

Experience, Partnership and Evidence: Together on Diabetes™



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Bristol-Myers Squibb Foundation: Mission

Promote health equity and improve the health outcomes of populations disproportionately affected by serious diseases and conditions

Bristol-Myers Squibb Foundation: Programs

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United States

Bristol-Myers Squibb Foundation

Together  Diabetes

Communities Uniting to Meet America's Diabetes Challenge

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Africa

Together Diabetes

Communities Uniting to Meet America's Diabetes Challenge

Flagship philanthropic initiative to promote health equity and improve outcomes of adults living with type 2 diabetes – both diagnosed and undiagnosed – who are disproportionately affected in the United States

- National program
- Launched November 2010
- 26 grantees, 60 communities, \$53 million committed



Communities Uniting to Meet America's Diabetes Challenge

Focal points for funding and partnership:

- Strengthen patient self management education & support and care navigation
- Build and expand community supportive services and community mobilization efforts
- Foster a radical rethink and test new ideas about how diabetes prevention and control efforts are approached, designed, implemented and measured given the current and future scale of the epidemic and chronic nature of the disease

Grantees



American Pharmacist Association
Foundation
American Academy of Family Physicians
Foundation/Peers for Progress
American Association of Diabetes
Educators
Black Women's Health Imperative
Camden Citywide Diabetes
Coalition/Cooper Foundation
Duke University/Durham County DOH
East Carolina University
Feeding America
Health Choice Network Florida

Marshall University
Mississippi Public Health Institute
National Council on Aging
Public Good Projects/IOM
United Hospital Fund
United Neighborhood Health Services
University of Colorado
University of Virginia
University of Michigan
Sixteenth Street Community Health Center
Whittier Street Health Center

Grantee Learning
Collaborative & Summits

National Network of
Public Health Institutes

Evaluation & Quality
Improvement

University of Kansas
Center for Community
Development

Policy & Advocacy

Harvard Law School

Dissemination & Scaling
of Successful Models &
Lessons Learned

Morehouse School of
Medicine

Evaluation & Mobilizing Evidence

Purpose of evaluation work:

- explore and evolve new indicators to match the intervention approach, e.g. social correlates of health
- establish the evidence base of new interventions
- establish the evidence base of delivering EBPs to disparity communities
- detect failures quickly and course correct

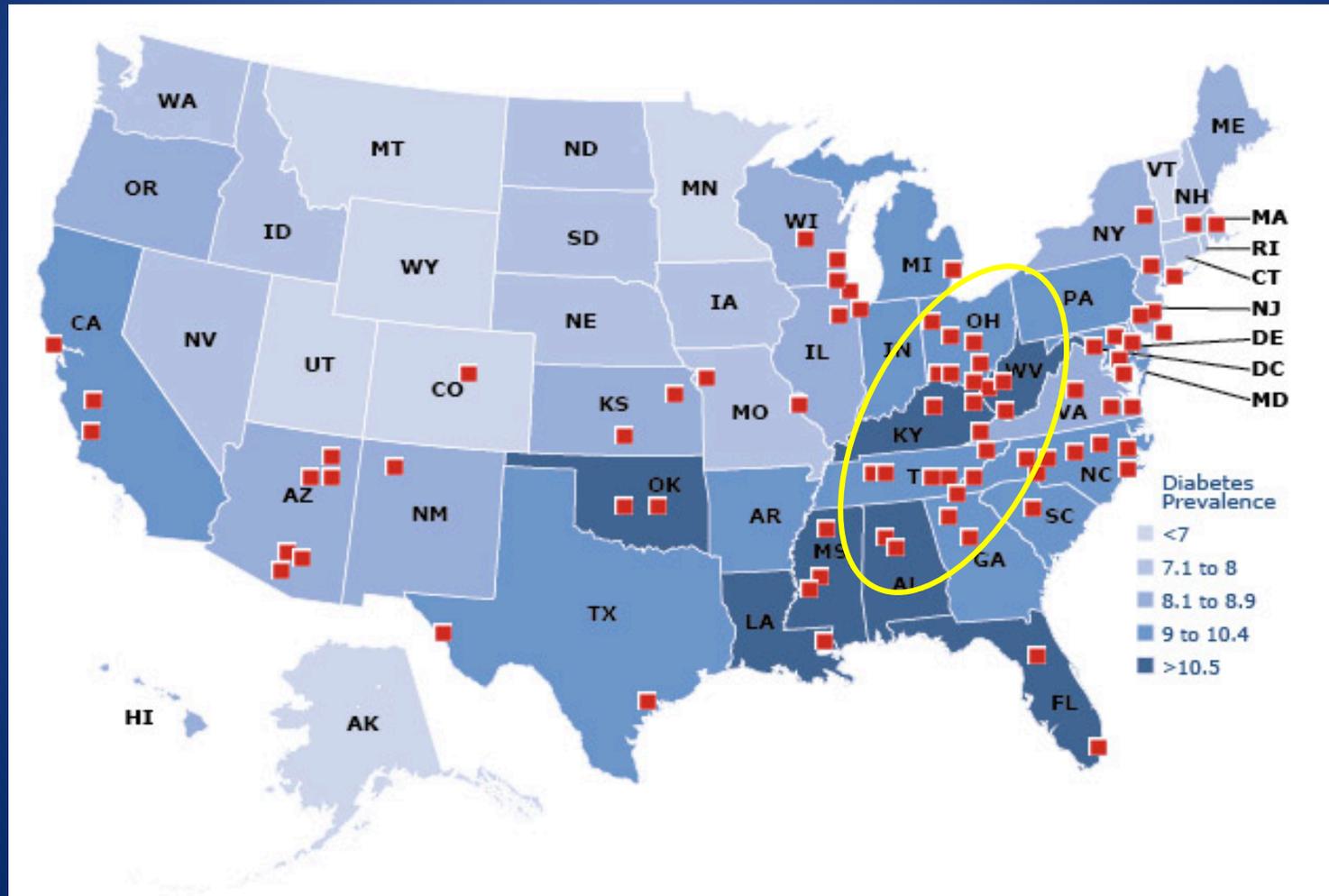
Indicators:

- Equity – focus on disparity populations, access, outcomes
- Health outcomes, behavior change and quality of life
- Capacity built
- Community resources and engagement

Mobilizing Evidence:

- Sharing lessons learned with the community of practice
- Small “p” and big “P” policy advancement
- Improved standard of care
- Health system change
- Sustainability beyond just grant funding

Addressing Equity through Focus on Heavily Affected Populations and Regions



American Pharmacist Association Foundation: Project Impact Interim Ha1c Outcomes

- Patient Self-Management Credential –
Knowledge Assessments (Interim Results)

	N =	Baseline	Most Recent	Change to Date	P Value	Days Experience
Beginner A1C	462	9.71 (SD = 1.99)	8.61 (SD = 1.94)	-1.10 (SD = 2.14)	< 0.001	189 (SD = 94)
Proficient A1C	442	9.41 (SD = 1.84)	8.44 (SD = 1.67)	-0.97 (SD = 1.89)	< 0.001	189 (SD = 88)
Advanced A1C	160	9.16 (SD = 1.69)	8.31 (SD = 1.65)	-0.84 (SD = 1.76)	< 0.001	177 (SD = 85)

African American Women Collaborative & Results

African Americans are 2x more likely to be diagnosed with T2DM as non-Hispanic whites and more likely to suffer complications (HHS/OMH)

- Target: 750 African American women living with uncontrolled diabetes
- Grantees: U Virginia, East Carolina University, Whittier Street Health Center, United Neighborhood Health Center, Black Women’s Health Imperative
- Interventions: ranging from rural community health worker teams and “small changes” approach to texting support to housing development based T2DM education

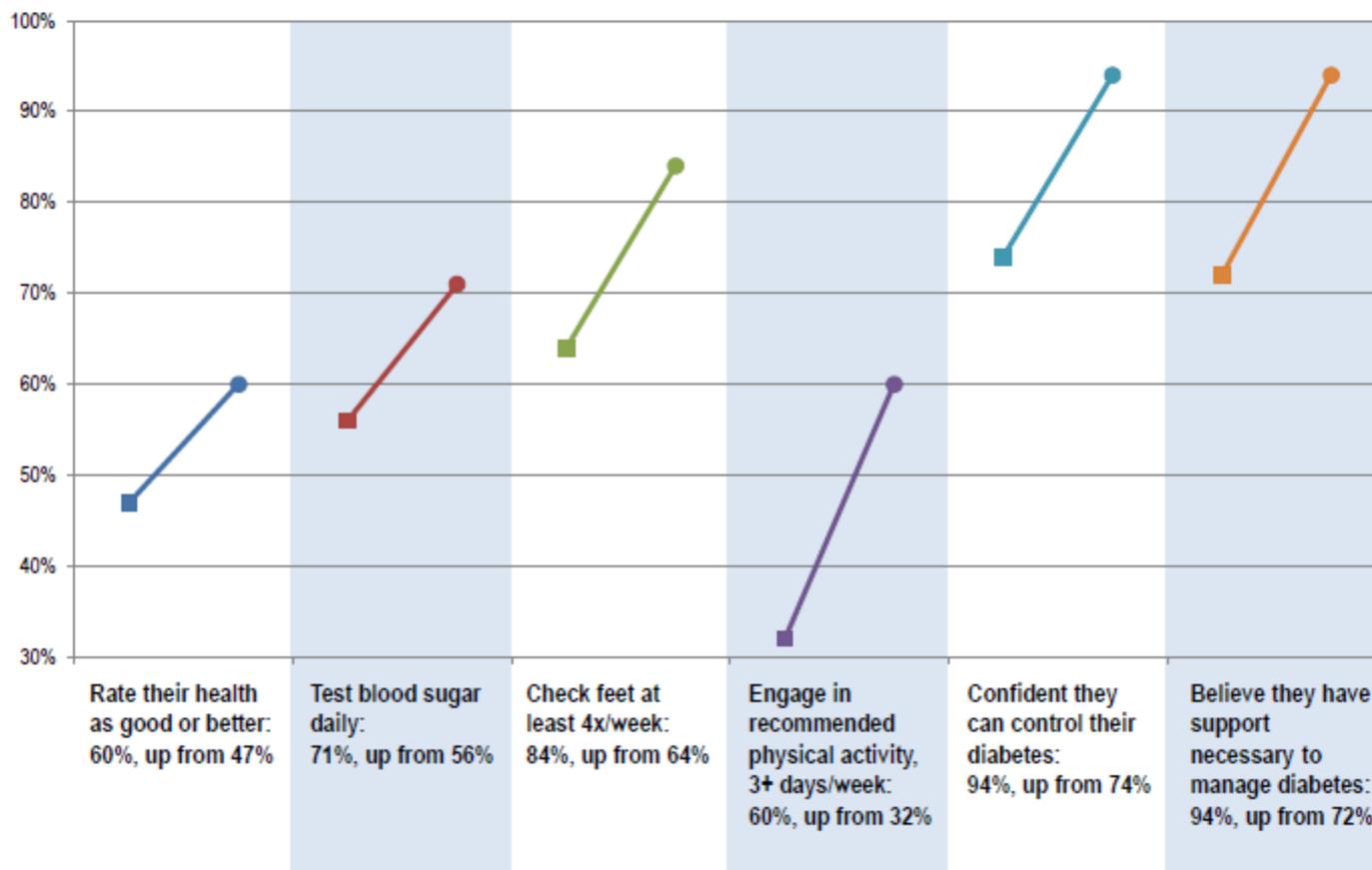
Results to date:

- 1,458 women living with diabetes enrolled in care and support programs
- 7.1%-10% Ha1c at baseline
- .5%-1% range of improvement in reported as average Ha1c reductions across projects
- High participation in diabetes self management education
- All projects incorporated social support in DSME
- 38 community health workers trained



United Hospital Fund: Self-care Behaviors and Self-efficacy

Together on Diabetes – NYC: Impact to Date



Notes: Based on the first 263 seniors to be reassessed as of December 9, 2013.
Squares represent T1, circles represent T2.



Community Resources

Feeding America: Food Bank-Healthcare Partnerships

- 3 lead foodbanks: Redwood Food Bank, Corpus Christi Food Bank, Mid Ohio Foodbank
- 39 food pantries
- 14 clinical partners
- 1,500 clients enrolled to date

National Council on Aging: Community-based and online Stanford DSMP delivery pilot

- YMCA Atlanta / YMCA National
- OASIS Senior Centers – St. Louis and Indianapolis
- Wellpoint – Atlanta, St. Louis, Indianapolis

Hopkins Center for American Indian Health:

Local Community Mobilization

- Design, pilot and evaluate “Family Health Coach” intervention for AI youth ages 10-19 with or at risk for type 2 diabetes
- Youth enroll with adult Support Person
- 12 month home-based intervention
- “Family Health Coaches” are trained Native paraprofessionals from participating communities
- Data collection at 4 time points
- Engage with local providers to promote participant progress
- Consult with Traditional Healers about motivational content
- Guided by local Community Boards and a Cross-Site Steering Committee



Program Progress

- Disproportionately affected populations addressed through grant projects:
 - Medicare/Medicaid, uninsured, seniors, African American, Latino/Hispanic, American Indian, Appalachian people, rural and urban poor, homeless, food insecure
- 554 mobilized and collaborating partners from CBOs, FBOs, government, academia and business
- 83% of projects addressing access to healthy food
- 78% of projects addressing access to physical activity resources

Program Progress

- 292 lay health workers/147 professional health workers trained
- 83% of trained health workers mobilized to apply new and enhanced skills in the projects
- 24,500 people living with or at risk of diabetes reached with community engagement & community based self management education
- Up to 2.1% average reported change in H_{a1c}

Program Progress

- BMSF and TOD grantee presentations at key health meetings such as National Rural Health Association White House Forum, National Minority Quality Forum, AADE, ADA, ADA Disparities Forum, Joslin Diabetes Innovation Conference, APHA, Clinton Global Initiative, Global Business Coalition on Health
- 32 papers submitted to peer review publications
- \$12.8 million in additional project funding from government and philanthropic sources

THANK YOU!

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