



Appalachian Diabetes Control and Translation Project (ADCTP)

Appalachian Diabetes Consultation

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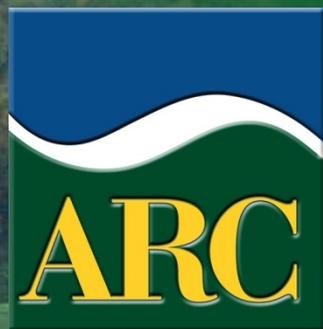
Bristol-Myers Squibb Foundation

Together  Diabetes

Communities Uniting to Meet America's Diabetes Challenge



In collaboration with the Centers for
Disease Control and Prevention



Eric Stockton
Appalachian Regional Commission
estockton@arc.gov
www.arc.gov



Appalachian Health Disparities

- **An Analysis of Disparities in Health Status and Access to Health Care in the Appalachian Region (Halverson: 2004)**
- (Published at www.arc.gov)



Appalachian mortality rates exceed national rates 1990-1997

Cause of Death	Premature Mortality 35-64				Elderly Mortality age 65+			
	White Male	White Female	Black Male	Black Female	White Male	White Female	Black Male	Black Female
Heart disease	Dark Green	Dark Green	Dark Green	Dark Green	Light Green	Light Green	Light Green	White
Cancers	Dark Green	Dark Green	Dark Green	White	Light Green	White	Light Green	White
Stroke	Dark Green	Dark Green	Dark Green	Dark Green	Light Green	Light Green	Light Green	Light Green
Lung Cancer	Dark Green	Dark Green	Dark Green	White	Light Green	White	White	White
Accidental deaths	Dark Green	Dark Green	Dark Green	Dark Green	Light Green	Light Green	Light Green	Light Green
COPD	Dark Green	Dark Green	Dark Green	Dark Green	Light Green	White	Light Green	White
Diabetes	Dark Green	Dark Green	Dark Green	Dark Green	White	Light Green	White	White
Motor Vehicle Accidents	Dark Green	Dark Green	Dark Green	Dark Green	Light Green	White	Light Green	White

Rates exceed national rates



Rates do not exceed





Unique Diabetes Burden of Distressed Appalachian Counties

Prevalence of diabetes

- 13.1% in Appalachian distressed counties
- 8.2% Non-Appalachian counties in ARC states
- 7.8% National rate

Prevalence of diabetes in people ages 45-64

- Distressed counties: 1 in 5
- All other counties in the ARC region: 1 in 8

Residents in distressed Appalachian counties are at significantly greater risk for diabetes than in the non-Appalachian counties of ARC states (odds ratio 1.4; 95%CI)²



Appalachian Health Disparities

- Health Care Costs and Access Disparities in Appalachia (PDA, Inc. 2012)



Appalachian Diabetes Control and Translation Project (ADCTP)

A community/federal/private/academic partnership

- Local coalitions
- ARC
- CDC
- Marshall
- Bristol-Myers Squibb/Together on Diabetes
- Desire and ability to affect change
- Geography, economic context
- Science, public health policy
- Access to field, community experience
- Integrated policy perspective, capital





Appalachian Diabetes Control and Translation Project (ADCTP)

- Prevent and control diabetes by working with local coalitions in most severely affected areas.
- CDC + ARC \$\$ to Marshall University
- Together on Diabetes commitment to Marshall = \$2.6 million



Appalachian Diabetes Control and Translation Project (ADCTP)

- Support local capacity to promote healthy lifestyle changes.
- Establish coalitions in distressed counties.
- Train local leaders in EBPs including “Diabetes Today”



Appalachian Diabetes Control and Translation Project (ADCTP)

- Competitive mini-grants for local initiatives
- Training and TA
- Policy Support



Coalition Stakeholders

Citizen groups

- Churches
- Volunteer clubs
- PATCH groups
- County health coalitions
- Active or retired health professionals
- Concerned parents

Partnerships

Institutional Partners

- Primary care centers
- Mayor or town councils
- Community colleges
- ARC local development district
- Health Departments
- USDA Extension

What the Coalitions Receive

- Diabetes Today
- On-going technical assistance
- Training in chronic disease self-management programs
- Assistance in evaluation
- Leadership Training





Training Partnerships

- Community Organizing
 - Fannie E. Rippel Foundation
- Local Food Policy Development
 - Harvard Law School
- Food Access
 - Feeding America
- Healthy food choices
 - Share Our Strength/Shopping Matters
- Smoking Cessation
 - Break-Free Alliance

Self-Management Programs

- Dining with Diabetes
- Chronic Disease Self-Management Program and Diabetes Self-Management Program (CDSMP/DSMP)
- Walk with Ease
- Walking competitions





Enhanced Coalition Support

- With partnership with BMS Foundation we issued 10 competitive applications for enhanced funding → \$40K a year for four years
- Coalitions build on existing infrastructure to expand the scope and reach of community-based programs



Enhanced Coalition Support

- Increased support for EBP deployment.
 - Deeper engagement in healthy eating and physical activity programs.
 - Stronger links to national service providers
 - More rigorous measurement:
 - # Counties sustaining new EBPs
 - # EBP leaders trained
 - # EBP trainees/completers
 - Pushing measurement system to all coalitions



Enhanced Coalition Support

- Increase coalition/clinic connections.
 - Pursue CHW models
 - Health outcome metrics
- Assess potential for DPP deployment
- Secure local policy changes
 - Ex: Facilities/physical environment for activity; smoke-free facilities; healthy school food; SNAP/WIC @ farmers markets.



Results to Date

- Established and sustainable coalition infrastructure (54 active coalitions)
- 16,000 EBP participants in ten counties alone.
- Increasing ability to track health data
- Qualitative measures:
 - Local ownership & mobilization, space for innovation, empowered leadership.



Potential Next Steps

- Develop new coalition startups in unserved areas
- Push enhanced support services (and \$) to more coalitions
- Strengthen performance metrics including health indicators
- Continue leveraging national partners to support EBPs



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