Chronic Disease Trainings for Health Home Care Managers

<table>
<thead>
<tr>
<th>Training Topic</th>
<th>NYS Department of Health OHIP Health Home Live Webinar:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Chronic Conditions Overview</td>
<td>September 13th</td>
</tr>
<tr>
<td>2) High Blood Pressure, Prehypertension &amp; Hypertension</td>
<td>September 13th 1:00-2:30 pm</td>
</tr>
<tr>
<td>3) Prediabetes</td>
<td>November 8th 1:00-2:30 pm</td>
</tr>
<tr>
<td>4) Diabetes</td>
<td></td>
</tr>
<tr>
<td>5) Asthma</td>
<td>December 6th 1:00-2:30 pm</td>
</tr>
<tr>
<td>MCD Module available at <a href="https://chwtraining.mcdph.org/">https://chwtraining.mcdph.org/</a></td>
<td></td>
</tr>
<tr>
<td>6) Arthritis &amp; Chronic Disease Self-Management Program - <em>Live Webinar ONLY</em></td>
<td>January 31st 2018 1:00-2:30 pm</td>
</tr>
</tbody>
</table>

To receive updates and slides from these live sessions, sign up for the Medicaid Health Home listserv at: [hhsc@health.ny.gov](mailto:hhsc@health.ny.gov) and request to be added to the Health Home listserv.
Providing Support to Patients Diagnosed with Diabetes and Prediabetes

Susan Millstein, LCSW, MPH
Program Manager, Diabetes Prevention and Management
Bureau of Community Chronic Disease Prevention

Kristine Mesler, RN, MPA
Director, Bureau of Women, Infant and Adolescent Health
Welcome....
What will we talk about today?

- Diabetes
- Prediabetes
- Evidence-based programs for managing and preventing type 2 diabetes
- Special considerations for women of reproductive age
- How can Health Home Care Managers help patients with diabetes and prediabetes?
- Resources
What is diabetes?

• Diabetes is the condition in which the body does not properly process food for use as energy.
• When you have diabetes, your body either doesn't make enough insulin or can't use its own insulin as well as it should.
• This causes glucose or “sugar” to build up in your blood.
• This is why many people refer to diabetes as “sugar.”
How Common is Diabetes?

• As of 2017, 30.3 million people in the United States, or 9.4 percent of the population, had diabetes.

• In New York State, 1.6 million people, or 10% of people have diabetes

• More than 1 in 4 of them didn’t know they had the disease.

• Diabetes affects 1 in 4 people over the age of 65.

• About 90-95 percent of cases in adults are type 2 diabetes.\(^1\)
Age-adjusted Prevalence of Obesity and Diagnosed Diabetes Among US Adults

**Obesity (BMI ≥ 30 kg/m²)**

- **1994**
- **2000**
- **2015**

**Diabetes**

- **1994**
- **2000**
- **2015**

CDC’s Division of Diabetes Translation. United States Surveillance System available at http://www.cdc.gov/diabetes/data
Diabetes is Costly

### Estimated Diabetes Costs in the United States, 2012

**Total (direct and indirect)**

$245 billion

**Direct Medical Costs**

$176 billion

After adjusting for population age and sex differences, average medical expenditures among people with diagnosed diabetes were 2.3 times higher than people without diabetes.

**Indirect Costs**

$69 billion

(disability, work loss, premature death).
There are three types of diabetes
Type 1 Diabetes

- The body’s cells that produce insulin are destroyed
- Daily insulin injections are necessary
- Usually diagnosed in childhood or young adulthood
- Most common type of diabetes in children and adolescents
Type 2 diabetes

- Body doesn’t make or use insulin well
- Was previously called adult-onset diabetes.
- Type 2 diabetes may account for about 90% to 95% of all cases of diabetes.
- African Americans, Hispanic/Latino Americans, American Indians, and some Asian Americans are at particularly high risk for type 2 diabetes.
- Type 2 diabetes is increasingly being diagnosed in children and adolescents.
<table>
<thead>
<tr>
<th>What’s the difference</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type 1 diabetes</strong></td>
</tr>
<tr>
<td>The body cannot produce the insulin it needs</td>
</tr>
<tr>
<td>Incidence is growing steadily</td>
</tr>
<tr>
<td>Usually diagnosed in children or young adults³</td>
</tr>
<tr>
<td>The symptoms often appear suddenly³</td>
</tr>
<tr>
<td><strong>Type 2 diabetes</strong></td>
</tr>
<tr>
<td>The body produces too little insulin and/or is unable to respond to it³</td>
</tr>
<tr>
<td>Incidence is rising at an epidemic rate³</td>
</tr>
<tr>
<td>The symptoms often appear gradually</td>
</tr>
<tr>
<td>Healthy diet, regular physical activity, maintaining a normal body weight and avoiding tobacco use can prevent or delay the onset of type 2 diabetes⁴</td>
</tr>
<tr>
<td><strong>Risk factors include³:</strong></td>
</tr>
<tr>
<td>• Advancing age</td>
</tr>
<tr>
<td>• Obesity</td>
</tr>
<tr>
<td>• Poor diet</td>
</tr>
<tr>
<td>• Family history of type 2 diabetes</td>
</tr>
<tr>
<td>• Physical inactivity</td>
</tr>
<tr>
<td>• Ethnicity</td>
</tr>
<tr>
<td>Often managed by exercise and a healthy diet or oral medication³</td>
</tr>
<tr>
<td>If the condition progresses, it can be treated with insulin³</td>
</tr>
</tbody>
</table>
Gestational Diabetes

- Diagnosed in some women during pregnancy.
- Gestational diabetes occurs more frequently among African Americans, Hispanic/Latino Americans, and American Indians. It is also more common among obese women and women with a family history of diabetes.
- After pregnancy, 5% to 10% of women with gestational diabetes are found to have type 2 diabetes.
- Women who have had gestational diabetes have a 20% to 50% chance of developing diabetes in the next 5-10 years.
What health problems can people with diabetes develop?

- Heart disease
- Stroke
- Kidney disease
- Eye problems
- Foot problems
- Nerve damage
- Dental disease
- Pregnancy complications
PREDIABETES
Prediabetes

- Prediabetes is a condition in which blood sugar is higher than normal, but not high enough to be diabetes.
- People with prediabetes are at increased risk of developing type 2 diabetes.
- People with prediabetes are already at increased risk for heart disease and stroke.
- Approx. 1.3 million people, or 8.2% of the population in NYS have been diagnosed with prediabetes (BRFSS 2015).
Did you know?

1 out of 3 U.S. adults has prediabetes, and only 10% know they have it.

Source: Centers for Disease Control and Prevention (2014)

ymca.net/diabetes
Clinical Tests for Prediabetes

**Prediabetes Test Ranges**

<table>
<thead>
<tr>
<th>Test</th>
<th>Normal</th>
<th>Prediabetes</th>
<th>Diabetes</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1c</td>
<td>&lt; 5.7%</td>
<td>5.7-6.4%</td>
<td>&gt; 6.4%</td>
</tr>
<tr>
<td>FPG</td>
<td>&lt; 100 mg/dl</td>
<td>100-125 mg/dl</td>
<td>&gt; 125 mg/dl</td>
</tr>
<tr>
<td>OGTT</td>
<td>&lt; 144 mg/dl</td>
<td>144-199 mg/dl</td>
<td>&gt; 199 mg/dl</td>
</tr>
</tbody>
</table>

[www.multiactivelife.com](http://www.multiactivelife.com)
What is Your Risk?

DO YOU HAVE PREDIABETES?
Prediabetes Risk Test

1. How old are you?
   - Less than 40 years (0 points)
   - 40—49 years (1 point)
   - 50—59 years (2 points)
   - 60 or older (3 points)

2. Are you a man or a woman?
   - Male (1 point)
   - Female (0 points)

3. If you are a woman, have you ever been diagnosed with gestational diabetes?
   - Yes (1 point)
   - No (0 points)

4. Do you have a mother, father, sister, or brother with diabetes?
   - Yes (1 point)
   - No (0 points)

5. Have you ever been diagnosed with high blood pressure?
   - Yes (1 point)
   - No (0 points)

6. Are you physically active?
   - Yes (3 points)
   - No (0 points)

7. What is your weight status?
   - See chart at right

If you scored 5 or higher:
You’re likely to have prediabetes and are at high risk for type 2 diabetes. However, only your doctor can tell for sure if you do have type 2 diabetes or prediabetes (a condition that precedes type 2 diabetes in which blood glucose levels are higher than normal). Talk to your doctor to see if additional testing is needed.

Type 2 diabetes is more common in African Americans, Hispanic/Latino Americans, American Indians, Asian Americans, and Pacific Islanders.

Higher body weight increases diabetes risk for everyone. Asian Americans are at increased diabetes risk at lower body weights than the rest of the general public (about 15 pounds lower).

For more information, visit us at: prediabetes.org

LOWER YOUR RISK
Here’s the good news: it’s possible with small steps to reverse prediabetes, and these measures can help you live a longer and healthier life.

If you are at high risk, the best thing to do is contact your doctor to see if diabetes testing is needed.

Visit prediabetes.org for more information on how to make small lifestyle changes to help lower your risk.

NEW YORK STATE DEPARTMENT OF HEALTH
Take the Prediabetes Risk Test!

https://www.youtube.com/watch?v=s020q-FE0H4&feature=youtu.be

Or text RISKTEST to 97779
What can You do to Help?
What’s in Your Community?

There are programs in the community to help people manage diabetes and prediabetes!
Linking Your Patients to Community Programs
National Diabetes Prevention Program

https://nccd.cdc.gov/DDT_DPRP/Programs.aspx
Finding Diabetes Self-Management and Diabetes Prevention Programs

https://professional.diabetes.org/erp_list?field_erp_state_value=NY&=Apply

Some Special Considerations…
Special Considerations for Women of Reproductive Age

- **Approximately 45% of births nationally are unintended** (mistimed, unplanned or unwanted at the time of conception)
- Unintended pregnancies minimize the ability to prepare for a healthy pregnancy and have proactive conversations with health care providers
- It is important to start a **universal focus on the importance of preconception care** to begin to reduce maternal mortality and morbidity
- Ask about pregnancy intention at each health care visit
- Preconception care is important for all, but crucial for those with chronic conditions, such as diabetes
Unintended Pregnancy

Mistimed

- Woman did not want to become pregnant at the time pregnancy occurred but did want to become pregnant at some point in the future
- 27% of all pregnancies

Unwanted

- Woman did not want to become pregnant then or at any time in the future
- 18% of pregnancies

Potential Health Impacts of Chronic Disease
Preconception/Prepregnancy Counseling

– Desires pregnancy:
  • Discuss with primary health care provider
  • May refer to maternal-fetal medicine specialist
  • A1C levels under stable control

– Does not desire pregnancy:
  • Refer to primary health care provider or women’s health care provider for contraceptive counseling
  • Discuss availability of effective and highly effective contraception
Impact of Pregnancy on Diabetes

For the woman:
- Creates changes in insulin requirements
- Increase the risk for preeclampsia
- Can worsen preexisting complications of diabetes (eye and kidney problems)
- Increase the risk for maternal morbidity and mortality

For the baby:
- High glucose levels at conception increase risk for miscarriage and birth defects
- Higher birth weight - macrosomia
- Hypoglycemia
After Pregnancy

Breastfeeding benefits

• For women using insulin in the postpartum period, breastfeeding is like exercise
• It is important to monitor the blood glucose during and after breastfeeding
• For mothers with gestational diabetes—may reduce risk of developing type 2 diabetes later
HH Care Manager’s Role - Women of Reproductive Age

- HH Care Managers should discuss with women of reproductive age their pregnancy considerations
  - Especially since the patients served by HHs have chronic conditions
- Ask about pregnancy intention
- Connect the patient or ensure involved providers are discussing preconception care with the patient
  - How will the patient’s chronic condition be impacted by a pregnancy?
- If the patient is or becomes pregnant, ensure connection to providers that can work with the patient to address chronic condition and the pregnancy
  - Ensure prenatal services are in place
Role of a Health Home Care Manager: Important Linkages

- Health Home Care Managers have an opportunity to assist patients in important ways
- Knowing and understanding the community, risk factors and the lifestyle of patients you serve
- Connecting patients to community services and programs
- Ability to connect patient’s lifestyle with diabetes outcomes
Social determinants of Health

- Built environment
- Education
- Economic stability
- Social and community support
- Health care
Examples of Social Determinants of Health

- Availability of resources to meet daily needs (e.g., safe housing and local food markets)
- Access to educational, economic, and job opportunities
- Access to health care services
- Quality of education and job training
- Availability of community-based resources in support of community living and opportunities for recreational and leisure-time activities
- Transportation options
- Public safety
- Social support
- Social norms and attitudes (e.g., discrimination, racism, and distrust of government)
- Exposure to crime, violence, and social disorder (e.g., presence of trash and lack of cooperation in a community)
- Socioeconomic conditions (e.g., concentrated poverty and the stressful conditions that accompany it)
- Language/Literacy
- Access to mass media and emerging technologies (e.g., cell phones, the Internet, and social media)
Resources

https://www.niddk.nih.gov/health-information/communication-programs/ndep

https://www.health.ny.gov/contact/contact_information/

https://www.health.ny.gov/diseases/conditions/diabetes/information_and_resources.htm
Resources for Preconception Health, Contraception and Diabetes During Pregnancy

Preconception Health:
• https://www.cdc.gov/preconception/planning.html

Contraceptive Counseling and Resources:
• https://www.acog.org/-/media/Departments/LARC/ContraceptiveCounselingReplaceable.pdf
• https://www.cdc.gov/mmwr/volumes/65/rr/rr6503a1.htm

Diabetes and Pregnancy:
• https://www.niddk.nih.gov/health-information/diabetes/diabetes-pregnancy
Thank You!

Susan Millstein
susan.millstein@health.ny.gov
518-408-5142

Kristine Mesler
kristine.mesler@health.ny.gov
518-474-0535