Learning from Experience: Diabetes Prevention Programs at FQHCs

June 16, 2020

Welcome

Seattle Indian Health Board
For the Love of Native People

This webinar will be recorded.

Welcome

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Featured Presenters

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Washington State Department of Health

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Sea Mar Community Health Centers

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Washington State Department of Health

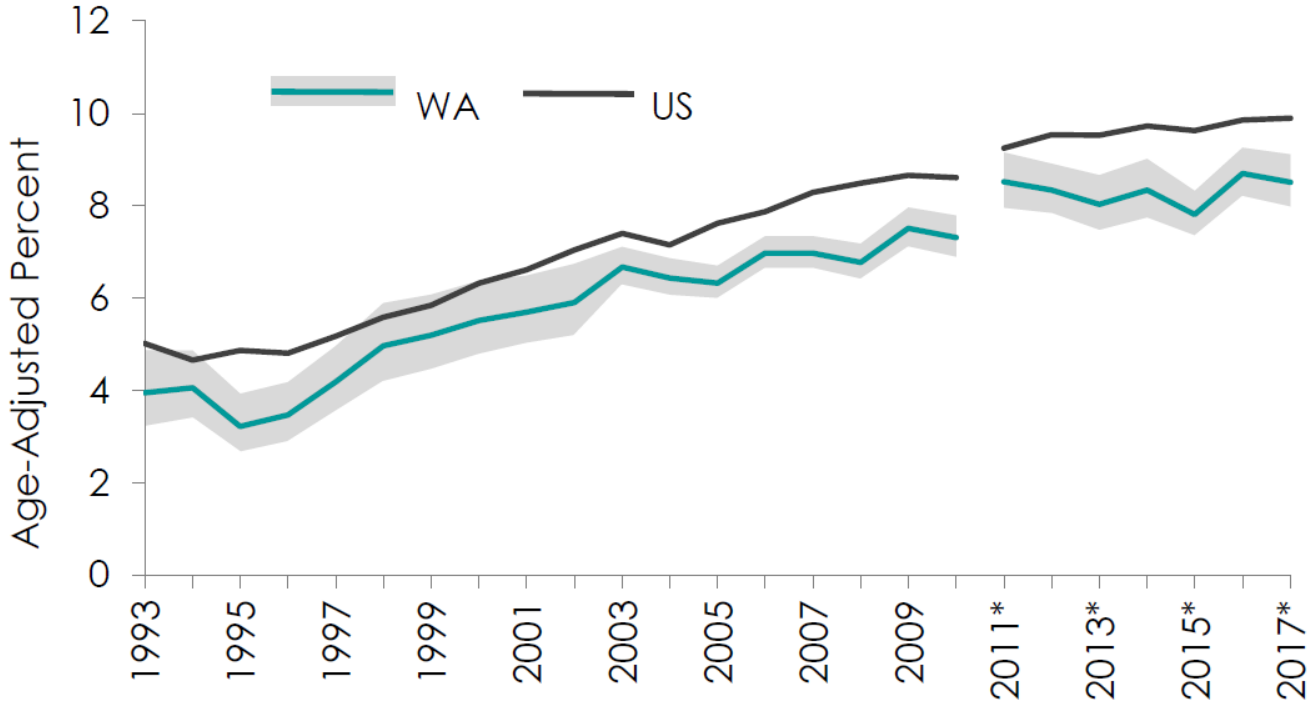
DIABETES IN WASHINGTON 2020

Learning from Experience: Diabetes Prevention Programs at FQHCs
June 16, 2020

You may know someone with diabetes.

The data tells the story

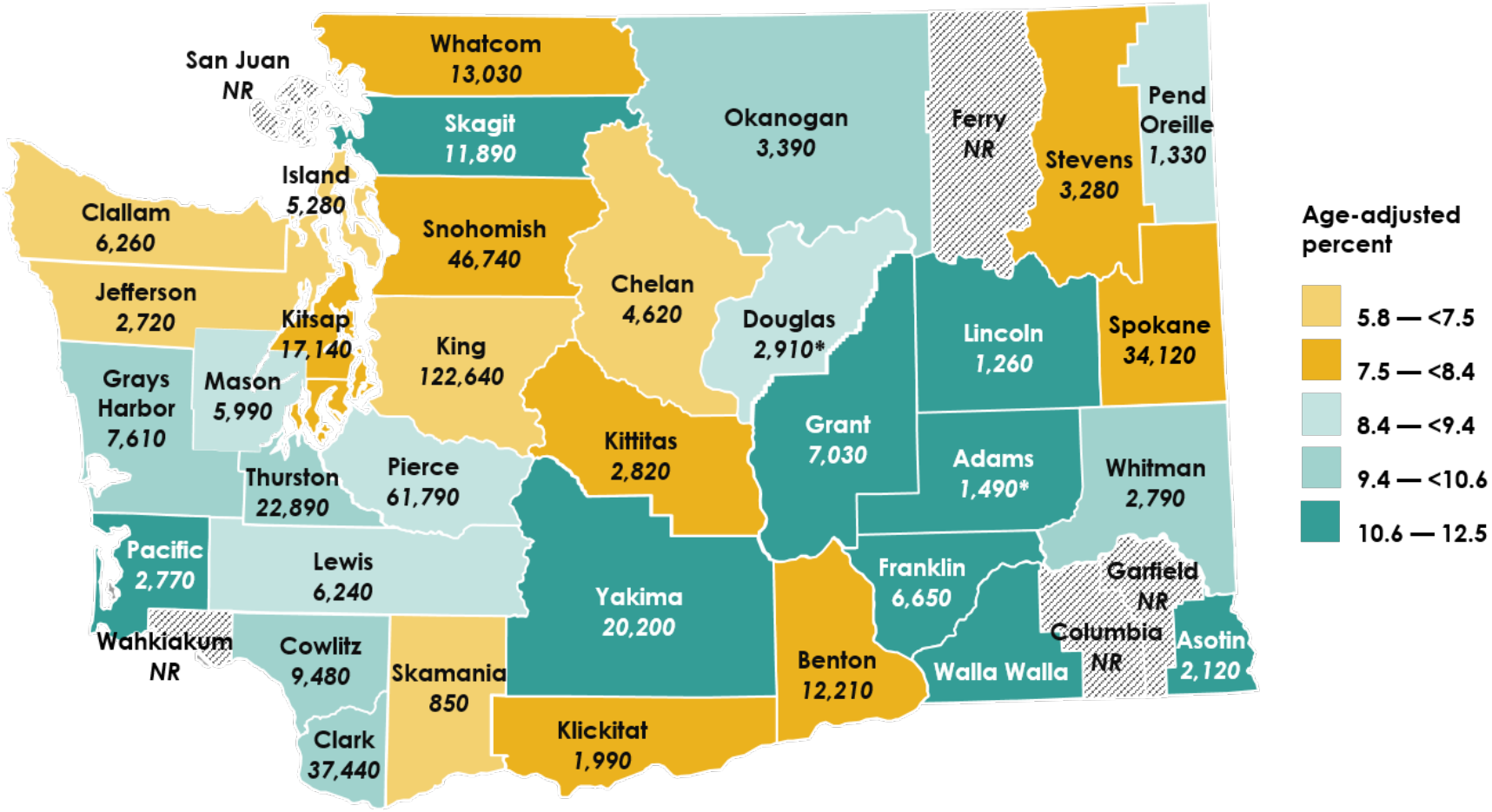
Trends in self-reported diabetes among adults, Washington & U.S.



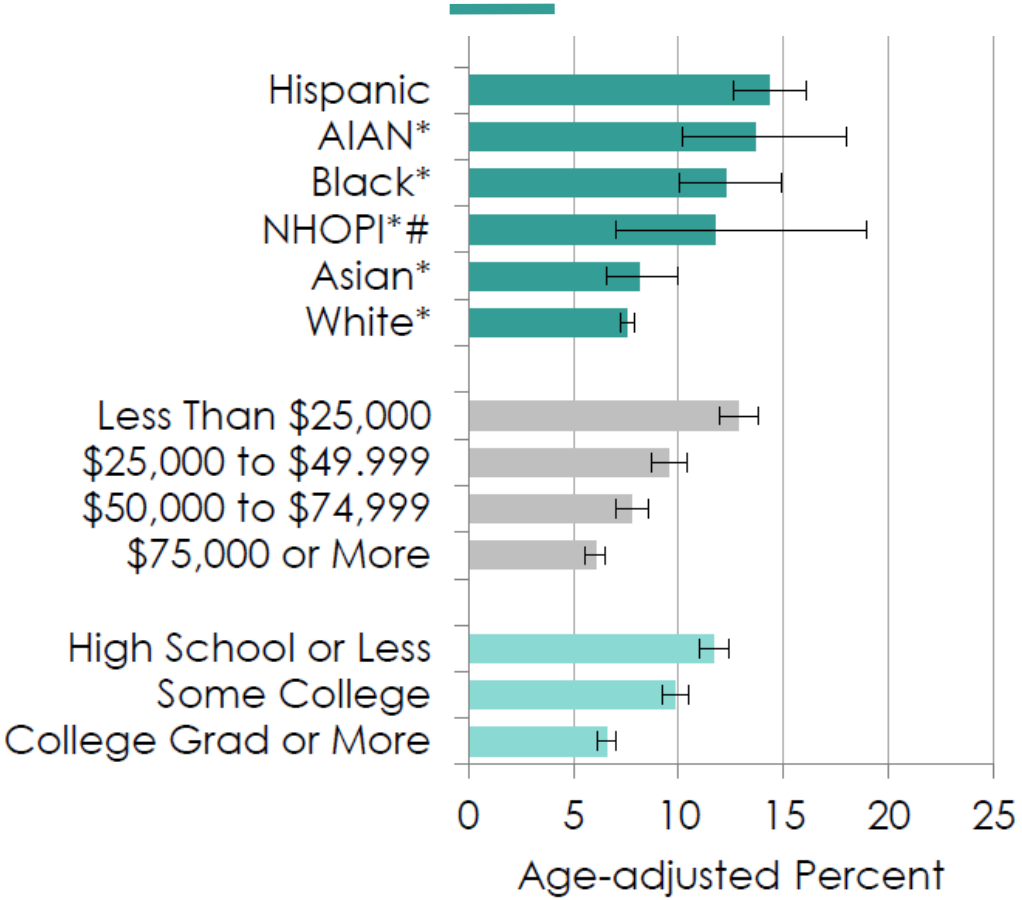
*Data not comparable to earlier years due to changes in methods of collecting and analyzing data

Source: Washington State Behavioral Risk Factor Surveillance System Survey

Geographic disparities across Washington



Sociodemographic disparities across Washington



*Non-Hispanic, AIAN: American Indian/Alaska Native, NHOPI: Native Hawaiian/Other Pacific Islander

RSE 25-29%, suggest using caution with potentially unreliable estimate

Source: Washington State Behavioral Risk Factor Surveillance System Survey

Diabetes in Washington

686,000

People in Washington have **diabetes**

*That is about **1** out of **11** people*

Prediabetes in Washington

2 million

Adults in Washington have **prediabetes**

*That is about **1** out of **3** people*

National Diabetes Prevention Program (NDPP)

- Research-based program that focused on healthy eating and physical activity
- Three groups: DPP lifestyle change program, Metformin, and placebo
- Cut their risk of developing type 2 diabetes by 58% (71% for people over 60 years old)
- Shown that the DPP Lifestyle Change Program is cost effective. Costs are justified by the benefits of diabetes prevention, improved health, and fewer health care costs.

Closer look at the NDPP

- A year-long program divided into:
  - 16 weekly group class sessions (CORE):
    - Keep a healthy lifestyle
    - Deal with stress
    - Cope with challenges
    - Get back on track if you stray from your plan
  - Post-core monthly 1-hour sessions:
    - These sessions review key ideas such as tracking your food and physical activity, setting goals, staying motivated, and overcoming barriers.
- Led by trained lifestyle coach
- Group setting

Eligible criteria for Diabetes Prevention Program

- Be at least 18 years old and
- Be overweight (body mass index ≥25; ≥23 if Asian) and
- Not be pregnant and
- Not have a previous diagnosis of diabetes and
- Have a blood test result in the prediabetes range within the past year:
  - Hemoglobin A1C: 5.7%–6.4% or
  - Fasting plasma glucose: 100–125 mg/dL or
  - Two-hour plasma glucose (after a 75 gm glucose load): 140–199 mg/dL
- Have a previous clinical diagnosis of gestational diabetes or
- Take a prediabetes risk test and receive a screening result of high risk for type 2 diabetes


Washington State Department of
Health

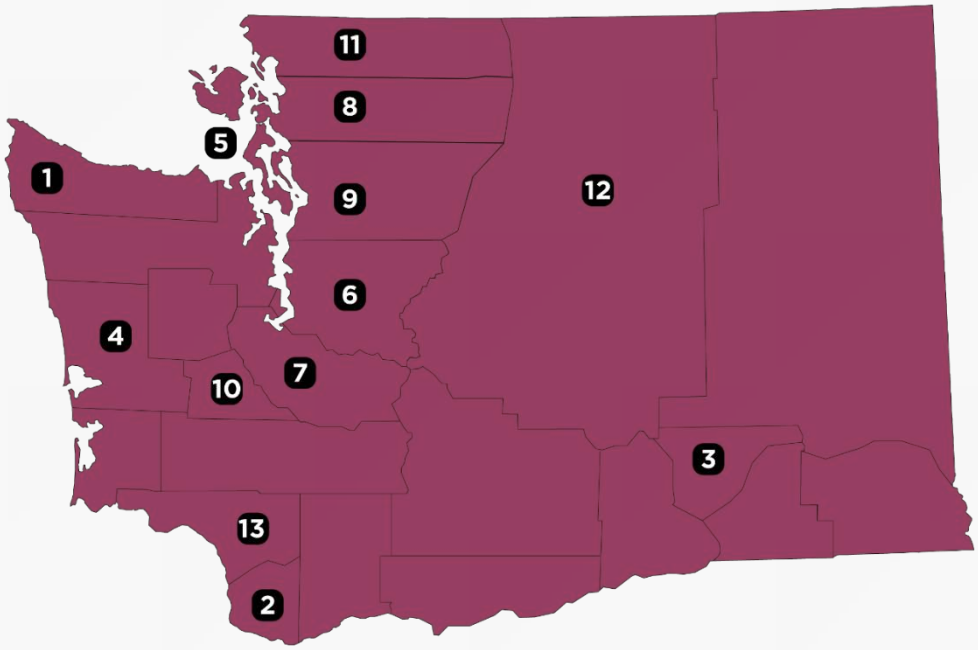
Sea Mar
Community Health Centers
Clínica de la Comunidad
Exceptional service. Every person. Every time.

Sea Mar Community Health Centers Diabetes Prevention Program

Rocio Castillo-Foell, MPH, Health Education Program Manager
Sharon Scarpett-Aburto, BA, Health Educator

Sea Mar Community Health Centers

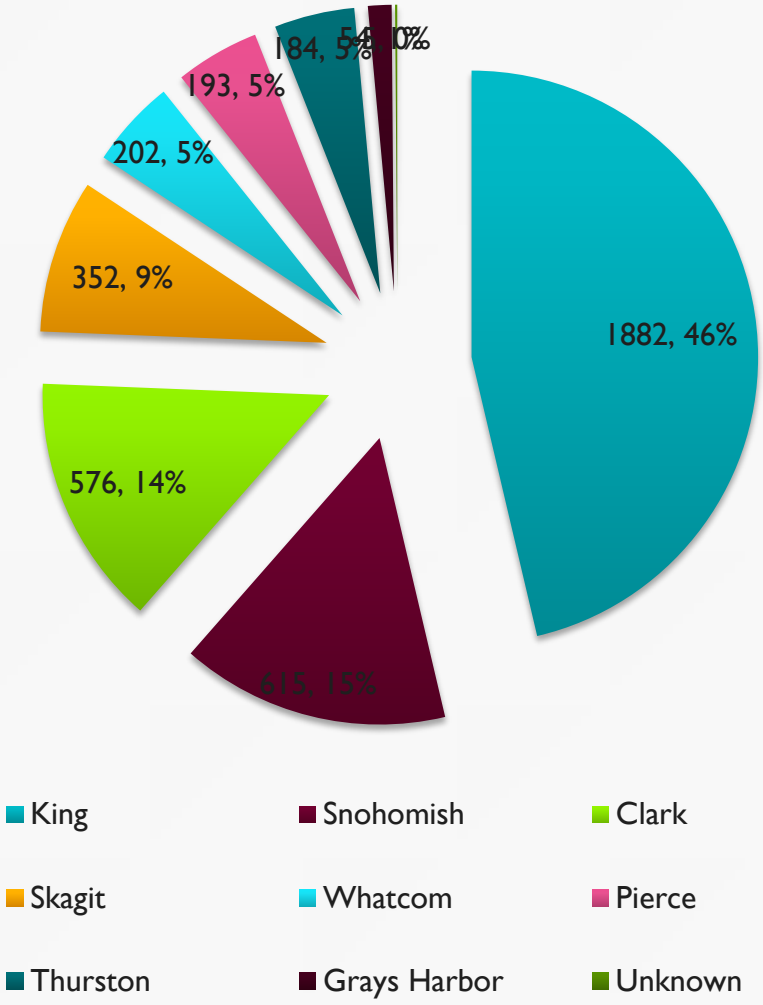
Sea Mar Community Health Centers is a community-based organization committed to providing quality, comprehensive health, human, housing, educational and cultural services to diverse communities, specializing in Latinos.



Medical Clinics	33
Dental Clinics	21
BH Clinics	28

Diabetes Prevention Program

How the Diabetes Prevention Program started?



Our goal is to reduce the incidence of type 2 diabetes in the population that Sea Mar serves by offering support and education through the Diabetes Prevention Program (DPP)

- 2016—First DPP in partnership with the YMCA in Puyallup

Source: Sea Mar CHC,2018-2019

Sea Mar Community Health Centers

- 2017—Sea Mar applied for their first (DPRP Code)
- 2018—DPP initiative with support of the Association of Diabetes Care & Education Specialists (ADCES)
  - 1705 cooperative agreement

- 2019—DPP cohorts
  - White Center
  - Puyallup
  - Everett
  - Monroe
  - Bellingham

Sharon Scarpett, Helen Angell and Daniella Ochoa—Lifestyle Coaches.

Technical aspects to consider

- Identify your population for the program
- Talk to the organization leadership for support (e.g., financial, technical, etc.)
- Obtain training for selected staff to become a lifestyle coach
- Diabetes Prevention Recognition Program (DPRP) Application Form https://nccd.cdc.gov/DDT_DPRP/ApplicationForm.aspx
- Start the program https://www.cdc.gov/diabetes/prevention/index.html

Diabetes Prevention Program

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Search

Advanced Search

National Diabetes Prevention Program

Español (Spanish)

Recruitment

- Going through the appointments a day before and finding patients who qualified or were more likely to qualify based on information found in chart
- Talking to patients at point of care after or before their appointments
- Letting providers, medical assistants, care coordinators, nutritionists know about the program
- Partnering with behavioral health

Promotion

- Lunch and learn
- Word of mouth, patients invite spouses, family members or friends to also join the program
- Put out flyers in the clinic and also community like libraries
- Let patients know program is evidence based and explain what that means

Retention

- Bringing in a speaker or nutritionist to inspire or address questions patients may have
- Class at the park (make sure to have them sign waiver forms)
- Sharing recipes
- Potluck

Retention

- Childcare/activities for children to do while participants are in class
- Incentives: yoga mats, weights, water bottles, spiralizers, food containers, reusable grocery bags

  -In the past Safeway cards were given out to participants for food and/or gas, unfortunately the funds were stolen by hackers
- Water, snacks, or small meals during classes

Tips for sustainability from the Lifestyle Coach's perspective

- Having support is vital
- Having the materials needed to provide the program
- Having trained coaches as backup
- Partnerships within the organization and external partners that can refer patients
- Continuing education and training

Sustainability for DPP at Sea Mar

- Funding
  - To become an MDPP supplier
  - Work with insurance, employers
  - Have self-payment options

- Credibility
  - From providers
  - From the community
  - Recognition from the CDC

Do it for them!

"My health is what motivated me [to join]. This is very important to me; I needed to have control of my body. Because I felt I'd lost it. I felt like I was getting sick of many things. When the doctor told me I had to use a machine to sleep at night, I saw myself in the mirror and said: "this is not me." [The program] has motivated me to lose weight and improve my sugar readings. Yesterday I saw the doctor and everything normalized. I don't need to take my meds anymore. I've felt quite energetic. I had a blood pressure of 230/130, they always wanted to get me hospitalized, and now my blood pressure is 122/75." Maria D.

Sea Mar
Community Health Centers
Clínica de la Comunidad

Thank you,

Yakima Neighborhood Health Services

"Setting the Pace" / "Marcando el Paso"

Diabetes Prevention Program

Y · A · K · I · M · A
Neighborhood HEALTH

- Federally Qualified Healthcare Center located in Central Washington
- 45 Years of Service
  - Medical
  - Dental
  - Vision
  - Pharmacy
  - Behavioral Health
  - WIC
  - Housing Services
  - Insurance Navigators

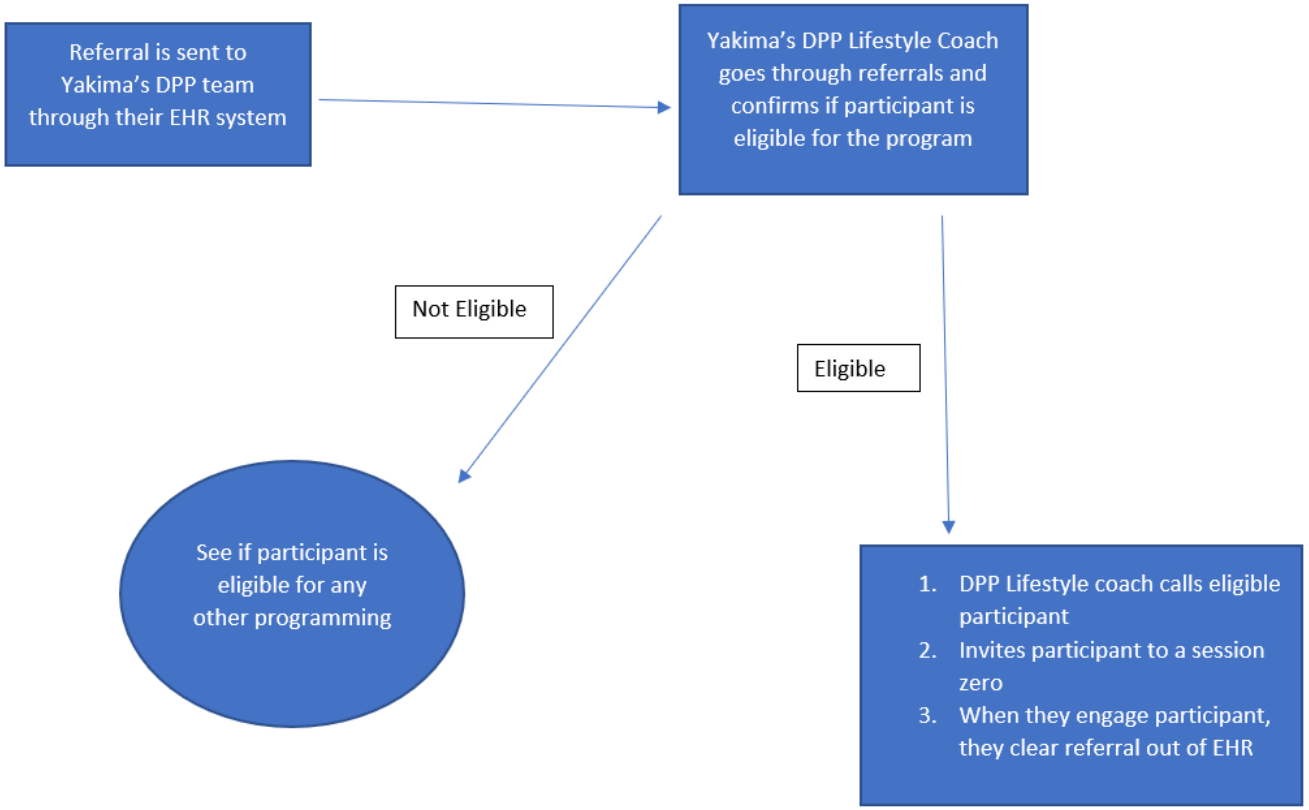
Diabetes Prevention Program
“Setting the Pace” / “Marcando El Paso”

- Recipient of CDC 1705 Grant to expand National Diabetes Prevention Program
- Began offering cohort/groups in April 2018 in Yakima
- Groups offering in English and Spanish
- All participants are YNHS patients
- Internal referral system through EHR
- Groups then offered at both Yakima and Sunnyside locations
- Over 60 participants

Start Up: Promotion

- Worked with Quality Improvement Director for list of potential participants
  - Lifestyle Coach perform one-on-one call to invite to “zero session”
- Presented at Medical Providers’ staff meeting
- Collected Provider agreements to refer
- Flyers and signage place around clinic sites

Internal Referral Workflow



Successful Strategies

- Provider “buy-in”
- Zero Sessions
- Lifestyle Coach that is relatable and is invested in the success of the group
- Incentives and resources (free fitness and or /food tracking apps, resistance bands, FINI F&V vouchers, 5k registration)
- Communication with ADCES for guidance and Data collection (DAPS System)

Challenges

- Retention: keeping participants not only attending groups, but making and achieving health goal
- Reimbursement: We are MDPP full recognition status, however a low number of our participants are on Medicare, most on Medicaid.
- Currently: COVID-19 restrictions do not allow for the in-person group session which is required by MDPP.

Some “Good to know” points

- When in planning process, always have multiple plans on how to implement
- Choose a referral system that works best for you and isn’t going to ask too much of a providers time.
- Get creative with incentives and resources
- Know your own resources internally and externally, work with community partners and/or organization leadership for support.
- Zero session are beneficial in assessing participant readiness to change.
- Recommend reliable data program for participant info, record consistently to make thing easier at submission due dates.

Thank You

Upcoming Training

Keep Kids Safe, Healthy & Vaccinated During COVID-19
June 22, 12:00 – 1:00 pm

Partnering with Patients to Improve Blood Pressure through Self-Monitoring
June 24, 12:00 – 1:00 pm

Coffee Break Webinar: Unity Care Northwest's Veggie Rx Program
June 25, 12:00 – 12:15 pm

Hannah Stanfield

Practice Transformation Coordinator

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Washington Association for Community Health
Community Health Centers Advancing Quality Care for All