Collective Voices for Diabetes Transcript

Ep 2, Part 1: Working Together to Address Regional Needs
Featuring West, Middle, and East Tennessee Regional Diabetes Coalitions

Dr. Tamara Demko: [00:00:00] Hello, and welcome to 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 the 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 for meaningful discussions with people and organizations who are finding success in working together to prevent diabetes.

In the last episode, we heard what the Tennessee Department of Health has done to advanced diabetes prevention and how Tennessee revitalized its partnerships and action plan by refocusing on regional needs. Today we will hear directly from the three Tennessee regions about the great work they are doing.

Joining us are representatives of Tennessee's StEM, regional diabetes coalition from west Tennessee region Lynn Russell, and Kristy Merritt. From the middle Tennessee region, we have Justin Kirby, and finally representing east Tennessee region, Elizabeth Renfro. Welcome everyone.

Kristy Merritt: [00:01:23] Hello.

Justin Kirby: [00:01:24] Hello

Lynn Russell: [00:01:24] Good morning.

Dr. Tamara Demko: [00:01:26] We're going to get started by talking a little bit about partnerships and how that has worked for your state. Can you tell us a little bit about your experience with the State Engagement Meeting and Model, and how they impacted Tennessee's diabetes prevention efforts? Elizabeth, can we start with you in east Tennessee?

Elizabeth Renfro: [00:01:46] Yeah, sure. With our coalition we focus a lot on partnerships within our region. So I'm part of the University of Tennessee extension services here in Washington County. But we also partner with ETSU here that's in the region, also with the Lion's Club. They're really passionate about preventing diabetes among individuals, they've been really helpful in helping to promote the program. And then also to send referrals, our way of individuals that actually qualify for the program. We also work with health departments and senior centers to be able to offer the program within their facilities.

Dr. Tamara Demko: [00:02:24] That's a lot of good partnership building within the area.
What about middle Tennessee, Justin?

Justin Kirby: [00:02:32] I was first introduced to the State Engagement Meeting through my practice and hosting a diabetes prevention program as a pharmacist. So that is what I do professionally. And I was brought on to speak at the State Engagement Meeting about how pharmacies are now able to provide the diabetes prevention program in our communities. And so I have since become the co-chair of the middle Tennessee region, diabetes coalition. And so in that it has been our goal. To expand our partnerships throughout our region. Utilizing community pharmacies was one avenue that we were using to try to be hubs of referrals, to other programs that might be in the area and also increase the amount of programs that we have available, through those different sites.

So we've done that, but then we've also branched out and looked at how do we expand access to the program through partnering with employers in our area as well? So we've been contacting the larger employers in the middle Tennessee area to see if they offer a diabetes prevention program. Is it a covered benefit for the employees of those particular companies? And we really work to make the business case to them about why offering the DPP to their employees is such a great benefit. And we've also worked with some other coalitions that have some shared objectives in our region as well. So for example, right now we're working with the Tennessee Coalition for Better Health, which focuses on disease prevention in the same realm that we do in the diabetes coalition.

Dr. Tamara Demko: [00:04:03] That's really great work, expanding your circles of partnership. Kristy, what about west Tennessee?

Kristy Merritt: [00:04:10] As a registered nurse and certified diabetes education and care specialist for Methodist Lebonheur Healthcare, we've had the great advantage of partnering with other health systems.

Along with health systems, we've formulated the west Tennessee diabetes coalition group, which is very specific to west Tennessee and Shelby County and the Memphis inner city limits. We've enacted partnerships with Shelby County school systems with our congregational health network and church health and wellness center.

Methodist Lebonheur Community Outreach received their national accreditation for CDC DPP in November of 2019. So they've really been strategic and focusing on social determinants of health. Specifically people in our demographic area and particular zip codes that may have barriers to access for DPP. So low socioeconomics, ethnic tendencies and trends.

And the latest association has been with the University of Tennessee Health Science Center with Dr. Jim Bailey. And an acting a big partnership with the Center for Health Systems Improvement, which has really taken a stance to embrace and bring aboard non-traditional healthcare providers. Lynn, would you like to speak on non-traditional?

Lynn Russell: [00:05:48] Absolutely. I'm a dental hygienist and got interested in the DPP. And so now it's my personal goal to try to recruit some other dental hygienists, to do the same
thing. We have a unique ability to meet with people in a dental office. And I think it's a great
time to do a little screening and referral, maybe even a little education.

Dr. Tamara Demko: [00:06:12] That's great. Thank you, Lynn and Kristy. It sounds like you're
really taking advantage of all the different locations where you can promote the National
DPP and meeting people where they are and where they need to hear that information.

I'm curious about how your separate regions work. So from your region's perspective, how is
it focusing on your specific region through a separate action plan? Does it work for you? Do
the regions meet and share lessons and best practices, or do they ever work jointly or
collaboratively?

Justin, let's start with you. What does middle Tennessee do?

Justin Kirby: [00:06:48] So we all are fairly individualized in our priorities. As far as the
different regions go. Tennessee is a really large state. From where Elizabeth is sitting to
where Lynn and Kristy are, that's several, several hundred miles. I'm right in the middle of all
of them. But, we, we know that we have a lot of uniqueness, from the different areas that
we're in, because Middle Tennessee, and east Tennessee, and west Tennessee are all very
different. That being said, we all have our own professional priorities and our own expertise
that we're bringing to the table.

We do meet fairly regularly. At least once a quarter to at least share our success stories and
best practices. So that's how we kind of naturally coalesce together to work on this while
maintaining those individual priorities, because we do know what works best in the region
that we're in.

Dr. Tamara Demko: [00:07:41] Thank you, Justin. What about west Tennessee?

Lynn Russell: [00:07:45] I just think that sharing is the key to any success that we might
have. We all have our individual regions, but we learn so much from each other. We learn
what works, what doesn’t work. It saves a lot of time, a lot of energy. So we don't go down
the wrong path, but going forward, I think that we'll be able to adjust our plans for more
effectual implementation within our own region just from our ability to share.

I'd just like to add to the fact that even though we are very individualized, as Justin said, we
collectively come together on doing different initiatives specifically from the state
perspective. For example, there was a huge DPP interest survey from all locations from
known DPP provider sites to take a deeper dive into how COVID 19 had impacted the current
infrastructure and service deliverables. So collectively we all participated in giving our
feedback on to what were our challenges, what were barriers, and again, to just really
capitalize on sharing success stories.

Dr. Tamara Demko: [00:09:02] Fantastic. Elizabeth from east Tennessee's perspective, how
have the regions worked out for you?

Elizabeth Renfro: [00:09:08] Yeah. So just to kind of piggyback on what Justin, Kristy, and
Lynn have said, you know, Tennessee is such a very long state, so it was just naturally broken
up into those different regions. I know in the Eastern region, a lot of the organizations that you hear about in this region specifically work with Eastern region individuals.

It's probably very similar across the state that way, too. And so we just meet on a quarterly basis to go over here's our initiatives. This is where we're struggling. Do you guys have any ideas of how can we overcome that hurdle? And so it's been very helpful just hearing those types of ideas from people across the state, because they may have the same struggles or they were like, "oh, we didn't really think about that."

So you were able to bring those things to the table and work them out together to figure out what is going to be the best for not only that specific region, but possibly across the state.

**Dr. Tamara Demko:** [00:10:11] It sounds like you're strong individually and then together you make each other stronger.

I think that's, that's fantastic. I noticed that in the Collective Impact in Action Report that NACDD published, there was a lot of great National DPP pillar work that Tennessee did. And I wanted to ask you a little bit more about that. Elizabeth, how has east Tennessee worked to raise awareness of the National DPP lifestyle change program?

**Elizabeth Renfro:** [00:10:40] We have used promotional material that not only the CDC has created, but also, the individual DPP providers have been promoting it on social media, newspapers, like the senior centers, they have a special section in the local newspapers here. And so that's how some of us have gotten the word out about DPP.

Also the local TV station around here. And we’ve also used sandwich boards during COVID-19, when they were doing a lot of the testing at the health departments. But we used that as a way to promote the program to those individuals by putting it on sandwich boards, "are you prone to being pre-diabetic? Here take a test, scan this QR code to find out." And it was just a way to get that information because they’re sitting in line, waiting in their cars.

One of our individuals in our coalition also wrote an article for the Tennessee Academy of Family Physicians to put out what is the DPP program. How is it that we can partner with you, or you can refer your patients to the program, not only in this region, but also across the state, getting those connected within. But of course a lot of organizations that we work with to help with the recruiting of individuals, into our program has also been beneficial too. And of course, word of mouth is always the best from prior participants or current participants in the program.

**Dr. Tamara Demko:** [00:12:18] That sounds great. Is there anything else you'd like our listeners to know about east Tennessee's diabetes efforts?

**Elizabeth Renfro:** [00:12:25] Yeah, so we are working on training, new lifestyle coaches to be able to offer it more. We have actually one individual that's in a very rural county, Hancock County. I don't know if anybody has probably ever heard of that county, but it's a very rural county. She's just recently be trained in the DPP program. It's going to be a unique perspective from her about learning, you know, how can we reach individuals in the rural type environment?
And then also working with a local regional grocery store chain to help promote the program. They were able to put it up on their website that they have and to help promote the program. And then also possibly trying to work with them, to offer the program to their employees and family members of that local grocery store chain.

**Dr. Tamara Demko:** [00:13:16] Fantastic. How about west Tennessee? What is west Tennessee been doing to raise awareness about diabetes prevention? Kristy and Lynn?

**Kristy Merritt:** [00:13:30] Just like east Tennessee, and I'm sure middle Tennessee with Justin as well. We've really taken a hard look at our demographics and the types of participants that we want to market the DPP program for.

So in that we've tried to be as creative as we can be by creating a west Tennessee diabetes coalition, Facebook page, where we branded our logo specifically and put little tidbits and referral forms and things that the state sends down the pipeline to us. We enact that there. From the organizational and healthcare system level, we've did a total revamp on the Methodist Lebonheur community website, which has included all of our partners.

So it's not just a Methodist thing. It's inclusive of Baptist, of regional one formerly known as the med. It has information about the University of Tennessee Health Science Center. Darsalud, which really caters to our Latino, Hispanic patient population. So a lot of great collective efforts on promotion and raising awareness. And outside of that, we've had great opportunities to be published in our local newspaper, the commercial appeal. We have had video clips of participants that have completed the DPP, given their real true life stories of how the program impacted them in a positive regard. We've written blogs about diabetes prevention. And again, using those non-traditional provider partners specifically through University of Memphis with the RD intern program and also the family nurse practitioner program where the state has granted specific funding to train these RD interns and these family nurse practitioner staff, to go through the lifestyle coach training program.

Lynn anything else to add on that?

**Lynn Russell:** [00:15:51] Not a whole lot to add on that. I think Kristy pretty much summed it up. I will tell you though, that Kristy is our west Tennessee celebrity and has been interviewed several times on TV. So if you ever have an opportunity to look at it, it's well worth it. I learned a whole lot from her in some of our meetings.

**Dr. Tamara Demko:** [00:16:11] Thank you so much. Is there anything else that you would like us to know about west Tennessee's work with the National DPP?

**Kristy Merritt:** [00:16:19] I think we have really good opportunity. I mean, with a third of our county's population, well known with diabetes, we can only implicate that the need for a program like the National Diabetes Prevention Program is definitely justified here.

So we really want to be able to target specific patient populations. We've had some initiatives that look at information that's collected through our electronic medical record.
and from Methodist, we use the Cerner platform. So we've built things into our EMR that can help us to identify potential participants for the DPP based upon blood work specifically the A1c. So capturing that information on A1c and then nursing assessments that asks those very frontline questions of, have you been diagnosed with diabetes? Have you been told that you have a pre-diabetes condition? So taking a better stance and really trying to target specific patients and participants that could greatly benefit from the program.

Dr. Tamara Demko: [00:17:41] Wonderful. Justin, middle Tennessee has worked outside of awareness. I know you do some awareness work, but you do a lot of work related to availability and access to the National DPP lifestyle change program. Can you tell us a bit more about that?

Justin Kirby: [00:17:59] When we started these coalitions. And so I kind of came into this role and the third or fourth quarter of 2019, and I wanted to take a step back and really assess, like, what does availability and access actually mean? And in doing that, we kind of determined that it's, it's a few different things. That means that there were programs available, which is the most obvious point of access.

But it also means that people know about those programs. People can afford those programs and that the programs can afford to be sustained. So whoever is sponsoring them and all of those things have to work together in order for this to be successful for anyone. And so our first step toward that was to do a site assessment survey and we did it across the entire state.

We didn't just focus it on middle Tennessee to see where the diabetes prevention programs were across all of Tennessee and who the contact person is. And then where are there gaps? And then obviously we kind of drill down a little bit more specifically and focused on middle Tennessee after that. And of course shared our findings with the other coalition regions as well.

So after we did that, we became extremely focused on getting more coverage for the diabetes prevention program more broadly, because like I said, programs obviously cannot sustain without funding. We've been working with employer groups, like I was speaking about earlier and then also working on, in light of COVID, how do we make sure that the people and the more rural parts of the state, because west, east, and middle Tennessee, we all have urban centers and we all have really rural parts as well. How can they continue to engage in the diabetes prevention program? Even when we can't all meet together as a group, because we know that the diabetes prevention program was designed to be in a group setting and we've gone through the past over a year now of not really being able to meet safely.

Luckily we're gaining some ability to be able to do that now, but we had to go through issues of broadband accessibility. And so we engaged with the Tennessee Rural Health Association, and we actually were able to bring in their CEO as a member of our coalition now and we've had conversations with them about ensuring the DPPs are available in as many local communities as possible while also strengthening the broadband capabilities of those
communities and having some technology training so that the participants could continue to engage with their local DPPs.

So that was many of the different things that we've been working on. And obviously our focus had to shift with the rest of the world as we dealt with the pandemic. And I'm really excited about the things that we've done and I'm excited to see what's going to come next for us.

That sounds great. Is there anything else that our listeners should know about middle Tennessee's diabetes efforts?

Certainly. I think very much like west Tennessee, we also reached out to our local CBS affiliate and they, they did a spot on us where we got to feature some diabetes prevention programs, and we did a TV interview there regarding pre-diabetes and making sure that people are aware of. The ability to self screen and find these programs and the employer outreach specifically the university, I work for, Lipscomb University in Nashville.

We actually were able to bring them on as a provider of DPP. So our employees here at our university and at Lipscomb Academy, our K through 12 lower school are going to be covered for the diabetes prevention program for the upcoming year. And we're hoping to duplicate those efforts with other employers in the area also.

And we're still in talks with our managed care organization, Amerigroup, that manages our state Medicaid population, and we're hoping to begin a pilot, with that population of individuals before 2021 comes to a close. So we have some exciting stuff regarding coverage and accessibility of the program.

Dr. Tamara Demko: [00:21:57] That is really exciting being able to serve so many different people. Justin mentioned rural areas a little bit, and I wanted to explore, because I know that Tennessee has a lot of rural areas. How about west Tennessee? What have you done to reach the rural areas in Tennessee on the west side?

Kristy Merritt: [00:22:15] We're super, super excited by our association with the University of Memphis, particularly with the family nurse practitioner program.

Back in 2019, they received a HERSA grant which specifically addresses the top rural counties in west Tennessee. So counties like Harden, Hardiman, Haywood, and Lake county. Those are our four biggest medically underserved rural populations. So the beauty of this heart, a new program where staff that will go on to become family nurse practitioners.

They receive a grant. You can apply for the grant funds, which will pay for the tuition, the books, the stipend cost of living amount as well. But most importantly, any one of those nurse practitioners that want to become a certified diabetes education and care specialist, it pays for their examination.

Now that's all great. That's a lot of funding and potential opportunity, but at the end of the day, the expectation is that that family nurse practitioner will actually go to work in one of
those counties as kind of the payback. So big, big initiatives on diabetes, big, big initiatives on diabetes prevention, cancer, mental health and wellness, the opioid crisis.

I mean, the list just goes on and on and on of being able to serve medically underserved counties in west Tennessee.

**Dr. Tamara Demko:** [00:23:57] Lynn did you want to add anything to that?

**Lynn Russell:** [00:24:02] Though, Kristy's covered a lot of it. We did have to switch over to virtual meetings and, you know, at first they were pretty daunting and then, I don't know who maybe that's the good thing that's come from COVID is we're all much more comfortable on these virtual get togethers.

But also I want to just stress the fact that we're really focusing on alternative healthcare providers. For instance, I'm a dental hygienist. And my position at the University of Tennessee gives me a unique ability to put this in our curriculum and help some of these dental hygiene students that go out into these rural areas on rotations, have a little bit more knowledge that they can actually do a little screening and referring.

So I think that just like Justin will tell you with pharmacists, sometimes we are in an area where maybe there is not a registered group. Also pharmacists and a hygienists are always tapped to come into health fairs. So it gives us another opportunity. Sometimes we'll have to go to a church or to a community center to reach these people, but it's well worth our time and effort.

**Dr. Tamara Demko:** [00:25:17] Elizabeth, what about east Tennessee? Have you been able to reach rural areas?

**Elizabeth Renfro:** [00:25:21] We kind of transitioned to Zoom. Like many people did there in 2020 and to offer the program.

But also what I want listeners to know about is with UT extension. We are the outreach portion of the University of Tennessee, and we are in all 95 counties in the state of Tennessee. And so even if somebody is in a rural county, a lot of them go to the extension office for one reason or another. And so if for some reason the, that program is not offered there, they can refer them to a different organization or a different county to be able to take the program that they need to. So, you know, a DPP, if that's not offered in that specific county and there's a county close by, or they're able to log in through zoom and you know, whether it's at the office or library or wherever there's free wifi, they're able to do that.

And a lot of people will trust UT extension just because we are in all those 95 counties. A lot of times we're the go-to. I really recommend for other states if they haven't already to make that connection with their extension offices, because we have a lot of different connections with a lot of different organizations to be able to refer people to different things.

**Dr. Tamara Demko:** [00:26:40] How about middle Tennessee, Justin, you spoke a little bit about your work with rural areas. Is there more to your approach?
Justin Kirby: [00:26:47] Absolutely. I think we have to be able to understand the diversity that is in this state and it's pretty vast to be honest. And so I don't like to think that I'm an expert on that many things, but if there's something that I certainly feel like I do have a pretty good grasp on it is rural communities.

I grew up in a community of about 4,000 people. And the dichotomy of my life is ironic because I can walk to downtown Nashville for my house now. And so I feel like I have a pretty good grip on both things. And very much like Elizabeth was talking about how the UT extension office is in every county. I also like to, and like Lynn alluded to, make sure that everyone is aware that 90% of Americans live within five miles of a community pharmacy.

So we are there in every community. And that has been my message consistently to everyone who I've spoken with about this. And I've been actively working to engage my pharmacist, colleagues and encouraging them to provide the service, either provide the program, which I know is a pretty tremendous lift.

And you have to have the resources to do that. So that's why we're trying to make that a priority. But if you're not providing the program, at least provide screening and referral to a program, know where those resources are at because it is so critically important to the people who you are serving in your community.

And I've so appreciate our colleagues on this call here who are either providing the service or providing the screening and referral here, whether you're a pharmacist, a dental hygienist, whether you work for the extension office or you're a nurse, um, it really is taking all of us.

And so the first approach was really looking at making sure that as many local communities have DPPs as possible, because the more localized that you get, to being able to understand the community, the more effective it's going to be. And then the second prong to that approach was understanding and recognizing the need for the program to be delivered virtually and that's with or without COVID honestly giving people flexibilities and the ability to join a program in whatever form is the most convenient for them is going to make this work most effectively.

And I think we all realize that now. So it's important to have these multimodal approaches so that we can accommodate as many potential participants as possible,

Dr. Tamara Demko: [00:29:02] So much incredible work happening across the state. We need to hear more, but we're out of time today.

We'll have to pick up with the Tennessee regions on the next podcast.

Thank you to our special guests, Lynn Russell and Kristy Merritt from west Tennessee region, Justin Kirby from middle Tennessee region and Elizabeth Renfro from east Tennessee region, 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 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.Diabete@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 the Tennessee regions at www.Chronicdisease.org/diabetes.

Join us next time for another episode of Collective Voices for Diabetes, Partnering for Prevention and Management, a production of NACDD. We'll hear part two from the three Tennessee 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.