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Meet CDC’s New Director for the Division of Diabetes Translation, Dr. Christopher S. Holliday

On behalf of more than 7,000 chronic disease public health professionals in every U.S. state and territory, congratulations to Christopher Holliday, PhD, MPH, MA, FACHE, who now serves as Director of Center for Disease Control and Prevention’s (CDC) Division of Diabetes Translation in the National Center for Chronic Disease Prevention and Health Promotion! The National Association of Chronic Disease Directors (NACDD) has long worked closely with Dr. Holliday, including in his prior position at the American Medical Association where he served as Director of Population Health and Clinical-Community Linkages, Improving Health Outcomes. Our team is thrilled that he will bring his passion and commitment to this critical leadership role, and we look forward to building upon an already strong partnership with Dr. Holliday.

Every American benefits from CDC’s work to help ensure health equity and to enable everyone to have the tools and information they need to prevent and manage diabetes. The NACDD team is proud to partner with Dr. Holliday and his staff to advance our shared goals.

You can read Dr. Holliday’s full bio by clicking his name on CDC’s National Center for Chronic Disease Prevention and Health Promotion organization chart.
November is National Diabetes Month, and NACDD launched a social media awareness campaign with a challenge. There are an estimated 88 million adults living with prediabetes in the United States, and eight out of 10 do not know it. NACDD developed the #88for88 social media campaign to raise awareness about type 2 diabetes prevention. Using exactly 88 characters per message, NACDD highlighted some of the Association’s various diabetes prevention efforts throughout the month. NACDD also challenged State Health Departments and community partners to post their own type 2 diabetes prevention messages using the hashtag #88for88.

Do you follow NACDD on social media? Prediabetes awareness is a year-round effort. It's not too late to join the challenge!

#88for88 Challenge Launched for National Diabetes Month

Find NACDD on Social

Keep up to date on the latest news, events, and more by following NACDD Facebook, LinkedIn, Twitter, Vimeo, and SoundCloud

CDC Division of Diabetes Translation Staff

The CDC staff listed below provide leadership and support to State Health Departments on their diabetes public health efforts. A special welcome to staff hired in 2021, who join an amazing team of professionals.

State and Local Consultation Team

Leslie Harrison, Lead
Martha Kapaya, Project Officer
Gaylyn Henderson, Project Officer
Margaret (Jean) Gearing, Project Officer
Robert Montierth, Project Officer
Parul Rahbari, Project Officer
Melissa Bing, Project Officer
Susan Van Aacken, Project Officer for the National DPP Team

CDC Division of Diabetes Translation

Christopher S. Holliday, Director

Program Implementation Branch

Pat Schumacher, Chief
Deanna Campbell, Deputy Chief
Pat Shea, Senior Advisor
Debra Sanchez Torrez, Senior Advisor

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The following stories highlight the work of NACDD Diabetes Council Members and the Diabetes Council Leadership Group.

Congratulations Diabetes Council Impact Award Winners

The Diabetes Council Leadership Group was proud to see that multiple Diabetes Council Members were recipients of NACDD’s 2021 Impact Awards. The Awards were announced in September during the Association’s Annual Business Meeting.

Nicole Smith, MPH, CHES
Ohio

Nicole was recognized for her leadership as a Peer-to-Peer Guide, voluntarily taking on additional Learners whose Guide left early. She also was honored for her instrumental work in engaging employers about the National DPP.

Sue Millstein, MPH, MSW
New York

Sue was recognized for her leadership as an ambassador of the New York State Medicaid National DPP benefit and for her service on NACDD’s Diabetes and School Health Councils.

Becky DiOrio, MPH
Colorado

Becky was recognized for her leadership in the Peg Adams Peer-to-Peer Program, the quality improvement methods she brought to the program, and her service on the Diabetes Council Leadership Group.

Colorado Diabetes Program

Among their many achievements, the team was recognized for their work with the Colorado Medicare Quality Improvement Coordinator, the development of a Telehealth Implementation Guide, and their successful survey of employers gauging interest in coverage of the National DPP.

Head to page 12 for Diabetes Council Comings and Goings. Meet and say farewell to your peers.
Welcome Two New Leaders to the Diabetes Council Leadership Group

The Diabetes Council Leadership Group is proud to welcome two new leaders. Please join us in congratulating Caitlyn and Lauren on their appointments to the Leadership Group!

**Caitlyn Jasumback** (Utah) is an epidemiologist and evaluator with the Utah Department of Health. She was appointed by the NACDD Evaluation Peer Network to serve on the Leadership Group as the Recipient Representative to the Diabetes Council for the Evaluation Peer Network. Caitlyn will serve in this role for two years, until the end of December 2023.

**Lauren Neely** (Michigan) is the Manager of the Diabetes and Kidney Unit at the Michigan Department of Health and Human Services. She was appointed as Liaison for Outreach and Member Engagement, upon the resignation of the previous incumbent, Kat Ortiz (Indiana). Lauren will serve for the interim term of November 2021 – June 2022.

The Diabetes Council Leadership Group serves as a collective voice for all State Health Departments. Learn more about the Diabetes Council and how you can get involved.

HALT Expands and Spanish Version is Launched

State Health Departments continue to purchase Health and Lifestyle Training (HALT) licenses to provide free access to the National DPP lifestyle change program online delivery platform to all CDC-recognized organizations in their state. HALT allows states to increase access and affordability of the National DPP lifestyle change program to those at highest risk for type 2 diabetes. Select CDC-recognized organizations in Alaska, Florida, Iowa, New York, and Pennsylvania have recently begun utilizing the HALT platform to reach priority populations with prediabetes online, bringing the total number of HALT states to 16. In other exciting news, the Spanish version of HALT DPP will be available online in November to celebrate National Diabetes Month. If you have questions or need more information, please contact John Patton.

CDC Research Grant Uses Technology to Enroll People Into the National DPP

This fall NACDD is kicking-off a new, CDC-funded research-based project and campaign “Make a Choice to Text HEALTH.” The project will test the use of text messaging to screen and enroll into the National DPP lifestyle change program and will study participant motivators. NACDD will leverage its current Text HEALTH efforts and partnerships with the Health Promotion Council, Welltok, Workshop Wizard, Perry Media Group, and the Public Health Management Corporation Research & Evaluation Group (R&E Group) to further demonstrate and evaluate this innovative strategy to streamline enrollment of underserved populations (specifically Black and Latinx people of low socio-economic status) into the National DPP lifestyle change program. The campaign will use a multi-channel media approach to include traditional media, social media, and partnership engagement in three media markets in Pennsylvania (Philadelphia, Pittsburgh, and Harrisburg) to raise awareness of and encourage individuals to take the prediabetes risk test via a mobile device capable of texting (e.g., phone or tablet). Specifically, individuals will use their mobile device to text keyword “HEALTH” to a designated number to learn about their risk level and, if eligible, receive a referral to a local CDC-recognized organization in their area. The Text HEALTH media campaign is set to kick-off in spring 2022. For more information, contact Ali Jaglowski.
Scaling Programs Together: Synergy Opportunities for States and National Organizations

State Health Department staff know about the 1815 and 1817 cooperative agreements. But did you know there is a 1705 cooperative agreement with similar strategies and opportunities for synergy with State Health Departments?

What is 1705?
The CDC 1705 cooperative agreement, “Scaling the National Diabetes Prevention Program in Underserved Areas,” funds 10 national organizations with affiliate sites (CDC-recognized organizations) to deliver the National DPP lifestyle change program across multiple states. Priority populations include Medicare beneficiaries, men, Black people, Asian Americans, Latinx, American Indians, Alaska Natives, Pacific Islanders, and non-institutionalized people with visual impairments or physical disabilities. There are five 1705 strategies:

- **Strategy 1**: Increase the Availability of CDC-Recognized Organizations in Underserved Areas
- **Strategy 2**: Increase Clinician Screening, Detection, and Referral of Adults with Prediabetes or at High Risk for Type 2 Diabetes to CDC-Recognized Organizations
- **Strategy 3**: Increase Awareness of Prediabetes and Enrollment in the Lifestyle Change Program
- **Strategy 4**: Increase Retention Rates for Participants in the Lifestyle Change Program
- **Strategy 5**: Increase Benefit Coverage for Participation in the Lifestyle Change Program

The 10 National Organization 1705 Recipients

<table>
<thead>
<tr>
<th>Organization</th>
<th>Organization’s 1705 Work</th>
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<tbody>
<tr>
<td>American Diabetes Association</td>
<td>Join a CDC Recognized Lifestyle Change Programs</td>
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<tr>
<td>American Pharmacists Association Foundation</td>
<td>Reaching Underserved and Scaling the National DPP</td>
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<tr>
<td>Association of Asian Pacific Community Health</td>
<td>Pacific Islander Diabetes Prevention Program (PI-DPP)</td>
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<tr>
<td>Organizations</td>
<td>Diabetes Prevention &amp; Prediabetes</td>
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<tr>
<td>Association of Diabetes Care &amp; Education Specialists</td>
<td>Change Your Lifestyle. Change Your Life. (CYL2)</td>
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<tr>
<td>Black Women’s Health Imperative</td>
<td>National Diabetes Prevention Program</td>
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<tr>
<td>Comagine Health</td>
<td>Let’s Prevent Diabetes; Prevengamos la diabetes</td>
</tr>
<tr>
<td>National Alliance for Hispanic Health</td>
<td>Scaling the National DPP in Underserved Areas</td>
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<tr>
<td>National Association of Chronic Disease Directors</td>
<td>Southeast Diabetes Faith Initiative</td>
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<tr>
<td>The Balm In Gilead, Inc.</td>
<td>Community Health &amp; Well-Being at Trinity Health</td>
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<tr>
<td>Trinity Health</td>
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</tbody>
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Opportunities for Synergy

How can State Health Departments work with 1705 recipients?

- Promote 1705 CDC-recognized lifestyle change programs for priority populations in your state.
- Partner with 1705 recipients to educate employers in overlapping states about the National DPP and connect employers with 1705 CDC-recognized lifestyle change programs. For states participating in the Employer Learning Collaborative (ELC), consider partnering with 1705 recipients, all of which are participating in the ELC.
- Explore opportunities for CDC-recognized organizations in your state to enter into umbrella hub arrangements with interested 1705 recipients.

Visit CDC’s [1705 cooperative agreement webpage](https://www.cdc.gov/diabetes/programs/preventionstrategy/1705-agreement.html), which includes more details about the 1705 strategies as well as profiles for each 1705 recipient.
States and Partners Take Action to Prevent Type 2 Diabetes During COVID-19 Pandemic

Since 2012, NACDD has worked with State Health Departments to raise awareness about prediabetes, the National DPP, and to advance the prevention of type 2 diabetes. NACDD and its partners do this primarily by convening diverse partners from various sectors (e.g., community-based organizations, health systems, employers) at State Engagement Meetings (StEM Meetings). At StEM Meetings, State Health Departments and their key partners prioritize objectives and action steps to develop a strategic plan of collective action for scaling and sustaining the National DPP and its lifestyle change program. The meetings use the NACDD/CDC State Engagement Model, enhancing stakeholder engagement to catalyze commitment and action.

As of November 2021, NACDD has facilitated 47 StEM Meetings in 45 states plus the District of Columbia. During the COVID-19 pandemic, NACDD adapted the StEM Meetings to a virtual experience. NACDD held virtual State Engagement Meetings (vStEM) for Illinois, Delaware, and the District of Columbia and facilitated virtual action planning using web-based tools such as Zoom and Jamboard. State Health Departments showed continued dedication in scaling and sustaining the National DPP lifestyle change program throughout the ongoing COVID-19 pandemic.

At the Illinois vStEM in January and February 2021, 29 partner organizations committed to lead or collaborate on key actions across the pillars of awareness, availability, coverage, and screening, testing, and referral (STR). The Illinois Action Plan to Scale and Sustain the National DPP seeks to increase awareness of prediabetes and the National DPP lifestyle change program through distribution of culturally competent consumer materials to priority populations; and by increasing the number of National DPP lifestyle change programs offering in-person, online, or distance education. In addition, Illinois is working to increase the number of employers offering the National DPP lifestyle change program as a covered benefit. Illinois further plans to increase the number of health systems/providers that adopt an STR process into the National DPP lifestyle change program.

At Delaware’s March 2021 vStEM, 33 partner organizations made more than 120 commitments to lead or collaborate on key actions to scale and sustain the National DPP. Using existing Division of Public Health and partner marketing resources, Delaware plans to develop and deliver prediabetes awareness messages to communities at disproportionate risk for type 2 diabetes. The messages will be crafted using culturally relevant approaches and will be disseminated through social and other media and community outlets. Delaware’s action plan also seeks to increase the number of National DPP lifestyle change program providers who will achieve CDC recognition and to offer the program in Delaware’s most vulnerable communities, with a focus on programming for Black men. In addition, Delaware is working to increase the number of employers who offer the National DPP lifestyle change program as a covered benefit in 2022 and to develop and pilot a standard

The Connection between COVID-19 and Type 2 Diabetes: Underscoring the Need for Chronic Disease Prevention and Management (White Paper)

NACDD and the Kem C. Gardner Policy Institute developed a white paper summarizing emerging research connecting type 2 diabetes with COVID-19 complications. It examines race, ethnicity, and social vulnerability, and includes examples from Kentucky, New York, and Oregon. The paper includes a call to action for the ongoing critical importance of type 2 diabetes prevention and the National DPP lifestyle change program.
protocol to increase STR of adults at high risk for diabetes. As of August 2021, seven organizations in Delaware expressed interest in piloting one or more components of the new STR protocol.

At the District of Columbia’s vSTEM in October and November 2021, stakeholders convened to focus action planning on STR and enrollment/retention. Partner presentations revealed that the integration of Chesapeake Regional Information System for Our Patients (CRISP), Workshop Wizard, and other applications may hold promise for dramatically increasing STR and enrollment and retention of the National DPP lifestyle change program in the District of Columbia (D.C.). Meeting attendees, community partners, and partner states can share and grow resources and connections collectively to generate additional opportunities and assets toward next steps, provider and partner buy-in, and the creation of a STR protocol that can be tailored and site-specific. In addition, D.C.’s farmers markets and foot trails provide opportunities to promote the National DPP lifestyle change program. Participants also saw opportunities to integrate holistic approaches, leverage existing funding opportunities, and maximize health-related worksite spaces to raise awareness of good health and its impact on job success. In addition, D.C. partners emphasized the importance of strategically addressing social determinants of health in Wards with populations at highest risk for type 2 diabetes. D.C. Health and their partners were in the process of finalizing their action plan at the time of this publication.

Have you Listened Yet? Collective Voices for Diabetes: Partnering for Prevention and Management

Earlier this fall, NACDD released a new podcast series, Collective Voices: Partnering for Diabetes Prevention & Management. The Collective Voices podcast will inspire listeners to advance their diabetes prevention and management efforts through ideas, solutions, and collective impact approaches that featured guests share. Visit chronicdisease.org/CollectiveVoices for episodes, show notes, and transcripts. You also can use your cell phone to scan the QR code below to access the podcast.

- Ep 1. Overcoming Adversity in National DPP Programming, featuring the Tennessee Department of Health and Emory University’s Centers for Public Health Training and Technical Assistance
  Listen | Show Notes | Transcript

- Ep 2. Parts I and II. Working Together to Address Regional Needs, featuring Tennessee’s Regional Diabetes Coalitions
  Part 1. Listen | Show Notes | Transcript
  Part 2. Listen | Show Notes | Transcript

  Listen | Show Notes | Transcript
Specialist Trainings Build State Capacity for National DPP and DSMES

The National DPP lifestyle change program continues to grow and expand and, as a result, there is an increasing demand for support for organizations delivering the program. To meet this need, NACDD, in collaboration with CDC and Emory University’s Diabetes Technical Assistance and Training Center (DTTAC), spent two years developing and piloting a training that would designate State Health Department staff graduates as National DPP State Quality Specialists (SQS). Soon after the development of the National DPP SQS training began, CDC and NACDD recognized a similar need to support diabetes self-management education and support (DSMES) services. Together, they created a training for State Health Department staff to become DSMES State Specialists. Graduates from both Specialist trainings participate in quarterly network calls to stay connected with and support each other on an ongoing basis. The National DPP SQS and DSMES State Specialist trainings are creating a national workforce of public health professionals at State Health Departments who have consistent and enhanced knowledge of programs and services and can provide technical assistance to delivery sites on a regional level. The following information describes some features of both trainings.

**National DPP State Quality Specialist Training**

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<tr>
<th>Feature</th>
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<tr>
<td>Develops participant knowledge and skills so they can provide high-quality technical assistance to partners, recognized organizations, and lifestyle coaches offering the National DPP lifestyle change program</td>
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<tr>
<td>Includes an interactive, rigorous, and comprehensive four-session training series</td>
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<tr>
<td>Includes four onboarding peer calls where each participant presents an individual case study demonstrating the ability to handle various technical assistance challenges (for example, questions about Medicaid coverage requirements, CDC recognition, cost-benefit analysis, and health system changes)</td>
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In 2021-2022, **28** participants in **3** cohorts representing **23** states completed the National DPP SQS training thus far. The training will be offered again in November 2021 and in spring 2022.

When asked what excited participants about the training and SQS Network, one participant replied:  
"Learning from my other state colleagues and helping to elevate the number and quality of programs in our state."

**DSMES State Specialist Training**

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<tr>
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<tbody>
<tr>
<td>Develops participant skills and knowledge with collaboratively designed curriculum that is delivered by a dynamic group of national and regional experts</td>
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<tr>
<td>Uses an interactive approach to training that is designed to support learners of all types with activities that are visual, auditory, and kinesthetic</td>
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<tr>
<td>Focuses on the National Standards for DSMES, diabetes self-management training that is reimbursed by the Centers for Medicare and Medicaid, and ideas to increase enrollment and sustainability</td>
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In 2021, **26** participants in **2** cohorts completed DSMES training: **24** state staff, and **2** city and county staff. The training will be offered again in spring and summer 2022.

When asked what participants thought about the training, one participant replied:  
“Great training! Learned a lot and shed a lot of light on navigating the world of DSMES.”
Crossing the Threshold: Medicaid Beneficiary Enrollment in the National DPP

Establishing Medicaid coverage of the National DPP lifestyle change program marks progress to health equity and opens doors to a life-changing opportunity for Medicaid beneficiaries. An open door, however, does not always mean that people are entering the room, or that they even know it exists. Medicaid beneficiaries often face barriers that make it difficult to fully participate in a year-long program, and statewide access may be limited by capacity and availability of CDC-recognized organizations to serve the population.

NACDD’s Coverage 2.0 team, in collaboration with the CDC’s Division of Diabetes Translation, has been working with states to establish and operationalize Medicaid coverage of the National DPP for more than five years. For this year’s project work, they’ve set their sights on getting eligible participants through doors and into programs as part of the “Medicaid Beneficiary Enrollment Project.”

NACDD is providing targeted funding and group-based learning opportunities to support systems-building and shared learning among State Health Departments, Medicaid agencies, and their partners. NACDD and CDC offer two tracks associated Communities of Practice as part of this award: one is focused on building and maintaining umbrella hub arrangements that include Medicaid providers; the other focuses on expanding beneficiary enrollment through managed care/value-based care organizations.

Eight states and their partners were awarded funding for this opportunity: Delaware, Michigan, and Missouri are part of the umbrella hub arrangement track (along with Minnesota, which is carrying over this work from the previous grant year) and are establishing umbrella hub organizations and recruiting umbrella hub subsidiaries. Illinois, Iowa, Maine, Rhode Island, and Virginia are participating in the managed care track, partnering with managed care organizations (MCOs) and accountable care organizations (ACOs) on delivery and pilots for the National DPP lifestyle change program. Both tracks are focused on increasing program referrals, enrollment, and retention for Medicaid beneficiaries.

To learn more about Medicaid coverage of the National DPP, visit the Coverage Toolkit. Or, view more information on engaging MCOs, ACOs, and umbrella hub arrangements.
Tales of Two Cities: Employer Case Studies Showcase Journeys to National DPP Coverage

In a new series of case studies, NACDD features employers who have chosen to cover the National DPP lifestyle change program for their employees and beneficiaries. Each journey to coverage is unique, and the case studies share ideas and insider tips on making the employer case for coverage. This fall, the City of Wilmington and UChicago Medicine are featured.

The City of Wilmington, Delaware, is a self-insured employer with an employee base of more than 1,100 employees working in diverse roles across administration, fire, police, water, local health department, and city operations. With support from the Delaware Department of Health and Social Services, the City of Wilmington began offering the National DPP lifestyle change program in 2020 at no cost to its employees, their spouses, and their adult dependents.

The City of Wilmington built a case for coverage using data from a community report, preventive screenings, and employee biometric data, such as A1C levels, to demonstrate prediabetes risk to its employees. Leveraging its insurer’s existing coverage in designing the benefit, the City of Wilmington partnered with the YMCA of Delaware to administer and bill for the program.

The City of Wilmington offered three National DPP lifestyle change program cohorts that began in early 2020 with onsite sessions. At the start of the COVID-19 pandemic, the in-person offerings were successfully adapted to virtual sessions. The City of Wilmington increased employee engagement by offering tools and incentives that included food scales and paid time for taking a portion of the class. Following a successful initial offering, the City of Wilmington began a second round of cohorts in July 2021 and plans to continue offering the program.

The University of Chicago Medicine (UChicago Medicine) is a nonprofit, academic and community health system based on the campus of the University of Chicago. With 9,400 employees, self-insured UChicago Medicine is one of Illinois’s largest employers.

The Midwest Business Group on Health, a health benefits influencer and partner, introduced UChicago Medicine to the benefits of the National DPP lifestyle change program. Voluntary biometric screenings of employees and a review of aggregated employee medical claims data found that approximately 900 employees and their adult dependents had prediabetes. If no action were taken, this would equate to an estimated $3.4M cost to UChicago Medicine’s health plans.

UChicago Medicine carefully designed the benefit and selected a vendor with a direct contract to its existing preferred provider organization (PPO) provider to launch the National DPP lifestyle change program as a covered medical benefit.

UChicago Medicine began offering the National DPP lifestyle change program as a pilot in July 2020 to more than 5,000 PPO members, their spouses, and their adult dependents. Success has led to planned expansion to its exclusive provider organization (EPO) plans as well beginning in fall 2021.

Read more about UChicago Medicine’s coverage of the National DPP lifestyle change program, including insider tips and participant incentives.
Welcome New NACDD Diabetes Staff and Consultants

**Daphnie Loriston, MPH, Program Portfolio Manager**

Daphnie Loriston comes to NACDD with more than seven years of public health experience. She has worked as a Diabetes Program Manager at the Florida Department of Health and a Medicaid Quality Supervisor at the Agency for Health Care Administration. She is passionate about health equity and developing innovative ways to serve the underserved. In her role as an NACDD Program Portfolio Manager, Daphnie works in several areas including Diabetes, Community and Environmental Health, Biomarkers, Oral Health, and COVID-19 projects. Daphnie has a Master of Public Health from Florida State University and currently is a Doctor of Public Health candidate at Florida A&M University. She resides in Tallahassee, Fla., and is a proud Haitian American.

**Sonja Tysk, MS, Diabetes Consultant for the Umbrella Hub Demonstration Project**

Prior to joining NACDD in September, Sonja worked for five years as the Diabetes Prevention Coordinator for the Montana Department of Public Health and Human Services. Her primary responsibility was to provide support to Montana organizations delivering the National DPP. She also worked for many years as a health and fitness professional helping people improve their health through behavior changes in nutrition and physical activity. Sonja holds a Master of Science in Exercise Physiology and a Certificate in Public Health from the University of Montana. She has lived most her life in Montana and takes advantage of every possible opportunity to enjoy life outdoors.

**Katie Cacal (Roulston), MPH, Public Health Communications Specialist**

Katie joined NACDD exactly one year ago, in November 2020. She came to NACDD from the Maryland Department of Health where she served as a Health Policy Analyst for Medicaid Innovation, Research, and Development. Her team led the NACDD-funded Maryland Medicaid and National DPP demonstration to test implementation of a delivery model for the National DPP lifestyle change program in Medicaid managed care organizations. The success of this project led to coverage for the National DPP lifestyle change program for Maryland Medicaid HealthChoice enrollees. She currently serves as the Public Health Communications Specialist for NACDD’s 1705 project as well as the HALT implementation lead. Katie received her bachelor's degree and her MPH in Health Policy and Behavioral Health from the University at Albany. She resides in Northern Virginia with her husband Michael and beloved fur babies Darby and Doris. She loves water related activities, gluten-free cooking, and interior decorating.

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**We welcome your contributions to The Connector!**

To submit story ideas for future issues of The Connector, email NACDD.Diabetes@chronicdisease.org.

To read past issues of The Connector, visit the NACDD Diabetes Library.
Diabetes Council Comings and Goings

Welcome

Lisa Bentley, MS, RDN, is the Colorado Department of Public Health and Environment's new Diabetes Management Coordinator. Lisa provides support and technical assistance to partners to increase access and sustainability of DSMES in Colorado. As a registered dietitian, Lisa has previously worked with both DSMES and the National DPP in Colorado and Tennessee. She is excited to be involved in advancing diabetes programming throughout the state.

La’Tanya Cash-Calhoun, MA, MS, is the new Diabetes Prevention and Control Coordinator for the State of Nevada. As the coordinator, she informs and educates state policymakers, program administrators, and the public on the importance of prevention, diagnosis, and management of diabetes and prediabetes. She helps implement the Diabetes State Plan and applies the latest research, best practices, and guidelines to improve health outcomes of people at risk of or diagnosed with diabetes or pre-diabetes. La’Tanya has a bachelor's degree in sociology, master's degrees in education and technology management, and is enrolled in a doctorate program for public health with Capella.

Jennie Dinh, MBA, is with the Virginia Department of Health, Office of Family Health Services as the Telehealth Specialist and Acting Diabetes Coordinator. During the last year, she has had the pleasure of working on initiatives to increase enrollment into the National DPP lifestyle change program and DSMES across the Commonwealth with statewide partners. Jennie is excited to be part of the NACDD Diabetes Council.

Laurie Anderson, MCHES, has been with Texas Department of State Health Services for the last 15 years. In her current role, she coordinates the 1815/1817 grants in Texas. Prior to this role, Laurie coordinated the school-based health center grant program at the agency. She is excited to engage and learn more about diabetes prevention and management.

Lynette Clontz, MSEd, CHES, joined the Illinois Diabetes Program on July 1, 2021. She previously worked as a public health educator in the Tobacco Program for nine years and the Cardiovascular Health Program for 11 years at the Illinois Department of Public Health. She looks forward to learning more about diabetes and immersing herself in the work of public health in her new role as a program manager.

Farewell

Kathryn “Kat” Ortiz, MPH, has been an instrumental part of the Diabetes Council Leadership Group. In addition to contributing to Indiana's diabetes public health efforts as a National DPP State Quality Specialist and a DSMES State Specialist, she also helped strengthen how the Diabetes Council Leadership Group communicates with the larger Diabetes Council Membership in her role as Liaison for Outreach and Member Engagement. Kat, we are grateful for your leadership and wish you the best.
Announcements and Resources

MDPP Final Rule
Great news! On November 2, 2021, the Centers for Medicare & Medicaid Services issued the Calendar Year 2022 Physician Fee Schedule final rule, which finalized changes to the Medicare Diabetes Prevention Program (MDPP) expanded model intended to boost supplier enrollment, with a goal of increasing beneficiary participation and access to services that can help them develop and maintain healthy behaviors to prevent onset of type 2 diabetes. The Final Rule is effective January 1, 2022. The main takeaways are:

- Fee waived for new MDPP supplier enrollees
- Shortened MDPP services period to one year for those that start the program after January 1, 2021. The MDPP program now aligns with CDC’s DPRP’s guidelines of a 12-month long program.
- Redistribution of the Ongoing Maintenance sessions phase performance payments to increase reimbursement amounts for the core and core maintenance sessions.

Umbrella Hub Arrangements Basics

Webinar Recording
Umbrella hub arrangements connect community-based organizations with healthcare payment systems to pursue sustainable reimbursement for the National DPP lifestyle change program. The Umbrella Hub Arrangement Basics webinar introduces viewers to umbrella hub arrangements and provides basic information about the who, what, and why of this model.

Diabetes During an Emergency
Natural disasters, disease outbreaks, and other emergencies can happen at any moment. Be prepared to manage your diabetes during an emergency with a CDC diabetes care kit.

Screening Recommendations from U.S. Preventive Services Task Force
The USPSTF final recommendation statement on screening for prediabetes and type 2 diabetes was released in August 2021 and recommends screening people ages 35 to 70 with overweight or obesity for prediabetes and diabetes.

Remission: Proposed Term backed by American Diabetes Association
A consensus report published in Diabetologia says “remission” should be used to describe the condition of patients with type 2 diabetes who achieve and maintain an A1C level lower than 6.5% for three months following the end of glucose-lowering pharmacotherapy. A fasting plasma glucose lower than 7 mmol/L (<126 mg/dl) as measured via continuous glucose monitor values can serve as an alterate if A1C cannot be used. Representatives from the American Diabetes Association, the European Association for the Study of Diabetes, Diabetes UK, the Endocrine Society, and the Diabetes Surgery Summit contributed to the report.

Since 1988, the National Association of Chronic Disease Directors and its more than 7,000 Members have worked to strengthen state-based leadership and expertise for chronic disease prevention and control in all states, territories, and nationally. Learn more at chronicdisease.org.