

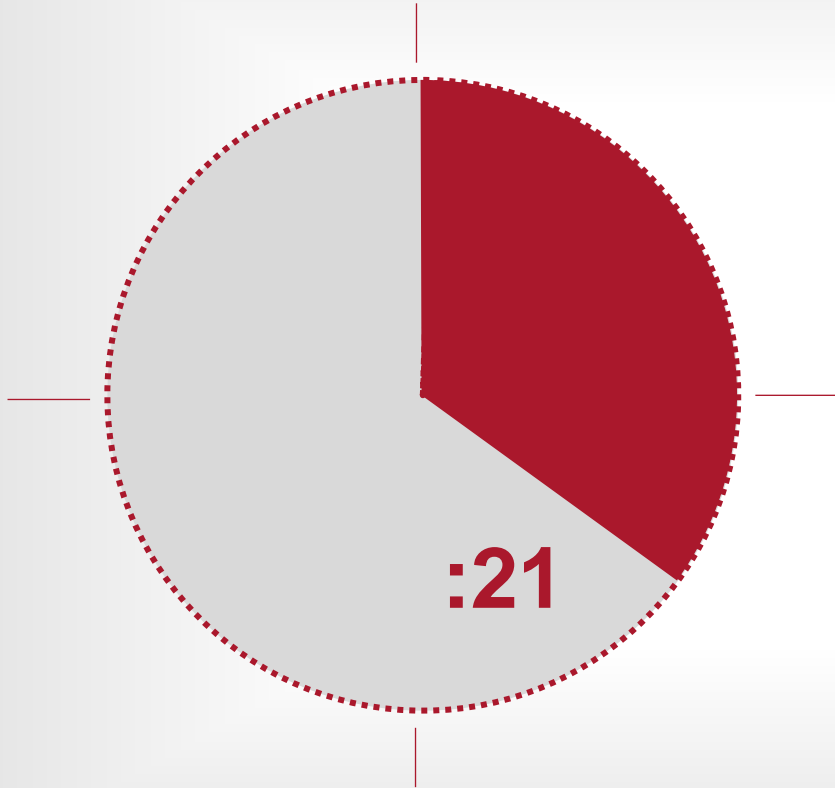
**Connected for Life.**

# **Understanding and Applying the ADA Standards of Care in Community Healthcare Settings**

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**Eden Miller, DO, Diplomat  
ABOM**

**Sandra Leal, PharmD, MPH,  
FAPhA, CDE**



# EVERY 21 SECONDS

**Someone in the U.S. is Diagnosed with Diabetes**

**34 million People in the U.S. (1 in 11)**

Source: CDC. National Diabetes Statistics Report, 2020



**84 MILLION**

American Adults have  
Prediabetes



**90%**

of Americans with prediabetes  
don't know they have it

Our 60-Second Type 2 Diabetes Risk Test

**Are you taking this test for  
yourself, or for a loved one?**

FOR MYSELF      FOR SOMEONE ELSE

Select Language ▾

<https://www.diabetes.org/risk-test>

# PRIMARY FACTORS FUELING THE CRISIS

## SOCIAL DETERMINANTS



Poverty; lack of access to adequate health care, health insurance, nutritious foods, outdoor space and medications

## BIOLOGICAL FACTORS



Age, genetics and ethnicity

## LIFESTYLE FACTORS



Unhealthy food and physical inactivity leading to obesity

---

# Our Mission

To cure  
diabetes

To prevent  
diabetes

To improve the lives of those with diabetes!

# Diabetes: A Public Health Crisis

Diabetes disproportionately affects various ethnic and minority populations

# Rates of Diagnosed Diabetes by Race/Ethnic Groups

7.5% of non-Hispanic Whites  
9.2% of Asian Americans  
12.5% of Hispanics/Latinos  
11.7% of non-Hispanic Blacks  
14.7% of American Indians/Alaskan Natives

## **Asian Americans:**

5.6% of Chinese  
10.4% of Filipinos  
12.6% of Asian Indians  
9.9% of other Asian Americans

## **Latino/Hispanic Adults:**

8.3% of Central and South Americans  
6.5% of Cubans  
14.4% of Mexican Americans  
12.4% of Puerto Ricans

## The Burden of Diabetes in Arizona

Diabetes is an epidemic in the United States. According to the Centers for Disease Control and Prevention (CDC), over 34 million Americans have diabetes and face its devastating consequences. What's true nationwide is also true in Arizona.

### Arizona's diabetes epidemic:

- Approximately **572,000 people in Arizona**, or 10.8% of the adult population, have **diagnosed diabetes**.
- An additional **164,000 people in Arizona have diabetes but don't know it**, greatly increasing their health risk.
- There are **1,893,000 people in Arizona**, 34.5% of the adult population, who have **prediabetes** with blood glucose levels that are higher than normal but not yet high enough to be diagnosed as diabetes.
- **Every year an estimated 37,000 people in Arizona** are diagnosed with diabetes.

Diagnosed diabetes costs an estimated **\$6.8 billion in Arizona each year**.

The serious complications include heart disease, stroke, amputation, end-stage kidney disease, blindness—and death.

### Diabetes is expensive:

People with diabetes have **medical expenses approximately 2.3 times higher** than those who do not have diabetes.

- Total **direct medical expenses** for diagnosed diabetes in Arizona were estimated at **\$5.1 billion in 2017**.
- In addition, another **\$1.7 billion** was spent on **indirect costs** from lost productivity due to diabetes.

### Improving lives, preventing diabetes and finding a cure:

In 2019, the **National Institute of Diabetes and Digestive and Kidney Diseases** at the National Institutes of Health invested **\$10,719,748** in diabetes-related research projects in Arizona.

The **Division of Diabetes Translation** at the CDC provided **\$1,831,139** in diabetes prevention and educational grants in Arizona in 2018.

### Sources include:

- Diabetes Prevalence: 2016 state diagnosed diabetes prevalence, [cdc.gov/diabetes/data](http://cdc.gov/diabetes/data); 2017 state undiagnosed diabetes prevalence, Dill et al., "The Economic Burden of Elevated Blood Glucose Levels in 2017", *Diabetes Care*, September 2019, vol. 42.
- Diabetes Incidence: 2016 state diabetes incidence rates, [cdc.gov/diabetes/data](http://cdc.gov/diabetes/data)
- Cost: American Diabetes Association, "Economic Costs of Diabetes in the U.S. in 2017", *Diabetes Care*, May 2018.
- Research expenditures: 2019 NIDDK funding, [projectreporter.nih.gov](http://projectreporter.nih.gov); 2018 CDC diabetes funding, [cdc.gov/fundingprofiles](http://cdc.gov/fundingprofiles)

# Statistics by State

## Statistics

## Take a Closer Look: Statistics by State

## Fact sheets

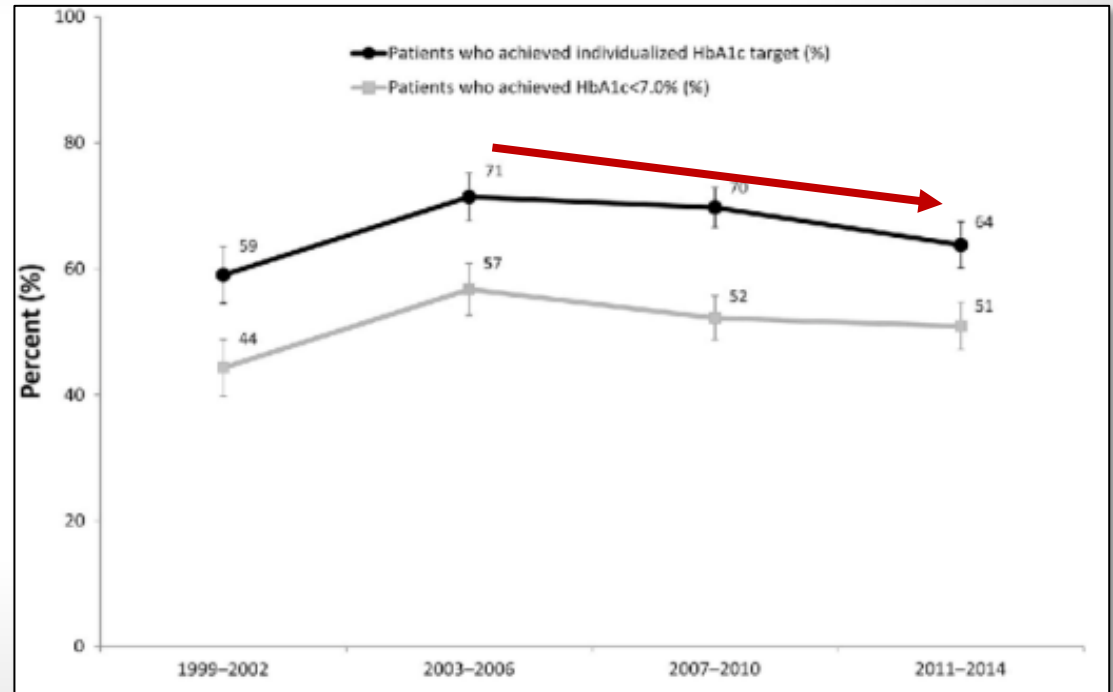
- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware

[diabetes.org/take-closer-look-statistics-state](http://diabetes.org/take-closer-look-statistics-state)



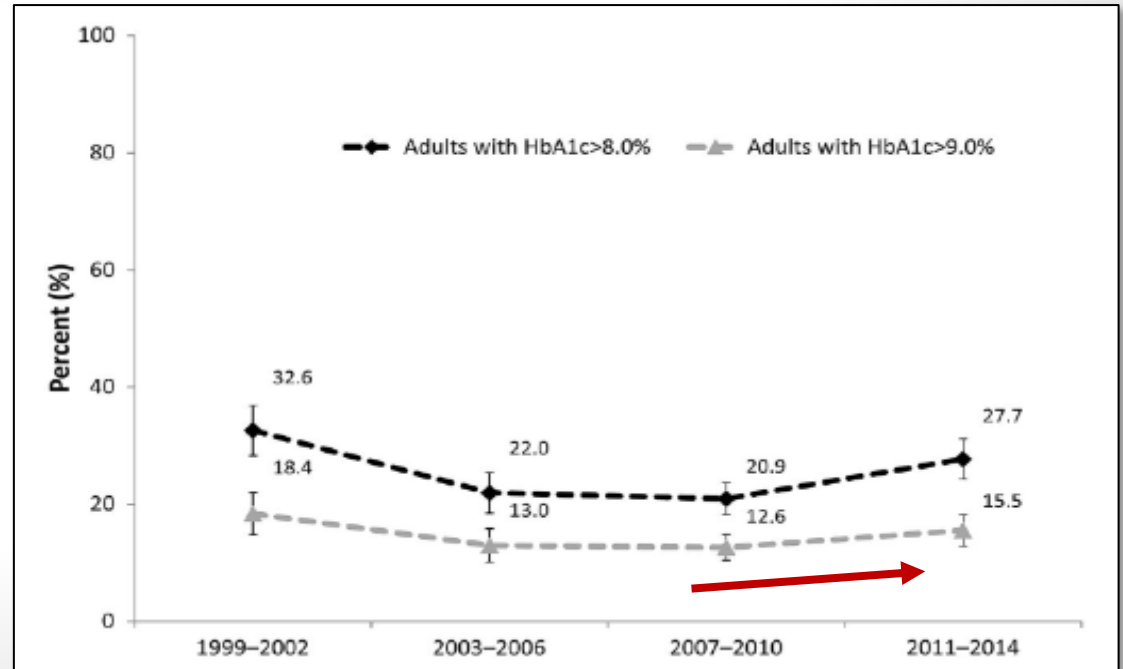
# Despite Increasing Number of New Diabetes Medications and Technologies ...

- Achievement of individualized targets declined from 69.8% to **63.8%**



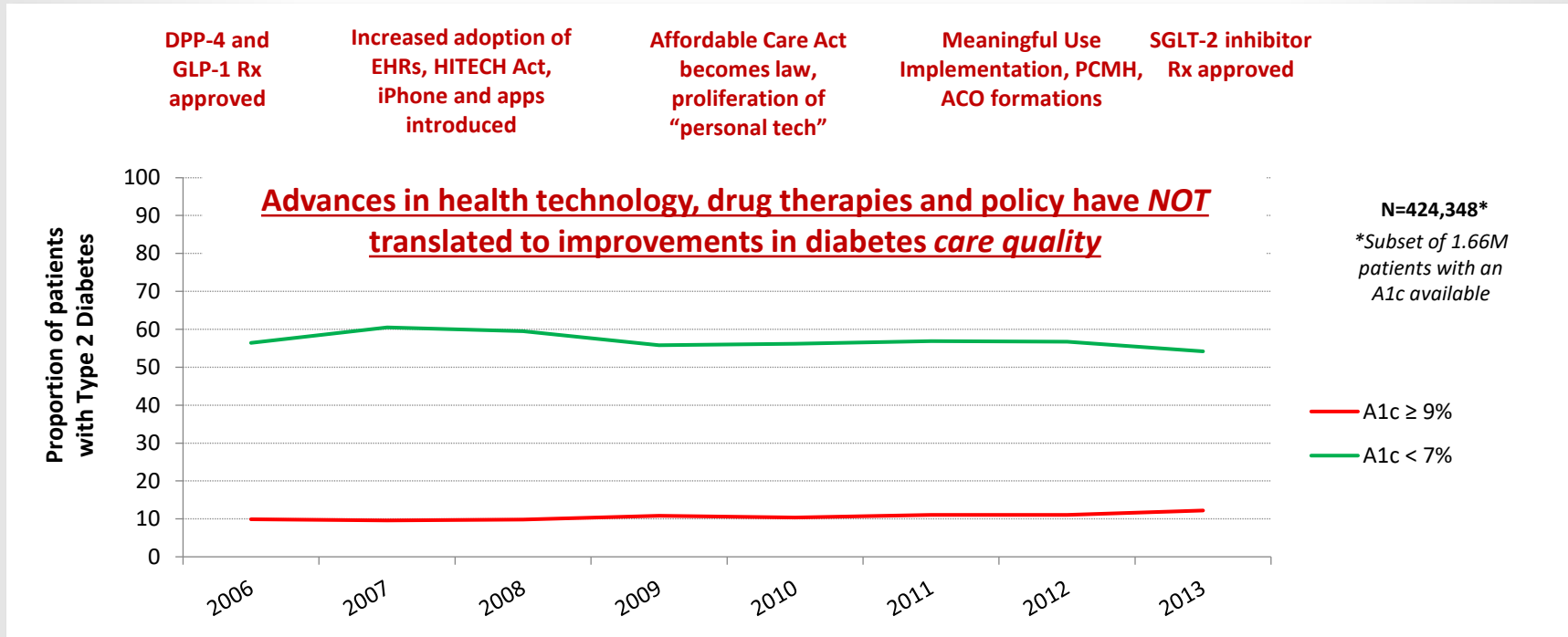
# Despite Increasing Number of New Diabetes Medications and Technologies ...

- The percentage with HbA1c >9.0% increased from 12.6% to **15.5%**



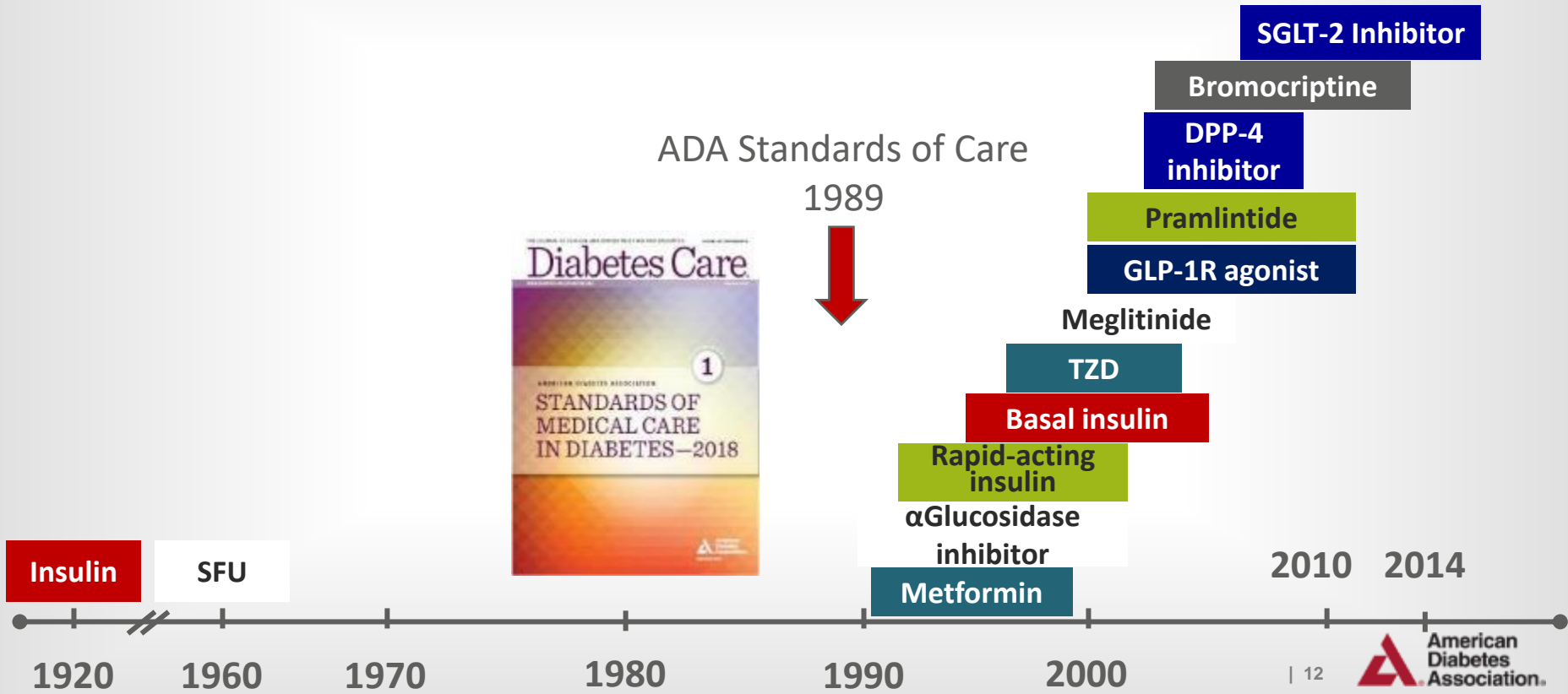
# Disruption is Needed to Improve Care Quality in Diabetes

## Type 2 Diabetes Trends in the U.S. 2006-2013



Adapted from: Lipska KJ, Yao X, Herrin J, et al. [Trends in drug utilization, glycemic control, and rates of severe hypoglycemia, 2006–2013](#) [published online September 22, 2016]. *Diabetes Care*. doi:10.2337/dc16-0985.

# Therapeutic Advances Over Past 20 Years



**FIRST-LINE Therapy is Metformin and Comprehensive Lifestyle (including weight management and physical activity)**



**INDICATORS OF HIGH-RISK OR ESTABLISHED ASCVD, CKD, OR HF<sup>1</sup>**

**NO**

**CONSIDER INDEPENDENTLY OF BASELINE A1C OR INDIVIDUALIZED A1C TARGET**

**IF A1C ABOVE INDIVIDUALIZED TARGET PROCEED AS BELOW**

**ASCVD PREDOMINATES**

- Established ASCVD
- Indicators of high ASCVD risk (age  $\geq 55$  years with coronary, carotid or lower extremity artery stenosis  $>50\%$ , or LVH)

**PREFERABLY**

GLP-1 RA with proven CVD benefit<sup>1</sup>

OR

SGLT2i with proven CVD benefit<sup>2</sup> if eGFR adequate<sup>3</sup>

**If A1C above target**

If further intensification is required or patient is now unable to tolerate GLP-1 RA and/or SGLT2i, choose agents demonstrating CV safety:

- For patients on a GLP-1 RA, consider adding SGLT2i with proven CVD benefit<sup>1</sup>
- DPP-4i (if not on GLP-1 RA)
- Basal insulin<sup>4</sup>
- TZD<sup>5</sup>
- SU<sup>6</sup>

**HF OR CKD PREDOMINATES**

- Particularly HFREF (LVEF  $<45\%$ )
- CKD: Specifically eGFR 30-60 mL/min/1.73 m<sup>2</sup> or UACR  $>30$  mg/g, particularly UACR  $>300$  mg/g

**PREFERABLY**

SGLT2i with evidence of reducing HF and/or CKD progression in CVDs if eGFR adequate<sup>3</sup>

OR

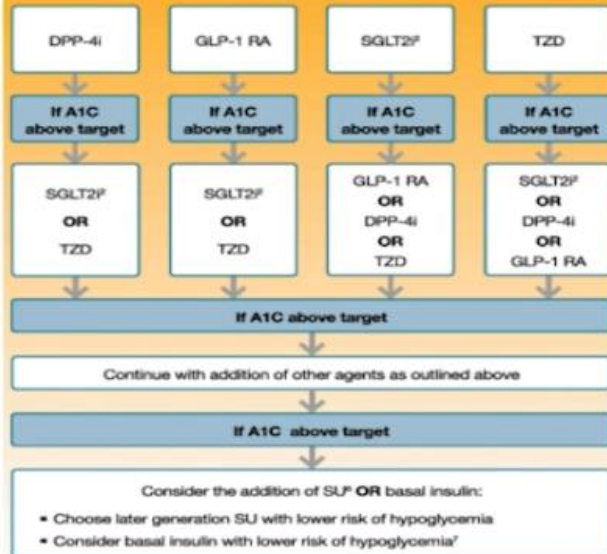
If SGLT2i not tolerated or contraindicated or if eGFR less than adequate<sup>3</sup> add GLP-1 RA with proven CVD benefit<sup>1</sup>

**If A1C above target**

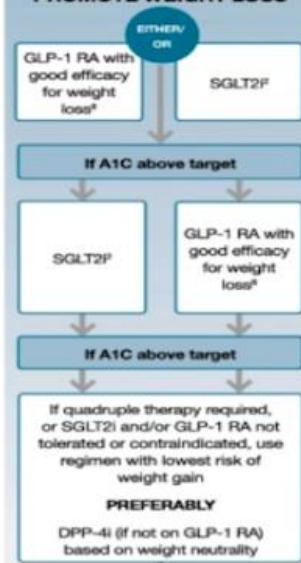
Avoid TZD in the setting of HF. Choose agents demonstrating CV safety:

- For patients on a SGLT2i, consider adding GLP-1 RA with proven CVD benefit<sup>1</sup>
- DPP-4i (not saxagliptin) in the setting of HF (if not on GLP-1 RA)
- Basal insulin<sup>4</sup>
- SU<sup>6</sup>

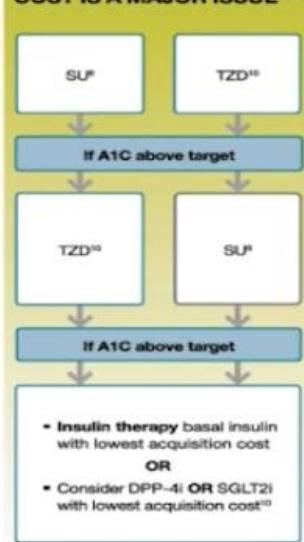
**COMPELLING NEED TO MINIMIZE HYPOGLYCEMIA**



**COMPELLING NEED TO MINIMIZE WEIGHT GAIN OR PROMOTE WEIGHT LOSS**



**COST IS A MAJOR ISSUE<sup>9-10</sup>**



1. Proven CVD benefit means it has label indication of reducing CVD events

2. Be aware that SGLT2i labelling varies by region and individual agent with regard to indicated level of eGFR for initiation and continued use

3. Empagliflozin, canagliflozin and dapagliflozin have shown reduction in HF and to reduce CKD progression in CVDs. Canagliflozin has primary renal outcome data from CREDENCE. Dapagliflozin has primary heart failure outcome data from DAPA-HF

4. Degludec or U100 glargine have demonstrated CVD safety

5. Low dose may be better tolerated though less well studied for CVD effects

† Actioned whenever these become new clinical considerations regardless of background glucose-lowering medications.

6. Choose later generation SU to lower risk of hypoglycemia, Glimepiride has shown similar CV safety to DPP-4i

7. Degludec / glargine U300 < glargine U100 / detemir < NPH insulin

8. Semaglutide > liraglutide > dulaglutide > exenatide > lixisenatide

9. If no specific comorbidities [i.e. no established CVD, low risk of hypoglycemia and lower priority to avoid weight gain or no weight-related comorbidities]

10. Consider country- and region-specific cost of drugs. In some countries TZDs relatively more expensive and DPP-4i relatively cheaper

# What's Wrong with this Picture?

- Decline in % of patients at HbA1c <7%
- At best, only about 50% of patients at Goal
- Increase in % of patients with very poor control
- Unacceptable level of morbidity and mortality
- Diabetes-related costs to society are tremendous



**ALL THIS DESPITE MORE THAN 40 NEW T2D  
TREATMENT OPTIONS APPROVED SINCE 2005**

# The Root of the Problem ...



# Therapeutic Inertia

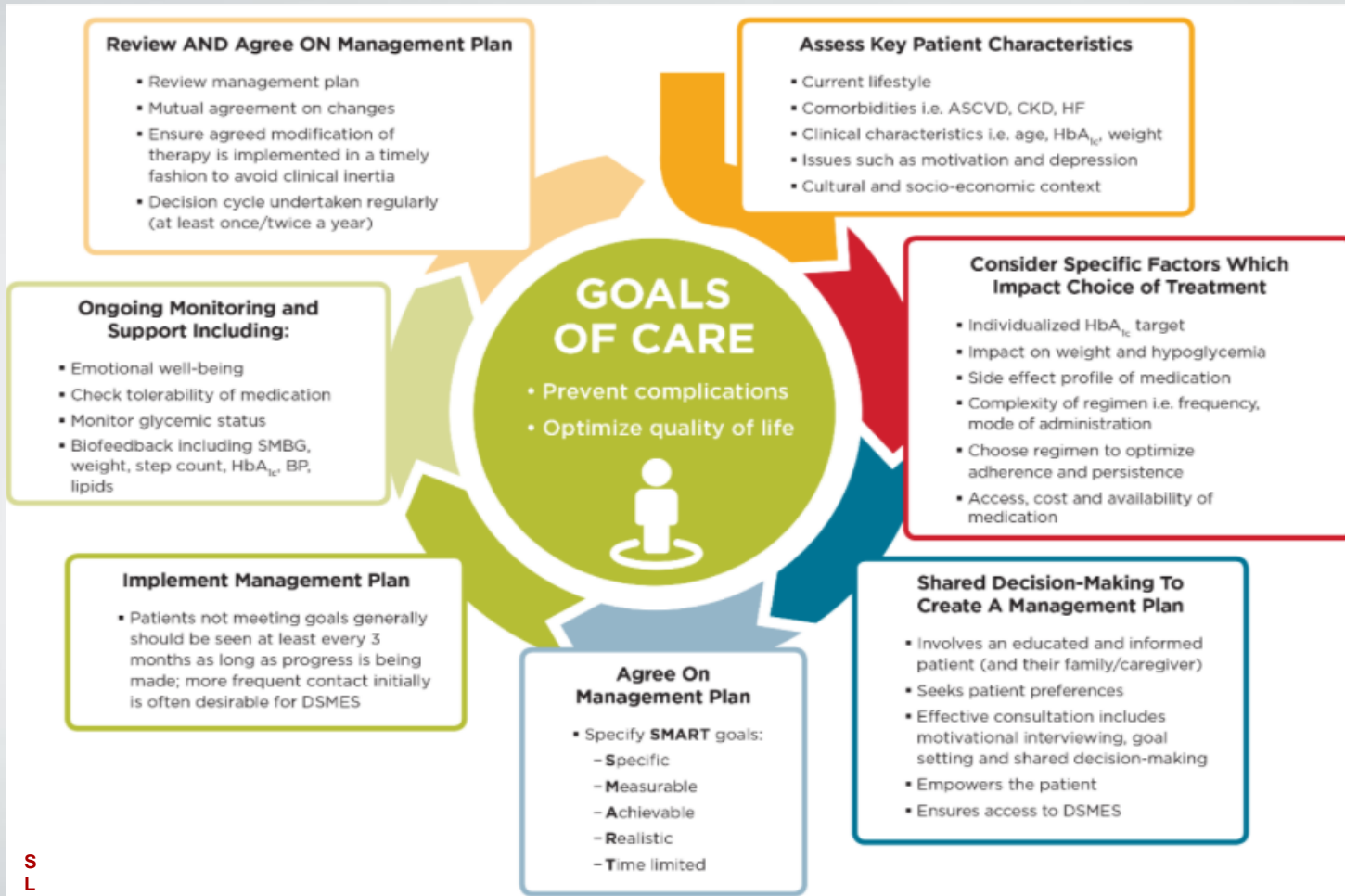
# What is Therapeutic Inertia?

**THERAPEUTIC INERTIA** is the failure to initiate or intensify (or sometimes de-intensify) the therapy regimen when a patient's therapeutic goals are not met.

**CLINICAL INERTIA** typically also includes underuse of therapies and interventions known to prevent or delay negative outcomes including DSMES, lack of screening, risk assessment, preventive measures, and referrals.



# Decision Cycle for Patient-Centered Glycemic Management in Type 2 Diabetes



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Access  
the **2021**  
Standards  
of Care  
guidelines.

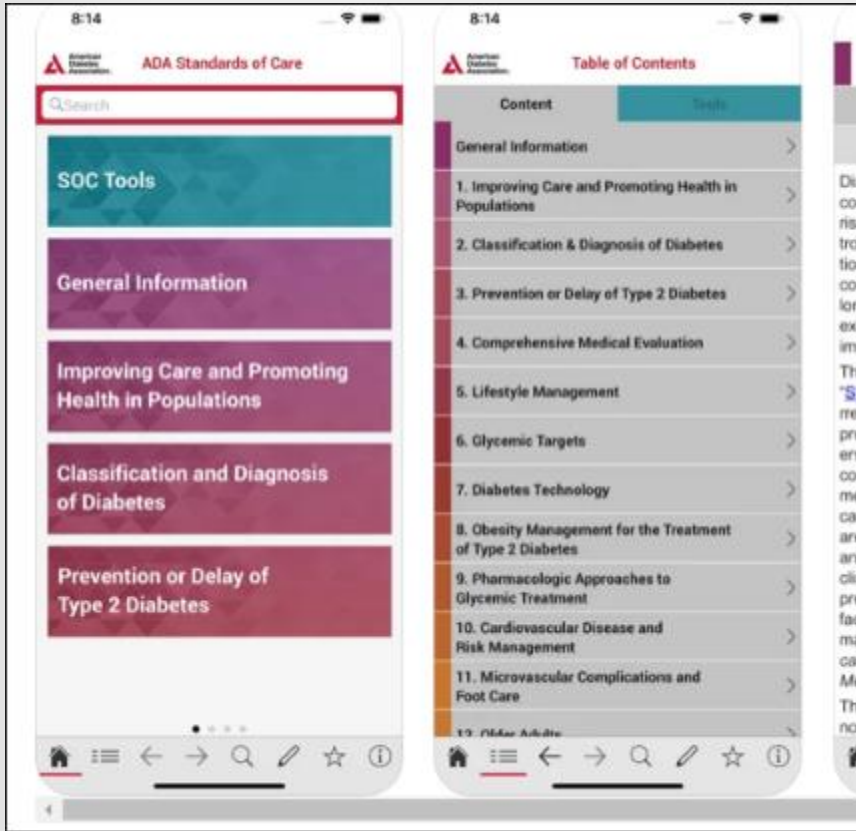


 American  
Diabetes  
Association.  
**DiabetesPro**

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## Reach and Credibility

The American Diabetes Association is internationally recognized and trusted as an authority in diabetes care

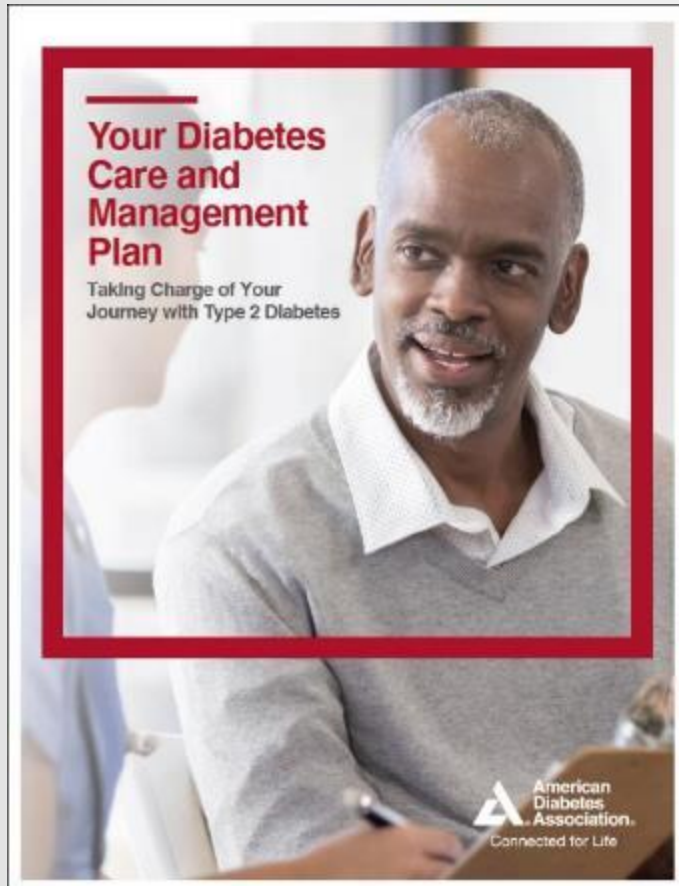


# Reach and Creditability

Our evidence-based, peer-reviewed **Standards of Medical Care in Diabetes** guides health care practitioners and informs diabetes educators around the country and the world

[adastandardsapp.diabetes.org/ada-web-app/home/](https://adastandardsapp.diabetes.org/ada-web-app/home/)

# Your Diabetes Care and Management Plan



# Diabetes Care Plan Summary

## Your Diabetes Care and Management Plan Summary

YOUR NAME: \_\_\_\_\_

### Your Diabetes Tests and Targets

Work with your diabetes care team to set targets together, based on your health care needs.

Test	How Often	Target Values	Date & Results	Date & Results	Date & Results	Date & Results
Example: A1C Target	Every 3 to 6 months	6.5	6.8 9/20/20			
A1C Target	Every 3 to 6 months					
Glucose – Fasting						
Glucose – 2 hours after eating						
Time in Range (TIR)						
Blood Pressure	Every clinic visit					
Cholesterol (lipid profile)	Every year					
Eye Exam	Every year					
Foot Exam	Every clinic visit					
Flu Shot	Every year					
Kidney Function (ACR or eGFR)	Every year					
Dental Exam	Every 6 months					

NOTES: \_\_\_\_\_

## Your Current Medications

Medication Name	Date Prescribed	Dosage	Days of Week Taken	Time of Day Taken	Reason	New or Changed Medication?
Example: Metformin	10/23/2020	500 mg	two times every day	with AM and PM meals	Manage blood glucose	<input checked="" type="checkbox"/> New <input type="checkbox"/> Changed
						<input type="checkbox"/> New <input type="checkbox"/> Changed
						<input type="checkbox"/> New <input type="checkbox"/> Changed
						<input type="checkbox"/> New <input type="checkbox"/> Changed
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NOTES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Lifestyle Change Goals:

- Weight loss goal: \_\_\_\_\_
- Eating and nutritional changes: \_\_\_\_\_
- Physical activity—resistance training: \_\_\_\_\_
- Physical activity—aerobic training: \_\_\_\_\_
- Stop smoking

## Referrals Recommended:

- Diabetes self-management education and support (DSMES)
- Behavioral health specialist
- Medical nutrition therapy (MNT)
- Social worker/therapist (emotional health)
- Eye doctor (optometrist or ophthalmologist)
- Cardiologist (heart health)
- Foot doctor (podiatrist)
- Kidney doctor (nephrologist)
- Endocrinologist (additional diabetes health support)
- Dentist
- Exercise specialist/physical therapist
- Pharmacist
- Vaccines/immunizations
  - Pneumonia
  - Hepatitis B
  - Tdap
  - Zoster
- Other

NOTES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Improving Standards of Care

**50K**

health care practitioners' certifications delivered via ADA in-person and online programs

**1,600+**

diabetes education programs at 3,600 sites have received ADA recognition—qualifying them for Medicare reimbursement

**20K**

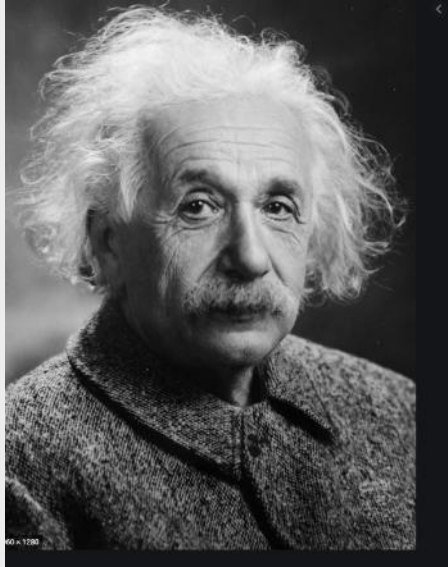
professional members of the American Diabetes Association

# Promotores de Salud, Community Health Workers (CHWs)

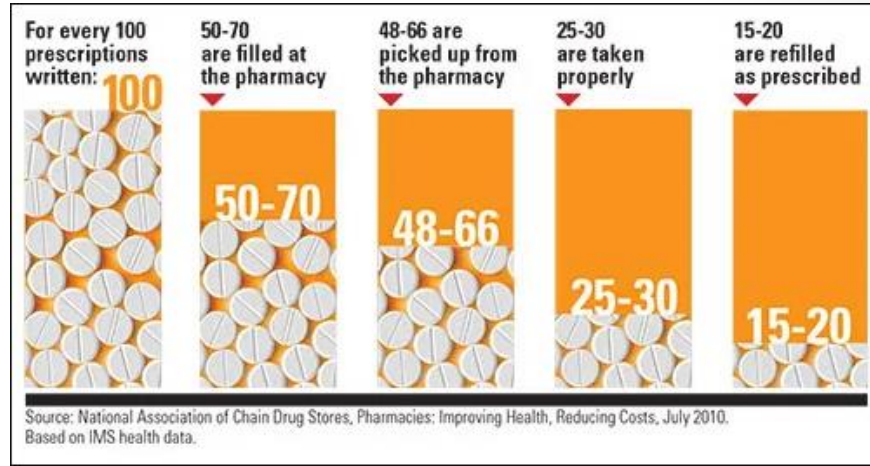
1. Community members who work almost exclusively in community settings and who serve as connectors between health care consumers and providers to promote health.
2. Uniquely qualified as connectors because they speak the language of their community, know what is meaningful, and recognize cultural buffers.



# Therapeutic Inertia:



“The definition of insanity is **doing the same thing over and over and expecting different results.**”-Albert Einstein



# State Laws

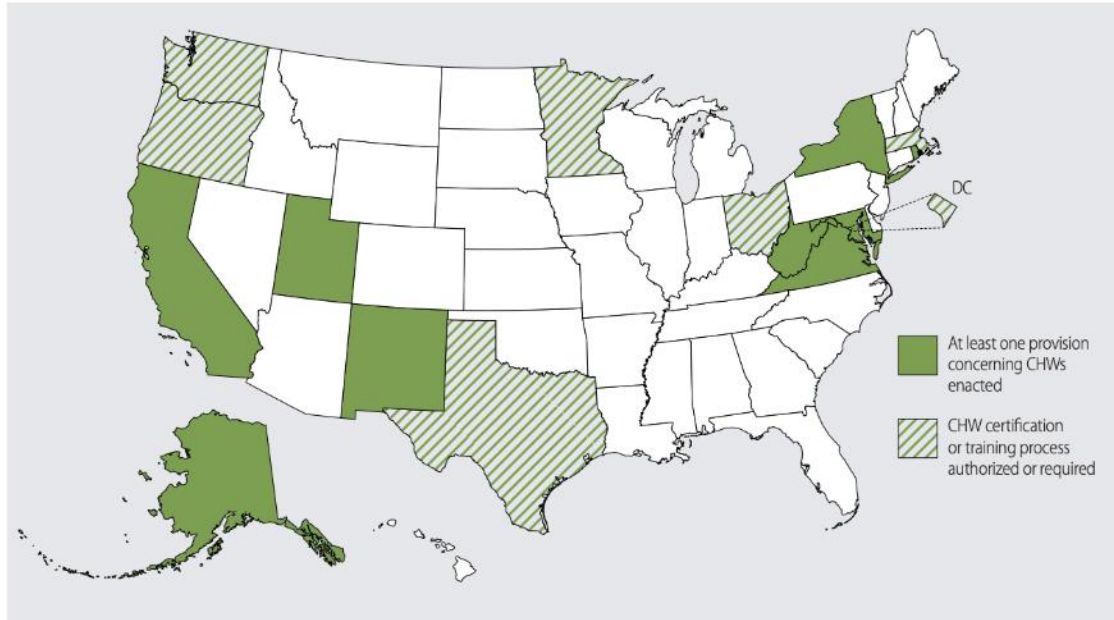


Figure 1: States with Select CHW Laws in Effect, December 2012

# Infrastructure, Identity, Workforce, Financing

Table 2: States with Select CHW Laws in Effect, December 2012

3

State	Infrastructure	Professional Identity	Workforce Development		Financing	
	Establish CHW advisory body	CHW scope of practice	CHW certification or training process	Standard curriculum with core skills	State reimburses or creates incentives for CHW services	Integrates CHWs into team based care
AK		Yes			Required <sup>†</sup>	
CA						Authorized <sup>†</sup>
DC				Authorized <sup>†</sup>		
MD					Authorized	
MA	Yes	Yes	Authorized	Authorized	Authorized	Authorized
MN			Required <sup>†</sup>		Required <sup>†</sup>	
NM	Yes	Yes			Authorized	Authorized
NY					Authorized	Authorized
OH		Yes	Required*	Required*		
OR	Yes	Yes <sup>†</sup>	Required*	Required <sup>†</sup>	Required <sup>†</sup>	Required*
RI	Yes	Yes				
TX	Yes	Yes	Required*	Required <sup>†</sup>		
UT	Yes					
VA	Yes					
WA		Yes <sup>†</sup>		Authorized <sup>†</sup>	Required <sup>†</sup>	Authorized <sup>†</sup>
WV					Required <sup>†</sup>	Required <sup>†</sup>

Empty cells indicate that state law is silent on this issue or no law was identified.

Yes indicates state law either authorizes or requires in full or in part the select recommendation.

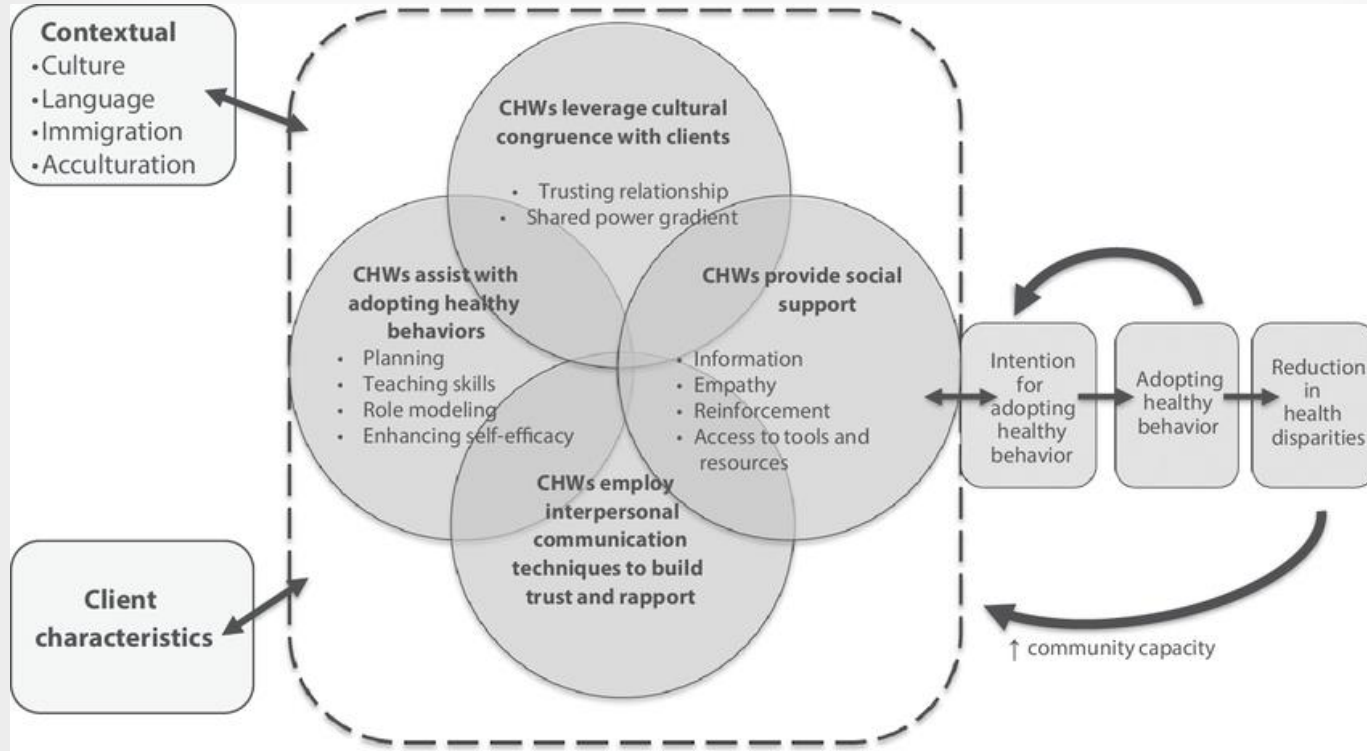
\*State has multiple enacted laws with varying degrees of authority.

<sup>†</sup>Law has exceptions or only applies in certain circumstances (i.e., tuberculosis control).

# Core Competencies to Consider

- Communication Skills
- Interpersonal Skills
- Service Coordination Skills
- Capacity Building Skills
- Advocacy Skills
- Teaching Skills
- Organization Skills
- Knowledge Base Skills

# Conceptual Framework of CHWs and Patients as Partners in Health



## Perceptions and experiences of promotoras and pharmacists in an academic-community partnership providing telephonic MTM services to a Spanish-speaking, rural population: a focus group study

Blanca Guerra, PharmD; Shannon Vaffis, MPH; David R Axon, PhD, MPharm, MS; Sandra Leal, PharmD, MPH, FAPhA; Terri Warholak, PhD, RPh, FAPhA; Ann M Taylor, MPH, MCHES; and Nicole Scovis, PharmD

### What is already known about this subject

- Promotoras are Hispanic/Latino lay health workers who assist patients in their communities by serving as intermediaries between medical providers, pharmacists, and other clinical staff.
- In 2014, an academic-based medication management center began collaborating with community clinics and independent pharmacies to provide telephonic medication therapy management (MTM) services to patients in rural Arizona as part of the Rural Arizona Medication Therapy Management (RAzMTM) program.
- Limited data exist regarding the collaboration between pharmacist/pharmacy interns and promotoras in health care settings.

### What this study adds

- This study provided insight into the perceptions and opinions of pharmacist/pharmacy interns and promotoras who participated in the RAzMTM program.
- This study adds to the body of literature on strategies to improve collaborative care using pharmacists/pharmacy interns, promotoras, and other health care providers.

### Author affiliations

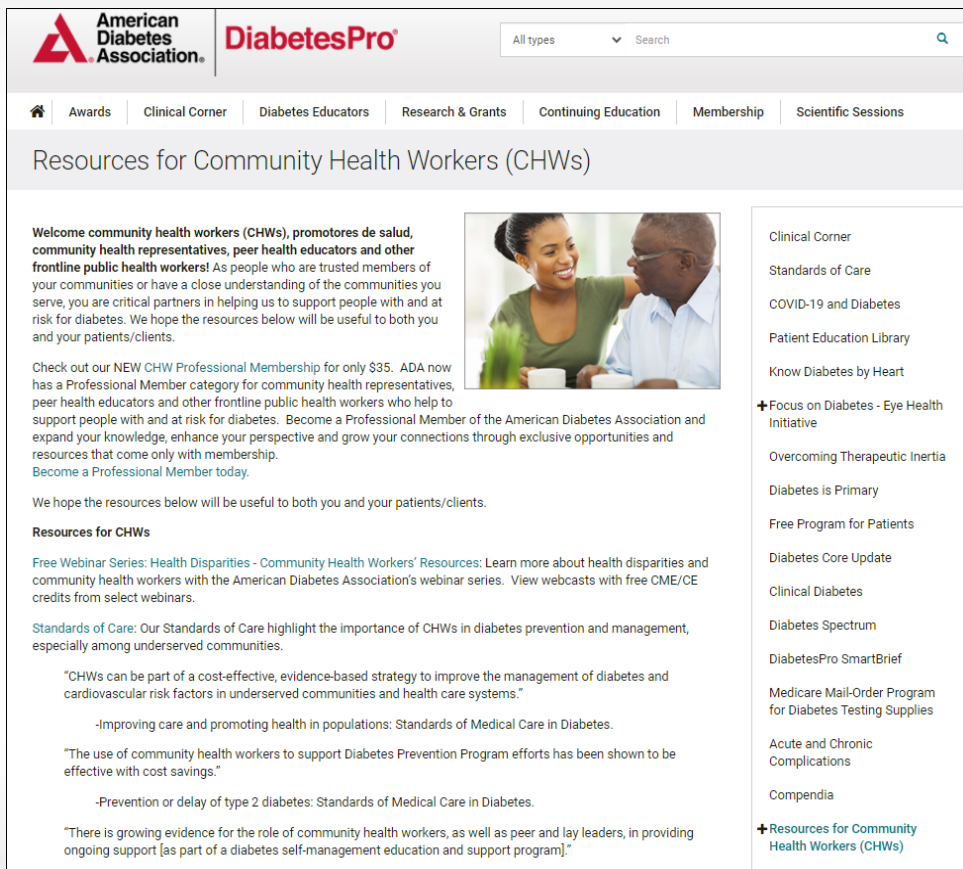
Blanca Guerra, PharmD, University of Arizona College of Pharmacy and SinfoniaRx, Tucson, AZ. Shannon Vaffis, MPH; David R Axon, PhD, MPharm, MS; Terri Warholak, PhD, RPh, FAPhA; and Ann M Taylor, MPH, MCHES, University of Arizona College of Pharmacy, Tucson. Sandra Leal, PharmD, MPH, FAPhA, SinfoniaRx, Tucson, AZ, and Nicole Scovis, PharmD, Tabula Rasa HealthCare, Tucson, AZ.

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vaffis@pharmacy.arizona.edu

*J Manag Care Spec Pharm.*  
2020;26(11):1390-97

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# Resources for Community Health Workers



The screenshot shows the DiabetesPro website with the following content:

- Header:** American Diabetes Association logo, DiabetesPro title, and a search bar.
- Navigation:** Home, Awards, Clinical Corner, Diabetes Educators, Research & Grants, Continuing Education, Membership, Scientific Sessions.
- Section Header:** Resources for Community Health Workers (CHWs)
- Text:** "Welcome community health workers (CHWs), promotores de salud, community health representatives, peer health educators and other frontline public health workers! As people who are trusted members of your communities or have a close understanding of the communities you serve, you are critical partners in helping us to support people with and at risk for diabetes. We hope the resources below will be useful to both you and your patients/clients."
- Image:** A photograph of a woman and a man smiling and talking.
- Text:** "Check out our NEW CHW Professional Membership for only \$35. ADA now has a Professional Member category for community health representatives, peer health educators and other frontline public health workers who help to support people with and at risk for diabetes. Become a Professional Member of the American Diabetes Association and expand your knowledge, enhance your perspective and grow your connections through exclusive opportunities and resources that come only with membership. [Become a Professional Member today.](#)"
- Text:** "We hope the resources below will be useful to both you and your patients/clients."
- Section Header:** Resources for CHWs
- Text:** "Free Webinar Series: Health Disparities - Community Health Workers' Resources: Learn more about health disparities and community health workers with the American Diabetes Association's webinar series. View webcasts with free CME/CE credits from select webinars."
- Text:** "Standards of Care: Our Standards of Care highlight the importance of CHWs in diabetes prevention and management, especially among underserved communities."
  - "CHWs can be part of a cost-effective, evidence-based strategy to improve the management of diabetes and cardiovascular risk factors in underserved communities and health care systems."
  - Improving care and promoting health in populations: Standards of Medical Care in Diabetes.
  - "The use of community health workers to support Diabetes Prevention Program efforts has been shown to be effective with cost savings."
  - Prevention or delay of type 2 diabetes: Standards of Medical Care in Diabetes.
  - "There is growing evidence for the role of community health workers, as well as peer and lay leaders, in providing ongoing support [as part of a diabetes self-management education and support program]."
- Right Sidebar:** Clinical Corner, Standards of Care, COVID-19 and Diabetes, Patient Education Library, Know Diabetes by Heart, + Focus on Diabetes - Eye Health Initiative, Overcoming Therapeutic Inertia, Diabetes is Primary, Free Program for Patients, Diabetes Core Update, Clinical Diabetes, Diabetes Spectrum, DiabetesPro SmartBrief, Medicare Mail-Order Program for Diabetes Testing Supplies, Acute and Chronic Complications, Compendia, + Resources for Community Health Workers (CHWs)

## Resources for Community Health Workers (CHW's)



[professional.diabetes.org/CHW](https://professional.diabetes.org/CHW)

# Health Disparities - CHW Webinar Series

## Free Webinar Series: Health Disparities - Community Health Workers' Resources

### Overview

As part of the American Diabetes Association's (ADA) Strategic Plan to Help People Living with Diabetes and Their Families Thrive, ADA continues to prioritize health disparities and health equity through our various Mission initiatives.

Community Health Workers (CHWs) are trusted, knowledgeable frontline health workers who typically come from the communities they serve. CHWs bridge cultural and linguistic barriers, expand access to coverage and care, and help to improve health outcomes. CHWs also build individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, and social support.

Learn more about health disparities and community health workers with the American Diabetes Association's webinar series! *Please Note: Only select webinars in the webinar series are designated for CME/CE credits.*

### Webcasts

View webcasts with free CME/CE credits from the select webinars.

[View the Webcasts](#)

### Upcoming Webinars

### Past Webinars

**Webinar # 1 - Wednesday, December 11, 2019 - 1:00 PM ET**

**Community Health Workers (CHWs): Strong Evidence-base for Embracing CHWs into the Public Health and Healthcare Workforce**

CE Credits Available: 1.0

#### Speakers

Durrell Fox, BS, CHW, JSI (John Snow Institute), National Association of Community Health Workers  
Betsy Rodriguez, BSN, MSN, CDE, Centers for Disease Control and Prevention

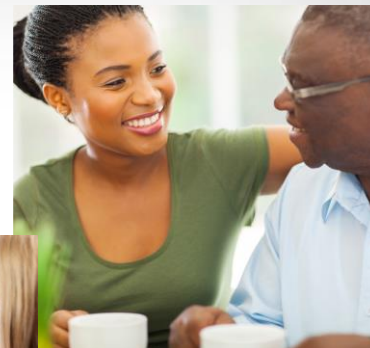
#### Learning Objectives



Free Webinar Series: Health Disparities - Community Health Workers' Resources

Continuing Education

Resources for Community Health Workers (CHWs)



[professional.diabetes.org/chwwebinars](https://professional.diabetes.org/chwwebinars)



# Diabetes Self-Management Education and Support

## DSMES

Diabetes.org | About Us | Join ADA | Online Store | Contact Us | Login/Register

American Diabetes Association | DiabetesPro

All types Search

Awards Clinical Corner Diabetes Educators Research & Grants Continuing Education Membership Scientific Sessions

### ERP Listing

Search Recognized Education Programs by zip code or filter by state.

Enter a search area and 5 digit zip code and click apply to search:

Search  from

Pediatric  DPP  Spanish  Telemedicine

[www.diabetes.org/findaprogram](http://www.diabetes.org/findaprogram)

Diabetes.org | About Us | Join ADA | Online Store | Contact Us | Login/Register

American Diabetes Association | DiabetesPro

All types Search

Awards Clinical Corner Diabetes Educators Research & Grants Continuing Education Membership Scientific Sessions

### ERP Listing

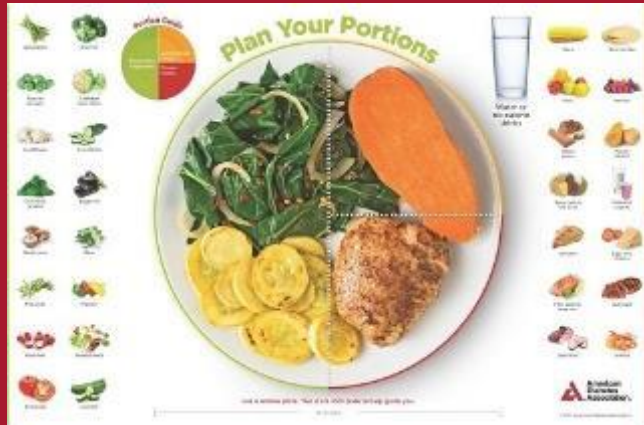
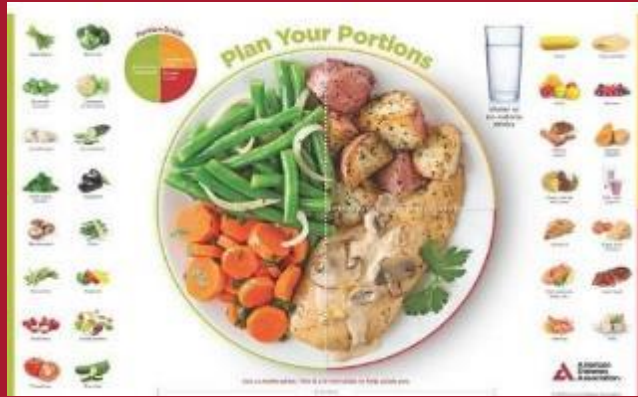
View all Recognized Education Programs in your state or search by zip code

Select any state and click 'Apply' to see results.

State  Pediatric  DPP  Spanish  Telemedicine

<p>Sponsoring Organization: Community Health Systems, Inc. Site/Program Name: Diabetes Self-Management Education Program Program ID: 6085 Address: 252 Rural Acres Dr City: Beckley State: West Virginia ZIP: 25801 Phone: 304-255-6800 Spanish: Yes Pediatric: Yes Telemedicine: No CDC Diabetes Prevention Program (DPP): No Driving Directions#</p>	<p>Sponsoring Organization: Valley Health System Site/Program Name: War Memorial Hospital Program ID: 2984 Address: 1 Healthy Way City: Berkeley Springs State: West Virginia ZIP: 25411 Phone: 304-258-6519 Pediatric: No Telemedicine: No CDC Diabetes Prevention Program (DPP): No Driving Directions#</p>	<p>Sponsoring Organization: United Hospital Center Site/Program Name: United Hospital Center Out Patient Diabetes Education Program ID: 4177 Address: 327 Medical Park Drive City: Bridgeport State: West Virginia ZIP: 26330 Phone: 681-342-1862 Spanish: Yes Pediatric: No Telemedicine: No CDC Diabetes Prevention Program (DPP): No Driving Directions#</p>
<p>Sponsoring Organization: Pocahontas Memorial Hospital Site/Program Name: Diabetes Self-Management Education Program Program ID: 2932 Address: 150 Duncan Road City: Buckeye State: West Virginia ZIP: 24924 Phone: 304-799-1022 Spanish: No Pediatric: No Telemedicine: No CDC Diabetes Prevention Program (DPP): No Driving Directions#</p>	<p>Sponsoring Organization: CAMC Health System Site/Program Name: Diabetes Self-Management Education Program Program ID: 4785 Address: 3200 MacCorkle Avenue, SE CAMC Robert C. Byrd Clinical Teaching Center, 5th floor City: Charleston State: West Virginia ZIP: 25304 Phone: 304-388-5555 Spanish: No Pediatric: No Telemedicine: No CDC Diabetes Prevention Program (DPP): No Driving Directions#</p>	<p>Sponsoring Organization: FamilyCare Health Centers Site/Program Name: FamilyCare Health Center: Patrick Street Program ID: 5914 Address: 116 Hills Plaza City: Charleston State: West Virginia ZIP: 25397 Phone: 304-720-4466 Spanish: No Pediatric: No Telemedicine: No CDC Diabetes Prevention Program (DPP): No Driving Directions#</p>
<p>Sponsoring Organization: Louis A. Johnson VA Medical Center Site/Program Name: Diabetes Self-Management Education Program Program ID: 3251 Address: Louis A. Johnson VA Medical Center,1 Med Center Dr., City: Clarksburg</p>	<p>Sponsoring Organization: Davis Health System Site/Program Name: Davis Memorial Hospital Lifeskills Program ID: 2311 Address: Reed Street &amp; Gorman Avenue City: Elkins State: West Virginia ZIP: 26241</p>	<p>Sponsoring Organization: WVU Medicine Site/Program Name: WVU Medicine Diabetes Education Center - Reynolds Program ID: 4958 Address: 800 Wheeling Avenue City: Glen Dale State: West Virginia ZIP: 26038</p>





# Patient Education Library

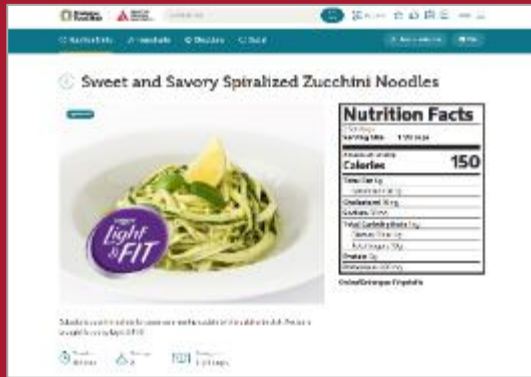
Over 100 patient information handouts on popular diabetes management and health promotion topics, guided by the *American Diabetes Association Standards of Medical Care in Diabetes*

[professional.diabetes.org](http://professional.diabetes.org)



# Ask the Experts

- Monthly live Q&A series
- Participants can ask their questions – online or on the phone
- Register at [diabetes.org/experts](https://diabetes.org/experts) or text “EXPERTS” to 833-TXT-LIVE (833-898-5483)



# Diabetes Food Hub

ADA's cooking and recipe destination offers more than 700 diabetes-friendly recipes and tools to eat healthfully and save time.

New content published weekly

Interactive Meal Plan

Editable Shopping Lists

Advice and cooking tips from diabetes nutrition & cooking experts



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## Living With Type 2

- Available in English & Spanish
- Informational e-booklets
- Monthly eNewsletters
- Healthy Recipes and more
- **Sign up at**  
[diabetes.org/livingwithtype2](https://diabetes.org/livingwithtype2)

# Diabetes Is Primary

As advances in diabetes treatment evolve at a rapid-fire pace, Diabetes Is Primary targets clinicians on the frontlines of primary care. Diabetes Is Primary delivers easily accessible continuing education to meet the needs of busy primary care providers (PCPs).

The program is based on the ADA's *Standards of Medical Care in Diabetes* – the gold standard in diabetes treatment. These guidelines, updated annually, ensure that patients receive up-to-date, evidence-based care.

Additionally, Diabetes Is Primary helps PCPs navigate the complex changes in the health care industry, including new therapies and their costs, population health, and more.

Diabetes Is Primary

+ Upcoming Programs

+ Past Programs

Clinical Resources

## Benefits

- Learn about ADA guidelines most relevant to primary care
- Sharpen skills to individualize care based on specific patient needs
- Understand the latest treatment options in a rapidly changing landscape
- Improve patient outcomes with evidence-based strategies utilizing their entire care team



## Results

Diabetes Is Primary was developed by primary care providers for primary care providers. Last year's attendees said:

- 97% felt the Diabetes Is Primary content gave them knowledge to improve their practice
- 91% plan on changing their practice as a result of what they learned
- 97% of survey respondents are likely to recommend Diabetes Is Primary to a colleague
- "Excellent overall program. Very clinically oriented with lots of practical recommendations."
- "Exceeded my expectations. I learned so much."
- "This was truly one of the most informative conferences that I have attended, providing useful information and handouts that will positively affect my practice and confidence."



[professional.diabetes.org/diabetes-primary](https://professional.diabetes.org/diabetes-primary)

# Become an ADA Professional Member Today!

**Tools to  
Advance  
Your  
Career in  
Diabetes**



- Enhance your patient care with ADA's COVID-19 resources
- Regular webinars led by today's experts on vital topics
- Popular discussions in the DiabetesPro Member Forum
- Access cutting-edge research, landmark studies, practical treatment pointers, and patient education related to diabetes care featured in the Association's scholarly journals
- Sharpen your leadership skills by joining various communities like WIN ADA, Interest Group Leadership Teams and other opportunities
- Access to the best diabetes care research, treatment and care

**JOIN AT [PROFESSIONAL.DIABETES.ORG/MEMBER](https://PROFESSIONAL.DIABETES.ORG/MEMBER)**



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**Questions?**

**Visit [diabetes.org](https://diabetes.org)**

**Center for Information**  
**1-800-DIABETES**  
**(800-342-2383)**

**[askADA@diabetes.org](mailto:askADA@diabetes.org)**



Connected for Life