ALASKA DIABETES COALITION STRATEGIC PLAN
2020-2025

STATE of ALASKA
Department of Health and Social Services

Prevention Promotion Protection
ALASKA DIVISION OF Public Health

Alaska Diabetes Coalition

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Introduction + Background

Developing Our Strategic Plan

This plan was developed by members of the Alaska Diabetes Coalition, with leadership from the Steering Committee and assistance from local contractor, Agnew::Beck Consulting. The Alaska Division of Public Health's Section of Chronic Disease Prevention and Health Promotion received cooperative agreement funding from the Centers for Disease Control and Prevention (CDC) in 2018 to improve the health of Alaskans through prevention and management of diabetes.

Through this funding, the State of Alaska's Diabetes Prevention and Control Program has convened stakeholders from around the state to develop a statewide strategic plan to address diabetes in Alaska. The plan's vision, mission, guiding principles, goals, objectives and strategies were identified--drawing from existing data, evidence-based practices, and coalition members' expertise—during multiple coalition working sessions, teleconferences, and online surveys. The final plan was approved by the coalition in April 2020.

This plan is a living document comprised of four broad goal areas aimed at reducing the burden of diabetes in Alaska. To meet these goals, it includes specific strategies and objectives to focus on for the next five years. Guided by these goals, strategies, and objectives; specific activities—in the form of annual work plans—have been developed by the three Alaska Diabetes Coalition Work Groups:

- Access to Evidence-Based Programs,
- Education and Outreach,
- Effective Self-Management.

The Alaska Diabetes Coalition works together to achieve a healthier Alaska through diabetes education, prevention and management. To join the coalition's efforts or for more details about Work Groups and annual work plans, please reach out to the State of Alaska's Diabetes Prevention and Control Program at diabetes@alaska.gov.

Acknowledgements

We wish to acknowledge and thank those who helped create the Alaska Diabetes Coalition 2020-2025 Strategic Plan and who continue to work towards a diabetes-free Alaska. Members with an asterisk next to their name are Steering Committee members.

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Strategic Plan Framework + Coalition Structure

Vision

An Alaska that promotes healthy lifestyles statewide to prevent diabetes, reduce complications, reduce health care costs, and support Alaskans living with diabetes.

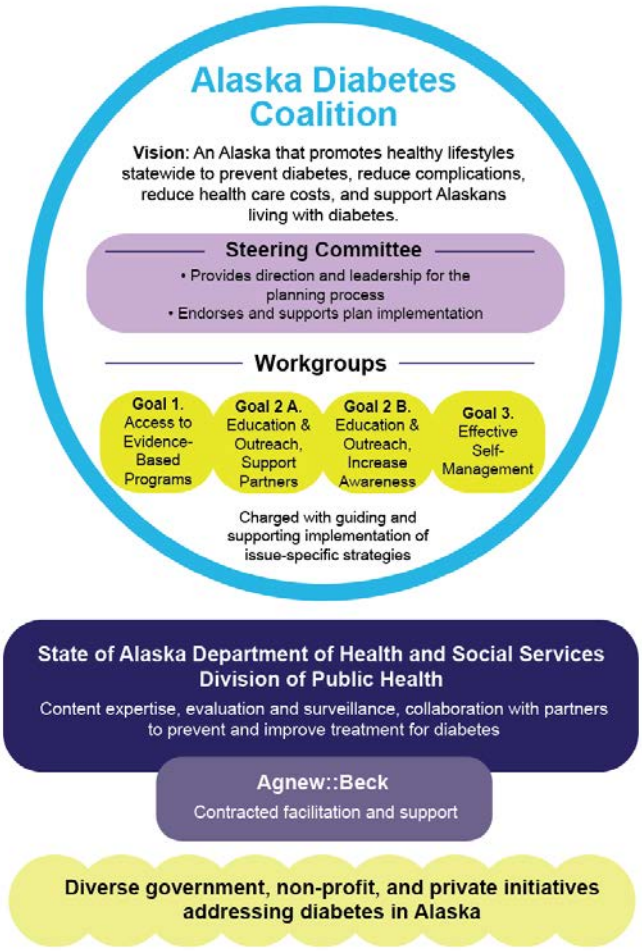
Mission

The Alaska Diabetes Coalition works together to achieve a healthier Alaska through diabetes education, prevention and management.

Guiding Principles

- Promote optimum health for Alaskans
- Strengthen individuals' knowledge and empowerment through health literacy and education
- Encourage prevention efforts throughout the lifespan
- Focus on early intervention
- Promote wellness and healthy lifestyles
- Build systems of holistic, patient-centered care
- Partner with existing organizations and coalitions with similar goals and priorities
- Use data and evidence-based practices to guide our work

Coalition Organizational Chart



Goals

- **Goal 1.** Increase access to and utilization of evidence-based interventions for Alaskans at risk of diabetes or living with diabetes, to maintain health and prevent complications.
- **Goal 2.** Reduce risk factors for diabetes among Alaska youth and adults through education, outreach, and collaboration with existing efforts to promote healthy lifestyles.
- **Goal 3.** Increase capacity of the health system to offer medications and evidence-based services to increase self-management and prevention efforts by those living with or at risk of developing diabetes.
- **Goal 4.** Maintain an active, committed coalition of partners working together to efficiently and effectively achieve our shared vision.

Burden of Diabetes in Alaska, 2012-2016[1]

What Is Diabetes?

Diabetes impacts the body's ability to process food. Our bodies use insulin, a hormone produced by the pancreas, to transform the foods we eat into glucose, a type of sugar that living cells use for energy. A person with diabetes has difficulty making or using insulin, and the food they eat remains in their bloodstream as undigested sugars. If a person has persistently high levels of sugar in the blood, he or she may be diagnosed with prediabetes or diabetes. There are multiple types of diabetes, defined in the sidebar at the right.

Diabetes is a chronic disease, and a risk factor for other health conditions. Diabetes is a chronic condition that affects a person's daily life and can lead to other serious health issues, especially if the condition persists undiagnosed or unmanaged over a long period. Diabetes is a risk factor for:

- heart disease, including heart attacks and stroke;
- vision loss;
- loss of feeling or functioning in hands, feet, and limbs; and
- kidney disease, including kidney failure.

Diabetes is a leading cause of preventable deaths and hospitalizations.

Diabetes cannot be cured, but it can be prevented or managed. As with other chronic diseases, making healthy choices can reduce or prevent risk of developing diabetes, as well as reduce the risk of developing other chronic diseases. This includes

- maintaining a healthy weight;
- eating a nutrient-rich diet with healthy fruits, vegetables, grains and fats;
- participating in regular physical activity; and
- avoiding or moderating unhealthy products such as tobacco and alcohol.

Types of Diabetes

- ***Type 1***: The body is unable to make insulin naturally. Usually diagnosed early in life. Requires taking insulin daily. Rarer than Type 2 diabetes. No known prevention or cure.
- ***Type 2***: The body cannot produce enough insulin, or utilize insulin efficiently, so blood sugar is not regulated at normal level. Most common form of diabetes today. Usually develops during adulthood. Preventable or manageable with healthy lifestyle choices.
- ***Gestational***: A woman develops diabetes during pregnancy, with no prior diagnosis. Usually temporary, but increases the mother's risk of developing Type 2 diabetes in the future.
- ***Prediabetes***: The body has elevated blood sugar, but not high enough to be diagnosed as Type 2 diabetes. Associated with greater risk for diabetes, heart disease and stroke. Prediabetes is preventable with healthy lifestyle choices.

[1] Alaska DHSS Section of Chronic Disease Prevention and Health Promotion, Division of Public Health. *Diabetes Prevention and Control in Alaska – 2019*. Accessed February 18, 2020: http://dhss.alaska.gov/dph/Chronic/Documents/Diabetes/burden/2019_AlaskaDiabetesBurdenReport.pdf

For those living with diabetes, including Type 1, maintaining a healthy lifestyle is important. Many people successfully manage their condition through maintaining healthy habits, medications to regulate insulin levels, and careful monitoring of their blood glucose level. Helping people stay healthy while living with diabetes is an essential part of reducing the burden of diabetes.

Prevalence, Mortality, Hospitalizations + Healthcare

Diabetes is among Alaska's leading causes of death and is a critical public health priority. In 2016, it was the eighth most common cause of death in Alaska (see Table 1). As of 2016, 7.5% of adults in Alaska have known diabetes and 11.1% of adults have known prediabetes. More than 100,000 Alaska adults have been diagnosed with diabetes or prediabetes, but more—**over 80%—**are likely at risk and do not know it.

Table 1: Cause of Death by Rank in Alaska + the U.S. (2016)

	Alaska Deaths			US Deaths	
Cause of Death by Rank in Alaska	Number	%	Age-Adjusted Rate	Age Adjusted Rate	Rank
1. Cancer	974	22%	152.5	155.8	2
2. Diseases of the Heart	814	18%	136.3	165.5	1
3. Unintentional Injuries	429	9%	61.9	47.4	3
4. Chronic Lower Respiratory Disease	236	5%	40.4	40.6	4
5. Stroke	193	4%	38.2	37.3	5
6. Suicide	186	4%	25.3	13.5	10
7. Chronic Liver Disease and Cirrhosis	123	3%	15.9	10.7	12
8. Diabetes	122	3%	18.6	21.0	7
9. Alzheimer's Disease	109	2%	25.4	30.3	6
10. Influenza and Pneumonia	60	1%	12.4	13.5	8

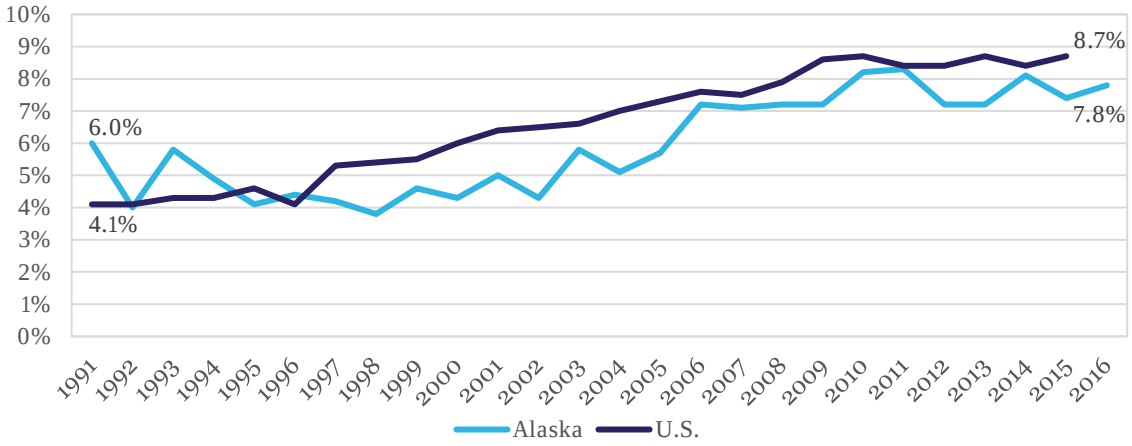
Source: Reproduced from State of Alaska, DHSS. Alaska Vital Statistics 2016 Annual Report. Available at http://dhss.alaska.gov/dph/VitalStats/Documents/PDFs/VitalStatistics_AnnualReport_2016.pdf. Accessed 2-17-2020.

More than ever, Alaskans and people across the U.S. are impacted by diabetes:

- Nationally, the Centers for Disease Control and Prevention (CDC) report that 40% (2 in 5) of U.S. adults will develop Type 2 diabetes in their lifetime. Younger adults are increasingly diagnosed with diabetes.
- In Alaska, approximately 41,000 adults (1 in 13) have been diagnosed with Type 1 or Type 2 diabetes. Another 62,000 adults (1 in 9) are diagnosed with prediabetes.
- Many other people may be living with diabetes or prediabetes but have not been screened or diagnosed. A national study estimates that up to 33% of adults (1 in 3) may have prediabetes, but of those, only 10% have been diagnosed by a health care provider. Applying these figures to Alaska, ***there may be over 120,000 additional cases of diabetes or prediabetes among Alaska adults***—more than the number of diagnosed cases to date.
- The prevalence of diagnosed diabetes continues to increase in Alaska and nationally.

Figure 1 illustrates the trend in prevalence over time for Alaska and the U.S. While Alaska has maintained a slightly lower rate of diabetes diagnoses over the last 20 years compared to the national average, both populations' prevalence continues to increase.

Figure 1: Prevalence of Diagnosed Diabetes, Alaska and U.S., age-adjusted
1991 - 2016



Source: Reproduced from *Diabetes Prevention and Control in Alaska* (2019).

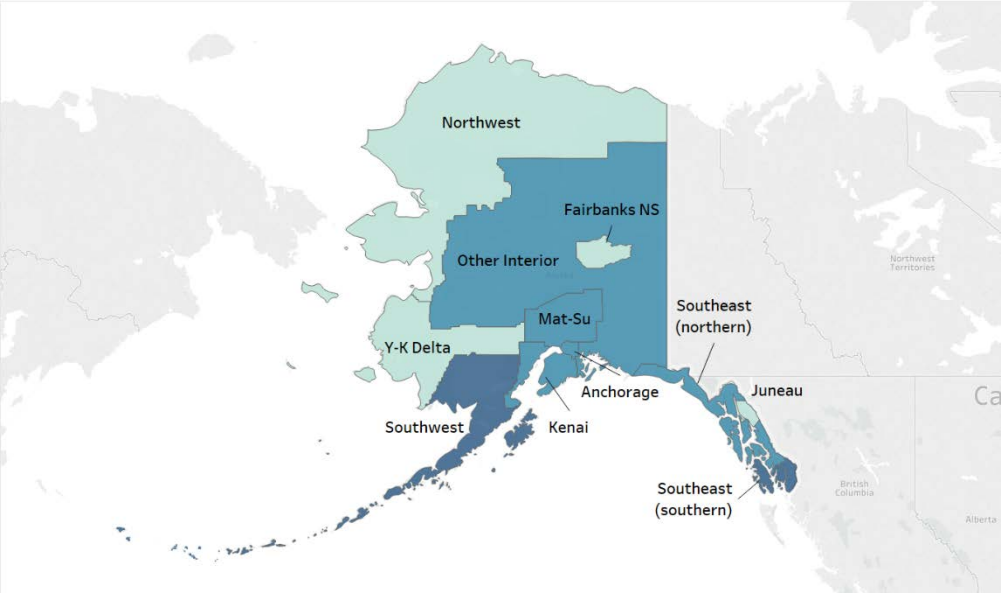
- ***Diabetes-related death (mortality).*** Diabetes is the 8th leading cause of death in Alaska, identified as a cause of death for 3,662 Alaskans between 2007 and 2016 – 889 as the underlying cause of death (i.e., direct cause), and 2,773 as a contributing cause of death. Although diabetes prevalence increased over the past decade, diabetes-related death rates have declined significantly during the same period.
- ***Diabetes-related hospitalizations and outpatient treatment.*** In total during 2016, diabetes contributed to the need for services in 70,487 hospital visits – 9,067 of these were inpatient visits, where the person was admitted to a hospital, and 7% indicated diabetes as the primary diagnosis, or reason care was needed. The remaining 61,420 cases were outpatient visits (i.e., emergency department, outpatient surgery, outpatient observation, imaging labs, or other services), and about one-third (33%) of those indicated diabetes as the primary diagnosis.
- ***Quality healthcare for people with diabetes.*** Most Alaska adults with diabetes saw a healthcare provider for diabetes care in the past year (86%), however only about one-third of people with diabetes met a "quality of care" standard for effective clinical services (obtaining annual eye and foot exams, and a glycosylated hemoglobin [A1c] test at least twice per year).

Diabetes Disparities in Alaska

- ***Comparisons by demographic group.*** Diabetes prevalence increased with age: from 2.0% among people ages 18-44 to 19.3% among people ages 65 and older. Diabetes prevalence was similar for men and women, but diabetes-related hospitalizations were greater among women than men, and death rates are greater among men than women.

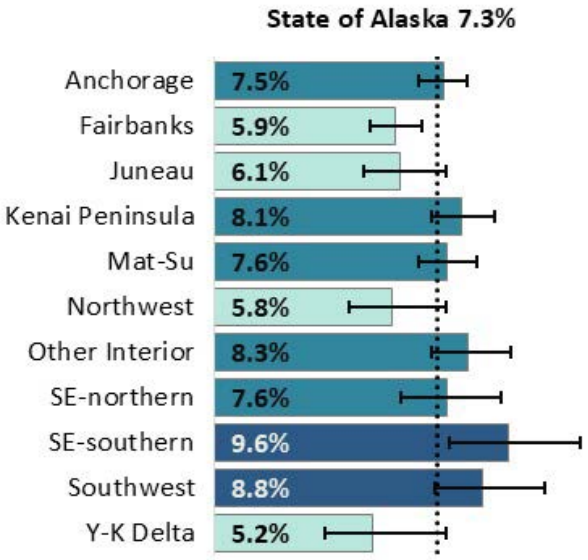
- ***Comparisons by race.*** More Alaska Native people and Black or African American people have diabetes or prediabetes than Whites in Alaska. Diabetes-related death and hospitalization rates were greater among Asian, Pacific Islander, and Black or African American people in Alaska than among Whites. Hospitalization rates – but not death rates – were greater among Alaska Native people than Whites.
- ***Regional comparisons.*** Relative to the state as a whole, the prevalence of diabetes was higher in the Southeast-southern region, and lower in Fairbanks. See Figure 2. Diabetes-related death rates were lower than the state average in Fairbanks, Kenai Peninsula, and the Yukon-Kuskokwim regions, which may be related to a combination of factors. These lower death rates could be due to diabetes-specific factors, such as lower prevalence, higher incidence in these regions of other competing causes of death, differences in reporting causes of death, or a combination of several factors.

Figure 2: Prevalence of Ever Being Diagnosed with Diabetes Among Adults, By Behavioral Health Systems Region
Alaska, 2012-2016



Prevalence of Ever Being Diagnosed with Diabetes by Behavioral Health Systems Region
Alaska adults, 2012-2016

	Prevalence	Lower CI	Upper CI
State of Alaska	**7.3%**	**6.9%**	**7.7%**
Anchorage	7.5%	6.7%	8.3%
Fairbanks*	5.9%	5.1%	6.8%
Juneau	6.1%	4.9%	7.6%
Kenai Peninsula	8.1%	7.1%	9.2%
Mat-Su	7.6%	6.7%	8.6%
Northwest	5.8%	4.4%	7.6%
Other Interior	8.3%	7.1%	9.7%
SE-northern	7.6%	6.1%	9.4%
SE-southern*	9.6%	7.7%	12.0%
Southwest	8.8%	7.2%	10.8%
Y-K Delta	5.2%	3.6%	7.6%



Data source: Alaska BRFSS Combined File.

*Indicates significant difference between region and state overall.

- ***Screening for diabetes.*** The American Diabetes Association (ADA) recommends screening and testing for type 2 diabetes or prediabetes every three years at minimum for adults ages 45 or older, and adults of any age who are overweight or obese. About half (52.0%) of Alaska adults without diabetes have been tested for diabetes within the past three years; conservatively, 76% of Alaska adults met criteria for needing screening. Screening rates were lower in the Northwest and Yukon-Kuskokwim Delta regions than in the state overall.
- ***Effective self-care practices.*** More than half of Alaska adults with diabetes (60%) said they checked their own blood glucose daily, and 60% said they had ever taken a diabetes self-management class. Prevalence of these same two self-care practices was lower among Alaska Native people with diabetes than non-Native Alaskans (48% and 50% among Alaska Native people, respectively).

Economic Costs of Diabetes

Diabetes-related deaths and hospitalizations have significant economic costs to the public sector, and places a burden on people with diabetes and their families. The CDC reports that after adjusting for age and gender, average medical expenditures in the U.S. among people with diagnosed diabetes are more than double the costs for people without diabetes.[2]

- Approximately **$1 in $7 health care dollars** is spent treating diabetes and its complications.[3]
- Diagnosed diabetes costs America **$327 billion** each year.[3]

Diabetes has significant economic costs in Alaska, too.

- In Alaska, the average cost for healthcare in fiscal year 2016 was nearly **$36,000 per person** with diabetes in contrast to the average of about **$7,700 spent per person** without a chronic health condition in the same year.
- In total, more than **$193 million in Medicaid costs** were paid for people with diabetes in Alaska in that year. About **$72 million** of this funding was from Alaska's state general fund (37%), and the remaining costs were covered by federal funds.

Notably, these costs do not account for medical care received from outside the Medicaid system, and do not account for other important economic costs to individuals and their families (e.g., lost work or inability to maintain employment), and are thus underestimates of the true economic costs of diabetes. In 2014, diabetes and prediabetes cost an estimated $668 million in Alaska each year.[4]

[2] Centers for Disease Control and Prevention (CDC). National Diabetes Statistics Report, 2017 Estimates of Diabetes and Its Burden in the United States. August 8, 2017.

[3] American Diabetes Association. Accessed February 19, 2020: https://www.diabetes.org/resources/statistics/cost-diabetes.

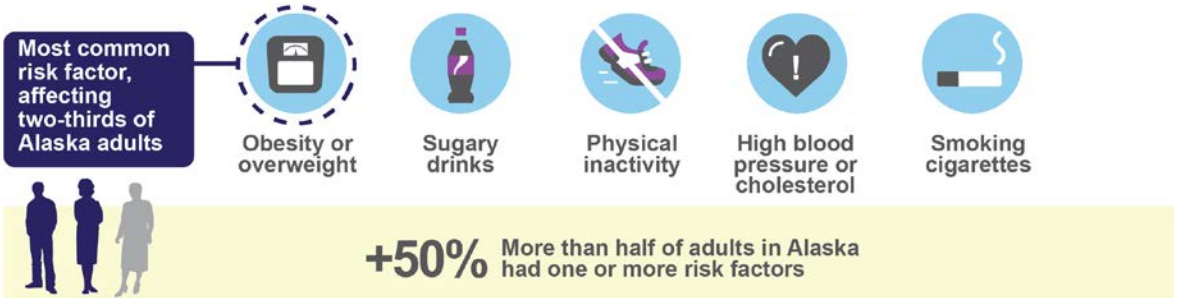
[4] American Diabetes Association. Accessed February 19, 2020: http://main.diabetes.org/dorg/PDFs/Advocacy/burden-of-diabetes/alaska.pdf.

Preventing and Managing Diabetes

Risk + Protective Factors

Key risk factors for developing diabetes or its complications include being overweight or obese, drinking sugary drinks, not getting enough exercise, high blood pressure or cholesterol, and smoking cigarettes.[5] Many adults in Alaska had one of these risk factors and more than half of adults in any of the major demographic groups examined for this report (White, Hispanic, Asian, Black/African American, Alaska Native, and other or Multi-race) had one or more risk factors (see Figure 3).[6]

Figure 3: Five Key Risk Factors for Developing Diabetes[5,6]



Protective factors, which reduce the risk of diabetes and related complications, include: maintain a healthy weight; eat healthy foods; drink water instead of sugary beverages[7]; stay physically active; get blood sugar, blood pressure and cholesterol screenings[8]; don't use tobacco; and prevent and/or manage diabetes.[9] See Figure 4.

Figure 4: Protective Factors

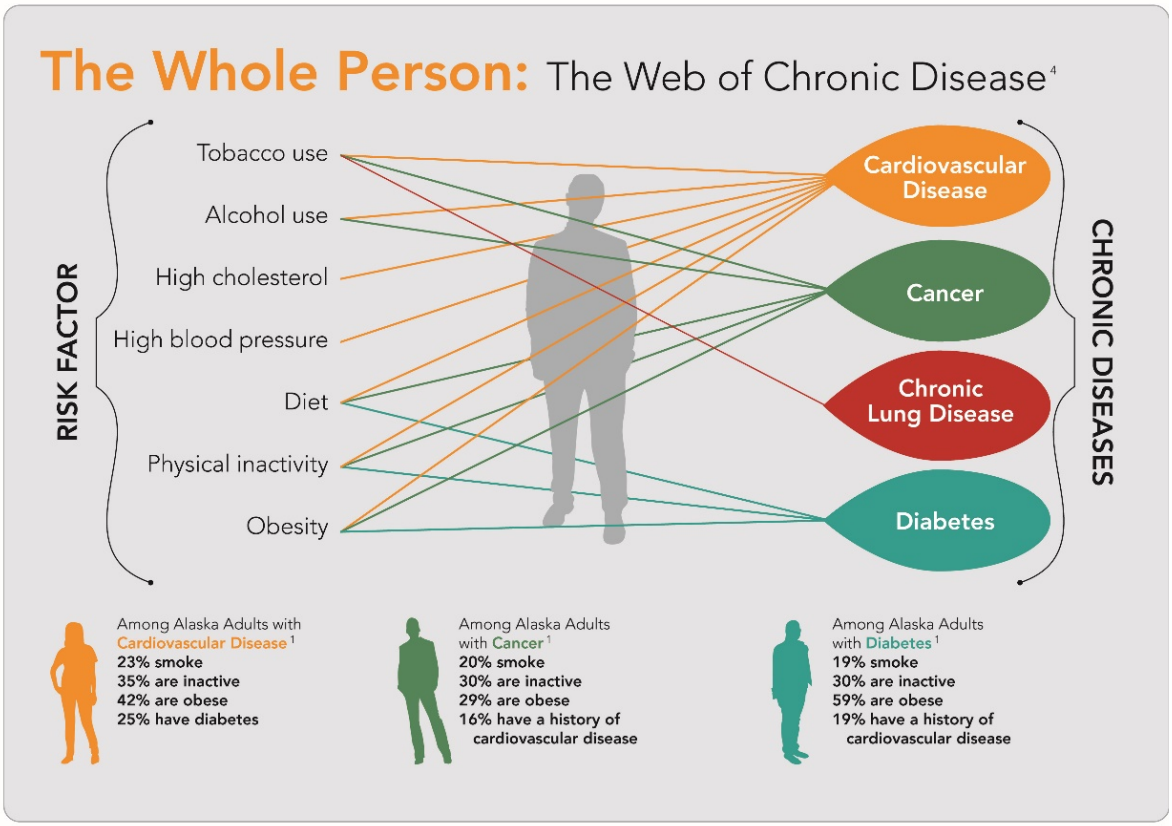
[5] Alaska DHSS Section of Chronic Disease Prevention and Health Promotion, Division of Public Health. *Diabetes Prevention and Control in Alaska – 2019*. Accessed February 18, 2020: http://dhss.alaska.gov/dph/Chronic/Documents/Diabetes/burden/2019_AlaskaDiabetesBurdenReport.pdf

[6] Alaska BRFSS Combined File, 2013-2016 for obesity, overweight and smoking; Alaska BRFSS Standard File, 2011, 2013, 2015 for physical inactivity, high cholesterol, and drinking one or more sugary drinks per day; Alaska BRFSS Standard File, 2011-2015 for high blood pressure.

[7] Harvard T.H. Chan School of Public Health website. Sugary Drinks. Accessed February 28, 2020: https://www.hsph.harvard.edu/nutritionsource/healthy-drinks/sugary-drinks/.

[8] American Heart Disease website. Understand Your Risk for Diabetes. Accessed February 28, 2020https://www.heart.org/en/health-topics/diabetes/understand-your-risk-for-diabetes.

Figure 5: The Web of Chronic Disease[10]



Source: Image produced by Agnew::Beck Consulting for the Section of Chronic Disease Prevention and Health Promotion, Division of Public Health, Alaska Department of Health and Social Services.

Diabetes + Mental Health[11]

Mental health affects many parts of daily life, such as how people think and feel, handle stress, relate to others, and make choices. Having a mental health problem could make it harder for people to stick to their diabetes care plans. Thoughts, feelings, beliefs, and attitudes can affect how healthy a person's body is. Untreated mental health issues can make diabetes worse, and problems with diabetes can make mental health issues worse. However, as one improves, the other tends to improve, too.

[10] Remington PL, Brownson RC, Wegner MV, eds. Chronic Disease Epidemiology and Control, 3rd Ed. Washington DC: American Public Health Association, 2010. AK BRFSS (2009-2011). Accessed May 12, 2020: http://dhss.alaska.gov/dph/Chronic/PublishingImages/assets/CDPHP_thewholeperson.gif.

[11] Center for Disease Control and Prevention (CDC). Diabetes and Mental Health webpage. Accessed February 20, 2020: https://www.cdc.gov/diabetes/managing/mental-health.html.

People may sometimes feel discouraged, worried, frustrated, or tired of dealing with daily diabetes care. Those feelings, known as diabetes distress, may cause people to slip into unhealthy habits, stop checking their blood sugar, and skip doctor's appointments. In any 18-month period, 33% to 50% of people with diabetes have diabetes distress.

Diabetes distress can look like depression or anxiety, but it can't be treated effectively with medicine. Instead, the following approaches have been shown to help:

- See an endocrinologist for diabetes care. He or she is likely to have a deeper understanding of diabetes challenges than regular doctors.
- Ask a doctor for a referral to a mental health counselor who specializes in chronic health conditions.
- Get some one-on-one time with a diabetes educator to problem-solve together.
- Focus on one or two small diabetes management goals instead of working on everything at once.
- Join a diabetes support group to share and exchange thoughts, feelings and lessons learned.

Screening[12]

Diagnosing diabetes or prediabetes early can avoid complications. The American Diabetes Association (ADA) recommends regular screenings to test for diabetes:

- *Adults age 45 and older*: every **3** years
- *People with prediabetes*: every year
- *Women who were diagnosed with gestational diabetes*: every 3 years
- *Adults who are overweight or obese and have one or more risk factors*: every year

Additionally, the ADA recently recommended testing children and adolescents who are overweight or obese and have at least one other risk factor for diabetes.

In addition to screening for diabetes, adults should receive regular screenings for high cholesterol and blood pressure; both are risk factors for developing diabetes, as well as for diabetes complications among those who already have diabetes.

Healthcare + Self-Management[13]

Quality healthcare and self-management practices for people with diabetes can effectively lower the risk of health complications. Although recommendations for care can vary based on individual characteristics, specific guidelines for diabetes care include the following four actions:

- See a healthcare provider for diabetes-related preventive care at least once per year.

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[12] American Diabetes Association. Classification and Diagnosis of Diabetes: Standards of Medical Care in Diabetes – 2020. Diabetes Care. January 2020. Vol 41, Supplement 1: S13-S27. Accessed February 27, 2020: https://care.diabetesjournals.org/content/diacare/suppl/2019/12/20/43.Supplement_1.DC1/DC_43_S1_2020.pdf

[13] Alaska DHSS Section of Chronic Disease Prevention and Health Promotion, Division of Public Health. *Diabetes Prevention and Control in Alaska – 2019*. Accessed February 18, 2020: http://dhss.alaska.gov/dph/Chronic/Documents/Diabetes/burden/2019_AlaskaDiabetesBurdenReport.pdf

- Work with a healthcare team to achieve high-quality diabetes care; that means having received all three clinical services below to achieve the “quality of care” standard:
    - an annual eye exam,
    - an annual foot exam, and
    - a hemoglobin A1C test at least twice per year.
- Check blood glucose levels daily at home.
- Attend evidence-based diabetes self-management classes.

Goals + Strategies

These goals and strategies were identified—drawing from existing data, evidence-based practices, and coalition members' expertise—during multiple coalition working sessions, teleconferences, and online surveys.

This is a summary of the goals and strategies that will guide the coalition's activities over the next five years.

Goal 1. Increase access to and utilization of evidence-based interventions for Alaskans at risk of diabetes or living with diabetes, to maintain health and prevent complications.

- **Strategy A.** Promote consistent screening of and follow-up with patients who have risk factors for prediabetes and diabetes.
- **Strategy B.** Increase health care providers' knowledge of and referrals to evidence-based diabetes prevention and self-management programs.
- **Strategy C.** Increase participation in CDC-recognized Diabetes Prevention Programs (DPP) statewide.
- **Strategy D.** Increase participation in ADCES-accredited or ADA-recognized Diabetes Self-Management Education and Support (DSMES) services.
- **Strategy E.** Increase access to DPP and DSMES programs through telehealth and other delivery methods.
- **Strategy F.** Promote best practices for pharmacists to use medication therapy management (MTM) to support self-management for people living with diabetes.

Goal 2. Reduce risk factors for diabetes among Alaska youth and adults through education, outreach, and collaboration with existing efforts to promote healthy lifestyles.

- **Strategy A.** Collaborate with and expand the reach of partners who work on primary prevention, i.e., promote healthy lifestyle choices for all Alaskans, to support health throughout the lifespan and reduce risk factors for diabetes.
- **Strategy B.** Increase public awareness of key symptoms and risk factors for diabetes.

Goal 3. Increase capacity of the health system to offer medications and evidence-based services to increase self-management and prevention efforts of those living with or at risk of developing diabetes.

- **Strategy A.** Increase the number of health plans that provide comprehensive coverage of diabetes prevention and self-management services, medications and devices.
- **Strategy B.** Increase number of recognized providers who can bill for diabetes self-management services.
- **Strategy C.** Improve the availability of medications and devices for diabetes management.

Goal 4. Maintain an active, committed coalition of partners working together to efficiently and effectively achieve our shared vision.

- **Strategy A.** Build a diverse statewide membership of subject matter experts, health care professionals and individuals who are passionate about our mission.
- **Strategy B.** Maintain a focused, strategic annual action plan for the coalition to focus its implementation work.

Evaluating Our Impact: Performance Indicators

The purpose of performance indicators is to measure and monitor the coalition's progress toward achieving our goals. The coalition has identified high-level measures to track overall outcomes (see below), as well as one or more measures for each priority strategy that the group is currently focused on. Please reach out to the State of Alaska's Diabetes Prevention and Control Program at diabetes@alaska.gov for more information on priority strategy level indicators.

Overall Diabetes Indicators	Baseline (date)	Target (2025)	Data Source
Prevalence: Reduce the percentage of adults living with diabetes.	8.4% (2018)	8.0%	BRFSS
Mortality: Reduce diabetes mortality rates in AK (deaths directly caused by diabetes). Age-adjusted.	17.8/100,000 (2018)	16.9/100,000	HAVRS

Sources: Alaska Behavioral Risk Factor Surveillance Survey; Alaska Division of Public Health, Vital Statistics, Mortality.

Reference: Relevant Healthy Alaskans 2030 Health Objectives

In addition to the performance measures that the coalition will use to measure progress toward our vision and goals, we intend to monitor the Healthy Alaskans indicators related to prevention and management of diabetes. None of the 30 health objectives for Healthy Alaskans 2030 specifically address diabetes prevention and control directly. However, three indicators address risk factors (weight status, sugary drink intake, and physical activity) and three address access to healthcare, which may indirectly impact diabetes rates and related risk and protective factors.

- **Objective 5**: Reduce the percentage of adults (aged 18 years and older) reporting that they could not afford to see a doctor in the last 12 months.
- **Objective 6**: Reduce the rate of preventable hospitalizations per 1,000 adults (hospitalizations that could have been prevented with high quality primary and preventive care) based on the Agency for Healthcare Research and Quality (AHRQ) definition. [14]
- **Objective 8**: Reduce the percentage of the population without health insurance.
- **Objective 9**: Increase the percentage of children (students in grades K-8) who meet criteria for healthy weight.
- **Objective 15**: Reduce the percentage of 3-year-olds who drink any sugary drinks on a given day.

[14] AHRQ Quality Indicators—Guide to Prevention Quality Indicators: Hospital Admission for Ambulatory Care Sensitive Conditions. Rockville, MD: Agency for Healthcare Research and Quality, 2001. AHRQ Pub. No. 02-R0203. https://www.ahrq.gov/downloads/pub/ahrqqi/pqiguide.pdf

- **Objective 16**: Increase the percentage of adolescents who meet the Physical Activity Guidelines for Americans (2008 US DHHS Physical Activity Guidelines: adolescents who do at least 60 minutes of physical activity a day, every day of the week).

List of Acronyms/ Glossary

- ADCES (Association of Diabetes Care & Education Specialists)
- ADA (American Diabetes Association)
- AHRQ (Agency for Healthcare Research and Quality)
- BRFSS (Behavioral Risk Factor Surveillance Survey)
- CDC (U.S. Centers for Disease Control and Prevention
- DHSS (Department of Health and Social Services)
- DPP (Diabetes Prevention Program)
- DSME / DSMES (Diabetes Self-Management Education and Support)
- US DHHS (United States Department of Health and Human Services)

Alaska Diabetes Coalition Strategic Plan (2020-2025)

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