1422: State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke, DP14-1422PPHF14

Strategies and Performance Measures Related to Community Programs Linked to Clinical Services
Link to Resources (View hyperlink below each strategy for online resources)

1422 Component 1 – **Environmental Strategies to Promote Health and Support and Reinforce Healthful Behaviors** These strategies compliment and support the work in health systems and community programs linked to clinical services.
Strategy 1.1 Implement nutrition and beverage standards including sodium standards (i.e., food service guidelines for cafeterias and vending) in public institutions, worksites and other key locations such as hospitals
Strategy 1.2 Strengthen healthier food access and sales in retail venues and community venues through increased availability (e.g. fruit and vegetables and more low/no sodium options), improved pricing, placement, and promotion
Strategy 1.3 Strengthen community promotion of physical activity through signage, worksite policies, social support, and joint use agreements in communities and jurisdictions
Strategy 1.4 Develop and/or implement transportation and community plans that promote walking

1422 Component 1 - Strategies to build support for healthy lifestyles, particularly for those at high risk, to support diabetes and heart disease and stroke prevention efforts			
Strategy	**Performance Measures**		
	Short-term	**Intermediate**	**Long-term**
Strategy 1.5 Plan and execute strategic data-driven actions through a network of partners and local organizations to build support for lifestyle change Diabetes Prevention Resources	9. Number of unique sectors represented in the network (e.g. employers, insurers, health systems, representatives of community organizations, food banks, and others) 10. Annual participation/response rate of network partners in network self-assessments	23. Number of persons with prediabetes or at high risk for type 2 diabetes who enroll in a CDC-recognized lifestyle change program	27. [OPTIONAL] Reduce the prevalence of obesity by 3% in the implementation area 28. [OPTIONAL] Reduce death and disability due to diabetes, heart disease and stroke by 3% in the implementation area 29. [OPTIONAL] Percent of participants in CDC-recognized lifestyle change programs achieving 5-7% weight loss 30. [OPTIONAL] Proportion of adults with known high blood pressure who have achieved blood pressure control
Strategy 1.6 Implement evidence-based engagement strategies (e.g. tailored communications, incentives, etc.) to build support for lifestyle change *(scaling and sustaining the CDC-recognized lifestyle change program for priority populations)* Diabetes Prevention Resources	11. Number of people reached through evidence-based engagement strategies		
Strategy 1.7 Increase coverage for evidence-based supports for lifestyle change by working with network partners (e.g., educate employers about the benefits and cost-savings of evidence-based lifestyle change programs as a covered health benefit Diabetes Prevention Resources	12. Number of employees with prediabetes or at high risk for type 2 diabetes who have access to evidence-based lifestyle change programs as a covered benefit		

1422 Component 2			
Health System Interventions to Improve the Quality of Health Care Delivery to Populations with the Highest Hypertension and Prediabetes Disparities			
Strategy	**Performance Measures**		
	Short-term	**Intermediate**	**Long-term**
Strategy 2.5 Implement systems to facilitate identification of patients with undiagnosed hypertension and people with prediabetes Diabetes Prevention Resources and Health Systems Resource Guide	17A. Percentage of patients within health care systems with policies or systems to facilitate identification of patients with undiagnosed hypertension 17B. Percentage of patients within health care systems with policies or systems to facilitate identification of people with prediabetes	23. Number of persons with prediabetes or at high risk for type 2 diabetes who enroll in a CDC-recognized lifestyle change program 24. Proportion of adults with high blood pressure in adherence to medication regimens	27. [OPTIONAL] Reduce the prevalence of obesity by 3% in the implementation area 28. [OPTIONAL] Reduce death and disability due to diabetes, heart disease and stroke by 3% in the implementation area 29. [OPTIONAL] Percent of participants in CDC-recognized lifestyle change programs achieving 5-7% weight loss 30. [OPTIONAL] Proportion of adults with known high blood pressure who have achieved blood pressure control

1422 Component 2			
Community Clinical Linkage Strategies to Support Heart Disease and Stroke and Diabetes Prevention Efforts			
Strategy	**Performance Measures**		
	Short-term	**Intermediate**	**Long-term**
Strategy 2.6 Increase engagement of CHWs to promote linkages between health systems and community resources for adults with high blood pressure and adults with prediabetes or at high risk for type 2 diabetes Diabetes Prevention Resources Community Health Workers Resources and Health Systems Resource Guide	18A. Number of health systems that engage CHWs to link patients to community resources that promote self-management of high blood pressure 18B. Number of health systems that engage CHWs to link patients to community resources that promote prevention of type 2 diabetes	23. Number of persons with prediabetes or at high risk for type 2 diabetes who enroll in a CDC-recognized lifestyle change program 24. Proportion of adults with high blood pressure in adherence to medication regimens 25. Proportion of patients with high blood pressure that have a self-management plan	27. [OPTIONAL] Reduce the prevalence of obesity by 3% in the implementation area 28. [OPTIONAL] Reduce death and disability due to diabetes, heart disease and stroke by 3% in the implementation area 29. [OPTIONAL] Percent of participants in CDC-recognized lifestyle change programs achieving 5-7% weight loss 30. [OPTIONAL] Proportion of adults with known high blood pressure who have achieved blood pressure control

1422 Component 2			
Community Clinical Linkage Strategies to Support Heart Disease and Stroke and Diabetes Prevention Efforts *continued*			
Strategy	**Performance Measures**		
	Short-term	**Intermediate**	**Long-term**
Strategy 2.8 Implement systems and increase partnerships to facilitate bi-directional referral between community resources and health systems, including lifestyle change programs (e.g. EHRs, 800 numbers, 211 referral systems, etc.) Diabetes Prevention Resources and Bi-Directional Referral Systems	20A. Number of health care systems with an implemented community referral system for evidence-based lifestyle change programs for people with hypertension 20B. Number of health care systems with an implemented community referral system for evidence-based lifestyle change programs for people with prediabetes or at high risk for type 2 diabetes	23. Number of persons with prediabetes or at high risk for type 2 diabetes who enroll in a CDC-recognized lifestyle change program 26. Number of persons with high blood pressure who enroll in an evidence-based lifestyle change program	Same as above