

Richard Wimberley, Section Manager, Diabetes and Other Chronic Diseases

**Administrative:** On February 6, 2015, Governor Rick Snyder signed an executive 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 reflects the Governor’s vision for focusing government on people rather than programs. He calls this new perspective “The River of Opportunity” ([http://michigan.gov/snyder/0,4668,7-277-57577\\_57657-347072--,00.html](http://michigan.gov/snyder/0,4668,7-277-57577_57657-347072--,00.html)). Nick Lyon, the former Director of the Department of Community Health has been named Director of the new department (<http://w3.michigan.gov/mdhhs/0,5885,7-339-71692-174062--,00.html>). 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 90 MDHSS certified DSME programs in Michigan. Two new hospitals are being site-visited in the coming weeks for possible certification, including one that is expressly interested in providing telemedicine services. Policies for the use of telemedicine and review criteria for how it will be evaluated for certification purposes were developed. The new policy was reviewed by Medicaid Policy staff and has been finalized. The policy and review criteria will be formally communicated to the DSME program coordinators at the Annual Conference in September. Planning for the Annual Conference has begun and the focus this year will be on evidence-based programs and how they mesh with Standards 6 and 7. Annual program random sites visits are being conducted. The annual new coordinator orientation meeting is slated for June 26.

**2. DIABETES PREVENTION AND CONTROL PROGRAM (DPCP) - CDC Grant:** In March, MDCH submitted year 3 of the continuation application for the 5 year grant *State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and promote School Health* (called “1305”). To review, our MDCH partners on this grant are Physical Activity, Nutrition and Obesity, Cardiovascular and School Health. Work over the five year funding cycle (until 2018) will address the CDC’s four domains: health systems change, community and clinical linkages, epidemiology and surveillance, and policy and environmental change. The majority of the Diabetes work plan centers on health systems change, community and clinical linkages and surveillance (through the Behavioral Health Risk Survey or BRFS). Key activities include the promotion of ADA recognized, AADE accredited, state certified, and 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). Activities related to promotion and scaling of the Diabetes Prevention Program (DPP) are also a key focus of this grant. 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. Grant supplemental funds were received to expand strategies to prevent and control diabetes, heart disease and stroke; specifically to: 1) support community-clinical linkage strategies to increase use of DSME programs in community settings and 2) increase use of lifestyle intervention programs (DPP) in a community setting for primary prevention of type 2 diabetes. Supplemental funds end June 29<sup>th</sup>.

**1422 CDC Grant (Purpose Statement):**

PPHF 2014: *State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke* (called 1422). The grant will support 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 four communities with a high chronic disease burden. **Funding is being awarded to the Grand Rapids YMCA Association, the Great Detroit Area Health Council, ProMedica/Bixby Hospital and the National Kidney Foundation of Michigan.** The

MDHHS Cardiovascular Health, Nutrition, and Physical Activity Program and Diabetes Prevention and Control Program provide technical assistance, facilitate partnerships, and establish, fund, and work with Chronic Disease Coordinating Networks (CDCNs) in each selected community. MDHHS 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. MDHHS also addresses environmental, health systems and community-clinical linkages strategies on a statewide level with this grant.

**3. Diabetes PATH:** The DPCP continues to partner with the Michigan Arthritis Program to promote Diabetes PATH (DSMP) in Michigan communities. The DPCP promotes and supports Diabetes PATH leader trainings conducted by its various partners. Diabetes PATH is included under the umbrella of DSME in the 1305 grant. The DPCP and Arthritis Program are also working with MPRO, Michigan's Quality Improvement Organization-Quality Improvement Network (QIO-QIN), to promote Diabetes PATH through an initiative called *Everybody with Diabetes Counts*. MPRO is targeting providers in seven counties, but working statewide, to enroll over 4,000 people over the age of 60 into Diabetes PATH workshops over the next two years. Concurrently, the Area Agencies on Aging Association, working through funding from the Michigan Health Endowment Foundation, and with the DPCP, Arthritis Program and MPRO, will be promoting Diabetes PATH enrollment for people over age 60 over the next two years. The partnerships and collaborative work being accomplished for Diabetes PATH and *Everybody with Diabetes Counts* will be featured at the DSMT Coordinators' Conference in September (see #1 above).

**4. Diabetes Prevention:** There are currently 30 YMCA and CDC pending recognized programs delivering the Diabetes Prevention Program (DPP) in Michigan. For a complete list please visit <http://www.cdc.gov/diabetes/prevention/recognition/states/Michigan.htm> and for a list of Michigan geographical scope and contact information (please note not all programs are represented) please visit <https://www.midiabetesprevention.org/dpp-programs-in-michigan.html>. According to the CDC, as of January 2015, over 1,049 Michigan participants have been enrolled in the program. The Michigan Diabetes Prevention Network had their Spring Meeting on March 18<sup>th</sup>. Presentations included learning about the work of the YMCA of the USA around the DPP, learning from Andi Crawford how *EnhanceFitness* can support DPP physical activity efforts, and how the Greater Grand Rapids Y (1422 grantee and Network Member) is implementing and expanding its DPP work. The Michigan DPCP continues to work with the National Association of Chronic Disease Educators (NACDD) and the American Medical Association and will be hosting a prediabetes strategic action plan meeting on May 8<sup>th</sup>. The purpose is to convene key stakeholders to develop strategies to accelerate in screening, testing, and referral for prediabetes as well as DPP employer and health plan coverage. The Michigan DPCP will then work with the AMA to develop a statewide action plan on these two areas. Lastly, the Michigan DPCP is continuing to offer contract management and technical assistance to the 1422 grantees around the promotion/implementation of DPP as well as the screening/testing/referral with health care systems.

**5. Epidemiology/Surveillance:** Staff members from the Surveillance and Program Evaluation Section (of the Chronic Disease Epidemiology Section) 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 Chronic Disease EPI Section and the DPCP collaborated to release several diabetes data related products, including the latest issue of the Michigan BRFSS Surveillance Briefs entitled [The Impact of Kidney Disease on the Michigan Adult Population](#). This issue can be found on the MiBRFSS website ([www.michigan.gov/brfs](http://www.michigan.gov/brfs)). All questions related to the content of this surveillance brief should be sent to [MiBRFSS@michigan.gov](mailto:MiBRFSS@michigan.gov) or to DPAC Coordinator, Anne Esdale.

**6. 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, Tamah Gustafson - Public Health Consultant/Diabetes Prevention, Anne Esdale—Public Health Consultant/ CDC grant coordination/DPAC, Megan Goff—Unit Secretary/Diabetes, Frances Pachota—Assistant DSME Certification Program Coordinator, Annemarie Hodges – CDCN Coordinator 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](mailto:wimberleyr@michigan.gov).**