## DPAC Full Membership Meeting Diabetes Prevention Control Program (DPCP) Update

- 1) Diabetes Self Management Education (DSME) update:
  - a. Continue at 90 programs state-wide.
  - b. Enrolled 32,342 people in FY 10-11 (increase of over 6% from FY 09-10).
  - c. Almost 24,000 completed last year (74%).
- 2) The National Diabetes Prevention Program (NDPP) was released by CDC in January. The CDC is accepting applications from agencies to become "recognized diabetes prevention programs." The DPCP is sponsoring a lifestyle coach training this month for agencies seeking recognition status. NDPP information is available at <a href="https://www.michigan.gov/diabetes">www.michigan.gov/diabetes</a> (presentation from March 19 call and FAQs) and also at <a href="http://www.cdc.gov/diabetes/prevention/index.htm">http://www.cdc.gov/diabetes/prevention/index.htm</a>
- 3) Michigan is one of five states to participate in a small demonstration project called the **Diabetes Leadership Initiative**, funded through the National Association of Chronic Disease Directors (NACDD). Its purpose is to improve the health of people with diabetes by building awareness among both providers and patients of the need to detect, delay and manage early kidney disease.
  - a. In Michigan, efforts are underway to work with 2 facilities (Henry Ford Health System DSME Program and Family Health Center FQHC in Jackson) to initiate a health system change so that we identify and manage patients with stage 3 and 4 CKD earlier. Management includes referral to nephrologist and to medical nutrition therapy.
  - b. This project will continue through September 30, 2013, with lesson learned summarized and distributed to NACDD by December 2013.

## 4) Administrative Issues

- a. For state funding, the budget process currently underway. There are no new updates to report, however the DPCP is hopeful it will receive level funding as proposed in the Governor's proposed budget.
- b. CDC is providing guidance to the DPCP on newly developed CDC core interventions including what aspects to focus on and what aspects of the program we need to transition away from.
- c. The DPCP continue to participate and work within its Division to coordinate and integrate chronic disease program activities as it makes sense to do so, with the understanding that is the direction that CDC is leading each state health department.
- d. Since the last meeting, legislation has been introduced in the House on the creation and mandate of an interdepartmental diabetes report and action plan (HB 5204). The bill passed the House Health Policy Committee but no further action has been taken at this time. The DPCP is opposed to this legislation due to limited program capacity while DPAC is neutral. Regardless of the position, all diabetes advocates agree on the importance of doing more for diabetes and its complications. For more information please see www.legislature.mi.gov.