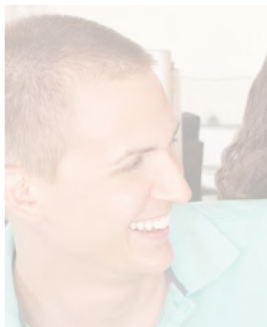
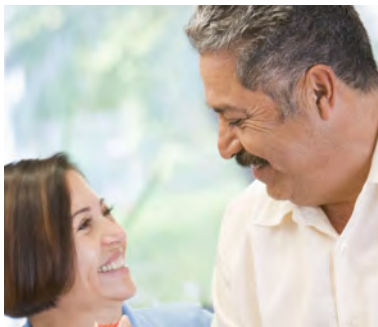


**Prediabetes  
Awareness**

**Health  
Systems  
Policy**

**Community-  
Clinical  
Linkages**



# Michigan Diabetes PREVENTION Action Plan, 2016-2018

Building a Strategic Framework for Prediabetes Awareness, Health Systems Policy, and Community-Clinical Linkages to Support Scaling and Sustaining the Diabetes Prevention Program





RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

NICK LYON  
DIRECTOR

## Dear Michigan Citizens,

I am extremely pleased to introduce the *Michigan Diabetes Prevention Action Plan, 2016-2018*. I was honored to speak at the Prevent Diabetes STAT: Michigan summit in May 2015, where the foundations of this action plan were laid.

Those of us in medicine and public health have known that diabetes is a life-long, life-changing disease with serious complications. It is the leading cause of new cases of adult blindness, kidney failure, and lower-limb amputations that are not the result of an accidental injury. Today, one in 10 Americans has diabetes. My colleagues at the Centers for Disease Control and Prevention tell me that ratio will double—to one in five Americans—in just 10 more years unless we act now.

Prediabetes, a medical condition in which the blood sugar is higher than normal, but not yet high enough to be called diabetes, is more common than diabetes. In fact, experts estimate that greater than one in three U.S. adults already has prediabetes. Prediabetes is dangerous, because it is “silent” and typically has no recognizable symptoms. That’s why it often goes unrecognized by both the people who have it and their healthcare providers. In fact, data show that nearly 90 percent of U.S. adults who have prediabetes are not aware that they have it. As a result, they also are unaware that they are at greater risk for developing type 2 diabetes, heart disease, and stroke.

The National Diabetes Prevention Program (DPP) is a lifestyle-change program that is cost-effective but gets proven results—*big* results. It was started after a large research study in the 1990s showed that two relatively simple lifestyle changes (losing weight and increasing physical activity) could have amazing impacts. People in the study who had prediabetes but lost a modest amount of weight and totaled at least 150 minutes of physical activity a week cut their risk of developing type 2 diabetes by as much as 58 percent. This finding is both incredible and inspiring to me.

I urge you to get involved with our efforts and help prevent new cases of diabetes. Work alongside our state Diabetes Prevention and Control Program, strategic partners, and interested citizens to accomplish two goals that are vital to the health of our state:

1. increase clinical prediabetes screening and testing and referrals of high-risk patients to DPPs, and
2. increase health plan and employer coverage of DPP services.

Join with us. *The Michigan Diabetes Prevention Action Plan, 2016-2018* will show you how together, we can make a difference.

Sincerely,

**Eden V. Wells, MD, MPH, FACPM**

Chief Medical Executive

Michigan Department of Health and Human Services

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# Executive Summary

The ***Michigan Diabetes Prevention Action Plan, 2016-2018*** represents the best thinking of employers, health plans, health systems, healthcare providers, public health agencies, and other organizations concerned about the burden of diabetes within our state and the growing, but largely unrecognized, danger posed by prediabetes.

The plan includes targeted goals and objectives that stakeholders can use to raise awareness about prediabetes and promote clinical screening and testing for the condition, increase the number of at-risk individuals referred to local Diabetes Prevention Programs (DPPs), and secure health plan and employer coverage for life-saving DPP services.

## STRATEGIC AREAS OF FOCUS

In May 2015, as part of an intensive action planning process, key Michigan diabetes prevention partners worked together to identify priorities and common themes that would intersect and help drive their prevention work forward. Following that, staff of the Michigan Department of Health and Human Services (MDHHS) Diabetes Prevention and Control Program distilled participants' recommendations into three strategic areas of focus they identified as the highest current priorities for Michigan:

### 3 STRATEGIC AREAS OF FOCUS

- **Prediabetes awareness**, which includes increasing awareness among all sectors;
- **Health systems policy**, which includes increasing screening, testing and referral of high-risk patients to the DPP and increasing employer and health plan coverage or reimbursement of the DPP; and
- **Community-clinical linkages**, which includes creating sustainable, community-clinic partnerships and establishing bi-directional referral systems for the DPP.

## ACTION PLAN GOALS:

- ▶ By 2018, implement a multi-faceted communications plan to increase public and healthcare provider awareness of prediabetes and the Diabetes Prevention Program (DPP) offerings. (*Prediabetes Awareness*)
- ▶ By 2018, engage four healthcare partners to develop systems to screen, test and refer patients with prediabetes and those at risk for developing type 2 diabetes to a Diabetes Prevention Recognized Program (DPRP). (*Health Systems Policy*)
- ▶ By 2018, increase DPP reimbursement coverage through at least one Michigan Medicaid plan and one private insurer. (*Health Systems Policy*)
- ▶ By 2018, establish bi-directional referral systems between eight healthcare providers and Michigan DPRPs. (*Community-Clinical Linkages*)



## How You Can Get Involved

Partner engagement is a crucial underpinning for the successful implementation of the goals and objectives within this action plan. To help ensure that engagement, a Michigan Diabetes Prevention Network (DPN) advisory group will guide stakeholder efforts toward plan implementation. All diabetes prevention partners, including Michigan employers, health plans, health systems, health care providers, public health agencies, and community-based organizations, are urged to join in implementation efforts.



### TO BECOME A MEMBER

of the Michigan DPN, or to learn more about how you and your organization can help accomplish these goals, contact Tamah Gustafson of the MDHHS Diabetes Prevention and Control Program at 517-335-6937 (e-mail: [gustafson2@michigan.gov](mailto:gustafson2@michigan.gov)).

To download a full copy of the action plan, visit [www.michigan.gov/diabetes](http://www.michigan.gov/diabetes).



# Introduction

In August 2014, the National Association of Chronic Disease Directors (NACDD) and the American Medical Association (AMA) approached the Michigan Diabetes Prevention and Control Program (MiDPCP) with an offer to join with them in a new national, multi-year Centers for Disease Control and Prevention (CDC) initiative to raise awareness of prediabetes as a critical and serious medical condition and to promote the Diabetes Prevention Program (DPP).



The initiative—Prevent Diabetes **STAT: Screen, Test, Act—Today™** ([www.ama-assn.org/sub/prevent-diabetes-stat/index.html](http://www.ama-assn.org/sub/prevent-diabetes-stat/index.html))—was designed to expand upon the work both AMA and NACDD already had underway with state governments, healthcare providers, local DPPs, and other stakeholders to spread the word about prediabetes and increase awareness, referrals and coverage of the DPP.

The organizers were interested in working with states that were recipients of CDC 1422 grant awards (giving them dedicated funding for diabetes prevention)\* and were well-positioned to collaborate on the new initiative. Because of its long history of successful diabetes prevention projects and its extensive infrastructure and partnerships, the MiDPCP was the first state approached to join the new initiative. Specifically, Michigan was selected based upon:

- the prevalence of diabetes within the state;
- the number of Michigan Diabetes Prevention Programs (DPPs) that had attained recognition through the CDC Diabetes Prevention Recognition Program;
- the degree of public health support (state and federal grants related to diabetes prevention and healthcare reform);
- the relatively large number of insured residents; and
- the diverse and large landscape of primary care practices, physician groups, and accountable care organizations throughout the state.

During the fall of 2014, meetings were held with AMA, NACDD, Leavitt Partners, and MiDPCP, as well as with members of the Michigan Diabetes Prevention Network, to introduce the initiative, explain Michigan's prospective involvement, and begin planning for a spring 2015 meeting—the Prevent Diabetes STAT: Michigan Engagement Summit.

## THE ENGAGEMENT SUMMIT

On May 8, 2015, nearly 90 experts representing Michigan employers, health plans, health systems, healthcare providers, public health agencies, and other diabetes prevention stakeholders gathered in Novi for the day-long Prevent Diabetes STAT: Michigan Engagement Summit to help identify priorities, strategic objectives, and action steps to drive diabetes prevention forward in Michigan. (*Appendix B includes the summit agenda and a list of participating organizations.*)

Following presentations that underscored both

\*1422 grantees are programs that receive funding under the CDC State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke (DP14-1422PPHF14) grant ([1.usa.gov/1RPBKxr](http://1.usa.gov/1RPBKxr))



### **PREDIABETES RISK FACTORS**

- ✓ Being 45 years of age or older
- ✓ Being overweight or obese ([www.cdc.gov/obesity](http://www.cdc.gov/obesity))
- ✓ Having a family history of type 2 diabetes
- ✓ Being of African American, Hispanic/Latino, American Indian, Asian American, or Pacific Islander racial or ethnic background
- ✓ Having high blood pressure ([www.cdc.gov/bloodpressure](http://www.cdc.gov/bloodpressure))
- ✓ Being physically active fewer than 3 times a week
- ✓ Having gestational diabetes (diabetes during pregnancy)
- ✓ Giving birth to a baby weighing 9 pounds or more

the challenges and efforts underway nationally and statewide to prevent diabetes, participants separated into four action planning groups, where they began to frame objectives and strategies that could help accomplish two primary Prevent Diabetes *STAT*: Michigan goals:

1. increase clinical prediabetes screening and testing and referrals of high-risk patients to DPPs, and
2. increase health plan and employer coverage of DPP services.

The input gathered from the four action planning groups helped provide the foundation for the statewide action plan components in this document, including: the action plan mission; the fundamentals for the prevention of type 2 diabetes; the principles that guide the work; the focus populations; the major strategic areas for action; and the goals, objectives, and action steps that will guide diabetes prevention efforts within Michigan for the next three years. (*Appendix C includes a roster of participants for each group.*)

This statewide action plan lays the groundwork for healthcare providers, health plans, employers, public health agencies, and other community-based diabetes prevention partners to work together to raise awareness about prediabetes, promote clinical screening and testing for prediabetes, increase referrals of at-risk individuals to local DPP providers, and secure health plan and employer coverage for such services.

## **Prediabetes and Its Importance**

Before presenting the plan components, it is important to understand the gravity of prediabetes, as well as the efforts to address it that are currently underway nationally and within Michigan.

During the summit planning discussions, the capacity in Michigan for organizations to provide DPP; the extent of geographic availability of the DPP; past and current MIDPCP grant efforts



and the alignment of MiDPCP priorities with this project; and the efforts of state- and national-level partners around diabetes prevention all helped provide the underpinnings for this action plan.

## THE CHALLENGE OF PREDIABETES

**Diabetes** is a chronic, life-altering disease with complications that can drastically impact both quality of life and life expectancy.\*

An estimated 10.8 percent of Michigan adults age 20 years and older (800,600 people) have been diagnosed with diabetes.<sup>†</sup> Additionally, CDC estimates more than one-third of U.S. adults age 20 and older has prediabetes.<sup>‡</sup> That translates to more than 222,000 people in Michigan. Often, those with prediabetes are undiagnosed.<sup>‡,3</sup> In fact, it is estimated that *only 11 percent of people who have prediabetes actually know that they have it.*<sup>4</sup>

Unfortunately, with this lack of awareness comes the potential for significant health problems.

## Having prediabetes carries with it increased risks of developing type 2 diabetes, heart disease, and stroke.

In fact, data show that up to 30 percent of patients who are diagnosed with prediabetes will go on to develop type 2 diabetes within five years.<sup>5</sup> But, that progression is not a given. *Diabetes can be delayed—or even prevented—by making two relatively simple lifestyle changes: losing weight and increasing physical activity.*

With so many Michigan residents at risk of developing type 2 diabetes and suffering the serious costs that accompany it, it is crucial that high-risk individuals are identified, screened and tested, and then referred to proven, life-saving programs.

“We need to both maximize the management of diabetes and double-down on the prevention of type 2 diabetes. The National DPP does that by targeting individuals who are considered to be high risk or very high risk for type 2 diabetes.”

—Ann Albright, PhD, RD  
Director, Division of  
Diabetes Translation,  
Centers for Disease  
Control and Prevention

\* Appendix A includes a discussion of the different types of diabetes and the various risk factors involved.

† The number of Michigan adults age 20 years and older with diagnosed diabetes was estimated using Michigan Behavioral Risk Factor Surveillance System 2014 data and the 2014 bridged-race method population estimate.

‡ The number of Michigan adults age 20 years and older with undiagnosed diabetes was estimated based upon 2005-2008 National Health and Nutrition Examination Survey data and the 2014 bridged-race population estimate, rounded to the nearest 1,000.

\* The original Diabetes Prevention Program study involved 3,234 adults from 27 U.S. locations, all of whom had prediabetes and were considered to be at high risk of developing type 2 diabetes. It was funded by the National Institutes of Health and supported by the Centers for Disease Control and Prevention.

† 5 percent to 7 percent of their body weight, which translates to 10 pounds to 14 pounds for a 200-pound person

‡ The DPRP maintains an online registry of CDC-recognized DPPs that can be used by members of the general public, clinicians, health plans, employers, and others who are interested in locating recognized DPPs nationwide. An up-to-date listing of recognized DPPs in Michigan is available online through the registry at [https://nccd.cdc.gov/DDT\\_DPRP/Registry.aspx?STATE=MI](https://nccd.cdc.gov/DDT_DPRP/Registry.aspx?STATE=MI).

## The National Diabetes Prevention Landscape

In 2002, the **Diabetes Prevention Program Research Group** completed the Diabetes Prevention Program study, a large, randomized clinical research study ([www.nejm.org/doi/full/10.1056/NEJMoa012512](http://www.nejm.org/doi/full/10.1056/NEJMoa012512))\* Results of the study showed that at-risk individuals who lost a modest amount of weight† and got at least 30 minutes of moderate physical activity a day (such as brisk walking), five days a week, cut their chance of developing type 2 diabetes *by as much as 58 percent*. At-risk individuals who were over the age of 60 and did so reduced their risk even more—*by as much as 71 percent*.<sup>6</sup>

The **National DPP** ([www.cdc.gov/diabetes/prevention/](http://www.cdc.gov/diabetes/prevention/)) was developed based upon the findings of the Diabetes Prevention Program study. It is a cost-effective, evidence-based, lifestyle-change program for preventing type 2 diabetes. To date, it is offered through more than 900 CDC-recognized organizations across the country, 38 in Michigan.

The DPP is a year-long program. Participants meet once a week for 16 weeks, and then monthly for the remainder of the year. In that time, people with prediabetes learn to take charge of their health and well-being by eating a healthy diet and incorporating physical activity into their daily lives. DPP also provides peer support and coaching and helps participants develop the necessary problem-solving, stress-reduction, and coping skills to ensure that the lifestyle changes they make are long-lasting.

CDC recognizes DPPs through its **Diabetes Prevention Recognition Program** (DPRP; [www.cdc.gov/diabetes/prevention/lifestyle-program/requirements.html](http://www.cdc.gov/diabetes/prevention/lifestyle-program/requirements.html)). Recognized programs have demonstrated effective delivery of the program, as well as an adherence to quality and fidelity standards.‡

The **NACDD** ([www.chronicdisease.org/](http://www.chronicdisease.org/)) helps support the DPP by providing ongoing technical assistance to state health



departments to scale and sustain the DPP in their states through strategies that include raising awareness of prediabetes, increasing access to CDC-recognized diabetes prevention programs, increasing healthcare provider referrals to programs, and addressing reimbursement for the DPP.

The **AMA** ([www.ama-assn.org/ama](http://www.ama-assn.org/ama)) uses its expertise and leadership skills to help improve health outcomes by driving for change that is evidenced-based and promotes an environment in which the patient-physician partnership can thrive.

As part of its work to make a difference in the health of patients across the country, the AMA is collaborating with organizations invested in tackling type 2 diabetes and heart disease, two of the nation's most prevalent health conditions.\* The AMA is working alongside organized medicine, the federal government, the private and public sectors, and local communities to deliver novel resources that help physicians, care teams, and patients prevent both type 2 diabetes and heart disease.

“The AMA is concentrating its efforts on building clinical-community linkages that can help providers, care teams, and patients achieve better control of high blood pressure and address prediabetes to prevent its progression to type 2 diabetes.”

—**Karen Kmetik, PhD**  
*Group Vice President, Health Outcomes,  
American Medical Association*

\* The AMA is currently working with the following key stakeholders to connect patients with proven prevention strategies: **Centers for Disease Control and Prevention** (lead the multi-year Prevent Diabetes **STAT: Screen, Test, Act—Today™** initiative); **YMCA of the USA** (increase the number of people screened and referred by physicians to the YMCA Diabetes Prevention Program); **Johns Hopkins Medicine Armstrong Institute for Patient Safety and Quality** and **Johns Hopkins Center to Eliminate Cardiovascular Health Disparities** (create tools and resources that improve blood pressure control); **AmeriCares** (increase availability of diabetes prevention programs in free and charitable clinics that serve patients with limited access to health care services); **Medicare Quality Innovation Network-Quality Improvement Organizations** (support ambulatory care practices in efforts to improve control of high blood pressure); and **U.S. Department of Health and Human Services** (partner in the Million Hearts® initiative to prevent one million heart attacks and strokes by 2017).





## The Michigan Landscape

**Partnerships: MiDPCP** ([www.michigan.gov/diabetes](http://www.michigan.gov/diabetes)) has worked in diabetes prevention since 2005. Among its many activities, the MiDPCP supports and engages more than 100 organizations in two statewide partnerships:

1. **Michigan Diabetes Prevention Network** (Michigan DPN; [www.midiabetesprevention.org](http://www.midiabetesprevention.org)) links diabetes prevention partners and DPP organizations throughout the state with one another and with other state-level partners. It also provides a venue in which to share resources, information, and success stories.
2. **Diabetes Partners in Action Coalition** (DPAC; [www.dpacmi.org/](http://www.dpacmi.org/)) provides statewide leadership to prevent and control diabetes and reduce its impact in Michigan. Members of DPAC include people with diabetes, people interested in diabetes, and representatives of organizations that work closely with diabetes or related health issues. From 2009 to 2014, DPAC had a dedicated workgroup on diabetes prevention that promoted the DPP lifestyle-change program.

### AWARENESS

In June 2015, MiDPCP launched a **multi-media campaign** in targeted markets (southeast Michigan, Detroit, Grand Rapids, Lansing, Muskegon, and Saginaw) to increase awareness around managing and preventing type 2 diabetes.

The main goals of the campaign include increasing referrals to Michigan DPP and diabetes self-management education (DSME) programs and encouraging Michigan residents to take healthy actions and increase their physical activity levels.

Media components include radio spots, print ads, digital target marketing materials, billboards, and social media outreach, all of which drive audiences to the department's [www.michigan.gov/diabetes](http://www.michigan.gov/diabetes) website and its resources.



## FUNDING

MiDPCP has a long history of sustained support for diabetes prevention and management. Currently, MiDPCP is working collaboratively with other chronic disease programs on strategies funded by two CDC cooperative agreements:

1. **1305**—State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity, and Associated Risk Factors, and to Promote School Health; and
2. **1422**—State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke.

Half of the Michigan-1422 Grant funding is distributed among four communities\* charged with developing Chronic Disease Coordinating Networks (CDCNs) in their areas to improve health outcomes and reduce disparities related to obesity, diabetes, heart disease, and stroke.

As part of the effort, each local CDCN is addressing 15 strategies that focus in two areas: 1) environmental and system approaches for promoting, supporting and reinforcing healthful behaviors, and 2) health system interventions and community-clinical linkages that increase the engagement of non-physician health team members in the identification and care of people with hypertension and prediabetes and build bridges between clinical and community resources.

## Putting it All Together

The following action plan represents the best thinking of the public health experts and stakeholders who came together in May 2015 to determine priorities to help drive Michigan diabetes prevention efforts forward to the next level. Its goals, objectives and strategies are designed to take advantage of existing national, state and local infrastructures that can be strengthened and used as a foundation for future success.

\* Kent County (led by YMCA of Greater Grand Rapids); Lenawee County (led by ProMedica/Bixby Hospital); Macomb County (led by Greater Detroit Area Health Council); and Oakland and Wayne counties (led by National Kidney Foundation of Michigan)



## References

- <sup>1</sup> Centers for Disease Control and Prevention. National Diabetes Statistics Report ([www.cdc.gov/diabetes/pubs/statsreport14/national-diabetes-report-web.pdf](http://www.cdc.gov/diabetes/pubs/statsreport14/national-diabetes-report-web.pdf)). Accessed November 1, 2015.
- <sup>2</sup> U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS). Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from: 1990-1999 bridged-race intercensal population estimates (released by NCHS on 07/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2014 (2010-2014) postcensal population estimates (released by NCHS on 06/30/2015). Available on CDC WONDER Online Database (<http://wonder.cdc.gov/bridged-race-v2014.html>). Accessed December 22, 2015.
- <sup>3</sup> Michigan Department of Health and Human Services, Lifecourse Epidemiology and Genomics Division, Chronic Disease Epidemiology Section. Michigan Behavioral Risk Factor Surveillance System.
- <sup>4</sup> Centers for Disease Control and Prevention. Diabetes Report Card 2014 ([www.cdc.gov/diabetes/pdfs/library/diabetesreportcard2014.pdf](http://www.cdc.gov/diabetes/pdfs/library/diabetesreportcard2014.pdf)). Accessed December 22, 2015.
- <sup>5</sup> Centers for Disease Control and Prevention. Prediabetes ([www.cdc.gov/diabetes/basics/prediabetes.html](http://www.cdc.gov/diabetes/basics/prediabetes.html)). Accessed August 21, 2015.
- <sup>6</sup> National Institute of Diabetes and Digestive and Kidney Diseases. Diabetes Prevention Program (DPP) ([www.niddk.nih.gov/about-niddk/research-areas/diabetes/diabetes-prevention-program-dpp/Pages/default.aspx](http://www.niddk.nih.gov/about-niddk/research-areas/diabetes/diabetes-prevention-program-dpp/Pages/default.aspx)). Accessed August 3, 2015.





# Michigan Diabetes Prevention Action Plan

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2016 - 2018

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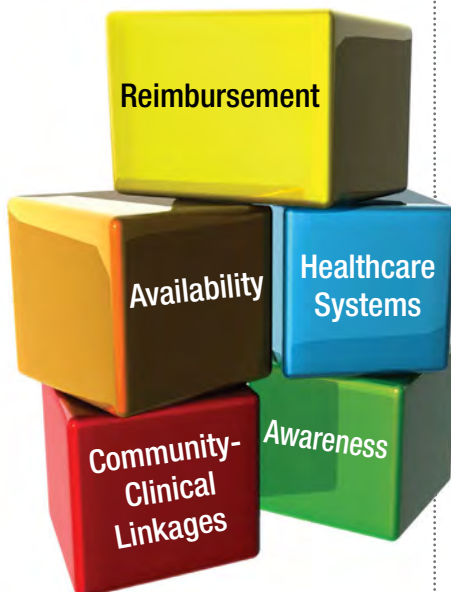


## Mission

To work collectively with key stakeholders to identify and implement strategies to prevent type 2 diabetes in Michigan.

## Focus populations

Michigan citizens at greatest risk for developing type 2 diabetes, which includes populations with the highest burden of type 2 diabetes, populations with the greatest health disparities, and populations with the greatest concentration of low-income residents.



# Michigan Diabetes Prevention Action Plan

## The Michigan Diabetes Prevention Action Plan, 2016-2018

provides a guide for the MDHHS Diabetes Prevention and Control Program (MiDPCP) and its partners to support and sustain the Diabetes Prevention Program (DPP), a cost-effective, evidence-based lifestyle change program for preventing type 2 diabetes. Specifically, this plan provides a roadmap that Michigan diabetes prevention stakeholders can use to accomplish two goals:

1. increase clinical prediabetes screening and testing and referrals of high-risk patients to DPPs, and
2. increase health plan and employer coverage of DPP services.

## Fundamentals for Prevention

Throughout the course of the action planning process, participants agreed on the essential elements necessary to prevent type 2 diabetes. Although the five fundamentals are familiar and, in fact, align with the CDC pillars of prevention, they emerged organically from discussion. Planning participants concurred that these are the key factors required to successfully scale and sustain the DPP in Michigan.

1. Increase knowledge, **awareness** and recognition that prediabetes is a medical condition.
2. Increase **availability** and promotion of CDC-recognized Diabetes Prevention Programs for the prevention of type 2 diabetes.
3. Increase policies and practices within **healthcare systems** to screen, test and refer patients with prediabetes to CDC-recognized DPPs.
4. Increase sustainable partnership models or **community-clinical linkages** to create bi-directional systems that allow DPP providers to deliver feedback to referring healthcare providers on patient participation and progress.
5. Develop and implement health plan and employer **reimbursement** models for the Diabetes Prevention Program.

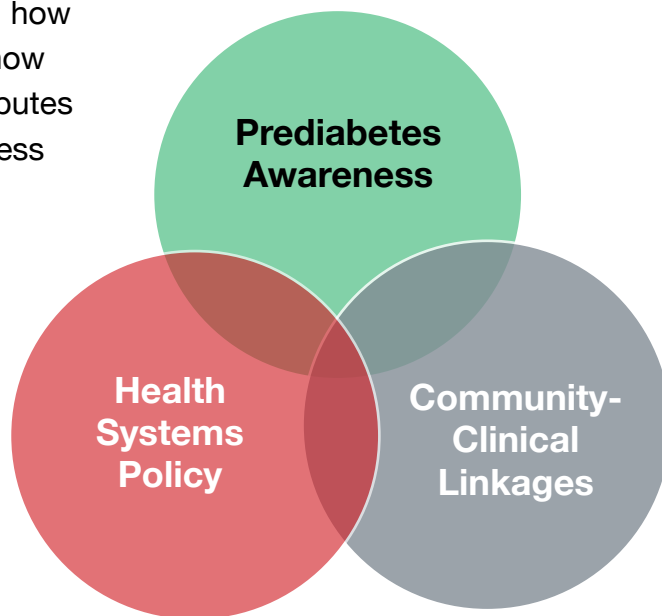


## Strategic Areas of Focus

Beginning with these fundamentals, Michigan diabetes stakeholders worked together to identify priorities and recommendations that would help drive diabetes prevention forward in the state. MiDPCP staff held subsequent action planning meetings to identify common themes from the summit. They distilled participants' recommendations into three focus areas that are the current highest priority areas for Michigan:

- ▶ **Prediabetes awareness**, which includes increasing awareness among all sectors;
- ▶ **Health systems policy**, which includes increasing screening, testing and referral of high-risk patients to the DPP and increasing employer and health plan coverage or reimbursement of the DPP; and
- ▶ **Community-clinical linkages**, which includes creating sustainable, community-clinic partnerships and establishing bi-directional referral systems for the DPP.

The plan's goals and objectives demonstrate how these three strategic areas drive type 2 diabetes prevention, how they intersect, and how each element contributes to sustainable progress in type 2 diabetes prevention.



“For a significant proportion of people, knowing that they have prediabetes and are at advanced cardiovascular and type 2 diabetes risk really spurs them into action.

“(A diagnosis of pre-diabetes represents) a golden opportunity to crystallize and maximize lifestyle interventions that can improve their health and reduce their risk for type 2 diabetes and cardiovascular disease.”

—Ann Albright, PhD, RD  
*Director, Division of Diabetes Translation,  
Centers for Disease Control and Prevention*

During the action planning discussions, the primary considerations included: the current capacity in Michigan for organizations to provide DPP; the extent of geographic availability of the DPP; MiDPCP past and current grant efforts and the alignment of priorities with this project; and finally, the efforts of state- and national-level partners around the three primary strategic areas.

## Collaboration is Key

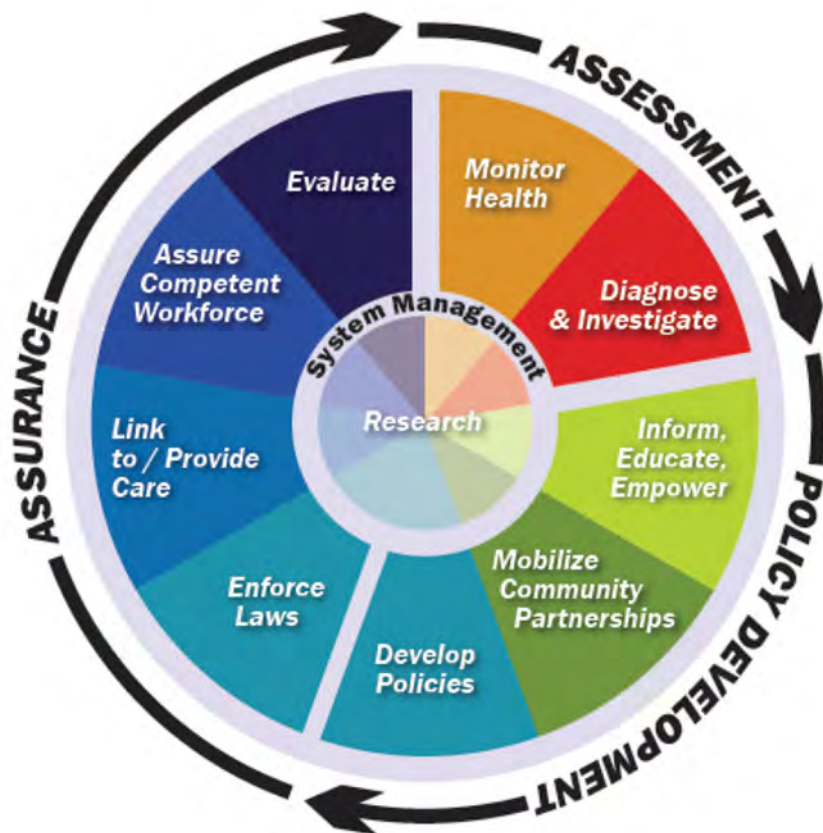
To be truly successful, diabetes prevention initiatives must combine the efforts of the entire community of stakeholders. As can be seen in the table below, each type of collaborative partner has an integral and vital role to play.

### COLLABORATIVE PARTNERS



	Prediabetes Awareness	DPP Availability/Promotion	DPP Reimbursement	Health Systems Policy	Community-Clinical Linkages
Community Organizations	✓	✓			✓
Faith-Based Organizations	✓	✓			✓
Employers	✓	✓	✓		
Health Plans	✓	✓	✓	✓	✓
Health Systems	✓	✓	✓	✓	✓
DPP Providers	✓	✓	✓	✓	✓
Government/Public Health	✓	✓	✓	✓	✓





## PUBLIC HEALTH HAS A CENTRAL ROLE

Three core functions run throughout public health work: assessment, policy development, and assurance ([www.malph.org/what-public-health](http://www.malph.org/what-public-health)). In addition, 10 Essential Public Health Services apply to all levels of public health—local, state and national ([www.cdc.gov/nphsp/essentialservices.html](http://www.cdc.gov/nphsp/essentialservices.html)). Five of those Essential Public Health Services are directly manifested in this plan:

- Monitor health status to identify and solve community health problems.
- Inform, educate and empower people about health issues.
- Develop policies and plans that support individual and community health efforts.
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
- Evaluate effectiveness, accessibility and quality of personal and population-based health services.

MidPCP will not only provide technical assistance in those service areas, but also leadership and expertise to support implementation of the plan. MDHHS Diabetes staff will work with stakeholders throughout the state to:

- define needs;
- leverage and share resources;
- carry out strategies;
- disseminate data, best practices, and lessons learned; and
- evaluate progress toward achieving the plan goals.



# Goals, Objectives and Strategies

## Guiding Principles for Plan Implementation



1. All stakeholders—public health, health systems, and community partners—will work in concert to effectively and efficiently address the prediabetes epidemic in Michigan.
2. Partner engagement in all focus areas and from all sectors is vital to the success of increasing prediabetes screening, testing and referral, as well as to attaining reimbursement for the Diabetes Prevention Program. To that end, a representative workgroup will be convened to address and guide plan implementation.
3. Strategy implementation for prediabetes awareness, health systems policy, and clinical-community linkages will be comprehensive, with an appropriate focus on the needs of local communities, regions, and the state as a whole, depending upon the audience and the desired outcome.
4. Health equity will be integrated into all facets of the plan through partners who reach populations with the greatest health disparities.

<b>GOAL #1</b>	<b>By 2018, implement a multi-faceted communications plan to increase public and healthcare provider awareness of prediabetes and the Diabetes Prevention Program (DPP) offerings.</b>	
<b>Objective</b>	Develop and deploy a communications plan that includes statewide media and a focus on priority communities.	
<b>Strategies</b>	<p><b>#1:</b> Develop and provide materials and resources to support marketing efforts to increase awareness of prediabetes and recruit participants into the DPP. This will include utilizing in-kind support to promote the National Prediabetes Ad Council Campaign, where appropriate.</p> <p><b>#2:</b> Ensure that the communications plan and related messages and materials address:</p> <ul style="list-style-type: none"> <li>• cultural, language and literacy needs;</li> <li>• health disparities and social determinants of health;</li> <li>• the communication needs of people with disabilities, including people with hearing or visual disabilities.</li> </ul> <p><b>#3:</b> Pilot the communications plan in at least one priority population community.</p> <p><b>#4:</b> Explore opportunities for collaboration on development of a comprehensive, statewide DPP database that is Web-based, searchable, and mobile-friendly, and that can be shared with healthcare providers, employers, health plans, and members of the public.</p> <p><b>#5:</b> Identify strategic community organizations, employers, health plans, and health systems to promote and disseminate key messages, including talking points on the business case for DPP and DPP return on investment (ROI) data as they become available.</p>	<p><b>Strategic Partners</b></p> <ul style="list-style-type: none"> <li>• Key collaborative partners*</li> <li>• Diabetes Partners in Action Coalition (DPAC)</li> <li>• Michigan Diabetes Prevention Recognized Programs (MiDPRPs)<sup>†</sup></li> <li>• Centers for Disease Control and Prevention (CDC)</li> </ul>

\* Throughout this plan, the term “key collaborative partners” refers to a core group of collaborators, including: the MDHHS Diabetes Prevention and Control Program (MiDPCP); the Michigan Diabetes Prevention Network (MDPN); 1422 grant communities within Michigan (i.e., Kent County, led by YMCA of Greater Grand Rapids; Lenawee County, led by ProMedica/Bixby Hospital; Macomb County, led by Greater Detroit Area Health Council; and Oakland and Wayne counties, led by National Kidney Foundation of Michigan); and the American Medical Association (AMA).

† An up-to-date listing of Diabetes Prevention Recognized Programs in Michigan is available online at [https://nccd.cdc.gov/DDT\\_DPRP/Registry.aspx?STATE=MI](https://nccd.cdc.gov/DDT_DPRP/Registry.aspx?STATE=MI).

GOAL #1	By 2018, engage four healthcare partners to develop systems to screen, test and refer patients with prediabetes and those at risk for developing type 2 diabetes to a Diabetes Prevention Recognized Program (DPRP).	
Objective #1	Four health systems will implement a prediabetes registry using their electronic health records (EHRs).	
Strategies	#1: Investigate the current use of prediabetes registries within EHRs to systematically identify people with prediabetes that may be eligible for referral to the DPP.	<b>Strategic Partners</b> <ul style="list-style-type: none"><li>• Key collaborative partners</li><li>• MiDPRPs</li><li>• Michigan Center for Effective IT Adoption (M-CEITA)</li><li>• MPRO</li></ul>
	#2: Promote tools, best practices, and lessons learned around developing prediabetes registries within EHRs.	
Objective #2	At least two health systems will use a team-based approach with lab and IT staff developing mechanisms where elevated blood glucose results interface with EHR systems to prompt DPP referrals by providers.	
Strategies	#1: Assess current health system practices for flagging lab panels to signal prediabetes.	<b>Strategic Partners</b> <ul style="list-style-type: none"><li>• Key collaborative partners</li><li>• Michigan Certified Diabetes Self-Management Education Programs</li></ul>
	#2: Partner with one health system lab to conduct an interdisciplinary pilot project to add a flag to lab panels to signal prediabetes and an EHR prompt for referral to the DPP.	
	#3: Share models and lessons learned from the health system lab interdisciplinary pilot project with partners.	



<b>GOAL #1</b>	<b>By 2018, engage four healthcare partners to develop systems to screen, test and refer patients with prediabetes and those at risk for developing type 2 diabetes to a Diabetes Prevention Recognized Program (DPRP).</b>	
<b>Objective #3</b>	Distribute best practice guidelines on workflow/patient screening, testing and referral models to MDPN, DPAC, and strategic partners.	
<b>Strategies</b>	<b>#1:</b> Through the MDPN, work with partners to distribute tools such as the AMA/CDC Prevent Diabetes <i>STAT</i> ™ Provider Toolkit to the clinical community.	<b>Strategic Partners</b> <ul style="list-style-type: none"> <li>• Key collaborative partners</li> <li>• DPAC</li> <li>• Michigan Primary Care Association</li> <li>• Michigan State Medical Society</li> <li>• Other professional medical, dental and nursing associations</li> </ul>
	<b>#2:</b> Host an educational webinar for healthcare providers on how to utilize the AMA/CDC Prevent Diabetes <i>STAT</i> ™ Provider Toolkit and incorporate screening, testing and referral into the workflow.	
	<b>#3:</b> Disseminate information about the AMA Steps Forward modules and other online continuing medical education (CME) programs that cover screening, testing and referral to the DPP.	
	<b>#4:</b> Distribute tools and online resources about prediabetes and the DPP through the state professional medical, dental and nursing organizations.	

GOAL #2	By 2018, increase DPP reimbursement coverage through at least one Michigan Medicaid plan and one private insurer.	
Objective #1	Provide education on reimbursement models, claim codes, overall benefit design, and updates on Medicare DPP coverage as available, to Michigan employers, health plans, and MiDPRPs.	
Strategies	#1: Convene stakeholders and host an educational meeting to share best practices, billing codes, and the DPP return on investment (ROI) calculator.	<b>Strategic Partners</b> <ul style="list-style-type: none"><li>• Key collaborative partners</li><li>• DPAC</li><li>• MiDPRPs</li><li>• Priority Health</li><li>• Michigan Medicaid</li><li>• University of Michigan</li><li>• Michigan Association of Health Plans</li><li>• Michigan Purchasers Health Alliance</li><li>• Michigan Chamber of Commerce</li><li>• American Association of Diabetes Educators—Michigan</li></ul>
	#2: Partner with the state’s Business Coalition on Health, Michigan Chamber of Commerce, and other employer associations to disseminate information about prediabetes and MiDPRPs.	
Objective #2	Implement two DPP demonstration projects with Michigan Medicaid program, employers, or private health plans.	
Strategies	#1: Work with partners to promote DPP outcome data (specifically for Medicaid and employer projects) to demonstrate the benefits of DPP coverage.	<b>Strategic Partners</b> <ul style="list-style-type: none"><li>• Key collaborative partners</li><li>• MiDPRPs</li><li>• Michigan Medicaid</li><li>• Priority Health</li><li>• University of Michigan Benefits Office</li><li>• Michigan Health Improvement Alliance</li></ul>
	#2: Coordinate meetings and provide information to Michigan Medicaid managed care plans, employers, and health plans on best practices around DPP reimbursement models.	
	#3: Partner with at least two health plans and/or employers to develop a DPP demonstration project.	
	#4: Share models and lessons learned from health plan and/or DPP demonstration with partners.	



GOAL #1	By 2018, establish bi-directional referral systems between eight healthcare providers and MiDPRPs.		
Objective #1	Increase awareness of best practices for DPP bi-directional referral systems between healthcare providers and MiDPRPs.		
Strategies	#1: Within 1422 communities, identify and describe current bi-directional referral models between healthcare providers and community programs.	<b>Strategic Partners</b> <ul style="list-style-type: none"><li>• Key collaborative partners</li><li>• DPAC</li><li>• MiDPRPs</li><li>• M-CEITA</li><li>• MPRO</li><li>• CDC</li><li>• National Association of Chronic Disease Directors</li></ul>	
	#2: Through MDPN and DPAC, share best practice models on establishing sustainable, effective, bi-directional referral systems with diabetes prevention statewide partners.		
	#3: Coordinate meetings between healthcare providers, care teams, and MiDPRPs to build relationships that will support bi-directional referral systems.		
Objective #2	Implement standardized protocols to track DPP referrals between one healthcare system and local DPRPs in each of the 1422 communities.		
Strategies	#1: Identify opportunities to adopt standardized protocols to track DPP referrals and readiness assessments.	<b>Strategic Partners</b> <ul style="list-style-type: none"><li>• Key collaborative partners</li><li>• DPAC</li><li>• MiDPRPs</li><li>• CDC</li></ul>	
	#2: Share models, tools and resources that healthcare systems and MiDPRPs can use to develop protocols for tracking DPP referrals and readiness assessments.		



## What You Can Do to Help

Partner engagement is vital to statewide efforts to successfully implement the goals, objectives and strategies within this action plan.

As part of these efforts, the Michigan Diabetes Prevention Network (DPN; [www.midiabetesprevention.org/](http://www.midiabetesprevention.org/)) will convene a representative advisory group to address and guide implementation of the plan.

Michigan employers, health plans, health systems, providers, public health agencies, community-based organizations, and other diabetes prevention partners all are encouraged to join the Michigan DPN and participate as a member of the advisory group.

In addition, organizational representatives are encouraged to share and champion this plan with others within their organizations and networks, as well as with local partners who have a role in diabetes prevention and health promotion.

To learn more about the ways in which you and your organization can help implement this action plan, please contact Tamah Gustafson of the MDHHS Diabetes Prevention and Control Program at 517-335-6937 (e-mail: [gustafson2@michigan.gov](mailto:gustafson2@michigan.gov)).





# Appendices



\* Glucose is formed when the digestive tract breaks down the food that is consumed, turning sugars and starches into glucose, which is sent into the bloodstream. The pancreas, in turn, produces the hormone insulin, releasing it into the bloodstream. The circulating insulin helps the body absorb the blood-borne glucose and convert it into energy that can be used by the body's muscle, tissue and brain cells for maintenance and growth.

† A person is diagnosed as having diabetes after blood tests reveal: an A1C test result of 6.5 percent or higher; a fasting plasma glucose (FPG) test result of 126 mg/dL or higher; an oral glucose tolerance test (OGTT) result of 200 mg/dL or higher; and/or a random (casual) plasma glucose (RPG) test result of 200 mg/dL or higher.<sup>1</sup>

## Appendix A

# Diabetes and Prediabetes: The Basics

**Although diabetes is usually thought of as one disease,** it is actually a complex *group of diseases* that shares one common trait: too much glucose (sugar) in the bloodstream.\* The two most frequently diagnosed forms are **type 1 diabetes** and **type 2 diabetes**.<sup>†</sup>

Type 1 diabetes occurs when the body's immune system attacks and destroys the insulin-producing cells in the pancreas, leaving the body unable to make enough insulin for its needs. Type 1 diabetes can occur at any age, but it is usually diagnosed during the middle teen years. It accounts for about 5 percent of diagnosed diabetes in U.S. adults.<sup>1</sup>

Type 2 diabetes usually begins as insulin resistance, a disorder in which the pancreas makes adequate amounts of insulin, but the cells are not able to use it properly.

Type 2 diabetes is the most commonly diagnosed form of diabetes, accounting for approximately 90 percent to 95 percent of diagnosed diabetes in U.S. adults.<sup>1</sup> Current expectations are that as many as two of every five Americans will develop type 2 diabetes during their lifetime.<sup>2</sup>

### COMMON SYMPTOMS OF DIABETES<sup>3,4,5</sup>

- Frequent urination
- Excessive thirst
- Unexplained weight loss
- Extreme hunger
- Sudden vision changes
- Tingling or numbness in hands or feet
- Very dry skin
- Feeling very tired much of the time
- Sores that are slow to heal
- More infections than usual

*Note: A person with diabetes may have all or none of these symptoms.*



Gestational diabetes, the third most commonly diagnosed form of diabetes, occurs only during pregnancy. Women who have had gestational diabetes have a 35 percent to 60 percent chance of developing type 2 diabetes sometime in the next one to two decades.<sup>2</sup>

## Diabetes Risk Factors

Certain factors, some modifiable and others not, can increase a person's risk of developing type 2 diabetes. They include:

- ▶ being age 45 or older;
- ▶ being overweight or obese;
- ▶ having a parent, brother or sister with diabetes;
- ▶ having prediabetes;
- ▶ having a history of gestational diabetes or giving birth to a baby weighing more than nine pounds;
- ▶ having high blood pressure (140/90 or higher);
- ▶ being physically active less than three times a week;
- ▶ having a family background of African American, Hispanic/Latino American, American Indian, Asian American, or Pacific Islander;
- ▶ having a high-density lipoprotein (HDL, or good) cholesterol level below 35 mg/dL or a triglyceride level above 250 mg/dL;
- ▶ having polycystic ovary syndrome;\*
- ▶ having prediabetes;† and/or
- ▶ having a personal history of cardiovascular disease.

Not as much is known about the risk factors for type 1 diabetes. But, studies have shown that certain autoimmune, genetic and environmental factors can interact to increase an individual's risk for type 1 diabetes. Although it can develop at any age, type 1 diabetes usually occurs in children and young adults.

Other types of diabetes are caused by defects in specific genes, diseases of the pancreas, certain drugs or chemicals, infections, and other conditions.



\* Polycystic ovary syndrome (PCOS) is a set of symptoms related to a hormonal imbalance that occurs in women and girls of reproductive age. PCOS may cause: menstrual cycle changes; skin changes, such as increased facial and body hair and acne; ovarian cysts; and infertility. In addition, women with PCOS often have problems with their metabolism.

† Prediabetes is a medical condition associated with insulin resistance and characterized by a dark, velvety rash around the neck or armpits.



## THE INDIVIDUAL COST OF DIABETES<sup>6</sup>

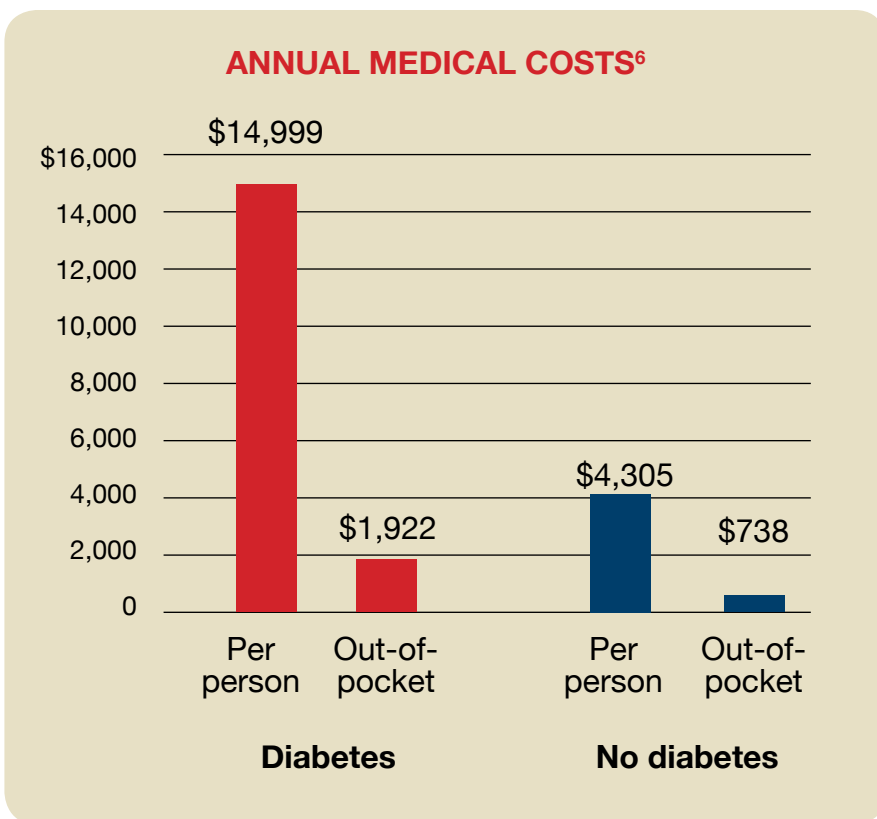
In 2013, U.S. residents with diabetes spent on average, 3 times as much per person on health care and more than 2.5 times as much on per person out-of-pocket medical costs than U.S. residents without diabetes.

## THE ECONOMIC COST OF DIABETES<sup>1</sup>

In 2012, diabetes cost the United States an estimated \$245 billion:

- \$176 billion in direct medical costs (for medical goods and services)
- \$69 billion in indirect costs (for lost workdays, restricted activity, disability, and early death)

\* Prediabetes is also sometimes called impaired glucose tolerance or impaired fasting glucose.



Whatever the cause, if left untreated, diabetes can lead to severe health problems, including damage to blood vessels and heart, nerves, kidneys, eyes, mouth, and/or lower limbs. Diabetes is the main cause of new cases of adult blindness, kidney failure, and non-accident-related amputations of toes, feet and legs. It also is a major cause of adult heart disease and stroke.<sup>3,4,5</sup>

## Prediabetes and Its Relation to Diabetes

Typically, before a person progresses to type 2 diabetes, he or she develops **prediabetes**, a condition in which the blood glucose level is higher than normal, but not yet high enough to be considered diabetes.\*

Prediabetes is even more prevalent than diabetes in the adult population. But, it is dramatically underdiagnosed and



underreported. In fact, although an estimated 37 percent of U.S. adults have prediabetes, only 11 percent of them know that they have it. Put another way, nearly 90 percent of U.S. adults who have prediabetes are unaware that they have it.<sup>7</sup>

In Michigan, 2014 data showed that only 8.2 percent of adults in the state said they have ever been told by a doctor that they have prediabetes.<sup>8</sup>

People who have prediabetes have an increased risk of developing type 2 diabetes and also of developing heart disease and/or suffering a stroke. It is possible to reduce those risks with healthy lifestyle changes, including losing weight and becoming more physically active.

**Table 1**

**Blood Tests and Associated Levels for Diagnoses of Prediabetes and Diabetes<sup>4,9,10</sup>**

	<b>A1C (%)*</b>	<b>FPG (mg/dL)*</b>	<b>OGTT (mg/dL)*</b>
Normal	5.6 or below	99 or below	139 or below
Prediabetes	5.7 to 6.4	100 to 125	140 to 199
Diabetes	6.5 or above	126 or above	200 or above

*\*Any of these tests can be used for diagnosing diabetes or prediabetes. But, unless clear symptoms are present, diagnosis must be confirmed with results of a repeat test on a different day or with results from a second measurement.*

## **THE PHYSICAL TOLL OF UNTREATED DIABETES<sup>3,4,5</sup>**

- ▶ Nerve damage
- ▶ Blood vessel damage
- ▶ High blood pressure
- ▶ Heart disease
- ▶ Stroke
- ▶ Kidney disease
- ▶ Kidney failure
- ▶ Eye problems
- ▶ Blindness
- ▶ Oral health problems
- ▶ Decreased function in lower limbs
- ▶ Foot complications
- ▶ Amputation of toes, feet and/or lower legs
- ▶ Death

*Note: A person with diabetes may have all or none of these complications.*

## References

- <sup>1</sup> Centers for Disease Control and Prevention. Diabetes Report Card 2014 ([www.cdc.gov/diabetes/pdfs/library/diabetesreportcard2014.pdf](http://www.cdc.gov/diabetes/pdfs/library/diabetesreportcard2014.pdf)). Accessed September 25, 2015.
- <sup>2</sup> Centers for Disease Control and Prevention. News Release: Now, 2 Out of Every 5 Americans Expected to Develop Type 2 Diabetes During Their Lifetime ([www.cdc.gov/diabetes/pdfs/newsroom/now-2-out-of-every-5-americans-expected-to-develop-type-2-diabetes-during-their-lifetime.pdf](http://www.cdc.gov/diabetes/pdfs/newsroom/now-2-out-of-every-5-americans-expected-to-develop-type-2-diabetes-during-their-lifetime.pdf)). Accessed September 10, 2015.
- <sup>3</sup> American Diabetes Association. Diagnosing Diabetes and Learning about Prediabetes ([www.diabetes.org/diabetes-basics/diagnosis/](http://www.diabetes.org/diabetes-basics/diagnosis/)). Accessed September 24, 2015.
- <sup>4</sup> Centers for Disease Control and Prevention. Basics about Diabetes ([www.cdc.gov/diabetes/basics/diabetes.html](http://www.cdc.gov/diabetes/basics/diabetes.html)). Accessed August 10, 2015.
- <sup>5</sup> National Institute of Diabetes and Digestive and Kidney Diseases. Causes of Diabetes ([www.niddk.nih.gov/health-information/health-topics/Diabetes/causes-diabetes/Pages/index.aspx](http://www.niddk.nih.gov/health-information/health-topics/Diabetes/causes-diabetes/Pages/index.aspx)). Accessed August 10, 2015.
- <sup>6</sup> Shakiba P, Frost A. Per Capita Health Care Spending on Diabetes: 2009-2013. Issue Brief no. 10. (Washington, DC: Health Care Cost Institute, May 2015). ([www.healthcostinstitute.org/files/HCCI Diabetes Issue Brief 5-7-15.pdf](http://www.healthcostinstitute.org/files/HCCI%20Diabetes%20Issue%20Brief%205-7-15.pdf)). Accessed December 1, 2015.
- <sup>7</sup> Centers for Disease Control and Prevention. A Snapshot: Diabetes in the United States ([www.cdc.gov/diabetes/pubs/statsreport14/diabetes-infographic.pdf](http://www.cdc.gov/diabetes/pubs/statsreport14/diabetes-infographic.pdf)). Accessed September 20, 2015.
- <sup>8</sup> Michigan Department of Health and Human Services. Prediabetes in Michigan—2015.
- <sup>9</sup> National Institute of Diabetes and Digestive and Kidney Diseases. Diagnosis of Diabetes and Prediabetes ([www.niddk.nih.gov/health-information/health-topics/Diabetes/diagnosis-diabetes-prediabetes/Pages/index.aspx](http://www.niddk.nih.gov/health-information/health-topics/Diabetes/diagnosis-diabetes-prediabetes/Pages/index.aspx)). Accessed August 21, 2015.
- <sup>10</sup> National Institute of Diabetes and Digestive and Kidney Diseases. Comparing Tests for Diabetes and Prediabetes: A Quick Reference Guide ([www.niddk.nih.gov/health-information/health-topics/diagnostic-tests/comparing-tests-diabetes-prediabetes/Pages/index.aspx](http://www.niddk.nih.gov/health-information/health-topics/diagnostic-tests/comparing-tests-diabetes-prediabetes/Pages/index.aspx)). Accessed September 25, 2015.



## Agenda and Participating Organizations

### Prevent Diabetes *STAT*: Michigan Engagement Summit

Friday, May 8, 2015 • Novi, Michigan  
Diamond Banquet and Conference Center



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<b>7:30—8:30</b>	<b>Registration, Networking breakfast</b>
<b>8:30 - 8:45</b>	<b>Welcome and meeting purpose</b> Eden Wells, MD, MPH, FACPM Chief Medical Executive Population Health and Community Services Michigan Department of Health and Human Services
<b>8:45 - 10:00</b>	<b>Understanding the national landscape: National Diabetes Prevention Program overview</b> Ann Albright, PhD, RD Director, Division of Diabetes Translation Centers for Disease Control and Prevention  <b>AMA/CDC Prevent Diabetes <i>STAT</i> initiative</b> Karen Kmetik, PhD Group Vice President, Improving Health Outcomes American Medical Association
<b>10:00 - 10:20</b>	<b>Understanding the Michigan landscape: Current diabetes prevention strengths and opportunities</b> Jennifer Edsall, LMSW Diabetes Prevention Coordinator Diabetes and Kidney Disease Unit Michigan Department of Health and Human Services
<b>10:20 - 10:35</b>	<b>Break</b>

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<b>10:35 - 12:00</b>	<p><b>Spotlight on Success: Understanding the value proposition and population health management</b></p> <p>Moderator: Christopher Holliday, PhD, MPH; Director, Population Health, American Medical Association</p> <ul style="list-style-type: none"> <li>• <b>Dow Chemical Company</b> Catherine Baase, MD Chief Health Officer</li> <li>• <b>University of Michigan</b> William H. Herman, MD, MPH Stefan S. Fajans/GlaxoSmithKline Professor of Diabetes Professor of Internal Medicine and Epidemiology Director, Michigan Center for Diabetes Translational Research</li> <li>Marsha Manning, MLIR, BSN, RN Manager of Medical Benefits and Strategy</li> <li>• <b>Priority Health</b> Michelle Buysse, BSN, RN Director, Commercial Care Management</li> <li>• <b>National Kidney Foundation of Michigan</b> Arthur Franke, PhD Senior Vice President and Chief Science Officer</li> </ul>
<b>12:00 - 12:45</b>	<b>Networking lunch (provided)</b>
<b>12:45 - 1:00</b>	<b>Break</b>
<b>1:00 - 4:15</b>	<p><b>Developing key action steps to increase diabetes prevention program coverage and screening/testing/referral: Action planning process and desired meeting output</b></p> <p>Ann Forburger, MS Diabetes Consultant National Association of Chronic Disease Directors</p> <ul style="list-style-type: none"> <li>• <b>Session A (1:10 - 1:50): What success looks like</b> Facilitated small group activity</li> <li>• <b>Session B (1:50 - 2:50): How we achieve success</b> Facilitated small group activity</li> <li>• <b>Break (2:50 - 3:00)</b></li> <li>• <b>Session C (3:00 - 3:45): Who will lead key actions</b> Facilitated small group activity</li> <li>• <b>Debrief (3:45 - 4:15): Key takeaways</b> Large group report out—Ann Forburger, MS</li> </ul>



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**4:15 - 4:30**

**Next steps and closing remarks**

Marti Macchi, MEd, MPH

Senior Consultant for Diabetes

National Association of Chronic Disease Directors

Richard Wimberley, MPA

Section Manager, Diabetes & Other Chronic Diseases Section

Michigan Department of Health and Human Services

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**4:30**

**Adjourn**

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## Participating Organizations

Organization	Classification
• American Association of Diabetes Educators.....	Trade/professional/advocacy organization
• American Medical Association* .....	Trade/professional/advocacy organization
• Black Women’s Health Imperative† .....	Trade/professional/advocacy organization
• Blue Cross Blue Shield of Michigan.....	Healthcare insurance plan
• Bronson Battle Creek Hospital, Diabetes Education Center .....	Community-based healthcare delivery system
• Centers for Disease Control and Prevention* .....	Public health
• Diabetes Coalition of California† .....	Trade/professional/advocacy organization
• Family Medical Center of Michigan.....	Community-based healthcare delivery system
• Greater Detroit Area Health Council.....	Healthcare collaborative with Diabetes Prevention Program
• Health Alliance Plan of Michigan.....	Healthcare insurance plan
• Henry Ford Health System.....	Community-based healthcare delivery system
• Leavitt Partners, LLC* .....	Consultants to American Medical Association

\* Prevent Diabetes *STAT*: Michigan Engagement Summit organizer and/or funder

† Out-of-state observer



# Participating Organizations

Organization	Classification
• MedNetOne Health Solutions .....	Diabetes Prevention Program with full CDC recognition
• Metro Health .....	Diabetes Prevention Program with full CDC recognition
• Michigan Community Health Worker Alliance.....	Trade/professional/advocacy organization
• Michigan Department of Health and Human Services (MDHHS), Medical Services Administration, Integrated Programs Management Section .....	Public health
• MDHHS, Public Health Administration, Diabetes and Other Chronic Diseases Section*	Public health
• Michigan Health Improvement Alliance, Inc.....	Trade/professional/advocacy organization
• Michigan Health Information Network .....	Trade/professional/advocacy organization
• Michigan Primary Care Association .....	Trade/professional/advocacy organization
• Michigan Primary Care Transformation Project .....	Trade/professional/advocacy organization
• Michigan State Medical Society* .....	Trade/professional/advocacy organization
• Michigan State University Extension.....	Diabetes Prevention Program with full CDC recognition
• MPRO.....	Health education/health research and evaluation
• My Dietitian .....	Health management company with Diabetes Prevention Program
• National Association of Chronic Disease Directors*	Trade/professional/advocacy organization
• National Association of County and City Health Officials .....	Trade/professional/advocacy organization
• National Kidney Foundation of Michigan* .....	Diabetes Prevention Program with full CDC recognition
• Omada Health .....	Diabetes Prevention Program with pending CDC recognition

\* Prevent Diabetes *STAT*: Michigan Engagement Summit organizer and/or funder

† Out-of-state observer



Organization	Classification
• Priority Health* .....	Healthcare insurance plan
• South Carolina Department of Health & Environmental Control†	Public health
• Spectrum Health .....	Diabetes Prevention Program with full CDC recognition
• State Alliance of Michigan YMCAs .....	Community-based organization with Diabetes Prevention Program
• The Dow Chemical Company .....	Diabetes Prevention Program with pending CDC recognition
• Trinity Health .....	Community-based healthcare delivery system
• United Health Organization .....	Healthcare insurance plan
• University of Michigan (UM), Adult Diabetes Education Program .....	Diabetes Prevention Program with pending CDC recognition
• UM Cancer Center, Center for Health Communications .....	Health education/health research and evaluation
• UM School of Public Health, Preventive Medicine .....	Health education/health research and evaluation
• Urban Health Resource.....	Diabetes Prevention Program with pending CDC recognition
• Viridian Health Management .....	Health management company with Diabetes Prevention Program
• Wayne State University Physician Group.....	Healthcare provider group
• West Michigan Physicians Network* .....	Healthcare provider group
• YMCA of Greater Grand Rapids.....	Diabetes Prevention Program with pending CDC recognition
• YMCA of the USA .....	Community-based organization with Diabetes Prevention Program

\* Prevent Diabetes *STAT*: Michigan Engagement Summit organizer and/or funder

† Out-of-state observer

## Appendix C

### May 2015 Prevent Diabetes *STAT*: Michigan Engagement Summit Action Planning Group Members

#### Action Planning Group #1: Screening, Testing and Referral

- **Lawrence An, MD**  
University of Michigan Cancer Center
- **Dara Barrera**  
Michigan State Medical Society
- **Frank Belsito, MD**  
Metro Health
- **Michelle Bryant, MBA, BSN, RN, CPHQ**  
Wayne State University Physician Group
- **Andi Crawford**  
State Alliance of Michigan YMCAs
- **Ann Forburger, MS**  
National Association of Chronic Disease Directors
- **Tamah Gustafson, MPH**  
Michigan Department of Health and Human Services, Diabetes and Other Chronic Diseases Section
- **Omar Hasan, MD**  
American Medical Association
- **William Herman, MD, MPH**  
University of Michigan
- **Julie Higgs, RN, BSN, CDE**  
Bronson Battle Creek Hospital, Diabetes Education Center
- **Ifetayo Johnson**  
Urban Health Resource
- **Jeff Livesay**  
Michigan Health Information Network
- **Lisa Mason**  
Greater Detroit Area Health Council, Inc.

- **Maribeth Mateo, MD**  
Wayne State University Physician Group
- **Katie Mitchell, LMSW**  
Michigan Community Health Worker Alliance
- **John Patton**  
National Association of Chronic Disease Directors
- **Velisa Perry**  
United Health Organization
- **Amber Ryan, MEd**  
American Medical Association
- **Laurie Smith**  
MedNetOne Health Solutions
- **Angela Vanker**  
MPRO
- **Susi Wals, RN, CDE, BSN**  
Metro Health
- **Janet Williams, MA**  
American Medical Association

#### Action Planning Group #2: Screening, Testing and Referral

- **Brandi Adams**  
National Association of County and City Health Officials
- **Sarah Barton RN**  
Bronson Battle Creek Hospital, Diabetes Education Center
- **Mary Ellen Benzik, MD**  
Michigan Primary Care Transformation Project
- **Jackie Ciarelli, RD, CDE**  
MedNetOne Health Solutions



- **Joanna Craver, MNM**  
American Association of Diabetes Educators
- **Jennifer Edsall, LMSW**  
Michigan Department of Health and Human Services, Diabetes and Other Chronic Diseases Section
- **Karma Edwards, MSPH**  
National Association of Chronic Disease Directors
- **Arthur Franke, PhD**  
National Kidney Foundation of Michigan
- **Patrice Gray**  
Wayne State University Physician Group
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