

Working Together to Prevent Type 2 Diabetes: The National Diabetes Prevention Program State Outcome Briefs



Submitted by States and National Partners for the National
Diabetes Prevention Program State Engagement Outcomes
Summit held February 2018

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About the National DPP State Engagement Outcomes Summit

The National Association of Chronic Disease Directors (NACDD) helps individual states successfully implement powerful strategies to address America's growing diabetes epidemic, in partnership with the Centers for Disease Control and Prevention. A major NACDD strategy is assisting state health departments to plan and implement Diabetes Prevention State Engagement Meetings (StEM) to help them engage and expand their network of key stakeholders to develop and implement a Diabetes Prevention Action Plan for scaling and sustaining the National Diabetes Prevention Program (National DPP).

The National DPP State Engagement Outcomes Summit, held in February 2018, highlighted the collective impact of StEMs since 2012 and the states subsequent work with partners to prevent type 2 diabetes in NACDD-assisted states.

About the Outcome Briefs

The outcome briefs in this document were submitted by each state and NACDD partner for the purpose of providing information to Summit participants during the meeting in February 2018. All states that held a StEM were asked to submit at least one outcome brief for each key outcome that could not or would not have been achieved without a StEM and their subsequent Diabetes Prevention Action Plan. States that recently held a StEM and had not yet implemented their National DPP Action Plan, completed an outcome brief that describes progress related to partner engagement, commitments, and/or other promising actions. Several states included information in their briefs that related to interviews led or supported by Leavitt Partners. Following the Summit, a few states submitted new or revised briefs and these are included here along with all briefs from the original Summit participant working copy of the document.

A legend (box, right) in the upper right corner of each outcome brief indicates, with a solid dot, the diabetes prevention area(s) addressed by the outcome described.

AWARENESS	○
COVERAGE	○
SCREEN, TEST, REFER	○
AVAILABILITY	○
PARTNER ENGAGEMENT	○

Alabama

2018 StEM

Collaborative Efforts for National Diabetes Prevention Program Awareness and Education Initiatives Targeting Community and Health Organizations in Alabama

Submitted by: Maegan Ford | maegan.ford@adph.state.al.us | 334-206-3977

Estimated number reached/impacted:

100 partners attended StEM (actual)

Outcome:

Alabama's StEM and planning activities resulted in increased partnership interest in awareness activities, training for organizations interested in implementing a CDC-recognized diabetes prevention program, and encouragement for other health professionals to join Alabama DPP initiatives. Partners from StEM plan to collaborate on efforts to approach and educate community health organizations and health profession associations/groups.

How the Alabama state engagement meeting and action plan contributed to the outcome:

The Alabama StEM provided the opportunity to engage active and new partners around the National Diabetes Prevention Program. During the StEM, partners and potential partners were divided into workgroups. These workgroups (specifically, the Awareness of the Consumer and Health Provider groups) discussed actions to promote the CDC-recognized diabetes prevention organizations and awareness of prediabetes. These groups identified education as a key component to awareness of the National DPP. Partners would like to hold educational sessions to teach organizations and ensure consistent messaging about the program. Partners also identified potential non-traditional health providers that should be targeted and actions to engage these groups.

Additional factors contributing to the outcome:

The week prior to the StEM, the Alabama State Health Department staff was contacted and asked to present a workshop on diabetes prevention and the National DPP at an Alabama Dietetic Association event. Staff has been preparing information on the National DPP to share with partners and DSME organizations.

Key strategies/action steps implemented:

- Invited a diverse group of partners/groups to the StEM, who discussed contacting associations for increasing awareness of the National DPP
- Held a group meeting at StEM to develop an action plan that includes awareness of the consumer and health provider
- Followed up with invitees regarding an opportunity to offer a “workshop” on the National DPP at an Alabama Dietetic Association meeting

State health department and/or grantee role:

- Provide technical assistance for StEM attendees

- Discuss educational initiatives related to health provider associations and community organizations
- Consistent follow-up with StEM attendees/work group members
- Compiling/housing information on opportunities for StEM partners to implement activities related to awareness of prediabetes to the National DPP

Partner role:

- Initiate contact person from other organizations/associations
- Provide consistent feedback to state health department
- Assist with the development of workgroups and consistent messaging of content at the National DPP workshops

Lessons learned:

- Find the right contact person in the organizations/associations
- Give partners the opportunity to choose which pillar they feel they can contribute their ideas to the most

Materials and resources used or produced:

CDC Resources Used

- Prevent T2 Curriculum
- CDC diabetes, prediabetes, and National DPP infographics
- National DPP Coverage Toolkit

California

2015 StEM

Key Partnerships Help Increase Medicaid, State Employee, and Private Sector Coverage for the National DPP in California

Submitted by: Jessica Núñez de Ybarra, Jessica.NunezdeYbarra2@cdph.ca.gov 916-552-9877

Estimated number reached/impacted

1.4 million California Public Employees Retirement System (CalPERS) members (potential)

- 10,000 adult members enrolled in diabetes prevention program (DPP) (actual)

13 million Medi-Cal (California's Medicaid Program) members (potential)

- 25,000 adult members enrolled in DPP (actual)

8.3 million Anthem Blue Cross commercial plan members (potential)

3.5 million Blue Shield commercial plan members (potential)

Outcomes

California is experiencing growth in the availability and coverage for the National Diabetes Prevention Program (National DPP). CalPERS, the Medi-Cal program, and private sector Anthem and Blue Cross organizations now cover National DPP lifestyle change programs as a covered benefit at no cost to their adult members.

In 2017, CalPERS began offering the National DPP as a covered benefit to their adult members. CalPERS is the state agency that manages pension and health benefits for more than 1.4 million California public employees, retirees, and their families, and is the largest purchaser of public employee health benefits in the state and the second largest public purchaser in the United States after the federal government. Participating health plans under CalPERS include Anthem Blue Cross, Blue Shield, Health Net, Kaiser Permanente, PERS Select/Choice/Care, Sharp Health Plan, and UnitedHealthcare. In addition, Anthem Blue Cross and Blue Shield private sector commercial plans began providing the National DPP as a coverage benefit to their adult members in 2016 and 2017 respectively.

In July 2017, Governor Brown signed State Senate Bill 97, making the National DPP a covered service under Medi-Cal's Fee For Service (FFS) Plans, beginning in 2019. CA is the third U. S. state to provide the program as a Medicaid benefit. The Medi-Cal Managed Care Plans have discretion to cover the National DPP, while the FFS Plans are required to cover it. The Medi-Cal Managed Care Plans cover approximately 10.4 million members, and Medi-Cal FFS Plans cover 2.6 million members.

How the California state engagement meeting and action plan contributed to the outcome

As a result of the California Prevent Diabetes STAT™ (CA PDSTAT) state engagement meeting in September 2015, the California Department of Public Health (CDPH) established partnerships with payers and public and private sector organizations to expand the National DPP in California. The state engagement meeting brought together over 130 attendees from various organizations,

including payers, employers, health care and DPP providers, volunteer organizations, and others interested in diabetes prevention to develop a diabetes prevention action plan. The action plan is organized into four focused areas of action, or “pillars,” including: Availability; Community Engagement: Awareness; Coverage; and Provider Engagement: Screen, Test and Refer. The momentum from the meeting helped CDPH establish ongoing relationships with CalPERS, Medi-Cal, Anthem Blue Cross, and Blue Shield, facilitating conversations about the National DPP as a benefit for state and private sector members and their families.

Additional factors contributing to the outcome

Important information leading to the increase in access to DPP as a covered health insurance benefit included the following publications:

- Centers for Medicare & Medicaid Services (CMS) Office of the Actuary’s Report for Certification of Medicare Diabetes Prevention Program (March 2016).
- Institute for Clinical and Economic Review Report Diabetes Prevention Programs: Comparative Clinical Effectiveness and Value., July 25, 2016.
- Let’s Get Healthy California Task Force (LGHC) Priorities & Performance Measures (California’s State Health Assessment/State Health Improvement Plan) which are included in the California Wellness Plan.
- *California Wellness Plan (CWP)*, California’s chronic disease prevention and health promotion plan, which is a roadmap for chronic disease via collective impact. Including:
 - Goal 2, Strategy: Expand public and private insurance coverage of and reimbursement authority for community preventive services per evidence-based guidelines
 - Objective 2.5: Decrease adult and childhood obesity and diabetes
- *Expanding Health Insurance Coverage in California for the National Diabetes Program* publication summarizing the evidence base for the National DPP and strategies for expansion of DPPs in California. Report was developed by ChangeLab Solutions, in partnership with Los Angeles County Department of Public Health.
- *Prediabetes in California: Nearly Half of California Adults on Path to Diabetes* policy brief, 2016. Produced by the Public Health Advocates in partnership with the University of California Los Angeles (UCLA) Center for Health Policy Research estimating the prevalence of prediabetes in California by age group, racial/ethnic group, city and county. The brief was produced with funding from the California HealthCare Foundation and The California Endowment.

Key strategies/action steps implemented with partners

2015

- CDPH coordinates with CDC, American Diabetes Association, American Medical Association (AMA), and National Association of Chronic Disease Directors (NACDD) to host CA PDSTAT meeting.
- CDPH establishes pillar workgroups to engage the CA PDSTAT network to develop and implement a diabetes prevention action plan.
- CA PDSTAT network efforts result in partnerships with CalPERS, Medi-Cal, Anthem Blue Cross, and Blue Shield to increase coverage for National DPP.

2016

- Public Health Advocates in partnership with UCLA Center for Health Policy Research releases health policy brief *Prediabetes in California: Nearly Half of California Adults on Path to Diabetes*.
- Public Health Advocates present policy brief findings and recommendations to California state legislators.
- California State Assembly Budget Subcommittee chair, Dr. Joaquin Arambula, champions inclusion of National DPP coverage for Medi-Cal beneficiaries in the state budget.
- AMA engages the California Medical Association (CMA) and physician champions to support expansion of and referral to DPP.

2017

- CalPERS's health plans offer National DPP coverage to adult members.
- Anthem Blue Cross and Blue Shield offer National DPP coverage to adult commercial plan members in California.
- Governor Brown signs State Senate Bill 97, making the National DPP a covered service under Medi-Cal's FFS plans.
- CDPH and CA PDSTAT in coordination with CMA outreach to physicians from the Champion Provider Fellowship, a program of University of California San Francisco and CDPH's Nutrition Education and Obesity Prevention Branch, to encourage screening, testing and referrals by all CMA physicians.
- California Department of Health Care Services' Medi-Cal program begins planning and coordination with CA PDSTAT and CDPH to prepare for rollout of Medi-Cal's DPP coverage.

2018

- *Diabetes Prevention Through Lifestyle Change Programs 2018 Action Plan* released.
- Public Health Advocates form a coalition to develop implementation details for the Medi-Cal members, who will have access to the National DPP in 2019. Organizations from CA PDSTAT are leaders of the coalition.

State health department and/or grantee role

- Developed and implemented an action plan to scale-up and sustain the National DPP in California
- Addressed prediabetes as a critical medical condition and promoted the National DPP to prevent progression to type 2 diabetes in partnership with AMA, CDC, and NACDD
- Serves as a hub of information on the National DPP and regularly convenes a network of partners to learn, share, and connect with one another about the four pillar areas: 1) Availability; 2) Community Engagement: Awareness; 3) Screen, Test and Refer; and 4) Coverage
- Provided technical assistance to CalPERS and Public Health Advocates and supported their efforts to implement coverage of the National DPP for public employees and Medi-Cal beneficiaries
- Actively participates in partner events as the voice of public health
- Works collaboratively with the CMA to support outreach to physicians

Lessons learned

- Buy-in and approval from state leaders are critical to success. Utilization of existing state plans and priorities, such as the CWP and LGHC Task Force, made it easy to promote National DPP as a good investment for California.
- CMS Actuary Certification created an incentive for health plans and systems to partner with CDPH and public health efforts to increase National DPP in California.
- Evidenced-based return on investment data from Institute for Clinical and Economic Review's *Diabetes Prevention Programs: Comparative Clinical Effectiveness and Value, 2016* was compelling to health plan partners.
- Partners, such as Health Policy Advocates, mobilized independently to secure Medicaid coverage for the National DPP, as an offshoot of CA PDSTAT.
- Promotion of diabetes prevention at partner meetings and via webinars was important to success.
- Early collaboration with national and state diabetes prevention programs and associations kick-started the effort.
- CA PDSTAT relationships with both state and private sector organizations to provide coverage of the National DPP allowed all pillars to be addressed concurrently.

Materials and resources used or produced:

CDC Resources Used

State Resources Used or Produced

- Diabetes Through Lifestyle Change Programs 2018 Action Plan
- PowerPoint Presentations and Talking Points
- [California Wellness Plan](#)
- [Let's Get Healthy California](#)
- [Burden of Diabetes in California 2014](#)

Partner Resources Used

- [CalPERS Diabetes Prevention Program](#)
- [Prediabetes in California: Nearly Half of California Adults on Path to Diabetes policy brief](#)
- [Expanding Health Insurance Coverage in California for the National Diabetes Prevention Program](#)
- California Health Care Foundation website: www.chcf.org
- [Medi-Cal Managed Care Enrollment Report-Nov. 2015](#)
- [Centers for Medicare & Medicaid Services Office of the Actuary's Report for Certification of Medicare Diabetes Prevention Program \(March 2016\)](#)

Colorado-1

2012 StEM

Colorado State Employee Coverage of the National Diabetes Prevention Program

Submitted by: Becky DiOrio | becky.diorio@state.co.us | 303-692-6426

Estimated number reached/impacted:

31,000 state employees (potential); 2,231 enrolled in program (actual)

Outcome:

Effective September 1, 2013, Colorado state employees and their adult dependents have health plan coverage - with no co pay - for the National DPP lifestyle change program. State employees have both virtual and in-person options for those with prediabetes or at high risk. Adult dependents have health plan coverage of two online National DPP programs. Between September 1, 2013 and Dec. 31, 2018, 2,231 employees enrolled and participated in the year-long program. The most recent data analysis was completed in September 2017 on 1,880 participants. Of those 1,880 participants, 53% completed 9 or more classes, and of those who completed the program 41%, or 403 employees, achieved 5% weight loss.

How the Colorado state engagement meeting and action plan contributed to the outcome:

Colorado's StEM meeting took place in 2012 and one result of that meeting was the development of a 5-year action plan (2012-2017). Increasing health benefit coverage of the National DPP by public and private employers was identified as key goals of this action plan. This connected the health department with key partners, such as the Colorado Business Group on Health and the Colorado Prevention Alliance to collaborate on efforts to add the National DPP as a benefit for state employees.

Additional factors contributing to the outcome:

The Colorado State of Health report was created by the governor's office in 2013, and specifically highlighted chronic disease and the need to address it, which helped lend support to efforts to add the National DPP as a covered benefit for state employees. Additionally, UnitedHealthcare, through their partnership with the Diabetes Prevention and Control Alliance, added the National DPP as a covered health benefit for their fully insured plans on March 1, 2013 which, in addition to the steps described below, helped pave the way for state employee coverage through the state's self-insured health plan.

Key strategies/action steps implemented:

- Coordinated with the Department of Personnel & Administration (DPA) and the Colorado Department of Public Health and Environment Worksite Wellness Manager to host a pilot National DPP class.
- Shared outcome information (attendance, weight loss) with key decision makers to make the case for the efficacy of the program as well as employee interest/demand in the program

- Promoted the National DPP at the State Employee Wellness Fair and at presentations with leadership
- Formed strategic partnerships with internal champions and external organizations who helped to influence decisions
- Leveraged UnitedHealthcare's coverage of the National DPP for their fully insured members to pave the way for coverage for state employees
- Negotiated agreements with UnitedHealthcare and Kaiser Permanente to add the National DPP as a covered health benefit

State health department and/or grantee role:

- Promoted diabetes prevention coverage at local and state levels
- Created a presentation and talking points to educate state and local government employers
- Formed strategic partnerships with internal champions and external organizations who helped to influence decisions
- Organized a demonstration of the evidence-based National DPP lifestyle change program for state employees
- Presented to key government decision makers on how diabetes prevention fits into the goals of chronic disease prevention in their workforce
- Represented the National DPP evidence-based lifestyle change program at state government events, such as the State Employee Wellness Fair
- Used existing relationships with organizations, such as the Colorado Business Group on Health and the Colorado Prevention Alliance, to gain access to key health plan and large employer group decision makers
- Continued to promote the evidence-based National DPP lifestyle change program to other government agencies

Partner role:

- Participated in meetings
- Help facilitate introductions with decision makers and leadership
- Provided data and insight to help make the case for prevention
- Finalize benefit design details with the health insurance plans
- Communicate about the benefit

Lessons learned:

- Deliver a consistent message about diabetes prevention to influence key decision makers
- Leverage the expertise and relationships of leaders
- Capitalize on any opportunity to speak with key leadership about the evidence-based lifestyle change program
- Promote diabetes prevention at presentations or events for public and state employees
- Build strategic relationships with partners to make inroads with leadership from health plans
- The Colorado Department of Personnel Administration (DPA) would not consider adding the evidence-based lifestyle change program as a covered benefit unless both state health plans offered it. The SHD worked to secure an agreement with both health plans to add the National DPP as a covered health benefit for their members.

Materials and resources used or produced:

CDC Resources Used

- Information about the National DPP and its outcomes to help build presentations and talking points used in conversations with state leadership

State Resources Used or Produced

- PowerPoint presentation
- Talking points
- A presentation that includes data analysis and outcomes

Colorado-2

2012 StEM

Partnering with the Colorado Business Group on Health: Six Employers Commit to Adding the National Diabetes Prevention Program as a Covered Health Benefit

Submitted by: Becky DiOrio | becky.diorio@state.co.us | 303-692-6426

Estimated number reached/impacted:

23,500 employees from 6 employers (potential)

Outcome:

Beginning in March 2015, the Colorado Department of Public Health and Environment (CDPHE) contracted with the Colorado Business Group on Health to conduct outreach with employers to promote the addition of the National Diabetes Prevention Program as a covered health benefit. To date, six employers (Boulder Valley School District, School District D-11, Colorado PERA, Pinnacol Assurance, St. Vrain Valley School District, and the Pikes Peak Library) have signed letters of intent indicating that they will have the National DPP as a covered health benefit for employees. These employers collectively employ 23,500 individuals who will soon have access to the National DPP as a covered health benefit.

How the Colorado state engagement meeting and action plan contributed to the outcome:

Colorado's StEM meeting took place in 2012 and one result of that meeting was the development of a 5-year action plan (2012-2017). Increasing health benefit coverage of the National DPP by public and private employers was identified as key goals of this action plan. This resulted in the health department writing a request for proposals in 2014 to contract with an expert employer organization to conduct outreach to employers to promote the National DPP as a covered benefit. The Colorado Business Group on Health (CBGH) received the award and since March 2015 has been conducting various outreach activities with employers in Colorado and promoting the National DPP as a covered health benefit. Through this work, CDPHE and CBGH developed the National DPP Economic Assessment Tool in 2015, which is a tool used in discussions with employers.

Additional factors contributing to the outcome:

In addition to the work described above, CDPHE also partnered with CBGH back in 2013-2014 to promote the National DPP to employer groups through a grant received from NACDD.

Key strategies/action steps implemented:

- Development of the National DPP Economic Assessment Tool
- Identifying employers to outreach to
- Building a business case to support the addition of the National DPP as a covered health benefit
- Working with employers to sign letters of intent
- Feature the National DPP at the annual Colorado Culture of Health Conference

State health department and/or grantee role:

- CDPHE negotiates the Scope of Work and Budget with CBGH.
- CDPHE monitors the CBGH contract.
- CDPHE provides data and information on the National DPP.
- CDPHE provides technical assistance, as necessary, to CBGH and employers on the implementation of the National DPP.

Partner role:

- Developed the National DPP Economic Assessment Tool
- Outreach to employers
- Developed talking points and presentations about the National DPP
- Work with employers to sign a letter of intent to add the National DPP as a health benefit

Lessons learned:

- Economic data alone may not be sufficient to convince an employer to add the National DPP as a covered benefit.
- There are many competing options for employers, especially in regard to wellness programming (National DPP competes against “fun,” technologically-advanced programs, platforms, competitions, etc.).
- The perception of many employers who do not believe that prediabetes is a problem among their employees
- Implementing a year-long onsite lifestyle change program is challenging; the need for dedicated staff time to coordinate and promote a program like National DPP is necessary in order to see meaningful engagement.

Materials and resources used or produced:

CDC Resources Used

- Information about the National DPP and its outcomes helped build presentations and talking points

State Resources Used or Produced

- PowerPoint presentation, talking points
- CBGH Employer Three Step Guideline – a tool used by CBGH when meeting with employers to discuss benefit design; includes the National DPP as an effective strategy for chronic disease prevention

Increasing Diabetes Prevention through Georgia's State Health Benefit Plan

Submitted by: Allison Smith | Allison.Smith@dph.ga.gov | 404-657-6636

Estimated number reached/impacted:

86,000 state employees (potential)

Outcome:

Following Georgia's StEM in December 2017, the Diabetes Prevention Program was contacted by the Deputy Commissioner of the Department of Community Health—the organization where Georgia's State Health Benefit Plan (SHBP) is housed. The Diabetes Prevention Program produced a one-page factsheet on the National DPP. The factsheet included information on what the National DPP is, who should enroll, the effectiveness of the program, why offering the program in Georgia is important, cost data, and financial impact. The fact sheet also detailed what other state employee health plans are doing and how Georgia's SHBP can offer the National DPP. Estimated number of

How the Georgia state engagement meeting and action plan contributed to the outcome:

At the StEM, our Deputy Commissioner of the Department of Community Health (DCH) and the SHBP was in attendance. She gained knowledge around the Diabetes Prevention Program and how it may be beneficial to her organization. Directly after the meeting she asked us to provide information around the National DPP and how it may benefit the SHBP. We provided the requested information and it was presented at the DCH Executive Leadership Team meeting.

Key strategies/action steps implemented:

- Invited SHBP Deputy Commissioner to the StEM, who then took the information gained back to executive leadership for a decision on coverage of the National DPP.
- Developed requested factsheet detailing the benefits of the SHBP covering the National DPP and examples of what other state health benefit plans are doing.
- Planned and implemented enrollment and engagement strategies (onsite biometric screenings, session zero events, promotional emails/flyers) that began January 1, 2017 and are ongoing.

State health department and/or grantee role:

- Invited SHBP Deputy Commissioner to the StEM
- Prepared information to provide to SHBP Deputy Commissioner to present at executive leadership meeting around the benefits of DPP and examples of what other states are doing around covering the National DPP within their SHBP
- Will provide Lifestyle Coach Trainings when SHBP is ready to move forward with coverage

Partner role:

- The SHBP Deputy Commissioner provided the information to the executive leadership team to gain interest around the National DPP and possible coverage of the program.

Lessons learned:

- Having the Deputy Commissioner at the StEM was a great benefit. Her attendance at the StEM was critical to us building the pathway to discuss possible coverage of the National DPP in the SHBP.

Materials and resources used or produced:

CDC Resources Used

- CDC marketing materials used to develop agency customized outreach emails, flyers and posters to engage employees to assess their risk and to enroll in the program

State Resources Used or Produced

- Factsheet based on National DPP factsheet, tailored for Georgia's State Health Benefit Plan executive leadership

Hawaii-1

2016 StEM

Exponential Increase in Number of Diabetes Prevention Programs Operating in Hawaii'i

Submitted by: Blythe Nett | blythe.nett@doh.hawaii.gov | 808-692-7468

Estimated number reached/impacted:

1,857 (actual)

Outcome:

As a result of the Prevent Diabetes in Hawaii'i State Engagement meeting that took place in November 2016, new partners were enlisted to increase the availability of Diabetes Prevention Programs across the state. The number of organizations attaining pending recognition has increased from 6 to 15 organizations (18 sites), covering each of Hawaii'i's 6 main islands. So far, these programs have held 22 in-person cohorts and recruited 304 participants.

How the Hawaii'i state engagement meeting and action plan contributed to the outcome:

The Diabetes Prevention in Hawaii'i State Engagement Meeting (StEM) brought together 105 stakeholders across the state to scale and sustain the National Diabetes Prevention Program. An action plan was created with a short-term priority to have at least one accessible National DPP cohort on each island by December 2018. Leaders were identified and the Availability Workgroup was created, meeting at least quarterly. The Availability Workgroup assessed gaps in National DPP access, as well as readiness and capacity of organizations to provide the National DPP. The Diabetes Prevention and Control Program at the Hawaii'i State Department of Health (DOH) provided tailored technical assistance to organizations interested in becoming a National DPP provider, and helped to convene partners and leverage resources and partnerships. As a result, an additional 9 organizations have attained pending recognition (a total of 18 sites statewide), with at least one, accessible National DPP on each main island.

Additional factors contributing to the outcome:

Prior to the Hawaii'i StEM, the Hawaii'i Primary Care Association (a 1422 sub-grantee, or HPCA) worked with six federally-qualified health centers across the state to train staff to become lifestyle coaches, achieve pending recognition from CDC, and begin the first in-person National DPP cohorts in the state when Hawaii'i had zero in-person programs. HPCA also worked with these FQHCs to provide online and hybrid classes to increase accessibility to the National DPP. Additionally, the YMCA of Honolulu was a strong leader in scaling the National DPP and worked closely with YMCA national to get their first National DPP cohorts started. Leaders from both organizations were members of the StEM Steering Committee.

Key strategies/action steps implemented:

- Availability workgroup formed, leaders identified

- Workgroup had regular check-ins (at least quarterly)
- Readiness, capacity, and interest of organizations assessed and summarized
- DOH provided technical assistance by request.

State health department and/or grantee role:

- Convened workgroup at least quarterly (DOH)
- Collected supporting materials on Google Drive (DOH)
- Provided technical assistance to FQHCs (HPCA)
- Provided technical assistance to non-FQHC providers (DOH)
- Held lifestyle coach training, reimbursement workshops/webinars (DOH)

Partner role:

- Presented information on National DPP to leadership
- Assessed organization's capacity to become a National DPP provider
- Applied for CDC-recognition, delivered program
- Continues to share lessons learned, best practices with other members of the Availability Workgroup and other potential National DPP providers

Lessons learned:

- Leadership buy-in is a key factor in whether an organization decides to pursue CDC-recognition
- Some reimbursement (i.e. the ability to bill), even if minimal, is a driving factor for leadership
- Many organizations already have informal prediabetes education, so highlighting the benefits of CDC-recognition is important

Materials and resources used or produced:

CDC Resources Used

- CDC Diabetes Prevention Recognition Program: Standards and Operating Procedures
- Approaches to Promoting Referrals to Diabetes Self-Management Education and CDC-Recognized Diabetes Prevention Program Sites
- Approaches Taken by State and Local Health Departments to Market the National Diabetes Prevention Program to Populations at Risk and Health Care Providers
- Diabetes Prevention Recognition Program WELCOME GUIDE For Newly CDC-Recognized Organizations

State Resources Used or Produced

- Google Drive as a landing page for materials/resources

Hawaii-2

2016 StEM

University Health Alliance Covers YMCA Diabetes Prevention Program

Submitted by: Blythe Nett | blythe.nett@doh.hawaii.gov | 808-692-7468

Estimated number reached/impacted:

1,857(actual)

Outcome:

A contract between health plan UHA and the YMCA of Honolulu went into effect on June 1st, 2017 to fully cover the \$429 cost of the YMCA's Diabetes Prevention Program (YDPP) for qualifying members. UHA members learned about the new benefit through co-branded materials on the UHA website as well as brochures, flyers, and a mail-out reaching 1,857 eligible UHA members. UHA providers were engaged in-person and through a provider newsletter; UHA staff were trained to guide members and providers through the referral process. As a result, 4 YMCA branches have launched their YDPP with 1 more branch (Maui) to begin in 2018.

How the Hawai'i state engagement meeting and action plan contributed to the outcome:

A coverage workgroup and an action plan to increase coverage of the National DPP were created at the StEM on November 17-16, 2016. Among the 105 stakeholders participating in the StEM were representatives from UHA, a local health plan. The action plan priority for the Coverage Workgroup included bringing all Hawai'i health plans to the table to present a business case for the National DPP and build awareness of why preventing diabetes is so important. A presentation was created, with the help of NACDD and the YMCA of Honolulu and delivered to health plans at a Hawai'i Insurance Division meeting on January 11th, 2017 by the division administrator and the lead epidemiologist from the DOH Chronic Disease Prevention and Health Promotion Division. In attendance were leadership members from 4 major health plans, who each received an information sheet on the National DPP and a trifold depicting the prediabetes landscape in Hawai'i. UHA was one of the health plans represented at this meeting.

Additional factors contributing to the outcome:

Prior to the StEM, the Hawai'i Insurance Division of the Hawai'i Department of Commerce and Consumer Affairs established a workgroup consisting of health plan leaders who convene periodically to discuss top health care medical expenditures, explore health prevention programming, and better understand how health care services are delivered at the state level. This meeting was led by the Insurance Commissioner and played a major role in our engagement with health plans.

Additionally, the YMCA of Honolulu had already begun to seek technical assistance from YMCA national in starting their first YDPP and scaling the program throughout the state. The strong outcomes demonstrated by the YDPP were a driving factor for health plan partnership, especially since other National DPPs in the state were just getting off the ground.

Key strategies/action steps implemented:

- Action plan for National DPP coverage was created, leadership identified
- A business case for the National DPP was created (DOH, YMCA, NACDD).
- Health plan leadership was convened to discuss prediabetes landscape and to identify potential partnerships on January 11, 2017 (DOH, Hawai'i Insurance Division, 4 major health plans).
- Feasible, scalable National DPP delivery/coverage options were determined.
- Careful selection of a National DPP provider (YDPP) was made based on demonstrated outcomes and plans for sustainability.
- A contract between UHA and YMCA was proposed in spring 2017.
- Reimbursement structure was created (full coverage of \$429 YDPP for UHA members)
- Contract was put into effect on June 1, 2017.
- Clear referral infrastructure was created (Customer Service Representatives and Health Care Services Specialists were trained to assist with referrals).
- UHA used registry data to identify 1,857 eligible members under the care of 413 primary care providers.
- UHA engaged these providers; associates met with each provider in-person to maximize referrals, and newsletters were disseminated to providers.
- Materials were cobranded and disseminated to entire eligible population through a large mail-out.
- YMCA launched YDPP at 4 sites, with more to come on board in 2018.
- YMCA provided frequent updates to UHA on patient enrollment, program launch dates.
- Feedback loops were created between the YMCA and UHA to ensure patient-centered care.

State health department and/or grantee role:

- Convene coverage workgroup at the StEM
- Present business case to health plans, identify possible areas of collaboration
- Connect health plans, including UHA, with YDPPs
- Provide technical assistance while agreement between health plan and YDPP was finalized
- Share best practices and success stories with other health plans

Partner role:

- The YMCA assisted DOH in creating a business case, demonstrating the YDPP's strong patient outcomes
- UHA and the YMCA met several times to discuss the target population, each organization's responsibilities, marketing strategies, and the referral process
- UHA raised awareness about the benefit among providers and members
- YMCA launched new YDPP cohorts at multiple sites to accommodate members
- YMCA provided UHA with frequent updates on member enrollment and program launch dates
- UHA and YMCA are analyzing data from initial launch to inform state-wide roll out of fully-covered YDPPs

Lessons learned:

- Demonstrating the National DPP provider's ability to sustain their programs and achieve patient outcomes is important.
- Physician engagement is a driving factor for patient participation in the National DPP. We found that patients most often participated in the National DPP when encouraged by their primary care physician.
- Building the infrastructure needed for a clear and straightforward referral process was critical for success.

Materials and resources used or produced:

CDC Resources Used

- Activities to Support, Scale, and Sustain the National Diabetes Prevention Program (National DPP) under 1305 and 1422, April 2, 2015

State Resources Used or Produced

- Prevent Diabetes Hawai'i tri-fold
- DPP Executive Summary (information sheet)
- Hawai'i Business Case for DPP (PowerPoint presentation)
- Google Drive as a landing page for materials/resources

Idaho

2017 StEM

Idaho State Employees Benefit from the National Diabetes Prevention Program

Submitted by: Ashley Rundle | Ashley.Rundle@dhw.idaho.gov | 208-334-4928

Estimated number reached/impacted:

46,000 (potential)

Outcome:

Following the Idaho State Engagement meeting on March 28th and 29th, Idaho began conversations with the Idaho Office of Group Insurance and Blue Cross of Idaho around offering the National DPP lifestyle change program as a covered benefit for Idaho state employees. This conversation was facilitated and lead in partnership with Leavitt Partners. In November 2017, conversations continued at a higher level around the benefit of including the National DPP as a benefit for state employees.

How the Idaho state engagement meeting and action plan contributed to the outcome:

At the StEM several of our Idaho Division of Public Health leaders were in attendance. They were able to hear how the National DPP can impact the lives of Idahoans. This opened the opportunity to discuss the benefit of providing the National DPP as a covered benefit for Idaho state employees.

Outcomes related to Leavitt Partners interviews:

Through the primary intelligence interviews, we were able to learn that Blue Cross has an option with one of the health plans to state employees that offers the program as an opt-in option to fully-insured state employees. We also learned that the State of Idaho Office of Group Insurance (OGI) plans to move forward with a National DPP benefit for Medicare Manage members. Following the primary intelligence interview Idaho Department of Health and Welfare leadership and OGI have been meeting to discuss the upcoming health plan for Idaho state employees. The conversation has been focused around whether to include the National DPP as a covered benefit. We do not know the results of the meeting yet but hope to have a follow-up conversation shortly.

Additional factors contributing to the outcome:

Prior to the StEM the Diabetes Prevention and Control Program (DPCP) had been attempting to have conversations with the Idaho State Office of Group Insurance. The conversations were always short and never lead to an outcome. The DPCP also engaged employee wellness staff at Blue Cross in local diabetes prevention activities which led to 6 Blue Cross employees getting trained as National DPP lifestyle change coaches.

Key strategies/action steps implemented:

- Inviting a Blue Cross and State of Idaho leadership representative to the StEM
- Identifying the Idaho OGI as one of our organizations to participate in the primary intelligence interviews with Leavitt Partners
- Follow up with Idaho OGI to provide Idaho specific data around the National DPP

- Additional meetings are taking place that we are waiting to hear updates on

State health department and/or grantee role:

- Strategizing on inviting a staffer from the Idaho Department of Health and Welfare to the StEM
- Preparing a data presentation for and reviewing the National DPP Coverage Toolkit with the Idaho OGI and the Idaho State employee Blue Cross rep. on the primary intelligence interviews
- Providing follow-up to OGI to provide Idaho specific data around the National DPP Participate in any follow-up conversations as they transpire
- Provide content expertise around the implementation of the National DPP

Partner role:

- The Idaho Department of Health and Welfare leadership convene meetings with Idaho OGI and Blue Cross to discuss National DPP coverage.

Lessons learned:

- Including decision makers at the StEM meeting and engaging them in our primary intelligence interviews shortly after the StEM meeting was critical to relationship building and follow-up meetings to discuss inclusion of the National DPP in benefits package.
- Having state specific data to back up the value of the NDPP is critical.

Materials and resources used or produced:

CDC Resources Used

- Diabetes Prevention Toolkit
- Information from Prevent Diabetes STAT

State Resources Used or Produced

- Idaho state employee DPP participant success stories and maps illustrating location of National DPPs in Idaho at www.diabetes.idaho.gov

Expanded Group of Partners Recruited for Iowa's Diabetes Prevention Action Plan

Submitted by: Andrew Minear | andrew.minear@idph.iowa.gov | 515-725-2839

Estimated number reached/impacted:

500,000 (potential)

Outcome:

Since the Prevent Diabetes State Engagement meeting which was held in May 2017, Iowa finalized the Diabetes Prevention Action Plan and created an organizational structure for coordinated implementation of action steps by a large group of partners from throughout the state. Long-term partners volunteered to lead efforts in 4 pillar areas. In November 2017, Iowa hosted a diabetes summit focused on both diabetes management and prevention. Sixty-seven nurses were awarded .8 CEUs and 27 dieticians were also given 6 CEUs for their attendance and participation. The summit had 160 in attendance. Iowa's Diabetes Strategic Plan and the Diabetes Prevention Action Plan were reviewed and progress was shared. NACDD and Leavitt Partners gave a presentation about the National DPP Coverage Toolkit and 32 attendees expressed interest in participating in a future workshop to learn more. This spring, a train-the-trainer event targeting key partners and payers in Iowa will use the National DPP Coverage Toolkit as the foundation for discussing pathways to coverage. New partners identified in five primary intelligence interviews conducted by Leavitt Partners will be invited. Additional trainings on the Toolkit will be made by those trained at this event.

How the Iowa state engagement meeting and action plan contributed to the outcome:

Iowa's StEM was held in May 2017. The Iowa Department of Public Health hired a new Diabetes Primary Prevention Coordinator (Coordinator) in June. Since then, the Coordinator has reviewed, worked with stakeholders, created an Action Plan team with leads, implemented and started the biannual stakeholder meeting process. The Coordinator also presented the Action Plan and key steps in each pillar at the State Diabetes Summit held in November.

Additional factors contributing to the outcome:

NACDD, Nebraska Health Department, and Leavitt Partners have been very helpful along the way with assistance provided during the drafting phases of the Diabetes Prevention Action Plan.

Outcomes related to Leavitt Partners interviews:

The Iowa Department of Public Health along with Leavitt Partners and NACDD conducted four of five interviews. The fifth is scheduled for January 5, 2018. Iowa targeted large organizations and payers as its first priority. The interviews have been well received and informative in relation to covering the National DPP lifestyle change program for employees and consumers. The Coordinator plans on following up with these organizations to continue to build the relationships. Representatives from the organizations interviewed are invited to Iowa's Train the Trainer event, which is half-day

training geared towards engaging stakeholders and payers to learn about the National DPP Coverage Toolkit and the different paths towards coverage in the public and private sectors. This training will be presented by NACDD and Leavitt Partners in spring 2018. While there is forward progress, Iowa remains without coverage from our largest insurance plans, Medicaid and for state employees.

Key strategies/action steps implemented:

- Coordinator worked with NACDD during the drafting phase of the Action Plan.
- Learning about what other states were doing was helpful
- Creating the team leads for each pillar
- The Diabetes Summit in November 2017 and presenting the Action Plan
- Setting up the biannual stakeholder/action step meetings
- Hosting a table on the Action Plan in April 2018 at the Governor's Public Health conference which attracts both public and private sector stakeholders

State health department and/or grantee role:

- Iowa was not a 1422 awardee.
- Drafted and reviewed the Action Plan
- Requested feedback from stakeholders
- Continued partnerships with new external stakeholders
- Presented on Action Plan at Summit-Prevention and Management for Diabetes (160 diabetes professionals in attendance)
- Initiated biannual stakeholder meetings
- Created team and requested pillar leads

Partner role:

- Pillar leads
- Assisted with reviewing the Action Plan drafts
- Collaborated to plan and hold the Diabetes Summit
- Assigned Action Steps to stakeholders

Lessons learned:

- Gained external partners' interest and time to complete and implement Action Plan
- Gave ample time to complete tasks and held conference calls specifically for Action Plan
- Iowa's Coordinator for diabetes prevention was hired after the State Engagement Meeting and it took time to learn about the National DPP, make connections with partners, and engage them in finalizing and implementing the Action Plan.

Materials and resources used or produced:

CDC Resources Used

- Partners are referred to the CDC's National DPP website. Coordinator regularly checks and updates Iowa's list of in-person classes on this site.

State Resources Used or Produced

- Iowa's Action Plan
- Action Plan poster to present on at the Governor's Conference in April.
- Pull-up signs are being created for health expos, to create awareness of National DPP.
- Mapping for prediabetes incidence per county and site locations has been updated.
- A new website is being created based on information gathered by the Coordinator at the November Diabetes Summit. This was helpful for partner engagement and provided useful information on how to build the website.
- Coordinator is working with a vendor to create an awareness campaign targeting physicians on increasing screening and encouraging consumers to learn more about their risk of type 2 diabetes. Traditional and electronic marketing channels will be used.

Kansas

2013 StEM

Diabetes Prevention Collaborative Roundtable-Summer Prediabetes Awareness Campaign

Submitted by: Abby Crow, LMSW | abby.crow@jocogov.org | 913-477-8113

Estimated number of people reached/impacted:

2.7 million impressions (potential)

Outcome:

From May 15 to September 30, 2017, the Kansas City Metro Diabetes Prevention Collaborative Roundtable executed a Metro-wide prediabetes awareness campaign. This mixed-media campaign used social media platforms, print media, in-person marketing and radio air time to educate the community about the realities of prediabetes and directed them to a microsite designed to house information on all Metro National DPP programs. Combining all media touchpoints, impressions from this campaign (any interaction with ads, blogs, speakers/presenters) totaled 2.7 million.

How the Kansas state engagement meeting and action plan contributed to the outcome:

Our state engagement meeting took place in 2013. Approximately one year later, our state received 1422 funding from the Centers for Disease Control and Prevention. Several of the activities identified in the 2013 StEM were given to local 1422 communities for implementation as they aligned with 1422 strategies.

Additional factors contributing to the outcome:

The Diabetes Prevention Collaborative Roundtable is a multi-county and bi-state effort to approach the National DPP collaboratively rather than competitively in the Kansas City area. Roundtable participants include both traditional and non-traditional National DPP stakeholders, including payers, providers, National DPP program facilitators, the local health department, several safety net clinics, a media company, the local YMCA, and others. The Roundtable was formed when diabetes prevention programming was new to Kansas City. Its mission has always been to grow capacity for the National DPP as a community rather than as individual organizations. Roundtable members meet quarterly to brainstorm challenges, celebrate successes, learn about CE opportunities, process National DPP updates and manage referrals. The prediabetes awareness campaign was a project executed on behalf of the Roundtable.

Key strategies/action steps implemented:

- Identify local National DPP stakeholders
- Invite stakeholders to a Diabetes Prevention Collaborative Roundtable meeting to discuss group direction, goals and action items
- Plan the prediabetes awareness campaign, including time of year, message and material development, measurable metrics, target population identification and focus group facilitation

regarding target populations identified (Hispanic/Latino community and older adults age 65+) to ensure cultural competency.

- Roundtable partners all utilized the same messages and materials during the May-September campaign to ensure consistency. Campaign execution was a collaborative effort.
- The campaign resulted in 2.7 million impressions Metro-wide. This is a cumulative total of all campaign platforms, including the use of mixed media, in-person marketing/outreach and the summer radio show “A Tu Salud” that ran each week in partnership with a local Spanish-language radio station.

State health department and/or grantee role:

- The Johnson County Department of Health and Environment (JCDHE) and the Community Health Council of Wyandotte County (CHCWC) are both 1422 recipients. Johnson County and Wyandotte County border each other, but have drastically different resident makeups. All 1422 National DPP efforts in the Kansas City Metro area, including the development and management of the Collaborative Roundtable, are JCDHE and CHCWC joint projects.
- Kansas has two Master Trainer *Selects* trained through the Diabetes Training and Technical Assistance Center at Emory University. Both are from 1422 recipient organizations, although only one is in the Kansas City Metro area. This Master Trainer *Select* has been granted permission to train lifestyle coaches on behalf of the Diabetes Prevention Collaborative Roundtable and will help support the growth and development of new National DPP programs in that way.

Louisiana 50% Increase in the Number of National Diabetes Prevention Programs

Submitted by: Kate Andrus | Kate.Andrus@la.gov | 504-568-2413

Estimated number reached/impacted:

2,837 (actual)

Outcome:

At the time of their state engagement meeting in April 2017, Louisiana had eight CDC-recognized National DPP sites. Louisiana targeted Diabetes Self-Management Education and Support (DSMES) sites and the Department of Corrections to expand CDC-recognized organization's sites. By February 2018, Louisiana had 16 National DPP sites and four of the eight new organizations were in contact with the SHD during their CDC-recognition process. Three of the new CDC-recognized organizations are DSMES sites. The Department of Corrections (DOC) will also be applying for recognition by summer of 2018 to further increase the estimated reach. The lifestyle change coaches at these DOC sites are security officers and will receive additional training and job skills from the lifestyle change coach training. The state is averaging a little over 100 participants per site (subtracting July 2017 cumulative participation from October 2017 cumulative participation). From CDC's state level Diabetes Prevention Recognition Program (DPRP) reports, as of January 2018, Louisiana had 12 programs that have reached a cumulative 2,860 people (with 971 completers). With the addition of the eight new sites, we estimate, at a minimum, to reach an additional 150 people in the next year.

How the Louisiana state engagement meeting and action plan contributed to the outcome:

One of the health department's strategies for increasing the number of National DPP lifestyle change programs in the state was to work through the Louisiana Diabetes Educator's Network (La-DEN) to increase the number of DSMES programs that also offer the National DPP lifestyle change program. All LA-DEN members were invited to the StEM where they had the opportunity to learn more about National DPP, including the newly released Medicare rule for Medicare DPP (MDPP). The health department's Diabetes Prevention Manager followed up with the DSMES programs in attendance to offer additional technical assistance. The relationships developed from the StEM were a critical step in this process.

Outcomes related to Leavitt Partners interviews:

One of the calls with a health insurance broker organizing body resulted in them promoting the National DPP lifestyle change program as a covered benefit in their newsletter and including an invite to speak at their monthly broker meeting; we will follow up with remaining interviewees in the next few months.

Additional factors contributing to the outcome:

- Widespread concern amongst the public health and healthcare communities about Louisiana's extremely high chronic disease rates
- The new Medicare rule to reimburse for MDPP
- Networking and continuing education opportunities offered through the state's La-DEN
- Technical assistance provided by the health department's Diabetes Prevention Manager to the DSMES programs

Key strategies/action steps implemented:

- Invited diabetes educators and other leaders from large health systems to the StEM with the goal of educating on the state diabetes data, National DPP and the evidence that supports the program, as well hearing personal stories from program participants
- Provided technical assistance to programs on how to start a lifestyle change program
- Provided opportunities for diabetes educators to discuss expanding DSMES services to add National DPP on quarterly La-DEN calls
- Promoted a Diabetes Training and Technical Assistance Center (DTTAC) lifestyle coach training in the state to all who had expressed interest in the National DPP

State health department and/or grantee role:

- SHD planning around whom to strategically invite to the StEM
- Ensured that state diabetes program goals aligned with StEM follow-up efforts due to limited SHD staffing
- SHD provided DSMES sites with TA (through email and phone calls) and multiple resources such as the standard operating procedures for the National DPP and CDC National DPP curriculum examples
- SHD staff participated in the DTTAC lifestyle coach training to ensure proper staff knowledge of the program
- SHD brainstormed with these organizations on how to market their programs and provided examples of where other National DPP lifestyle change organizations have been successful with referrals

Partner role:

- Sites gained leadership support, applied for recognition, sent lifestyle coaches to training, developed their own marketing plan, determined if/how they would receive referrals from neighboring healthcare providers, etc.

Lessons learned:

- The biggest lesson learned was revolving around Medicare reimbursement; sites had a lot of questions about reimbursement. The SHD is still becoming familiar with CMS' final ruling, making it difficult to respond to questions quickly.
- CDC National DPP resources available online have been very useful.
- Following the StEM, SHD staff took advantage of peaked interest in the National DPP and quickly followed up with diabetes educators within the health systems that had expressed an interest.

Materials and resources used or produced:

CDC Resources Used

- The materials shared with potential National DPP sites were taken from the CDC website; the most requested information was standard operating procedures, curriculum examples, and the National DPP infographic.
- The NACDD National DPP Coverage Toolkit has been shared with several partners.

State Resources Used or Produced

- Currently use CDC-approved materials but will consider developing our own as the need arises.
- Provided links to materials and resources on the www.wellaheadla.com website.

Maryland State Employees Offered Reimbursement for the National Diabetes Prevention Program

Submitted by: Kristi Pier | Kristi.pier@maryland.gov | 410-767-6722

Estimated number reached/impacted:

163,800 (potential); 91 percent of the 180,000 covered enrollees who are over the age of 35

Outcome:

In 2017, two State of Maryland insurance carriers, Carefirst Blue Cross and UnitedHealthCare, extended their weight loss management program reimbursement option to include the National Diabetes Prevention Program (National DPP). State employees and their adult dependents covered under these two programs are now eligible to receive \$150 per year for participation in the National DPP. This makes the National DPP more affordable for the approximately 163,800 employees who are over the age of 35 and covered by either of the two plans. The State of Maryland employee population is an at-risk population with 61 percent of the population identified with a BMI greater than 30 (Source: MDH carrier claims data).

How the Maryland state engagement meeting and action plan contributed to the outcome:

Maryland's state engagement meeting was held in October 2015. One outcome of the meeting was the development of a concerted effort to explore expansion of coverage with Maryland employers. The Center for Chronic Disease Prevention and Control (Center) implemented a strategy to target large employers to consider coverage of DPP. Healthiest Maryland Businesses Regional Coordinators, as well as other state employees and partners, were trained on how to engage employers on asking their health insurance carrier(s) to include the National DPP as a covered employee health benefit. Regional Coordinators conducted several meetings across the state with their participating businesses on the National DPP benefit. A series of webinars were also conducted to the partner network of a large broker firm, Kelly Benefits, to encourage brokers to promote the National DPP to their business clients and contracted health insurance companies.

The initial effort to seek coverage for the National DPP for the approximately 200,000 employees and family members covered through the State of Maryland was not possible, as the long terms of benefit contracts for employee coverage (often 10 years) meant the decision point was years in the future. Multiple meetings were held with Employee Wellness leadership, who ultimately presented a different option for bringing the National DPP to the employee population.

Key strategies/action steps implemented:

- Department leadership engaged the Employee Benefit director in multiple conversations. The director encouraged staff to reach back out to the Center through the Healthiest Maryland Businesses program. The Maryland Employee Wellness Coordinator became an

engaged proponent for promoting the availability of the National Diabetes Prevention Program.

- Sharing Maryland diabetes prevalence data and the cost of health care for an employee with diabetes, along with the evidence on the National DPP lifestyle change program and the National DPP Coverage Toolkit, with the Employee Wellness Coordinator convinced her that the insurance carriers may be open to reimbursement through the weight loss option.
- The option became available in late 2017 and the official announcement and launch to state employees was in January 2018.
- The Center will collaborate with the Employee Wellness Program to promote the reimbursement option and to connect employees with local classes through the BeHealthyMaryland [website](#), email campaigns, and wellness fairs.
- Evaluation of the initiative will be conducted by Center staff through review of quarterly data provided by insurance carriers and qualitative input from DPP suppliers.

State health department and/or grantee role:

- The State Health Department's Center for Chronic Disease Prevention and Control staff led the initial conversation with the Employee Wellness Program to explore options for promoting National DPP to employees.
- Center staff shared data and tools to support the coverage of the National DPP for State of Maryland employees.
- Center staff provided technical assistance on promotion and enrollment strategies.

Partner role:

- The State of Maryland Employee Wellness Coordinator was instrumental in approaching the state's health insurance carriers to consider the National DPP lifestyle change program as a weight loss program.
- The Employee Wellness Coordinator will also facilitate quarterly reporting from the insurance carriers on the number of employees who seek reimbursement and will collaborate with the Center for Chronic Disease Prevention and Control staff to promote the National DPP to employees through promotion on the Employee Wellness website, email campaigns and wellness fairs.

Lessons learned:

- Employer-based coverage is usually a long-term contract and change may be slow.
- Creative, interim mechanisms for partial coverage can have significant impact until full coverage can be negotiated.
- Employee wellness coordinators can be effective allies in addressing employee health issues and in building relationships with insurance carriers.
- The National DPP Coverage Toolkit is a valuable resource and effective in making the business case for coverage.

Materials and resources used or produced:

CDC Resources Used

- We used elements of the CDC's

State Resources Used or Produced

- Center staff developed a [webpage](#) that links from

marketing materials to make the case for coverage for the National DPP.

- Prevalence and cost data from the Diabetes Prevention Impact Toolkit were used to strengthen the case.

the Employee Wellness website to promote the National DPP. It provides information on the National DPP, a link to class registrations, and reimbursement forms. Staff also developed a flyer promoting the National DPP and other evidence-based chronic disease management programs that will be shared at employee wellness events in the spring of 2018.

Massachusetts

2015 StEM

Diabetes Prevention Network Increases Awareness and Enrollment in DPP

Submitted by: Max Alderman | max.alderman@state.ma.us | 978-835-1548

Estimated number reached/impacted:

2,192 (actual)

Outcome:

Massachusetts has worked to increase access, awareness, and participation in the National DPP using a multi-pronged approach. The first National DPP State Engagement meeting was held in September 2015, which led to the formation of the state Diabetes Prevention Network and its associated work groups. As of 2017, the statewide diabetes prevention network has recruited eight unique sectors (e.g., academia, non-profits, government), comprising 27 unique organizations and greater than 200 members. From 2015 to 2017, workgroup members have helped increase the number of National DPP providers in Massachusetts from 8 to 27, and the number of National DPP enrollees from 80 to 2,272 across the state. Finally, the prediabetes awareness campaign generated over 13 million impressions, views, and website clicks, thus increasing awareness of prediabetes and further encouraging participation in National DPP.

How the Massachusetts state engagement meeting and action plan contributed to the outcome:

At the first StEM, the State Diabetes Prevention Network was formed. The Network was divided into work groups which continued to meet on a monthly basis after the StEM. The DPP Communications work group was composed of many National DPP providers and those interested in becoming providers. The input from the group members helped create the State Diabetes Action Plan which included TA and support for new and existing National DPP providers. This involved communications materials, coach support group, and coach trainings.

Outcomes related to Leavitt Partners interviews:

One of the interviewees who was a leader in an ACO, attended the Summit. Additionally, the information gleaned from the interviews has contributed to progress on internal and inter-agency conversations regarding National DPP coverage.

Additional factors contributing to the outcome:

- CDC funds allowed us to train new coaches and support roll out of new programs, directly impacting availability of the National DPP.

Key strategies/action steps implemented:

- The communications work group helped inform and carry out the relevant State Diabetes Action Plan items which included updating informational materials on the state website, culturally tailoring materials for priority populations, and development of a communications campaign.

- The work group members were able to offer support to the four 1422 communities in helping launch their National DPP sites.
- The work group members were able to provide input on communications materials that helped recruit other potential National DPP providers and participants.
- A survey of National DPP providers in June 2017 showed they felt more confident as a result of participating in the network, and felt supported by work group members.

State health department and/or grantee role:

- SHD staff member facilitated the creation and annual convening of the Network and quarterly work group meetings.
- The 1422 grantees were engaged partners in the work and open to sharing their facilitators and barriers with others.
- SHD staff provided support and TA to National DPP providers and prospective providers.
- SHD staff facilitated bi-monthly coach calls and hosted coach trainings to increase coach capacity.

Partner role:

- Work group members helped spread the word about the National DPP to non-traditional partners.
- The work group members were able to provide input on communications materials that helped recruit other potential National DPP providers and participants.
- Different roles and responsibilities of various work group members (flexibility to meet with payers, etc) contributed to overall group shared learning.

Lessons learned:

- Structured support from NACDD was essential in convening first StEM in 2015, from which network and working groups arose.
- Creation of a State Diabetes Prevention Network that convenes annually and work groups that convene quarterly were key to the development of the State Diabetes Action Plan.
- The input from the work group on communications materials and sharing best practices was key to increasing capacity and enrollment in the National DPP.

Materials and resources used or produced:

CDC Resources Used

- CDC's Ad Council Campaign and DPRP website were critical for supporting our National DPP providers.
- SHD links directly to CDC website and risk screening test in our promotional materials.
- SHD and partners shared CDC social media content for national diabetes awareness month/diabetes alert day.

State Resources Used or Produced

- Massachusetts prediabetes and National DPP materials at www.macclearinghouse.org and www.mass.gov/dph/preventdiabetes

Michigan-1

2015 StEM

Centralizing National DPP Promotion to Increase Referrals in Michigan

Submitted by: Tamah Gustafson | gustafont2@michigan.gov | 517-335-6937

Estimated number reached/impacted:

2.27 million (potential)

Outcome:

Michigan Department of Health and Human Services Diabetes and Kidney Unit staff responded to partner feedback on the need to create a centralized hub to promote National DPP offerings across the state by utilizing an existing resource—the “MI Healthy Programs” website. With over 134 program offerings listed on the website since March 2017, continued growth in number of National DPP lifestyle change class search page views, and continued positive feedback from referring partners, this solution proves to be a step in the right direction.

Note: In November 2017, there was a 126% increase in National DPP class search page views compared to April 2017.

How the Michigan state engagement meeting and action plan contributed to the outcome:

- Through the Prevent Diabetes STAT: Michigan Stakeholder Engagement Meeting, the need was identified to increase awareness of National Diabetes Prevention Program offerings among the public and healthcare providers
- In the Michigan Diabetes Prevention Action Plan, an activity was developed to explore opportunities for a comprehensive statewide diabetes prevention program database.
- Through action plan work group meetings, as well as internal meetings with MDHHS staff, a decision was made to utilize an existing resource for promotion of evidence-based programs, the “MI Healthy Programs” website.
- A small group of partners contributed to developing key data categories to include in the diabetes prevention program section where National DPP offerings would be submitted and then listed for the public.
- Michigan Diabetes Prevention Network members, action plan work group participants, 1422 partners, as well as health plans such as Priority Health, have been critical in promoting the website, as well as assisting with encouraging National DPP sites to submit National DPP lifestyle change class offerings to the MI Healthy Programs website.

Additional factors contributing to the outcome:

- Priority Health, which is a health plan that covers the National DPP as a preventive benefit for commercial and Medicare members as of January 2016, had previously been promoting offerings through their own website. With the launch of the National DPP on www.mihealthyprograms.org, Priority Health required that their National DPP contracted providers submit all class offerings on the website, as this is where they would be directing members.

- The MDHHS Arthritis Program originally developed the MI Healthy Programs website, which promoted Personal Action Toward Health and EnhanceFitness offerings and was established prior to the Stakeholder Engagement Meeting, which made the addition of National DPP offerings on the website easier than developing an entirely new website or database. This also contributed to a user-friendly experience as individuals can find the most appropriate evidence-based program to meet his/her needs—a “one-stop-shop.”

Key strategies/action steps implemented:

- Identifying the need to develop a central hub to promote National DPP offerings across the state at the Stakeholder Engagement Meeting.
- Receiving feedback from action plan work group participants as well as the MDHHS Arthritis Program on utilizing an existing resource - the MI Healthy Programs website - to meet needs.
- Outreach to a small core group of National DPP providers in Michigan to receive feedback on development of the National DPP section of website, including developing data categories for National DPP lifestyle change class submissions.
- MDHHS staff planning meetings and development of database, website page, promotional materials, and information on how to submit class offerings, etc.
- Launch National DPP website page in March 2017
- Promotional e-mails and newsletters to National DPP providers to encourage submission of National DPP lifestyle change class offerings
- Partner promotion of website through e-mail, flyers, websites, etc.

State health department and/or grantee role:

- Strategizing on how to develop a comprehensive website to promote National DPP offerings statewide
- Provide staff support for website development, data entry, form development, etc.
- Provide staff support to lead and organize action plan work groups, which were primary venue for receiving partner feedback
- Support website costs
- Overall coordination of efforts to develop and maintain website
- Outreach to partner organizations and National DPP providers

Partner role:

- Strategize and provide feedback on key aspects of National DPP web page
- Promotion of www.mihealthyprograms.org to partners including referral organizations
- Regularly submit National DPP lifestyle change class offerings to MI Healthy Programs website

Lessons learned:

- Partner buy-in is essential to maximize utilization.
- Engagement of health plans which are covering the National DPP is essential—cut down on duplication of efforts and increase buy-in among National DPP providers to submit offerings.
- Regular promotion of the website and reminders to National DPP sites to post class offerings is critical.

- Larger efforts to streamline promotion of evidence-based programs (such as Personal Action Toward Health, EnhanceFitness, Diabetes Self- Management Education and the National Diabetes Prevention Program) through the MI Healthy Programs Coalition is essential for sustainability.

Materials and resources used or produced:

State Resources Used or Produced

- DPP landing page on www.mihealthyprograms.org and related handouts such as FAQs document

Michigan-2

2015 StEM

Assessing Screening, Testing and Referral Practices within Health Care Settings across Michigan

Submitted by: Tamah Gustafson | gustafont2@michigan.gov | 517-335-6937
Lauren Neely | NeelyL1@michigan.gov | 517-335-8378

Estimated number reached/impacted:

700 (potential)

Outcome:

MDHHS partnered with the Regional Extension Center for Health IT, MI Center for Effective IT Adoption (M-CEITA), Michigan's Quality Improvement Organization, Michigan Peer Review Organization (MPRO), and key work group member organizations to develop and disseminate a survey to assess screening, testing and referral (STR) practices among health care providers. The survey was finalized in September 2017, piloted with 1422 health care practices, and broadly disseminated to nearly 700 health care organizations in Michigan in February 2018.

How the Michigan state engagement meeting and action plan contributed to the outcome:

- Through the Prevent Diabetes STAT: Michigan Stakeholder Engagement Meeting, the need was identified to engage healthcare partners to develop systems to screen, test and refer patients with prediabetes to National Diabetes Prevention Programs.
- In the Michigan Diabetes Prevention Action Plan, an activity was developed to investigate the current use of prediabetes registries/queries within EHRs to systematically identify and refer individuals to the National DPP.
- Through action plan work group meetings and smaller "planning team" meetings, a survey was developed, and a dissemination list was compiled.
- Funding was provided to partners such as MI Center for Effective IT Adoption (M-CEITA) which is the Regional Extension Center for Health IT and Michigan's Quality Improvement Organization, Michigan Peer Review Organization (MPRO), to assist with finalizing and disseminating the survey and analyzing the results to provide key recommendations regarding how to increase STR practices in Michigan, with a specific focus on utilization of electronic health records and health information technology.
- Pilot surveys were disseminated in September 2017 to key 1422 healthcare partner contacts.
- MDHHS staff and partners reviewed results from the pilot survey in December 2017 to determine if changes were needed prior to broader dissemination.
- Utilizing key contacts from MPRO, MCEITA, and Michigan State Medical Society, the final survey was disseminated to nearly 700 health care organizations across Michigan in February 2018 and includes separate web links for health care entities such as physician organizations and local health departments.

Additional factors contributing to the outcome:

- MDHHS had an existing network of engaged partners who responded to the “call” -- assistance on development and dissemination of the survey. Partners were prepped and ready for this work.

Key strategies/action steps implemented:

- Identifying the need to develop an assessment to investigate current practices around screen, test, and refer across Michigan
- Receiving feedback from action plan work group participants as well as contracted partners such as MPRO and MCEITA
- Funding from 1305 and 1422 funding was leveraged to engage MCEITA and MPRO to assist in survey development, dissemination, and analysis, as well as providing key recommendations to increase STR practices with a specific focus on utilization of electronic health records and health information technology.
- The survey was piloted with healthcare practices in 1422 communities.
- Review of survey results and adjustments made to survey questions prior to broader dissemination
- Survey was disseminated to nearly 700 healthcare practices across Michigan in February 2018.

State health department and/or grantee role:

- Provide staff support to lead and organize overall efforts, including evaluation staff for survey design
- Provide staff support to action plan work group, which served as primary venue for receive partner input and feedback
- Facilitate partner feedback at all meetings and ensure input from partners is captured and incorporated
- Establish contracts with partners such as MCEITA and MPRO, which included developing key activities and responsibilities related to survey development, dissemination and analyzation
- Share de-identified, aggregate data to partners assisting with dissemination

Partner role:

- Provide feedback on questions to include in survey, as well as overall survey design
- Provide health care contacts for dissemination of survey and send links as appropriate
- Analyze survey and provide recommendations around strategies to increase screening, testing, and referral practices within healthcare settings
- Provide technical expertise in survey language for healthcare

Lessons learned:

- Prioritize partner engagement over timelines; expand timeline as needed
- Present specific steps, action items, or questions at all meetings
- Incorporate partner feedback into work as often as possible, even if it requires some adjustment on the state health department's part

Materials and resources used or produced:

State Resources Used or Produced

- Screen, Test, Refer Survey—developed in Survey Monkey. Survey links are developed based on organization dissemination list. This assists in analysis and allows MDHHS to share specific aggregate data with partners.

Minnesota

2016 StEM

Minnesota Diabetes Prevention Network Engagement and Action Planning

Submitted by: Houa Vue-Her | houa.vue-her@state.mn.us | 651-201-5433

Estimated number reached/impacted:

247 (actual)

Outcome:

The September 2016 StEM meeting served as a catalyst for re-engaging old Diabetes-unit partners and engaging new partners in diabetes prevention work. These 247 partners form the new Minnesota Diabetes Prevention Network (MN-DPN). Based on planning meeting results, broad MN-DPN input, and refinement by the MN-DPN Advisory Committee, workgroups tackling challenging issues related to payment and delivery infrastructure began in November 2017. Engagement is strong. The MN-DPN Advisory Committee met three times in the last year, both workgroups have met at least twice and both count more than 50 members, and MN-DPN members receive regular updates about DPP-related developments.

How the Minnesota state engagement meeting and action plan contributed to the outcome:

The StEM meeting helped reboot efforts to engage partners statewide to expand the National DPP. Our previous coalition had not met in three years, due to differing opinions about next steps for work among the 3-4-member leadership group. This created challenges in implementing 1305 and 1422. StEM meeting presentations shared stories and demonstrated how partners' work has advanced access to the National DPP statewide. Strategic planning helped attendees identify gaps and challenges ahead, with a fresh perspective for how to move forward. The meeting built momentum and attracted new partners which helped form our new statewide partnership.

The StEM also helped diversify our partners. The inclusion of speakers from CDC, Leavitt Partners and national organizations gave the StEM high profile, drawing in new and old partners. Work with Leavitt to interview insurers post-meeting helped build connections and got insurers to participate in workgroups. Other workgroup members include health systems, National DPP providers, community organizations, State Medicaid, local public health, and other organizations. Workgroup planning and refinement of priorities took advantage of the broad representation to develop strategies that have high-levels of support and sustain engagement. Priorities were meaningful and relevant enough that 67 and 53 members joined delivery and payment workgroups, respectively.

Outcomes related to Leavitt Partners interviews:

In May-June, 2017, MDH and Leavitt Partners conducted five interviews with three health plan insurers and two clinical delivery systems serving Medicaid populations, to learn about current National DPP coverage, delivery, and challenges and opportunities to increase access to the National DPP. Outcomes included: New relationships with health plan and clinical staff, successful

member and chairperson recruitment for the DPN Advisory Committee and workgroups, and key learnings that helped better frame Action Plan goals. For example, we learned that insurers contracting with the State Employee Group Insurance Program, which covers the National DPP, have more capacity and built off their infrastructure to develop additional National DPP commercial products. Most provide the National DPP lifestyle change classes virtually. They set up National DPP Medicaid payment systems, but have paid few claims. Insurers are seeking efficient contracting strategies, like third party vendors that integrate National DPP provider networks and manage delivery and payment. Plans are preparing for Medicare DPP coverage. Interviewed clinical delivery systems use community health worker coaches to provide the National DPP to Medicaid beneficiaries, however, navigating Medicaid billing systems and getting paid is a challenge. Minnesota National DPP partners want more clarity about Medicaid payment processes and technical support to guide National DPP Medicaid payment steps and to build National DPP provider networks.

Additional factors contributing to the outcome:

Many developments contributed to a sense of urgency and importance for the MN-DPN work. Prior to the StEM convening, Medicaid included the National DPP as a covered benefit in Minnesota, but implementation of the benefit lags. Medicare also will now cover the National DPP in 2018, underscoring the need for efficient lifestyle change class promotion to a growing number of people who have the National DPP as a covered benefit. Several homegrown class management systems have been developed in Minnesota due to the increasing need to simplify how people find National DPP lifestyle change classes (and other evidence-based programs) in Minnesota; we still lack a single one-stop shop for finding programs across the state.

In addition, slow and steady partnership building also yielded fruit with respect to MN-DPN work. Engagement of health plan insurers in the payment workgroup not only reflects the interviews conducted with insurers, but it also is the result of more than a year and a half of building relationship and trust with the Minnesota Council of Health Plans by Diabetes Unit Staff. Similarly, engagement of organizations who have their own class management systems in the delivery system workgroup is the result of a couple of years of building trust with the Diabetes Unit.

Key strategies/action steps implemented:

- Diabetes team personally recruited DPN Advisory Committee members
- Advisory Committee meetings took place to help select workgroup charges
- Workgroup charges developed were clear, time-delimited, and focused
- Diabetes team and Advisory Committee members used two strategies to recruit workgroup members: personal invitations and mass invitations to people expressing interest in issues related to workgroup charges personally, and a general open invitation to all MN-DPN members

State health department and/or grantee role:

State health department role-

- Developed structure, goals, expectations for DPN and workgroups
- Engaged and recruited Advisory Committee members and workgroup members
- Planned and facilitated meetings with co-chairs

1422 grantee role-

- Recruited membership for DPN and workgroups
- Participate in Advisory Committee and workgroups
- Update local DPN on MN DPN efforts
- Champion MN DPN efforts locally
- Provide local expertise and experience

Partner role:

- Attend meetings to set and implement work plans
- Engage in brainstorming, discussion and planning
- Recruit other members
- Review materials
- Co-lead Advisory Committee and workgroups
- Advocate for and advance MN DPN Action Plan goals within their sphere of influence

Lessons learned:

- Being transparent and honest is key.
- Listening to understand other perspectives and experiences across the state builds trust and better outcomes.
- Involving a variety of sectors at the table enhances the work.
- Engaging people from underserved populations continues to be a challenge. When we can't engage a person with that particular background, we have proxies within organizations that work with and are embedded in that community.
- Being clear with expectations and project scope is important.
- Having a common goal is a key facilitator.
- Having neutral, well-respected co-leads is important

Materials and resources used or produced:

CDC Resources Used

- NACDD technical assistance with planning the StEM meeting and working with NACDD and Leavitt Partners to conduct interviews
- Participation in NACDD-led Virtual Learning Collaboratives for Medicaid Payment

State Resources Used or Produced

- Diabetes Prevention Action Plan
- MN DPN Advisory Committee and Workgroup governance documents, including mission and scope of work
- Payment Workgroup work plan

Mississippi

2014 Stem

Implementing the National DPP Lifestyle Change Program in the Mississippi Delta Region, a High Burden, Underserved, and Rural Area

Submitted by: Tameka Ivory Walls | Tameka.walls@msdh.ms.gov | 662-455-1344

Estimated number reached/impacted:

10 (actual)

Outcome:

A new National DPP lifestyle change program was created to serve an area in the MS Delta Region. Approximately 50 individuals attended the Durant-Glover National DPP recruitment and engagement meeting. The Mississippi State Department of Health (MSDH) Lifestyle Coach presented program information, an overview of diabetes and its complications, and received feedback from potential partners in the area. Potential participants were made aware of the National Diabetes Prevention Program, supplied with flyers and asked to spread the word. Some of the local churches called to inquire about the program, seeking community resources for their congregants diagnosed with diabetes, but no referrals for the National DPP were received from any of the churches.

Of those in attendance, 20 signed up to participate in the National DPP lifestyle change classes. Five of the 20 were ineligible to participate due to a diagnosis of diabetes. Those five were referred to a local Chronic Disease Self-Management Program. Of the 15 remaining participants from Glover Primary Clinic, 12 enrolled. Ten class participants completed the first six months; one had a significant weight loss of 19 pounds.

How the Mississippi state engagement meeting and action plan contributed to the outcome:

The MSDH Office of Preventive Health partnered with Magnolia Medical Foundation to develop a National DPP Scalability Plan for Mississippi. Dr. Erica Thompson, of Magnolia Medical Foundation, facilitated stakeholder meetings that included community-based organizations, colleges and universities, healthcare facilities, faith-based organizations, local governments, and state agencies. These meetings addressed key elements for optimal scalability for the National DPP across the state. A final meeting was held by Magnolia Medical Foundation as part of a pre-Health Summit Workshop. The meeting was developed as a result of the information gathered during the stakeholder meetings to gain more information from the field/community to better develop a plan for scalability in Mississippi. Magnolia Medical Foundation made recommendations that will be pertinent to scaling the National DPP in Mississippi and compiled those in a report submitted to the MSDH. As a result of these meetings, Magnolia Medical Foundation partnered with the Delta Health Collaborative (DHC) which was established by the MSDH Office of Preventive Health to eliminate health disparities and create healthy and safe community environments within the Mississippi Delta Region. The DHC was already working with the Glover Primary Clinic in Durant, MS through the Community Health Workers Program which helped them identify people in the community with prediabetes who might be eligible for the National DPP (those who had been seen by the Community Health Workers). Dr. Thompson provided technical assistance to the DHC in

implementing the National DPP. Magnolia Medical's site is currently pending recognition; Dr. Thompson is a lifestyle coach/trainer. The MSDH also partnered with the Diabetes Coalition of Mississippi (DCM) whose mission is to serve as a unified voice to reduce the impact of diabetes through improved policy, prevention, and management of diabetes and its complications for all Mississippians. The DCM assisted in identifying areas of the state where the National DPP had not been implemented.

Outcomes related to Leavitt Partners interviews:

One of the Leavitt Partners/MSDH phone interviews was conducted with the Mississippi Department of Finance and Administration (DFA) to discuss possible coverage of the National DPP lifestyle change program for state employees. The DFA was enthusiastic about the benefits but stated that they would have to present the concept to their board members. The MSDH and DFA will meet in February 2018 to discuss the possibility of coverage for the National DPP lifestyle change program.

Key strategies/action steps implemented:

- DHC partnered with Glover Primary Care Clinic in Durant, Mississippi.
- MSDH coordinated a recruitment night event held with community residents.
- 12 participants enrolled in the National DPP lifestyle change program class.

State health department and/or grantee role:

- The MSDH identified staff at DHC to serve as primary contact for implementing the MSDH Diabetes Prevention Program. MSDH staff, trained as a Lifestyle Coach, was selected to implement the program in Durant, Mississippi.

Partner role:

- The Glover Primary Care Clinic referred patients to the program, designated space for meetings, hosted the scheduled meetings and provided healthy snacks and water.
- The town of Durant Mayoral Health Council hosted a recruitment night authorized by the Mayor of Durant at the town hall building where the Lifestyle Coach made a presentation.
- The Delta Alliance for Congregation Health Initiative and the MSDH Office of Tobacco donated recruitment items.

Lessons learned:

- The nurse practitioner/owner of Glover Primary Clinic supported and attended many of the weekly sessions which helped with retention.
- Utilizing at least 2 lifestyle coaches so that one could substitute for the other helped to keep the participants engaged.
- The community and leadership support increased buy-in from the residents and was instrumental in increasing access to potential referrals and strengthening participant commitment.
- It was helpful to begin the monthly sessions within two weeks of ending the weekly sessions to maintain participant engagement.
- To increase retention it is important to communicate early about the expectations in monthly sessions.

Materials and resources used or produced:

CDC Resources Used

- National DPP materials, such as: NDPRP flyer, Prevent T2 food logs, exercise logs, weekly weight logs, Prevent T2 Fat and Calorie Counter, National DPP Prescreening tools, Eat Well to Prevent T2.

State Resources Used or Produced

- Smart Snacks, 50 Fun Ways to Family Fitness, and 15 Easy Ways to Cut Back on Sugar.
- The Lifestyle Coach created sign in sheets.

Missouri-1

2017 StEM

Missouri Awareness Campaign Reaches 54 Million Impressions | Number of National DPP Participants Increases over 2300%

Submitted by: Glenn Studebaker | Glenn.Studebaker@health.mo.gov | 573-522-2875

Estimated number reached/impacted:

54 million (potential)

Outcome:

Missouri developed and implemented the Take It Back media campaign which was completed at the end of 2017. Based on the data through June 2017, the campaign generated 54 million impressions so far. The population of Missouri is 6 million, meaning everyone in the state could have seen the campaign 9 times. And participation in Missouri's National DPP lifestyle change programs increased from 159 in January 2015, to 3,671 in October 2017, a growth of 2,309%. In January 2015 Missouri was ranked 25th in participation, in October 2017 Missouri was 12th overall. Missouri is ranked 5th among states with 1305-only funding.

How the Missouri state engagement meeting and action plan contributed to the outcome:

Begun in March 2015, Missouri's Take It Back campaign predated the 2017 StEM Action Plan, so the StEM had minimal impact. The Awareness plan in the StEM action plan, however, focuses on organizational awareness. This work is just starting and will build on the progress made by the Take It Back campaign.

Additional factors contributing to the outcome:

Discussion because of Medicare coverage of the National DPP has led to more providers and more coverage which have also helped increase utilization.

Key strategies/action steps implemented:

- Utilized the contract with the Health Communications Research Center (HCRC) to conduct background literature review and message research to create a Strategic Communications Plan. The Plan was designed to promote the National Diabetes Prevention Program to at risk populations and health care professionals.

State health department and/or grantee role:

- Missouri Actions to Prevent Chronic Disease and Control Risk Factors (MAP) staff coordinated with HCRC, Elasticity and True Media. MAP staff ensured partner meetings were planned and the state was present whenever possible to oversee the work.

Partner role:

This project was implemented with three major partners:

- HCRC wrote the Strategic Communications Plan, conducted pre and post surveys and will provide analysis of the entire campaign and coordination.
- Elasticity created and updated the creative as needed.
- True Media bought the different types of media including Digital, Social Media, YouTube, Pandora, Radio, Newspaper, Transit and doctors office waiting room video.

Lessons learned:

- Be ready to change and adapt plans due to changes in vendors and staffing at partners and other factors.
- Though digital campaigns are cost-effective and provide actionable data, mass media channels including newspaper and radio are still important for reaching higher-risk populations.

Materials and resources used or produced:

State Resources Used or Produced

- Digital Display and video, social media, YouTube, Pandora, radio, newspaper, transit, & doctor's office waiting room video ads and www.reverseyourrisk.com

Missouri-2

2017 StEM

Coverage for the National Diabetes Prevention Program Lifestyle Change Program Will Soon Top 50% of Missouri Lives

Submitted by: Glenn Studebaker | Glenn.Studebaker@health.mo.gov | 573-522-2875

Estimated number reached/impacted:

3.4 million (potential)

Outcome:

Following Missouri's State Engagement Meeting (StEM) in May 2017, three insurance carriers—both private and public—have begun covering, or plan to cover, the National DPP lifestyle change program. Anthem (816,720 covered lives) began covering the program on October 1, 2017. Missouri's Medicaid Program, MO HealthNet, (484,900 covered lives), and Blue Cross/Blue Shield of Kansas City (408,360 covered lives) have announced they will begin coverage. The official start dates have yet to be set. MO HealthNet plans to cover programs through Medicaid using a State Plan Amendment. United Healthcare Group (578,510 lives) has covered the National DPP lifestyle change program since it was first offered in Missouri. With the addition of Medicare coverage (1,136,382 lives), Missouri coverage will be 56% of the population (3,424,832/6,093,000).

How the Missouri state engagement meeting and action plan contributed to the outcome:

Staff from MO HealthNet and Blue Cross and Blue Shield of Kansas City attended the StEM and was involved in the Action Planning for coverage. MO HealthNet was positively influenced by the data and evidence behind the National DPP that was presented during the meeting.

Additional factors contributing to the outcome:

The announcement that Medicare was to begin coverage of the National DPP made other organizations providing coverage reconsidered their position.

Key strategies/action steps implemented:

- Together MAP and Mo HealthNet have been writing a state Diabetes Action Plan every other year since 2015 that has built a spirit of cooperation.
- The Missouri Actions to Prevent Chronic Disease and Control Risk Factors (MAP) and MO HealthNet participated in a CMS Affinity workgroup with the goal of starting Medicaid coverage for the National DPP.
- MAP has been working with Solera for over a year to bring Anthem coverage to Missouri. This has been difficult without National DPP providers who could develop working agreements to provide the service.
- Blue Cross, Blue Shield of Kansas City attended the 2017 Kansas City Regional and Missouri State Diabetes Summits held in Kansas City and Columbia where National DPP was discussed and promoted. After the StEM in May 2017 they started internal discussions

and announced they intend to begin coverage for the National DPP at the Kansas City Regional Diabetes Summit in November 2018.

State health department and/or grantee role:

- Missouri Actions to Prevent Chronic Disease and Control Risk Factors (MAP) staff were an integral part of action planning and were consulted and provided technical assistance all along the way for the State Plan Amendment for MO HealthNet.

Partner role:

MO HealthNet is a major leader and partner for the coverage area of the Action Plan. They volunteered to be a lead on the following actions:

- Evaluate data (i.e. diabetes prevalence and cost) at the state level and at the employer level
 - Identify other resources in the environment to support participants in the program (i.e. foodbanks or physical activity support)
- Work with Missouri Dept. of Health and Senior Services for resources (i.e. funding resources for training lifestyle coaches, and potential funding for a pilot program with an employer).
 - Identify funding for a National DPP pilot (i.e., with an employer).

Lessons learned:

- The state engagement meeting was pivotal in bringing Anthem on board. When insurers understand the National DPP, they seriously consider becoming a payer. But many do not understand the program or are un- or under-informed.

Materials and resources used or produced:

CDC Resources Used

- National DPP Coverage Toolkit

Missouri-3

2017 StEM

New Missouri Organizations Recognized by the Diabetes Prevention Recognition Program

Submitted by: Glenn Studebaker | Glenn.Studebaker@health.mo.gov | 573-522-2875

Estimated number reached/impacted:

88,963 (potential)

Outcome:

Since Missouri's State Engagement Meeting (StEM) in May 2017, the following seven new organizations began providing the National DPP to all eligible participants (except as noted):

- Douglas County Health Department in Ava (county population 13,358)
- St. Luke's Hospital in Chesterfield (patient population of 17,808)
- Hannibal Regional Hospital (patient population of 3,957)
- The Healthiest You in Kansas City
- Northeast Missouri Health Council, a Federally Qualified Health Center in Kirksville (patient population of 19,499)
- Missouri State University in Springfield (4,000 faculty and staff), available to employees and their families only
- Missouri Baptist Medical Center in St. Louis (patient population of 30,341)

Because of the StEM many other organizations are exploring providing the program as well.

How the Missouri state engagement meeting and action plan contributed to the outcome:

Staff associated with four of the new recognized organizations attended the StEM.

Additional factors contributing to the outcome:

The possibility of Medicare coverage of the National DPP caused many providers who have been on the fence about starting to provide the National DPP to move forward.

Key strategies/action steps implemented:

- Douglas County is the first of Missouri's 109 Local Public Health Agencies to provide the National DPP at their location.
- MAP Staff worked with potential providers of all types throughout the state to promote and provide additional information to discussion makers.
- BJC Healthcare, one of the largest employers in the state, has been providing the National DPP to employees through Omada for over a year. They were a presenter at the StEM in May. Now an affiliated hospital (Missouri Baptist Medical Center) has begun to provide the National DPP lifestyle change program for patients.

- Northeast Missouri Health Council is involved in multiple projects including a community clinical linkage project with the YMCA, the faith community, and other local care providers.

State health department and/or grantee role:

- Missouri Actions to Prevent Chronic Disease and Control Risk Factors (MAP) staff assisted in helping to identify steps and training opportunities when requested by potential organizations.

Partner role:

- The recognized National DPP providers are working to partner with other organizations to participate in the Action Plan including Screening, Testing and Referral, Awareness and Coverage efforts as well as expanding Availability.
- The YMCAs in St. Louis and Kansas City, along with the State YMCA Alliance, are working together to find ways to expand the DPP to smaller communities in Missouri by exploring ways for the bigger programs to provide training opportunities and organizational structure to oversee the smaller programs.

Lessons learned:

- Some organizations are considering providing the National DPP lifestyle change program on their own, but appreciate technical assistance with the project once they have begun.

Materials and resources used or produced:

CDC Resources Used

- National DPP toolkits and training opportunities

Scaling and Sustaining National Diabetes Prevention Programs in Nebraska

Submitted by: Jessie Lamprecht | Jessie.Lamprecht@nebraska.gov | 402-471-0162

Estimated number reached/impacted:

1,117 (actual)

Outcome:

Nebraska's Chronic Disease Prevention and Control (CDPC) Program hosted their StEM August 24-25, 2016, resulting in the creation of the Nebraska Diabetes Prevention Action Plan 2016-2018 (Action Plan). The plan provided the backbone for a statewide effort for scaling and sustaining Nebraska's National DPP efforts. By December 2017, approximately 1,117 Nebraskans had enrolled in the National DPP lifestyle change program, with 280 individuals being recognized as completing the year-long program. As of December 2017, there are now 37 sites in Nebraska, 7 of which are fully recognized, in 27 counties (out of 93). Nebraska has worked to secure training for approximately 50-60 lifestyle coaches over the past year and a half.

How the Nebraska state engagement meeting and action plan contributed to the outcome:

The StEM provided the platform to bring together a majority of Nebraska's National DPP stakeholders and partners for the first time. This meeting allowed Nebraska to fully engage and establish partners from across the state in the diabetes prevention and control sector. The outcomes of the StEM led to being able to identify key areas for establishing the Action Plan, and participation in the StEM created the initial buy-in and support for helping implement the Action Plan. Additionally, when the draft Action Plan was disseminated to partners across the state (including those who were not able to attend the StEM), a network survey was conducted to identify individuals wanting to participate in the Action Plan Leader Work Group. The Action Plan Leader Group led to an overall increase in awareness, efforts, and momentum to scale and sustain programming throughout the state, primarily because they were able to discuss Action Plan implementation efforts through regularly scheduled meetings coordinated by the CDPC Program. Local, state, and regional partners have collaborated over the better part of 1.5 years in several avenues, including but not limited to promoting the Action Plan to partners; networking and sharing resources between coaches/organizations/sites; working to bring on new organizations/sites; promoting learning and training opportunities across the state; and carrying out activities set forth in the Action Plan in local areas.

Additional factors contributing to the outcome:

The Panhandle Public Health District (PPHD) in Western Nebraska has been serving as a 'National DPP Champion' since they first began development and implementation of the program in 2012. PPHD covers 12 counties, serving approximately 90,000 people, covering over 14,000 square miles. Two of their biggest factors of success over the past several years have resulted due to PPHD becoming embedded in two arenas: (1) local and regional hospital's and clinic's Community Health

Improvement Plans (CHIP); and (2) the Panhandle Worksite Wellness Council where they provide classes for member businesses' employees. To date, PPHD has had approximately 972 participants enroll in classes, with a total combined weight loss of 8,591 pounds!

Key strategies/action steps implemented:

- StEM meeting held August 24-25, 2016
- Nebraska Medical Association (NMA) introduces a resolution in support of diabetes prevention, pre-diabetes awareness, and the National DPP; urges physician and organization involvement in scaling and sustaining programming in Nebraska
- Engagement with key stakeholders and partners to form a collaborative statewide Action Plan Leader Workgroup
- Action Plan Leader Workgroup meets 4 times to continuously network and provide leaders of the workgroup with resources, technical assistance, and updates of the steps identified in the Action Plan
- Partnerships locally, across the state, and nationally are re-established and re-engaged, including the American Diabetes Association and the Nebraska Medical Association.
- Nebraska CDPC secures first Lifestyle Coach Training November 2016, with others to follow in June 2017 and October 2017. Approximately 50-60 participants trained in less than 1 year.
- Action Plan disseminated statewide December 2016.
- Nebraska Medical Association devotes winter member magazine release entirely to statewide efforts for prediabetes, diabetes prevention, and National DPP (reach of 3,000)
- Press releases with CDC and NACDD help maintain momentum
- Nebraska asked to present on successes at several conference opportunities
- Lifestyle Change Coordinator and American Diabetes Association enter partnership to begin development of Nebraska Diabetes Prevention Network
- Sites increase from 33 to 37; with 7 fully recognized to date
- Enrollment increases from 609 (Oct. 2016) to 1,117 (Dec. 2017) during the 1.5 years after StEM

State health department and/or grantee role:

- Awareness (grantees, SHD)
- Screening (grantees)
- Working specifically with sites (grantees)
- Health system referrals (grantees, SHD)

Partner role:

- Promotion of Action Plan and dissemination amongst partners
- Promotion of National DPP in local areas
- Partnership engagement in local areas
- Worksite coverage
- Working on awareness

Lessons learned:

- Communication and partnership engagement proved to be the single biggest factor of success for our outcomes to build and sustain programming throughout Nebraska. The state

served as a 'connecting body' or linkage for local health departments, partners, organizations, coaches, participants, and national entities (i.e., DPRP, CDC).

- Moving towards sustainable practices takes effort and broad thinking – it is not necessarily, “if you build it, they will come.” Our focus has been on systems level coordination to help keep these organizations afloat, keep their data monitored, provide them with technical assistance in recruiting participants, secure other sources of funding, work to secure coverage, assist them in becoming ingrained within their community, make sure newly trained coaches and organizations carry out implementation efforts, and beyond.

Materials and resources used or produced:

CDC Resources Used

- DPRP
- CDC infographics
- National DPP site list
- AMA/CDC Toolkit but modified and condensed to make it Nebraska-specific

State Resources Used or Produced

- Nebraska Medical Association (NMA) and NE DHHS: NMA Member Magazine and DPP Resolution
- Nebraska Healthcare Provider Toolkit
- Nebraska Diabetes Worksite Toolkit
- Nebraska PartnersNHealth website (clearinghouse of information for Nebraska diabetes prevention program resources)

Moving Forward to Prevent Diabetes in Nevada: Implementing the Nevada Diabetes Action Plan

Submitted by: Jenni Bonk | jbok@health.nv.gov | 775-684-5914

Estimated number reached/impacted:

Partners registered for the StEM represented nonprofits (17%), government (40%), health systems (22%), community based organizations (8%), business (2%), and insurers (5%). (actual)

Outcome: (Drafted prior to StEM held Feb 6-7, 2018)

Led by the Nevada Department of Health and Human Services, many Nevada partners met over a several months in 2017 to develop the Nevada Diabetes Action Plan, a plan that outlines goals and activities for diabetes prevention and control efforts in Nevada. To move forward with the implementation of diabetes prevention components of this plan, partners and stakeholders from multiple sectors (business, public health, health systems, and others) were invited to participate in a state engagement meeting, Moving Forward to Prevent Diabetes in Nevada: Implementing the Nevada Diabetes Action Plan held February 6-7, 2018, to develop a draft implementation plan for increasing the enrollment in National DPP lifestyle change programs in Nevada.

The desired outcome: Effective January 1, 2020, Nevada residents will have access to and coverage of National DPP lifestyle change programs which includes virtual and in-person options for those with prediabetes or at high risk. Payers from the public and private sectors will reimburse for this service. Multiple options will be made available to Nevada citizens with prediabetes.

How the Nevada state engagement meeting and action plan contributed to the outcome:

We expect to create new partnerships surrounding DPP in our state as a result of the StEM. We have engaged more payers (for example, Medicaid Managed Care Organizations) in this implementation stage as we see reimbursement as the key to DPP sustainability.

Outcomes related to Leavitt Partners interviews:

Leavitt Partners worked with us on our 6|18 Initiative with Medicaid and provided guidance to us on improving our diabetes data during this time frame.

Additional factors contributing to the outcome:

Nevada was selected as a second round 6|18 state for diabetes prevention in the spring of 2017. We used the StEM to meet an objective of a stakeholder meeting to move our Diabetes Action Plan forward. Nevada also received an Association of State and Territorial Health Officials (ASHTO) grant in 2017 that enabled us to draft our Diabetes Action Plan.

Key strategies/action steps implemented:

- 6|18 played a very large role in where we are at this point in terms of moving forward. 6|18 assisted us with engaging Medicaid and bringing awareness of the National DPP to Medicaid.
- The ASHTHO grant that helped us draft our Diabetes State Plan enabled us to move to the implementation phase.

State health department and/or grantee role:

- Presented on National DPP at the Medicaid MCO Quarterly Meeting (SHD)
- Met with Prevention Representative from the state employee insurer, Nevada Public Employees Benefits Program, to discuss Diabetes Prevention (SHD)

Partner role:

- Evaluate the cost benefit of National DPP reimbursement
- Initiate coverage consideration within own company
- Educate on other diabetes activities in the state

Lessons learned:

- Just because you initiate a conversation does not mean you will get a response.
- The National DPP Coverage Toolkit is a useful resource for making the case for National DPP.

Materials and resources used or produced:

State Resources Used or Produced

- The Nevada Division of Public and Behavioral Health Chronic Disease and Health Promotion Section developed fact sheets and jurisdictional health briefs highlighting the burden of diabetes in our state.
- We use BRFSS for our data.

New York-1

2016 StEM

Hyper-Connected, Automated, and Proactive Registries for Patients with Hypertension and Prediabetes

Submitted by: Susan Millstein | susan.millstein@health.ny.gov | 518-408-5142

Estimated number reached/impacted:

5,200 (potential)

Outcome:

A NYS Regional Health Information Organization (RHIO) developed and piloted hypertension and prediabetes registries and an accompanying alerting mechanism which offered healthcare teams the opportunity for timely intervention for improved patient outcomes.

How the New York state engagement meeting and action plan contributed to the outcome:

The RHIO had a history of successful collaboration with the state health department (SHD) and was supportive of diabetes prevention work. RHIO representatives were present for both days of the StEM and were key members of the Screening, Testing, and Referrals breakout group, leading discussion of the potential for health information exchanges as leaders in chronic disease prevention.

Additional factors contributing to the outcome:

ASTHO Million Hearts grant to explore whether health information exchange (HIE) data could be used to support population health which established the RHIO as a key partner and built the foundation for future work. The RHIO collaborated with one of our 1422 local IMPACT sub-awardees to pilot the registry and alerting system. The sub-awardee had existing relationships with two health systems that were willing to serve as pilot sites for the project.

Key strategies/action steps implemented:

- Identifying key goals for HIE innovation in diabetes prevention
- Entering into sub-contract with RHIO
- SHD staff collaborating with RHIO on measure development and alerting details
- Connecting RHIO with 1422 local IMPACT sub-awardee to plan pilot implementation
- Health system partners participating in planning and development of pilot

State health department and/or grantee role:

- Identifying RHIO representatives as key participants in the StEM
- Identifying local IMPACT sub-awardees as key participants in the StEM
- Informing development of clinical quality measures to identify patients with prediabetes in the HIE
- SHD staff providing on-going technical assistance to the project team

Partner role:

- Local IMPACT sub-awardee collaboration with the RHIO
- Local IMPACT sub-awardee connections to health systems

Lessons learned:

- Including RHIOs in the StEM was crucial for driving conversation toward HIE innovation in diabetes prevention.
- Diabetes prevention innovation involves team cooperation and, in the end, everyone benefits.
- HIE data can be used to support population health and clinical-community linkages.

Materials and resources used or produced:

State Resources Used or Produced

- Diabetes and prediabetes public health surveillance dashboard overview (RHIO overall and Albany county area)
- Diabetes and prediabetes registry, status and alerts dashboard overview (RHIO overall and Albany county area)

New York-2

2016 StEM

A Promising New Bi-Directional DPP Referral Platform for Central New York

Submitted by: Susan Millstein | susan.millstein@health.ny.gov | 518-408-5142

Estimated number reached/impacted:

26,000 (potential)

Outcome:

In 2017, a Regional Health Information Organization (RHIO) in Central NY, a 1422 sub-awardee and member of the NYS Diabetes Prevention Action Network (DPAN), developed a new referral platform embedded in their health information exchange (HIE) that allows for secure referral transmission and bi-directional sharing of National DPP participant information between a primary care practice and a National DPP provider. A three-month pilot project was implemented with partners from a local primary care practice and partners from a local YMCA branch delivering the National DPP lifestyle change program. 45 National DPP referrals were generated during the pilot phase resulting in three National DPP lifestyle change program classes. Since the initial pilot, the platform has expanded into two additional counties and includes three additional self-management programs.

How the New York state engagement meeting and action plan contributed to the outcome:

Our StEM and subsequent action plan provided the opportunity to discuss and document the potential for HIE/HIT as viable players in developing bi-directional referral systems for the National DPP. RHIOs were present in the breakout/discussion group on Day 2 of the StEM to brainstorm plan objectives.

Additional factors contributing to the outcome:

Prior to the StEM visit, the funds that were used to implement NC Minority Diabetes Prevention Two factors outside the StEM contributed to this outcome; the RHIO in this project was also a 1422 sub-awardee and was well positioned to do this work; and the YMCAs in New York State have been champions of the National DPP since a successful NYS National DPP translation pilot that was implemented with 10 YMCA branches from 2009-2012.

Key strategies/action steps implemented:

- Technical assistance provided to RHIO by New York State Department of Health 1422 staff
- RHIO worked with technology vendor to create referral platform
- RHIO collaborated with healthcare team to design the workflow
- Healthcare team and YMCA negotiated specifics of participant information and flow process

State health department and/or grantee role:

- State health department staff provided technical assistance on project development.
- State health department staff connected RHIO with relevant CDC materials and resources.

Partner role:

- Physician champion, diabetes educators, and quality assurance staff in primary care practice provided consultation

Lessons learned:

- Involve project stakeholders in designing applications utilizing the HIE.
- Having a physician champion is key.
- CBO champions like the YMCA are crucial to success.

Materials and resources used or produced:

CDC Resources Used

- CDC marketing materials
- Prevent Diabetes STAT Toolkit

North Carolina-1

2014 StEM

North Carolina State Employee Benefit for the National Diabetes Prevention Program

Submitted by: Sharon Jackson | sharon.r.jackson@dhhs.nc.gov | 919-707-5372

Estimated number reached/impacted:

709 (actual)

Outcome:

Effective May 2016, North Carolina state employees and their adult dependents received health plan coverage - with a \$25 co pay - for the National DPP in-person lifestyle change programs for those with prediabetes or at high risk. The benefit was extended to active employees and their families. It did not include retirees. Between May 1 and February 28, 2017, 709 employees enrolled in the year-long program. National DPP lifestyle change program classes will operate through February 2018. Completion data will be analyzed in March 2018. As of January 9, 2018, there were 511 employees enrolled in Phase II.

How the North Carolina state engagement meeting and action plan contributed to the outcome:

State Health Plan coverage of the National DPP was a recommendation discussed at the January 2014 StEM meeting and included in the Diabetes Prevention and Management Guide that emanated from the StEM meeting and was released in December 2015.

Outcomes related to Leavitt Partners interviews:

One of the main reasons given by one of the entities interviewed by Leavitt Partners for a lack of support for lifestyle change programs was similar to the reason given by the new State Treasurer for ending National DPP coverage (existing benefit of members being able to visit registered dietitians to learn to eat healthy)

Additional factors contributing to the outcome:

DPP coverage for state employees was approved under one State Treasurer and revoked under her successor. In North Carolina, the State Treasurer leads the State Health Plan which is self-funded by the North Carolina General Assembly and administered by North Carolina Blue Cross and Blue Shield. In addition to revoking National DPP coverage, the new State Treasurer revoked benefits related to obesity management and healthy baby incentives.

Key strategies/action steps implemented:

- Partnered with NC State University staff already contracting with the State Health Plan to make National DPP coverage an amended benefit
- Developed a Prediabetes Fact Sheet and presented North Carolina diabetes data, the National DPP lifestyle change program and the coverage toolkit to North Carolina Department of the Treasurer State Health Plan benefits staff members

- Members of the North Carolina Division of Public Health, Community and Clinical Connections for Prevention and Health Branch and NC State University staff collaborating with the State Health Plan staff to outline decision/ processes needed including benefit design, program delivery options, billing support, participant enrollment, and engagement and marketing strategies.

State health department and/or grantee role:

- Promotion of National DPP as a covered benefit for teachers and state employees
- Development of the class listing and HIPAA compliant registration portal
- Management of the class listing and HIPAA compliant registration portal
- Recruitment/ Enrollment of National DPP sites (Business Associate Agreement, Data Use Agreement, and Vendor Agreement)
- Validate participant eligibility
- Submission of class rosters to National DPP site
- Collection and analysis of National DPP site data
- Submission of reports to the State Health Plan
- Processing and mailing payments to sites
- Providing technical assistance to National DPP sites

Partner role:

- State Health Plan developed a press release announcing the National DPP as a covered benefit for teachers and state employees
- State Health Plan promoted the National DPP to teachers and state employees via U.S. mail and e-mail
- State Health Plan provided an active state employee data file to verify eligibility of teachers and state employees
- NC State University developed a HIPAA compliant registration

Lessons learned:

- The structure of implementation, although quick, was not the best route for sustainability and outcome measurement because the benefit was rescinded prior to one full year of implementation.
- When piloting the National DPP with an employer or payer, be sure there is sufficient time allotted to run the full year-long intervention to be able to properly evaluate program effectiveness.

Materials and resources used or produced:

CDC Resources Used

- CDC Prediabetes Screening Tool was used on the DiabetesFreeNC.com website to determine participant risks or prediabetes and program eligibility using the score derived from the tool.

State Resources Used or Produced

North Carolina state employee participant testimonials at DiabetesFreeNC.com

- A one-pager about the benefits of DPP and how to register for classes at http://www.diabetesnc.com/downloads/0417/DiabetesFreeNC_OnePager_DAC.pdf
- Class listings and registration portal (not currently active) at DiabetesFreeNC.com

North Carolina-2

2014 StEM

Increasing Minority Participation in the National Diabetes Prevention Program

Submitted by: April Reese | april.reese@dhhs.nc.gov | 919-707-5344

Estimated number reached/impacted:

4500 (actual)

Outcome:

In August 2016, the North Carolina General Assembly appropriated approximately \$2.2 million to increase minority participation in the National DPP. During the period 10/1/2016 through 6/30/2017, we screened over 4500 individuals for prediabetes and referred 1532 eligible residents to 69 classes in 30 counties. A total of 693 participants enrolled and participated in the program, which is called, NC Minority Diabetes Prevention Programs (NC MDPP). Of these 57% were African American, 22% were White, nearly 9% were Native American. 93 persons self-identified as Hispanic or Latino. 11.7% were uninsured, 34.8% had insurance from an employer or union, 18.4% were served by Medicare and 21.9% had other insurance. Over three fourths (78.4%) received care at a private doctor's office and 11% received their primary care from a community health center. Additionally, 86% of participants attended 9 or more classes in the first six months and 19.9% attended a minimum of four classes and lost 5% or more of their baseline body weight.

How the North Carolina state engagement meeting and action plan contributed to the outcome:

In April 2016, the Chronic Disease and Injury Section Chief gave a presentation to the North Carolina General Assembly's Joint Oversight Committee about Diabetes Prevention and Control that was based on the Diabetes Prevention and Management Guide that was spurred by the StEM visit in January 2014 and was completed in December 2015. The legislation that appropriated the funds for the NC Minority Diabetes Prevention Program was sponsored by legislators who heard the presentation.

Outcomes related to Leavitt Partners interviews:

Through the Leavitt Partner interviews, the state health department discovered that one of the interviewees was implementing NC MDPP as a workplace initiative in a hospital. This was valuable information that we needed to help us develop champions to help us recruit other hospitals to implement the National DPP (which has not happened yet).

Additional factors contributing to the outcome:

Prior to the StEM, the funds that were used to implement NC Minority Diabetes Prevention Programs was appropriated to the NC Office of Minority Health and Health Disparities (OMHHD) for mini grants to non-profits and governmental entities to address a variety of conditions including infant mortality, HIV/AIDS, cancer, etc. The NC General Assembly Evaluation Branch submitted a report to the NC General Assembly recommending the Office of Minority Health and Health Disparities renew its focus on CLAS Standards and move away from the mini grant process in July 2016.

Key strategies/action steps implemented:

- Jointly developed an agreement addendum to distribute funds to the regional partners who would implement the program (staff from the state health department and the Office of Minority Health and Health Disparities)
- Helped develop the list of participant incentives
- Held three lifestyle coach trainings
- Developed a pre/post knowledge assessment test for participants
- Worked with Wake Forest University to refine data elements to be collected for CDC recognition and legislatively required evaluation

State health department and/or grantee role:

- State diabetes staff assisted the OMHHD staff with developing the agreement addendum that that required all regions to:
 - Screen and enroll a certain number of minorities in each region based on the percent of minorities living in the region and the prediabetes prevalence
 - Apply for CDC recognition and use the Prevent T2 or Prevenga EI T2
 - Develop a coalition to support National DPP providers
 - Participate in a “community conversation” about diabetes
 - Promote participation in National DPP lifestyle change programs
- Shared information about the National DPP with the Office of Minority Health and Health Disparities
- Introduced the OMHHD staff to National DPP partners such as Wake Forest University and the Diabetes Training and Technical Assistance Center (DTTAC) at Emory University
- Provided guidance to sites about implementing their National DPP lifestyle change programs

Partner role:

- DTTAC conducted 3 trainings that included nearly 60 lifestyle coaches.
- Wake Forest University modified the statewide National DPP database to be able to identify Minority Health National DPP lifestyle change program classes from other classes that might be operating in the same health department.
- NC MDPP Regional Collaboratives developed 69,000 targeted marketing awareness campaigns reaching over 7 million residents.

Lessons learned:

- Through community conversations, several barriers to enrollment, participation and obtaining results were identified including: high food cost, lack of safe places for physical activity, time, and transportation. We may consider partnering with the Expanded Food and Nutrition Network to demonstrate that eating healthy does not have to be expensive.
- The sites will have to focus on reaching 5% weight loss as many sites have not been able to achieve this milestone.

Materials and resources used or produced:

CDC Resources Used

- Prevent T2 or Prevenga el T2 curriculum

State Resources Used or Produced

- Screening stoplight graphic to help participants easily determine if they were normal (green), had prediabetes (yellow) or diabetes (red). The graphic was easy to understand for participants at screening events.

Engaging Key Stakeholders to Support Diabetes Prevention Action Plan Implementation

Submitted by: Nicole Smith | Nicole.Smith@odh.ohio.gov | 614-466-0293

Estimated number reached/impacted:

To be determined

Outcome:

Since the Ohio Diabetes Prevention Summit held in July 2017, Ohio Department of Health (ODH) staff has taken steps to revise the Diabetes Prevention Action Plan, build partnerships with key stakeholders, and work with Leavitt Partners to begin scheduling primary intelligence interviews.

How the Ohio state engagement meeting and action plan contributed to the outcome:

The Ohio Diabetes Prevention Summit was the first step in bringing partners throughout Ohio together around the National DPP.

Outcomes related to Leavitt Partners interviews:

One primary intelligence interview was held in January 2017. One additional interview is also scheduled for late January.

Additional factors contributing to the outcome:

In April 2017, the Ohio General Assembly passed [House Bill 216](#) which requires the ODH, Ohio Department of Medicaid (ODM), Ohio Department of Administrative Services (DAS) and Ohio Commission on Minority Health (OCMH) to jointly develop a report, (called the 2018 Ohio Diabetes Action Plan, or DAP) every two years on the diabetes spectrum in Ohio. The proposed report includes information about diabetes prevalence, mortality, trends, hospitalizations, costs, comorbidities, care, and disparities. In addition, this report also contains: (1) state agency goals to reduce the burden of diabetes across all populations, (2) an assessment of health and financial impact that diabetes has on state and local jurisdictions, (3) a description of efforts that the four state agencies have taken to address the diabetes spectrum, (4) proposed recommendations to reduce the impact of diabetes, and (5) proposed costs to implement the recommendations. The report will be submitted to the Ohio General Assembly and made available to the public on January 31, 2018.

The development of this report has led to increased collaboration between ODH, ODM, DAS, and OCMH on diabetes activities. The conversation around coverage, specifically for state employees and Medicaid, has continued. Although our Diabetes Prevention Action Plan is not yet finalized, strategies in the plan were taken into consideration when developing the recommendations to include in the 2018 DAP report.

ODH staff is also developing fact sheets based on data from the DAP report. The first fact sheet will focus on awareness of prediabetes and screening, testing, and referrals. The target audience will be physicians, which coincides with the action steps in the “Awareness” section of Ohio’s Diabetes Prevention Action Plan.

This report has also required considerable time and effort from ODH staff, which is part of the reason the Diabetes Prevention Action Plan is not yet finalized.

Key strategies/action steps implemented:

- ODH staff participated in a call with NACDD staff in August 2017 to debrief from the Ohio Diabetes Prevention Summit. Additional calls were held with NACDD liaison monthly thereafter.
- Initial call with Leavitt Partners to discuss primary intelligence interviews was held. After this call, ODH staff prepared a list of potential interviewees. A follow-up call with Leavitt Partners was held to rank the list of interviewees. The top 5 were initially contacted by Leavitt Partners. To date, one interview was held and a second is scheduled.
- In December, ODH staff sent an email to Ohio Diabetes Prevention Summit attendees as well as stakeholders involved in the DAP report. This email provided updates on the Diabetes Prevention Action Plan and the DAP report, as well as future actions for 2018.
- ODH met with the Ohio Department of Aging in December to discuss diabetes activities and outcomes from the Ohio Diabetes Prevention Summit.
- ODH staff made initial contact with Kroger and Trinity Health Systems to discuss their work around increasing awareness and availability of the National DPP. Further conversations will occur in 2018 to continue to build these partnerships.
- ODH staff met with Ohio State Medical Association (OSMA) and American Medical Association (AMA) staff to discuss coordination of efforts to build awareness of the National DPP amongst physicians in Ohio. A follow-up call with OSMA and AMA is scheduled in early February.
- ODH staff had two conference calls with Weight Watchers Health Solutions to discuss their partnership with Solera to offer the National DPP, and the potential this could have in Ohio.

State health department and/or grantee role:

- The Ohio Department of Health convened and facilitated meetings with key partners.
- ODH has five 1422 sub-grantees (local health departments) which cover six counties. These six health departments attended the Ohio Diabetes Prevention Summit. All the local sub-grantees are also working on the four pillars of diabetes prevention within their communities through the 1422 grant requirements.

Partner role:

- Partners (OSMA, Kroger, Trinity, health insurance payers, worksites, physicians, local health departments, etc.) will play a key role in implementing the Diabetes Prevention Action Plan once finalized.

Lessons learned:

- The requirement to submit the 2018 DAP report to the Ohio General Assembly by the end of January 2018 delayed ODH from finalizing the Diabetes Prevention Action Plan.

Materials and resources used or produced:

CDC Resources Used

<https://www.cdc.gov/diabetes/prevention/index>

State Resources Used or Produced

- 2018 DAP report
- A physician fact sheet is under development.

Employer Engagement through Leavitt Partners Primary Intelligence Interviews

Submitted by: Joyce Lopez | joycel@health.ok.gov | 405- 271-4072

Estimated number reached/impacted:

4 large employers and one association, two of which began pilots of the National DPP lifestyle change program, one is considering coverage for 2019

Outcome:

In spring 2017, the Oklahoma State Department of Health (OSDH), an Oklahoma National DPP provider (who also serves on the Oklahoma Diabetes Caucus), and Leavitt Partners spoke with four self-funded employer groups and one association in the greater Oklahoma City metropolitan area. These interviews were conducted as a supplement to Oklahoma's National Diabetes Prevention Program (DPP) State Engagement Meeting (StEM) and to support implementation of their resulting action plan. All entities were familiar with the National DPP and two employers had previously discussed implementing the National DPP lifestyle change program. Another two of the entities expressed interest in further discussions with the OSDH and the Oklahoma National DPP provider to consider coverage of National DPP for their employees. Two of the employers interviewed began a pilot National Diabetes Prevention Program with their employees in the fall of 2017. Another employer wants to engage further with OSDH and the Oklahoma National DPP provider for consideration of coverage in 2019. The interviews were a springboard to further employer engagement in coverage of the National DPP in Oklahoma.

How the Oklahoma state engagement meeting and action plan contributed to the outcome:

The Oklahoma StEM was held October 25-26, 2016. The meeting resulted in an action plan around four pillar areas: 1) Screening, Testing and Referral, 2) Coverage, 3) Availability and Support for Lifestyle Change Programs, and 4) Awareness. The coverage action plan priority focused on increasing self-insured employers coverage of the National DPP lifestyle change program.

Outcomes related to Leavitt Partners interviews:

The OSDH worked with Leavitt Partners to identify organizations to interview. Contact with employers interviewed by Leavitt Partners continues by Oklahoma National DPP providers. Two of the five employers interviewed began pilots in fall 2017. One began classes in September; they are holding two sessions – one during the lunch hour and the other after work. They are having initial success with the classes and will be offering additional sessions. The other employer started a pilot program with one of the larger health systems in September as well; they have two cohorts meeting and are doing quite well. They will determine next steps following the pilot.

Additional factors contributing to the outcome:

An Interim Study was requested by one of the senators chairing the Diabetes Caucus. A presentation was developed by a Caucus workgroup and presented to the Oklahoma Health and Human Services Committee in October 2017. The Study was well-attended by senators and representatives alike. Next steps from this Study will include a senate bill proposing Medicaid coverage of the NationalDPP by CMS with development of a state plan to be presented to CMS in 2019. These steps are modeled after a similar plan proposed by New Jersey.

Key strategies/action steps implemented:

- Engagement of Diabetes Caucus members whose members include legislators, National DPP providers, tribal nations, large health systems, pharmaceutical companies, community stakeholders, pharmacists, and academia
- Follow up with employers interviewed
- Oklahoma National DPP providers provided technical assistance and support for the National DPP lifestyle change program pilots.

State health department and/or grantee role:

The OSDH's role has been one of sharing resources, updates and information from CDC, NACDD and other organizations with Caucus members. OSDH served as in a convener/facilitator role but has now transitioned to serve as a connector. OSDH connects groups who are interested in beginning a National DPP lifestyle change program with those who are currently offering one, to facilitate mentorships.

Partner role:

Partners are critical to the successes achieved so far. Allowing organizations offering the National DPP lifestyle change program an opportunity to discuss benefits and address challenges of those groups interested has been very beneficial.

Lessons learned:

It was beneficial during the Leavitt Partner calls to have two of our current National DPP providers on the phone to answer specific questions for organizations interested in the National DPP. This also facilitated a “warm handoff” to the interested group with an OK National DPP provider.

Materials and resources used or produced:

CDC Resources Used

- CDC Prevention Impact, National DPP & NACDD Coverage Tool kits and CDC ROI information; links to the CDC DDT website were provided

Pennsylvania Medicaid MCOs Implement National DPP Pilots for their Members

Submitted by: Camelia Rivera | camrivera@pa.gov | 717-547-3247

Estimated number reached/impacted:

400,000 (potential)

Outcome:

Effective January 1, 2018, Medicaid beneficiaries are eligible to attend the National DPP program at no cost, under a pilot program implemented by all nine Medicaid MCOs in Pennsylvania.

How the Pennsylvania state engagement meeting and action plan contributed to the outcome:

At the StEM in August 2017, the Pennsylvania Department of Human Services (PA DHS), Office of Medical Assistance Programs (OMAP), made the announcement that the nine Medicaid MCOs will roll out pilots beginning January 2018 to cover the National DPP for Medicaid recipients at risk for type 2 diabetes or with prediabetes.

Additional factors contributing to the outcome:

Prior to StEM, the Pennsylvania Department of Health (PADOH) Diabetes Prevention and Control Program has convened quarterly meetings with the Medicaid Managed Care Organizations (MCOs), since November 2014. At these meetings, MCO leaders have been educated about prediabetes, the National DPP, and the cost-effectiveness of this lifestyle change program. Additional information, including information about the research that demonstrated the effectiveness of the National DPP, and the return on investment (ROI) of this program, as well as contract language, was directly provided to the OMAP staff.

Key strategies/action steps implemented:

- Invited the MCO's directors and the Chief Medical Officers for Pennsylvania Department of Human Services' Office of Medical Assistance Programs to attend StEM
- Met with Pennsylvania DHS OMAP staff in November 2017 to discuss follow up steps and information needed to support the Medicaid MCOs with pilot implementation
- With support from NACDD and Leavitt Partners, held a National DPP Coverage Toolkit webinar for the MCOs in late November 2017.
- Attended MA MCOs quarterly meeting in early December 2017 to give a more in-depth presentation of National DPP and of PADOH's effort and strategies to strengthen the program in the state, and to answer questions
- Continue to hold quarterly conference calls where both PADOH and the Medicaid MCOs present updates on their initiatives around diabetes prevention and control strategies in Pennsylvania.

State health department and/or grantee role:

- Philadelphia Department of Public Health (PDPH), a 1422 Grantee, co-presented on the National DPP Statewide Landscape at the StEM.
- PDPH established a partnership with one Medicaid MCO in Philadelphia area to implement coverage strategies with Federally Qualified Health Centers in the area.
- Invited PDPH staff to attend the National DPP Coverage Toolkit webinar in November 2017
- Had discussions with PDPH to align program delivery strategies in Philadelphia area, to prevent duplication of efforts and maximize efficiency

Partner role:

- Health Promotion Council (HPC), and one Medicaid MCO (AmeriHealth Caritas) are implementing a pilot leveraging Pennsylvania's network National DPP providers, an online DPP provider, AmeriHealth's provider network, and a call center to increase patient access and referral to National DPP lifestyle change programs operating in AmeriHealth's 42 county coverage area.
- Philadelphia Health Management Corporation (PHMC), an affiliate of HPC that is assisting PADOH with data collection and program evaluation at the 60 National DPP sites supported by PADOH, is designing a process to collect more specific data on National DPP participants enrolled in Medicaid.

Lessons learned:

- Educating the Medicaid MCOs about the National DPP at the ongoing quarterly meetings that began in 2014, as well as other diabetes stakeholders at the Pennsylvania Diabetes Action Network (PA DAN) quarterly meetings, prepared further conversations with decision makers about the benefits of covering the program for Medicaid recipients.
- The support and resources NACDD brought to the StEM, including the national presenters, as well as the engagement of a large variety of stakeholders, acted as strong arguments for covering the National DPP.
- Medicare's decision to cover the National DPP sparked MCOs interest and confidence in this initiative.

Materials and resources used or produced:

CDC Resources Used

- CDC's Diabetes Prevention Impact Toolkit, AMA/CDC's Prevent Diabetes STAT, AMA's Cost Saving Calculator

State Resources Used or Produced

- Maps showing location of National DPP sites in Pennsylvania and infographics developed by PHMC as part of their yearly report on PADOH's strategies around increasing the number of CDC-recognized National DPP organizations across the state

Rhode Island Health Equity Zone's Role in Growth of the National DPP

Submitted by: Randi Belhumeur | Randi.belhumeur@health.ri.gov | 401-222-3667

Estimated number reached/impacted:

494 (actual)

Outcome:

Following Rhode Island's StEM in April 2016, the Rhode Island Department of Health (RIDOH) began a partnership with seven of the state's ten Health Equity Zones (HEZ) to scale National DPP programs. The goal of this partnership is to address health disparities and increase access to evidence-based health programming in underserved communities. The collaborative work between RIDOH and HEZ focused on increasing referrals, advocating for coverage of the program by employers, and strengthening the program delivery infrastructure in the state. In just eighteen months, the seven HEZ held 42 classes throughout Rhode Island reaching 494 individuals with prediabetes.

How the Rhode Island state engagement meeting and action plan contributed to the outcome:

In April 2016, RIDOH convened key partners in Rhode Island to build the foundation of DPP and define the three pillars of the Rhode Island DPP State Action Plan (described below). The need to implement DPP in HEZ communities to reach target populations and the need to achieve the goals of the three pillars were identified as key priorities. The pillars developed during the action planning process were:

- Screening/Testing/Referral: Each of the seven HEZ delivering DPP have connected with primary care practices and federally qualified health clinics to engage in testing and referring patients with prediabetes into CDC-recognized organization programs within HEZ communities.
- Coverage: Through the work of the HEZ, three new employers are offering the National DPP as a covered benefit to their employees. Two are smaller businesses--one with 75 employees and the other with approximately 300 employees. The third employer is a large health system with 1,531 employees.
- Availability: Since the start of National DPP implementation in the HEZ, Rhode Island has realized the following: seven new CDC-recognized organization program sites, 42 sessions with a total of 494 participants, and 49 newly-trained lifestyle coaches.

Additional factors contributing to the outcome:

The HEZ framework allows RIDOH and stakeholders to address the social and environmental determinants of health by using a place-based approach. This ensures that we are reaching the most vulnerable populations in the delivery of our programs. In the first year of funding, each of the 10 HEZ completed comprehensive community needs assessments to determine the areas of focus that would best serve each community. As mentioned above, seven out of the ten HEZ chose to address prediabetes in Rhode Island. This has provided an opportunity to deliver the National DPP

at the local level in a multitude of settings, such as CBOs, health systems, municipalities, senior centers and worksites. The qualitative data reveals that our efforts to engage our stakeholders in the decision-making process resulted in a stronger commitment by our partners to sustain the National DPP in our state.

Key strategies/action steps implemented:

- HEZ stakeholders participated in the development of the RI DPP State Action Plan to Prevent and Control Prediabetes in Rhode Island
- Through a contract with the Rhode Island Parent Information Network (RIPIN), “HEZ Liaisons” were hired to work within the HEZ to increase awareness of pre-diabetes in Rhode Island; to foster enrollment into National DPP lifestyle change program classes within the HEZ; to spearhead classes within the HEZ communities; build partnerships and alliances within the HEZ communities, ensure program fidelity, and assist with monthly DPRP data collection
- “HEZ Liaisons” and HEZ leadership built alliances with the provider community to encourage providers to screen or test and refer into the National DPP

State health department and/or grantee role:

- Led the process for convening stakeholders, including HEZ partners, in the creation of the Rhode Island State Action Plan, in partnership with NACDD
- Providing guidance and support to the HEZ as they developed their work plans
- Providing technical assistance to the RIPIN and the HEZ on best practices for implementing the National DPP in Rhode Island
- Spearheading the National DPP stakeholder network (Network), a coalition of HEZ partners, representatives from each DPRP, National DPP lifestyle coaches, health plan providers and other community based organizations to work together to scale the National DPP in Rhode Island

Partner role:

- Actively participated in the State Action planning process
- RIPIN, as an early adopter of the National DPP in Rhode Island, also provided technical assistance to our HEZ partners, including academic detailing to providers in each HEZ
- Actively participated in the Network.

Lessons learned:

- The Network needs to be all-inclusive of the National DPP landscape in Rhode Island, including partners outside of the HEZ DPRPs
- The State Action Plan for Scaling and Sustaining Diabetes in Rhode Island needs to be an iterative process and should be folded into the Network meetings
- More robust quality improvement initiatives are needed to continue to improve on National DPP outcomes in Rhode Island.

Materials and resources used or produced:

CDC Resources Used

- RIDOH created a simplified provider toolkit utilizing CDC’s guide to assist the HEZ with

State Resources Used or Produced

- The RI State Action Plan, which was highlighted at the February 28th HEZ launch

academic detailing visits to increase program awareness, screening, testing and referrals by providers. The Sample Provider Toolkit was presented to the stakeholder network at the May 10, 2017 meeting.

- event. On-going discussions and updates to the state action plan are provided at the stakeholder network bimonthly meetings.
- The National Diabetes Prevention Program flyer, which highlighted RI's landscape to engage key stakeholders to partner with RIDOH to scale and sustain the National DPP.
 - The National DPP flyer, directed to employers, which highlighted the program's cost effectiveness.

South Carolina-1

2015 StEM

Diabetes Advisory Council of South Carolina – Development of a Statewide Comprehensive Diabetes Prevention Plan

Submitted by: Michelle Moody | moodyrm@dhec.sc.gov | 803-898-1636
 Tangee Thomas | thomastd@dhec.sc.gov | 803-898-1466

Estimated number reached/impacted:
 330,000 (potential)

Outcome:

As of April 2016, the Diabetes Advisory Council (DAC) released the Statewide Comprehensive Diabetes Prevention Plan for South Carolina. The DAC and the South Carolina Department of Health and Environmental Control (DHEC), along with partners from across the state, are working together to ensure that people with prediabetes achieve optimal health and delay or prevent the onset of Type 2 diabetes. The success of the plan relies on the collective and ongoing engagement of public and private health systems and providers, community-based organizations, employers and health insurers with participation from individuals with prediabetes in South Carolina. The engagement of these groups and individuals is organized under the following pillars: Pillar 1- Provider Engagement; Pillar 2- Availability, Pillar 3- Participant Engagement; Pillar 4- Coverage.

How the South Carolina state engagement meeting and action plan contributed to the outcome:

During the StEM, NACDD engaged the planning members in a facilitated discussion on the state's prediabetes landscape, stakeholder's involvement, and engagement. During this meeting there was a discussion on which of the four pillars (Provider Engagement, Availability, Participant Engagement, and Coverage) the DAC wanted to address in our action plan. As a result of this conversation, DAC decided to incorporate all four pillars. DAC also decided to incorporate the Prevent Diabetes STAT Toolkit for marketing and awareness and utilize technical assistance from AMA and NACDD for the 12-18 months following the StEM meeting.

Additional factors contributing to the outcome:

DAC was established in 2010 to serve as the state advisory council for the Diabetes Program per CDC's guidance. DAC was reconvened in 2015 to help advance diabetes prevention efforts within the state. DAC's primary focus is to serve as the backbone organization for implementation of the Statewide Comprehensive Diabetes Prevention Plan for South Carolina.

Key strategies/action steps implemented:

- Met with DAC stakeholders to assess willingness to become an active organization again
- Reactivated the DAC Chair's roles and responsibility (Same Chair as previously) and hired a new DAC Coordinator

- Invited DHEC staff and other External Partners (Eat Smart, Move More South Carolina, Department of Health and Human Services, Kidney Foundation, YMCA etc.) to participate on this council
- Reconvened the first DAC meeting September 23, 2015
- Recruited partners to join specific pillars and begin establishing goals and objectives

Each Pillar has a specific goal, long-term objective(s), target, and activities organized by the elements of the plan that will help achieve the overall goal of reducing the burden of diabetes and prediabetes within South Carolina.

- Pillar One- Provider Engagement: Increasing the number of physicians, health care providers and health care consumers that recognize prediabetes as a condition and ultimately commit to make steps towards increasing screening, testing, and referring to the National DPP
- Pillar Two- Availability: Improving accessibility and ultimately increasing the number of CDC-recognized National DPP organizations in South Carolina
- Pillar Three- Participant Engagement: Increasing awareness of prediabetes among consumers, community organizations, healthcare providers, hospital systems, health plans, legislators, and employers. This dimension also focuses on increasing consumer participation into active National DPP organizations.
- Pillar Four- Coverage: Encouraging employers and insurers to offer lifestyle change programs as a covered benefit thereby enabling those with prediabetes and/or at risk for type 2 diabetes to access the program.

State health department and/or grantee role:

- Assess the current burden of diabetes, prediabetes and associated risk factors (SHD)
- Conduct outreach and education strategies that are culturally and linguistically appropriate for targeted populations (BOTH)
- Conduct population-based community interviews focused on promoting and providing evidence-based community interventions such as the National Diabetes Prevention Program (BOTH)
- Host roundtable discussions within each region of South Carolina learn about their experiences becoming a sustainable and fully recognized National DPP (SHD)
- Sustain and advocate to ensure appropriate policies and resources are available for entities interested in implementing an National DPP (BOTH)
- Conduct evaluation and surveillance activities to ensure long-term success of the plan (SHD)
- Reporting templates, logic models, dashboards, maps etc.

Partner role:

- The Business Coalition on Health has paved a way for SHD staff to meet with many large worksites within the State to gage their interest in implementing and sustaining a National DPP for their employers.
- Eat Smart, Move More South Carolina has hired a Coordinator to organize and communicate all work initiated through DAC.
- Using 1422 grant funds, DAC has been able to increase the number of National DPP organizations within South Carolina. (From 2 organizations to 52 organizations)

Lessons learned:

- Invite more external partners to participate on the DAC to assist with increasing the number of organizations offering the National DPP in the state.
- Use successes of employees participating in the National DPP to advocate for worksite coverage.
- Tailor the development of materials used to educate the community about their risk and enrolling in the program.

Materials and resources used or produced:

CDC Resources Used

- Utilized CDC's marketing materials (flyers and post cards) to develop an ad campaign that can encourage participants to know their risk, talk to providers and to inform them of available National DPP's within the state.

State Resources Used or Produced

- 2016-2021 [Statewide Comprehensive Diabetes Prevention Plan for South Carolina](#)
- [A Diabetes Prevention Toolkit for Physicians and Health Care Teams](#) (Pillar 1)
- Recruiting, Retaining and Sustaining Brochure (Pillar 2)

South Carolina-2

2015 StEM

AWARENESS ●
COVERAGE ○
SCREEN, TEST, REFER ●
AVAILABILITY ○
PARTNER ENGAGEMENT ○

A South Carolina Diabetes Prevention Toolkit for Providers

Submitted by: Michelle Moody | moodyrm@dhec.sc.gov | 803-898-1636

Estimated number reached/impacted:

132 health care providers and other professionals reached by South Carolina Medical Association provider education sessions

Outcome:

In July 2017, the Diabetes Advisory Council (DAC) Pillar 1-Provider Engagement workgroup released a pilot version of the toolkit entitled: *Preventing Type 2 Diabetes in South Carolina: A Diabetes Prevention Toolkit for Physicians and Health Care Teams*. The creation of the toolkit was a response to the South Carolina providers and health care teams expressing the need for a South Carolina-specific version of the American Medical Association/CDC Provider toolkit. The purpose of the toolkit is to provide health care teams in South Carolina with a guide and a reference tool to assist with evaluating, testing, treating, and referring patients to in-person or online evidence-based diabetes prevention programs. The toolkit is also intended to be used as a resource to help practices and health care teams engage in a dialogue with their patients about the risk associated with prediabetes and related strategies to help patients adopt healthier lifestyles.

How the South Carolina state engagement meeting action plan contributed to the outcome:

The State Engagement Meeting (StEM) held in July 2015 provided us with the opportunity to engage active and new stakeholders to promote the National Diabetes Prevention Program (National DPP). The meeting also served as the catalyst for reconvening the state Diabetes Advisory Council (DAC). In year 1, the DAC Pillar 1-Provider Engagement workgroup developed the 2016-2021 Statewide Comprehensive Diabetes Prevention Plan. Within that plan, the workgroup outlined an objective to increase the proportion of provider referrals to the National DPP. To meet the objective, the workgroup worked with a variety of partners to create the toolkit entitled: *Preventing Type 2 Diabetes in South Carolina: A Diabetes Prevention Toolkit for Physicians and Health Care Teams*.

Additional factors contributing to the outcome:

In addition to the StEM meeting, three physicians were committed and assisted us with the toolkit development and implementation, to increase evaluating, testing, treating and referring to the National DPP. Due to their commitment to champion the cause, we successfully developed and piloted the toolkit in four (4) primary care practices throughout the state and conducted five (5) provider education sessions to promote the toolkit statewide among providers and health care teams. The toolkit provider education sessions are pre-recorded and available via webinar format and once viewed provides continuing medical education units for health care providers.

Key strategies/action steps implemented:

- The April 2015 StEM meeting was held.

- Reconvened the Diabetes Advisory Council (DAC)
- DAC, which first existed as a CDC requirement for all State Diabetes Prevention and Control Programs to work on the prevention and management of diabetes
- Dr. Gerald Wilson, a practicing surgeon at the time, agreed to return as the Chair of DAC
- Developed the 2016-2021 Statewide Comprehensive Diabetes Prevention Plan for South Carolina
 - Inclusion of Pillar 1-Provider Engagement-specific objective related to increasing screening, testing and referrals to National DPP
- Reviewed AMA/CDC Prevent Diabetes STAT toolkit to educate providers on the importance of evaluating, testing, treating and referring to National DPP
- Expressed need for a South Carolina specific provider toolkit
- Selected and convened small toolkit workgroup
- Draft toolkit developed
- Released final pilot version of the toolkit in four primary care practices
- Received and compiled pilot feedback
- Incorporated feedback
- Final toolkit printed and distributed statewide through strategic outreach efforts

State health department and/or grantee role:

- Coordination of StEM meeting
- Reconvening of DAC
- Facilitation of the development of the 2016-2021 Statewide Comprehensive Diabetes Prevention Plan for South Carolina
- Assisted with the following:
 - Review of AMA/CDC Prevent Diabetes STAT toolkit to educate providers on the importance of evaluating, testing, treating and referring to National DPP
 - Selection and convening of small toolkit workgroup
 - Toolkit development
 - Selecting four primary care practices for piloting the toolkit
 - Receiving and compiling pilot feedback Incorporating feedback into the toolkit
 - Printing of final toolkit and coordination of statewide distribution through strategic outreach efforts

Partner role:

- Attended and provided feedback during the StEM meeting
- Assisted with the development of the 2016-2021 Statewide Comprehensive Diabetes Prevention Plan for South Carolina
- Assisted with review of AMA/CDC Prevent Diabetes STAT toolkit to educate providers on the importance of evaluating, testing, treating and referring to National DPP
- Expressed need for South Carolina specific toolkit
- Assisted with the following:
 - Selection and convening of small toolkit workgroup
 - Toolkit development
 - Piloting the toolkit in four primary care practices
 - Distribution statewide through strategic outreach efforts

- Provision of provider expertise to ensure the toolkit reaches the target audience of providers and health care teams

Lessons learned:

- A layered and multidimensional approach to development and implementation is important when considering statewide implementation of resources.
- A provider champion is key when targeting providers with the intent to educate on the importance of evaluating, testing, treating and referring to National DPP.
- When developing materials, it is important to build in a mechanism for necessary updates and changes in content.
- Building in evaluation mechanisms for each phase (development, pilot and implementation) of the project is important and necessary.

Materials and resources used or produced:

CDC Resources Used

- ADA Self-Risk Assessment
- AMA/CDC Provider Toolkit
- CDC Self-Risk Assessment
- CDC Prediabetes Fact Sheet

State Resources Used or Produced

- Preventing Type 2 Diabetes in South Carolina: A Diabetes Prevention Toolkit for Physicians and Health Care Teams*
- Evaluate, Test and Treat Algorithm*
- Patient Summary Form*
- Workflow for Evaluating, Testing and Treating for Prediabetes*
- SC National DPP Referral Form*

*Find these resources at DACtoolkit.org

Texas-1

2017 StEM

AWARENESS ●
COVERAGE ●
SCREEN, TEST, REFER ○
AVAILABILITY ○
PARTNER ENGAGEMENT ●

Greater Houston Employer National Diabetes Prevention Program Pilot Program

Submitted by: Alisa Spieckerman | alisa.spieckerman@dshs.texas.gov | 512-776-6999

Estimated number reached/impacted:

800 (potential)

Outcome:

Eight employers in the Greater Houston region were recruited by the Houston Business Coalition on Health (HBCH) to participate in a longitudinal pilot study during the first quarter of 2018. The pilot consists of 20-100 employees from each participating employer, with cohorts varying based on employer size. The pilot consists of matching controls from each employer population. Standard design criteria are currently being developed. Using the eligibility criteria set by the National Diabetes Prevention Program, each employer will screen potential employees with prediabetes. The final design will be developed by the employers participating in the pilot. The pilot will require coordination with and participation of the employees' primary care provider.

The HBCH's Coverage subcommittee will monitor and track results of each employer. The American Association of Diabetes Educators Data Analysis of Participants System will be used to collect and analyze the pilot study data. The pilot is expected to result in Houston area employers providing National DPP lifestyle change programs to their employees with pre-diabetes.

How the Texas state engagement meeting and action plan contributed to the outcome:

The StEM (Putting Diabetes Prevention to Work: Houston Implements the National DPP) took place February 7-8, 2017 at the Houston Learning and Development Center. Approximately 130 local professionals from multiple sectors in Houston were engaged in a 1 ½ day event to discuss shared strategies for diabetes prevention. Leading up to the meeting, the Texas Area Health Education Center (AHEC) East, in collaboration with Cities Changing Diabetes (CCD), HBCH, Texas Diabetes Council (TDC), the Texas Department of State Health Services (DSHS), and the National Association of Chronic Disease Directors (NACDD), met regularly to ensure the successful planning and execution of the stakeholder engagement meeting. As a result of the employer's participation in StEM, more than 20 direct and indirect National DPP project team and taskforce members have been organized into three subcommittees to address implementation of the Quick Start Action Plan. Additionally, pilot study sites were recruited as a direct result from StEM attendees.

Outcomes related to Leavitt Partners interviews:

Four primary intelligence interviews have been conducted to date. From these interviews, Texas DSHS learned that one employer was interested in participating in the pilot. Health plans have been challenging to schedule for interviews.

In addition to the Leavitt Partners interviews, the TX SHD team conducted additional research and interviews. We learned that some health plans, such as Blue Cross Blue Shield of Texas (BCBS), utilize Real Appeal and Naturally Slim programs. BCBS is the third-party administrator for the Employees Retirement System of Texas Health Select plan offered to state employees. Texas DSHS staff conducted a call with a grocery/pharmacy retailer and the largest private employer in Texas. Through this call, DSHS learned the retailer plans to apply for the CDC Diabetes Prevention Recognition Program (DPRP) in 2018 and would like to become a statewide provider.

Additional factors contributing to the outcome:

- Partnership with CCD (<http://www.citieschangingdiabetes.com/>) has been a key driver in bridging connections and partnerships in the Houston area and creating buy-in from health systems, health plans, community organizations, and businesses.
- HBCH showcased the National DPP at the TBGH regional forums in 2017 and has prioritized the National DPP on the 2018 agenda. These forums address a variety of issues of importance to employers and will be attended by 150 stakeholders, of whom half will be employers creating exposure and awareness of the National DPP. Other stakeholders include health plans, health systems, and consultants.
- HBCH has showcased the success of the National DPP through several education forums hosted by their statewide affiliate, the Texas Business Group on Health (TBGH).
- TBGH and DSHS are drafting a scope of work for 2018 activities to expand the National DPP statewide through their network.
- Houston is home to many large chemical/energy companies such as Chevron and Dow Chemical (an employer pilot program participant) who are interested in the National DPP and outcomes data from the National DPP employer pilot.

Key strategies/action steps implemented:

- Assembling the Houston DPP Task Force to include ALL stakeholders (employers, health systems, health plans, city and county officials, benefits consultants, National DPP providers, physician groups, community health information exchange, etc.). Employers in the Houston market rely heavily on the advice of their consultants and health plans.
- Forging a successful partnership with the local American Diabetes Association and CCD, and exhibiting at the Second Cities Changing Diabetes Global Summit in Houston
- The development of a TOP 10 List for why employers should participate in the National DPP and its reiteration at multiple employer recruitment.
- Decision to launch a pilot project with multiple and diverse types of organizations (private, public and different sizes) to demonstrate National DPP effectiveness in the Houston market.
- Promotion of the pilot as an opportunity to be a leading adopter in the Houston market with significant development support from HBCH, DSHS, NACCD, etc.
- Including National DPP providers, National DPP participants, and employers who have implemented the National DPP with success (Dow Chemical) in all employer recruitment meetings.

State health department and/or grantee role:

- Provide technical assistance to HBCH for the Quick Start Action Plan coverage pillar
- Oversee the development of work plans for implementation of activities and ensuring submission and review of all required progress reports

- Share resources and information on CDC-recognized diabetes prevention programs
- Connect HBCH with federal, state, and national subject matter expertise support and guidance.
- Fund National DPP program activities in the Houston region

Partner role:

- CCD was identified as the initial conduit to the Houston stakeholders, specifically the employer community. Employer DPP became one of CCD's five Action Work Groups and integrated with the initiatives Core Team (steering committee) led by Houston Health Department, Harris County Public Health, City of Houston HR Department, HBCH and others.
- HBCH staff paved the way for DSHS to meet with the key partners to implement the National DPP.
- Task Force members, including new partners engaged at the StEM, provided in-kind subject matter expertise and technical assistance on planning/designing coverage and on CDC's Diabetes Prevention Recognition Program (DPRP) employer pilot program.

Lessons learned:

- Including decision makers and health plan administrators at the StEM meeting and engaging them in our Coalition's Coverage Workgroup shortly after the StEM meeting was critical to relationship building and the eventual decision to cover the National DPP lifestyle change program.
- The National DPP Coverage Toolkit has been a valuable resource, which avoided reinventing the wheel for many of the processes the Houston Task Force had to consider.
- The importance of emphasizing that the National DPP is for PREVENTION and not treatment as most employers do nothing specific for type 2 diabetes prevention and are totally unaware of its potential
- Recognition that it takes a long time for employers to fully understand the National DPP and its ability to be a major cost reduction and health improvement initiative
- The Employer DPP pilot project recruitment process including presentations on the National DPP to employers and health systems, has inspired organizations to explore how to build and offer the National DPP outside of the pilot such as Chevron and Houston Methodist.

Materials and resources used or produced:

CDC Resources Used

- <https://nccd.cdc.gov/Toolkit/DiabetesImpact/Employer>
- <http://www.nationaldppcoveragetoolkit.org/participating-payers/>
- <http://www.nationaldppcoveragetoolkit.org/commercial-home-page/coding-billing/>
- <https://www.cdc.gov/diabetes/prevention/index.html>
- <https://nccd.cdc.gov/Toolkit/Diabetesburden>
- <https://preventdiabetesstat.org/employers-and-insurers.html>

State Resources Used or Produced

- The Coverage subcommittee developed a TOP 10 List of reasons why employers should participate in the pilot and it has been used in recruiting efforts.
- An exhibit that summarized the opportunity for employers was developed through CCD in which HBCH serves on the leadership team. The exhibit was displayed at the recent CCD Global Summit held in Houston October 26-27, 2017. HBCH and AHEC Task Force members presented to many groups

- <https://nccd.cdc.gov/Toolkit/DiabetesImpact>
- <http://www.nationaldppcoveragetoolkit.org/>

during the summit. The exhibit will again be used at other employer recruitment meetings. The exhibit will be used at the March 27, 2018 HBCH Annual Conference. The HBCH Conference will devote a special session on the National DPP and be used to recruit additional employers to adopt the National DPP.

- HBCH has developed a benchmarking survey that will be used to compare the National DPP online and in-person providers in the Houston market. Employers will not be required to use a specific National DPP provider, but will be directed toward those offering the best potential for outcomes success with their population.
- HBCH is drafting an Employer Pilot Program process document capturing and sharing practices and guidelines so that other organizations can review lessons learned and best practices for launching a National DPP lifestyle change program at their site.

Texas–2

2017 StEM

Texas National DPP Task Force Increases Partnership Engagement with a Regional Approach and Strategies for National DPP Statewide Expansion

Submitted by: Alisa Spieckerman | alisa.spieckerman@dshs.texas.gov | 512-776-6999

Estimated number reached/impacted:

2,060,609 (potential)

Outcome:

Texas chose a regional approach to partner engagement around the National DPP due to the size of Texas and the diversity of regions, but continues to strategize on statewide expansion efforts. The greater Houston region was chosen based on established strong partnerships developed through the Texas Diabetes Council (TDC) and the existing projects percolating in Houston. A regional StEM was organized in February 2017 in the Greater Houston region which leveraged existing partnerships with the Cities Changing Diabetes initiative, Area Health Education Center (AHEC) East, and Houston Business Coalition on Health (HBCH). Houston is the only city in the United States to be selected to participate in the worldwide Cities Changing Diabetes (CCD) initiative; this initiative aligns with DSHS 1305 National DPP activities. As a result of the StEM, partners have engaged over 20 National DPP project team and taskforce members to form three pillar subcommittees addressing implementation of the Quick Start Action Plan. Texas Business Group on Health (TBGH) has shown interest in expanding the National DPP statewide and a 2018 contract with DSHS is being negotiated. With expanding efforts statewide, we have a potential to reach 2,060,609 people with prediabetes in Texas.

How the Texas state engagement meeting and action plan contributed to the outcome:

The StEM (Putting Diabetes Prevention to Work: Houston Implements the NDPP) took place February 7-8, 2017 at the Houston Learning and Development Center. Texas chose a regional approach due to the size of Texas and diversity of regions to scale and sustain the National DPP in the greater Houston area with the goal to then expand statewide. Approximately 130 local professionals from multiple sectors in Houston were engaged in a 1 ½ day event to discuss shared strategies for diabetes prevention/management. Leading up to the meeting, the Texas AHEC East in collaboration with CCD, HBCH, TDC, Department of State Health Services (DSHS), and the National Association of Chronic Disease Directors (NACDD) met regularly to ensure the successful planning and execution of the stakeholder engagement meeting. As a result of StEM, TBGH, an existing DSHS partner and affiliate of the HBGH, expressed interest in promoting the National DPP statewide.

Outcomes related to Leavitt Partners interviews:

Four primary intelligence interviews have been conducted to date. From these interviews, Texas DSHS learned that one employer was interested in participating in the pilot. Health plans have been challenging to schedule for interviews.

Additional factors contributing to the outcome:

- Partnership with CCD <http://www.citieschangingdiabetes.com/> has been a key driver in bridging connections and partnerships in the Houston area and creating buy-in from health systems, health plans, community organizations, and businesses.
- HBCH has showcased the success of the National DPP through several education forums hosted by their statewide affiliate, TBGH.
- TBGH and DSHS are drafting a scope of work for 2018 activities to expand the National DPP statewide through their network.

Key strategies/action steps implemented:

- Assembling the Houston DPP Task Force to include ALL stakeholders (employers, health systems, health plans, city and county officials, benefits consultants, National DPP providers, physician groups, community health information exchange, etc.)
- Forging a successful partnership with the local American Diabetes Association and CCD, and exhibiting at the World CCD Summit in Houston
- Promotion of the Quick Start Action Plan was an opportunity to be a leading adopter in the Houston market with significant development support from HBCH, DSHS, NACCD, etc.

State health department and/or grantee role:

- Manages and funds the DPP Houston contract
- Dissemination of DPP resources and materials
- Increase capacity of community-based organizations participating in the Houston diabetes prevention coalition to support strategic plan implementation
- Continue to implement the strategic plan to expand the National DPP in the Houston area.
- Provide TA to employers in the Houston coalition in developing a diabetes prevention benefit
- Continue to engage and inform the Texas Diabetes Council members about National DPP activities (for example, Medicare coverage)
- Explore Lifestyle Coach training for existing diabetes self-management education (DSME) programs and CDC-recognized organizations or those pending recognition for the National DPP

Partner role:

- TBGH is a coalition of Texas employers committed to advancing the principles of value-based health benefits for employees, high quality, cost-effective healthcare, and accountability and transparency in the healthcare delivery system. We do this through education, community leadership, collaborative partnerships with healthcare stakeholders, and legislative advocacy. DSHS will be working with TBGH in 2018.
- HBCH is an employer-centric organization that allows for the sharing of evidence-based strategies and practices, while using its collective influence to assist employers to effectively and efficiently deliver the spectrum of their health benefits investments. DSHS contracts with HBCH to implement the National DPP.
- Texas AHEC East services the Greater Houston area to link people to community health workforce development, health opportunities and health resources our activities and events are aligned with four major program areas. DSHS contracts with AHEC to implement the National DPP.

- CCD is a global program of Novo Nordisk in which seven cities around the world are learning how to improve diabetes detection and care in their communities. Houston is the only American city participating. The program aims to map the problem, share solutions and drive concrete action to fight the diabetes challenge. A community-wide assessment identified the populations most at risk for developing the disease and compared them to Houstonians already diagnosed with diabetes. This work led to the formation of five Action Work Groups with more than 75 diverse members representing approximately 60 faith-based organizations, government, health insurance companies, medical providers, employers and non-profit entities. CCD has made numerous connections for DSHS in the Greater Houston area.

Lessons learned:

- DSHS staff acted quickly on the enthusiasm generated at the StEM to help retain the commitments of task force members, but due to DSHS staff turnover, contract lag time, and Hurricane Harvey, several committed organizations backed out.
- DSHS has contracted the National DPP implementation to Houston partners. DSHS provides technical assistance and resources.
- The materials listed below have been valuable for task force members and pillar subcommittees as a knowledge base for understanding the intricate details of the National DPP.
- NACDD subject matter experts and technical assistance are necessary to move National DPP efforts forward.
- One NACDD and DSHS staffer needs to be assisting with the Task Force to help ensure subcommittees stay on track and can access National DPP experts as questions arise.
- Creation of funding opportunities to organizations that may have never considered the National DPP and now do, have supported implementation of National DPP activities.
- Task force member's ongoing engagement and possible letter of commitment is beneficial to ensure active participation in the implementation of the Quick Start Action Plan.
- Partnerships need to be established prior to implementation of the Quick Start Action Plan.

Materials and resources used or produced:

CDC Resources Used

- <https://www.cdc.gov/diabetes/prevention/index.html>
- <https://nccd.cdc.gov/Toolkit/Diabetesburden>
- <https://nccd.cdc.gov/Toolkit/DiabetesImpact>
- <http://www.nationaldppcoveragetoolkit.org/>

State Resources Used or Produced

- DSHS created a map of the Texas Diabetes Prevention Programs and Adult Prediabetes Prevalence by Health Service Region. The map is available by request from DSHS.

Texas–3

2017 StEM

AWARENESS ○
COVERAGE ●
SCREEN, TEST, REFER ○
AVAILABILITY ○
PARTNER ENGAGEMENT ○

State of Texas Employee Retirement System Benefits from the National Diabetes Prevention Program

Submitted by: Alisa Spieckerman | alisa.spieckerman@dshs.texas.gov | 512-776-6999

Estimated number reached/impacted:

17,607 state employees (actual)

Outcome:

The Employees Retirement System (ERS) of Texas offers a CDC-recognized diabetes prevention program to state employees, retirees and dependents not enrolled in Medicare called Health Select, the basic health plan for state employees and higher education employees. As of September 1, 2017, Blue Cross Blue Shield (BCBS) of Texas is the designated third-party health benefit administrator for most State of Texas employees. Prior to this date, United Healthcare was the third-party health benefit administrator.

In April 2016, UnitedHealthcare began offering Real Appeal to members who have a body mass index (BMI) greater than 23. Over a twelve-month period (April 1, 2016 to March 31, 2017), 17,607 state employees lost a total of 90,000 pounds. State of Texas employees continue to have access to Real Appeal with BCBS of Texas as well as Naturally Slim, a CDC-recognized online weight loss curriculum. Access to these programs is being expanded to retirees eligible for Medicare.

How the Texas state engagement meeting and action plan contributed to the outcome:

The Texas Legislature passed Rider 14 in 2015, which required ERS to analyze the cost-effectiveness of providing a diabetes prevention program. Armed with the knowledge that 13 percent of state participants were driving 30 percent of program costs due to their diabetes, ERS went a step further and implemented the Real Appeal program effective April 1, 2016. Rider 14 directed ERS to focus its analysis on state employees only, but this report expands that to about 411,000 state employees, retirees, and dependents who are not enrolled in Medicare. Of this group, 327,000 are potentially eligible for Real Appeal. This virtual program provides 281,000 eligible participants with immediate access to a supportive, online weight-loss program at no out-of-pocket cost. ERS will continue to promote the availability of the Real Appeal program and evaluate its performance as data becomes available.

While this outcome occurred prior to the StEM, knowledge and partnerships were able to be utilized in the planning stages of StEM.

Additional factors contributing to the outcome:

Prior to the StEM, the 84th Texas Legislature directed ERS to examine the growing problem of diabetes among state employees and consider offering a diabetes prevention program (Required by HB 1, Rider 14 84th Legislature, Regular Session, 2015). Texas ERS looked at 411,000 state

employees, retirees, and dependents not enrolled in Medicare. They found that while only 13 percent of the study population had diabetes, this population is responsible for 30 percent of plan costs.

In Fiscal Year 2015, the state paid \$281 million in medical and pharmacy claims for diabetes. The state spends approximately \$12,877 a year for a person with diabetes; this is nearly three times more than what is spent for a person without diabetes. The state population is typically older and less healthy than that of other employer-based plans. ERS estimated that 124,000 participants in the study population could have prediabetes. Without intervention, it was estimated that another 2,900 high-risk individuals could develop diabetes in 2016, which would cost the plan another \$12 million. State is a self-funded plan; the state and member contributions are pooled into an insurance trust fund which is held and invested until needed to pay claims.

Key strategies/action steps implemented:

- The ERS report provides an overview of the current research on prediabetes and type 2 diabetes, analyzes the cost and prevalence of diabetes in the state employee population, highlights best practice solutions, and evaluates the potential costs and benefits to the state of implementing a diabetes prevention program.
- Rider 14 directed ERS to study prevention of type 2 diabetes, so this report focuses on prevention programs, rather than diabetes management.
- ERS contracts with a third-party administrator (TPA) and UnitedHealthcare to build the Health Select provider network, process claims, provide wellness programs, and manage day-to-day operations.
- Texas Diabetes Council (TDC) collaboration with ERS
- If one out of 16 participants avoids getting diabetes due to Real Appeal, the plan will break even on its investment.

State health department and/or grantee role:

- TDC advocated for Rider 14. ERS worked with the TDC and the State of Texas TPA to identify and evaluate two diabetes prevention programs. On April 1, 2016, ERS implemented Real Appeal, an online program to help eligible participants lose weight and develop healthier lifestyles. Department of State Health Services (DSHS) collaborated with ERS for implementation of Real Appeal. In the first four months, more than 14,000 people enrolled in the Real Appeal program. Rider 14 directed ERS to focus its analysis on state employees only, but this report expands that to about 411,000 State employees, retirees, and dependents who are not enrolled in Medicare. Of this group, 327,000 are potentially eligible for Real Appeal.
- A special TDC meeting was held October 2, 2015 to discuss the Texas Employee Retirement System Legislative Rider 14. Dr. Gruss, team lead for the National Diabetes Prevention Program provided an update on the National DPP for Texas Diabetes Council members, ERS staff, and visitors. Regarding tools for addressing prevalence of prediabetes among state employees, Dr. Gruss referred ERS to state BRFSS data on prediabetes. Also discussed were return on investment (ROI) calculators currently in development which could assist employers in determining the value of diabetes prevention and CDC work in progress to operationalize provision of the National DPP as a Medicaid benefit. Conference calls were scheduled with online diabetes prevention programs inviting ERS representatives to attend.

Partner role:

- ERS worked with the TDC and the State third-party administrator to identify and evaluate two diabetes prevention programs.

Lessons learned:

- Offer alternative diabetes prevention program settings.
- Encourage participants to stick with the program.
- Focus resources on high-risk individuals.
- Create incentives for biometric screenings.
- Promote Real Appeal at high-risk agencies.
- Continue “pay for performance” strategies.
- Explore complementary value-based plan design options.

Materials and resources used or produced:

CDC Resources Used

- Team lead for the National DPP provided an update on the National DPP during a meeting held by TDC members, ERS staff, and visitors.
- Behavioral Risk Factor Surveillance System prediabetes data.
- ROI calculators were in development during the time of this activity.

State Resources Used or Produced

- [Offering a Type 2 Diabetes Prevention Program to State Employees](#) document is available online

Utah-1

2015 StEM

Utah Launches Diabetes Prevention Network to Support New and Existing National DPP Lifestyle Change Program Providers

Submitted by: McKell Drury | mdrury@utah.gov | 801-538-6896

Estimated number reached/impacted:

77 network members (actual)

Outcome:

In 2017 the Utah Diabetes Prevention Network was formed after the State Engagement Meeting to increase support of National DPP Lifestyle Change Program Providers operating in the State of Utah. Our first kick off in-person meeting was held in April. We kicked off the Network website and facilitated collaboration among all National DPP providers, coordinators and those interested in offering the life style change program.

How the Utah state engagement meeting and action plan contributed to the outcome:

As part of our state Strategic plan that was developed following the StEM meeting it was determined, a one-stop shop for program delivery information and networking among program providers was needed. We formed a smaller planning committee from StEM attendees and determined through a statewide survey how to best achieve this goal. The top three needs that came out of the survey were: a website, continuing education, and in person meetings. The website is Livingwell.utah.gov/NDPP. We collaborated with Quality & Technical Assistance Center to offer training webinars and set a schedule to meet quarterly as a network.

Outcomes related to Leavitt Partners interviews:

Since the Leavitt Partners held their meetings in Utah, our network has grown. The companies they met with have joined on and now participate. We were able to use the network website to further educate the interviewees on the National DPP in Utah and engage them in our network. One organization, Deseret Mutual Benefit Administrators (DMBA) is now offering the program to employees.

Key strategies/action steps implemented:

- Developed a State Strategic Plan
- Formed a planning committee from StEM members
- Convened planning meetings
- Developed and implemented a fact-finding survey

State health department and/or grantee role:

- Formed a smaller planning committee from StEM members

- Developed and maintain National DPP website
- The State hosts two of the four network meeting each year 1422 grantees host the other two meetings

Partner role:

- Members of the Utah StEM group came together to form the National DPP Network planning committee, provided in-kind subject matter expertise and technical assistance on determining the best way to meet the needs of everyone. This included development and distribution of a survey to everyone who participated in the StEM

Lessons learned:

- Forming a network for collaboration has been vital for programs to learn from one another.
- Having a one stop shop has helped with understanding and program retention.
- Continuing education is vital.
- Everyone has a different way of learning and capturing all those opportunities was best served on line.

Materials and resources used or produced:

CDC Resources Used

- CDC marketing materials and additional resources on the website

State Resources Used or Produced

- Network assessment survey
- Utah National DPP website (currently being translated into Spanish)
- Webinar Archive

Utah-2

2015 StEM

Utah State Employees Benefit from the National Diabetes Prevention Program

Submitted by: McKell Drury | mdrury@utah.gov | 801-538-6896

Estimated number reached/impacted:

330,000 (potential)

Outcome:

In August 2017, Utah state employees and their adult dependents covered through the Public Employee Health Plan (PEHP) – became eligible to participate in the National DPP lifestyle change program virtually at no cost. 2,985 participants identified as having prediabetes based on annual health screening results and insurance data provided by PEHP's actuary department.

How the Utah state engagement meeting and action plan contributed to the outcome:

The Utah EPICC program met with PEHP and educated them on the National DPP program prior to the StEM meeting that was held in Utah. They were not interested at the time. We invited them to the StEM meeting where they could learn more. They began to show interest after the StEM meeting and after another year of collaboration and negotiation, they decided to do a virtual pilot program.

Additional factors contributing to the outcome:

We have collaborated with PEHP for many years on various projects through our worksite wellness programs and have a strong relationship with them.

Key strategies/action steps implemented:

- Inviting a PEHP employee to the StEM, who then brokered a meeting with the Director.
- Presenting the National DPP lifestyle change program and the National DPP Coverage Toolkit to the Director.
- Members of EPICC and PEHP collaborated to outline the decisions/processes needed, including: benefit design, program delivery options, participant enrollment and engagement strategies, etc.
- PEHP ran a query to determine the need within their population.
- Planning and implementing enrollment that began July 1, 2017 and are ongoing.

State health department and/or grantee role:

- Strategizing on inviting a staffer from PEHP to the StEM
- Preparing a presentation on the National DPP Coverage Toolkit with the Director of PEHP
- Secured support of an EPICC employee to provide technical assistance to the PEHP team
- Providing technical assistance on enrollment and engagement strategies and providing sample materials from CDC and other states.

- Had an EPICC employee trained as a lifestyle coach to co-teach the program
- EPICC established the Utah network that allows for collaboration and sharing among all National DPP providers in the state.

Partner role:

- The Bear River Health Department shared teaching tools and handouts they had already developed.
- Members of the network, including new partners engaged at the StEM, provided in-kind subject matter expertise and technical assistance on planning/designing coverage and on CDC's Diabetes Prevention Recognition Program (DPRP) to PEHP.

Lessons learned:

- Employee enrollment and engagement strategies need to be continuous, creative, and build on word of mouth from participants who successfully complete the National DPP lifestyle change program.
- Retention: keeping lessons interactive and educational enough to keep participants coming back
- Incentives HELP
- Forming a network for collaboration has been vital for programs to learn from one another.

Materials and resources used or produced:

CDC Resources Used

- We used the CDC's marketing materials extensively to develop agency customized outreach emails, flyers and posters to engage employees to assess their risk and to enroll in the program.

State Resources Used or Produced

- Utah network [website](#)

Virginia-1

2016 StEM

Virginia Increases the Availability of the National DPP Lifestyle Change Program through Lifestyle Coach Trainings and Increased Technical Assistance

Submitted by: Kayla Craddock | kayla.craddock@vdh.virginia.gov | 804-864-7871

Estimated number reached/impacted:

86 coaches (actual); potential reach not available at the time of this brief

Outcome:

Following Virginia's StEM in September 2016, between December 1, 2016 – December 2, 2017, six Lifestyle Coach trainings were provided in four different regions of the state and 86 new lifestyle coaches were trained by the Virginia Center for Diabetes Prevention and Education; as of December 31, 2017, 16 new organizations/sites representing a variety of sites have applied for and received pending CDC recognition.

How the Virginia state engagement meeting and action plan contributed to the outcome:

The Virginia Department of Health worked closely with the Virginia Center for Diabetes Prevention and Education (VCDPE) at the University of Virginia to plan Virginia's State Engagement Meeting held in September 2016. Because of this partnership and meeting, Virginia stakeholders outlined an objective to "Establish a technical assistance center to train and scale and sustain CDC-recognized Lifestyle Change Programs." VCDPE assumed this role and has since implemented specific strategies outlined in the Preventing Diabetes in Virginia Strategic Plan. The VCDPE, also a leader in telemedicine, has been committed to better understanding the needs of programs and identifying ways to increase capacity and reach. Specific strategies outlined in Virginia's action plan that have been implemented by VCDPE and include:

1. Offer lifestyle coach training to potential facilitators/providers of lifestyle change programs in CDC-recognized organizations
2. Provide technical assistance to interested entities to scale diabetes prevention programs
3. Provide technical assistance to existing CDC-recognized organizations about the Diabetes Prevention Recognition Program (DPRP) process to promote sustainability
4. Develop regional networks to share best practices

Outcomes related to Leavitt Partners interviews:

Leavitt assisted Virginia in 2016 – 2017 with final interviews being completed by April 2017.

Key strategies/action steps implemented:

- Statewide DPP Workgroup created under the Virginia Diabetes Council.
- Quarterly lifestyle coach training schedule established with accompanying website and quarterly technical assistance conference calls for continued discussions and resource sharing.
- The design of a new Mentorship Program has been outlined. The Mentorship Program will further support new National DPPs and lifestyle coaches. Program is expected to launch this year.

State health department and/or grantee role:

- VDH connected VCDPE with local health district offices implementing and overseeing DP14-1422 activities.
- Facilitated discussions with the Department of Human Resource Management to identify interest in National DPP and lifestyle coach trainings
- Identified areas of high need and risk using VDH data (i.e., BRFSS and GIS mapping)

Ongoing:

- Provides routine updates from CDC as it relates to the National DPP, including webinars, trainings, and DPRP data
- Shares updates and trainings via a weekly email to Virginia partners and stakeholders (i.e., Chronic Disease Collaborative Network)

Partner role:

- VCDPE staff has Master Trainers to better support statewide lifestyle coach trainings.
- Established a lifestyle coach training program that offers trainings on a quarterly basis.
- Developed a survey to gather more information from organizations offering NDPP in Virginia to ensure programs.
- Developed an online discussion forum for trained lifestyle coaches as a means to chat with other coaches about experiences and to share insights. Other resources and materials for the National DPP (i.e., articles, newsletters, and webinars) are shared on a website called 'UVA COLLAB'.

Ongoing:

- Offers and provides technical assistance on an as-needed and formal basis, through quarterly conference calls, to individuals that have gone through lifestyle coach trainings and has now expanded training to any organization that is overseeing/supporting NDPP
- Participates on the Virginia Diabetes Council's DPP Workgroup to increase availability and support for CDC-recognized DPP programs

Lessons learned:

- Formative research was conducted prior to holding the StEM to better understand the National DPP and diabetes landscape in Virginia to ensure appropriate individuals and organizations participated. This provided both VDH and VCDPE the opportunity to connect with partners and stakeholders prior to the StEM and action items were more easily outlined.
- Prior to the StEM there was no "one-stop shop" for the National DPP in Virginia. The StEM and follow-up actions have further demonstrated the need for training and technical assistance experts in the state versus only relying on national resources (i.e., access to experts and local/community information).
- Training lifestyle coaches does not ensure a program's success; additional assistance is needed to support the business and future reimbursement of programs, ensuring that participants have access to programs at an affordable cost and that programs are connected to provider and clinical partners.

Materials and resources used or produced:

CDC Resources Used

- National DPP website and associated resources/materials
- National DPP Coverage Toolkit provided a foundation to educate employers that have gone through lifestyle coach trainings to facilitate coverage discussions

State Resources Used or Produced

- [Preventing Diabetes in Virginia Strategic Plan](#)
- [Virginia Center for Diabetes Prevention and Education Lifestyle Coach Training](#)

Virginia-2

2016 StEM

AWARENESS ●
COVERAGE ○
SCREEN, TEST, REFER ○
AVAILABILITY ○
PARTNER ENGAGEMENT ○

Creating Awareness of Prediabetes in Virginia through Digital Campaigns

Submitted by: Kayla Craddock | kayla.craddock@vdh.virginia.gov | 804-864-7871

Estimated number reached/impacted:

3,886,890 impressions (potential)

Outcome:

The Virginia Department of Health supported CBS 360 National DPP messages across multiple digital platforms resulting in increased awareness. Between June 1, 2017 and June 29, 2017, an estimated 2,544,189 impressions were shared across digital and mobile platforms. Additionally, between October 9 and December 10, 2017, an estimated 1,342,701 impressions of National DPP messages were shared in 109 provider waiting rooms.

How the Virginia state engagement meeting and action plan contributed to the outcome:

Prior to the StEM, Virginia did not have a formal plan or process to build awareness for prediabetes or National DPP. Unfortunately, there were not enough programs in the state at the time to drive individuals or clinical providers to National DPP lifestyle change programs. After the StEM, partners were better versed in what the National DPP is and how to utilize available marketing materials (i.e., Preventing Diabetes in Virginia Strategic Plan, National DPP website, Ad Council, and CBS 360 materials, etc.)

Outcomes related to Leavitt Partners interviews:

Leavitt assisted Virginia in 2016 – 2017 with final interviews being completed by April 2017.

Key strategies/action steps implemented:

- Contacted NACDD Communication staff (John Patton) to initiate campaign and review available options
- Review of campaign materials and current program structure/availability in Virginia markets
- Shared plan and process with partners/stakeholders to get input/buy-in
- Monitored outcomes at state/local levels, including review of digital hits on state websites

State health department and/or grantee role:

- State reviewed media materials available through CBS 360 and worked closely with NACDD and CBS liaisons to ensure messages were correct and drove people to SHD website.
- Updated local and state partners on campaign periods and launch, including tailored letter sent by Health Media Network (CBS partner) to providers.

Partner role:

- Reviewed and commented on CBS campaign and associated materials
- Provided input on future campaigns
- VCDPE developed an accompanying professional slide set (with the Virginia Diabetes Council (VDC) National DPP workgroup providing review) to increase National DPP awareness among providers. The deck was tested at the Community Care Network of Virginia's annual meeting which was attended by medical and executive representatives from all federally qualified health centers (n=26) in Virginia. Since this presentation, VDC has identified a speaker's bureau to continue this type of outreach.

Lessons learned:

- One barrier is that the CBS materials, while great content, are not specific to states which means localized media campaigns are also needed.
- Understanding media language is critical to sharing outcomes and evaluation information. For example, impression does not always mean an individual has seen a message, rather the potential for the individual to see a message exists.

Materials and resources used or produced:

CDC Resources Used

- CBS health messages

State Resources Used or Produced

- SHD website at <http://www.vdh.virginia.gov/diabetes/>

Washington

2016 StEM

Working with Partners in Washington State to Take Action on Prevention

Submitted by: Cheryl Farmer | cheryl.farmer@doh.wa.gov | 360-236-3770

Estimated number reached/impacted:

3,807 (actual)

Outcome:

In July 2016, there were 20 organizations in the Diabetes Prevention Recognition Program Registry. As of January 2018, there are 31 organization listed in the registry. Partners engaged through the June 2016 State Engagement Meeting were key in promoting the National DPP to organizations, and established communication channels to organizations, health systems, providers, and other key partners that assisted with expanding availability. Cumulative attendance of participants in lifestyle change programs in the registry grew from 5,357 as reported in July 2016, to 9,164 attendees in programs in the registry as reported as of October 2017. This can be attributed to both long-standing organizations in the registry as well as newer organizations.

How the Washington state engagement meeting and action plan contributed to the outcome:

We estimate that at least 20 new partners who were not regularly participating in the Diabetes Network Leadership Team (DNLTL) participated in the StEM meeting June 2016. Partners involved with the StEM and subsequent planning took on crucial roles in implementing the Washington Diabetes Prevention Program Action Plan (WA DPP Action Plan), and some of this translated into greater involvement in the DNLTL on an ongoing basis.

Outcomes related to Leavitt Partners interviews:

Leavitt Partners conducted six primary intelligence interviews in our state. Through these interviews, we were able to connect with new partners. We learned about efforts and interest to increase awareness about the National DPP and where possible offer the program to their employees within these organizations. In addition, we were also able to share information with these new organizations through the leveraging of the relationship built through these interviews.

Additional factors contributing to the outcome:

The announcement of Medicare Coverage for the National DPP did influence organizations that were aware of National DPP, but not yet offering it, to apply for recognition.

Key strategies/action steps implemented:

- After the StEM, the DNLTL discussed whether to adopt the WA DPP Action Plan as part of its core work, and work to be addressed through workgroups. This was crucial for stakeholder buy-in.

- WA DPP Action Plan was shared widely through the DNLTL and on the Diabetes Connection website.

State health department and/or grantee role:

- DOH staff created tracking document to show progress on WA DPP Action Plan.
- DOH and our 1422 contractors/subawardees participated in StEM and subsequent planning work.
- 1422 Grantee organization took the lead in drafting and administering and assessment of the needs of organizations that provide the National DPP in Washington.
- DOH staff supported DNLTL and workgroups, encouraged placement of WA DPP Action Plan items on in-person meeting and workgroup phone conference agendas.
- DOH staff communicated internally and externally about the WA DPP Action Plan, and took advantage of opportunities to highlight alignment between agency goals, legislative reports and the Action Plan.

Partner role:

- Partners carried aspects of this work forward by becoming experts and sharing expertise around the National DPP and screening, referrals, and billing, which ultimately supported new organizations offering or referring to lifestyle change programs.

Lessons learned:

- Partners do not want to exclusively focus on prediabetes. There are multiple partners who address diabetes and see that as their main focus. They want to contribute to this work, but do not want to see all of the effort go to prediabetes to the exclusion of focusing on people who already have diabetes.
- Though our focus was more aligned with awareness and coverage, there would have been benefit to have all four original pillars suggested by NACDD considered during this meeting. This would allow more opportunities for our DNLTL partners to engage with their community and/or organizational partners more as they worked through an action plan to address increasing the National DPP.

Materials and resources used or produced:

CDC Resources Used

- ADA and CDC Prediabetes risk test
- Prevent Diabetes STAT toolkit
- DoIHavePrediabetes.org
- www.cdc.gov/diabetes/prevention/index.html

State Resources Used or Produced

- 2017 [Diabetes Epidemic and Action Report](#) highlights and aligns with the WA DPP Action Plan
- [WA DPP Action Plan](#)
- [WA DPP Action Plan Update Supplement](#)
- National DPP [Success Stories](#)

West Virginia

2014 StEM

Innovative Partnering to Implement the National Diabetes Prevention Program in West Virginia

Submitted by: Jessica Wright | Jessica.G.Wright@wv.gov | 304-356-4229

Estimated number reached/impacted:

450 (actual enrollment in ADA/AADE/National DPP sites in West Virginia as of Jan. 2018)

Outcome: West Virginia is using many ways to embed and sustain the National DPP. Several partnerships have been established to accomplish this. Working through current recognized American Diabetes Association and certified American Association of Diabetes Education organizations to add diabetes prevention to their menu of services has been a valued partnership. Since 2014, West Virginia has increased the number of ADA/AADE sites that offer the National DPP from 0 to 7 sites and 2 additional sites partner with the county health department to offer the National DPP. Another partnership with the West Virginia University School of Pharmacy is also working to increase the number of AADE/ADA pharmacies and is beginning to also establish these new sites as National DPP sites as well. A new partnership with the West Virginia Bureau for Medical Services (Medicaid) for their Health Home project is getting started and this enhanced reimbursement for health care providers will also help increase the number of patients with access to the National DPP. Outcomes for the Medicaid partnership are yet to be determined.

How the West Virginia state engagement meeting and action plan contributed to the outcome:

The StEM assisted in getting many stakeholders to the table right away and provided a structure to begin action plans. Because many of the participating stakeholders also addressed diabetes – one of the outcomes of StEM was to initiative a Diabetes Task Force to focus on prevention; management and return on investment. These issues intersect and what accomplishments came out of each area would strengthen the overall system to address pre-diabetes and diabetes.

Outcomes related to Leavitt Partners interviews:

The conversations that Leavitt Partners facilitated for us assisted greatly our Bureau for Public Health staff to better assess barriers in reimbursement for the National DPP. One of the challenges recognized later on was - did we really interview the right person at the organization? West Virginia has had a real focus on working with our Medicaid agency and the Medicaid managed care organizations. However, it became clear that Medicaid will not reimburse for the National DPP and no Medicaid MCO in West Virginia is willing to step out and do this either. However, a partnership to include the National DPP as a resource for the new West Virginia Medicaid Health Home project is currently in progress. This new Health Home (through a State Plan Amendment/2703) provides enhanced reimbursement for care for patients with pre-diabetes, diabetes, obesity and at risk for anxiety and depression. We are anxious to see what results come out of this initiative. WV was recently selected to further work with Leavitt Partners and the National Association of Chronic Disease Directors to develop a Medicaid Reimbursement RoadMap.

Additional factors contributing to the outcome:

The StEM assisted right away in identifying barriers to implementing the National DPP in West Virginia. Once the Diabetes Task Force completed all the actions that came from StEM; we developed further action steps in embedding the National DPP. One ADA/AADE site had received funds from AADE to offer National DPP at their site. Monongalia General Hospital had such success in this effort that we worked with other ADA/AADE sites to take this on. Funds were used for sites to have their Certified Diabetes Educators trained in the National DPP curriculum and use their current relationships with health care providers to now refer to the National DPP programs. Keeping an eye out for successful initiatives such as this was critical in “spreading” this process of building the National DPP in West Virginia. In another case, West Virginia University Medicine systems (2 of 5 separate sites) are now recognized or pending recognized National DPP sites. The West Virginia University Medicine system implemented a system wide initiative to have the same electronic health record throughout all of their hospitals which in turn helps with the referral process for the pre-diabetes and diabetes programs. West Virginia is very much in support of the West Virginia University Medicine systems further embedding the National DPP into their entire system that expands geographically throughout much of West Virginia. Also, the West Virginia Legislature recently passed Senate Bill 360 that establishes a Diabetes Coalition, which is facilitated by the School of Public Health at West Virginia University. The first meeting took place January 2018. The West Virginia Bureau for Public Health will provide a packet of information to the coalition members bringing them up to date on the Bureau for Public Health initiatives addressing pre-diabetes and diabetes.

Key strategies/action steps implemented:

- Assess and work with Synergy Partners to identify potential ADA/AADE sites who could take on the National DPP.
- Provide AADE training to increase the number of sites recognized.
- Provide sites technical assistance in using their electronic health record system to identify patients with pre-diabetes and assist in developing flags for referrals; also assist sites with data collection for CDC DPRP, if needed.
- Assist sites with National DPP training opportunities if needed.
- Connect interested sites with other ADA/AADE sites that could share their tips in incorporating the National DPP.
- Provide National DPP class supplies if needed
- Collect case study stories
- Develop the West Virginia Health Connect to allow easier access to National DPP/DSME sites and data collection for coaches and leaders

State health department and/or grantee role:

- Identify implementation National DPP champions and have the key persons promote what they are doing with other organizations. If possible, provide some funds to the site to receive National DPP training and to provide selected resources.
- Converse with payers to continually assess their interest and commitment to supporting the National DPP
- Connect statewide initiatives that support National DPP implementation in innovative ways and share and support these innovative connections to put into practice
- Use success stories to share with others

- Assist with sustainability planning
- Learn from other states what is working and what might be solutions to overcoming barriers that are applicable to our state
- Support development of West Virginia Health Connect – a cloud based system that will house National DPP/DSME classes, etc.

Partner role:

- Currently working with the West Virginia University School of Pharmacy to further engage community pharmacies to offer the National DPP. These pharmacy sites are also an ADA/AADE site.
- Currently working with the West Virginia Bureau for Medical Services to use the National DPP as a support and resource to implement this new Health Home initiative.
- West Virginia University Office of Health Services Research is piloting the use of West Virginia Health Connections/workshop wizard to sustain a cloud based data system to allow health care providers to identify National DPP and DSME programs to refer their patients to as well as serve as a system to collect participant data for those program coaches/leaders to submit to their accrediting organization. West Virginia University OHSR has also hosted Synergy Community meetings and WV Health Connect trainings with selected sites.
- Several partners participate in state conferences and present on National DPP implementation.

Lessons learned:

- Grant funds that support staff to lead National DPP are not sustainable.
- Working with insurers continues to be a challenge and learning their language and priorities is essential to partnering with them.
- Finding that database system that assists health care providers and program coaches and leaders is essential for sustaining referrals to appropriate resources.
- Taking opportunities to connect the National DPP to other diabetes or pre-diabetes priorities is key and can take a great deal of time. Our partnership with Medicaid resulted from the Center for Medical Services Affinity work and the National Association of Chronic Disease Directors community of practice for Medicaid reimbursement for the National DPP. Being present in these conversations took a lot of patience and commitment to issues at hand.
- The biggest barrier is not having staff on hand to gain more expertise in community-clinic linkage issues due to the inability to fill positions with well-qualified staff.
- One huge facilitator is having the National Association of Chronic Disease Directors continuing to provide technical assistance and support for strengthening pre-diabetes and diabetes initiatives. Support also provided for team-based care utilizing pharmacists and Arc GIS mapping has allowed WV to be cross cutting over related chronic diseases for greater efficiency.
- The National DPP class duration is a big barrier for our residents. Because of the committed and trusted National DPP coaches, they have learned to report appropriately but also serve our citizens appropriately.

Materials and resources used or produced:

CDC Resources Used

- CDC 1305 and PHHS Block Grant funding allowed resources to be contracted to organizations to implement, embed and sustain the National DPP.
- CDC Diabetes Prevention Impact Toolkit

State Resources Used or Produced

- Diabetes Chart of all West Virginia DSME/National DPP programs currently utilized
- Infographics for data sharing
- Assessments of health care providers for why they refer or don't refer to DSME programs
- Lists of current ADA/AADE in West Virginia
- West Virginia Health Connections/workshop wizard – still being piloted in selected locations.
- Arc GIS maps for showing pre-diabetes and diabetes programs.

Wisconsin-1

2017 StEM

AWARENESS ●
COVERAGE ○
SCREEN, TEST, REFER ○
AVAILABILITY ●
PARTNER ENGAGEMENT ●

Infrastructure Building Immediately Following State Engagement Meeting

Submitted by: Pam Geis | Geis.Pamela@gmail.com | 262-573-3983

Estimated number reached/impacted:

1.5 million (potential)

Outcome:

Wisconsin Department of Health Services (WI-DHS) held its Diabetes Prevention State Engagement Meeting (StEM) on October 24 and 25, 2017 with attendance of statewide stakeholders from the health system, payer, community, employer, education/academia, public health, and philanthropy sectors along with Wisconsin's CDC-recognized Diabetes Prevention Program (DPP) suppliers and organizations working on becoming CDC-recognized.

Since the StEM, WI-DHS has taken the "Quick Start Action Plan" provided by NACDD and "Wisconsin-ized" it, clearly defining WI-DHS' role and Partners' role in the key actions while also integrating existing work. The Action Plan was distributed on January 10, 2018 for comment to all Day 1 and Day 2 StEM attendees as well as stakeholders who were invited to the StEM but were unable to attend. WI-DHS requested partner confirmation of continued interest in working on key actions as well as input on interest from those partners not already listed in the Action Plan. Comment deadline is January 18. WI-DHS will compile comments, finalize the State Action Plan, redistribute, and begin convening partners in early February.

Wisconsin had a very strong partner network coming into the StEM process, including four existing prediabetes provider awareness and screening-testing-referral projects in the state led by the American Medical Association (AMA) with technical assistance help from WI-DHS. WI-DHS was able to connect the AMA with all four participating health systems. WI-DHS has worked closely for the past 4.5 years with all of Wisconsin's CDC-recognized Diabetes Prevention Program (DPP) suppliers and organizations working on becoming CDC-recognized, providing Lifestyle Coach Trainings that have trained 209 lifestyle coaches and ongoing technical assistance to all suppliers. In addition, WI-DHS has a 19-year long Chronic Disease Quality Improvement Project that brings together most of Wisconsin's payers to transparently report HEDIS data, share best practices, and work on joint quality improvement projects. WI-DHS began discussion with this group of payers about National DPP reimbursement in November 2016 and continues to work with them, including sponsoring a National DPP Coverage Toolkit Workshop in June 2017.

WI-DHS has also surveyed our Wisconsin Diabetes Advisory Group (DAG) to identify members interested in working on DAG's Prediabetes Action Team that will oversee the work in the Action Plan. We compiled the DAG interest survey results, interest card feedback from StEM Day 1 participants, and the list of StEM Day 2 participants to create a list of 48 partners to help us accomplish the key actions in our Action Plan.

WI-DHS looks forward to convening partners in early February.

How the Wisconsin state engagement meeting and action plan contributed to the outcome:
To be determined

Additional factors contributing to the outcome:
To be determined

Key strategies/action steps implemented:
To be determined

State health department and/or grantee role:
To be determined

Partner role:
To be determined

Lessons learned:
To be determined

Materials and resources used or produced:
To be determined

Wisconsin-2

2017 StEM

Reaching Employers through Worksite Clinic/Wellness Vendors

Submitted by: Pam Geis | Geis.Pamela@gmail.com | 262-573-3983

Estimated number reached/impacted:

200,000 (potential)

Outcome:

Wisconsin took a unique approach to scaling the National DPP in the business sector by working through worksite clinic/wellness vendors. Worksites often contract with vendors to deliver onsite clinics and health/wellness programs like the National DPP. These vendors may be very large, multi-state companies that have systems and personnel in place to quickly and effectively deliver health and wellness programs at worksites.

By working through five worksite clinic/wellness vendors based in Wisconsin, the National DPP is now available to 15 employers with just over 200,000 employees in Wisconsin and six other states (Minnesota, Mississippi, Oklahoma, Pennsylvania, Virginia, and West Virginia) with 2018 expansion planned to three more states (Illinois, Kentucky, and New York). Nine employers and one of the worksite clinic/wellness vendors are now CDC-recognized to deliver the National DPP lifestyle change program.

The worksite clinic/wellness vendors have trained staff members as lifestyle coaches and are providing the National DPP to clients/employers. Some vendors are a CDC-recognized entity, while other vendors implement the program but allow the client/employer to be the CDC-recognized entity. Wisconsin DHS provides technical assistance to the worksite clinic/wellness vendors related to program promotion and delivery, CDC data submissions, and additional lifestyle coach trainings.

How the Minnesota state engagement meeting and action plan contributed to the outcome:

The StEM provided clarity around the additional work happening in the state and nationally, especially in the areas of screening-testing-referral and commercial insurance coverage. Wisconsin has experienced rapid scaling of the National DPP by worksite wellness vendors since the Wisconsin StEM held in 2017.

Outcomes related to Leavitt Partners interviews:

This work is in the beginning phase.

Additional factors contributing to the outcome:

Since 2016, Wisconsin DHS sent information about the National DPP to approximately 600 worksite wellness coordinators through its *Working with Diabetes* bimonthly e-newsletter. Information in the newsletter included why employers should refer employees to the lifestyle change program and how they could make that happen, and how an employer could become a CDC-recognized supplier of the

program. Building a relationship with wellness coordinators helped Wisconsin DHS begin the conversation with worksite vendors.

Key strategies/action steps implemented:

- Established relationships with worksite wellness coordinators.
- Used relationship with wellness coordinators as a stepping stone to talk with worksite vendors about the National DPP.
- Served as a subject matter expert of the National DPP and provided technical assistance and support to wellness coordinators, contracted worksite wellness vendors, and sub-contracted National DPP lifestyle change program suppliers.

State health department and/or grantee role:

- SHD provides orientation for each worksite clinic/wellness vendor, including in-depth information about the science, structure, and fidelity measures behind the National DPP, along with the responsibilities that go along with being a supplier.
- SHD works with worksite clinic/wellness vendor to help them determine the best delivery model for their organization and clients by sharing example models from other organizations in Wisconsin and across the nation.
- SHD provides lifestyle coach training (using state general purpose revenue funds) to worksite clinic/wellness vendor employees.
- SHD provides ongoing support to worksite clinic/wellness vendors related to program promotion and delivery, CDC data submissions, and additional lifestyle coach trainings.

Partner role:

- Meets with key organizational decision-makers from client/employer for buy-in from upper level management.
- Works to incorporate referral systems into current organizational structure.
- Identifies and supports staff to be trained as lifestyle coaches.
- Applies for CDC recognition.
- Begins cohorts and uses quick PDSA cycles to correct issues.
- Develops feedback mechanisms to regularly communicate program results/health impact on clients' employees.
- Collects and submits data to CDC.

Lessons learned:

- Working with worksite clinic/wellness vendors creates an efficient opportunity for state health department staff. The National DPP can be scaled to many employers through contact and support of just one worksite wellness vendor that can provide the National DPP to multiple clients/employers.

Materials and resources used or produced:

CDC Resources Used

- Diabetes Prevention Impact Toolkit
- Prevent Diabetes STAT Toolkit
- National Diabetes Prevention Program Coverage Toolkit
- Promotional resources at www.DidHavePrediabetes.org
- CDC/Ad Council prediabetes video spots
- CDC/NACDD Your Health with Joan Lunden video series

State Resources Used or Produced

- *Working with Diabetes* bi-monthly e-newsletter for worksite wellness coordinators

National Partner: American Association of Diabetes Educators

The National Diabetes Prevention Program within Diabetes Self-Management Education and Support Programs – AADE’s Model of Implementation

Submitted by: AADE contact Leslie Kolb | lkolb@aadenet.org | 815-260-3667

Estimated number reached/impacted:

4,734 (actual)

Outcome:

The American Association of Diabetes Educators (AADE) efforts and support include helping Diabetes Self-Management Education and Support (DSMES) programs build the infrastructure necessary to deliver a quality National DPP Lifestyle Change program both to general and priority populations, adapt to unique needs and challenges participants face, and provide DSMES programs and Diabetes Educators with specialized support to achieve success in all delivery aspects. Our efforts and support include building the infrastructure necessary to deliver the program to both general and priority populations, tailor and deliver the participants to adapt to the unique needs and challenges of participants and provide programs with specialized support needed to successfully complete the program and achieve 5-7% weight loss.

How AADE’s participation in a StEM(s) contributed to National DPP state action plans and/or other partner engagement activities and helped bring about this outcome:

Participation in the StEM(s) has allowed AADE to share their expertise with key stakeholders in the states on the implementation of the National DPP in DSMES programs. AADE is a National Accrediting Organization (NAO) for Medicare. Our Diabetes Education Accreditation Program (DEAP) certifies DSMES programs in order for them to be eligible to bill Medicare. There are over 4500 DSMES programs throughout all 50 States that can implement the National DPP. AADE can assist in the outreach to these programs and provide awareness of state action plans around the implementation of the National DPP. DSMES programs are well positioned to successfully implement the National DPP:

- Large pool of eligible participants who already have access to people who are risk for type 2 diabetes
- HIPAA compliant/accustomed to proper data collection and entry
- Program Coordinator (suggest Diabetes Educator (HCP))
- Educated DPP Lifestyle Coaches (Can be CHW’S)
- Billing capabilities and NPI number
- Already providing service for payers- insurers and employers (DSMES and Screenings)
- Linkage with local primary care providers
- Transition of care for people found to have type 2 diabetes

National partner role and other key player's roles:

- Health department's awareness of the need for training in their state audience as lifestyle coaches and implementation of the National DPP
- Health departments support to the individuals who wanted to become lifestyle coaches
- Ongoing communication to DSMES Programs and follow up with technical assistance
- AADE Prevention Network - Assistance in understanding CDC's Diabetes Prevention Recognition Program/Requirements comprehensive set of online tools, resources and guidance to help you set up and sustain a reimbursable diabetes prevention program including marketing, recruitment, retention, reimbursement, data entry, and more.

Lessons learned:

- DSMES programs are well positioned to implement the National DPP and can offer their services in multiple locations to increase access.
- Many DSMES programs are already seeing people with prediabetes (Survey showed 80%).
- Family members of the people with diabetes are often at risk for diabetes.
- A readiness assessment will allow programs to better plan for implementation.
- Ensure that the program has obtained support from its own leadership prior to implementation.
- State-specific materials were more useful than national materials.
- AADE National DPP programs needed help via marketing and communication to payers to better describe the capacity/benefits of working with an AADE program
- Using geographic maps and graphics was important to making the marketing materials useful and digestible.

Products/materials used/produced:

- Marketing materials – awareness, referrals
- Training materials - handouts and other training materials
- [Prevention 101: Fundamental of Diabetes and Prediabetes](#), a self-paced, 5-module online program after registration for the lifestyle coach training, registrants will receive a code to access the online course.
- Building Your DPP: The A to Z of how to set up your DPP for success and sustainability.
- Lifestyle Coach Trainings- lifestyle coach training can help you acquire the necessary skills to deliver a successful lifestyle change program. AADE is listed on CDC website as a LSC training entity
- AADE Prevention Network- Subscribe to the AADE Prevention Network to gain access to ongoing education, tools, payment, coverage information and access to a cloud-based participant data base analytics system (DAPS) to ensure quality and sustainability.
- Physician referrals tools, templates and best practices
- Business case and ROI information
- Best Practices on National DPP implementation
- Discussion Forum with coordinators and coaches
- Payer Tracking- Updates regarding reimbursement, policy coverage information and coding
- Guidance on Medicare and Medicaid requirements
- Access to DAPS™- online participant data base system
- Lifestyle coach tools including curriculum, handouts, recruitment and retention resources

- Marketing materials including a focus on the participant audience, employer & Insurer audience, and physician referral/screening
- State-specific National DPP activity/coverage
- Publications and research on National DPP
- CDC recognition support and guidance
- AADE Readiness Assessment for potential National DPP programs – Helps programs review their current situation and better prepare prior to implementation of the National DPP

National Partner: American Medical Association

Increasing Awareness about Prediabetes and Facilitating Health System Screening, Testing and Referral of Patients to the National Diabetes Prevention Program through Collaboration with State Medical Societies and State Health Departments

Submitted by: Christopher Holliday | Christopher.holliday@ama-assn.org | 312-464-4610

Estimated number reached/impacted: N/A

Outcome:

In 2015 the American Medical Association (AMA) partnered with NACDD and the states of Michigan, South Carolina, and California to coordinate and host state engagement meetings for Prevent Diabetes STAT™. The outcome of these meetings included coalescing diabetes prevention efforts within the states, galvanizing support and building a long-term action plan for reducing the burden of disease. AMA has remained engaged with these states, including the local health departments in Louisiana, New York City, and South Dakota; to advance diabetes prevention efforts.

In 2016, AMA conducted a DPP Landscape Assessment, working closely with state/local health departments and National DPP providers, to assess the current environment, including successes and challenges, and approaches to engaging physicians and care teams. As an extension of the National DPP Landscape Assessment, AMA has identified 3 highly performing National DPPs to collaborate with on a demonstration project, aimed at testing tools and resources to increase clinical referrals. Since 2015 the AMA has participated in over 15 StEMs as either a featured speaker and/or subject matter expert for the Screening, Testing, and Referral (STR) breakout group.

As a result of participating in numerous StEMs, the AMA is collaborating with the following groups in several states: state medical societies to educate physicians, health systems and practices to implement a STR process and local business groups/employers/payers to increase coverage for the National DPP. In partnership with the CDC and the NACDD, the AMA initiated a pilot program in 2016 in the states of California, Michigan, and South Carolina to utilize the local contacts/expertise of state medical societies to create awareness and provide education to physicians/clinical team members regarding prediabetes and the National DPP. These collaborative efforts resulted in over 300 physicians participating in education sessions. In South Carolina a medical journal dedicated to diabetes and obesity reached over 4,000 physicians and in California over 2,000 social media posts contained information on prediabetes/prevention of type 2 diabetes. The AMA is applying lessons learned from the three pilot states to state medical societies in the following states: Maryland, Maine, Mississippi, New York, Ohio, Oregon and Pennsylvania. In 2017 the AMA established diabetes prevention strategies with nine health systems and worked with employers/payers across nine states to increase private health plan coverage for the National DPP.

How AMA's participation in a StEM(s) contributed to National DPP state action plans and/or other partner engagement activities and helped bring about this outcome.

Participating in StEMs allows the AMA to share information/insight on state action plans that have taken place in other states. It also allows the AMA to initiate collaboration with local stakeholders to build awareness, provide educational resources and engage health systems regarding STR. The AMA's participation also serves as an introduction between the AMA and the state department of health to facilitate the implementation of a state action plan with the assistance of key stakeholders such as state medical societies, local business groups and employers/payers.

National partner role and other key players' roles:

- State medical societies
- State/local departments of health
- Local business groups
- Payers – insurers/employers

Lessons learned:

- State medical societies provide a unique opportunity to reach numerous physicians through awareness campaigns and by providing education sessions.
- Engaging health systems to initiate a process to STR is an effective way to increase the number of participants in National DPP lifestyle change program classes.
- Local business groups can provide access to employers/payers as well as make the business case to provide coverage for the National DPP.
- Engaging the state/local health departments early on in the process helps to better coordinate efforts and keeps key stakeholders abreast of activities.

Products/materials used/produced

- <https://preventdiabetesstat.org/>
- <https://doihaveprediabetes.org/>

National Partner: Leavitt Partners-1

Educating Executives and Decision-makers about the National Diabetes Prevention Program

Submitted by: Chris Wilks | Chrisanne.Wilks@LeavittPartners.com | 917-538-0765

Estimated number reached/impacted:

70+ (actual)

Outcome:

Leavitt Partners has educated over 70 executives and decision makers from health systems, provider groups, payers, hospitals, brokers, and employers about the National Diabetes Prevention Program (National DPP) who had little or no familiarity with the program. Interviews have been conducted with 79 different key health care entities and employers across the United States. During these interviews Leavitt Partners provided valuable information about the National DPP.

How Leavitt Partners participation in a StEM(s) contributed to National DPP state action plans and/or other partner engagement activities and helped bring about this outcome.

Leavitt Partners was under contract to collaborate with and support StEM states in interviewing key stakeholders, and accomplished the following:

Completed 79 interviews:

- 11 Self-insured Companies
- 23 Commercial Health Plans
- 3 Integrated Delivery Systems
- 14 Hospital Systems
- 2 Brokers
- 10 Associations
- 9 State Agencies
- 1 State Marketplace
- 4 Accountable Care Organizations
- 1 Third Party Administrator
- 1 Physician Group

Interviewed over 70 individuals, including:

- 2 Presidents
- 7 CEO's
- 10 Chief Medical Officers
- 1 Chief Strategy Officer
- 1 Chief Marketing Officer
- 1 Chief Business Officer

- 9 Vice Presidents
- 1 State Medicaid Director
- 39 Directors

Notable Outcomes:

- Leavitt Partners provided the Medical Director of Population Health at a prominent health system with information that would enable his providers to refer a considerable number of patients with state employee coverage to the National DPP lifestyle change program.
- Leavitt Partners met with the dominant commercial plan in a state just prior to their convening a multi-disciplinary team to assess the plan's activity relative to the National DPP. Leavitt Partners supplied the Director of Quality with clinical evidence, return on investment information, and other information to inform those deliberations.
- Leavitt Partners informed multiple commercial payers with Medicare Advantage lines of business of the need to cover the Medicare Diabetes Prevention Program for Medicare beneficiaries.
- Leavitt Partners responded to numerous requests from interviewees for links to information sources, including the CDC Diabetes Prevention Impact Toolkit, the NACDD National DPP Coverage Toolkit, and other sites, that could support their decision-making about covering or implementing the National DPP.
- Some states reported that leaders educated through these interviews took actions that led to increased coverage and/or participation in state action planning.

National partner role and other key player's roles:

Leavitt Partners' Role:

- Leavitt Partners consulted and collaborated with state department of health (DOH) staff to identify high-impact entities.
- Leavitt Partners identified key leaders within those entities where a contact was not already available or established.
- For most of states that did not elect to initiate or conduct the interviews, Leavitt Partners issued tailored interview invitations, and led the interview discussions.
- Leavitt Partners educated key health care leaders about the National DPP in the following ways (content varied by interview):
 - Described the lifestyle change program.
 - Reviewed the clinical evidence and health outcomes of the program.
 - Described the business case and potential return-on-investment.
 - Characterized the momentum in coverage (including state employee coverage, Medicaid coverage, Medicare coverage, and commercial coverage).
 - Provided information about USPSTF Diabetes Screening guideline.
 - Invited comments from the state DOH about program resources in the state.
 - Leavitt Partners developed and sent follow-on 1-page, state-specific educational documents about the program and related resources to interviewees.
- Other Key Players' Roles:
 - Consultants from NACDD joined the interviewee selection calls, as well as many of the interviews, contributed insights about the National DPP, and helped make information relevant to each state's unique needs.

- State DOH staff utilized their partner contacts in some instances, and in the case of one state, led the interviews with Leavitt Partners' support. State staff often joined the interviews, and provided state specific insight about National DPP resources and state specific priorities and resources

Lessons learned:

- Among those Leavitt Partners interviewed, many leaders within health plans, health systems and self-insured companies had little or no familiarity with the National DPP.
- Several health plans were unaware that the National DPP needed to be covered for Medicare Advantage beneficiaries.
- A number of plans were unaware that they had a responsibility to cover intensive behavioral counseling with no cost sharing to the member per the United State Preventive Services Task Force recommendation for Diabetes Screening.
- Leaders were receptive to receiving information about the National DPP.
- The rich set of online information available about the program proved to be very useful to provide to interviewees (resources shared included the CDC Diabetes Prevention Impact Toolkit, the CDC Diabetes Prevention Program website, the CMS OACT Certification Report, the NACDD National DPP Coverage Toolkit, and the Prevent Diabetes STAT website).

Products/materials used/produced:

- Leavitt Partners developed matrices for use in consulting with states to identify interview candidates, and leveraged the state profile presentation and data to identify key market players. Leavitt Partners also developed interview outreach language, interview summary and analysis reports, and 1-page state-specific educational documents for interviewees.
- Materials sent to interviewees following the interviews (when requested or relevant) included the following:
 - <https://preventdiabetesstat.org/>
 - <https://www.cdc.gov/diabetes/prevention/index.html>
 - <https://nccd.cdc.gov/Toolkit/DiabetesImpact>
 - <https://www.cdc.gov/diabetes/prevention/pdf/dprp-standards.pdf>
 - <https://www.nationaldppcoveragetoolkit.org>
 - <https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/ActuarialStudies/Downloads/Diabetes-Prevention-Certification-2016-03-14.pdf>
 - <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/screening-for-abnormal-blood-glucose-and-type-2-diabetes>
 - <https://innovation.cms.gov/initiatives/medicare-diabetes-prevention-program/>
 - <https://innovation.cms.gov/Files/reports/hcia-ymcadpp-evalrpt.pdf>
 - <https://icer-review.org/material/final-report-dpp/>

National Partner: Leavitt Partners-2

Facilitating the Development of New Collaborative Relationships between State Departments of Health and Influential Public and Private Partners

Submitted by: Chris Wilks | Chrisanne.Wilks@LeavittPartners.com | 917-538-0765

Estimated number reached/impacted:

Facilitated 79 discussions

Outcome:

Leavitt Partners utilized its broad professional network to identify high-potential relationships and facilitate introductions for staff from state departments of health (DOH). Leavitt Partners consulted with states to identify key stakeholders who could impact the National DPP landscape, gathered contact information, developed outreach language, and sent email invitations (except in instances where states had existing relationships, or elected to initiate outreach).

In almost all cases, the Leavitt Partners team facilitated the interview discussions. During the discussions, Leavitt Partners invited the participation of DOH staff, and in some cases identified opportunities for continued dialogue and collaboration between the state and the interviewee. Following the discussions, Leavitt Partners provided interviewees with DOH contact information in the context of a 1-page educational document. Following the interviews in each state, Leavitt Partners also developed an interview summary report for the DOH, highlighting specific next steps and opportunities for continued collaboration between the state and the interviewee entities. Leavitt Partners discussed the reports in close-out meetings with the DOH. The interviews described above precipitated numerous follow-on discussions and correspondence between DOH staff and the interviewee organizations.

In all Leavitt partners facilitated 79 interviews that position state partners to either initiate new relationships with stakeholders, re-kindle discussions that had faltered, or move existing relationships from discussion-phase to active partnering.

How Leavitt Partner's participation in a StEM(s) contributed to National DPP state action plans and/or other partner engagement activities and helped bring about this outcome.

Leavitt Partners supported dialogue between state departments of health and interviewee organizations that led in some instances to additional collaboration.

Notable Outcomes:

- Leavitt Partners conducted an interview with a state business group on health that led to the state DOH being invited to present at the group's upcoming meeting, and again at their annual summit.
- Leavitt Partners led an interview with an entity that managed state employee benefits in a populous state. The discussion led to the state DOH having a follow-on meeting and additional correspondence with the interviewees.

- Leavitt Partners led an interview with a major academic health system that led to a follow-on meeting involving the DOH and the system's accountable care organization executive.
- Leavitt Partners conducted an interview with a major commercial health plan. The health plan later initiated outreach to the DOH to secure additional information about the Medicare Diabetes Prevention Program.
- Some states reported that Leavitt Partners interviews precipitated additional meetings and/or the involvement of interviewees in action planning.

National partner role and other key player's roles:

Leavitt Partners' Role:

- Leavitt Partners participated in strategy calls with each state to identify high-value interviewees.
- Leavitt Partners secured contact information for more than 45 interview targets, by leveraging its extended professional network and through cold-calling, when necessary.
- Leavitt Partners conducted the majority of interviews, and invited participation from DOH staff during those calls.
- Leavitt Partners identified opportunities for next steps and collaboration and shared those with DOH staff in the context of an interview summary report and close-out meeting.

Lessons learned:

- DOH staff have valuable information and insights to share with potential partners, and an interview provides context for a relationship to develop.
- Leavitt Partners can support DOH staff in understanding the priorities of potential partners, and thereby support meaningful collaboration.
- It can be challenging to make inroads within some organizations, and introductions from a third party can create a path for communication.
- Follow-on communication after the interviews (both with the interviewees and the DOH) can help catalyze action.

Products/materials used/produced:

- Leavitt Partners developed interview summary reports to highlight next steps and opportunities for potential collaboration between state DOH staff and interviewees. Leavitt Partners also develop state-specific 1-pagers for interviewees that included the contact information of the state DOH.

National Partner: Leavitt Partners-3

Supplying NACDD, State Departments of Health, and StEM Participants with Health Care Landscape and Policy Information | Influencing the Direction of StEM Coverage Workgroup Action Planning

Submitted by: Chris Wilks | Crisanne.Wilks@LeavittPartners.com | 917-538-0765

Estimated number of people reached/impacted:

25+ state representatives directly reached (actual)

Outcome:

Leavitt Partners leveraged its health care industry data and intelligence to inform the thinking of NACDD and states, to facilitate the building of relationships between states and potential key stakeholders, and provide context on the health care landscape relative to diabetes prevention. These data and intelligence were used to create and deliver the state profile presentations, to provide relevant data states could access on their own to inform their planning, and to frame the discussion at the state engagement meeting, especially in the coverage workgroup. Leavitt Partners has:

- Developed and presented 25 state profile presentations
- Presented and fostered dialogue at 17 state engagement meetings, which reached over 1000 state representatives and stakeholders
- Guided and participated in 19 coverage workgroups

How Leavitt Partners participation in StEMs contributed to state action plans and/or other partner engagement activities to bring about this outcome:

Leavitt Partners, in most states, described the national landscape and state provider/payment reform initiatives on day one of the meeting to the broad audience of stakeholders. This presentation is a shortened version of the state profile presentation and helps:

- a. Educate states and their partners about the evolving relationships in the value-driven healthcare economy
- b. Provide insight on how payer and purchaser organizations in states can play critical roles in the conversations taking place about the National DPP moving forward, particularly regarding coverage
- c. Increase understanding about accountable care concepts and its implications for provider organizations in states

Leavitt Partners supported the coverage breakout sessions on day two by serving as a subject matter expert in the way payers, purchasers, and employers can approach coverage of the National DPP. The expertise developed from architecting the National DPP Coverage Toolkit was valuable to the facilitated discussion. Leavitt Partners also presented data specific to the payer market share by insurance type lives (commercial – large group and small group, Medicare Advantage, and Medicaid), health system market share by net patient revenue, large employers/brokers, and

accountable care organizations. This exercise allowed the partners around the table to better prioritize efforts in the state to increase coverage of the National DPP.

The dialogue in the coverage workgroups was enhanced and enriched as participants realized where the aggregation of lives was in the state. Many workgroups determined to target large, self-insured employers (often including state/local government employees) given the data presented. Payers, employer, and other purchaser partners around the table could relate to concepts relayed by Leavitt Partners staff, who are well-versed in the strategies and financial priorities of payers and purchasers.

Notable Outcomes:

- As a result of Leavitt Partners' presentation, stakeholders in several states requested additional interactions after the StEM to gather more information and/or discuss coverage expansion.
- Due in part to content presented in the coverage workgroup, one state requested Leavitt Partners provide a follow-up presentation a large commercial health plan. This allowed Leavitt Partners and the state to provide tailored technical assistance which contributed to the health plan providing coverage.
- Leavitt Partners supported pre- and post-StEM meetings to provide insights to a StEM stakeholder. Those discussions supported the development of a multi-stakeholder employer-oriented National DPP pilot.
- Leavitt Partners was asked to provide technical assistance to a state around altering the managed care contracts.

National partner role and other key player's roles:

Leavitt Partners' Role:

- Using an in-depth understanding of the political, economic, and social contexts within which policy change occurs, Leavitt Partners selected and presented key data points that were relevant to each state's health care landscape.
- Leavitt Partners leveraged public and proprietary data resources including the Accountable Care Organization database and the Torch Insight™ tool. Torch contains a compilation of complex state-specific demographic and health care information that can cross-link U.S. Census and other geographic-based data to data sources that include information on providers, payers, value-based contracts, and health care utilization. Access to the Torch tool will be made available to all states that have undergone the state engagement process.
- In support of the coverage workgroup at each state engagement meeting, Leavitt Partners leveraged its expertise in facilitating and coaching groups to assist states in setting an achievable action plan to further diabetes prevention efforts.

Other Key Players' Roles:

- NACDD provided leadership and guidance in the development of state profile and state engagement documents.
- Each state utilized the data and expertise to varying degrees to inform their state engagement meeting and their action plans.

Lessons learned:

- States find the landscape and health policy information useful to both expand their vocabulary in working with private partners, and to identify entities with market heft that could help advance diabetes prevention.
- Data characterizing the health care landscape in a given state, including the market share of payers, providers, and employers, is valuable in formulating strategies to advance diabetes prevention.
- States are at varying levels of sophistication in terms of their data capabilities, with some requiring more intensive support to effectively use the available data to support the state engagement meeting and other diabetes prevention activities.

Products/materials used/produced:

- Leavitt Partners developed state profiles for each state that contained state specific data and market insights. Leavitt Partners also built a tailored presentation based on the profile for states that elected to have it presented at the StEM meeting. Leavitt Partners built a market overview sheet to support NACDD in their StEM meeting participation. Finally, Leavitt Partners worked with NACDD to identify settings relevant to National DPP strategic planning in deploying the Torch Insight tool to participating states.
- Leavitt Partners utilized the following program registry to populate the Torch tool:
https://nccd.cdc.gov/DDT_DPRP/Registry.aspx

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