

Michigan Department of Health and Human Services: Diabetes Prevention and Control Program (DPCP)

Richard Wimberley, Section Manager, Diabetes and Other Chronic Diseases

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Administrative: On February 6, 2015, Governor Rick Snyder signed an executive order creating the Michigan Department of Health and Human Services (MDHHS) – officially merging the Michigan Departments of Community Health (MDCH) and Human Services (MDHS). The merger reflected the Governor’s vision for focusing government on people rather than programs. Nick Lyon, the former Director of the Department of Community Health was named Director of the new department.

Governor Snyder calls the new perspective on state government “The River of Opportunity.” The vision for the MDHHS is to promote better health outcomes, reduce health risks, and support stable and safe families while encouraging self-sufficiency. The creation of the new department is a natural next step in efforts to coordinate systems, be better aligned internally, and build upon many of the successful partnerships both departments already have together.

1. DSMT CERTIFICATION PROGRAM: There are currently 93 MDHHS certified DSME programs in Michigan. Spectrum in Grand Rapids chose to relinquish their MDCH certification in October, 2014 as an administrative decision (did not close the program for Medicare billing purposes). In the past year new programs were certified at Paul Oliver Hospital in Frankfort, Spectrum Kelsey in Lakeview and South Haven Hospital in South Haven. Due to changing roles and responsibilities in DPCP staffing and for the DSMT Certification Program Coordinator, an Assistant DSMT Coordinator was hired in November, 2014. The person subsequently left the position in June, 2015 and the position is currently being revamped for reposting this fall through the Michigan Public Health institute.

2. DIABETES PREVENTION AND CONTROL PROGRAM (DPCP)

1305 CDC grant

The DPCP has entered Year 3 of a 5 year grant: State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and promote School Health (so-called “1305”). MDHHS internal partners are Physical Activity, Nutrition and Obesity, Cardiovascular and School Health. Work over the five year funding cycle (until 2018) addresses CDC’s four domains: health systems change, community and clinical linkages, epidemiology and surveillance, and policy and environmental change. The majority of the DPCP’s work focuses on health systems change, community and clinical linkages and surveillance (through the Behavioral Health Risk Survey or BRFS). Key activities remain the promotion of ADA recognized/AADE accredited/state certified/Stanford licensed programs and the establishment of health system partnerships to improve diabetes management (specifically through the promotion of team based care and health information technology activities). Additionally, CDC is very much interested in the promotion and inclusion of community health workers (CHWs) on health teams as the evidence supports their value added and positive impact on outcomes. One DPCP pilot was accomplished using CHWs in a DSME to promote evidence-based programs in the Upper Peninsula and another pilot will be undertaken in Year 3 to use CHWs to promote the use of telemedicine for DSME. Submission of a state evaluation plan including tracking of performance

measures are required activities with this grant, with enhanced accountability for reporting of results from all funded states to Congress.

1422 CDC Grant

PPHF 2014: Diabetes Prevention-State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke (so-called “1422”). The grant supports implementation of environmental strategies, health system interventions, and community-clinical linkage strategies, all of which support obesity, heart disease, stroke, and diabetes prevention efforts in a minimum of four communities with a high chronic disease burden. The MDCH Cardiovascular Health, Nutrition, and Physical Activity and Diabetes Prevention and Control Program sections will provide technical assistance, facilitate partnerships, and establish, fund, and work with Chronic Disease Coordinating Networks (CDCNs) in four selected communities. MDCH provides oversight to the CDCNs as they engage key partners in implementing evidence-based programs and strategies to target populations with the highest disease burden, disparities, and concentration of low income residents. There are 15 strategies that must be addressed. MDCH will also speak to similar environmental, health systems and community-clinical linkages strategies on a statewide level. The four agencies communities awarded contracts through a RFP process are: Promedica Bixby (Lenawee), National Kidney Foundation of Michigan (zip codes in Wayne and Oakland County), YMCA of Grand Rapids (Cherry Health), Greater Detroit Area Health Council (Roseville, Eastpointe and Warren).

3. Diabetes PATH: The DPCP continues to partner with the Michigan Arthritis program to promote Diabetes PATH in Michigan communities. The DPCP promotes and supports Diabetes PATH leader trainings by its various partners. Diabetes PATH (or DSMP) is encouraged through the 1305 grant under the umbrella of DSME. The DPCP also has partnered with MPRO on its *Everyone with Diabetes Counts* (EDC) initiative to enroll over 4000 Michigan Medicare beneficiaries into Diabetes PATH workshops by July, 2019. DPCP staff have also been working with the Area Agency on Aging Association on its efforts to enroll 2000 people over age 60 into Diabetes PATH in the next two years with funds provided through the Health Endowment Fund.

4. Diabetes Prevention: The Diabetes Prevention staff is primarily focused on prevention activities within the 1305 and 1422 grants. Activities included a Fall Diabetes Prevention Network meeting on October 28th at the Michigan Public Health Institute in Okemos. More information about this meeting can be found at www.midiabetesprevention.org. Through the 1305 grant, staff has been assisting the diabetes prevention program pending and recognized agencies to build capacity. According to the CDC, there are currently 34 recognized diabetes lifestyle change programs in Michigan, four of which have full CDC recognition. MDHHS was also able to partner with the American Medical Association in May to host *Prevent Diabetes STAT: Michigan*, a stakeholder engagement meeting. Finally, progress is being made at the state and local level around activities related to the 1422 CDC grant focused on implementing strategies to address prediabetes or those at high risk for developing type 2 diabetes. New Diabetes Prevention programs have been established and DPPs in the targeted communities are working with their local health care providers to establish systems to identify patients with prediabetes and refer to DPP and other community resources. MDHHS led a multi-media campaign around diabetes prevention and management, as well as local communities are engaging with their media outlets to promote the DPP and enroll participants.

5. Diabetes Partners in Action Coalition (DPAC): New members are always welcome to DPAC. Please visit www.dpacmi.org for more information about DPAC, including how to join. DPAC continues to have bi-annual meetings, with the next meeting Thursday, November 12th in Lansing at The Radisson Hotel from 8:30 – 4:00. This DPAC meeting will also include an event at the Capitol to recognize World Diabetes Day. Please contact Anne Esdale, DPAC Coordinator, with questions at esdalea@michigan.gov or 517-335-6936.

6. Epidemiology/Surveillance: Staff members from the Surveillance and Program Evaluation Section (of the Lifecourse Epidemiology and Genomics Division) and the DPCP are collaborating to develop an infrastructure to describe diabetes among people served by Michigan Medicaid programs. Analyses will be from a population health perspective and will involve Medicaid claims with an ICD-9 diagnosis of diabetes and Medicaid claims for diabetes-related medications. The primary goal is to identify a cohort of people with diabetes each year and measure their diabetes-related care for that year, which will provide more information on the burden of diabetes among low-income and diabetes populations in Michigan. In addition, staff from both the SPES and the DPCP collaborated to release several diabetes data related products. An updated Gestational Diabetes Fact Sheet was released in 2014.

7. Personnel: Current staff assignments; Bill Baugh—website manager, Michelle Byrd—Epidemiologist/Diabetes and Obesity, Dawn Crane—DSME Certification Program Coordinator/ Nurse Consultant and unit lead, Jennifer Edsall—Public Health Consultant/Diabetes Prevention, Anne Esdale—Public Health Consultant/ CDC grant coordination/DPAC, Megan Goff—Unit Secretary/Diabetes, Tamah Gustafson—Public Health Consultant/Prevention and Richard Wimberley—Section Manager Diabetes and Other Chronic Diseases/Diabetes Unit Manager

If questions, please contact Richard Wimberley, Manager of the Diabetes and Other Chronic Diseases Section at wimberleyr@michigan.gov.