

Diabetes

Alaska

The Alaska Diabetes Prevention and Control Program (DPCP) partners with the Arthritis Program to expand access to chronic disease self-management education through Living Well Alaska.

As a result of the aging Alaskan population, increases in the prevalence, risk factors and comorbidities of chronic disease are rising at an alarming rate.

Alaska Behavioral Risk Factor Surveillance data show a 10% increase in the number of people diagnosed with diabetes from 2002 to 2006. If this trend continues, the number of Alaskans diagnosed with diabetes (currently 24,500) will increase significantly. The geography and climate of Alaska restrict access to care and increase the cost of health care. About one-fourth of all Alaskans and nearly half (46%) of Alaska Natives live in communities of less than 1,000 people. Seventy-five percent of Alaskan communities are not connected by road to a community that has a hospital. Air travel in the state is very expensive, and many rural residents have low income. Severe weather further limits air travel, causing delays in obtaining care. As a result, many Alaskans with diabetes have limited access to self-management education and support.

Funding to address this problem was provided to the Alaska DPCP by DDT to support dissemination of a proven chronic disease self-management program. Additional arthritis funding was provided to expand the reach of the initiative, and the Living Well Alaska program was created. Staff collaborated with Stanford University to train 37 master trainers in 2006. Twenty of these trainers facilitated participant workshops in Anchorage, Juneau, Soldotna, and Talkeetna, reaching 114 participants. The AK DPCP coordinated the initial master trainer workshop and continues to evaluate the effectiveness of workshops conducted with participants.

Since 2006, the program has been conducted in nine different community health centers and two senior citizen centers across the state with promising results. An additional master trainer program will be conducted in 2008–2009, which is expected to generate 50 new course leaders. Through participation in these trainings, health care providers and patients alike are increasing their competencies related to self-management of chronic diseases.

As Living Well Alaska reaches out to various sectors and regions of the state, the program has the potential for large-scale impact, increasing access to self-management education for people with diabetes and other chronic diseases.

Alaska

Alaska uses PRAMS data to support legislative effort Offering Insurance Coverage of Well-Baby Exams

The Pregnancy Risk Assessment Monitoring System (PRAMS) is a surveillance project of the Centers for Disease Control and Prevention (CDC) and state health departments. PRAMS collects state-specific, population-based data on approximately 75 percent of all births focusing on maternal attitudes and experience before, during and shortly after pregnancy. PRAMS provides data for state health officials to use for improving the health of mothers and infants. CDC and the states use the data to monitor changes in maternal and child health indicators.

Public Health Problem

- Well-baby exams are an early preventative health measure that can ward off extensive costs in future health care.
- Well-baby exams are a preventative, rather than a curative, gauge of early childhood health status.
- Many insurance programs in Alaska do not cover these exams.

Program example in state

- PRAMS surveillance data contributes to States public health through its ability to provide better understanding of behaviors that may contribute to adverse pregnancy outcomes.
- PRAMS surveillance data is used, in part, to support setting priorities for reproductive health programs, services and resources; developing and modifying policies; advocating for new programs in maternal and child health; and identifying new resources for public health programs and services.
- Data reported by PRAMS provides policy makers and program planners the information needed to support initiatives to improve the health of mothers and infants.
- An examination of Alaska's PRAMS surveillance data covering 2004 – 2006 reflected that women who stated that they were unable to afford well-baby exams went from 5.1 to 23.4 percent.

Implications

- Based, in part, on PRAMS data, Alaska State Senate Bill 170 requiring health care insurers in the state to provide coverage of well-baby exams as part of their policy was introduced by Senator Lesil McGuire in May 2007 at the end of the legislative session.
- In February 2008, the President of the Alaska Chapter of the American Academy of Pediatrics (AAP) testified at a hearing of the Senate Health, Education, and Social Services (HESS) Committee using Alaska PRAMS data.
- Maternal Child Health Epidemiology Unit staff had provided her (and the bill's sponsoring senator) with the most recent three years of Alaska PRAMS data on the prevalence of well baby checkups, having gone as many times for checkups as desired, and barriers to not being able to go as many times as desired. The percent of women who said they could not afford well-baby visits went from 5.1 to 23.4 during the 2004-2006 timeframe. Part of the reason for this shift was that fewer children were covered by Denali Kid Care – part of the Medicaid expansion program for children in Alaska that does cover well-baby exams.
- The Chief of the Section that houses PRAMS also testified in support of the bill focusing on the cost effectiveness of preventative care for children.

Alaska (continued)

Successful Impact

- Alaska State Senate Bill 170 successfully passed both the House and Senate in April 2008 and was signed into law in June 2008, effective September 2008.
- In consideration of well baby exam coverage, the State of Alaska Division of Retirement and Benefits remained consistent with its past record of adopting all state mandated coverage as a part of its standard health care plan for state employees and voluntarily improved well baby coverage for its 5,500 Select Benefits employees during legislative deliberations.
- Coverage under the State employee's health plan increased the existing benefit to 100%, no deductible or coinsurance assessed, to include all recommended services listed in the American Academy of Pediatrics guidelines for children through 24 months of age, thereby removing financial barriers for working parents to this necessary care.
- The provision of the plan was written so that as the AAP guidelines are revised, the plan changes to include those services (i.e. new immunizations or tests) without additional provisions being implemented.

Alaska

Public Health Problem

Rates of tobacco use, both cigarettes and smokeless products, have historically been higher in Alaska than in the rest of the nation, and these rates are especially pronounced among the Alaska Native population, which has a significantly higher rate of tobacco use than whites and other racial or ethnic groups in the state. Tobacco use costs the state more than \$148 million in lost productivity and more than \$132 million in health care costs annually.

Program Example

To address this health problem, the Alaska Department of Health and Social Services has implemented a comprehensive tobacco control program based upon CDC's *Best Practices for Comprehensive Tobacco Control Programs—2007* guidance document. Program components include counter-marketing, community based programs, youth and school programs, eliminating exposure to secondhand smoke, eliminating health disparities, cessation, and evaluation. The program includes a free quit line for all Alaskans (1-888-842-QUIT) that includes individualized quit plans, personal quit coaches, and nicotine replacement therapy. Thousands of Alaskans have called the quitline since it was established in 2002, and a 2007 study documented a 40-percent quit rate. The program components have been implemented in partnership with the Alaska Tobacco Alliance, local tobacco prevention and control coalitions, nonprofit and Alaska Native partners and schools, with support from legislators and local governments who have supported tobacco use prevention efforts.

Alaska has seen progress as a result of its efforts. The most recent data from the Alaska Behavioral Risk Factor Surveillance System (BRFSS), released in 2008, showed a significant reduction in tobacco use. The percentage of adult smokers in Alaska has declined by one-fifth since 1996 to 21.5 percent in 2007, a statistically significant decrease. This represents more than 27,000 fewer smokers and is expected to result in almost 8,000 fewer tobacco-related deaths and \$300 million in averted medical costs. The data indicate that smoking is declining among adults in most age groups and regions of the state. While smoking rates are still high among Alaska Native adults, they have dropped significantly among Alaska Native youth.

OSH played a role in the state's success by providing technical assistance and guidance that enabled the state to frame a message linking this decrease in prevalence to effective and well-funded comprehensive programs. OSH also provided extensive assistance to the Alaska program focused on the updated edition of *Best Practices*. As a result, not only did prevalence decrease, but the program and its partners were able to effectively educate policymakers on the health consequences of tobacco use and the need for additional funding. During the last legislative session, the state legislature approved an additional \$1 million for the program.

Implications and Impact

The statistically significant decrease in smoking rates demonstrates the effectiveness of Alaska's comprehensive program. Reducing tobacco use among the Alaska Native population has long been a serious public health challenge, and any progress toward reducing prevalence rates in this population is a clear and measurable accomplishment. The recent increase in the Alaska program's funding demonstrates the support in state government for tobacco control programs that are proven to be effective.