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**JOHN J. DREYZEHNER, MD, MPH**  
COMMISSIONER

**BILL HASLAM**  
GOVERNOR

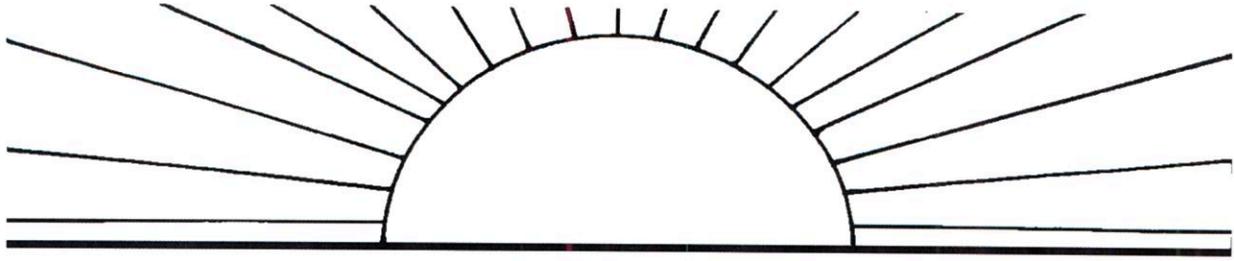
*THE MISSION OF THE TENNESSEE DEPARTMENT OF HEALTH IS TO PROTECT, PROMOTE AND IMPROVE  
THE HEALTH AND PROSPERITY OF PEOPLE IN TENNESSEE*

## **AGENDA:**

- 1. Welcome**
- 2. Introductions**
- 3. Review of Public Chapter 404 and goals**
- 4. Stakeholder input for additional items in the DAP**
- 5. Conclusion**

**Diabetes Action Plan Stakeholder's Meeting  
September 6, 2016  
Lentz Public Health Center  
2500 Charlotte Avenue  
Nashville, TN 37209**

**PLEASE REMEMBER TO SILENCE YOUR ELECTRONIC DEVICES WHEN  
THE BOARD IS IN SESSION**



The Tennessee Open Meetings Act passed by the General Assembly in 1974 requires that meetings of state, city and county government bodies be open to the public and that any such governmental body give adequate public notice of such meeting.

**TENNESSEE DEPARTMENT OF HEALTH  
MEMORANDUM**

**Date:** August 12, 2016

**To:** Woody McMillin, Director of Communications and Media Relations  
Amber Ricks, Commissioner Office

**From:** Lacey Blair, Legislative Liaison, Legislative Affairs

**Name of Board or Committee:** Diabetes Action Plan Stakeholder's Meeting

**Date of Meeting:** September 6, 2016

**Time:** 3:00-4:30 p.m. Central Time

**Place:** Lentz Public Health Center  
2500 Charlotte Avenue  
Nashville, TN 37209

**Major Item(s) on Agenda:** To discuss Public Chapter 404 (attached) with any interested parties. Please email [lacey.blair@tn.gov](mailto:lacey.blair@tn.gov) for further information.

This memo shall be forwarded from individual programs to the Public Information Office on the 15th day of the preceding month. The Public Information Office will prepare the monthly list of meetings within the Department and have ready for distribution to state media by the 28th day of the preceding month.



# State of Tennessee

## PUBLIC CHAPTER NO. 404

SENATE BILL NO. 988

By Norris, Harper, Tate

Substituted for: House Bill No. 693

By Akbari, Camper, Love, Fitzhugh, Cooper, Favors, Jones, Shepard, Beck, Hardaway, Shaw, Towns, Stewart, Powell, Clemmons, Parkinson, Turner, Armstrong, Kumar, Weaver

AN ACT to amend Tennessee Code Annotated, Title 63; Title 68 and Title 71, relative to diabetes.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 68, Chapter 1, is amended by adding the following as a new part:

**68-1-2601.** The bureau of TennCare, the department of health, and the department of finance and administration shall collaborate to identify goals and benchmarks while also developing individual agency plans to reduce the incidence of diabetes in this state, improve diabetes care, and control complications associated with diabetes.

**68-1-2602.** The bureau of TennCare and the department of health shall jointly submit a report to the health committee of the house of representatives and the health and welfare committee of the senate by February 1 of each odd-numbered year on the following:

(1) The financial impact and reach diabetes of all types is having on the agency, the state, and localities. Items included in this assessment shall include the number of lives with diabetes impacted or covered by the entity, the number of lives with diabetes and family members impacted by prevention and diabetes control programs implemented by the entity, the financial toll or impact diabetes and its complications places on the program, and the financial toll or impact diabetes and its complications places on the program in comparison to other chronic diseases and conditions;

(2) An assessment of the benefits of implemented programs and activities aimed at controlling diabetes and preventing the disease. This assessment shall also document the amount and source for any funding directed to such agency from the general assembly for programs and activities aimed at reaching those with diabetes;

(3) A description of the level of coordination existing between the agencies on activities, programmatic activities, and messaging on managing, treating, or preventing all forms of diabetes and its complications; and

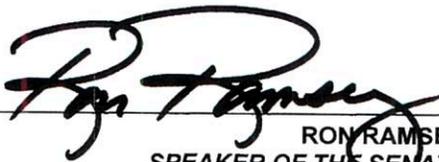
(4) The development or revision of detailed action plans for battling diabetes with a range of actionable items for consideration by the general assembly. The plans shall identify proposed action steps to reduce the impact of diabetes, prediabetes, and related diabetes complications. The plan shall also identify expected outcomes of the action steps proposed in the following biennium while also establishing benchmarks for controlling and preventing relevant forms of diabetes. The role of the department of health in developing these plans shall be limited to primary prevention.

**68-1-2603.** The requirements of this part shall be limited to the diabetes information, data, initiatives, and programs within each agency prior to the effective date of this part, unless there is unobligated funding for diabetes in each agency that may be used for new research, data collection, reporting, or other requirements of this part.

SECTION 2. This act shall take effect July 1, 2015, the public welfare requiring it.

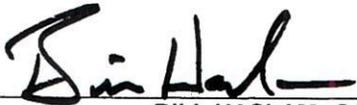
SENATE BILL NO. 988

PASSED: April 21, 2015

  
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RON RAMSEY  
SPEAKER OF THE SENATE

  
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BETH HARWELL, SPEAKER  
HOUSE OF REPRESENTATIVES

APPROVED this 9<sup>th</sup> day of MAY 2015

  
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BILL HASLAM, GOVERNOR

## I. Introduction

### a. Background

- i. Addressing the social determinants of health and early intervention efforts for the prevention of diabetes is essential to significantly improve long-term outcomes and reduce the burden of diabetes in Tennessee.
- ii. Currently there are (number to be included in final report) individuals diagnosed with Diabetes in Tennessee. However, the number of (or %) of people at risk (high-risk?) of developing Diabetes in the future is.... Approximately 1/3 of Tennessee children enter kindergarten already too heavy for their age. Children who have obesity are more likely to have high blood pressure and high cholesterol, which are risk factors for cardiovascular disease (CVD). In one study, 70% of obese children had at least one CVD risk factor, and 39% had two or more.
- iii. If the environments, systems and practices that promote these statistics do not change to actively promote and provide increased access to healthier options then the future burden of Diabetes in Tennessee will continue to grow.

II. The state of Tennessee is working toward a culture of healthy lifestyle at the state, region, county, community and individual levels. Culture change toward a healthy lifestyle includes a focus on efforts around increasing physical activity, access to healthy nutrition and clean potable water, reduced exposure to second-hand smoke and increased and consistent access to quality preventive and clinical care.

III. The impact that the built environment has on the health and wellness of citizens is far reaching. Change will come as planning for and building of healthy environments and systems through policy, practice and infrastructure occurs.

### a. Approach

- i. Establish the focus and importance of primary prevention and early intervention, including the social determinants of health when planning strategies.
- ii. Raise awareness and imbed information about the impact of built environment approaches on health and wellness as well as successful community development.
- iii. Engage community members and stakeholders during the planning and implementation processes.

### b. Strategic Goals

#### i. Prevention

- i. E.g., Ensure all Tennesseans benefit from the implementation of a diverse set of primary prevention strategies to fit the need of the community and population.
- ii. E.g., Ensure all high-risk populations have access to the Diabetes Prevention Programs in Tennessee.

#### ii. Treatment and Management

- i. E.g., Ensure all appropriate populations have access to Chronic Disease Self-Management Education Programs in Tennessee
- ii. E.g., Reduce health complications resulting from diabetes through appropriate and aligned clinical management practices, payment initiatives and self-management practices.

#### iii. Policy and Systems

- i. E.g., Include a Health in All Policies practice across all jurisdictions statewide, including local ordinances and statewide legislative processes.
    - ii. E.g., Support (financially) population health data systems that collect, analyze, interpret and report on diabetes.
  - c. Key Benchmarks and Performance Indicators
    - i. Prevention
      - i. E.g., Track primary prevention efforts implemented with state dollars or through the Tennessee Department of Health and its community partners.
      - ii. E.g., Proportion of counties that offer DPP
    - ii. Treatment and Management
      - i. E.g., Percentage of Tennesseans with diabetes who attend a Diabetes Self-Management Program
      - ii. E.g., Percentage of population diagnosed with diabetes with HbA1c < 8.0%
      - iii. Decrease readmissions for diabetes exacerbation by 2%.
      - iv. E.g., Decrease complications in patients with diabetes (amputations, dialysis, acute coronary syndrome) by #%
    - iii. Policy and Systems
      - i. E.g., Proportion of Tennessee MCOs and commercial insurance carriers meeting or exceeding NCQA Benchmarks and Thresholds for Comprehensive Diabetes Care
      - ii. E.g., Track inclusion of HiAP language in planning and policy implementation.

#### IV. Diabetes Burden in Tennessee

- a. Population:
  - i. TN Adults, TN Youth, TennCare Population, TN Medicare Population, and TN State Health Plan (which includes state, higher education, local education agencies, and local government (spouse and dependents):
    - a. TennCare children 0-21 years old: 4,958 unique recipients in calendar year 2014
    - b. TennCare adults 22-64 years old: 84,977 unique recipients in calendar year 2014
    - c. TennCare seniors 65+ years old: 52,073 unique recipients in calendar year 2014
- b. Measures: Diabetes, Prediabetes & Diabetes and Pregnancy (Gestational Diabetes)
  - i. Prevalence (of disease and risk factors)
    - a. Risk Factors: obesity, sedentary lifestyle (lack of PA), tobacco use, HBD, high cholesterol
  - ii. Incidence
  - iii. Mortality
    - a. Count
    - b. Rate (crude and age-adjusted)
  - iv. Comorbidities
  - v. Social Determinants (socioeconomics, race, etc.) & Geography
    - a. Covariables: Age, ethnicity, gender, education, income, location (county, urbanicity)
    - b. Access to Care
    - c. Insurance Coverage
    - d. Access to Healthy Foods

- vi. Health-related Outcomes
  - a. Complications
    - i. Amputations, blindness, kidney failure, CVD
    - ii. Pre-pregnancy BMI and hypertension, maternal stays (non-delivery and stays with delivery), deliveries with diabetes complications
  - b. Hospitalizations
    - i. Cases
    - ii. Inpatient hospital discharges with diabetes complications
      - 1. Average charges; total charges (likely moved to “Financial Costs”)
    - iii. ED encounters with principal diagnosis of diabetes; ED visits for chronic conditions with pre-existing diabetes
- vii. Preventative Care Practices and Quality Indicators
  - a. Annual medical visits for diabetes
  - b. Glucose and A1c monitoring
  - c. Foot exam
  - d. DSME participation
  - e. Uncontrolled diabetes
  - f. Flu and pneumonia vaccination
  - g. Medication adherence
- viii. Program-Specific Measures (may be included in “Services/Programs” section instead)

#### V. Financial Costs of Diabetes in Tennessee

- a. Populations: Statewide estimates and health expenditures, TennCare, Tennessee State Health Plan to mirror the above layout
  - i. TennCare expenditures in calendar year 2014: \$410M

#### VI. Services and Programs Addressing Diabetes in Tennessee

- a. Tennessee Department of Health
  - i. Project Diabetes
    - a. Population of Impact
    - b. Description/Purpose/Strategy(ies)
    - c. Funding
    - d. Reach, Impact and Benefits
      - i. e.g., map/location of PD grantees
    - e. Next Steps and Needs (may be included in “Goals and Recommended Actions”)
  - ii. PHS Block Grant
    - i. Run Clubs
    - ii. Community Gardens & Farmers’ Market
  - iii. CDC 1305 Grant
    - i. School Health in partnership with the Department of Education (Smarter Lunchroom Movement, CSPAP)
    - ii. DSME
    - iii. DPP
    - iv. Tennessee Pharmacists Association
  - iv. Primary Prevention Initiative

- v. WIC
- vi. MCH
- vii. Community Health Services (TDH Clinics)
- b. Tennessee Department of Education Office of Coordinated School Health
  - i. CSPAP
  - ii. Smarter Lunchroom
  - iii. School nutrition
- c. Tennessee Department of Finance and Administration Benefits Administration
  - i. Wellness Program
    - i. Lifestyle Management Coaching
    - ii. Disease Management Coaching
  - ii. DPP through employee clinic
  - iii. Working for a Healthier TN initiative
- d. Tennessee Bureau of TennCare

**VII. Cross-Collaboration and Coordination Between Agencies**

- a. Tennessee State Health Plan
- b. Healthier Tennessee
  - i. Streaks
  - ii. Wellness – Worksite, communities, families, Faith-based
- c. MCOs
- d. SIM/Episodes of Care Initiative
- e. Clinical Quality Care Indicators
- f. PCMH initiatives (TennCare, MCH, etc)\_

**VIII. Recommended Actions**

- a. Summary of recommended actions

## Example Strategies

Referenced from the World Health Organization's Preventing Disease Through Healthy Environments (A Prüss-Ustün, J Wolf, C Corvalán, R Bos and M Neira, 2016).

1. High-intensity school-based interventions that focus on diet and/or physical activity and are multi-component, including:
  - a. Curriculum on diet and/or physical activity taught by trained teachers;
  - b. Supportive school environments/ policies; and
  - c. Healthy food options available through school food services, such as the cafeteria or vending machines have shown to be effective.
  - d. Evidence based physical activity requirements at all grade levels.
  - e. Tennessee examples include – Smarter Lunch Room Movement, Comprehensive School Physical Activity Program, Joint Use Policies and School Wellness policies.

The prevalence of physical inactivity can be modulated through the workplace and the environment, alongside behavioral, cultural and societal factors that induce or encourage physical activity (Kohl et al, 2012; WHO, 2014).

1. Environmental interventions targeting the built environment, policies that reduce barriers to physical activity, transport policies to increase space for recreational activity. Multi-targeted approaches to encourage walking and cycling to school, healthier commuting and leisure activities. Environmental and policy interventions that may foster physical activity may address
  - a. Compact land uses, with a mix of destinations in close proximity;
  - b. Active transport policy and practices, with cycle and pedestrian facilities and site designs, such as pavements, safe crossings or bicycle paths;
  - c. Access to places for physical activity, such as fitness equipment in parks, with informational outreach; and (d) safety and access for all users (de Nazelle et al, 2011; Fenton, 2012; Heath et al, 2012). Promotion of physical activity through occupational health services and work organization was also shown to be promising (Kwak et al, 2014w).
  - d. Tennessee examples include – Health in All Policies, building infrastructure through trails, green spaces and track development, safe routes to school, sidewalks and other walkability projects, and Healthy Parks, Healthy People.
2. Multi-component programs in the workplace, including provision of healthy food and beverages at workplace facilities and multi-component interventions which include, for example, the provision of space for fitness or signs to encourage the use of stairs were shown to be effective. (WHO, 2009b, 2012g).
  - a. Tennessee strategies include – Healthier Tennessee communities and Small Starts, School-based worksite wellness, Working for a Healthier TN and TDH worksite wellness.
3. Environmental interventions targeting the built environment, policies that reduce barriers to health food and beverage options include multi-targeted approaches to encourage walking and cycling to school, healthier commuting and leisure activities.
  - a. Tennessee strategies include - Farmers Markets, Community Gardens, Community Water Dispenser, and REAL Certification.