VIDCOE
Virgin Islands Diabetes Center of Excellence






EXECUTIVE OVERVIEW

Presenter
Dr. Julia Sheen

April 3, 2024

SECTION 1

Introduction of Dr. Julia Sheen

DR. SHEEN'S
EDUCATION AND CREDENTIALS

Doctor of Public Health (DrPH), 2018 – Concentration in Public Policy
MORGAN STATE UNIVERSITY – Baltimore, Maryland

Master of Science in Public Health (MPH), 2001 – Concentration in Prevention Science
EMORY UNIVERSITY – Atlanta, Georgia

Graduate Certificate in Public Health, 2000
UNIVERSITY OF WASHINGTON – Seattle, Washington

Bachelor of Science in Management, 1991
MORGAN STATE UNIVERSITY – Baltimore, Maryland

SECTION 1

DR. SHEEN'S MAJOR ACCOMPLISHMENTS

Governors Policy Advisor on Health & Human Services

- Led 9 of the Governor's Healthier Horizon's Initiative
- Drafted the Telehealth Legislation
- Developed the Office of Health IT and stood up the Health Information Exchange Project Management Office
- Drafted successful policy, "Freedom of Choice for Medicaid Members"
- Launched Association Health Plans
- Developed the Virgin Islands Universal Data Warehouse Request for Proposal to be solicited in February 2023.

Deputy Director, Bureau of Primary Healthcare, Health Resources and Services Administration (HRSA)

- HRSA's Administrators Award for developing a Diabetes Training and Development Program for all Project Officers
- Facilitated a partnership between the Centers for Disease Control, HRSA, the University of Iowa, the National Network of Public Health Institute to develop the first Diabetes Training Module for all HRSA employees.
- Led the development of a Bureau of Primary Healthcare National Clearinghouse for training and technical assistance, which will now assist all health centers across the nation.
- Led the development of a "Shadowing Program" for all BPHC Division employees to provide them with personal and professional development.
- Ensured effective coordination and oversight of three national program with a grant portfolio of over $100 Million dollars in Health Center funding.

DR. SHEEN'S MAJOR ACCOMPLISHMENTS

CONTINUED

Branch Chief, Division of Behavioral & Public Health, HRSA

- Oversight of $56 million in federal grants to include the Regional Public Health Training Center Program; National Coordinating Center for Public Health Training, Public Health Traineeships, Mental and Behavioral Health Education Training Centers, Graduate Psychology Program, Behavioral Health Workforce Education Training Centers for Professionals and Paraprofessionals and the Leadership in Public Health Social Work Program.
- Led the White House Now is the Time Initiative, which seeks to improve behavioral health services for at-risk children, adolescents, and transitional-age youth by training more behavioral health professionals to serve these populations.
- Led the re-visioning process to re-structure the Public Health Training Center Program for greater efficiency and effectiveness. Engaged internal and external stakeholders in this process, which led to the development of a new funding announcement (FOA). Developed FOAs with a specific focus on improving equitable health outcomes among racial and ethnic minorities. Established an MOU with CDC to provide support for the Public Health Training Center Program.

National Partnership for Action (NPA) to Eliminate Health Disparities, Advisor

- Conceptualized and developed the framework of an OMH faith-based initiative in partnership with the Center for Faith-based & Neighborhood Partnerships. Developed partnership agreement with faith-based organization to launch a Hypertension Project targeting over 30,000 congregants in the state of New York.
- Coordinated regional technical assistance meetings for over 300 Regional Health Equity Council members.
- Advanced into top public heath leadership role and Governor's Cabinet as the Commissioner of Health leading strategic / operational development of territorial public health agency serving 100K+; oversee $79M budget funding 33 separate health programs.

DR. SHEEN'S MAJOR ACCOMPLISHMENTS

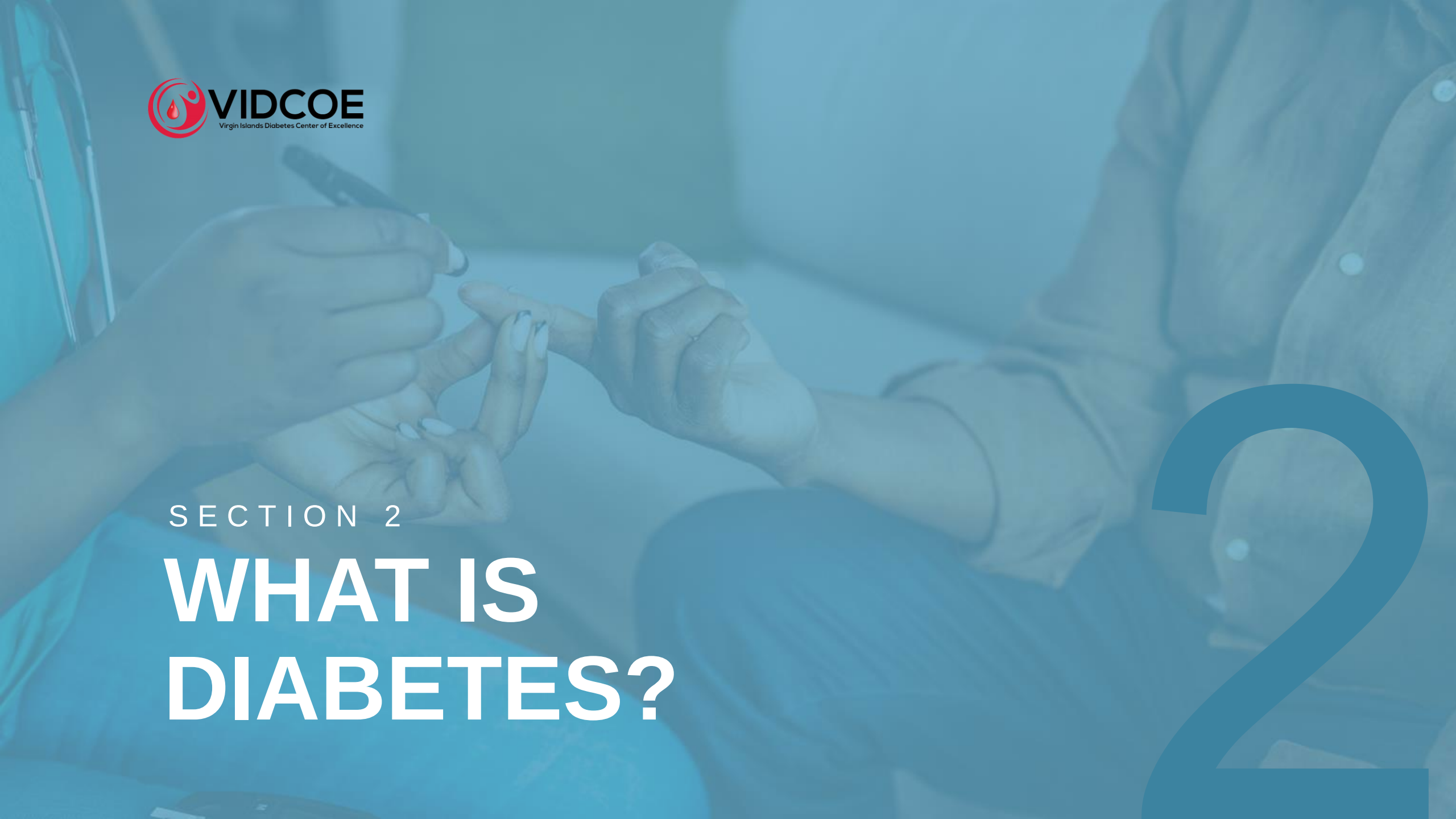
CONTINUED

Commissioner of Health

- Supervised over 600 employees to include mangers and executive team members
- Centers for Disease Control Recognition for transitioning the Behavioral Health Risk Factor Surveillance Systems from a Point in Time to a Monthly Surveillance Systems Survey
- Led passage of a Smoke-Free Act to ban all smoking in public places as of November 2010.
- Led Medicaid Expansion increasing the number of members served from 12,000 to 37,000
- Implemented the V.I.'s first Medicaid Management Information Systems
- Launched Breast & Cervical Cancer campaign – "Bringing healthcare back into the community". Increased services to disparate populations.
- Led H1N1 Territory-wide Inter-agency Taskforce and HINI Response
- Launched an internal Wellness Program for DOH employees, "Wellness is our Way of Life," supported by employee benefit providers.
- Facilitated the renovations of a new 32-bed residential facility for the mentally ill and provided leadership, strategic direction, planning and policy development regarding the agency operations.

JSA Consulting, LLC

- As the CEO of JSA Consulting LLC an EDC Company, Conceptualized, created, and led a grant consulting organization, securing $5M in federal and private funding to launch the first local consultancy to provide grant research, advising, and proposal development for non-profits. Performed cradle-to-grave business planning, development, and administration; aggressively pursued and won major clients.



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SECTION 2

WHAT IS DIABETES?

2

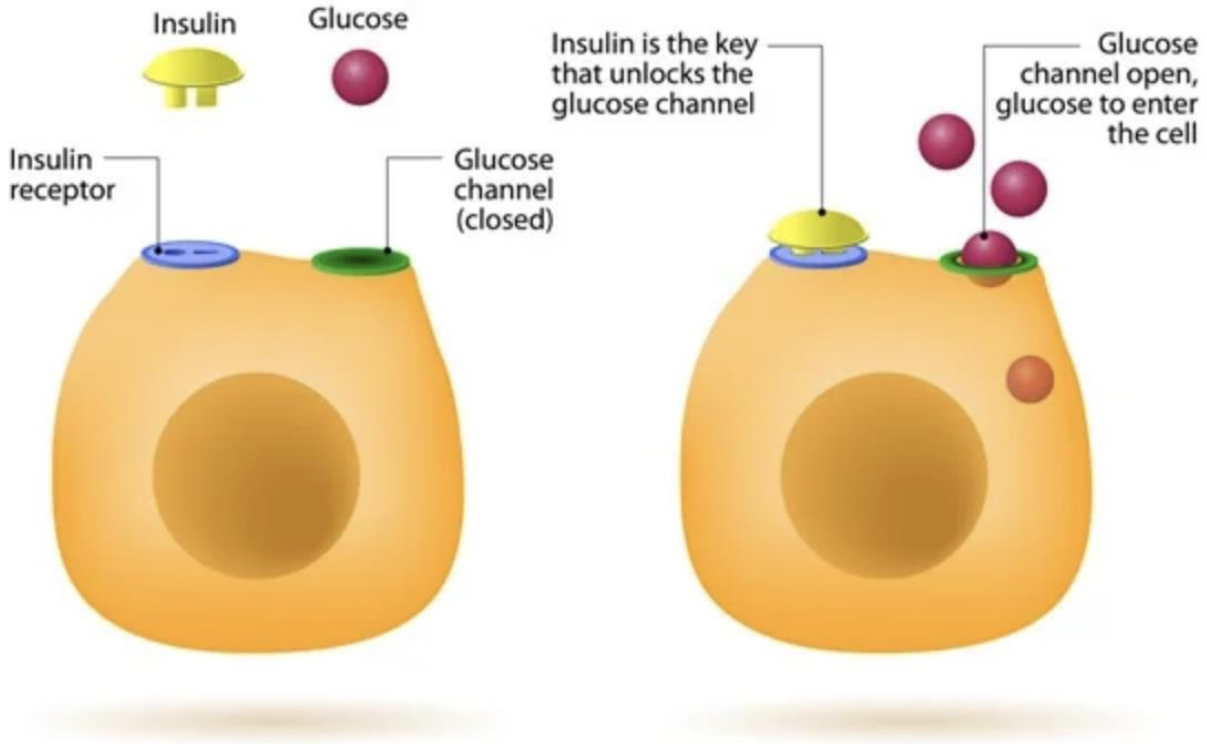
WHAT IS DIABETES MELLITUS?

If the answer to any of the following is “no”, then we have a case of **diabetes**.

Is the body ***making*** **insulin**?

Is the body ***making enough*** **insulin**?

Is the body ***efficiently using*** **insulin**?



Three Ways to Diagnose Diabetes

Diabetes Indicators

	Hemoglobin A1C	Fasting Plasma Glucose	Oral Glucose Tolerance Test
Normal	<5.7%	<100mg/dL	<140mg/dL
Prediabetes	5.7%-6.4%	100-125mg/dL	140-199mg/dL
Diabetes	≥6.5%	≥126mg/dL	≥200mg/dL

TYPES OF DIABETES

Type 1 – **Autoimmune Disorder**

- Insulin-producing cell destroyed
- Most **common in children** and adolescents
- **5%** of people with diabetes

Type 2 - **Insulin Resistance**

- Most common in adults and children who are **overweight**
- **5,300** children and adolescents, ages 10 to 19, are affected

Gestational – **Pregnancy-related**

- Glucose-intolerance in some pregnant women
- More **common in obese women**
- May lead to Type 2 diabetes

Other Types – **Specific Cases from:**

- Specific Genetic Conditions
- Surgery
- Drugs
- Malnutrition
- Infections
- **1% to 5%** of all diagnosed cases

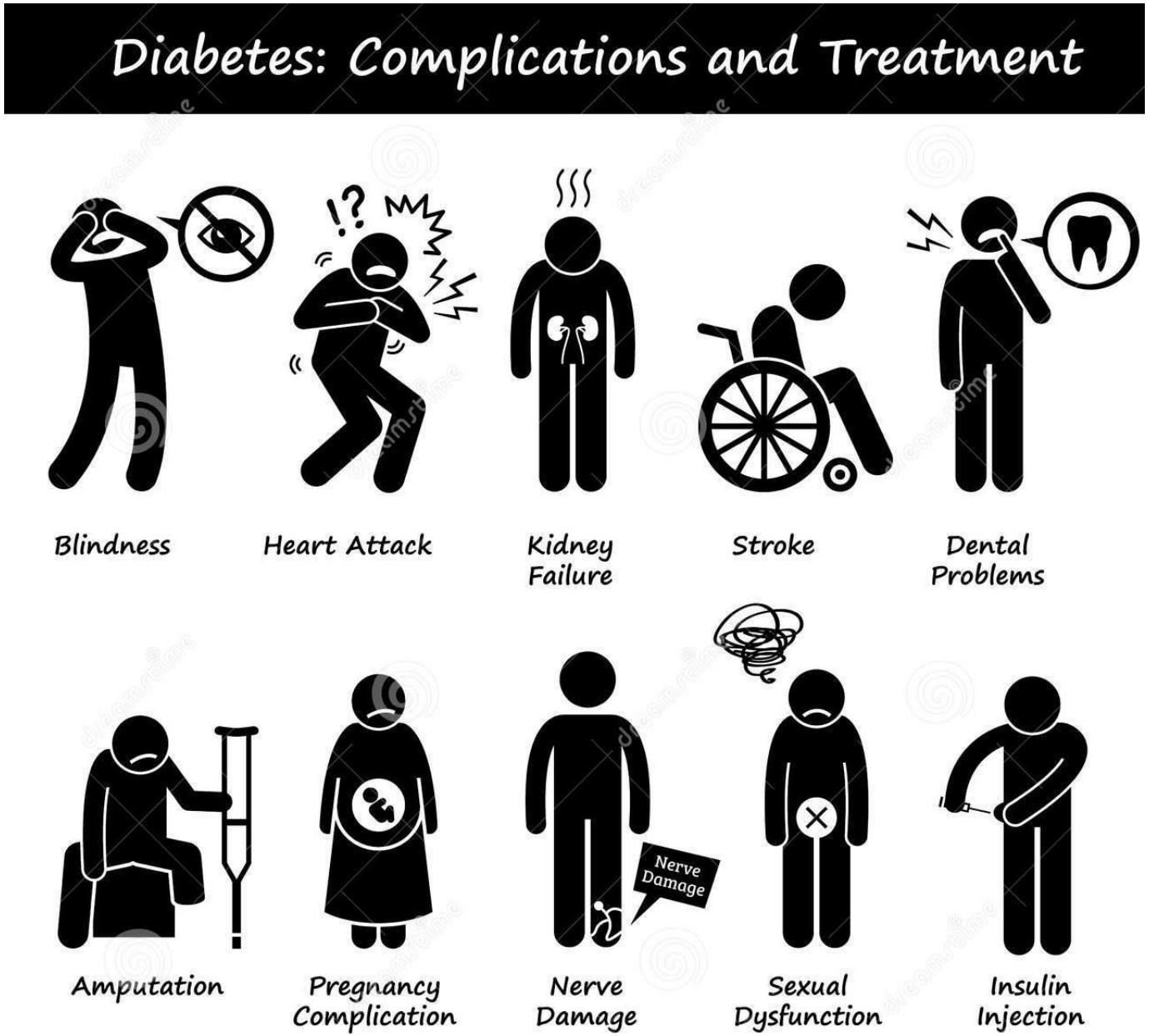
SYMPTOMS OF DIABETES

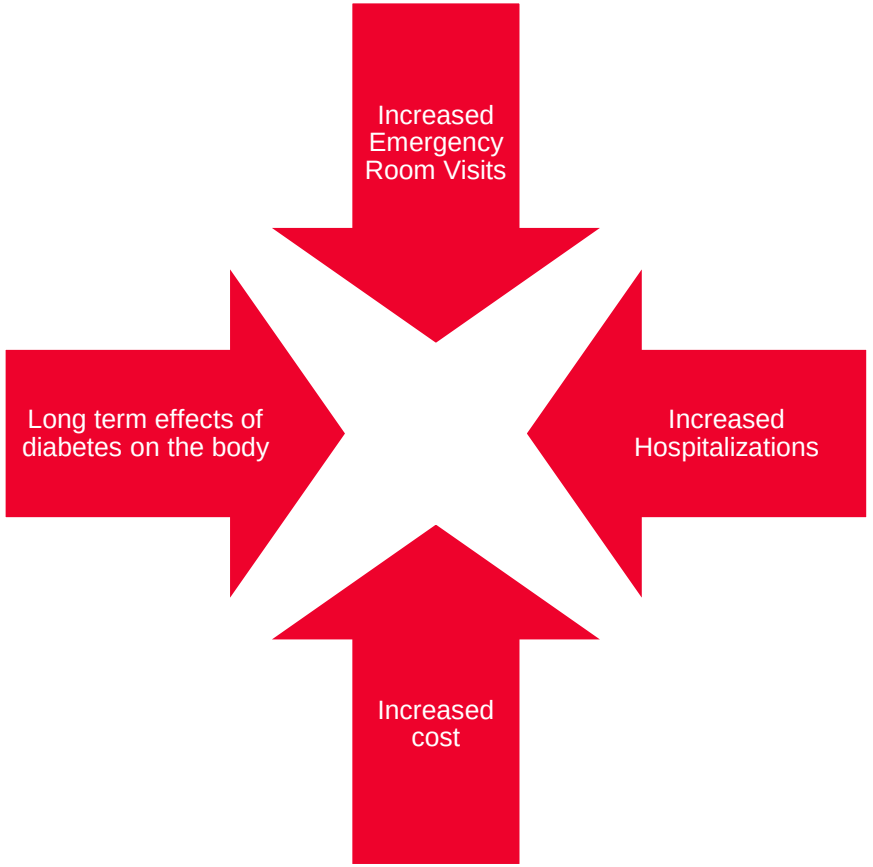
Someone with diabetes may:

- need **to pee** a lot
- be **very thirsty** or **hungry** often
- **lose weight** without trying
- have **blurry vision**
- have **numb or tingling hands or feet**
- feel **very tired** often
- have very **dry skin**
- have **sores that heal slowly**
- have **more infections** than usual

Managing High Blood Sugar

- Diabetic blood sugar goals
  - Fasting: 70-130mg/dL
  - 1-2 hours after eating: <180mg/dL
- Monitoring
- Exercise
- Diet changes
- Medication alterations
- Stress management


Diabetes: Complications and Treatment
Blindness
Heart Attack
Kidney Failure
Stroke
Dental Problems
Amputation
Pregnancy Complication
Nerve Damage
Nerve Damage
Sexual Dysfunction
Insulin Injection


Increased Emergency Room Visits
Long term effects of diabetes on the body
Increased Hospitalizations
Increased cost

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SECTION 3

DIABETES BURDEN

3

DIABETES AROUND THE WORLD IN 2021

IDF 2021 REPORT SHOWS: Diabetes is a global 'burden'.

537 **million** adults were living with diabetes in 2021.

6.7 **million** deaths were due to diabetes in 2021.

966 **billion** USD $$$ were spent on diabetes in 2021.

643 **million** adults are expected to be affected by 2030.

Diabetes Burden in the U.S.

- Diabetes is the 7th leading cause of Death affecting an estimated 38 million people.
- Annual cost of $412.9 billion.
- Minority populations account for 25% of adults living with diabetes.
- 38.4 million people of all ages had diabetes in 2021 (diagnosed/undiagnosed).
- 29.7 million people had diagnosed diabetes.
- In 2021, an estimated 1.2 million new cases of diabetes were diagnosed.

Statistics About Diabetes | ADA

DIABETES IN THE USVI

PROBLEM STATEMENT

Managing diabetes is a significant public health challenge in the United States Virgin Islands (USVI).

- Diabetes is the 6th leading cause of death
- The prevalence of diabetes in 2021 was 14.9% vs 12.0% U.S.
- More females (86.8%) than males (13.2%) had diabetes in 2021.
- Blacks/non-Hispanics had the highest prevalence of diabetes.
- Persons with less education had the highest prevalence of diabetes.
- Persons with lower household incomes had the highest prevalence of diabetes.

Centers for Disease Control and Prevention. (2021). Behavioral Risk Factor Surveillance Systems Trend Report. Retrieved from http://www.cdc.gov/brfss

RISK FACTORS

OF DIABETES IN THE USVI

71.4% report **consuming less than 5 or more servings of fruits** and vegetables on a daily basis.

57.3% **Do not** engage in 30 minutes of moderate **physical activity** five or more days per week.

35.6% of adults were **Obese** or had a **BMI of 30 - 99.8**.

31.8% of adults have been told they had high blood pressure.

Centers for Disease Control and Prevention. (2021). Behavioral Risk Factor Surveillance Systems Trend Report. Retrieved from http://www.cdc.gov/brfss

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SECTION 4

ABOUT VIDCOE

4

ABOUT VIDCOE

A leader in Diabetes education and treatment in the Virgin Islands

- 501(c)3 Non-Profit Organization
- Headquartered at 4040 LaGrande Princesse, Christiansted, St. Croix, USVI

OUR MISSION

To prevent diabetes and reduce its complications through health promotion, patient education, treatment and research.

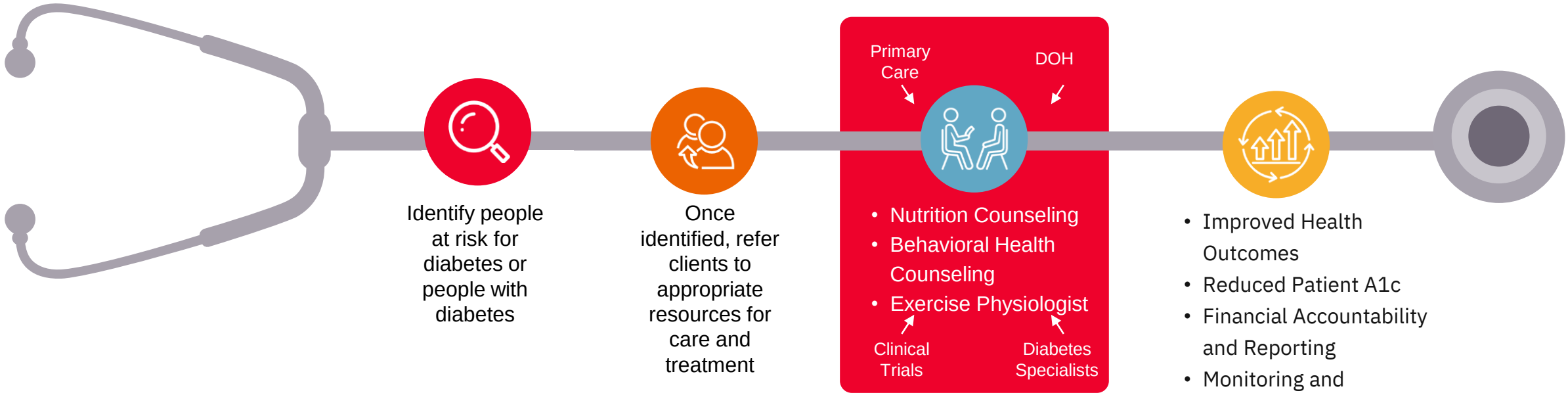
OUR GOAL

Reduce the burden of diabetes and improve the quality of life for individuals living with diabetes or those at-risk for diabetes.

VIDCOE PATIENT-CENTERED APPROACH

MULTI-DISCIPLINARY APPROACH

- Bi-Lingual Culturally Sensitive Providers
- Diabetes and Metabolism Specialist
- Diabetes Caribbean Certified Educators



VIDCOE SERVICES

1 Rural Health Outreach Program

- Community-based services
- Access to diabetes specialists
- Rapid A1Cs

2 Diabetes Clinical Services

- In-person visits
- Telehealth/telemedicine visits
- Hybrid diabetes self-management education courses
- Consultations with a registered dietician

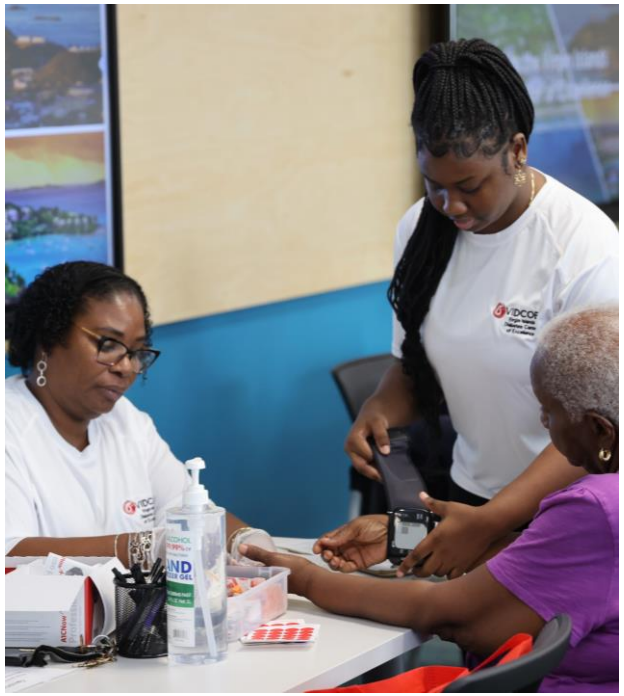
3 Case Management & Chronic Care Management

- 3-month follow-up visits
- Medication adherence
- Leveraging the expertise of VIDCOE diabetes specialists

4 Outreach, Education, and Awareness

- Certified diabetes education and care specialists
- CDC-approved curriculum
- Behavioral health counseling
- Cooking demonstrations
- Exercise and physical activity

VIDCOE + Healthy Horizons Initiative = Increased Access to Healthcare

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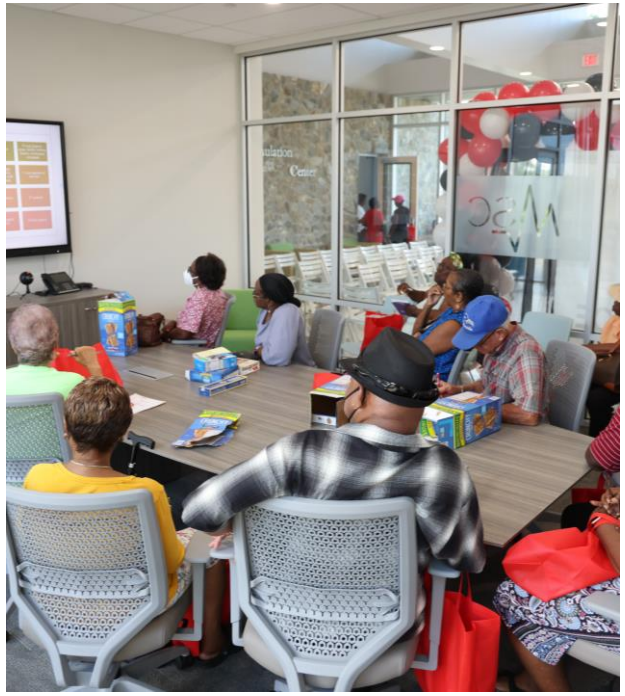
OMRON


ASK A PHARMACIST



OUR PARTNERS

VIDCOE'S WEEKLY SCHEDULE

M

Clinical Assessments

Rapid A1Cs

T

Clinical Assessments

Rapid A1Cs

Diabetes Self-Management Education and Support (DSMES)

W

Clinical Assessments

Rapid A1Cs

Endocrinology Visits

R

Clinical Assessments

Rapid A1Cs

F

Endocrinology Visits

Rapid A1Cs

DIABETES SELF MANAGEMENT

MONTHLY CLASSES THAT:

- Are customized based on each patient's needs, goals, and life experiences
- Promote healthy eating
- Promote physical activity
- Help patients monitor blood sugar
- Help patients manage their medication
- Help patients cope with stress

OUR STAFF

Over **100** years of experience combined with specialties in:

- Emergency, Family, Pediatric Medicine
- Public Health
- Diabetes Education Specialists
- Nutrition
- Endocrinology
- Pharmacy
- Marketing
- Nursing

https://vidcoe.org/core-team/

VIDCOE'S CORE TEAM

Dr. Julia Sheen

Dr. Anthony Oliva

Dr. Gail Nunlee Bland

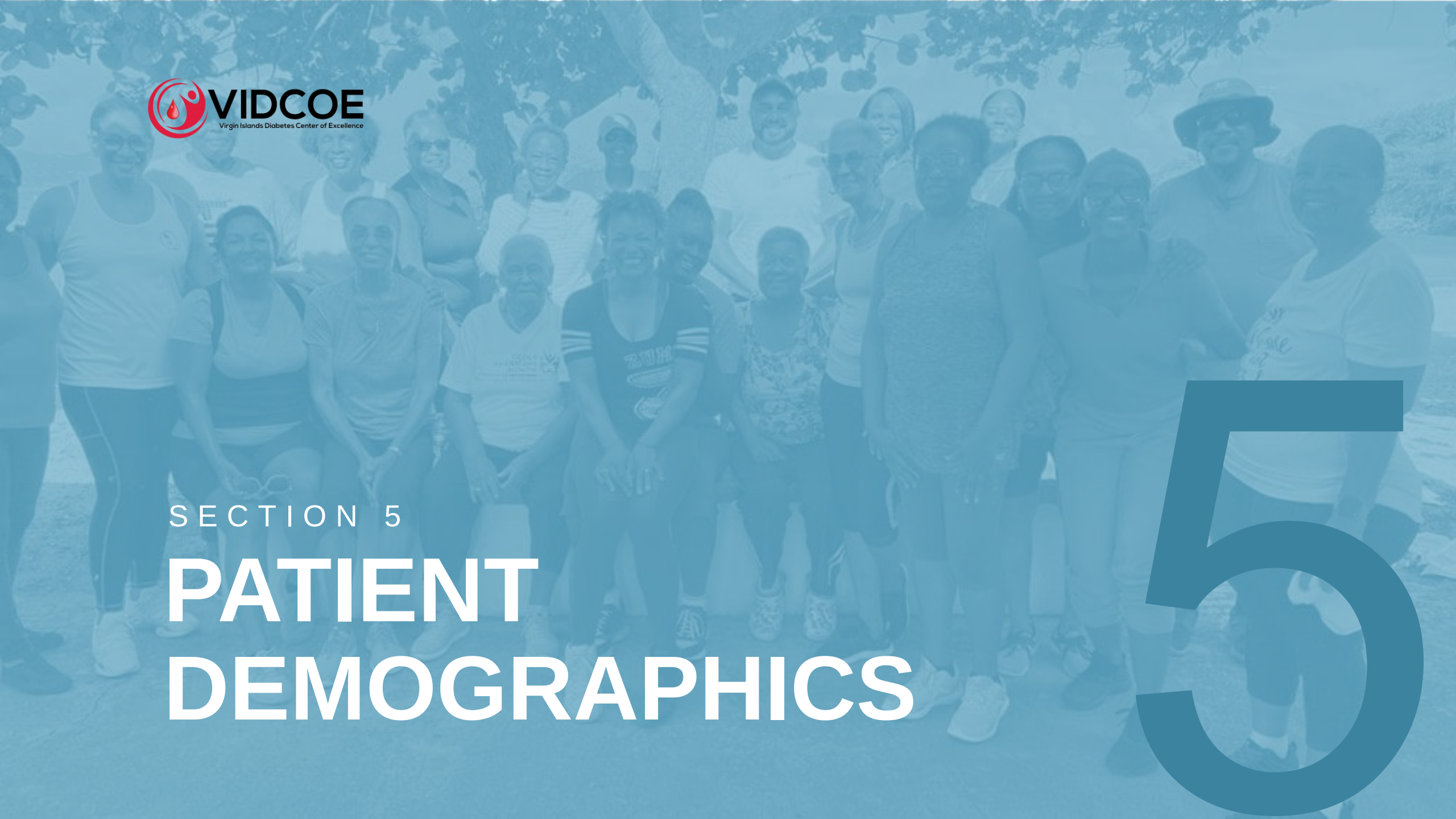
Dr. Lin Tin Yan

Sumi Tohan

Dr. Megan Russell

Carlos Castillo

Desiree James



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SECTION 5

PATIENT DEMOGRAPHICS

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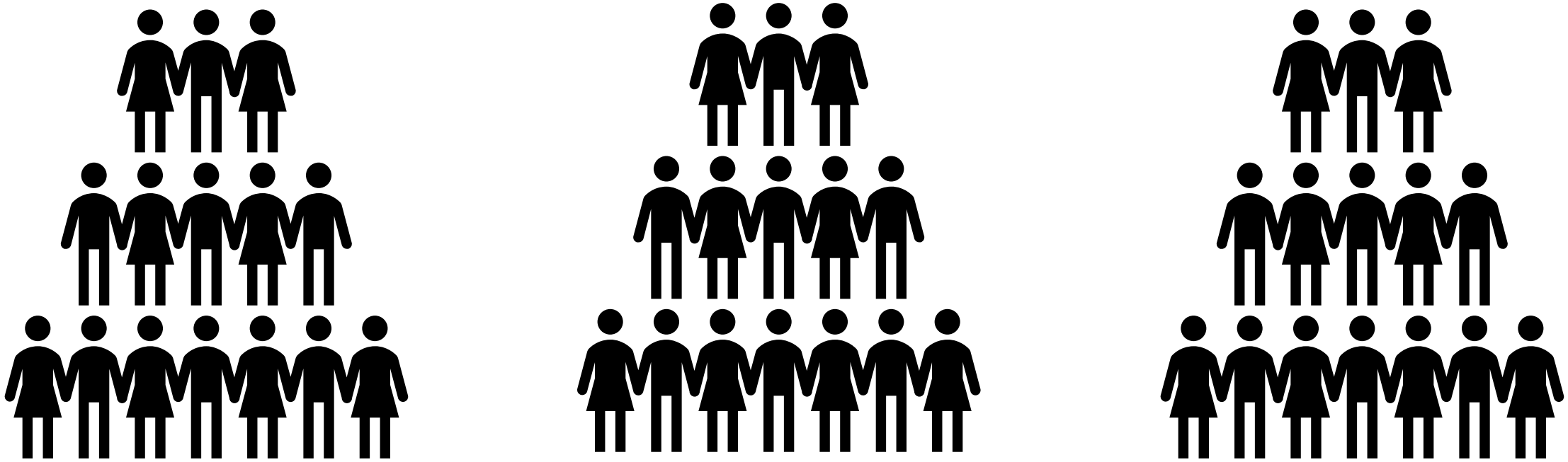
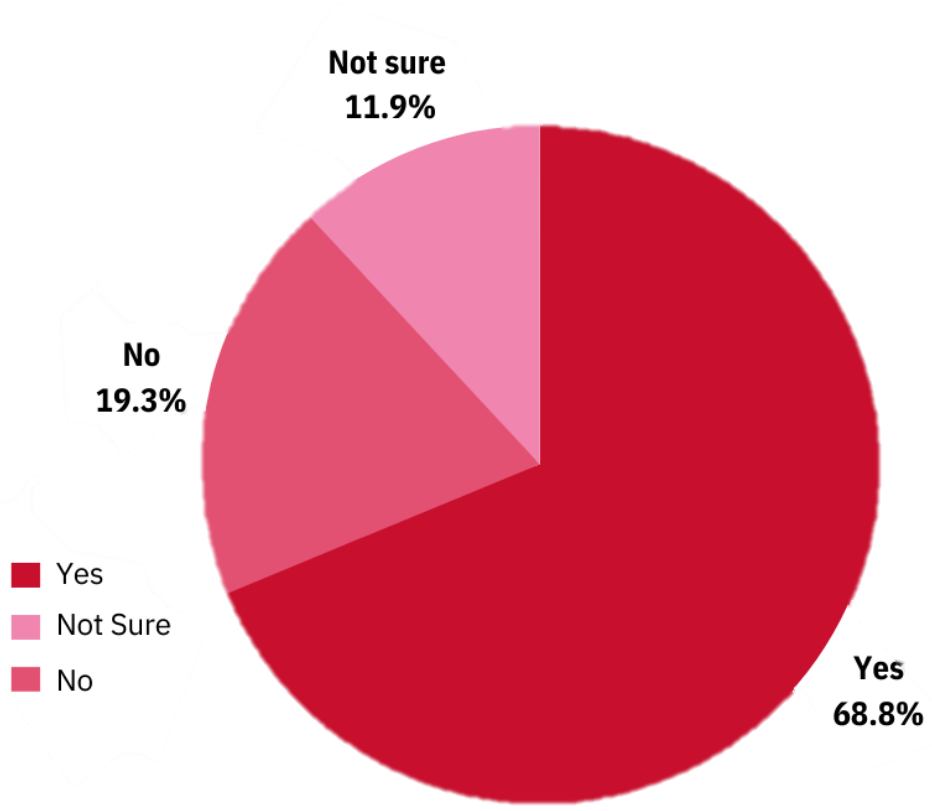
Patient Demographics:

Total Community Members Served = 1600

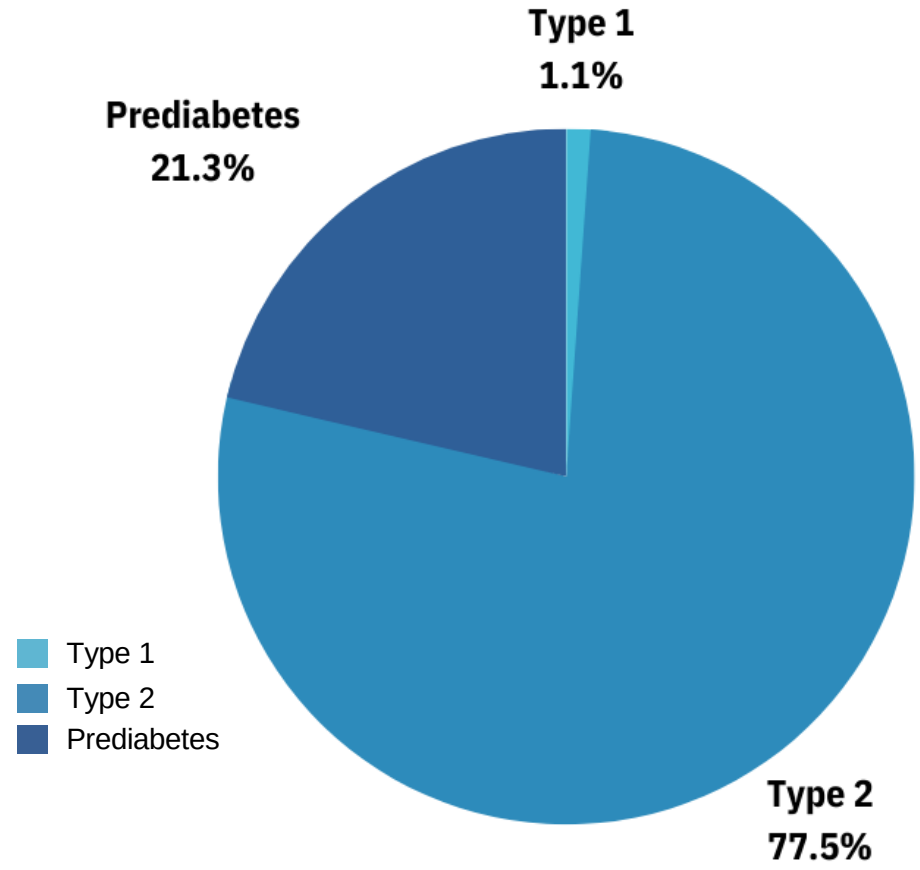


Patient Demographics:

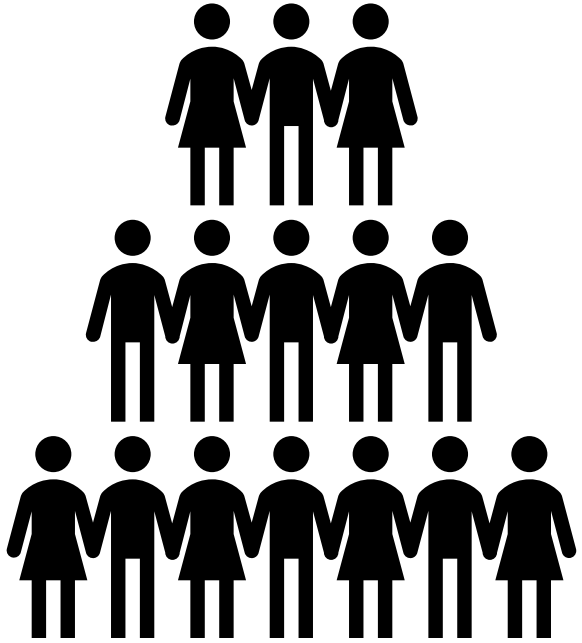
High Blood Pressure

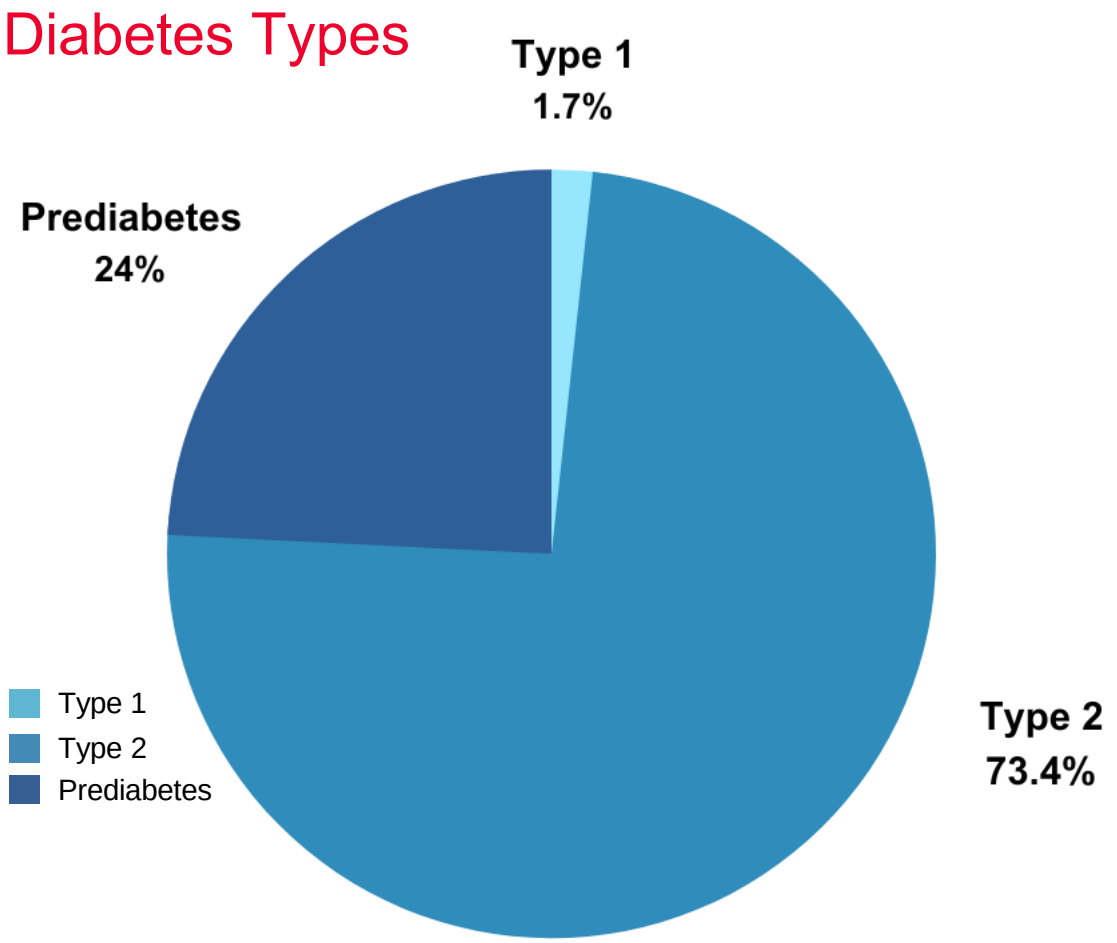


Diabetes Types



Patient Demographics:

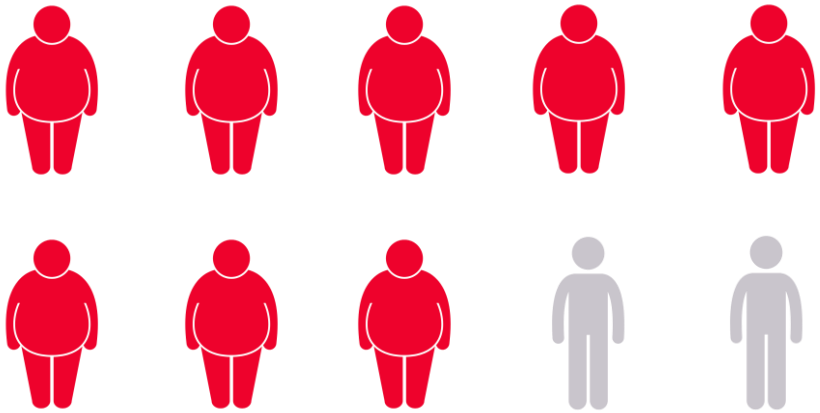




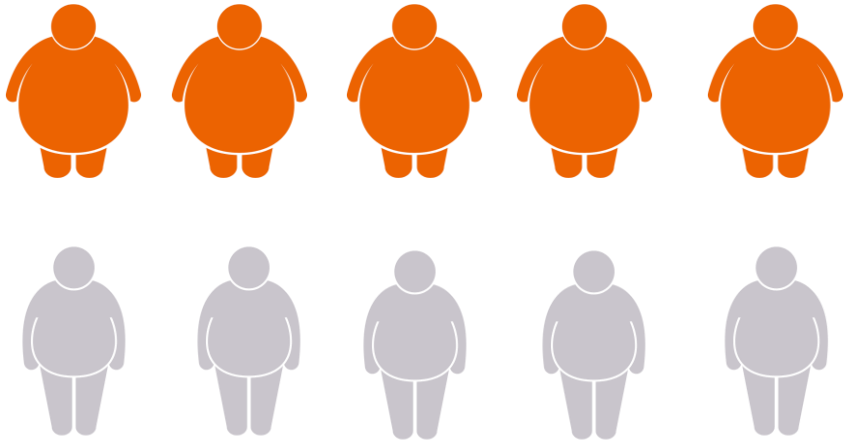
Patient Demographics:

BMI Connection to Type 2 Diabetes

- Nearly **80%** of patients seen fall into the **overweight** category with a **BMI of 25 and above**



- Of those that are overweight, about **50%** are considered **obese** with a **BMI of 30 and above**



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SECTION 6

Diabetes Continuum of Care

6

VIDCOE'S TARGET POPULATION

- Type 2 diabetes
- Children/Adolescents
- Men
- Private Insurance/Medicare/Medicaid
- High school education/College grads
- Worksite wellness
- Public Housing communities in partnership with Housing Authority

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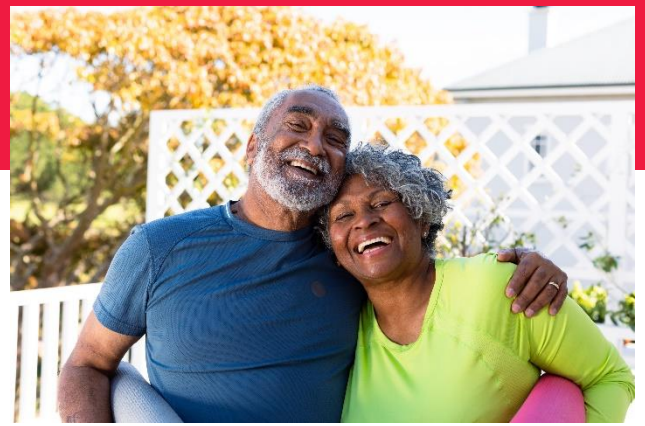
VIDCOE STRATEGIES TO ADDRESS THE DIABETES CONTINUUM OF CARE



VIDCOE's goal is to reduce the number of patients diagnosed with diabetes and the proportion of persons living with diabetes with A1c values greater than seven percent. This mission is achieved by: developing and conducting interventions that promote promising practices and improve patient outcomes in vulnerable populations through prevention, screening, diagnosis and treatment.

Reduce Health Disparities

Optimizing Provider & Multidisciplinary Team Interventions

- Team Based Care
- Promote National Standards
- New Techniques for Early Detection Screening
- Case Management
- Sharing of Diabetes Management Promising Practices
- Eye, Foot, Dental, & Kidney Screening
- Provider Counseling of Patients

Facilitating Behavior Change in Individuals At-Risk for or Living with Diabetes

- CHW Directed Patient Education
- Lifestyle/Self-Management
- Promote Physical Activity and Healthy Diets
- Address Childhood & Adult Obesity
- Increase Patient Health Literacy

Improving Health Systems & Infrastructure Interventions

- EHRs with Diabetes Modules
- Diabetic Registry
- Health Information Exchange (HIE) & Telemedicine
- Patient Centered Medical Home (PCMH)
- Use Patient Portals
- Behavioral Health Integration
- Community Engagement

Decreased Diabetes Risk & Complications

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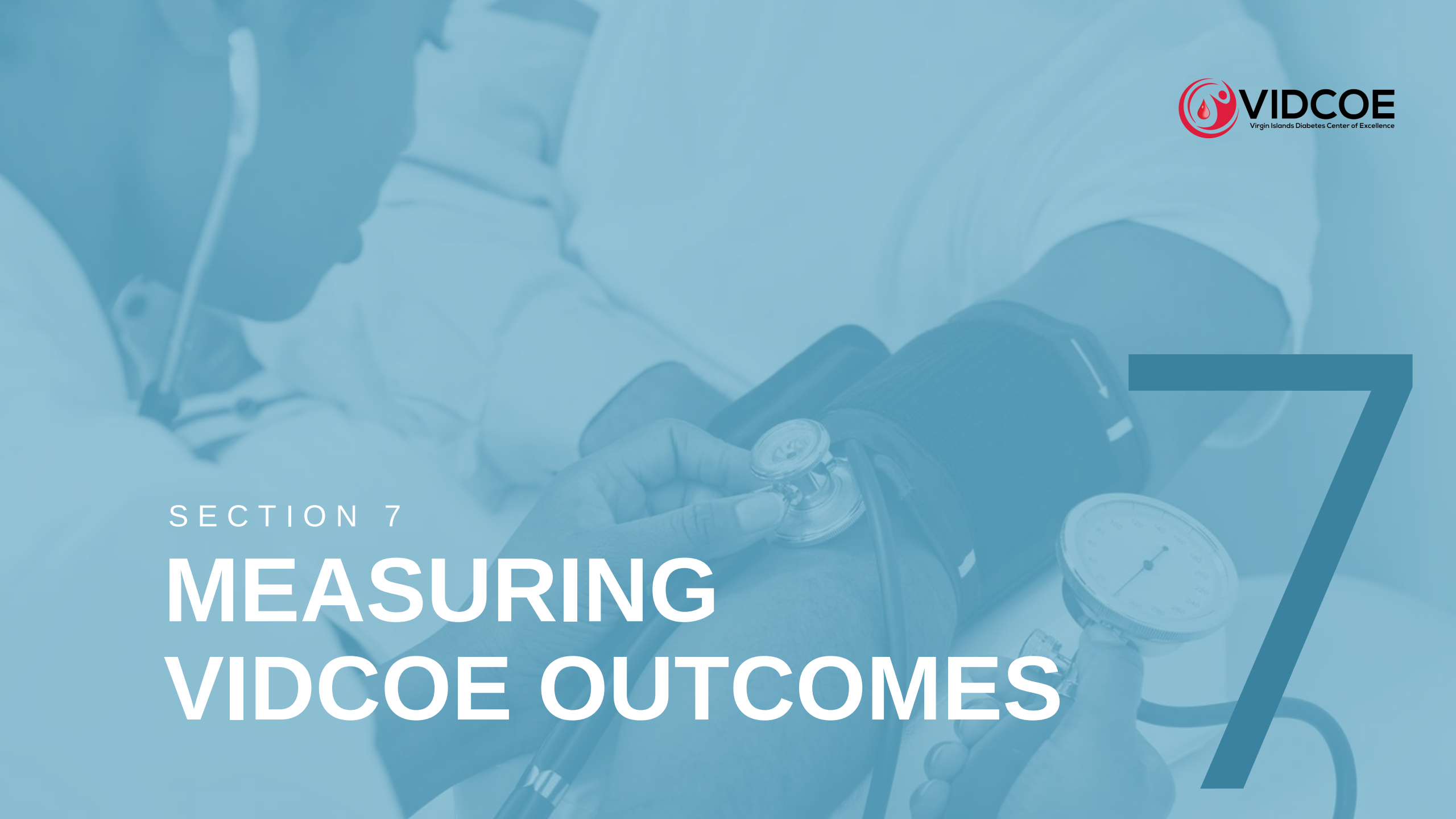
REDUCING HEALTH DISPARITIES

Lack of access to healthy foods
Unsafe housing
Poverty
Lack of safe places to exercise

Unemployment
Lack of educational opportunities
Social Determinants of Health



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SECTION 7

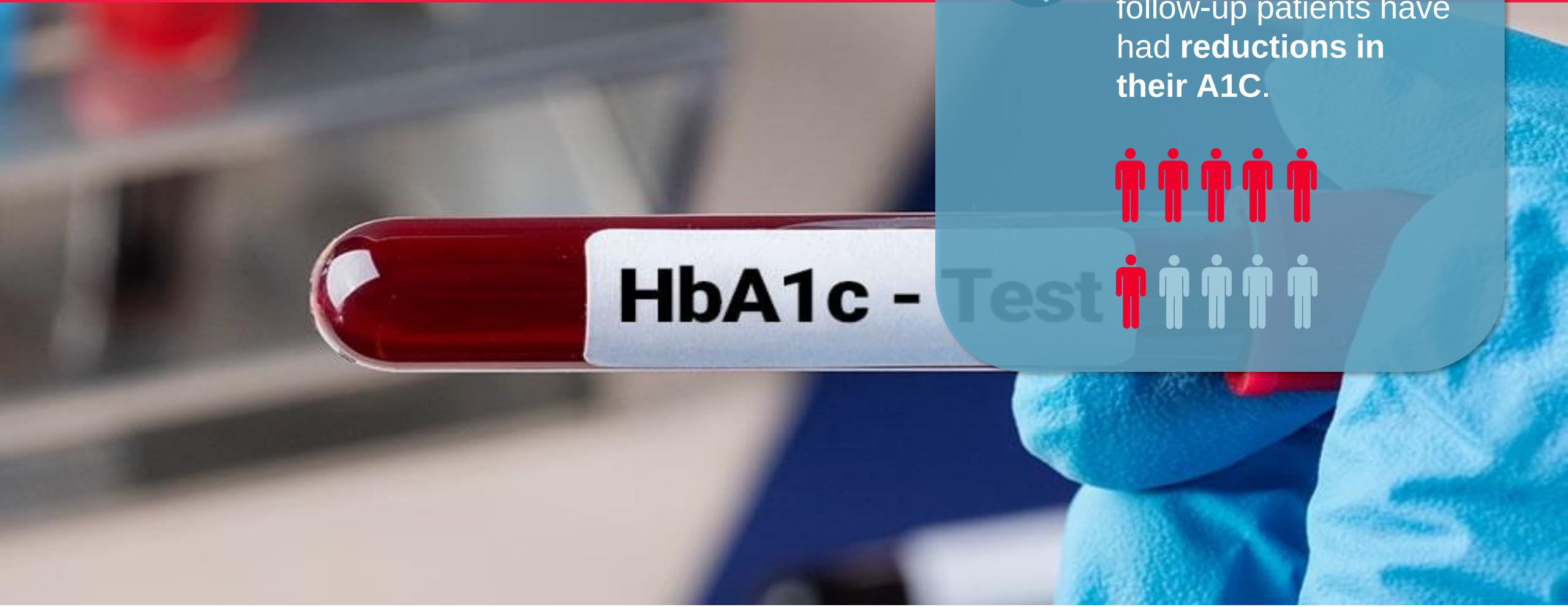
MEASURING VIDCOE OUTCOMES

7

OBJECTIVES

- Reduce A1c value greater than 7%
- Improved dietary habits
- Improved Physical Activity
- Increasing access to specialty care:
  - Podiatrist, Endocrinologist, Nephrologist, Primary Care, Dental Care, Optometrist for persons with diabetes
- Improve self-management of diabetes
- Weight-Loss
- Controlled A1c

MEASURING VIDCOE OUTCOMES



62% of VIDCOE follow-up patients have had **reductions in their A1C**.

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SECTION 8

HIGH-LEVEL SUMMARY ACCOMPLISHMENTS

8

HIGH-LEVEL ACCOMPLISHMENTS

- ✓ Served **1600 persons** diagnosed with pre-diabetes and diabetes, hypertension and/or high cholesterol
- ✓ **Over 150 patients** participated in Diabetes Self-Management Education & Support Classes (DSMES)
- ✓ CDC Prevention Center Recognition
- ✓ Partnering with Howard University to provide Endocrinology Services
- ✓ Partnering with John Hopkins University to screen VIDCOE's patients for Diabetes Retinopathy

HIGH-LEVEL ACCOMPLISHMENTS - PART 2

- ✓ **Partnering with United Health Care** on a Health & Wellness Fair on September 26th and 28th
- ✓ **DOH partnership** on a **Diabetes Preparedness Plan** for persons with diabetes, meeting with pharmacies on August 18th from 10 am to 12 pm.
- ✓ VIDCOE's **billing launch - December 5**, **2023**
- ✓ Ongoing Outreach, Education & Awareness
- ✓ Applied and received four new grants
- ✓ MOU with St. Thomas East End Medical Center and established a referral relationship with F'sted Healthcare Inc.

HIGH-LEVEL ACCOMPLISHMENTS - PART 3

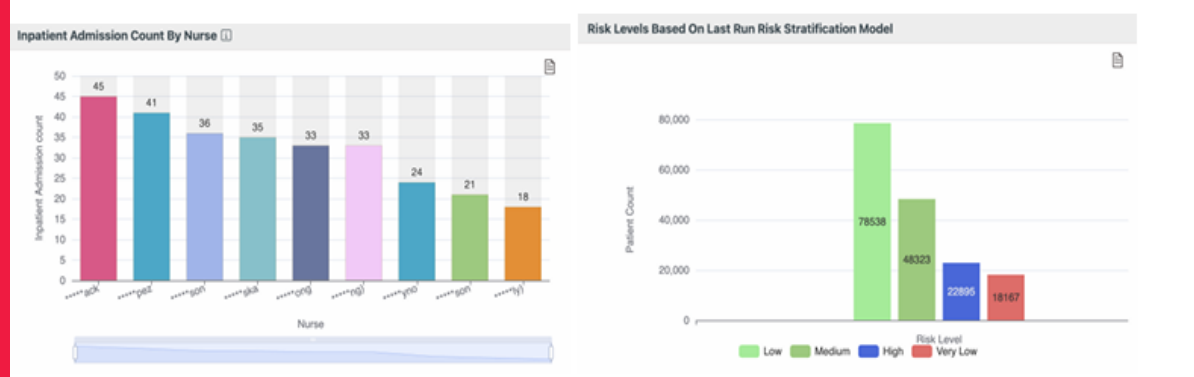
- ✓ Launch a 12-month mixed media campaign in partnership with UVI
- ✓ Identified a new office location on St. Croix and St. Thomas
- ✓ Partner with the Division of Personnel on Health Promotion activities for all GVI employees
- ✓ Diabetes Summer Camp in June 2024
- ✓ Pre-diabetes 12-month program in June 2024
- ✓ American Diabetes Association Annual Conference Presentation on Diabetes in the Virgin Islands
- ✓ VIDCOE's tele-mobile unit launch in July 2024

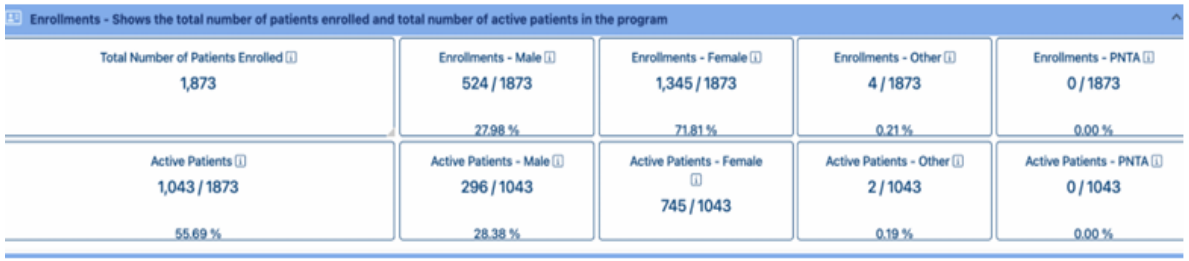
VIDCOE

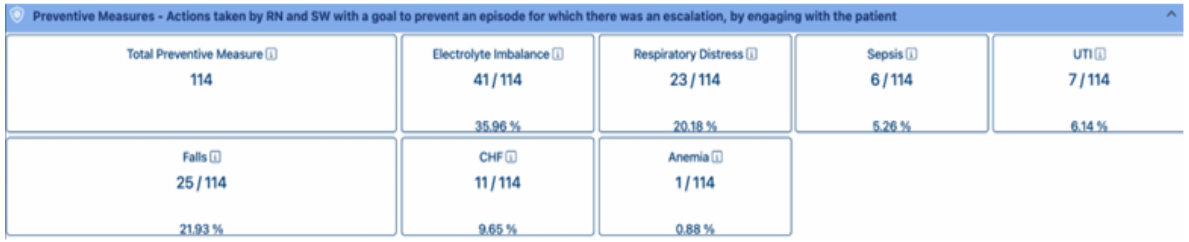
Facilities-Based Diabetes Registry

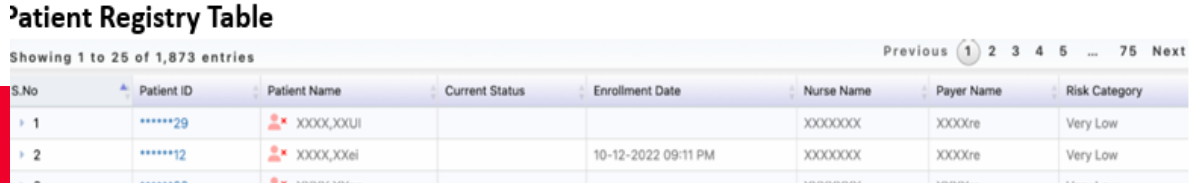
Facilities-Based Diabetes Registry:

- Demographics
- Vital Signs
- Cardiac & Renal elements
- Track annual Eye, Foot care, Glycemic control
- Social Determinants of Health Factors
- Patient Education
- Service Utilization
- Risk Stratification
- APP for patients to document self-management activities









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THANK YOU!

Call 340-208-0260

for an appt.

QUESTIONS/COMMENTS