STATE OF IOWA DEPARTMENT OF
Health AND Human
SERVICES

Diabetes Prevention and Management Programming

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A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes

CDC-RFA-DP23-2320

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STRATEGY 1

Strengthen self-care practices by improving access, appropriateness, and feasibility of diabetes self-management education and support (DSMES) services for priority populations.

STRATEGY 3

Prevent diabetes complications for priority populations through early detection.

STRATEGY 5

Increase enrollment and retention of priority populations (Black, Hispanic, low socioeconomic status, and disability) in the National Diabetes Prevention Program (National DPP) lifestyle intervention and the MDPP by improving access, appropriateness, and feasibility of the programs.

STRATEGY 6

Expand availability of the National DPP lifestyle intervention as a covered health benefit for Medicaid beneficiaries and/or employees and covered dependents at high risk for type 2 diabetes.

STRATEGY 10

Support the development of multi-directional e-referral systems that support electronic exchange of information between health care and CBOs, including a) CDC-recognized organizations offering the National DPP lifestyle intervention and/or b) ADA-recognized/ ADCES-accredited DSMES services and/or diabetes support programs or services in the community; and c) community programs/services that address SDOH or meet social needs.

STRATEGY 12

Improve the sustainability of Community Health Workers (CHWs) by building or strengthening a supportive infrastructure to expand their involvement in evidence-based diabetes prevention and management programs and services.

STRATEGY 13

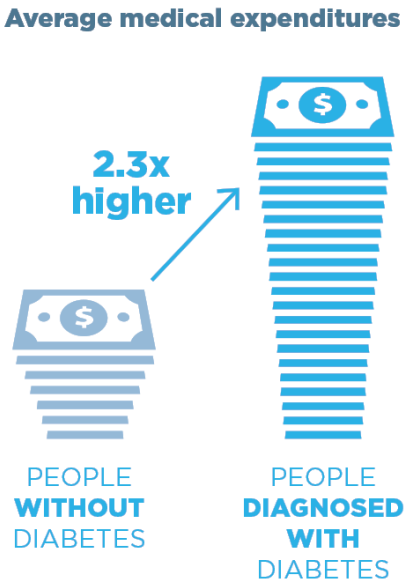
Improve the capacity of the diabetes workforce to address factors related to the SDOH that impact health outcomes for priority populations with and at risk for diabetes.

Iowa's Diabetes Landscape

Prediabetes/Diabetes in Iowa

- Approximately 838,611 adults in Iowa have prediabetes – more than 1 in 3.
- If left untreated, 15-30% of people with prediabetes will develop type 2 diabetes within 5 years.
- Approximately 242,403 adults in Iowa have diabetes roughly 9.9%

Healthcare Expenses



- Diabetes costs on average $13,700 annually.
  - 2.3 times more than someone without diabetes.
- The total costs of treating diabetes in the United States has increased to 327 billion.
- 2.6 billion in Iowa

https://care.diabetesjournals.org/content/early/2018/03/20/dci18-0007

WHY ACT NOW?

Compared to people without diabetes, those with diabetes are:

100% more likely to develop hypertension[1]

80% more likely to be hospitalized for heart attack[2]

50% more likely to be hospitalized for a stroke[2]

70% more likely to die from heart disease or stroke[2]

By referring patients to the National DPP, a lifestyle change program, you can help them lower their risk of developing type 2 diabetes as well as reduce the likelihood of:

ILLNESS 

MEDICATION 

EXPENSE 

1. Gillespie CD, Hurvitz KA; Centers for Disease Control and Prevention (CDC). Prevalence of hypertension and controlled hypertension - United States, 2007-2010. *MMWR Suppl.* 2013;62(3):144-8.

2. Centers for Disease Control and Prevention. National Diabetes Statistics Report: *Estimates of Diabetes and Its Burden in the United States*, 2014. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2014.

National Diabetes Prevention Program (NDPP)

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NATIONAL
DIABETES
PREVENTION
PROGRAM
WORKING
TOGETHER
TO PREVENT
TYPE 2 DIABETES
CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION
THE GROWING THREAT OF PREDIABETES
Prediabetes is identified when your blood sugar level is higher than normal but not high enough yet to be diagnosed as type 2 diabetes
84.1 MILLION adults have prediabetes
Without weight loss and moderate physical activity
9 OUT OF 10 people with prediabetes don't know they have it
15–30% of people with prediabetes will develop type 2 diabetes within 5 years
5 YEARS

REDUCING THE IMPACT OF DIABETES

Congress authorized CDC to establish the NATIONAL DIABETES PREVENTION PROGRAM (National DPP)—a public-private initiative to offer evidence-based, cost effective interventions in communities across the United States to prevent type 2 diabetes

It brings together:

to achieve a greater impact on reducing type 2 diabetes

Research shows structured lifestyle interventions can cut the risk of type 2 diabetes in

HALF

Groups in the National Diabetes Prevention Program are working to:

Build a workforce that can implement the lifestyle change program effectively

Ensure quality and standardized reporting

Deliver the lifestyle change program through organizations nationwide

Increase referrals to and participation in the lifestyle change program

A key part of the National DPP is a lifestyle change program that provides:

A TRAINED LIFESTYLE COACH

CDC-APPROVED CURRICULUM

GROUP SUPPORT OVER THE COURSE OF A YEAR


JOIN IN THIS NATIONAL EFFORT
Everyone can play a part in preventing type 2 diabetes
HEALTH INSURANCE
RAISE AWARENESS of prediabetes
SHARE INFORMATION about the National DPP
ENCOURAGE PARTICIPATION in a local lifestyle change program
PROMOTE the National DPP as a covered health benefit
Find out how to get involved with the National Diabetes Prevention Program
www.cdc.gov/diabetes/prevention
CDC'S DIVISION OF DIABETES TRANSLATION WORKS TOWARD A WORLD FREE OF THE DEVASTATION OF DIABETES

Structure of the National DPP

Program Goal: Assist participants to making long-term behavior changes to their diet and activity levels as well as improve their problem solving-skills.

Months 1 – 6

- Weekly sessions with a minimum of 16

Months 7 – 12

- Monthly sessions with a minimum of 6

Participant Goal: Lose 5 – 7% of body weight

During the program participants are coached in a range of healthy behavior core classes

Example Curriculum

Strategies for Healthy Eating Out
Managing Stress
Eating Less
Making Active Choices
Staying Motivated
Dietary Fats
More Volume, Fewer Calories
Preventing Relapse

DPP Clinical Trial Study Design & Findings

3,243 individuals with prediabetes were divided into three groups:

Evidence-Based Program

Lifestyle Change

Received training and coaching on diet, physical activity and behavior modification

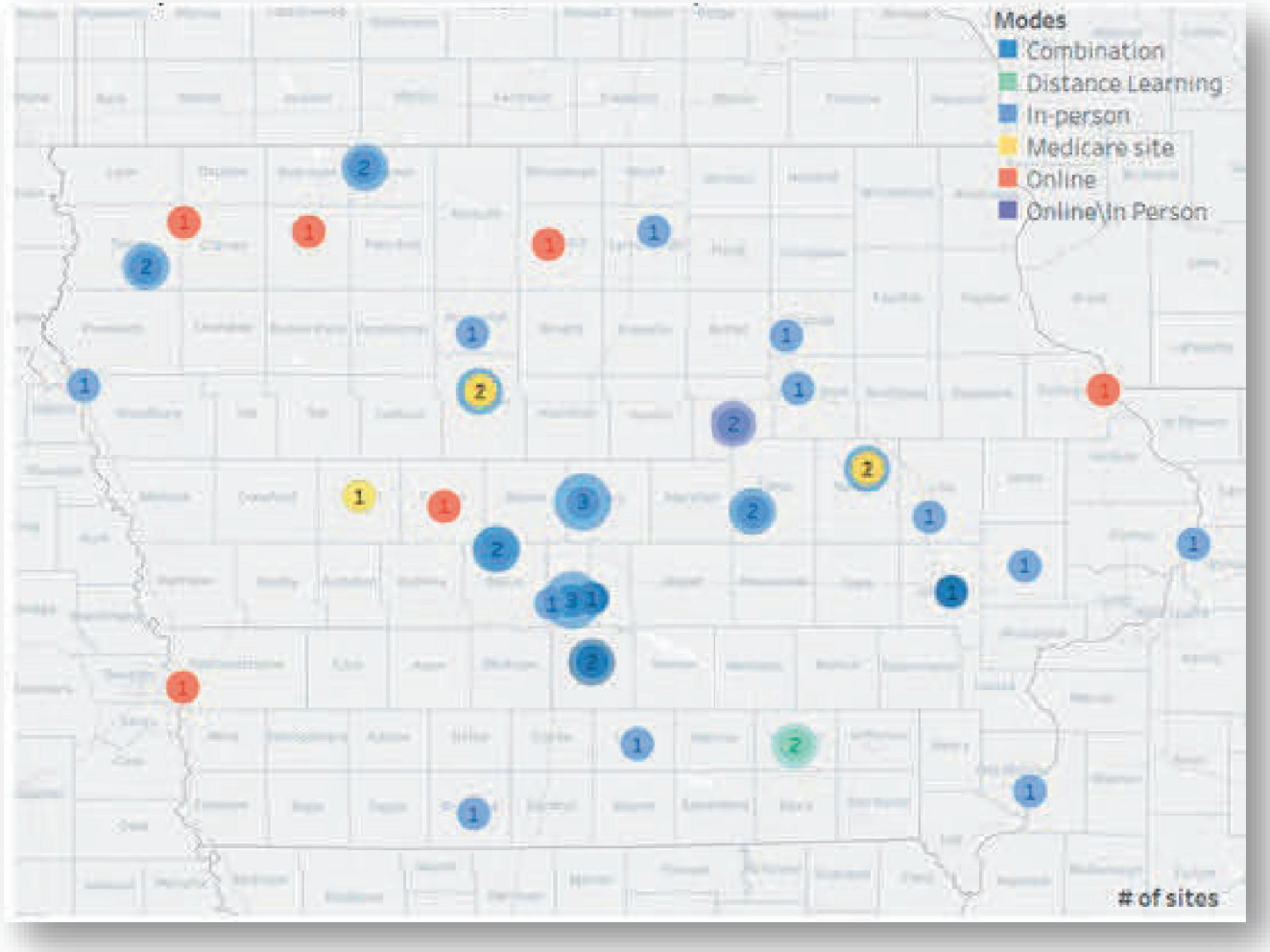
Participants in the lifestyle change group reduced their risk of developing diabetes by 58% compared to a 31% reduction for the metformin group [1]

Only 5% of the lifestyle change group developed diabetes [1]

Participants in the lifestyle change group age 60 and older reduced their risk by 71% [1]

Lasting Impact of the Lifestyle Change Intervention
10 years later, those who participated in the lifestyle change group were still 33% less likely to develop diabetes [2]

DPP and MDPP Locations



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Diabetes Self-Management Education and Support (DSMES)

Section subtitle

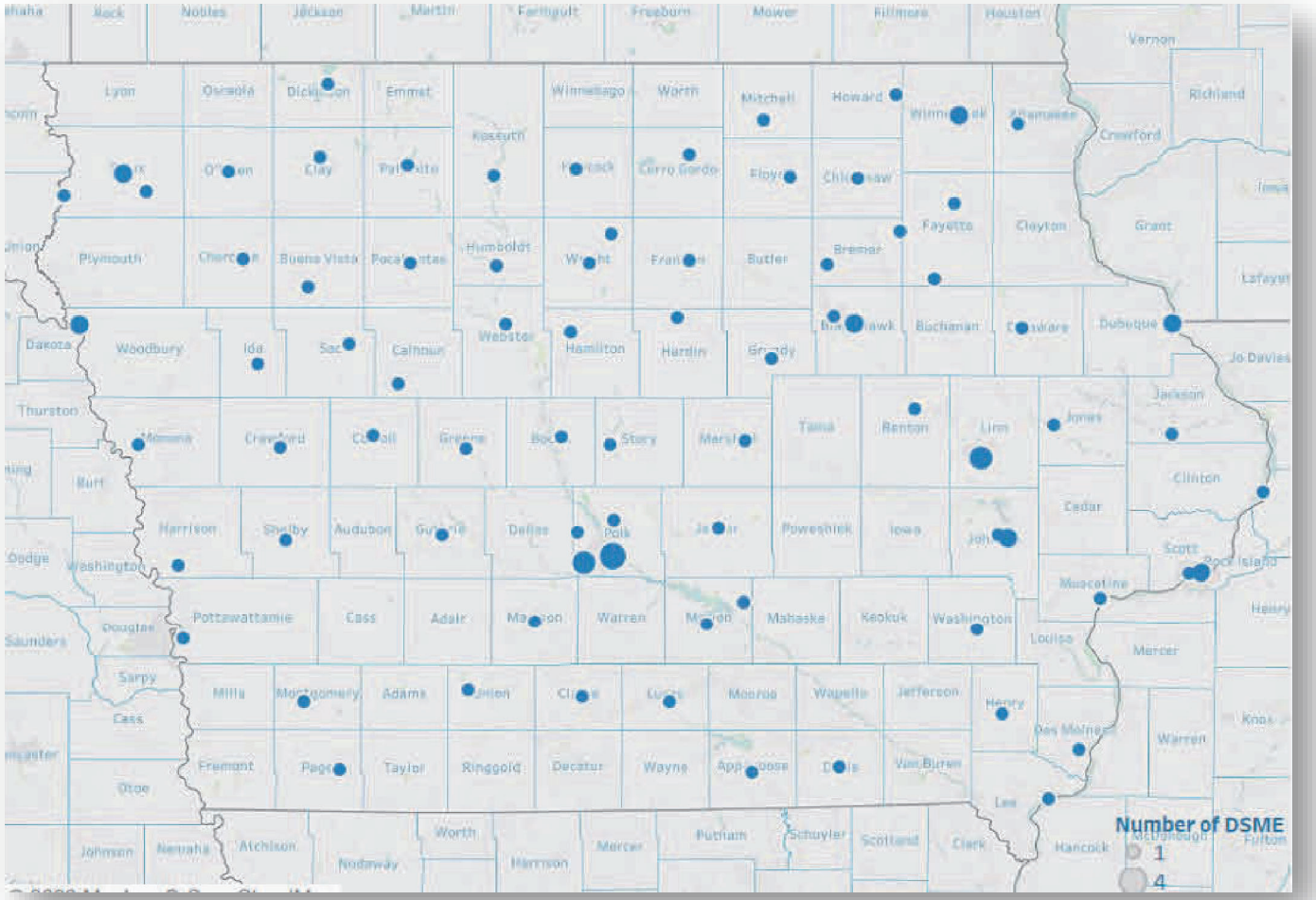
DSMES

- The ongoing process or of facilitating the knowledge and skills necessary for diabetes self-care.
- Evidence-based
- Helps avoid or delay serious health complications for the person living with diabetes
- Physician referral required

DSMES Benefits

- DSMES Services will help patients to:
  - Improve control of blood sugar, blood pressure and cholesterol
  - Make better decisions about diabetes
  - Work with the health care team to get the support needed
  - Understand self-care and learn skills to:
    - Eat Healthy
    - Be Active
    - Check blood sugar
    - Take medication
    - Solve Problems
    - Cope with emotions

DSMES Locations in Iowa



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Better Choices, Better Health

Iowa's Chronic Disease Self-Management Program

IOWA HHS

Program Information

Better Choices, Better Health is a self-management program that teaches individuals skills to actively manage their chronic condition.

- Workshop sessions provide support to build the confidence and ability for participants to manage their conditions and live an active and fulfilling life
- 6-week workshop that meets once a week for 2.5 hours (in-person or virtually)
- Highly participative class led by 2 trained peer leaders
- Sessions are interactive and focus on action planning and problem solving
- A support program to compliment other programming and/or treatment

Workshop Content

Content Includes

- Techniques to deal with problems such as fatigue, pain and difficult emotions
- Physical Activity
- Healthy Eating
- Appropriate Use of Medications
- Communication

Better Choices, Better Health in Your Community

- Iowa HHS holds an umbrella license that other organizations can work under at no cost
- Iowa HHS provides participant materials to partnering organizations (book, CD, etc.)
- Iowa HHS facilitates 1-2 Peer Leader Trainings per year, free of cost
  - Peer leaders who get trained to facilitate workshops can be volunteers from the community, volunteers for organizations or organization employees

CONNECTING ALL THE DOTS

The Iowa Community HUB

Partnership
to Align Social Care

A National Learning
& Action Network

History of Federal Investments to Support Hub Models

- The Federal Government has been testing various models to support community-clinical linkages to improve health outcomes.
- The evaluation from these models have led to current policy in support of Community Care Hub models.
- There is increased interest in the adoption of Community Care Hub models to leverage economies of scale for implementing sustainable community-

Partnership
to Align Social Care

A National Learning
& Action Network

Community Care Hub

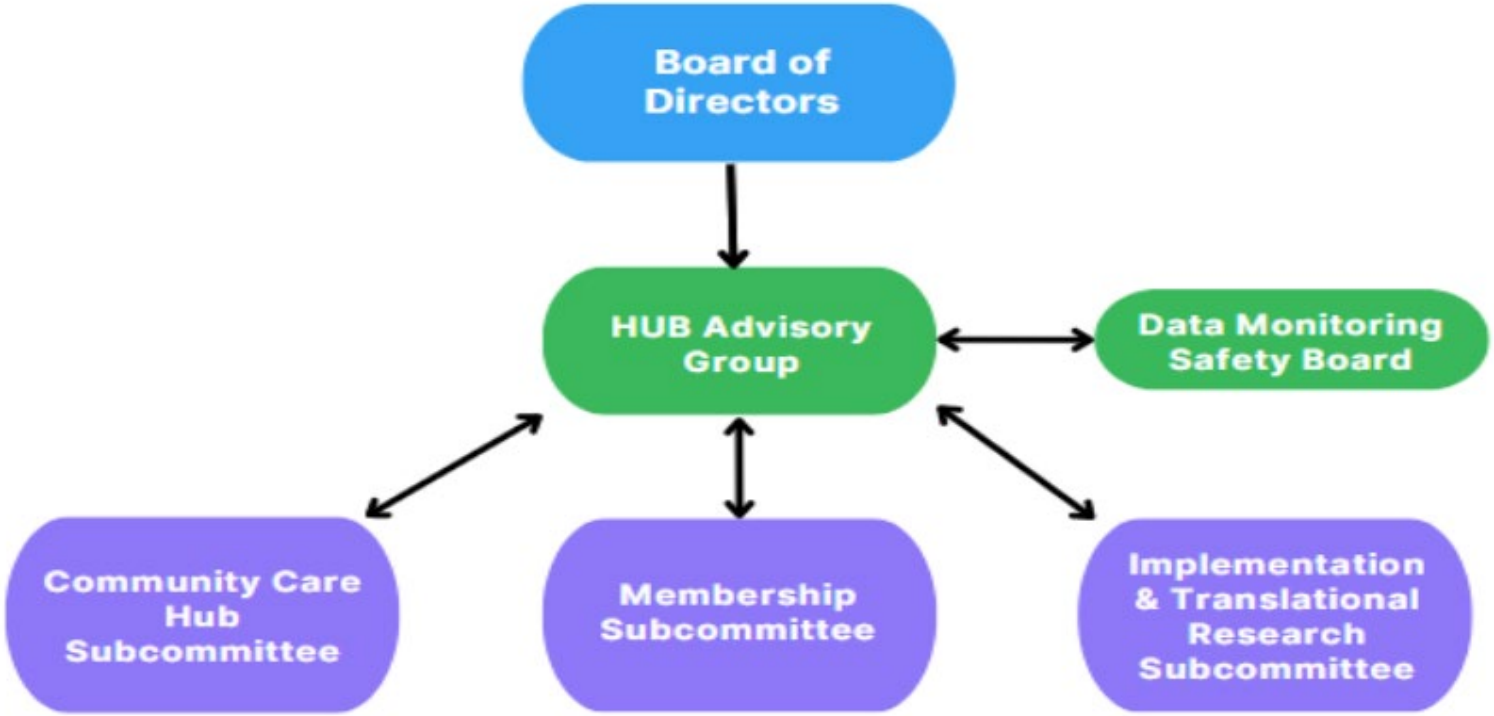
The Partnership's Community Care Hub Workgroup has developed the following definition for a **Community Care Hub**. This definition may continue to be updated:

*A **community-focused entity** that **organizes and supports a network of community-based organizations** providing services to address health-related social needs. A Community Care Hub **centralizes administrative functions** and **operational infrastructure**, including but not limited to, contracting with health care organizations, payment operations, management of referrals, service delivery fidelity and compliance, technology, information security, data collection, and reporting.*

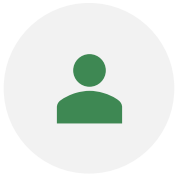
Iowa Community HUB

- Nonprofit
- National Association of Chronic Disease Directors - Funding and Partnership since 2017
- 2019-2020 – National Council on Aging Hub Network Development Collaborative
- 2022-2023 – Administration for Community Living CCH National Learning Community
- Braided funding (contracts + grants)
- Focus has been **EBPs + SDOH**

Iowa Community HUB Organizational Chart



How do we support Iowa HHS Strategies?



Referral Management and Bidirectional Feedback Loop

HUB Navigation into Community Resources + Programs

Website Program Locator

Clinician Resource Page

Support System for Program Delivery Organizations

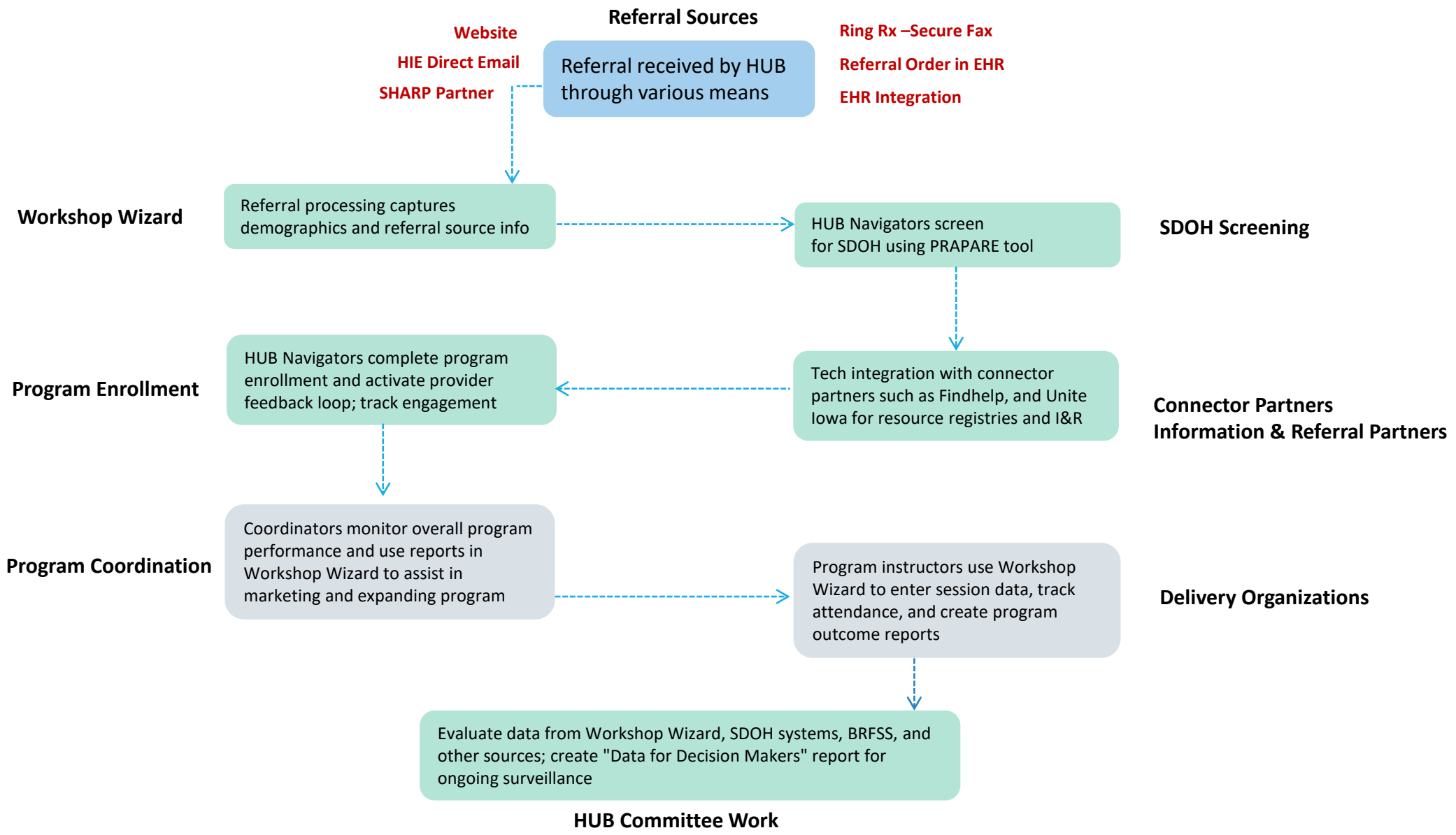
Bidirectional Referral System

A bi-directional referral system considers both the information going from the health care system to the referred community program or resource and the information returning from that program to the health care system.

An e-referral system can provide baseline reports on data collected such as number of referrals received, number of referrals made, and program outcomes.

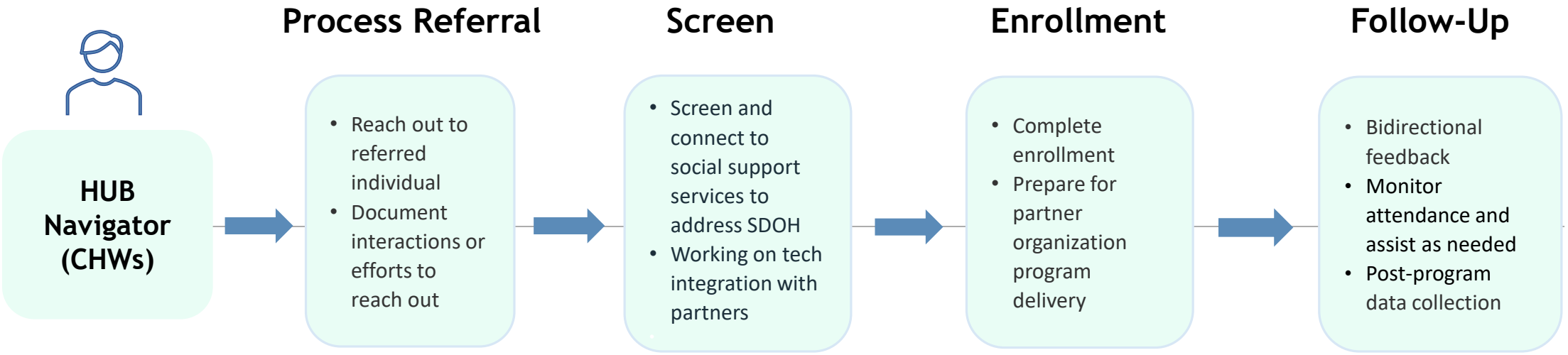
The Community HUB technology platform for referral and program management is Workshop Wizard (WW).

The HUB can receive referrals in multiple modes to accommodate referral sources' workflows and technology capabilities.

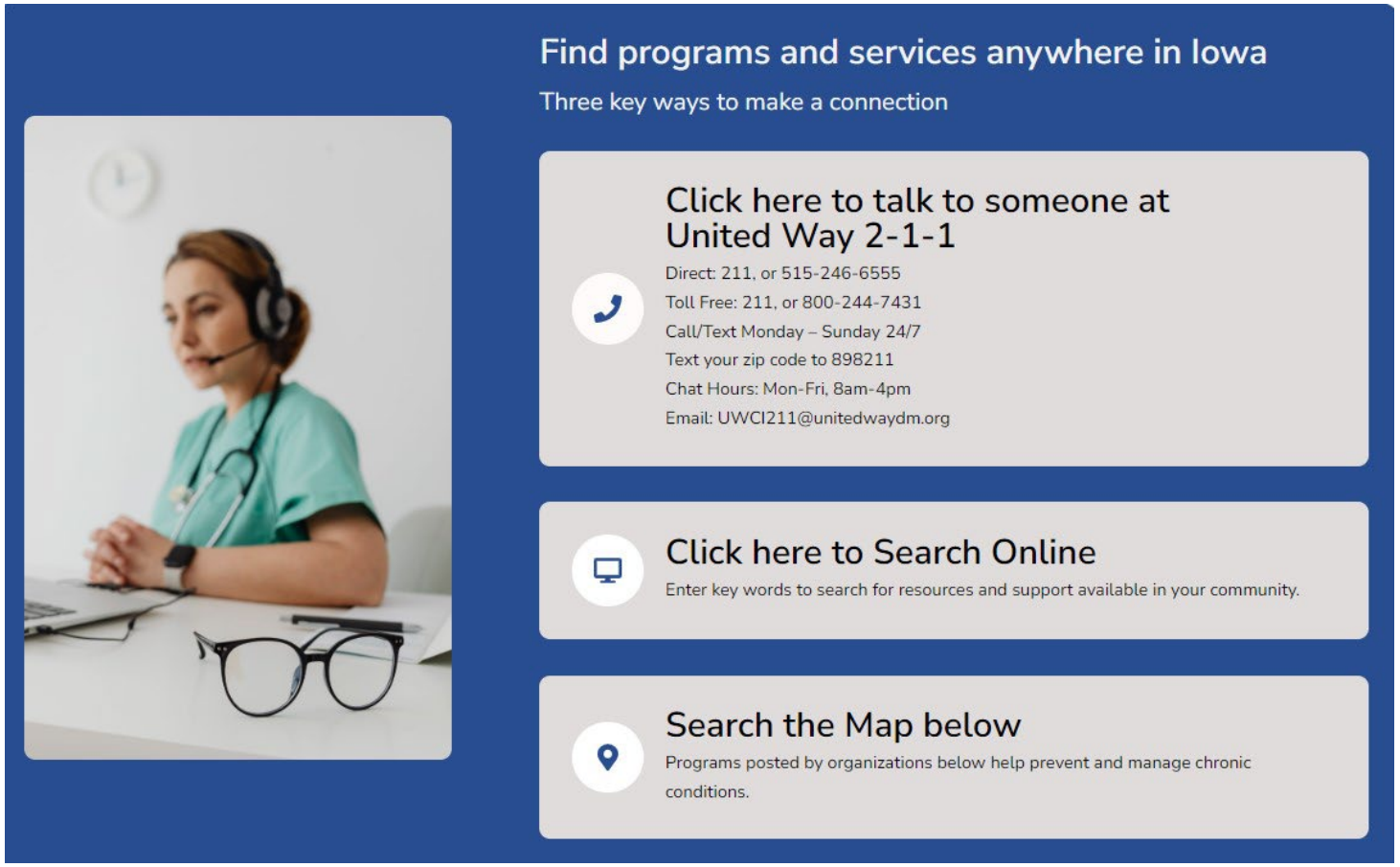

Referral Sources
Website
HIE Direct Email
SHARP Partner
Referral received by HUB through various means
Ring Rx –Secure Fax
Referral Order in EHR
EHR Integration
Workshop Wizard
Referral processing captures demographics and referral source info
HUB Navigators screen for SDOH using PRAPARE tool
SDOH Screening
Program Enrollment
HUB Navigators complete program enrollment and activate provider feedback loop; track engagement
Tech integration with connector partners such as Findhelp, and Unite Iowa for resource registries and I&R
Connector Partners
Information & Referral Partners
Program Coordination
Coordinators monitor overall program performance and use reports in Workshop Wizard to assist in marketing and expanding program
Program instructors use Workshop Wizard to enter session data, track attendance, and create program outcome reports
Delivery Organizations
Evaluate data from Workshop Wizard, SDOH systems, BRFSS, and other sources; create "Data for Decision Makers" report for ongoing surveillance
HUB Committee Work

HUB Navigation

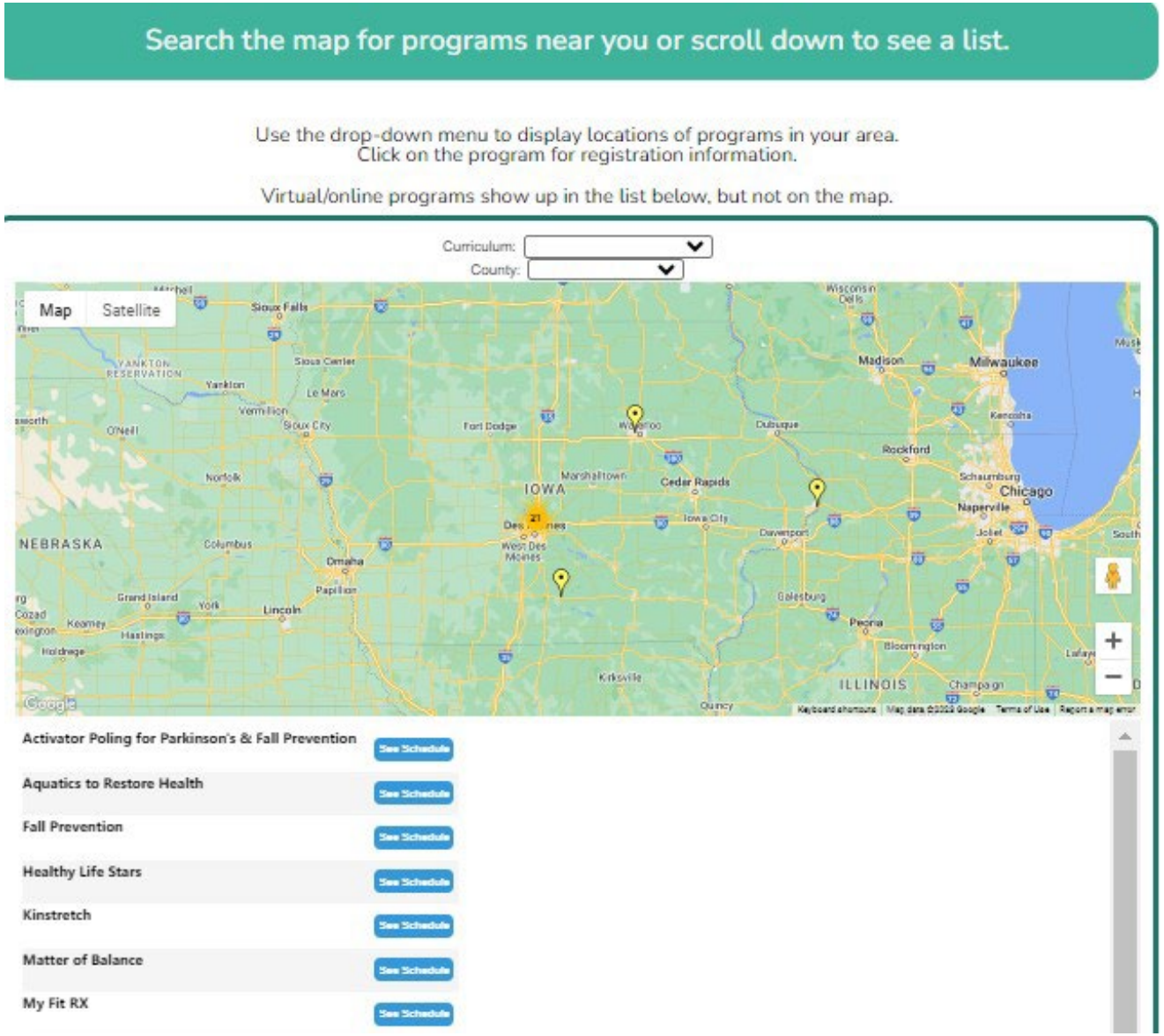
The HUB uses advanced navigation processes for the timely referral, increased enrollment, and enhanced retention in evidence-based health promotion programs and services for a **meaningful impact on those with greatest need.**




iowa community HUB
HOME
ABOUT
PROGRAM LIBRARY
MEMBERSHIP
URBAN POLING
CALENDAR
Make a Refer
Iowa Community HUB
For Individuals & Families
Find health information, programs and services
For Program Providers
Offer programs and services
For Clinicians
Refer to programs and services
Statewide resource for programs and services that improve health, prevent injury, and enhance quality of life.



Resource Finder



Program Locator

Health Education and Self Management

Better Choices, Better Health

Also known as Chronic Disease Self Management Program - helps adults of all ages and caregivers manage the symptoms of chronic diseases. Check out IDPH's website to learn more.

Learn More

Join a Program

Cancer Education Series

Above and Beyond Cancer hosts a weekly Cancer Education Series tailored to cancer patients and survivors covering cancer topics with a variety of experts. Meets in person as well as online.

Learn More

Join a Program

Diabetes Prevention Program

Evidence-based lifestyle change program to reduce the risk of type 2 diabetes. Check out IDPH's website to learn more.

Learn More

Join a Program

Diabetes Self Management Education and Support

Provides people with diabetes with information and skills to manage the disease on a day-to-day basis. Check out IDPH's website to learn more.

Learn More

Join a Program

5-2-1-0

Through collaborations with other child-serving organizations, 5-2-1-0

Learn More

Program Library

Promoting Awareness Education

Patient Flyers

Print and handout program information for your patients

Access flyers

Facilitating Screening

Increase the number of patients being screened for evidence-based program eligibility and referred to community resources.

Access Tools

Enhancing Counseling

Help adults better manage their conditions and improve health outcomes.

Access Tools

Supporting Referrals

Building community engagement into patient care.

Access Tools

MDPP and Health Care Providers

Let's work together to identify prediabetes and increase referrals to the National Diabetes Prevention Program.

Video 1

Video 2

Video 3

Clinician Resource Page

Thank you!

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www.iacommunityhub.org