

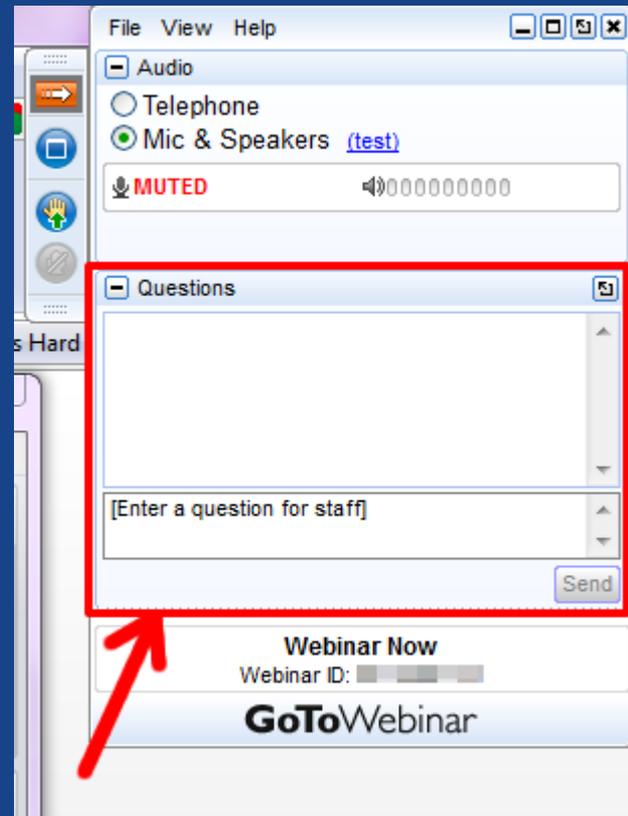
CHRONIC DISEASE PREVENTION & HEALTH PROMOTION

WEBINAR SERIES

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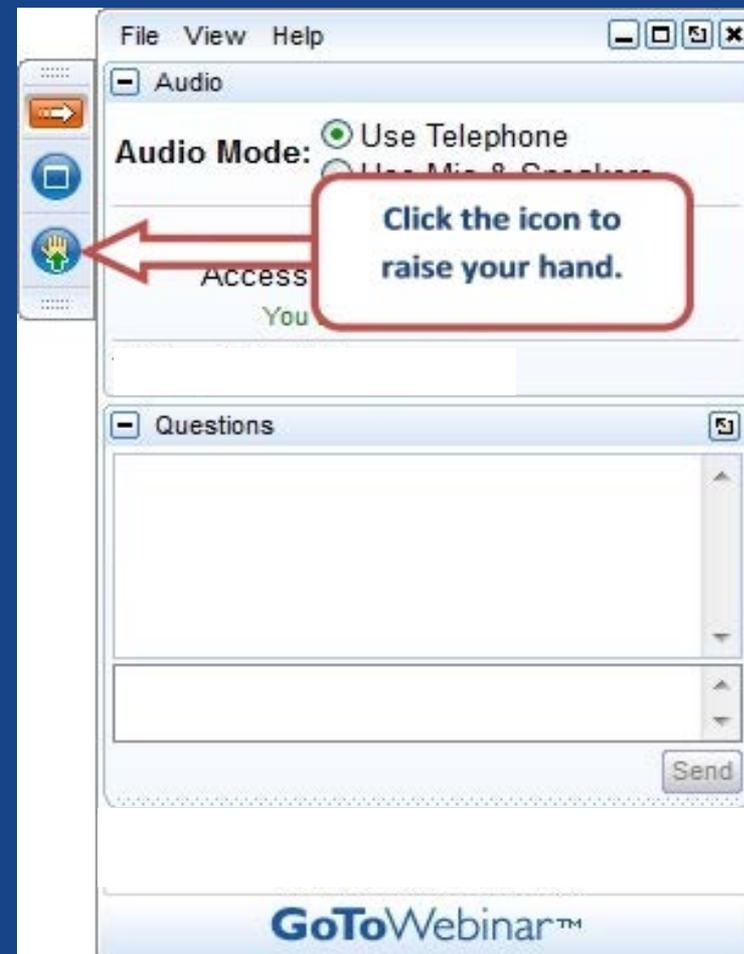
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Alaska's "1305" CDC Grant

*State Public Health Actions to Prevent and Control
Diabetes, Heart Disease, Obesity and Associated Risk
Factors and Promote School Health*

Year 4 Evaluation Report Summary

Andrea Fenaughty, Ph.D.

March 2018

Overview

- Grant background
- Evaluation approach
- Evaluation Results
- Summary & Next Steps



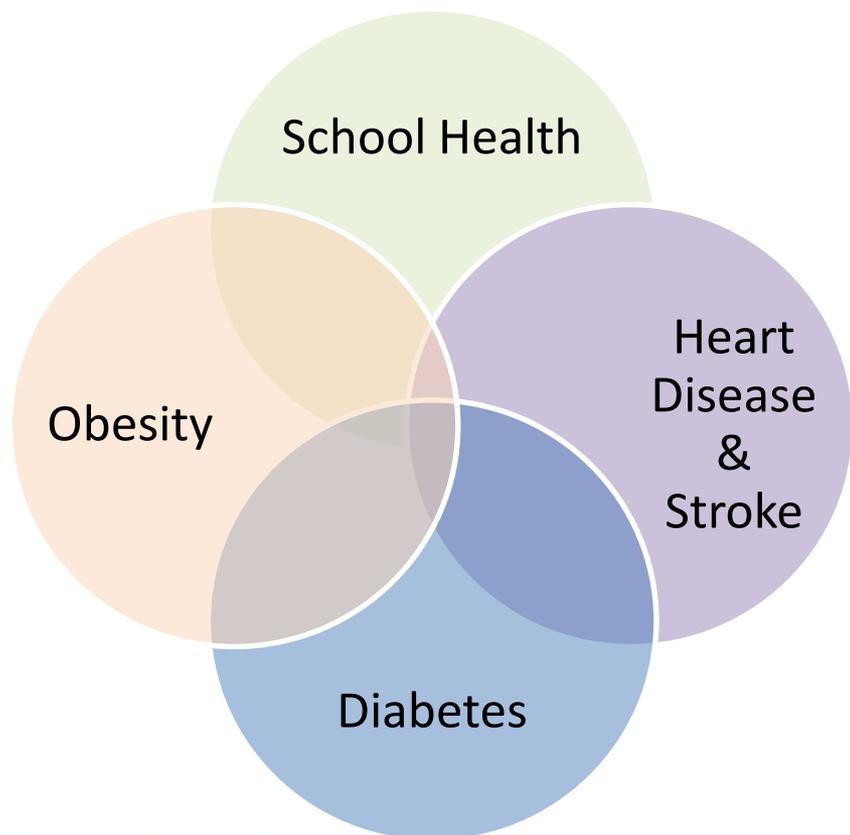
1305 Background

- Cross-cutting approaches to promote health and prevent and control chronic diseases and their risk factors.
- 5-year CDC grant to all states
- Supplemented with a 4-year grant



1305 Background

4 Program Areas



4 CDC Domains

- | | |
|---|---------------------------------------|
| 1. Surveillance & Epidemiology | 2. Environmental Approaches |
| 3. Healthcare System Interventions | 4. Community-Clinical Linkages |

School Health and Obesity Strategies



ECE Setting

- Physical Activity
- Nutrition

K-12 Setting

School Health Strategies → **Obesity Prevention**

A colorful illustration of a schoolhouse with a red roof, a blue door, and a bell tower. The word "SCHOOL" is written on the front.

- Physical Activity/PE
- Nutrition

"Obesity Prevention" Strategies



Worksite Setting

- Physical activity
- Nutrition

School Health Strategies

In **K-12 school** settings:

1. Promote the adoption of food service guidelines/nutrition standards and create supportive nutrition environments
2. Promote the adoption of physical education and physical activity



Obesity Prevention Strategies

In **early care and education** (ECEs or daycare) and **worksite** settings:

1. Promote the adoption and implement of food service guidelines/nutrition standards
2. Promote the adoption of physical activity



Health Systems Interventions Strategies

1. Promote reporting of blood pressure and A1C measures
2. Increase implementation of quality improvement processes (around hypertension and diabetes) in health systems
3. Increase engagement of pharmacists in hypertension and diabetes management in health care systems
 - In coordination with primary care provider



Community Programs Linked to Clinical Services Strategies

1. Promote awareness of high blood pressure and prediabetes
2. Promote and increase the use of diabetes self-management programs in community settings - ***Diabetes Self-Management Education***
3. Increase the use of lifestyle intervention programs in community settings for the primary prevention of type 2 diabetes. - ***Diabetes Prevention Program***



Evaluation Background

- Report completed annually based on evaluation plan.
 - Plan and full report available by request
- Process and outcome evaluations by domain or program
 - Focused on specific evaluation questions, not entire set of strategies

Data sources

- performance measures
- key informant interviews
- annual 1305 Partner survey
- domain-specific additional surveys, logs, etc.

Outcome Evaluation

Obesity Outcome Evaluation

Implement food service guidelines in Early Care and Education settings (ECEs)

- a) Partner with Thread and RurAL CAP to provide intensive Quality Initiative (QI) programs to assist target ECE sites to implement at least one new *Let's Move! Child Care* qualified nutrition best practice.
- b) Facilitate the Alaska Alliance for Healthy Kids – ECE Workgroup (AAHK-ECE).
 - Examined nutrition/food service standards in Alaska's child care licensing regulations

Key Activities, Outputs, & Outcomes

- 17 ECEs completed the Thread Quality Initiative (QI) program
- 22 Head Starts completed the RurAL CAP QI program
- Cumulative total of 51 ECEs (with 1,370 children) have developed/adopted nutrition standards
- AAHK-ECE proposed a set of obesity-related licensing changes, which are now moving through the approval process



Facilitators of Success

- Evidence-based guidance around areas such as ECE nutritional goals
- Thread's local, professional trainers and RurAL CAP's Health Trainers for the QI Program
- New Child Care Development Block Grant training requirements:
 - Child Care Program Office (CCPO; State agency that licenses ECEs) included nutrition & physical activity as a mandatory training
 - The AAHK-ECE proposed obesity-related licensing changes are moving through the approval process sooner than expected

Barriers to Success

✓ How addressed

- Intensive technical assistance to ECEs is expensive, and is limited to licensed ECEs
 - ✓ Partnered with RuralCap to expand QI to include Head Starts
 - ✓ Looking into online options
- Changing licensing regulations is slow and not all under our control
 - ✓ Provided CCPO with a justification document

School Health Outcome Evaluation

Implement policies and practices that create a supportive nutrition environment

- a) Provide professional development to school partners via the School Health & Wellness Institute re: creating healthy school nutrition environments
- b) Provide resources and ongoing TA to targeted school districts on emerging school nutrition topics including compliance with new USDA wellness policy requirements

Key Activities, Outputs, & Outcomes

- Promoted updated Gold Standard Wellness Policy
- Communicated wellness policy successes
- Provided 18 nutrition-focused presentations to 316 school district staff
- Provided intensive TA to 3 targeted school districts
 - 2 updated, improved their local wellness policy

Facilitators of Success

- \$\$ for targeted school districts allowed focus on local wellness policies (LWPs)
- USDA Final Ruling:
 - a) awareness to the issue of LWPs;
 - b) compliance deadline → sense of urgency; and
 - c) re-engage key partners.
- SB200/Physical Activity in Schools Law motivated schools to focus on LWPs
- Established reputation of the SHWI as a TA venue

Barriers to Success (✓ and how addressed)

- Limited funding and staff capacity limits reach of intensive TA to only 3 of 54 school districts
 - ✓ Share successes broadly
- Turnover within school district leadership
- Limited Department of Education & Early Development staff with health and wellness focus

The screenshot shows the header for the 'PLAY EVERY DAY' blog. The header is a red banner with a white silhouette of a person jumping and the text 'PLAY EVERY DAY' in white. Below the banner is a navigation menu with five colored buttons: 'Learn More About Play Every Day' (green), 'Get Out and Play Physical Activity' (blue), 'Take the Challenge Healthy Futures' (purple), 'Get the Facts About Sugary Drinks' (dark blue), and 'See What Play Every Day' (orange). Below the navigation menu is a 'Posts' section. The first post is dated 'November 27' and is titled 'North Slope Borough School District goes soda-free in elementary and middle schools'. The post text reads: 'Added sugars are getting more and more attention as a public health concern. Kids eat them in sweetened cereal at breakfast. They're in granola bars and other snacks. Sugar can be added to the ketchup on burgers; the sauce on spaghetti; and the cookies, cakes or ice cream at dessert. But do you know how children get...'. To the right of the text is a yellow graphic with a bottle of soda and the text: 'EVEN ONE IS TOO MUCH. JUST ONE SODA HAS MORE SUGAR THAN KIDS SHOULD HAVE IN ONE DAY.'

Health Systems Interventions (HDSP & Diabetes) Outcome Evaluation

Increase use of health care extenders in the community in support of self-management of high blood pressure

Support training for pharmacists in:

- a) Medication Therapy Management (MTM) for hypertension and diabetes patients
- b) lifestyle interventions to reduce their risks for health complications
- c) analyzing and interpreting self-monitoring of blood pressure and blood glucose results
- d) assessing the overall health status of patients to identify needed monitoring and interventions.

Key Activities, Outputs, & Outcomes

- Provided 5 trainings to 268 pharmacists and pharmacy techs
- Increased attendee knowledge of training topics:
 - new diabetes therapies
 - Pharmacy-based cardiovascular disease risk management
 - Pumping insulin
 - Heart failure
 - Improving outcomes with persons with diabetes
- Supported workforce development for pharmacists in the area of Medication Therapy Management and lifestyle changes for people with hypertension and diabetes

Facilitators of Success

- Partnership with Alaska Pharmacists Association (AKPhA)
 - Contact lists
 - Mechanism to send out surveys
 - Recruited national speakers
 - Provided logistical support for the trainings
 - Link to UAA/ISU School of Pharmacy for student focused hypertension and diabetes training



Barriers to Success (✓ and how addressed)

- Reach was limited to AKPhA pharmacists
 - ✓ Attempted to expand beyond AKPhA this year
- Pharmacists lack capacity to perform MTM
- Lack of ability to bill for MTM



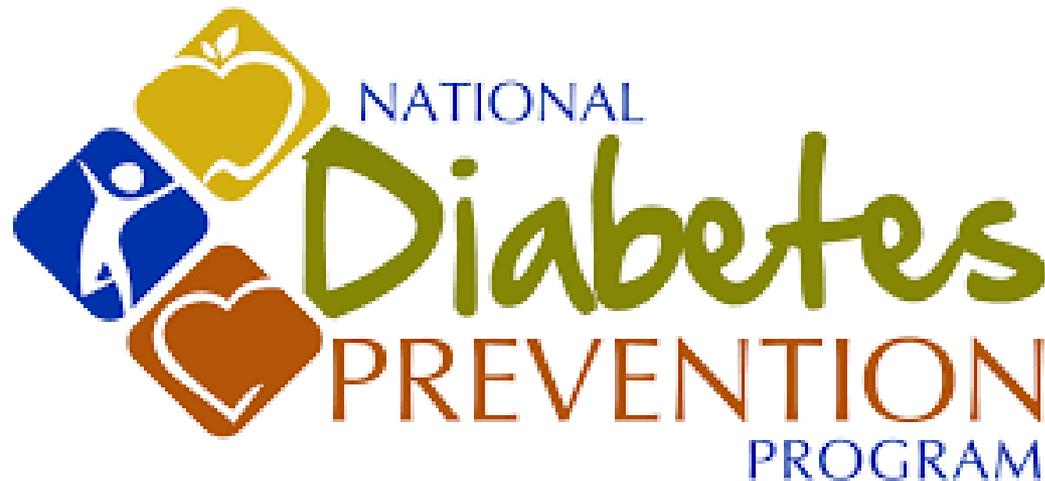
Community-Clinical Linkages (Diabetes) Outcome Evaluation

Increase use of lifestyle intervention programs in community settings

- Increase awareness of the Diabetes Prevention Program (DPP) to increase participation:
 1. Create and broadcast radio and Facebook ads directing people to the prediabetes risk test
 2. Provide resources on the state website
 3. Publish articles describing successes related to DPP and prediabetes
- Provided online DPP called Turnaround Health for free

Key Activities, Outputs, & Outcomes

- 6 (+1 online) organizations in AK that offer a DPP
- 254 DPP participants enrolled through June 2017



Facilitators of Success

- Collaboration with Nutrition Quest to offer *Turnaround Health* for free
- Promotion of the online DPP via websites, providers, etc.
- Working with the public information team and the Alaska Broadcasters Association to conduct a bi-annual public education campaign to increase prediabetes screening
- Partnering with the Senior Voice (large distribution publication targeting seniors statewide) to promote DPP

Barriers to Success

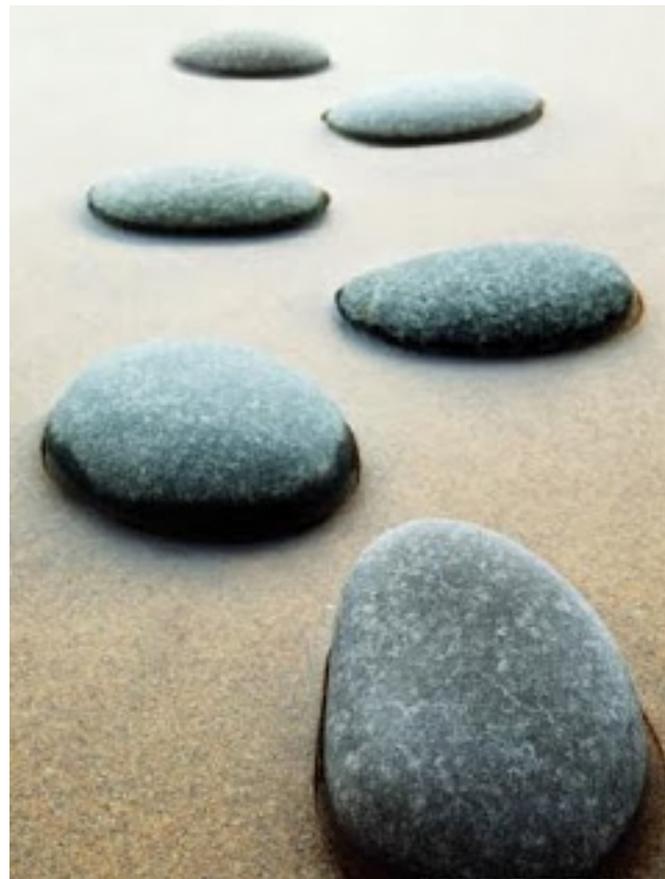
- Current lack of insurance coverage for DPP
 - ✓ Developing a partnership with the Medicaid (6 | 18 initiative) with the goal of moving toward coverage of DPP in the future
 - ✓ Medicare coverage starting in April 2018
- The small size of most Alaska communities cannot support the traditional in-person DPP model
- Limited funding to test alternative delivery models for DPP (as some other states are doing)
 - ✓ Exploring some additional funding through the 1705 grant opportunity that would support testing of a telephonic DPP

Summary

- Outcomes
 - Policies adopted, improved
 - Local capacity built
- Facilitators
 - Partnership, partnership, partnership!
 - Evidence-based guidance, policy or regulations
- Challenges
 - Cost to provide intensive technical assistance
 - Limited scope re: healthcare system

Next Steps

- Dissemination
- Next for 1305



1305 Contacts – Questions?

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