Appalachian Diabetes Control and Translation Project (ADCTP)

Appalachian Diabetes Consultation

April 10, 2014

In collaboration with the Centers for Disease Control and Prevention
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

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Premature Mortality 35-64</th>
<th>Elderly Mortality age 65+</th>
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<tbody>
<tr>
<td></td>
<td>White Male</td>
<td>White Female</td>
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<tr>
<td>Heart disease</td>
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<td>Cancers</td>
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<td>Stroke</td>
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<td>Lung Cancer</td>
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<tr>
<td>Accidental deaths</td>
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<td>COPD</td>
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<tr>
<td>Diabetes</td>
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<tr>
<td>Motor Vehicle Accidents</td>
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</tbody>
</table>

Rates exceed national rates: [filled square]  
Rates do not exceed: [empty square]
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

2. Barker, Crespo, Gerzoff, et.al. 2010
Appalachian Health Disparities

• Health Care Costs and Access Disparities in Appalachia (PDA, Inc. 2012)
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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
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- 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
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- Support local capacity to promote healthy lifestyle changes.
- Establish coalitions in distressed counties.
- Train local leaders in EBPs including “Diabetes Today”
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- 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

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
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
www.arc.gov