

# Collective Voices for Diabetes Transcript

## Ep 2, Part 2: 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 and 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 from meaningful discussions with people and organizations who are finding success in working together to prevent diabetes.

In the last episode, we heard a little bit about what the three Tennessee regions have done to advanced diabetes prevention and how Tennessee revitalized its partnerships and action plan by refocusing on regional needs. Today, we will hear how the Tennessee regions were able to continue offering the National DPP lifestyle change program during the COVID-19 pandemic. We will also hear their insider tips on generating success in challenging times. Joining us again today are representatives of Tennessee's StEM, regional diabetes coalition from west Tennessee region Lynn Russell and Kristy Merritt. From middle Tennessee region, we have Justin Kirby and finally representing east Tennessee region Elizabeth Renfro.

Welcome back everyone.

**Elizabeth Renfro:** [00:01:32] Good morning.

**Justin Kirby:** [00:01:33] Hello

**Kristy Merritt:** [00:01:33] Good morning.

**Lynn Russell:** [00:01:34] It's wonderful to be here.

**Dr. Tamara Demko:** [00:01:35] It sounds like all of you are doing this work during this time of the COVID-19 pandemic, which is amazing that you're continuing on. I know a lot of states have found it challenging and they've had to sort of pivot in order to be able to meet the needs of all the people who want the National DPP to be offered.

How has the COVID-19 pandemic impacted your diabetes program work? Has it created opportunities? Has it created opportunities for innovation or further intervention or have there been challenges? Let's start with Elizabeth in east Tennessee.

**Elizabeth Renfro:** [00:02:10] I'm not going to lie. COVID, when it hit, I went into crisis mode and I was, you know when I mean that I was like, what am I going to do? Or you don't have this program going, you know, we're about eight or nine weeks in, you know, we had this

really good moment. Um, and then all of a sudden, everything just stopped. And I was like, how am I going to continue to meet these individuals to help them reach the goals that they have, you know, made for themselves when we started the program.

So, yeah, just transitioning to zoom was one big thing. And so I did lose a few people because they just weren't comfortable with, you know, using zoom or just being on the internet that much. Or they just didn't know how to work the computer or their tablet. So, you know, that was one thing that I knew it was going to happen, but I kept a majority of them and I was able to transition to have the group, the class on that zoom meeting.

But also what I did with that is I created PowerPoints. And so with the questions that go along with each of the lessons, I was able to write in their answers that they had to those questions and I saved it in PDF and I sent it out to them and. A lot of participants really appreciated that because it was like, oh, that's what we talked about.

That's a good reminder of how I can get more physical activity in, or the different types of foods that I should be eating or should limit that type of thing. And so it really kind of opened up that door to be able to do that. And then, you know, when things started slowly opening back up and we were able to start meeting in person in certain locations, I was able to kind of start a hybrid type model for DPP.

And so a lot of people, you know, when you hear hybrid, my version is a little bit different than most people think. So what I mean by that is actually, we're all meeting at the same time. So if it's at 10:30 in the morning, we're all meeting at the same time. Some of them are actually in person. I can physically see them.

Other people are zooming in. But we're all talking together. I figured out how to set that out. So everybody's able to interact with each other and they really appreciate that. And I've been able to have individuals that are from different areas, log into the program and be able to do that just because there might not be a DPP program located where they're at too.

And I've also created a monthly group for those previous participants and current participants so that they just kind of give that extra accountability. If they've got any questions, if they just need that little push or reminder to help continue on their journey. And then I've created a Facebook private group for those same individuals.

So that I could post like recipes on there or little challenges, or if there's like a hiking group, you know, that's local that I think some, some people might be interested in, I'll I'll put that on that Facebook page. So it's been an interesting way to transition and rethink things, but I think has been beneficial, not only for myself, just to kind of think outside the box, but also the participants and helping them reach their goals that they need to, to prevent diabetes from happening.

**Dr. Tamara Demko:** [00:05:35] Great work, setting up the infrastructure for extra support for all the participants. That sounds wonderful. Justin, what about middle Tennessee?

**Justin Kirby:** [00:05:44] Well, I think very similar to Elizabeth, we all had our moment of crisis at the beginning for multiple reasons. Right? So whether it was how we were going to

deliver the program or any of the other anxiety provoking things that are going on in the spring of 2020.

I'll never really forget the first call that I've had with one of our DPP providers. So I mainly interface with the program directly through our pharmacy residents who are, in their first year of post-graduate of training who provide the program, in some of the settings. One of them called me and she was so very upset.

She was like, you know, we're doing so great with this cohort. And I don't know how we're going to continue to this. And, you know, we had a very long discussion about the biggest challenges with this and how we can potentially overcome some of the barriers. And I'd have to give her a lot of credit because she very much like Elizabeth was resourceful and thought outside the box and figured out ways to continue to connect with her cohort that she was working with at the time, to keep them engaged as much as possible.

And I mean, with that being said, she did lose about 50% of that cohort. I mean, so it was a challenge. I think we have to make sure that we acknowledge that just because we weren't prepared for it at the time, but we decided after that, coming back to the coalition, as a larger group here, we sent out a survey to all of the DPPs across the mid state.

And this was something that we intended to gather data for the 2020 state engagement meeting that was held virtually last June. And we asked them questions about what delivery mode they were using during COVID, and asked them to share with us what some of their best practices were to keep their programs going during the uncertainty that was spring and summer of 2020, how they were able to engage participants in a virtual manner and even exploring if that was even an option for them, because we know that in different parts of the state, it might not be just different patient populations, different internet capabilities. And so that's where our major barriers were. And so I really thankful for the data that we were able to gather from that survey that we sent out to the DPPs across the state, because it gave us some insights into what people were doing and how they were doing it effectively. And luckily, we had people like my pharmacy resident who was being so resourceful and people like Elizabeth who are really, probably works twice as hard to make sure that the program could still reach as many people as it could during that. And now, you know, we're very nearly to the other side of this and we have a lot more perspective and we're prepared for a lot of, hopefully not having to go through that again, but we're prepared for adversity.

If we're going to face it again in the future.

**Dr. Tamara Demko:** [00:08:25] Justin thank you for being so candid. I'm sure our listeners really appreciate knowing that even states that are successful also have challenges along the way. So thank you so much for sharing. West Tennessee, can you tell us a little bit about your COVID-19 pandemic experience?

**Kristy Merritt:** [00:08:42] Sure can, I'll echo exactly what Elizabeth and Justin said as far as those challenges go. We were a little bit lucky here at Methodist Lebonheur Healthcare. We've got actually two arms of the DPP. We have an internal infrastructure where the DPP is a covered wellness benefit for all Methodist Lebonheur associates. And then we offer our

DPP through Methodist Lebonheur community outreach. So obviously our challenges from a system and an organizational perspective was due to our location. All on-site activities were suspended first and foremost. So we were right in the middle of trying to garner interest for an associate DPP cohort.

So that kinda got put on the back burner first and foremost, but we actually had a community cohort going and it was kind of a smaller close knit group. And most people, actually, all of them were very technically savvy. However, and having said that as far as our potential for securing future interest of a DPP cohort, we learned some pretty valuable lessons about specific patient populations that take into consideration ethnic tendency and age.

So, what I mean by that is most of the people that we currently serve here in our community are African American women between the ages of 45 and 65. And if, and when we gave them the option of wanting to do a virtual DPP, most of the responses that we got was, no, I don't feel comfortable doing that either because they were not technically savvy or they were so scared of going anywhere first and foremost to see their doctor, but they were just like, everything medically was put on hold. They were not accessing care. And they had no interest in doing that.

So the creativeness was the people presently in that cohort, we did do just like Elizabeth said, we did some Facebook live. We did a hybrid, not in the capacity that Elizabeth did, but hybrid meaning meeting asynchronously with a live coach at a designated time, but also offering to those that were engaged enough and felt comfortable enough to come on site, to come back on site for those weekly weight check-ins and to come onsite for any additional level of support that they needed.

So again, just making sure that the program didn't falter and meeting people where their actual needs were.

**Dr. Tamara Demko:** [00:11:42] That's some great and fast pivoting during a difficult time. Lynn, I want to hear from you as well, but I want to add another question for you, which is what is on the horizon for west Tennessee?

Are there any new innovations or plans for things like umbrella, hubarrangements, anything creative going on?

**Lynn Russell:** [00:12:01] Well, I think that our ability to reach other dental hygienists and introduce them to the DPP., You know, think about when you go to the dentist and you have to sit there and listen to whatever your dental hygienist decides to tell you for 45 solid minutes.

I think it gives us a great opportunity to sort of spread the word. When we shut down for COVID, I am at the University of Tennessee, when we shut down, gave me the perfect opportunity to take the course for DPP. So once I took it, I called all my friends and colleagues here at the school and asked them to take it as well.

So hopefully that gave us a great opportunity to start. And since it was virtual, we were able to see exactly how it would work virtually. I've talked to a bunch of different hygienist associations about the DPP and what their possible role could be. So that's kind of open that door for me. And actually the American Dental Association has come up with some acceptable codes so that we could use testing in the dental office.

You know, I was concentrating on screening and referring, but if we could use testing, that'd be a great thing too. I've also got some speaking engagements coming up, some continuing education classes that I'm presenting. So I'll be able to hopefully reach some more. Of course my philosophy is I've never met a stranger, so hopefully none of my other hygienist friends have either.

And that every opportunity that we get to talk about it, we will. So I'm hoping that more and more hygienists, get involved. I know Justin's done the same thing with pharmacists, but anybody that we can recruit, we're going to recruit them.

**Dr. Tamara Demko:** [00:13:43] Fantastic. Justin, are you doing the same thing as west Tennessee and middle Tennessee?

Not to put you on the spot.

**Justin Kirby:** [00:13:51] Yeah. We're doing quite a lot of similar things. I will say that for sure. I work with smaller programs, obviously a community pharmacy. So we're not looking at the umbrella hub arrangements quite as closely here. That is something that my co-chair, she works for the health department and so she does work with umbrella hub arrangements specifically. But our priority right now is really making sure that the DPP is offered in as many places as possible. And also that it's covered for as many lives of Tennesseans as possible as well. Whether that's through their employer, through Medicaid coverage, or it's also available to people who are uninsured.

So we're looking at ways to make sure that. People know that it's out there and that it is not a tremendous financial burden for them because, you know, we, we love to make sure that people understand that prevention is as much easier to come by then than treatment is.

We're also kind of in the talking stages of a pretty big marketing undertaking to help raise the public's awareness of the DPPs. And so we're engaging some local universities and talks for that and engaging people who have the marketing brain to help us out with how do we get this word out to different people? So those are the things that we're working on and that's on the horizon for us. So it's going to be an exciting second half of 2021.

**Dr. Tamara Demko:** [00:15:15] Definitely. Elizabeth, what about east Tennessee?

**Elizabeth Renfro:** [00:15:19] It's kind of unique way I have my DPP set up because I'm also, you know, a lifestyle coach and I've been a lifestyle coach for a couple of years now, and I'm not currently set up to charge insurance companies, I don't have that ability to do that.

So I have to charge a small fee for them to be able to attend. So it's kind of one of those it's up to them if they want to be part of it. So that's why it's so important to make those

connections with different organizations so that they refer them to the program and healthcare providers, you know, individuals like that.

But because of that, you know, we're looking at different funding sources to help offset some of the costs of the program to put the program on. We were able to apply for an RFA grant through the Tennessee Department of Health. I'm waiting to hear back if whether or not we received that grant to be able to expand the program, across the state.

East Tennessee is pretty strong. They base it off of my program. But, you know, hopefully expanding it to middle and west Tennessee through extension to be able to offer that. We're we were in the early talks, you know, we had a little discussion with Amerigroup to possibly pilot a DPP program with them. So that's just kind of in the infant stage.

So, you know, that's kind of where we're at kind of looking towards the horizon.

**Dr. Tamara Demko:** [00:16:45] Elizabeth and all the regions, really, you've done such amazing work. If I were to ask you what your region is proudest of, what would you say? Elizabeth, since you were just talking, why don't we start with you.

**Elizabeth Renfro:** [00:16:59] For mine, I think it's just being, getting that full recognition from the CDC as a DPP site was a big accomplishment, especially during COVID to be able to accomplish that and get that full recognition.

But also I think one big thing is continuing to help individuals lose that five to 7% of body weight and to get more physically active, when a lot of things were happening in 2020, things were shutting down. It was, staying in your home. How do you continue to do that, to reach those goals.

And the participants that were in my cohorts, they continued that. They lost that five to 7% body weight, and they got that 150 minutes of physical activity in and I think that's the biggest accomplishment is to help them continue to be able to do that in times of adversity.

**Dr. Tamara Demko:** [00:17:49] Wonderful. What about middle Tennessee, Justin?

**Justin Kirby:** [00:17:54] Looking back over this journey that we've all been on through kind of collectively that we just have our own twist to it, right. What I'm most proudest of from our coalition's standpoint is that we were able to keep our momentum going forward. And despite the major setbacks that we all faced due to the pandemic, I mean, there were challenges politically, there were challenges environmentally. We've already discussed the difference in rural and urban areas in the state and how accessible healthcare is just in general to different people. And we were always able to keep shifting, but ultimately keep our eyes on the prize, which was increasing accessibility, increasing coverage, increasing screening, and referral to the program and keep working toward those pillars regardless of what challenges were in front of us.

And so, no matter what came our way, we were still here and we still have our priorities straight. And that's what I'm most proudest of.

**Dr. Tamara Demko:** [00:18:50] Still standing and thriving. How about west Tennessee?

**Kristy Merritt:** [00:18:53] Yeah, absolutely. It's a common thread just as Elizabeth alluded to. The patient success stories.

Our cohort was equally as successful. The body weight with the, with the total body weight loss. I think here in west Tennessee, we've, we've taken this whole approach in the last year of our collective impact. So partnership is really what we made our strategy, making sure that we are engaging our stakeholders, eliciting interest, and securing those organizations into the DPP family. And we also applied for an RFA and we're just recently told last week that we were granted that award. So we are actually exploring the CDC umbrella program. So Methodist Lebhonneur Community Outreach would serve as the hub. And again, we attained our national accreditation in November of 2019.

We have elicited positive response from Shelby County Health government. And so they are going to be one of our partners and just having the capability of having our community location, our Methodist Lebhonneur University location and the Germantown location, it kind of sows up our demographic landscape to be able to have so many health system sites for potential DPP participants. But again, we've gotta be steadfast and ensuring that we bring everybody to the table so we can serve as many people as we can.

**Dr. Tamara Demko:** [00:20:45] Wonderful. Lynn, did you have anything to add to that?

**Lynn Russell:** [00:20:49] I'm just going to echo everybody else's, that we're all still standing. That's a big deal.

**Dr. Tamara Demko:** [00:20:55] Absolutely. Absolutely. For those states that are struggling, what is one piece of advice that you would give them? If you knew back then, what you know now, what would you do differently? Or what do you think is a message that could really help our listeners when they're trying to scale and sustain the National DPP?

Let's start with west Tennessee.

**Kristy Merritt:** [00:21:19] Oh, this is my passion right here, because I mean, we've been in this game since 2013. And with that tenure, we have had so many lessons learned and I could certainly say that from the get go, if you're wanting to have the best opportunity for success, you have to be very diligent in screening the participants who are highly motivated, who are engaged, and who understand the time commitment to the program. And because DPP, from a financial sustainability perspective, is very outcomes based. It makes perfectly good sense to make sure that participants know what they're getting into.

And not everybody that says that they want to be in a DPP will actually make it from beginning to end. And so you do have to account for some attrition in your program, but first and foremost, just making sure that participants are ready. The second thing is be loud and proud. Meet healthcare providers that can fill your program up where they are.

We did lunch and learns where we went on site to local Methodist affiliated doctors and non Methodist affiliated doctors and said, hey, we've got this wonderful program. We are currently being sustained on grant funds. So there's no charge, but we want to make this a very cost effective and sustainable long-term.

But we need to fill up this space with patients that could have the best benefit from this. So those two key takeaways: participant readiness and provider engagement.

**Dr. Tamara Demko:** [00:23:18] Fantastic. How about east Tennessee?

**Elizabeth Renfro:** [00:23:21] I agree with Kristy. One thing I would add to that is if you are one of the lifestyle coaches, I think it's very important to be on the participants level. To understand that there are things that they're struggling with.

And I think that's what helped me be successful with those groups is I share very similar struggles as they do. And I'm very real about it. I'm a motivation to them and their motivation to me. And I let them know that, always giving them that extra cheer that they need or words of encouragement to continue on with their journey.

But, you know, one thing that I have included into that is just different challenges or competitions. Some people are very competitive and that brings out motivation for individuals. So I do a thousand step challenge with them. I've recently started that I've done a fruit and vegetable consumption and challenge, and then also a water challenge with them.

So, that's kind of helped them stay with the program and keep going. So that's just been very helpful for my programs to keep them going and running.

**Dr. Tamara Demko:** [00:24:31] Great. Thank you, Elizabeth. Justin, what about middle Tennessee?

**Justin Kirby:** [00:24:35] I think that my piece of advice would be to identify the Elizabeth Renfros, Kristy Merritts, Lynn Russells in your community.

Right. And I'm just so privileged to get to speak with these other three individuals who've done so much work toward this. And I really think that of all of us who are talking Kristy is probably the most obvious person to be involved with this. I mean, a nurse who works within a large healthcare system, obviously go for the obvious people.

Right? Make sure you're talking to them, but then think outside the box too. If you're struggling. Figure out who is in your community and what resources are already there. Personally, I will always advocate for, make sure you're talking with community pharmacists. There's almost certainly one where you live close by. Almost certainly.

And so talk to them, see if they know what the program is. See if they would be willing to host a screening and referral day to another program, or even see if they're willing to take that next leap and actually host the program there. It's going to be a lot of work, but we're always up to a challenge if we can help more people in our community. Figure out if there's a university extension agency in your community, figure out, if your dentist office is going to want to maybe be a part of this as well. And if they're not, called Lynn Russell personally, and I'm sure she'll get them on board with it.

So. And that's really the best advice I can give you is just make sure that you know, what resources are already in place in your community, because you don't have to recreate the

wheel. And just celebrate every small win that you have along the way, because this is a long game that we're playing here and you have to make sure that you take the good times with the bad times and recognize that we're making progress every step that we make forward.

**Dr. Tamara Demko:** [00:26:15] Thank you Justin. And thank all of you. I've heard so many great tips that our listeners can use. What I'm hearing is there's always a good opportunity to promote the National Diabetes Prevention Program. Every day, use every opportunity, every person, every location, and celebrate every win. Think outside the box, network, use your pharmacists, your dental, hygienists, your nurse practitioners, and keep it fun for participants. Keep them engaged and encourage them. You can address social determinants of health and rural participants as well, along the way. Thank you all so much for this great advice and for sharing your stories.

That is all the time we have today. Thank you so much to our special guests Lynn Russell, and Kristy Merritt from west Tennessee region, Justin Kirby for 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 Collective Voices for Diabetes, Partnering for Prevention and Management. 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](mailto: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 the Tennessee regions [www.Chronicdisease.org/diabetes](http://www.Chronicdisease.org/diabetes). Join us next time for Collective Voices for Diabetes, Partnering for Prevention and Management, a production of NACDD. 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.