



STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

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MEMORANDUM

TO: COORDINATORS AND EDUCATORS OF MICHIGAN CERTIFIED DIABETES SELF-MANAGEMENT EDUCATION PROGRAMS

FROM: KAREN BOYER, RN, MSN, COORDINATOR, CERTIFICATION PROGRAM

SUBJECT: UPDATE

DATE: JANUARY 27, 2005



BEST WISHES FOR A HEALTHY AND HAPPY 2005!



ACTION ITEMS

Annual Reports – for annual review and planning processes that occurred 2003-04	Due no later than January 32, 2005
DSMT data base – currently are 30 programs using it	Contact Karen Boyer if interested
National Diabetes Educational Program (NDEP) materials	Please let Gwen Imes know if using any – imesg@michigan.gov ; 517-335-8378
Annual Coordinators’ Meeting Planning group	Let Karen Boyer know if you would like to participate on this work group (primarily conference calls) by: Feb. 11
Diabetes Outreach Networks Request for Proposal	Will be released in February, 2005
Support Group Training	Contact Dan Dienpenhorst (dipenhorstd@michigan.gov ; 517-335-9462)

CERTIFICATION PROGRAM

Annual statistics: Thank you all for submitting the annual statistical reports. 24,700 participants completed the education planned - a 3.7% increase from last year. The aggregate report is below:

Race	% of total	% of estimated prevalence in Michigan
White	78.9	4.23
Black	13.36	2.94
Asian et al	.44	
Hispanic et al	2.45	2.16
Unknown	2.55	
Gender		
Male	38.59	3.44
Female	48.17	4.59
Unknown	3.23	
Age Range		
65+	23.99	2.53
45-64	45.0	4.32
19-44	26.15	6.54
Under 19	3.19	9.08
Unknown	1.59	
Diabetes type by age		
1- 0-18	3.13	
1 - 19+	5.6	
2 - 0-18	0.54	
2 - +19	75.92	
Gest.	12.38	
Prediabetes	1.8	Miniscule
Unknown	.54	

Interesting observations/comparisons with last year's stats.: 24,700 is 4.13% of the 598,700 adults and children estimated to have diabetes in Michigan. A smaller percent of Hispanic et al population were served this year compared with last year (2.45% vs. 3.73%); age range breakdown very similar to last year; fewer type 2 – age 0 – 18 (0.54% vs. 1.5) and slight increase of prediabetes (1.8 vs 1.6). The percent increase of total participants from FY 02 to 03 was 26.5% whereas from 03 to 04 it was only a 3.9% increase. Is such a small increase from last year a concern, particularly given the fact that that there was a 16% increase in the prevalence of diabetes in the past 2 years?. However, 16% of 598,000 = 95,680. If this number roughly represented the incidence of diabetes (# of new cases), and the newly diagnosed are more likely to be referred for DSMT, then our impact is greater, i.e. 25.8%. Are people with diabetes receiving self-management training, particularly if they are newly diagnosed? Are they receiving training in places/settings other than DSMT programs? If so, is it quality education? These will be interesting issues to explore and I hope to have the opportunity to discuss these questions with you in the next few months.

Note: Beginning with the annual statistical reports for FY 04, programs no longer need to include the number of participants for whom successful follow-up assessments were obtained on the annual statistical report submitted to MDCH.

Random site visits: Mary Jean Klebba, RN, CDE made eight site visits of randomly selected DSMT programs last year and eight programs have been selected for this year (see Certification/Recertification Policy - revised January 21, 2004). Feedback from programs indicated that the site visits were a positive experience and Mary Jean Klebba, under a contract with MDCH, will be making the visits again this year. At least 4 weeks notification will be provided to those programs selected. Of the eight programs visited last year, 3 had no unmet requirements. The

other 5 with unmet requirements were distributed as follows: Standard 7 - incomplete curriculum; Standard 8 - assessment (2 programs); education plan (3 programs); collaboration (1 program); Standard 9 – documentation (2 programs); and Standard 10 – CQI (1 program).

New State Certified DSMT Programs: Three programs were certified in FY 04 – Lakeshore Community Rural Health Network (a collaboration between Harbor Beach and Deckerville hospitals)– coordinator Laurie Rogenbuck; Mercy Hospital – Cadillac - previously a satellite site of Munson Hospital’s DSMT program (coordinator Cindy Bosscher) and Mid Michigan Health Center – Gladwin (certified as a group entity) – coordinator Mary Greeley. Additionally, Hills and Dales General hospital was certified November 23, 2004 (coordinator Dotty Korth). Congratulations to these programs! The total number of state certified DSMTs is now 81.

Mentoring program (partnership between MODE and Michigan’s DPCP DSMT Certification program): The task force has met several times to develop a structured mentoring program. This program will be offered first to DSMT program coordinators and eventually broadened to include diabetes educators and health care professionals seeking to become diabetes educators. The program will be introduced during the MODE spring conference April 15.

Annual Coordinators’ Meeting – 2004: Sixty program coordinators attended the meeting on Mackinac Island in October and post-meeting evaluations indicated that coordinators want to continue to coordinate the annual meeting with MODE’s fall conference. A date has not yet been chosen for this conference. A packet of materials was sent to those coordinators who were unable to attend. If you did not receive yours, please contact Olga De La Cruz (517-335-9759; delacruz@michigan.gov).



Volunteers for planning committee – annual coordinators’ meeting 2005: It will soon be time to start planning the 2005 annual meeting and if anyone is willing to participate on this committee, please let me know. It would involve some meetings (conference calls primarily), typically lasting about 1 hour or less.

Sample documentation tools are available on the MDCH web site (www.michigan.gov/diabetes). Click on “certification program” and then “new guidelines, forms and additional information”:. These tools are in a format that you should be able to “save as” so you can customize. If you have problems doing this, please contact Earl Watt, watte@michigan.gov; 517-335-8600.

Diabetes Community Health Workers: The work group for the state diabetes plan’s recommendation to “enable diabetes community health workers” met several times last year. The co-chairs of this group are both coordinators of state certified DSMT programs. Because the recommendation involves DSMT programs, the group is planning a mechanism to obtain direct input from each and every DSMT coordinator as we move into the next stage of this project. Stay tuned!

Prevention Resources/Information (State and Federal)

The U.S. Administration on Aging (AoA) launched a new campaign called “You Can! Steps to Healthier Aging”. The campaign stresses that even modest improvements in diet and activity can promote healthy aging and aims to boost physical activity and improve food choices among older Americans. AoA will provide a toolkit to partner organizations that agree to implement campaign elements, large or small, in their communities. See www.aoa.gov/youcan.

The work group for primary prevention (a collaboration between MDCH, DPCP and the Michigan Public Health Institute) completed its “Michigan Action Plan for Diabetes Primary Prevention”. The purpose of this project was to identify partners and resources needed to develop a program to prevent diabetes in Michigan. The work group was comprised of MDCH staff from various disciplines and disease sections and partners and stakeholders throughout Michigan. Several recommendations were made and MDCH, together with Diabetes Partners in Action” (DPAC),

will seek to implement these. Information about the progress of implementation of these recommendations will be reported on the MDCH DPCP web site, where reports of the various diabetes state plan committees will be posted.

Michigan's prevention action plan has particular significance given the latest information that Michigan ranks 33rd among all states for prevalence of obesity and 44th for prevalence of smoking (actually increased from 24.2% in 2002 to 26.1% of the population in 2003).

The chronic disease prevention caucus (group of legislators addressing preventive behaviors, including a focus on diabetes – see "Update" February 5, 2004) has been disbanded. The Michigan Legislature, however, has maintained its commitment to prevention.

Preventing Chronic Disease (journal). See www.cdc.gov/pcd where you will find downloadable articles and information on the journal.

Helping Older Adults Stay Healthy: The Agency for Healthcare Research and Quality (AHRQ) released a booklet for older adults called The Pocket guide to Staying Healthy at 50+. The guide incorporates new research-based recommendations from the U.S. Preventive Services Task Force. It is available in English

www.ahrq.gov/ppip/50plus/ and Spanish www.ahrq.gov/ppip/50plussp/ on the AHRQ Web site.

Printed copies are available from the AHRQ Publications Clearinghouse by calling (800) 358-9295 or sending an e-mail to ahrqpubs@ahrq.gov

National multicultural diabetes prevention campaign – Small Steps. Big Rewards. Prevent type 2 Diabetes: The National Diabetes Education Program launched this campaign April 28, 2004. The campaign focuses on empowering people at high risk to make modest lifestyle changes to prevent or delay the onset of type 2 diabetes. The campaign materials include motivational tip sheets for consumers and is specifically tailored for each of the high risk groups: African Americans; Hispanic and Latino Americans; American Indians and Alaska Natives; Asian Americans and Pacific Islanders and Adults ages 60 and older. See www.ndep.nih.gov

Please let Gwen Imes (our NDEP Coordinator) know if you use this or any other NDEP materials (imesg@michigan.gov; 517-335-8378).

Women on the Move: A diabetes prevention brochure and action kit designed specifically for women was released by the national Council of Women's Organizations last summer. The brochure sends a message to women about the diabetes epidemic and presents easy prevention activities. Preview the brochure at www.womensorganizations.org. The brochure and kit are available free of charge – contact Sarah Hoffman at sarahh@ncwo-online.org or telephone 202-393-7122.

Medicare Modernization Act: As part of this act, Medicare is offering progressively more preventive services. Beginning January 1, 2005, Medicare will pay for initial comprehensive physical examinations for new Medicare beneficiaries, which includes influenza and hepatitis B vaccines, mammograms, Pap smears and pelvic examinations and other screening tests, such as an EKG, vision and hearing and depression. Medicare would also cover screening tests for cholesterol and diabetes for people already in the program. The new act also includes reimbursement for physicians to provide education and counseling for any medical problems detected in the physical examination and Medicare will pay for diabetes screening tests twice a year for people at risk of developing the disease.

In July of last year, Medicare announced that they will change their policy about obesity and recognize it as an illness. This means that beneficiaries will be able to request a government review of medical evidence to determine whether certain treatments for obesity can be covered.

State Diabetes Prevention and Control Program (DPCP) Information

DPCP moving: Sometime between July 1 and November 1, 2005, the DPCP will be moving downtown Lansing (109 Michigan Ave).

Outcome data: A random survey of 4000 Medicare recipients with diabetes was completed last year (May and June) – in partnership with MPRO, Michigan's Health Care Quality Improvement Organization, and the Michigan Public Health Institute. The total number of surveys returned was 1,370. The following summarizes the results of this

survey: 73.9% had foot exam in the last 12 months; 81.5% had an eye exam in the last 12 months; 80.8% had a flu shot in the last year and 67.2% had received a pneumococcal shot; 89.4% did not use tobacco and 75.2% had high blood pressure; 22.1% were referred to an RD in the last 12 months; **34.7% were referred for DSMT**; 67.8% had an A1c test in the last 12 months; 84.6% had an LDL-Cholesterol in the last 12 months; 19.3% had a microalbuminuria test in the last 12 months.

Request for Proposal for Diabetes Outreach Networks: Funding for the regional Diabetes Outreach Networks will be awarded based on a competitive bidding system for fiscal year 2005-06. The RFP will be issued in February 2005. An e-mail will be sent to you when the Proposal is released.

New "Fact Sheets" are available on the MDCH web site: www.michigan.gov/diabetes (dated June 2004, encompassing 2001-2003). Statistician Earl Watt reports that the prevalence of diabetes increased 16% in the past 2 years.

Budget: MDCH expects a \$390 million shortfall for FY 05. In the future, the department will be focusing on budgeting based on outcomes and state priorities, utilizing a philosophy of thinking less on what is being cut (during fiscal stress) and more on what the money is spent on.

Healthy Aging Initiative: Michigan's Offices of Services to the Aging and MDCH, Division of Chronic Disease and Injury control are collaborating on this project to promote successful aging. A "Healthy Aging Workgroup", of which I am a member, has been convened and is comprised of many organizations and agencies that are concerned with healthy aging from many aspects.

Michigan Steps Up! (Move More-Eat Better-It's That Simple): The web site for the Healthy Lifestyle Campaign of Michigan Surgeon General, Kimberly Dawn Wisdom, will be available soon. For additional information about this campaign go to www.michigan.gov/documents/michiganstepsupfinal_111133_7.pdf. Happily, even though this city and the rest of Michigan still have a long way to go, Detroit was dropped from the nation's fattest city to number three (behind Houston and Philadelphia) (as reported in Men's Fitness magazine – February issue).

New recommendations on disposal of used syringes generated at-home were issued December 16, 2004 by the Environmental Protection Agency. See www.epa.gov/epaoswer/other/medical/sharps.htm for free brochures.

Joining People with Diabetes (JPD): This group met November 3, 2004 and Sally Joy, former support group leader in Ann Arbor and currently working for the National Kidney Foundation of Michigan as a legislative advocate, gave a presentation on advocacy. An Advocacy Day focused on diabetes funding in Michigan is scheduled for April 20, 2005 and the partners in this endeavor (ADA, Michigan's Diabetes Outreach Networks and the Kidney Foundation), are recruiting people to promote diabetes awareness among legislators. DSMT support group members/leaders are invited - consumer representatives, including children and minorities are particularly needed to participate in this endeavor to make diabetes more visible.

Training for support group leaders continues and one was held in Cadillac November 10, 2004. Call Dan Diepenhorst if interested in attending or scheduling one (517-335-9462).

Diabetes Detection Initiative: Representatives from Michigan's DDI met in November, 2004 with other states to discuss their respective programs. Preliminary findings show that customized risk tests were useful but not enough to motivate high risk people to community clinics; early, substantive community involvement is essential; local partners outside the health system must be engaged; incentives or acknowledgements work; and there is a need to strengthen links with private providers to capture diagnostic data.

Primary Care Initiative for a Healthier Michigan (PCIHM): This is a statewide, broad-based group of key stakeholders and other interested parties who will collaborate to improve the system of delivering prevention services and management of chronic disease and/or other conditions in primary care settings throughout Michigan. The initial focus for 2004-09 includes physical activity, healthy eating, tobacco prevention and cessation, asthma

management and diabetes management. Five workgroups will convene to develop a Strategic Action Plan to address system barriers towards implementing the evidence-based strategies outlined in “Prescription for a Healthier Michigan. I will participate on the “Referral and Access to other Professionals/Community Resources” workgroup and will strive to keep you apprised and seek your input in this endeavor.

Miscellaneous resources and information

U.S. Surgeon General’s Family History Initiative was recently launched and Thanksgiving Day 2004 was the inaugural National Family History Day. To help increase awareness of the importance of family health history, an easy-to-use downloadable, web-based family history tool, “My Family Health Portrait” is available in English and Spanish on www.hhs.gov/familyhistory.

Live Well, Live Long: The American Society on Aging has created strategies and materials to increase understanding of the changing health and social service needs of an aging and more diverse population (funded by Center for Disease Control and Prevention). These include tools for tailoring education on nutrition and physical activity to specific cultural communities and others. The tools are encompassed in stand-alone modules available for free on the internet. Each module is designed to complement existing health promotion programs. See www.asaging.org/cdc/.

Agency for Healthcare Research and Quality initiative: Diabetes, along with some other medical conditions, was included as a priority area for research under the Medicare Modernization Act. Systematic reviews and synthesis of scientific literature, focusing on the evidence of outcomes, comparative clinical effectiveness and appropriateness of health care items such as pharmaceuticals and health care services, including the manner in which they are organized, managed and delivered will be done to ensure that consumers and clinicians have a resource regarding evidenced-based interventions.

Stroke/brain damage prevention/evidenced based practice: After discovering that a group of non-medical volunteers could identify facial weakness, arm weakness and speech problems, researchers are urging the general public to learn 3 questions: 1) Ask the individual to smile; 2) ask him or her to raise both arms and keep them up; 3) ask the person to speak a simple sentence.

National Diabetes Education Program: I have been forwarding these newsletters to all coordinators. Of special note in the August 2004 newsletter – Guiding Principles for Diabetes Care, a provider resource on streamlined, evidence-based tools for diabetes care. Also available is a companion booklet for people with diabetes “4 Steps to Control Your Diabetes for Life” for people newly diagnosed as well as those living with diabetes for years. (www.ndep.nig.gov). (Let us know if you’re using these materials and what you think! – see “Action item” table).

Participant education resources: The U.S. Food and Drug Administration has an on-line catalog of publications at www.fda.gov/opacom/catalog/alpha.html. Examples of some of the materials on this web site that may be useful to DSMT programs: Aspirin for Reducing Your risk of Heart Attack and Stroke; Be an Active Member of Your Health Care Team; Eating for a Healthy Heart; Food Label Close-Up; Over-the-Counter Medicines: What’s Right for You?; Understanding Vaccine Safety and others.