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First-Year Evaluation of Alaska’s Fresh Start Campaign

Background

Chronic diseases are conditions that last a year or more and require ongoing medical attention and/or limit activities of daily living.¹ Among the most prevalent are diabetes and hypertension, which affect millions of U.S. adults and are major contributors to morbidity and mortality.^{2,3} In Alaska, 69% of adults are overweight or obese, 22% are physically inactive, and 19% consume at least one sugary beverage daily—all factors that increase the risk of developing or exacerbating chronic diseases.⁴

In December 2022, the Alaska Section of Chronic Disease Prevention and Health Promotion launched the Fresh Start campaign to raise awareness about free, online programs aimed at preventing and managing diabetes and controlling hypertension through health behavioral changes. These programs, administered by Omada Health, provide a convenient alternative to in-person options, particularly for people lacking access to local resources. During its first year, the Fresh Start campaign focused on media outreach in underrepresented Alaska Public Health Regions (APHRs), including Interior, Northern, Matanuska-Susitna, and Southwest, as well as in ZIP Codes where the adult poverty rate exceeded 10%. This *Bulletin* summarizes findings from the campaign’s first-year evaluation.

Methods

We compared average weekly program enrollments before the Fresh Start campaign (6/7/2021–12/19/2022) with those after the launch (12/26/2022–7/1/2024). These periods were selected to ensure consistent program availability. To assess campaign awareness among Alaska residents aged ≥18 years, we conducted a statewide text-push-to-web survey from May 15–May 26, 2023, resulting in 2,868 completed surveys from 172,444 links sent. Data were weighted to align with statewide distributions of sex, race, age, education, and marital status. We computed statewide estimates for each measure and used a quasi-Poisson regression model to analyze the relationship between well-represented and underrepresented APHRs, household income (<\$75,000 and ≥\$75,000), and campaign awareness.

Results

After the launch of the Fresh Start campaign, average weekly enrollments in the Omada-administered programs increased 3.4-fold, rising from 8.6 prior to the campaign to 38.0 after (Figure). Six months post-launch, an estimated 29.7% (95% CI: 27.7%–31.7%) of Alaska adults reported being aware of the Fresh Start campaign. While awareness did not differ significantly by APHRs, adults with household incomes below \$75,000 reported significantly higher awareness compared to those with higher incomes (Table).

Figure. Cumulative Enrollments in Fresh Start Programs, December 2019–July 2024

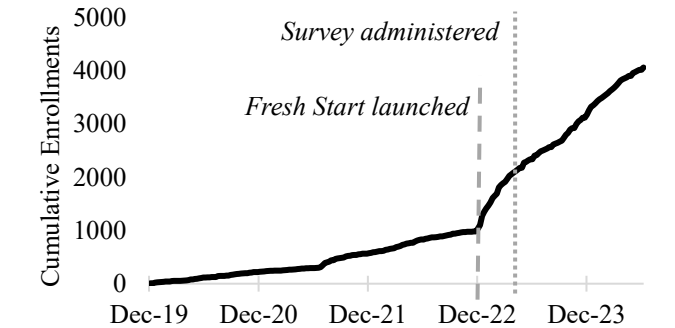


Table. Weighted Fresh Start Awareness Percentages and Rate Ratios, by APHR and Household Income

	Awareness % (CI)	Rate Ratio (CI)
Alaska Public Health Regions		
Well-represented APHRs	27.9 (25.5–30.5)	Ref
Underrepresented APHRs	32.0 (28.8–35.3)	1.1 (1.0–1.3)
Household Income		
≥\$75,000	25.7 (23.3–28.3)	Ref
<\$75,000	34.8 (31.5–38.3)	1.3 * (1.2–1.5)

*Significant at $p < 0.001$.

Discussion

Average weekly program enrollments increased significantly following the launch of the Fresh Start campaign, underscoring its effectiveness in raising awareness about the prevention and management programs. The surge in enrollments post-launch suggests that the campaign was successful in encouraging Alaska adults to engage in programs that equip them with the knowledge and skills to prevent and manage diabetes and hypertension. It also highlights the potential benefits of continued promotion and support for initiatives like Fresh Start, which can enhance utilization of resources that might currently have low public awareness.

Just 6 months after its launch, nearly one-third of Alaska adults reported being aware of the Fresh Start campaign. While awareness levels in underrepresented APHRs were not significantly different from well-represented APHRs, this uniform awareness reflects the campaign’s broad reach. Additional efforts are necessary to boost awareness in underrepresented APHRs. Notably, the campaign significantly raised awareness among Alaska adults with lower household incomes, indicating that targeted media placement in ZIP Codes with a high adult poverty rate appears to have been successful in engaging this demographic.

Recommendations

1. Clinicians and community health organizations should refer Alaska adults living with chronic diseases or related risk factors to the Fresh Start website to learn more about available resources: freshstart.alaska.gov.
2. Public health professionals focusing on chronic disease should prioritize partnerships with organizations in the priority Alaska Public Health Regions.
3. Health promotion organizations should employ evidence-based social marketing strategies to enhance health knowledge, improve health outcomes, and raise awareness of available resources.

References

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