

Summer Diabetes Prevention Network Meeting

Michigan Diabetes Prevention Network
MDHHS-Diabetes Prevention & Control Program

www.Michigan.gov/Diabetes



Mission

MDHHS provides services and administers programs to improve the health, safety, and prosperity of the residents of the state of Michigan.

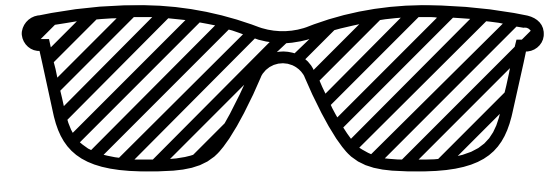
Welcome



- Thank you for coming!
- We encourage breaks and activity during the meeting.
- Brief MI Diabetes Prevention Network (DPN) background.
- Feedback is important to us.

Housekeeping

- Closed captioning is available in Zoom.
- Sharing feedback and asking questions – Chat + Shout it out.
- Slides and recordings to be posted on www.midiabetesprevention.org and emailed to the group when available.



Icebreaker

**What's your favorite way to
spend a summer day?**

Pretend all your chores are done.



Agenda

Summer MI DPN Meeting

State & National Updates

Champion Spotlight

Break

Motivational Interviewing

Group Poll Question

Wrap-Up

CDC Diabetes Prevention Recognition Program data reporting:

- **Extending** data submission **deadlines**.
- Fasting blood glucose can be documented in the glucose test area but **don't have to provide A1c in spreadsheet** even if that's how the person is eligible for the program.

CDC Diabetes Prevention Recognition Program data reporting, cont'd:

- **Gender column removed – now 36 instead of 37 columns** in DPP data reporting spreadsheet.
- If data is submitted with 37 columns or with a first row that isn't column headings, you will get an error.
- OK to either use old template and delete gender column yourself or use new template on Customer Service Center site.

CDC Office Hours Quick Tips:

- When using ***Prevent T2*** DPP curriculum, the only required module order is **module #1 must come first, #26 must come last.**
- Recommend sessions #2-7 in order b/c they offer a foundation.
- Session #16 helps with staying motivated at the 6-month mark.

CDC Office Hour Quick Tips, Cont'd:

- In-person with/without distance modality can offer **make-up sessions in any modality**.
- **Preliminary and Full recognition don't expire**, as long as you submit data every 6 months.
- **Full Plus does expire** – it lasts 12 months – must continue requirements to retain.
- Reach out for help through **CDC Customer Service Center “help desk ticket” option**, including if you want to change delivery mode.

CDC April Data – **Michigan**

- **35 DPPs**, **9** active **Medicare DPP** providers, **4** orgs with **Full** recognition and **20** with **Full Plus** recognition.
- **7 Medicaid DPP** (MiDPP) suppliers enrolled in CHAMPS, **2** more **pre-approved** to begin enrolling in CHAMPS.
- Since DPP started, **35,320 completers**.
- **Since** disability (yes/no, 6 fields) was required in **July 2024**, **127** participants have reported having **at least one disability**.

CDC April Data – **Michigan**

- Completers by modality:
 - **18,572 online.**
 - **11,692 in-person.**
 - **2,844 in-person with distance** component.
 - **2,150 distance.**
 - **62 combination with online** component.

CDC April Data – **Michigan.**

- 2025 Quarter 1 (Jan-March).
- People reporting **disability**.
 - **22** conclusers.
 - 100% of conclusers were completers.
 - **63.6% of completers met risk reduction.**

- CDC April Data – **Michigan**
 - 2025 Quarter 1 (Jan-March).
 - People reporting **low socioeconomic status**.
 - **1,872**.
 - 39.6% completers were completers.
 - **64.7% met risk reduction**.

Nat'l Coverage Toolkit Highlight – DPP Return on Investment (ROI)

Cost & Value

TWO WAYS TO ASSESS VALUE :

ROI

(RETURN ON INVESTMENT)

NET SAVINGS

(FROM CHANGES IN UTILIZATION)

PROGRAM COSTS

VOI

(VALUE ON INVESTMENT)



Worker productivity
Quality of life
Improvement of other
chronic conditions
Appreciation for health plan



Absenteeism
Reduced quality
of life

The National DPP lifestyle change program allows payers to **avoid the high cost of type 2 diabetes** through delaying or preventing the onset of type 2 diabetes among covered individuals. The program provides **direct financial benefits** in the form of lower health care costs by preventing diabetes, and **indirect financial benefits** such as increased productivity and quality of life.

\$12,022*

**Annual Average Medical Expenses
Attributable to Diabetes**

Total annual medical expenses averaged \$19,736

VS.

~\$800+/-

**Participant reimbursement
amount for the National DPP
lifestyle change program**

Program reimbursement estimates benchmarked to most current CMS Calendar Year MDPP Payment Rates**, which are updated annually for inflation.

The Michigan Diabetes Dashboard

Jie Chen

Diabetes Epidemiologist

JCHEN2@MICHIGAN.GOV



The Michigan Diabetes Dashboard ⁽¹⁾

- ▶ Purpose of the Diabetes Dashboard
 - ▶ To monitor and visualize the burden of diabetes among Michigan adults aged 18 and older.
 - ▶ Supports data-driven decision-making at both the state and local levels.
 - ▶ Data Source: Michigan Behavioral Risk Factor Surveillance System (MiBRFSS).
- ▶ Intended Users & Applications
 - ▶ Designed to help public users and health professionals:
 - ▶ Understand statewide and local diabetes trends
 - ▶ Identify health disparities
 - ▶ Plan and target interventions where they are most needed

The Michigan Diabetes Dashboard ⁽²⁾

- ▶ Presents **age-adjusted diabetes prevalence** statewide and by county.
 - ▶ **Demographics** such as sex, age, race/ethnicity, disability, education, income, and insurance status.
- ▶ Tracks behaviors:
 - ▶ alcohol use, smoking, physical inactivity, and self-reported health status.
- ▶ Highlights conditions like :
 - ▶ cardiovascular disease, kidney disease, hypertension, and depression.
- ▶ Diabetes Management Indicators:
 - ▶ Receive an annual eye exam, Get regular A1C testing, Take insulin, Participate in self-management education programs
- ▶ Local-Level Accessibility:
 - ▶ County level, Local health departments, Prosperity regions

The Michigan Diabetes Dashboard ⁽³⁾

- ▶ How to use the dashboard?
 - ▶ [Diabetes Among Michigan Adults](#)
- ▶ Upcoming dashboards: Prediabetes Dashboard and Inpatient level Diabetes Dashboard

MICHIGAN DIABETES DASHBOARD

Welcome to the Michigan Diabetes Dashboard

Introduction:

Diabetes is a chronic, metabolic disease characterized by elevated levels of blood glucose (or blood sugar), which leads to serious damage to the heart, blood vessels, eyes, kidneys, and nerves. In Michigan, diabetes has been one of the ten leading causes of death for more than ten years.

Diabetes Information:

- 1) **Type 1 diabetes**, formerly known as juvenile or insulin-dependent diabetes, is a chronic condition in which the pancreas produces little or no insulin.
- 2) **Type 2 diabetes** is the most common form of diabetes. It develops when the body becomes resistant to insulin or does not produce enough insulin.
- 3) **Prediabetes** is a condition in which blood sugar levels are higher than normal but not high enough for a type 2 diabetes diagnosis. If left untreated, people with prediabetes are at a higher risk of developing type 2 diabetes.
- 4) **Gestational diabetes** occurs during pregnancy in individuals who did not previously have diabetes. Those with gestational diabetes are at a higher risk of developing type 2 diabetes later in life.

Dashboard Purpose:

- 1) To illustrate diabetes burden among Michigan adults age 18 years and older.
- 2) To provide quick access to indicators at the state level, as well as demographics and select comorbidities and controllable factors.

Note: Indicators were age-adjusted in population estimates within trends, between regions, and between selected characteristics in this dashboard.

Instructions: To get started, please use the buttons at the top to navigate between the main headings and the sub-categories. Each page displays different indicators; click on each indicator to view the information.

This interactive dashboard was designed by the Diabetes and Kidney Unit and Chronic Disease Epidemiology Section at Michigan Department of Health and Human Services.

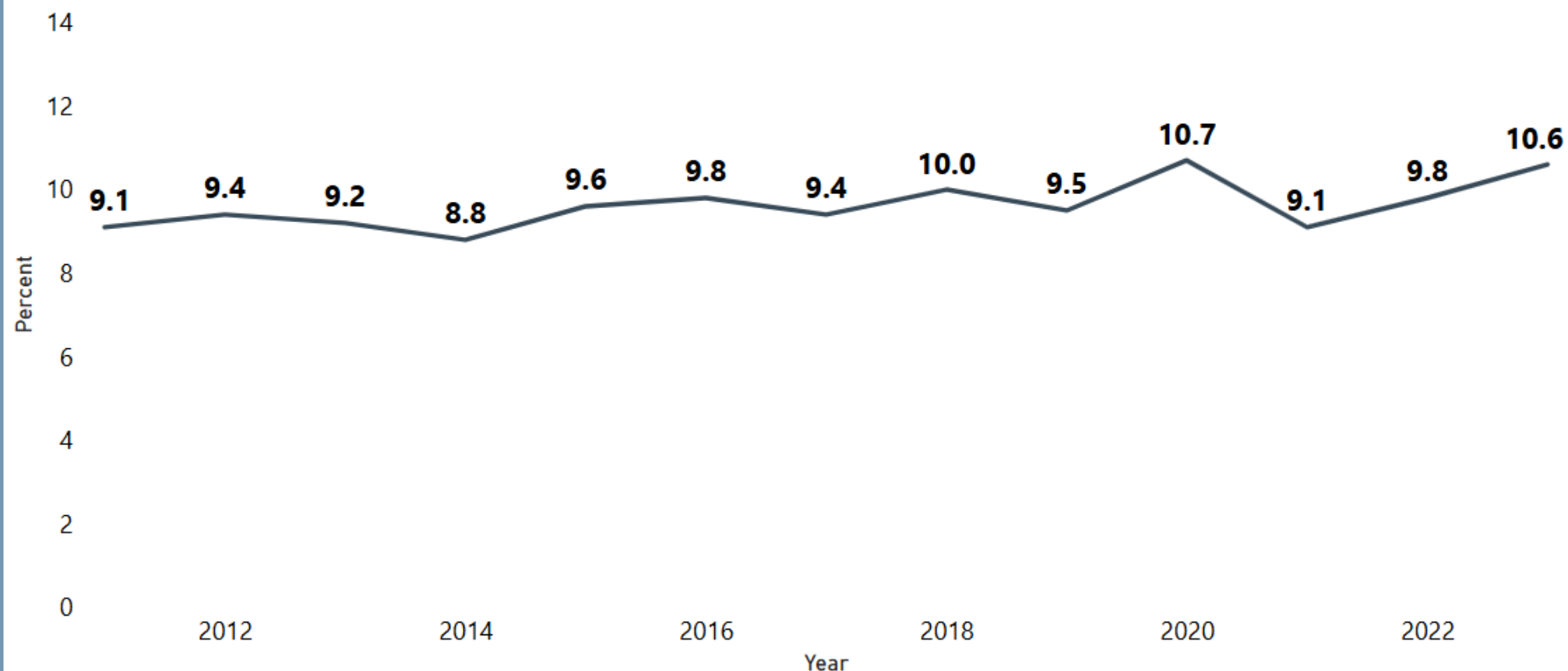
[Overview](#)[Diabetes](#)[Comorbidities & Risk
Factors](#)[Diabetes
Management](#)[County & Prosperity
Region](#)[About the Data](#)[Resources](#)

MICHIGAN DIABETES DASHBOARD

Click Each Tab Below

[Prevalence](#)[Sex & Age Groups](#)[Race & Ethnicity](#)[Disability & Education](#)[Income & Insurance](#)

Age-adjusted Diabetes Prevalence Among Michigan Adults from 2011 to 2023



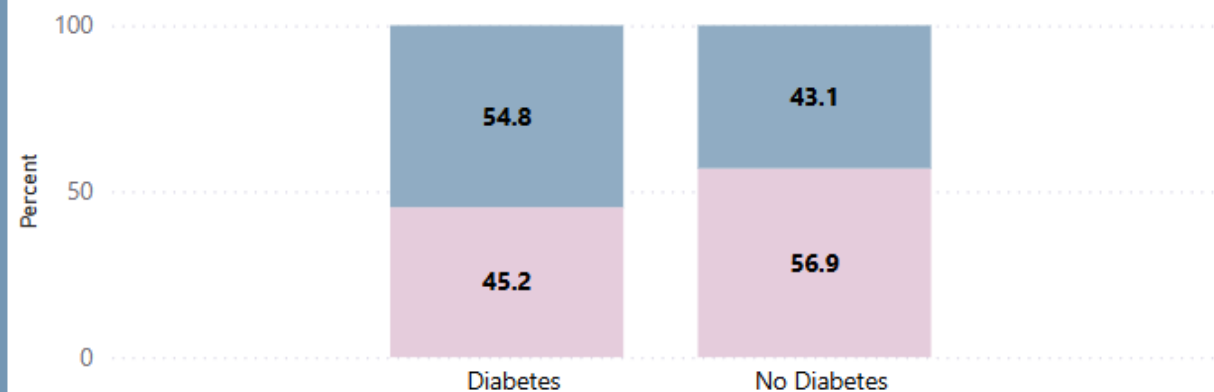
[Overview](#)[Diabetes](#)[Comorbidities & Risk
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Age-adjusted Diabetes Prevalence Among Michigan Adults by Comorbidities & Risk Factors 2021-2023 Combined

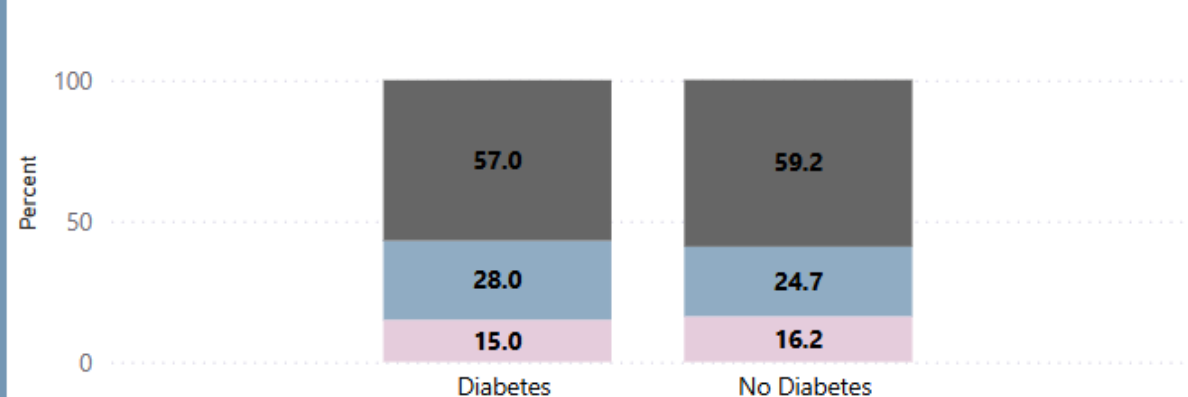
[Click Each Tab](#)[Comorbidities](#)[Risk Factors](#)

Age-adjusted Diabetes Prevalence Among Michigan Adults 2021-2023 Combined: 9.8% (9.4%-10.3%)

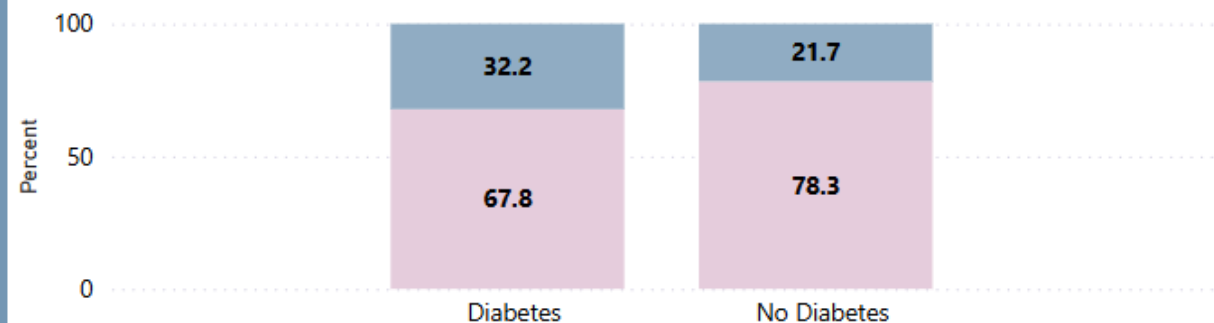
Alcohol Consumption

Factor Alcohol No Alcohol

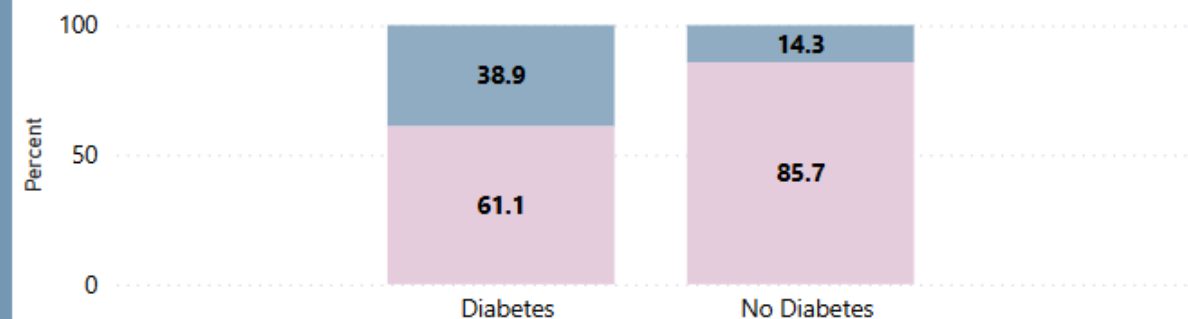
Smoking Status

Factor Current Smoker Former Smoker Never Smoked

Physical Activity Status

Factor Physical Activity No Physical Activity

Health Status

Factor Good or Better Health Fair or Poor Health

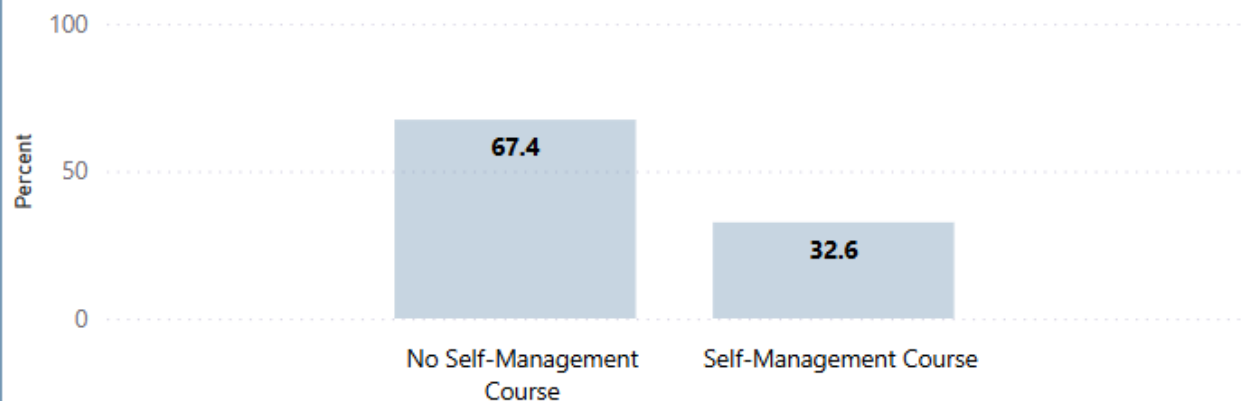
[Overview](#)[Diabetes](#)[Comorbidities & Risk Factors](#)[Diabetes Management](#)[County & Prosperity Region](#)[About the Data](#)[Resources](#)

Preventive Services Among Michigan Adults with Diabetes by Diabetes Education Status, 2021-2023 Combined

[Click Each Tab](#)[Management](#)[Preventive Service](#)

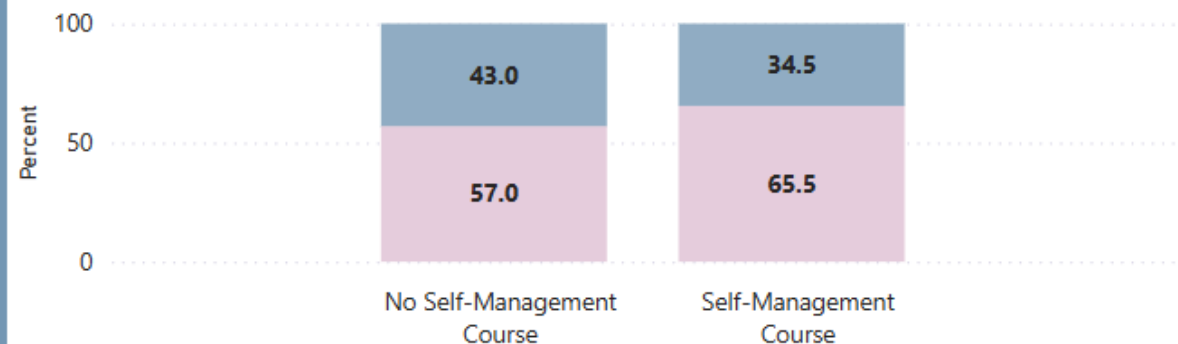
Age-adjusted Diabetes Prevalence Among Michigan Adults 2021-2023 Combined: 9.8% (9.4%-10.3%)

Diabetes Self-Management Course Status



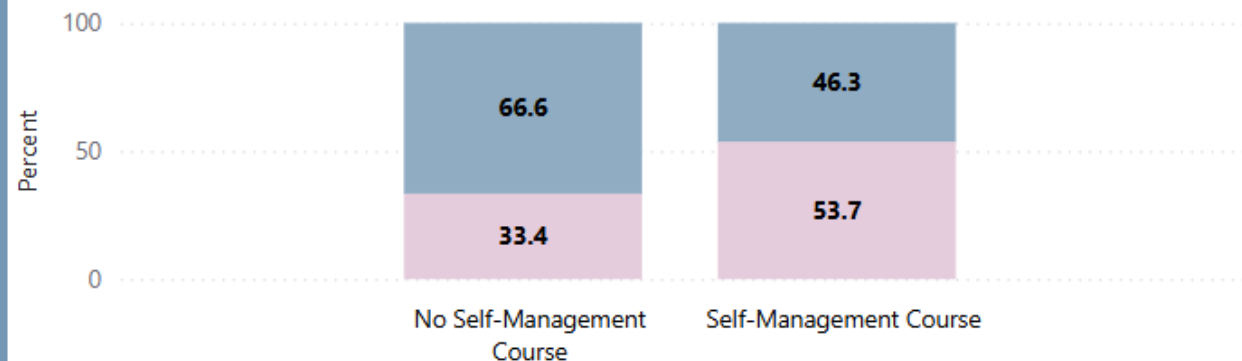
Diabetes Self-Management Course with Eye Exam Status

Indicators Eye Exam No Eye Exam



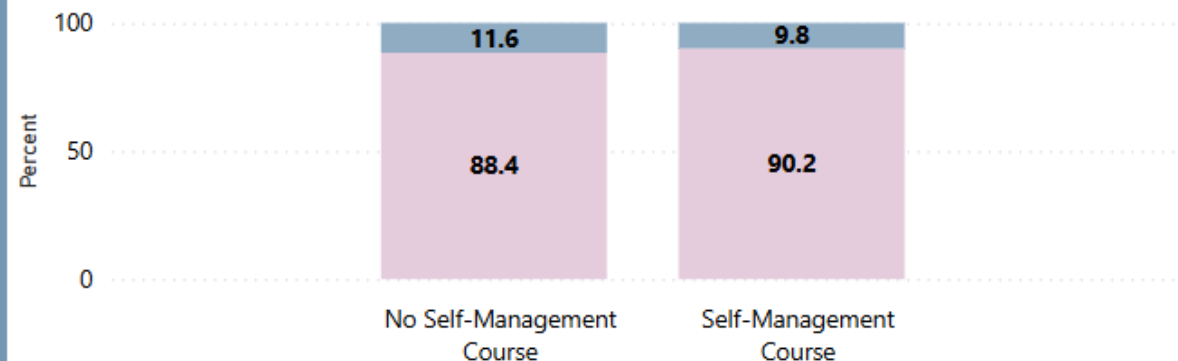
Diabetes Self-Management Class with Insulin Use Status

Indicators Insulin No Insulin



Diabetes Self-Management Course with A1C Check Status

Indicators A1C test No A1C test



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Factors](#)[Diabetes
Management](#)[County & Prosperity
Region](#)[About the Data](#)[Resources](#)

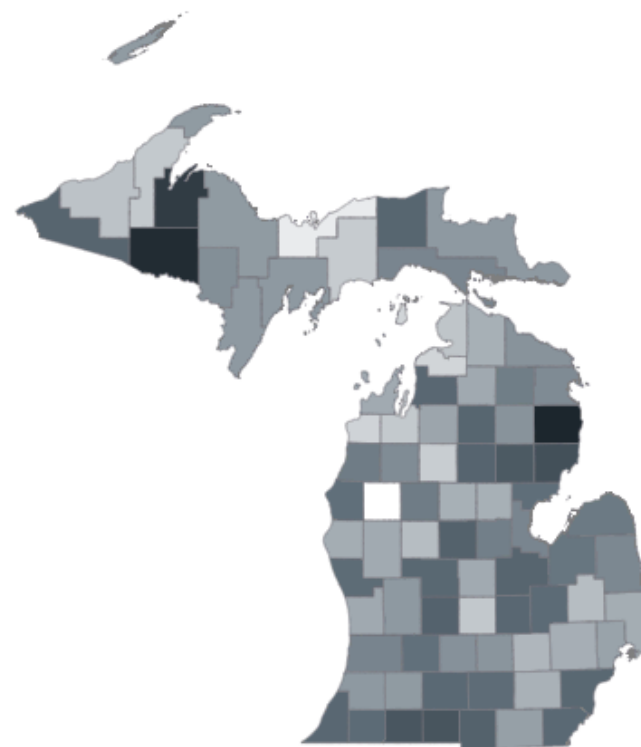
MICHIGAN DIABETES DASHBOARD

[Click Each Tab](#)[Local Health
Department](#)[County](#)[Prosperity Region](#)

Age-adjusted Diabetes Prevalence Among Michigan Adults 2021-2023 Combined: 9.8% (9.4%-10.3%)

County	Percent	95%CI
Alcona	22.8	7.6-51.6
Alger	2.5	0.7-8.6
Allegan	10.3	7.3-14.3
Alpena	9.8	5.2-17.9
Antrim	13.1	5.3-28.9
Arenac	12.1	5.6-24.4
Baraga	19.5	10.7-32.9
Barry	11.8	6.8-19.8
Bay	10.2	7.1-14.6
Benzie	4.3	2.1-8.5
Berrien	13.1	9.2-18.4
Branch	15.8	9.8-24.5
Calhoun	12.8	9.2-17.6
Cass	12.5	6.2-23.4
Charlevoix	4.2	2.1-8.2
Cheboygan	7.0	3.4-14.1
Chippewa	8.7	5.1-14.5

Hover over each county for more info.



Note: The table shows the combined diabetes prevalence among people living in Michigan from 2021 to 2023 at the county level. If a county is not listed, the data were suppressed due to a sample size (denominator) of less than 50 or a relative standard error greater than 30%, making data unreliable.

Champion Showcase

From My Perspective: Kara Torres, ACCESS

- Referral partners
- DPP participant who encourages others
- Question(s) for group

Welcome, CHW Pre/Diabetes Micro-Credential Graduates!



- Fenise
- Carriece
- Derrick
- Robin
- Tay

Break

Refresher & Practice Motivational Interviewing

Disclaimer

This refresher and these exercises are not intended to serve as professional advice meant to directly dictate how you do your jobs. Nor are they representative of the opinions of MDHHS as a whole. They are for educational purposes only intended for Michigan Diabetes Prevention Network meeting participants.

Motivational Interviewing (MI)

It is “a **collaborative, goal-oriented style** of communication with particular attention to the **language of change**. It is designed to **strengthen personal motivation** for and **commitment** to a **specific goal** by eliciting and exploring the **person’s own reasons for change** within an atmosphere of **acceptance and compassion.**”

Miller & Rollnick, 2013, p. 29
Emphasis added independently.

Qualities of MI

Guiding style that sits between following (listening) and directing (educating or giving advice).

Designed to **empower** people to change by identifying **personal** meaning, importance, and capacity to change.

Respectful, curious way of sitting with people that facilitates natural change and honors autonomy.

When It's Particularly Useful

Ambivalence is **high** (I don't know if I want to change...)

Confidence is **low** (I don't know if I could do it.)

Desire is **low** (I'm not sure if I really want to do this or change.)

Importance is **low** (Is this worth doing or worrying about?)

Core Elements

Partnership: People are the experts of their own lives.

Acceptance: Nonjudgmental stance focused on strengths that respects a person's ability to make their own choices.

Compassion: Client wellbeing comes first.

Evocation: People have within themselves resources and skills needed for change.

Core Skills

Open questions: Draw out and explore person's ideas, perspectives, experiences.

Affirmation: Highlight efforts, past successes, strengths to build hope and confidence in ability to change.

Reflections: Repeat, rephrase, or suggest deeper guess. Foundational for expressing empathy.

Summarizing: Ensures shared understanding and reinforces key points made by client.

Processes

Engaging: Listen to understand, accurately reflect person's experience while affirming strengths and encouraging autonomy.

Focusing: Agree on shared purpose, giving permission to guide discussion towards change.

Evoking: Build the “why” by eliciting client ideas and motivations. Ambivalence normalized and explored, which may help resolve it.

Planning: Identify commitment to change, develop client-driven plan/next steps.

Qs for Ambivalence, Motivation

How ready to you
feel to change
your lifestyle or
eating patterns?

How are your
current behaviors
affecting your life
right now?

On a scale of 1-10,
how ready are you to
make changes in
your eating and/or
activity habits?

What has worked
for you in the
past?

What makes you feel
you can continue to
make progress if you
decide to?

What are your hopes
for the future if you
are able to become
healthier? Or to
prevent diabetes?

Qs to Assess Readiness

How do you feel about changing your eating or activity habits?

How would you like your health to be different?

How ready to change are you?

People differ in how ready they are to make changes. What about you?

Qs to Assess Importance, Confidence

How would things be different for you if you ate more healthfully, were more active, joined a lifestyle change program, etc.?

What would have to happen before you seriously considered changing?

What you think would happen if your behaviors don't change?

What are the most important things to you? What impact does your health have on them?

Qs to Assess Importance, Confidence, cont'd

What are good things about changing?

What are your concerns about changing?

If you were to change, what would it be like?

Qs to Assess Barriers

What stands in the way of you taking a first step?

What barriers might challenge your success (e.g., childcare, transportation, internet access, schedule changes, cost, accessibility)?

What is the first obstacle that comes to mind when you think about change?

Readiness Exercise

- On a scale of 0-10, with 0 being not ready to make changes (eating, physical activity, enrolling in a lifestyle change program), and 10 is ready to make changes, what score would you give yourself?



- You gave a score of _____.
 - Why do you think you are a _____?
 - What would it take to get you to a 9-10?
 - Why are you not a lower number?

Benefit/Drawbacks Exercise

Talk with the client or potential participant about what they consider short-term and long-term benefits and drawbacks of making healthy changes or enrolling in DPP. Identify barriers and goals.

Short-Term Costs

Examples: Fear of failure, covering start-up fees, comments, changing schedules, transportation.

Short-Term Benefits

Examples: Increased confidence, more energy, finding a support system, excitement of change, role modeling.

Long-Term Costs

Examples: Time commitment, childcare help, work schedule adjustment, financial fees, new clothes.

Long-Term Benefits

Examples: Increased confidence, role model, solid support system, increased energy, decreased medical costs/issues, higher quality of life.

Scenario One

You identify someone is at a 5 out of 10 in terms of readiness to enroll in DPP.

What might you say to them next?

Scenario Two

Someone attends your DPP Session Zero. They approach you after, wondering if DPP is right for them and why the one-year commitment of DPP is something they should invest in.

What might you say to them?

Scenario Three

A DPP participant has missed the last few sessions and you haven't heard from them, including from your offers of make-up sessions. You're able to get a hold of them via a phone call or text, and you have their attention right now.

How would you use motivational interviewing?

Other Motivational Interviewing Practice/Skills

- Were there parts of this MI refresher, suggested questions, and practice that were helpful?
- Is there other knowledge you'd like related to MI?
- Is there other skill building you'd like related to MI?
- Are there other types of practice you'd like related to MI?

Discussion

How do we get more people involved in the Michigan DPN?

Suggestions

- Recent suggestions
 - AARP
 - VA

Wrap-Up and Thank You

Diabetes Poster DPP Survey Results & Interviews

DPN Evaluation

- Please fill out the meeting evaluation. Link:
https://forms.office.com/Pages/ResponsePage.aspx?id=h3D71Xc3rUKWaoku9HII0QinSJ7ceQpMn8hn_G09nedUNUdWUFYxQUwwVU1YWDM4M1FRWlYyNktCVi4u
- Include any questions you want answered at the COP meeting next week in the eval, in this meeting's chat, or email
DavenportA1@Michigan.gov.
- We will save slides and notes if you can't attend live!



Thank you! Contact us at any time!



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- Medicaid DPP: MDHHS-Medicaid-DPP@Michigan.gov