



ARKANSAS DEPARTMENT OF HEALTH

Arkansas's Role in Changing the Face of GDM



Arkansas GDM Project

- Joined the Collaborative in 2011
- Formed a multidisciplinary, multiagency coalition
- Conducted a data review
- Conducted a needs assessment
- Identified the issues and gaps

Arkansas GDM Collaborative Partners

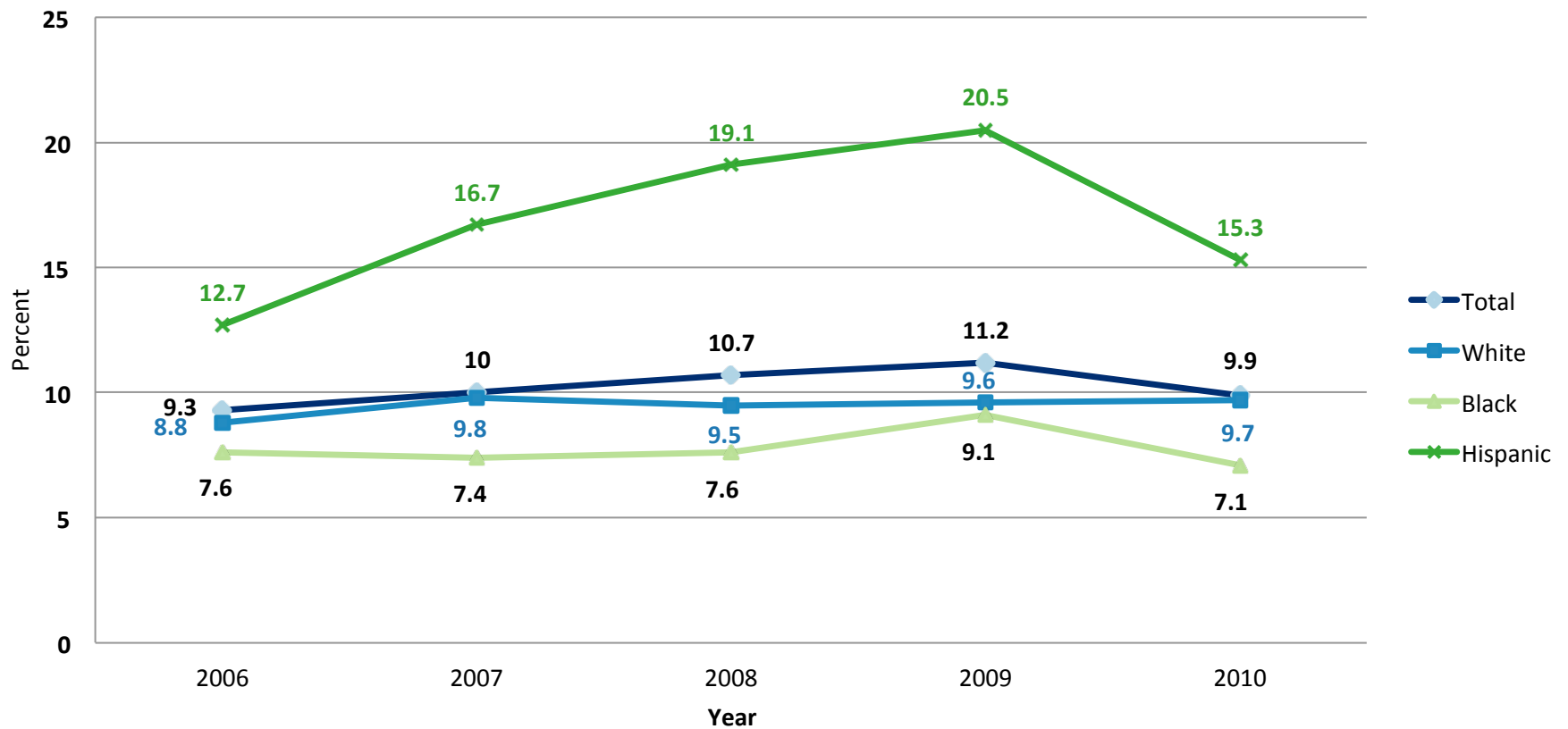
- Chronic Disease Prevention and Control Branch
- Family Health Branch
- Vital Statistics, PRAMS, BRFSS
- WIC
- Local Health – Regional Maternity Safety Net staff
- Arkansas Medicaid
- UAMS OB/GYN ANGELS Telemedicine
- All Care Pharmacy
- March of Dimes
- Conway Regional Medical Center

Arkansas GDM PRAMS Data

- Data period was 2006-2010 (live births)
- The survey question for 2009-2010
 - *During your most recent pregnancy, were you told by a doctor, nurse, or other health care worker that you had gestational diabetes (diabetes that started during this pregnancy)?*
- The survey question for 2008
 - *Did you have any of these problems during your most recent pregnancy? They marked either “Yes” or “No” to “High blood sugar (diabetes) that started during this pregnancy?”*

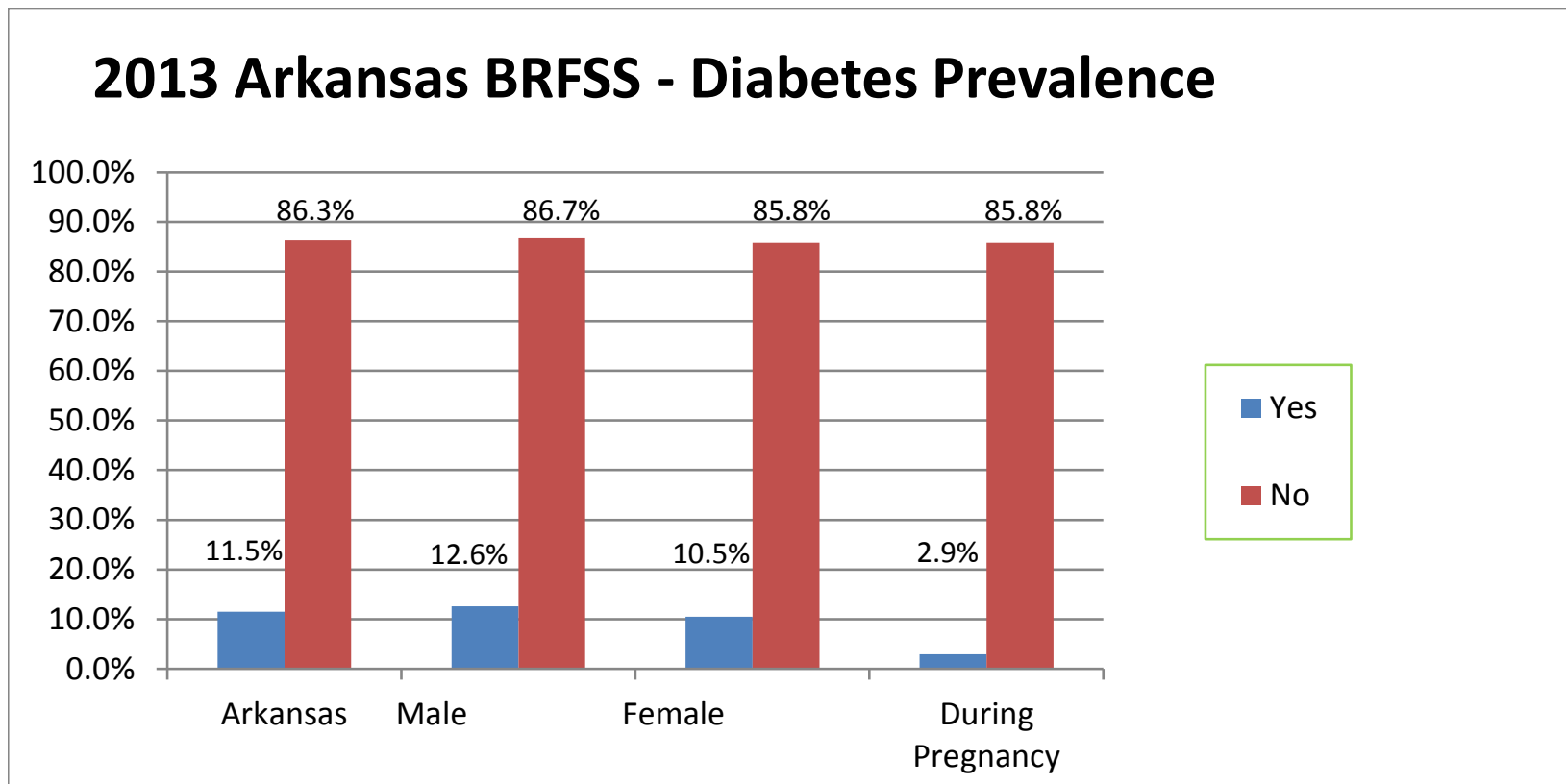
GDM Arkansas PRAMS, 2006-2010

Figure 1. Gestational Diabetes in Women Who had Live Births, by Race/Ethnicity and Year: Arkansas PRAMS, 2006-2010*



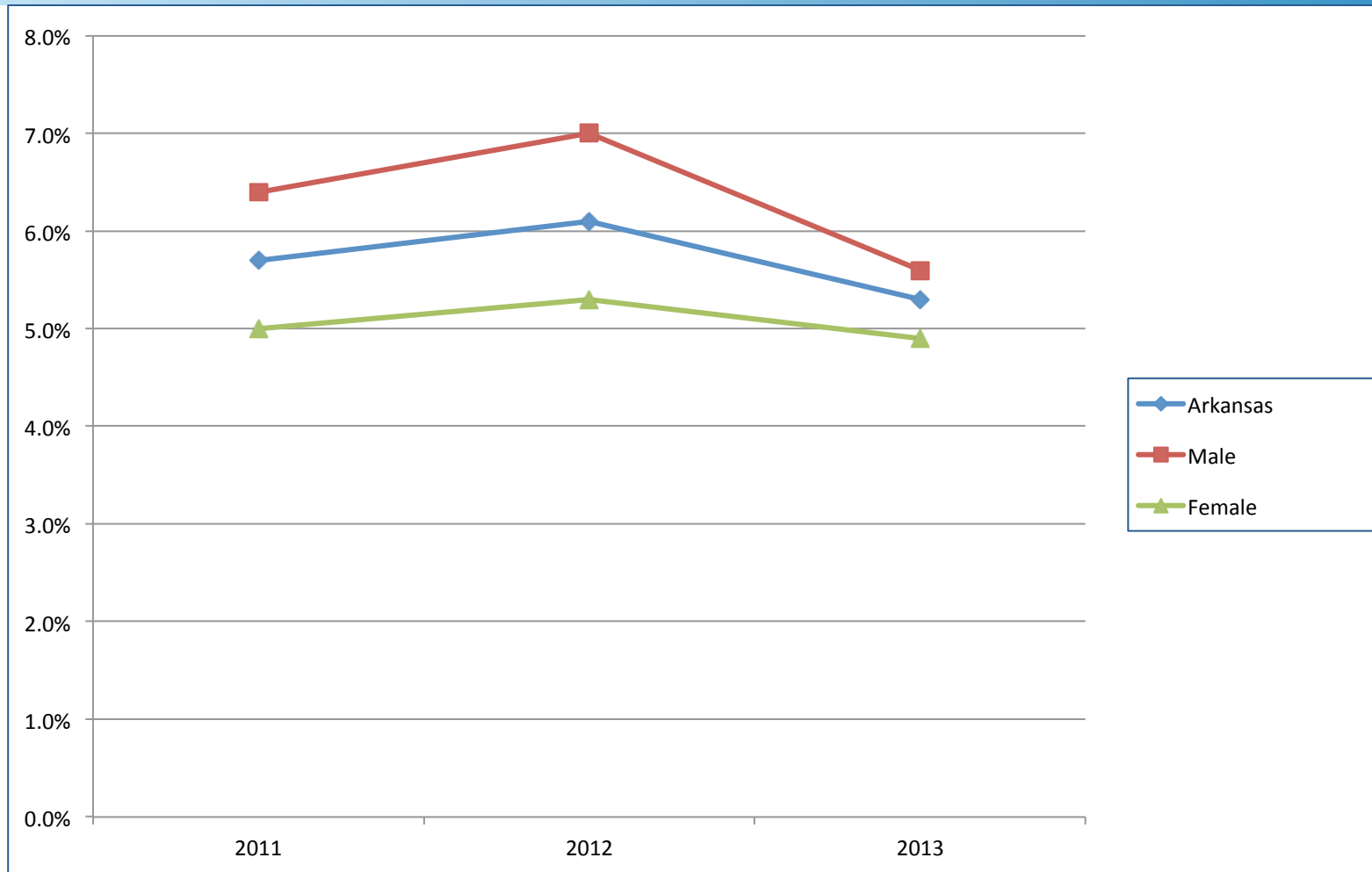
*Rate for Hispanics maybe unreliable because of limited sample size.

2013 Diabetes Prevalence



*Source Arkansas Behavioral Risk Factor Surveillance System

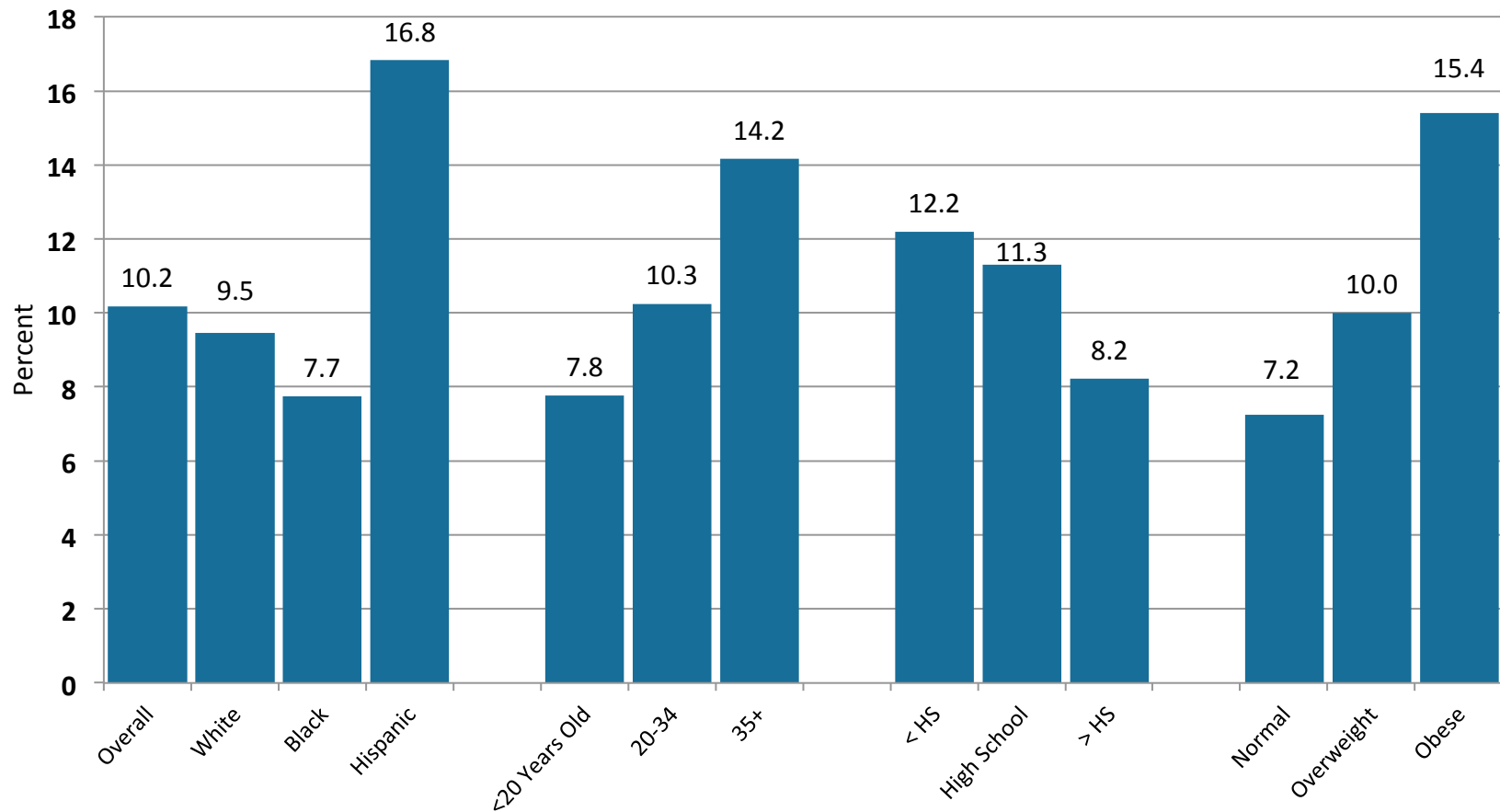
Coronary Heart Disease Prevalence



*Source Arkansas Behavioral Risk Factor Surveillance System

GDM Arkansas PRAMS, 2006-2010

Figure 2. Gestational Diabetes in Women Who had Live Births, by Selected Characteristics: Arkansas PRAMS, 2006-2010



Diabetes Telemedicine Participants

Feb 13, 2014 – July 9, 2014

County	English (Completed)	Spanish (Completed)	Total Completed	Did Not Attend	Total Enrolled
Crittenden	1	0	0	1	1
Faulkner	1	1	2	2	2
Hempstead	6	9	15	5	20
Howard	0	2	2	2	4
Independence	1	0	1	0	1
Miller	1	1	2	0	2
Sevier	7	7	14	7	21
Washington	1	0	1	0	1
Total	18	20	38	20	58

*Source UAMS Diabetes Telemedicine Classes 2014

Arkansas GDM Project Identified Gaps

- Lack of planning and coordination of appropriate referrals
- Inability to conduct individualized educational plans and/or needs assessment
- Lack of transportation to and from home to LHU and delivery sites
- Information overload for patients
- Lack of coordination of continuum of care between OB-GYN, primary care providers and delivery sites
- Lack of patient postpartum follow-up

Arkansas GDM Project Actions

- Continue reviewing data for gaps to address
- Continue developing provider education opportunities on GDM
- Continue developing opportunities for increased GDM awareness in the public
- Pilot test a Diabetes Management Education Program by telemedicine in two areas of the state



Next Steps

Use strategies and approaches recommended in the 1305 cooperative agreement to reduce complications from hypertension and diabetes among populations by partnering with communities actively engaged in health systems redesign.

- Continue to monitor and support the establishment of Diabetes Prevention Program sites (DPP).
- Encourage ADA/AADE recognized and accredited programs to apply for CDC-Diabetes Prevention Recognition Program (DPRP).
- Expand the level of awareness of GDM and the prevention of type 2 diabetes by partnering with groups such as ANGEL's telemedicine and primary care providers participating in Comprehensive Primary Care Initiative (CPCI).

Next Steps (Cont.)

- Develop TeleHealth access in rural areas to reach residents diagnosed with diabetes.
- With new EMR, increase capacity to identify people with metabolic syndrome (pre-diabetes). Target highest priority areas for more telemedicine intensity.
- Continue to monitor the data and allow the data to guide decision making for the next set of steps for GDM.
- For assurance of sustainability of progress achieved through “AR GDM Collaborative: Better Data Better Care”, consider a GDM focused subcommittee of the Diabetes Advisory Council (DAC).
- Seek funds to increase the number of Certified Diabetes Educators.
- Apply lessons learned to pilot how individuals learn best (visual, auditory, etc.).

Questions?

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THANK YOU!

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