

National Diabetes Prevention Program
State Engagement Model

Collective Impact Report



NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS

Promoting Health. Preventing Disease.

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PARTNERS

"Through the National Diabetes Prevention Program, we are building a nationwide infrastructure and delivery system to support lifestyle change intended to prevent or delay type 2 diabetes — for the first time in the U.S. This requires the involvement and commitment of partners across multiple sectors, including community-based organizations; health care; public and private payers; employers; federal, state, and local government; and many others. The state engagement model is effective in bringing these stakeholders together to work collectively on a plan to increase 1) the supply of quality program delivery organizations; 2) awareness and demand for the program among people at risk; 3) identification and referral of people with prediabetes; and 4) coverage for the program among public and private payers. Together, CDC and NACDD are committed to supporting state engagement meetings in all states to help advance our work on the National DPP."

Ann Albright, PhD, RD, Director, Division of Diabetes Translation, Centers for Disease Control and Prevention

"Chronic disease leaders in State Health Departments are critical to the work of preventing type 2 diabetes through their relationships that drive change in their state. Together, NACDD and CDC developed the State Engagement Model to catalyze individual, organizational, and community action — each of which has a key role to play in promoting, providing, referring to, or financing the National DPP lifestyle change program. Working with our national partners and with CDC support, NACDD and its Members from State Health Departments are turning promising practices into practical solutions that are resulting in improved population health for people with prediabetes and those at high risk."

John Robitscher, CEO, National Association of Chronic Disease Directors



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The Type 2 Diabetes Prevention Challenge

Diabetes is common, potentially serious if not well-managed, and the most expensive chronic condition in the United States, affecting more than 30 million adults. One of every four healthcare dollars is spent on care for individuals with diabetes; expenses for people diagnosed with diabetes totaled \$327 billion in 2017.¹ Approximately 95% of those diagnosed with diabetes have type 2 diabetes.

The National Association of Chronic Disease Directors (NACDD), State Health Departments, and national partners, working closely with the Centers for Disease Control and Prevention (CDC), are making significant progress on steps to prevent type 2 diabetes. Working collaboratively as part of the CDC-led National Diabetes Prevention Program (National DPP), these organizations are fostering public and private partnerships to support the expansion of the National DPP and its primary component, an evidence-based lifestyle change program. The National DPP lifestyle change program is rooted in the groundbreaking Diabetes Prevention Program, a National Institutes of Health-led research study, and subsequent translation studies. Research from these initiatives showed that adherence to an intensive lifestyle change program and modest behavior changes helped adults

Prediabetes

One in three American adults, or 84 million people, has prediabetes, a condition that puts them at increased risk of developing type 2 diabetes, heart disease, and stroke. Nearly 90% of these adults are not aware that they have it. Without intervention, many of these adults will develop type 2 diabetes.

The National DPP lifestyle change program can help people prevent or delay type 2 diabetes and improve their overall health.



¹ Economic Costs of Diabetes in the U.S. in 2017. *Diabetes Care*. 2018 May; 41(5):917-928



with prediabetes lose 5% to 7% of their body weight and reduce their risk of developing type 2 diabetes by 58% (71% for people older than 60 years of age).

Advancing type 2 diabetes prevention is challenging and complex. Conditions in the places where people live, learn, work, and play affect diabetes risks and outcomes. People with prediabetes often are not aware that they have it and health professionals may lack awareness of the need to screen and test patients and refer them to CDC-recognized organizations delivering the National DPP lifestyle change program. Both individuals at risk for type 2 diabetes and their healthcare providers may need to be educated about prediabetes and diabetes prevention. Employers and insurers also need to know about prediabetes and the availability and value of the National DPP lifestyle change program.

Yet, awareness is only one aspect of diabetes prevention. The number of organizations offering the National DPP lifestyle change program does not currently meet the need. Many individuals who are at risk for type 2 diabetes do not have access to the program because employers, private insurers, and government health plans do not universally cover the program as a wellness or insurance benefit. Addressing the interdependent pillars of type 2 diabetes prevention — awareness, availability, coverage, and prediabetes screening, testing, and referral — provides the essential foundation for the work to increase program enrollment among adults at high risk for type 2 diabetes.

Given the magnitude of the epidemic and the effectiveness of collaborative community and clinical solutions, new models for stakeholder engagement are critical and must include strategies that promote commitment for action by diverse sectors. For this reason, the National DPP was built on the elements of Collective Impact² — a model for innovative change that requires a common agenda, shared measurement systems, mutually reinforcing activities, continuous communication, and backbone support organizations.

² Kania, John, and Mark Kramer. Collective Impact. Stanford Social Innovation Review 9, no. 1 (Winter 2011): 36–41.



NACDD/CDC State Engagement Model

The NACDD/CDC State Engagement Model applies the elements of Collective Impact to a customized model for expansion of the National DPP. CDC collaborated with NACDD on its development and provided financial support. The primary purpose of the model is to enhance stakeholder engagement and catalyze commitment for collective action to prevent type 2 diabetes.

An NACDD team leads the effort to apply the model, which entails 12 to 18 months of strategic consultation and support services for State Health Departments and their partners. The team advances each selected state through the steps of the model and guides stakeholders from health, business, nonprofit, and government sectors to making a commitment to prevent type 2 diabetes. NACDD brings in CDC and national partners at points in the process to support states and maximize results. Figure 1 shows the application of the Collective Impact elements to the NACDD/CDC State Engagement Model.

State Engagement Meetings (StEM) are central to the model, bringing together diverse state stakeholders with the potential to advance type 2 diabetes prevention and a group of national experts who help spur development of a state-specific National DPP action plan. During the two-day StEM, which is hosted by the State Health Department, NACDD provides planning tools, logistical support, assistance in identifying state champions, and on-site facilitation.

Using NACDD's Quick Start Action Plan template, the Association provides a draft action plan and an evaluation report shortly after the StEM. Another important aspect of the model are the group and individual consultations NACDD and select national partners provide following a StEM to help states finalize and maintain stakeholder commitment for executing their diabetes prevention action plans. The following interdependent pillars frame the work of scaling and sustaining the National DPP lifestyle change program and support development of state-specific action plans:

- **Awareness:** Increase awareness of prediabetes and the effectiveness of the National DPP lifestyle change program.
- **Availability:** Increase availability of National DPP lifestyle change programs, delivery options, and class locations.
- **Coverage:** Increase public and private payer and employer coverage of the National DPP lifestyle change program.
- **Screening, Testing, and Referral:** Establish policies and practices to screen, test, and refer patients with prediabetes to CDC-recognized organizations offering the National DPP lifestyle change program.



NACDD/CDC State Engagement Model Addresses Collective Impact

Collective Impact	NACDD State Engagement Model
Common Agenda →	Prevent type 2 diabetes with National DPP and CDC-recognized lifestyle change program
Shared Measurement →	CDC's Diabetes Prevention Recognition Program requires specific measures be tracked and reported
Mutually Reinforcing Activities →	State-specific National DPP action plans focus on four pillar areas with mutually reinforcing activities
Continuous Communication →	Consistent, open communication that maintains trust and collaboration is an intended outcome
Backbone Support →	State Health Departments alone or with partners provide ongoing coordination, leadership, and support

Figure 1. NACDD/CDC State Engagement Model maximizes the opportunity for collective impact.

A cross-cutting priority area, **Partner Engagement**, promotes building private and public sector relationships to enhance success in each of the pillar areas.

For most states, the National DPP action plan they develop as a result of the StEM builds on partnerships, including those with state and local government, health systems, health plans, employers, nonprofits, and community-based organizations. For some states, the National DPP action plan is an initial step toward working with key partners like brokers, medical societies, and business coalitions.

This report highlights the collective impact of the NACDD/CDC State Engagement Model and the intersecting efforts of states, cities, and national organizations under CDC-funded initiatives that were designed to accomplish the same objective — scaling and sustaining the National DPP. CDC invested funds in national organizations in 2012 and beginning in 2013, in all 50 states, several large cities, and many local organizations. NACDD's customized implementation of the model,



NACDD/CDC State Engagement Model 2012 – 2018

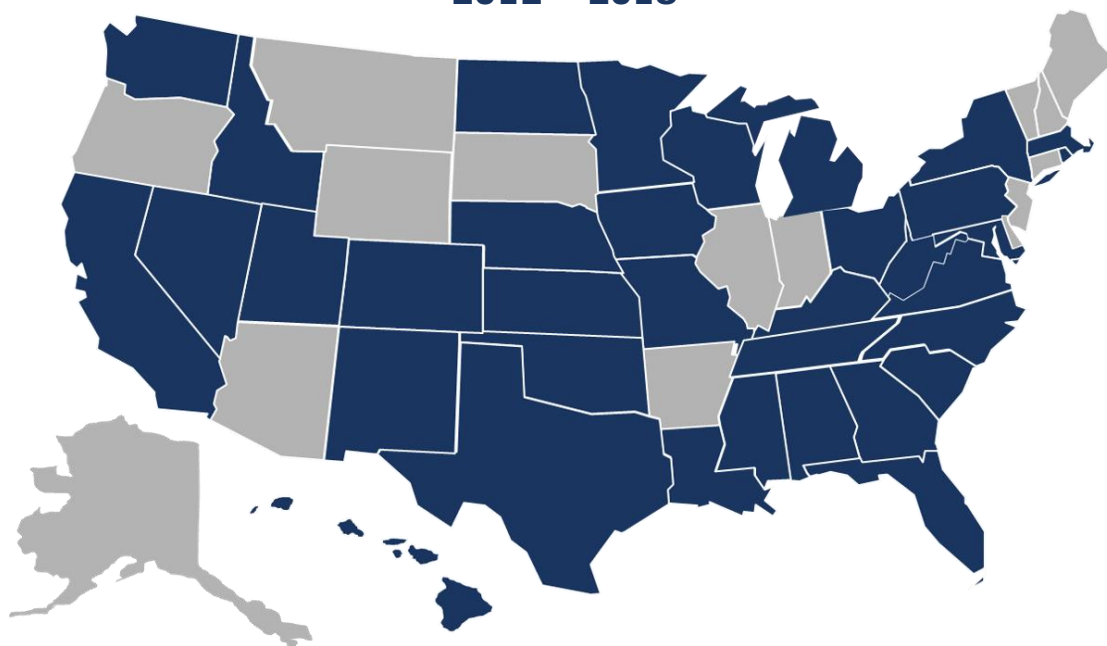


Figure 2. NACDD assisted 35 states in applying the NACDD/CDC State Engagement Model.

begun in 2012, reached 35 states as of June 2018 (Figure 2). This report describes the selected impacts of National DPP action plan implementation by State Health Departments and their partners from the 30 State Health Departments responding to an NACDD survey (see p. 10) and by national partner organizations. Four states are now developing National DPP action plans.

Implementing the NACDD/CDC State Engagement Model

CDC, State Health Departments, and select national partners all have unique roles in implementing the NACDD/CDC State Engagement Model to scale and sustain the National DPP.

Centers for Disease Control and Prevention

CDC established the [National Diabetes Prevention Program](#) (National DPP) in 2009 with Congressional authorization in 2010. The National DPP lifestyle change program, a primary component of the National DPP, is taught by trained coaches using a year-long, CDC-approved curriculum focused on behavior modification through healthy eating, physical activity, stress management, and peer support. The program can be delivered in-person, virtually, via distance learning, or through a combination of these modalities. CDC's Diabetes Prevention Recognition Program (DPRP) is the quality assurance arm of the National DPP. Through the DPRP, CDC awards recognition to National DPP delivery organizations that are able



to meet national standards and achieve the outcomes proven to prevent or delay onset of type 2 diabetes.

To support states in scaling and sustaining the National DPP, CDC invested funds in national organizations and State Health Departments through several funding streams: *PPHF 2012-National Diabetes Prevention Program: Preventing Type 2 Diabetes Among People at High Risk (DP12-1212)*; *State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health (DP13-1305)*; *State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke (DP14-1422)*; and *Scaling the National Diabetes Prevention Program in Underserved Areas (DP17-1705)*. The DP13-1305 and DP14-1422 funding, spanning 2013 to 2018, was CDC's first national investment in all 50 states, four large cities, and in local organizations to scale and sustain the National DPP. During this period, CDC also funded NACDD to deploy the NACDD/CDC State Engagement Model as a way to support states in their partner engagement and strategic planning efforts. CDC plays a key role in the model by providing states and partners with strategic national insights, new tools, and progress on the goals of the National DPP.

State Health Departments

State Health Departments are essential leaders for advancing type 2 diabetes prevention. Their role in the NACDD/CDC State Engagement Model focuses on three crosscutting areas that collectively support the four pillars needed to scale and sustain the National DPP at the state and local level.

Provide State-level Vision and Leadership

- Serve as the primary or secondary backbone organization for state partner networks/coalitions to create, update, and implement stakeholder-driven National DPP action plans and to track progress and results

Engage Stakeholders and Increase Communication

- Serve as a convener of multi-sector stakeholders at regular intervals to:
 - Increase awareness of prediabetes and the effectiveness of the National DPP lifestyle change program through multiple channels to diverse stakeholders

"The CDC/NACDD State Engagement Model made it possible for us to attract a diverse network of stakeholders who helped draft a real-world action plan to expand the National DPP in Hawaii. NACDD's guidance helped us move the plan forward collaboratively. As a result, Hawaii has made remarkable progress in building and scaling the National DPP."

Blythe Nett, Coordinator, Diabetes Prevention and Control Program, State of Hawaii, Department of Health



- Identify needs across the public and private sector, and draw upon known assets to address gaps at the state and local levels
- Identify the unique needs and barriers for access and enrollment in the program by state-specific priority populations
- Promote communication, best practices, and synergy among stakeholders

Provide Technical Assistance, Training, and Subject Matter Expertise

- Provide technical assistance and training (directly or through subject matter experts) on a wide range of actions designed to scale and sustain the National DPP lifestyle change program in the four pillar areas

National Partners

NACDD involves select national partners in different phases of the NACDD/CDC State Engagement Model to provide unique insight on engaging health systems, medical practitioners, payers, and employers, and to make state partner connections that help maximize collective impact.

- The **American Medical Association (AMA)** initiates collaboration with local medical societies to build awareness, provide educational resources such as *Prevent Diabetes STAT* tools, and engage health systems regarding screening, testing, and referral of patients with prediabetes to CDC-recognized organizations.

"The American Medical Association is focused on informing physicians and care teams of the evidence-based, National DPP lifestyle change program and increasing screening, testing and referral of individuals at risk to these programs. As a collaborator in the CDC/NACDD State Engagement Model, we are able to connect state medical associations with their companion state health departments and others to identify physician champions for the lifestyle change program and to forge collaborations to increase enrollment in the programs. Together we are making progress and laying the foundation for nationwide prevention of type 2 diabetes."

Karen Kmetik, PhD, Group Vice President,
American Medical Association



- The **American Association of Diabetes Educators (AADE)** provides expert guidance on the implementation of the National DPP lifestyle change program in diabetes self-management education and support (DSMES) programs. DSMES programs are well positioned to seek CDC recognition and to deliver successfully the National DPP lifestyle change program. AADE's unique perspective on this work is based on their role as a National Accrediting Organization for Medicare, whereby they provide accreditation and oversight to DSMES programs in all states.
- **Leavitt Partners** provides expertise in value-based care, national trends, and healthcare intelligence, and conducts primary intelligence interviews with executives and decision makers from state health systems, provider groups, payers, hospitals, brokers, and employers. These primary intelligence interviews support the dissemination of fact-based information about the National DPP. The interviews also help foster relationships among non-traditional partners, such as business coalitions in each state.

"AADE has access to over 14,000 diabetes educators who are well positioned to provide the National DPP to the people who are at risk for type 2 diabetes. We value our partnership with NACDD and others who have dedicated resources to this important effort!"

Leslie Kolb RN, BSN, MBA, Chief Science and Practice Officer, American Association of Diabetes Educators

"Leavitt Partners has participated in this highly meaningful work for the past three years. The progress that has been made, to date, is an encouraging indicator that persistence and collaboration can yield better outcomes for a healthier population."

Rebecca Nielsen, Senior Director
Leavitt Partners

Collective Impact

States that held a StEM were invited to complete a survey to provide information about their subsequent progress. The purpose of the survey was to gather data to describe the impact resulting from implementation of the NACDD/CDC State Engagement Model, including StEMs and National DPP action plan implementation with state partners.

Thirty of the 31 State Health Departments that received the survey responded. The number of State Health Departments responding to individual questions on the survey is indicated in the figures throughout this report. The data from the survey, which was completed in April 2018, are useful for assessing the collective



impact of the work of State Health Departments and their partners with the following qualifications:

- The NACDD/CDC State Engagement Model implementation, in addition to ongoing state and national partner efforts under several CDC funding initiatives (see p. 8) during the same time period, contributed to the collective impact described below.
- Not all states that implemented a StEM responded to the survey.
- States that recently conducted their StEM did not have complete action plans and consequently did not have data to report.
- Some State Health Departments had data available only for a subset of survey questions, and others provided estimates only.
- State Health Departments may not have reported progress on areas that were not an action plan priority.

State Survey Results Describing Collective Impact

Awareness

Raising awareness of prediabetes and promoting the National DPP lifestyle change program as a way to reduce type 2 diabetes incidence helps drive referrals to the program and increases program enrollment. Medical practitioners, policy makers, employers, health plan leaders, and individuals at-risk for prediabetes need to know the benefit of the program to people with prediabetes and its value as a healthcare cost saver. Eighty-one percent, or 21 of the State Health Departments that responded to the survey, indicated that they have either created or sponsored a website or webpage to promote type 2 diabetes prevention and the National DPP. The same percentage also launched media campaigns with the potential to reach thousands of people. Figure 3 shows the estimated aggregate number of individuals who received education from the State Health Department or a state partner.

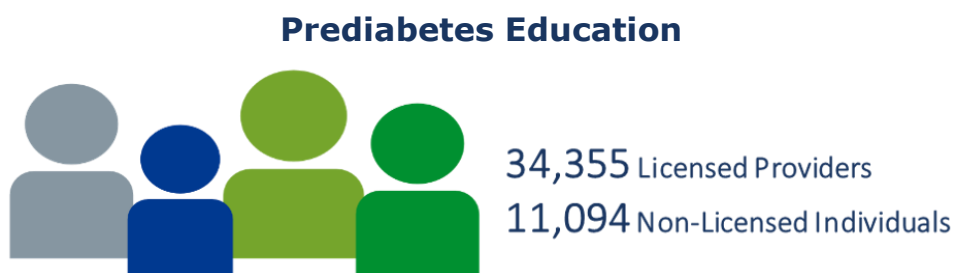


Figure 3. Estimates of the individuals, including healthcare professionals, who were educated about the National DPP lifestyle change program after the StEM, April 2018.



Availability

Many state action plans focus on program availability and these efforts take many forms. Depending on the need, states may aim to increase the number of trained lifestyle coaches or the number of CDC-recognized organizations and classes. Figure 4 shows aggregate success in expanding program availability in states that responded to the survey.

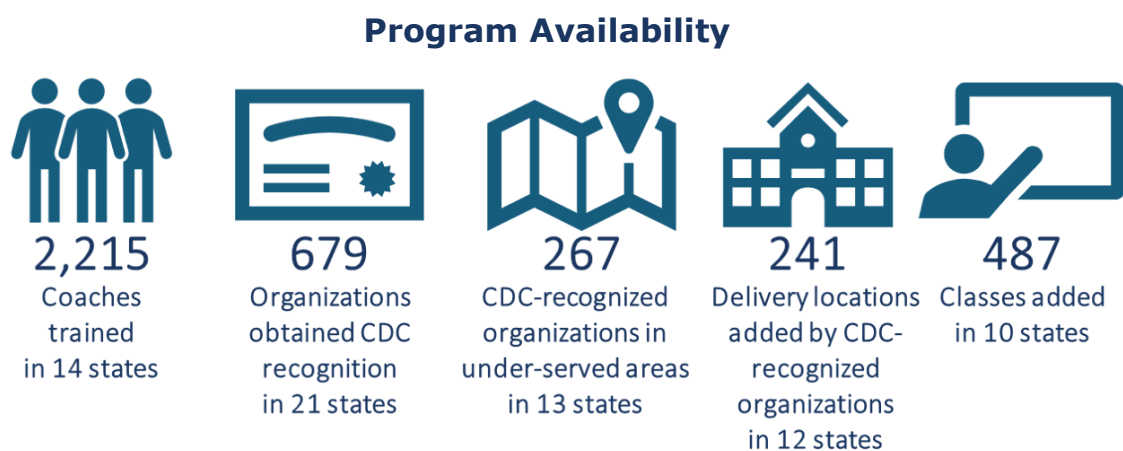
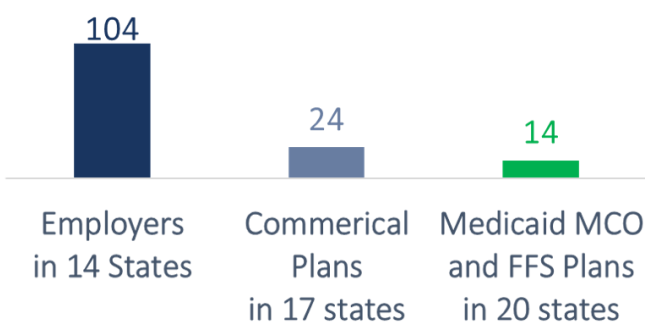


Figure 4. Actual or estimated impact of activities to increase availability of the National DPP lifestyle change program through CDC-recognized organizations. Note: Includes pending, preliminary, and full CDC-recognition, April 2018.

Coverage

Employers have two options for providing coverage for the National DPP lifestyle change program. The first is for an employer to cover the program as a wellness benefit for employees with varying levels of employee contribution. The second is for an employer to cover it as a paid benefit through a claim that is processed by a health plan. Figure 5 shows the number of employers and health plans providing coverage following the StEMs.

Employer and Health Plan Coverage



In many cases, the state is the largest employer and, for this reason, efforts to expand coverage often focus on

Figure 5. Number of employers and health plans that report covering the National DPP lifestyle change program, April 2018.



state employees. States made substantial gains in providing coverage to state employees. Based on self-reported data from the NACDD survey of states completing a StEM, an estimated 1,869,000 state employees receive coverage in 10 states. This number is growing rapidly.

Prediabetes Screening, Testing, and Referral

States work with healthcare providers to increase screening and testing of people at risk for type 2 diabetes and refer eligible candidates to CDC-recognized organizations offering the National DPP lifestyle change program. Figure 6 shows the number of organizations that began to screen, test, and refer after a StEM. This priority, along with many other awareness and engagement strategies, is naturally intertwined with efforts to enroll participants. Fifteen State Health Departments reported enrollment of more than 63,600 individuals after the StEM, with only four states reporting estimated numbers (Figure 7).

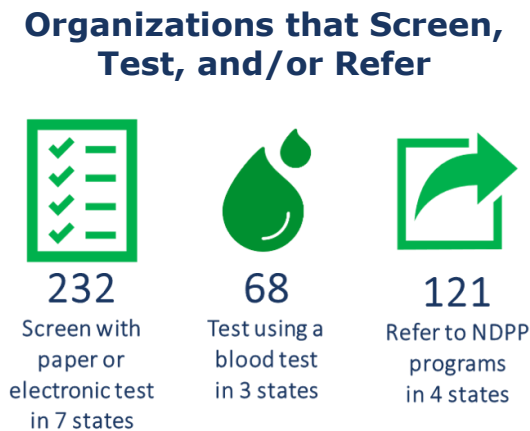


Figure 6. Actual or estimated number of clinics or community-based organizations that reported screening, testing, and/or referring individuals to CDC-recognized organizations, April 2018.

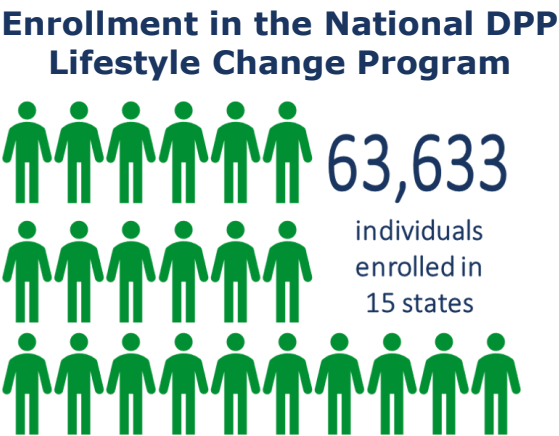


Figure 7. Actual or estimated number of individuals enrolled in CDC-recognized organizations in 15 states, April 2018.



Partner Engagement

States work closely with a variety of stakeholders to advance the goals of the National DPP. The roles assumed by these stakeholders vary, but State Health Departments consistently report that these relationships are essential to implementing their action plans and making connections with partners who invest time and resources in type 2 diabetes prevention. The number of partners engaged is shown in Figure 8. Sixty percent of states meet with partners quarterly; 10% meet as often as weekly.



Figure 8. Actual or estimated number of new and revived partnerships, April 2018.

The state survey data, along with the outcomes highlighted in the next section, illustrate the immense progress that State Health Departments and their partners have made toward promoting type 2 diabetes prevention by expanding support of the National DPP lifestyle change program following their StEMs.

State and Partner Outcomes Highlights

In February 2018, NACDD hosted the National Diabetes Prevention Program State Engagement Outcomes Summit (Summit). The Summit, a first of its kind, provided the platform for the 31 states that completed a StEM to:

- Showcase key outcomes resulting from StEMs, National DPP action plans, and partner engagement activities that enhanced their ongoing CDC-funded efforts;
- Highlight successes, best or promising practices, and lessons-learned in implementing action plans and partner engagement activities that contributed to key outcomes; and
- Share methods, tools, and resources for overcoming barriers to scaling and sustaining the National DPP in collaboration with multi-sectoral partners.

States shared their strategies in areas where they had been particularly successful and sought guidance from Summit attendees and presenters in areas where they had experienced challenges. In preparation for the Summit, State Health Departments submitted one or more briefs to highlight outcomes that were achieved due to StEMs, action plans, and/or partner engagement activities that enhanced CDC-funded efforts. After the Summit, a few State Health Departments submitted new or revised briefs. The achievements below come from the outcome briefs, found [here](#).



Awareness and Enrollment Achievements

Under the Awareness and Enrollment pillar, states work to increase awareness of prediabetes, the National DPP, and CDC-recognized organizations.

STATE/ORGANIZATION DATE OF STEM	NOTABLE ACHIEVEMENTS
Alabama January 2018	Alabama's consumer and health provider awareness workgroup was instrumental in developing an action plan for targeting and educating a diverse group of community partners.
American Medical Association (AMA)	Since 2015, AMA participated in 22 StEMs, created the PreventDiabetesSTAT toolkit and related resources in partnership with CDC, and led or supported work with medical societies in 10 states that educated more than 1,800 physicians/healthcare team members and reached more than 49,000 physicians to promote diabetes screen, testing, and referral.
Colorado March 2012	Since Colorado's StEM, 2,900 state employees enrolled in the National DPP lifestyle change program. To date, 53% have completed nine or more classes.
Georgia December 2017	The Georgia Department of Public Health used the StEM and CDC materials to present a case for the National DPP lifestyle change program to the Department of Community Health, which would ultimately be responsible for expanding coverage to all state employees.
Iowa May 2017	The Iowa Department of Public Health (IDPH) used the NACDD/CDC State Engagement Model to enhance an existing diabetes partnership and recruit new stakeholders statewide. Since their StEM, IDPH and partners finalized the Diabetes Prevention Action Plan, convened a summit to share the plan and discuss progress, and held a train-the-trainer event on use of the National DPP Coverage Toolkit.



STATE/ORGANIZATION DATE OF STEM	NOTABLE ACHIEVEMENTS
Kansas October 2013	In 2017, the Kansas City Metro Diabetes Prevention Collaborative Roundtable executed a prediabetes awareness campaign across multiple media platforms including print media, social media, in-person marketing, and radio air time. Their campaign achieved 2.7 million impressions.
Massachusetts September 2015	Using the Diabetes Prevention Network, which was formed under CDC's DP14-1422 cooperative agreement and enhanced with the StEM, the Massachusetts Department of Public Health worked on a multi-pronged approach to increase awareness about and availability of CDC-recognized organizations. From 2015 to 2017, participant enrollment increased from eight to 2,272.
Michigan May 2015	After identifying the need at their StEM to increase awareness about the National DPP lifestyle change program among the public and healthcare providers, the Michigan Department of Health and Human Services created a centralized hub for National DPP lifestyle change program resources on an existing website dedicated to promoting evidence-based lifestyle programs. Since November 2017, Michigan has seen a 126% increase in the number of class search page views for National DPP lifestyle change program classes compared to April 2017.
Missouri May 2017	The Missouri Department of Health and Senior Services used their StEM to build on momentum from their previous "Take It Back" campaign that targeted all residents of Missouri. Their current efforts focus on building prediabetes awareness among healthcare professionals and at-risk populations.
Nevada February 2018	The Nevada Division of Public and Behavioral Health held their StEM in February 2018 with the goal of increasing awareness about the National DPP



STATE/ORGANIZATION DATE OF STEM	NOTABLE ACHIEVEMENTS
	lifestyle change program among a diverse group of existing and potential partners that were invited to attend the meeting.
Nebraska August 2016	The Nebraska Department of Health and Human Services credits the Diabetes Prevention Action Plan, which was a result of their StEM, with providing the structure for scaling and sustaining Nebraska's National DPP lifestyle change program efforts. Since their StEM, 1,117 Nebraskans enrolled in the National DPP lifestyle change program.
New York May 2016	In New York, a Regional Health Information Organization developed a pilot that used registries and an alerting system to help providers identify at-risk patients and intervene appropriately.
South Carolina July 2015	The Statewide Comprehensive Diabetes Prevention Plan created as a result of the StEM provided the framework for South Carolina's focus on raising awareness. South Carolina created a type 2 diabetes prevention toolkit for physicians and other healthcare providers and worked with the South Carolina Medical Association to educate 132 healthcare providers.
Virginia September 2016	The Virginia Department of Health used their StEM to fill a gap in the need for a formal action plan and process for building awareness about the National DPP lifestyle change program across the state. Because of their StEM, Virginia sent awareness messages to providers and potential participants using multiple digital platforms.
Washington June 2016	The expansion in the number of CDC-recognized organizations in Washington contributed to an increase in the number of program participants from



STATE/ORGANIZATION DATE OF STEM	NOTABLE ACHIEVEMENTS
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	5,357 as reported in July 2016 to 9,164, reported as of October 2017.
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Insights

- **State-Specific Campaigns:** It is important that states create or access materials that are specific to the state or tailor existing materials when conducting media or marketing campaigns.
- **Relationships:** StEMs were very effective in “re-booting” relationships with partners and in initiating new partner relationships.
- **Realistic Expectations:** Realistic expectations are important to effective awareness campaigns. A media “impression” does not mean an individual viewed or read a message on a website.
- **Clinician Champions:** When attempting to increase awareness among physicians, it is useful to have a physician champion involved.

Availability Achievements

Under the Availability pillar, states work to increase availability of CDC-recognized organizations and class locations.

STATE/ORGANIZATION DATE OF STEM	NOTABLE ACHIEVEMENTS
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American Association of Diabetes Educators (AADE)	Through AADE’s technical assistance and support, funded by CDC’s DP12-1212 cooperative agreement, Diabetes Self-Management Education and Support (DSMES) programs enrolled 4,734 participants in the National DPP lifestyle change program. AADE helped DSMES programs and educators in both StEM and non-StEM states reconfigure their programs to enable provision of the National DPP lifestyle change program in a format tailored to the unique needs and challenges of participants.
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Hawaii	The Hawaii State Department of Health facilitated the launch of new program providers in the state,
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STATE/ORGANIZATION DATE OF STEM	NOTABLE ACHIEVEMENTS
November 2016	including four YMCA branches. Because of the StEM in November 2016, the DOH enlisted new partners to increase the availability of CDC-recognized organizations to now cover each of Hawaii's six main islands. Fifteen organizations now offer programs, up from six.
Louisiana April 2017	Since their StEM, the Louisiana Department of Health increased the number of CDC-recognized organizations from eight to 16. Most of these new organizations were DSMES sites.
Massachusetts September 2015	Using the Diabetes Prevention Network, which was formed because of the StEM and participation in CDC's DP14-1422 cooperative agreement, the Massachusetts Department of Public Health worked on a multi-pronged approach starting in 2015 to increase awareness about the National DPP lifestyle change program and increased sites offering the program from eight to 27.
Mississippi April 2014	The Mississippi State Department of Health focused on increasing program availability in the Delta region, which is rural and underserved. After a local awareness campaign, the first program in the area screened 20 people at risk, with 10 going on to enroll and complete the first six months of the lifestyle change program.
Missouri May 2017	Since their StEM, three new organizations (two hospital systems and one employer) began providing the National DPP lifestyle change program for eligible employees and patients in Missouri, increasing availability to more than 88,963 potential participants.
Nebraska August 2016	The Diabetes Prevention Action Plan that was created because of the StEM provided the backbone for the Nebraska Department of Health and Human



STATE/ORGANIZATION DATE OF STEM	NOTABLE ACHIEVEMENTS
	Services effort to scale and sustain the National DPP lifestyle change program. Since their StEM, 37 organizations in Nebraska became CDC-recognized program providers, seven of which are fully recognized. Enrollment increased from 609, reported in October of 2016, to 1,117, reported as of December 2017.
North Carolina January 2014	In August 2016, the North Carolina General Assembly appropriated approximately \$2.2 million to increase minority participation in the National DPP lifestyle change program. During the period October 1, 2016, through June 30, 2017, 1,532 eligible residents were referred to 69 lifestyle change classes in 30 counties.
Rhode Island April 2016	Since their StEM, Rhode Island added seven new CDC-recognized organizations, which served 494 participants.
Virginia September 2016	The Virginia Department of Health focused on the availability of the National DPP lifestyle change program. Between December 1, 2016, and December 31, 2017, their efforts increased the number of CDC-recognized organizations by 16 and coaches by 86.
Washington June 2016	The Washington State Department of Health engaged partners who attended the StEM to expand availability of CDC-recognized organizations from 20 in July 2016, to 31 as of January 2018, and to increase the number of enrollees from 5,357 in July 2016 to 9,164 as of October 2017.
West Virginia October 2014	Since their StEM, the West Virginia Department of Health and Human Resources worked to increase availability of the National DPP lifestyle change program. CDC-recognized organizations have increased from zero to seven and other partners are



STATE/ORGANIZATION DATE OF STEM	NOTABLE ACHIEVEMENTS
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	being engaged to become recognized program providers.
Wisconsin October 2017	After the StEM, the Wisconsin Department of Health Services (DHS) worked to increase availability through worksite clinic/wellness vendors that also operate in other states. Employers contract with these vendors to deliver health and wellness programs at worksites. By providing technical assistance to these vendors, DHS made the National DPP lifestyle change program available to 200,000 individuals.

Insights

- **Capacity and Coverage:** Building site capacity and establishing coverage in parallel can be an effective way to expand the program.
- **Sustainability:** Sustainability is a key consideration when increasing the number of CDC-recognized organizations.
- **Partnership:** Transparency, regular communication, and inclusion support the work between partners to increase program availability.

Public and Private Coverage Achievements

Under the Public and Private Coverage pillar, states work to increase public and private payer and employer coverage of the National DPP lifestyle change program.

STATE/ORGANIZATION DATE OF STEM	NOTABLE ACHIEVEMENTS
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California September 2015	During and after the StEM, the California Department of Public Health established partnerships with key stakeholders that helped to expand coverage for the National DPP lifestyle change program. After the StEM, coverage was obtained for 1.4 million members of the California Public Employee's Retirement System, 13 million members of
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STATE/ORGANIZATION DATE OF STEM	NOTABLE ACHIEVEMENTS
	California's Medicaid program, Medi-Cal, and 11.8 million private commercial plan members.
Colorado March 2012	<p>After their StEM, where coverage was identified as a priority, Colorado state employees and their adult dependents obtained coverage for the National DPP lifestyle change program with no co-pay.</p> <p>Through a relationship with a prominent business group, the Colorado Department of Public Health facilitated a commitment from six employers to provide coverage for the National DPP lifestyle change program.</p>
Hawaii November 2016	<p>The Hawaii StEM brought together stakeholders to create an action plan that has a short-term priority to establish at least one accessible National DPP lifestyle change program cohort on each island by December 2018. After their StEM, the University Health Alliance (UHA) and the YMCA contracted to fully cover the cost of the National DPP lifestyle change program for any of the qualifying 1,857 UHA members.</p>
Idaho March 2017	<p>The Idaho Department of Health and Welfare used their StEM and subsequent primary intelligence interviews to engage the Idaho Office of Group Insurance and their insurance carrier in discussions about offering the National DPP lifestyle change program as a covered benefit to state employees. Conversations are ongoing.</p>
Leavitt Partners	<p>Between 2012 and April 2018, Leavitt Partners supported 24 StEM coverage workgroup breakout sessions by serving as a subject matter expert on approaches payers, purchasers, and employers can use to obtain coverage for the National DPP lifestyle change program.</p>



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Maryland October 2015	Since their StEM in 2015, the Maryland Department of Health worked to achieve coverage for state employees. Despite legislative barriers preventing explicit employee coverage, they worked with the two state of Maryland insurance carriers to extend their weight loss management program reimbursement option to include the National DPP lifestyle change program. Now 163,800 state employees and their adult dependents who are covered under these two plans are eligible to receive \$150 per year for participation in the program.
Missouri May 2017	The data and evidence presented at the Missouri StEM supported or influenced insurer coverage of the program. After their StEM, three insurance carriers, two commercial and one Medicaid MCO, agreed to cover the National DPP lifestyle change program. Since their StEM, three new organizations provide the National DPP lifestyle change program for employees and patients, increasing availability to more than 17,000 individuals.
North Carolina January 2014	After their StEM, North Carolina achieved coverage for all state employees and adult dependents, with a \$25 employee co-pay for the program. To date, 511 of the 709 employees who enrolled are still in the program. Unfortunately, coverage has since been eliminated and is no longer available.
Pennsylvania August 2017	The nine Medicaid MCOs that are piloting coverage for the National DPP lifestyle change program received support from the Pennsylvania Department of Health on coverage and implementation issues. Pennsylvania works closely with one of the MCOs and a local federally qualified health center on coverage strategies.
Oklahoma	The action plan resulting from the Oklahoma StEM guided the development of priorities and the



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October 2016	selection of primary intelligence interviewees post-meeting. After the primary intelligence interviews, two employers began pilots offering the National DPP lifestyle change program to their employees.
Rhode Island April 2016	Under CDC's DP14-1422 cooperative agreement, the Rhode Island Department of Health formed a relationship with the state's 10 Health Equity Zones, seven of which had a priority to focus on prediabetes. Through those relationships, enhanced following the StEM, three new employers began offering the National DPP lifestyle change program as a covered benefit to their more than 1,900 employees.
Texas February 2017	<p>After their StEM, eight employers in the Greater Houston region agreed to participate in a longitudinal study examining the impact of the National DPP lifestyle change program.</p> <p>Texas now offers the National DPP lifestyle change program to the 17,607 individuals who are in the Employees Retirement System and who are not covered by Medicare. State employees and eligible dependents are covered by Real Appeal.</p>
Utah August 2015	In August 2017, Utah state employees and their adult dependents covered through the Public Employee Health Plan became eligible to take part in a National DPP lifestyle change program pilot at no cost. The StEM and follow up conversations led by the Utah Department of Health helped secure the launch of this pilot.



Insights

- **Decision-Makers:** Engagement with and buy-in from key leadership is important to expanding coverage.
- **Employer Coverage:** Partnering with business associations can be an effective way to promote the National DPP lifestyle change program among self-insured employers.
- **Adoption Momentum:** Conversations with payers or employers already considering the National DPP lifestyle change program are useful for providing technical assistance and encouraging momentum.
- **Employer Priorities:** In some cases, the evidence-base and the economic arguments do not convince employers to expand coverage. Ongoing conversations or pilots often are necessary.
- **Persistent Engagement:** Repetition is important as is ongoing communication. Be mindful that not all stakeholders understand terms like “evidence-based.”

Screening, Testing, and Referral Achievements

Under the Screening, Testing, and Referral pillar, states work to increase the number of established policies and practices within healthcare systems to screen and test patients for prediabetes and refer those eligible to CDC-recognized organizations.

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American Medical Association (AMA)	AMA took part in 15 StEMs as a featured speaker and/or subject matter expert on how to engage physicians and health systems to promote screening, testing, and referral of patients with prediabetes to the National DPP lifestyle change program. After the StEMs, the AMA worked closely with 11 states on a variety of activities including partnering with state medical societies to increase awareness among physicians about prediabetes and the National DPP lifestyle change program; providing guidance on how to engage physicians and their care teams to increase screening, testing, and referral; implementing demonstration projects to test tools
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	and resources; and providing guidance on increasing coverage.
Michigan May 2015	By partnering with several information technology and quality improvement organizations in their state, the Michigan Department of Health and Human Services developed a survey to assess healthcare providers screening, testing, and referral practices for prediabetes using electronic health records. The survey was disseminated to 700 healthcare organizations in February 2018.
New York May 2016	Under CDC's DP14-1422 cooperative agreement a Regional Health Information Organization in Central New York developed a referral platform that was embedded in their health information exchange. The platform allows for secure sharing of National DPP lifestyle change program participant information between primary care practices and CDC-recognized organizations. Since the first pilot, with engagement enhanced by the StEM, the platform has expanded into two additional counties.
North Carolina January 2014	Based on an initiative funded by the North Carolina General Assembly in August 2016 to increase the number of individuals from minority populations that enroll in the National DPP lifestyle change program, North Carolina screened 4,500 individuals for prediabetes. A total of 693 participants enrolled and participated in the program. Of these, 57% identified as African American, 22% as Caucasian, 12% as Hispanic or Latino, and 9% as Native American.
Rhode Island April 2016	Seven of the 10 Health Equity Zones (HEZ) in Rhode Island connected with primary care practices and federally qualified health centers in their communities to engage healthcare providers in screening, testing, and referring their patients with



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	prediabetes to CDC-recognized organizations within HEZs.
Utah August 2015	In 2017, after coverage became available to Utah state employees and adult dependents through a pilot program, 2,985 employees/dependents were identified as having prediabetes based on annual health screening results and insurance data provided by the Public Employee Health Plan's actuary department.

Insights

- **Health Information Technology:** Investing in technology such as class management platforms or bidirectional referral systems can be a powerful strategy for supporting referrals by healthcare providers to CDC-recognized organizations.
- **Physician Engagement:** Physician and care team engagement is important to screening, testing, and referral efforts.
- **Health Disparities:** Action plan goals targeting the four pillars align well with existing priorities to address disparities in health experienced by certain populations.

Partner Engagement Achievements

Partner engagement promotes the combination of work from each of the pillar areas into a collaborative, broad-based effort.

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Hawaii November 2016	Because of their StEM, the Hawaii State Department of Health formed a workgroup that provided tailored technical assistance and helped convene local stakeholders on Hawaii's six main islands to leverage resources and build partnerships. Partners helped



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	increase program availability from six to 15 organizations offering the National DPP lifestyle change program.
Idaho March 2017	The Idaho Department of Health and Welfare reported that conversations with the Office of Group Insurance had stalled, but after attending the StEM, Idaho was able to restart conversations about making the National DPP lifestyle change program a covered benefit for state employees. Idaho engaged partners to connect health plans to suppliers and shared data with decision-makers about the National DPP lifestyle change program.
Iowa May 2017	After their StEM, the Iowa Department of Public Health (IDPH) prioritized ongoing interaction with partners and engaged in multiple activities to increase awareness and provide technical assistance to partners. Key partners identified as pillar leads and IDPH, together, hosted a Statewide Diabetes Summit five months after their StEM. Iowa is planning a targeted meeting for payers and providers to build partnerships that support coverage of the National DPP lifestyle change program.
Kansas October 2013	The Kansas Department of Health and Environment used the StEM to bolster membership and participation in the Diabetes Prevention Collaborative Roundtable, which is a multi-county, bi-state collaborative approach to address type 2 diabetes prevention. The roundtable members collaborated to ensure consistency and cultural competency in materials for their prediabetes awareness campaign completed in 2017.
Leavitt Partners	After the StEMs, Leavitt Partners consulted with State Health Departments to identify key stakeholders and potential partners to talk with about the National DPP lifestyle change program.



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	Leavitt Partners worked with State Health Departments to schedule and facilitate 79 primary intelligence interviews where potential partners were educated about prediabetes and the National DPP lifestyle change program. Many State Health Departments initiated or reengaged valuable relationships because of those discussions.
Louisiana April 2017	All members of the Louisiana Diabetes Educator's Network (La-DEN) were invited to the April 2017 StEM. After the meeting, the Louisiana Department of Health helped partners apply for CDC recognition, obtain training for coaches, secure technical assistance, and increase awareness of programs.
Michigan May 2015	The Michigan Department of Health and Human Services worked with a small group of partners who brought resources to the table to create a centralized information hub for type 2 diabetes prevention. The hub is promoted by Michigan Diabetes Prevention Network members, action plan work group participants, DP14-1422 partners, and commercial health plans.
Minnesota September 2016	Minnesota's StEM revived existing partnerships and engaged new, diverse partners for diabetes prevention. The Minnesota Department of Health recruited members for the new statewide Diabetes Prevention Network Advisory Committee and established payment and delivery workgroups to address complex and critical issues. Refinement of priorities was strengthened by diverse perspectives. Workgroups have high-levels of support, trust, and sustained engagement.
Missouri May 2017	The Missouri Department of Health and Senior Services maximized new and existing partnerships to advance progress in several areas. Under CDC's DP13-1305 cooperative agreement, they leveraged



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	<p>their relationship with a research group to design an effective strategic communication plan around type 2 diabetes prevention and leveraged other relationships to design a marketing campaign. Payers that attended the StEM have become partners and are helping the state to achieve its coverage goals.</p>
<p>Nebraska August 2016</p>	<p>The StEM provided the platform to bring together many of Nebraska's diabetes prevention stakeholders for the first time. When the Nebraska Department of Health and Human Services shared their action plan, they included a survey inviting those who did not attend the StEM to participate in the Action Plan Leader Workgroup. This workgroup, comprised of local, state, and regional partners, led to steps to achieve objectives in the action plan. There are now 37 program delivery sites in 27 counties, seven organizations have achieved full CDC recognition, and about 50-60 lifestyle coaches were trained over 18 months.</p>
<p>New York May 2016</p>	<p>The New York State Department of Health leveraged a relationship with a regional health information organization (RHIO) to use information technology to promote prediabetes screening, testing, and referral. RHIO representatives attended the StEM and led discussions about health information exchanges.</p>
<p>North Carolina January 2014</p>	<p>The North Carolina Department of Health and Human Services made inroads in new partner relationships by focusing some of its program development efforts on populations that have historically experienced health disparities.</p>
<p>Ohio July 2017</p>	<p>The StEM provided the first opportunity for the Ohio Department of Health to initiate new and diverse partner relationships centered on the National DPP lifestyle change program. Ohio was able to leverage</p>



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	relationships with other state agencies to open the door for conversations about coverage for state employees and Medicaid.
Pennsylvania August 2017	For three years prior to their StEM, the Pennsylvania Department of Health built a trusted relationship with Medicaid MCOs through quarterly meetings about prediabetes, the National DPP lifestyle change program, and the cost effectiveness of the lifestyle change program. As a result, nine Medicaid MCOs announced plans to launch pilot coverage of the National DPP lifestyle change program at the StEM.
South Carolina July 2015	In South Carolina, the Diabetes Advisory Council worked with the Department of Health and Environmental Control to develop a statewide Comprehensive Type 2 Diabetes Prevention Plan and partnered with various stakeholders that have the potential to reach 330,000 individuals with prediabetes awareness, screening, coverage, and other outreach activities. One partner, the South Carolina Business Coalition on Health, made it possible to engage large employers.
Texas February 2017	After their StEM, the Texas Department of State Health Services partnered with eight employers in the Greater Houston region to evaluate the impact of the National DPP lifestyle change program. Because of the StEM, 20 partners were engaged to address implementation of the action plan.
Utah August 2015	After their StEM, the Utah Department of Health developed the Diabetes Prevention Network, which focuses on engaging more than 77 partners in a plan to increase awareness of and enrollment in the National DPP lifestyle change program.
Virginia	The Virginia Department of Health invited a key partner organization with valuable resources and



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September 2016	expertise to help plan their StEM. With assurance of support from this partner, stakeholders included an objective in their action plan to establish a technical assistance center to train, scale, and sustain CDC-recognized organizations.
Washington June 2016	The Washington State Department of Health experienced an increase in partner engagement in their long-standing Diabetes Network Leadership Team (DNLT). Before the StEM, the DNLT focused on diabetes control. The group made changes to its infrastructure and recruited new partners to accommodate type 2 diabetes prevention. Effective partner engagement led to the increase in available programs from 20 in July 2016, to 31 as of January 2018.
West Virginia October 2014	The West Virginia Department of Health and Human Resources maximized partner engagement after their StEM to increase site availability from zero in 2014 to seven as of January 2018. Other partners remain engaged with the goal of further increasing the number of CDC-recognized program delivery sites.
Wisconsin October 2017	StEM attendees and established stakeholders were instrumental in helping the Wisconsin Department of Health Services develop and refine its state action plan. Immediately after their StEM, Wisconsin surveyed its long-standing diabetes advisory group and identified 48 partners for a new Prediabetes Action Team to help accomplish key activities in the plan.

Insights

- **Follow-up Discussions:** Regular communication with partners is important in achieving action plan goals.



- **Project Management:** To be effective, State Health Departments should ensure there are clear, time limited, explicit asks of partners during engagements and meetings.
- **Critical Partnerships:** The NACDD/CDC State Engagement Model process provided the opportunity to engage many new partners. It also served to invigorate existing relationships.
- **Partner Influence:** Some StEM participants were motivated to investigate coverage and take other actions as a result of hearing the experiences of others in the state.
- **Complementary Priorities:** Engaging partners that are addressing priorities that are similar to or align with diabetes prevention can lead to productive relationships.

Important Resources

States identified the following resources as key tools for stakeholders to use to learn more about the National DPP and to devise strategies around scaling the program within their states. Each resource was created and/or vetted by a governmental agency or national association.

Organization	Resource
AADE	<ul style="list-style-type: none"> • Diabetes Prevention and Prediabetes Resources diabeteseducator.org/prevention
ADA	<ul style="list-style-type: none"> • ADA Type 2 Diabetes Risk Test diabetes.org/are-you-at-risk/diabetes-risk-test/
AMA	<ul style="list-style-type: none"> • JCDC Prediabetes Screening Test doihaveprediabetes.org • Joint AMA/CDC Initiative: Prevent Diabetes STAT Screen, Test, Act Today preventdiabetesstat.org
CMS	<ul style="list-style-type: none"> • Medicare Diabetes Prevention Program (MDPP) innovation.cms.gov/initiatives/medicare-diabetes-prevention-program/ • Office of the Actuary's Report for Certification of the Medicare Diabetes Prevention Program



Organization	Resource
CDC	cms.gov/Research-Statistics-Data-and-Systems/Research/ActuarialStudies/Downloads/Diabetes-Prevention-Certification-2016-03-14.pdf
	<ul style="list-style-type: none"> • Evaluation of the Diabetes Prevention Program innovation.cms.gov/Files/reports/hcia-ymcadpp-evalrpt.pdf
	<ul style="list-style-type: none"> • National Diabetes Prevention Program cdc.gov/diabetes/prevention/index.html
	<ul style="list-style-type: none"> • National DPP Customer Service Center nationaldppcsc.cdc.gov
	<ul style="list-style-type: none"> • Behavioral Risk Factor Surveillance System Data cdc.gov/brfss/index.html
	<ul style="list-style-type: none"> • Diabetes State Burden Toolkit nccd.cdc.gov/Toolkit/Diabetesburden
	<ul style="list-style-type: none"> • Prediabetes Screening Test cdc.gov/diabetes/prevention/pdf/prediabetestest.pdf
	<ul style="list-style-type: none"> • Prediabetes Fact Sheet cdc.gov/diabetes/pdfs/library/socialmedia/prediabetes-infographic.pdf
	<ul style="list-style-type: none"> • Resources for Implementing a Lifestyle Change Program cdc.gov/diabetes/prevention/lifestyle-program/index.html
	<ul style="list-style-type: none"> • Diabetes Prevention Impact Toolkit nccd.cdc.gov/Toolkit/DiabetesImpact
	<ul style="list-style-type: none"> • Prevent T2 Curriculum cdc.gov/diabetes/prevention/lifestyle-program/curriculum.html
	<ul style="list-style-type: none"> • Diabetes Prevention Program Recognition Program Standards cdc.gov/diabetes/prevention/pdf/dprp-standards.pdf
NACDD/CDC	<ul style="list-style-type: none"> • National Diabetes Prevention Program Coverage Toolkit coveragetoolkit.org

State Websites and Media Campaigns

Several of the 31 states that participated in a StEM created websites or launched media campaigns that support their type 2 diabetes prevention work.

State	Website
California	TestYourBloodSugar.org



State	Website
	cdph.ca.gov/Programs/CCDPHP/DCDIC/CDCB/Pages/DiabetesPrevention.aspx
Colorado	colorado.gov/pacific/cdphe/diabetes-prevention-program denver.cbslocal.com/prediabetes (Media Campaign)
Hawaii	PreventDiabetesHawaii.com healthyhawaii.com/prevent-diabetes/prevent-diabetes-tv-ads (Media Campaign)
Maryland	PowerToPreventDiabetes.org (Media Campaign) BeHealthyMaryland.org
Massachusetts	mass.gov/dph/preventdiabetes
Michigan	michigan.gov/diabetes
Missouri	ReverseYourRisk.com
Nebraska	PartnersNHealth.ne.gov
New York	PrediabetesNY.org (Healthcare Provider Toolkit)
North Carolina	DiabetesFreeNC.com
Rhode Island	health.ri.gov/diabetes/about/prediabetes
Texas	dshs.texas.gov/diabetes/DPP dshs.texas.gov/diabetes/preventtype2
Utah	LivingWell.utah.gov/ndpp/index.php Twitter.com/udoh_epicc (Media Campaign)



State	Website
	Facebook.com/UDOHEPICC (Media Campaign)
West Virginia	dhhr.wv.gov/hpcd/FocusAreas/wvdiabetes/Pages/Prediabetes.aspx

Moving Ahead

This report has outlined many important successes made by states in advancing diabetes prevention through the NACDD/CDC State Engagement Model. Much work remains to build on this foundation. States may find inspiration for future work in the efforts of other states that are highlighted in this report.

The advent of the Medicare Diabetes Prevention Program (MDPP) in April 2018 presents a new opportunity. States can support organizations (e.g., Medicare Advantage plans, community-based organizations) in assessing their capacity to become MDPP suppliers. States also can advise established healthcare provider organizations on ways they can prepare themselves to screen, test, and refer the at-risk Medicare population.

Moving forward, State Health Departments will maintain their leadership of state efforts to recruit and engage National DPP lifestyle coaches; to develop champions for the program and its vital mission; to share best practices and successful strategies; and to coordinate and collaborate with state and national partners on expanding program awareness, availability, coverage, and prediabetes screening, testing, and referral.

NACDD will continue to drive efforts to scale and sustain the National DPP at the national, state, and local levels, by facilitating states' progress on individual action plans and goals as well as by supporting new states in applying the NACDD/CDC State Engagement Model. Because of its longstanding relationships with State Health Departments, NACDD is well-positioned to disseminate best practices, to compile state-level findings, and to provide technical assistance to state leaders. By staying attuned to the needs of State Health Departments, NACDD will help keep states connected to the resources they need to meet new challenges. NACDD will continue to engage the most appropriate national partners in this work, incorporating their expertise as the NACDD/CDC State Engagement Model evolves.

CDC will remain a driving force behind promotion, implementation, and scaling of the National DPP by leading efforts across the United States on all pillars and by establishing policies, developing program standards, and developing and



disseminating tools and resources. CDC is working to identify solutions to issues raised by CDC-recognized organizations and other National DPP stakeholders, including state teams. Among CDC's top priorities are: advancing utilization of the MDPP benefit; advocating for infrastructure improvements; and continuing work to build supply, demand, and sustainability through coverage by all payers.

Working together, State Health Departments, NACDD, CDC, and national partners will continue to enhance and complement each other's work to maximize collective impact.



Appendix

State and Partner Outcome Briefs

State and partner outcome briefs, which contain the details of state actions included in the State and Partner Outcomes Highlights section beginning on page 12, may be accessed [here](#) for additional state-level information.

Glossary of Key Terminology and Acronyms

Term	Explanation
Collective Impact	Collective Impact provides an innovative and structured framework for addressing complex problems which require collaboration across public and private organizations, government, businesses, and other key stakeholders to achieve and maintain large scale change. The NACDD/CDC State Engagement Model applies the elements of Collective Impact to a customized model for expansion of the National DPP.
Diabetes Self-Management Education and Support (DSMES)	Diabetes self-management education and support is the ongoing process of facilitating the knowledge, skills, and ability necessary for diabetes self-care as well as activities that assist a person in implementing and sustaining the behaviors needed to manage his or her condition on an ongoing basis, beyond or outside of formal self-management training. This process incorporates the needs, goals, and life experiences of the person with diabetes and is guided by evidence-based standards. Support (whether behavioral, educational, psychosocial, or clinical) helps implement informed decision making, self-care behaviors, problem solving, and active collaboration with the healthcare team and to improve clinical outcomes, health status, and quality of life.
Medicaid Managed Care Organization (MCO)	MCOs provide for the delivery of Medicaid health benefits and additional services through contracted arrangements with state Medicaid agencies. MCOs accept a set per-member, per-month payment for these services.
Medicare Diabetes Prevention	The Medicare Diabetes Prevention Program represents the expansion of the National DPP lifestyle change program into



Term	Explanation
Program (MDPP)	Medicare as a covered service for Medicare beneficiaries with prediabetes.
National Diabetes Prevention Program (National DPP)	<p>Preliminary recognition is the minimum DPRP recognition required for organizations to become MDPP suppliers and to begin billing Medicare. Organizations will be awarded preliminary recognition when they meet the following criteria:</p> <ul style="list-style-type: none"> • The 12-month data submission includes at least five participants who attended at least three sessions in the first six months and whose time from first session attended to last session of the lifestyle change program was at least nine months. • Of the participants eligible for evaluation in #1, at least 60% attended at least nine sessions in months 1-6, and at least 60% attended at least three sessions in months 7-12. <p>Full recognition is the highest CDC DPRP recognition status that, like preliminary, also allows organizations to become MDPP suppliers. Full recognition is required to remain a MDPP supplier after the 24 months of preliminary recognition expires. Organizations will be awarded full recognition when they meet the following criteria:</p> <ul style="list-style-type: none"> • The 12-month data submission includes at least five participants who attended at least three sessions in the first six months and whose time from first session to last session of the lifestyle change program was at least nine months. • They meet the requirements for pending and preliminary recognition. <p>They meet all requirements for documentation of body weight, physical activity minutes, weight loss achieved at 12 months, and the program eligibility requirement as defined in the DPRP Standards and Operating Procedures.</p> <p>Trained lifestyle coach is an individual trained to use the CDC-approved curriculum based on requirements defined in the DPRP Standards and Operating Procedures. These individuals must have the knowledge and skills to effectively</p>



Term	Explanation
	deliver the program. The coaches lead the lifestyle change program sessions and support and encourage participants.
NACDD/CDC State Engagement Model	<p>The NACDD/CDC State Engagement Model, developed with CDC collaboration and financial support, includes 12-18 months of support services and strategic consultation by a team of national subject matter experts. This team guides individual State Health Department leaders to think strategically about how to educate and engage stakeholders from a variety of sectors to expand the National DPP to prevent type 2 diabetes. The primary purpose of the model is to enhance stakeholder engagement and catalyze commitment for collective action to prevent type 2 diabetes.</p> <p>State Engagement Meeting (StEM) is a central aspect of the NACDD/CDC State Engagement Model. NACDD works with State Health Departments to host tailored State Engagement Meetings that bring together key stakeholders to develop strategic priorities and a National DPP Action Plan.</p> <p>National DPP Action Plan is a short-term (18-24 month) plan and an expected output of the StEM. Its purpose is to guide State Health Departments and their partners on the implementation of action steps to achieve key priorities related to scaling and sustaining the National DPP.</p> <p>Quick Start Action Plan (QSAP) template is a simple template, developed with support from CDC, for State Health Departments to use in drafting their National DPP Action Plan. It includes stakeholder priorities and action steps generated during the StEM action planning sessions.</p>

Glossary Sources

care.diabetesjournals.org/content/diacare/early/2015/06/02/dc15-0730.full.pdf

coveragetoolkit.org/glossary/

www.cdc.gov/learnmorefeelbetter/programs/diabetes.htm

communityengagement.uncg.edu/wp-content/uploads/2014/08/Collective-Impact.pdf

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- State and national partners who have embraced and supported the National DPP by promoting it, referring their patients, covering the program as a benefit, and/or providing the program in their communities, worksites, and health systems.
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