Collective Voices for Diabetes Transcript

Ep 1: Overcoming Adversity in National DPP Programming
Featuring Tennessee Department of Health and Emory Centers for Public Health Training and Technical Assistance

Tamara Demko: [00:00:00] Hello, and welcome to the inaugural podcast of collective voices for diabetes, partnering for prevention and management, a production of NACDD. I'm your host, Dr. Tamara Demko an independent public health consultant with NACDD. We hope this show will inspire listeners to advance their diabetes prevention and management efforts through ideas, solutions, and approaches shared by featured guests. Through intimate and dynamic conversations, together we will uncover innovative public health practices, collective approaches and unique achievements in the field of partnerships for diabetes prevention and management.

We hope our listeners feel a sense of community through meaningful discussions with people and organizations who are finding success in working together to prevent diabetes. Today, we will hear how Tennessee has used a collective action model, partnerships, and innovation to keep its diabetes work going strong during the COVID-19 pandemic.

Tennessee was one of 14 states featured in NACDD’s Collective Impact and Action Report for its progress in advancing the National Diabetes Prevention Program or National DPP for short. Joining us is Lisa Kocak Program Director of Family Health and Wellness and Chronic Disease Prevention with the Tennessee Department of Health, and Mackenzie Leonard, Community Engagement Coordinator with Emory Centers for Public Health Training and Technical Assistance at the Diabetes Training and Technical Assistance Center, or DTTAC. Welcome Lisa and Mackenzie.

Mackenzie Leonard: [00:01:37] Thanks for having us.

Lisa Kocak: [00:01:38] Thank you.

Tamara Demko: [00:01:39] Let's get started by talking a little bit about partnerships. In March of 2018, Tennessee participated in a state engagement meeting. It's a multi-day meeting to gather and work with partners to advance the National DPP. State engagement meetings use collective action and the NACDD-CDC State Engagement Model. State engagement meetings use collective action and the NACDD-CDC State Engagement Model.

Lisa, can you tell us a little bit about how the state engagement meeting impacted Tennessee's efforts to implement the National DPP’s lifestyle change program?

Lisa Kocak: [00:02:10] Sure, the Tennessee Department of Health worked with NACDD and CDC to facilitate our very first DPP StEM two-day meeting in 2018. Day one was just an overview of what DPP is and how stakeholders across our state can assist with our DPP efforts.

On day two, NACDD broke us into four pillars surrounding DPP efforts: awareness, availability, screening, testing, referring, and coverage and reimbursement and breakout
groups identified the priority set for each pillar. After the meeting, these pillar groups met monthly, but over time they kind of lost momentum.

So in 2019, at our second StEM meeting, which was facilitated by DTTAC, the goal was to re-engage work and change the approach from meeting by pillars to meet by regions in Tennessee. Tennessee is divided by three regions, east, middle and, west. And this allowed Tennessee to customize our priorities by region and each regional group defined their own priorities and began working towards those goals.

**Tamara Demko:** [00:03:29] That's really great. You also made some advancements in partnerships in general, the NACDD 2020 Collective Impact in Action Report says that you engaged or strengthened relationships with about 40 partners through the state engagement model and state engagement meeting. Can you tell us a little bit about those key partners who played a role in moving your action plan forward?

**Lisa Kocak:** [00:03:54] Absolutely. UT extension is providing DPP in the east region and is wanting to expand their DPP into other counties. Our county health departments, are now starting to offer the DPP program. Some of our universities are promoting DPP to non-traditional providers like registered dieticians and dental hygienists, and they also plan to educate medical students on the DPP.

In the west, the Tennessee Business Coalition is helping identify employers and payers to increase coverage of DPP and our Tennessee Coalition for Better Health helped to engage a TennCare MCO to cover DPP, and they will be piloting the program this year.

**Tamara Demko:** [00:04:44] That's great. Mackenzie, you are a key partner, DTTAC was a key partner. What was DTTAC's experience with the state engagement model and action planning in this process?

**Mackenzie Leonard:** [00:04:56] Yeah. So our role really just focused on continuing that amazing work done at the initial StEM meeting, providing support to the Tennessee Department of Health and getting those regional coalitions built up and identifying a lead for each of those coalitions, so that someone on the ground who can really carry that work forward and then scheduling monthly meetings with the coalitions. Kind of building the membership for each of those coalitions. So looking to see in the state who attended the StEM meeting, who would want to be a part of these coalitions and then who are some other untapped partners that weren't involved at the StEM, but might be great to bring in.

And then just each meeting monthly, just kind of building that consensus, checking in on the action plans that were created at StEM. And figuring out if there's some new priorities, just kind of figuring out where to take action first and get some traction going to allow the work to carry forward.

**Tamara Demko:** [00:05:53] It sounds like a lot of important work was done with action planning and partnership engagement. Lisa mentioned this before, but I wanted to get your perspective on it too, Mackenzie.
So it sounds like in June of 2019, this major decision was made to divide Tennessee state and its national DPP action plan into regions, Three Grand Regions: west, middle and east.

That sounds like a really unique idea. How did it come about?

**Mackenzie Leonard:** [00:06:18] Well, essentially during kind of an open forum and discussion, we started to hear from the StEM partners that, hey, you know, the pillars are great, but we think it might be more valuable to split up in our regions because we're already kind of geographically split up that way in the state.

And we're used to working that way. And a lot of our programming is kind of centralized by those regions. We heard that it might be easier if we can leverage the partners and the resources we already have rather than trying to work across this really big state. Tennessee is very long. And so we decided to make that happen.

Just listen to the group and kind of went from there and, and form those coalitions.

**Tamara Demko:** [00:07:01] How has it been working with those three grand regions separately? Are there opportunities to collaborate across the regions?

**Mackenzie Leonard:** [00:07:08] It's been really great and it's been fun to see how each region has taken their own approach on the pillars.

So even though they're not oriented around those four pillars, they end up kind of doing it all. So, you know, in east Tennessee, we'll see, they're doing awareness activities and working on availability. And then maybe west Tennessee is working on awareness and coverage. So it's kind of neat to see how they're able to ebb and flow with within the pillars.

And then, you know, at each of those monthly meetings, we make sure that we keep them in the loop. So we let middle Tennessee know what east Tennessee is doing. And east Tennessee tells west Tennessee what they're doing. So just kind of keeping each other in the loop. We also have a SharePoint website where resources that are developed between the coalitions all can live and be accessed online so that they can, you know, not have to reinvent the wheel and use what each other makes.

And then finally we do meetings with the leadership of each of the regional coalitions, so that just the leads get together and they talk about what they've been working on and what they need help with and where their challenges are and opportunities. So we try to do that from time to time as well.

**Tamara Demko:** [00:08:20] It sounds like you gathered all three grand regions together in the middle of 2020 to look at work being accomplished by the regions. And you did a presentation on the silver linings of COVID for diabetes prevention in Tennessee. We don't often think of COVID as having silver linings. So I'm, I'm curious, can you tell us a little bit more about that meeting?

**Lisa Kocak:** [00:08:42] Sure. In the 2020 StEM brought together our regional partners to report on the work being done. And to reflect on living with the adversity brought on by
COVID and turning it into an opportunity. They spoke about the work that was able to be done despite the pandemic issues, keeping diabetes prevention at the forefront.

We had a panel of DPP providers who shared their creative ways that they implemented or continued their programs during COVID. For example, UT and east Tennessee transitioned from in-person to virtual using Zoom with senior center participants. And it was a rocky start, but eventually the senior center participants loved it.

It was a way to get social with folks they haven't seen in awhile. Gibbs Pharmacy did a hybrid approach to continue their program, offering classes using zoom and in person using those social distancing and masks for participants. The three regional coalitions also shared the diabetes prevention work they were able to accomplish during COVID.

Our middle Tennessee group conducted a DPP survey about the impact of COVID on the delivery of DPP programs. And they wanted to assess the new DPP landscape that has occurred because of COVID. In the east, they created an educational handout for providers promoting DPP and still continued their outreach to those folks.

And in the west, they were engaging non-traditional providers to promote DPP. And they also developed one of those informational sheets for providers about the benefits of DPP for their patients. And it also promoted screening, testing, and referring as well.

Tamara Demko: [00:10:33] That's amazing. I would really love to hear more about your outreach to people in Tennessee's communities who need it the most. Why don't we approach that by talking a little bit about Tennessee's efforts to implement the action plans collectively. How has Tennessee worked to raise awareness about prediabetes and the National DPP lifestyle change program? Can you tell us about a couple of your successes?

Mackenzie Leonard: [00:11:00] Sure. Yeah. There's been some really exciting work being done, especially during a pandemic.

The fact that so much of this work was able to continue. It was really amazing, but just a few successes to highlight east Tennessee did some really neat work with their local health departments. A few of those folks sit in on our coalition calls. And so we were kind of asking, is there any way we can get the word out about prediabetes, especially during COVID.

And one of our members said, yeah, I can get our health department to put it up on our digital marquee in front of the building. And it'll say, "know, your risk for pre-diabetes." And then also offered to put up a sandwich board at their COVID testing site so that people could get the link for the prediabetes risk quiz.

So that was really a creative way to kind of spread that awareness. I think similarly, like increasing the availability of the program, we've had a lot of kind of instances where we've been reaching out to the DPP sites in Tennessee and saying, you know, hey, how's your DPP going? How have you reacted and shifted and pivoted during COVID.

What resources do you need? What gaps are you experiencing? So we did a lot of data collection actually with our middle Tennessee group to figure out what's going on, what do
DPPs need? And in west Tennessee, we actually mapped out where all the DPP sites in the region, as a way to start figuring out what could we provide these DPPs right now, because so much has shifted in the past year that what they need now could be very different than what they needed two years ago. And so a lot of that availability work has just been figuring out where are the sites and how are they operating and how are they reaching people so that we can then try to fill in those gaps as the coalitions.

Tamara Demko: [00:12:45] That’s a lot of logistics to consider, but amazing work, the Collective Impact in Action Report also notes that there are efforts to expand Tennessee’s work in screening, testing, or referral. Can you tell me more about that?

Lisa Kocak: [00:12:58] Sure. One of the members of our East StEM Coalition submitted an article for the Tennessee Academy of Family Physicians Journal. The article included an overview of what the DPP is and promoted screening, testing, and referring to family physicians.

And that article was published in the winter of 2021 issue. Our StEM group members still continue their outreach to providers in their geographical areas and they promote the DPP. And promote, promote, promote that screening, testing, and referring sometimes also offering information of where the DPPs are located in their areas.

Our universities are promoting DPP to non traditional providers in their curriculum, like the dental hygienist students and the registered dieticians. And they’re educating their medical students, so when they go out and start their practices, they'll know about this program and know that it benefits patients.

And we at the State Health Department have been presenting to the UT Memphis nurse practitioner grad students about DPP and we promote screening, testing, or referring to them as future healthcare providers.

Tamara Demko: [00:14:09] That is amazing. What about coverage? What advancements has Tennessee seen with coverage?

Lisa Kocak: [00:14:16] Well, each of the regions has the priority populations that they want to focus on. In the west,

they're focusing on outreach to African-American and Latino populations. In our east region that focuses on the senior populations. And in middle Tennessee, their focus is reaching out to those rural populations. So that’s going to be some good work there.

Tamara Demko: [00:14:42] That is great work and really exciting that Tennessee’s moving the needle on national DPP across the state.

I wanted to shift the conversation a little bit to the COVID-19 pandemic. And Tennessee has just been thriving in the midst of this pandemic, but I'm sure it's made everything a little bit more challenging. So has the public health emergency made addressing all these populations more challenging in any way?
Lisa Kocak: [00:15:11] Absolutely. And it depends on broadband access and how comfortable someone is with technologies that are the major concerns during COVID. Some of our rural areas have limited internet access and some of our senior populations may not have the technology skills to log onto a computer and get into a platform.

And when we did our DPP COVID survey about the program delivery the responses showed that the majority of the DPPs who switched from in-person to virtual said that it was successful and they were able to continue their DPP programs during COVID. Some of the DPPs maybe were not so interested or did not have the resources to do the virtual program.

So they decided to postpone their in-person work until the restrictions started to ease. And within our StEM groups, some of our members, and even some of the lifestyle coaches were pulled into COVID response full time, and that impacted their StEM availability and work. It slowed down our work. But as the restrictions started to ease, we'll get back on track and, and continue what we started.

Tamara Demko: [00:16:28] Do you use any specific virtual program offerings or platforms and has the public health emergency impacted which ones you've chosen?

Mackenzie Leonard: [00:16:39] Yeah. So there's several DPPs in Tennessee who use a virtual platform even before COVID they were using one. For example, state employees in Tennessee, they can access DPP through Omada or Livongo through their health insurance.

But certainly we saw a lot of DPPs transition to distance learning during COVID. And had a lot of success with using Zoom and just still kind of feeling like you're part of a class, even though you're far apart. And actually some DPPs when we did a survey to see how they're doing, they said that they had greater retention and attendance through Zoom because there's less barriers

so to speak, to logging onto a call rather than driving to the YMCA, for example. But certainly some DPPs, you know, that wasn't the case, especially as Lisa mentioned, if you have broadband. Access challenges, you know, it's, it's not going to be easy to get onto a call. So I think we really saw a variety. And it sounds like from a lot of these DPPs that hybrid models of doing, you know, Zoom and in person or our virtual platform and in person will be here to stay.

And that DPPs are going to be looking at kind of creative models to make sure that they can reach audiences in the best way they can in the state.

Tamara Demko: [00:17:58] That's really great. To get back to silver linings and that concept for a moment. What opportunities does Tennessee see for diabetes prevention in this time of COVID-19?

Lisa Kocak: [00:18:12] That's a great question. Having to have to transition into the virtual space. Our DPPs realized that there's a potential for offering distance learning or online delivery of DPP. That can actually increase the availability of DPP to large geographic areas. In addition to that, it's also an opportunity to now be able to reach more at risk populations in the safety of their own homes during COVID.
And what we saw from the survey that we conducted, that some of the DPPs will be using a hybrid model using virtual and in person moving forward. So that's more reach, more availability, more accessibility. It's again, a silver lining.

**Tamara Demko:** [00:18:59] Those are some amazing opportunities. And it sounds like Tennessee has been taking advantage of all of them, which is, which is wonderful.

I know some states are struggling though, during this time of COVID-19 and, Lisa, I was wondering if you could give a piece of advice to a state that is struggling to scale and sustain the national DPP, what would that be?

**Lisa Kocak:** [00:19:23] Yes. If you feel like you're struggling, find partners to divide and conquer the work that needs to be done.

When we lost momentum, we hosted another StEM meeting. We reenergized our stakeholders. And what we did was, we got their input as to how they see DPP work and what priorities they recommended, because they're the ones that know their communities and know what their needs are.

**Tamara Demko:** [00:19:51] Tennessee has done so much work collectively and in the regions. Out of all of this work, what would you say your proudest of?

**Lisa Kocak:** [00:20:00] Oh gosh. I'm proud of all the things that they've accomplished, but truly proud of our partners that participate in each of our regional coalition groups. They come consistently and they move work forward. They may be small in the numbers, but they are large in their commitment and effort and passionate about preventing diabetes in Tennessee. And it comes across with everything they do.

**Tamara Demko:** [00:20:27] That is truly a great accomplishment. On this podcast we're looking for ways that our listeners can apply what they're hearing in their own states and situations. If you could give one piece of advice to other states based on your success of advancing the National DPP, what would that be? Mackenzie, let's start with you.

**Mackenzie Leonard:** [00:20:49] I'd say celebrate and focus on the small wins because the small wins lead to those big wins and the StEM work is big. It takes a lot of efforts and time to make it happen. And it's always that chicken or the egg you're trying to figure out well, should we increase the number of DPPs we have, or do we need to do more screening and referrals to the current DPPs we have?

And how do we all the while make sure that this program is sustainable and affordable to people? So it's that constant tug and pull of trying to figure out where to focus, what to work on. But when you do make a little progress in one area, it opens up so many more opportunities. And if you just keep sticking with it and trying different things and reshift and flipping things up on its side to try something new. I think that really can make the difference. So stick with it. And I would just say that it's, it's really worth it.

**Tamara Demko:** [00:21:42] Thank you. Lisa, how about you?
**Lisa Kocak:** [00:21:45] Yes. I have two pieces of advice for your coalition work and your work groups. Having a strong lead is key to get the work done and the activities moving forward.

And number two is just realize that priorities can change based on circumstances. And we saw that with COVID. So as the circumstances change, just remember, go with it, move with it, and keep your work moving forward.

**Tamara Demko:** [00:22:15] Those are amazing pieces of advice, small steps, big impact leadership, flexibility. Those are all ideas to really take to heart.

And for our listeners, they can be applied in your state and local communities to help advance the National DPP, prevent diabetes, and address pre-diabetes.

Well, that's all the time we have today. Thank you so much to our special guests. Lisa Kozak from the Tennessee Department of Health and Mackenzie Leonard from DTTAC, who shared with us their amazing work in diabetes prevention achieved through engaged partners and collective action.

We really appreciate all of our listeners who took 30 minutes out of their day to listen to this pilot series episode of the Collective Voices for Diabetes, Partnering for Prevention and Management podcast.

Do you think that verbal storytelling is an effective way for NACDD to support state diabetes prevention and management efforts?

If you found value in listening to these stories from Tennessee, please let us know by liking or sharing the episode on SoundCloud, LinkedIn, Facebook, or Twitter. You can also send us a quick note at NACDD.Diabetes@chronicdisease.org. Hearing from you will help us determine if podcasting is a valuable method for showcasing diabetes prevention and management efforts on a national scale.

Find show notes with links and more information from our conversation with Lisa and Mackenzie at www.Chronicdisease.org/diabetes. Join us next week for another pilot series episode of Collective Voices for Diabetes, Partnering for Prevention and Management, a production of NACDD. We will continue Tennessee’s story and hear from the Three Grand Regions.

I'm your host, Dr. Tamara Demko signing off for now. By partnering and using our voices collectively we can prevent and manage type two diabetes.