



**Professional Development & Training Notes**  
**UNM Continuing Education Conference Center**  
**Albuquerque, NM**  
**April 8, 2011**

**Welcome, Announcements, and NMDAC Update:** Kathleen Garcia, Chair, NMDAC

- The Professional Development Meeting was called to order at 10:15 a.m. by Kathy.
- Kathy reviewed notes from training on Dec. 3, 2010. Membership approved with no changes.
- Kathy reminded members to complete and return their evaluations.
- Kathy mentioned that the September 16<sup>th</sup> NMDAC training will be held at the Presbyterian Administrative Center. [Note: this location has changed to the CNM Workforce Training Center.] The topic will be challenges of weight control for diabetes and arthritis.
- The December meeting will be held at the CNM Workforce Center. Training topic will be BP control and kidney disease.
- Kathy reported on the NM Chronic Disease Bureau Meeting.
- Roberta Rios, NMDAC board member, reported on Diabetes Day at the Roundhouse, which was held on March 8. Eleven organizations participated in the event. The ADA contributed funds for the event. Reusable grocery bags with the NMDAC logo were distributed to all 112 legislators. The bags were filled with information on Type 2 diabetes and the NMDAC. Participating organizations included: NM Healthcare Takes On Diabetes, Juvenile Diabetes Research Foundation, NM Podiatric Medical Assoc., Project HOPE, Espanola Hospital/Presbyterian Health Services, Project ECHO Diabetes Initiative, Diabetic Supply Rescue, ADA, Navajo Nation Special Diabetes Project, NMDAC, and the NMDOH/DPCP.
- Rosemary Anslow, Board Nominating Chair, discussed the upcoming election of Chair Elect and Treasurer and asked for nominees.
- Kathy mentioned that the NMDAC needs help with writing grants and asked for volunteers.

**DPCP Update:** Judith Gabriele, MPH, Program Manager, DPCP

- Judith mentioned that the DPCP just finished the shared strategic planning process with diabetes, tobacco use, and heart disease and stroke prevention partners. The process began last August and will result in a shared statewide plan to address each individual area as well as common risk factors and health inequities across these issues. A completed plan is slated to be distributed this fall and will be shepherded by the Chronic Disease Prevention Council and many of the objectives in it will be achieved by various partners from around the state. She thanked Kathy Garcia for her participation on the leadership team and for representing the interests of NMDAC.
- The latest on-line course on pre-diabetes is now live and provides CMEs. DPCP has also launched a community walking trials implementation guide. Both of these can be accessed online at [diabetesnm.org](http://diabetesnm.org).
- Judith discussed tight the budget for upcoming fiscal year. Nothing official yet, but cuts are expected. Cuts won't be as deep as last year but any additional cuts do hurt and make it more difficult to do collective work. DPCP will do its best to continue to focus efforts on effective strategies that will help achieve program and state goals and objectives and will keep partners informed of budget developments.
- Judith also mentioned that she, and some of her staff, will be traveling to Minneapolis for the CDC's annual Division of Diabetes Translation conference. Judith will be transitioning to Chair of the National Association of Chronic Disease Directors Diabetes Council. The Diabetes Council serves program managers and staff working in or with state and territorial DPCPs around the country, as well as partner organizations that support the work of the DPCPs.
- Judith thanked her DPCP staff for helping to organize the Diabetes Prevention Program training, and she introduced the speakers and panelists for today's training and acknowledged others involved in the DPP process.

**Diabetes Prevention Program Overview:** Ann Albright, PhD, RD, Director, Division of Diabetes Translation, Centers for Disease Control & Prevention

- Please see full presentation at <http://www.nmdac.org/Trainings-and-Presentations.php>.



**Diabetes Prevention Program: The United Health Group Perspective:** Deneen Vojta, MD, Senior Vice President, Center for Health Reform and Modernization, UnitedHealth Group

- Please see full presentation at <http://www.nmdac.org/Trainings-and-Presentations.php>.

#### **CEU Session – Advancing the Diabetes Prevention Program in New Mexico**

**Facilitator:** Judith Gabriele

**Panelists:** Ann Albright, PhD, RD, Director, Division of Diabetes Translation, Centers for Disease Control & Prevention; Todd Harwell, MPH, Chief, Chronic Disease Prevention & Health Promotion Bureau, Montana Department of Public Health & Human Services; Carol Percy, RN, MS, Program Coordinator, Diabetes Prevention Program Outcomes Study, Shiprock, New Mexico; Deneen Vojta, MD, Senior Vice President, Center for Health Reform and Modernization, UnitedHealth Group.

- Ann Albright: CDC supported the research trial. Those at high risk need access to lifestyle intervention programs. This is a bold national diabetes program – to move from research to implementation. Partnerships are critical for this to succeed. Program recognition standards are key and must be consistent for all players. To overcome barriers as 1) Does it change the evidence?; 2) Can you live with it? Stick with getting the results and communicating the results. Stick to the curriculum. Program can't be done on hit-and-miss grant opportunities. Must be integrated into the health care system. It's written into the CDC's health care plan for sustainability. Ensure quality to payers. The most effective lifestyle coaches are those who are excellent facilitators, not those who are content-focused. Identify people who are ready to change; early adopters are best recruiters for peer-to-peer involvement. Not required to use only dietitians; there are others who can deliver the nutrition content, but be sure to have access to a registered dietitian (RD) for technical support and complex needs. YMCA, YWCA are examples of organizations that have experience with organizing and managing programs in a consistent, systematic way. Make it clear at the beginning to participants that they have to commit to the program in its entirety. There will be time spent outside the program to help support participants who need it. Deal with issues that may prevent folks from participating early on. Offer classes in no less than 16 meetings, no more than 24. There is field research that addresses individual success when they have access to bike paths, walking trails, etc. Developing partnerships with organizations that deal with community transportation, environmental concerns is important in affecting public policy. Ask yourselves: Have there been structural changes in the community and have these affected health changes in people?
- Todd Harwell: Important to have sites with lifestyle coaches. Need physician champions to participate at each site. His program completes a readiness assessment for each client; participants complete a contract. Important to assume role for data collection and evaluation. Don't screen clients; instead, seek out people at high risk. Use a data collection system that works. You will experience turnover in lifestyle coaches. Consider availability of exercise facilities, reimbursement for the services (Medicare), how to get people to complete the program, and how to support them in keeping the weight off. You can start the program without reimbursement; people will pay for the program. Seek support from the state and employers; look at community resources. Encourage meaningful goals for participants, and make it exciting. Make practitioners aware that the program exists, and ask them to refer participants. Use the media to focus on participants who have been successful. Montana does have a dietician at all sites. Suggests that you mobilize all armies, set up program at different facilities/sites. Coaches want to get to a 75% completion rate; they provide a follow-up survey; 39% are maintaining goals. In Montana, coaches focus more time on those folks who need help in monitoring their progress. Montana has 14 sites. Programs are held in the spring and fall. One group on certain days, other groups on others. This offers participants ability to attend classes they miss.
- Carol Percy: Participants are the key; they have to want to make the changes. Keep them focused on weight loss. Know the curriculum and how to use it. Pay attention to the CDC regarding reimbursement. Lifestyle coaches are important; they help the participant know what's going to work for them. Know that you may implement the program one person at a time. It's difficult for folks to lose the weight; you need to give people enough time to lose it and provide support. Promote safe weight loss. Make time for the program. If you work with 7 people, know that you will prevent diabetes in one person. Consider current resources, how can you integrate to support the program.



New Mexico Diabetes Advisory Council

Recruit people who will commit to the program, and make it enjoyable and appealing. Tailor it to cultural settings. The key to keeping participants is in your relationship with them. Place the program away from the health care environment. It's better to place it at a community center, etc. As long as the facilitator has access to an RD for support, RD involvement not necessary. Consider special diabetes federal program for funding. In her experience, it takes 4-6 hours to prepare and conduct each class. Suggests working with the clientele in setting up holiday schedules for the program.

- Deneen Vojta: Get other partners to the table, including physicians. Reimbursement for DPP is vital. We know what works; we need to stick to the model. The curriculum works. Everyone needs to promote the same evidence-based curriculum.

**Closing:** Kathleen Garcia, Chair, NMDAC

- The meeting was adjourned at 2 p.m.