

The Connector

Inspiring strategic direction for diabetes prevention & control

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A Message from NACDD's CEO, John Robitscher



Our work in this country to lead the fight against preventable death from diabetes is complicated by the fact that we are losing the fight to curb chronic conditions in our most vulnerable communities. We have not made sufficient progress in addressing the underlying determinants of health that impact these communities, such as combating racism, reducing violence, and creating a more equitable society. We must reflect on where we go from here, what our priorities are, and how we get there.

I believe that now, more than ever, it is critical to “connect” with each other in health promotion **and** antiracism work. As an Association, our ability to connect with each other is one of our greatest attributes. We see this daily in our work with our Members in State Health Departments working to expand and sustain the National Diabetes Prevention Program (National DPP) and diabetes self-management education and support (DSMES) services.

While we are still faced with much uncertainty as to what our “new normal” will look like, we are grateful for your continued hard work to support those most threatened by diabetes. We are proud to call each of you a valued partner as we seek to promote health equity and antiracism more broadly. Please reach out and let us know how we can be of assistance.

[NACDD's Statement and Response to Racism as a Public Health Crisis](#)

[NACDD Health Equity Guide: Moving to Institutional Equity](#)



COVID-19 and Diabetes: Increased Risk of Death or Severe Illness

In the time of COVID-19, diabetes prevention and management become even more important and urgent. An April [CDC Morbidity and Mortality Weekly Report](#) (MMWR) showed that among hospitalized adult patients with COVID-19 that had data on underlying conditions, 89.3% had one or more, with obesity (48.3%) and diabetes (28.3%) ranking among the four most common underlying conditions. One study published in May in the [Journal of Diabetes Science and Technology](#) found that among patients hospitalized with COVID-19, the mortality rate was four times greater in those with diabetes and/or uncontrolled hyperglycemia than in those without; these patients also had longer lengths of stay. Furthermore, patients with uncontrolled hyperglycemia died at higher rates than people with diabetes.

Opportunities

COVID-19 presents an opportunity to reach individuals and families with messages of the importance of diabetes prevention and management through the critical services of the National DPP lifestyle change program and DSMES. NACDD has compiled a [fact sheet](#) on COVID-19 and chronic disease that can be shared. There are also new opportunities for diabetes prevention through increased online/virtual delivery, strengthening relationships with Medicaid and across public health, the extension of beneficiary eligibility, and the elimination of prior approvals. In addition, the Centers for Medicare and Medicaid Services (CMS) granted [waivers and flexibilities](#) that further expand access to the National DPP via [telehealth opportunities](#). While DSMES has an opportunity to transition to telehealth during this time, the transition appears to be slow and people with diabetes are not accessing this important service. CDC released a new [article](#) on the importance of DSMES during an emergency.

Health Equity

Further opportunities exist to address social determinants of health and improve health equity. According to the CDC, [recent data](#) suggest that racial and ethnic minority groups may be disproportionately affected by COVID-19. For example, an April [MMWR](#) presented data that compared 580 hospitalized patients with confirmed COVID-19 for whom race and ethnicity data was available with a known (COVID-NET) catchment population: 33% were black (18% in catchment population), 45% were white (59% in the catchment population), and 8% were Hispanic (14% in the catchment population). Death rates were also higher in racial and ethnic minorities according to a [report for New York City](#). NACDD, in collaboration with the National Association of State Offices of Minority Health, has developed a [resource list](#) for priority populations impacted by COVID-19.

More guidance for State Health Departments (SHD) can be found at [NACDD's website](#).

“ Diabetes is even more salient and foregrounded with COVID-19. It has never been more urgent to address the health of our populations and enter into deep conversations about prevention and management of diabetes and other chronic diseases. This may open doors to larger policy and coverage discussions to keep people healthy and to ensure the best outcomes during this pandemic and beyond. ”

*Marti Macchi, MEd, MPH,
Senior Director of Programs*

Diabetes in Crisis: DSMES Services During Critical Times

In 2020, health disparities based on race, ethnicity, and socioeconomic status combined with the COVID-19 pandemic to create additional barriers for people trying to manage diabetes. DSMES services increase quality of life, improve clinical outcomes, and reduce long-term costs of care.

The American Diabetes Association, the Association of Diabetes Care & Education Specialists, the Academy of Nutrition and Dietetics, the American Academy of Family Physicians, the American Academy of Physician Assistants (PAs), the American Association of Nurse Practitioners, and the American Pharmacists Association released a consensus report on DSMES in adults with type 2 diabetes this month. The 2020 [DSMES Consensus Report](#) recommends that providers discuss DSMES benefits with all person with diabetes, ensure integration and coordination of medical nutrition therapy with person-centered diabetes care, address DSMES participation barriers, and refer and encourage participation in DSMES during four critical times of care. These times include at diagnosis, annually and/or when treatment goals are not achieved, when complications develop, and during times of care or life transitions.

Present day stressors such as changes to employment, access to health care and healthy foods, obtaining needed diabetes medications, and increased public health risks can make it challenging to meet diabetes treatment goals. It is particularly important to manage blood glucose levels during crises to avoid serious complications that can lead to death. Patients with diabetes can access DSMES services in person, if available, or remotely via telehealth during critical times of care. Telehealth can reduce participant-related and environment-related barriers to diabetes self-management. States and organizations can improve DSMES utilization by increasing provider awareness, addressing barriers to referral, and working in collaboration with policymakers and payers to improve reimbursement processes. Read more about the benefits of DSMES during times of emergency and crisis at [CDC's website](#).

State Coverage of National DPP Continues to Grow

Medicaid

In 2019, the National DPP lifestyle change program became a Medicaid covered benefit in California, New York (legislation passed), and Oregon. In addition, Maryland began offering the National DPP through a Medicaid waiver program in September 2019 and Delaware began offering the National DPP through a Medicaid managed care pilot program. Maryland and Oregon participated in the [Medicaid Coverage for the National DPP Demonstration Project](#) from July 2016 until January 2019.

State Employees

In January 2020, Pennsylvania achieved state public employee coverage and began requiring all of the state's Medicaid managed care organizations (MCO) by contract to refer eligible members to CDC-recognized organizations (effective July 2019, National DPP providers could enroll as network providers for MCOs). Also, in January 2020, Wyoming made the National DPP lifestyle change program available to all state employees and started offering Medicaid coverage through a pilot program that reimburses registered dietitians for delivery of the National DPP. Demonstration projects for state public employee coverage are ongoing in South Dakota and Utah. For the latest state coverage information, visit the [National DPP Coverage Toolkit](#).

Together we are making a difference to expand coverage of the National DPP.

What is the Employer Learning Collaborative?

NACDD's Diabetes Technical Assistance and Support Team is partnering with CDC to take a new approach to preventing type 2 diabetes. The [Employer Learning Collaborative](#) (ELC) was launched in 2019 to assist select states in engaging large employers to cover the National DPP lifestyle change program for their employees. States and nationally CDC-funded organizations were selected based on their interest and on the readiness of both the organization and employers.



Did You Miss the April General Member Webinar?

On April 23, 2020, NACDD's General Member Webinar highlighted two exciting new initiatives to support engagement and partnership with small and large employers: NACDD's National DPP ELC and University of Washington's Connect to Wellness program. Listen to the recording, [Partnering with Employers: Preventing and Managing Chronic Disease through Two Innovative Initiatives](#), to learn more.

Tips for Planning to Engage Employers

Thanks to the hard work of 12 SHDs and eight national organizations and affiliates, the ELC is producing promising practices for engaging employers around the National DPP. Below are a few tried and true tips to think about when planning to engage employers about offering the National DPP lifestyle change program as a covered benefit for their employees.

Identifying the Right Employers:

- Start with a geographic region that has good access and availability to the National DPP lifestyle change program.
- Focus on larger employers (500+ employees) that have the strongest projected return on investment (ROI) and internal capacity for the program. Business influencers such as Chambers of Commerce and Business Coalitions can be a great resource to help identify employers in the market.
- Look for leaders! Employers who have a strong culture of health, who are known as a healthy employer, or who have adopted other CDC or public health programs may be more receptive.

Making the Case for Coverage: Whether you plan to reach out to employers individually or to several at once, it is important to have a solid [business case](#). What would you say to an employer if you had five minutes? 15 minutes? 60 minutes? While a business case is about a financial ROI, other factors are also important, like first impressions, passion, and partnerships.

- Define the health and financial burden of prediabetes and diabetes.
- Share solutions and opportunities.
- Explain the case in relevant context.
- Emphasize the impact of the "Do Nothing" approach.

Using Return on Investment Calculators: If you have an employer that you're already working with or plan to reach out to, learn how to use calculators like the [CDC Impact Toolkit](#) and the American Medical Association [\(AMA\) DPP Cost Saving Calculator](#).

Don't Be Discouraged: While employers may not commit to offering the National DPP now, they may commit in the future. It may take several meetings before they fully understand what the program is all about, or they may need to balance competing priorities but would consider it in the future. In this [one minute video clip](#), Rebecca Guidroz, an ELC participant from the Louisiana Department of Health, said it best when talking about how persistence can pay off.

For more information, contact [Sara Hanlon](#).

Medicaid Coverage Learning Collaborative

In partnership with the CDC's Division of Diabetes Translation and the University of Utah's Kem C. Gardner Policy Institute, NACDD's Coverage 2.0 team launched a virtual learning collaborative about Medicaid coverage of the National DPP.

By participating in the Learning Collaborative, SHDs work to establish, operationalize, and sustain coverage of the National DPP within Medicaid; hear updates from peers; and engage in facilitated discussions related to cross-cutting topics specific to this work. Federal partners, including CDC and CMS also participate in these meetings.

Participating states include:

- CDC's 6|18 Initiative Diabetes Prevention Cohort 4 states: Colorado, Illinois, Kentucky, Michigan, Virginia, and Wyoming
- States planning or implementing Medicaid coverage for the National DPP*: California, Maryland, Minnesota, Montana, New Jersey, New York, Oregon, and Pennsylvania

*Maryland and Oregon continue work with NACDD following their participation in the multi-year Medicaid Coverage for the National DPP Demonstration Project; Minnesota, New Jersey, New York, and Pennsylvania are currently engaged with NACDD through an intensive technical assistance and support workstream.

For more information, contact [Wendy Childers](#).



National DPP Coverage Toolkit: New Content

NACDD and Leavitt Partners continue to expand and update the National DPP Coverage Toolkit. Recent additions include:

- [Coverage in Practice](#): Formerly the "Employers" page, this newly titled page describes how coverage for the National DPP lifestyle change program typically functions for commercial payers in real-world settings. It also provides examples of organizations that are currently reimbursing for the National DPP lifestyle change program and a list of suggested best practices.
- [The Role of the State Legislature in Medicaid Coverage](#): This page shares information on the role of a state legislature in establishing Medicaid coverage for the National DPP, ways stakeholders can engage with the legislature, and National DPP state legislation examples.
- [State Stories of Medicaid Coverage](#): State stories describe individual states' journeys to achieving Medicaid coverage for the National DPP lifestyle change program and how the program has been implemented in the state. New stories have been added for the following states: [Pennsylvania](#), [New York](#), and [Minnesota](#).

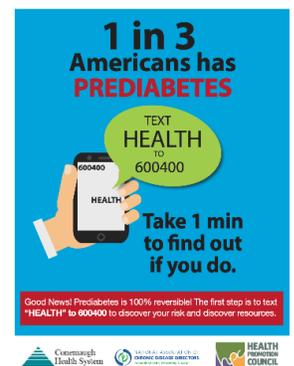
For more information, contact [Wendy Childers](#).



National DPP Innovations for Underserved Populations

In partnership with the Alaska Department of Health, InquisitHealth, Health Promotion Council, Conemaugh Health System, and Welltok, NACDD recently launched a key word enrollment campaign in Alaska and Pennsylvania. This campaign will test whether texting a key word such as 'Health' to a specific mobile number increases the number of people taking the prediabetes risk-assessment via text. If the person is in the prediabetes range, they will be referred to a local site offering the National DPP lifestyle change program. Both Alaska Department of Health and Conemaugh Health System launched campaigns that include social media and print media to advertise the key word campaign.

For more information, contact [Ali Jaglowski](#).



InquisitHealth Receives Full Recognition

NACDD experienced great success reaching rural National DPP lifestyle change program participants across Alaska thanks to its partner, [InquisitHealth](#). The company is now a fully CDC-recognized National DPP provider and offers a one-on-one telephonic delivery platform that is HIPAA compliant and adaptable to any region of the country. The system deploys state-of-the-art technology for the program participants and coaches that is easy to operate. The peer-coaching model successfully achieves program retention and reaches priority populations, like men and people with disabilities, while also identifying underlying chronic conditions and social determinants of health.

For more information contact [Ali Jaglowski](#).

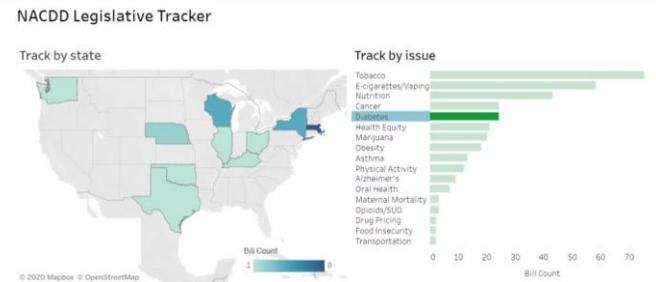
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Recruiting Minority Men to Enroll in National DPP and DSMES

Efforts have been underway to identify and understand strategies that can support the recruitment, participation, and retention of minority men in National DPP lifestyle change programs and DSMES programs. Through an extensive literature review process, a national survey using an opt-in consumer panel (1,506 responses from minority males who were at risk for or diagnosed with type 2 diabetes), and six focus groups held across three strategically identified states, key principles and related elements tied to recruitment strategies, program attributes, participant make-up, program facilitators/implementers, and program content were developed. Beginning November 2019, three states were piloting the integration of the key principles and related elements into the National DPP lifestyle change program and DSMES in an effort to increase minority male engagement in health programming; however, due to COVID-19, the pilots ceased early. A virtual focus group with program facilitators and educators captured their experience.

For more information, contact [Robyn Taylor](#).

Interactive Legislative Tracker Sheds Light on U.S. Diabetes Policy



NACDD has historically worked at the federal level to support appropriations and funding for CDC’s National Center for Chronic Disease Prevention and Health Promotion. In 2019, the Association retained a full-time state policy analyst to focus on policy issues that matter to the states. To learn more about the state policy issues that are important to Chronic Disease Directors, NACDD disseminated two policy surveys in 2019. The [first](#) asked about general policy issues, and the [second](#) focused on social determinants of health. The results of the surveys helped NACDD create an [interactive legislative tracker](#), which provides a 50-state perspective on what is happening in chronic disease prevention and control policy. Policy topics range from tobacco-related policies to food insecurity. The diabetes-related policy issues include Medicaid and state employee health benefit coverage for National DPP and DSMES as well as state efforts to control insulin prices.

NACDD believes that this new focus on state policy can provide a broader perspective on policy issues across the country; make connections between state and federal policies; and identify trends, common language, and model policies that may be helpful for Chronic Disease Directors. “As I learn more about the policy issues that matter to Chronic Disease Directors, I hope I can provide our Members with policy analysis and resources that can help make their jobs easier,” said Liz Ruth, NACDD’s State Policy Analyst. In the next phase of resource development, NACDD will create a repository of model policies and policy resources to supplement the information provided by the legislative tracker.

Portfolio Managers will Enhance Programming and Synergy

NACDD hired two Portfolio Managers to work across program areas to provide overarching support; help identify opportunities for synergy; and ensure overall quality, consistency, and collaboration. Additionally, the Portfolio Managers provide project implementation support and function as a liaison between project teams and internal NACDD support services. Shelby Roberts oversees the Cancer, Cardiovascular Health, and Tobacco portfolios of work. Vishwarupa Vasani oversees the Alzheimer's, Arthritis, Biomarkers, Diabetes, Environmental Public Health, Healthy Communities, Islander Health, Oral Health, Vision and Eye Health, and Workplace Health portfolios of work.



“ As a portfolio manager, I am involved in opportunities across the association, and I work directly with staff and consultants to support our national partners, SHDs, and their partners on emerging public health issues. ”

Vishwarupa (Vish) Vasani, MPH, has more than 12 years of training and experience in planning, implementing, and evaluating public health programs in the private, governmental, and national non-profit sectors. Vish came to NACDD from YMCA of the USA. There, she served as a Technical Advisor, providing training and technical assistance to local YMCAs in the delivery of evidence-based chronic disease prevention and management programs, including the YMCA's Diabetes Prevention Program, to build organizational capacity, ensure adherence to national program fidelity and quality standards, demonstrate impact through data, and support partnership development and long-term sustainability. She looks forward to bringing her passion for strengthening linkages between traditional health care and community-based prevention strategies to NACDD.

New Resources

Diabetes Management Resources

While DSMES has an opportunity to transition to telehealth during this time, the transition may be slow and therefore people with diabetes may not be accessing this important service. CDC released a [new article](#) on the importance of DSMES during an emergency. The 2020 [DSMES Consensus Report](#) recommends that providers discuss DSMES benefits with all persons with diabetes, ensure integration and coordination of medical nutrition therapy with person-centered diabetes care, and address DSMES participation barriers.

HALT Diabetes

HALT is an online delivery platform for the National DPP lifestyle change program. During the COVID-19 crisis, ProVention Health Foundation is offering

the [HALT](#) video-curriculum to an in-person CDC-recognized delivery organization at no cost. For more information or a demo of the full platform, contact [John Patton](#).

National Diabetes Statistics Report 2020

CDC's [National Diabetes Statistics Report, 2020](#) provides information about the state of diabetes in the United States through analyses of the most recent health data on diabetes and related complications.

National DPP Customer Service Center

Enhancements to the [National DPP Customer Service Center](#) are based on responses to a customer satisfaction survey and focus on improved navigation and a Community Discussion Board.



The following stories highlight the work of NACDD [Diabetes Council](#) Members and the Diabetes Council Leadership Group.

Welcome New Diabetes Council Leaders!

In May, Diabetes Council members (SHD staff working on diabetes strategies) elected new leaders to the Diabetes Council Leadership Group. The Diabetes Council Leadership Group, a collective voice for all SHDs, NACDD, and CDC, is proud to welcome the following new leaders who will begin their term in July 2020:

Rebecca O'Reilly	Vermont	Chair Elect
Pam Geis	Wisconsin	Mentoring Workgroup Co-Chair
Oliver Jenkins	Virginia	Liaison to the NACDD Government Affairs Forum and Diabetes Advocacy Alliance
Tamika Rowe-Maloney	Georgia	Liaison to the NACDD Cardiovascular Health Advisory Council
Kathryn Ortiz	Indiana	Liaison for Outreach and Member Engagement
Liz Curry*	Ohio	Professional Development Workgroup Co-Chair
Kristie Hicks*	North Carolina	Mentoring Workgroup Co-Chair

*appointed due to recent vacancies.

We extend a special thank you to Leadership Group members who will complete their term at the end of June and to those who resigned from their position in the 2019-2020 term to pursue new career opportunities:

Shana Scott	Georgia	Chair
LorieAnn Wilkerson-Leconte	New Jersey	Mentoring Workgroup Co-Chair
Chris Lucero	New Mexico	Mentoring Workgroup Co-Chair
Rebecca O'Reilly	Vermont	Professional Development Workgroup Co-Chair
Pam Geis	Wisconsin	Liaison for Outreach and Member Engagement
Claudia Bustos	Texas	Liaison to the NACDD Government Affairs Forum and Diabetes Advocacy Alliance

Thank you for Voting! Discover More Ways to Get Involved



Thank you for taking the time to vote new leaders into the 2020-2021 term. We hope all general Diabetes Council Members will consider running for an elected position on the Diabetes Council Leadership Group in future elections. In the meantime, you can get involved by participating in the Professional Development or Mentoring Workgroups, or in the Peg Adams Peer-to-Peer Program. Read more in the story below.

To get involved, contact [April Reese](#).

Workgroups Expand Leadership Skills and Support for Peers

The Diabetes Council Professional Development Workgroup provides learning opportunities for CDC-funded SHD staff through webinars; trainings; and scholarships to attend state, regional, and national conferences. Candidates apply for the scholarships and agree to share what they learn with their SHD colleagues and Diabetes Council peers.

The Diabetes Council Mentoring Workgroup matches experienced staff with new staff for a year-long mentoring encounter. Experienced guides are paired with up to five learners for the year. Stephanie Poulin, an Epidemiologist with the Connecticut Department of Public Health, has been a guide for five years. Regarding learners, she said, “I learn so much from them and the work that their states are doing.” In 2019, there was an 80% retention rate for the program with a total of 58 learners and 12 guides across 36 states.

For more information or to get involved, contact [April Reese](#).

States Work Creatively to Support Community Health Workers

Community Health Workers (CHW) are frontline, culturally competent, public health practitioners who serve as a bridge between less resourced communities and health care systems. CHWs are from, or have a close understanding of, the community they serve. As part of their CDC cooperative agreement workplans, SHDs are working to develop infrastructure aimed at long-term sustainability/reimbursement for CHWs in both clinical and community settings for diabetes prevention, DSMES, and management of high blood pressure and/or high cholesterol efforts.

In March 2020, NACDD’s Diabetes Council Leadership Group hosted a discussion to better understand creative ways SHDs are experiencing and addressing opportunities and challenges related to this work. SHD staff from Colorado, Georgia, Utah, and Wisconsin shared their stories working with:

- CHWs to define their work and various position titles (Promotoras, navigators, lay health workers, and others), understand training needs, develop competencies, and build trust by convening CHWs through the creation of state/regional networks and hosting of CHW Network Summits.
- Stakeholders such as Medicaid, accountable care organizations, and employers to ensure support for sustainability and reimbursement by generating awareness about CHWs and their impact on patient health and health care costs.
- Advisory boards and advocacy coalitions to promote CHWs, making presentations to decision-makers, developing tracking mechanisms to document the ROI of CHWs, and using braided-funding models such as the Pathways Community Hub where funding comes from multiple sources such as health systems, health plans, and grants to support CHWs.

For more information and supporting evidence about CHW work in the chronic disease arena, visit CDC’s [Community Health Worker Toolkit](#) and The Community Guide’s *Interventions for Engaging Community Health Workers* in [diabetes prevention](#) or [cardiovascular disease management](#).

Pam Geis from Wisconsin contributed to this story in her role on the Diabetes Council Leadership Group as Liaison for Member Outreach and Engagement.

Diabetes Council Comings and Goings

Shana Scott, JD, MPH has resigned from her position as Deputy Director of Policy, Systems, and Environmental Change at the **Georgia** Department of Public Health to pursue a new opportunity. Shana has been an exceptional leader for diabetes prevention and management efforts. As Chair of the Diabetes Council Leadership Group, she brought prestige, fresh ideas, and passion.

Help keep NACDD's Diabetes Council membership current by sending changes in State Health Department diabetes staff to [Lanae Caulfield](#).

Dave Gardner, DA retired from the **North Carolina** Department of Health and Human Services. He started his career in physical education more than 40 years ago and finished it in the worksite wellness and early care and education area in April 2020. Dr. Gardner was an early adopter and contributor of NACDD's National DPP ELC.

Teirra Riggs, MS, ABD recently joined the **Indiana** State Department of Health as the Diabetes Prevention Coordinator. Teirra is completing her doctorate in Health Sciences at Indiana State University. Teirra's dissertation research focuses on risk and barrier perceptions to type 2 diabetes development after a gestational diabetes pregnancy in African American women.

Daniel Rodriguez-Guzman is the new Diabetes Program Manager at **Arizona** Department of Health Services. He began his career as a bilingual volunteer in South Phoenix and has worked in the non-profit and community health fields focusing on diabetes and its burden on Arizona communities while working for the American Diabetes Association. Daniel will leverage his previous public health experience to advance diabetes work at the Arizona Department of Health Services.

We welcome your contributions to The Connector!

To submit story ideas for future issues of The Connector, email [Susan Lopez-Payan](#).

To read past issues of The Connector, visit the [NACDD Diabetes Library](#).



**NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS**
Promoting Health. Preventing Disease.

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