

New Mexico Diabetes Prevention and Control Program

FY 10 Annual Action Plan – July 1, 2009-June 30, 2010

Annual Objectives and Activities that will help DPCP achieve the short, intermediate, and long-term outcomes described in the 2010-2014 plan.

Long-term Objective: By March 29, 2014, work with diabetes system and other partners to increase the impact of primary prevention programs and environmental, social, policy, or system changes that prevent diabetes or its complications by 5%.

FY 10 Objective	FY 10 Activities
<p>1.1 By March 29, 2010, work with NM State University (NMSU) and school systems to increase from 30 to 35 the number of elementary schools implementing Coordinated Approach to Child Health (CATCH)</p> <p>1.2 By March 29, 2010, increase by 4 the number of employers DPCP is working with to establish worksite wellness policies or programs, by working with other Chronic Disease Prevention and Control Bureau programs (including Tobacco Use Prevention and Control Program and Healthy Communities), American Diabetes Association, American Heart Association, American Cancer Society and other partners. Baseline TBD in 2009.</p> <p>1.3 By March 29, 2010, work with Healthy Communities, Nacimiento Medical Foundation (NMF) and Santa Fe Prescription Trails (PT) partners to increase or create access to safe public spaces for physical activity within at</p>	<p>1.1</p> <ul style="list-style-type: none"> • Fund 35 schools for CATCH and provide TA to those schools • Identify potential elementary schools, with emphasis on high risk areas or populations, and build relationships with appropriate school personnel • Provide technical assistance to consenting schools to prepare them to meet application criteria <p>1.2</p> <ul style="list-style-type: none"> • Solicit commitment from 4 targeted employers in Rio Arriba or Sandoval Counties to consider establishing wellness policies or programs at their worksites and provide technical support as needed. • Begin to map existing worksite wellness programs throughout NM and assess their gaps and strengths <p>1.3</p> <ul style="list-style-type: none"> • Develop contract and conduct initial implementation of Healthy Communities Initiative in Cuba. • Participate in a self-assessment of primary collaborative partnerships to determine that all appropriate partners are included in the Cuba initiative. • Work with Healthy Communities partners to develop a 5-year plan.

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<p>least 2 selected communities, by 2 sites. Baseline TBD in 2009.</p> <p>1.4 By March 29, 2010, work with Tobacco Use Prevention and Control Program (TUPAC) and selected community and tribal partner(s) to increase the number of communities/tribes DPCP and TUPAC work with on environmental approaches to prevent tobacco exposure (excluding ceremonial use), e.g. second hand smoke (SHS) policies. Baseline: 0</p>	<ul style="list-style-type: none"> • Plan implementation of Cuba Prescription Trails: identify potential walking paths and provider participants; plan adaptation of materials. • Plan provider trainings on how to implement Prescription Trails and use PT tools in Cuba. • Explore the development of a web based PT provider training. • Provide social support to encourage walking for utility, health and recreation inclusive of all demographic groups in the Cuba • Conduct baseline assessment of partnerships infrastructure, assess progress and synthesize key information in conjunction with project leads and key partners for NMF. • Explore outreach to multi-unit homeowners/landlords about the dangers of second hand smoke and its effect on diabetes and other chronic diseases. • Provide technical assistance to local elementary school in Cuba to prepare them to meet application criteria to become a CATCH school. • Conduct outreach and awareness to local businesses about the trails and the benefits of walking for worksite wellness. • Plan formal evaluation of partnerships for NMF related to the HC Initiative. • Document lessons learned from evaluation of Albuquerque Prescription Trails. • Continue initial implementation of Santa Fe Prescription Trails: identify potential walking paths and provider participants, develop materials • Work with NMSU to establish a Kitchen Creations (KC) school in Cuba <p>1.4</p> <ul style="list-style-type: none"> • Work with the NM Indian Affairs Department (IAD) to increase their understanding of and gain their support for initiatives that address tobacco exposure and diabetes in tribal communities (excluding ceremonial use of tobacco). • Work with TUPAC to identify a tribe with interest and community readiness to address exposure to SHS • Work with TUPAC and interested tribal communities to develop and pilot a media campaign about the link between tobacco exposure and diabetes • Work with diabetes program and tobacco advocates within the tribe to identify next steps and develop an implementation plan. • Work with TUPAC to identify other sectors of communities interested in

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<p>1.5 By March 29, 2010, work with at least 2 tribal or county health councils that have identified diabetes or obesity as a priority to identify and implement evidence-based or promising approaches that reduce obesity and/or diabetes. Baseline: 2</p> <p>1.6 By March 29, 2010, work with epidemiology and evaluation partners to increase DPCP capacity to conduct surveillance, monitor and evaluate statewide efforts that prevent diabetes and its complications</p> <p>1.7 By March 29, 2010, work with NMDAC, NMHCTOD, NM Primary Care Association (NMPCA) and other system partners to increase organizational and system capacity to address pre-diabetes. Baseline: system-wide efforts do not exist.</p>	<p>implementing SHS policies (e.g. public or private housing)</p> <ul style="list-style-type: none"> • Work with TUPAC to provide training to tribal health care providers, Indian Health Service, and/or coalitions on the link between SHS exposure and diabetes. <p>1.5</p> <ul style="list-style-type: none"> • Build relationships with at least 1 additional county/tribal health council • Continue to build relationships with selected health councils and work with them to identify and implement evidence based environmental, social, policy, or system approaches to prevent diabetes or its complications. <p>1.6</p> <ul style="list-style-type: none"> • With Chronic Disease Prevention and Control Bureau (CDPCB) Epidemiologist/Medical Officer, Tobacco Epidemiologist, and DOH survey unit staff, explore new data sets for monitoring diabetes and associated risk factors • Build relationships with existing and new partners that support surveillance and monitoring of diabetes and complications • Begin to incorporate new data sets as appropriate • Work with DPCP contractors to increase skill and understanding of project evaluation • Obtain training or TA from outside evaluators as needed • Develop a program logic model that represents the Diabetes system work that DPCP will engage in over the next 5 years <p>1.7</p> <ul style="list-style-type: none"> • Create a plan for incorporating pre-diabetes into DPCP initiatives through 2014. • Provide at least 1 learning opportunity for DPCP about pre-diabetes • Provide at least 1 learning opportunity for NMDAC, providers and other partners about pre-diabetes • Support at least 1 provider training that address pre-diabetes or diabetes prevention e.g. Clinical Prevention Initiative (CPI) toolkit

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	<ul style="list-style-type: none">• Support at least 1 clinical initiative that increases patient access to services that address pre-diabetes or prevent diabetes (e.g. CPI toolkit)

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New Mexico Diabetes Prevention and Control Program

Long-term Objective: By June 30, 2013, work with NMDAC, NMHCTOD, NMCHWA, and other statewide partners to develop an updated statewide diabetes plan based on a system wide assessment that is inclusive of a broader spectrum of partners.

FY 10 Objective	FY10 Activities
<p>2.1 By March 29, 2010 work with diabetes educators, community health workers, other system partners, and populations disproportionately affected by diabetes to increase by 5%, access to diabetes care, including DSME, preventive care, and medications. Baseline TBD in 2009.</p>	<p>2.1</p> <ul style="list-style-type: none"> • Provide culturally and linguistically appropriate training and resources to DSME programs as needed • Provide culturally and linguistically appropriate diabetes management resources for populations disproportionately affected by diabetes (e.g. fotonovelas) • Work with Area Health Education Centers (AHECs), NM Health Care Resources (NMHR) and professional organizations on professional recruitment and retention strategies. • Pilot CHW diabetes related curricula and materials.
<p>2.2 By March 29, 2010, work with NMSU to provide 35 KC cooking schools</p>	<p>2.2</p> <ul style="list-style-type: none"> • Work with NMSU to provide 35 KC schools, especially among populations and tribes/communities disproportionately affected by diabetes
<p>2.3 By March 29, 2010, work with NM DOH TUPAC program to increase the number of people with diabetes who call the NM quitline from 488 to 600 (Baseline of 488 is for the period April 2007-March 2008)</p>	<p>2.3</p> <ul style="list-style-type: none"> • Work with TUPAC to obtain baseline data on smoking cessation • Monitor the use of the NM Quitline by people with diabetes • Publicize information about NM Quitline and other cessation services among diabetes system partners including NM Diabetes Advisory Council (NMDAC) and primary care providers; Include language in DPCP contracts requiring contractors to publicize the Quitline.
<p>2.4 By June 30, 2010, work with clinic systems to determine need related to meters and strips for uninsured and underinsured people with diabetes.</p>	<p>2.4</p> <ul style="list-style-type: none"> • Distribute meters and strips to Rural/Federally Qualified Health Center (FQHC) clinics. • Track the use of the meters and strips at selected clinics. • Assess the need for meters and strips among entities serving uninsured and underinsured people with diabetes.

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2.5

By June 30, 2010, work with clinical system partners to identify more comprehensive and larger impact approaches to how DPCP supports clinical diabetes management

2.5

- Meet with NMPCA, NM Health Care Takes on Diabetes (NMHCTOD), Health Plans, NM Medical Review Association (NMMRA) and other clinical partners to determine the most effective ways to support clinical diabetes management
- Identify ways to monitor progress of ABCs
- Continue to support the pilot vision project, expanding efforts to address the need for specialty vision care and use lessons learned to translate to other settings
- Support the use of telemedicine in rural and/or medically underserved areas

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FY 10 Objective	FY10 Activities
<p>3. By March 29, 2010, work with partners to engage a broad spectrum of diabetes system participants in a process to understand the broader socioeconomic context of diabetes</p>	<p>3.</p> <ul style="list-style-type: none"> • Explore different methodologies and select one for a system assessment that highlights the social determinants of health and is inclusive of a broad spectrum of partners, data-driven and statewide. • Identify traditional and non-traditional partners to participate in assessment • Hold at least 4 consultation meetings with populations disproportionately affected by diabetes to determine the most effective ways to reach their tribe/community/population • Continue to work with NMDAC to increase their operational capacity and to provide leadership within the diabetes system. • Share resources and information about common risk factors and links between certain chronic diseases with Chronic Disease Prevention and Control Bureau programs and our partners. • Develop a program logic model that represents the Diabetes system work that DPCP will engage in over the next 5 years.

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Long-term Objective: By June 30, 2014, increase public awareness and understanding of the burden, prevention and control of diabetes

FY 10 Objective	FY10 Activities
<p>4.1 By June 30, 2010, identify and incorporate pre-diabetes and common chronic disease risk factors messages into existing DPCP programming.</p> <p>4.2 By June 30, 2010, identify and incorporate DSME messages, including common chronic disease risk factors, into existing DPCP and partners' programming.</p>	<p>4.1</p> <ul style="list-style-type: none"> • Develop a 5-year plan to increase awareness about the burden and management of pre-diabetes and diabetes, including common risk factors with other chronic diseases • Work with Cooney, Watson and Associates (CWA) and other contractors and partners to develop messages <p>4.2</p> <ul style="list-style-type: none"> • Develop a 5-year plan to increase awareness about DSME, including common risk factors with other chronic diseases • Work with CWA and other contractors and partners to develop messages

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