

Sustaining Diabetes Prevention and Self-Management Programs

A Healthy People 2020 Spotlight on Health
Webinar



Office of Disease Prevention
and Health Promotion



Today's Webinar Hosts

Healthy People
2020



Office of Disease Prevention
and Health Promotion



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- **Overview of Healthy People 2020 Objectives for Diabetes and Plans for Healthy People 2030**
 - Ayanna Johnson, MSPH, Public Health Advisor, Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services
- **Diabetes Prevention: Challenges and Opportunities to Increasing Use of Benefits; Lessons from the Field**
 - Heather Hodge, Senior Director for Evidence-Based Health Interventions, YMCA of the USA
- **Diabetes Prevention: Challenges and Opportunities to Increasing Use of Benefits; Federal Agency Perspective**
 - Ann Albright, PhD, RD, Director, Division of Diabetes Translation, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention
- **DSMES: Challenges and Opportunities to Increasing Use of Benefits – Lessons from the Field**
 - Ardis A. Reed, MPH, RD, LD, CDE, Health Disparities Diabetes Educator, TMF Health Quality Institute
- **Question and Answers**

- DSMES is “the ongoing process of facilitating the knowledge, skills, and ability necessary for diabetes self-care, as well as activities that assist a person in implementing and sustaining the behaviors needed to manage his or her condition on an ongoing basis, beyond or outside of formal self-management training.”
- The National Diabetes Prevention Program—or National DPP—was created in 2010 to address the increasing burden of prediabetes and type 2 diabetes in the United States. This national effort created partnerships between public and private organizations to offer evidence-based, cost-effective interventions that help prevent type 2 diabetes in communities across the United States.

Overview of the Healthy People Initiative

Ayanna Johnson, MSPH

Public Health Advisor

Office of Disease Prevention and Health Promotion
U.S. Department of Health and Human Services



What is Healthy People?

- Provides a strategic framework for a **national prevention agenda** that communicates a vision for improving health and achieving health equity
- Identifies science-based, **measurable objectives with targets** to be achieved by the end of the decade
- Requires tracking of **data-driven outcomes** to monitor progress and to motivate, guide, and focus action
- Offers model for international, state, and local **program planning**



Healthy People Evolution: Overarching Goals

Healthy People
2020

1990



- Decrease mortality: infants–adults
- Increase independence among older adults

2000



- Increase span of healthy life
- Reduce health disparities
- Achieve access to preventive services for all

2010



- Increase quality and years of healthy life
- Eliminate health disparities

2020



- Attain high-quality, longer lives free of preventable disease
- Achieve health equity; eliminate disparities
- Create social and physical environments that promote good health
- Promote quality of life, healthy development, healthy behaviors across life stages

226 objectives

319 objectives

1000+ objectives

1200+ objectives

Vision

- A society in which all people can achieve their full potential for health and well-being across the lifespan.

Mission

- To promote, strengthen and evaluate the nation's efforts to improve the health and well-being of all people.

Overarching Goals

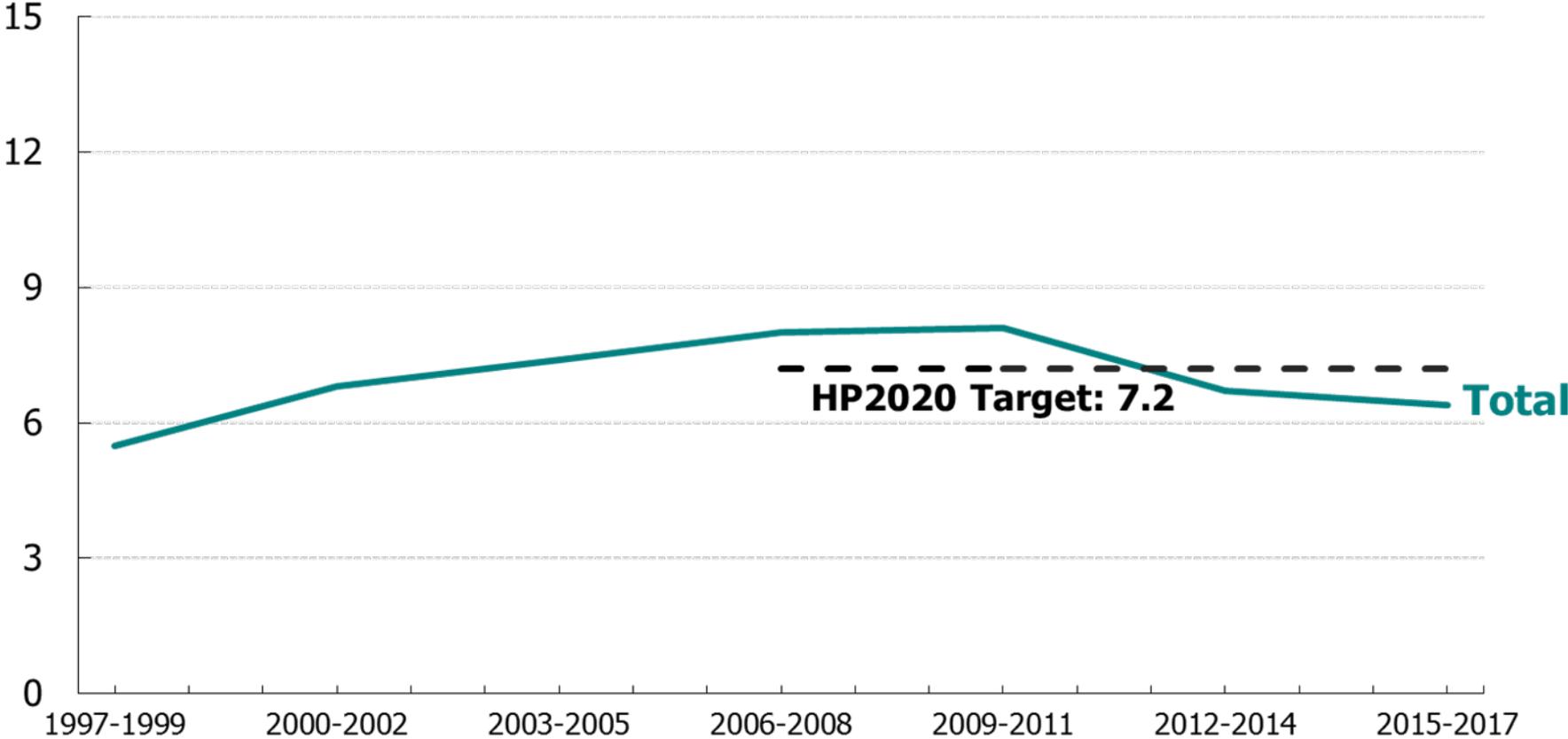
- Attain **healthy, thriving lives and well-being**, free of preventable disease, disability, injury and premature death.
- Eliminate **health disparities**, achieve **health equity**, and attain **health literacy** to improve the health and well-being of all.
- Create **social, physical, and economic environments** that promote attaining full potential for health and well-being for all.
- Promote **healthy development, healthy behaviors** and **well-being** across all life stages.
- Engage leadership, key constituents, and the public across multiple sectors to **take action** and **design policies** that improve the health and well-being of all.

After 20-Year Increase, New Diabetes Cases Decline

- New cases of diagnosed diabetes in the U.S. decreased by 35 percent since a peak in 2009 – the first sign that efforts to stop the nation’s diabetes epidemic are working
- New cases have declined from 1.7 million new cases per year in 2008 to 1.3 million new cases in 2017

New Cases of Diagnosed Diabetes Per 1,000 Per Year, Adults 18–84 Years, 1997–2017

Rate Per 1,000



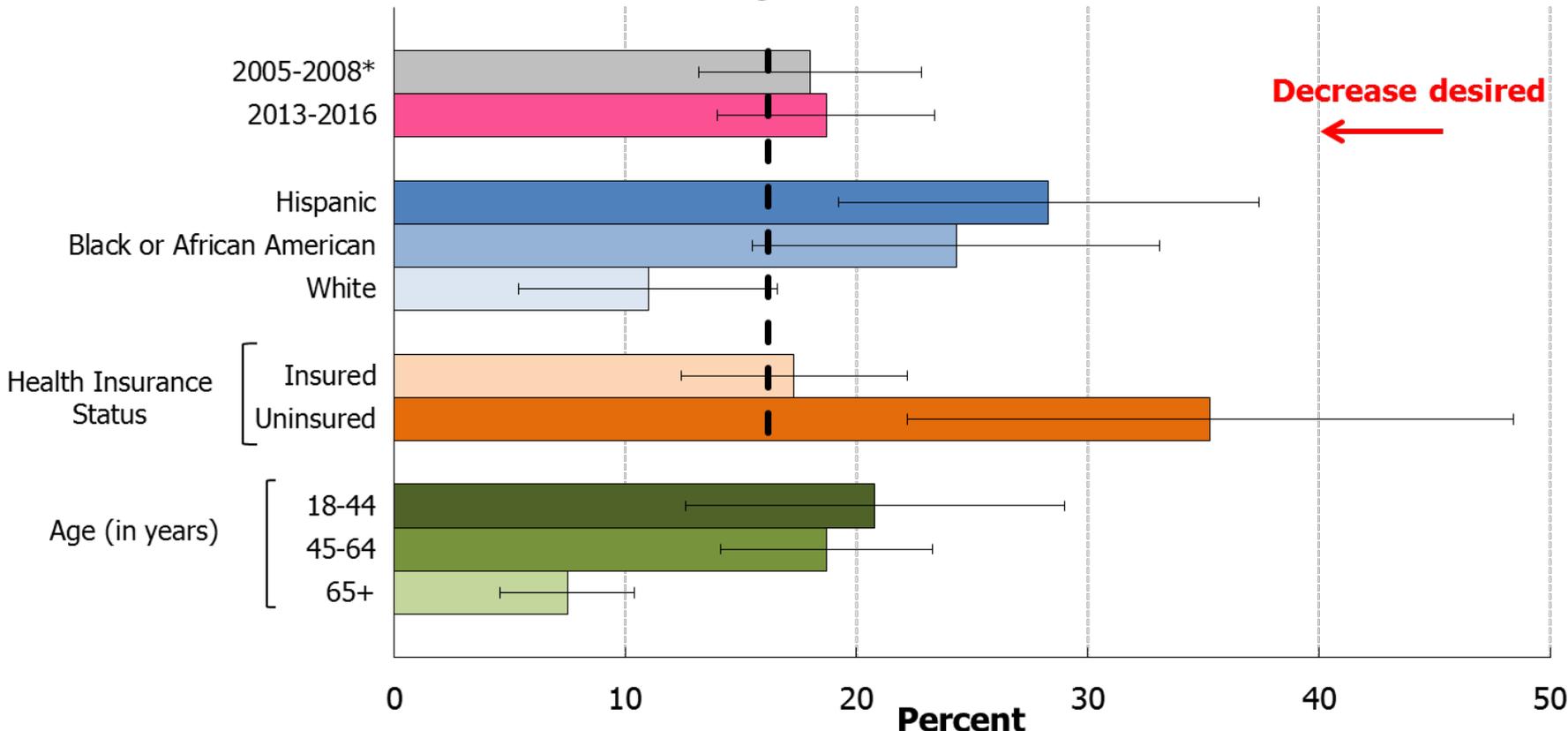
NOTES: Data are for three year average estimates of diagnosed diabetes in the past year. Data are for adults aged 18–84 years and are age adjusted to the 2000 standard population. Diagnosed diabetes is defined as self-reported physician diagnosed diabetes. Women who only had diabetes while pregnant and persons with borderline diabetes are excluded.

SOURCE: National Health Interview Survey (NHIS), CDC/NCHS.

Obj. D-1
Decrease desired

Poor Glycemic Control, Adults 18 years and Over with Diagnosed Diabetes, 2013-2016

HP2020 Target: 16.2%

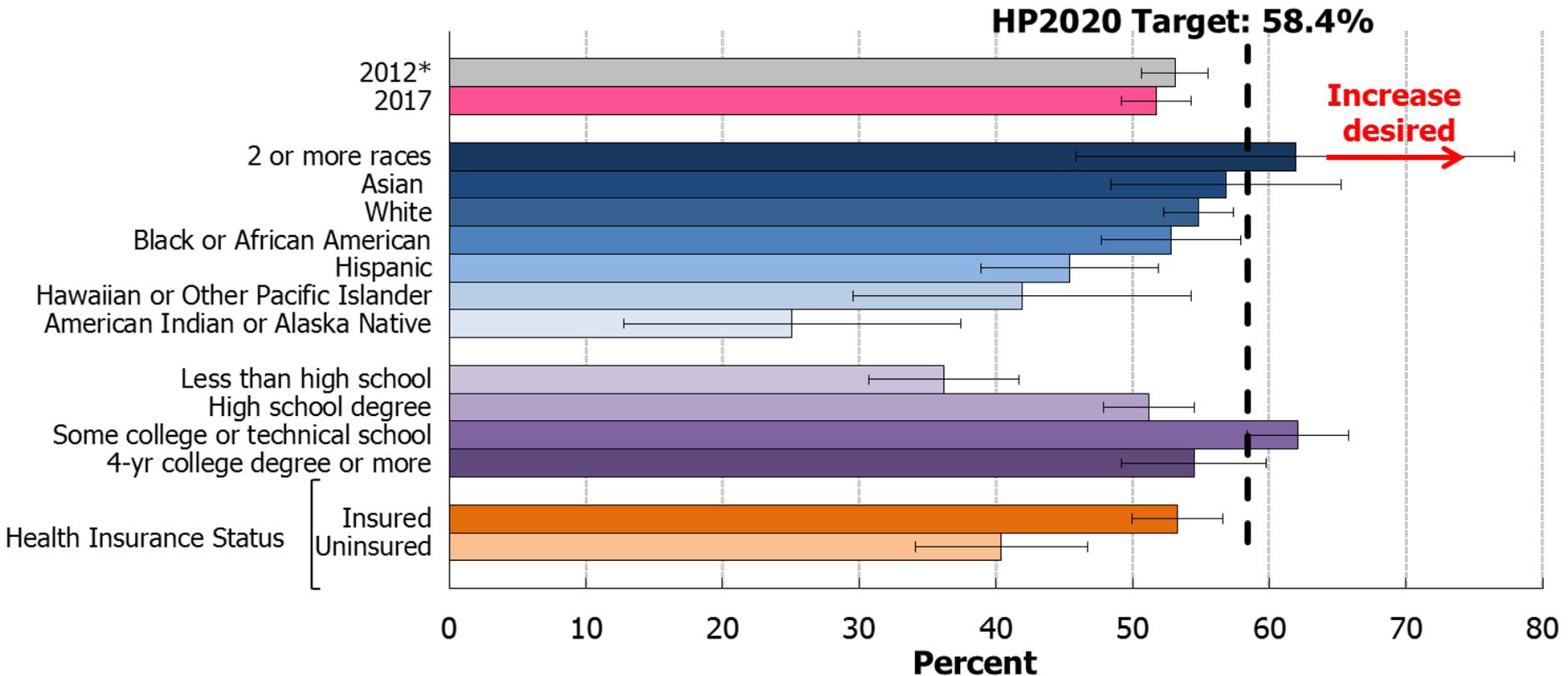


Decrease desired

Notes:-is 95% confidence interval. Poor glycemic control is defined as HbA1c greater than 9 percent. Diagnosed diabetes is defined as self-reported physician diagnosed diabetes. Women who only had diabetes while pregnant and persons with borderline diabetes are excluded. Women who were pregnant at the time of the exam are also excluded The categories Black, and White exclude persons of Hispanic origin. Persons of Hispanic origin may be any race. Respondents were asked to select one or more races. Data for the single race categories are for persons who reported only one racial group. Data (other than for age) are age adjusted to the 2000 U.S. standard population. Data by health insurance status is shown for adults ages 18-64. Target does not apply to age groups. 2005-2008* is HP2020 baseline.

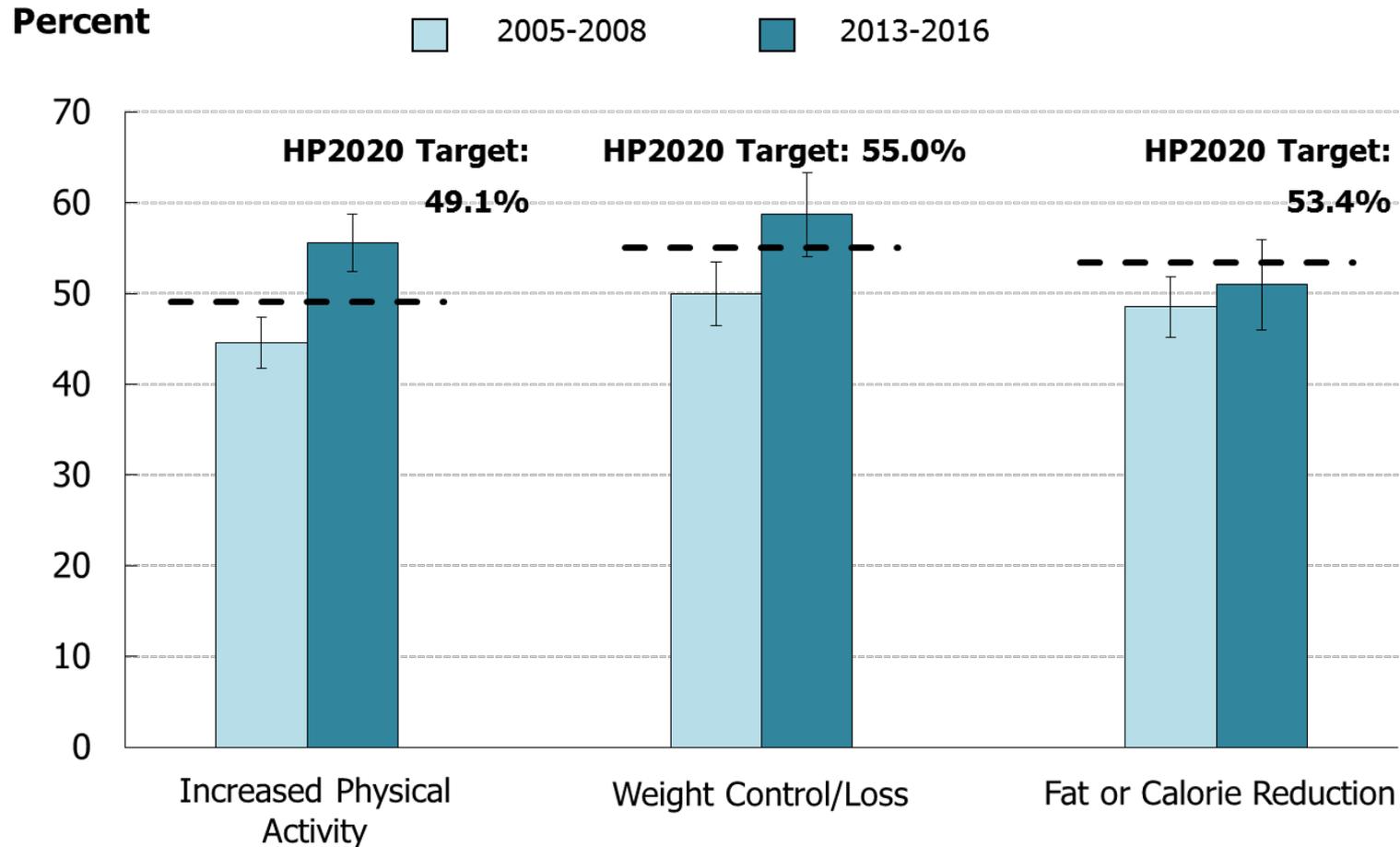
SOURCE: National Health and Nutrition Examination Survey (NHANES), CDC/NCHS.

Diabetes Education, Adults with Diagnosed Diabetes, 2017



Notes: -is 95% confidence interval. Data are for adults with diagnosed diabetes who responded that they have ever taken a course or class in diabetes self-management. Diagnosed Diabetes is defined as self reported physician diagnosed diabetes. Women who report that the only time they have been diagnosed with diabetes was during pregnancy (gestational diabetes) are excluded. Persons who report that they have pre-diabetes or borderline diabetes are also excluded. The categories Black, and White exclude persons of Hispanic origin. Persons of Hispanic origin may be any race. Respondents were asked to select one or more races. Data for the single race categories are for persons who reported only one racial group. Data are age adjusted to the 2000 U.S. standard population. Data by health insurance status is shown for adults ages 18-64. Data by educational attainment are for adults ages 25 years and older. 2012* is HP2020 baseline.

Prevention Behaviors in Adults at High Risk for Diabetes



Objs. D-16.1, 16.2, 16.3
Increase desired



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

REDEFINE YOUR HEALTH TRANSFORM YOUR LIFE

DIABETES PREVENTION:
CHALLENGES AND
OPPORTUNITIES TO INCREASING
USE OF BENEFITS; LESSONS
FROM THE FIELD

June 20, 2019



INCREASING USE OF BENEFITS

GOAL:

Maximize the revenue brought in from third party payers to increase the likelihood of sustainability, remove cost as a barrier to consumers and organizations delivering the DPP, all while ensuring the delivery of services with a high quality, customized approach to the payors along with their members that yields positive outcomes

WHERE TO START

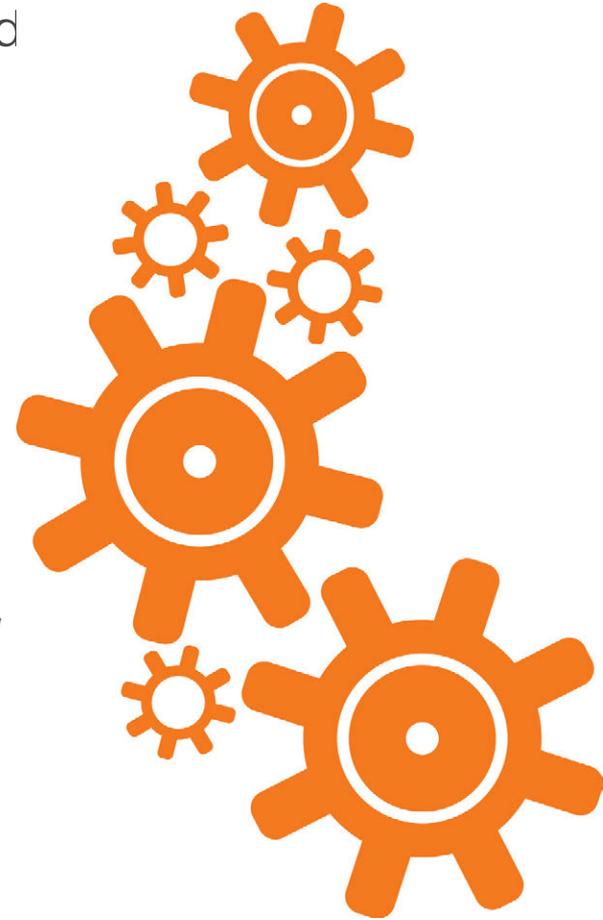
- 1) Understand the motivation behind payor demands related to customer service
- 2) Employ standardized messaging and service for members that is aligned with best practices
- 3) Understand and apply best practices for program management/delivery that maximize revenue
- 4) Monitor your outcomes: enrollment, retention, and revenue
- 5) From the get-go, plan to diversify your revenue sources



IN PRACTICE - MOTIVATION

Understand the motivation behind payor demand related to customer service

- Communicate service standards – be realistic and follow-through
- Be careful about what you promise, it's better to over-deliver
- Highly competitive market for health plans, especially Medicare Advantage
- How you take care of their members could impact things like Star Ratings which Medicare Advantage plans are required to share in all Marketing Materials



IN PRACTICE – PAYOR MEMBER SUPPORT

Employ standardized messaging and service members that is aligned with best practices

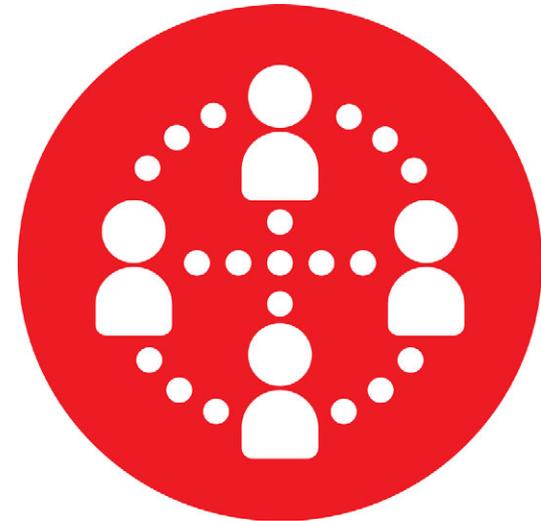
- Communicate service standards – be realistic and follow-through
- Call backs must be made within 48 hours on business days
- Ensure ample time for enrollment calls (may take a minimum of 30 minutes for calls)
- Always ask for them to have the insurance card they take to the doctor's office with them for the call or when you meet them in person
- Be prepared for many questions
- Must ensure program qualifications, may be stricter than CDC's Diabetes Prevention Recognition Program standards depending on the payor



IN PRACTICE – DELIVER QUALITY

Understand and apply best practices for program management/delivery that maximize outcomes and revenue

- Be prepared for lots of questions
- Understand the difference in needs between working age participants and retirees when it comes to program strategies like food tracking, use of online tracking tools, email, etc.
- Build relationships with other community-based organization service providers for support with needs outside of the scope of the program, such as food pantries and transportations service
- Plan for how you will you ensure sustained participation and weight loss for the program year or year two (if applicable)



IF YOU BUILD IT...

Enrollment may be lower than you anticipated.

Coverage \neq enrollment



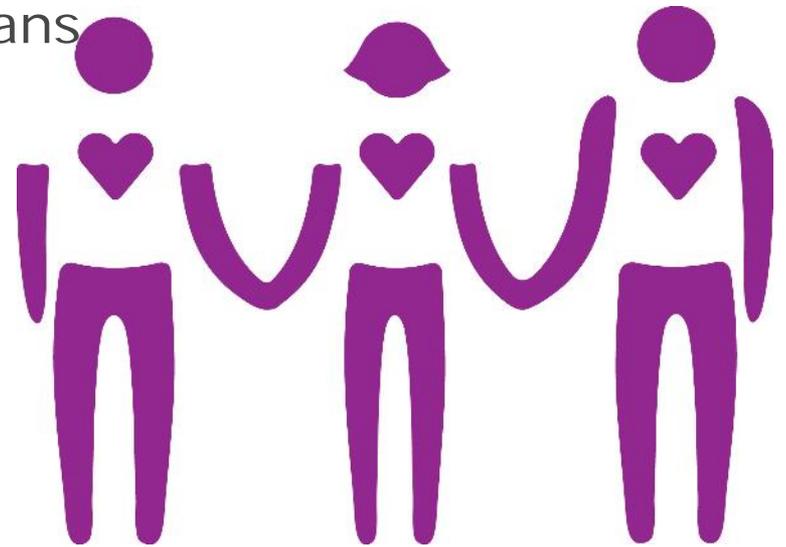
Work with the health plan to determine how they will also promote the program:

- Online – benefit portal or DPP websites
- Print – brochures, newspaper, etc.
- Health care provider – physician network engagement
- Onsite – consider offering to support employers directly through lunch and learns, testing events, health fairs

RECRUITMENT PARTNERS

It takes a village:

- Health plans and employers
- Health care systems and physicians
- Senior centers
- Community organizations
- Faith-based organizations
- Media and marketing
- Friends and family



ENGAGEMENT

CONSUMER ENGAGEMENT MATERIALS

Consumer brochure, flyer, poster

Consumer pull-up banner

Direct payor brochure

E-mail and mailing templates

Employer brochure

Health plan brochure

Facebook cover image

Newsletter event flyer

Physician brochure

Pocket folder

Promo button

Promo magnet

Web banner



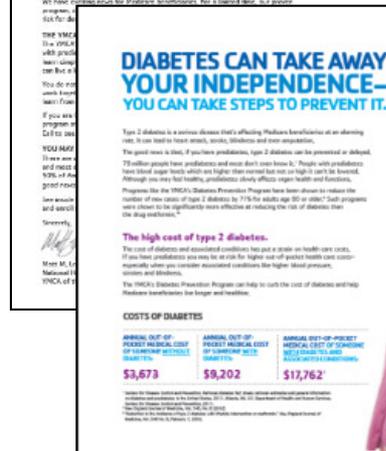
Can you measure a healthy life? Sure, you can—by the cup, the ounce, and the block.

If you're 65 or older, you're at risk for type 2 diabetes. The good news is that you can make small, measurable changes that can reduce your risk and help you live a happier, healthier life.

CHANGE IS TOUGH—WE CAN HELP
Let's face it, if change were easy, we'd all do it. You've spent years developing habits that you can't expect to change overnight. It's tough. We can help.

The YMCA's Diabetes Prevention Program gives you the skills you need and the support you deserve to make lasting healthy lifestyle changes.

* Asian individuals with prediabetes are at a higher risk of progressing to type 2 diabetes. Individuals who have never been diagnosed with either type 1 or type 2 diabetes do not qualify for this program.
[DPP] and the National Council of Young Men's Christian Association of the United States of America (YMCA of the USA) have made a commitment to collaborate with the national YMCA affiliates to support a national movement to increase awareness and take measures to prevent diabetes.



84 million Americans age 20 and older have prediabetes—more than 1 in 3—but only 10% of people know they have it. Without weight loss and moderate physical activity, 15% to 30% of people with prediabetes will develop type 2 diabetes within 5 years. Physicians like you know the toll this disease takes on individuals, families and even communities.

CONNECT PATIENTS TO BETTER HEALTH

Patients look to you—their trusted health care provider—for information on promoting health and preventing chronic diseases.

After assessing your patients' risk for type 2 diabetes and testing for prediabetes, you can feel confident that referring them to the YMCA's Diabetes Prevention Program may reduce their chances of developing type 2 diabetes and provide them tools for living happier and healthier lives.

DELIVERING OUTCOMES AT SCALE:

YMCA'S DPP

By The Numbers
(as of 4/30/19)



Participants attending at least one session	65,132
Completer's average year-end weight loss	5.5%
Average physical activity minutes per week	162.7
Y associations delivering program	244
States where the program is available	40
Total active program sites	1,134
Low income participants*	18.3%

THE PROGRAM IS:

- Group-based and led by a trained Lifestyle Coach
- A year-long program: 25 sessions*
- Open to all community members; YMCA membership is not required
- A Centers for Disease Control and Prevention (CDC) - approved curriculum

*Participants at or below Federal Poverty Guidelines



THANK YOU

Heather Hodge, M.Ed.

Senior Director, Evidence-based Health Interventions

YMCA of the USA

101 N. Wacker Drive

Chicago, IL 60606

heather.hodge@ymca.net



National Diabetes Prevention Program Challenges and Opportunities to Increase Use of Benefits Federal Agency Perspective

Ann Albright, PhD, RDN

Director, Division of Diabetes Translation

National Center for Chronic Disease Prevention and Health Promotion

Centers for Disease Control and Prevention

National Diabetes Prevention Program

National effort to mobilize and bring effective lifestyle change programs to communities across the country

REDUCING THE IMPACT OF DIABETES



Congress authorized CDC to establish the NATIONAL DIABETES PREVENTION PROGRAM (National DPP) —a public-private initiative to offer evidence-based, cost effective interventions in communities across the United States to prevent type 2 diabetes

It brings together:

- COMMUNITY ORGANIZATIONS
- PRIVATE INSURERS
- EMPLOYERS
- HEALTH CARE ORGANIZATIONS
- FAITH-BASED ORGANIZATIONS
- GOVERNMENT AGENCIES

Research shows structured lifestyle interventions can cut the risk of type 2 diabetes in **HALF**

to achieve a greater combined impact on reducing type 2 diabetes



National DPP Strategic Goals



DDT Cooperative Agreement Investments

1705, 1815, and 1817 are cooperative agreements focused on scaling and sustaining the National DPP

All have required strategies to work toward public and private payer and employer coverage

1705

Scaling the National DPP in Underserved Areas: Funds 10 national organizations to scale the National DPP in underserved areas with a focus on priority populations including Medicare, men, racial/ethnic minority groups and people with physical or visual impairments.

1815

Improving the Health of Americans through Prevention and Management of Diabetes, Heart Disease and Stroke: Funds all 50 states & D.C. to support state investments in implementing and evaluating evidence-based strategies to prevent and manage cardiovascular disease (CVD) and diabetes in high-burden populations/communities, contributing to improved health outcomes.

1817

Innovative State and Local Public Health Strategies to Prevent and Manage Diabetes, Heart Disease, and Stroke : Funds 22 state health departments, 5 large city/county health departments and 2 consortia of city/county health departments to support the design, testing, and evaluation of novel approaches to address evidence-based strategies aimed at reducing risks, complications, and barriers to prevention and control of diabetes and cardiovascular disease (CVD) in high-burden populations.

Goal: All-Payer Coverage

- Working with all public and private payers and employers to eliminate cost barriers for participants and sustain program delivery organizations long-term



Private Sector

- Self Insured Employers
- Health Plans



Public Sector: State/Local

- State/Public Employee Benefit Plans



Public Sector: Federal

- CMS: Medicare & Medicaid

Commercial Insurance Plan Coverage

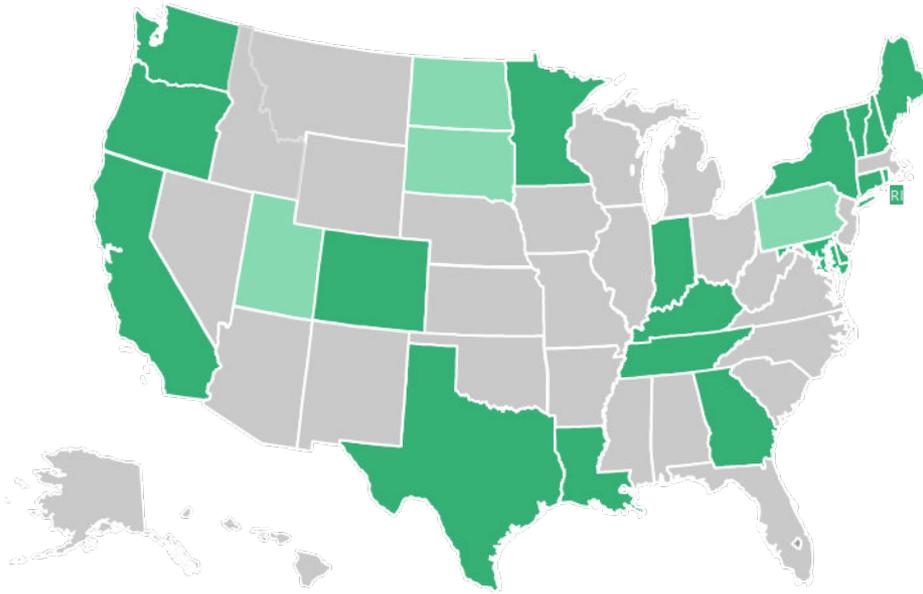
Many commercial health plans provide some coverage for the National DPP lifestyle change program.

Examples include:

- AmeriHealth Caritas
- Anthem
- BCBS Florida
- BS California
- BCBS Louisiana
- Cigna
- Denver Health Managed Care
- Emblem Health: NY
- GEHA
- Highmark
- Humana
- Kaiser: CO & GA
- LA Care
- MVP Medicare Advantage
- Priority Health: MI
- United Health Group

National DPP Coverage for Public Employees

Over 3.8 million public employees and dependents in 20 states have the National DPP lifestyle change program as a covered benefit



States with Coverage for State/Public Employees

- California
- Colorado
- Connecticut (DoT)
- Delaware
- Georgia (Kaiser members)
- Hawaii
- Indiana
- Kentucky
- Louisiana
- Maine
- Maryland (partial payment)
- Minnesota
- New Hampshire
- New York
- Oregon (educators/local government)
- Rhode Island
- Tennessee
- Texas
- Vermont
- Washington

Demonstrations ongoing in North Dakota, Pennsylvania, South Dakota, and Utah

Medicaid Coverage

Goal: Achieve sustainable coverage of the National DPP lifestyle change program for Medicaid beneficiaries

Result: Remove cost barriers and reduce diabetes health-related disparities for high-risk/burden populations

APPROACH

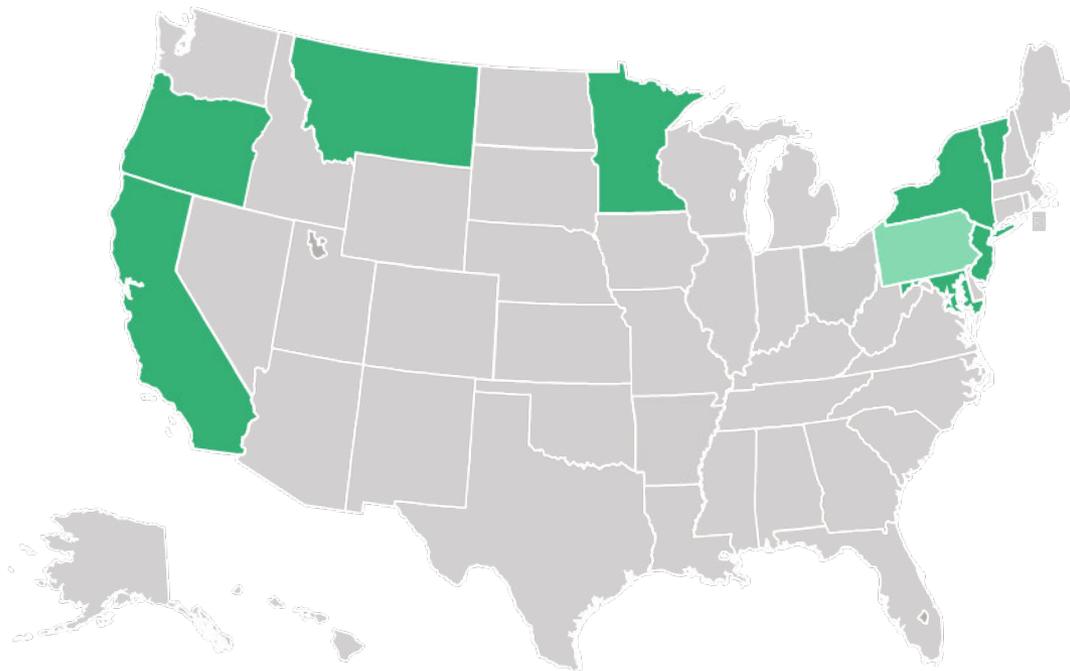
- **Work with State Health Departments** - Funded health departments in all states and DC to partner with Medicaid sister agencies to make the case for coverage
 - 9 states have full or partial coverage through Medicaid authorities, demonstrations, or pilots
- **Work with Managed Care Organizations (MCOs)** - Funded a comprehensive demonstration project in 2 states with a focus on implementation and uptake

RESOURCES

- **National DPP Coverage Toolkit**: <https://coveragetoolkit.org>
- **Virtual Learning Collaborative with 20 States**
- **Medicaid Demonstration Project Evaluation Report & Capstone Meeting – January, 2019**

National DPP Coverage for Medicaid Beneficiaries

8 states have approved Medicaid coverage for the National DPP lifestyle change program

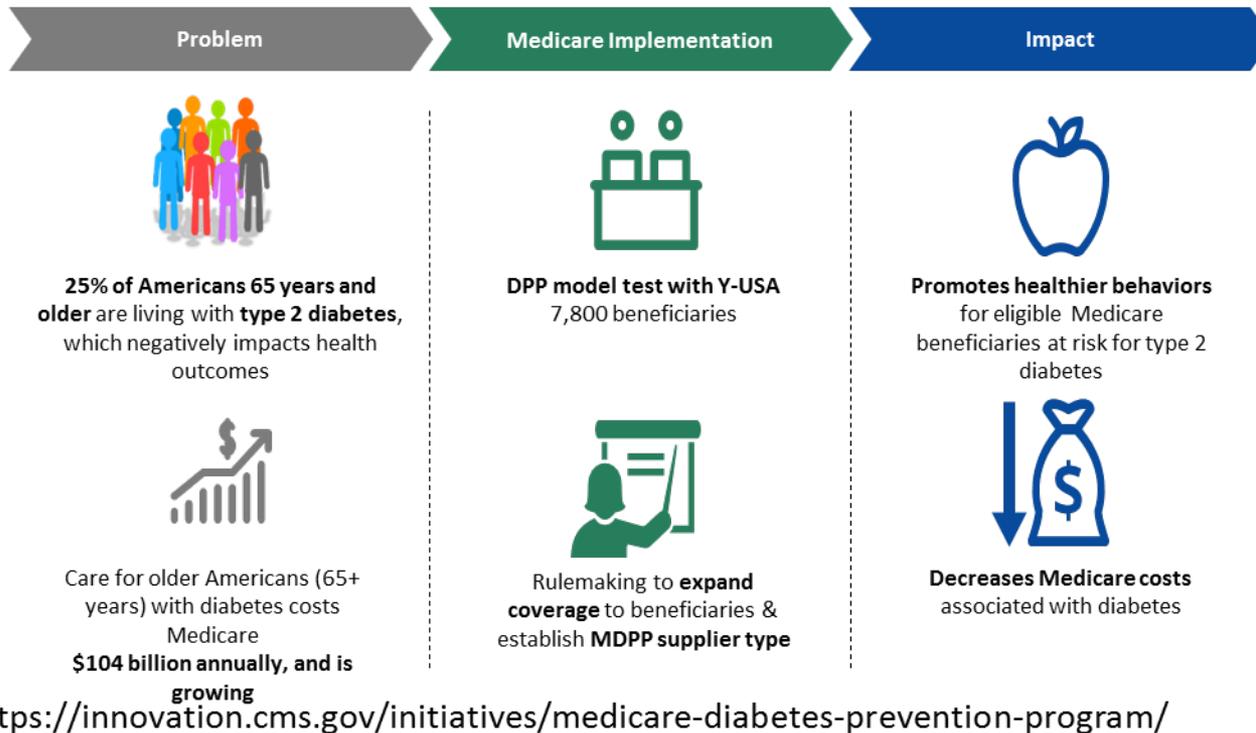


States with Medicaid Coverage

- California
- Maryland
- Minnesota
- Montana
- New Jersey
- New York
- Oregon
- Vermont

Demonstration projects ongoing in Pennsylvania

Medicare Diabetes Prevention Program





National Diabetes Prevention Program Coverage Toolkit



Medicaid Agencies

[Learn More](#)



Medicare Advantage

[Learn More](#)

<http://coveragetoolkit.org/>



Medicaid MCOs

[Learn More](#)



Commercial Plans

[Learn More](#)

Quick Facts

- Online resource to support Medicaid, Medicare Advantage, and commercial health plans that are considering covering or implementing the National DPP lifestyle change program
- Covers topics such as contracting, delivery options, coding & billing, data & reporting
- Developed by the National Association of Chronic Disease Directors (NACDD), Leavitt Partners, and the Centers for Disease Control and Prevention (CDC)
- Includes special sections on how to obtain Medicaid coverage and draw down federal funds

AMA National DPP Employer Toolkit

<https://preventdiabetesstat.org/employers-and-insurers.html>

PREDIABETES AND DIABETES AT WORK: How to cut the risk in half

THE PROBLEM
1 = 3 ADULTS ARE PREDIABETES

Approximately one out of three of your employees may have prediabetes. Prediabetes is when blood glucose levels are higher than normal, but not high enough to be diagnosed as type 2 diabetes. Without intervention, prediabetes can progress to type 2 diabetes within five years. Diabetes is a serious medical condition in which the body cannot keep blood glucose at normal levels.

WHY IT MATTERS
\$13,700 PER YEAR
in the average medical expense incurred by those with type 2 diabetes

Compared to people without diabetes, those with diabetes are:

- 100% more likely to change appearance
- 80% more likely to be hospitalized for heart attack
- 50% more likely to be hospitalized for stroke
- 70% more likely to die from heart disease or stroke

HOW IT IMPACTS YOUR WORKFORCE
Employees with diabetes may miss more work and have lower productivity. In fact, in one year, diabetes costs the United States:

- \$176 BILLION in direct medical costs
- \$69 BILLION in lost productivity

HOW EMPLOYERS CAN HELP – AND BENEFIT

- 58% more likely to be hospitalized for heart attack
- 58% more likely to be hospitalized for stroke

By participating in an evidence-based diabetes prevention program, people with prediabetes can reduce their risk of developing type 2 diabetes.

Icons: PHYSICAL ACTIVITY, HEALTHY EATING, STRESS MANAGEMENT & MINDFULNESS ACTIVITIES

Take the first step by reviewing your claims or health data to understand how many employees may be at risk. For the full National Diabetes Prevention Program, visit preventdiabetesstat.org.

AMA logo

A TARGETED APPROACH TO CUT TYPE 2 DIABETES RISK IN HALF

The why and how behind the National Diabetes Prevention Program

AMA logo

NATIONAL DPP CASE IN POINT

THREE EMPLOYERS. THREE APPROACHES.

Ideas to help you implement the National Diabetes Prevention Program at your organization.

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NATIONAL DPP LIFESTYLE CHANGE PROGRAM IMPLEMENTATION:

Your eight-step roadmap

- STEP 1: SNAPSHOT OF POTENTIAL COSTS / BENEFITS**
 - Calculate potential risk
 - Look at population data
 - Assess alignment with wellness goals
- STEP 2: POTENTIAL PARTNERSHIP & RESOURCES**
 - Assess internal resources
 - Find potential partners
 - Explore ways to include in a covered benefit
- STEP 3: ELIGIBILITY & SCREENING STRATEGY**
 - Determine program eligibility
 - Formulate screening plan
 - Offer other options to those who don't qualify
- STEP 4: PROGRAM PROPOSAL**
 - Outline goals
 - Sketch program plan
 - Plan phases and timing
- STEP 5: BUY-IN**
 - Engage stakeholders
 - Review and document program goals
- STEP 6: PARTNER CONTRACTING**
 - Select payment model
 - Negotiate pricing
 - Execute contracts
- STEP 7: PROGRAM PROMOTION**
 - Brand your program
 - Develop marketing plan
 - Plan communication
- STEP 8: MEASURE AND FINE-TUNE**
 - Track results
 - Refine as needed
 - Plan after-program support

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Large Employer Market Landscape

The large employer market presents an opportunity for scaling the National DPP lifestyle change program given its reach, influence and interest in employee health

1

They reach many Americans.

- **63.1 million Americans are employed by employers with 500+ employees... that's 52.2% of the American workforce.**¹
 - There is no standard definition of a large employer.
 - Employer sizes are generally determined either by 1) revenue or 2) # of employees.



2

They have substantial influence over their health plans.

- **Large self insured employers are the direct decision makers in their health plans.**
 - The larger the employer, the more likely they are to be self-insured.
 - **Most large employers offer health benefits:** 99% of employers with 200+ employees offer health benefits to their employees²
 - **Many large employers are fully or partially self-insured:** 79% of covered workers in firms with 200+ employees are in a full or partially self-funded plan³
- **Large employers that are not self insured still maintain significant influence over the items covered by their health plans.**

3

They have a vested interest in employee health.

- **Diabetes costs employers and is highly prevalent.**
 - Diabetes is associated with high healthcare costs and lost revenue through absenteeism, impaired productivity, etc.
 - Preventing type 2 diabetes is more cost effective than treating it, making a clear business case for prevention.
 - **6.3%** of full-time workers have diabetes; **9.1%** of part-time workers have diabetes⁴
 - **\$20.4 billion** is the annual cost of diabetes for employers due to absenteeism⁴

Coverage Trifecta

- *Employers that cover the program tend to meet the following criteria: they have program champions, a way to pay for the program, and a mechanism to deliver/administer the program*

Delivery/Administration

Description

- Employers covering the program are typically interested in delivering the program themselves or through a vendor. Successful rollouts of the program have a pre-planned strategy for program recruitment and enrollment.

Barriers to Delivery/Administration

- Low or limited National DPP lifestyle change program options (i.e. program supply to reach all employees)



Program Champion

Description

- A program champion or sponsor can assist in ensuring the program moves towards becoming a covered benefit. Since decision making within an employer is fragmented, an individual who is committed to seeing the program through to coverage is key.

Barriers to a Program Champion

- Lacking awareness of or education about the National DPP lifestyle change program, and prevention in general, across the organization

Payment for Program

Description

- A funding mechanism may be necessary to deliver the program (i.e. through a health benefit or wellness perk). Employers would need to identify a source of funding and budget for the program in order to deliver it.

Barriers to Payment for Program

- Lack of perceived return on investment (ROI) complicated by high turnover rates among certain employers

National DPP Coverage Workshops

- **Objective:** In partnership with state health departments, convene commercial payers and employers to:
 - Learn the benefits, outcomes, and member-engagement advantages of covering the National DPP lifestyle change program
 - Assess readiness and outline key steps for program implementation

- | | |
|----------------------------------|-----------------------------------|
| ▪ 9 states (2018 - 2019): | - Utah (5/1/19) |
| - Massachusetts (3/15/18) | - Texas (5/17/19) |
| - Iowa (4/20/18) | |
| - Pennsylvania (6/27/18) | <i>Upcoming:</i> |
| - Kentucky (9/13/18) | - Nebraska (October 2019) |
| - Hawaii (4/17/19) | - Missouri (November 2019) |

1815 Employer Coverage Learning Collaborative

(A CDC-National Association of Chronic Disease Directors Partnership)

- **States selected to participate:**

- Delaware, Georgia, Illinois, Louisiana, North Carolina, and Rhode Island

- **Goals:**

- Increase the number of employers covering the National DPP lifestyle change program
- Develop a replicable step-by-step model for state/employer engagement for scaling the National DPP
- Create employer case studies and success stories that can be used to work with employers in all 50 states

- **2019 Key Activities:**

- State training series
- Employer recruitment and commitment (2 per state)
- Plan and design employer benefit

Perspectives from the Field in Diabetes

Ardis A. Reed, MPH, RD, LD, CDE

Health Disparities Team

June 20, 2019

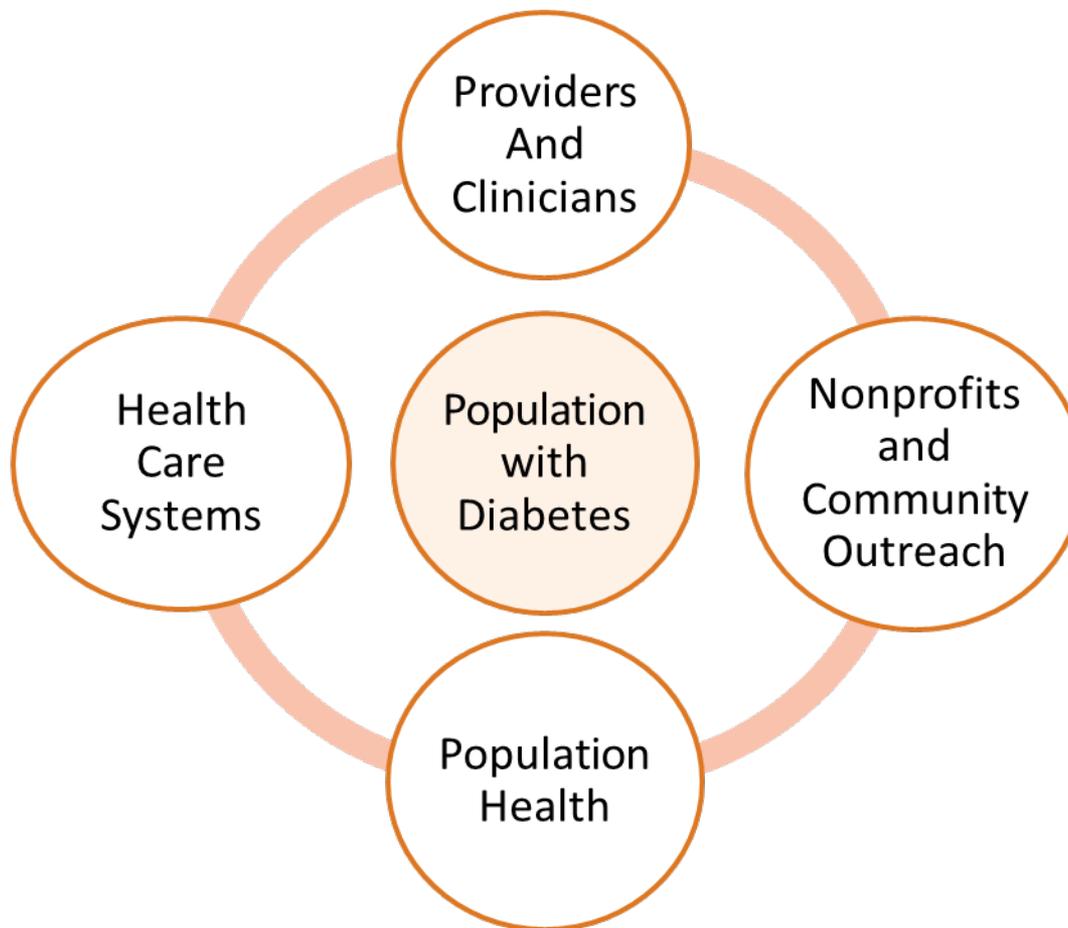




Ardis A. Reed
MPH, RD, LD, CDE

- TMF Quality Innovation Network Quality Improvement Organization (QIN-QIO) Health Disparities Team, Diabetes Subject Matter Expert.
- Part of the writing group that revised the current Competencies for Diabetes Educators and the 2017 National Standards for Diabetes Self-Management Education and Support (DSMES)
- Lead DSMES Trainer for Cities Changing Diabetes - Faith and Diabetes work group
- Appointed to the Texas Diabetes Council by Gov. Greg Abbott.

Bird's Eye View



Lack of understanding of what Diabetes Self-Management Education and Support (DSMES) is all about

Providers who feel they should be managing the diabetes and not the client, so no referrals to DSMES

Providers and Clinicians

Forms, forms, forms...

Do not see value of DSMES

Many clinicians are wearing too many hats to focus on developing certified diabetes centers

Lack of sharing Quality Outcome reports; too many silos, especially in big institutions

Health Care Systems

Lots of confusion on reimbursement rules

Poor marketing skills to promote DSMES services in many places

More focus on social determinants of health and diabetes distress (behavioral health)

Inconsistent funding streams to support DSMES services

Population Health

Learning collaborative across counties and states

Collaboration of funding opportunities

Need capacity-building skills

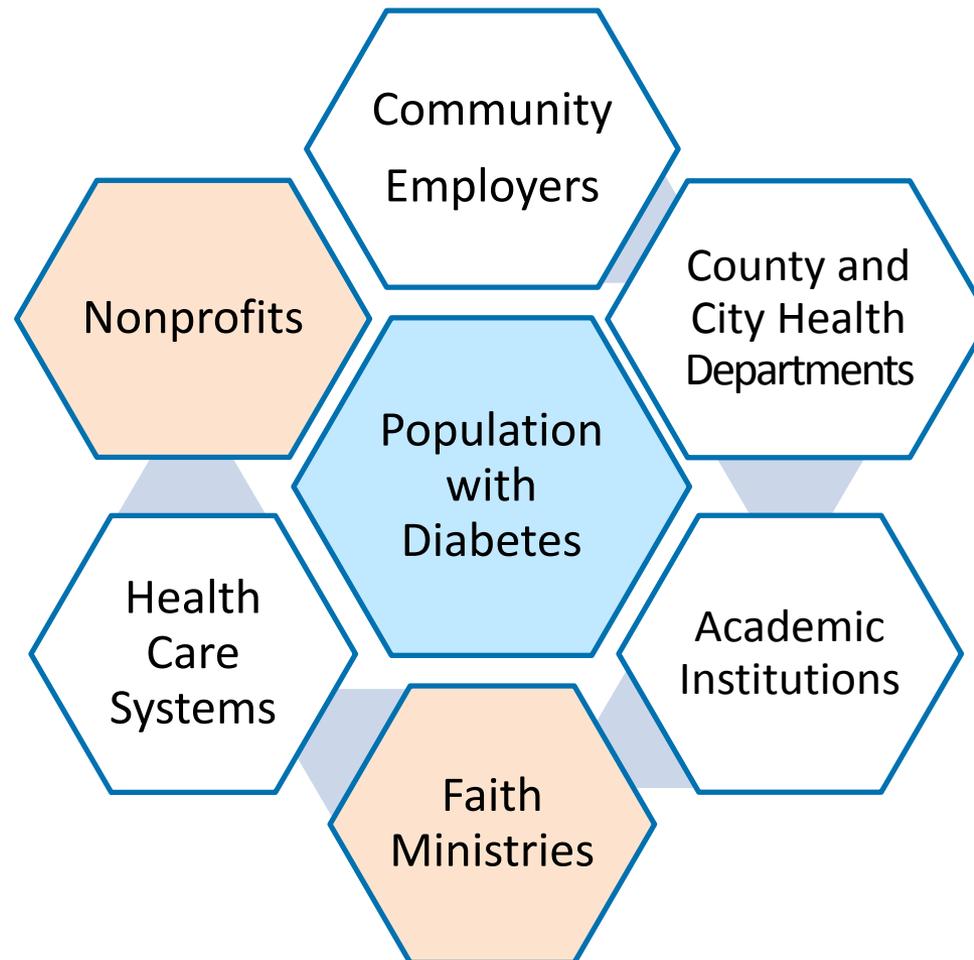
Need standard data demographic collection

**Nonprofit and
Community Outreach**

Need to better understand about the importance of data collection for their sustainability

Need more funding opportunities and less confusion between different agency rules

Innovative Community Approaches



Two Community Approaches

Everyone with Diabetes Counts (EDC) - A Centers for Medicare & Medicaid Services (CMS) national initiative that is focused on improving access to diabetes care, management and education, working with community nonprofit organizations, health care systems and provider offices.

Cities Changing Diabetes (CCD) - A global initiative to reduce the prevalence of diabetes in urban settings around the world through urban community efforts to address the urban infrastructure and access to diabetes resources, community engagement and education.

Faith and Diabetes Initiative - City of Houston

The Model for Both Initiatives

- Train the Trainer to engage community organizations to provide community-based DSMES
 - Provide peer-to-peer workshops
- Evidence-based DSMES curriculum
 - Participatory techniques
 - Adult learning theory
 - Focused on behavioral goal skill development
- Partners range from houses of faith to health system community outreach departments

Current Reach

EDC

Reach since August 2014

Texas, Oklahoma, Arkansas,
Missouri and Puerto Rico

Total Reach = **27,215**

Medicare Reach = **13,094**

Six-week workshop = **2,447**

CCD

Reach since January 2018

- 1st cohort - 13 houses of faith, 25 peer educators
- 2nd cohort - 11 houses of faith, 22 peer educators
- Total Reach = **216**
- Medicare Reach = **105**

Community-Based Needs

EDC

Needs:

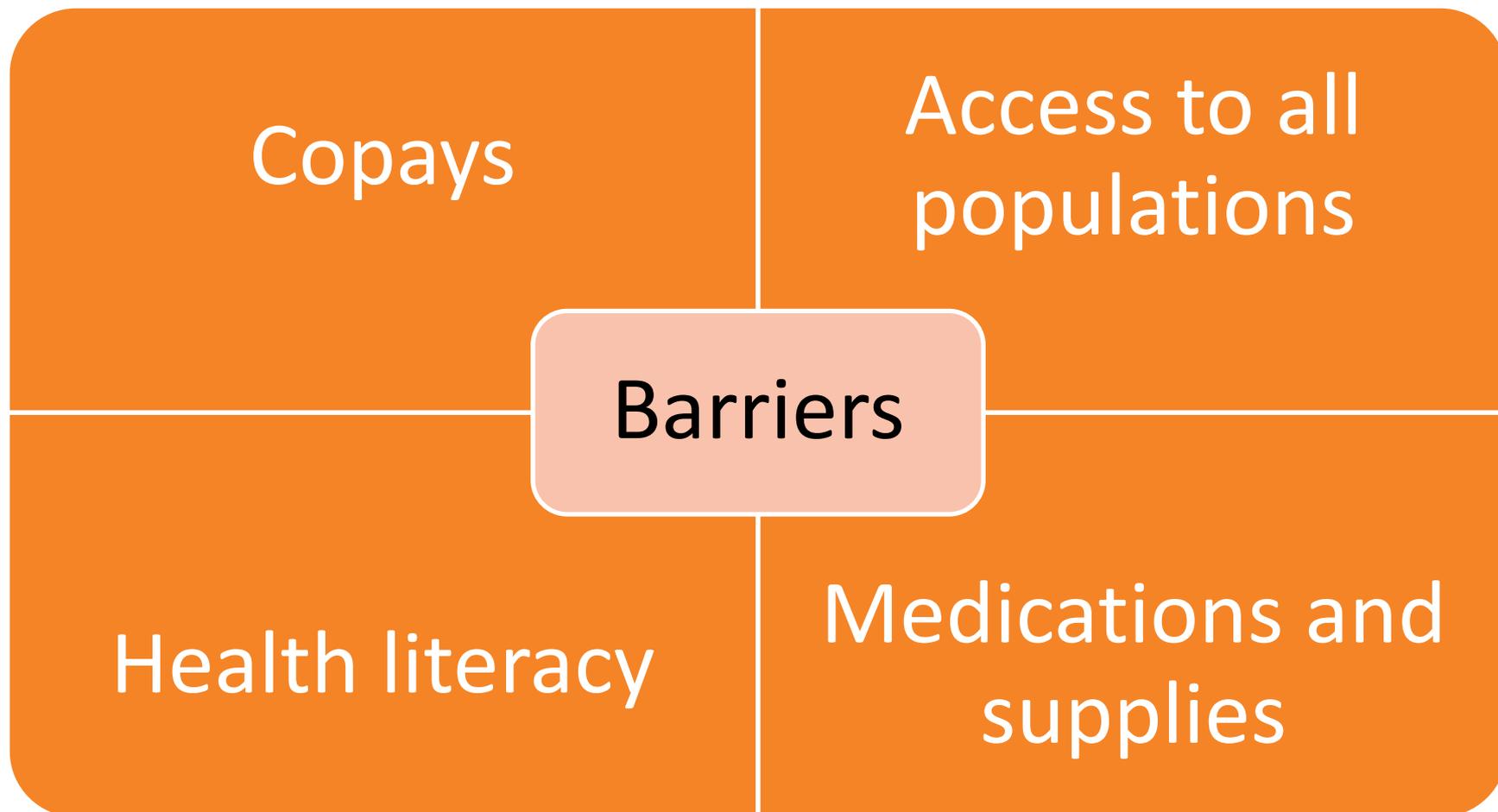
- Capacity building
- Data collection skills
- Sustainable funding
- Program development skills
- Peer commitment
- Marketing skills

CCD

Needs:

- Strengthen health ministry structure
- Peer commitment
- Space/time on calendars
- Marketing skills
- Coordination skills

Barriers for People with Diabetes



Person with Diabetes



Thank You

ardis.reed@tmf.org

TMF Health Quality Institute
Health Disparities Team
Austin, Texas

This material was prepared by TMF Health Quality Institute, the Medicare Quality Innovation Network Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents do not necessarily reflect CMS policy. 11SOW-QINQIO-B2-19-18

Questions?

If you have any questions that you would like to pose to the presenters, please type it in to the Q&A window to the right. We will address as many questions as we can in the time allotted.



ODPHP

Office of Disease Prevention
and Health Promotion

 Diabetes
Advocacy
Alliance™

Date: Wednesday, June 26, 2019

Time: 12:00 – 4:00 pm Eastern Time

Location: Online via webinar

Cost: Free

Purpose: The Committee will:

- Deliberate and prioritize its recommendations for implementing the disease prevention and health promotion goals and objectives for the nation
- Develop recommendations regarding graphics for communicating key Healthy People 2030 elements.

Register at [HealthyPeople.gov](https://www.healthypeople.gov)



The screenshot shows the top navigation bar of the HealthyPeople.gov website. It includes the logo, a search bar with a 'Go' button, and a 'Log in' button. Below the navigation bar are several tabs: 'Topics & Objectives', 'Leading Health Indicators', 'Data Search', 'Healthy People in Action', 'Tools & Resources', 'Webinars & Events', and 'About'. The main content area features a large image of two women, one in a white lab coat, looking at a tablet. To the right of the image is a dark blue box with white text that reads: 'Register for a Spotlight on Health Webinar', 'We're teaming up with the Diabetes Advocacy Alliance on February 21 to talk about improving diabetes screening and referral to prevention programs.', and 'Join us.' with an external link icon. Below this are two white boxes with blue icons and text. The first box has a magnifying glass icon and text: 'DATA2020 Search', 'This interactive data tool allows users to explore data and technical information related to the Healthy People 2020 objectives. Search Healthy People data.' The second box has a 'New' icon and text: 'Midcourse Review: Interactive Infographics', 'Check out our interactive infographics to track the Nation's progress toward Healthy People 2020 targets.'





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LATEST NEWS

DAA submits comments to CMS on Medicare Diabetes Prevention Program guidance

[Read More](#)

DAA releases two infographics on new diabetes screening guideline

[Read More](#)

Our mission is to unite and align key diabetes stakeholders and the larger diabetes community around key diabetes-related policy and legislative efforts in order to elevate diabetes on the national agenda.

MEMBER PROFILE
Academy of Nutrition and Dietetics
The Academy of Nutrition and Dietetics

The Diabetes Advocacy Alliance™ is working to increase awareness of, and action on, the diabetes epidemic among legislators and policymakers. We are a diverse group of patient advocacy organizations, professional societies, trade associations and corporations, sharing a common goal to defeat diabetes. Explore our site to learn more about what's on the front burner in our interactions

More of your patients are now eligible for free diabetes screening and prevention programs.

The US Preventive Services Task Force (USPSTF) has updated its screening recommendation, and now, for the first time, recommends screening for prediabetes and referral to diabetes prevention programs, in addition to screening for undiagnosed diabetes.

Patients with these characteristics are now eligible for a screening with no cost-sharing:

- Age 40 to 70 years old, and are overweight or obese.
- OR
- Have 1 or more of these characteristics (regardless of age or weight):
 - Overweight or obese
 - A history of gestational diabetes or polycystic ovarian syndrome
 - Family history of diabetes
 - African American, Hispanic/Latino, American Indian, or Asian American or Pacific Islander

Through screening, we can identify...

- Prediabetes**: Be referred to free diabetes prevention programs
- Diabetes**: Begin diabetes treatment

Knowing is better, so that your patients can...

Through this new USPSTF guideline, **millions more adults** are now eligible for prediabetes and diabetes screening.

People Eligible for Screening Through USPSTF

2008	61 million
2015	170 million

Beginning in 2017
Private health plans are required to cover screening for prediabetes and diabetes at no cost to patients. In addition, insurers will be required to cover diabetes prevention programs at no cost to patients because the guideline states that clinicians should offer or refer patients with prediabetes to intensive behavioral counseling interventions to promote a healthful diet and physical activity.

Beginning in 2018
Medicare will begin covering diabetes prevention programs for eligible beneficiaries at risk for type 2 diabetes starting January 1, 2018.

Key Takeaway
When combined and fully implemented, the new USPSTF guideline and Medicare DPP coverage will result in most Americans having insurance coverage for diabetes screening and prevention programs at no cost.

Visit us at www.diabetesadvocacyalliance.org.
Download our infographics and additional information on screening and diabetes prevention at www.diabetesadvocacyalliance.org/screening.html.



Office of Disease Prevention and Health Promotion



A library of stories highlight ways organizations across the country are implementing Healthy People 2020

Stories from the Field

Want to know what others are doing to improve the health of their communities? Explore our *Stories from the Field* to see how communities across the Nation are implementing Healthy People 2020. You can also [share your story!](#)

Explore the map below or filter to view stories by the related topic area or Leading Health Indicator.

Sort By: Viewing 80 results

Topic Area	Organization Name	Organization Type	Date Posted	Program State
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Filter By: Show LHI Only [Reset Filters](#) [Update](#)



Healthy People 2020 in Action

Who's Leading the Leading Health Indicators? series Stories from the Field

Healthy People in Action
<http://www.healthypeople.gov/2020/healthy-people-in-action/Stories-from-the-Field>

JOIN THE HEALTHY PEOPLE LISTSERV & CONSORTIUM



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YOUTUBE ODPHP (search "healthy people")