

Alaska Diabetes Strategic Plan Status Report November 2008

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Schools

Goal: Health promotion is prioritized through statewide planning and coordination.

Recommendation 1: Provide relevant information on making healthy lifestyle choices to school age children in Alaska.

Goal: Statewide and community-wide policies are developed and implemented to promote the primary, secondary, and tertiary prevention of diabetes.

Recommendation 2: School district policies that mandate comprehensive physical education in K through 12 will exist in the school districts in Alaska.

Recommendation 3: School district policies prohibiting/eliminating food with no nutritional value (i.e., candy, soda pop, etc.) in schools will exist in the school districts in Alaska.

Progress

In 2006, in its extension of the Women, Children and Infants Nutrition Program (WIC), Congress included a requirement that school districts receiving food assistance have a 'wellness policy' in place by the beginning of the 2006-2007 school year. The AK Obesity Prevention and Control Program in the Section of Chronic Disease Prevention and Health Promotion took advantage of this mandate to develop materials about what a school wellness policy should address and provide examples of well policies and related training for AK school districts. This initiative has been assisted by the National PTA in that they determined that diabetes and physical activity were priorities for this year. In conjunction with this work, the Anchorage School District and the Mat-Su Borough School District adopted strong anti-junk food policies in their elementary, middle and high schools. Some Alaska schools are reporting the child's BMI on their report cards as a way to bring awareness of childhood obesity to families.

The Alaska ADA is sponsoring *School Walk for Diabetes*, which is a walk to school day for the entire community in some villages. They also have 12 schools committed to the school walk program, which promotes walking to school every day. In addition, the ADA K12 healthy lifestyles education curriculum has been adopted by the Anchorage School District into part of their permanent health curriculum. The ADA is working with the Alaska PTA to encourage development of school physical activity and nutrition policies.

The ADA is also involved in the ConocoPhillips Healthy Futures Initiative; this program promotes physical activity among Alaska children and youth through school-based and community events.

Primary and secondary prevention

Coordinated media campaign

Goal: Health promotion is prioritized through statewide planning and coordination.

Recommendation 2: Partners in the Alaska diabetes system will work with the State of Alaska Chronic Disease & Health Promotion Section to design, implement, and evaluate a healthy lifestyle media campaign that will reach the adult population of Alaska.

Progress

The AK Diabetes Prevention and Control Program (AK DPCP) participated in a group of Section of Chronic Disease Prevention and Health Promotion (CDPHP) staff that outlined a coordinated health promotion media campaign. As part of this effort, we obtained TV and radio PSAs on obesity prevention produced by the American Broadcasters Assoc. These messages were 'tagged' with information from the AK Dept of Health and Social Services and sent to all broadcasters in the state. Limited funding has severely limited the scope of what the CDPHP group can achieve, but the current governor is interested in health promotion which may bring financial and other resources into the picture.

The AK DPCP places an annual advertisement about diabetes prevention and control in the Hispanic Yellow Pages. The ad is written in Spanish and directs readers to the two health facilities who provide health care to the majority of the Hispanic population in Anchorage. This past year we funded the local community health center, ANHC, to develop and place bus signs related to diabetes prevention and healthy lifestyles in all the buses of the Anchorage People Mover.

ADA is currently sponsoring HbA1c and "Know your numbers" television ads in Alaska statewide. In addition, the local ADA's website has links to the national ADA website with links designed to educate persons how to evaluate and choose healthy foods and to the PHD website, an interactive program to look at risks of lifestyle choices.

In support of 2008 National Diabetes Month, the local ADA sponsored "Why Should I Care?" with speakers and media pieces in AK.

Pathway advocacy

Goal: Statewide and community-wide policies are developed and implemented to promote the primary, secondary, and tertiary prevention of diabetes.

Recommendation 1: The State of Alaska will have statewide policies supporting healthy lifestyle choices.

Progress

Specific activities associated with this recommendation were not included in the strategic plan. Alaska Trails (<http://www.alaska-trails.org/>) is a non-profit organization that works to promote trail development and maintenance. AKDPCP has been distributing their email newsletter as one way of encouraging people in the diabetes community to get involved in trail activities.

Worksite health promotion

Goal: Community-based programs are empowered to develop and use evidence-based models of diabetes prevention and health promotion, and to educate individuals with diabetes about their rights.

Recommendation 1: All community-based programs receiving state funds from the Chronic Disease & Health Promotion programs will pilot or implement evidence-based models of intervention with outcome-based evaluation.

Progress

The AK DPCP has participated in a CDPHP collaborative effort to promote worksite health promotion by small businesses in Alaska since its inception in 2004(?). In 2005, this collaborative learned that a private health insurance company was launching a health promotion component as part of their insurance plans for small businesses in Alaska; this company provides insurance for most small businesses in Alaska. The collaborative negotiated with the insurance company to institute a pilot project to investigate the internal and external supports needed for viable health promotion programming by small businesses. Four worksites volunteered to participate; two will complete the project for which data collection will end in fall 2009. As part of this project, the CDPHP collaborative developed and published a guide for small businesses that want to start a health promotion program. It is called *Supporting Healthy Practices at Work*, and is available in hard copy or at:

(<http://www.hss.state.ak.us/dph/chronic/worksites/assets/worksitesCollaborativeGuide.pdf>)

Another aspect of the CDPHP worksite collaborative grew out of a partnership with the SEARCH Steps to a Healthier South East Alaska program. Working Well is a curriculum for training and supporting small businesses interested in implementing a worksite health promotion program. It includes a one-day training session about worksite health promotion by small Alaska businesses, followed by monthly meetings

to support work by a group of people from small businesses that are working to develop and maintain worksite health promotion programs. So far, the training and monthly support meetings have happened in Sitka, Prince of Wales Island, Wrangell and Juneau. CDPHP staff are very interested in providing this training and facilitating the monthly support meetings elsewhere, too.

The ADA also has a worksite health support program, *Winning at Work*. It provides the resources to employees to live healthier lives --- whether they are working to prevent diabetes or to manage diabetes if they have already been diagnosed. The local ADA set up a worksite collaborative with three major insurance companies. A local Alaska Native health corporation (Southcentral Foundation) is piloting this program.

Provider education

Goal: Statewide and community-wide policies are developed and implemented to promote the primary, secondary, and tertiary prevention of diabetes.

Progress

The AK Diabetes Program produced *AK Recommendations for the Care of Adults with Type 2 Diabetes* in 2004, 2006, and 2008.

One activity in the plan was to require Alaska health care providers to obtain a certain number of hours of diabetes-specific continuing education as part of their licensure. The AK DPCP later learned that adding a requirement for CME/CEUs with a specific topic to licensure for physicians and other health care providers would likely require legislative action, and that this effort would face considerable opposition from both provider groups and, perhaps, advocates with an interest in making sure that health care providers are well-trained in their areas of interest. Rather than taking on such a controversial strategy, a subcommittee of the Diabetes Advisory Group put together a website with web-based training opportunities about diabetes. It was posted in 2006; it needs to be reviewed and updated.

A post-survey accompanied the 2008 *Recommendations* regarding the *Recommendations* in general and the 2006 *Recommendations* in particular. Our return rate was 4%. Seventy percent of those who responded said that the 2006 *Recommendations* were posted or available in their clinic or office. Of those who had the 2006 *Recommendations* at work, 79% had made changes in their diabetes care because of them. The primary change was in the way they screened their patients for diabetes.

The ADA exhibits at all health care provider conferences in Alaska; at the 2008 ANMC Diabetes Conference, the ADA distributed the *ADA Standards of Care*.

In 2007, the ADA started the ADA Detail Initiative, which involves one-to-one visits with all health care providers who were identified as prescribing diabetes medications (208 so far). In 2007 and 2008, the ADA has facilitated Conversation Maps trainings for diabetes educators and other interested health care providers in Anchorage and Juneau; these maps have been proven as useful tools for getting people talking about diabetes. Since 2005, the ADA has provided professional education for school nurses, firefighters and police in AK.

Health disparities

Goal: Statewide and community-wide policies are developed and implemented to promote the primary, secondary, and tertiary prevention of diabetes.

Recommendation 5: The State of Alaska Chronic Disease & Health Promotion programs will formulate plans to reduce health disparities.

Progress

As part of its 2007 operations plan, CDPHP created a workgroup to learn more about health disparities in Alaska. The workgroup surveyed all the chronic disease programs and created a report to get an overview of what disparity work was currently being done in the section. Results showed that all programs were actively engaged in reducing disparities and we identified this as an area for greater integration.

The health coordinator at Shiloh Baptist has been trained as a Living Well Alaska course leader as have two parish nurses from Our Lady of Guadalupe, a church serving primarily Spanish-speaking people.

The ADA published the 2009 Alaska Diabetes Resource Guide (http://www.hss.state.ak.us/dph/chronic/diabetes/data/2009_AK_Diabetes_Resource_Guide.pdf), which was developed under a contract with the AK DPCP.

The ADA provides education, supplies and training to Senior Centers; sends displays and supplies to all the FQHCs; provided resources to 70 health fairs in 2008, all of which served high-risk populations; supports and distributes information about the PPA (pharmacy assistance program); provides recipes in English and Spanish to encourage bank users to prepare foods distributed by Alaska food banks; provides strips and meters to seniors in Anchorage and Talkeetna; exhibits at churches, especially those serving Hispanics and African Americans.

Public and private insurance

Goal: Statewide and community-wide policies are developed and implemented to promote the primary, secondary, and tertiary prevention of diabetes.

Recommendation 4: The primary insurance companies in Alaska will support the use of the ADA Recommended Standards of Diabetes Care.

Recommendation 7: Diabetes-related policy in Alaska Medicaid and Alaska Medicare will be reviewed annually and the results will be reported to the Alaska Diabetes Advisory Group.

Recommendation 8: Alaska Medicaid will reimburse providers for preventive health exams to beneficiaries at risk for diabetes.

Progress

The AK DPCP mailed the *2006 AK Recommendations* to all health insurance companies in Alaska. We received no response in spite of follow-up calls and emails.

The AK DPCP also learned that a substantial challenge in advocating for coverage of diabetes recommended care by health insurers is that these companies may offer several health insurance plans, each with a different list of covered services, co-pay requirements, etc. Furthermore, to some degree, employers may pick and choose among the services covered by a specific plan in an effort to contain the cost of the benefits they offer their employees.

The ADA informed the group that Medicare has a new policy that reduces reimbursement for testing strips and requires the beneficiary to produce their blood sugar log to the pharmacist for their review. One of the expressed concerns is that this may be perceived as a barrier to obtaining strips.

ADA plans to increase their advocacy efforts to help seniors over 65 get new insulin pumps.

Diabetes education and management

Goal: Statewide and community-wide policies are developed and implemented to promote the primary, secondary, and tertiary prevention of diabetes.

Recommendation 9: Certified Diabetes Educators (CDE) will be able to bill, and be reimbursed by, insurers directly.

Recommendation 10: Pharmacists will be able to bill, and be reimbursed by, insurers for providing consultation for diabetes case management.

Progress

The AK DPCP has encouraged Alaska Medicaid to consider amending the State Medicaid Plan, which is a necessary step toward Medicaid reimbursement of diabetes self-management education services. The precedent for such action was set in 2008 when a State Plan Amendment was approved to support Medicaid billing by pharmacists for tobacco cessation. The AK DPCP has offered to provide technical assistance when Alaska Medicaid personnel are drafting this amendment.

Goal: Community-based programs are empowered to develop and use evidence-based models of diabetes prevention and health promotion, and to educate individuals with diabetes about their rights.

Recommendation 3: Alaskans with diabetes will have access to a diabetes educator in their community.

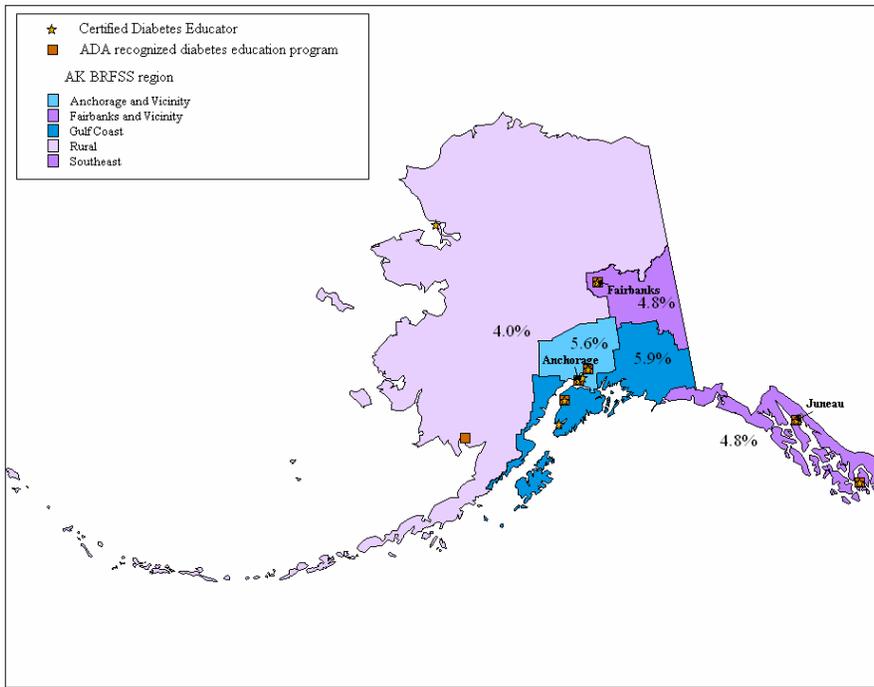
Progress

In 2007, the AK DPCP distributed copies of a diabetes education binder developed by the Utah Diabetes Prevention and Control Program to all community health centers in Alaska. This binder is a well-designed tool to support accurate diabetes education by providers who have not had extensive training. Unfortunately, training in using the binder was not possible; in its absence the binder's potential was not fully realized.

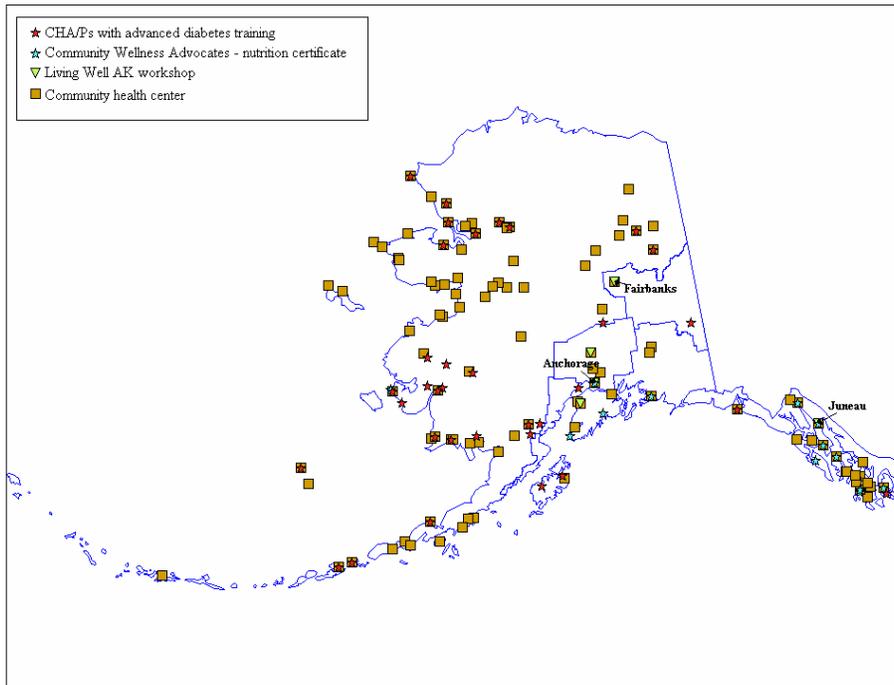
As a visual aid in understanding the need for expanded access to diabetes education, the AK DPCP created maps in 2007. One shows communities with diabetes education resources including ADA recognized diabetes education programs and CDEs. The other shows community health centers, Community Wellness Advocates and Community Health Aide/Practitioners who had completed an advanced diabetes training course.

The 2009 Diabetes Resource Guide includes listings of providers who provide diabetes-related care as well as where to obtain low-cost strips. Currently there are ten ADA recognized sites and one IHS recognized site in Alaska. This is an increase of two centers over two years ago.

Alaska map with locations of CDEs and ADA recognized diabetes education programs and 2004-2006 diabetes prevalence by AK BRFSS region



Potential community-based alternative resources of diabetes education



Living Well Alaska

Goal: Community-based programs are empowered to develop and use evidence-based models of diabetes prevention and health promotion, and to educate individuals with diabetes about their rights.

Recommendation 2: Staff and patients at community health centers in Alaska will be trained in the Chronic Disease Self-Management Program (CDSMP).

Progress

In January 2006, the AK DPCP sponsored Chronic Disease Self-Management Program (CDSMP, now known as Living Well Alaska in this state) training for staff and patients from nine community health centers. In conjunction with this event, the AK DPCP acquired the license to provide Living Well Alaska courses in both Spanish and English; this license covers everyone who leads a Living Well Alaska class and has a signed agreement with the AK DPCP.

Following the initial 2006 event, although there were 37 trained leaders from several communities to be course leaders or master trainers, the infrastructure was inadequate for promoting this program statewide. Consequently, the AK DPCP provided training for an additional 49 course leaders and two master trainers to increase access Living Well AK for areas with disproportionate need. The AK DPCP continues to work toward generating interest in this program in rural Alaska and among seniors. Once more course leaders are trained, this program will be promoted among health care providers so they can refer patients to the 6-session course.

The AK DPCP recently received a grant from the NACDD to expand Living Well Alaska. With this grant, the AK DPCP will provide training for two T-trainers (who are qualified to train master trainers) and additional master trainers (who are qualified to train course leaders) in early 2009. There are only 20 training spots available in the 2009 event; priority for participants will go to disparate communities. Subsequent course leader training for NAACP members and Older Persons Action Group participants has been recommended.

Data

Goal: In order to understand the burden of diabetes in Alaska and to predict its effect on Alaskans in the future, diabetes data are collected, analyzed, and reported.

Recommendation 5: The Alaska BRFSS will include one or more questions on pre-diabetes.

Progress

In 2006 and 2007, the AK BRFSS included a pre-diabetes prompt in the diabetes screening question. Starting in 2008, two CDC-approved pre-diabetes questions were added to the AK BRFSS.

Recommendation 6: The following databases will be reviewed annually for data related to diabetes: Alaska BRFSS, Vital Statistics, Alaska State Hospital Discharge data, United States Renal Data System, Alaska Medicaid, and Alaska Medicare.

Progress

Data from the AK BRFSS, the Bureau of Vital Statistics, hospital discharge, and Alaska Medicaid are readily available to the AK Diabetes Program. Data from the US Renal Data System are also available, although the most recent year posted may be further back than other sources. Medicare data are regularly requested but are very limited in their scope and utility.

Recommendation 7: Diabetes data reports will be prepared and disseminated via the State Diabetes web page and/or as Section of Epidemiology Bulletins.

Progress

The diabetes burden document is in draft form and should be completed December 2008. In 2005, *Epi Bulletins* were published on diabetes prevalence and mortality. Diabetes tables and data are regularly posted on our diabetes webpage.

Recommendation 8: The economic burden of diabetes in Alaska will be calculated and monitored over time.

Progress

The draft burden document includes a section on the economic costs of diabetes in Alaska. There is also a table containing estimated costs in 2005 posted on the Diabetes Program website (http://www.hss.state.ak.us/dph/chronic/diabetes/data/db_costs_2002.pdf).

Data, cont.

Recommendation 9: Alaska's progress towards Healthy Alaskans 2010 diabetes objectives will be monitored and assessed.

Progress

Information was distributed to the AK Diabetes Advisory Group in 2007; a CDPHP *Chronicle* will be produced in 2009.

The AK DPCP also wrote an article for the statewide nurse practitioner newsletter regarding the 2008 BRFSS results and the Alaska 2008 Diabetes Managements Recommendations.

Promoting evidence-based programs

Goal: In order to understand the burden of diabetes in Alaska and to predict its effect on Alaskans in the future, diabetes data are collected, analyzed, and reported.

Recommendation 2: An information system will be established to facilitate program assessment, implementation and evaluation in Alaska communities.

Recommendation 3: Descriptions of the activities, goals and outcomes of each community-based program that receives state funds from the Chronic Disease & Health Promotion programs will be available for dissemination statewide.

Recommendation 4: A clearinghouse for statewide diabetes data, regulations, and clinical practice guidelines will be developed and maintained.

Goal: Community-based programs are empowered to develop and use evidence-based models of diabetes prevention and health promotion, and to educate individuals with diabetes about their rights.

Recommendation 1: All community-based programs receiving state funds from the Chronic Disease & Health Promotion programs will pilot or implement evidence-based models of intervention with outcome-based evaluation.

Progress - Resources

A diabetes data source fact sheet was posted in late 2007 (http://www.hss.state.ak.us/dph/chronic/diabetes/data/Data_Sources.pdf). It describes the various diabetes data sources, will be produced and disseminated to its partners in the Alaska diabetes system

A diabetes listserv was established in 2006 to provide information on diabetes information, activities, grants and data to community-based program coordinators and planners. (To enroll, go to: <http://list.state.ak.us/guest/RemoteListSummary/AKDiabetes.>)

A web page was posted in the fall of 2007 within the Alaska Health Library Project (<http://www.ahelp.org>). It includes step-by-step guidance on conducting program evaluation and a database for posting information on program assessment, implementation and evaluation efforts in Alaska.

Progress - Technical Assistance

The AK DPCP provided technical assistance was provided to the ADA, the Fairbanks Diabetes Education Program, the YMCA and local community center ANHC during 2006-2007. Technical assistance was provided to the Fairbanks Diabetes Education Program, the Mat-Su Regional Diabetes Education Program, the Bartlett Hospital Diabetes Education Program and the South Peninsula Hospital in 2007-2008.

Progress - Training

In late 2007, a data user's self-study guide containing web-based training opportunities was posted (<http://www.hss.state.ak.us/dph/chronic/diabetes/data/dataUseGuide.pdf>).

Staff with the Health Promotion Program in the Section of Chronic Disease Prevention and Health Promotion has been facilitating broad-based community development and assessment as part of her collaboration with the Section of Public Health Nursing. Since 2006, the Health Promotion Program has conducted Motivating Action through Planning and Partnership (MAPP) training to over 200 public health professionals. She currently provides follow-up support and mentorship to people in Wrangell, Ketchikan, Central Kenai Peninsula, Homer, Fairbanks, Mat-Su, Dillingham and Bethel.

Research

Goal: In order to understand the burden of diabetes in Alaska and to predict its effect on Alaskans in the future, diabetes data are collected, analyzed, and reported.

Recommendation 1: The State of Alaska will increase funding to diabetes-related research in the state.

Progress

The AK DPCP has not moved forward on this recommendation.

The Program Manager of the AKDPCP is the Deputy Chair and Acting Chair of the Alaska Indian Health Service Area Institutional Review Board. In this capacity, she monitors and keeps informed of all research impacting Alaska Natives in Alaska. The

University of Alaska is conducting research on diabetes in the Yukon Kuskokwim region with Yup'ik Eskimos.

Civil rights

Goal: Statewide and community-wide policies are developed and implemented to promote the primary, secondary, and tertiary prevention of diabetes.

Recommendation 6: Promote equal access to healthcare for special populations with diabetes.

Goal: Community-based programs are empowered to develop and use evidence-based models of diabetes prevention and health promotion, and to educate individuals with diabetes about their rights.

Recommendation 4: Alaskans with diabetes will be educated on their rights in school and workplace settings.

Progress

The AKDPCP has distributed information about *Helping the Student with Diabetes Succeed* at various events sponsored by the CDPHP School Health program. As the school wellness policies are expanded, there may be an opportunity to include components that address children with special health care needs.

Supporting Healthy Practices at Work (developed by the Section of CDPHP) discusses the need to incorporate protection for workers with diabetes and other chronic diseases.

The ADA provides SAFE school presentations statewide. Janelle Wright does school training for the ADA. It is called the SAFE program; it is for parents and school personnel and addresses the needs of children with diabetes at school.

The Anchorage School District (ASD) and the ADA recently co-sponsored a HANDS training for school nurses to give them information about managing children with diabetes in the school.

ADA curriculum on lifestyle choices for school-aged children is a permanent part of the ASD health information curriculum.