

Population Health Work Group

Wednesday, October 5, 2016





Purpose of the Meeting

To provide an update from the 2015 Get Health Idaho and to solicit input to the 2017 plan.





Agenda

- Findings from Partner Survey | [Joe Pollard](#)
- Emerging Health Issues Discussion | [Dieuwke Disney-Spencer](#)
- Review 2017 Proposed Strategies for Get Healthy Idaho | [Mary Sheridan](#), [Sonja Schriever](#), and [Dieuwke Disney-Spencer](#)





Findings from Partner Survey

- **Priority Health Issues (2016)**
 - Obesity
 - Diabetes
 - Tobacco Use
 - Access to Care/Uninsured
 - Opioid Abuse/Illicit Drug Use
 - Nutrition/Food Security
- The **priority health issues** did not change significantly from last year to this year, and more importantly appear to support the current priority health issues which are the focus of our statewide population health improvement plan (*Get Healthy Idaho*).





Findings from Partner Survey

- **Positive Population Measures (2016)** – with the exception of overweight/obesity, mental health, suicide prevention, and hypertension, most respondents included measures which were new from last year's CHA.
- **Priority Populations (2016)** – the results of the 2016 CHA survey found that the majority of prioritized populations were new compared to last year. In all, those populations defined by low income and low educational attainment continued to be a priority in PHD 4.





Findings from Partner Survey

- **Factors contributing to health risks and poor health outcomes (2016)** – many of the factors described in the 2015 CHA continue to be identified in the current CHA. A few additional factors were identified. Most of the new factors were related to access to care (including mental/behavioral health).
- **Gaps in Services (2016)** – many of the gaps in services were new in the current CHA. The gaps that were identified in 2015 which continued in the current CHA are mostly related to access to care. One gap which was addressed since the 2015 CHA was the availability of a suicide prevention hotline.

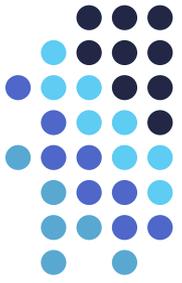




Findings from Partner Survey

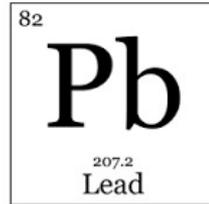
- **Assets and Resources (2016)** – many of the assets and resources described in the current CHA are new from 2015. The most prevalent new resource was associated with Idaho SHIP. Many of the assets and resources which were previously identified include natural areas and opportunities for exercise (i.e., walking trails, parks, etc.).
- **Data Used in the Assessment (2016)** – Many of the standard public health data sources were utilized.





Emerging Health Issues

- Lead
 - Opioid deaths
 - Death Rate Among Middle Aged Men
 - Arboviruses
 - Suicide
-
- Are these relevant issues in your communities?
 - What impacts have you seen?
 - Are there other, more immediate issues?





2017 Proposed Strategies

Overview of changes:

- Baselines remained constant
 - Targets updated to reflect progress from Year 1 and goal for Year 2
- Updated and better aligned all SMART objectives



Access to Care

Five Year Goal:

Increase access to health care services

SMART Objective(s):

Annually assess 100% of Health Professional Shortage Areas due for review

Increase to 50 the number of PCMHs that adopt an element of the virtual PCMH by January 2019

Highlights:

Split the SMART objective into 2 objectives



Access to Care

Strategy 1: Review and renew health care shortage areas to maximize funding and recruitment efforts in rural and frontier counties.		
Measure 1:	Baseline	Annual Target
Number of currently designated areas (93 total) reviewed annually as dental, mental, primary care Health Professional Shortage Areas	46 per year	46
Strategy 2: Develop and implement virtual patient-centered medical homes (PCMH) through Community Health EMS (CHEMS), community health workers (CHW), and Telehealth.		
Measure 1:	Baseline	Target
Number of Idaho EMS agencies recruited to participate in the CHEMS initiative	2 (CY2015)	13
Measure 2:	Baseline	Target
Number of Idaho EMS agencies providing CHEMS services	1 (CY2015)	13
Measure 3:	Baseline	Annual Target
Number of CHWs trained through ISU program	0 (CY2015)	75
Measure 4:	Baseline	Annual Target
Number of telehealth programs established in PCMHs	0 (CY2015)	12
Strategy 3: Recruit new and existing patient-centered medical homes (PCMH) to participate in the State Healthcare Innovation Plan (SHIP).		
Measure 1:	Baseline	Annual Target
Number of primary care clinics recruited to participate in the SHIP PCMH transformation	13 (CY2015)	55
Measure 2:	Baseline	Target
	0	

Highlights:

- Removed Strategy 1, Measure 2 regarding MUAs
- Clarified Strategy 1, Measure 1 to better represent the activities associated with the measure
- Added Strategy 2, Measure 2 and 4

Diabetes

Five Year Goal:

Reduce the economic burden of diabetes in Idaho and improve the quality of life for those who have or are at risk for diabetes

SMART Objective:

Increase from 47 to 55 the availability of educational opportunities (DSME and DPP) for Idahoans to manage modifiable risk factors associated with diabetes or pre-diabetes by July 2017



Diabetes

Strategy 1: Increase the number of CDC-recognized Diabetes Prevention Programs (DPP) and American Diabetes Association (ADA) or American Association of Diabetic Educators (AADE) Diabetes Self-Management Education (DSME) Programs

Measure 1:	Baseline	Target
Number of ADA/AADE DSME programs where DSME classes are offered	28 (SFY15)	40
Measure 2:	Baseline	Target
Number of persons with diabetes who have at least one encounter at an ADA recognized, AADE accredited program.	6,421 (2012)	8,400

Strategy 2: Increase referrals to CDC-recognized Diabetes Prevention Programs and ADA/AADE Diabetes Self-Management Education Programs

Measure 1:	Baseline	Target
Number of persons with prediabetes or at high risk for type 2 diabetes who enroll in a CDC-recognized DPP	89 (SFY14)	320
Measure 2:	Baseline	Target
Number of CDC-recognized or pending recognition DPPs	3 (SFY15)	15

Highlights:

Changed Strategy 1, Measure 2 from Number of CDC-recognized DPPs to Number of Persons with encounters as more accurate reflection of the work

Changed Strategy 2, Measure 2 from Number of Persons with enrolled to Number of DPPs or pending recognition DPPs



Tobacco

Five Year Goal:

Reduce tobacco use in Idaho

SMART Objective:

Increase the percentage of Idaho adult smokers that have attempted to quit smoking in the past 12 months from 57.6% to 60% by July 2017.



Tobacco

Strategy 1: Increase referrals to cessation services		
Measure 1:	Baseline	Target
Number of women enrolled in Women's Health Check ages 21-64 referred to the QuitLine/online cessation program. Note: Target is lower than baseline due to decreased enrollment for Women's Health Check services.	708 (SFY14)	700
Measure 2:	Baseline	Target
Number of tobacco users who registered for Idaho QuitLine/Online cessation services	8,142 (SFY15)	8,956 (10% above baseline)
Strategy 2: Promote the use of nicotine replacement therapy (NRT) for appropriate individuals enrolled in cessation services		
Measure 1:	Baseline	Target
Number of Idaho Quitline/online registrants shipped at least 4 weeks of Nicotine Replacement Therapy	5,943 (SFY15) (73% of total registrants)	6,717 (75% of target for phone and online)
Measure 2:	Baseline	Target
Proportion of registrants ordering Nicotine Replacement Therapy through Idaho QuitLine/Online cessation services	73% (SFY15)	75%

Highlights:

Strategy 1, Measure 1 clarified the measure was for women in the WHC program and also noted why target was lower than baseline

Strategy 1, Measure 2 removed 18-24 year old age limits

Strategy 2, Measure 1 removed age limits and changed to 4 weeks of NRT

Obesity

Five Year Goal:

Reduce the burden of obesity in Idaho
(28.6% obese, overweight + obese=62.5%)

SMART Objective:

Decrease the percentage of children age
10-17 who are overweight or obese from
27.8 to 26.8 by December 2017.

Highlights:

Revised the SMART
objective - To utilize a more
broad objective that spans
an adolescent time frame
from the National Child
Health Survey



Obesity

Strategy 1: Increase healthy options for infants and children through awareness, education, and collaboration		
Measure 1:	Baseline	Target (cumulative)
Number of childcare providers who have attended Let's Move trainings	118 (SFY14)	280
Measure 2:	Baseline	Target
Number of childcare providers that develop an action plan to improve nutrition	80	110
Measure 3:	Baseline	Target
Percent of children on WIC age 2-5 who are overweight or obese	28.1% (SFY16)	26%
Measure 4:	Baseline	Target
Percent of women on WIC who are still breastfeeding at 3 months	52% (SFY13)	55%
Measure 5:	Baseline	Target
Percent of 3 rd grade students who are overweight or obese based on BMI	29.7% (2011-12)	26%

Highlights:

Added Measure 2

Measure 3 – combined obesity and overweight rates

Dropped Initiation of Breastfeeding measure

Added measure 5 – 3rd grade BMI





Closing

Next steps | Take feedback and incorporate into revision

November PHWG meeting, present final draft

Publish January, 2017

