



## Healthy Connecticut 2020 State Health Improvement Plan

### Chronic Disease ACTION Team Meeting AGENDA & NOTES

**Date:** Thursday, September 24, 2015

**Time:** 9:00 a.m. to 11:00 a.m.

**Location or Conference Call Number:** [Click here to enter text.](#)

**Conference Call Access Code:** [Click here to enter text.](#)

**Attendees (Please list all who participated):** [Click here to enter text.](#)

Beaudin, PhD, Elizabeth; Biondolillo, MD, Madeleine; Boudreau, Mary; Checko, DrPH, Patricia; Dalal, MD, Meहुल; duBay-Horton, Kristin; Elwell, Anne; Faria, Lynn; Ferraro, Linda; Gill, Sandra; Greene, Michael; Heins, Donna; Jubinville, Nancy; Knapp, Laura; Lustig, Neal; Martin Dotson, Teresa; Meredith, Carol; Mueller, Augusta; Yedlin, Nancy

Agenda Items	Time	Discussion	ACTION Items and person responsible
<b>Welcome and Introductions</b>		<ul style="list-style-type: none"> <li>Dr. Dalal presented the CD team’s Draft Action Agenda (DAA) to the Advisory Council on September 4, 2015. Infectious Disease group presented its DAA as well. Remaining DAAs to be presented in October and November with final Advisory Council recommendations targeted for December 3. Discussion of importance of involvement and alignment with local departments of health.</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
<b>Review and Discussion of Draft Action Agenda Feedback</b>		<ul style="list-style-type: none"> <li>Review and discussion of feedback items on Advisory Council document (addendum to minutes below).</li> <li>Asthma – agree with 1,2,4,5,6, - be sure to add local health departments as partners, also CBIA and Data Haven, add “scan” or assessment of programs/partners available-conduct inventory</li> <li>Oral Health – agree with 9-11, list more partners, add CSMS, DSS</li> <li>Obesity – yes to 12, did not have opportunity to fully review feedback items due to time, make foodbank information more specific, focus on “hot-spots”</li> <li>Tobacco – out of time, agreed need to reduce and prioritize DAA items</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>

<b>Next Steps</b>	<ul style="list-style-type: none"> <li>• Subgroups need to reconnect and refine DAAs using feedback, then send to Sandy by October 30, 2015.</li> <li>• Next Meeting Date/Time: none scheduled</li> </ul>	
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**Connecticut Health Improvement Coalition Advisory Council Meeting  
September 4, 2015  
Feedback on Draft Action Plans**

**Chronic Disease – Asthma (CD-16)**

1. Consider adult population vs. just children (lifespan) (Dept. on Aging)
2. Coordinate with smaller asthma self-management programs that businesses are incorporating. Meet with CBIA for input/buy-in of this group. (CBIA)
3. Coordinate quality metrics developed through SIM/Value Based metrics (Pat Baker)
4. Focus on children is a focus on prevention (DSS)
5. Add to assisted living (CADH)
6. Look @ neighborhoods – racial/ethnic disparities (Data Haven)
7. Maybe re-frame the strategy to be more strategic. For example: **Primary Care Physicians and Dentist use evidence based asthma guidelines (e.g. name 1-2 programs that you will focus your education and promotion on)** (SG)
  - You may want to add School based health centers here; however, use caution on spreading efforts too thinly in the first year that it is difficult to demonstrate impact – can always add additional groups in 2017 and 2018. (SG)
  - Great idea to cast the net wide for advisory group – maybe focus training but allow other sectors to attend = passive promotion (SG)
  - Ultimate goal of this strategy is saturation of implementation. Think about including a definitive ask with communications action step – think of your audience and frame the “ask” as a solution to their need. (SG)
  - Think about the feasibility of reaching multiple networks vs focusing on strategically reaching 1-2 groups at a time statewide. (SG)
  - Think about how we can track our progress here – at the end of the year, how will we know we are done? (SG)
8. Second strategy could use more focus – is the goal:
  - to have providers implement a specific program in multiple settings (SG)
  - to make sure that people with asthma are given a written asthma plan (SG)
  - to focus on the systemic communication between providers that a specific plan is being used and having all providers understand the plan? (SG)
  - community awareness and housing issues \*\*\* this part might be good to work with Judy Dicine’s group of code agencies\*\*\* (SG)
9. You may want to consider focusing on providers and schools in 2016, and then in 2017 focus on the importance of tightening the communication of asthma plan and unintended triggers in community and worksite settings (SG)

### **Chronic Disease - Oral Health (CD-22)**

- How to coordinate with HC providers on multiple strategies
- How to coordinate educational campaigns
- Outreach to key partners needs to be coordinated

### **Chronic Disease – Obesity (CD-27)**

- Enrollment in SNAP
- Education/awareness for early childhood reach them. (CADH)
- Rudd Center – good partner – new approaches; Harvard Pilgrim doing work in this area too. (Hartford Foundation for Public Giving)
- Schools - carry over to homes (Parish Nursing)
- Partners/Funding – Kellogg Foundation – tie in efforts. (Danbury Community Health Center)
- Dept. of Ed talked about initiatives in schools but recommend not to put all efforts there – distribute to other (mtg. based orgs.) (Donaghue Foundation)
- Start early years - Treatment doesn't work on kids - bottles; TV, Target age 2 ½ - 3 (DSS)
- May want to include United Way (Dept. on Aging)
- Focus on policies/practice change for the strategies. (SG)
- “Food assistance programs” – may need to be more specific – WIC, SNAP, food pantry, soup kitchens? (SG)
- Is the goal to systemically increase the number of food assistance programs implementing procurement/ donation guidelines?(SG)
- Screen time strategy needs more of a systemic focus (SG)
- This needs more of a systemic focus
  - Do we want to increase the number of “X” settings with policies in place to reduce screen time – for example child care centers or afterschool programs? I believe there are model programs that are designed for these audiences. (SG)

### **Chronic Disease – Tobacco (CD – 30)**

- Tobacco Settlement Fund – Need actions decide how to get there (Yale School of Public Health)
- Advocacy – how to use funds already deployed (research on prevention for example).
- Policy – raise the tax (DSS)
- Add 1 strategy – Advocacy – then list others under it

- A lot of great strategies; however, for the first year, you may want to narrow it down to 1-2 for the 2016 ACTION Agenda (SG)
- If going after insurance coverage – it might be good to have some insurance providers engaged in the defining of the ACTION steps – do any local insurance companies already provide this for their own employees?(SG)
- Make sure advocacy action steps include a definitive “ask” tailored to specific audiences (SG)