



## **Diabetes and Co-Morbid Conditions Programs Success Showcase 2022**

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Thursday, Jan. 20, 2022

### **TAMARA DEMKO:**

Welcome to NACDD's presentation on diabetes and comorbid conditions partnering for greater impact. We are so excited to share this time with you. I'm Tamara Demko, and I'll be your facilitator today. In this 30 minute session, you'll hear highlights of how NACDD's work with states and organizations has had a collective impact on chronic disease. Ann Forburger will present on collective action diabetes.

Carol McPhillips-Tangum will share progress in vision and eye health. And Barb Park will detail exciting developments in oral health. A panel discussion on topics that include health equity and partnership development will follow. We invite you to actively participate. Listen to learn how to join the effort to prevent and manage chronic disease.

Share your thoughts and questions and chat along the way and during the chat waterfall. Let's get started.

Did you know that changes in vision can be a sign of diabetes and not just the need for reading glasses? Or that periodontal disease has been associated with poor glycemic control. Diabetes, oral health, and vision health are all interconnected. For the more than 84% of people with pre-diabetes who are not aware they have it and the 1 in 5 people with diabetes who don't know they have it, visual and oral health changes may provide important clues leading to discovery and treatment for pre-diabetes and diabetes. People with diabetes may experience comorbid conditions, affecting vision and oral, foot, skin, kidney, and heart health.

Unfortunately 85% of people with type two diabetes report receiving no information on the association between diabetes and oral health. Understanding the interrelationships among these diabetes related conditions provides opportunities to prevent, refer, identify, and treat earlier. Beyond the clinical level, work in diabetes, oral health, and vision health shares some cross cutting themes. All diabetes and related NACDD projects foster partnerships, help to build organizational capacity to address the health condition, and work to address issues of health equity and social determinants of health. NACDD uses the national diabetes prevention program or national DPP, the diabetes self-management education and support or DSMES, and the CDC NACDD state engagement model that uses evidence-based research to support state health



departments and organizations in addressing diabetes, oral health, and vision health. NACDD offers trainings, learning labs, models of ?, communities of practice, and much more. Let's explore.

All the NACDD offerings that will appear on this page helps to grow collective action leading to a greater impact on chronic disease prevention management, strengthening and partnerships, sustainability, health equity, and leadership development. In the area of sustainability, the employer learning collaborative provides tailored technical assistance and support while engaging employers to offer the national DPP lifestyle change program as a covered medical or wellness benefit for their employees.

25 state health departments and five national organizations have participated in the program. Umbrella hub organizations are a novel approach connecting community-based organizations delivering the national DPP lifestyle change program with healthcare payment through an umbrella structure of administrative services.

HALT is an online delivery platform that allows states to increase access and affordability of the national DPP lifestyle change program. 16 states are now using HALT, which is also offered in Spanish. You'll hear more about state specialist training during this presentation. In the area of health equity, NACDD provides technical assistance to all 10 CDC recognized national organizations and affiliates funded by CDC under the scaling the national diabetes prevention program in underserved areas.

NACDD is testing the use of text messaging to streamline screening and enrollment of underserved populations, specifically black and latinx people of low socioeconomic status into the national DPP lifestyle change program to the make a choice to text health initiative.

In the area of partnerships, the successful state engagement model has been used for diabetes, oral health, and physical activity and nutrition. Since 2012, NACDD has worked with 45 state health departments and the district of Columbia to plan and host major state engagement meetings under this model to identify and mobilize multi-sector partners in developing and implementing a coordinated action plan to prevent type 2 diabetes. In the area of leadership development, more than 250 members from state health departments and the District of Columbia who work on diabetes initiatives benefit from networking and training as part of the diabetes council. The diabetes council leadership group serves as a collective voice for all state health departments and is comprised of 14 state leaders. Some cross cutting areas in sustainability and leadership development include the coverage 2.0 program, which builds capacity for public and private pair coverage of the national DPP lifestyle change program, particularly focused on Medicaid and Medicare. The program expands public health infrastructure for 25 state health departments, and more than 50 Medicare Diabetes Prevention program, or

MDPP, suppliers. Coverage 2.0 also supports the national DPP coverage toolkit that has been visited by nearly 75,000 unique viewers since its launch in 2017. LEAP, or learn, explore, activate, and problem solve learning labs offer a series of sessions that are combination of presentations, peer to peer learning, and small group discussions with facilitation by NACDD. We built deeper capacity and key topics related to national DPP, such as MDPP supplier enrollment, MDPP beneficiary enrollment, and other arrangements.

Let's hear a little more about diabetes from Ann.

### **ANN FORBURGER:**

Thank you, Tamara. And welcome everyone. We only have a few minutes to highlight one diabetes project. So we selected one of our newer strategies, which is to build a workforce of diabetes specialists with a goal of reaching all 50 states and DC. In our last session, we had a number of diabetes specialists, um, in, uh, participating.

So if you're a diabetes specialist, please put your name in the chat. Um, and let us recognize you. So why are we building this network of diabetes specialists? Well, there's a growing need to expand access to and availability of diabetes prevention programs for people at high risk for developing type 2 diabetes and for diabetes management services for people with diabetes, especially for communities experiencing the greatest need. And the role of the diabetes specialists is to provide technical assistance and support to the thousands of organizations and partners across the US that deliver either the national DPP lifestyle change program, or that provide diabetes self-management education and support, or DSMES services, for people with diabetes. So NACDD in partnership with leadership at the Division of Diabetes Translation at CDC developed two networks in the last year or so, which consists of trained diabetes public health staff.

And you can see by their titles, they're similar similarly titled in nature. One focuses on the national DPP for prevention and the other on DSMES services for people with diabetes. So what is NACDD and CDC doing to build this network? First, both specialists undergo rigorous, um, training, a training program. For the national DPP state quality specialists, for example, staff participate in a four month training series, which includes half day sessions, um, of intensive, intensive, formal training with subject matter experts. Um, they participate in onboarding peer calls and they also prepare a case study, um, that demonstrates their ability to address challenging technical assistance needs.

We're super grateful to partner with the Emory University's Diabetes Technical Training and Technical Assistance Center on the trainings for the DSMES, DSMES, uh, state

specialist training, this again is a four day, four half day interactive training. For example, participants assess their DSMES landscape, learn about enrollment and retention and sustainability strategies.

And also learn how to guide organizations through a self-assessment process to determine if their organization has the capacity to become a recognized or accredited DSMES program. And secondly, after the trainings, we support both specialists with, with a network, a support network, where peers and SMEs come together quarterly to share successes, challenges, hear from experts from, for example, the American, um, uh, diabetes care and education specialists or the American Diabetes Association and others to really ensure they're up-to-date to be able to provide their technical assistance and support.

And then third, the thread throughout is really focused on health equity, both specialist trainings and support networks have intentional focus on health equity, including for example, assessing and addressing gaps in services for priority populations in their states. So where do these, uh, state specialists, where are they?

How are we doing? And which states have them? So the map on the next slide represents the workforce that has been currently trained and have specialists. So for example, the national DPP state quality specialists, we've held four trainings over the last year or so. And now 23 states have specialists. For DSMES, we've held two trainings in 17 states and two local health departments now have specialists. And as you can see from this map, some states have both already of the trained specialists in their state. The overall goal is to have at least one of each specialist per state. In this next year, we expect to train additional specialists, 11 states for the national DPP and 12 states for DSMES.

We've had great feedback and evaluation from those participants. Um, those that are specialists, and I can see that we have some in, uh, joining us, Marilyn from Wisconsin, thank you so much. Um, who have indicated that the training has really increased their skills and confidence to provide support to the very important work that all of the organizations delivering these, these essential services, um, in, in and around the country are doing. We're hopeful and excited about the future. And thanks so much for listening. I'll turn it over to Carol to talk to us about vision health. Thanks so much.

### **CAROL MCPHILLIPS-TANGUM:**

Thank you, Ann. Um, NACDD's vision and eye health activities are focused broadly on building the capacity of state, tribal, territorial and local health agencies to improve vision and eye health.

So over the past several years, our capacity building activities have included providing grants and technical assistance and other types of resources to public health agencies, as well as their partners. Um, oftentimes these are prevent blindness organizations or other types of partners, academic and otherwise.

Uh, one of the resources that NACDD has developed is the online national resource center for vision and eye health. And you can see a picture of the homepage here. Um, you can visit the resource center by scanning the QR code there, or just visiting it at [visionandeyehealth.org](http://visionandeyehealth.org). The resource center features, um, a lot of different capacity building tools and resources, and they're organized according to vision and eye health facts. It's largely educational materials. And then there are resources specifically for public health agencies and their partners, and then other resources that are earmarked more for consumers or the public.

So we encourage you to visit the resource center if you get a chance. If we can get the next slide. Um, another resource that NACDD has developed in partnership with the CDC vision health initiative is a toolkit. Um, here's a very quick look at the cover of the vision and eye health toolkit, which provides resources and guidance to again, assist public health agencies and their partners to either, um, assess the burden of vision impairment in their population or community, to build effective partnerships, to implement evidence-based interventions to improve vision and eye health, and to evaluate the impact of those interventions. On the right side of the screen there, I've also included an image of just one of the many tools that are included inside the toolkit. This one happens to be a checklist that public health agencies can use as a guide to develop effective partnerships.

So the toolkit is also available at the NACDD national resource center for vision and eye health and vision. Again, [visionandeyehealth.org](http://visionandeyehealth.org). Um, it's also available via the CDC vision health initiative website, which the address is shown here, or again, you can scan the QR code. So we certainly, um, hope that you will take a look at those resources.

And now I'm going to turn it over to Barb Park who oversees NACDD oral health activities.

### **BARB PARK:**

Thanks Carol and good afternoon everyone. Since the surgeon general support on oral health was published in 2000, numerous public and private organizations have called for better collaboration between oral health and primary care. And a new report that was released this past December reiterates the connection between oral health and overall health and makes some very specific recommendations for improving access to oral health care across the lifespan, especially for high risk and vulnerable populations.



The report clearly states that lack of access to oral health care is a health equity issue that needs to be addressed. For the past five years, NACDD has been involved with promoting increased collaboration between state oral health and chronic disease programs. In 2016, we partnered with the Association of State and Territorial Dental Directors to promote models of collaboration within state health departments.

This effort resulted in the development of an ASTDD white paper, focusing on opportunities for improving oral health and chronic disease program collaboration. In 2018, NACDD's prevention health foundation received funding from GlaxoSmithKline to host a thought leader round table on oral health and chronic disease in older adults.

And that resulted in a report that had key recommendations for action. In 2019, CDC funded NACDD to develop a framework for medical dental integration in partnership with KDH research and communication. In year one, we conducted an extensive review of the literature followed by key informant interviews and focus groups.

This year, we're focusing on a development of a framework that highlights successful medical dental integration models across the lifespan. And we're also working on a branding strategy to promote the framework. This past summer, the Santa Fe group invited CDC and NACDD to help them plan a summit focused on accelerating health equity through integrated care models.

We will also have an opportunity to get feedback on our draft medical dental integration framework during the meeting and discuss partner engagement strategies to promote the framework more broadly. So as you'll see in the next slide, just like the diabetes and vision and eye health programs, NACDD's oral health program is also working with states.

CDC is funding, NACDD to document state oral health program approaches to implement diabetes and hypertension and referral protocols in private practice dental center settings, and safety net clinics. NACDD is providing technical assistance to the five states on this map with stars on them to promote the connection between oral health and oral diseases, such as diabetes and cardiovascular disease.

And to demonstrate the role that oral health care providers can play in screening for risk factors associated with these conditions. And although CDC could only fund five states under 1810 component 2, an additional 19 oral health programs are working on diabetes screening, an additional 7 are working on hypertension screening, and a total of 10 states are working on both diabetes and hypertension screening, five of which are not receiving any CDC funding. And talking with the states that are doing this work, we've seen increased interest among diabetes and CVH programs to partner with their oral health colleagues.



In several states, this collaboration has been written into work plans that with support from 1815 and 1817 grant funds. And in others, funding from CDC and HRSA is being combined to support this work. We're excited about expanding these partnerships between oral health and chronic disease units so states can increase their program impact and broaden their stakeholder base.

And we look forward to sharing success stories in the future to promote these efforts. I'll now turn it back over to Tamara.

### **TAMARA DEMKO:**

Thank you, Barb. As you've heard today, incredible work is being done across the United States in the areas of diabetes, oral health, and vision and eye health. We invite you to join these efforts, deepen your current involvement, or grow your chronic disease knowledge and reach by contacting NACDD. By working together and looking for opportunities for synergy and collaboration, we can have a major collective impact on chronic disease. Now I'd like to invite the presenters to participate in a panel discussion. Presenters, we'd love to gather your collective subject matter expertise to gain insight on some questions that our state and organizational partners may have. So our question to you is a little bit challenging.

How do you work to advance health equity? And let's start with Ann in diabetes.

### **ANN FORBURGER:**

Thank you so much, Tamara. Um, you know, this is, uh, such an important priority that cross, uh, crosses all the work that we do. But we know in public health that policy levers are an important approach to health equity that make, um, make it sustainable.

And so our coverage 2.0 project works with, um, 21 states on Medicaid coverage for the National Diabetes Prevention Program. And for those of you that might not be as familiar, that program is designed to prevent type 2 diabetes through lifestyle change. And 17 of those states, um, offer Medicaid coverage for that important program.

So advance advancing racial and health equity. Medicaid is one of the largest insurance programs in the country. So with that policy lever, we are addressing, um, issues around poverty, which are strong predictors of health. Um, so that's one of the areas that's, that's very important and very successful that, um, NACDD, CDC, and the states have been advancing, um, for some time. So, Tamara.

**TAMARA DEMKO:**

That's great work, Ann. Thank you. Carol. What about your thoughts? Do you recommend the same for vision and eye health?

**CAROL MCPHILLIPS-TANGUM:**

Um, yes. By and large, um, through the vision and eye health program, one of the ways that we're addressing health equity is by providing resources and, uh, funding, technical assistance to some grantees who are working to enhance access to vision and eye health services.

So, um, in, for example, one of the groups that we're working with is the Alabama Lions Sight Preservation Association. And what they do in Alabama is they take a mobile vision screening van with an ophthalmologist in it and they go out to very rural parts of Alabama and provide vision screening for people in those communities who may or may not have insurance.

But even if they have insurance, oftentimes there are not enough vision and eye health care providers in these rural settings. So it's basically taking the services on the road to them. Um, and there are other things that we're doing as well, but in the interest of time, I'll stop there.

**TAMARA DEMKO:**

Thanks so much, Carol. Barb. What about oral health?

**BARB PARK:**

So I think for oral health, we've got a couple of opportunities. One of the ones which is kind of low hanging fruit, I think is the opportunity to develop coordinating messaging around the relationship between oral health and chronic diseases, such as diabetes and hypertension, and make sure that those messages are delivered to those high risk populations that all of us are working with.

I think in terms of a policy perspective, advocating for Medicaid coverage for oral health services, just as Ann was talking about Medicaid coverage for the national DPP Lifestyle Change Program, I think would be a, a very, um, um, audacious and useful thing to do to promote and improve health equity. Um, children have access to oral health services because of the Affordable Care Act and SHIP.





But as the new report that just came out from the NIH states, we are not making any inroads for improving access to oral health services for adults. So I think Medicaid coverage for oral health in states could really help, um, in that regard. Thanks.

**TAMARA DEMKO:**

Thanks so much, Barb. Those are all great insights from our presenters.

Well, that's it. We hope you enjoyed NACDD presentation on diabetes and comorbid conditions partnering for greater impact. Thank you so much for attending and participating. This concludes our presentation. Enjoy the rest of showcase 2022.

**- END OF TRANSCRIPT -**