

# Improving Diabetes Outcomes: The Next Direction

## Idaho Diabetes Educators Conference Strengthening the Impact of Diabetes Education in Idaho

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# Preaching to the Choir: We Know There is an Epidemic

- ▶ Diabetes Prevalence - Adults
  - 9.4% = 108,000 adults
- ▶ Pre-Diabetes Prevalence - Adults
  - 6.8% = 70,000 adults

# Idaho Diabetes Prevention and Control Program: Next Steps

- ▶ National Direction: CDC State Funding
- ▶ Idaho Diabetes Educators Survey Results
  - Presented by Robert Graff, PhD, Chronic Disease Epidemiologist, Bureau of Community and Environmental Health
- ▶ DSME in Idaho: How Well Are We Doing
  - Discussion

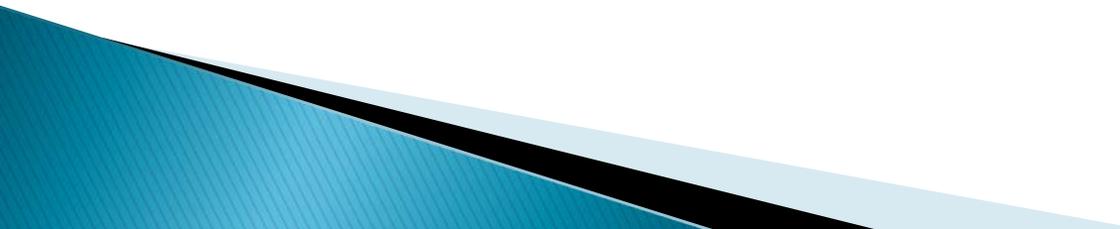
# CDC Funding 2013–2018

- ▶ Combined funding: Diabetes, Heart Disease and Stroke Prevention, Nutrition–Physical Activity–Obesity, Coordinated School Health
- ▶ Big scary wait
  - ID Award: ~\$1.5M per year x 5 years
  - Other Option: \$506,000 per year x 5 years
  - One of 25 states

# Nutrition/Physical Activity/Obesity Coordinated School Health

- ▶ Focus: Environment (Community and School)
  - Healthy food and beverages, nutrition standards, reduced sodium
  - Options for physical activity with focus on walking
  - Schools: Physical activity and education in early childcare and education, K-12

# Heart Disease and Stroke Prevention

- ▶ Focus: Health System
  - ▶ Increase implementation of quality improvement processes
    - Treatment of high blood pressure
    - EHR: Utilize data to improve patient outcomes
      - Blood pressure
      - A1c
  - ▶ Team-based health care
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# Diabetes Prevention and Control Program

- ▶ Focus: Clinical–Community Collaboration
- ▶ Strategy 1: Increase use of diabetes self-management programs (DSME) in community settings to improve patient outcomes
  - Increase access, referrals, and reimbursement for AADE, ADA–recognized DSME programs
    - Idaho
      - Increase provider referrals
      - Increase patient awareness about DSME and assure that patients participate
      - YR1: Assess DSME capacity in ID.

# Activities YR1

**Goal:** Strengthen and support the ID DSME network to improve patient outcomes.

- ▶ **Assess Capacity to inform work going forward**
  - Gaps in DSME service
  - Referral processes
  - Barriers to patients
  - Capacity to collect patient data
- ▶ **Support state CDE and health professional meetings – Diabetes Alliance**
- ▶ **Assess health care providers perspective**
- ▶ **Medicaid data, data sources**
- ▶ **Hispanic community**
- ▶ **ID Indian Tribes**

# DPCP

## Clinical–Community Collaboration

- ▶ Strategy 2: Primary prevention of type 2 diabetes: Increase referrals to, use of, and/or reimbursement for CDC recognized lifestyle change programs for the prevention of type 2 diabetes.
  - CDC recognized diabetes prevention programs
    - Lifestyle change
    - 16 weeks, 1 year
    - Health coach
    - People at risk for diabetes
  - Treasure Valley YMCA Diabetes Prevention
  - Additional ID sites
  - Physician referral
  - Reimbursement
  - Patient attendance and participation

# Activities YR 1

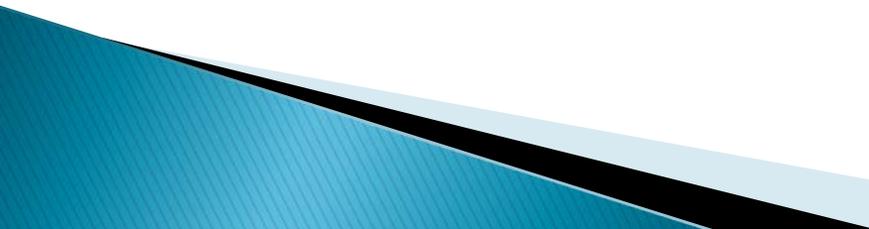
- ▶ Assess capacity to increase the number of CDC–recognized diabetes prevention program(DPP)sites
  - ▶ Identify (state bidding process) and contract with a minimum of two sites to plan and implement a DPP.
  - ▶ Provide technical support
  - ▶ Work with health plans and employers to gage interest in providing health plan coverage.
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We have a huge opportunity...

*“If you want to go fast, go  
alone.*

*If you want to go far, go  
together.”*

African Proverb



# DSME in Idaho: How Well Are We Doing?

- ▶ DISCUSSION

- ▶ Rules: For every negative provide a solution.

1. What are the challenges facing DSME programs?

2. What is the perception of providers about the value of DSME?

3. What is the perception of patients about the value of DSME?