

Section of Chronic Disease Prevention
and Health Promotion
EXECUTIVE SUMMARY

FY 2013-2017

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BACKGROUND

Chronic disease accounts for 6 out of the 10 leading causes of death in Alaska. This statistic mirrors the national level data where 7 out of 10 deaths among Americans and more than 75% of health care spending is related to chronic disease. Although chronic diseases are among the most common and costly of all health problems, they are also among the most preventable.

Prevention of chronic disease and injury is key to improving the health of Alaska's residents and requires a collaborative approach that reaches across a broad network of partners. The Section of Chronic Disease Prevention and Health Promotion (CDPHP) collaborates extensively with other sections and programs within the State Department of Health and Social Services (DHSS). Collaboration with external groups is also broad. Further, active coalitions provide broad-based support and serve as the external structure and support for many of chronic disease prevention and health promotion initiatives. With these collaborative efforts already in place, Alaska is well poised to engage in a comprehensive and coordinated approach to chronic disease prevention and health promotion.

MISSION

The mission of the Section is to identify and advance the conditions that lead to safe and healthy lives for Alaskans. To achieve our mission the Section of Chronic Disease Prevention and Health Promotion (CDPHP):

- Collects and shares scientific data and promotes evidence-based practices;
- Builds capacity in communities to promote health and reduce chronic disease and injuries and their effects;
- Promotes community conditions that result in health equity; and,
- Works collaboratively and effectively to reduce healthcare expenditures and improve quality of life.

VISION: HEALTHY AND SAFE ALASKANS

CDPHP strives to create the conditions most conducive to achieving health and safety for all Alaskans. We recognize that the social, cultural and physical characteristics of a community influence our everyday choices that in turn affect our health and safety. To promote the behaviors that prevent injuries and reduce the prevalence of chronic diseases will require significant changes in the environments in which we live. By

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transforming our communities to encourage active and safe lifestyles, making informed health decisions, and healthy eating, our vision of healthy and safe Alaskans can be realized.

ABOUT THE PLAN

The framework set forth in this plan is founded on research. Modifying our environment so that healthy choices are the easy choices is a powerful way to address the serious health challenges facing the state of Alaska.

This state plan for chronic disease prevention and health promotion involved numerous internal and external partner agencies and individuals. The planning process included a State Technical Assistance and Review site visit from the National Association of Chronic Disease Directors. In addition, the Section conducted an internal strategic planning process in November, 2010. The vision, mission, values and goals of this initial plan laid the foundation for the current plan. This plan is intentionally focused on a limited number of goals and objectives to allow for concerted and focused work, and to align staff toward achieving these goals. While the goals cover a five-year period, only those activities occurring in year one have complete action plans.

Partners involved in the development and review of this state plan represent voluntary organizations, health care providers, staff from the Department of Health & Social Services, the Chronic Disease Prevention and Health Promotion Collaborative and its preventive screening subcommittee, coalition members, non-profit organizations, tribal partners, and other state staff. Partners will also be involved in the activities laid out in the plan.

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GOAL 1: REDUCE THE PREVALENCE OF OVERWEIGHT AND OBESITY AMONG SCHOOL-AGED CHILDREN BY 5% BY 2017.

- **Objective 1.1. Establish a grant program for school districts focused on reducing the prevalence of childhood obesity by June 2013.**
 - Strategies for Objective 1.1 include expanding the number of school districts tracking the BMI of their student populations, assessing the capacity of school districts to implement a grant program focused on obesity prevention, developing a menu of evidence based strategies from which school grantees can choose, issuing an RFP to fund up to 5 school grants, and developing training and technical assistance for the school grantees.
- **Objective 1.2. Build a statewide coalition to address childhood overweight and obesity.**
 - In Year 1 the elements and partners needed for a successful obesity coalition will be developed. Logistical and administrative support to the coalition will be provided. Further, a policy analysis and return on investment analysis of critical aspects of obesity prevention and control will be conducted.
- **Objective 1.3. Create, implement, and evaluate a new obesity prevention media campaign by June 2013.**
 - In Year 1, a full-time social marketing position will be hired. A conceptual model and components of a media campaign will be developed and the campaign will be implemented.

GOAL 2: BY 2017, INCREASE RATES OF SELECTED PREVENTIVE HEALTH SCREENINGS BY 5%.

- **Objective 2.1 Monitor and report data on 8-10 preventive screenings by June 2013.**
 - In Year 1 the final set of measureable screenings will be determined.
- **Objective 2.2 Develop a coordinated preventive screenings communication plan by June 2013.**
 - Year 1 strategies include convening appropriate staff and partners to develop a communication plan.

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- **Objective 2.3 Identify a prioritized and modifiable list of gaps in access to preventive screenings by June 2013.**
 - A gap analysis will be completed in year 1 to identify areas in the state where preventive screenings are low.
- **Objective 2.4. Identify and establish self-management (SM) education referral protocols among 3 partner members in each of the Diabetes, Heart Disease, and Cancer Coalitions by June 2013.**
 - In year 1, presentations will be made to 3 coalitions on self-management education. Agencies and healthcare providers that would refer patients to self-management education will be identified and a referral agency and recruitment materials will be developed.

GOAL 3: BY 2017, LOWER TOBACCO USE RATES AMONG YOUNG ADULTS (AGE 18-29), ALASKA NATIVES, AND ALASKANS OF LOW SOCIOECONOMIC STATUS BY 5%.

- **Objective 3.1. Provide education and information on evidence-based policy approaches that improve health to all tobacco grantees statewide by June 2013.**
 - Year 1 strategies include building an inventory of tobacco-free policies, analyzing the inventory and prioritizing policies for education and support and building strategic partnerships with organizations serving priority populations.
- **Objective 3.2. Increase the number of provider types that can be reimbursed for implementing the Clinical Practice Guideline for Treating Tobacco Use and Dependence from 3 to 4 by June 2013.**
 - In year 1 education will be provided to strategic partners about the need to expand provider types eligible for cessation service reimbursement.
- **Objective 3.3. Develop and implement at least one media cycle (including market research, development, and broadcast/implementation) that targets one or more of the 3 high priority populations by June 2013.**
 - The implemented media will be evaluated in Year 1.

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GOAL 4: BY 2017, DECREASE THE RATE OF HOSPITALIZATIONS DUE TO FALLS AMONG ADULTS 65 AND OLDER BY 5%.

- **Objective 4.1. Develop recommendations addressing gaps in e-code recording during FY 2013.**
 - In year 1 an Injury Data Group will be convened quarterly and an assessment of gaps in injury data will be completed. The feasibility of and recommendations for collection of e-codes in Vital Records and Hospital Discharge data will be examined.
- **Objective 4.2. Gain access to Medicare data to establish baseline on fall risk screenings for persons 65 and older by June 2013.**
 - Year 1 strategies include providing education to providers on fall-risk screenings, developing a media campaign to promote fall prevention screenings, investigating the feasibility of fall prevention clinics and updating the CDPHP falls website design and content.
- **Objective 4.3. Publish information on available community fall prevention resources for adults 65 and older by June 2013.**
 - In year 1 an inventory of trainers and fall prevention courses will be developed.

EVALUATION

The development of a section-wide evaluation plan is underway and will be a companion to the CDPHP strategic plan. Guided by the priorities identified in the Section strategic planning effort, the evaluation plan will identify indicators of program process, outputs, and intermediate and long-term outcomes and clear objectives related to each. A dashboard of key indicators will be developed and monitored regularly by the Leadership Team to assess progress and inform mid-course corrections that may be needed.