

The National Diabetes Prevention Program

Engaging Communities in Type 2 Diabetes Prevention

Division of Diabetes Translation

National Center for Chronic Disease Prevention and Health Promotion

Centers for Disease Control and Prevention

Learning Objectives

As a result of completing this training, participants will be able to:

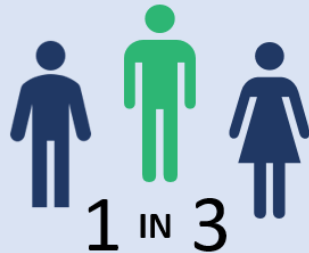
- Examine the components of the National Diabetes Prevention Program lifestyle change program.
- Identify the benefits of achieving CDC recognition.
- Implement new tailored practices to improve local diabetes prevention program outcomes.

Prediabetes. Could it be you?

PREDIABETES COULD IT BE YOU?

88
MILLION

88 million American adults – more than 1 in 3 – have prediabetes



MORE THAN

8 IN 10

adults with prediabetes don't know they have it

Prediabetes increases your risk of:



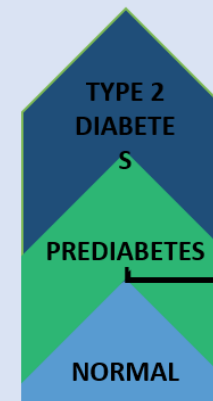
TYPE 2
DIABETES



HEART
DISEASE



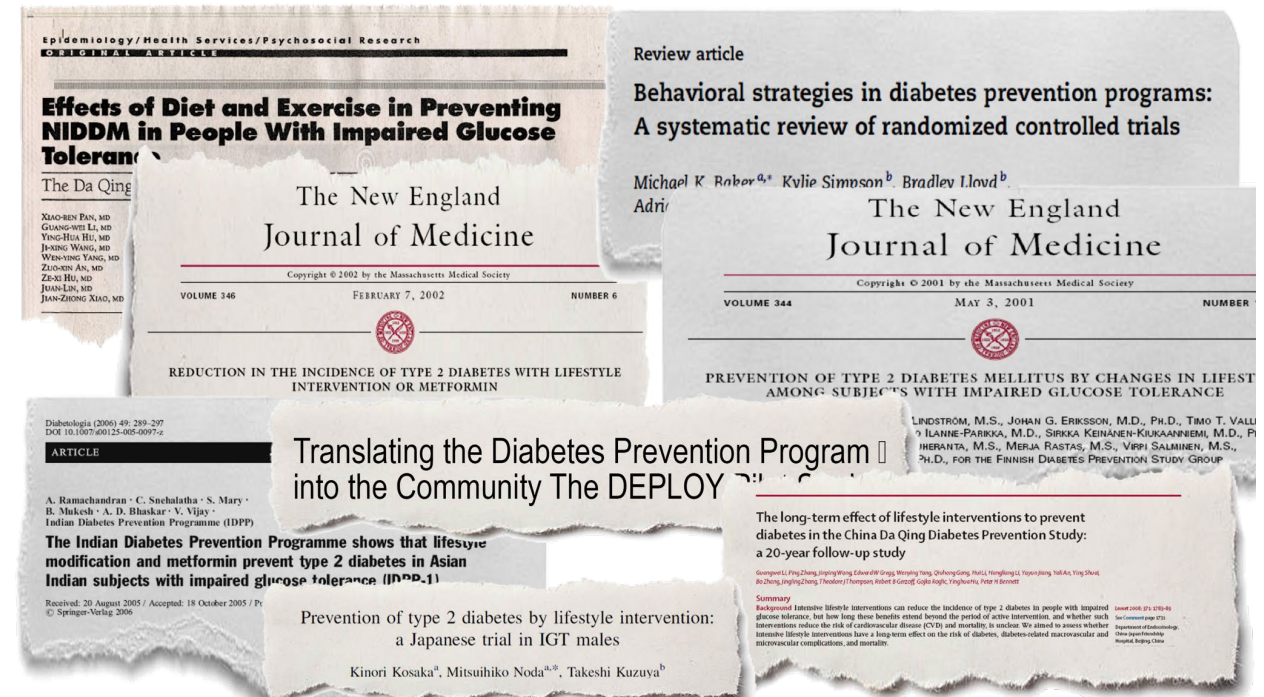
STROKE



With prediabetes, your blood sugar levels are higher than normal. However, they are not high enough to be diagnosed as type 2 diabetes.

Transitional Research

Evidence-based interventions to prevent diabetes have been intensively studied and proven to be effective across multiple populations, both in the US and abroad.



American Indian/Alaskan Native Contributions to Evidence

Epidemiology/Health Services Research

Translating the Diabetes Prevention Program Into American Indian and Alaska Native Communities

Results from the Special Diabetes Program for Indians Diabetes Prevention demonstration project

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THE SPECIAL DIABETES PROGRAM FOR INDIANS DIABETES PREVENTION DEMONSTRATION PROJECT

OBJECTIVE—The landmark Diabetes Prevention Program (DPP) showed that lifestyle intervention can prevent or delay the onset of diabetes for those at risk. We evaluated a translational implementation of the intervention in a diverse set of American Indian and Alaska Native (AI/AN) communities.

RESEARCH DESIGN AND METHODS—The Special Diabetes Program for Indians Diabetes Prevention Program (SDPI DPP) replicates the DPP lifestyle intervention among 36 health care programs serving AI/ANs. A total of 2,553 participants with prediabetes were recruited and started intervention by 31 July 2008. They were offered the 16-session Lifestyle Balance Curriculum and underwent a thorough clinical examination for evaluation of their diabetes status and risk at baseline, soon after completing the curriculum (postintervention), and annually for up to 3 years. Diabetes incidence was estimated. Weight loss, changes in blood pressure and lipid levels, and 10-year changes after intervention were also evaluated.

RESULTS—The completion rate of SDPI DPP was 74, 56, 42, and 33% for the postintervention and year 1, 2, and 3 assessments, respectively. The crude incidence of diabetes among SDPI DPP participants was 4.0% per year. Significant improvements in weight, blood pressure, and lipid levels were observed immediately after the intervention and steadily thereafter for 3 years. Clin incidence strongly correlated with diabetes incidence rates, weight loss, and change in systolic blood pressure.

CONCLUSIONS—Our findings demonstrate the feasibility and potential of translating the DPP lifestyle intervention to diverse AI/AN communities. They have important implications for future dissemination and institutionalization of the intervention throughout the Native American health system.

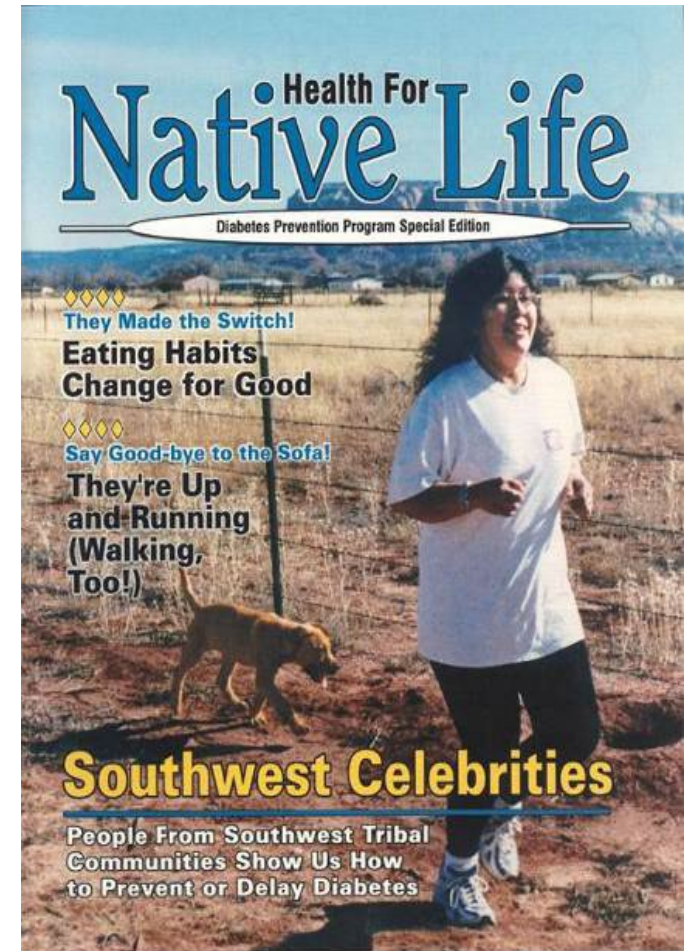
Diabetes Care 36:2027–2034, 2013

Type 2 diabetes, a serious global public health problem, affects disadvantaged populations disproportionately, especially American Indian and Alaska Native (AI/AN) (1). In 2009, the age-adjusted prevalence of diabetes for adults eligible for Indian Health Service (IHS) was 16.1%—more than

twice that of non-Hispanic white adults (1). Landmark clinical trials, such as the Diabetes Prevention Program (DPP), have showed that lifestyle interventions can prevent or delay the onset of diabetes for those at risk (2–5). In addition, DPP found no significant differences in the reduction of diabetes incidence by race/ethnicity including in American Indians (4). While under well-controlled circumstances (e.g., clinical trials) lifestyle interventions may have equivalent efficacy across racial/ethnicity groups, the effectiveness of implementing such programs in community-based settings among underserved populations remains understudied. In particular, implementations of large-scale public health interventions in AI/AN communities are plagued by lack of resources, diverse health care settings, and the highly mobile population, all of which are challenges to the successful recruitment, retention, and effectiveness of translational efforts.

Translating the DPP intervention into real-world situations has occurred in other settings (6–16), such as urban medically underserved communities (7), faith-based settings (8), YMCAs (9), work sites (10), and primary care practices (11–13). However, most of these were small studies implemented in relatively uniform settings; particularly, none of them included a substantial number of AI/ANs—the U.S. population that suffers most from diabetes (1,17). Given the significant economic and sociocultural diversity of AI/AN communities, it is important to determine the feasibility and effectiveness of such an intervention in a large sample of this population.

Motivated and funded by Congress, the IHS implemented the Special Diabetes Program for Indians Diabetes Prevention (SDPI DPP) demonstration project and collected data that allowed an unprecedented investigation of the translational effectiveness of the DPP lifestyle intervention



National Diabetes Prevention Program (1)

The Division of Diabetes Translation's (DDT) National Diabetes Prevention Program (National DPP) is the largest national effort to mobilize and bring an evidence-based lifestyle change program to communities across the country!

REDUCING THE IMPACT OF DIABETES

Congress authorized CDC to establish the NATIONAL DIABETES PREVENTION PROGRAM (National DPP)—a public-private initiative to offer evidence-based, cost-effective interventions in communities across the United States to prevent type 2 diabetes

It brings together:

- COMMUNITY ORGANIZATIONS
- PRIVATE INSURERS
- EMPLOYERS
- HEALTH CARE ORGANIZATIONS
- FAITH-BASED ORGANIZATIONS
- GOVERNMENT AGENCIES

to achieve a greater impact on reducing type 2 diabetes

Research shows structured lifestyle interventions can cut the risk of type 2 diabetes in **HALF**

National Diabetes Prevention Program (2)

The National DPP relies upon a variety of public-private partnerships with community organizations, private and public insurers, employers, health care organizations, faith-based organizations, government agencies, and others working together to:



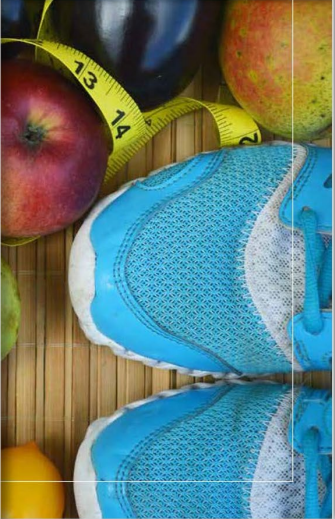
New Prevent T2 Curriculum

The PreventT2 curriculum is based on the original 2002 DPP trial and follow-up studies. It promotes modest weight loss (5%), increased physical activity, and reduction in HbA1C through a 12-month lifestyle change program.

This curriculum includes cultural representations of people and foods while also reflecting new literature on self-efficacy, physical activity, and diet.

Updates to PreventT2 Curriculum:

- Virtual Delivery
- Nutrition and Weight Loss Themes
- Personal Success Tool (PST) Modules
- Session Checklists
- Participant Profiles
- Action Planning
- Activity Log
- Food Tracking
- Nutritional Content
- Participant Guides
- Participant Guide Stories




PREVENT T2
A PROVEN PROGRAM TO PREVENT OR DELAY TYPE 2 DIABETES

Module 1: Introduction to the Program
Lifestyle Coach Guide


Enjoy Foods in Healthy Ways

Recipe Makeover Activity (10 minutes)


SAY:
Please look at "Recipe Makeover Activity" on page 10 in the Participant Guide.

 For a virtual session, use the screen share feature to display the "Recipe Makeover Activity" group activity in the Participant Guide for all participants to view.

SAY:
For this activity, you will work with your partner again to make over a recipe. Use any of the recipe makeover ideas on the previous page or use your own ideas to create a healthier version of this dish.

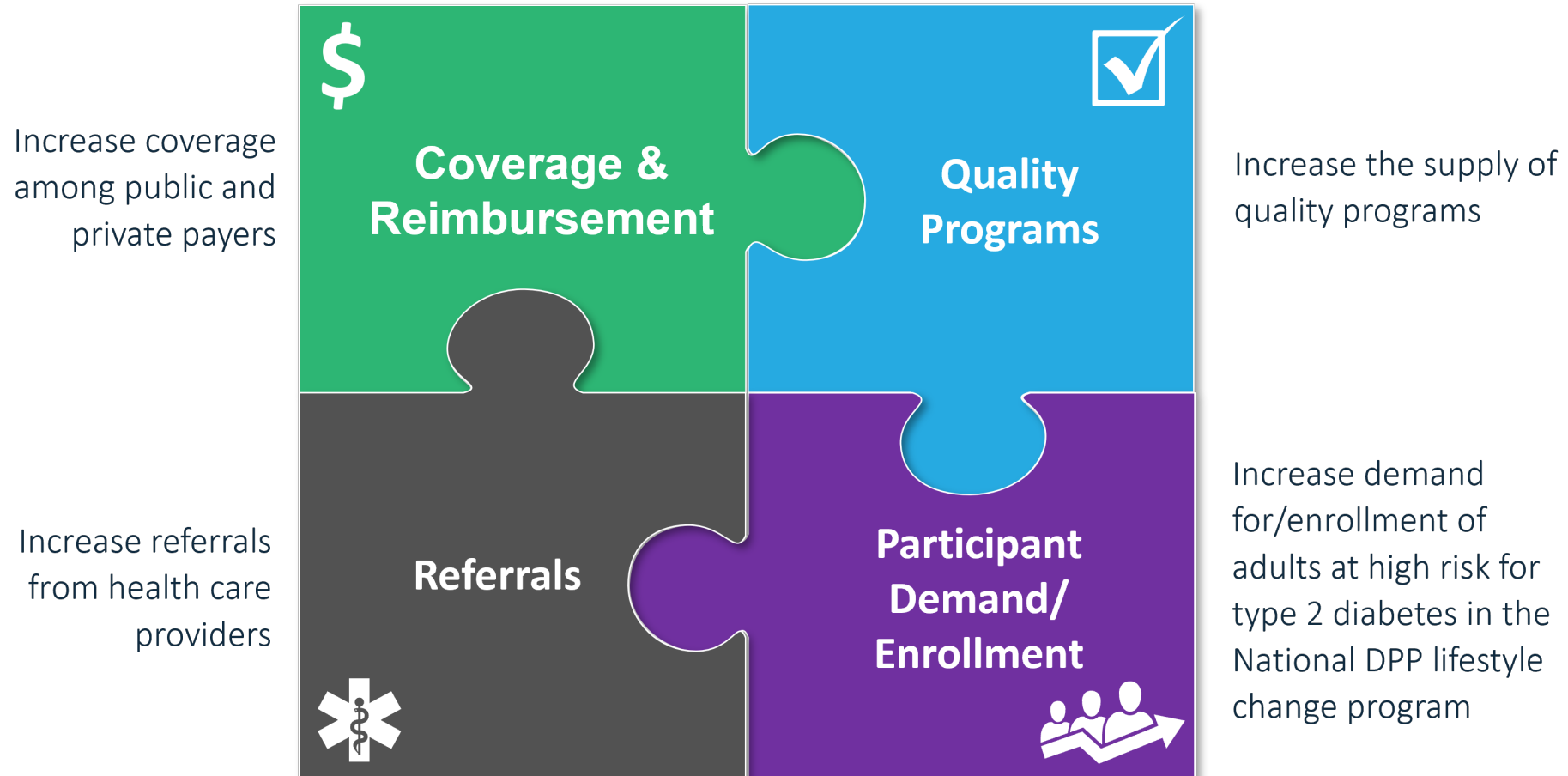
 If dividing participants into partners is not possible for a virtual session, have participants conduct the activity by themselves.

DO:
Share group assignments and begin small group meetings. Give participants an exact time to meet back as a whole group.
When participants return, conduct a short debrief. Ask for volunteers to share the ingredients they swapped and any ideas they used to create a healthier version.

 For a virtual session, encourage participants to type their responses in the chat window or "raise their hand" in the web conferencing tool.

16 | Eating To Support Your Health Goals | Lifestyle Coach Guide

National DPP Strategic Goal



CDC Recognition Overview

Recognition involves assuring quality by developing and maintaining a registry of organizations that are recognized by CDC's **Diabetes Prevention Recognition Program (DPRP)** for their ability to achieve outcomes proven to prevent or delay onset of type 2 diabetes.

Key Activities



Quality Standards

- DPRP Standards and Operating Procedures (updated every 3 years)



Registry of Organizations

- Online registry and program locator map
- Includes organizations with pending, preliminary, and full recognition



Data Systems

- Data analysis and reporting
- Feedback/technical assistance for CDC-recognized organizations

2021 DPRP standards Key Requirement Updates

New Attendance Requirement

- **Requirement 5:** Organizations must retain at least 5 completers in the evaluation cohort (eligible participants in the evaluation cohort who attended at least 8 sessions in months 1- 6 and whose time from the first session held by the cohort to the last session attended by the participant is at least 9 months).

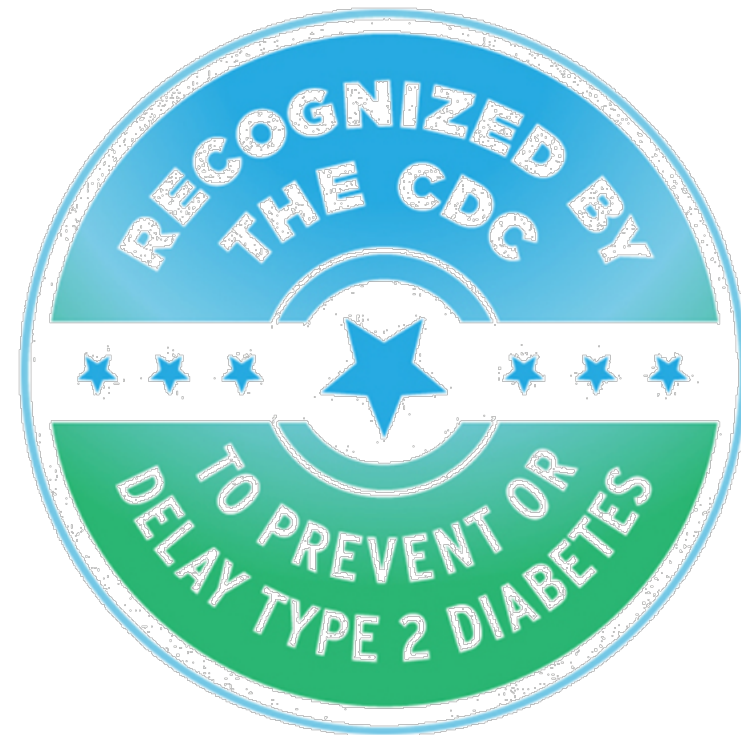
New Risk Reduction Requirement Option

- **Requirement 6:** Organizations must show that there has been a reduction in risk of developing type 2 diabetes among completers in the evaluation cohort by showing that at least 60% of all completers achieved **at least one** of the following outcomes:
 - At least 5% weight loss 12 months after the cohort began OR
 - At least 4% weight loss and at least 150 minutes/week on average of physical activity 12 months after the cohort began OR
 - ***At least a 0.2% reduction in HbA1C***
- For more information on 2021 DPRP Standards, visit the National DPP [Customer Service Center](#)

Benefits of CDC Recognition

There are many benefits to having CDC recognition for your program, including:

- **Quality**—linked to national quality standards and outcomes proven to prevent/delay onset of type 2 diabetes
- **Data**—enables CDC to monitor progress individually by program and across the nation
- **Sustainability/Reimbursement**—private and public payers reimbursing for the program are requiring CDC recognition
- **Support**—recognized programs have access to technical assistance, training, and resources
- **Marketing**—effective marketing tool to encourage referrals (“Our program meets CDC national quality standards.”)



Medicare Diabetes Prevention Program

Problem

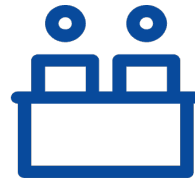


25% of Americans 65+ years are living with **type 2 diabetes**, which negatively impacts health outcomes



Care for older Americans (65+ years) with diabetes costs Medicare **\$104 billion** annually and is growing

Medicare Implementation



National DPP model test with Y-USA
7,800 beneficiaries



Rulemaking to **expand coverage** to beneficiaries and establish Medicare Diabetes Prevention Program (MDPP) supplier type

Impact



Promotes **healthier behaviors** for eligible Medicare beneficiaries at risk for type 2 diabetes



Decreases Medicare costs associated with diabetes

Umbrella Hub Arrangements



The purpose of an **Umbrella Hub Arrangement (UHA)** is to connect community-based organizations delivering the National DPP lifestyle change program with health care payment systems to achieve sustainable reimbursement.

- An **Umbrella Hub Organization (UHO)** with full or preliminary CDC recognition serves as a sponsor hub for a group of subsidiary organizations that have CDC pending, preliminary, or full recognition.
 - **A charter** establishes the UHA's shared vision, mission, and goals between entities in UHA.
 - **A contract** details responsibilities of each party and outlines financial arrangements.
 - **Business Associate Agreements (BAAs)** allow for data sharing between a billing vendor and a UHO and the UHO and its subsidiaries.

Learn, Listen, Apply

Technical assistance

- Good Health and Wellness in Indian Country
- Diabetes Prevention Nations Project - Choctaw Nation Umbrella Pilot

Access

- Coordinated Distance Learning

Culture-centered

- Cultural tailoring of CDC PreventT2 curriculum

Relationships

- Partnerships – Indian Health Service and other partners
- Webinars to connect tribal and state programs

Technical Assistance for Implementation

Good Health and Wellness in Indian Country (2019-2024)

Component 1

- 12 tribes
- 4 Urban Indian Organizations (UIO)

Component 2

- 12 tribal organizations
- 90 tribal sub-awardees

• TECHNICAL ASSISTANCE (TA)

- Culture-centered tailoring and innovations
- Allowable Cost Framework
- Community incentives
- Webinars & conferences
- Project Officer TA

www.cdc.gov/healthytribes/ghwic.htm

Umbrella Organization Pilot

Diabetes Prevention Nations Project (2018-2021)

- **National DPP Challenges for Smaller Tribes**
 - FTE shortages
 - Data managers
 - Lifestyle Coach shortages
 - Small cohort sizes
- **Choctaw Nation of Oklahoma**
 - Fully recognized program; leader in National DPP
 - Partner, leader, mentor
 - Established umbrella pilot; exceeded expectations (6 tribes enrolled vs requested 2-3)
 - Role: lifestyle change program support, data aggregation benefit – shared recognition, data support, Lifestyle Coach instruction
 - Great success, and worthy of celebration!

<https://nccd.cdc.gov/nccdsuccessstories/showdoc.aspx?s=17393&dt=4>

Access

Coordinated Distance Learning

- Community identified need for culturally resonant and relevant virtual options
- Network of Native American/Alaska Native Lifestyle Coaches
- Cohort classes on Community Calendar – increased access to programs by region, time, day
- Resource Bank topical lessons:
 - Adverse childhood experiences
 - Impacts of social determinants of health on type 2 diabetes
 - Local traditional foods recipes
- Community solutions driven by resiliency

Culture-Centered Materials and Delivery

Keys to Success: How to Enroll and Retain American Indian Participants for Your Type 2 Diabetes Prevention Lifestyle Change Program

- Establish strong relationships with American Indian communities and invest the time to understand their unique culture.
- Use culturally relevant materials and adapt and translate them as appropriate.
- Include local traditional foods in your program materials.
- Use teaching methods such as storytelling and active learning.



NATIONAL DIABETES PREVENTION PROGRAM

Keys to Success: How to Enroll and Retain American Indian Participants for Your Type 2 Diabetes Prevention Lifestyle Change Program

Delivering the National DPP Lifestyle Change Program

Organizations across the United States are working to deliver CDC's National Diabetes Prevention Program (National DPP) lifestyle change program to help prevent or delay type 2 diabetes. Participants learn to make healthy food choices, be more physically active, and find ways to cope with problems and stress.

This tip sheet provides lessons learned and insights from an organization that focused on enrolling and retaining American Indian participants.

The organization's overarching lesson is that you must build meaningful relationships with the community you're trying to reach. These relationships will help you identify each community's unique needs and encourage more people to participate in your program.

Keys to Success: What Other Organizations Have Learned

- ▶ Establish strong relationships with American Indian communities and invest the time to understand their unique culture.
- ▶ Use culturally relevant materials and adapt and translate them as appropriate.
- ▶ Include local traditional foods in your program materials.
- ▶ Use teaching methods such as storytelling and active learning.

These tips are explained in more detail in the following section.
Review to see which ones will work for your program.

 Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Division of Diabetes Translation

Cultural Tailoring of CDC to T2 Curriculum

Proposed Products

- Revised curriculum
- Resources for Lifestyle Coaches

Some Proposed Topics

- Traditional foods & food access
- Disruption of lands, languages
- Shared values
- Health literacy

- Stated need from IHS Tribal Leaders Diabetes Committee, CDC Tribal Advisory Committee, HHS Regional Tribal Consultation Sessions
- Convene practitioners, program managers, Lifestyle Coaches, experts in cultural tailoring for AI/AN communities

National DPP Customer Service Center

The National DPP Customer Service Center (CSC) provides a hub for resources, training, and technical assistance for CDC-recognized organizations and other National DPP stakeholder groups.

Find Resources and Info



- Quickly and easily find resources and events relevant to your needs (FAQs, toolkits, training videos, webinars, etc.)
- Discuss opportunities and challenges with the National DPP community

Receive Technical Assistance



- Engage with technical assistance coordinators and subject matter experts via the web-based platform or email
- View the status of and update existing technical assistance requests

Provide Feedback and Input



- Submit feedback on your satisfaction with the technical assistance, resources, and web-based platform
- Share success stories and suggest additional resources

How to Help

1

RAISE AWARENESS of prediabetes and the National DPP

- www.cdc.gov/diabetes/prevention/prediabetes-type2

2

REFER PEOPLE at risk to a CDC-recognized organization

- <https://www.cdc.gov/diabetes/prevention/people-at-risk.html>

3

OFFER THE PROGRAM by becoming a CDC-recognized organization

- <https://www.cdc.gov/diabetes/prevention/program-providers.htm>

Thank you!