

Standard 5.2

Measure 5.2.3 A

Work Plan and Tracking Tool

(In One Document)

APPENDIX A: IMPLEMENTATION ACTION PLAN AND TRACKING

Priority Area 1: Chronic Disease Prevention/Risk Factors with a Focus on Food Access/Healthy Eating/Tobacco/Cancer

Action Plan			
PRIORITY AREA 1: Chronic Disease Prevention/Risk Factors With a Focus on Food Access/Healthy Eating/Tobacco/Cancer			
Goal 1: Reduce the impact of chronic disease in our communities			
Objective 1.1 By 2020, increase by 3% the number of adults meeting the CDC recommendation for fruit and vegetable consumption.			
Outcome Indicators	Baseline	Target	Source
• Adults reporting consumption fruits and vegetables more than five servings per day	27%		CT BRFSS – state data (Crude – 2009)
• Adult fruit consumption less than one serving per day	34%	.93 cup eq./1000 cal.	CT BRFSS (2013)
• Adult fruit consumption less than one or two servings per day	51%		CT BRFSS (2013)
• Adult vegetable consumption less than one serving per day	22%	1.16 cup eq./1000 cal	CT BRFSS (2013)
• Adult vegetable consumption one to two servings per day	62%		CT BRFSS (2013)
• Households with food insecurity in the past 12 months	13%	6%	Healthy People 2020
• Cholesterol/lipid levels	TBD		
Potential Partners for this Objective			
<ul style="list-style-type: none"> • Farmers Markets • FRESH New London • Hartford Healthcare • Health Improvement Collaborative of SE CT • High School Service Clubs • New London County Food Policy Council • Private Providers (doctors, dentists, etc.) • Thames Valley Regional Action Council (TVCCA) • The Eastern Connecticut Health Collaborative • United Community and Family Services (USFS) • United Way – Gemma Moran Food Center 			
Strategy 1.1.1: Support and implement vouchers for fruits and vegetables at farmer's markets and grocery stores.			
Progress Updates (at least quarterly)			
Date	Progress (successes, challenges, updates)		
	•		

Action Plan

PRIORITY AREA 1: Chronic Disease Prevention/Risk Factors With a Focus on Food Access/Healthy Eating/Tobacco/Cancer

Action Steps	Lead Person/ Organization	Resources Needed	Outcome (Products) or Results	Time Line			
				Q1	Q2	Q3	Q4
•							
•							
a. Provide vouchers at Farmers markets and grocery stores for fruits and vegetables.	Hartford Healthcare/TVCCA	Agency to provide vouchers.	Number of Vouchers given out and used	X	X		
Strategy 1.1.2: Identify high need areas and work with local partners to expand the reach of mobile food pantries especially in food deserts							
Progress Updates (at least quarterly)							
Date	Progress (successes, challenges, updates)						
•							
•							
•							
•							
Action Steps	Lead Person/ Organization	Resources Needed	Outcome (Products) or Results	Time Line			
				Q1	Q2	Q3	Q4
a. Identify location of mobile food pantries	United Way	Staff time	Excel spreadsheet	X	→		
b. Identify location of food pantries	Hartford Healthcare/TVCCA	Staff time	Excel spreadsheet	X	→		
c. Identify food desert areas	New London County Food Policy Council	Staff time	Map			X	→
Strategy 1.1.3: Support outreach to help families plant a home garden or establish a community garden.							
Progress Updates (at least quarterly)							
Date	Progress (successes, challenges, updates)						
•							
•							
•							
•							
Action Steps	Lead Person/ Organization	Resources Needed	Outcome (Products) or Results	Time Line			
				Q1	Q2	Q3	Q4
a. Identify locations where a community gardens could be established.	NL County Food Policy Council/FRESH NL	Plant donors	Locations for community gardens				X →

Action Plan

PRIORITY AREA 1: Chronic Disease Prevention/Risk Factors With a Focus on Food Access/Healthy Eating/Tobacco/Cancer

Objective 1.2 By 2020, increase by 5% the number of pre-school programs in our health district who have implemented an evidence-based healthy eating/active living curriculum.

Outcome Indicators	Baseline	2020 Target	Source
• Number of programs in Uncas Health District towns	13	Not available	Ct State Department of Education – Office of Early Childhood Education http://www.ct.gov/oecc/site/default.asp .
• States with food and beverage nutrition standards for pre-school children in child care	24	34	Healthy People 2020
• Number of programs in Uncas Health District towns that use physical activity indicators	13	Nor available	Ct State Department of Education – Office of Early Childhood Education http://www.ct.gov/oecc/site/default.asp .

Potential Partners for this Objective

- Hartford Healthcare
- Health Improvement Collaborative of SE CT
- Thames Valley Community Action Council (TVCCA)
- The Eastern Connecticut Health Collaborative

Strategy 1.2.1: Develop an inventory of pre-schools that provide meals and snacks.

Progress Updates (at least quarterly)

Date	Progress (successes, challenges, updates)
June, 2017	• EXCEL spreadsheet of daycares in UHD towns
June, 2017	• Establish pre-school certification for nutrition and physical activity
	•
	•

Action Steps	Lead Person/Organization	Resources Needed	Outcome (Products) or Results	Time Line			
				Q1	Q2	Q3	Q4
a. Develop an EXCEL spreadsheet of all daycares in the Uncas Health District towns	UHD accreditation coordinator Hartford Healthcare TVCCA	Staff time	A Spreadsheet	X			
b. Survey programs to establish whether they have healthy preschool certification, a nutrition curriculum and a physical activity curriculum and are interested in a program. Barriers to implementation.	UHD accreditation coordinator Hartford Healthcare TVCCA	Staff time	A Spreadsheet that color codes daycares with healthy eating and physical activity curriculums	X			

Action Plan

PRIORITY AREA 1: Chronic Disease Prevention/Risk Factors With a Focus on Food Access/Healthy Eating/Tobacco/Cancer

Strategy 1.2.2: Survey programs to establish whether they have a healthy preschool certification, a nutrition curriculum, and a physical activity curriculum and/or are interested in a program. Barriers to implementation.

Progress Updates (at least quarterly)

Date	Progress (successes, challenges, updates)
	•
	•
	•
	•

Action Steps	Lead Person/ Organization	Resources Needed	Outcome (Products) or Results	Time Line			
				Q1	Q2	Q3	Q4
a. Color code on an EXCEL spreadsheet daycares that provide a healthy eating curriculum and a physical activity curriculum	Accreditation coordinator/Hartford Healthcare/TVCCA	Staff time	Knowledge of daycares in the Uncas Health District that provide healthy eating and physical activity curriculums	On-going			
b. Determine types of barriers to implementation of healthy eating and physical activity programs in daycares	Accreditation coordinator/Hartford Healthcare/TVCCA	Staff time	Knowledge of barriers for future outreach activities			X	

Strategy 1.2.3: Identify evidence-based programs to promote such as USDA My Plate, American Academy of Pediatrics – healthychildren.org, RUDD center, precise portions, etc.

Progress Updates (at least quarterly)

Date	Progress (successes, challenges, updates)
	•
	•
	•
	•

Action Steps	Lead Person/ Organization	Resources Needed	Outcome (Products) or Results	Time Line			
				Q1	Q2	Q3	Q4
a. Review evidence-based programs for healthy eating and physical activity	Hartford Healthcare/TVCCA	Staff time	An evidence-based program to implement in daycares				X

Action Plan

PRIORITY AREA 1: Chronic Disease Prevention/Risk Factors With a Focus on Food Access/Healthy Eating/Tobacco/Cancer

Strategy 1.2.4: Promote identified programs and implementation practices such as healthy preschool certification; offer staff training conducted by health care professionals; connect preschool to certification, consulting registered dieticians that would review and approve menus.

Progress Updates (at least quarterly)		Action Steps	Lead Person/ Organization	Resources Needed	Outcome (Products) or Results	Time Line					
Date	Progress (successes, challenges, updates)					Q1	Q2	Q3	Q4		
June, 2017	<ul style="list-style-type: none"> • Developed a flyer to send to mail to daycares • • • 										
		a. Do a mailing to daycares offering services and assistance to become certified as a healthy preschool daycares	Accreditation coordinator/Hartford Healthcare/TVCCA	Staff time	A list of interested daycares	X					
		b. Offer programming to interested daycares	Accreditation coordinator/Hartford Healthcare/TVCCA	Staff time	An increase in daycares providing nutrition and physical activity programs					X	→
		c. Offer programming to interested daycares	Accreditation coordinator/Hartford Healthcare/TVCCA	Staff time	An increase in daycares providing nutrition and physical activity programs					X	→

Action Plan

PRIORITY AREA 1: Chronic Disease Prevention/Risk Factors With a Focus on Food Access/Healthy Eating/Tobacco/Cancer

Objective 1.3	By 2020, decrease the percentage of youth who report smoking using cigarettes, tobacco or e-cigarettes within the past 30 days.	Baseline	2020 Target	Source
Outcome Indicators				
•	Percent of high school students in Connecticut who currently smoked cigarettes on at least one day last month.	10.3%	16%	CT Youth Health Survey (2015)
•	Percent of high school students in the nation who currently smoked cigarettes on at least one day in the last month.	10.8%	16%	National Youth Risk Behavior Survey (2015)
•	Percent of high school students who used cigarettes in the past 30 days in Southeastern Connecticut towns.	4.1%	16%	Southeast Regional Action Council (SERAC) Youth Southern Survey Summary (2014-2015)
•	Percent of high school students who used electronic cigarettes in the past 30 days in Southeastern Connecticut towns.	4.2% (2.2 – 7.1)	Not available	Southeast Regional Action Council (SERAC) Youth Southern Survey Summary (2014-2015)
•	Percent of high school students who used tobacco products in the past 30 days in Southeastern Connecticut towns.	2.9% (2.7 – 6.1)	21%	Southeast Regional Action Council (SERAC) Youth Southern Survey Summary (2014-2015)

Potential Partners for this Objective

- Health Improvement Collaborative of SE CT
- High school service clubs and service learning initiatives
- School health teacher in each town
- SERAC
- The Eastern Connecticut Health Collaborative
- UCFS – School-Based Health Clinic
- Youth/Family Services

Strategy 1.3.1: Partner with youth prevention coalitions and health educators to support educational outreach and compliance checks.

Progress Updates (at least quarterly)

Date	Progress (successes, challenges, updates)
	•
	•
	•
	•

Action Plan

PRIORITY AREA 1: Chronic Disease Prevention/Risk Factors With a Focus on Food Access/Healthy Eating/Tobacco/Cancer

Objective 1.5 By 2020, decrease by 5% the number of adults who smoke cigarettes or use tobacco products

Outcome Indicators	Baseline	Target	Source
• Adult cigarette smoking- percent of adults 18+ years	22%	12%	Behavioral Risk Factor Surveillance System 2011-2014. Uncas towns
• Adult cigarette smoking % of adults 18+ years	16%	12%	BFRSS (state)

Potential Partners for this Objective

- Connecticut Department of Public Health – Grant funding for tobacco cessation (2 years)
- Eastern Connecticut Health Collaborative
- Hartford Healthcare
- Private Providers
- SERAC

Strategy 1.51: Increase access to community-based smoking cessation programs.

Progress Updates (at least quarterly)

Date Progress (successes, challenges, updates)

-
-
-
-

Action Steps	Lead Person/ Organization	Resources Needed	Outcome (Products) or Results	Time Line			
				Q1	Q2	Q3	Q4
a. Develop a list of primary care providers	UHD Health Educator	Staff time	EXCEL Spreadsheet		X →		
b. Encourage primary care providers to refer clients who use tobacco to smoking cessation classes offered by Uncas Health District, The William W. Backus Hospital or the CT Quit line. Smoking cessation class are also given at SMHA>	Uncas Health District Health Educator	Staff time	Increase number of individuals who seek tobacco cessation counseling			X →	
c. Encourage individuals in businesses to participate in tobacco cessation classes offered by the Uncas Health District, The William W. Backus Hospital or The CT Quit Line.	UHD Health Educator	Staff time	Increase number of individuals who seek tobacco cessation counseling			X →	

Action Plan

PRIORITY AREA 1: Chronic Disease Prevention/Risk Factors With a Focus on Food Access/Healthy Eating/Tobacco/Cancer

Strategy 1.5.3: Promote the Connecticut Quit Line.						
Progress Updates (at least quarterly)						
Date	Progress (successes, challenges, updates)					
	•					
	•					
	•					
	•					
Action Steps						
Action Steps	Lead Person/ Organization	Resources Needed	Outcome (Products) or Results	Q1	Q2	Q3
a. Distribute flyers at health fairs promoting the CT Quit Line and advise primary care providers of the CT Quit Line.	UHD Health Educator	Staff time	Increase in number of people using CT Quit Line	X	→	
Strategy 1.5.4: Advocate for increased availability of nicotine replacement therapy and other smoking cessation aids.						
Progress Updates (at least quarterly)						
Date	Progress (successes, challenges, updates)					
	•					
	•					
	•					
	•					
Action Steps						
Action Steps	Lead Person/ Organization	Resources Needed	Q1	Q2	Q3	Q4
a. Promote that the UHD tobacco cessation program will provide Nicotine Replacement Therapy and other smoking cessation aids FREE to all participants.	UHD Health Educator	Staff time	X	→		

Priority Area 2: Substance Abuse with a Focus on Opioids

Action Plan

PRIORITY AREA 2: Substance Abuse with a Focus on Opioids

Goal 2: Achieve the lowest rates of opioid misuse, addiction and death in Connecticut

Objective 2.1: Reduce the number of active opioid dependent individuals by 5% and the number who misuse by 10%.

Outcome Indicators	Baseline	Target	Source
• Percent of UHD residents who are opioid dependent.	TBD	TBD	Backus Hospital
• Percent of Emergency Department visits that are overdose related	TBD	TBD	Backus Hospital
• Number of emergency department related to opioid abuse	TBD	TBD	Backus Hospital
• Number of Suboxone prescriptions	TBD	TBD	Backus Hospital
• Number of individuals with opioid dependence disorder	TBD	TBD	Backus Hospital
• Number of people receiving Methadone	TBD	TBD	Backus Hospital

Potential Partners for the Objective

- Alliance for Living
- American Ambulance/EMS
- Griswold Pride
- Hartford Dispensary – Methadone Clinic
- Hartford Healthcare
- Health Improvement Collaborative of SE CT
- Police
- SERAC
- Southeast Mental Health Authority (SMHA)
- The Eastern Connecticut Health Collaborative
- The Norwich Prevention Council
- United Community and Family Services (UCFS)

Strategy 2.1.1: Conduct public education campaigns on the hazards of opioids and the avenues to dependence.

Progress Updates (at least quarterly)

Date **Progress** (successes, challenges, updates)

•

•

•

•

Action Steps	Lead Person/ Organization	Resources Needed	Outcome (Products) or Results	Time Line			
				Q1	Q2	Q3	Q4
a. Work with other agencies who support these campaigns	Accreditation Coordinator	Staff time		X	→		

Action Plan

PRIORITY AREA 2: Substance Abuse with a Focus on Opioids

Objective 2.2	Reduce the rate of opioid deaths by 5% by 2020	
Outcome Indicators	NL County	Connecticut
Number of opioid deaths:		
• 2012		357
• 2013		495
• 2014	45	568
• 2015	61	729
• 2016	85	917

Potential Partners for this Objective

- Hartford Healthcare
- The Eastern Connecticut Health Collaborative
- Health Improvement Collaborative of SE CT
- The Norwich Prevention Council
- Southeast Mental Health Authority (SMHA)
- United Community and Family Services (UCFS)
- Alliance for Living
- American Ambulance
- SERAC

Strategy 2.2.1: Increase access to Narcan by public education on acquisition and use.

Progress Updates (at least quarterly)

Date	Progress (successes, challenges, updates)	Resources Needed	Outcome (Products) or Results	Time Line			
				Q1	Q2	Q3	Q4
	•						X
	•						→
	•						
	•						

a. Educate on use of Narcan

Action Steps	Lead Person/ Organization	Resources Needed	Outcome (Products) or Results	Q1	Q2	Q3	Q4
Educate on use of Narcan	TBD		Increase use of Narcan				X

Strategy 2.2.2: Advocate for treatment of opioid dependent individuals over criminalization

Progress Updates (at least quarterly)

Date	Progress (successes, challenges, updates)
	•
	•

Action Plan

PRIORITY AREA 2: Substance Abuse with a Focus on Opioids

Action Steps	Lead Person/ Organization	Resources Needed	Outcome (Products) or Results	Time Line			
				Q1	Q2	Q3	Q4
•							
•							
a. Work with groups who advocate for individuals to receive treatment	TBD						X →
Strategy 2.2.3: Conduct training for opioid users by standards on overdose signs and symptoms.							
Progress Updates (at least quarterly)							
Date	Progress (successes, challenges, updates)						
•							
•							
•							
•							
Action Steps	Lead Person/ Organization	Resources Needed	Outcome (Products) or Results	Time Line			
				Q1	Q2	Q3	Q4
a. Work with groups who conduct this type of training	TBD						X →

Action Plan

PRIORITY AREA 2: Substance Abuse with a Focus on Opioids

Objective 2.3:		By 2020, Increase by 5% the number of people who have adequate addiction treatment coverage and can access and utilize inpatient and outpatient addiction services.					
Outcome Indicators		Baseline	Target	Source			
<ul style="list-style-type: none"> Number of registered licensed substance abuse treatment centers. 		TBD		Connecticut Department of Public Health Substance Abuse Treatment Programs in New London County, Willimantic and Putnam area			
<ul style="list-style-type: none"> Number of registered addiction providers for suboxone and vivitrol 		TBD		DMHAS – New London County, Willimantic and Putnam area			
<ul style="list-style-type: none"> Referral networks 		TBD					
Potential Partners for this Objective							
<ul style="list-style-type: none"> Alliance for Living Hartford Healthcare Health Improvement Collaborative of SE CT Southeast Mental Health Authority (SMHA) The Eastern Connecticut Health Collaborative The Norwich Prevention Council – funded by SERAC United Community and Family Services (UCFS) 							
Strategy 2.3.1: Advocate for more comprehensive coverage and funding/appropriate reimbursement for addiction services.							
Progress Updates (at least quarterly)							
Date	Progress (successes, challenges, updates)						
	•						
	•						
	•						
	•						
Action Steps		Lead Person/ Organization	Resources Needed	Outcome (Products) or Results			
a. Determine the number of substance abuse treatment facilities that accept clients in the New London County, Willimantic, Putnam area		UHD health educator	Staff time	Q1	Q2	Q3	Q4
						X	

Priority Area 3: Access to Care with a Focus on Transportation

Action Plan

PRIORITY AREA 3: Access to Care with a Focus on Transportation

Goal 3: Ensure there is available sufficient transportation to meet the healthcare needs of the Uncas Health District community.

Objective 3.1: Reduce transportation barriers to health care for residents of Uncas Health District

Outcome Indicators	Baseline	Target	Source
• Ridership on SEAT buses	TBD		
• No show rates at Community Health Centers & other providers	TBD		
• School-based health centers	TBD		
• Expansion of outpatient care centers	TBD		

Potential Partners for this Objective

- Churches
- Council of Governments (COG)
- Eastern Connecticut Transportation Coalition (ECTC)
- Senior Center Vans
- Southeastern Area Transit (SEAT)
- United Community and Family Services (UCFS)/Sheltering Arms
- Veterans Associations
- Yellow/Curtin Cabs

Strategy 3.1.1: Conduct Transportation needs assessment to identify barriers to access.

Progress Updates (at least quarterly)

Date	Progress (successes, challenges, updates)
	•
	•
	•
	•

Action Steps	Lead Person/ Organization	Resources Needed	Outcome (Products) or Results				Time Line					
			Q1	Q2	Q3	Q4						
a. Create a Transportation Task Force (Include: existing transportation providers, community members, Council of Governments (COG), Eastern Connecticut Transportation Coalition (ECTC), nonprofits, healthcare providers, senior centers, social services, etc.).	To be determined	A compilation of materials available on transportation issue	A document describing the transportation that is available in the area.								X	→

Action Plan

PRIORITY AREA 3: Access to Care with a Focus on Transportation

Objective 3.2: By 2020, increase by 5% the awareness of existing transportation.

Outcome Indicators	Baseline	Target	Source
<ul style="list-style-type: none"> • Increased awareness of available transportation 	TBD		

Potential Partners for this Objective

- Churches
- Council of Governments (COG)
- Eastern Connecticut Transportation Coalition (ECTC)
- Senior Center Vans
- Southeastern Area Transit (SEAT)
- United Community and Family Services (UCFS)/Sheltering Arms
- Veterans Associations
- Yellow/Curtin Cabs

Strategy 3.2.2: Identify the message and methods of distribution (e.g. Social media, app, LATV, newsletters (town, church, utility, senior centers, social services, resource guide, etc.))

Progress Updates (at least quarterly)	Date	Progress (successes, challenges, updates)
•		
•		
•		
•		

Action Steps	Lead Person/ Organization	Resources Needed	Outcome (Products) or Results	Time Line			
				Q1	Q2	Q3	Q4
a. Identify good methods to deliver messages	Office Manger	TBD	To be done year 2				
b. Web activity	TBD						

Strategy 3.2.4: Identify and address perception/barriers to not utilizing transportation.

Progress Updates (at least quarterly)	Date	Progress (successes, challenges, updates)
•		
•		
•		
•		

Action Steps	Lead Person/ Organization	Resources Needed	Outcome (Products) or Results	Time Line			
				Q1	Q2	Q3	Q4
a. TBD							

Action Plan

PRIORITY AREA 3: Access to Care with a Focus on Transportation

Objective 3.3: By 2020, increase by 3% public transit routes to underserved areas.

Outcome Indicators	Baseline	Target	Source
• Ridership data (SEAT)	TBD		
• Number of expanded routes	TBD		
• Eastern Connecticut Transportation Consortium (ECTC) survey	TBD		

Potential Partners for this Objective

- Churches
- Council of Governments (COG)
- Eastern Connecticut Transportation Coalition (ECTC)
- Senior Center Vans
- Southeastern Area Transit (SEAT)
- United Community and Family Services (UCFS)/Sheltering Arms
- Veterans Associations
- Yellow/Curtin Cabs

Strategy 3.3.2: Identify underserved areas and towns not covered in study and expand study coverage.

Progress Updates (at least quarterly)

Date	Progress (successes, challenges, updates)
	•
	•
	•
	•

Action Steps	Lead Person/ Organization	Resources Needed	Outcome (Products) or Results	Time Line			
				Q1	Q2	Q3	Q4
a. EXCEL Spreadsheet	Accreditation Coordinator	Staff time	List of underserved areas				X →

Action Plan

PRIORITY AREA 3: Access to Care with a Focus on Transportation

Objective 3.4: By 2020, expand existing alternative transportation options to underserved areas by 3%.		Baseline	Target	Source																
Outcome Indicators																				
•	Number of Routes	TBD																		
•	Number of transport/riders	TBD																		
•	Coverage area	TBD																		
Potential Partners for this Objective																				
•	Churches																			
•	Council of Governments (COG)																			
•	Eastern Connecticut Transportation Coalition (ECTC)																			
•	Senior Center Vans																			
•	Southeastern Area Transit (SEAT)																			
•	United Community and Family Services (UCFS)/Sheltering Arms																			
•	Veterans Associations																			
•	Yellow/Curtin Cabs																			
Strategy 3.4.3: Identify alternative options available, including exploring partnerships with existing transportation service provisions.																				
Progress Updates (at least quarterly)																				
	Date	Progress (successes, challenges, updates)																		
		•																		
		•																		
		•																		
		•																		
Action Steps																				
a.	Create a list of alternatives	TBD	TBD	<table border="1"> <thead> <tr> <th colspan="4">Time Line</th> </tr> <tr> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td>X</td> </tr> <tr> <td></td> <td></td> <td></td> <td>→</td> </tr> </tbody> </table>	Time Line				Q1	Q2	Q3	Q4				X				→
Time Line																				
Q1	Q2	Q3	Q4																	
			X																	
			→																	
Strategy 3.4.4: Identify barriers (funding restrictions, liability, qualified drivers, school buses)																				
Progress Updates (at least quarterly)																				
	Date	Progress (successes, challenges, updates)																		
		•																		
		•																		
		•																		
		•																		
Action Steps																				
a.	Create a list of barriers	TBD		<table border="1"> <thead> <tr> <th colspan="4">Time Line</th> </tr> <tr> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td>X</td> </tr> <tr> <td></td> <td></td> <td></td> <td>→</td> </tr> </tbody> </table>	Time Line				Q1	Q2	Q3	Q4				X				→
Time Line																				
Q1	Q2	Q3	Q4																	
			X																	
			→																	

Action Plan

PRIORITY AREA 3: Access to Care with a Focus on Transportation

Objective 3.5: By 2020, increase by 3% the options for bringing care to the patients.

Outcome Indicators	Baseline	Target	Source
• TBD			
•			
•			

Potential Partners for this Objective

- Churches
- Council of Governments (COG)
- Eastern Connecticut Transportation Coalition (ECTC)
- Regional human services Coordinating Committee
- Senior Center Vans
- Senior Housing/Housing Authority Housing
- Southeastern Area Transit (SEAT)
- United Community and Family Services (UCFS)/Sheltering Arms
- Veterans Associations
- VNA
- Yellow/Curtin Cabs

Strategy 3.5.2: Identify services that are currently being done.

Progress Updates (at least quarterly)	
Date	Progress (successes, challenges, updates)
	•
	•
	•
	•

Action Steps	Lead Person/ Organization	Resources Needed	Outcome (Products) or Results	Time Line			
				Q1	Q2	Q3	Q4
a. Create a list	Accreditation Coordinator		List of services available.				
b.							

Strategy 3.5.3: Identify what could be done (screening, care (PCP, dental)

Progress Updates (at least quarterly)	
Date	Progress (successes, challenges, updates)
	•
	•
	•
	•

Action Plan

PRIORITY AREA 3: Access to Care with a Focus on Transportation

Action Steps	Lead Person/ Organization	Resources Needed	Outcome (Products) or Results	Time Line			
				Q1	Q2	Q3	Q4
a. Create a list	Accreditation Coordinator	Staff time	List of services.				X →
Strategy 3.5.3: Identify gaps and determine what is most needed.							
Progress Updates (at least quarterly)							
Date	Progress (successes, challenges, updates)						
	•						
	•						
	•						
	•						
Action Steps	Lead Person/ Organization	Resources Needed	Outcome (Products) or Results	Time Line			
a. List of gaps	Accreditation Coordinator	Staff time	List	Q1	Q2	Q3	Q4 X →
b.							

APPENDIX B: ACRONYMS

ACEs: Adverse Childhood Experiences Survey
BRFSS: Behavioral Risk Factor Surveillance System
CDC: Centers for Disease Control and Prevention
CHA: Community Health Assessment
CHIP: Community Health Improvement Plan
CIAC: Connecticut Interscholastic Athletic Conference
COG: Council of Governments
ECTC: Eastern Connecticut Transportation Consortium
CT: Connecticut
CT PMP: Connecticut Prescription Monitoring Program
DMHAS: Department of Mental Health and Addiction Services
ECTC: Eastern Connecticut Transportation Consortium
ED: Emergency Department
EMS: Emergency Medical Services
EMT: Emergency Medical Technician
EPIC: Educating Practices in the Community
FBR: Family Based Recovery
HCT2020: Health Connecticut 2020; the State Health Improvement Plan (see also SHIP)
LATV: Latino Alternative Television
MA: Massachusetts
MAPP: Mobilization for Action through Planning and Partnerships
NACCHO: National Association of County and City Health Officials
NRT: Nicotine Replacement Therapy
PCP: Primary Care Provider
PHAB: Public Health Accreditation Board
PMP: Prescription Monitoring Program
RD's: Registered Dietitians
SA: Substance Abuse
SEAT: Southeast Area Transit District
SE CT: Southeastern Connecticut
SERAC: Southeastern Regional Action Council
SHIP: State Health Improvement Plan
SMHA: Southeast Mental Health Authority
TBD: To be determined
UConn Ag: University of CT School of Agriculture
UDH: Uncas Health District
UCFS: United Community and Family Services
USDA: United States Department of Agriculture
VNA: Visiting Nurses Association

APPENDIX C: GLOSSARY OF TERMS

Community Health Improvement Plan (CHIP): Action-oriented strategic plan that outlines the priority health issues for a defined community, and how these issues will be addressed.

Developmental Objectives: Objectives for which we do not currently collect data. The first strategy for each of these objectives will need to be around developing a way to gather data in order to establish baseline and monitor ongoing progress.

Evidence-based Method: Strategy for explicitly linking public health or clinical practice recommendations to scientific evidence of the effectiveness and/or other characteristics of such practices.

Goals: Identify in broad terms how the efforts will change things to solve identified problems

Health Equity/Social Justice: When all people have the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstances.

Health Literacy: Degree to which individuals can obtain, process, and understand the basic health information and services they need to make appropriate health decisions.

Narcan: Naloxone HCl

Objectives: Measurable statements of change that specify an expected result and timeline, objectives build toward achieving the goals.

Outcome Indicators: Indicators are ways to track progress for each of the objectives. They describe the baseline and target values for each objective based on data that are relevant and available.

Percentages: All percentages are relative; absolute change as a percentage of the baseline value

Performance Measures: Changes that occur at the community level as a result of completion of the strategies and actions taken

Priority Areas: Broad issues that pose problems for the community

Strategies: Action-oriented phrases to describe how the objectives will be approached