



**National
Diabetes Prevention Program
Annual Meeting**

**Virginia Center for Diabetes Prevention
& Education**

April 21, 2023

**Nina Rodriguez MPH, RN, CDCES
nina.rodriquez@vdh.virginia.gov**

VIRGINIA DEPARTMENT OF HEALTH; THE VIRGINIA DIABETES PREVENTION AND MANAGEMENT PROGRAM applied for the CDC Grant DP-23-0020

Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes
CDC-RFA-DP-23-0020

What does this mean for Lifestyle Coaches?

- 5-year grant scheduled to begin in June to build upon the current DP18-1815 and DP18-1817 work which ends in June and September, respectively.
- VDH will continue our strong partnership with the Virginia Center for Diabetes Prevention and Education to support Lifestyle coaches, DPP and DSMES programs.
- Creation of an Umbrella Hub Organization for DPP and DSMES programs with HabitNu.



This grant will not only focus on **Prediabetes** but include those living with **Diabetes**, particularly T2DM, as well as screening, referral, and treatment for **Diabetic Retinopathy** and **Chronic Kidney Disease**.

Prescribe DSMES

Diabetes Services Order Form (DSMT and MNT Services)

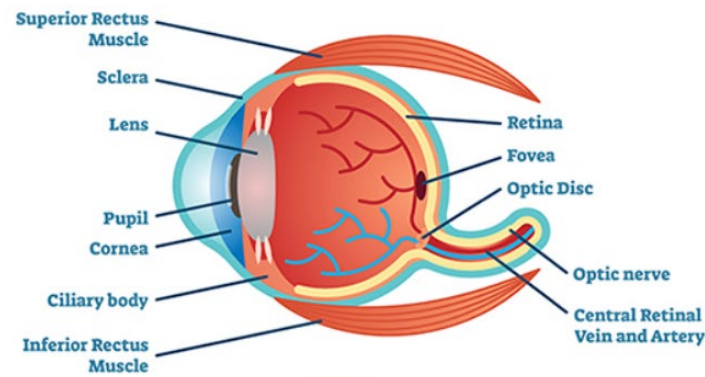
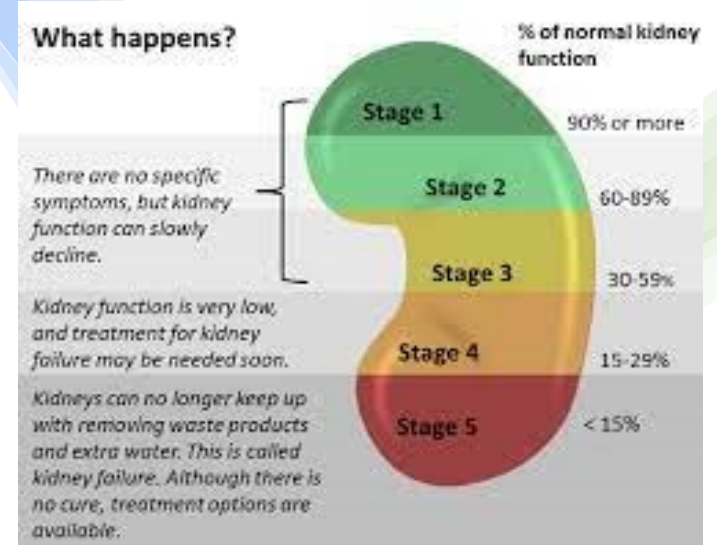
*Indicates required information for Medicare order

PATIENT INFORMATION

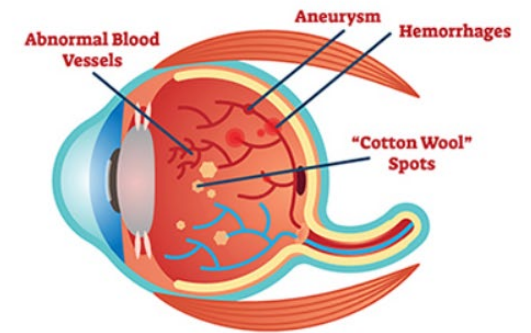
Patient's Last Name _____ First Name _____ Middle _____
 Date of Birth _____ Medicare HCN # _____ Gender _____ Male _____ Female _____
 Address _____ City _____ State _____ Zip Code _____
 Home Phone _____ Work Phone _____ Other Contact Phone _____

Diabetes self-management training (DSMT) and medical nutrition therapy (MNT) are individual and complementary services to improve diabetes care. For Medicare beneficiaries, both services can be ordered in the same year. Research indicates MNT combined with DSMT improves outcomes.

DIABETES SELF-MANAGEMENT TRAINING (DSMT)	MEDICAL NUTRITION THERAPY (MNT)
Medicare: 18 hours initial DSMT in 12-month period, plus 2 hours follow-up DSMT annually *Check type of training services and number of hours requested: <input type="checkbox"/> Initial group DSMT: <input type="checkbox"/> 10 hours or _____ no hrs. requested <input type="checkbox"/> Follow-up DSMT: <input type="checkbox"/> 1 hour or _____ no hrs. requested <input type="checkbox"/> Additional health training _____ no hrs. requested	Medicare: 1 hour initial MNT in the first calendar year, plus two hours follow-up MNT annually. Additional MNT hours available for change in medical condition, treatment and/or diagnosis. *Check the type of MNT and/or number of additional hours requested: <input type="checkbox"/> Initial MNT <input type="checkbox"/> Annual follow-up MNT <input type="checkbox"/> Additional MNT services in the same calendar year per HC recommendation _____ no additional hrs. requested
*Patients with special needs requiring individual DSMT Check all special needs that apply: <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Physical <input type="checkbox"/> Cognitive Impairment <input type="checkbox"/> Language Limitations <input type="checkbox"/> Other _____	Please specify change in medical condition, treatment and/or diagnosis: _____ _____ _____
*DSMT Content: <input type="checkbox"/> All for content areas, as appropriate <input type="checkbox"/> Working diabetes <input type="checkbox"/> Diabetes as disease process <input type="checkbox"/> Psychological adjustment <input type="checkbox"/> Physical activity <input type="checkbox"/> Nutritional management <input type="checkbox"/> Goal setting, problem solving <input type="checkbox"/> Medications <input type="checkbox"/> Present, detect and treat acute complications <input type="checkbox"/> Pregnancy/management or gestational diabetes management <input type="checkbox"/> Present, detect and treat chronic complications	CURRENT DIABETES MEDICATIONS Specify type, dose and frequency Oral _____ _____ _____ Insulin _____ _____



Healthy Eye

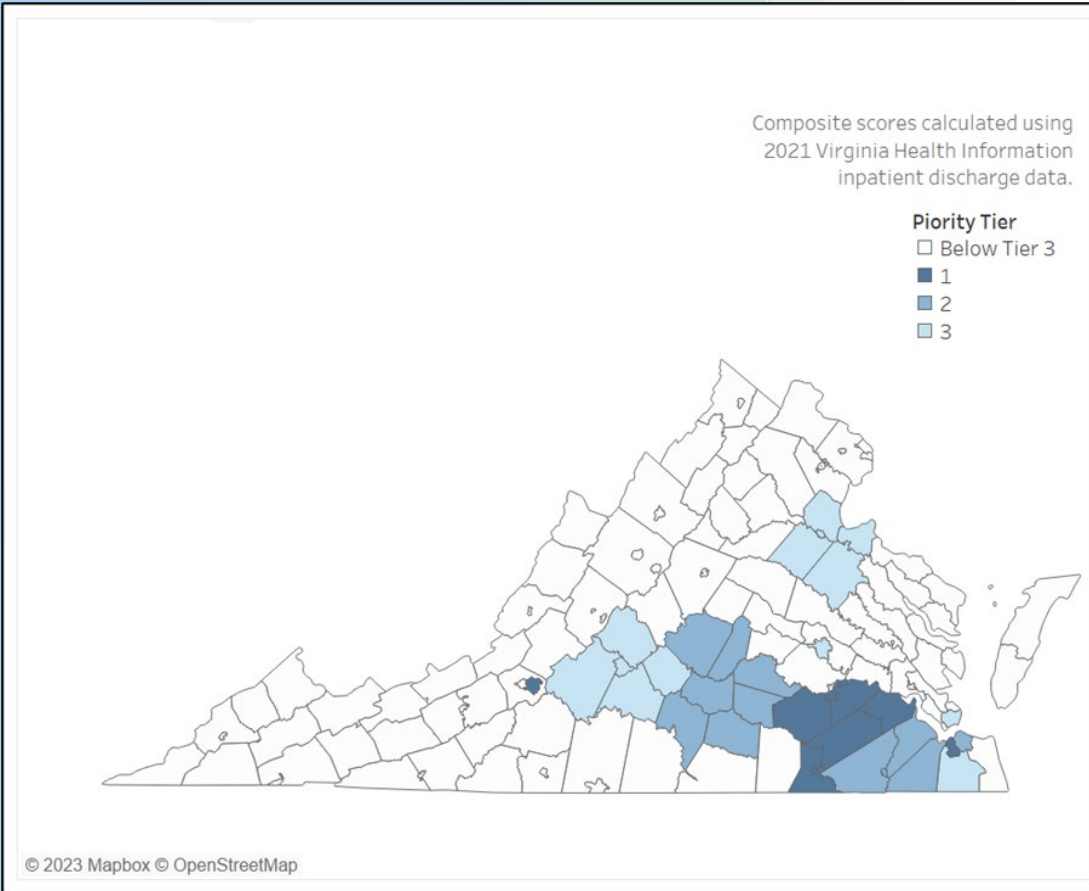


Diabetic Eye

Chronic Disease Hospitalization Composite Score by Locality,

Top 3 Tiers

Locality	Health District	Composite Score
Portsmouth City	Portsmouth	19
Roanoke City	Roanoke	24
Dinwiddie County	Crater	35
Emporia City	Crater	35
Greensville County	Crater	35
Hopewell City	Crater	35
Petersburg City	Crater	35
Prince George County	Crater	35
Surry County	Crater	35
Sussex County	Crater	35
Amelia County	Piedmont	45
Buckingham County	Piedmont	45
Charlotte County	Piedmont	45
Cumberland County	Piedmont	45
Lunenburg County	Piedmont	45
Nottoway County	Piedmont	45
Prince Edward County	Piedmont	45
Norfolk City	Norfolk	61
Franklin City	Western Tidewater	62
Isle of Wight County	Western Tidewater	62
Southampton County	Western Tidewater	62
Suffolk City	Western Tidewater	62
Richmond City	Richmond	74
Amherst County	Central Virginia	75
Appomattox County	Central Virginia	75
Bedford County	Central Virginia	75
Campbell County	Central Virginia	75
Lynchburg City	Central Virginia	75
Hampton City	Hampton	80
Caroline County	Rappahannock	82
Fredericksburg City	Rappahannock	82
King George County	Rappahannock	82
Spotsylvania County	Rappahannock	82
Stafford County	Rappahannock	82
Chesapeake City	Chesapeake	96



VDH calculated age-adjusted rates per 100,000 population using hospital discharge data for eight chronic disease indicators: prediabetes, diabetes, cardiovascular disease, stroke, chronic kidney disease, high blood cholesterol, hypertension, and obesity. Age-adjusted rates for each indicator were ranked by VDH health district. VDH has 35 health districts, each comprised of one or more city/county localities. The health district with the highest age-adjusted hospitalization rate per 100,000 population was assigned a rank of 1 and the health district with the lowest age-adjusted hospitalization rate was assigned a rank of 35. A cumulative sum of ranks was calculated for each health district across the eight chronic disease indicators to create an overall composite score per health district. VDH then applied the overall composite score to all city/county localities contained within the corresponding health district.

Based on the collection of eight chronic disease indicators* from hospital discharge data in 2021, VDH has ranked the 35 health districts in Virginia. Tier 1 contains the highest priority counties and cities, followed by Tier 2, and then Tier 3.

5 areas of focus have been chosen for this next grant cycle;

Portsmouth
Norfolk
Petersburg
Roanoke
Lynchburg

*chronic disease indicators - prediabetes, diabetes, cardiovascular disease, stroke, chronic kidney disease, high blood cholesterol, hypertension, and obesity

Key metrics in Virginia

In 2023, the Virginia population is estimated to be 8.69 million.

According to the American Diabetes Association (ADA), approximately 701,793 people in Virginia, or 10.4% of the adult population, are living with type 2 diabetes.

ADA estimates an additional 189,000 people in Virginia have diabetes but are unaware.

And **33.3%** of the adult population in Virginia, approximately 2,208,000 people, have prediabetes.

CDC estimates that Virginia currently spends \$6.1B per year in direct medical costs attributed to diabetes.



The 23-20 CDC Grant strategies include;

- An additional 50 participants enrolled in the National DPP program in grant year 1. We will expand these targets each year to promote enrollment, retention, and completion of the DPP program.
- Beyond grant year 1, Virginia will add the Diabetes Self-Management Education and Support (DSMES) program to the Umbrella Hub platform.
- Virginia will increase access to the National DPP by training new Lifestyle Change Coaches, through our partnership with VCDPE, to deliver the DPP program.

