State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke (1422)

Program Overview

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Summary

Maryland’s 1422 communities are serving as a laboratory to identify, pilot and refine interventions that effectively prevent chronic disease.

State-level partners are working to translate ideas into practice and establish guidance for bringing interventions to scale.
Outline

- 1422 framework
- Center structure and staff
- Maryland landscape and state context
- About Maryland’s 1422 communities
- Lessons learned
- Questions/Discussion

1422 framework

- Focus: To prevent obesity, diabetes, heart disease, and stroke and reduce health disparities through community and health system interventions.
- $3.5 million annually in Maryland
- Half of funds go to local communities
1422 framework

Community strategies:

• Build support for lifestyle change, particularly for those at high risk

• Link health system interventions and community programs to clinical services strategies to improve the quality of health care delivery and preventive services to populations with the highest hypertension and prediabetes disparities.

1422 linkages

Community Partners

Clinical Partners

Public Health Sector

Pharmacies
Local non-profits
Employers
Schools
Faith-based organizations

Hospitals
FQHCs
Practices

State health department
Local health departments
CENTER STRUCTURE

Mission: Improving Maryland’s Health by Preventing and Controlling Chronic Disease.

Evaluation and Data

Environmental Approaches

Health Systems

Community-Clinical Linkages

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 non-governmental organizations

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

HOW WE DO IT ➔ 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
CENTRAL PROGRAMS

- BRFSS
- Medication adherence
- Improving data availability and access

- Quality Improvement--LHDs
- MACHC data warehouse

- Evaluation and Data
- Environmental Approaches

- Healthiest Maryland Businesses
- School Health
- Early Childcare
- Breastfeeding

- BeHealthyMaryland.org
- CDSMP-Living Well
- Diabetes Prevention
- Community Health Workers
- Alzheimer’s and Cognitive Health
- Pharmacy
- Oral health
- Disability Inclusion

1422 Team

Program Manager - Eileen Sparling, Ed.M.

- Component 1 Coordinator – Recruiting
- Component 1 Nutritionist – Debi Celnik, RD, MS, LDN
- Component 2 Coordinator – Colin Simms
- Community Programs Coordinator – Meghan Ames, MSPH, RD, CWP
- Diabetes Prevention Coordinator – Katherine Roulston, MPH
- Program Evaluator – Elizabeth Funsch, MPH, MA
1422 Communities

- Allegany County/Garrett County
- Washington County
- Caroline County/Dorchester County
- Somerset County/Wicomico County/Worcester County
- Baltimore City
Lessons learned - Challenges

• Competition among health care providers can impede collaboration.

• Transformation in health care payment models is a work in progress.

• Uncertainty of insurance exchange inhibits innovation.

Lessons learned - Challenges

• Adoption of EHRs is also a work in progress:
  • Slow implementation across systems;
  • Platforms across systems not universal.
Lessons learned - Challenges

Sustained community interest in health promotion and chronic disease prevention can be eroded by more “urgent” public health issues.

Lessons learned - Facilitators

- Leverage existing partnerships and collaborations
- Non-health community supports can be instrumental in changing the health environment:
  - Transportation
  - Child Care
  - Work schedules
Lessons learned - Facilitators

• Opportunities are poised for tipping.
  • Prediabetes is actionable.
  • Coverage for DPP is imminent.

Positioning Maryland for the next evolution...

• Identifying effective practices at the local level that can be scaled up and replicated.
• Examining the state role in creating system level interventions.
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