



CHAMPION PROVIDER FELLOWSHIP

A Powerful Approach to Healthier Communities

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Funded, in part, by USDA SNAP-Ed, an equal opportunity provider and employer.



**Champion Provider
Fellowship: Expanding the
Clinician's Role**

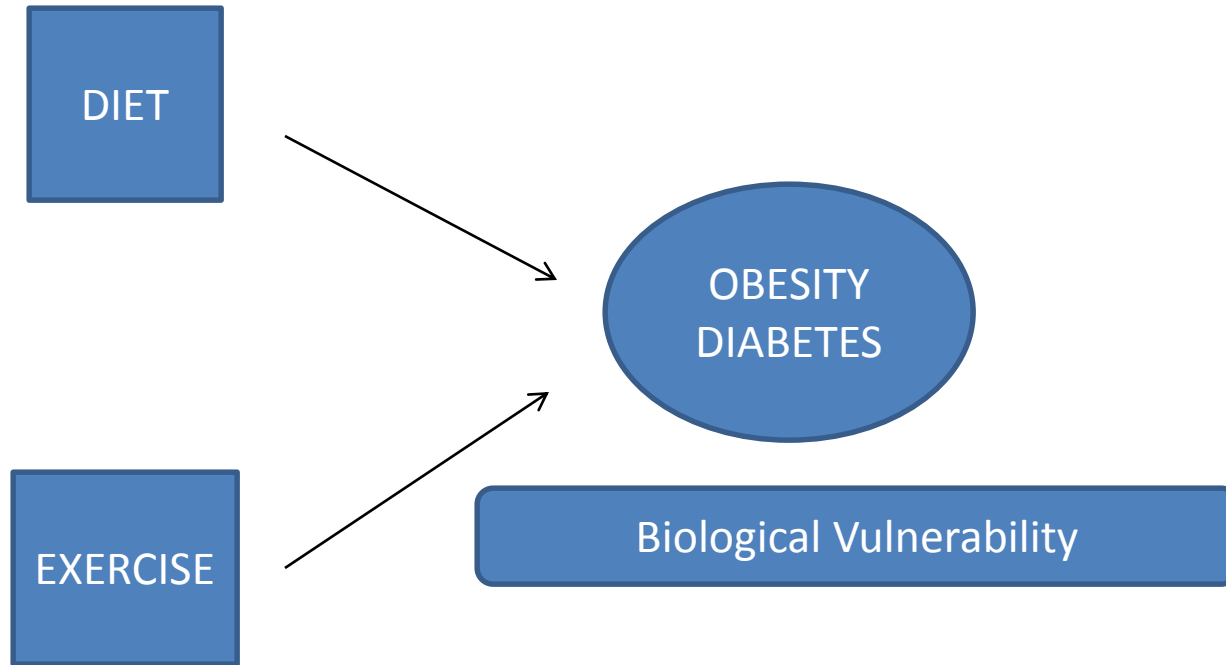
Objectives

- Lay out our working model for Champion Providers Program
- What are we doing?
- Why?

Objectives

- Review the evidence base related to the Diabetes Prevention Program
- Describe the conceptual model and how health care providers can advance those efforts via PSE work
- Expand our working mental model of obesity and DM care

Clinician's Mental Model

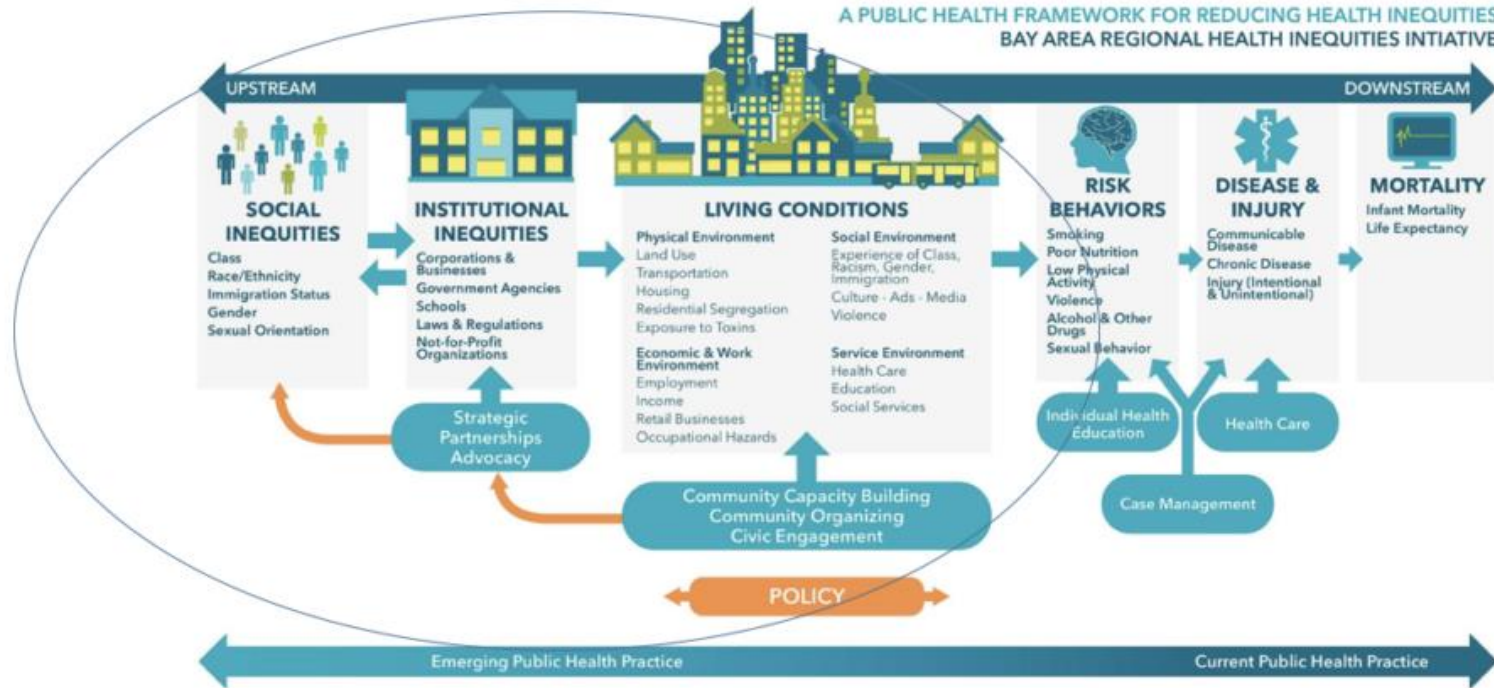


Adding to Our Mental Model

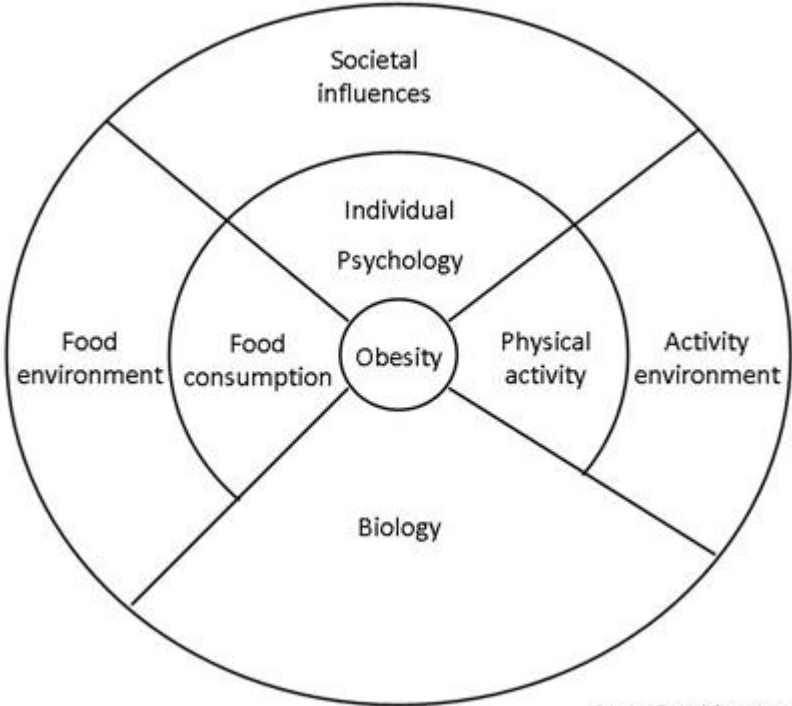
- Clinical Side
 - Patient behavior change is a reflection of patient-provider interaction and patient activation
- Community-Systems Side
 - Population behavior change is a result of policies and initiatives that change social norms and environments

Interventions on both sides are necessary

BARHII Model



Still Simplified, But Better



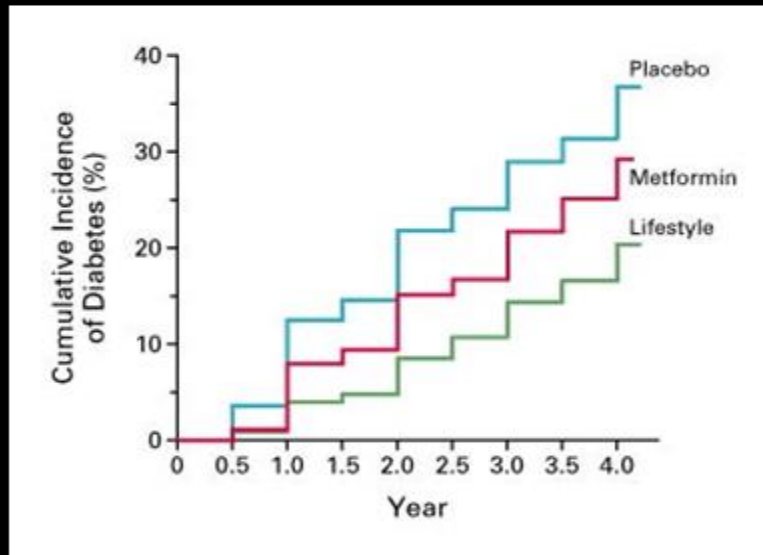
Source: Foresight systems map, 2007

Diabetes Prevention Program: Game Changer

- Participants:
 - 3,234 subjects who were overweight and had pre-diabetes
 - 45% from minority groups (20% AA, 15% Lat.)
 - BMI=34, A1c=5.9
 - Enrolled from 27 clinical centers around the US
- Design: RCT
 - Arm 1: Lifestyle Intervention Group: diet, exercise 150 min/week, 16 lessons over first 6 months via Case Managers 1:1 setting
 - Arm 2: Metformin 850mg bid + standard lifestyle advice
 - Arm 3: Control: Placebo bid + standard lifestyle advice

DPP Results

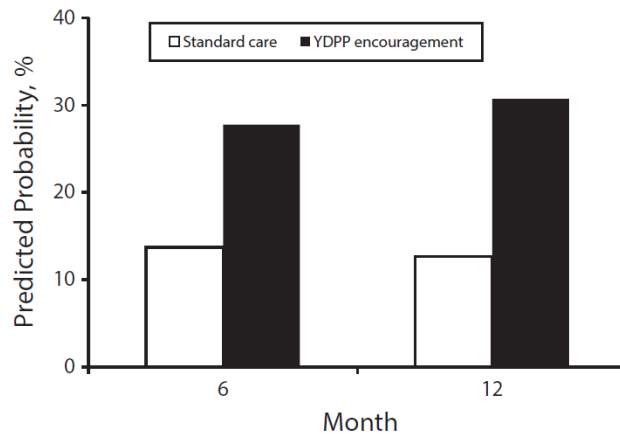
Cumulative Incidence of Diabetes According to Study Group.



RR Lifestyle: 58%
RR MF: 31%

NNT to prevent 1 case DM over 3 years = 7 in lifestyle group

DPP at the YMCA



Note. YDPP = YMCA model for the Diabetes Prevention Program. In our intention-to-treat analysis, we compared participants randomized to standard care with those randomized to encouragement to participate in the YMCA model for the Diabetes Prevention Program intervention (missing data imputed via multiple imputation). The adjusted odds ratios comparing allocation to the YDPP encouragement with standard care derived from multivariable longitudinal logistic regression were 2.4 (95% confidence interval [CI] = 1.5, 4.0; $P = .001$) and 3.1 (95% CI = 1.9, 5.0; $P < .01$) at 6 and 12 months, respectively.

FIGURE 3—Predicted probability of 5% weight loss among study participants: Indianapolis, IN; 2008–2010.

1 in 5 achieved 5% wt loss at 12 months

Ackermann et al. AJPH 2015

- RCT 509: 57% AA, 70% women, Age =51
- BMI=37, A1c=6.0
- 1) Standard Education, dietitian
- 2) Standard + free YMCA

- 8-12 people groups, 16 lessons
- 150 min exercise/week; diet advice
- 37% did no lessons
- 40% completed 9+ lessons

Diabetes Prevention Program



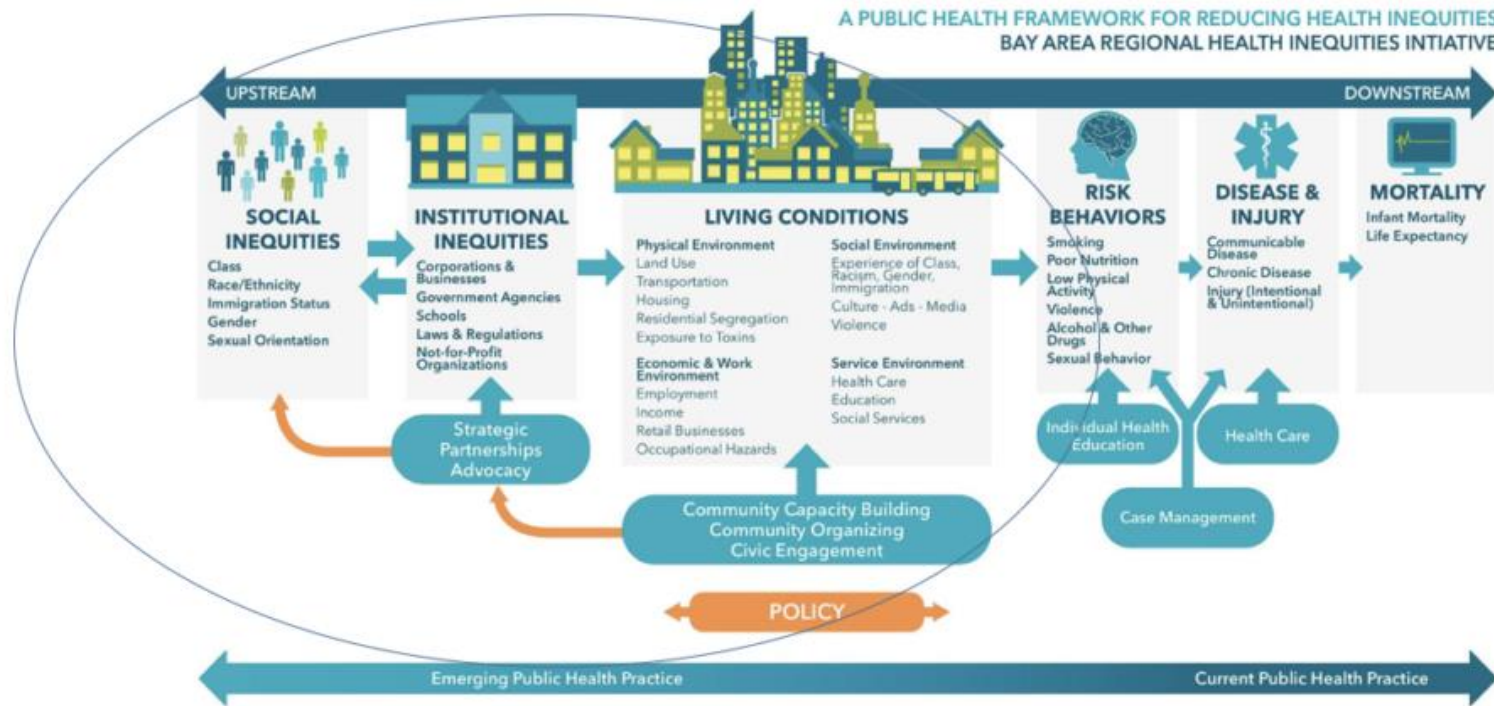
- The majority (55 percent) of California adults, and almost one quarter (23 percent) of teens, now have either type 2 diabetes or prediabetes
- By funding the Diabetes Prevention Program, Medi-Cal can expect savings of over \$45 million each year in reduced medical costs, almost four times the cost of the program.
- Starting July, 2018, **DPP will be a covered benefit for Medi-Cal: \$5M allocated**

Imagine DPP in Community

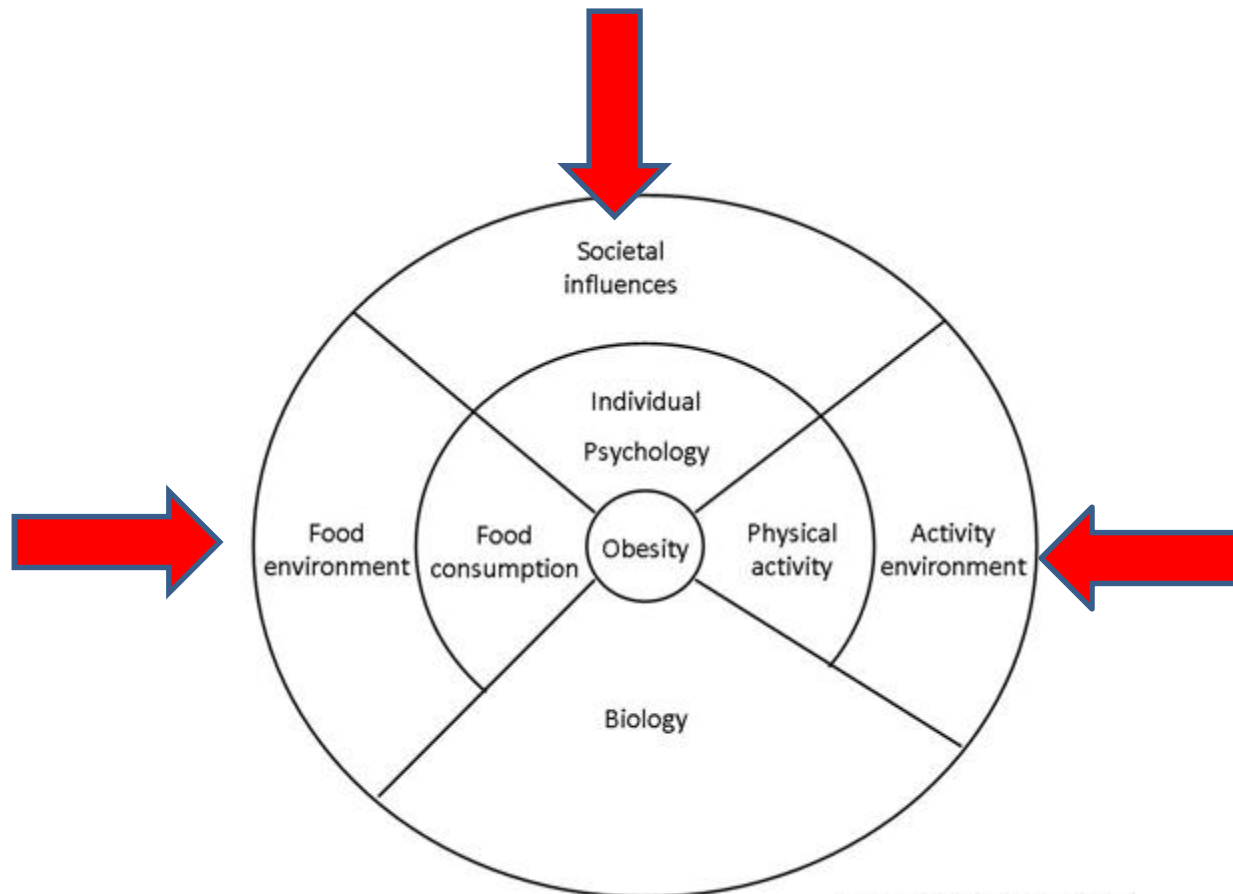
- Community support to walk
- Safe, pleasant spaces to exercise
- Access to health food
- Access to time, energy, support for healthy lifestyle

Many interventions >>> synergistic goals

BARHII Model



Still Simplified, But Better



Source: Foresight systems map, 2007

Champions Work Upstream

- Form strategic partnerships and coalitions
- Use our voices as clinicians
- Focus on food environment and activity environment
- Make local, regional, state PSE changes



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