

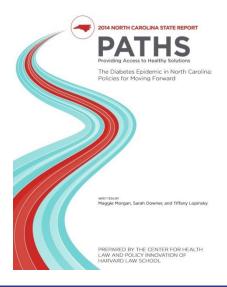
North Carolina Diabetes Advisory Council



How was this Guide created?

Several statewide meetings informed the Guide's creation.

- A meeting was held in January 2014 with the National Association of Chronic Disease Directors to help NC think strategically about diabetes prevention planning.
- In 2014, the release of a report about diabetes policy in North Carolina from Harvard.



 The PATHS Diabetes report is one of two diabetes policy reports prepared by the Center for Health Law and Policy Innovation of Harvard Law School through a grant from Bristol Myers Squibb. It can be accessed at http://www.chlpi.org/. The other report was about New Jersey.



How was this guide created? (continued)

- Two meetings were convened by Kate B. Reynolds Charitable Trust to address sustainability of Diabetes Self Education Management in North Carolina and promotion of diabetes prevention programs.
- The Diabetes Advisory Council along with many stakeholders formed two workgroups that met periodically for nine months to draft the Guide.



Objectives

To Provide:

- An overview of purpose of the Guide and how it was created.
- Basic information about diabetes and its effects on North Carolina's population.
- Suggestions on how individuals can prevent and manage the disease.
- Risk management strategies to community groups, employers and health care providers to help gain and maintain control of diabetes, and reduce risks for diabetes-related complications.



What does diabetes look like and cost in North Carolina?

- In 2013, approximately **9%** of North Carolinians reported having prediabetes.
- In 2014, approximately **10.8%** of North Carolinians were diagnosed with type 1 or type 2 diabetes.



In 2012,

- Diabetes was the 7th leading cause of death in North Carolinians and the 3rd leading cause in American Indians and the 4th leading cause of death in African Americans
- Roughly \$8.3 billion of excess medical costs and lost productivity were attributable to diabetes within the State

By 2025,

 Annual health care costs are projected to surpass \$17 billion if the diabetes epidemic is not properly addressed.







What is Pre-diabetes?



Prediabetes is a condition in which blood glucose levels are higher than normal but not high enough to be classified as diabetes – it is a major risk factor for type 2 diabetes



What is diabetes?

Diabetes is a chronic condition in which the body either fails to produce any or sufficient insulin or becomes resistant to that insulin. This leads to excess glucose levels in the blood.

AMERICAN DIABETES ASSOCIATION

Facts about Type 2 Diabetes





What are the Different Types of Diabetes?



Type 1 Diabetes



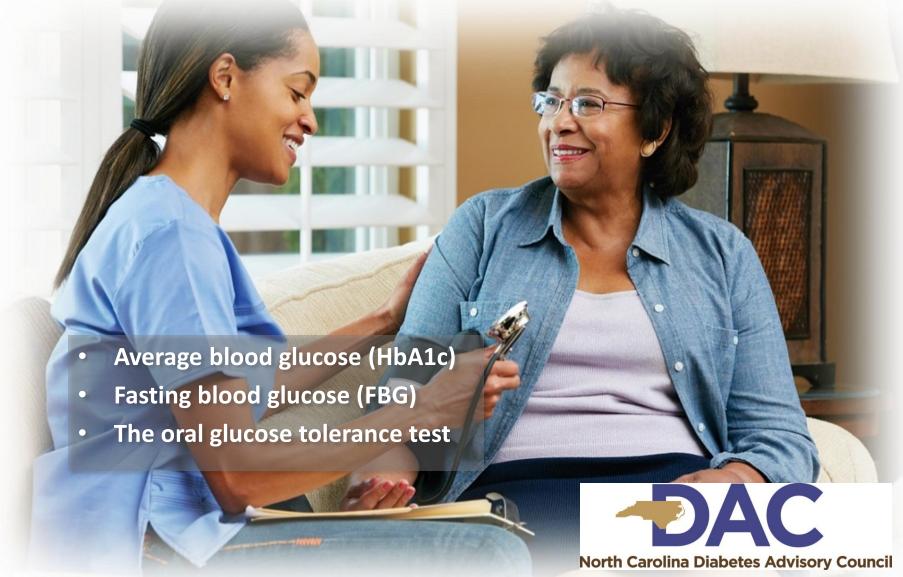
Gestational Diabetes



Type 2 Diabetes







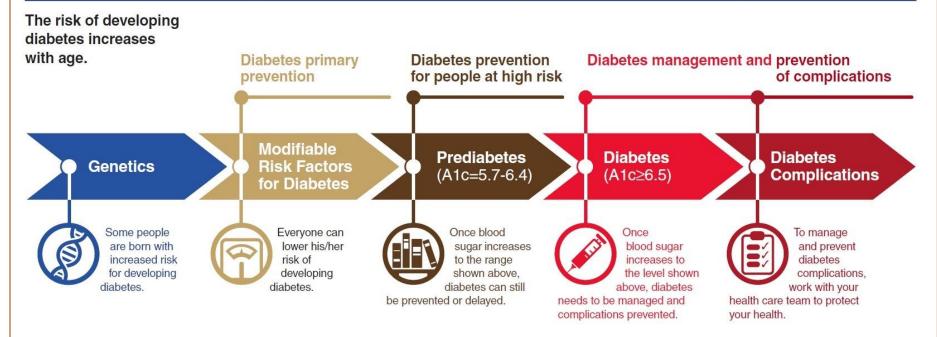
Who is at risk to develop diabetes?

The following are risk factors for diabetes and prediabetes:

- Family history of diabetes
- Overweight
- Unhealthy diet
- Physical inactivity
- Increasing age
- High blood pressure
- Ethnicity
- Impaired glucose tolerance
- History of gestational diabetes
- Poor nutrition during pregnancy



Lifetime Risk Management for Developing and Controlling Type 2 Diabetes





What are the complications of diabetes?

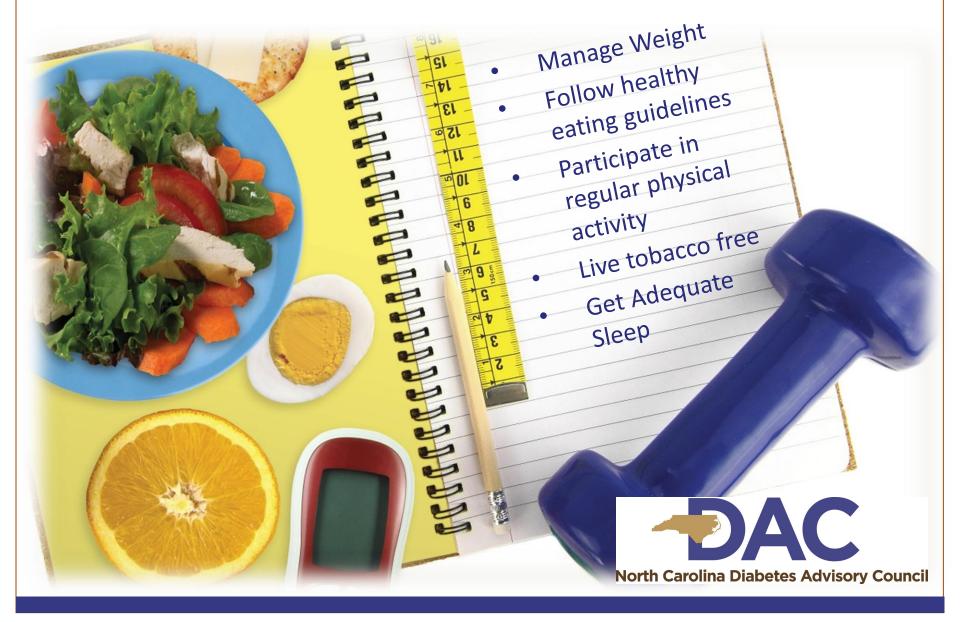


Diabetes is a leading cause of:

- Blindness
- Heart disease and stroke
- Kidney failure
- Lower limb amputations
- Neuropathy



Diabetes Primary Prevention





Participate in diabetes prevention education programs.

Participants learn how they can:

Reduce their risk of developing type 2 diabetes by 58%.





Diabetes Prevention Programs (DPPs) are designed to empower people with prediabetes to take charge of their health and well-being. (People can refer themselves or be referred by their healthcare provider)



Diabetes Management and Prevention of Complications

Controlling diabetes:

- Reduces the risk of complications.
- Slows the progression of the disease.
- Improves health outcomes.





Diabetes self-management education and support (DSMES) is a process to teach people to manage their diabetes.



Group and Individual Diabetes Self-Management Education



- Newly diagnosis of Type 2 diabetes
- Annually
- When new complicating factors influence selfmanagement
- When transitions in care occur

Adherence to personalized diabetes treatment plans

- Lifelong changes
- Medical adherence
- Collaboration between health care providers and patients





Different Levels of Strategies for Reducing Diabetes

Society

The larger role
of society (social
and culture norms,
health, economic,
educational and
social policies, etc.)
has an impact on
an individual's
ability to sustain
behavior change.

Community

The role of an individual in the community (schools, workplaces and neighborhoods, etc.) affects his or her ability to sustain behavior changes.

Relationship

The relationships of an individual (peers, partners, family members, etc.) affect his or her ability to sustain behavior changes.

Individual

Individual decisions are based on attitudes, beliefs, knowledge and behaviors.



Activities for Community Groups (Faith, Non-Profit, Local Government)

Diabetes Primary Prevention	Diabetes Prevention for People at High Risk	Diabetes Management and Prevention of Complications
To help manage weight and/or follow healthy eating guidelines 1. Offer free or low-cost community classes on eating healthy on a budget 2. Ask local employers to work with food vendors who source locally	To help manage weight and/or participate in regular physical activity 1. Establish walking clubs that continue after participating in diabetes prevention programs To help participation in diabetes prevention education programs 1. Partner with a sponsoring agency such as a local health department to offer diabetes prevention programs in your congregation or community center	To help participation in individual and/or group self-management education programs 1. Partner with a sponsoring agency to become an expansion site to deliver Diabetes Self-Management Education To help adherence to personalized diabetes treatment plans 1. Raise funds for Safety Net Providers to help them offset the cost of medications and supplies for people with diabetes



Activities for Health Care Providers

Diabetes Primary Prevention

To help manage weight and/or participate in regular physical activity

- Advocate for walkable communities
- 2. Refer patients who need to lose weight to Eat Smart, Move More, Weigh Less

To help live tobacco free

1. Refer patients to the Quitline

To promote adequate sleep

 Ask patients about the quantity and quality of their sleep and advise accordingly

Diabetes Prevention for People at High Risk

To help participation in diabetes prevention education programs

 Refer patients to diabetes prevention programs and build it into the electronic health record



Diabetes Management and Prevention of Complications

To help participation in individual and/or group self-management education programs

1. Establish a professional relationship with hospital transition coordinators to ensure that they know about self-management education and support groups and that they will include this information with discharge paperwork

To help adherence to personalized diabetes treatment plans

- 1. Develop standing orders for diabetes screening
- 2. Follow the USPTFS screening recommendations and build it into the practice electronic health record



Activities for Employers

Diabetes Primary Prevention	Diabetes Prevention for People at High Risk	Diabetes Management and Prevention of Complications
To help manage weight and/or follow healthy eating guidelines 1. Post nutrition information in cafeterias To help manage weight and/or participate in regular physical activity 1. Subsidize gym memberships To help live tobacco free 1. Connect with Quitline and smoking cessation opportunities	To help participation in diabetes prevention education programs/CDC recognized lifestyle change programs 1. Offer diabetes prevention programs as a covered benefit 2. Partner with a diabetes prevention program to offer classes at work	To help participation in individual and/or group self-management education programs 1. Partner with local public health to offer recognized Diabetes Self-Management Education at work To help adherence to personalized diabetes treatment plans 1. Allow employees time off for diabetes screening



Measuring Progress

 North Carolina's Guide to Diabetes Prevention and Management will be monitored annually by the North Carolina Diabetes Advisory Council (DAC).

• The DAC serves as a professional resource for the NC Division of Public Health.



Measuring Progress on Primary Prevention of Diabetes

Primary Prevention of Diabetes

Increase the number of organizations that support diabetes primary prevention by 2020

Increase the number of legislative/regulatory policies that support diabetes primary prevention strategies by 2020



Measuring Progress on Diabetes Prevention for Those at High Risk

Diabetes Prevention for Those at High Risk

Increase the number of people who know that they have prediabetes from 644,000 to 967,000 by 2020. (source: BRFSS and population data estimates for North Carolina from State Center for Health Statistics)

Increase the number of people in North Carolina who enroll in a diabetes prevention program that is recognized by the CDC from 740 (in July 2015) to 5,000 by 2020. (source: CDC DPRP State Level report)



Measuring Progress on Diabetes Management and Prevention of Complications

Diabetes Management and Prevention of Complications

Increase the number of people in North Carolina with type 2 diabetes who have taken a diabetes class from 484,000 to 533,000. (source: BRFSS and population data estimates for North Carolina from State Center for Health Statistics)

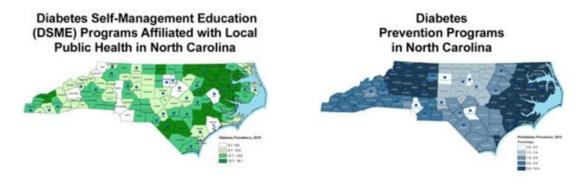
Increase the number of people in North Carolina with type 2 diabetes who enroll in a recognized Diabetes Self Management Program from 36,000 to 50,000 by 2020. (source: CDC report)



Diabetes NORTH CAROLINA

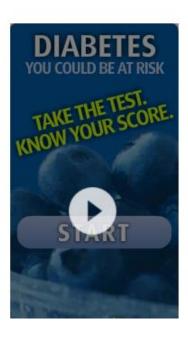
Home About Resources Facts Partnerships

This site is a tool for North Carolina citizens and providers to reduce the impact of diabetes through leadership, education, communication and community involvement. Its vision is to achieve a healthier and more productive state by reducing the number of North Carolinians who develop diabetes by targeting the risk factors for diabetes through community, clinical and institutional cooperation.



News

March 22nd is Diabetes Alert Day





Ronny Bell, PhD, MS, Chair Jan Nicollerat, RN, CDE, MSN, Vice Chair

www.diabetesnc.com