



## **Healthy People 2020 Spotlight on Health Webinar: National Diabetes Prevention Program Q&A**

*On November 13, 2013, the US Department of Health and Human Services Office of Disease Prevention and Health Promotion (ODPHP) held a Healthy People 2020 Spotlight on Health Webinar, focused on type 2 diabetes prevention. Many questions were submitted during the webinar about the National Diabetes Prevention Program (National DPP). The Diabetes Advocacy Alliance has a strategic partnership with ODPHP in support of the HP2020 diabetes objectives, and as part of that, undertook an effort to answer many of the questions submitted during the webinar in this document.*

### **I. National DPP Training**

**Q: Who is qualified to train lay coaches? How does the training work? Can I deliver the National DPP lifestyle change intervention right now or do I have to be trained?**

As part of the National DPP a lifestyle coach is trained to use the [Centers for Disease Control and Prevention \(CDC\) Diabetes Prevention Program curriculum](#) or a CDC-approved alternative curriculum, to help people with prediabetes prevent or delay developing type 2 diabetes.

[The Diabetes Training and Technical Assistance Center](#) of Emory University in Atlanta, Georgia offers lifestyle coach training for organizations planning to offer the lifestyle intervention. [Viridian Health Management](#) also conducts National Diabetes Prevention Program lifestyle coach training for partnering organizations. It is important to select a training organization that trains using a CDC-approved curriculum. CDC is currently defining the process by which training organizations will be listed on its website. Please monitor [www.cdc.gov/diabetes/prevention](http://www.cdc.gov/diabetes/prevention) to get more information.

Anyone who undergoes training and can meet the responsibilities can be a lifestyle coach. These responsibilities include strong interpersonal and group facilitation skills, leading the lifestyle class sessions, reviewing and providing feedback on the participant's self-monitored eating and physical activity records, and weighing participants at each class. However, a lifestyle coach must be affiliated with an organization that supports the delivery of the lifestyle intervention and has applied or is applying for CDC recognition.

### **II. State and Local Public Health and Community Support for National DPP**

**Q: What can state and local health departments do to help support access and uptake of the National DPP lifestyle change intervention?**

State and local departments of health play an important role in disseminating the National Diabetes Prevention Program (National DPP) lifestyle change intervention, including:

- Raising awareness of prediabetes and the threat of type 2 diabetes.
- Describing the impact of type 2 diabetes.
- Promoting the National DPP to stakeholders to increase use of and referrals to the lifestyle intervention.
- Working to secure coverage of the lifestyle intervention for state employees and Medicaid beneficiaries.

**Q: What can state and local health departments do to encourage community clinicians to screen for prediabetes and to refer to the National DPP lifestyle change intervention? What can they do to empower patients to ask to be screened?**

Public health professionals at state and local health departments can encourage community clinicians to screen for prediabetes and refer to local diabetes prevention programs by:

- Increasing awareness among clinicians of the [results of the Diabetes Prevention Program clinical trial](#). This landmark research study concluded in 2001, and some clinicians may not yet be aware of the good news about diabetes prevention.
- Increasing awareness of resources they can use with their patients, providers and employers that are available from the [National Association of Chronic Disease Directors](#).
- Increasing awareness of the National DPP and the [locations of CDC-recognized community-based programs](#), such as those at YMCA locations across the country.

To empower patients at risk for diabetes to ask to be screened, public health professionals can:

- Use mass media and social media channels to increase awareness of diabetes risk factors, and of paper or electronic risk assessments, including the [CDC's "Could You Have Diabetes?" quiz](#) and the [American Diabetes Association's "Type 2 Diabetes Risk Test."](#)
- Encourage adults who feel they are at risk to ask their health care providers, on their next office visit, about whether they should get a blood glucose test.
- Use mass media, social media, e-mail, blog posts, Web site promotions, and other channels to increase public awareness of the resources for diabetes awareness and prevention available from the [National Diabetes Prevention Program \(NDEP\)](#). NDEP has high quality information in English, Spanish, and several other languages that has been prepared with health literacy in mind. In a section entitled "Am I at Risk?" the NDEP has a variety of information resources that you can download and provide, or you can simply direct medical professionals and those patients with Internet access to this address: <http://ndep.nih.gov/am-i-at-risk/index.aspx>.

- Tie in with the American Diabetes Association and the NDEP in March related to [American Diabetes Association Alert® Day](#), which is held each year on the fourth Tuesday of March.

**Q: How would you recommend a community-based organization get started on the National DPP? How can we get certified as a National DPP site?**

The Centers for Disease Control and Prevention have partners and grantees that are helping to expand the network of organizations offering the National DPP program. Those organizations already may be offering a program in your community. Learn more at <http://www.cdc.gov/diabetes/prevention/about.htm>.

A community organization considering whether to offer the National DPP lifestyle change intervention can prepare by:

- Reviewing the [CDC National DPP curriculum](#) and the [CDC Diabetes Prevention Program Standards](#).
- Assessing its organizational ability to offer the National DPP lifestyle change intervention. The [CDC Diabetes Prevention Program Standards](#) contain a capacity assessment.
- Identifying potential lifestyle coaches affiliated with the organization and getting them trained.

CDC conducts a [Diabetes Prevention Recognition Program \(DPRP\)](#) through which any organization with the capacity to deliver a lifestyle intervention meeting the DPRP standards may apply for recognition. CDC will provide recognized programs listed in the DPRP registry with supportive tools, including performance analysis, training, and technical assistance.

**III. Coverage and Reimbursement for National DPP**

**Q: Does Medicare reimburse for participation in the National DPP, and do any state Medicaid programs reimburse?**

The Medicare Program does not currently cover the cost of participation in a CDC recognized diabetes prevention program for enrollees who are detected with prediabetes. However, the [YMCA is being funded by the federal Center for Medicare and Medicaid Innovation \(CMMI\)](#) to demonstrate how the National DPP can lower incidence of type 2 diabetes and reduce the cost burden of the disease on the health care system. The award, nearly \$12 million over three years, allows the Y to conduct a demonstration project in 17 communities across the nation to deliver the YMCA's Diabetes Prevention Program to 10,000 Medicare enrollees free of charge, and assess cost savings to the nation's largest healthcare payer. The project is estimated to save the Medicare program \$4.2 million over three years and \$53 million over six years.

Legislation introduced in the U.S. House and Senate, *The Medicare Diabetes Prevention Act of 2013* ([H.R. 962/S.452](#)), would provide full Medicare coverage for participation in a

diabetes prevention program for people identified as being at risk for developing diabetes. MVP Health Care is the first health plan in the nation to offer the YMCA's Diabetes Prevention Program, one of the approved curriculums under the National DPP, as a covered benefit for its Medicare Advantage members in the Greater Rochester, NY area.

Most state Medicaid programs also do not currently cover community-based diabetes prevention programs. However, through grants from CMMI, Minnesota, Montana and New York State Medicaid Programs are covering the cost of participation or incenting participation in diabetes prevention programs at local Ys for beneficiaries with prediabetes or those who have significant risk factors for type 2 diabetes. CDC is also providing funding to national organizations, some of which are working with Medicaid beneficiaries.

**Q: What is the estimated cost per participant? What are the ways this cost can be covered?**

The YMCA sites that are [funded through a grant from CMMI](#) are providing the Y's Diabetes Prevention Program in 17 communities at no cost to Medicare beneficiaries who are overweight and have prediabetes. (Other YMCA locations are offering the program to adults of all ages for a fee.)

While costs may vary, the average cost per participant in 2014 is estimated to be between \$400 and \$500 for the program. These costs can be covered in a variety of ways. Nationwide, some Ys offer the program to participants for a fee, using a sliding scale. Many employers and some health plans reimburse participants for successful participation in the program. ("Successful participation" includes completion of a certain percentage of classes and achievement of a weight loss target.)

**IV. Age Limit/ Including Children in National DPP**

**Q: Since the National DPP lifestyle change intervention is for participants aged 18 and older, are there plans to include children and adolescents, possibly with a family member, to help with obesity and prediabetes? Have there been any studies with this population?**

To date, there have not been any studies of prevention of type 2 diabetes in children and adolescents using the lifestyle change program in the DPP research study. Therefore, at this time, there is no evidence to support a DPP-like intervention for those less than 18 years of age.

**Q: Is there any push to do the program in schools?**

There are no plans to conduct diabetes prevention programs in schools because to date, there have not been any studies of prevention of type 2 diabetes in children and adolescents. Therefore, at this time, there is no evidence to support a DPP-like intervention in the schools. However, it is important for school policies to support healthy food choices and physical activity.

**V. Serving Special Populations**

**Q: Given that the rate of type 2 diabetes is greatest among American Indians, how is this program working with the Indian Health Service and agencies providing care to American Indians?**

First, the [Indian Health Service](#) has reviewed the CDC Diabetes Prevention Program Standards, and on its Web site has posted information on "[Special Diabetes Programs for Indians – Diabetes Prevention Program and Healthy Heart Initiatives.](#)"

There are a variety of examples where American Indians are participating in diabetes prevention lifestyle change programs. One of CDC's grantees is the American Association of Diabetes Educators (AADE). AADE is actively working with employees of the Choctaw Nation Clinic. They are also working in Montana with providers in the Northwestern Tribal Health System and in St. Patrick Hospital (which serves Confederated Salish and Kootenai Tribes) to refer those at high risk to a National DPP lifestyle change program.

**Q: Our state has many people at high risk for diabetes who speak neither English nor Spanish. How can we reach these populations?**

There are some National DPP sites that are using coaches who speak languages other than English or Spanish to deliver the intervention. As resources permit, additional translations of program materials will be done.

**Q: What strategies are used to increase awareness in specific populations, specifically African American and Hispanic patients?**

A wide variety of strategies can be employed in attempting to reach African American and Hispanic/Latino patients with information about prediabetes and diabetes prevention. These strategies include use of public service advertising materials in traditional media (television, radio, print) and online Web site advertising; use of social media tools (Twitter, Facebook, etc.); text-messaging programs; community-based outreach through trusted intermediary groups (such as churches); information distributed through clinics and other medical offices; and information distributed at community health fairs and other central locations (such as beauty and barber shops).

The National Diabetes Education Program (NDEP) has resources specially designed and prepared for [African American](#) and [Hispanic/Latino](#) populations.

## **VI. Eligibility for and Participation in the National DPP**

**Q: Do the YMCAs require participants to be members of the Y? Are there other non-YMCA evidence based programs? We have no YMCA in the region.**

Individuals who choose to participate in a YMCA Diabetes Prevention Program do not need to be members of their local Y. During the program, they will be able to use the Y's facilities. The length of this facility access will vary by Y.

CDC conducts a Diabetes Prevention Recognition Program as part of the National DPP. Through this Recognition Program, any organization with the capacity to deliver a lifestyle intervention and meeting the standards may apply for recognition. The CDC website

provides a list of programs by state that have officially met its criteria. Many of these programs are offered by community-based organizations other than Ys, and include physician offices, fitness centers, employers, and public health departments. See the full list [here](#).

**Q: How are the participants recruited and retained? What percentage completes the program? What are the main causes of participants leaving the program?**

Participants are recruited from a variety of referral sources including health care and provider organizations, community-based organizations, newspaper and radio advertising, websites, and those who have gone through the program. Organizations seeking to deliver diabetes prevention programs will need to develop a robust referral network in order to sustain the program.

The Y has seen that once participants begin the program and attend four sessions, they go on to attend an average of 12.5 out of the 16 weekly sessions (based on data from more than 13,000 participants). Additionally, the Y has seen that 71% of all participants who attend one session go on to complete the program.

The CDC Diabetes Prevention Recognition Program is collecting data on key variables including weight loss, minutes of physical activity, and attendance by delivery organization for program recognition. Programs that meet the standards, including attendance, are posted on the CDC website.

**Q: Do most programs allow revolving entry? Do participants need to wait 16 weeks for the next series to be in the program?**

The timing of classes varies, and many sites offer more than one class at a time. If participants are interested in this question, they should discuss it with the organization delivering the program.

The YMCA's Diabetes Prevention Program, as an example, accepts new enrollees up until the 4th session of an in-progress class. After that point, new enrollees have to wait for the next class offering to begin. Once participants begin a class, they can drop out and re-enroll in another class offered that same year if they have attended fewer than three sessions. If they have attended three or more sessions and choose to drop the class, they cannot re-enroll for an entire 12 months (the length of the program).

## **VII. Healthcare Provider Information**

**Q: Are national professional medical organizations encouraging providers to screen for prediabetes and refer their patients to National DPP lifestyle interventions?**

CDC has joined in partnership with Y-USA and the American Medical Association to increase physician referrals of individuals with prediabetes to the YMCA's Diabetes Prevention Program. The partnership also aims to strengthen clinical-community linkages through bi-directional communication, so that patient information from community

resources can be integrated into the physician's care plan. CDC and AMA also are partnering to increase risk-factor awareness and testing for prediabetes.

**Q: Is there an easy-to-refer-to brochure that explains the program that we could give to providers and patients?**

The [NACDD recently posted materials](#) to assist with consumer, health care provider, and insurer and employer communications. These materials include a health care provider outreach tool kit, content for a brochure, and a health care provider recommendation form.

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