



The Connector

Inspiring strategic direction for diabetes prevention & control

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Unique Partnership Brings National DPP to Wisconsin State Prisons



The Centers for Disease Control and Prevention (CDC) recently awarded the Wisconsin Department of Corrections (DOC) full-recognition status as a supplier of the National Diabetes Prevention Program (National DPP) lifestyle change program. Wisconsin's DOC is the only correctional system in the United States providing this program to inmates. Wisconsin DOC sees value in providing this program to their criminal justice population as it contributes to improving the health of those incarcerated and makes a positive impact on prison staff.

The National DPP lifestyle change program is an evidence-based, year-long program that can reduce a person's risk for developing type 2 diabetes by 58% (71% for age 60 and older). The Wisconsin DOC's Oshkosh Correctional Institution (OSCI), the state's largest prison, worked collaboratively with the Wisconsin Department of Health Services' Chronic Disease Prevention Program for technical assistance to build the necessary infrastructure to support



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implementation of the National DPP. The success of the program is evidenced in the most recent cohort data submitted to CDC of 31 male inmates with the average age of 46 years:

- 58% had blood diagnoses of prediabetes
- 100% participated in 14 or more sessions during months 1-6
- 71% participated in six or more sessions during months 7-12
- 622 total pounds lost, or 8.3% of their starting weight

“The Department of Corrections sees value in implementing the CDC’s Diabetes Prevention Program. *Each sentence of the DOC’s mission statement begins with one of following the words: protect, provide, promote, or partner.* Our partnership with the CDC and the Wisconsin Department of Health Services to work toward sustainability of this program is an example of fostering partnerships,” states Wisconsin DOC Director of Nursing, Mary Muse, RN, MS, CCHP-A, CCHP-RN.

A unique aspect of this initiative is that OSCI lifestyle coaches are correctional sergeants. While facilitating the groups, the sergeants relinquish their usual roles as overseers of safety and security for the institution and become lifestyle coaches that help group participants make lifestyle changes. This means dealing and talking with inmates in a different way, which also helps the overall rapport between staff and inmates. An unexpected benefit is the impact of the program on employee morale. The sergeants report that their involvement in the program as lifestyle coaches helps them to carry out the corrections staff motto (model, mentor, nurture) assists in trust building, and promotes a healthy environment. OSCI’s success inspired them to offer the program at a second correctional facility, Redgranite Correctional Institution, which launched its first cohort this past spring.



Correctional Sergeant Scott Kinnard spoke at Wisconsin’s State Engagement Meeting held in 2017. Scott is a National DPP lifestyle coach and Master Trainer Select at the Oshkosh Correctional Institution.

“The opportunity to implement the CDC’s Diabetes Prevention Program is an example of partnering and contributing to reducing health disparities and responding positively to health inequities. *Engagement of justice populations in their own health has positive benefits for the individual and for the justice environment,*” says Muse. There are a number of programs and services provided during incarceration that are designed to address inequities and disparities, providing inmates with knowledge that will help them best assimilate back into society and live their best lives possible upon release.

Each year, more than 1,300 Wisconsin residents die from diabetes. Many more suffer disabling complications such as heart disease, kidney disease, blindness, and amputations. This burden is higher among minority populations. According to the CDC, average medical expenditures for people with diagnosed diabetes are about \$13,700 per year, with approximately \$7,900 of this amount attributed to diabetes. Much of the health and economic burden can be averted through known prevention measures such as those learned through participation in the National DPP.

For more information about delivering a CDC-recognized lifestyle change program within a corrections system, contact Pam Geis of the Wisconsin Department of Health Services at Geis.Pamela@gmail.com.

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NACDD Reaches People with Disabilities

About a quarter of adults in the United States live with a disability, and adults with prediabetes are slightly more likely to have a disability. NACDD is working with communities in Alaska, Florida, New York, and Pennsylvania by providing a half-day training about inclusion for people with disabilities and in-depth training on *Prevent T2 for All*, a CDC-approved adaptation of *Prevent T2* that addresses the unique needs of people with disabilities. NACDD partners with Lakeshore Foundation, developer of the *Prevent T2 for All* curriculum, to inform this work.

The *Prevent T2 for All* curriculum is free. For more information, contact Ali Jaglowski at ajaglowski@chronicdisease.org.

New Features in the National DPP Coverage Toolkit

The National DPP Coverage Toolkit was created to be a one stop shop so payers and those making the case for coverage to payers have everything in one place to fully understand the National DPP lifestyle change program and the steps needed to cover it. The Toolkit is based on feedback from Medicaid agencies, commercial health plans, employers, and State Health Departments.

www.CoverageToolkit.org

See the [Case for Coverage page](#) in the *Commercial Payers* tab for new resources, including:

- Step-by-Step Guide to Coverage for Commercial Payers and Employers
- [Coverage Readiness Assessment](#)
- PowerPoint presentation template and presentation outline
- Barriers to Coverage and FAQs
- Pathways to Coverage document outlining decisions to make along the road to coverage

Check out the [Cost and Value page](#) in the *National DPP* tab which includes resources for anyone to make the case for coverage and help payers understand the value of covering the National DPP lifestyle change program. You will find:

- Definitions of key concepts
- Return on investment formula and resources
- Links to budget and impact tools such as:
 - Budget Projection Template and Workbook for Medicaid
 - Budget Projection Template and Workbook for Commercial Payers
 - American Medical Association's National DPP ROI Cost Savings Calculator
 - CDC's Diabetes Prevention Impact Toolkit
 - CDC's Diabetes State Burden Toolkit
 - Cost studies and evidence supporting National DPP lifestyle change program cost effectiveness

Check updates to the Coding and Billing pages (under each Payer tab). Help us keep the [Participating Payers page](#) current by reporting coverage success stories to NACDD. Be sure to explore the online Toolkit often as updates and new features are added regularly. For more information, contact Wendy Childers at wchilders@chronicdisease.org.

Maryland and Oregon Advance National DPP in Medicaid

The Medicaid Demonstration Project was designed to determine how state Medicaid agencies, in collaboration with State Health Departments, can implement delivery models for the National DPP lifestyle change program for Medicaid beneficiaries at high risk for type 2 diabetes through managed care or accountable care organizations. The project was implemented in Maryland and Oregon from July 2016 to January 2019. Two documents are available that share best practices related to recruitment and retention of participants. The two-year project was led by NACDD and funded by CDC. To learn more please go [here](#).

A New Title for Diabetes Educators

At the 2019 AADE Annual Conference in Houston, AADE President Karen Kemmis previewed the decision to reposition the title *diabetes educator* to *diabetes care and education specialist*, with a full rollout of the title coming in January 2020. For more information click [here](#).

New Diabetes Council Leaders Elected

Diabetes Council



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In May, State Health Department staff working on diabetes strategies had the opportunity to elect new members to the Diabetes Council Leadership Group. Elections are held in spring and this year there were 14 candidates that ran for eight open positions.

EXECUTIVE TEAM	WORKGROUP CO-CHAIRS		LIAISONS	LIAISONS	
	WORKGROUP CO-CHAIRS			LIAISONS	
	WORKGROUP CO-CHAIRS			LIAISONS	
 Shana Scott Chair Georgia	 Alexandro Pow Sang Professional Development Washington	 Rebecca O'Reilly Professional Development Vermont	 Tari O'Connor Board of Directors Alaska	 Claudia Bustos Government Affairs and Diabetes Advocacy Alliance Texas	
 Brittany Ly Chair Elect Utah	 LorieAnn Wilkerson-Leconte Mentoring New Jersey	 Christopher Lucero Mentoring New Mexico	 Vacant Cardiovascular Health Advisory Council	 Edward Clark, II Epidemiology & Evaluation Collaborative Florida	
 Becky DiOrio Past Chair Colorado	 Sonja Tysk Health Equity Council Montana	 Liz Curry Learning & Professional Development Ohio	 Pam Geis Outreach & Member Engagement Wisconsin		

2019 – 2020 Diabetes Council Leadership Group, with support from NACDD and CDC

We extend a special thank you to Leadership Group Members who completed their term in 2019:

- **Christopher Lucero** (New Mexico), Past Chair
- **Brittany Ly** (Utah), Professional Development Workgroup Co-Chair
- **Allison Smith** (Georgia), Mentoring Workgroup Co-Chair
- **Judith Gabriele** (New Mexico), Liaison to

the NACDD Board of Directors

- **Sara Eve Sarliker** (Washington), Liaison to Cardiovascular Health Advisory Council
- **Blythe Nett** (Hawaii), Liaison to Health Equity Council
- **Masako Horino Berger** (Nevada), Liaison to the NACDD Epidemiology/ Evaluation Collaborative

The [Diabetes Council Leadership Group Members](#) serve as a collective voice for all State Health Departments. [Learn more](#) about the Diabetes Council and how you can get more involved. If you have questions, contact Shana Scott at Shana.Scott@dph.ga.gov. All Members should consider running for a position on the Leadership Group.

New Resource on Third Party Organizations

Community-based organizations are encouraged to offer the National DPP lifestyle change program, however they may lack the ability to contract with or bill Medicare, Medicaid, employers and commercial health plans. Data management and coordination across healthcare providers may also be a challenge. That's where Third Party Organizations (TPOs) may be able to bridge the gap. The Diabetes Council's Leadership Group developed an introductory document called [Working with Third-Party Organizations](#) to help SHDs understand various services that TPOs may provide to support community-based organizations who want to offer the National DPP lifestyle change program.



Travel Scholarships Support Training Opportunities

Travel scholarships supported by CDC and distributed by NACDD's Diabetes Council were awarded to a total of 16 Members to attend national educational conferences this year.

Diabetes Council scholarship recipients at the American Diabetes Association's 79th Scientific Sessions in San Francisco.

From left to right: Masako Berger (Nevada), Wen-Hsin Fan (California), Rebecca O'Reilly (Vermont), Janice Kaelin-Kee (New York), Ed Clark (Florida).

New Combined Prediabetes Risk Test

The American Diabetes Association (ADA) and CDC partnered to combine their former prediabetes risk tests into one.

- The new ADA/CDC [prediabetes risk test](#) ensures questions are easy to understand and users can access further information easily. The new risk test also provides stronger calls to action, a results page that can be emailed and printed, an explanation of what results mean, and an opportunity to share the test with friends and family. A [pdf version](#) of the new ADA/CDC risk test is available.
- The former CDC Prediabetes Screening Test has been removed from CDC's Division of Diabetes Translation website. Some organizations displayed a graphic on their website that linked to the former test. Sites can no longer link to it. Organizations can display a [new graphic](#) that enables users to link to the new ADA/CDC risk test from their own sites.
- Organizations are encouraged to use the new ADA/CDC prediabetes risk test as much as possible to enroll participants in the National DPP lifestyle change program. However, per CDC's [Diabetes Prevention Recognition Program \(DPRP\) 2018 Standards](#), CDC-recognized organizations can choose to use the new ADA/CDC prediabetes risk test or continue to use the former CDC Prediabetes Screening Test to enroll participants in the lifestyle change program.
- When the DPRP Standards are next updated, the new ADA/CDC prediabetes risk test will replace the former CDC Prediabetes Screening Test.

Resources

[National DPP Customer Service Center](#) is an online resource that provides organizations with easy access to information and resources about prediabetes and the National DPP. Please promote this resource to partner organizations to support their participation in the National DPP. The website is updated regularly so remember to visit often.

Minnesota Reaches Those in Greatest Need

The Minnesota Department of Health developed a Best Practices Guide focused on recruiting, enrolling, and retaining Minnesota Medicaid beneficiaries into the National DPP lifestyle change program. The guide is based on approximately 30 qualitative interviews with CDC-recognized organizations in Minnesota. NACDD and Leavitt Partners collaborated with Minnesota to develop the guide. This project was supported with funding from the CDC. More information and a link to the guide will be available in the next issue of The Connector.

Recent Webinars

Chronic Kidney Disease Virtual Training, August 28, 2019, National Association of Chronic Disease Directors. Click here for a [recording](#) of the webinar.

The Case for Covering the National DPP Lifestyle Change Program, June 2019, National Association of Chronic Disease Directors. Click here for [slides](#) and a [recording](#) of the webinar.

NACDD Members Connect to Help Each Other

Do you feel like the Lone Ranger implementing your state's diabetes workplan? Do you wish you could run your ideas by someone who "gets" what you're experiencing? Or are you just curious how other State Health Departments are implementing their diabetes prevention strategies? If so, you may enjoy participating in NACDD's Communities of Practice (COP).

By definition, a COP is a group of peers that shares a common practice or objective and that learns how to manage the practice better as participants interact with each other on a regular basis. NACDD COPs are facilitated by our consultants who have extensive experience working with State Health Departments (SHD).

From May through June, NACDD, in collaboration with CDC, hosted COP groups centered on scaling and sustaining the National DPP lifestyle change program. Two groups discussed *Screening, Testing and Referring* and one group addressed *Engagement, Participation and Retention*. Each group featured a series of telephone discussions that were strategy-specific and responsive to Member needs. Participants exchanged information about resources, tools, and creative approaches. NACDD captures highlights from all groups and combines them in a document that is shared with all participants.

NACDD is planning the next series of COP calls and welcomes your input. For more information, contact Jane Myers at jmyers@chronicdisease.org.

Montana Uses Geographic Information Systems

NACDD added two new state success stories to the What's Working Database that exemplify the effective use of Geographic Information Systems (GIS) and maps in chronic disease prevention planning and surveillance efforts.

- The [Montana Diabetes Prevention Program](#) is committed to reducing the burden of cardiovascular disease and diabetes among Montanans at high risk. They utilized sustainable community partnerships to provide opportunities for primary prevention emphasizing healthy lifestyle change. Montana organized GIS and county-level data with media and personal stories in an interactive online format in their Diabetes Story Maps. Read the success story [here](#).
- The [Montana Cardiovascular Health \(CVH\) Program](#) used data from the CDC Interactive Atlas of Heart Disease and Stroke and an inventory of pharmacies working on the Million Hearts® Initiative, *Team Up. PressureDown (TUPD)*. With this data they identified geographic communities with heavy burdens of hypertension and poor medication adherence among Medicare beneficiaries and no existing TUPD pharmacies. The data supported expanding locations for new TUPD pharmacies in high-risk communities. Read the success story [here](#).

If your State Health Department has used GIS or maps to influence decision-making, contact MaryCatherine Jones at mcjones@chronicdisease.org.

To learn more about NACDD's GIS capacity building work with CDC and Rice University, please visit [our webpage](#).



Comings and Goings

Wen-Hsin Fan, BS recently joined the **California** Department of Public Health as a Diabetes Program Specialist with a primary focus on diabetes management. Prior to joining the team, she worked in the California Department of Health Care Services managing, operating, and administrating Medicaid program reimbursements. Wen looks forward to utilizing her skills and experience to continue the great work of the diabetes prevention and management program in California.

Joanna Espinoza, MPH recently joined the **Colorado** Department of Health and Environment as the Diabetes Management Coordinator. Previously, Joanna worked at Denver Health as a health educator for the Screening, Brief Intervention, and Referral to Treatment program, and developed and implemented a health coaching program for adults who wanted to make lifestyle changes. At Peer Assistance Services she conducted community trainings for Medicaid providers. She also has worked with FQHCs and non-profit organizations providing clinical care and health education for the medically underserved.

Chioko Grevious, MPH is new to the Chronic Disease Control Branch in the **California** Department of Public Health. She will serve as the Diabetes Prevention Lead and focus on expanding and sustaining the National DPP. Previously she worked in the Office of AIDS, HIV Care Branch. Chioko is eager to apply her skills in community engagement, public health, and advocacy in her new position.

Keri-Ann Rugg recently joined the **Colorado** Department of Public Health and Environment (CDPHE) as the Diabetes Prevention Coordinator. Keri-Ann was the health and wellness director of the YMCA of Greater Boston and oversaw programs including the National DPP, Weight Loss Program, Active Older Adults, and LiveStrong. Keri-Ann also worked at YMCA of Metropolitan Denver as a lifestyle coach and was soon promoted to lead the YMCA Diabetes Prevention Program. She is a Y-USA Master Trainer. Keri-Ann is excited to be working at the state level with many organizations to help expand the National DPP throughout Colorado.

Lisa E. Rawson, MA was promoted to the Chief of the Program and Policy Section in the Chronic Disease Control Branch at the **California** Department of Public Health. Lisa had served as the lead for California's work in the National DPP. In her new role she oversees program efforts in the prevention, treatment, and management of cardiovascular disease, diabetes, Alzheimer's disease, colorectal cancer, and other associated chronic conditions.

Kathryn Washam, MPH, CHES is the new Diabetes Program Coordinator at the **Indiana** State Department of Health. Kathryn graduated from Indiana University Bloomington's School of Public Health with a concentration in Professional Health Education. She has experience in philanthropy for diabetes, working for the American Diabetes Association, and teaching diabetes education. She is familiar with chronic diseases on a personal level and is celebrating 21 years living with type 1 diabetes. Kathryn is very excited to apply her knowledge and skills to help make Indiana a healthier state.

Please submit changes to State Health Department staff working in diabetes prevention or management to Lanae Caulfield at lcaulfield@chronicdisease.org.



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