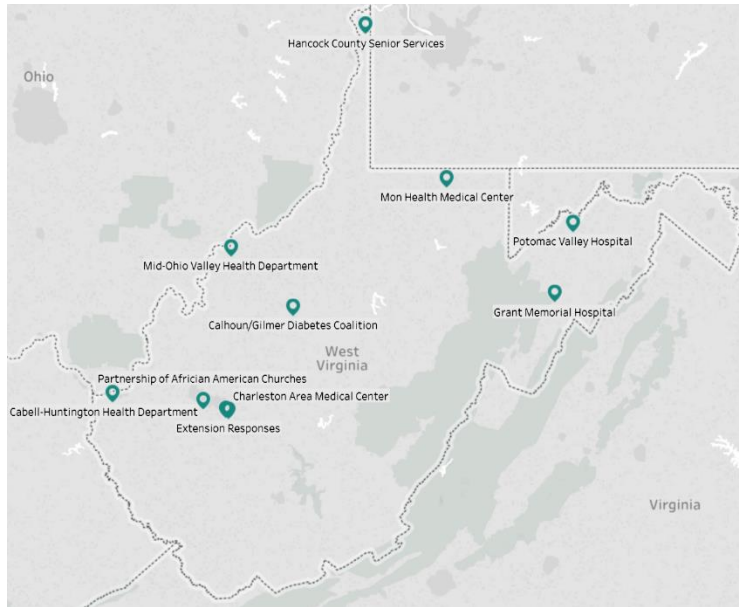


Doing what matters – Diabetes Prevention in West Virginia

11.30.2018



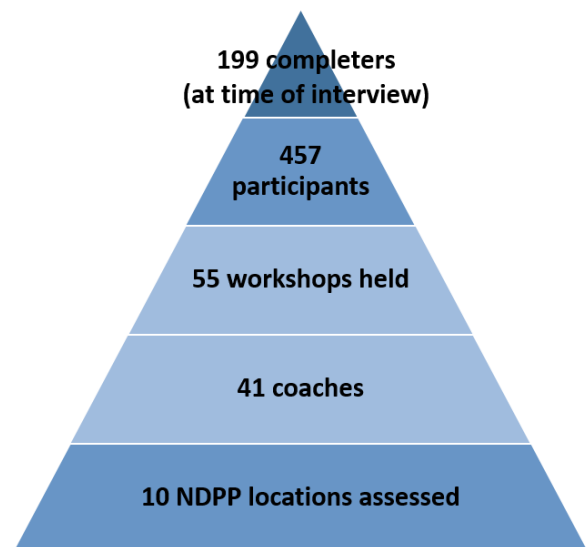
Map depicts the locations of semi-structured interviews with NDPP leaders completed by the West Virginia Bureau for Public Health, Division of Health Promotion and Chronic Disease, between August 2017 and February 2018.

Diabetes prevention in West Virginia is, unquestionably, a labor of love. **Communities across the state are working to help prevent the onset of type 2 diabetes using the National Diabetes Prevention Program (NDPP) as their fulcrum.** The West Virginia Bureau for Public Health, Division of Health Promotion and Chronic Disease, conducted semi-structured interviews with 10 NDPP locations between August 2017 and February 2018. The information shared, and lessons learned are important for the longer-term successes of these locations and of future sites.

Lessons learned

Discussions held with community and health care leaders each highlight the dedication and care put forth to help reverse the long-standing public health burden of diabetes in West Virginia. We learned a good deal about the current environment of diabetes prevention across our state and had opportunity to reflect on next steps in supporting and strengthening this much needed public health endeavor. Some highlights:

- Across our state, in regions with formidable social determinants of health, local-level leadership and expertise are working in tandem with the West Virginia Bureau for Public Health to collectively approach diabetes prevention. Of the 10 locations interviewed, there are 41 coaches facilitating a total of 55 workshops comprised of 457 participants – 199 of which completed the classes prior to the time of interview.
- While there are facilitators and barriers highlighted in discussion that are in-line with national trends, **new and special insight into the motivating factors of those interviewed**



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offers vital insight into NDPP in West Virginia and renewed energy and hope for how this program can be sustained in our state.

- Among the 10 locations interviewed, program length (80%), difficulties in recruitment (70%), challenges in provider referrals (70%), insufficient staffing (70%), and lack of reimbursement (40%) were among the most frequently experienced barriers to the NDPP.
- Insufficient staffing is one particular barrier to explore further. While 7 out of 10 respondents note insufficient staffing, the programs do manage to carry on. We find a high level of dedication and motivation among the program leaders, to the point where those local-level champions shoulder the responsibility. Identifying additional leadership and support staff for the programs is a clear need, and something essential to consider as the NDPP expands in the state.
- However, **these barriers – while significant – do not halt progress.** Staffed by long-term coaches (80%), these programs are innovative -- offering opportunistic screenings (70%), incentivizing (90%), leveraging external resources (60%), and finding ways of marketing their offerings (100%). The interviews show repeatedly that **what matters most is providing diabetes prevention programming to the community**, despite the barriers encountered.

Moving forward

Program leaders are moving forward, knowingly, without payor reimbursement and in the face of staffing challenges. The motivation and dedication of long-term community members manage to prevail. Under the umbrella of [West Virginia Health Connection](#), collaboration, innovation, fostering of more local-level leadership, data collection, and analytics moves forward. **Important tenets of the West Virginia Health Connection initiative include the following:**

- **An essential step to moving forward with diabetes prevention in West Virginia is fostering more local-level leadership.** Across the state, we find bright-spots of talent and expertise. Using West Virginia Health Connection to create avenues whereby successful prevention programming built by these individuals can be assessed, understood, and spread to other applicable areas of the state will do well to foster new, supportive leadership.
- **Demonstrating program success at individual program levels and at the state level, as a diabetes prevention collaborative, is afforded through West Virginia Health Connection.** Program data are available real-time, as the programs are taking place, better positioning Bureau for Public Health leadership and synergy partners to be aware of, understand, and help support and disseminate information on successful diabetes program efforts.
- Partners are willing to help build a business case to insurers, while not losing focus on the ever-present community needs of diabetes prevention. **Thinking openly about how alternative funding streams can subsidize prevention deserves critical thought.** The Medicaid Diabetes Health Home, for example, may be one of those untapped, creative avenues for supplemental funding for prevention. Health systems acting as a diabetes health home receive additional funds for service provided. If a portion of those funds could be redirected towards prevention, it may be an opportunity to engage management and prevention efforts simultaneously for the benefit of the communities served.