



HP 2020
ARKANSAS
FRAMEWORK FOR ACTION

Chronic Disease Coordinating Council Million Hearts Action Plan



Cancer

HP2020 C 1

Reduce the overall cancer death rate

Strategic Priority No. 1

Increase the appropriate utilization of cancer screenings

Action Steps 1-6:

1. Reduce structural barriers such as hours of operations and lack of transportation that make it harder for women to receive screenings
2. Encourage system changes that promote provider-based reminder, follow-up and case management systems
3. Partner with other cancer-focused community organizations to promote education and cancer screening programs for at-risk and underserved populations
4. Educate legislators and policymakers on the importance of cancer prevention and early detection
5. Support patient navigator programs that address cultural, access, and economic barriers to cancer screening, and direct patients in need to further services with timely and appropriate follow-up care
6. Work with CHW organization to determine appropriate educational topics for CHW on cardiovascular and chronic diseases

How we'll get there:

- Listservs to promote activities Promote worksite wellness policies that facilitate prevention and screening efforts, such as work-time release to obtain cancer-related screening services
- Increase professional development aimed at healthcare professionals promoting dissemination of clinical guidelines for cancer screening and follow-up
- Collaborate with partners such as ACS, UAMS, ACC, to provide continuing education opportunities, including ITV series
- Develop and promote ATRAIN course to introduce public health and cancer prevention practitioners to the ACCR online query system and provide techniques for retrieving data
- Use AFMC

Who's responsible?

BreastCare; ACC Members; UAMS; and AFMC

Timeline:

2015 - 2017

What can I do?

Promote or participate in activities above

Action Step 7:

Implement mass media campaign on informed decisions regarding screenings

- Use social media
- Secure funding for mass and small media campaigns

Who's responsible?

ACC Staff; CCC Program at ADH

Timeline:

2015 - 2017





What can I do?

Assist in promotion of media campaigns

Strategic Priority No. 2

Incorporate Million Hearts principles and goals into all patient and professional educational materials and activities, in both clinical and community settings

Action Step 1:

Promote Million Hearts resources on website and social media

- Promote use of Million Hearts resources among other organizations

Who's responsible?

ACC; AFMC; American Heart Association; TCP; ADH Chronic Disease Prevention and Control Branch; ACDCC

Timeline:

2015 - 2017

What can I do?

Utilize Million Hearts resources available on ACC website and social media; provide access to Million Hearts resources on organization's website and social media

Action Step 2:

Network with existing workgroups to increase awareness of Million Heart Initiative

- Educate the Lung Cancer workgroup on the Million Hearts Campaign
- Increase Pledges
- Increase awareness

Who's responsible?

ACC Lung Cancer workgroups

Timeline:

2015 - 2017

What can I do?

Provide education on Million Hearts to healthcare providers; provide education on Million Hearts to patients who have been diagnosed with cancer

Action Step 3:

Include Million Hearts goals in the ACP3

- Consult with AFMC on Million Hearts content for ACP3

Who's responsible?

ACC

Timeline:

June 2017

What can I do?

Promote use of the ACP3

Strategic Priority No. 3

Enhance healthcare professional knowledge regarding cancer prevention and early detection

Action Step 1:

Hold annual Arkansas Cancer Summit to provide networking and educational opportunities for attendees

- Offer trainings to healthcare professional during the





- summit
- Provide networking opportunities to link healthcare professionals with community-based programs

Who's responsible?

ACC

Timeline:

2015 - 2017

What can I do?

Offer training for healthcare providers serving populations within your practices or areas of Influence; promote the Arkansas Cancer Summit

Action Step 2:

Improve professional education and coordination of care

- Promote the Systems Training Outreach Program (STOP) tobacco treatment interventions-ADH TPCP
- Conduct four Quarterly Meetings promoting the following events: 1) Lung Cancer Symposium and 2) ACC Cancer Summit
- Create a platform to educate coalition members on cancer control updates
- Coordinate BreastCare series for healthcare providers across the state

Who's responsible?

ACC; ADH BreastCare

Timeline:

2015 - 2017

What can I do?

Contact the ACC to participate in STOP advisory board meetings, distribute updates and training opportunities to coalition members; promote STOP trainings for providers using social media and other communication efforts

Action Step 3:

Create a support group resource directory for cancer patients

Who's responsible?

ACC; BreastCare

Timeline:

2015 - 2017

What can I do?

Ensure your organization is on resource guide of all ACC partnering organization that offer services to cancer patients

Diabetes

HP2020 D 16

Increase prevention behaviors in persons with pre-diabetes at high risk for diabetes

Strategic Priority No. 1

Influence and encourage businesses, health facilities, state agencies, and state government/legislative branches to promote policies and programs that support diabetes prevention and control





Action Step 1: Increase the number of communities and stakeholders that promote policies to encourage diabetes prevention and control

- Work with schools and other community organizations and businesses to improve policies for healthy nutrition and physical activity
- Increase reimbursement for Diabetes Self-Management Education (DSME), Medical Nutrition Therapy, and Diabetes Prevention Programs (DPP) across all insurance providers

Who's responsible? DAC

Timeline: 2017

What can I do? Help spread the word; promote DSME and awareness of pre-diabetes; support nutrition standards/dietary guidelines implementation (2015)

Action Step 2: Expand providers' cultural competency, diabetes knowledge and adherence to the American Diabetes Association (ADA) clinical practice guidelines

- Encourage specialized, advanced training in diabetes among care providers
- Recognize diabetes excellence among providers/care institutions in Arkansas
- Use health communication strategies and health information technology to improve population health outcomes and healthcare quality, and to achieve health equity

Who's responsible? DAC

Timeline: 2017

What can I do? Help spread the word; encourage adoption of electronic medical records (EMRs) and coordination of chronic disease management

Action Step 3: Increase diabetes knowledge among patients and caregivers to improve diabetes self-management behaviors and related health outcomes

- Increase the number of Arkansans receiving formal diabetes education or training
- Enlarge the pool of non-certified diabetes education programs (e.g. those facilitated by health educators, extension workers, social workers, lay health ministers, community health workers, etc.)
- Expand programs and services for high-risk groups: minorities, elders, tobacco users, caregivers, underinsured, non-insured, and rural Arkansas residents
- Work with HHI to identify target areas that lack diabetes education resources
- Utilize the Arkansas Tobacco Quitline and Systems Training Outreach Program (STOP) with healthcare providers and their patients
- Utilize libraries as health hubs for chronic disease information





Who's responsible?

AFMC; DAC Public Education Committee

Timeline:

2017

What can I do?

Help spread the word; increase utilization of established resources; increase utilization of nutrition standards; report and manage data; host education programs; utilize other healthcare professionals as physician extenders; promote Patient-Centered Medical Homes (PCMH) model

Disabilities

HP2020 DH 4

Reduce the proportion of people with disabilities who report delays in receiving primary and periodic preventive care due to specific barriers

Strategic Priority No. 1

Create a mechanism to enforce the Americans with Disabilities Act (ADA) in healthcare and public health settings

Action Step 1:

Conduct accessibility reviews in healthcare and public health settings

Who's responsible?

Arkansas Disability and Health Program

Timeline:

2017

What can I do?

Identify ADA access issues and report them to the Arkansas Disability and Health Program; collaborate with the Arkansas Disability and Health Program to remove barriers

Action Step 2:

Recommend improvements in enabling services that allow people with disability to access care (i.e. transportation, alternative formats)

Who's responsible?

Arkansas Disability and Health Program

Timeline:

2017

What can I do?

Support organizations that provide enabling services with people with disabilities

Strategic Priority No. 2

Develop and implement a professional education program regarding people with disabilities

Action Step 1:

Coordinate efforts of Arkansas Disability and Health Program and AFMC to deliver professional education that currently exist

Who's responsible?

Arkansas Disability and Health Program; AFMC





Timeline: August 2014 - 2017

What can I do? Find avenues for delivery of these educational programs

Action Step 2: **Promote awareness among healthcare and public health professionals of the need for health education materials for those with low literacy levels and low vision/blind patients**

Who's responsible? Arkansas Disability and Health Program; Arkansas Literacy Council; Partnership for Health Literacy in Arkansas

Timeline: 2017

What can I do? Advocate for people with disabilities

Heart Disease and Stroke

HP2020 HDS 2 Reduce coronary heart disease deaths

Strategy Priority No. 1 Increase coordinated care to prevent death due to heart attacks

Action Step 1: **Hold quarterly stakeholder meetings to move the state ST-Segment Elevation Myocardial Infarction (STEMI) system forward**

- Develop statewide systems of care protocols for stroke and STEMI
- Advocate and build support for stroke and STEMI systems of care
- Discuss and decide upon designations versus certifications

Who's responsible? Stakeholders; ACDCC; medical doctors; hospitals; healthcare practitioners; American Heart/American Stroke Association; ADH Office of Emergency Medical Services (EMS) and Trauma have a major role, Stroke Task Force, Center for Medicare and Medicaid Services (CMS), educating groups and the news media

Timeline: 2015 - 2017

What can I do? Support with distribution of information; attend STEMI meetings; support legislation and STEMI protocols

Action Step 2: **Foster legislation that promote statewide systems of care protocols for stroke and STEMI**

- Schedule protocol workgroup meetings
- Present protocols to stakeholders
- Develop legislative action plan and legislation as needed
- Recruit legislators to support legislation

Who's responsible? AHA; AFMC; Trauma; stroke registries staff; and EMS staff





Timeline: 2017 Legislative Action

What can I do? Promote and support protocols and legislation; provide facilitation for meetings

Strategy Priority No. 2

Increase screening for blood pressure and cholesterol consistent with national guidelines

Action Step 1:

Monitor screening and control for patients with hypertension

- Follow-up, survey, and analyze existing blood pressure screening data from 89 local health units (LHUs) to assess strategy
- Involve physicians seeing Medicare patients in data collection
- Include ASTHO Grant deliverables to support this action
- Distribute Million Hearts materials provided by AFMC
- Promote JNC 8 Guidelines when approved
- Promote use of EMRs to accomplish hypertension control through ACT clinic teams, Comprehensive Primary Care Initiative clinics, and Patient Centered Medical Homes

Who's responsible?

ADH; Arkansas Stroke Assistance through Virtual Emergency Support (AR Saves); local hospitals; AR Clinical Transformation Collaborative (ACT) clinics; College of Pharmacy

Timeline: 2017

What can I do? Collaborate with stakeholders to accomplish and promote action for hypertension control

Action Step 2:

Promote preventive screenings for identifying risk factors for pre-hypertension and pre-diabetes

- Collaborate using variety of communications methods to create and use synergy
- Publish the results of the LHU hypertension surveillance screening initiative
- Collect clinical data from ACT participating clinics to identify those at risk
- Host advocacy and network meetings to promote plan
- Provide relevant professional education for Health Care Practitioners through the CHC Conference
- Organize and promote public education activity through church ministries (March)
- Host and participate in health fairs

Who's responsible?

ACDCC members

Timeline: 2017

What can I do? Participate in networking activities; support efforts on social media; support or promote activities above





Action Step 3:

Provide technical assistance and training to selected practices through the ACT Collaborative

- Recruit ACT Collaborative clinics
- Collect accurate EMR patient data
- Increase self-management among patients
- Increase rate of rapid change cycles
- Monitor and report patient outcomes and providers enrolled

Who's responsible?

CHC; AFMC; AGECE

Timeline:

March 2015; December 2017

What can I do?

Networking; social media; financial support; encourage practices to participate

Strategy Priority No. 3

Promote the use of Million Hearts messages, resources and tools

Action Step 1:

Encourage community awareness education

- Use proud sponsor logo
- Increase education to secure buy-in
- Ensure consistent and effective messaging targeted to audience

Who's responsible?

AR Coalitions

Timeline:

2017

What can I do?

Promote Million Heart messages in social media

Action Step 2:

Develop and promote a speakers bureau

- Identify sites to present and promote speakers bureau

Who's responsible?

ACDCC; TPCP; CHC

Timeline:

June 2015

What can I do?

Recommend speakers for the bureau

Nutrition/Physical Activity

HP2020 ECBP 10

Increase the number of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, state agencies) providing population-based primary prevention services in: Nutrition and Physical Activity

Strategy Priority No. 1

Improve access to affordable and nutritious foods in all communities



Action Step 1: Provide GHC training and grant funding

- Market successes
- Develop a media plan

Who's responsible?

ARCOP including membership, GHC communities, exec committee; all partners give message

Timeline:

2014

What can I do?

Promote GHC training; link into strategies; get student involvement

Action Step 2:

Increase number of farmers' markets that accept USDA food assistance programs (such as WIC), and SNAP, Senior Markets, Double Up Bucks (from the Farm Bill)

- Distribute information and educate the public
- Connect with AEDC through AFMC connection and train AEDC
- Connect to Cooperative Extension for model policies and job descriptions

Who's responsible?

ADH; ARCOP Access to Healthy Foods & Built Environment Teams

Timeline:

2017

What can I do?

Encourage promulgation of city proclamations for HEAL

Action Step 3:

Increase number of community gardens across the state

- Encourage churches and schools to develop community gardens
- Look at links with Summer Feeding Programs
- Develop and promote food procurement policies

Who's responsible?

ARCOP Access to Healthy Foods & Built Environment Teams

Timeline:

2017

What can I do?

Encourage promulgation of city proclamations for HEAL

Strategy Priority No. 2

Utilize schools and worksites as health promotion venues to create a culture of health and changing unhealthy behaviors around tobacco use, and encouraging good nutrition, and physical activity

Action Step 1:

Increase the number of worksites that utilize the CDC scorecard

- Coordinate with the AHELP coordinator to set up a method of evaluating worksites using the CDC Scorecard
- Encourage implementation of the mobile app for the Scorecard

Who's responsible?

ADH; ARCOP; Worksite Wellness Team

Timeline:

2017





What can I do? Encourage use of Scorecard; link to University of Arkansas Cooperative Extension resources

Action Step 2: **Increase the number of schools that have developed shared use agreements (SUA)**

- Determine if SHI is a grant requirement for the SUA application?

Who's responsible? ADE; ACHI; ARCOP

Timeline: 2017

What can I do? Spread the word about the availability of SUAs to communities

Strategy Priority No. 3 **Develop collaborative relationships with county and city planners and private developers, government officials (Highway Commissioners), and grassroots citizens to increase the level of importance of the built environment**

Action Step 1: **Provide technical assistance (TA) to communities to develop comprehensive wellness plans**

- Provide TA to municipal leaders to reinforce the economic development aspect of healthy communities

Who's responsible? HHI; ARCOP Built Environment

Timeline: 2017

What can I do? Perform community assessments to determine policy, environmental and systems established in communities; work on guidance to develop or change policies or plans

Action Step 2: **Increase number of communities that have developed and/or implemented master pedestrian and bicycle plans and parks and recreation/green space**

- Strategic Planning:
 - Continue partnership with the Arkansas State Highway and Transportation Department in the revision of the statewide master bike/pedestrian plan
 - Provide technical assistance to develop pedestrian, bicycle and trail master plans to connect with healthy food venues, schools, worksites and parks
 - Train communities to enhance access to places for physical activity with a focus on walking and bicycling by providing guidance to apply for funding to fill gaps, create connectivity or develop additional travel opportunities

Who's responsible? ADH; ARCOP Built Environment Team

Timeline: 2017



What can I do?

Design and implement guidelines for the state; target the communities that are most affected by the state design plan

Action Step 3:

Increase the number of communities that have passed HEAL policies and resolutions

- Identify census tract locations without healthy food retailers to set up farmers' markets and mobile farmers' markets in designated underserved areas
- Provide technical assistance and funding resources for markets to accept federal and state supplemental nutrition assistance benefit programs
- Collaborate with MetroPlan to develop a long-term transportation plan for improved health outcomes

Who's responsible?

ADH; ARCOP Built Environment Team; ACHI

Timeline:

2017

What can I do?

Target identified areas to make healthy living connections in underserved areas; encourage promulgation of city proclamations for healthy eating and active living

Oral Health

HP2020 OH 6

Increase the proportion of children, adolescents and adults who used the oral healthcare system in the past year

Strategic Priority No. 1

Promote Inter-professional education and team-based care that includes dental professionals to also include dental hygienists in P-S-E changes

Action Step 1:

Integrate dental professionals into UAMS inter-professional education and care initiative

- Hold educational seminars addressing the topic
- Foster partnerships to increase dialogue between dentistry and medicine
- Support Arkansas Children's Hospital efforts to establish a hospital base pediatric dental program

Who's responsible?

Arkansas Oral Health Coalition

Timeline:

Current - 2017

What can I do?

Incorporate oral health education and its impact in the overall health within educational materials, campaigns, and educational events such as seminars





Strategic Priority No. 2

Develop and launch dental health education program for all ages that incorporates importance of oral health to systemic health—incorporating Million Hearts components

Action Step 1:

Establish and fund the National Children’s Oral Health Foundation’s Educational Program

- Solicit grant funding from miscellaneous sources
- Work with NCOHF to hire executive director

Who’s responsible?

Arkansas Oral Health Coalition

Timeline:

July 2014 - September 2015

What can I do?

Facilitate networking opportunities; insure Million Hearts components are include

Action Step 2:

Promote use of oral health system through school-based sealant programs

- Promote the establishment of sealant programs within coordinated school health wellness clinics, public and private healthcare providers, and other health related coalitions

Who’s responsible?

Arkansas Oral Health Coalition

Timeline:

July 2014 - June 2017

What can I do?

Incorporate oral health within health related projects; offer resources to oral health programs

Action Step 3:

Initiate a Fluoride Varnish Program with the Office of Oral Health

- Solicit help and buy in from stakeholders around the state

Who’s responsible?

Arkansas Oral Health Coalition

Timeline:

July 2014 - September 2015

What can I do?

Incorporate oral health within health related projects; offer resources to oral health programs

Strategic Priority No. 3

Research and develop model policies for dental health payment and coverage

Action Step 1:

Achieve Medicaid payment for fluoride varnish applications by physicians and nurses

- Work with a Medicaid representative to achieve payment

Who’s responsible?

Arkansas Oral Health Coalition





Timeline: August 2014 – January 2015

Action Step 2: Achieve Medicaid payment for services provided by Collaborative Care Dental Hygienists

- Work with American Student Dental Association, Arkansas State Dental Hygienists Association, and Arkansas Medicaid to achieve results

Who’s responsible? Arkansas Oral Health Coalition

Timeline: July 2014 - July 2015

What can I do? Advocate for expanding dental health providers to address access to care issues

Tobacco

HP2020 TU 13 Establish laws in States, District of Columbia, territories and tribes* on smoke-free indoor air that prohibit smoking in public places and work sites

*Wording taken from national HP 2020 objective

Strategic Priority No. 1 Remove exemptions from current law and add language to address Electronic Smoking Devices (ESDs) to the current clean indoor air act

Action Step 1: Develop legislation and find sponsors

- Conduct research to gather facts and references needed to develop legislative action items
- Identify supporters for legislative action items
- Complete impact/bill analysis of proposed legislations
- Provide technical assistance to organizations impacted by changes in the law
- Provide education to general public on implemented changes

Who’s responsible? STEP UP Coalition (ACS; AHA; ACHI; etc.); ADH

Timeline: July 2016 - 2017 Legislative Session

What can I do? Organize coalition to educate lawmakers; provide education to general public on implemented changes

Strategic Priority No. 2 Ensure Arkansas meets CDC recommended minimum levels for tobacco control funding

Action Step 1: Ensure tobacco settlement dollars remain dedicated to health programs



- Evaluate impact of tobacco settlement dollars in health
- Develop return on investment for funded programs and report findings
- Promote success of the use of tobacco settlement dollars in health

Who's responsible?

Public health and healthcare sector partners; STEPUP Coalition, grassroots coalitions, Arkansas Tobacco Settlement Commission

Timeline:

2017

What can I do?

Advocate the need to keep those dollars dedicated to health programs; disseminate success stories

Strategic Priority No. 3

Develop and launch media campaign to incorporate Aspirin therapy, Blood pressure control, Cholesterol management, and Smoking cessation (ABCS)

Action Step 1:

Develop a committee to seek educational resources that assist in the promotion of ABCS

- Collaborate with Arkansas Literacy Council and Partnership for Health Literacy in Arkansas to ensure educational campaign materials account for low literacy and for disparate populations
- Develop materials (PSAs, ads, brochures, fact cards, and other methods) to address ABCS
- Develop relationship with local/statewide media to gain earned media

Who's responsible?

Public health and healthcare sector partners; coalitions

Timeline:

2017

What can I do?

Participate in the committee; incorporate ABCS in educational materials and presentations, when appropriate; gain cooperation from sub-grantees to disseminate materials

Strategic Priority No. 4

Integrate Million Hearts goals into tobacco related professional/patient education

Action Step 1:

Incorporate Million Hearts in current healthcare professional education and community outreach education

Who's responsible?

Public Health and Healthcare Sector Partners; AFMC; STOP

Timeline:

July 2014 - June 2017

What can I do?

Present at medical association meetings; provide technical assistance and workflow at the practice level to track patients ABCS-related data; incorporate Million Hearts provider pledge in informational package; promote Million Hearts Initiative at a level all adults can understand, social media, educational campaigns, and other venues; conduct community outreach across the state regarding Million Hearts Initiative



ACRONYMS	MEANING
ABCs	Aspirin therapy, Blood Pressure control, Cholesterol management, and Smoking cessation
ACC	Arkansas Cancer Coalition
ACCR	Arkansas Central Cancer Registry
ACDCC	Arkansas Chronic Disease Coordinating Council
ACHI	Arkansas Center for Health Improvement
ACP3	Arkansas Cancer Plan 3
ACS	American Cancer Society
ACT	Arkansas Clinical Transformation Collaborative
ADA	American Diabetes Association
ADA	Americans with Disabilities Act
ADE	Arkansas Department of Education
ADH	Arkansas Department of Health
AEDC	Arkansas Economic Development Commission
AFMC	Arkansas Foundation for Medical Care
AGEC	Arkansas Geriatric Education Center
AHA	American Heart Association
AHELP	ADH Healthy Employee Lifestyle Program
AR Saves	Arkansas Stroke Assistance through Virtual Emergency Support
ARCOP	Arkansas Coalition for Obesity Prevention
ASDA	American Student Dental Association
ASDHA	Arkansas State Dental Hygienists Association
ASTHO	Association of State and Territorial Health Officials
CCC	Comprehensive Cancer Control
CD	Chronic Disease
CDC	Centers for Disease Control & Prevention
CDCC	Chronic Disease Coordinating Council
CHC	Community Health Clinic
CHNS	Community Health Nursing Specialists
CHPS	Community Health Promotion Specialists
CHW	Community Health Worker
CMS	Center for Medicare and Medicaid Services
CPCI	Comprehensive Primary Care Initiative Clinics
CRC	Cancer Registry Course
DAC	Diabetes Advisory Council
DPP	Diabetes Prevention Programs
DSME	Diabetes Self-Management Education
EMRs	Electronic Medical Records
EMS	Emergency Medical Services
ESDs	Electronic Smoking Device Systems
GHC	Growing Healthy Communities
HEAL	Healthy eating, active living
HHI	Hometown Health Improvement
IT	Information Technology
ITV	Instructional Television
JNC	Joint National Committee
LHU	Local Health Unit
MD	Medical Doctor
NCOHF	National Children's Oral Health Foundation's Educational Program
PCMH	Patient-Centered Medical Homes
PSA	Public Service Announcements
P-S-E	Policy, Systems, Environment
SHI	School Health Index
SNAP	Supplemental Nutritional Assistance Program
STEMI	ST-Segment Elevation Myocardial Infarction
STOP	Systems Training Outreach Program
SUA	Shared Use Agreement
TA	Technical Assistance
TPCP	Tobacco Prevention and Cessation Program
UAMS	University of Arkansas for Medical Sciences
USDA	United States Department of Agriculture
WIC	Women, Infants, and Children
WW	Worksite Wellness

HEALTHY PEOPLE 2020 OBJ.#	LEAD COALITION	OBJECTIVES	CANCER	OBESITY	WELLNESS	DIABETES	ORAL HEALTH	TOBACCO	DISABILITY & HEALTH	HEART & STROKE
ECBP 10	ARCOP	Increase the number of community-based organizations(including local health departments, tribal health services, nongovernmental organizations, State agencies) providing population based primary prevention services in the following areas: Nutrition, Physical Activity	X	X	X	X	X	X	X	X
DH 4	Disability & Health	Reduce the proportion of people with disabilities who report delays in receiving primary and periodic preventive care due to specific barriers.	X		X	X		X	X	
TU 13	Tobacco	Establish laws in Sates, District of Columbia, territories, and Tribes on smoke-free indoor air that prohibit smoking in public places and worksites.	X			X		X		
C 1	Cancer	Reduce the overall cancer death rate.	X		X		X	X	X	
D 16	Diabetes Advisory Council	Increase prevention behaviors in persons at high risk for diabetes with pre-diabetes.		X	X	X	X	X	X	X
HDS 2	Heart Disease & Stroke Prevention	Reduce coronary heart disease deaths.		X	X	X	X	X	X	X
OH6	Oral Health	Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year.								