

# EHHD/Tolland County Community Transformation

## 2013 Objectives

<b>Physical Activity and Nutrition Multi-County CDC Proposed Objective</b>			
Objective	By September 29, 2016, increase by 3 the number of child care facilities serving low-income children and families in Tolland County that implement CT Child Care Nutrition Standards and Allowable Beverages.		
Strategy	Improve county-wide nutrition policies and practices in early child care settings		
How many reached?	3 child care sites; an additional 105 children will be served by improved nutrition policies in early care settings (an average of 35 children per site)		
How will objective impact the problem?	Child care providers that adopt CT Child Care Nutrition Standards and Allowable Beverages policies will provide children with foods and beverages that mirror the 2013 USDA and State of CT Nutrition guidelines currently being implemented in public schools. These standards have been adopted to prevent obesity and give children optimal nutrition. While public schools have strong nutrition policies in place, county CHANGE Tool assessments indicate that early child care and education sites, except for federally funded programs have minimal standards. For the school year 2012/2013, the rate of kindergarten overweight or obese was 30% in Tolland County. A recent study by UConn on Connecticut town insecurity ranking has two (out of 13) Tolland County towns ranking in the bottom 25% of the state for food security/healthy food access with one additional town ranked with a higher than average risk that a resident's food is insecure. Preschool children are often ranked among target groups needing interventions designed to improve nutrition.		
Measurement	What will be measured?	Baseline / Target	Timeline
Child care providers receiving technical assistance to improve nutrition and physical activity policies and practices that prevent childhood obesity.	# of child care providers adopting policies aligned with Action Guide (SDE)	Additional 3 providers will adopt policies	September 30, 2013 – September 29, 2016
<b>Activity</b>	<b>Lead</b>	<b>Partner</b>	<b>Timeline</b>
Attend the SDE training on implementing the <i>Action Guide for Child Care Nutrition and Physical Activity Policies</i> .	EHHD & NCDHD		September through December 2013
Interview federal or state funded child care providers in Tolland County that participate in the Child and Adult Care Food Program to assess policy implementation successes, challenges and lessons learned	EHHD & NCDHD		September through February 2014
Recruit 3 childcare centers to participate in project	EHHD & NCDHD		February 2014 through September 30, 2015
Policy and practice assessments will be completed with enrolled child care centers.	EHHD & NCDHD		February 2014 through September 30, 2015
Enrolled child care centers receive training using the SDE publication through venues such as workshops, on-site technical assistance, or mentoring.	EHHD & NCDHD		February 2014 through September 30, 2015
Policy changes will be evaluated and findings reported to the County Coalition.	EHHD & NCDHD		March 2016 through September 29, 2016

**Tobacco Multi-County CDC Proposed Objective**

Objective	By September 29, 2016, increase the number of policies that create tobacco-free public places in Tolland County by 2.		
Strategy	Support tobacco-free living (prevent and reduce tobacco use) by increasing the number of policies where tobacco use is prohibited.		
How many reached?	2 public sites (parks, town library or hall campuses, etc) in Tolland county have the potential to reach 30,000 people over 2 years through visits to public spaces annually through recreational outings, programs, parades, concerts, and meetings.		
How will objective impact the problem?	Families including adults and children that visit tobacco free parks, recreation areas, and public places will not be exposed to environmental tobacco smoke. In accordance with the county CHANGE tool assessments for Tolland County, tobacco free parks were identified as a missing component to tobacco-free living and an opportunity for policy development. Policies and ordinances addressing tobacco free parks, recreation areas, and public places will reduce exposure to environmental tobacco smoke and serve as a deterrent to tobacco use. This will also reinforce CT tobacco laws prohibiting possession and use of tobacco by minors. Tobacco free policies and corresponding signage will also send a strong message to community members that tobacco use is harmful to one's health. Certain populations in Tolland County experience high burdens of tobacco-related illness. The Hispanic population in Tolland County experiences a high rate of hospitalizations due to disease states impacted by tobacco use: cardiovascular hospitalizations are almost five times the state rate; almost a nine-fold increase over the state rate for lung and bronchial complications; six times the rate of the state for stroke hospitalizations; and twice the rate for asthma hospitalizations.		
Measurement	What will be measured?	Baseline / Target	Timeline
The number of tobacco-free public places created through ordinance or policy.	Tobacco-free public places created	Increase by 2	September 30, 2013 through September 29, 2016
<b>Activity</b>	<b>Lead</b>	<b>Partner</b>	<b>Timeline</b>
Engage partnership to promote tobacco-free public places, and create a presentation on the burden of tobacco use in the county and hazards of exposure to environmental tobacco smoke.	EHHD & NCDHD	MATCH ALA ERASE NECASA	September through December 2013
Cross-County sharing to incorporate lessons learned from communities who have implemented a similar initiative (implementation successes, challenges and lessons learned)	EHHD & NCDHD	All 5 CTG Counties	September through February 2014
A tool kit for promotion of tobacco-free policy will be developed (sample policies from other municipalities in and the CDC Community Guidance).	EHHD & NCDHD	All 5 CTG Counties	February 2014 through September 30, 2015
Share toolkit with local youth service bureaus, regional parks and recreation networks, and other community agencies.	EHHD & NCDHD		February 2014 through September 30, 2015
Community PR campaign celebrating Tobacco-free spaces through newsletters, policies, signage, websites, etc., Referral linkages will be made to smoking cessation programs	EHHD & NCDHD		February 2014 through September 29, 2016
Evaluation of implementation and change; findings reported to County Coalition	EHHD & NCDHD		March 2016 through September 29, 2016

**Clinical Prevention Services Multi-County CDC Proposed Objective**

Objective	Increase the number of clinical sites participating in the Self-Blood Pressure Monitoring Program entitled “ Engaging Patients and Providers in Partnership to Prevent Heart Disease –4P Program” to improve outcomes for hypertensive patients in Tolland County.
Strategy	Translate known interventions into usual clinical care to increase control of high blood pressure.
How many reached?	One clinical site, a total of 20 patients diagnosed as hypertensive will be served by a self-blood pressure monitoring pilot project.
How will objective impact the problem?	The Agency for Healthcare Research and Quality found strong evidence that Self-Measured Blood Pressure monitoring (SMPB) plus additional support was more effective than usual care in lowering blood pressure among patients with hypertension. By providing the resources need (through training and technical assistance) to clinical partners to effectively implement a system to provide hypertensive patients with a self-blood pressure monitoring program, this objective will begin a systemic change of improving the control of patients’ high blood pressure. Following the guidance provided by Glynn et.al. in their review of <i>Interventions used to improve control of blood pressure in patients with hypertension</i> (2010), this objective will address patient non-compliance and uncontrolled blood pressure status through an “ organized system of registration, recall and regular review” . Clinical sites will be selected to implement a system to flag patient records for those with uncontrolled hypertension to enroll into a self-blood pressure monitoring program for closer follow-up and regular review. These patients will receive a home blood pressure monitor, instruction on how to use it properly, and will have regular follow-up through multiple channels (phone calls, home visits, clinical review) to promote and facilitate blood pressure control. By creating a system change to support better blood pressure control in hypertensive patients, this objective can make a significant impact in Tolland County, where adults (by diagnostic group) have a higher ED visit rates for stroke than the rest of the state, with the Hispanic rate for both ED visit rates and hospitalization for stroke almost 7 times that of the state rate for the Hispanic population.

Measurement	What will be measured?	Baseline / Target	Timeline
Clinical sites participating in the 4P Self-Blood Pressure Monitoring Program	Clinical sites participating	Increase by 1 clinical site	September 30, 2013 through September 29, 2016
Activity	Lead	Partner	Timeline
Engage the participation of local clinical partner	EHHD & NCDHD		September through December 2013
Obtain Middlesex County toolkit for clinical sites that will include 4P protocol, sample policy, playbook, passport, patient educational materials, written resources for nurse care coordinator training, patient ID, self-management training	EHHD & NCDHD	Middlesex County	September through February 2014
Clinical sites will design and implement a system to identify, contact, enroll, and follow-up with patients with uncontrolled high blood pressure.	EHHD & NCDHD		February 2014 through September 29, 2016
Promote & enroll 20 patients in the 4P program	EHHD & NCDHD		February 2014 through August 31, 2016
Collect data & evaluate site participation in Self-Blood Pressure Monitoring Program; report back to County Coalition	EHHD & NCDHD		February 2014 through September 29, 2016

<b>Tolland County Healthy Eating Objective</b>			
Objective	Improve the vending machine choices through on-site policy and environmental changes.		
Strategy	Work with agencies and organizations on a site-by-site basis to evaluate current offerings in vending machines and provide technical assistance for improvement		
How many reached?	20 vending sites evaluated and improved reaching a minimum of 1000 people annually.		
How will objective impact the problem?	A recent study by UConn on Connecticut town insecurity ranking has two (out of 13) Tolland County towns raking in the bottom 25% of the state for food security/healthy food access with one additional town ranked with a higher than average risk that a resident's food is insecure. Vending machines tend to be in locations where there is little access to other foods, and offering better 'default' options through vending machines can improve nutritional status and contribute to efforts to achieve and maintain a healthy weight.		
Measurement	What will be measured?	Baseline / Target	Timeline
Vending machines evaluated for content and meeting the 'gold standard' through recommended changes	Vending machines evaluated	20 machines evaluated and meeting 'gold standard'	May 30, 2013 through September 29, 2014
Activity	Lead	Partner	Timeline
Engage the participation of local partners	EHHD & NCDHD	CHART & others	June 2013 through May 2014
Provide evaluation tools modeled on the NEMS-V report; collect evaluations from participating agencies & organizations	EHHD & NCDHD		June 2013 through May 2014
Run reports for each evaluation submitted; provide tips and suggestions for making needed changes	EHHD & NCDHD		June 2013 through May 2014
Evaluate participation and results; report back to County Coalition	EHHD & NCDHD		June 2014 through September 29, 2014

<b>Tolland County Tobacco-Free Living Objective</b>			
Objective	Increase smoke-free multi-unit housing in Tolland County (public and private)		
Strategy	Using guidance from the American Lung Association and precedence from leasing companies already implementing the policy provide a unified voice from the Tolland County CHART to support the change.		
How many reached?	3 apartment complexes will reach at least 2,000 residents and visitors in Tolland County (a combined population of 750 in housing, plus visitors to the complexes)		
How will objective impact the problem?	Adults and children in these complexes will not be exposed to environmental tobacco smoke. This will also reinforce CT tobacco laws prohibiting possession and use of tobacco by minors. Certain populations in Tolland County experience high burdens of tobacco-related illness. The Hispanic population in Tolland County experiences a high rate of hospitalizations due to disease states impacted by tobacco use: cardiovascular hospitalizations are almost 5 times the state rate; almost a nine-fold increase over the state rate for lung and bronchial complications; 6 times the rate of the state for stroke hospitalizations; and twice the rate for asthma hospitalizations.		
Measurement	What will be measured?	Baseline / Target	Timeline
"Tobacco-Free" Housing complexes	# of housing complexes	Increase by 3	May 30, 2013 - September 29, 2014
Activity	Lead	Partner	Timeline
Engage the participation of local partners; create packet for leasing companies	EHHD & NCDHD	CHART ALA	June 2013 through November 2014
Identify target housing complexes; provide with packet and resources	EHHD & NCDHD		November 2013 through May 2014
Follow-up with leasing agents	EHHD & NCDHD		January 2014 through May 2014
Evaluate participation and results; report back to County Coalition	EHHD & NCDHD		June 2014 through September 29, 2014

<b>Tolland County Clinical Preventive Services Objective</b>			
Objective	Expand Bolton School Be Healthy Program		
Strategy	Replicate the Be Healthy Program in other Tolland County schools by sharing what works (from Bolton)		
How many reached?	1 additional school has the potential to reach over 1,000 students throughout their high school career (250 in each grade 9 through 12)		
How will objective impact the problem?	By creating a system change to support both awareness and personal responsibility (through student health and fitness portfolio) and capacity (CPR training and teaching on the signs and symptoms of heart attack and stroke), this objective can make a significant impact in Tolland County, where adults (by diagnostic group) have a higher ED visit rates for stroke than the rest of the state, with the Hispanic rate for both ED visit rates and hospitalization for stroke almost 7 times that of the state rate for the Hispanic population, cardiovascular hospitalizations are almost 5 times the state rate; and 6 times the rate of the state for stroke hospitalizations.		
Measurement	What will be measured?	Baseline / Target	Timeline
Schools adopting the Be Healthy Program	Number of schools	Increase by 1 school	May 30, 2013 through September 29, 2014
Activity	Lead	Partner	Timeline
Engage the participation of local partners; Collect information from Bolton on details of their program / lessons learned	EHHD & NCDHD	CHART Bolton Schools	June 2013 through November 2014
Identify target school/s; provide with packet and resources	EHHD & NCDHD		November 2013 through May 2014
Follow-up with interested schools	EHHD & NCDHD		January 2014 through May 2014
Evaluate participation and results; report back to County Coalition	EHHD & NCDHD		June 2014 through September 29, 2014

<b>Tolland County Active Living Objective</b>			
Objective	Increase physical activity at school through Write Steps		
Strategy	Replicate the Write Steps Program in Tolland County schools by sharing what works (from Plainfield)		
How many reached?	1 school has the potential to reach about 300 students throughout the school year		
How will objective impact the problem?	Physical activity is known to be beneficial to children throughout their day; it leads to improved cognitive ability, reduced disciplinary referrals, and contributes to efforts to achieve and maintain a healthy weight. For the school year 2012/2013, the rate of kindergarten overweight or obese was 30% in Tolland County – this additional opportunity for physical activity adds to the minutes provided in other venues throughout the day without taking away from instructional time.		
Measurement	What will be measured?	Baseline / Target	Timeline
Schools adopting the Be Healthy Program	Number of schools	Increase by 1 school	May 30, 2013 through September 29, 2014
Activity	Lead	Partner	Timeline
Engage the participation of local partners; Collect information from Plainfield on details of their program / lessons learned	EHHD & NCDHD	CHART Plainfield Schools	June 2013 through November 2014
Identify target school/s; provide with packet and resources	EHHD & NCDHD		November 2013 through May 2014
Follow-up with interested school/s	EHHD & NCDHD		January 2014 through May 2014
Evaluate participation and results; report back to County Coalition	EHHD & NCDHD		June 2014 through September 29, 2014