



Diabetes-related Policy Technical Assistance and Support

Policy State Technical Assistance Team (PSTAT)

PSTAT is an innovative approach to assist DPCPs and their partners in creating an action plan to address an emerging diabetes-related policy. A policy is considered emerging if it has been defined and deemed a priority by the DPCP and its partners. It could be organizational, state or community-focused. And, it may be in development, proposed but not formally introduced, or formally introduced.

Once the policy has been identified, the DPCP identifies a team of stakeholders supportive of or impacted by the policy. An experienced PSTAT Consultant team works with the state team through pre-visit conference calls to articulate the policy of focus and understand the historical and environmental context. During a 1 ½ day site visit, the PSTAT team leads the state team through a series of structured discussions using evidence-based policy development processes and tools. At the end of the meeting, the state team has an action plan with specific steps and identified partners ready to move forward with the policy. In addition, tools and resources helpful to implementation of the action plan will have been identified. Over the course of the following year, NACDD's Senior Diabetes Consultant in collaboration with the state's CDC Project Officer provides follow-up technical assistance to help the state team successfully implement the policy action plan.

Arizona

In 2010, the Arizona PSTAT visit focused on increasing access to diabetes self-management training (DSMT) for all people with diabetes. As a result, several policy milestones have been achieved.

- During open enrollment in 2011, the Arizona Department of Administration promoted DSMT as a health benefit for state employees, as this is a highly under-utilized benefit.
- The Arizona Department of Health Services Worksite Wellness program piloted onsite DSMT classes in 2011.
- One of the largest FQHC worked with the Arizona Diabetes Program to be trained on a diabetes curriculum that was then used to gain AADE accreditation. This serves as a model for other CHCs in AZ.

The state team continues to implement the PSTAT action plan, with future plans for additional policy work to increase access to DSMT for all people with diabetes in Arizona.

Pre-PSTAT

While the PSTAT program is focused on one specific policy issue, many DPCPs and their partners find themselves with several policy options available to them. In those cases, a pre-PSTAT visit allows the state team to consider various policy options, prioritize and define the policy focus, and identify next steps to move closer to policy development. The pre-PSTAT site visit prepares the state team for a full PSTAT visit.

New Mexico

In 2011, a state team examined three policy options to create a structure that would enhance use of Community Health Workers (CHW) as part of the health care team. The team determined that they would first focus on developing a state CHW certification and have scheduled a PSTAT visit to develop a policy action plan toward that end.

Pre-PSTAT features a one-day facilitated process for diabetes stakeholders to collectively make policy priority decisions. NACDD consultants lead the stakeholder team through structured discussions and exercises focused on policy analysis and feasibility, partner roles, unintended consequences, and opportunities and barriers. At the end of the meeting, the state team will have: (1) identified their policy of focus; and (2) developed a set of next steps to move forward with policy development.

Regional Diabetes Policy Workshops

Moving further upstream in policy development, the Regional Diabetes Policy Workshop works with DPCPs with little or no recent experience in diabetes-related policy. This capacity-building training and follow-up technical assistance increases DPCP and partner knowledge, enhances state collaboration, and lays out a plan for future policy work. Participation in this workshop sets the stage for states that would like to move forward and receive additional support for policy work, including those interested in a pre-PSTAT and PSTAT visit.

Like PSTAT and pre-PSTAT, the state DPCP convenes a state team comprised of internal and external partners. The state team participates in a 1 to 1½ day workshop to examine state data across the diabetes spectrum, identify their areas of unmet need and priority population(s), consider evidence-based policies to meet these needs, and select a preferred policy focus. Once the policy focus is identified, the state team develops a one-year action plan to lay the foundation for creation of the priority policy. A NACDD consultant provides tailored technical assistance to the state teams to complete their action plans and prepare them for policy development and implementation. The action plan may include a pre-PSTAT or PSTAT visit.

National Diabetes Policy Project

This project is aimed at developing support from national organizations for state work involving policy strategies related to the three Core Diabetes Interventions including improved quality of clinical care to improve control of ABCS, sustainability for diabetes self-management education and the increased use of allied health providers to assist persons with and at risk for diabetes to achieve better management. To that end the NACDD will:

- Identify and convene at least 10 national organizations to discuss and develop consensus to support diabetes policy strategies

- Procure written agreement commitments from a majority of these organizations to adopt these key policies
- Develop a white paper and a plan to introduce these policies to DPCPs and partners
- Assist at least two DPCPs in identifying a key policy that can be addressed in their states, territories or district.

The NACDD will work with CDC and the Diabetes Council throughout this project to assure clear communication and that expectations are met successfully.

Annual Training

To complement the intensive policy support previously described, the Diabetes Council offers policy training each year through the Council’s Advocacy Committee. This one-half to 1-day training provides a structured learning environment to enhance DPCP knowledge, facilitate shared learning, and disseminate tools and other resources. The focus of the training varies allowing the Council to remain nimble in meeting DPCP need. A planning committee comprised of Council members, CDC-DDT, and the American Diabetes Association tailors the content of the training. Traditionally the trainings were offered in conjunction with national meetings like the CDC National Diabetes Conference. Beginning in 2012, the Council plans to structure the training as a series of three webinars with supporting discussion forums following each webinar. The intent is to replicate what would happen in a face-to-face meeting using exercises and facilitated discussion to engage DPCPs with each other around telling stories of success and communicating to a variety of audiences.

Annual Training	
2006	Developing an Advocacy Plan
2007	State Tools for Advocacy in Public Health
2008	Using the Advocacy Toolbox
2009	People, Policy and Politics – Possibilities for Future
2009	Not Crossing the Advocacy Line
2010	Diabetes Policy Analysis
2011	The PSTAT Experience

Advocacy Toolbox

The Advocacy Toolbox was developed to give local, regional, state, and territory staff resources and practical information to help with planning programs and events supporting policy. The Toolbox connects public health practitioners with effective tools that assist them in developing an advocacy plan, as well as analyzing and evaluating policy and legislation. Additionally, many resources are provided to assist with communication to a variety of stakeholders including policy makers. The Toolbox is a dynamic resource and is maintained by the Advocacy Committee of the Diabetes Council. DPCPs frequently access the Toolbox as the “go to” resources for policy planning.

http://www.nacddarchive.org/nacdd-initiatives/diabetes/tools-and-resources/copy_of_advocacy-toolbox

Action Planning for Policy Change (NACDD)

NACDD consultants facilitate a 1½ day planning workshop designed to help state chronic disease programs secure consensus on a coordinated chronic disease prevention and health promotion policy agenda and prepare the framework for a three-year Action Plan. The state Chronic Disease Director and managers/key staff from categorical programs complete pre-work to identify ten priority policies impacting multiple chronic diseases, risk factors, and target populations. During the workshop, the NACDD consultants facilitate structured discussion and prioritization exercises to narrow the list to three. They then guide the state team to create a framework for a three-year plan that outlines action steps, identifies lead staff, and defines supportive program roles for implementation of the coordinated policy agenda. The workshop products include a *coordinated* policy agenda and related implementation plan.

Indiana Coordinated Policy Agenda 2012-2015

1. All workers have a smoke free workplace.
2. Create safe communities that support physical activity through the adoption and implementation of 'Complete Streets' policies at the local level.
3. Assure private insurance coverage of chronic disease screening, management, and education.

While not specific to diabetes, the Action Planning for Policy Change workshop enables DPCPs to be part of a broader discussion to identify policies that cross multiple program areas. In addition, this helps DPCPs to consider their roles in supporting policies that may indirectly impact people with or at risk for diabetes.

Recognizing that DPCP and partner experience/capacity in policy varies, the Diabetes Council has developed a “Diabetes Policy Continuum” identifying the spectrum of policy work. Levels toward the left side represent the early stages of policy development. Those in the middle to right side represent existing work and significant progress toward policy development, implementation, and sustainability. The Diabetes Council provides a variety of training, technical assistance and support services that cover the entire diabetes policy continuum. The table below represents the continuum with Council services linked to the various levels

Diabetes Council Services Linked to the Diabetes Policy Continuum

Diabetes Council Training, Technical Assistance and Support	Audience	Level 1 Let's Start	Level 2 Explore Possibilities	Level 3 Gain Consensus, Support, Develop Action Plan	Level 4 Implement Plan of Action	Level 5 Work in Progress
		<ul style="list-style-type: none"> Identify partners Identify data gaps Define the problem Consider opportunities Review science and promising practices Identify potential policies Review experience with similar policy 	<ul style="list-style-type: none"> Convene partners Examine data, the science, and promising practices Narrow focus to priority policy options Conduct policy analysis for priority policies 	<ul style="list-style-type: none"> Conduct stakeholder analysis Identify top-level support and champions Seek public/stakeholder input Develop advocacy plan 	<ul style="list-style-type: none"> Develop and maintain a broad-base for support Implement advocacy plan; involve partners Develop advocacy messages, tools, venues, and messengers Evaluate and update plan 	<ul style="list-style-type: none"> Consider steps and resources needed to implement and sustain policy Develop infrastructure and identify resources Evaluate implementation Report progress and impact Revise policy as needed
Regional Diabetes Policy Workshop	States with little/no experience and no identified policy agenda	✓	✓			
Pre-PSTAT	States with general policy focus but no specific policy priority	✓	✓	✓		
PSTAT	States with identified policy priority			✓	✓	✓
National Diabetes Policy Project	National partners	✓	✓	✓	✓	✓
Action Planning for Policy Change	State chronic disease and health promotion programs		✓	✓	✓	✓
Annual Training	All DPCPs	✓	✓	✓	✓	✓
Advocacy Toolbox	All DPCPs and others interested in policy	✓	✓	✓	✓	✓