State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health (1305)

July 18, 2017

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Health Systems Team Manager
Center for Chronic Disease Prevention and Control
Overview

• 1305 Team
• Approach to Chronic Disease Prevention
• Partnerships, Collaboration and Synergy
• Lessons Learned
1305 Team Structure

- Center is organized into three teams:
  - Community-Clinical Linkages
  - Health Systems
  - Evaluation, Epidemiology, and Data
- 90% of 1305-funded staff positions require work across two or more categorical programs

1305-Funded Positions

- Health Systems Team Manager (Kathleen Graham)
- Evaluation, Epidemiology, and Data Team Manager (Erica Smith)
- Health Systems Coordinator (vacant)
- Epidemiologist (Carly Stokum)
- School Health Coordinator (Caroline Green)
- Diabetes Coordinator (Sue Vaeth)
- Health Policy Analyst (Berit Dockter)
- Fiscal Officer (Robert Bauer)
- Partnership Coordinator (Christine Boyd)
Systems Thinking

Focus on intervention/leverage points to impact population health
Partnerships, Collaboration and Synergy

- Align needs, resources, and the systems
- Focus on population-wide change
- Addresses multiple chronic diseases and risk factors
- Allows integrated approaches that bundle strategies and interventions
- Increases ability to reach to high-risk subgroups
- Engages public-private partnerships

Internal Local Health Departments, academia, community based and associations
Local Health Departments

**Successes:**
- Provide access to:
  - Primary health care providers and health care systems
  - Community-based organizations
  - Business community
  - Community members
  - Schools and childcare providers
- Facilitate procurement
- Established infrastructure
- Local Health Improvement Coalition

**Challenges:**
- Internal LHD capacity varies
  - Limited staffing
  - Limited resources
- County diversity
- Home-rule in some counties
State Government Partners

**Successes:**
- Provide access to schools and parks
- Provide expertise with intervention delivery/policy implementation
- Expands reach and collaboration with new and on-going initiatives

**Challenges:**
- Act as gatekeeper to partners
- Programmatic silos
- Competing priorities
- Capacity limitations
Universities

**Successes:**
- UMB SOM - Maryland Wellness Policies and Practices Project (MWPPP)
- UMB SOM (Center for School Mental Health) - School Health Interdisciplinary Program Conference

**Challenges:**
- Differences in goals (research compared to policies/implementation)
Community Based Organizations

Successes:
- Expertise with intervention delivery/ policy implementation and training
- Unique access to providers or patients
- Credibility

Challenges:
- Procurement monetary limits
- Quality Improvement
- Capacity
- Alignment
- Priorities
- Limited resources
CDC’s Chronic Disease Prevention System

WHAT WE DO
- Provide leadership and technical assistance
- Monitor chronic diseases, conditions, and risk factors
- Conduct and translate research and evaluation to enhance prevention
- Engage in health communication
- Develop sound public health policies
- Implement prevention strategies

WHO WE WORK WITH
- State, tribal, territorial, and local governments
- National, state, and local nongovernmental organizations

WHERE WE DO IT
- Communities
- Workplaces
- Schools and academic institutions
- Health care settings
- Child care settings
- Faith organizations
- Homes

HOW WE DO IT \( \rightarrow \) THE FOUR DOMAINS

EPIDEMIOLOGY AND SURVEILLANCE
Provide data and conduct research to guide, prioritize, deliver, and monitor programs and population health

ENVIRONMENTAL APPROACHES
Make healthy behaviors easier and more convenient for more people

HEALTH CARE SYSTEM INTERVENTIONS
Improve delivery and use of quality clinical services to prevent disease, detect diseases early, and manage risk factors

COMMUNITY-CLINICAL LINKS
Ensure that people with or at high risk of chronic diseases have access to quality community resources to best manage their conditions

WHY WE DO IT
- Healthier environments
- Healthier behaviors
- Greater health equity
- Increased productivity
- Lower health care costs
- Increased life expectancy
- Improved quality of life

WHAT WE ACHIEVE
- Less tobacco use
- Less obesity
- Less heart disease and stroke
- Less cancer
- Less diabetes
- Less arthritis
- More physical activity
- Better nutrition
- Better oral health
- Healthier mothers and babies
- Healthier kids
<table>
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<tr>
<th>Domain</th>
<th>Strategies and Interventions</th>
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<td>Epidemiology and Surveillance</td>
<td>Monitor behaviors and environments</td>
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<tr>
<td></td>
<td>• Maryland Behavioral Risk Factor Surveillance System (BRFSS)</td>
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<td>• 1305 surveillance data</td>
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<tr>
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<td>• diabetes module</td>
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<td>• prediabetes module</td>
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<tr>
<td>Domain</td>
<td>Strategies and Interventions</td>
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| Environmental Approaches Domain 2 (DNPAO) | - Reduce sodium in food supply, including prepared foods served in schools, work sites, hospitals  
- Increase access to affordable fruits and vegetables and opportunities for safe physical activity |
| | - Worksite Wellness  
  - Healthiest Maryland Businesses  
- Access to Healthy Foods  
  - Farmers Markets  
- Walkable Communities  
  - Community Walking Promotion  
- Early Child Care Interventions  
  - Baby-Friendly Hospital Initiative  
  - Maryland Hospital Breastfeeding Policy Committee  
  - Maryland Family Network |
<table>
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<td>• Increase access to affordable fruits and vegetables and opportunities for safe physical activity</td>
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<td>• School Interventions</td>
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<td>• Maryland Wellness Policies and Practices Project (MWPPP)</td>
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<td>• School Wellness Projects (5 LHD)</td>
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<td>• Youth Obesity Interventions (SHWP)</td>
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<td>• Comprehensive School Physical Activity Program CSPAP</td>
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<td><strong>Strategies and Interventions</strong></td>
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| Health System Interventions | • Increase blood pressure control and diabetes management  
• Strengthen reporting of outcomes  
• Provide feedback and tools to physicians on performance  
• Implement team-based approaches (physicians, pharmacists, nurses, allied health professionals) |
| | • Controlling hypertension and diabetes through Quality Improvements in Health Systems funding  
• Identifying undiagnosed hypertension in health systems and oral health practices  
• Data warehouse and practice transformation with the Mid-Atlantic Association of Community Health Centers (MACHC)  
• Medicaid MCO Projects  
• Pharmacy MTM |
## Domain: Community Programs Linked to Clinical Services

<table>
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<td>• Provide self-management education and tools in structured lifestyle programs</td>
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<td>– National Diabetes Prevention Program</td>
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<td>– Chronic Disease Self-Management Program</td>
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<tr>
<td>• Link programs to supportive community environments</td>
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<tr>
<td>• BeHealthyMaryland</td>
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<td>• COAW</td>
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<td>• MAC Living Well in Maryland</td>
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<td>• QI grants support referrals from health care providers to DSME, CDSMP and DPP</td>
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<td>• Capacity building through technical assistance</td>
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Lessons Learned – Financial Management

• 1305’s requirement to report and budget on categorical funds separately is time consuming
  • 1305 has 10 different categories/internal accounts

• LHD experience confusion over allowable expenses
  • HMBs
# Lessons Learned – Financial Management

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Lessons Learned

• Maryland’s changing health care environment impacts sustainability
  • Health systems continue to consolidate ownership of local hospitals other health care providers throughout Maryland
  • Maryland’s CMS Waiver impacting primary care providers
  • National chain pharmacies displacing independent pharmacies
  • Community based service providers transforming to become small businesses for reimbursement

• Changes in state and federal education policies impacts sustainability
  • Less support for policy requirements
  • Competing priorities
Adapting to Different Landscapes

- CCDPC adapting to changes in health care and education landscapes
  - Technical assistance
    - Tailoring to LHD needs
    - Assisting community providers operate as a business
    - Health Care Innovators to address primary care provider sustainability
  - Filling gaps
    - QI expansion to 4 counties
  - Capacity building DSME
    - Building a network
    - Continuing education and skill building
Opportunities from 1305

• Opened door for working in health systems at the local and state level
• Expanded previous school and early childcare work
• Well positioned for other grant programs (1422, 1603, 1609, Alzheimer’s)
• Creative programming leading to sustainable internal partnerships (Medicaid, Maternal Child Health)
• Hand off to Erica
Questions?