

Wisconsin Diabetes Strategic Plan 2010 - 2015

Together We Can Make a Difference



2010

**Wisconsin Diabetes Prevention and Control Program
Bureau of Community Health Promotion
Division of Public Health
Department of Health Services**

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December 2010

Dear Diabetes Partner:

The Wisconsin Diabetes Advisory Group, along with the Department of Health Services' Diabetes Prevention and Control Program and other state partners, recently completed the Wisconsin Diabetes Strategic Plan 2010-2015. This plan provides a framework for Wisconsin organizations to mobilize around a common set of goals affecting all areas of diabetes care and prevention.

We envision that the plan will assist organizations in meeting the *Healthiest Wisconsin 2020* objectives through:

- Influencing of public policy to support and improve diabetes prevention and control.
- Promotion of prevention, education, and health care services to reduce diabetes-related health disparities.
- Promotion of early detection and prevention of type 2 diabetes across the lifespan through collaboration with health systems and communities in Wisconsin.
- Improvement and expansion of diabetes surveillance and monitoring throughout the state to assess the burden of diabetes and guide policy development and evaluation activities.
- Fostering and facilitating collaboration among Wisconsin health-related organizations in the development and dissemination of model public diabetes communication programs directed to all population segments.
- Collaboration with health systems and providers to ensure care is provided as recommended by the *Wisconsin Diabetes Mellitus Essential Care Guidelines*, so all people with diabetes and those at risk for type 2 diabetes will receive appropriate screening to promote early detection of disease and complications, self-management education, and ongoing management to reduce risk of disease and complications.
- Collaboration with communities to develop, implement, and evaluate policies and interventions to promote healthy lifestyles and improve diabetes management.

The plan was developed with the understanding that time and resources are limited and achieving goals will take a unified effort of many, with each applying different and creative solutions for change. The plan's focus on widespread and far-reaching diabetes prevention and control, along with its emphasis on collaboration, truly make it a statewide call to action.

We encourage everyone to take an active role in implementing the Wisconsin Diabetes Strategic Plan 2010-2015. Please join us in spreading the message that diabetes prevention and control is a priority in Wisconsin.

Sincerely,

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State Health Officer

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Chair, Wisconsin Diabetes Advisory Group

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Wisconsin.gov

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Why Do We Need A Diabetes Plan?

The Wisconsin diabetes community has a strong, positive history of working in collaboration to address diabetes prevention and control. This extensive collaboration with internal and external partners has achieved improvements in diabetes care in Wisconsin. In spite of these improvements, a great deal of work remains. Diabetes continues to increase at alarming rates in Wisconsin and across the nation, largely due to obesity and physical inactivity. Many more people are at increased risk for developing type 2 diabetes in the future due to poor eating habits, obesity, and sedentary lifestyles.

Fortunately, we have a good understanding of diabetes and how to control it, as well as how to prevent or delay complications. Furthermore, research has clearly demonstrated recommended actions to improve lifestyle, which can lead to the delay or even the prevention of type 2 diabetes for many people. Implementing lifestyle improvements, such as healthier eating and increased physical activity, can greatly reduce the risk of developing type 2 diabetes. It is imperative for Wisconsin to take advantage of the latest scientific advances and expand statewide diabetes activities to work on both diabetes prevention and control. We must work together to maximize our human and economic resources if we are to be successful in reducing the prevalence and impact of this devastating disease on Wisconsin's citizens and future generations.

This Wisconsin Diabetes Strategic Plan (Plan) serves as a blueprint to help guide collaborative statewide diabetes prevention and control efforts for the next five years. It both supports and is supported by Wisconsin's statewide community health improvement plan, Healthiest Wisconsin 2020: Everyone Living Better, Longer (see Appendices A and B). Combining energy, efforts, and determination will assist Wisconsin in achieving and sustaining standards of care and prevention strategies to create healthy communities in Wisconsin.

Highlights of this Plan include:

- A description of diabetes, its risk factors, and strategies for risk reduction.
- Data to show that diabetes is a serious, common, and costly public health problem in Wisconsin and across the nation.
- Ideas on how to participate in the call to action to help implement the Plan.
- Reporting mechanisms to facilitate coordination and evaluation of the statewide impact of the Plan.

The Plan's common vision includes:

- Seven targeted priority areas.
- Specific goals for each of the targeted priority areas.
- Suggested strategies and action steps that can collectively help achieve the specified goals.

Together we can make a difference in the lives of people at risk for or living with diabetes.

Introduction

Diabetes is a serious and costly chronic illness. Diabetes affects nearly 420,000 adults in Wisconsin. That's nearly one of every 10 adults you meet. In addition, 6,000 children and adolescents in Wisconsin have diabetes.¹

Diabetes occurs when the body either does not produce enough insulin or doesn't properly use the insulin that the body makes. Insulin is needed to convert sugar in the food we eat into energy needed by every cell of the body. The symptoms of diabetes are often subtle and may go undetected. Uncontrolled high blood sugars can cause serious and life-altering medical complications. Types of diabetes are: type 1 diabetes, type 2 diabetes, gestational diabetes, and drug-induced diabetes.

A category of increased risk for type 2 diabetes is pre-diabetes. Individuals with impaired fasting glucose or impaired glucose tolerance are referred to as having pre-diabetes. Pre-diabetes is a term for people with a high risk for developing type 2 diabetes in the future.

Approximately 5-10% of the population with diabetes is affected by type 1 diabetes, generally diagnosed before the age of 30. With this type of diabetes, the pancreas produces little or no insulin, which the body needs to control the amount of sugar (glucose) in the blood. People with type 1 diabetes must take insulin to live. The risk for developing type 1 diabetes is not completely understood, but the risk is higher if a parent or sibling has type 1 diabetes. Type 1 diabetes is an autoimmune disease and not preventable by lifestyle modifications.

Type 2 diabetes is the most common type of diabetes, affecting 90-95% of those with the disease. With this type of diabetes, the body does not properly use the insulin that it makes. There are risk factors for type 2 diabetes that cannot be changed: age, race, and family history. However, there are also risk factors for type 2 diabetes that can be changed: inactivity, poor eating habits, overweight, and obesity.

Pre-diabetes, or impaired glucose tolerance, is also a modifiable risk factor. People with pre-diabetes are at increased risk for heart disease and stroke. Research shows that people who increase physical activity, improve nutrition, and lose a small amount of weight may delay or prevent the onset of type 2 diabetes.

Optimizing blood sugar control and individualizing treatment goals are critical for people with diabetes. The benefits of intensive glycemic control in reducing risk of microvascular complications is well established. Optimizing blood glucose levels can reduce the seriousness of debilitating microvascular complications (e.g., blindness, kidney disease, and foot and leg amputations) but the impact of intensive blood glucose control on macrovascular complications (e.g. heart disease and stroke) is less established.

Diabetes is a chronic condition requiring continued medical care and self-management education to prevent and reduce the risk and improve diabetes outcomes.

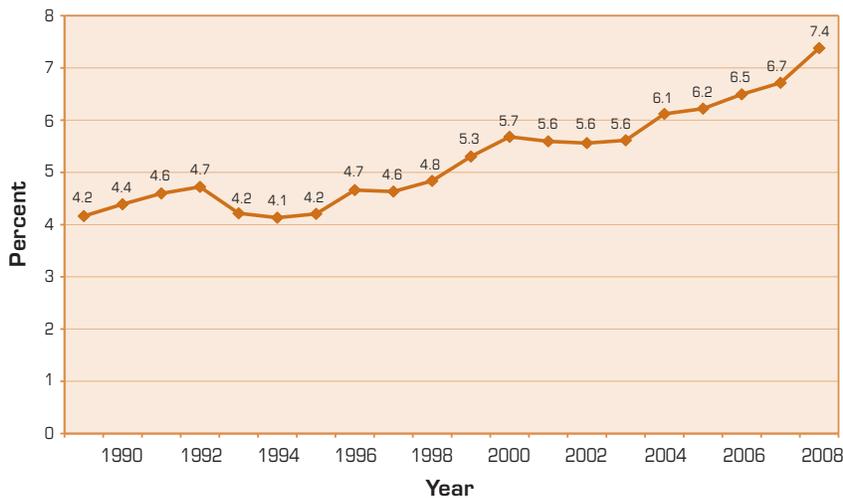
DISCLAIMER: When addressing prevention of diabetes, it is important to recognize type 1 diabetes cannot be prevented. When we refer to diabetes prevention in this document, the prevention of type 2 diabetes is implied.

The Impact of Diabetes in Wisconsin

SERIOUS: People with diabetes are at increased risk of numerous complications, including heart disease, blindness, kidney disease, and foot and leg amputations. The majority of people with diabetes eventually die from heart disease. Many adverse outcomes of diabetes complications can be prevented or delayed by an aggressive program of early detection and appropriate treatment.

COMMON: In Wisconsin, approximately 10 percent of adults (420,000) have diabetes – 7 percent (295,000) with diabetes that has been diagnosed and 3 percent (125,000) with diabetes that has not been diagnosed.¹ Additionally, an estimated 6,000 children and adolescents in Wisconsin have been diagnosed with diabetes.² The prevalence of diabetes has increased in the past two decades (Figure 1). Using a three-year moving average, diabetes has increased 76% from 1989 to 2008 (from 4.2% to 7.4%).³ Furthermore, an estimated 1,062,500 people in Wisconsin age 20 years and older have pre-diabetes.⁴ Diabetes is more prevalent in certain racial and ethnic populations, including Hispanics/Latinos, African Americans, and American Indians.⁵

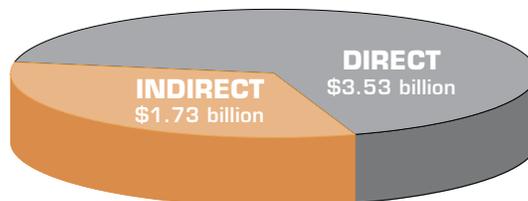
Figure 1: Estimated Prevalence of Adults with Diagnosed Diabetes in Wisconsin, Three-Year Moving Average (1988-2009)



Source: Wisconsin Behavioral Risk Factor Survey 1988-2009.

COSTLY: The cost of diabetes in Wisconsin is staggering (Figure 2). In 2007, estimated direct annual costs (medical care) for diabetes were \$3.53 billion and estimated indirect costs (lost workdays, restricted activity days, mortality, and permanent disabilities) were \$1.73 billion, totaling \$5.26 billion.⁶

Figure 2: Estimated Direct and Indirect Costs of Diabetes in Wisconsin

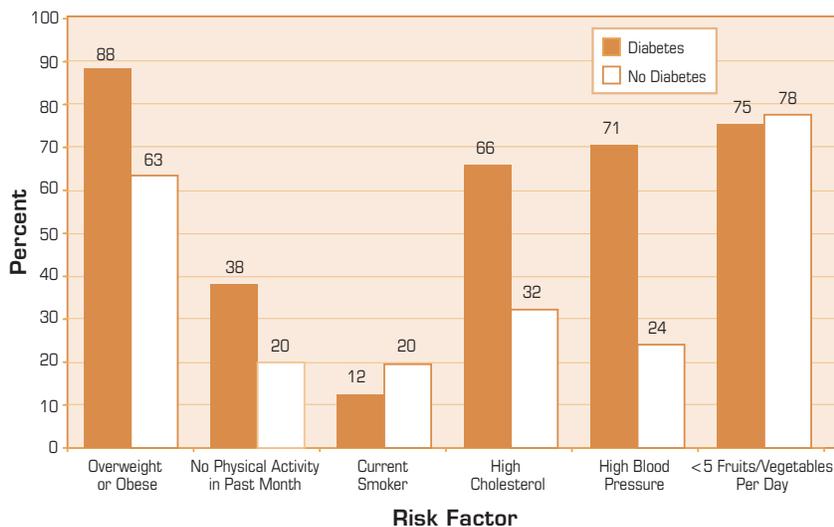


Source: The 2008 Burden of Diabetes in Wisconsin

The Impact of Diabetes in Wisconsin (continued)

RISK FACTORS: Adults with diabetes tend to have a higher prevalence of risk factors for chronic diseases than adults without diabetes (Figure 3). Wisconsin adults with diabetes have a higher prevalence of overweight and obesity, lack of any physical activity, high cholesterol, and high blood pressure than Wisconsin adults without diabetes. On a positive note, fewer Wisconsin adults with diabetes are current smokers (12%) compared to adults without diabetes (20%). Also, fewer adults with diabetes do not consume the recommended amount of fruits and vegetables (75%) compared to adults without diabetes (78%).⁷

Figure 3: Comparison of Risk Factor Prevalence Between Adults with and without Diabetes in Wisconsin (2009)



Source: Wisconsin Behavioral Risk Factor Survey 2009

Strategic Plan Sections

Epidemiology and Surveillance

Advocacy and Policy

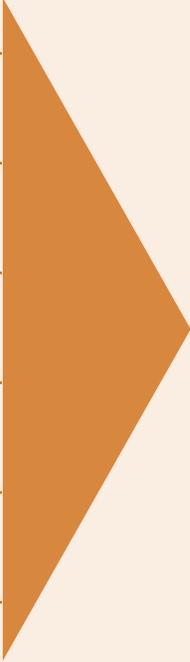
Early Detection and Prevention

Health Communications and Public Awareness

Health Systems and Providers

Population-Based Community Interventions

Populations with Increased Risk of Diabetes and Related Complications



DISCLAIMER: When addressing prevention of diabetes, it is important to recognize type 1 diabetes cannot be prevented. When we refer to diabetes prevention in this document, the prevention of type 2 diabetes is implied.

Epidemiology and Surveillance

GOAL: Improve and expand diabetes surveillance and monitoring throughout the state to assess the burden of diabetes and guide policy development and evaluation activities.

STRATEGY 1: Enhance the capacity of statewide surveillance to improve the collection, quality, and scope of population-based diabetes-related data.

Action Steps:

- Identify relevant data for future decision-making and evaluation; advocate for its continued collection and use.
- Promote use of data to influence decision-making at local and state levels.
- Improve translation and clarity of data analysis in communications.
- Facilitate communication with health systems and encourage them to use data in promoting continuous quality improvement.

STRATEGY 2: Expand surveillance to enhance collection and analysis of data across the life span for those at higher risk for diabetes.

Action Steps:

- Collaborate to improve accuracy of coding classification of type 1 and type 2 diabetes.
- Advocate for consistent and complete data collection and analysis across the life span for those at-risk for diabetes including people who are overweight and obese.
- Encourage health system data interface capabilities to facilitate quality of care and promote continuous quality improvement.
- Effectively communicate diabetes-related data issues specific to children/adolescents and their health to policy-makers, partners, health professionals, and the public to strengthen informed policy and funding decisions.
- Implement methods to improve the monitoring, assessment, translation, and reporting of data on populations most at risk for developing type 2 diabetes.

STRATEGY 3: Develop surveillance capacity to monitor pre-diabetes.

Action Steps:

- Develop and obtain consensus on a uniform indicator set to assess the burden of pre-diabetes in Wisconsin.
- Explore new data sources to obtain and monitor additional information on pre-diabetes.
- Encourage broader use of electronic medical records or similar methods that support new and innovative ways to collect, monitor, and analyze pre-diabetes data.

Advocacy and Policy

▶ GOAL: Influence public policy to support diabetes control and management, as well as address prevention of type 2 diabetes.

STRATEGY 1: Build and mobilize a statewide diabetes advocacy infrastructure and network, with supporting technology, to coordinate and conduct advocacy activities.

Action Steps:

- Organize and engage an active policy and advocacy group to address policy and system change for diabetes prevention and control.
- Increase knowledge of successful policy change strategies.
- Seek opportunities to ensure social, environmental, policy, and system change to promote and sustain healthy behaviors, expanding the advocacy network through collaboration and coordination with affected communities through a variety of outreach tools.
- Collaborate and integrate with other diabetes and chronic disease prevention and control public policy efforts statewide.
- Integrate, refine, and utilize technology to facilitate advocacy activities.

STRATEGY 2: Educate and motivate policy makers, community leaders, and funding sources to promote public policies and programs that support diabetes prevention and control.

Action Steps:

- Work collaboratively with other chronic disease advocates to leverage human, financial, and technology resources.
- Increase awareness of the personal and fiscal burden of diabetes in Wisconsin to build support for prevention and control through a variety of channels.
- Educate the legislature and local policy makers on diabetes prevention and control issues.
- Encourage increased funding for diabetes disease prevention and control efforts.
- Encourage sufficient staffing for programs providing oversight and coordination of chronic disease prevention and control efforts in the state.

STRATEGY 3: Collaborate with schools and other community-based organizations to improve environmental and education policies for healthy nutrition and physical activity to prevent and control diabetes.

Action Steps:

- Promote and support collaboration to increase physical activity and healthy nutrition in schools and communities.
- Engage youth, community, and other groups in advocating for school and community environmental and policy change at the local, regional, and state levels.
- Support K-12 curricula to promote and facilitate improved nutrition and physical activity.

Advocacy and Policy (continued)

-  **GOAL:** Influence public policy to support diabetes control and management, as well as address prevention of type 2 diabetes.

STRATEGY 4: Increase referrals and improve reimbursement for diabetes self-management training and medical nutrition therapy services.

Action Steps:

- Collaborate with elected officials and other community leaders to develop strategies for improving federal and state reimbursement for diabetes self-management and comprehensive diabetes care (e.g., self-management training, medical nutrition therapy, community-based programs) to help manage and prevent diabetes.
- Encourage health insurance purchasers and insurers to offer full coverage for all services and supplies needed for comprehensive diabetes care.

STRATEGY 5: Promote grant writing to secure funding in support of community-focused activities.

Action Steps:

- Inform stakeholders of grant opportunities and encourage grant applications.
- Provide education and technical assistance for successful grant writing (i.e., workshops).

Early Detection and Prevention

GOAL: Promote early detection of diabetes and prevention of type 2 diabetes across the life span through collaboration with health systems and communities in Wisconsin.

STRATEGY 1: Identify children, adolescents, and adults early with pre-diabetes and diabetes through use of evidence-based guidelines.

Action Steps:

- Encourage access and support coverage of diagnostic testing for pre-diabetes.
- Ensure referrals to evidence-based diabetes prevention and control programs.
- Promote awareness of evidence-based guidelines addressing screening and early detection of diabetes.
- Assure persons newly diagnosed with diabetes, or those needing assistance in managing diabetes especially from providers who are health care system entry points for those without medical homes (e.g., emergency rooms, obstetricians, hospital discharge planners), are referred to a:
 - Diabetes-Self Management Education (DSME) program
 - Medical Nutrition Therapy (MNT) provided (i.e., Registered Dietitian)

STRATEGY 2: Implement effective strategies and interventions to support healthy lifestyles and early detection of diabetes.

Action Steps:

- Support coverage of evidence-based lifestyle diabetes prevention programs.
- Establish and maintain partnerships with service and professional organizations to promote and conduct screening in high-risk populations.
- Provide correct and effective messages about diabetes (“messaging”) to public.
- Promote and support formal and informal policies for health and physical activity, as well as healthy food options in schools, work places, and related settings.
- Support implementation of environmental and policy changes supporting healthy lifestyles.

STRATEGY 3: Promote professional education opportunities on risk factor assessment, behavior change counseling skills, diabetes prevention and control, and cultural competency.

Action Steps:

- Promote use of non-traditional and traditional sites to conduct diabetes awareness and self-management training.
- Provide and promote use of educational tools and resources for early detection of diabetes and prevention of type 2 diabetes.
- Educate on diagnostic tests, including A1C and its correlation to estimated average glucose (eAG).

Health Communication and Public Awareness

- ▶ GOAL:** Foster and facilitate collaboration among health-related organizations in the development and dissemination of model public diabetes communications programs directed to all population segments.

STRATEGY 1: Create, maintain, and share a continuously updated repository of diabetes public communication messages (addressing awareness, prevention, and control), along with objective data and case histories demonstrating their execution effectiveness.

Action Steps:

- Collect, write, and distribute success stories of healthy self-care behavior change.
- Write and disseminate messages promoting effective self-advocacy, self-efficacy and emotional well being.
- Establish health information and resources.
- Collaborate to update existing quality diabetes resources and tools and create new resources and tools as needed.
- Continue promotion of Diabetes Prevention and Control Program and Diabetes Advisory Group resources and tools.
- Establish linkages with experts to assist with delivery of consistent evidence-based health messages.
- Increase strategic collaboration and coordination of communication interventions and strategies.
- Collaborate to assess and evaluate changes in public perception and action steps to improve health to reduce risk of type 2 diabetes.

STRATEGY 2: Create, maintain, and share a continuously updated repository of diabetes public communication tools of all types (print, broadcast, electronic, third party delivery, paid, and non-paid) along with objective data and case histories concerning their efficiency and efficacy.

Action Steps:

- Investigate and promote opportunities to use social networking sites and other new technology.
- Increase connections to and coordination with local community partners or messengers (e.g., community health workers) reaching Wisconsin residents where they live, work, and gather (e.g., assisted living facilities, faith communities, worksites, schools, childcare facilities).
- Identify benchmarks for measuring effectiveness of communication interventions over time (e.g., awareness, knowledge, attitude, beliefs, and actions).
- Promote statewide resources, tools, and programs to ensure reach to all citizens.

STRATEGY 3: Inform and involve Wisconsin health providers in public diabetes communication programs and communication of research findings.

Action Steps:

- Collaborate with traditional and non-traditional health systems to promote simple, motivational, and consistent messages to share with those at high-risk for developing type 2 diabetes and diabetes-related complications.
- Identify community champions to deliver health promotion and healthy lifestyle communication messages.

Health Systems and Providers

GOAL: Collaborate with health systems and providers to ensure care is provided as recommended by the *Wisconsin Diabetes Mellitus Essential Care Guidelines* so all people with diabetes and those at risk will receive appropriate screening to promote early detection of disease and complications, self management education, and ongoing management to reduce risk of disease and complications.

STRATEGY 1: Improve the delivery of comprehensive diabetes care through implementation of the *Wisconsin Diabetes Mellitus Essential Care Guidelines*, Diabetes Prevention and Control Program resources, other culturally-appropriate and evidenced-based tools to health systems, payers, health professionals, students, and community partners.

Action Steps:

- Promote medical home and a coordinated team approach for diabetes prevention and care.
- Obtain, endorse, and implement the *Wisconsin Diabetes Mellitus Essential Care Guidelines*, Diabetes Prevention and Control Program resources, and other relevant and culturally-appropriate resources.
- Evaluate implementation of the *Wisconsin Diabetes Mellitus Essential Care Guidelines* and other diabetes initiatives to identify quality improvement opportunities.
- Build on successes through implementation of continuous quality improvement and share lessons learned.
- Promote expansion of new partnerships for sharing new research, resources, and strategies with professionals, providers, health and community organizations, and other collaborators.
- Enhance use of technology advancements for improving coordination of care and quality improvement within health systems.

STRATEGY 2: Enhance partnerships and communication with payors, providers, health and community organizations, and other relevant partners to support standards of care for diabetes.

Action Steps:

- Promote coverage of comprehensive diabetes prevention and control services including: medical nutrition therapy and diabetes self-management education and support, healthy lifestyle support, case management, care for pre-diabetes, and addressing post-gestational diabetes.
- Support education for providers on BadgerCare or Medicaid and Medicare reimbursement policies, as well as coding for diabetes, pre-diabetes, and gestational diabetes.
- Identify and seek out new partnerships to broaden reach and strengthen diabetes control and prevention opportunities.
- Coordinate with partners and provide supportive educational programs for prevention and control of diabetes, healthy lifestyles, and optimal diabetes management.
- Identify relevant communication channels to inform state partners of initiatives to increase diabetes prevention and control activities; share progress reports and outcome data.

Health Systems and Providers (continued)

- ▶ **GOAL:** Collaborate with health systems and providers to ensure care is provided as recommended by the *Wisconsin Diabetes Mellitus Essential Care Guidelines* so all people with diabetes and those at risk will receive appropriate screening to promote early detection of disease and complications, self management education, and ongoing management to reduce risk of disease and complications.

STRATEGY 3: Promote health professional education opportunities to enhance lifestyle modification and risk reduction behavior change, disease management, and personal empowerment.

Action Steps:

- Collaborate to revise and implement *Wisconsin Diabetes Mellitus Essential Care Guidelines*.
- Partner with health professional education programs to incorporate clinical guidelines into conference agendas and curricula.
- Share evidence-based research and offer opportunities for translational application.
- Partner with organizations to offer professional education, tuition reimbursement, paid educational days, and continuing education credit.
- Solicit organizational and provider models to share best practices and lessons learned.
- Create forums to share clinical expertise across professional disciplines.

Population-Based Community Interventions

 **GOAL:** Collaborate with communities to develop, implement, and evaluate policies and interventions to promote healthy lifestyles and improve diabetes management.

STRATEGY 1: Collaborate with community partners to assess local needs and implement interventions (e.g., environmental change policies, public education efforts) that are culturally appropriate and that support healthy lifestyles and diabetes self-management skills.

Action Steps:

- Nurture and support collaborative partnerships to leverage reach of diabetes programs.
- Collaborate with established community programs to implement evidence-based interventions based on community assessed needs.
- Identify and implement environmental change policies to promote health.
- Use local resources for community outreach.
- Implement evidence-based health communication strategies and messaging to reach audiences at increased risk for type 2 diabetes.
- Design and implement culturally-relevant educational programs.
- Share success stories to promote replication of evidence-based interventions for populations at increased risk of type 2 diabetes.

STRATEGY 2: Collaborate with communities, schools, PTAs, food service, and childcare providers to implement and evaluate policies and interventions to help prevent type 2 diabetes and ensure safe and quality diabetes care across the life span.

Action Steps:

- Lend professional credibility to efforts of environmental changes supporting healthy lifestyles.
- Use service-learning programs to increase reach by youth, youth programs, and youth advisory groups in planning and implementing school and community initiatives to improve physical activity and nutrition.
- Collaborate with communities, schools, and other care providers to facilitate educational opportunities, resources, and awareness campaigns on type 2 diabetes prevention and diabetes control.

STRATEGY 3: Empower people with diabetes to participate actively in their care.

Action Steps:

- Encourage use of available self-management resources and tools.
- Increase community educational opportunities to support self-management skills.
- Collaborate with provider and community organizations, as well as consumers, to eliminate language and other access barriers to self-management opportunities and quality care.

Population-Based Community Interventions (continued)

 **GOAL:** Collaborate with communities to develop, implement, and evaluate policies and interventions to promote healthy lifestyles and improve diabetes management.

STRATEGY 4: Identify, implement, and evaluate evidence-based behavioral strategies that encourage personal accountability to achieve healthier lifestyles to help prevent and control diabetes.

Action Steps:

- Support access to healthy food and activity through social, environmental, and policy changes.
- Provide technical assistance and support training, planning, implementation, and evaluation of strategies and interventions that can be adapted to meet local community needs for promoting healthy lifestyles and personal responsibility (e.g., Living Well with Chronic Conditions).

STRATEGY 5: Assure community access to reliable, accurate, and culturally-relevant patient education resources and information.

Action Steps:

- Promote the WisconsinDiabetesInfo.org website as a source of reliable diabetes information for the community.
- Promote and share diabetes-related resources among wellness coordinators by distributing the Working with Diabetes e-newsletter.
- Promote the Wisconsin Diabetes Weekly e-newsletter as a resource for up-to-date information, educational opportunities, and diabetes prevention and control resources.
- Educate consumers about the availability of current diabetes information at YourDiabetesInfo.org (National Diabetes Education Program).

Populations with Increased Risk of Diabetes and Related Complications

-  **GOAL:** Promote prevention, education, and health care services to reduce diabetes-related health disparities.

STRATEGY 1: Enhance cultural competence of health care professionals.

Action Steps:

- Conduct and promote educational trainings for health care professionals to improve their cultural competence for providing diabetes care and the cultural appropriateness of educational materials they develop or use.
- Educate providers and support staff about the importance of health literacy and promote literacy training.
- Assure information and educational tools are culturally relevant and linguistically appropriate.
- Advocate for and promote access to diabetes prevention and control education and services for all populations.

STRATEGY 2: Identify and implement culturally appropriate and effective prevention strategies to reduce diabetes-related health disparities.

Action Steps:

- Promote early detection and identification of diabetes.
- Promote culturally competent diabetes management and care coordination through medical homes.
- Collaborate with community health centers and free clinics to provide diabetes prevention and control services.
- Collaborate to deliver prevention messages and educational tools addressing evidence-based diabetes screening and management.
- Promote access to appropriate diabetes self-management education and quality care.
- Collect and analyze data to identify gaps and inequities in diabetes prevention and control.

STRATEGY 3: Build community support and leadership to promote healthy lifestyles to support self-care management skills that reduce health risk.

Action Steps:

- Educate community groups, community health workers, schools, people with diabetes, and families in high-risk populations to understand their roles in diabetes prevention and care.
- Partner with community groups to prioritize community-driven and culturally appropriate initiatives.

Call To Action: Get Involved

The Wisconsin Diabetes Strategic Plan is a call to action, urging everyone to take a role in reducing the burden of diabetes in Wisconsin.

Future Challenges

While diabetes is currently a serious health issue, the prevalence is expected to grow each year as the population diversifies and ages, and as the number of overweight and obese people increases in Wisconsin. The percentage of persons who are overweight or obese is increasing in Wisconsin and United States adults.⁸ Being overweight or obese increases the risk of developing type 2 diabetes; the epidemics of diabetes and overweight/obesity are strongly associated.⁹

Furthermore, clinically-based reports and regional studies suggest that type 2 diabetes, although still not as common among children and adolescents as type 1 diabetes, is being diagnosed more frequently in youth, particularly American Indians, African Americans, and Hispanic/Latino Americans.¹⁰ The development of type 2 diabetes in children and adolescents has enormous implications for related complications as they move into adulthood.¹¹

How to Get Involved

This is a Diabetes Strategic Plan for the state of Wisconsin. Achieving the goals will take:

- Action of many partners applying different and creative solutions to change system, community, and individual behaviors.
- Active involvement by public and private partners in communities to assure that priority areas in diabetes are addressed.
- Statewide groups working to effect policy changes at the state and national level that support initiatives developed in this Plan.
- Individual residents of Wisconsin taking action to change their own environments and behaviors as a result of efforts made to support this Plan.

Diabetes cannot be solved by a single organization, group, or individual. Working together, Wisconsin residents can improve care for all people living with diabetes as well as develop action steps that may prevent or delay the onset of type 2 diabetes.

What You Can Do

- (1) Review the Plan, Goals, and Recommendations. Identify specific items your organization may be involved with or plans to address.
- (2) Make a commitment. Become a partner with the Wisconsin Diabetes Prevention and Control Program and others in preventing and controlling diabetes.
- (3) Register your endorsement of the Plan. Registration is open to anyone with existing activities, new ideas, or simply an interest in being involved.
- (4) Partner with other Plan endorsers or organizations in your community who share your goals. Foster viable collaborations and partnerships at all levels.

What Does it Mean to Endorse the Wisconsin Diabetes Strategic Plan?

You will be acknowledged on the Plan website and in Plan-related promotional materials after you endorse the Plan. Registering as a partner will enable the Diabetes Prevention and Control Program to track the activities taking place in Wisconsin and identify the areas where additional work is required. The Diabetes Prevention and Control Program will also assist with evaluation of the Plan and make suggestions for future action based on results of the evaluation.

How to Endorse the Wisconsin Diabetes Strategic Plan

You can endorse the Wisconsin Diabetes Strategic Plan by printing out the Wisconsin Diabetes Strategic Plan Endorsement form on the following page, filling it out, and faxing it to Lori VanCoulter at (608) 266-8925. You may also send it through U.S. mail to Lori using the address: 1 West Wilson Street, PO Box 2659, Madison, WI 53701-2659.

This information will be confidential and not used for any other purpose. Your action in addressing diabetes will make a notable difference in the lives of those with or at risk for diabetes in Wisconsin!

WISCONSIN DIABETES STRATEGIC PLAN ENDORSEMENT

Instructions: To endorse the Wisconsin Diabetes Strategic Plan, print out this form, fill it out, and fax it to Lori VanCoulter at (608) 266-8925. You may also send it through US Mail to Lori using the address: 1 West Wilson Street, PO Box 2659, Madison, WI 53701-2659.

Note: Your endorsement may be publicly acknowledged on the Diabetes Prevention and Control Program website and in plan-related materials.

1. I am endorsing the Wisconsin Diabetes Strategic Plan as an:

- Individual (Go to number 6) Organization

2. Give your full name or the name of your organization or group:

3. List the standard abbreviation or acronym, if any, used by your organization or group:

4. What type of organization do you represent? (Choose up to three)

- | | |
|--|---|
| <input type="checkbox"/> Coalition | <input type="checkbox"/> Communication/Media |
| <input type="checkbox"/> Community Group | <input type="checkbox"/> Faith Community |
| <input type="checkbox"/> Food Service/Restaurant | <input type="checkbox"/> Health Care Delivery |
| <input type="checkbox"/> Health Plan/Insurer | <input type="checkbox"/> Government Agency/Non-Profit |
| <input type="checkbox"/> Professional Association | <input type="checkbox"/> Public Health Department |
| <input type="checkbox"/> Recreational/Sports Setting | <input type="checkbox"/> Research Institution |
| <input type="checkbox"/> Retail/Business Setting | <input type="checkbox"/> School/College/University |
| <input type="checkbox"/> Work site/Employer | <input type="checkbox"/> Other: _____ |

5. I will provide a link from my organization's website to the Wisconsin Diabetes Strategic Plan (located at <http://www.dhs.wisconsin.gov/health/diabetes/strategicplan.HTM>).

- Yes No

6. What activities of the Wisconsin Diabetes Strategic Plan can you and/or your organization work on to help us accomplish our goals? _____

Contact Information (The following information will be kept confidential)

Contact Name: _____ Credentials: _____

Organization (if applicable): _____

Position/Title: _____

Mailing Address: _____

Telephone No. () _____ Fax No. () _____

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Website: _____

Wisconsin Diabetes Strategic Plan Logic Model

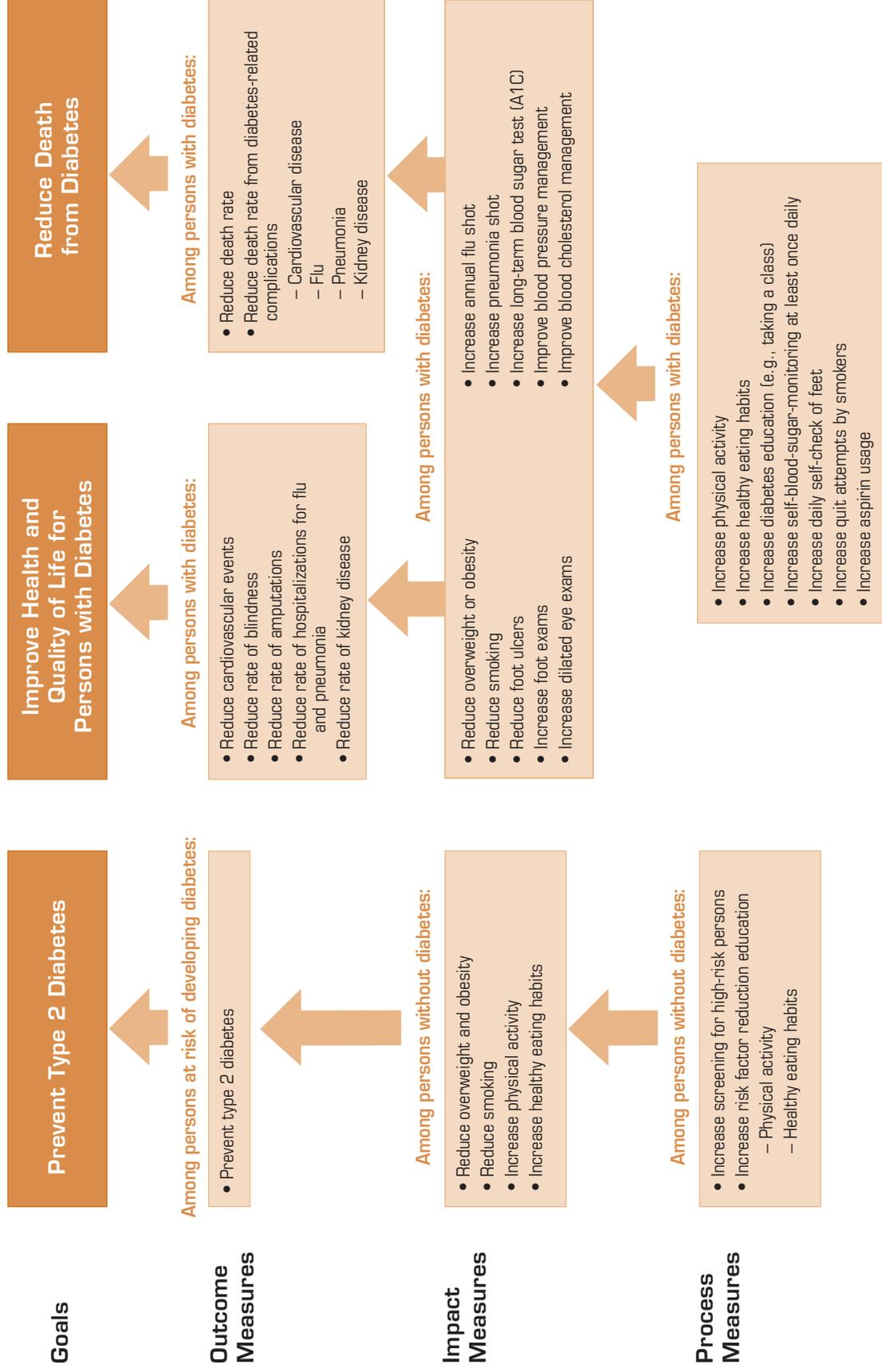
PLAN COMPONENT	ACTIONS	STRATEGIES	GOALS
Epidemiology and Surveillance	<ul style="list-style-type: none"> • Advocate for data collection and use in decision making. • Provide clear analysis of information to translate into program and policy decisions. • Improve data collection and accuracy to allow comprehensive analysis of the population at higher risk for diabetes and related complications. • Work with partners to establish sources and methods to monitor pre-diabetes among Wisconsin residents. 	<ul style="list-style-type: none"> • Enhance the collection, quality and scope of population-based diabetes-related data. • Enhance data collection and analysis for those at higher risk for diabetes. • Develop surveillance capacity to monitor pre-diabetes. 	Diabetes-related programs and policies are developed and evaluated based on comprehensive and accurate surveillance and monitoring.
Advocacy and Public Policy	<ul style="list-style-type: none"> • Organize and engage an active advocacy group skilled at policy change strategies. • Collaborate with chronic disease advocates to build awareness of the burden of disease and needs of those living with diabetes and those working on their behalf. • Engage broad participation across the state to improve physical activity and nutrition in schools and communities. • Work with the K-12 system to facilitate higher levels of health literacy. • Collaborate to improve reimbursement and referrals for diabetes self-management and comprehensive diabetes clinical care. • Link stakeholders with grant opportunities and technical assistance for grant writing. 	<ul style="list-style-type: none"> • Mobilize a network to advocate for diabetes prevention and control. • Motivate policy makers and funders to support diabetes prevention and control. • Collaborate to improve policies supporting healthy lifestyles. • Increase use of diabetes self-management training and medical nutrition therapy services. • Increase funding of community-focused activities. 	Public policies and programs support diabetes prevention and control.
Early Detection and Prevention	<ul style="list-style-type: none"> • Promote access and reimbursement to evidence-based guidelines to effectively screen for pre-diabetes and diabetes. • Work with health care system to assure effective referrals to diabetes specialists. • Support access and reimbursement for diabetes prevention programs. • Promote policies supporting health in schools, work places and communities. • Link with traditional and non-traditional sites for diabetes awareness and self-management training. • Educate providers on diagnostic tests. 	<ul style="list-style-type: none"> • Use evidence-based guidelines to identify those with pre-diabetes and diabetes. • Effectively support healthy lifestyles and early detection of diabetes. • Educate professionals on risk assessment, behavior counseling, diabetes prevention and cultural competency. 	Pre-diabetes and diabetes in children, adolescents and adults is prevented, onset is delayed, and is detected early.
Health Communications and Public Awareness	<ul style="list-style-type: none"> • Collect then distribute stories and messages promoting self-advocacy, self-care, and emotional well being. • Collaborate to promote and deliver tools and evidence-based health messages. • Establish measures of effectiveness of communication interventions. • Use new technology to reach residents. • Identify community champions to deliver health promotion and healthy lifestyle messages. 	<ul style="list-style-type: none"> • Maintain a repository of communication messages and data on their effectiveness. • Engage health providers in communication programs and research translation. 	Model public diabetes communications are developed and disseminated to all target audiences.

Wisconsin Diabetes Strategic Plan Logic Model (cont')

PLAN COMPONENT	ACTIONS	STRATEGIES	GOALS
Health Systems and Providers	<ul style="list-style-type: none"> Promote the medical home and coordinated team approach for diabetes prevention and control. Implement and evaluate use of the <i>Wisconsin Diabetes Mellitus Essential Care Guidelines</i> and other initiatives to build on quality improvement opportunities. Use new technology to improve coordination of care and new partnerships. Promote coverage of comprehensive diabetes prevention and control services along with education of providers on available reimbursement. Partner to incorporate clinical guidelines into conference agendas and curricula. Create forums to share clinical expertise, evidence-based research, and translational application. 	<ul style="list-style-type: none"> Improve diabetes care through implementation of the <i>Wisconsin Diabetes Mellitus Essential Care Guidelines</i> and other tools. Enhance partnerships to support standards of care for diabetes. Promote education of health professionals to enhance lifestyle modification and risk reduction behavior change, disease management, and personal empowerment. 	<p>Wisconsin residents with diabetes are diagnosed as early as possible and once diagnosed experience fewer complications.</p>
Population-Based Community Interventions	<ul style="list-style-type: none"> Support partnerships to extend reach of diabetes programs, evidence-based interventions, policies, and messages. Share success stories to promote replication of evidence-based interventions. Collaborate to expand opportunities and resources committed to diabetes prevention and control. Use service-learning programs to increase reach of physical activity and nutrition programs Collaborate to eliminate language and other access barriers. Promote newsletters and websites that have reliable, accurate and relevant diabetes education resources. 	<ul style="list-style-type: none"> Collaborate to assess local needs and implement appropriate and effective interventions supporting healthy lifestyles and diabetes self-management. Implement and evaluate policies and interventions preventing type 2 diabetes and ensuring quality diabetes care. Empower people with diabetes to participate actively in their care. Use evidence-based strategies to encourage personal accountability to achieve healthier lifestyles. Assure access to reliable, accurate, and relevant education. 	<p>Wisconsin residents are committed to healthy lifestyles and improved diabetes management.</p>
Populations with Increased Risk of Diabetes and Related Complications	<ul style="list-style-type: none"> Educate health care professionals to improve their cultural competence for providing diabetes care and the educational materials they use. Support health literacy training. Assure tools are relevant and appropriate. Advocate for access to diabetes detection, prevention and control education for all. Collect and analyze data to identify gaps and inequities in diabetes prevention and control. Educate communities in high-risk populations to understand their roles in diabetes prevention and care. 	<ul style="list-style-type: none"> Enhance cultural competence of health care professionals. Implement culturally appropriate and effective prevention strategies. Build community support and leadership to promote skills that reduce health risk. 	<p>Diabetes-related health disparities are reduced.</p>

Wisconsin Diabetes Prevention and Control Goals and Measures

OVERARCHING GOAL: To improve the health of persons with and at risk for diabetes in all populations.



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Appendix A: Wisconsin Diabetes Strategic Plan Linkages to Pillar Objectives of Healthiest Wisconsin 2020

Healthiest Wisconsin 2020 Pillar Objectives

<p>Healthiest Wisconsin 2020 Overarching Focus Areas:</p> <ul style="list-style-type: none"> • Health Disparities • Social, Economic and Educational Factors that Influence Health 	Comprehensive data to track health disparities	Resources to eliminate health disparities	Policies to reduce discrimination and increase social cohesion	Policies to reduce poverty	Policies to improve education	Improved and connected health service systems	Youth and families prepared to protect their health and the health of their community	Environments that foster health and social networks	Capability to evaluate the effectiveness and health impact of policies and programs	Resources for governmental public health infrastructure
<p>Wisconsin Diabetes Strategic Plan Goals:</p> <p>Epidemiology and Surveillance Improve and expand diabetes surveillance and monitoring throughout the state to assess the burden of diabetes and guide policy development and evaluation activities.</p>	✓								✓	
<p>Advocacy and Public Policy Influence public policy to support and improve diabetes prevention and control.</p>	✓	✓	✓	✓	✓				✓	✓
<p>Early Detection and Prevention Promote early detection and prevention of diabetes across the lifespan through collaboration with health systems and communities in Wisconsin.</p>						✓	✓			
<p>Health Communication and Public Awareness Foster and facilitate collaboration among Wisconsin health-related organizations in the development and dissemination of model public diabetes communications programs directed to all population segments, including disparately affected socioeconomic and ethnic groups.</p>						✓	✓		✓	
<p>Health Systems and Providers Collaborate with health systems and providers to ensure care is provided as recommended by the <i>Wisconsin Essential Diabetes Mellitus Care Guidelines</i> so all people with diabetes and those at risk will receive appropriate screening to promote early detection of disease and complications, self management education, and ongoing management to reduce risk of disease and complications.</p>						✓		✓	✓	
<p>Population-based Community Interventions Collaborate with communities to develop, implement, and evaluate policies and interventions to promote healthy lifestyles and improve diabetes management.</p>							✓	✓	✓	
<p>Populations with Increased Risk of Diabetes and Related Complications Promote prevention, education, and health care services to reduce diabetes-related health disparities.</p>	✓	✓	✓	✓	✓					

Appendix B: Wisconsin Diabetes Strategic Plan Linkages to Infrastructure Focus Areas of Healthiest Wisconsin 2020

Healthiest Wisconsin 2020 Infrastructure Focus Areas

Healthiest Wisconsin 2020 Overarching Focus Areas:

- Health Disparities
- Social, Economic and Educational Factors that Influence Health

Wisconsin Diabetes Strategic Plan Goals:

	Access to high-quality health services	Collaborative partnerships for community health improvement	Diverse, sufficient and competent workforce that promotes and protects health	Emergency preparedness, response and recovery	Equitable, adequate, and stable public health funding	Health literacy	Public health capacity and quality	Public health research and evaluation	Systems to manage and share health information and knowledge
Epidemiology and Surveillance Improve and expand diabetes surveillance and monitoring throughout the state to assess the burden of diabetes and guide policy development and evaluation activities.								√	√
Advocacy and Public Policy Influence public policy to support and improve diabetes prevention and control.	√				√	√	√		
Early Detection and Prevention Promote early detection and prevention of diabetes across the lifespan through collaboration with health systems and communities in Wisconsin.	√								
Health Communication and Public Awareness Foster and facilitate collaboration among Wisconsin health-related organizations in the development and dissemination of model public diabetes communications programs directed to all population segments, including disparately affected socioeconomic and ethnic groups.						√			
Health Systems and Providers Collaborate with health systems and providers to ensure care is provided as recommended by the <i>Wisconsin Essential Diabetes Mellitus Care Guidelines</i> so all people with diabetes and those at risk will receive appropriate screening to promote early detection of disease and complications, self management education, and ongoing management to reduce risk of disease and complications.	√		√	√					√
Population-based Community Interventions Collaborate with communities to develop, implement, and evaluate policies and interventions to promote healthy lifestyles and improve diabetes management.		√		√					
Populations with Increased Risk of Diabetes and Related Complications Promote prevention, education, and health care services to reduce diabetes-related health disparities.	√	√	√			√			



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