

Objectives for

The National Public Health Initiative
on Diabetes and Women's Health



October, 2007



The National Public Health



The overarching goal for the initiative's cosponsors and partners is to identify and implement strategies that will make a difference in the lives of women and their families who face the daily challenges of diabetes.

Initiative on Diabetes and Women's Health

Objectives

The Cosponsors of the National Public Health Initiative on Diabetes and Women's Health, the American Diabetes Association (ADA), the American Public Health Association (APHA), the American Association of Diabetes Educators (AADE), the Association of State and Territorial Health Officials (ASTHO), and the Centers for Disease Control and Prevention (CDC) have mobilized the collective energies and resources of multiple entities that serve as partners in this initiative. The overarching goal for the Initiative is to identify and implement strategies that will make a difference in the lives of women and their families who face the daily challenges of diabetes. These women include those with undiagnosed and diagnosed diabetes, and those at risk for developing diabetes.

The National Public Health Initiative on Diabetes and Women's Health is structured to examine the impact of diabetes through the life stages of a woman. The life stages identified by the Initiative—adolescent years (10–17), reproductive years (18–44), middle years (45–64), and the older years (65 and older)—were constrained by age groups previously identified by population-based studies and national surveys.

Several objectives have been developed based on input from previous working meetings with the cosponsors and partners of the Initiative. The intent of these objectives is to develop measurable indicators that can be used to evaluate the impact of the National Public Health Initiative on Diabetes and Women's Health. While all of the objectives listed are of importance, our initial focus will be on implementing 12 priority objectives. The Steering Committee of the National Public Health Initiative on Diabetes and Women's Health has highlighted these priority objectives in the text boxes found throughout this document.

We encourage your active involvement in completing these objectives. The National Public Health Initiative on Diabetes and Women's Health plans to collect information from partners and cosponsors to identify implementation efforts related to these objectives. We hope you will join us in these efforts!

Community Health is a perspective on public health that assumes community to be an essential determinant of health and the indispensable ingredient for effective public health practice.



Community Health

Section A—Community Health: A perspective on public health that assumes community to be an essential determinant of health and the indispensable ingredient for effective public health practice. It takes into account the tangible and intangible characteristics of the community—its formal and informal networks and support systems, its norms and cultural nuances, and its institutions, politics, and belief systems.

National Association of City and County Health Officials¹

A1. By 2010, Cosponsors and Partner Organizations will develop talking points for at least one article in magazines about diabetes prevention and control.

A2. By 2010, Cosponsors and Partner Organizations will use the NDEP gestational diabetes (GDM) Tip sheet in community-based/state-based activities to educate women about diabetes prevention and control.

A3. By September 2006, cosponsors will develop an Internet spotlight paragraph to place on CDC's Division of Diabetes Translation's Web site and annually link to the "Take a Loved One for a Check-up Day" campaign highlighting the importance of obtaining regular health care. [ACHIEVED]

A4. By 2010, Cosponsors and Partner Organizations will conduct at least one training program on the use of NDEP products and tools which emphasize how to prevent and control diabetes for women.

A5. By 2010, Cosponsors and Partner Organizations will collaborate with at least two faith-based initiatives for the prevention of diabetes in at risk women who live in rural areas.

A6. By 2012 date, NDEP will develop and disseminate at least two women's health products for community members.

¹ Mobilizing Action through Planning and Partnerships. Available at: http://mapp.naccho.org/MAPP_glossary.asp. Last accessed July 10, 2006.

Diabetes State Programs

Section B—State Programs: The CDC funds 59 Diabetes Prevention and Control Programs (DPCPs) to conduct a wide range of activities, including defining the burden of diabetes and monitoring health outcomes, providing technical assistance, planning and implementing community-based programs, and increasing public awareness about diabetes and its complications.²

B1. By 2010 Date, CDC will revise the Funding Opportunity Announcement (FOA) to encourage DPCP's to collaborate with at least one new partner to address an issue related to women and diabetes.

B2. By 2010, at least two DPCPs will educate women's health advocates and partners about diabetes and the National Public Health Initiative on Diabetes and Women's Health.

B3. By 2006, the Cosponsors will identify and provide at least three venues for DPCPs to access information on women's health and diabetes (or about the National Public Health Initiative on Diabetes and Women's Health). [ACHIEVED]

B4. By 2006, the Cosponsors will identify or develop at least two resources (e.g., monograph, fact sheets) to help DPCPs develop programs that address the health issue concerns of women with diabetes. [ACHIEVED]

²State-based Diabetes Prevention and Control Programs. Available at: <http://www.cdc.gov/diabetes/states/assist.htm>. Last accessed July 20, 2006.



The CDC funds 59 Diabetes
Prevention and Control
Programs.

Education and Community Outreach

Section C—Education: The lifelong acquisition of knowledge, skills, and abilities that promote personal growth and fulfillment, economic viability (at both the individual and community level), and community enrichment. University of Illinois at Urbana-Campaign³

Community Outreach: The practice of conducting local public awareness activities through targeted community interaction. Community outreach activities are defined here as those efforts that can directly affect the behavior of the driving public through local interaction. They are designed to educate the public about a particular issue using respected and locally relevant channels of communication. US Department of Transportation⁴

Education

C1. Cosponsors of the Initiative will develop at least one success story annually on diabetes and women's health across the life stages to educate the public about diabetes and women's health.

C2. At least twice a year, Cosponsors (ADA, APHA) will provide partners with a Federal Legislative Update on Congressional activities related to women and diabetes.

Outreach

C3. By 2010, Partner Organizations will actively participate in at least one community-based activity related to diabetes and women's health.

³Dual Use Technology: A Total Community Resource. Available at: <http://ceep.crc.uiuc.edu/eearchive/books/fte/equity/degan.html>. Last accessed July 17, 2007.

⁴Community Outreach. Available at: [http://knowledge.fhwa.dot.gov/cops/italladdsup.nsf/All+Documents/81D9DF1A9F0C0EA285256BDF00126E6D/\\$FILE/J.Community%20Outreach.doc](http://knowledge.fhwa.dot.gov/cops/italladdsup.nsf/All+Documents/81D9DF1A9F0C0EA285256BDF00126E6D/$FILE/J.Community%20Outreach.doc). Last accessed July 17, 2007.



Quality Care

Section D—Quality Care: The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge. Institute of Medicine, *Crossing the Quality Chasm: The IOM Health Care Quality Initiative*⁵

D1. By 2010, Cosponsors will update their respective Web sites quarterly to highlight upcoming conferences on women’s health and diabetes.

D2. By 2010 Date, Cosponsors will identify and provide partners with two multidisciplinary evidence-based resources (i.e., guidelines) to educate health care professionals about risk assessment and quality care for women with diabetes.

D3. By 2010, Cosponsors will report key factors and recommendations associated with quality of care for women with diabetes who live in rural areas to be used by health care professionals.

⁵Crossing the Quality Chasm. (2001). National Academy Press: National Academy Press, Institute of Medicine.



Research development,
testing, and evaluation all
contribute to generalizable
knowledge.



Research

Section E—Research: A systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to general knowledge.

CDC Guidelines, Department of Health and Human Services Policy for the Protection of Human Research Subjects⁶

E1. By 2012, CDC will conduct a study to determine the economic impact of diabetes on U.S. women, and disseminate research findings in at least one peer-reviewed journal and one conference.

E2. By 2010, Cosponsors and Partner Organizations will disseminate research findings on diabetes and women's health in at least one Web-based report, one peer-reviewed publication, or one conference.

E3. By 2010, CDC will identify at least one contact person in its various centers and divisions, fellow government agencies, or partner organizations to conduct research on the health and well-being of women with and at risk for diabetes, using a life-stage approach.

E4. By 2010, Cosponsors and Partner Organizations will collaborate with at least two population-based programs to establish ongoing research to identify the unique needs of women with and at risk for diabetes in different life stages.

E5. By 2012, Cosponsors and Partner Federal Agencies will develop and advertise at least one FOA to encourage research to develop models of preventive health care to women with and at risk for diabetes in different life stages.⁷

⁶Department of Health and Human Services. *Code of Federal Regulations: Title 45 Public Welfare, Part 46 Protection of Human Subjects*. Available at: <http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.htm#46.102>. Last accessed July 20, 2006.

⁷Model is defined as: "A conceptual basis for how a program or evaluation is supposed to work, explaining key factors and variables." Modeste NN. *Dictionary of Public Health Promotion and Education: Terms and Concepts*. Thousand Oaks: Sage Publications.

Surveillance

Section F—Surveillance: The ongoing, systematic collection, analysis, and interpretation of outcome-specific data, closely integrated with the timely dissemination of these data to those responsible for preventing and controlling disease or injury.

CDC Guidelines, Department of Health and Human Services Policy for the Protection of Human Research Subjects⁸

F1. By 2010, Cosponsors will establish interagency agreements with partners to identify population-based surveillance programs to conduct surveillance of women with and at risk for diabetes.

F2. By 2010, Partnering Federal Agencies and CDC will develop a system to assess and monitor the usage of evidence-based recommendations at the patient, provider, and health systems levels in DHHS programs for women with and at risk for diabetes.

F3. By fiscal year 2007–2008, CDC will recommend that language be included in the National Diabetes Prevention and Control Program FOA that provides guidance for Diabetes Prevention and Control Programs to collect, analyze, and disseminate life-stage surveillance data on the health and health care of women with and at risk for diabetes.

F4. At the 2008 Annual Diabetes Translation Conference, CDC will sponsor a panel discussion to share surveillance findings on the quality of care for women with and at risk for diabetes.

F5. By fiscal year 2008–2009, CDC will identify a funding opportunity for enabling at least four DPCPs to serve as pilot programs that will collect, analyze, and disseminate surveillance data on the health and health care of women with or at risk for diabetes.

F6. By 2010, using current surveillance data, Cosponsors and Partner Organizations will highlight 2 specific needs of women with and at risk for diabetes, including recent progress and challenges and report findings on their respective Web sites.

⁸Department of Health and Human Services. *Code of Federal Regulations: Title 45 Public Welfare, Part 46 Protection of Human Subjects*. Available at: <http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.htm#46.102>. Last accessed July 20, 2006.



The collection, analysis, and interpretation of data along with timely dissemination of the data are crucial components for preventing and controlling disease or injury.

Examples of Activities



for Implementation of Objectives

Community Health—

A1. Magazine Articles: Cosponsors and Partners of the Initiative

Example: Cosponsors and Partner Organizations will identify and collaborate with publishing companies which have a focus on women's health and/or diabetes to develop articles for publications in magazines.

A2. Use of the NDEP Gestational Diabetes Tip Sheet: Cosponsors and Partners of the Initiative

Example: Cosponsors and Partner Organizations can organize community-based/state-based events for women and community leaders to exhibit the GDM Tip sheet and educate the community about GDM and the prevention of diabetes.

A3. Take a Loved One for a Check-up Day: Cosponsors of the Initiative

Example: Cosponsors of the Initiative can maintain a link to the "Take a Loved One for a Check-up Day" on their Web sites to encourage the public to obtain regular health care.

A4. Training Program on NDEP Products: Cosponsors and Partners of the Initiative

Example: Cosponsors and Partner Organizations can conduct training on diabetes and women's health issues using NDEP's Road to Health toolkit for community health workers/promotores or the NDEP GDM tip sheet.

A5. Faith-based Initiatives: Cosponsors and Partners of the Initiative

Example: Cosponsors and Partner Organizations can conduct a needs assessment with faith-based organizations and develop collaborative plans to implement activities associated with modifiable risk factors aimed at preventing or delaying diabetes.

A6. NDEP Products on Women's Health: Partners of the Initiative

Example: NDEP will develop and disseminate products for women across the life stages that have or are at risk for diabetes.

Diabetes State Programs—

B1. Funding Opportunity Announcement (FOA): Cosponsors of the Initiative (CDC)

Example: CDC will develop language to be included in the next FOA to encourage DPCPs to address diabetes and women's health issues with new partners.

B2. DPCPs Educate Women's Health Advocates: Partners of the Initiative

Example: DPCPs will use materials developed by the Cosponsors of the Initiative (e.g., monograph on diabetes and women's health, journal articles, fact sheets) to tailor messages that advocates can use to raise awareness about diabetes and women's health.

B3. DPCP Access to Women's Health and Diabetes Information: Cosponsors of the Initiative

This objective was achieved through the dissemination of women's health materials at national conferences: The Division of Diabetes Translation's national conference, 2004 Partners' Update Conference sponsored by the National Public Health Initiative, the CDC/DDT Web page on diabetes and women's health.

B4. Resources for DPCPs: Cosponsors of the Initiative

This objective was achieved through the development of materials (2001 monograph on diabetes and women's health, 30 minute video on diabetes and women's health) that were disseminated to help DPCPs with program development and activities.



Education and Community Outreach—

C1. Success Stories: Cosponsors of the Initiative

Example: Cosponsors can develop success stories, such as state, national, and local success stories, to be used to increase awareness about diabetes and women's health issues.

C2. Legislative Update: Cosponsors of the Initiative

Example: Through blast emails, the Initiative's listserv and newsletter, ADA and APHA can provide action alerts on legislation related to diabetes and women's health.

C3. Community-based Activities: Partners of the Initiative

Example: Partner Organizations can organize local activities to raise awareness about diabetes and women's health issues using materials developed by the National Public Health Initiative on Diabetes and Women's Health.



Quality Care—

D1. Update Web sites: Cosponsors of the Initiative

Example: Cosponsors can identify upcoming conferences which focus on women's health and/or diabetes and place such information on their Web pages.

D2. Evidence-based Resources: Cosponsors of the Initiative

Example: Cosponsors can identify multidisciplinary resources (i.e., guidelines for gestational diabetes) to educate health care professionals about quality of care issues for women with diabetes.

D3. Quality of Care for Rural Women: Cosponsors of the Initiative

Example: Cosponsors can develop a literature review which identifies the key factors that are associated with quality of care for women who live in rural communities. Recommendations, based on this literature review, should identify ways to address barriers to care and quality of health care.





Research—

E1. Study on Economic Impact: Cosponsors of the Initiative (CDC)

Example: CDC can conduct a study by analyzing data on economic impact of diabetes on women's health. Such a study should be disseminated in a scholarly journal and presented at national conferences.

E2. Web-based report: Cosponsors and Partners of the Initiative

Example: Cosponsors and Partner Organizations can develop manuscripts and publish research findings on women's health and diabetes in a peer-reviewed journal; disseminate the information on Partner Organizations' and Cosponsors' Web sites, and present at a national women's health or diabetes conference.

E3. Research on Well-being of Women: Cosponsors of the Initiative (CDC)

Example: CDC will conduct research on the quality of care of women with and at risk for diabetes.

E4. Research on Unique Needs of Women: Cosponsors and Partners of the Initiative

Example: Cosponsors and Partner Organizations can develop research that specifically addresses unique needs of women in rural areas.

E5. Funding Opportunity Announcement: Cosponsors and Partner Federal Organizations

Example: Cosponsors and Partnering Federal Agencies could develop and support a Funding Opportunity Announcement (FOA) that solicits research proposals regarding effective methods for delivering preventive care to women with differing health care insurance coverage in different life stages.

Surveillance—

F1. Surveillance of Women with or at risk for Diabetes: Cosponsors of the Initiative

Example: Cosponsors can collaborate with other organizations to analyze data on variables associated with quality of care for women with and at risk for diabetes using national datasets.

F2. Monitoring Use of Evidence-based Recommendations: Partnering Federal Agencies and CDC

Example: Federal agencies can monitor and assess trends in the health status and quality of care of women with gestational diabetes after delivery to provide information on the unique needs of this group of women. This information could be useful for public health programs aimed at primary prevention of diabetes.

F3. DPCP Surveillance Data on Women: Cosponsors of the Initiative (CDC)

Example: Cosponsors will develop language and recommend its inclusion in the upcoming FOA to encourage DPCPs to collect and analyze data on the health and health care of women with and at risk for diabetes.

F4. Presentation on Surveillance Findings on Women's Health: Cosponsors of the Initiative (CDC)

Example: CDC will analyze data on quality of care for women with or at risk for diabetes and present such surveillance findings during a plenary or concurrent session at the Division of Diabetes Translation's national conference (2008).

F5. Pilot Programs and Surveillance Data on Health: Cosponsors of the Initiative (CDC)

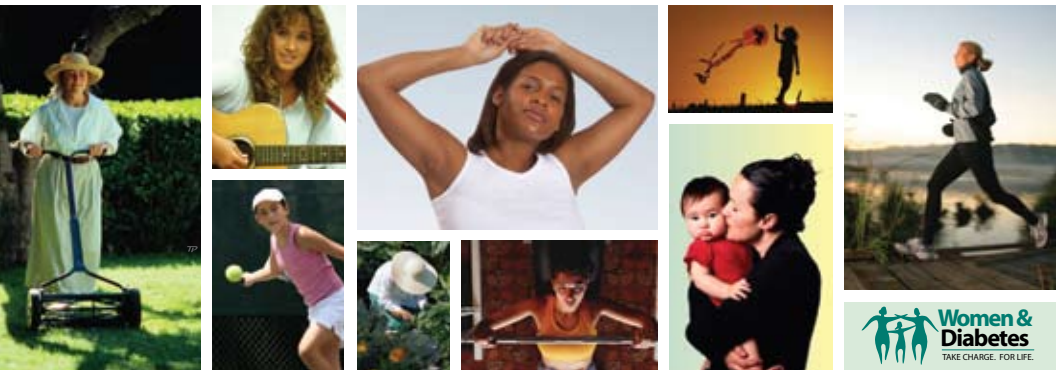
Example: CDC, in collaboration with the Chronic Disease Directors, will develop pilot programs with state DPCPs to collect and analyze data on the health and health care of women with or at risk for diabetes.

F6. Surveillance of Specific Needs of Women with Diabetes: Cosponsors and Partner Organizations

Example: Cosponsors and Partners (e.g., American Heart Association) with direct or indirect access to data sets from long-term epidemiological studies of cardiovascular disease (CVD), clinical trials to prevent CVD (e.g., the Women's Health Initiative), or other health care populations could undertake or sponsor analyses of such data sets to provide information on prevalence and incidence of, and trends in, myocardial infarction among women with and at risk for diabetes. A report could be produced that describes the unique needs of these women and makes specific recommendations for action.

For more information about the National Public Health Initiative on Diabetes and Women's Health, please visit our Web page at: www.cdc.gov/diabetes/projects/women.htm.





For more information, contact

CDC's Diabetes Program
Phone toll-free: 800-CDC-INFO
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www.cdc.gov/diabetes/projects/women.htm



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