Policy

- Advocate for mandatory written asthma treatment plans for all children with asthma in schools and in licensed daycare centers.
- Advocate for legislation to prohibit smoking in cars with children.

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.
- Conduct a public education campaign, in partnership with local television news stations, on the effects of poor air quality days on health. (See ENV-5)

Planning & Development

- 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).
- Encourage pediatricians to discuss smoking cessation/prevention with parents.
- Implement evidence-based, comprehensive smoking prevention and cessation programs (e.g., counseling and Rx) in community and workplace settings, especially in urban areas.

OBJECTIVE CD-17
Decrease by 5% the rate of hospitalizations for asthma.

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	124.9 per 100,000 (2011)	118.7 per 100,000	Connecticut Department of Public Health, Hospitalization Reports, Table H-1

Strategies

Advocacy and Policy

- Advocate for mandatory written asthma treatment plans for all children with asthma in schools and in licensed daycare centers.
- Advocate for legislation to prohibit smoking in cars with children.

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.
- Conduct a public education campaign, in partnership with local television news stations, on the effects of poor air quality days on health. (See ENV-5)

Planning & Development

- 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).
- Encourage pediatricians to discuss smoking cessation/prevention with parents.
- Implement evidence-based, comprehensive smoking prevention and cessation programs (e.g., counseling and Rx) in community and workplace settings, especially in urban areas.

OBJECTIVE CD-18

Reduce by 5% hospitalizations for chronic obstructive pulmonary disease (COPD).

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	274.9 per 100,000 (2011)	261.2 per 100,000	Connecticut Department of Public Health, Hospitalization Reports, Table H-1

Strategies

Communications

- Enhance community awareness and understanding of the effects of poor air quality days on health. (See ENV-5)

Planning & Development

- 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).
- Identify and utilize comprehensive (e.g., counseling and Rx), culturally appropriate smoking cessation/prevention programs in community and workplace settings, especially in urban areas.
- Establish mechanisms to reimburse smoking cessation programs in practice and community settings.

OBJECTIVE CD-19

Reduce by 5% the age-adjusted death rate for chronic lower respiratory disease.

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	28.7 per 100,000 (2010)	27.3 per 100,000	Connecticut Department of Public Health 1-year state AAMR mortality tables

Strategies

Communications

- Conduct outreach with public and providers to promote pneumovax vaccine utilization among at-risk populations, especially adults age 50+.

Planning and Development

- Work with medical/healthcare workers to enhance efforts toward achieving universal influenza vaccination.
- Implement evidence-based, comprehensive 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).

Potential Partners

Connecticut Department of Public Health; Connecticut Department of Social Services; Connecticut Department of Economic and Community Development; Connecticut Department of Energy and Environmental Protection; State Department of Education; Connecticut Department of Children and Families; State Legislature; local public health agencies; health care providers including pediatricians and thoracic specialists, community health centers, and hospitals; health professional associations; pharmacists and pharmaceutical companies; health insurers; American Lung Association and Thoracic Society; other organizations and coalitions focused on health and the environment; community service providers; philanthropic and research organizations that address asthma and respiratory diseases; schools of public health, allied health, nursing, and medicine; and others.

Arthritis and Osteoporosis

Rationale

Arthritis, the most common cause of disability,[35] often co-occurs with other chronic conditions, such as heart disease, diabetes, and obesity.[36] Osteoporosis, or reduced bone strength, is associated with an increased risk of fractures and most commonly affects persons aged 50 or older, particularly women.[37] Arthritis and osteoporosis may affect overall quality of life; self-care activities such as bathing, grooming, feeding, and housework; and the ability to work at a job.[38]

The prevalence of arthritis and osteoporosis among Connecticut residents was stable during the last decade. Strategies that address chronic disease prevention, including diet and exercise, also address prevention of these conditions. The per *capita cost* of one chronic condition such as arthritis or osteoporosis among Medicare beneficiaries has increased steadily and was $2,236 in 2011.

OBJECTIVE CD-20
Reduce by 10% the proportion of Medicare beneficiaries with osteoporosis.

Target Population(s)	Baseline	2020 Target	Data Source
Medicare beneficiaries	7.4% (2011)	6.7%	Centers for Medicaid and Medicare Services, State-Level Chronic Conditions Reports

Strategies

Advocacy and Policy

- Advocate for reimbursement for services.

Communications, Education and Training

- Disseminate information to practitioners, senior centers, and other key community sites to promote a healthy diet throughout the life span, with specific focus on calcium and vitamin D supplementation (see CD-23 and CD-24).
- Disseminate information to practitioners, senior centers, and other key community sites to promote physical activity (see CD-23 and CD-24).
- Publicize and strengthen fall prevention programs, especially among older adults.
- Disseminate information to practitioners, senior centers, and other key community sites to promote appropriate screening, and educate providers on importance of screening.
- Educate public and providers concerning evidence-based strategies for fall prevention.
- Educate on and promote preventive services for osteoporosis, such as weight bearing exercise and diet (see CD-23 and CD-24).

Planning & Development

- Implement fall prevention programs including hospital discharge, home safety assessments.
- Promote collaborative partnerships (see CD-19).
- Ensure access to diagnostic services (see CD-19).

OBJECTIVE CD-21
Reduce by 7% the proportion of Medicare Beneficiaries with Rheumatoid Arthritis/Osteoarthritis.

Target Population(s)	Baseline	2020 Target	Data Source
Medicare beneficiaries	27.0% (2011)	25.1%	Centers for Medicaid and Medicare Services, State-Level Chronic Conditions Reports

Strategies

Communications, Education and Training

- Promote healthy weight (see CD-23 and CD-24).
- Promote physical activity (see CD-23 and CD-24).
- Promote utilization and reimbursement of early intervention using arthritis self-help course.

Partnership and Collaboration

- Expand collaborative partnerships through: identification of potential partners; building local coalitions; reactivation of state arthritis advisory working group.

Planning & Development

- Ensure access to preventive services/education/reimbursement.

Surveillance

- Enhance data collection and surveillance (adapt and network Electronic Medical Records systems).

(*See also strategies under objective CD-18.*)

Potential Partners

Connecticut Department of Public Health, State Department on Aging, Connecticut Department of Social Services, State Legislature, local public health agencies, health care providers, health insurers, pharmaceutical companies, long term care facilities, National Arthritis Foundation, other organizations and coalitions that address arthritis and geriatrics, community service providers for women and seniors, academic institutions with geriatric centers, and others.

Oral Health

Rationale

Oral health is closely linked to physical health and well-being. Dental carries (tooth decay) is a preventable bacterial disease process that affects both children and adults.[39] Preterm births and chronic conditions, such as diabetes, heart disease, lung disease, and stroke, are associated with poor oral health.

Black non-Hispanic and Hispanic children have the highest percentages of tooth decay, and Hispanic and black non-Hispanic high school students are the least likely to see a dentist regularly. About 700,000 Connecticut adults do not see a dentist every year.

Addressing barriers to access to preventive dental care for underserved children, and educating all Connecticut residents about the relationship between oral health and physical health and well-being, are key strategies for preventing the onset of other chronic health conditions.

OBJECTIVE CD-22 Ph1

Reduce to 35% the proportion of children in third grade who have dental decay.

Target Population(s)	Baseline	2020 Target	Data Source
Children in grade 3	40.0% (2010-2011)	35.0%	Connecticut Department of Public Health, Every Smile Counts: The Oral Health of Connecticut's Children Report, Key Finding #1

Strategies

Advocacy and Policy

- Enhance the concept and utilization of a dental home through enrollment and utilization of HUSKY insurance coverage and the maintenance of an appropriate pool of providers accepting HUSKY
- Maintain the fluoridation statute.
- Advocate for parity of oral health with physical and behavioral health (medical) in practice, policy, and reimbursement.

Communications, Education and Training

- Enhance the acceptance and use of sealants through school-based programs; education and public awareness campaigns (include cultural and linguistic issues); and education of providers (dental and pediatric; include cultural and linguistic issues
- Expand existence of and participation in dental homes through education and public awareness on the benefits of annual dental preventive maintenance, including cultural and linguistic issues; education of providers on principles, models, and best practices including cultural and linguistic issues (see MICH-12).
- Educate public and policymakers on the safety and benefits of water fluoridation.
- Encourage the adoption of a non-cariogenic diet through non sweetened beverage promotions; school-based programs; education and public awareness campaigns; education of providers (sugar meds; nutritional programs (e.g., WIC).

Planning and Development

- Expand availability of sealants to high-risk populations.
- Identify and address barriers to access to dental services (transportation and locations; hours of services; cultural and linguistic barriers; non-ambulatory populations/institutional home-bound; other financial).

(*See also Objective MICH-12.*)

OBJECTIVE CD-23

Reduce untreated dental decay to 15.0% in black non-Hispanic children and 12% in Hispanic children in the third-grade.

Target Population(s)	Baseline	2020 Target	Data Source
Black non-Hispanic children	18.0% (2010-2011)	15.0%	Connecticut Department of Public Health, Every Smile Counts: The Oral Health of Connecticut's Children Report, Key Finding #4.
Hispanic children	15.0% (2010-2011)	12.0%	

Strategies

Advocacy and Policy

- Enhance the concept and utilization of a dental home through enrollment and utilization of HUSKY; maintenance of appropriate pool of providers accepting HUSKY.
- Advocate for parity of oral health with physical and behavioral health (medical) in practice, policy, and reimbursement.
- Advocate for parity of oral health with physical and behavioral health (medical) in practice, policy, and reimbursement.

Planning and Development

- Identify and address barriers to access to dental services (transportation and locations; hours of services; cultural and linguistic barriers; non-ambulatory populations/institutional home-bound; other financial).Communications, Education and Training
- Expand existence of and participation in dental homes through education and public awareness on the benefits of annual dental preventive maintenance (include cultural and linguistic issues); education of providers on principles, models, and best practices (include cultural and linguistic issues) (see MICH-12).

OBJECTIVE CD-24

Increase by 4% the proportion of adults who have visited a dentist or dental clinic in the last year.

Target Population(s)	Baseline	2020 Target	Data Source
Adults 18+ years	80.6% (2010)	84%	Connecticut Department of Public Health, Connecticut Behavioral Risk Factor Surveillance System

Strategies

Communications, Education and Training

- Increase oral health literacy and promote the value of good oral health for all Connecticut residents.
- Ensure that the oral health needs of Connecticut residents are met by a competent workforce, including dental and non-dental providers.
- Ensure a strong and sustainable oral health workforce to anticipate and meet the oral health needs of Connecticut residents.
- Raise awareness and educate the public and decision makers regarding the science and efficacy of policies to improve the oral health of Connecticut residents and implement or enforce existing policies.

OBJECTIVE CD-25

Reduce by 5% the proportion of adults over 65 who have had all their natural teeth extracted

Target Population(s)	Baseline	2020 Target	Data Source
Adults 65 years of age and older	13.6% (2012)	12.9%	Connecticut Department of Public Health, Connecticut Behavioral Risk Factor Surveillance System

Strategies

Advocacy and Policy

- Enhance the concept and utilization of a dental home through enrollment and utilization of HUSKY; maintenance of appropriate pool of providers accepting HUSKY.
- Advocate for parity of oral health with physical and behavioral health (medical) in practice, policy, and reimbursement.

Communications, Education and Training

- Expand existence of and participation in dental homes through education and public awareness on the benefits of annual dental preventive maintenance (include cultural and linguistic issues); education of providers on principles, models, and best practices (include cultural and linguistic issues) (see MICH-12).
- Enhance education and public awareness to older adults and their families through care-giving associations, long term care staff, providers, etc.
- Promote periodontal health and the prevention and treatment of dental caries through: education and public awareness (especially high risk populations, including pregnant women); education of providers (medical) and policymakers to recognize/refer, to emphasize the need for good oral health and preventive services in diabetic care.
- Encourage the adoption of a non-cariogenic diet through: non sweetened beverage promotions; school-based programs; education and public awareness; education of providers; nutritional programs.

Oral Health Potential Partners

Connecticut Department of Public Health; Connecticut Department of Social Services; Connecticut Department of Developmental Services; State Department of Education; Office of Healthcare Reform and Innovation; State Department on Aging Long Term Care Ombudsman Program; University of Connecticut School of Dental Medicine; other schools of dental medicine and dental hygiene; local public health agencies; American Dental Association; health care facilities and providers; professional dentistry and dental hygiene associations; dental insurance providers; organizations and coalitions focused on oral health; community service providers serving children, older adults, and underserved populations; faith-based organizations; philanthropic and research organizations that address oral health; and others.

Obesity

Rationale

The obesity epidemic in the United States has the potential to incur major healthcare costs because of the substantial risks associated with excess body fat; obesity is a risk factor for nearly every chronic disease. Many other health problems associated with overweight and obesity can lead to early illness and death.[40] The prevalence of adult overweight and obesity in Connecticut increased significantly among both men and women during the past decade, and currently affects more than 1.5 million Connecticut adults.

Since the 1980s, the prevalence of obesity has tripled among adolescents.[41] Because of obesity, it is projected that today's youth will be the first generation to live less healthy and shorter lives than their parents.[42] Ensuring access to healthy food options, promoting and supporting an active lifestyle, and ensuring access to early screening and prevention are key strategies to address and reverse this trend, particularly for those from lower socioeconomic households.

"We do not have walkable communities in Hartford County. There are no sidewalks and no crosswalks in many towns. This would help with childhood obesity and asthma." (Hartford)

OBJECTIVE CD-26 Ph1

Decrease by 5% the percent adults age 18 and older who are obese.

Target Population(s)	Baseline	2020 Target	Data Source
Adults 18 years of age and older	25.6% (2012)	24.3%	Connecticut Behavioral Risk Factor Surveillance System

Strategies

Advocacy and Policy

- Advocate for universal screening for overweight and obesity in multiple settings (office, school, other screening programs, health fairs).
- Advocate for appropriate reimbursement for nutritional counseling, medical follow-up, and weight loss programs.
- Advocate for businesses (food retailers) to post nutritional information re: food labeling and menu labeling; posting information re: healthy options; and encouraging food rating system.
- Increase healthy food options in vending machines by reducing the price of healthy choices and increasing the number of healthy choices compared to unhealthy choices.
- Increase availability of water (drinking fountains, water coolers, or bottled water in vending machines), and promote its consumption as a way to improve nutrition and overall health.

Communications, Education and Training

- Conduct and provide education and training about high blood pressure and high cholesterol (e.g., Know Your Number) and self-referral.
- Educate providers concerning cognitive behavioral therapy and other proven strategies to promote healthy behavioral change.
- Educate providers and pregnant women about the importance of breastfeeding for at least 6 months.

- Communicate and educate on the benefits of healthy eating and active living through multiple modes and to multiple audiences and settings (e.g., grocery stores, health centers, community groups, food distribution, family based programs, etc.).

Partnership and Collaboration

- Work with communities, businesses, and local/state agencies to create and promote active living options (e.g., bike lanes, bike paths, pedestrian paths, etc.).
- Implement physical activity programs through municipal and county government that include walking challenges, free or reduced gym memberships, financial incentives for completing a Health Risk Assessment and for maintaining good health or improving health.

Planning & Development

- Develop and adapt Electronic Medical Records and disseminate decision support tools to providers.
- Work with communities, businesses, and local/state agencies to develop community gardens and farmers markets to increase access to healthy foods in neighborhoods.

(See also strategies under objectives CD-1, CD-2, CD-5, CD-7, C-10, CD-18 and CD-19.)

OBJECTIVE CD-27 Ph1

Reduce by 5% the prevalence of obesity in children 5-12 years of age and students in grades 9-12.

Target Population(s)	Baseline	2020 Target	Data Source
Students in grades 9-12	12.5% (2011)	11.9%	Connecticut School Health Survey
Children 5-12 years of age	19.9% (2008-2010)	18.9%	Connecticut Behavioral Risk Factor Surveillance System

Strategies

Advocacy and Policy

- Review and revise local/school wellness policy by local Boards of Education annually as part of the Healthy Food Certification process including food as reward and/or for celebrations.
- Increase healthy food options in vending machines by reducing the price of healthy choices and increasing the number of healthy choices compared to unhealthy choices.
- Increase availability of water (drinking fountains, water coolers, or bottled water in vending machines), and promote its consumption as a way to improve nutrition and overall health.
- Implement age-appropriate policies that support increased physical activity such as decreased screen time, physically active classrooms, lunch after recess, and walking/biking to school.
- Advocate for universal screening for overweight and obesity in schools.
- Advocate for appropriate reimbursement for nutritional counseling, medical follow-up, and weight loss programs.

Communications, Education and Training

- Provide training and technical assistance to teachers on the implementation of early childhood programs' nutrition standards.
- Provide age-appropriate health education with pre- and post-testing on topics such as heart disease and healthy living.
- Label menu items in cafeterias for nutrition content.
- Educate providers concerning cognitive behavioral therapy and other proven strategies to promote healthy behavioral change.

Planning & Development

- Develop and adapt Electronic Medical Records and disseminate decision support tools to providers.

Surveillance

- Identify or develop surveillance system with age-appropriate data collection methodology on consumption of fruits and vegetables, decreasing consumption of sugar sweetened beverages and increasing physical activity.

(See also strategies under objectives CD-1, CD-2, CD-5, CD-7, C-10, CD-18 and CD-19.)

Potential Partners

Connecticut Department of Public Health; Connecticut Department of Social Services; Connecticut Department of Agriculture; Connecticut Department of Economic and Community Development; Connecticut Department of Energy and Environmental Protection; State Department of Education; Connecticut Department of Transportation; Connecticut Department of Children and Families; State Legislature; local public health agencies; health care providers including nurses and primary care physicians; health professional associations; food industry; other businesses and worksite wellness programs; educational providers; other organizations and coalitions focused on nutrition, dietetics, and physical activity; community service providers; philanthropic and research organizations that address obesity; schools of public health, allied health, and medicine; and others.

Nutrition and Physical Activity

Rationale

A healthy lifestyle includes healthy eating, regular physical activity, and balancing the number of calories consumed with the number of calories the body uses. Healthful eating means reducing the intake of saturated fats, salt and added sugars, and increasing the consumption of fruits, vegetables, and whole grains. Eating five or more daily servings of fruits and vegetables may reduce the risk of chronic disease[43] and prevent 30% of cancer deaths.[44]

OBJECTIVE CD-28 Ph1

Increase by 5% the proportion of adults who meet the recommended 150 minutes or more of aerobic physical activity per week.

Target Population(s)	Baseline	2020 Target	Data Source
Adults 18 years of age and older	52.6% (2011)	55.2%	Connecticut Behavioral Risk Factor Surveillance System

Strategies

Partnership and Collaboration,

- Partner with schools and early child education centers to adopt and implement policies that create a healthy nutrition environment and promote daily physical activity.
- Work with local communities and existing coalitions to advance policies that promote healthy eating and active living.
- Work with local public health partners and schools to establish school and community gardens.
- Work with local public health partners including local transportation authorities to promote bicycle- and pedestrian-friendly communities

Potential Partners

Connecticut Department of Public Health; State Department of Education; Connecticut Department of Transportation; State Legislature; local public health agencies; local transportation authorities, schools, other organizations and coalitions focused on nutrition, dietetics, and physical activity; and community service providers

Tobacco

Rationale

Tobacco smoke is a major risk factor for lung disease (including asthma, bronchitis, and chronic obstructive pulmonary disease), cardiovascular disease (heart disease, high blood pressure, and stroke), cancer, and chronic kidney disease. According to the Surgeon General, quitting smoking is the single most important step a smoker can take to improve the length and quality of his or her life. This is true even for someone who quits later in life.[45]

The prevalence of smoking decreased among adults across of all ages and levels of educational attainment during the past decade. During the same period, the percent of students in middle school and high school who smoked also decreased. Continuing this downward trend is important for reducing one of the greatest risk factors for premature death and disability in Connecticut.

OBJECTIVE CD-29 Ph1

Reduce by 20% the prevalence of current cigarette smoking among adults 18 years of age and older.

Target Population(s)	Baseline	2020 Target	Data Source
Adults 18 years of age and older	16.0% (2012)	12.8%	Connecticut Behavioral Risk Factor Surveillance System

Strategies

Advocacy and Policy

- Advocate for insurance coverage for smoking cessation and insurance incentives for nonsmokers.
- Advocate for higher taxes on all tobacco products.
- Advocate for greater Tobacco Trust Fund allocations for education, prevention, and cessation on tobacco use.
- Advocate for legislation to prohibit smoking in cars with children.

Communications, Education and Training

- Include smoking and tobacco use in the health education curriculum for all schools, K-12.
- Educate parents about the dangers of secondhand smoke (smoking in room, cars) to children.

Partnership and Collaboration,

- Encourage pediatricians to discuss smoking cessation/prevention with parents and teens.
- Enlist youth as consumers to develop, test, and evaluate smoking prevention/cessation strategies, campaigns, etc.

Planning & Development

- Increase smoke-free environments on campuses, school grounds, recreational areas and state parks, etc.
- Implement evidence-based, comprehensive smoking prevention and cessation programs (e.g., counseling and Rx) in community and workplace settings, especially in urban areas.

(See also strategies under objectives CD-1, CD-5, CD-7 and CD-19.)

OBJECTIVE CD-30 Ph1

Reduce by 25% the prevalence of smoking among students in grades 6-8 and 9-12.

Target Population(s)	Baseline	2020 Target	Data Source
Students in grades 6-8	2.9% (2011)	2.2%	Connecticut School Health Survey, Youth Tobacco Component
Students in grades 9-12	14.0% (2011)	10.5%	

Strategies

Advocacy and Policy

- Advocate for insurance coverage for smoking cessation and insurance incentives for nonsmokers.
- Advocate for higher taxes on all tobacco products.
- Advocate for a greater Tobacco Trust Fund allocation for education, prevention, and cessation on tobacco use.
- Advocate for legislation to prohibit smoking in cars with children.

Education and Training

- Include smoking and tobacco use in the health education curriculum for all schools, K-12.

Partnership and Collaboration

- Encourage pediatricians to discuss smoking cessation/prevention with parents and teens.
- Enlist youth as consumers to develop, test, and evaluate smoking prevention/cessation strategies, campaigns, etc.

Planning & Development

- Increase smoke-free environments on campuses, school grounds, recreational areas and state parks.
- Implement evidence-based, comprehensive smoking prevention and cessation programs (e.g., counseling and Rx) in community and workplace settings, especially in urban areas.

Potential Partners

Connecticut Department of Public Health; Connecticut Department of Mental Health and Addiction Services; Connecticut Department of Veterans' Affairs; State Department of Education; Connecticut Department of Correction; State Legislature; local public health agencies; health care providers including nurses and primary care physicians, community health centers, and hospitals; health professional associations; health insurers; pharmaceutical companies; American Cancer Society; American Heart and Lung Associations; other organizations and coalitions focused on tobacco control; community service providers; philanthropic and research organizations that address tobacco control and tobacco related diseases; faith-based organizations; and others.