

Diabetes & Co-Morbidities

Resources for Assistance

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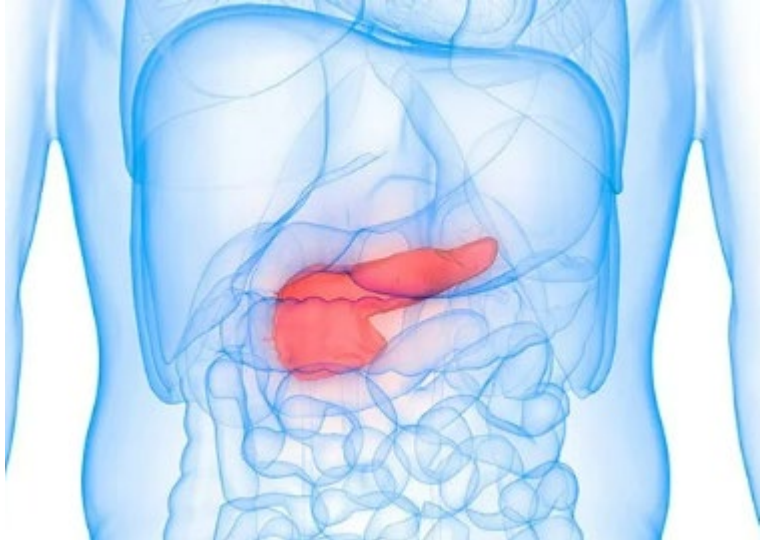
Agenda

- Overview of diabetes
- Diabetes impact
- Medicaid data
- Resources
- Q&A



Type 1

- Near absence of insulin production
- Any age



Type 2

- Insulin still produced
- Body doesn't effectively use it
 - insulin resistance
- Some need insulin injections



Gestational Diabetes

- Occurs during pg
- Testing 24-28 weeks
- Pre-existing
- Persistent
- Follow-up



Impact of Diabetes

- Financial
- Diabetes distress
- Sleep
 - Impact on BG
 - Impact on distress



Mental Health and Select Comorbidities among Medicaid Beneficiaries with Diabetes during Pregnancy, 2016 - 2019

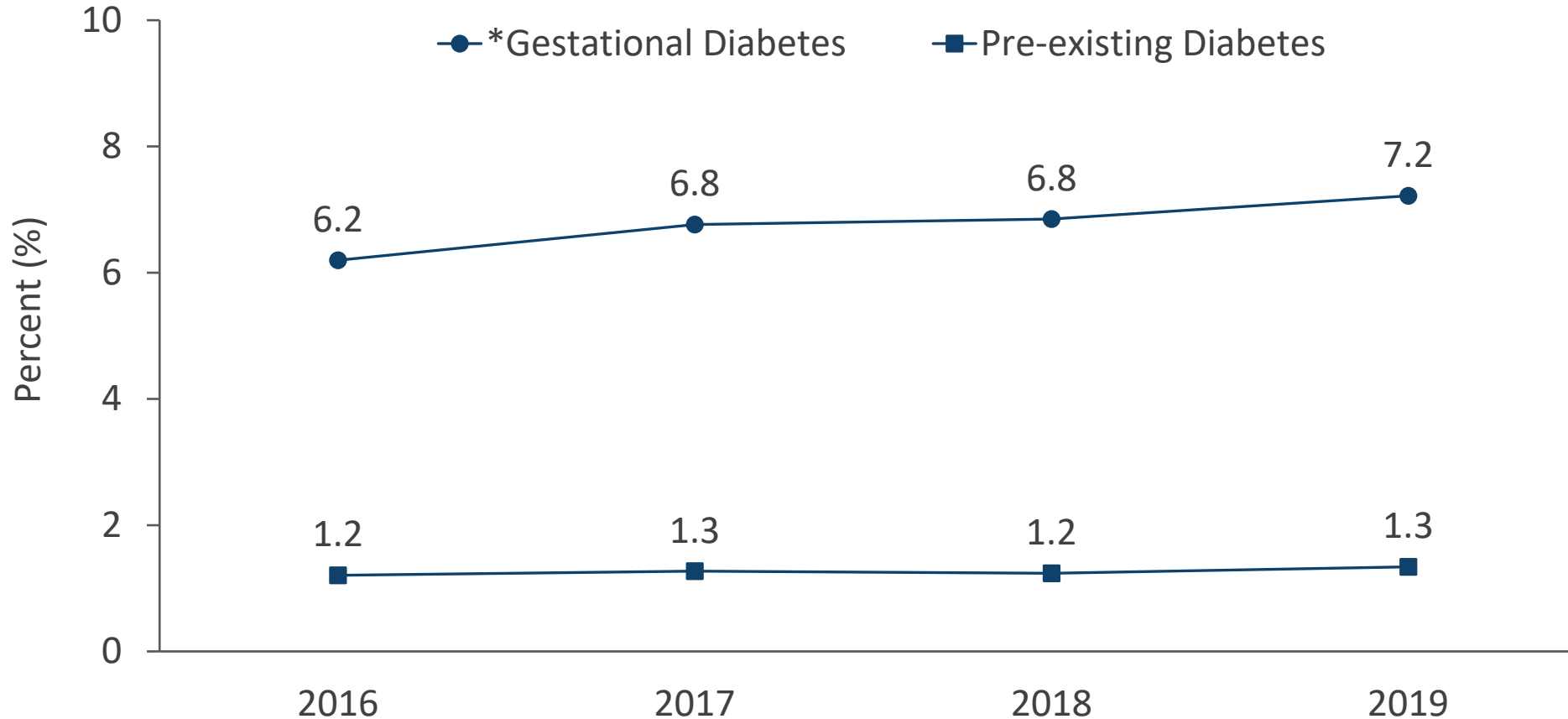
H.C. Michelle Byrd, PhD, MPH



- Mental Health
 - Anxiety/Fear Disorders.
 - Depression.
 - *Sleep-Wake Disorders.
- Select Comorbidities
 - Asthma.
 - Hypertension.
 - Kidney Diseases.
 - Obesity.
 - Thyroid Diseases.

*Sleep-wake disorders involve problems with the quality, timing, and amount of sleep resulting in daytime distress and impairment in functioning.

Pre-existing Diabetes and Gestational Diabetes Among Mothers in a Michigan Medicaid Program

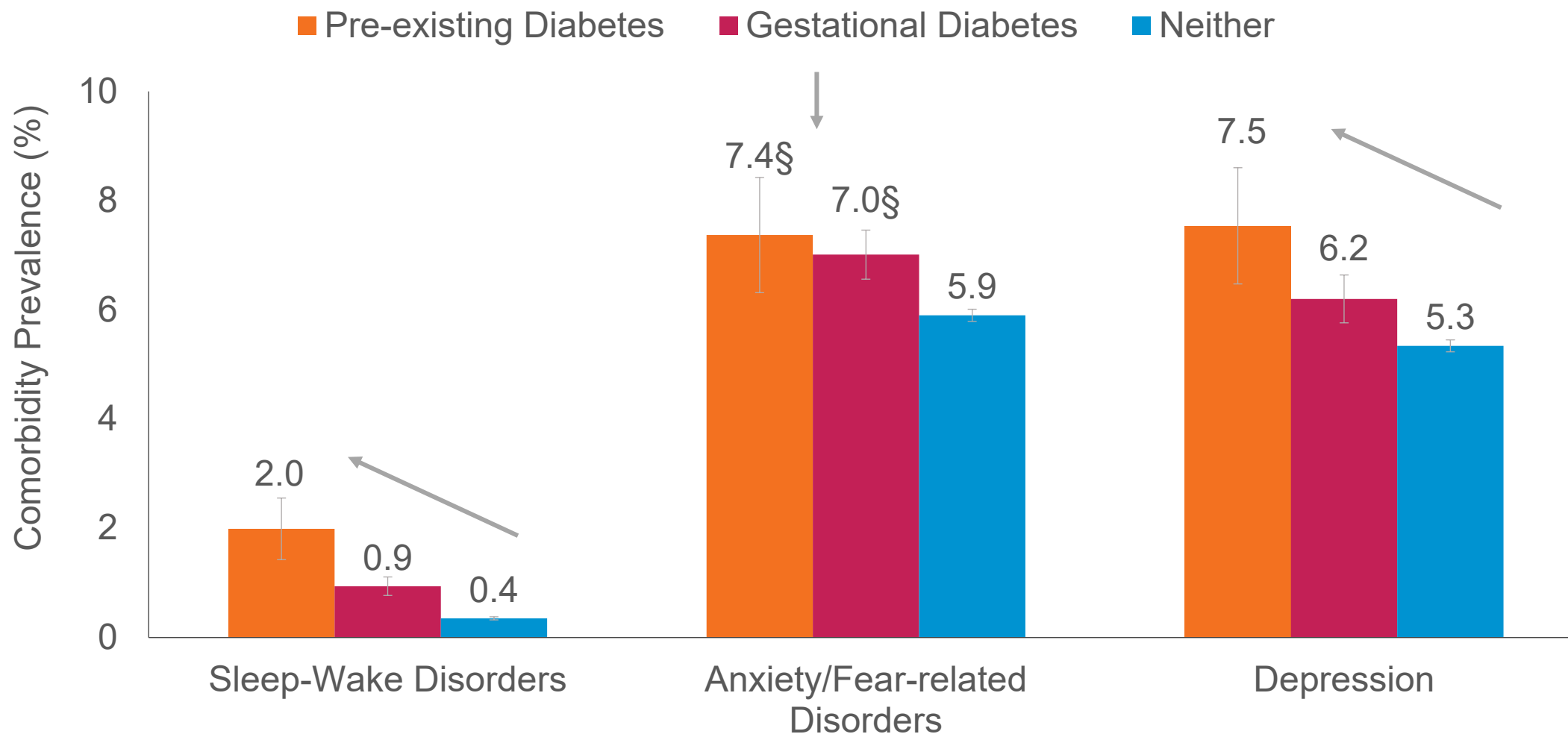


*Linear gestational diabetes trend was statistically significant, $p < 0.05$

Source: Michigan Health Data Warehouse (2016-2019)

- For 2016-2019 combined, 1.3% of beneficiaries with a live birth had pre-existing diabetes, and 6.7% had GDM.

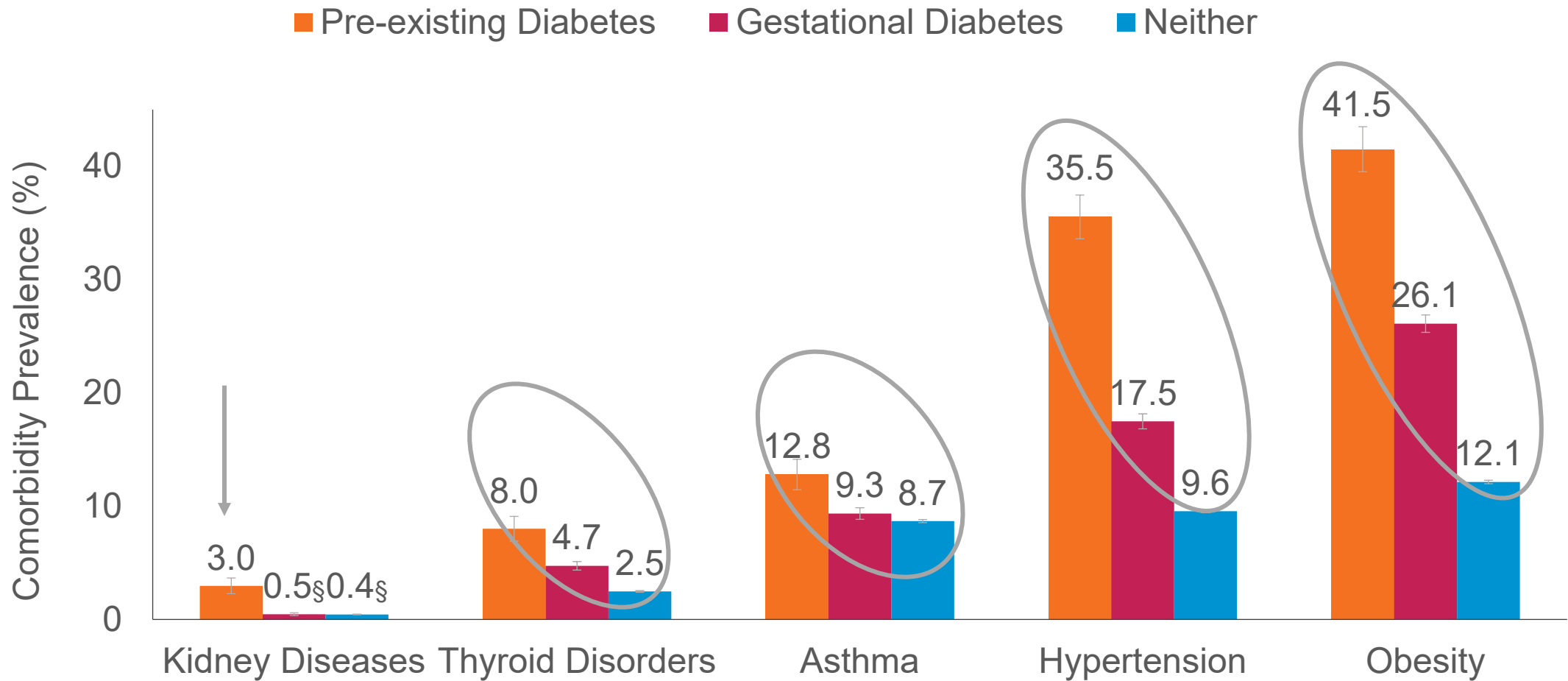
Mental Health and Sleep Disorders by Diabetes Status Among Michigan Mothers in a Michigan Medicaid Program



§ No evidence of statistically significant difference ($p < 0.05$) between pair; 95% CI – 95% Confidence Interval

Source: Michigan Health Data Warehouse (2016-2019 Combined)

Select Comorbidities by Diabetes Status Among Michigan Mothers in a Michigan Medicaid Program



§ No evidence of statistically significant difference ($p < 0.05$) between pair; 95% CI – 95% Confidence Interval

Source: Michigan Health Data Warehouse (2016-2019 Combined)

Depression by Race/Ethnicity and Diabetes Status Among Michigan Mothers in a Michigan Medicaid Program



	Pre-Existing Diabetes Percent (95% CI)	GDM Percent (95% CI)	Neither Percent (95% CI)
American Indian/Alaska Native	-	15.2 (9.8-20.6)	8.4 (7.3-9.6)
Asian/Pacific Islander	-	-	1.5 (1.1-1.9)
Non-Hispanic Black	4.8 (3.4-6.3)	3.9 (3.1-4.6)	3.1 (2.9-3.2)
Hispanic/Latinx	7.2 (4.3-10.1)	3.3 (2.4-4.2)	3.9 (3.6-4.2)
Non-Hispanic white	9.9 (8.1-11.7)	7.9 (7.2-8.5)	6.9 (6.8-7.1)
Overall	7.5 (6.5-8.6)	6.2 (5.8-6.6)	5.3 (5.2-5.4)

95% CI – 95% Confidence Interval; - Suppressed due to counts

Source: Michigan Health Data Warehouse (2016-2019 Combined)

- Depression was:
 - Highest among American Indian/Alaska Native mothers with GDM.
 - Lower among non-Hispanic Black mothers compared to non-Hispanic white mothers regardless of diabetes status.

Hypertension by Race/Ethnicity and Diabetes Status Among Michigan Mothers in a Michigan Medicaid Program

	Pre-Existing Diabetes Percent (95% CI)	GDM Percent (95% CI)	Neither Percent (95% CI)
American Indian/Alaska Native	48.4 (30.8-66.0)	12.3 (7.4-17.2)	9.0 (7.8-10.2)
Asian/Pacific Islander	29.8 (17.9-41.7)	7.1 (5.0-9.2)	5.0 (4.3-5.8)
Non-Hispanic Black	44.5 (41.2-47.8)	25.7 (24.1-27.3)	12.7 (12.5-13.0)
Hispanic/Latinx	28.0 (22.9-33.0)	12.3 (10.6-13.9)	6.2 (5.8-6.6)
Non-Hispanic white	30.2 (27.5-33.0)	16.4 (15.5-17.2)	8.4 (8.2-8.6)
Overall	35.5 (33.6-37.5)	17.5 (16.8-18.2)	9.6 (9.4-9.7)

95% CI – 95% Confidence Interval

Source: Michigan Health Data Warehouse (2016-2019 Combined)

- Among those with pre-existing diabetes, hypertension was highest among American Indian/Alaska Native and non-Hispanic Black mothers compared to Asian/Pacific Islander, Hispanic/Latinx, and non-Hispanic white mothers.
- Hypertension was highest among non-Hispanic Black mothers and lowest among Asian/Pacific Islander mothers with GDM or mothers with neither.

Summary

- Depressive, anxiety/fear disorders, and sleep-wake disorders were disproportionately higher among mothers with pre-existing diabetes and GDM compared to those without.
- American Indian/Alaska Native mothers with GDM had higher prevalence of depression compared to non-Hispanic Black, Hispanic/Latinx, and non-Hispanic white mothers.
- This suggests the importance of mental health care for mothers with diabetes.

Summary

- Hypertension continues to be disproportionately higher among those with diabetes, especially among American Indian/Alaska Native and non-Hispanic Black mothers.
- While kidney disease impacts a smaller number of people, the health implications for the mother may be severe.
- Care should focus on achieving glycemic targets, healthy nutrition, overweight/obesity counseling, diabetes education, and screening for diabetes comorbidities and complications.

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For More Information



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Medicaid Resources

- Extension of coverage
 - Now covered for 1-yr post-partum
- Continuous Glucose Monitoring
 - Covered during pregnancy
- Diabetes Self-Management Education & Support (DSMES)



Other Resources

- Connect with health plans
 - Medical case management
 - Request a high-risk manager
- Medical Considerations POC:
- DPCP website
 - www.Michigan.gov/Diabetes

MATERNAL PLAN OF CARE – PART 2 – MEDICAL CONSIDERATIONS

Michigan Department of Health and Human Services

Beneficiary [REDACTED]	
INTERVENTION LEVEL	INTERVENTIONS Using Motivational Interviewing, complete the following brief interventions.
<input type="checkbox"/> Asthma <input type="checkbox"/> Hypertension <input type="checkbox"/> Diabetes <input type="checkbox"/> Other: [REDACTED] <input type="checkbox"/> LOW	<input type="checkbox"/> Refused all interventions 1. Discuss history of medical condition(s) and current management. 2. Discuss beneficiary understanding of the impact the medical condition(s) may have on their pregnancy, childbirth experience and infant. 3. Discuss beneficiary environment and lifestyle related to management of medical condition(s). 4. Discuss barriers to care and/or following treatment guidance.
Date of Intervention Level Change:	



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