CONNECTICUT
HEALTH IMPROVEMENT COALITION
Partners Integrating Efforts and Improving Population Health

Healthy Connecticut 2020

State Health Improvement Plan

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

Date: Thursday, July 16, 2015
Time: 9:00 a.m. to 11:00 a.m.
Location or Conference Call Number: 1-888-640-7748
Conference Call Access Code: 6430258#

Attendees *(Please list all who participated)*: see attached

Agenda Items	Time	Discussion	ACTION Items and person responsible
Welcome/Introductions Review Charge/Activity to Date Review Ground Rules		•	•
Continued Work on Step 1 Identification of 2016 Action Objectives with Incorporated Data Review		• CD-4 (reduce # adults informed of high blood pressure) review of data noting new collection/analysis methodology, discussion re: lack of clarity regarding intent of objective, while greater awareness and being informed re: high blood pressure, realization that this objective must be interpreted as an indicator of prevalence • CD-11(reduce number of undiagnosed Type II diabetes) Determination that this measure will not appropriately capture the phenomenon it apparently seeks to address. Chose not to further evaluate/score. • CD-12 (reduce proportion of adults diagnosed with diabetes) review of data noting change in methodology/weighting procedure for youth and minorities;	•

Continued Work on Step 1 Identification of 2016 Action Objectives with Incorporated Data Review (cont.)		• CD-12 (cont.) real trend unclear; relevant supplemental data may be available through CT Well-being Survey; terminology should be reducing adults with diagnosed diabetes versus "ever been told" have diabetes; can make impact within 3 years but making target unlikely – possibly by 5 years. • CD-22 (reduce proportion of children in 3rd grade with dental decay) review of data; survey of status will be conducted in 2016, CT Coalition on Oral Health, Medicaid, healthcare reform, - multiple changes and activities toward improvement of oral health underway and making progress, reaching target feasible • CD- 23 (reduce untreated dental decay in black non-Hispanic children and Hispanic children in 3rd grade) reviewed data, reaching target feasible • CD-26 (decrease percent of adults who are obese) review of data, trends going in the wrong direction; can demonstrate impact, but not make target in 3 years. • CD- 28 (increase proportion of adults who meet 150 minutes of physical activity) more data stratified by race and ethnicity would be helpful; SNAP may be source; can make impact but meeting target in 3 years unlikely; may need surrogate measures.	•
Next Steps		• To complete evaluation and then prioritize/select 3-5 objectives next meeting. • Next Meeting Date/Time: Thursday, July 30, 2015	

Attendance:

Attending	**Name**	**Title**	**Organization**
	Aye, Diane	Chief, Health Statistics and Surveillance	CT Department of Public Health
	Beaudin, PhD, Elizabeth	Sr. Director, Nursing/Health/Workforce	Connecticut Hospital Association
	Boudreau, Mary	Executive Director	Connecticut Oral Health
	Brown, Charles	Director of Health Initiative	Central CT Health District

	Checko, DrPH, Patricia J.	Public Health Consultant	MATCH Coalition
	Cooper, MD, Mary	Vice President and Chief Quality Officer	Connecticut Hospital Association
	Dalal, MD, Mehul	Chronic Disease Director	CT Department of Public Health
	Diamond, Kristina	Dir of Government Relations and Policy	CT State Dental Association
	duBay-Horton, Kristin	Health and Human Services Director	Bridgeport Department of Health & Social Services
	Faria, Lynn	Director, Community Relations	Hartford HealthCare Central Region
	Gill, Sandra	Project Consultant	CT Department of Public Health
	Greene, Michael	Comp Cancer Control Health Program	CT Department of Public Health
	Jubinville, Nancy	Director Case Management	Hospital for Special Care
	Martin Dotson, Teresa	Registered Dietitian	CT Academy of Nutrition & Dietetics
	Meredith, Carol	Director of Prevention Services	Department of Mental Health & Addiction
	Santiago, Rebecca	Community Healthcare Navigator Services	Saint Francis Hospital and Medical Center
	Williams, Delores	Executive Director	So. Connecticut Sickle Cell Disease Association
	Yedlin, Nancy	Vice President	Donaghue Medical Research

State Health Improvement Plan (SHIP): Analysis of Chronic Disease Objectives

Diane Aye, MPH, PhD
Section Chief, Health Statistics and Surveillance
Connecticut Department of Public Health

Carol Stone PhD, MPH, MAS, MA and Lloyd Mueller, PhD
Epidemiologists, Health Statistics and Surveillance
Connecticut Department of Public Health

Objective

Research 2016 (year 1) SHIP objectives for Chronic Disease to determine if the existing SHIP objectives are realistic for the state.

Strategy

- Conduct trend analysis of data from 2000 to the most recently available year, and project to 2020, when data size is sufficient;
- Research Healthy People 2020[1] objectives; and
- Research Live Healthy Connecticut[2] 5-year objectives (2014-2018).
- Assume that trend for current decade is same as that identified for previous decade.

[1] http://www.healthypeople.gov/2020/topics-objectives/topic/heart-disease-and-stroke/objectives

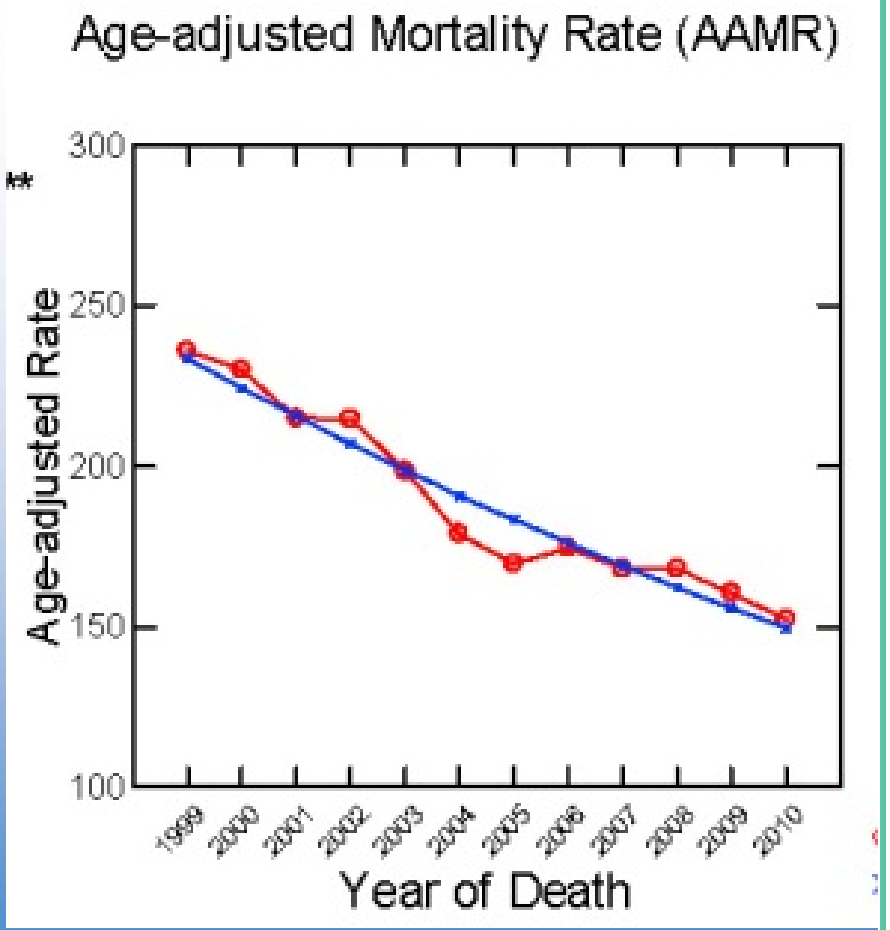
[2] http://www.ct.gov/dph/lib/dph/state_health_planning/dphplans/chron_dis_coord_plan__april_2014.pdf

CD-1: Reduce by 10% the age-adjusted death rate for heart disease.

Annual percentage change (APC) is significant ($p < 0.005$), with a decreasing rate of about 4% per year.

An overall decrease of 10% from 2010 to 2020 can be achieved given this trend.

HP2020: Reduce coronary heart disease deaths
Target: 103.4 deaths per 100,000 population
LHCT: No target
SHIP: 148.2 deaths per 100,000 population



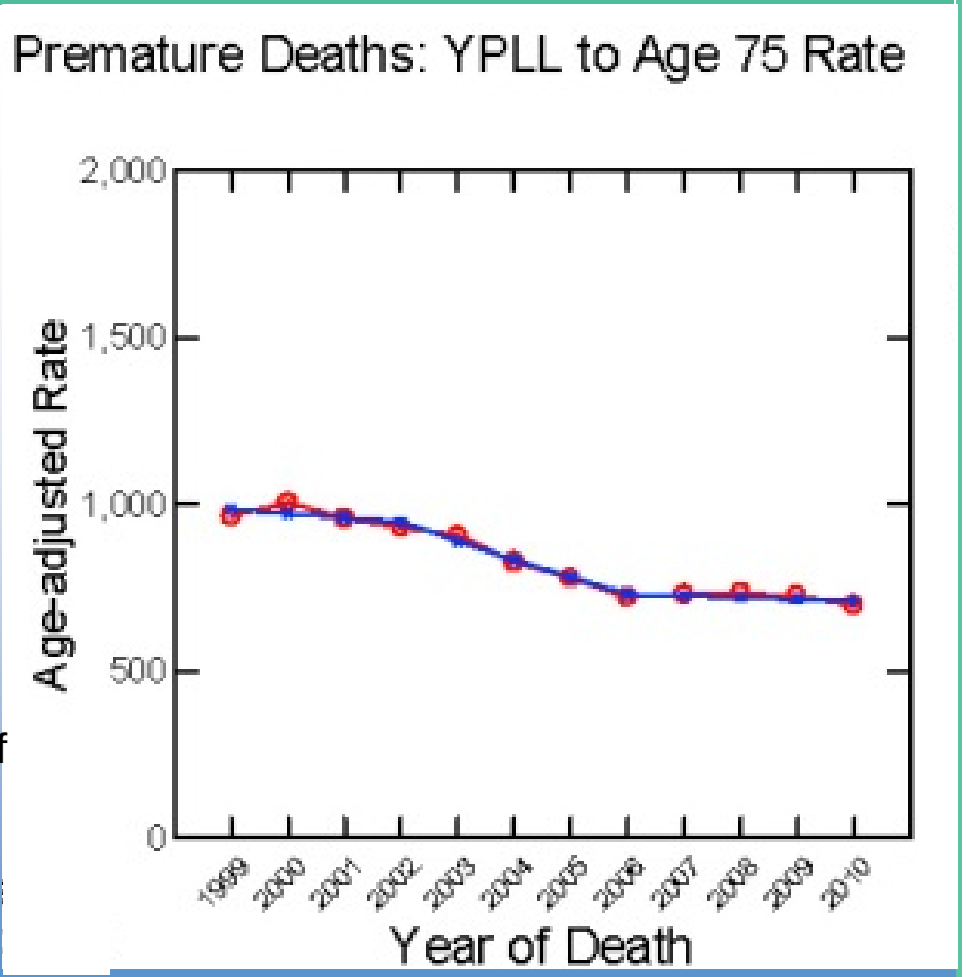
Source: CT Vital Statistics; Age-adjusted to the U.S. standard population.
ICD codes: Diseases of the heart (I00-I09, I11, I13, I20-51)

CD-2: Decrease by 40% the age-adjusted premature death rate for heart disease.

Years of Potential Life Lost (YPLL) decreased slightly from 2000 to 2010 by 1.24 per year, but was not significant.

An overall decreased rate of 40% from 2010 to 2020 is not likely to be achieved.

HP2020: No target
LHCT: Rate of premature deaths (<75 years of age) from cardiovascular disease
Target: 540.0 per 100,000 population
SHIP: 540.0 per 100,000



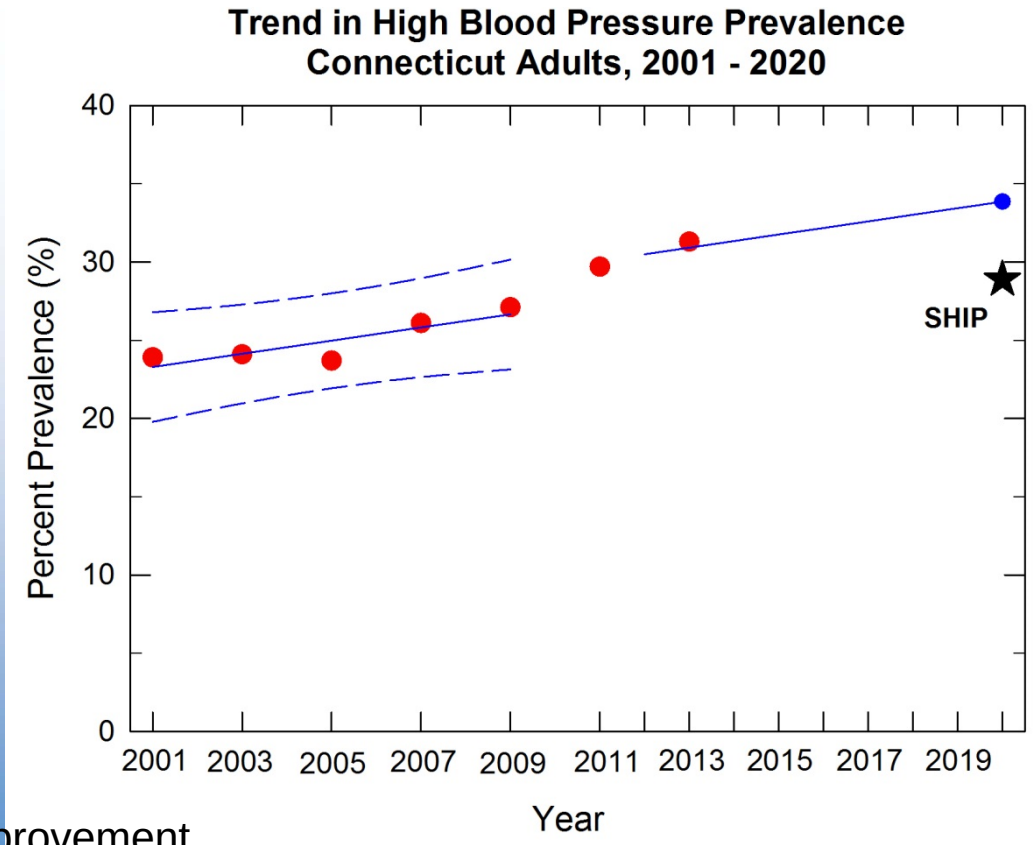
Source: CT Vital Statistics; ICD codes: Diseases of the heart (I00-I09, I11, I13, I20-51)

CD-4: Decrease by 3% the proportion of adults 18 years of age and older who have ever been told they have high blood pressure.

Trend analysis reveals a significant increase from 2001-2009 (p=0.055), with an annual increase of 0.4%.

Projected prevalence by 2020 is expected to be 33.9%.

Projections suggest that SHIP objective may not be achieved.



HP2020: 26.9%, age-adjusted to U.S. 2000 standard population; 10% improvement
LHCT: no target
SHIP: 28.9%

Source: CT BRFSS

Diabetes and Chronic Kidney Disease

CD-11: Reduce by 5% the estimated number of individuals with undiagnosed Type II diabetes.

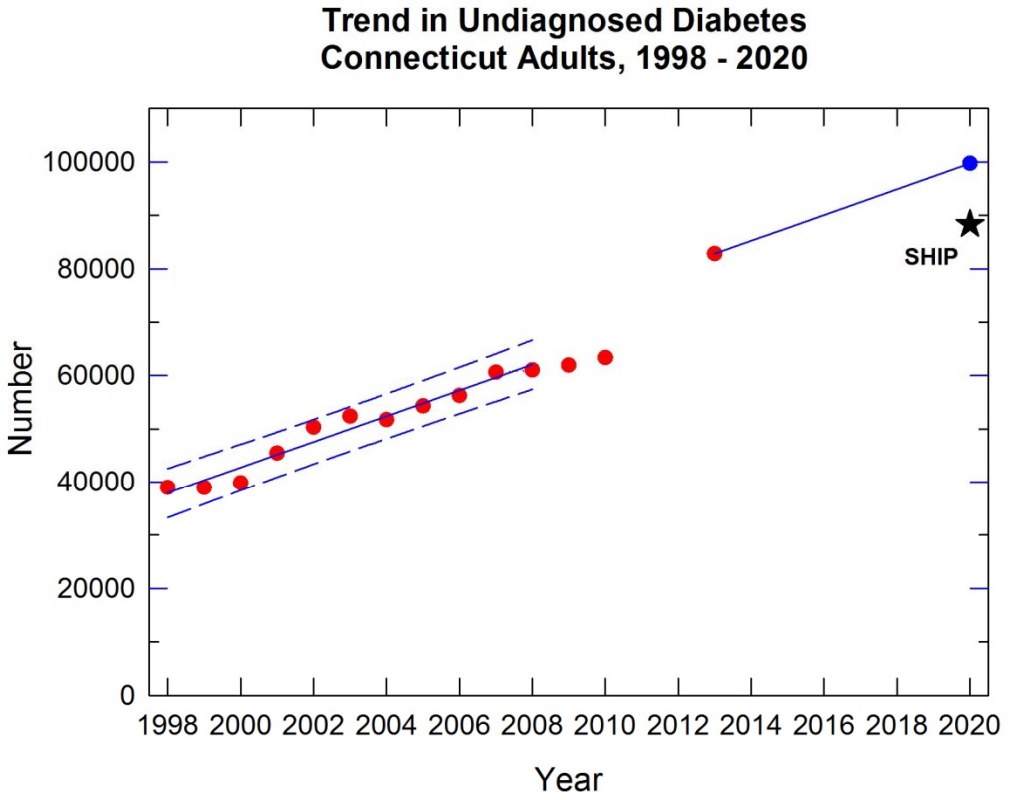
Trend analysis reveals a significant increase from 2000-2008 ($p<0.0001$), at a rate of 2,400 persons annually.

Projected number in 2020 is expected to be 99,7000.

SHIP objective may not be achieved without significant intervention.

The distinction between diagnosed *versus* undiagnosed among persons with diabetes could be problematic.

Source, CT BRFSS, courtesy of S. Poulin, using 3-year rolling averages



HP2020: Percent adults 20 years and older whose diabetes was diagnosed
SHIP: 88,350
LHCT: no target
Note: This indicator is based on the percent of all diabetes diagnosed in adulthood, and is based on an estimated 25% undiagnosed. The SHIP indicator also refers to Type II diabetes, but the calculations do not make this distinction.

CD-12: Reduce by 6% the proportion of adults 18 years of age and older with diagnosed diabetes.

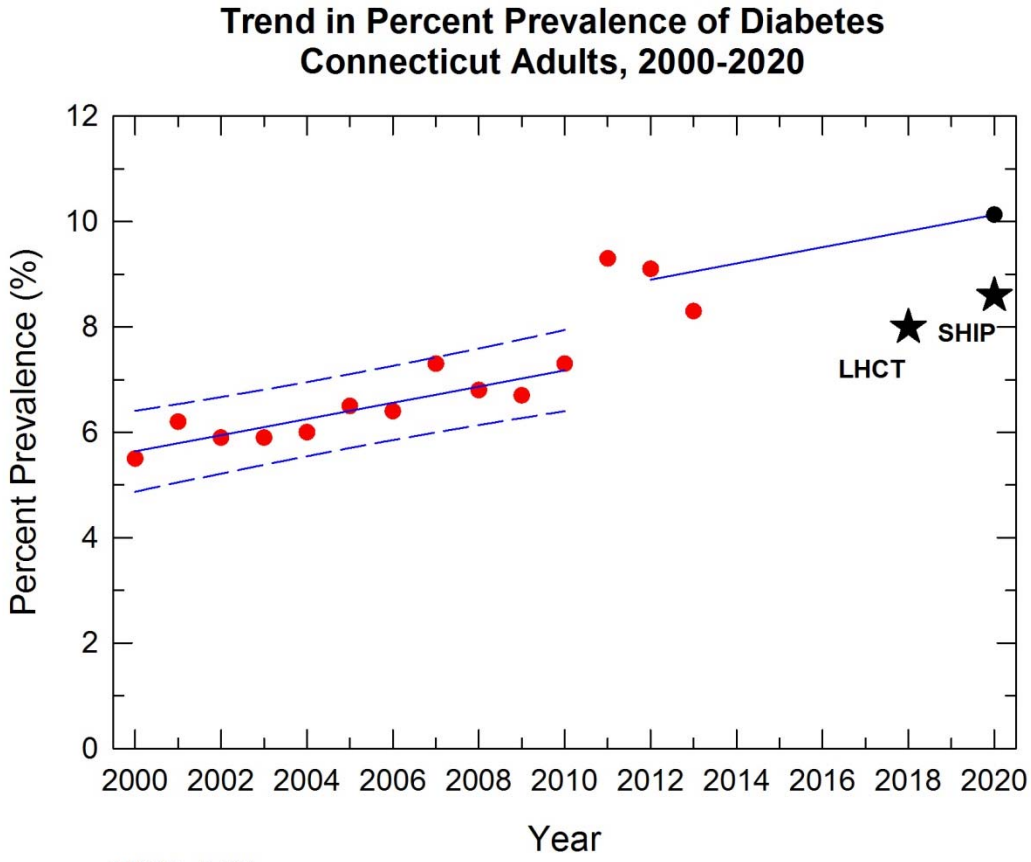
Trend analysis reveals a significant increase in prevalence from 2000-2010 (p=0.0004), at a rate of 0.15% annually.

Projected prevalence by 2020 is expected to be 10.1%

The targets for SHIP and LHCT may not be achieved without significant intervention.

Recommend changing the term "with diagnosed diabetes" to "ever told they have diabetes."

Source: CT BRFSS



LHCT: 8.0%
SHIP: 8.6%
HP2020: no target; target refers to persons with diabetes that is diagnosed

Note: Assume that SHIP indicator CD-12 refers to all diagnosed diabetes, and not that portion of persons with diabetes that is diagnosed.

Asthma and Chronic Respiratory Disease

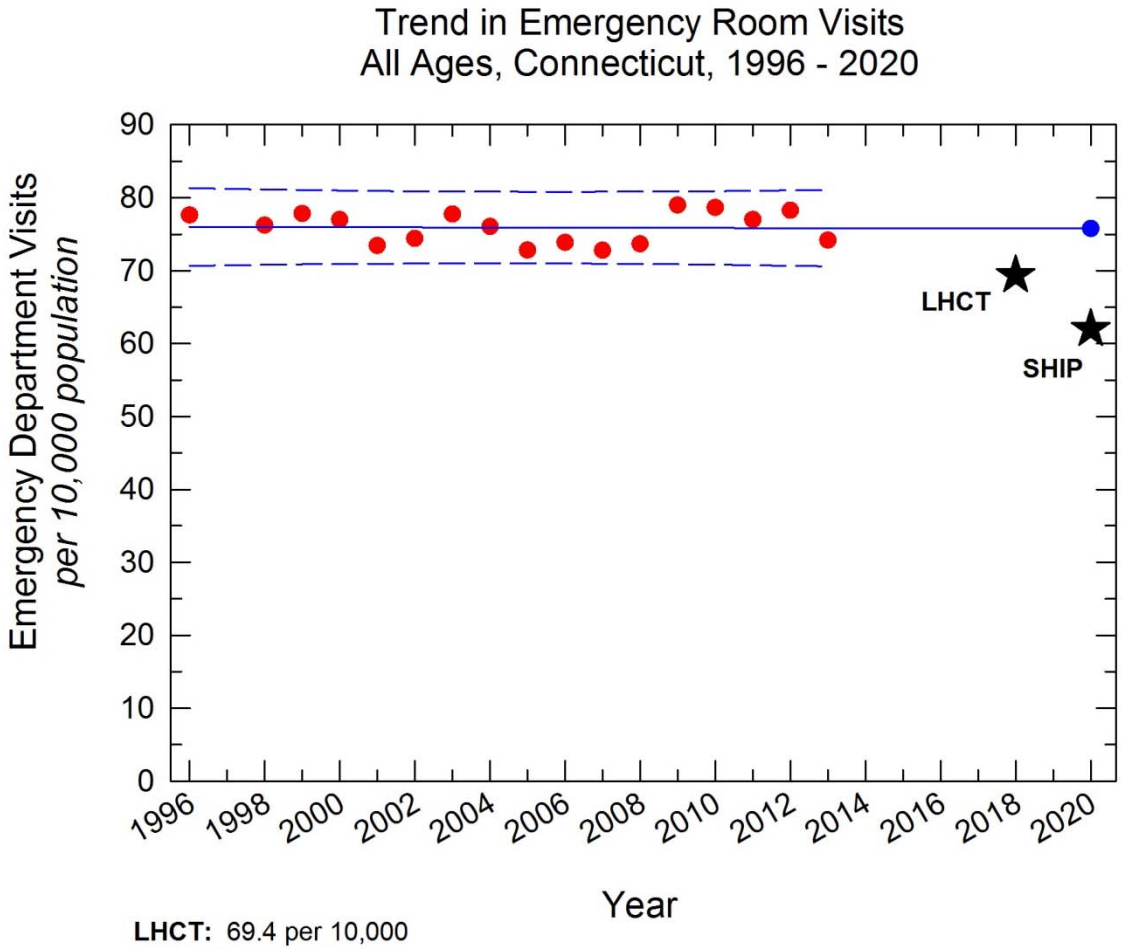
CD-16: Decrease by 5% the rate of Emergency Department visits among all CT residents for which asthma was the primary diagnosis.

Trend analysis indicates no significant change in rate from 1996 – 2013 (p>0.10), with an average rate of 75.7 per 10,000 across all years.

Projected rate is expected to remain at 75.7% in 2020.

LCHT target falls just outside 95% projection range; SHIP target falls outside 95% projections range.

Source: CHIME, courtesy of OHCA, CT Population estimates; 2-year rolling averages; ICD-9 CM code 493-493.99



LHCT: 69.4 per 10,000
SHIP: 62.0 per 10,000
HP2020: 95.7 per 10,000 for chilrend less than 5 years old; 49.6 per 10,000 for children and adults 5-64 years old; 13.7 per 10,000 for adults 65 years old and older

Oral Health

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

	Non- Hispanic White (n=2,455)	Non-Hispanic Black (n=473)	Hispanic (n=853)	All (n=4,339)
% with decay experience	33.3%	49.6%	50.4%	39.6%

LHCT: no target
HP2020: proportion of children who have dental caries experience in their primary or permanent teeth (30% for 3-5 year olds; 49% for 6-9 year olds; 48% for 13-15 year olds).
SHIP: 35.0%

Source: Every Smile Counts Survey

CD-23: Reduce untreated dental decay to 15% in non-Hispanic Black children and 12% in Hispanic children in the third grade.

	Non- Hispanic White (n=2,455)	Non-Hispanic Black (n=473)	Hispanic (n=853)	All (n=4,339)
% with untreated decay	9%	17.7%	15.3%	11.7%

LHCT: no target
HP2020: Reduce proportion of children with untreated dental decay (21.4% for 3-5 year olds; 25.9% for 6-9 year olds; 15.4% for 13-15 year olds).
SHIP: 15% in non-Hispanic Black children; 12% in Hispanic children

Source: Every Smile Counts Survey

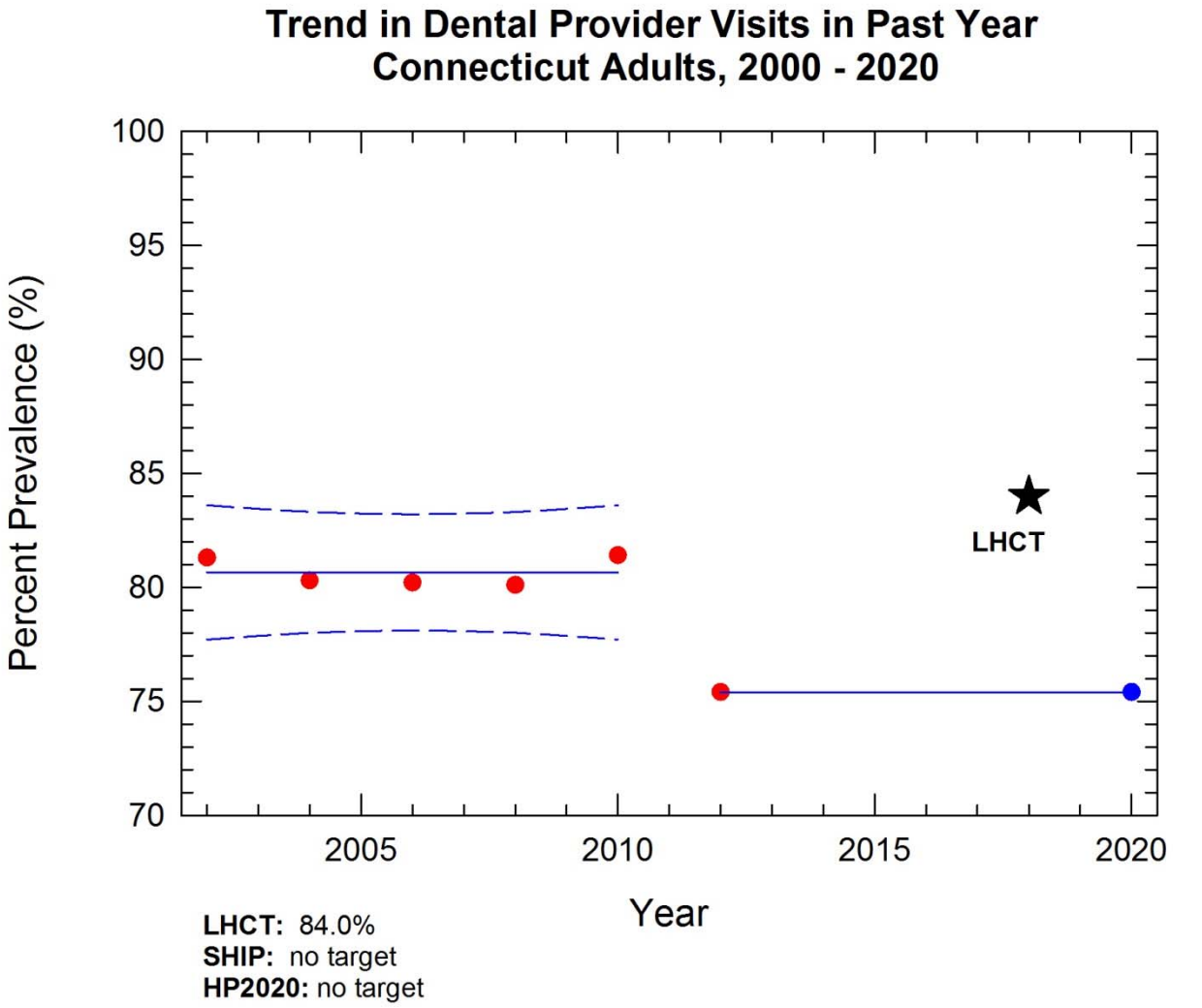
LHCT Objective: Increase the percent of adults who visited a dentist or dental provider in past year from 80.6% in 2010 to 84% in 2018.

Trend analysis reveals no significant change in prevalence from 2002 – 2010 (p>0.10).

Based on this trend, the projected prevalence by 2020 is expected to remain at 75.4%.

Estimates for this indicator are available for even years.

Source: CT BRFSS



Obesity

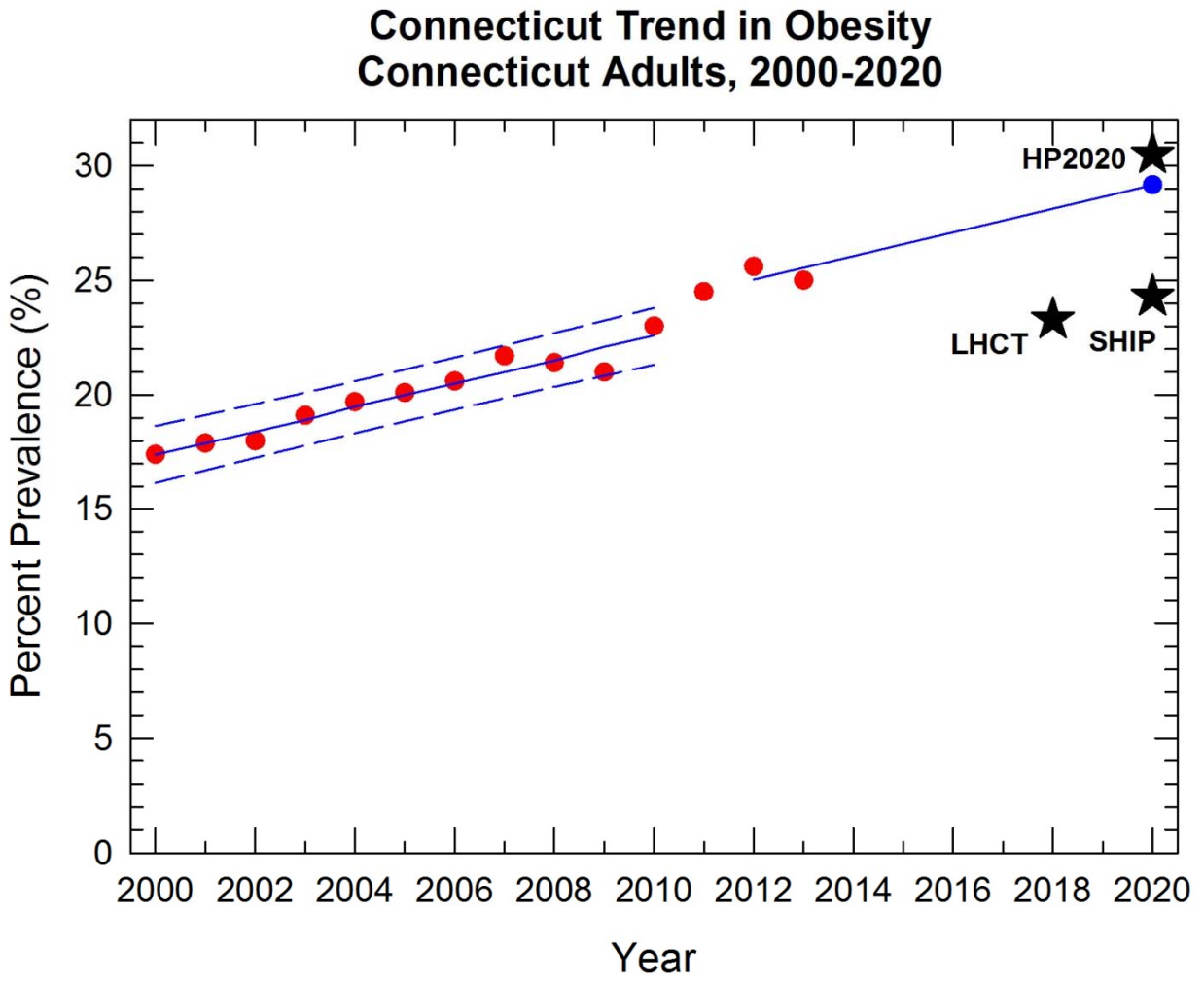
CD-26: Decrease by 5% the percent of adults age 18 and older who are obese.

Trend analysis indicates a significant increase in prevalence from 2000-2010 ($p<0.0001$), at a rate of 0.5% per year.

Based on this trend, projected percent obesity by 2020 is expected to be 29.2%.

HP2020: 30.5%
LHCT: 23.3%
SHIP: 24.3%

Source: CT BRFSS



CD-27: Reduce by 5% the prevalence of obesity in children 5-12 years of age, and students in grades 9-12.

Children grades 9-12:	**Year**	**Percent (%)**
LHCT: 11.9%	2005	11.1
SHIP: 11.9%	2007	12.2
HP2020: no target	2009	10.2
	2011	12.5
	2013	12.3
	Average change	0.0%

Children 5-12 years old:	**Year**	**Percent (%)**
LHCT: 17.9%	1008-2010	18.8
SHIP: 18.9%	2011-2013	17.6
HP2020: 15.7% (6-11yo)		
	Change	-1.2%

Projection to 2020*: 11.7% among children grades 9-12
15.4% among children 5-12 years old

*Based on current change in percentage.

Data source: CT BRFSS, courtesy of J. Peng; CSHS YBC

Nutrition and Physical Activity

CD-28: Increase by 5% the proportion of adults who meet the recommended 150 minutes or more of aerobic activity per week.

Number of data points is insufficient to conduct trend analysis.

Year	Percent
2007	52.4%
2009	53.9%
Average	53.2%
2011	52.6%
2013	50.9%
Average	51.8%

HP2020: 47.9%
LHCT: 55.2%
SHIP: 55.2%

Source: CT BRFSS

Tobacco

CD-29: Reduce by 20% the prevalence of current cigarette smoking among adults 18 years of age and older.

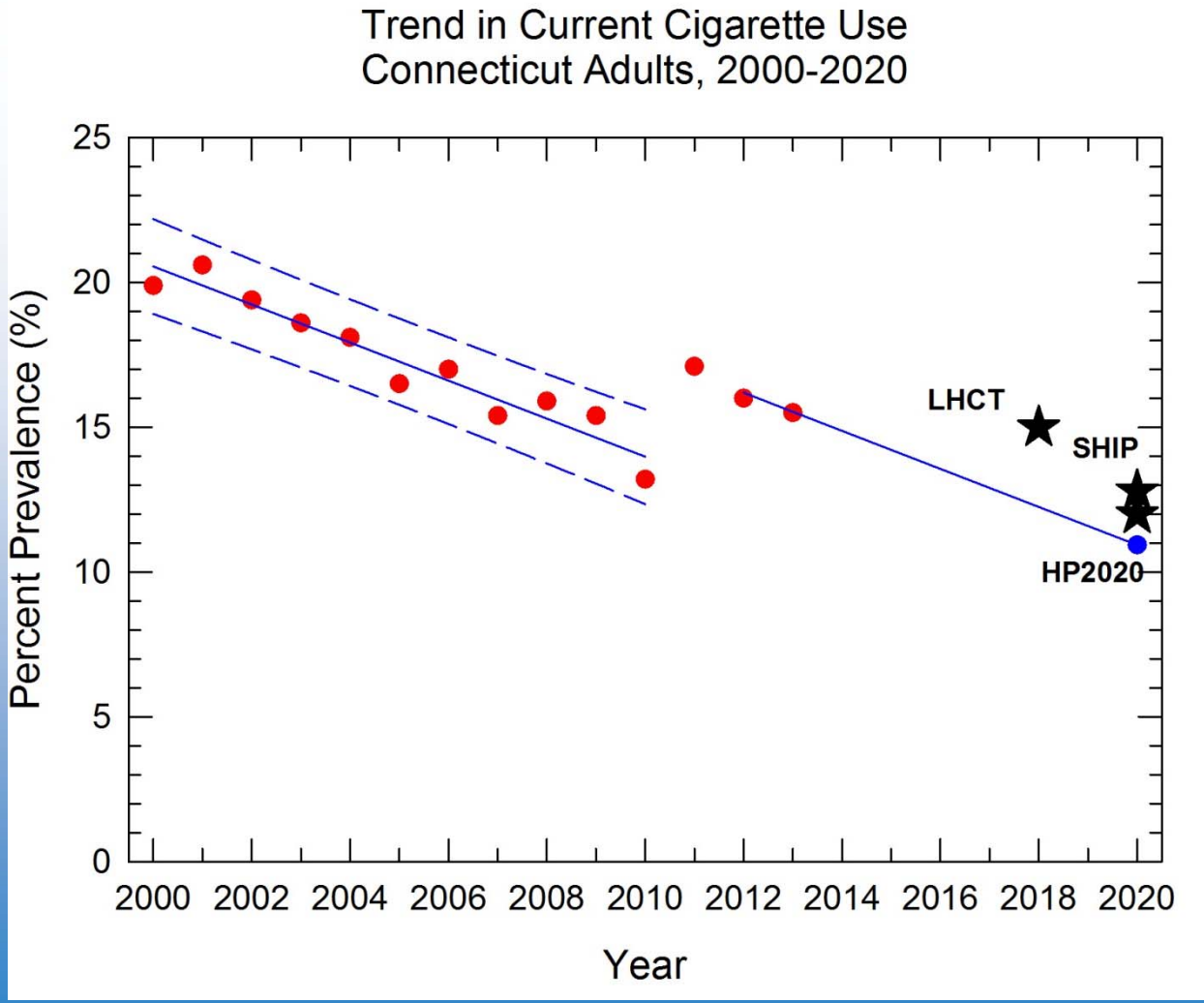
Trend analysis from 2000-2010 indicates a significant decrease in prevalence ($p<0.0001$), at an annual rate of 0.7%.

Based on this trend, projected prevalence by 2020 is expected to be 10.9%

Targets may be met.

HP2020: 12.0%
LHCT: 23.3%
SHIP: 12.8%

Source: CT BRFSS



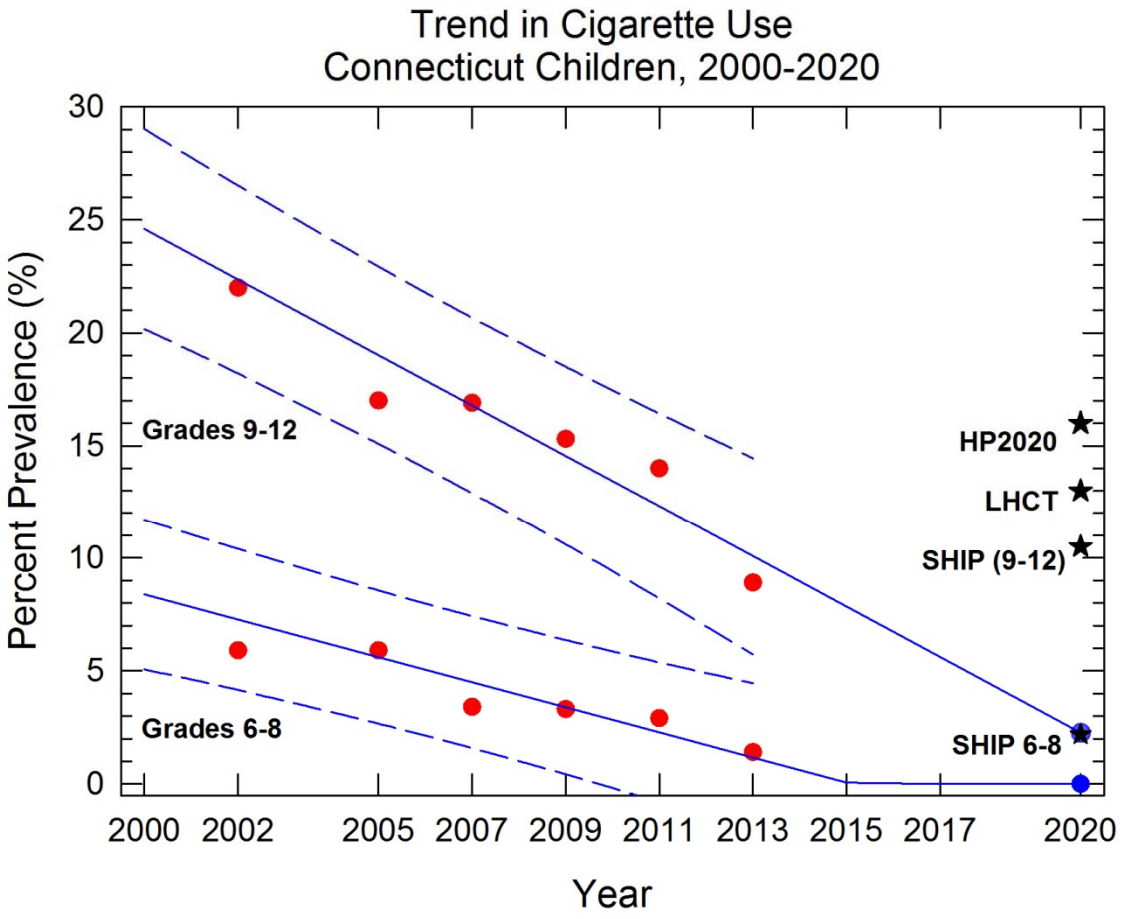
CD-30: Reduce by 25% the prevalence of smoking among students in grades 6-8 and 9-12.

Trend analysis from 2000-2013 indicates a significant decrease in prevalence among both grades ($p<0.0003$), at an annual rate of 0.6% for grades 6-8 and 1.1% for grades 9-12.

Based on this trend, projected prevalence by 2020 is expected to be 0% for grades 6-8 and 2.3% for grades 9-12.

All targets may be met.

Source: Youth Tobacco Survey, courtesy of C. Jorge and D. Sorosiak



Thank you!

Contact information:

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860-509-7756
Diane.Aye@ct.gov

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

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

* h. This will not apply to all Focus Areas

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OBJECTIVE CD-4 Reduce by 3% the proportion of adults 18 years of age and older who have been told they have high blood pressure. (INTENT OF OBJECTIVE UNCLEAR – MAY BE ALIGNED WITH HIGHER LEVEL OBJECTIVES CD-1 and CD-2)		**Y**	**Y**	**Y (diet/exercise initiatives – may need to make connections more explicit)**	**Y**	**N**	**N (surrogate or process measures may be a measure of progress**	**Y**		
Diabetes and Chronic Kidney Disease										

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OBJECTIVE CD-11 Reduce by 5% the estimated number of individuals with undiagnosed Type II diabetes. (MOR E INFO NEEDED ON DATA SOURCE)	**Measure will not appropriately phenomenon of interest (increasing screening), supplemental measures would be need to be explored (e.g. clinical)**									

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OBJECTIVE CD-12 Reduce by 6% the proportion of adults 18 years of age and older with diagnosed diabetes. (CONFLICT WITH CD-11 – MORE DATA)	**Relevant supplemental data may be available from CT Well-Being survey**	**Y**	**Y**	**Y**	**Y**	**N**	**Y (may get initial increase in measure with better screening however impact may be detected with supplemental measures**	**Y**		
Asthma and Chronic Respiratory Disease										

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OBJECTIVE CD-16 Decrease by 5% the rate of Emergency Department visits among all Connecticut residents for which asthma was the primary diagnosis.	**MAY NEED TO LOOK AT SUBPOPULATIONS (ADULTS, CHILDREN, RACE/ETHNICITY)**	**Y**	**Y**	**Y (link with Environmental section of SHIP)**	**Y**	**Y**	**Y**	**Y**		
Oral Health										
OBJECTIVE CD-22 Reduce to 35% the proportion of children in third grade who have dental decay.		**Y**	**Y**	**Y (linked to Brfeeding, WIC, Sugar-sweetened bev, SBHC)**	**Y**	**Y**	**Y**	**Y**		

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OBJECTIVE CD-23 Reduce untreated dental decay to 15.0% in black non-Hispanic children and 12% in Hispanic children in the third-grade.		**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**N (by definition)**		

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Obesity										
OBJECTIVE CD-26 Decrease by 5% the percent adults age 18 and older who are obese.		**Y**	**Y**	**Y**	**Y**	**N**	**Y**	**Y**		
OBJECTIVE CD-27 Reduce by 5% the prevalence of obesity in children 5-12 years of age and students in grades 9-12.		**Y**	**Y**	**Y**	**Y**	**Y**	**Y – May need program measures or indirect measures**	**Y**		
Nutrition and Physical Activity										
OBJECTIVE CD-28 Increase by 5% the proportion of adults who meet the recommended 150 minutes or more of aerobic physical activity per week.	**Request for R/E SES breakdown fo Consider SNAP-ed data, for equity purposes**	**Y**	**Y**	**Y**	**Y**	**N**	**Y (may need supplemental measures)**	**Y**		
Tobacco										

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

* h. This will not apply to all Focus Areas