“Are You Ready to “Sail” your SHIP?!

February 25, 2016

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Acknowledgement and Disclaimer

- This webinar was supported by funds made available from the Centers for Disease Control and Prevention, Office for State, Tribal, Local and Territorial Support.
- The content of this webinar are those of the authors and do not necessarily represent the official position of or endorsement by the Centers for Disease Control and Prevention.
- ASTHO does not guarantee that states who follow the guidance in this document will meet PHAB requirements, only the PHAB site visitors can make that determination.
Webinar Objectives

1. Explain the purpose of including objectives, strategies, and measures in a SHIP
2. Identify structures for developing SHIP objectives, strategies and measures
3. Develop an action plan for preparing and implementing a SHIP
USE OF THE CHAT FUNCTION AT THE BOTTOM LEFT OF YOUR SCREEN
AUDIO QUESTIONS

If you would like to speak to our presenters directly, we have ample time at the end of the presentations for you to do so. Please hit *1 on your telephone and the operator will put you in the queue to ask your question.

Our presenters are excited to speak with their peers directly so we encourage you to use this function!
Our Presenters

NEW YORK

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Developing a State Health Improvement Plan: Guidance and Resources

A Companion Document to ASTHO's
State Health Assessment Guidance and Resources
A big thank you to our Advisory Committee members and Illinois Public Health Institute...

Illinois Public Health Institute
- Elissa Bassler, Laurie Call, and Jess Lynch

State Health Improvement Plan Advisory Committee
- Christine Abarca, Florida Department of Health in Pasco County
- Joan Ascheim and Kristin Sullivan, Connecticut Department of Public Health
- Dorothy Bliss, Minnesota Department of Health
- David Carvalho, Illinois Department of Public Health (retired before project completion)
- Megan Davis, Washington State Department of Health, and Torney Smith, Spokane Regional Health District
- Laura Holmes and Tyler Brandow, New Hampshire Department of Health and Human Services
- Priti Irani, New York State Department of Health
- Joyce Marshall, Oklahoma State Department of Health
- Heather Reffett, District of Columbia Department of Health
- Susan Thomas, Missouri Department of Health and Senior Services
- Ann Walsh, Maryland Department of Health and Mental Hygiene
Where Do I Find This Resources?
Accreditation and Performance

ASTHO is dedicated to increasing state health agency capacity to improve the performance and quality of the public health system. ASTHO does this by providing technical assistance and resources to states in the areas of accreditation preparation, national performance standards assessment, and quality improvement.

Program Areas

Public Health Accreditation Board Voluntary Accreditation: Resources and guidance to help states prepare and apply for accreditation

The National Public Health Performance Standards: Newly released Version 3.0 Instrument and supporting materials to complete a state level system assessment

Performance Management and Quality Improvement: Current QI initiatives, resources, and links to national quality programs

Featured

ASTHO Publishes Quality Improvement Plan Toolkit
ASTHO Releases White Paper: Collaborative Partnerships for Accreditation Preparation
ASTHO Unveils Customer Satisfaction Toolkit
ASTHO Publishes State Health Assessment Guidance and Resources

Resources

Tools Clearinghouse: Case Studies, Toolkits, Peer Networks, Newsletters
ASTHO Accreditation Library: Repository of Example Accreditation Documentation
Developing a State Health Improvement Plan: Guidance and Resources

June 2015

Developing a State Health Improvement Plan: Guidance and Resources is a companion document to ASTHO’s State Health Assessment Guidance and Resources published by ASTHO in 2014. ASTHO produced this guide to be applicable to state health departments seeking public health accreditation through PHAB as well as to those developing a SHIP but are not seeking accreditation.

The information provided in this guide is intended to be consistent with PHAB requirements and documentation guidance and includes references to PHAB requirements and documentation guidance. The document includes seven modules and describes the process for developing a state health improvement plan (SHIP) and conforming to the Public Health Accreditation Board Standards. Each module includes tips for structuring the planning process and considerations for the implementation phase, key terms and acronyms, specific examples and lessons learned from states, and sample tools and links to additional resources.

Download "Developing a State Health Improvement Plan: Guidance and Resources" (Note: Name and email address are required to access this document.)
Download "Developing a State Health Improvement Plan: Guidance and Resources" Document

Please submit the following information to access this document:

Your name (required)

Agency name (optional)

Email address (required)

Submit Form
Seven Modules

This guidance document includes seven modules and describes the process for developing a state health improvement plan (SHIP):

I. Identifying and Engaging Stakeholders in Planning and Implementation.
II. Engaging in Visioning and Systems Thinking.
III. Leveraging Data Inputs.
IV. Establishing Priorities and Identifying Issues through Priority Setting.
V. Communicating about SHIP Priorities.
VI. Developing Objectives, Strategies, and Measures.
VII. Implementing and Monitoring the SHIP.
Each Module Contains:

- Preview of the content
- The relevant PHAB Standards and Measures
- Ideas for structuring the planning process
- Important considerations
- Key terms and acronyms
- State examples and lessons learned
- Sample tools and links to resources

- Cross reference to the ASTHO State Health Assessment Guidance and Resources
FIGURE 1.10 RESOURCES AND LINKS – PARTNERSHIP

- IOM. (2012). For the Public’s Health: Investing in a Healthier Future. [Link]
- IOM. (2013). Toward Quality Measures for Population Health and the Leading Health Indicators. [Link]
- MAPP. (2014). Health Equity Supplement. [Link]
- Cabaj, M. (2004). Community-Based Organizations Creating Effective Partnerships – What We Know So Far. [Link]
- Klaus, T.W. (March, 2012). Building Effective Collaborative Partnerships. [Presentation] [Link]
- County Health Rankings Action Center [Link]
PHAB Standards and Measures

PHAB Standard 5.2 – Conduct a comprehensive planning process resulting in a tribal/state/community health improvement plan.

Measure 5.2.1 S – A process to develop a state health improvement plan.
Measure 5.2.2 S – State health improvement plan adopted as a result of the health improvement planning process.
Measure 5.2.3 A – Elements and strategies of the health improvement plan implemented in partnership with others.
Measure 5.2.4 A – Monitor and revise, as needed, the strategies in the community health improvement plan in collaboration with broad participation from stakeholders and partners.

(PHAB Standards and Measures Version 1.5, pages 129-143)
IMPORTANT CONSIDERATION: Visioning and Systems Thinking throughout the SHIP Process

Systems Thinking in Public Health


Collective Impact


http://www.ssireview.org/supplement/collective_insights_on_collective_impact
http://www.ssireview.org/articles/entry/the_dawn_of_system_leadership
MODULE 6

Developing Objectives, Strategies, and Measures

Module Overview

Once the priorities have been determined, the next step is to define the desired outcomes through measurable objectives, identify evidence-based strategies and a framework for implementing, and measuring the shared work of partners who are committed to SHIP implementation. Including time-framed measurable objectives in the SHIP provides a foundation for a SHIP implementation workplan and helps states track progress on the objectives for each priority over time.

To begin this work, the state department of health and the SHIP Partnership need to decide on an appropriate structure to support development of the objectives, strategies, and detailed implementation plans, and carry out the subsequent implementation plans. In this module, guidance is provided for determining stakeholder involvement and structure, including sample structures from states. Tools and guidance for developing objectives, identifying and matching strategies, and developing measures are also included. The module concludes with models and tools to prepare for and develop a more detailed implementation and measurement workplan.

Key Content and Components

- Developing stakeholder structures.
- Developing objectives.
- Aligning the SHIP with local, state, and national plans.
- Identifying strategies.
- Developing measurable outcomes and indicators of health improvement.
- Using logic models and other tools for action planning.
Developing a Structure for Drafting Objectives, Strategies, and Measures
Sample SHIP Partnership

**FIGURE 6.2 SAMPLE STRUCTURE**

- SHIP Implementation Partnership
  - Measurement Workgroup
    - Priority 1 Workgroup
    - Priority 2 Workgroup
    - Priority 3 Workgroup
  - Priority 4 Workgroup
  - Priority 5 Workgroup
- Executive Committee
Constructing the Plan

- What efforts are already in place to address each priority?
- What do we hope to accomplish in five years for each priority?
- How will we know if we are successful?
- How is this priority aligned with other state and national priorities?
- What opportunities exist that can be leveraged to address this priority?
- What barriers or potential threats may impact our ability to positively implement this priority?
- How can partners contribute to achieving the long-term goal(s)?
- Who should be engaged to address each priority issue?
Developing Objectives, Strategies, and Measures

**Figure 6.6: Plan Components**

- **Priority Area**
- **Goal**
- **Objective**
- **Strategy**
- **Activities**
- **Interventions**
- **Tactics**
Don’t forget the SHA data!
Tools for Developing Objectives and Strategies

**Figure 6.12 Logic Model Template**

**Goals** are broad statements of what the partnership hopes to accomplish related to the priority and may include the approach or “by or through” phrase. (Adapted from The County Health Rankings and Roadmaps, Action Plan Worksheet.) Goals are general statements expressing a program’s aspirations or intended effect on one or more health problems, often stated without time limits. (Turnock, B.J. Public Health: What It Is and How It Works. 4th ed. Sudbury, MA: Jones and Bartlett, 2009.) A goal is generally stated as follows: “The goal is to (effect, e.g., improve, decrease, etc.) the (problem/need/opportunity) of (target/population).”

- **Strategies**: define how the objectives will be reached and specify the type of activities that must be planned, by whom, and for whom. (Healthy People 2020)
- **Activities**: are components of the strategy, such as conducting workshops and meetings; delivering services; developing products, curricula, and tools; advocacy; forming partnerships; and working with the media, etc.
- **Outputs**: are what is produced from activities. Outputs produced from one activity may be required as an input to a subsequent activity.
- **Short-term Outcomes**: are results that will be achieved soon after implementing one or more activities, such as a change in awareness, knowledge, and attitudes.
- **Intermediate Outcomes**: are results that may take a bit longer and hinge on the achievement of some of the short-term outcomes (such as changes in behaviors, policies, systems, and environments) to sustain action and behavior change.
- **Long-term Outcomes**: are results that may take longer and will require achievements of some of the short-term and intermediate outcomes. Changes include health outcomes, social or economic conditions, and quality of life.

Inputs are the resources needed to implement the plan, such as staff, volunteers, time, money, research base, materials, equipment, technology, and partners.
MODULE 7

Implementing and Monitoring SHIP

Module Overview
After states have developed goals, objectives, strategies and activities, and tactics, the next step is to create a more detailed action plan and organize partners for implementing the identified action steps. The SHIP implementation process is more formative than the processes for developing a SHIP, with few comprehensive examples of implementation activities. As a result, this module provides an overview of the process for developing an action plan and covers various considerations for action planning and implementation from PHAB and other resources. Additionally, this module includes case studies and examples from states on various components of implementation, including policy and framework development, coordination with other initiatives, and alignment and monitoring.

Key Content and Components
- Dissemination of the SHIP.
- Developing and implementing action plans and workplans.
- Tips for success: implementing, monitoring, and updating the SHIP.
### Figure 7.1 Sample Action Plan Format

**Priority:** Tobacco  
**Goal:** Reduce Second-Hand Smoke Exposure

**Outcome Objective 1:** Increase the proportion of multi-unit housing facilities [from 1% (baseline) to 25% (target)] with voluntary smoke-free policies by June 2014.

**Strategy:** Promote adoption of voluntary smoke free policies in public housing.

<table>
<thead>
<tr>
<th>Activities/Tactics</th>
<th>Person/Group Responsible</th>
<th>Timeline</th>
<th>Process Indicators*</th>
<th>Outcome Indicator*</th>
</tr>
</thead>
</table>
| Provide training and resources to local tobacco control coalitions and advocates to engage and educate housing authority officials and tenants. | ODOH; Oklahoma Lung Association; local tobacco control organizations. | July 2010–June 2011 | 1. Curriculum developed.  
2. Informational resources for housing authorities on financial benefits of smoke-free policies provided to local advocates.  
3. Informational resources for public housing tenants on benefits of eliminating second-hand smoke provided to local advocates.  
4. 100 local advocates trained to engage with housing authority officials. | 1. 100 local advocates demonstrate increased knowledge of how to promote smoke-free policies to local housing authorities.  
2. 50 local advocates meet with local housing authorities to promote smoke-free policies.  
3. 10 local housing authorities adopt smoke-free policies. |

*Process Indicator: A process indicator is the measure or documentation of the program or service provided. While there are many potential process indicators, it is important to make decisions regarding which information is most important to monitor in order to understand whether or not the program or intervention is on track to achieve the outcome.

*Outcome Indicator: The measures of change at certain milestones to lead to the overall target.

Adapted from NACCHO’s Developing a Local Health Department Strategic Plan: A How-To Guide.
3. Increase the number of communities that encourage adults to make healthy choices for themselves and their families.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>The State Department of Health will ...</th>
<th>Local Health Jurisdictions will ...</th>
</tr>
</thead>
</table>
| a) Provide affordable, healthy food and beverages in worksite, institution, community, and neighborhood settings. | 1. Provide access to current statewide data on fruit and vegetable intake and the availability of affordable healthy food and beverages.  
2. Provide training and technical assistance on evidence-based policies and programs that increase the availability of healthy food and beverages and improve nutrition.  
3. Work with state agencies and partners to develop and adopt healthy food and beverage procurement guidelines (that include guidelines about availability of sweetened beverages).  
4. Promote one site of recommended healthy food and beverage procurement guidelines for all state agencies. | 1. Identify communities with limited access to healthy food and beverages.  
2. Work with partners to identify, implement, and evaluate policy, system, and environmental changes that can increase access to affordable, healthy food and beverages.  
3. Work with local board of health to influence adoption of healthy food and beverage procurement policies that align with state guidelines. |
Case Studies and Success Stories for Implementing, Monitoring, and Updating SHIP

Featured States:
- Minnesota
- Wisconsin
- Illinois
- Florida
- New York
- Maryland
- Connecticut
Developing Objectives, Strategies & Measures

February 25, 2016
New York State Prevention Agenda
Office of Public Health Practice

Sylvia Pirani, MS, MPH, Director
Priti Irani, MSPH, Research Scientist
Questions at the start of the process

- Which stakeholders should be engaged, how many, how long and what structure?
- What planning tools are helpful for action planning?
- How are objectives selected?
- How do you ensure SHIP is aligned with local, state and national plans?
- What criteria should be used to select strategies?
- What is the process for developing measurable long-term and short-term outcomes?
Six members of Public Health Committee and other leaders from Healthcare, Business, Academia, Community-based & Local Health Departments
What Determines Health?

- Goal is improved health status of New Yorkers and reduction in health disparities through increased emphasis on prevention.

- Call to action to broad range of stakeholders to collaborate at the community level to assess local health status and needs; identify local health priorities; and plan, implement and evaluate strategies for local health improvement.
Principles

1. Improve health status and **reduce health disparities** for racial, ethnic, disability, socioeconomic and other groups.

2. Promote “**Health in All**” approach to assess the health implications of policies and actions that occur outside of the health sector, such as in transportation, community and economic development, education and public safety.

3. Create and **strengthen public-private partnerships** to achieve sustainable health improvement at state and local levels.

4. Make the case for **increased investment in prevention and public health** to improve health, control health care costs and increase economic productivity.

5. **Strengthen governmental and non governmental public health agencies** and resources at state and local levels.
Five Priorities

- Prevent chronic diseases
- Promote a healthy and safe environment.
- Promote healthy women, infants and children.
- Promote mental health and prevent substance abuse.
- Prevent HIV, STDs, vaccine-preventable diseases and health care-associated infections
Poll Question 1

Are the stakeholders that work on your state’s health assessment the same as those involved in the development of the State Health Improvement Plan? (Choose one response)

a. Yes – they were the same
b. No – they were different
c. Don’t Know
New York State Health Improvement Plan Structure

Public Health and Health Planning Council: Committee on Public Health
(11 members)

Ad Hoc Committee
(21 members)

Steering Committee Members (36 members)

- Prevent Chronic Diseases (35)
- Promote a Healthy & Safe Environment (25)
- Promote Healthy Women, Infants and Children (59)
- Promote Mental Health and Prevent Substance Abuse (33)
- Prevent HIV/STDs, Vaccine Preventable Disease and Health-Care Associated Infections (29 + 17 + 10 = 56)
NYS Considerations for stakeholder composition and engagement in priority specific work groups

- Diversity: Geographic, constituencies
- Content expertise
- Referrals: from state associations, staff
- Scope of influence
Poll Question 2: Which of these questions did you have or do you have at the beginning? (Choose all that apply)

- We have established goals and objective as part of our block grant, will we need to change them to align with SHIP?
- Staff leading the development of the SHIP does not have oversight over the priority, and no program staff specifically focusing on the priority, so how do we do this work?
- Priority is very broad, how can we focus it?
- How can we get this all done in this short time frame?
- Other questions
Poll Question 3: Does your SHIP include or plan to include a mental, emotional behavioral component?

• Yes
• No
What planning tools are helpful for action planning?

Assuring the conditions for public health


Adapted from: The Future of the Public’s Health in the 21st Century. IOM 2003

Health Impact Pyramid Framework for Improving Health

- Socio-economic Factors
- Long-Lasting Protective Interventions
- Clinical Interventions
- Counseling & Education
- Increasing Individual Effort Needed
- Increasing Population Impact
- Eat Healthy, Be Physically Active
- Rx for High BP, cholesterol, diabetes, etc.
- Immunizations, colonoscopy, brief smoking intervention etc
- Smoke free laws, fluoridation, folic acid fortification, trans fat ban, etc.
- Poverty, education, housing, safe streets.
Priority-specific models

Expanded Chronic Disease Care Model

Mental Emotional Behavioral Health Intervention Spectrum, Institute of Medicine, 2009
Communications Processes

• Conference calls
• In-person meetings
• Small workgroups within each priority
• Supported by small grant from RWJF to help with crafting key messages
For each priority area:

• Focus Areas
  • Goals
    • Measurable Objectives
    • Interventions
    • By Sector
    • By Health Impact Pyramid
Hierarchy illustrated as in the ASTHO Guidance

Selecting and Aligning with local, state, national plans by Sector and Health Impact Pyramid

<table>
<thead>
<tr>
<th>Local</th>
<th>State</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Local health department community health assessments &amp; health improvement plans</td>
<td>• Previous cycle of Prevention Agenda</td>
<td>• Healthy People 2020: objectives, targets, leading health indicators</td>
</tr>
<tr>
<td>• Hospital Community Service Plans</td>
<td>• Program Reports</td>
<td>• National Prevention Strategy</td>
</tr>
<tr>
<td>• Program staff</td>
<td>• Sister agency reports (e.g. mental health, substance abuse)</td>
<td>• Reports e.g. IOM, CDC, Preventive Task Force, SAMHSA</td>
</tr>
<tr>
<td>• Stakeholder feedback</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Review by workgroup members</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Local:
  - Local health department community health assessments & health improvement plans
  - Hospital Community Service Plans
  - Program staff
  - Stakeholder feedback
  - Review by workgroup members

- State:
  - Previous cycle of Prevention Agenda
  - Program Reports
  - Sister agency reports (e.g. mental health, substance abuse)

- National:
  - Healthy People 2020: objectives, targets, leading health indicators
  - National Prevention Strategy
  - Reports e.g. IOM, CDC, Preventive Task Force, SAMHSA
Setting Objective Targets

• Historical data review
  – Trend moving in desirable direction, an improvement of 5-10% based on interventions and resources
  – Trend moving in the wrong direction, an improvement of 0 – 5%

• Healthy People 2020 objective indicator? Used same target if based on workgroup predicted it was achievable within the time frame.

• Generally, an improvement of 10% was targeted for the majority of the five-year objectives.

<table>
<thead>
<tr>
<th>Prevention Agenda (PA) Indicator</th>
<th>Data Views</th>
<th>PA 2018 Objective and Most Recent Data</th>
<th>Indicator Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Percentage of adults who are obese</td>
<td><img src="image1" alt="Data Views" /></td>
<td>NYB 15.4, PA 2018 15.4</td>
<td>NO SIGNIFICANT CHANGE</td>
</tr>
<tr>
<td>18.1. Percentage of adults aged 18 years and older with an annual household income less than $25,000 who are obese</td>
<td><img src="image2" alt="Data Views" /></td>
<td>NYB 31.0, PA 2018 31.0</td>
<td>NO SIGNIFICANT CHANGE</td>
</tr>
<tr>
<td>18.2. Obesity among low income adults: Percentage of adults aged 18 years and older with disabilities who are obese</td>
<td><img src="image3" alt="Data Views" /></td>
<td>NYB 38.4, PA 2018 17.4</td>
<td>NO SIGNIFICANT CHANGE</td>
</tr>
<tr>
<td>19. Percentage of children and adolescents who are obese</td>
<td><img src="image4" alt="Data Views" /></td>
<td>NYC 21.4, PA 2018 19.7</td>
<td>NO SIGNIFICANT CHANGE</td>
</tr>
<tr>
<td>20. Percentage of children and adolescents who are obese</td>
<td><img src="image5" alt="Data Views" /></td>
<td>NYB and NYC 17.3, PA 2018 18.7</td>
<td>IMPROVED#</td>
</tr>
<tr>
<td>21. Percentage of children with an outpatient visit, during the measurement year, that includes an assessment for weight status - aged 3-17 years (QARR: HMO RPO)</td>
<td><img src="image6" alt="Data Views" /></td>
<td>GME 74.5, PA 2018 75.0</td>
<td>IMPROVED#</td>
</tr>
<tr>
<td>22. Percentage of children with an outpatient visit, during the measurement year, that includes an assessment for weight status - aged 3-17 years (QARR: PA HCP)</td>
<td><img src="image7" alt="Data Views" /></td>
<td>GSIP 76.0, PA 2018 76.0</td>
<td>IMPROVED#</td>
</tr>
<tr>
<td>23. Prevalence of any tobacco use (cigarettes, cigars, smokeless tobacco) by high school age students</td>
<td><img src="image8" alt="Data Views" /></td>
<td>NYB 16.2, PA 2018 15.0</td>
<td>SIGNIFICANTLY IMPROVED</td>
</tr>
<tr>
<td>24. Percentage of cigarette smoking among adults</td>
<td><img src="image9" alt="Data Views" /></td>
<td>NYB 16.4, PA 2018 12.3</td>
<td>NO SIGNIFICANT CHANGE</td>
</tr>
<tr>
<td>24.1. Percentage of cigarette smoking among adults with income less than $25,000</td>
<td><img src="image10" alt="Data Views" /></td>
<td>NYB 26.1, PA 2018 24.8</td>
<td>NO SIGNIFICANT CHANGE</td>
</tr>
<tr>
<td>25. Utilization of smoking cessation benefits among smokers who are enrolled in Medicaid Managed Care</td>
<td><img src="image11" alt="Data Views" /></td>
<td>MRC 22.0, PA 2018 41.0</td>
<td>SIGNIFICANTLY IMPROVED</td>
</tr>
</tbody>
</table>
Prevent Chronic Diseases

Obesity
- Create community environments that support healthy choices and physical activity.
- Promote good nutrition and physical activity in early child care and school settings.
- Expand the role of health care providers and insurers in obesity prevention.
- Expand the role of public and private employers in obesity prevention.

Tobacco Use and Secondhand Smoke Exposure
- Prevent tobacco use by youth.
- Promote quitting smoking.
- Eliminate exposure to secondhand smoke.

Preventive Care and Management
- Increase chronic disease screenings (heart disease, cancer, diabetes, etc.).
- Promote the use of evidence-based care to manage chronic diseases.
- Promote culturally relevant chronic disease self-management education.

Prevent HIV, STDs and Vaccine-Preventable Diseases, and Healthcare-Associated Infections

HIV and STDs
- Decrease Human Immunodeficiency Virus (HIV) infection.
- Increase early access to and engagement in HIV care.
- Decrease sexually transmitted diseases (STDs).

Vaccination Against Vaccine-Preventable Diseases
- Increase childhood, teen, and adult vaccination rates.
- Educate all parents about the importance of vaccines.
- Decrease the burden of the flu, whooping cough and human papillomavirus (HPV).

Hepatitis C Virus (HCV)
- Increase and coordinate HCV prevention and treatment.

Healthcare-Associated Infections
- Reduce hospital infections caused by Clostridium difficile.
- Reduce infections caused by multi-drug resistant organisms.
- Reduce device-associated infections from catheters, respiratory, etc.

Promote Healthy Women, Infants and Children

Maternal and Infant Health
- Reduce premature births.
- Increase the proportion of babies who are breastfed.
- Reduce the rate of maternal deaths.

Child Health
- Increase the percentage of children who receive comprehensive well-child health services.
- Reduce injuries among children.

Reproductive Health and Wellness
- Reduce rates of teen and unwanted pregnancy.
- Increase the use of preventive health care services by women ages 15–44.

Promote Mental Health and Prevent Substance Abuse

Mental, Emotional and Behavioral Health
- Implement proven community interventions that promote mental, emotional and behavioral well-being in communities, especially among young people who do not have a diagnosis of a mental, emotional or behavioral health disorder.

Substance Abuse and Mental, Emotional, and Behavioral Health Disorders
- Prevent underage drinking, recreational use of prescription drugs by teens and excessive alcohol consumption by adults.
- Prevent and reduce the occurrence of mental, social and behavioral disorders among teens and adults.
- Prevent suicides among teens and adults.
- Reduce tobacco use among adults who report poor mental health.

Integration of Promotion, Prevention, Treatment and Recovery Services
- Support collaboration among mental health and chronic disease professionals.
- Strengthen health systems to integrate mental health promotion, prevention, treatment and recovery.

Promote a Healthy and Safe Environment

Injuries and Violence
- Reduce factors that create the risk of falls, particularly among the elderly and young children.
- Reduce violence by supporting violence prevention programs.
- Reduce work injuries and work-related illness.

Outdoor Air Quality
- Reduce exposure to outdoor air pollutants.

Built Environment
- Improve the design and maintenance of homes, parks, buildings and transportation to promote healthy lifestyles, reduce illness and address climate change.

Water Quality
- Increase access to fluoridated drinking water.
- Reduce health risks that result from contaminated drinking water and recreational water.
<table>
<thead>
<tr>
<th>Goals</th>
<th>Recommended Intervention for Local Action</th>
<th>Recommended Short Term Process Measures</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create community environments that promote and support healthy food and beverage choices and physical activity</td>
<td>Increase the number of institutions with nutrition standards for healthy food and beverage procurement.</td>
<td>Number of municipalities, community-based organizations, worksites and hospitals that develop and adopt policies to implement nutrition standards (cafeterias, snack bars, vending). Number of individuals (and their demographic data if available) potentially accessing settings that have adopted policies to implement nutrition standards for health food and beverage procurement. Number and percent of residents that reside in a jurisdiction with Complete Streets policies, plans and practices. Percent of roads in a jurisdiction that become subject to Complete Streets policies, plans and practices. Number of municipalities where new or enhanced policies, plans and practices that promote Complete Streets are proposed. Number of municipalities that adopt and implement policies, plans and practices that promote Complete Streets.</td>
<td>NYS Prevention Agenda, Promoting the Adoption and Use of Nutrition Standards. NYS Prevention Agenda Fact Sheet: Promoting Nutrition Standards for Healthy Food and Beverage Procurements. NYS Prevention Agenda Fact Sheet: Promoting Complete Streets. NYS Prevention Agenda: Complete Streets training. National Complete Streets Coalition: Elements of a Comprehensive Complete Streets Policy.</td>
</tr>
</tbody>
</table>
Focus Area 1: Reduce obesity in children and adults.

<table>
<thead>
<tr>
<th>Levels of Health Impact Pyramid</th>
<th>Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Counseling and Education</strong></td>
<td>• Ensure public and private health insurance coverage of, access to and incentives for breastfeeding education, lactation counseling and support.</td>
</tr>
</tbody>
</table>
| **Clinical Interventions**      | • Ensure public and private health insurance coverage of, access to and incentives for routine obesity prevention screening, diagnosis and treatment.  
• Increase the capacity of primary care and other providers to implement screening, prevention and treatment measures for obesity in children and adults through quality improvement and other training methods, plus reimbursement and payment incentives.  
• Establish health training programs across the professional spectrum to include instruction in prevention, screening, diagnosis and treatment of overweight and obesity. |
| **Long-Lasting Protective Interventions** | • Link health care-based efforts with community prevention activities.  
• Develop community partnerships to increase comprehensive worksite wellness programs among small- to medium-sized employers.  
• Implement evidence-based wellness programs for all public and private employees, retirees and their dependents through collaboration with unions, health plans and community partnerships. |
| **Changing the Context to Make Individuals’ Decisions Healthy** | • Adequately invest in proven community-based programs that result in increased levels of physical activity and improved nutrition.  
• Define/innovate business models that support increased use of healthy, locally grown/developed/ minimally processed foods.  
• Increase retail availability of affordable healthy foods that meet community needs, especially those with limited access to nutritious foods.  
• Adopt policies and implement practices to reduce overconsumption of sugary drinks.  
• Adopt policies and implement practices to increase access to affordable healthy foods for individuals living in group homes or adult homes for people with disabilities.  
• Establish joint use agreements to open public areas and facilities for safe physical activity for all, including people with disabilities.  
• Adopt, strengthen and implement local policies and guidelines that facilitate increased physical activity for residents of all ages and abilities.  
• Adopt regulations and policies to implement standards supporting breastfeeding, quality nutrition, increased physical activity and reduced screen time in early childcare settings. Increase community support and reinforcement of these regulations and policies. |

**Distribution of Interventions and Activities by Sector**

Changes can be made across all sectors to reduce illness, disability and death related to reduce obesity in children and adults. Below are examples of how your sector can make a difference.

**Healthcare Delivery System**
• Adopt hospital policies to support use of healthy, locally grown foods in cafeteria and patient meals.  
• Adopt healthy meal and beverage standards for meals sold and served in hospitals.  
• Set example for community through breastfeeding-friendly hospitals and practices.  
• Increase the number of Baby-Friendly Hospitals.  
• Promote preventive interventions for obesity in pre- and post-natal care.  
• Assist with referrals to community resources.  
• Conduct Continuing Medical Education (CME) programs for health professionals, including programs on diet, exercise, stress, coping, obesity and disabilities.  
• Offer information regarding availability of parks and trails to and in discussions with patients seeking free activities close to home.  
• Support school-based health centers in obesity prevention interventions.  
• Facilitate referrals for wellness services.

**Employers, Businesses, and Unions**
• Partner with regional economic development councils and State business association for messaging on obesity prevention, including promoting access to healthy foods and increasing opportunities for physical activity.  
• Connect schools and hospitals in rural areas to cross-promote obesity reduction activities.  
• Engage business associations to promote/ make visible and value obesity reduction.  
• Site businesses with access to transit, walking and bicycling facilities, and develop workplace facilities and incentives that encourage active commuting.  
• Require health insurance contracts to cover obesity and diabetes prevention programs.  
• Require health insurers to cover nutrition education, lactation counseling, and other preventive strategies during pre- and post-natal care to promote recommended gestational weight gain and breastfeeding, and to prevent maternal, infant and child obesity.

**Media**
• Use public service announcements to promote healthy eating, physical activity and breastfeeding.  
• Increase the time allotted for programming that supports disease prevention.  
• Help community organizations develop communication strategies to promote disease prevention and breastfeeding.  
• Increase the time allotted for programming that supports breastfeeding.  
• Conduct breastfeeding promotion/obesity prevention media campaigns.  
• Create public service announcements and other programs that show people with disabilities include...
Reduce Obesity in Children and Adults: Priority Strategies

1) Increasing adoption and use of **food standards**
2) Implementation of **Complete Streets** policies, plans, and practices
3) Promotion of policies and practices in support of **breastfeeding**
4) Increasing the availability, accessibility and use of **evidence-based interventions**
   (chronic disease self-management program, diabetes self-management program, diabetes self-management education, diabetes prevention program)
**ACTION:**
Help key institutions adopt nutrition standards.

<table>
<thead>
<tr>
<th>Recommended Step</th>
<th>Brief Description</th>
</tr>
</thead>
</table>
| Identify the current procurement practices and opportunities for improvement      | Assessing food and beverage procurement policies:  
- Identify current policies and compare against model policies  
- Determine with stakeholders if the institution is ready for small changes (e.g., modifying beverages and/or on-site vending) or large changes (e.g., revising all menus)  
- Institutions with lowest bidder requirements can still adopt nutrition standards. The lowest bidder to meet the nutrition and other procurement guidelines of the institution will be selected. |
| Assist with overcoming barriers to implementation of new policies                 | Common concerns:  
- Taste preferences  
- Higher cost of healthier food  
- Difficulty in modifying existing contracts  
- Staff training and equipment needed |
| Monitor implementation and spread of policies                                      | Useful resources to consider:  
- Purchase and sales reports  
- Food service satisfaction with standards  
- Consumer satisfaction with food being served  
- Contractor compliance with standards  
- Provide support in multiple ways:  
  - Share educational resources  
  - Provide model policies  
  - Publicly recognize institutions taking steps towards implementation |

**Achievement**
Increased adoption of nutrition standards for healthy food and beverage procurement supports the following Prevention Agenda Objectives:

**Overarching Objective 1.0.1:**
By December 31, 2017, reduce the percentage of children who are obese:
- By 5% from 17.6% (2010-12) to 16.7% among public school children statewide reported to the Student Weight Status Category Reporting System
- By 5% from 20.7% (2010-11) to 19.7% among public school children in New York City represented in the NYC Fitnessgram

**Overarching Objective 1.0.2:**
By December 31, 2017, reduce the percentage of adults age 18 years and older who are obese:
- By 5% from 24.5% (2011) to 23.2% among all adults
- By 5% from 26.8% (2011) to 25.4% among adults with annual household incomes of < $25,000
- By 10% from 34.9% (2011) to 31.6% among adults with disabilities

**Overarching Objective 1.1.1:**
By December 31, 2017, decrease the percentage of adults ages 18 years and older who consume one or more sugary drink per day:
- By 5% from 20.5% (2009) to 19.5% among all adults
- By 10% from 42.9% (2009) to 38.6% among adults with annual household incomes of < $25,000

Local Health Departments can include these objectives in the Community Health Assessment.

Tracking performance and process measures can be important for reporting progress to stakeholders and for fundraising. Here are measures that you should use to track progress:

**Short-Term Performance Measures**
- Number of municipalities, community-based organizations, worksites, and hospitals that develop and adopt policies to implement nutrition standards (cafeterias, snack bars, vending)
- Number of individuals and their demographic data (if available) potentially accessing settings that have adopted policies to implement nutrition standards for healthy food and beverage procurement

**Long-Term Performance Measures**
- Percentage of youth who are overweight or obese
- Percentage of adults who are overweight or obese

[http://www.albany.edu/sph/cphce/prevention_agenda_ns2.shtml](http://www.albany.edu/sph/cphce/prevention_agenda_ns2.shtml)
### Goal #1: Improve the design and maintenance of the built environment to promote healthy lifestyles, sustainability and adaption to climate change

<table>
<thead>
<tr>
<th>Levels of Health Impact Pyramid</th>
<th>Interventions*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling and Education</td>
<td></td>
</tr>
<tr>
<td>- Develop targeted education and outreach materials to key audiences, such as clinicians, teachers, employers, property owners, local planning and zoning boards on the impact of the built environment and climate change on health. Material should include intensive strategies for vulnerable populations, e.g., poor, elderly, and children.</td>
<td></td>
</tr>
<tr>
<td>- Conduct school, workplace and community-based physical education programs.</td>
<td></td>
</tr>
<tr>
<td>- Expand warning network with the meteorological community to incorporate carbon monoxide alerts before an impending weather disaster.</td>
<td></td>
</tr>
<tr>
<td>Clinical Interventions</td>
<td></td>
</tr>
<tr>
<td>- Provide expanded emergency services for vulnerable populations during extreme weather incidents.</td>
<td></td>
</tr>
<tr>
<td>Long-Lasting Protective Interventions</td>
<td></td>
</tr>
<tr>
<td>- Implement the Smart Growth Public Infrastructure Policy Act, which requires consideration of smart growth principles when planning and funding investments, as well as the Complete Streets Law, which requires focused consideration of bicycle and pedestrian elements within street design.</td>
<td></td>
</tr>
<tr>
<td>- Seek opportunities to incorporate guidance and recommendations from other existing programs and guidelines, such as DOS local waterfront revitalization program, DEC Climate Change Program, NY Sun Initiative, NYSERDA programs.</td>
<td></td>
</tr>
<tr>
<td>- Provide accessible, neighborhood cooling centers.</td>
<td></td>
</tr>
<tr>
<td>Changing the Context to Make Decisions Healthy</td>
<td></td>
</tr>
<tr>
<td>- Seek opportunities to promote compliance with and enforcement of existing laws and ordinances, such as NYS Smart Growth Infrastructure Act; NYS Complete Streets.</td>
<td></td>
</tr>
<tr>
<td>- Construct and maintain safe sidewalks, bike lanes, recreational facilities, parks and other amenities, especially in low-income communities.</td>
<td></td>
</tr>
<tr>
<td>- Inspect, maintain and upgrade surface transit as needed.</td>
<td></td>
</tr>
<tr>
<td>- Expand tracking and surveillance to promote better land use planning and respond to local needs, e.g., services for vulnerable populations, community environmental amenities and health risks, response to extreme weather events.</td>
<td></td>
</tr>
<tr>
<td>- Incorporate ‘smart growth’ into SEQR process.</td>
<td></td>
</tr>
<tr>
<td>Socioeconomic Factors</td>
<td></td>
</tr>
<tr>
<td>- Provide incentives for sustainable and climate smart planning, zoning and development, including transportation, e.g., increase the amount and mix of development within one-half mile of commuter rail and rapid-transit bus stations.</td>
<td></td>
</tr>
<tr>
<td>- Promote progressive codes and incentives for ‘green buildings’ (e.g. solar and other on-site renewable power, green roofs to maximize energy efficiency and resilience to climate change).</td>
<td></td>
</tr>
<tr>
<td>- Explore penalties for carbon-promoting, unsustainable building.</td>
<td></td>
</tr>
<tr>
<td>- Offer subsidies and other incentives to increase availability of healthy food in low income communities.</td>
<td></td>
</tr>
<tr>
<td>- Provide incentives for Brownfield Opportunity Areas.</td>
<td></td>
</tr>
</tbody>
</table>

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*Interventions in italics type have been proposed for prioritization.

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### Interventions by Sector

**Healthcare Delivery System**

**Goal #1: Promote healthy lifestyles, sustainability and adaptation to climate change.**

- Provide targeted education on the impact of the built environment on health (e.g., clinicians, patients, teachers, employers, property owners, local planning and zoning boards). (Objectives 1a-1g)
- Conduct patient assessments on the impact of the built environment. (Objectives 1b)

**Goal #2: Improve home environment.**

- Provide targeted information on home-related hazards to patients. (Objectives 2a-2d)
- Offer insurance coverage for assessment and intervention. (Objectives 2a-2d)
- Provide up-to-date information on home-related hazards, diagnosis and treatment in clinical and other professional initial and continuing education (CE credits). (Objectives 2a-2d)
- Ensure that primary care providers (PCPs) assess risks, screen, and provide follow-up treatment (using NHLBI-asthma, NYS, CDC-lead poisoning and other relevant guidelines) for building-related exposures and illnesses, e.g., lead poisoning, asthma, allergies, and referrals to support services (e.g., Healthy Neighborhood Program). (Objectives 2a, 2b, 2c)
- Establish and disseminate best practices for environmental history taking, treatment and diagnosis. (Objectives 2a-2d)
- Participate in coalition and partnership-building (e.g., between health, housing, advocacy and medical sectors) to share information about low-cost, effective assessment and control strategies. (Objectives 2a-2d)

**Employers, Businesses, and Unions**

**Goal #1: Promote healthy lifestyles, sustainability and adaptation to climate change.**

- Provide workplace/member health promotion programs. (Objectives 1b)
- Conduct employee/member training. (Objectives 1b)
- Offer free products and training, e.g., healthy food, bikes, classes. (Objective 1b, 1g)
- Provide targeted education on the impact of the built environment on health (e.g., clinicians, teachers, employers, property owners, local planning and zoning boards). (Objective 1a-1)
- Offer school-, workplace and community-based physical education programs. (Objective 1b)

**Goal #2: Improve home environment.**

- Donate ‘healthy’ products. (Objectives 2a, 2d)
- Comply with building, housing and other codes. (Objectives 2a-2d)
- Provide clean energy sources in homes, schools and other buildings (e.g., low sulfur heating oil). (Objectives 2a-2d)
- Support compliance/enforcement of existing property maintenance, building, fire and related codes (e.g. boilers, lead paint). (Objectives 2a-2d)

**Media**

**Goal #1: Promote healthy lifestyles, sustainability and adaptation to climate change.**

- Publicize warning network, e.g., extreme weather. (Objective 1h)
- Provide education materials. (Objective 1h)
Poll Question 4: Does your state identify long term and short term measurable outcomes in its SHIP?

- Yes
- No
Conclusion

• Objectives, strategies, and measures in a SHIP serve as a roadmap at the local level
• Different structures with diverse representation helped with developing and getting buy-in for SHIP objectives, strategies and measures
• In the action plan – objectives, strategies and measures are used to track progress and establish common language for communicating
PHAB Feedback

Strength
• Documentation and work was relevant

Challenge
• Prevention Agenda identifies too many priorities when compared to strategic plan
February 25, 2016

**Miles to go . . .**

- **National Voluntary Accreditation** for local and state health depts.
- IRS Rules for Hospital CHNAs with penalty for non-compliance.

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>LHD 2010-2013 CHA Hospital 2009-2011 CSP</td>
</tr>
<tr>
<td>2009</td>
<td>Prevention Agenda Update Survey (LHDs and Hospitals)</td>
</tr>
<tr>
<td>2010</td>
<td>Prevention Agenda Update Survey (LHDs and Hospitals)</td>
</tr>
<tr>
<td>2011</td>
<td>LHD Update Survey Hospital 2012 CSP</td>
</tr>
<tr>
<td>2013</td>
<td>Prevention Agenda Update Survey (LHDs and Hospitals)</td>
</tr>
<tr>
<td>2014</td>
<td>Prevention Agenda Update Survey (LHDs and Hospitals)</td>
</tr>
<tr>
<td>2015</td>
<td>Prevention Agenda Update Survey (LHDs and Hospitals)</td>
</tr>
<tr>
<td>2016</td>
<td>LHD and Hospital 2016-2018 CHNA/CHIP/CSP</td>
</tr>
<tr>
<td>2017</td>
<td>Prevention Agenda Update Survey (LHDs and Hospitals)</td>
</tr>
<tr>
<td>2018</td>
<td>Prevention Agenda Update Survey (LHDs and Hospitals)</td>
</tr>
<tr>
<td>2019-2021</td>
<td>LHD and Hospital 2019-2021 CHNA/CHIP/CSP</td>
</tr>
</tbody>
</table>

Prevention Agenda 2008-2012

Prevention Agenda 2013-2017 extend to 2018

PA 2019-2024
Goal: Continue to support LHDs and Hospitals working with partners on Five Prevention Agenda Priorities

New York State Prevention Agenda
Priorities Selected by Counties, 2013

Priority Areas (# Selected by Counties)
- Chronic Disease (n=57)
- Mental Health and Substance Abuse (n=30)
- Women, Infants, Children (n=16)
- Environment (n=9)
- HIV, STD, Vaccines & HAIs (n=3)
Questions?


Prevention@health.ny.gov
Healthy Alaskans 2020
Full Steam Ahead!

Diana Redwood, ANTHC
Michael Dickey, Alaska DPH

ASTHO SHIP Webinar Series - Module 7: Implementing and Monitoring the SHIP
Healthy Alaskans 2020

**Vision:**
Healthy Alaskans in Healthy Communities

**Mission:**
Provide a framework and foster partnerships to optimize health for all Alaskans and their communities
HA2020 Full Steam Ahead...
Importance of Implementation

- Alaska is one of the few states to implement a comprehensive state health improvement plan
- Research and examples of implementing state health improvement plans is lacking
- Alaska can serve as a model for other states
Implementation Framework

1. Engaging Partners/Coalitions and Adopting LHIs
2. Assuring Effective Actions and Results
3. Monitoring and Reporting Progress
4. Sharing Successes and Lessons Learned
Engaging Partners/Coalitions and Adopting LHIs

- Develop Communication and Marketing Plan
- Create Dissemination Structure
- Promote Strategies and Actions
- Align LHIs with Organizational Plans
- Develop LHI Coordinating Partner Network
Assuring Effective Actions and Results

- Foster Shared Ownership and Responsibility
- Create Transparency - Plans, Process, Outcomes
- Assess use of Strategies and Actions
- Develop Communities of Practice
- Provide Support Through Technical Assistance
Monitoring and Reporting Progress

- Select Set of Shared Measures
- Track Measures to Monitor Activities
- Report Progress and Achievements
Sharing Successes and Lessons Learned

- Highlight and Celebrate Community Successes
- Communicate Lessons Learned
- Refine Implementation Process
- Engage Communities in Making Health a Shared Value
Pilot Implementation

• LHI selection: DV, Suicide, Tobacco, SES

• Coordinating partner
  – Selection process
  – Roles and responsibilities

• Creation of organization alignment database

• Measurement
**Actions & Key Partners**

**Actions for Success**

**Actions and Key Partners**

Indicator 13: Reduce the percentage of adolescents (high school students in grades 9-12) who were ever hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend during the past 12 months to 8% by 2020.

<table>
<thead>
<tr>
<th>Strategy 1</th>
<th>Build community capacity for prevention.</th>
</tr>
</thead>
<tbody>
<tr>
<td>S-1 Action 1</td>
<td>Support existing community prevention teams and support new teams to coordinate prevention efforts in a community by overseeing the planning, coordination, and evaluation of prevention strategies across community settings.</td>
</tr>
<tr>
<td>Key Partners</td>
<td>Alaska Network on Domestic Violence and Sexual Assault</td>
</tr>
<tr>
<td></td>
<td>State of Alaska, Council on Domestic Violence and Sexual Assault</td>
</tr>
</tbody>
</table>
## Healthy Alaskans 2020 Scorecard

<table>
<thead>
<tr>
<th>HA2020 Leading Health Indicator</th>
<th>2010 Baseline</th>
<th>HA2020 Target</th>
<th>Current Data</th>
<th>Progress To Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Reduce the cancer mortality rate per 100,000 population</td>
<td>176.0</td>
<td>162.0</td>
<td>167.9 (2013)</td>
<td>△</td>
</tr>
<tr>
<td>2 Increase the percentage of adolescents (high school students in grades 9-12) who have not smoked cigarettes or cigars or used chewing tobacco, snuff, or dip on one or more of the past 30 days</td>
<td>74.9%*</td>
<td>80%</td>
<td>82.9% (2013)</td>
<td>★</td>
</tr>
<tr>
<td>3 Increase the percentage of adults (age 18 years and older) who currently do not smoke cigarettes</td>
<td>77.8%</td>
<td>83%</td>
<td>78.2% (2013)</td>
<td>△</td>
</tr>
<tr>
<td>4.a Reduce the percentage of adults (age 18 years and older) who meet criteria for overweight (body mass index of ≥25 and &lt; 30 kg/m²)</td>
<td>38.3%</td>
<td>36%</td>
<td>36.0% (2013)</td>
<td>★</td>
</tr>
<tr>
<td>4.b Reduce the percentage of adults (age 18 years and older) who meet criteria for obesity (body mass index of ≥30 kg/m²)</td>
<td>29.2%</td>
<td>27%</td>
<td>29.5% (2013)</td>
<td>★</td>
</tr>
<tr>
<td>5.a.i Increase the percentage of adolescents (high school students in grades 9-12) who meet criteria for overweight (age- and sex-specific body mass index of ≥85th and &lt; 95th percentile)</td>
<td>14.4%*</td>
<td>12%</td>
<td>13.7% (2013)</td>
<td>△</td>
</tr>
<tr>
<td>5.a.ii Increase the percentage of adolescents (high school students in grades 9-12) who meet criteria for obesity (age- and sex-specific body mass index of ≥95th percentile)</td>
<td>11.8%*</td>
<td>10%</td>
<td>12.4% (2013)</td>
<td>★</td>
</tr>
<tr>
<td>5.b.i Reduce the percentage of children (students in grades K-8) who meet criteria for overweight (age- and sex-specific body mass index of ≥85th and &lt; 95th percentile)</td>
<td>16.7%**</td>
<td>10%</td>
<td>16.7% (2013-2014)</td>
<td>✖</td>
</tr>
<tr>
<td>5.b.ii Reduce the percentage of children (students in grades K-8) who meet criteria for obesity (age- and sex-specific body mass index of ≥95th percentile)</td>
<td>10.3%**</td>
<td>10%</td>
<td>10.8% (2013-2014)</td>
<td>✖</td>
</tr>
<tr>
<td>6.a Increase the percentage of adults (age 18 years and older) who report 150 or more total minutes per week of moderate or vigorous exercise where each minute of vigorous exercise contributes 2 minutes to the total</td>
<td>67.6%*</td>
<td>61%</td>
<td>66.0% (2013)</td>
<td>★</td>
</tr>
<tr>
<td>6.b Increase the percentage of adolescents (high school students in grades 9-12) who do at least 60 minutes of physical activity a day, every day of the week</td>
<td>70.7%*</td>
<td>77%</td>
<td>70.9% (2013)</td>
<td>★</td>
</tr>
<tr>
<td>7.a Reduce the suicide mortality rate per 100,000 population, among the population aged 15-24 years</td>
<td>46.0</td>
<td>43.2</td>
<td>41.4 (2013)</td>
<td>★</td>
</tr>
<tr>
<td>7.b Reduce the suicide mortality rate per 100,000 population, among the population aged 25 years and older</td>
<td>25.0</td>
<td>23.5</td>
<td>20.9 (2013)</td>
<td>★</td>
</tr>
<tr>
<td>8 Reduce the percentage of adolescents (high school students in grades 9-12) who felt so sad or hopeless every day for 2 weeks or more in a row that they stopped doing some usual activities during the past 12 months</td>
<td>25.2%*</td>
<td>23%</td>
<td>27.2% (2013)</td>
<td>★</td>
</tr>
<tr>
<td>9 Reduce the mean number of days in the past 30 days adults (age 18 and older) report being mentally unhealthy</td>
<td>3.2</td>
<td>2.9</td>
<td>3.1 (2013)</td>
<td>★</td>
</tr>
<tr>
<td>10 Increase the percentage of high school students in grades 9-12 with three or more adults (besides their parents) from whom they feel comfortable seeking help</td>
<td>44.6%*</td>
<td>47%</td>
<td>42.3% (2013)</td>
<td>❌</td>
</tr>
</tbody>
</table>

Notes: *2010 unless otherwise noted. **2006-2010 school year, ASD and Mat-Su School Districts only; * denotes due to change in data collection methodology; "2011," "2012," "2013",

Updated 07/20/2016
## Healthy Alaskans 2020 Scorecard
### Alaska Native (AN) Edition

<table>
<thead>
<tr>
<th>IA2020 Leading Health Indicator</th>
<th>2010 AN Baseline</th>
<th>HA2020 AN Target</th>
<th>Current AN Data</th>
<th>Progress to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Reduce the cancer mortality rate per 100,000 population</td>
<td>230.9</td>
<td>182.0</td>
<td>272.5 (2013)</td>
<td>▢</td>
</tr>
<tr>
<td>2 Increase the percentage of adolescents (high school students in grades 9-12) who have not smoked cigarettes or cigars or used chewing tobacco, snuff, or dip on one or more of the past 30 days</td>
<td>59.2%</td>
<td>0%</td>
<td>66.0% (2013)</td>
<td>▢</td>
</tr>
<tr>
<td>3 Increase the percentage of adults (age 16 years and older) who currently do not smoke cigarettes</td>
<td>81.4%</td>
<td>0%</td>
<td>56.4% (2013)</td>
<td>▢</td>
</tr>
<tr>
<td>4.a Reduce the percentage of adults (age 10 years and older) who meet criteria for overweight (body mass index of ≥ 25 and &lt; 30 kg/m²)</td>
<td>41.0%</td>
<td>36%</td>
<td>30.0% (2013)</td>
<td>▢</td>
</tr>
<tr>
<td>4.b Reduce the percentage of adults (age 10 years and older) who meet criteria for obesity (body mass index of ≥ 30 kg/m²)</td>
<td>31.4%</td>
<td>27%</td>
<td>33.7% (2013)</td>
<td>▢</td>
</tr>
<tr>
<td>5.a.i Reduce the percentage of adolescents (high school students in grades 9-12) who meet criteria for overweight (age- and sex-specific body mass index of ≥ 85th and &lt; 95th percentile)</td>
<td>16.7%</td>
<td>12%</td>
<td>13.6% (2013)</td>
<td>▢</td>
</tr>
<tr>
<td>5.a.ii Reduce the percentage of adolescents (high school students in grades 9-12) who meet criteria for obesity (age- and sex-specific body mass index of ≥ 95th percentile)</td>
<td>11.5%</td>
<td>10%</td>
<td>16.0% (2013)</td>
<td>▢</td>
</tr>
<tr>
<td>5.b.i Reduce the percentage of children (students in grades K-8) who meet criteria for overweight (age- and sex-specific body mass index of ≥ 85th and &lt; 95th percentile)</td>
<td>21.1%</td>
<td>15%</td>
<td>20.4% (2013-2014)</td>
<td>▢</td>
</tr>
<tr>
<td>5.b.ii Reduce the percentage of children (students in grades K-8) who meet criteria for obesity (age- and sex-specific body mass index of ≥ 95th percentile)</td>
<td>21.3%</td>
<td>21.4%</td>
<td>21.4% (2013-2014)</td>
<td>▢</td>
</tr>
<tr>
<td>6.a Increase the percentage of adults (age 18 years and older) who report 300 or more total minutes per week of moderate or vigorous exercise where each minute of vigorous exercise contributes 2 minutes to the total</td>
<td>52.3%</td>
<td>61%</td>
<td>46.8% (2013)</td>
<td>▢</td>
</tr>
<tr>
<td>6.b Increase the percentage of adolescents (high school students in grades 9-12) who do at least 60 minutes of physical activity a day, every day of the week</td>
<td>17.1%</td>
<td>23%</td>
<td>18.0% (2013)</td>
<td>▢</td>
</tr>
<tr>
<td>7.a Reduce the suicide mortality rate per 100,000 population, among the population aged 15-24 years</td>
<td>117.0</td>
<td>43.2</td>
<td>96.3 (2013)</td>
<td>▢</td>
</tr>
<tr>
<td>7.b Reduce the suicide mortality rate per 100,000 population, among the population aged 25 years and older</td>
<td>36.4</td>
<td>23.5</td>
<td>56.8 (2013)</td>
<td>▢</td>
</tr>
<tr>
<td>8 Reduce the percentage of adolescents (high school students in grades 9-12) who felt so sad or hopeless every day for 2 weeks or more in a row that they stopped doing some usual activities during the past 2 weeks</td>
<td>25.8%</td>
<td>23%</td>
<td>31.3% (2013)</td>
<td>▢</td>
</tr>
<tr>
<td>9 Reduce the mean number of days in the past 30 days adults (age 18 and older) report being mentally unhealthy</td>
<td>3.3</td>
<td>7.9</td>
<td>3.5 (2013)</td>
<td>▢</td>
</tr>
<tr>
<td>10 Increase the percentage of adolescents (high school students in grades 9-12) with three or more adults (besides their parents) from whom they feel comfortable seeking help</td>
<td>34.1%</td>
<td>47%</td>
<td>36.6% (2013)</td>
<td>▢</td>
</tr>
</tbody>
</table>

Notes: * 2010 unless otherwise noted; * Targets were set based on statewide all races baseline data and are not specific to the AN population; ** data not available; for the current AN population for all measures; * 2000; * 2010-2011 school year. Anchorage and Fairbanks School Districts only; * Modified due to change in data collection methodology; * 2011; * 2013; * 2008-2010

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Connect with us!

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Questions??
Hit *1 on your telephone key pad and the operator will queue you up to speak directly with the presenters!
THANK YOU!

For further information, do not hesitate to contact me:
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