

**National Diabetes Prevention Program
State Engagement Model**

Collective Impact in Action

**Featuring the Work of 14 States to
Advance Diabetes Prevention**

September 2020



**NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS**

Promoting Health. Preventing Disease.

Dear Diabetes Partners,

In 2018, the National Association of Chronic Disease Directors (NACDD) published a Collective Impact Report on the National Diabetes Prevention Program (National DPP) State Engagement Model highlighting state successes in advancing diabetes prevention work. At the time, 35 states had hosted a State Engagement Meeting – an essential element of the model – to gather key stakeholders and advance National DPP efforts through the development and implementation of action plans. To date, 43 states have held State Engagement Meetings and engaged partners in collective actions to increase enrollment in the National DPP lifestyle change program. This Collective Impact in Action report provides both an overall summary update on states' work and an in-depth look at the important work of 14 states that have participated in the model. The report offers a rich sample of the breadth of National DPP work being done and shares best practices and innovation.

Congratulations to the State Health Departments (SHDs) and their partners on their hard work and successes! NACDD is proud to support states in their efforts to scale up and expand the National DPP. In these challenging times of COVID-19, states have shown incredible resilience in adapting to change while still prioritizing diabetes prevention efforts. Continued focus on diabetes is essential to reducing serious complications of this novel virus and to improving outcomes.

Thank you to the Centers for Disease Control and Prevention, our national partners, and our Members for their continued support. Together, we can make even greater strides toward preventing diabetes and improving the health of the nation.

*John W. Robitscher, MPH
Chief Executive Officer
National Association of Chronic Disease Directors*

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National Diabetes Prevention Program & NACDD/CDC State Engagement Model

As part of the Centers for Disease Control and Prevention (CDC)-led National Diabetes Prevention Program (National DPP), the National Association of Chronic Disease Directors (NACDD), State Health Departments (SHD), and national partners (such as the American Medical Association and the Association of Diabetes Care & Education Specialists) work closely with CDC to prevent type 2 diabetes through the development of public and private partnerships to scale and sustain the National DPP and its evidence-based lifestyle change program.

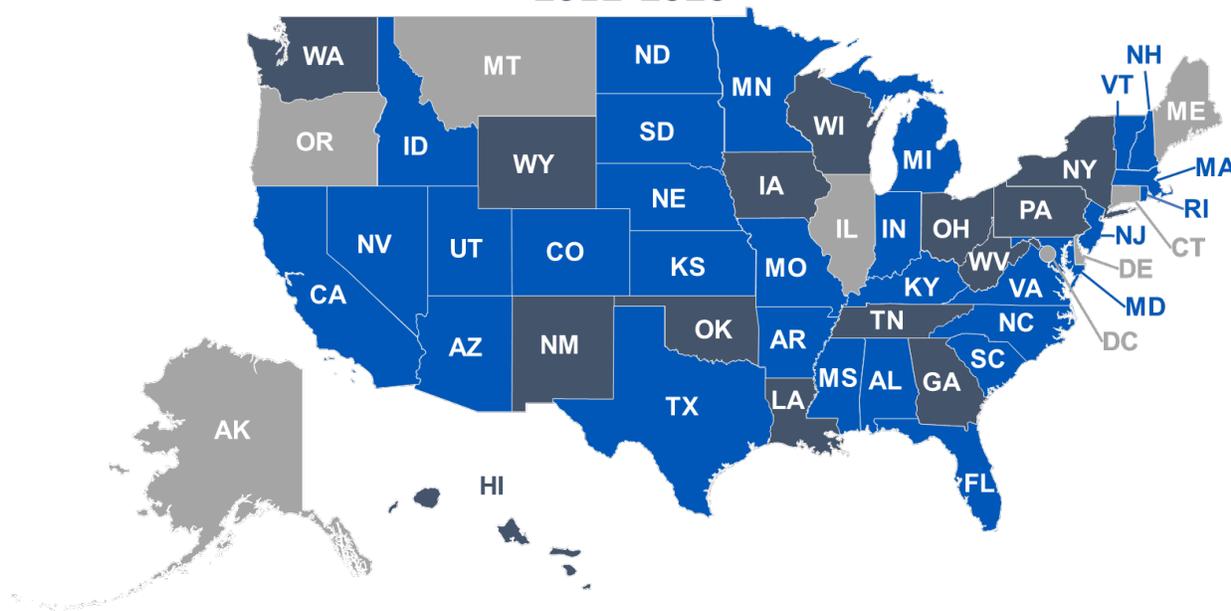
CDC and NACDD created the State Engagement Model (StEM) to catalyze coordinated action and collective impact of the National DPP and CDC-recognized lifestyle change program across diverse stakeholders in diabetes prevention. The conditions of collective impact—a common agenda, shared measurement systems, mutually reinforcing activities, continuous communication, and backbone support organizations—are cornerstones to the StEM. The primary purpose of the model is to enhance stakeholder engagement and cultivate lasting partnerships that commit and act to help sustain and grow the National DPP. Throughout this report, the term state refers to State Health Departments and their partners collectively.

As part of the StEM, an NACDD-led team fosters cross-industry partnerships, provides subject matter expertise, facilitates the sharing of diverse experiences, and provides logistics and support. The process involves 12 to 18 months of strategic consultation and support services for State Health Departments and their partners. At the state level, planning and action under the StEM includes an assessment of gaps, State Engagement Meetings (StEM Meetings), strategic partnerships, action plan development and implementation, and ongoing technical assistance and support.

NACDD works with State Health Departments to host StEM Meetings that bring together key stakeholders (e.g., health systems, employers, insurers, nonprofits, and community-based organizations) to develop a plan of action for scaling and sustaining the National DPP. State action plans seek to engage private and public sector partners to generate action in the following key areas or pillars: **1) increasing awareness; 2) increasing availability; 3) increasing screening, testing, and referrals; and 4) increasing coverage.** Participants also identify key action steps and resource needs and make commitments to specific action steps that their organizations can either support or lead in scaling and sustaining the National DPP and increasing enrollment in its lifestyle change program.

State Health Departments host the two-day StEM Meetings, and NACDD provides planning tools, logistical support, assistance in identifying state champions, and on-site facilitation. Following the StEM Meeting, NACDD facilitates the development of a draft action plan and provides an evaluation report. NACDD further provides consultation, ongoing technical assistance, and support to help states maintain stakeholder commitments, increase participation in the National DPP, and implement state-specific stakeholder driven action plans.

State Engagement Meetings 2012-2020



Blue – StEM Meeting completed between 2012-2020, including the dark blue states
Dark Blue – States highlighted in this update

Between March 2012 and July 2020, NACDD assisted 43 states¹ in applying the State Engagement Model. In 2020, NACDD is engaging two additional states (Illinois and Delaware) and the District of Columbia in implementing the State Engagement Model.

¹ Colorado held a second StEM meeting in 2019 to further advance National DPP efforts and address diabetes self-management education and support (DSMES).

About This Report

How the Report Is Organized

This report consists of two main sections: 1) a collective impact summary providing updated information across the 43 states that participated in the State Engagement Model and hosted State Engagement Meetings (StEM states); and 2) detailed highlights of 14 select states' work to advance the National Diabetes Prevention Program (National DPP).

The collective impact summary section reflects cumulative, state-reported data from outcomes surveys in 2018 (reported previously in the [2018 Collective Impact Report](#)) and 2019, as well as a partnership inventory from 2019. Information from the Centers for Disease Control and Prevention's (CDC) Diabetes Prevention Recognition Program (DPRP) Registry² is used to supplement program information. **Data points are provided, as available, for items collected and reported by states. Therefore, the number of StEM states reflected in each data point varies.**

The state highlights section offers a deeper look at 14 of the 43 StEM states and is organized alphabetically by state. The 14 states participated in interviews and conference calls with the National Association of Chronic Disease Directors (NACDD). These states also reported data through the 2018 and 2019 surveys and partnership inventory within the data collection time frame. Each of the 14 featured states showcases efforts and successes in scaling and sustaining the National DPP by engaging partners, innovating, addressing priority populations, and working across the four State Engagement Model (StEM) pillars of: 1) awareness; 2) availability; 3) screening, testing, and referrals; and 4) coverage.³

How Data May Vary

In 2019, over the course of several months, NACDD conducted state surveys as a follow up to the 2018 Collective Impact Report. In 2020, additional state data and information were collected and refined for select state highlights. Due to the evolving nature of state programs over time and the unanticipated challenges of the 2020 public health emergency, data points and numbers captured in this report may have changed or programs may have paused since the time of data collection.

² Diabetes Prevention Recognition Program (DPRP) Registry data were last retrieved on May 6, 2020. For the most current information by state, visit CDC's [DPRP Registry](#).

³ In addition, the state highlights section provides "Impact Extra" facts for select state successes attained beyond the scope of the State Engagement Model.

How to Use the Report

This report is designed to allow readers to access information of interest easily by navigating sections and headings in conjunction with the table of contents. Whether purposefully read by selected section or in its entirety, the report can be used:

- To celebrate collective success in preventing type 2 diabetes using a systematic model in states to expand the National DPP and maximize its impact and long-term sustainability;
- To share with colleagues and invite them to promote the National DPP in their communities; and
- As a resource of ideas to inform National DPP work in states or territories.

Collective Impact Update

Combined State Results Describing Collective Impact

In 2018, after 35 states had held State Engagement Meetings (StEM Meetings), the National Association of Chronic Disease Directors (NACDD) published a Collective Impact Report on the National DPP State Engagement Model (StEM) highlighting state successes in advancing type 2 diabetes prevention. The work is supported through Centers for Disease Control and Prevention (CDC) funding and, in some cases, state funding. This report expands on the work of the 2018 Collective Impact Report by providing updated data across the now 43 states that participated in the State Engagement Model and held StEM Meetings (StEM states).

To obtain a snapshot of the continuing collective impact of the StEM, including StEM Meetings, technical assistance, and ongoing support, NACDD requested updated outcomes surveys and partnership information from the 43 StEM states in 2019. The surveys gathered information on state work and its relationship to the StEM in order to support the states' efforts and outcomes of implementing the State Engagement Model.

NACDD collected data from the 43 StEM states as available and as reported by the State Health Departments (SHD). The information presented below spans data across the four key pillars of: awareness; availability; screening, testing, and referral (STR); and coverage. The information also captures state work in partnership engagement and priority populations.



35,400

licensed healthcare providers educated

11,388

non-licensed individuals educated



22

states supported a web presence dedicated to diabetes prevention

22

states initiated campaigns to promote the National DPP lifestyle change program

Awareness

State Health Departments work collaboratively with partners to raise awareness of and promote the National DPP lifestyle change program in a variety of creative ways. States promote the health and economic benefits of diabetes prevention through websites, social media, radio, television, print and mixed media, and presentations. States also educate healthcare practitioners, policymakers, health insurers and plans, employers, at-risk individuals, and the public on the importance of preventing type 2 diabetes and the advantages of the National DPP lifestyle change program. These campaigns increase STR and raise enrollment. Georgia, for example, partnered with the American Medical Association (AMA) to enroll eight hospitals into an AMA Learning Series to increase awareness of the National DPP and worked with the Georgia Pharmacy Association to expand awareness of STR as part of the AMA Learning Series. Figure 1 shows the estimated aggregate number of individuals who received education as part of awareness raising efforts by SHDs and/or state partners and the estimated number of states that supported a web presence or media campaign to advance the National DPP.⁴

Fig. 1 Prediabetes Education

Estimated number of individuals, including healthcare professionals and community members, who received education about the National DPP lifestyle change program after the StEM. Estimated number of states supporting a web presence or media campaign to promote the National DPP lifestyle change program.

⁴ Number of states reporting: licensed healthcare providers educated (11); non-licensed individuals educated (12); supported a web presence dedicated to diabetes prevention (22); initiated campaigns to promote the National DPP lifestyle change program (22).

Availability

States make availability of the National DPP lifestyle change program a top priority in their action plans. Growth in program availability results from the collective work of many states and state partners, CDC funding to states and 1705⁵ organizations and, in part, support from the StEM. Program availability expands rapidly through the training of lifestyle change program coaches and the addition of National DPP lifestyle change program sites and classes. More than 350 CDC-recognized programs⁶ are available in underserved areas across 20 states. To address special areas of need for their residents, SHDs added classes for non-English speakers, persons with disabilities, and virtual/distance learning options. Pennsylvania, for example, trained 220 lifestyle coaches and added 23 sites and 54 classes, including nine classes for Spanish speakers and two classes for persons with mental and physical disabilities, including visual impairments. An increasing number of states added virtual learning options, both before and after the advent of the 2020 public health emergency. Figure 2 shows aggregate success in expanding program availability in the reported states.⁷

 **3,268**
lifestyle coaches trained

 **374**
sites added where classes are available

 **573**
classes added

Fig. 2 Program Availability
Actual or estimated impact of activities to increase availability of the National DPP lifestyle change program through CDC-recognized organizations.



974
DPRP-recognized programs of any level



216
Achieved full recognition



73
Attained preliminary recognition



205
Acquired pending recognition

⁵ DP17-1705 (1705), Scaling the National Diabetes Prevention Program in Underserved Areas, is a five-year, CDC-funded cooperative agreement that began in September 2017 and funds 10 national organizations with affiliate program delivery sites in at least three states to deliver the National DPP lifestyle change program in underserved areas, and enroll both general and priority populations in new or existing CDC-recognized organizations. For more information, visit CDC's [1705 website](#).

⁶ Any level of recognition as reported by states. For recognition information across all 43 StEM states, visit CDC's [DPRP Registry](#).

⁷ Number of states reporting: lifestyle coaches trained (22); sites added where classes are available (20); classes added (13); DPRP-recognized programs of any level (27); achieved full recognition (14); attained preliminary recognition (13); acquired pending recognition (14). For additional recognition information, visit CDC's [DPRP Registry](#).



Organizations started screening for prediabetes



88

Organizations started testing for prediabetes



161

Organizations started referring to the National DPP lifestyle change program

Prediabetes Screening, Testing, and Referral

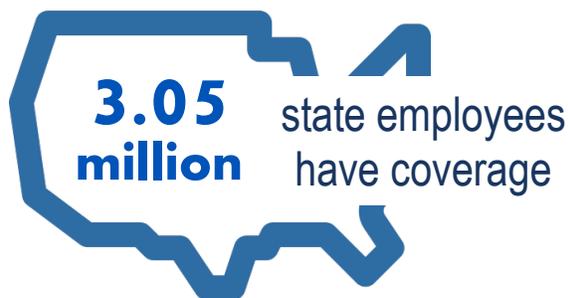
States work with a variety of organizations, including Federally Qualified Health Centers and community-based organizations, and healthcare providers to increase STR of individuals at risk for type 2 diabetes to CDC-recognized organizations offering the National DPP lifestyle change program. State innovations in STR include the use of health information exchange or bidirectional referral systems to implement the National DPP lifestyle change program. Louisiana, New Mexico, and New York used this technology to improve communications, tracking, and referrals. A major goal of referrals is to increase enrollment in the National DPP lifestyle change program. Figure 3 shows the number of organizations that began to screen, test, and refer following a StEM Meeting.⁸

Fig. 3 Organizations that Screen, Test, and/or Refer
Actual or estimated number of organizations, including clinics or community-based organizations, that started screening, testing, and/or referring individuals to CDC-recognized organizations.

⁸ Number of states reporting: organizations started screening for prediabetes (11); organizations started testing for prediabetes (6); organizations started referring to the National DPP lifestyle change program (9).

Coverage

State Health Departments work extensively across public and private sectors to expand coverage of the National DPP lifestyle change program. Several SHDs helped to secure coverage for their state employees. Specifically, more than 3.05 million state employees are covered across 15 states.⁹ Many SHDs hold discussions with Medicaid to provide the lifestyle change program to beneficiaries as a covered benefit or offer it through a waiver or Medicaid managed care pilot program. In addition, SHDs reach out to employers, health plans, and insurers, in efforts to increase lifestyle change program offerings and coverage as a paid benefit or a wellness benefit for employees and the public. StEM states may receive additional support in implementing state action plans through NACDD's National DPP Employer Learning Collaborative (ELC). To assist states in achieving coverage goals, a few select SHDs collaborate with CDC, NACDD, and national partners through an ELC to engage employers interested in offering the National DPP lifestyle change program as a covered benefit for employees. The ELC assists many states in advancing coverage discussions. Wyoming had its StEM Meeting in the summer of 2019 and obtained both Medicaid pilot coverage and state employee coverage in January 2020. Figure 4 shows the number of employers and health plans providing coverage.¹⁰



200 employers cover the National DPP lifestyle change program

72 Medicaid plans cover the National DPP lifestyle change program

31 commercial plans cover the National DPP lifestyle change program

Fig. 4 Employer Health Plan Coverage
Number of employers and health plans that report covering the National DPP lifestyle change program.

⁹ This number represents reporting states only: California, Colorado, Georgia, Hawaii, Louisiana, Maryland, Minnesota, New York, Pennsylvania, Rhode Island, Tennessee, Texas, Utah, Washington, and Wyoming. For a full list of states with public employee coverage, please visit the [National Diabetes Prevention Program Coverage Toolkit](#).

¹⁰ Number of states reporting: state employees that have coverage (14); employers who cover the National DPP lifestyle change program, including pilot programs (18); Medicaid plans that cover the National DPP lifestyle change program, including pilot programs (8); commercial plans that cover the National DPP lifestyle change program (14). For a full list of states with public employee coverage, please visit the [National Diabetes Prevention Program Coverage Toolkit](#).

Partner Engagement

To further National DPP goals for type 2 diabetes prevention, SHDs work in collaboration with national, state, and local stakeholders across different sectors. Many states report the strengthening of existing partnerships or the development of new partnerships because of their StEM Meetings. Stakeholders provide input on state actions plans, help strategize and implement action steps, and dedicate resources to lifestyle change program outreach. States foster and grow these key stakeholder relationships over time. Wisconsin, for example, leverages existing partnerships to grow targeted linkages to new partners, resulting in ever-expanding numbers of collaborators in support of the National DPP. Figure 5 depicts partnership engagement information.¹¹



Fig. 5 Partner Engagement

Actual or estimated number of new and strengthened partnerships.

¹¹ Number of states reporting: partners engaged (32).

Addressing Priority Populations

Many states work to address the awareness, availability, STR, and coverage needs of priority populations. State Health Departments recognize the need to reach all state residents, including those disparately impacted by social determinants of health. After assessing their unique needs, states have prioritized populations by location (including risk of diabetes and rural areas), income and/or associated social determinants of health, race and/or ethnicity, age group, gender, disability, and other factors. For example, Native American populations are among those specifically addressed by New Mexico, while Ohio focuses some work on Medicare/Medicaid populations, and Tennessee prioritizes efforts for rural areas. Figure 6 shows how states are prioritizing populations for their National DPP efforts.¹²



States prioritize populations by

- Location
- Race, ethnicity
- Income
- Social determinants of health
- Age
- Gender
- Disabilities
- Other or multiple factors

Fig. 6 Priority Populations

Priority population categories across states.

¹² Number of states reporting prioritization of populations by: location (11); race and/or ethnicity (11); income and/or associated social determinants of health (14); age (5); gender (1); disabilities (2); other and/or multiple factors (10)].

Highlights of States' National DPP Work

States work diligently to advance the National Diabetes Prevention Program (National DPP). The National Association of Chronic Disease Directors (NACDD) is proud to contribute to this effort through the NACDD/Centers for Disease Control and Prevention (CDC) State Engagement Model (StEM). The Model includes a State Engagement Meeting (StEM Meeting), technical assistance, and ongoing support.

To better gauge the ongoing collective impact of the StEM on National DPP efforts by State Health Departments (SHD) and their national, state, and local partners, NACDD took a closer look at 14 StEM states.

NACDD held in-depth discussions with these states and collected both numerical and contextual information to generate a richer, more extensive image of both collective impact and the sample states' progress and success.

The 14 StEM states reported their National DPP successes as being impacted by the StEM in various ways, including:

- State action/success directly resulted from or was sparked by new or strengthened partnerships formed as a result of the StEM Meeting;
- State action/success resulted from implementation of priorities and/or action steps by the SHD and/or partners included in the StEM/National DPP action plan;
- State action/success resulted from implementation of priorities and/or action steps by the SHD and/or partners identified at the StEM Meeting and later included in other public health plans in the state; and
- State action/success generally supported by or contributed to by the StEM through technical assistance or other support.

State information¹³ was compiled from 2018 and 2019 outcome surveys, a 2019 partnership survey, meetings with SHDs, and the Diabetes Prevention Recognition Program (DPRP) Registry. States¹⁴ reported the actions and successes to scale and sustain the National DPP and its lifestyle change program detailed below as originating with, or being supported by, the StEM.

¹³ The racial demographic terms in the state summaries of this document reflect language the states use during surveys and other research. NACDD's style when discussing race may differ. To learn more about NACDD's language and style guidelines, please visit www.chronicdisease.org.

¹⁴ For assistance in contacting State Health Departments or for more information, please contact the NACDD Communications Department at publications@chronicdisease.org.

"We absolutely rely on everything from the StEM Meeting. We consider that our kick-off for everything that has happened with diabetes in the past two years."

Cultivating strong partnerships

- Georgia "gained a lot of partners through the StEM" and engaged and strengthened relationships with approximately 50 new and/or former partners, including the American College of Physicians Georgia Chapter, the American Medical Association (AMA), and The Balm In Gilead.

Increasing National DPP awareness and screening, testing, and referral (STR) through strong partnerships

- The StEM Meeting and collective action plan led to a strong partnership with the AMA and the development of an AMA Learning Series that provided training on the National DPP to Georgia hospitals. The AMA Learning Series consisted of six modules (recently updated to four) with custom tailoring and group support. It covered an introduction to and planning for the National DPP, initiating the CDC-recognized lifestyle change program, implementation review, clinic processes, physician engagement and awareness, and post-implementation and expansion. Following the series, hospitals sent individuals to the Diabetes Training and Technical Assistance Center at Emory University to become certified lifestyle coaches. A second series was conducted in 2019/2020. The SHD also worked with the Georgia Pharmacy Association to bring awareness to STR for the National DPP lifestyle change program as part of the AMA Learning Series.
- In November 2018, the Georgia Department of Public Health and the Georgia Hospital Association established a Memorandum of Understanding (MOU) to carry out diabetes program activities. The MOU was facilitated through collaborative work originating with the StEM. A major goal of the MOU is to recruit 10 hospitals each year for three years for diabetes prevention or self-management efforts. As a result of the MOU, eight hospitals have joined diabetes action efforts.

¹⁵ Throughout this section, the terms "Georgia" and "state" refer to the Georgia Department of Public Health and its partners, collectively.

Increasing program availability

- Georgia trained more than 170 lifestyle change program coaches.
- Of Georgia's 47 CDC-recognized organizations listed in the DPRP Registry, 10 achieved full recognition, eight achieved preliminary recognition, and 29 are pending. Three of these recognized organizations offer combination program delivery and four offer distance delivery.

Taking steps toward consideration of coverage

- Georgia developed a National DPP factsheet for the state agency that oversees Medicaid and the State Benefit Plan. This led to the consideration of state employee coverage and a coverage pilot program at one site. Following a brief delay due to organizational changes, the State Health Department resumed conversations with the State Benefit Plan in May 2020.
- Georgia is participating in NACDD's National DPP Employer Learning Collaborative.

IMPACT EXTRA

In 2018, Georgia achieved National DPP state public employee coverage for Kaiser members.

HAWAII¹⁶ StEM Meeting: November 2016 State Points of Contact: Blythe Nett & Lindsey Ilagan

"The StEM meeting was the first time in a long time we got all of our stakeholders together in one place. It catalyzed a lot of movement for prevention and also management as well."

Partners engaged and active

- Hawaii engaged and strengthened relationships with approximately 40 new and/or former partners, including YMCA of Honolulu, Hawaii Primary Care Association, and major payors from across the state.
- Hawaii planted partnership seeds through StEM that have grown over time. Partners have been more willing to come to the table following the StEM Meeting.
- Hawaii is working with pharmacies to deliver National DPP and diabetes self-management education and support (DSMES) services in the community and in health system settings.

Increased the availability of National DPP lifestyle change programs on each island

- Following the StEM Meeting and implementation of the state's collective action plan, nearly 20 organizations (including nine Federally Qualified Health Centers) began offering the lifestyle change program in all four counties.
- Hawaii trained 50 lifestyle coaches and added 19 National DPP sites, with a program site on each island. Also, Hawaii added 29 lifestyle change program classes, one class for non-English speakers, and one class for persons with mental health disabilities.
- Of Hawaii's 17 CDC-recognized organizations listed in the DPRP Registry, seven achieved full recognition, five achieved preliminary recognition, and five are pending. Eight of the recognized organizations provide the lifestyle change program in underserved areas of the state and one offers online delivery.
- Hawaii enrolled more than 510 individuals in National DPP lifestyle change programs.

¹⁶ Throughout this section, the terms "Hawaii" and "state" refer to the Hawaii State Department of Health and its partners, collectively.

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- Hawaii addresses the following priority populations: low socioeconomic status, Native Hawaiian, Pacific Islander, and Filipino.

Built awareness with employers, college students, and organizations

- Hawaii educated more than 100 licensed healthcare providers and 20 non-licensed individuals, such as lay health workers, about prediabetes and the National DPP lifestyle change program.
- Hawaii promotes the benefits of National DPP to health plans and other employers.
- Hawaii works with community colleges and other organizations to promote National DPP lifestyle change program and connect with regional coaches and suppliers.
- The state's successful [Prevent Diabetes Hawaii](#) campaign continues to encourage people to learn about their prediabetes status by taking the Diabetes Risk Test and seeking care from their primary care doctors. Materials have been translated into 13 languages, including Chuukese, Hawaiian, Ilocano, Tagalog, Marshallese, Samoan, and Tongan.

Engaged critical partners in screening, testing, and referral efforts

- Hawaii partners with pharmacists, health systems, professional organizations, and academia to increase awareness among health professionals and students as well as promote screening, testing, and referral.

Grew coverage exponentially

- Hawaii Medical Service Association (HMSA) and Kaiser Permanente now offer the National DPP lifestyle change program as a covered benefit for state employees (more than 195,000 covered lives).
- Four commercial plans (1.1 million covered lives) cover the National DPP lifestyle change program, and more coverage was achieved because of StEM.

"StEM went really well in Iowa. The partnerships that came out of it strengthened the planning committee for the annual diabetes prevention and management summit for what we do statewide and formed partnerships within the (Iowa Diabetes Prevention) [Action Plan](#), itself."

Strengthening partnerships

- Iowa engaged and strengthened relationships with approximately 53 new and/or former partners, including Amerigroup and AmeriHealth Iowa.

Increasing awareness and availability

- Iowa is conducting a multiyear National DPP awareness campaign geared toward medical professionals and waiting room patients and, in 2019, added messaging about diabetes self-management education and support services.
- Iowa's annual diabetes summit grew from 150 attendees in 2018 to approximately 215 attendees in 2019.
- Iowa conducted webinars on National DPP and screening, testing, and referral (STR). Additionally, providers and healthcare staff were educated on programming with a goal to increase STR.
- Iowa works closely with the Iowa Pharmacy Association (note that pharmacists are not considered healthcare providers in Iowa) to offer the lifestyle change program as a pharmacy service. The SHD provides technical assistance through site visits and education to develop and support two target-area pharmacies in becoming CDC-recognized lifestyle change programs and supporting enrollment of eligible persons. Pharmacies help to engage participants in completing the lifestyle change program.
- Using 1815¹⁸ funds, Iowa trained four lifestyle coaches to support the development of new National DPP lifestyle change programs.

¹⁷ Throughout this section, the terms "Iowa" and "state" refer to the Iowa Department of Public Health and its partners, collectively.

¹⁸ DP18-1815 (1815), Improving the Health of Americans through Prevention and Management of Diabetes and Heart Disease and Stroke, is a five-year, CDC-funded cooperative agreement that began in October 2018 and funds all 50 states and the District of Columbia to carry out work in the prevention and management of diabetes, heart disease, and stroke. For more information, please visit CDC's [1815 website](#).

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- Iowa enrolled more than 1,055 individuals in National DPP lifestyle change programs.
 - Of Iowa's 29 CDC-recognized organizations listed in the DPRP Registry, 18 achieved full recognition, two achieved preliminary recognition, and nine are pending. One of these recognized organizations offers online delivery of the lifestyle change program.
 - Iowa addresses the following priority populations: at-risk populations, Latino, and underserved/rural areas.

Making strides in coverage

- Iowa's state employee health plan is exploring the addition of the National DPP lifestyle change program as a benefit for all their covered lives.
- Iowa presented at the National DPP coverage toolkit workshop and engaged participants that included Iowa Pharmacy Association, Wellmark Blue Cross Blue Shield of Iowa, and Pella Corporation.

Innovating change

- Iowa's facebook group page for National DPP lifestyle change program coaches serves as an avenue for coaches and facilitators to talk, share information, and engage in best practices. This action fulfilled a priority identified at Iowa's StEM meeting to develop a statewide system for coaches to work collaboratively and meet state needs.
- Iowa incentivized policy for systems changes and developed a competitive application process for hospitals, health systems, and clinics. Awardees are tasked with changing the policy in their organizations to include screening, testing, and referrals of patients with prediabetes to National DPP lifestyle change programs.
- Iowa added a diabetes risk assessment widget to the SHD's [website](#).

LOUISIANA¹⁹

StEM Meeting: April 2017

State Points of Contact: Rebecca Guidroz

"The StEM (National DPP) Diabetes Prevention Action Plan was used to advance our partner networks, guide teachings and trainings, develop strategic goals as well as influence the structure of our Louisiana Obesity and Diabetes Collaborative."

Partnership growth

- Louisiana engaged and strengthened relationships with approximately 30 new and/or former partners. The Louisiana Obesity and Diabetes Collaborative was created to strengthen relationships and engage partners throughout the state. The National DPP action plan was used to influence the structure of the Collaborative, containing 382 people on the Listserv with an average of 70 people who attend quarterly Collaborative meetings.
- Through the Louisiana Obesity and Diabetes Collaborative, Merck and Novo Nordisk, two leaders in chronic disease and pharmaceutical research, provided resources and presentations on the prevention and management of diabetes and obesity.
- The National DPP action plan influenced the creation of three workgroups within the Louisiana Obesity and Diabetes Collaborative: 1) Access – Ensuring community clinical linkages are in place to improve overall access to diabetes and obesity resources; 2) Awareness/Education – Increasing awareness, education, and resources for the community to prevent and manage obesity and diabetes; and 3) Payer/Policy – Identifying realistic reforms to combat obesity and diabetes in Louisiana.

Focusing on awareness, availability, and priority populations

- By using the findings and summarizing outcomes and recommendations from diabetes focus groups in November/December 2019, Louisiana will develop a framework for messaging on prediabetes and type 2 diabetes targeting primarily the rural Black or African American population in regions 4 and 7 (Lafayette and Shreveport areas). A media campaign will take place in fall 2020.
- Louisiana educated 20 licensed healthcare providers and 80 non-licensed individuals, such as health coaches, about prediabetes and the National DPP lifestyle change program.

¹⁹ Throughout this section, the terms "Louisiana" and "state" refer to the Louisiana Department of Health and its partners, collectively.

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- Louisiana trained 37 lifestyle coaches, offered advanced skills training to 16 lifestyle coaches, and added four new National DPP sites as a result of 1815²⁰ efforts. [Well-Ahead](#), an initiative by the SHD designed to improve the health and wellness of Louisiana residents, partnered with the Diabetes Training and Technical Assistance Center at Emory University and [ECHO Institute](#), part of Project ECHO,²¹ to deliver advanced training for lifestyle coaches and will implement a lifestyle coach ECHO model™ training beginning in January 2021.
 - Louisiana added Federally Qualified Health Centers, community-based organizations, worksites, and faith-based organizations as CDC-recognized National DPP lifestyle change program sites. Four new organizations began delivering the National DPP in spring 2020.
 - Of Louisiana’s 13 CDC-recognized organizations listed in the DPRP Registry, three achieved full recognition, three achieved preliminary recognition, and seven are pending.
 - Louisiana recently conducted focus groups with the low income Black or African American population to gain insights on prediabetes and diabetes behaviors, attitudes, and beliefs. These insights will help guide programming and marketing efforts for the fall 2020 media campaign.
 - Women’s Hospital and Baton Rouge General gained approval from Medicare to become Medicare DPP suppliers.
 - Community resource coordinators were assigned to central and northern Louisiana to increase the number of programs and provide support for existing programs.

²⁰ DP18-1815 (1815), Improving the Health of Americans through Prevention and Management of Diabetes and Heart Disease and Stroke, is a five-year, CDC-funded cooperative agreement that began in October 2018 and funds all 50 states and the District of Columbia to carry out work in the prevention and management of diabetes, heart disease, and stroke. To learn more, visit CDC’s [website](#).

²¹ Part of Project ECHO (Extension for Community Healthcare Outcomes) at the University of New Mexico School of Medicine. Project ECHO is a: “collaborative model of medical education and care management that empowers clinicians everywhere to provide better care to more people, right where they live. The ECHO model™ does not actually ‘provide’ care to patients. Instead, it dramatically increases access to specialty treatment in rural and underserved areas by providing front-line clinicians with the knowledge and support they need to manage patients with complex conditions.” To learn more, visit [Project ECHO](#).

Working toward coverage and innovation

- Louisiana is participating in the NACDD’s National DPP Employer Learning Collaborative and is increasing capacity to engage employers on coverage of the National DPP lifestyle change program.
- Louisiana maintained communications with Omada Health and learned about coverage options in Louisiana for state employees.
- Louisiana is working on developing a platform to facilitate electronic, bidirectional referrals between local diabetes prevention programs and clinics. Well-Ahead partnered with YMCA of Greater New Orleans to implement bidirectional referrals from Ochsner facilities to the YMCA’s Diabetes Prevention Program.
- The WellSpot²² designation process provides wellness benchmarks for organizations offering evidence-based wellness programming. Benchmarks include: the promotion of self-assessment tools for prediabetes, referral to community resources for diabetes self-management education and support or National DPP for outpatient care, and the formation of connections with local organizations (like the YMCA) to host a National DPP lifestyle change program.
- Louisiana has 250,000 state employees who have coverage of the National DPP lifestyle change program available to them.
- Three employers and one commercial plan cover the National DPP lifestyle change program, including pilot programs.

²² “WellSpots are workplaces in Louisiana that voluntarily implement healthy changes (wellness benchmarks) in their environment to help their employees and community live well.” There currently are more than 2,500 WellSpots statewide. Places and organizations meeting wellness benchmarks are designated as a Level 1, 2 or 3 WellSpot. To learn more, visit [Well-Ahead Louisiana](#).

"The New Mexico StEM meeting was an excellent opportunity to bring stakeholders together to initiate a concerted, more coordinated effort to prevent diabetes in our state."

Growing partnerships and gaining strategic focus

- New Mexico engaged and strengthened relationships with approximately eight new and/or former partners
- The [New Mexico Diabetes Prevention Action Plan](#) focused on awareness, referrals, education and training, and access.

Improving quality and access for National DPP

- New Mexico is focusing on access centers to scale up the National DPP lifestyle change program by facilitating new programs and increasing availability. As programs are built, healthcare providers will refer to them.
- New Mexico is scaling National DPP primarily in health systems rather than through community-based approaches.
- Health systems, such as the Northern Navajo Medical Center near Shiprock on the Navajo Reservation, are successfully implementing National Diabetes lifestyle change programs.
- Of New Mexico's nine CDC-recognized organizations in the DPRP Registry, four achieved full recognition, one achieved preliminary recognition, and four are pending.²⁴ Four of the recognized organizations are in underserved areas of the state.

²³ Throughout this section, the terms "New Mexico" and "state" refer to the New Mexico Department of Health and its partners, collectively.

²⁴ Expansion of National DPP lifestyle change programs was supported by DP18-1815 (1815), Improving the Health of Americans through Prevention and Management of Diabetes and Heart Disease and Stroke. The project is a five-year, CDC-funded cooperative agreement that began in October 2018 and funds all 50 states and the District of Columbia to carry out work in the prevention and management of diabetes, heart disease, and stroke. For more information, visit CDC's [1815 website](#).

Increasing availability for priority populations through innovation

- New Mexico trained 30 lifestyle coaches and added 10 National DPP sites, 12 lifestyle change program classes, and one virtual provider that offers the National DPP lifestyle change program classes.²⁵
- New Mexico is implementing a National DPP lifestyle change program telehealth pilot with a Federally Qualified Health Center system in rural areas through El Centro Family Health. This health system partner has 11 clinics in northern New Mexico. Approximately 300-400 staff members cover the extensive northern frontier areas of New Mexico. Virtual platforms are used to deliver the National DPP lifestyle change program.
- Comagine Health is setting up a cohort in southern New Mexico that includes a Spanish-speaking class.
- New Mexico addresses the following priority populations: Native Americans, Hispanics, African Americans, and rural/frontier communities.

²⁵ Supported by 1815 funding.

NEW YORK²⁶

StEM Meeting: May 2016

State Point of Contact: Susan Millstein

"We were already off and running with our National DPP work, but the StEM Meeting really raised the visibility here."

Strengthening and growing partnerships

- New York engaged and strengthened relationships with approximately 65 new and/or former partners, including hospitals and community-based organizations. The StEM Meeting resulted in several new National DPP delivery partners including Federally Qualified Health Centers, managed care organizations, and YMCAs.

Scaling up the National DPP

- Of New York's 109 CDC-recognized organizations listed in the DPRP Registry that deliver evidence-based type 2 diabetes prevention programs with CDC-approved curricula, 46 achieved full recognition, 19 achieved preliminary recognition, and 44 are pending.
- New York enrolled more than 17,000 individuals in National DPP lifestyle change programs.
- New York trained more than 500 lifestyle coaches and added three classes for persons with physical disabilities.

Expanding access, awareness, and availability in priority populations

- New York translated the National DPP curriculum into seven languages and worked to increase accessibility in diverse populations.
- New York uses tailored communications to reach underserved populations at greatest risk. For example, New York works with Research Triangle Institute on a formative evaluation of what messaging is effective for reaching low income Black or African American and Hispanic males.

Coverage milestone achievements

- In April 2019, New York passed legislation to make the National DPP lifestyle change program a Medicaid covered benefit; Medicaid coverage went live in February 2020. Four million adult Medicaid subscribers in New York, across fee-for-service and managed care plans, have the National DPP lifestyle change program available as a covered benefit.

²⁶ Throughout this section, the terms "New York" and "state" refer to the New York State Department of Health and its partners, collectively.

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- Capital District Physicians' Health Plan, a managed care organization, covers the National DPP lifestyle change program for approximately 400 state employees. Sixteen employers and three commercial plans cover the National DPP lifestyle change program, including pilot programs.

IMPACT EXTRA

Western New York Integrated Care Collaborative is functioning like a third-party administrator by helping smaller community-based organizations with reimbursement.

The New York State Department of Health Disability and Health Program works in collaboration with a 1705-funded program to address populations with physical and other disabilities in independent living centers in Putnam, Fulton, Montgomery, and Greene counties.

"StEM was very impactful. It provided a platform to strengthen existing partnerships and to help develop new ones."

StEM grows partners and priorities

- Ohio engaged and strengthened relationships with approximately 228 new and/or former partners, including the Ohio State Medical Association and the United States Air Force.
- The StEM led to Buckeye Health Plan, a managed care organization, becoming interested in conducting a National DPP lifestyle change program pilot.
- Ohio is implementing National DPP priorities and activities that were proposed as part of StEM via 1815²⁸ funding.

Advancing diabetes awareness and availability

- At the StEM Meeting, the availability workgroup decided to establish National DPP sites in high-need areas. Since then, Ohio has successfully contracted with the Ohio University Diabetes Institute to expand the National DPP into rural areas of the state with no prior access.
- Multi-strategy media efforts included partnering with the Ad Council for print and web-based ads. Ohio reached an estimated 90,000 people through a media campaign with CBS Health Watch that showed Joan Lunden *Your Health* in healthcare provider offices.
- Ohio educated 15,000 licensed healthcare providers about prediabetes and the National DPP lifestyle change program, has created a [webpage](#) dedicated to diabetes prevention or the National DPP, and has launched a media campaign to promote the National DPP lifestyle change program.
- Of Ohio's 38 CDC-recognized organizations in the DPRP Registry, 25 achieved full recognition, five achieved preliminary recognition, and eight

²⁷ Throughout this section, the terms "Ohio" and "state" refer to the Ohio Department of Health and its partners, collectively.

²⁸ DP18-1815 (1815), Improving the Health of Americans through Prevention and Management of Diabetes and Heart Disease and Stroke, is a five-year, CDC-funded cooperative agreement that began in October 2018 and funds all 50 states and the District of Columbia to carry out work in the prevention and management of diabetes, heart disease, and stroke. For more information, visit CDC's [1815 website](#).

are pending. One organization offers distance delivery, and two organizations offer combination programs.

- Ohio's work has focused on raising awareness among healthcare team members, managed care plans, and Ohio Medicaid, and increasing availability within areas of the state with the highest need (e.g., urban cities and rural/Appalachia). Currently, Ohio's priority populations are based on 1815 work.

Leveraging Federally Qualified Health Centers (FQHC)

- Through 1815 funding, Ohio secured a contract with the Ohio Association of Community Health Centers to conduct an in-depth quality improvement project. The FQHC Quality Improvement Project focuses on six pathways, including prediabetes screening, testing, and referral, along with medication management. Toolkits and other resources are provided. The first cohort consisted of 11 FQHCs and started implementation in October 2019, with a second cohort beginning in Spring 2021. Collective efforts target nearly 50% of FQHCs in the state.

Growing coverage

- Through Ohio's third-party wellness vendor – Virgin Pulse, all State of Ohio employees have access to the National DPP lifestyle change program, free of charge, beginning July 2020. The Department of Administrative Services that oversees the State of Ohio Employee Health Plan attended the StEM Meeting and participated in the Day 2 Coverage workgroup.

Increasing enrollment in high-risk populations

- Through 1815 funding, the Ohio Department of Health provides funding to CDC-recognized National DPP lifestyle change programs to enroll high-burden populations. Since January 2019, 12 organizations have enrolled 179 individuals in the program.

IMPACT EXTRA

Diabetes action plan legislation was passed in 2016 requiring Ohio Department of Health, Ohio Department of Medicaid, Ohio Department of Administrative Services, and Ohio Commission on Minority Health to report every three years on the state landscape of diabetes, the efforts of state agencies to address the diabetes spectrum, and proposed recommendations to reduce the impact of diabetes.

OKLAHOMA²⁹

StEM Meeting: October 2016
State Point of Contact: Joyce Lopez

"DSMES providers became more familiar with the National DPP and a lot have gone on to develop programs. We think NACDD legitimized and gave credibility to the National DPP. We really appreciate the motivation that came out of the StEM. The partnerships that were created at that meeting have endured and the process helped us to become more organized and focused."

Partnerships work to expand National DPP

- Oklahoma engaged and strengthened relationships with approximately 150 new and/or former partners.
- Oklahoma established a strong partnership with the Association of Diabetes Care & Education Specialists Oklahoma City as result of StEM to increase availability of the National DPP lifestyle change program.
- A workgroup focusing on referrals grew out of StEM that now works toward increasing the National DPP and diabetes self-management education and support referrals and linkages to active programs.

Increasing availability of the National DPP lifestyle change program

- Of Oklahoma's 28 CDC-recognized organizations listed in the DPRP Registry, 17 achieved full recognition, two achieved preliminary recognition, and nine are pending. One recognized organization provides a combination program delivery, one provides distance delivery, and three are hosting or in an umbrella organization. Additionally, one recognized organization provides the National DPP lifestyle change program in underserved areas of the state.
- Five sites in Muscogee Creek Nation offer the National DPP lifestyle change program via telehealth. Best practices include use of the Telehealthy Living program with remote chats and field trips. The program has a 90% retention rate and yields the same weight loss as in-person classes.

Covering state employees' health through National DPP

- Oklahoma state employees are covered through various health plans for the National DPP lifestyle change program, including Health Choice, Global, and Blue Cross. By 2021, all insurers of state employees must cover the lifestyle change program as a benefit.

²⁹ Throughout this section, the terms "Oklahoma" and "state" refer to the Oklahoma State Department of Health and its partners, collectively.

PENNSYLVANIA³⁰

StEM Meeting held August 2017
State Point of Contact: Camelia Rivera

"The StEM process has strengthened our relationship and dialogue with the Pennsylvania Medical Society, the Office of Medical Assistance Programs, and the Bureau of Employee Benefits at the Office of Administration. It was a pivotal piece of growing these relationships."

Actively engaged stakeholder partners

- The SHD engaged and strengthened relationships with approximately 280 new and/or former partners, including the Pennsylvania Medical Society and Pennsylvania Pharmacists Association.
- As a result of StEM and related activities, the SHD improved/increased partnerships with organizations that include the Pennsylvania Medical Society and the National Nurse-Led Care Consortium.
- The SHD actively engages with a stakeholder network of more than 250 individuals and organizations to deliver the National DPP lifestyle change program across the state, promote awareness and referral by clinical teams. to increase enrollment, and to achieve private and public health coverage for this program.
- StEM and the National DPP action plan³¹ helped to grow new partnerships and address pillars in a combined Implementation Workgroup. Special focus was placed on rural areas to address this priority population. The goal was to decrease the new cases of diabetes among people with prediabetes and those at highest risk by increasing enrollment in CDC-recognized lifestyle change programs by five percent; this goal was met and exceeded.

Major growth in awareness and availability

- Under the awareness pillar of the National DPP Action Plan, clinicians were selected as the main audience and addressed with messages on the need for and benefits of screening and testing for prediabetes and making referrals to the National DPP.

Increasing availability

- Pennsylvania added 23 sites where the National DPP lifestyle change program now is available.

³⁰ Throughout this section, the terms "Pennsylvania" and "state" refer to the Pennsylvania Department of Health and its partners, collectively.

³¹ Currently available at [LiveHealthyPA](#) for registered users and soon available at [Pennsylvania Community-Clinical Integration Initiative](#).

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- Pennsylvania added 54 National DPP lifestyle change program classes, including nine classes for Spanish speakers and two classes for persons with mental and physical disabilities, including visual impairments.
 - Pennsylvania trained approximately 220 lifestyle coaches.
 - Of Pennsylvania's 92 CDC-recognized organizations listed in the DPRP Registry, 32 achieved full recognition, 11 achieved preliminary recognition, and 49 are pending. Twenty-five of the recognized organizations offer the National DPP lifestyle change program in underserved areas of the state.
 - The SHD and Health Promotion Council (HPC) integrated National DPP resources into a centralized [LiveHealthyPA website](#) and utilized a lifestyle coach community platform.

Gains in screening, testing, referral, and enrollment

- Pennsylvania has 43 organizations that reported screening for prediabetes using paper or electronic risk tests and 17 organizations that reported referring to National DPP lifestyle change programs.
- In January 2018, Pennsylvania Department of Human Services launched a pilot requiring all managed care organizations (MCO) in the state to provide a diabetes prevention offering to their Medicaid enrollees. Effective July 2019, National DPP providers can enroll in Medicaid as network providers. Effective January 2020, all of Pennsylvania's MCOs are required to refer eligible members to CDC-recognized organizations. Six CDC-recognized organizations have enrolled as Medicaid providers.
- Conemaugh Health System provides virtual delivery to its employees through support from NACDD's Scaling the National DPP in Underserved Areas project (1705),³² led by HPC as the Pennsylvania lead organization. With logistical support from the Clinical Support Manager, Marketing Department, and internal Health and Wellness Coordinator, more than 200 employees have enrolled in virtual classes offered by HOPE 80/20. In 2019, Conemaugh Health System formalized offering the National DPP as a wellness benefit for employees. In 2020, there are plans to expand virtual classes for employees to additional hospitals in the network.

³² DP17-1705 (1705), Scaling the National Diabetes Prevention Program in Underserved Areas, is a five-year, CDC-funded cooperative agreement that began in September 2017 and funds 10 national organizations with affiliate program delivery sites in at least three states to deliver the National DPP lifestyle change program in underserved areas and to enroll both general and priority populations in new or existing CDC-recognized organizations. For more information, visit CDC's [1705 website](#).

Successfully meeting coverage milestones

- Pennsylvania achieved state public employee coverage for the National DPP in January 2020. Prior to coverage, the Pennsylvania Employee Benefits Trust Fund conducted two pilots for state employees in collaboration with Harrisburg Area YMCA.
- Pennsylvania has 166,946 state employees (and 104,826 retirees and dependents) who have coverage of the National DPP lifestyle change program available to them. Additionally, two commercial plans cover the lifestyle change program (3 million covered lives).
- Nine Medicaid plans (managed care only) cover the National DPP lifestyle change program through a pilot as of January 2018 (potential for 1.2 million covered adult lives). Full Medicaid coverage of the National DPP lifestyle change program is pending state plan amendment completion.

Addressing priority populations and sustainability

- Pennsylvania addresses the following priority populations: rural population, Medicare and Medicaid beneficiaries, noninstitutionalized people with visual impairments or physical disabilities, African Americans, and Hispanics.

IMPACT EXTRA

Four virtual providers are offering classes. Pennsylvania is working to make National DPP lifestyle change program classes available through ProVention Health Foundation's online platform [HALT Diabetes](#) (Health And Lifestyle Training) that will allow an increased number of DPP suppliers in the state to deliver National DPP virtually.

Health Promotion Council is one of three current national CDC Umbrella Hub Organizations participating in a demonstration pilot with funding through NACDD. A key outcome of the pilot is a payment model built on claims reimbursement for program delivery.

TENNESSEE³³

StEM Meeting: March 2018
State Point of Contact: Lisa Kocak

"The StEM Meetings were well attended and led to the development of regional coalitions with each identifying their own priorities, the development of regional action plans, and ongoing partner discussions to fulfill goals of the National DPP."

Reinvigorating partners and stakeholders to expand the National DPP

- Tennessee engaged and strengthened relationships with approximately 40 new and/or former partners, including the Rural Health Association, the University of Tennessee (UT) Dental Hygiene Program, and UT Extension agents.
- When work on the National DPP action plan and subcommittees waned, the group reconvened in June 2019 and divided the state into three Grand Divisions (west, middle, and east regions), reinvigorating and refocusing discussions. The Diabetes Training and Technical Assistance Center at Emory University, along with StEM technical assistance and support, helped facilitate the development of separate action plans for each region. Each region has monthly meetings focusing on priorities and activities to achieve goals. Chair and Co-chair meetings ensure all regions are aware of and can support one another's efforts. A virtual Annual StEM Meeting was held in June 2020 and entitled "From Adversity to Opportunity: Silver Linings of COVID-19 for Diabetes Prevention in Tennessee."
- West region is raising individual awareness and presenting the business case to healthcare providers. Within West region, Shelby County is coordinating a Peer-to-Peer Diabetes/DPP Professional Education Conference. West region is also working to expand the number of lifestyle coaches in the state by training non-traditional providers as lifestyle coaches and building capacity to screen, test, and refer for prediabetes.
- Middle region is focused on availability and referrals. A short survey was sent out in May 2020 to Tennessee diabetes prevention programs regarding telehealth and barriers and opportunities related to virtual delivery of the National DPP. The Middle region disseminated online information and resources to assist Tennessee diabetes prevention programs in August.
- East region is focused on presenting the National DPP business case to healthcare providers. A one-page flyer was developed for providers to

³³ Throughout this section, the terms "Tennessee" and "state" refer to the Tennessee Department of Health and its partners, collectively.

promote the National DPP and will be distributed in summer 2020. Contact information will be provided for primary care providers that includes pharmacists and registered dietitians. Additionally, an increasing number of UT Extension agents are interested training as lifestyle change program coaches. Furthermore, the East region is working to increase promotion and marketing of virtual delivery of the National DPP.

Counties working hard to expand DPP offerings

- Shelby County will be starting a National DPP lifestyle change program and making it available to county employees.
- Bradley County, one of the state's rural counties, will be receiving coach training in 2020 and plans to offer the National DPP to the community. Sevier County and Washington County also are receiving lifestyle change program coach training.
- Knox County (metro) is working to offer online National DPP lifestyle change program options.
- Sullivan County is partnering with a YMCA offering the National DPP lifestyle change program.

Increasing availability

- Of Tennessee's 25 CDC-recognized organizations in the DPRP Registry, 11 achieved full recognition, three achieved preliminary recognition, and 11 are pending.
- Tennessee trained 115 lifestyle coaches. In collaboration with the Diabetes Training and Technical Assistance Center at Emory University, Tennessee held training webinars to address lifestyle coach concerns, including "Language Traps in Lifestyle Coaching," "Delivering the LCP in Rural and Frontier Communities," and "The Dollar Store and DPP."
- Three virtual providers offer the National DPP lifestyle change classes.
- Tennessee addresses populations in rural areas.

Expanding coverage

- In 2018, Cigna and Blue Cross Blue Shield of Tennessee began covering the National DPP lifestyle change program for state public employees.
- Tennessee has 281,000 state employees that have the National DPP lifestyle change program available to them. Twenty-three employers cover the National DPP lifestyle change program, including pilot programs.

WASHINGTON³⁴ StEM Meeting: June 2016 State Point of Contact: Alexandro Pow Sang

"StEM provided a pathway to engage our partners and other communities and/or organizations to increase awareness and focus on diabetes prevention. Access to the tools provided by NACDD were helpful and supportive in facilitating communication and collaborative actions."

Engaging partners

- Washington engaged or re-engaged nearly 40 new and/or former partners, including Washington State University (WSU), Washington State Pharmacy Association, YMCA, Novo Nordisk, Empire Health, and Hope Heart Institute.

Expanding focus and awareness for prediabetes

- The Diabetes Network Leadership Team,³⁵ a broad and diverse membership, expanded its focus from diabetes management to include diabetes prevention following the StEM meeting. This group also examined diabetes disparities and state agency actions to address diabetes.
- A statewide communications plan highlights National DPP use and increases public awareness for National Diabetes Month and [World Diabetes Day](#). Campaign efforts use social media to share messages on diabetes risks and getting tested and to promote public announcements through the SHD. The SHD partnered with statewide wellness coordinators to implement efforts related to diabetes awareness (e.g., glucose testing day and webinars).
- Washington provides prediabetes awareness communications, training, and resources to support community health workers (CHW). Washington has a long-standing network of CHWs and hosts an annual training of CHWs on topics that include prediabetes and diabetes.

Growing availability

- Of Washington's 25 CDC-recognized organizations listed in the DPRP Registry, 15 achieved full recognition, six achieved preliminary recognition, and four are pending. Of these recognized organizations, one offers distance delivery and two offer online delivery.
- Washington trained 36 lifestyle coaches through work done by WSU Extension and added three National DPP sites.

³⁴ Throughout this section, the terms "Washington" and "state" refer to the Washington State Department of Health and its partners, collectively.

³⁵ Now known as the Cardiovascular Diabetes Network Leadership Team.

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- Washington addresses the following priority populations: Medicare, Medicaid, and underinsured/uninsured people.

Making strides with National DPP referrals and training

- StEM led to increased referrals, a [clinical practice and referral algorithm tool](#) for use in persons with prediabetes and type 2 diabetes, and the provision of a health officer letter in support of referrals.
- In collaboration with YMCAs and CDC, pilot programs are underway with the goals of expanding bidirectional referrals and increasing communication efforts between community-based organizations and health centers through the health information exchange system.
- Washington is actively working to remove barriers for referrals and billing. This work is based upon the efforts of a physician champion in the Providence Health System and has resulted in providers who previously did not refer any patients to now referring as many as six patients per day. StEM helped bring diabetes prevention to the forefront with partners like these. The goal is to replicate this work across the state.
- Washington continues to have a long-standing partnership with YMCAs and WSU Extension. YMCAs continue to work on implementing bidirectional referrals through partnerships with health systems, while WSU Extension serves as National DPP trainers and supports an increase in DPP providers across the state systems.

Moving forward on National DPP coverage

- Washington launched conversations around the National DPP lifestyle change program as a covered benefit for Medicaid recipients. Washington actively is working toward the inclusion of the lifestyle change program as a Medicaid covered benefit.
- The National DPP lifestyle change program is a covered benefit for Washington's 423,240 state employees.
- The Public Employees Benefits Board added online access to the National DPP lifestyle change program through Omada Health. In January 2019, coverage for the program transitioned from in-person to online to expand reach. This allowed state employees in rural communities without local providers to receive the benefit.

IMPACT EXTRA

In 2016,
National DPP
state and public
employee
coverage was
achieved.

WEST VIRGINIA ³⁶

StEM Meeting: October 2014
State Point of Contact: Jessica Wright

"StEM has been really helpful bringing in subject matter experts, and having CDC there added a lot of legitimacy for our participants. The step-wise process helped us prepare our capacity to forward many key initiative steps."

Advancing partnerships and planning

- West Virginia engaged and strengthened relationships with 40 partners, including West Virginia Academy of Family Physicians, Boone Memorial Hospital, West Virginia University Medicine, Potomac Valley Hospital Diabetes Center, and New River Health Association, increasing the number of National DPP lifestyle change program locations in West Virginia.
- West Virginia completed a National DPP action plan and integrated it into CDC-funded workplans.

Increasing National DPP delivery and participation

- In 2017, West Virginia listed 11 recognized National DPP sites. Of West Virginia's 15 CDC-recognized organizations listed in the DPRP Registry in 2020, eight achieved full recognition, three achieved preliminary recognition, and four have pending recognition. At least two additional organizations are piloting National DPP efforts to become recognized.
- West Virginia addresses areas of the state with a high diabetes burden and those with gaps in National DPP lifestyle change program offerings by targeting 14 counties in southern West Virginia. These are the most rural areas of the state with the highest prevalence of diabetes. West Virginia works with partners to facilitate priority population care through Medicaid managed care options through the West Virginia Medicaid Diabetes Health Home.
- Aetna is partnering with two health systems in West Virginia to screen individuals for prediabetes with the goal of increasing enrollment into the National DPP lifestyle change program.
- The West Virginia Bureau for Public Health, Division of Health Promotion and Chronic Disease (Bureau) has supported the creation and delivery of ongoing National DPP trainings. Additionally, the Bureau has created mini-grant application opportunities for clinic and community partners to receive support in implementing the National DPP.

³⁶ Throughout this section, the terms "West Virginia" and "state" refer to the West Virginia Department of Health and Human Resources and its partners, collectively.

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- West Virginia offers virtual/telehealth based National DPP delivery.

Making strides in screening, testing, and referral

- West Virginia has 30 local health departments that implemented prediabetes screening through paper or electronic risk tests. Some health departments started referring to National DPP lifestyle change programs.

Using technology to facilitate National DPP work

- The Bureau and the West Virginia University Office of Health Services Research led the development of West Virginia Health Connection. This initiative addresses the long-standing challenge in best connecting healthcare providers with local National DPP lifestyle change programs. Using secure, online Workshop Wizard software, [West Virginia Health Connection](#) links community members and patients in need of diabetes prevention to those services and ensures that results from diabetes programming are channeled-back to the referring providers.
- Electronic health records are assisting implementation efforts of the National DPP lifestyle change program through identification of target patient populations and in-patient navigation for those who have been referred to programs.

Working toward coverage

- West Virginia is working through a Medicaid waiver to establish programs for health home patients that have a risk of prediabetes/diabetes and have anxiety and depression. Care includes referrals and case management.
- Public Employee Insurance Agency held an "Obesity Summit" to explore coverage for obesity and an overview of the National DPP was presented. Regional care coordination nurses expressed support.
- Charleston Area Medical Center is offering the National DPP lifestyle change program to its employees through a wellness benefit program.
- The Bureau is pursuing National DPP lifestyle change program coverage by other payors in the state.
- In June 2020, West Virginia completed a National Diabetes Prevention return-on-investment analysis.
- One commercial plan covers the National DPP lifestyle change program.
- Boone Memorial Hospital is expanding its National DPP lifestyle change program offerings.

"The two places where the StEM has been most impactful is our work with the health systems on provider education and referral processes, and our work with Wisconsin's regional insurers."

Expanding partnerships

- Wisconsin engaged and strengthened relationships with approximately 40 new and/or former partners.

Building awareness across health systems and employers

- Wisconsin raised provider awareness and education for 15 participating health systems.
- Wisconsin raised awareness in seven participating member organizations representing physicians, nurses, dietitians, pharmacists, and community health centers, creating a supportive environment for National DPP action plan implementation.
- Wisconsin created Department of Health Services webpages dedicated to diabetes prevention or the National DPP, and launched print, radio, social media, and other media campaigns to promote the National DPP lifestyle change program.
- Wisconsin participates in the National DPP Employer Learning Collaborative.

Increasing availability through telehealth and key partnerships

- Wisconsin contracts³⁸ with Marshfield Clinic Health System, Cumberland Healthcare, and YMCA of the Chippewa Valley to pilot innovative work around National DPP lifestyle change program infrastructure building,

³⁷ Throughout this section, the terms "Wisconsin" and "state" refer to the Wisconsin Department of Health Services and its partners, collectively.

³⁸ Through 1815 and/or 1817 cooperative agreements. DP18-1815 (1815), Improving the Health of Americans through Prevention and Management of Diabetes and Heart Disease and Stroke, is a five-year, CDC-funded cooperative agreement that began in October 2018 and funds all 50 states and the District of Columbia to carry out work in the prevention and management of diabetes, heart disease, and stroke. For more information, visit CDC's [website](#). DP18-1817 (1817), Innovative State and Local Public Health Strategies to Prevent and Manage Diabetes, Heart Disease, and Stroke, is a five-year, CDC-funded cooperative agreement that began in October 2018 and funds 21 State Health Departments, large city and county health departments, and a consortia of city and county health departments to increase the reach and effectiveness of evidence-based public health strategies in populations and communities with a high burden of diabetes, heart disease, and stroke. For more information, visit CDC's [website](#).

including screening, testing, and referral initiatives and distance learning delivery.

- Of the 36 CDC-recognized organizations listed in the DPRP Registry, 18 achieved full recognition, five achieved preliminary recognition, and 13 are pending. Recognized organizations offer the National DPP lifestyle change program at 62 in-person sites. Four of the recognized organizations offer the program via distance learning, and three are Medicare DPP suppliers.

Enhancing lifestyle coach skills and communication

- Wisconsin trained 345 lifestyle coaches over the past eight years, growing from four to six the number of trainings hosted per year since the StEM Meeting.
- The Wisconsin Department of Health Services developed and continues to maintain a master list of lifestyle coaches, allowing for communication about advanced training opportunities and other topics of interest.
- Wisconsin created a private group, Badgerland Coaches, within the Diabetes Training and Technical Assistance Center at Emory University's Common Ground online lifestyle coach community to facilitate discussion, resource sharing, and support among Wisconsin's lifestyle coaches. There are 134 lifestyle coaches participating in the private group.
- Wisconsin is hosting two Lifestyle Coach Communities of Practice (CoP) each year. These CoPs include a webinar on a topic of interest identified by the lifestyle coaches, followed by peer discussions. One hundred three unique lifestyle coaches have participated in these advanced training opportunities.

Screening, testing, and referral (STR) efforts underway to increase physician participation

- Two health systems now use electronic referral procedures.
- Wisconsin works with the American Medical Association (AMA) to engage the state's 10 largest health systems (based on number of annual primary care visits) to build provider awareness and STR procedures. They provide support for four health systems and are working to engage two additional health systems, with a goal to work with all 10 of the largest health systems.
- Wisconsin hosted a StEM Outcomes Summit that featured partners working with the AMA sharing methods to build provider awareness and STR

procedures. The event was attended by 50 partners (24 who had attended the StEM Meeting) representing 31 organizations.

- Wisconsin worked with partner organizations to provide webinars with continuing medical education offerings to attract more physician and health professional association interest.

Coverage increases through insurer partnerships and pilots

- Wisconsin started a National DPP Insurer community of practice to work toward coverage with five participating insurers: Arise Health Plan, Network Health Plan, NeuGen, Security Health Plan, and Quartz. Insurers have learned the basics of the National DPP lifestyle change program and have explored different delivery modes through presentations by Omada Health and North Carolina State University's Eat Smart, Move More, Prevent Diabetes.
- Insurers are exploring the development of a supplier-payer network to reduce the administrative burden of contracting with individual National DPP providers with the goal of securing coverage for all Wisconsin adults.
- Network Health Plan will begin a state employee pilot program in fall 2020, following a delay due to the 2020 public health emergency.
- Organizations covering the National DPP lifestyle change program include 72 employers (134,007 covered lives), two commercial plans (185,809 covered lives), and one Medicaid plan (82,467 covered lives).

Expanding National DPP availability to unique populations

- Wisconsin addresses the following priority populations: tribal, rural, low socio-economic status, and the prison population.
- Wisconsin is the only state in the nation with established National DPP lifestyle change programs in the state prison system. The Wisconsin Department of Corrections achieved CDC full-recognition status. Data from this successful partnership shows positive effects on participating inmates as well as a boost in employee morale for staff that serve as lifestyle coaches.

WYOMING³⁹

StEM Meeting: May 2019

State Point of Contact: Audrianna Marzette

"Our relationship with Medicaid has blossomed. We're actually working together on other projects now – it started with StEM. In addition, our state employee benefits decision maker and the insurer attended the StEM meeting. It was an ice breaker. We were able to submit to them a business case for offering the National DPP to state employees after StEM."

Workgroups stay engaged

- Wyoming engaged and strengthened relationships with approximately 24 new and/or former partners, including Optum and the State of Wyoming Employees' Group Insurance.
- StEM was "very successful" and led to later workgroup meetings about state employee health coverage and making the business case for coverage of the National DPP.

Expanding availability and targeting priority populations

- Wyoming is working to expand the infrastructure and reach of CDC-recognized organizations in six rural, underserved counties (Laramie, Carbon, Big Horn, Fremont, Hot Springs, and Washakie). Efforts will focus on reaching priority populations and specifically engaging Medicaid and Medicare beneficiaries, American Indian, and Latino individuals.
- The SHD trained more than 50 healthcare professionals and five non-licensed individuals, such as community health representatives, about prediabetes and the National DPP.
- The SHD trained 40 lifestyle change program coaches and added 11 National DPP lifestyle change program sites and seven National DPP lifestyle change program classes. Each site has an active cohort.
- Three National DPP sites offer the lifestyle change program via distance learning and telephone (Facebook Live and basic cell phone).
- Of Wyoming's 11 CDC-recognized organizations listed in the DPRP Registry, two achieved full recognition and nine are pending. One of the recognized organizations has Medicare DPP supplier status and two offer combination program delivery. Five of the recognized organizations provide the National DPP lifestyle change program in underserved areas of the state.

³⁹ Throughout this section, the terms "Wyoming" and "state" refer to the Wyoming Department of Health and its partners, collectively.

Expanding screening, testing, and referral

- Optum (WYhealth⁴⁰) conducts site visits with providers to explore their capacity for referrals using electronic health records.
- The SHD is talking with hospital C-suite administrators to increase awareness of National DPP lifestyle change program sites and discuss return-on-investment and referrals.
- Twelve organizations started screening for prediabetes using paper or electronic risk tests, six organizations started testing for prediabetes using a blood test, and eight organizations started referring to National DPP lifestyle change programs.

IMPACT EXTRA
Wyoming's work addresses tribal, rural, and low SES populations, in addition to the Eastern Shoshone and Northern Arapaho tribes and Spanish-speaking communities in Cheyenne and Powell.

Major coverage successes achieved

- In January 2020, achieved National DPP state public employee coverage for 37,361 state employees. Cigna contracted with Omada Health to provide state employee National DPP coverage in a pay-for-performance style arrangement. Omada's target rate for state employees was 79%; Wyoming has an enrollment rate of 86.8% with 776 state employees enrolled. The SHD covers the National DPP lifestyle change program for state employees that are not Cigna members.
- In January 2020, started Medicaid coverage of a pilot program allowing dietitians to bill for reimbursement of the National DPP lifestyle change program. Medicaid dollars being put toward performance incentives for National DPP and diabetes self-management education and support. There are 22,462 unique Medicaid members aged 19 years or older that have the National DPP lifestyle change program benefit available.
- Based on performance and achievement of individual goals, the SHD's PreventT2 Incentive Plan offers eligible DPP participants an opportunity to earn program support to remove barriers to participation, address social determinants of health, and increase healthy eating and physical activity.
- Two employers cover the National DPP lifestyle change program.

⁴⁰ WYhealth is a Medicaid program that provides care management to Medicaid clients.

New Opportunities in Diabetes Prevention

Finding Inspiration in State Achievements

This Collective Impact in Action report details many significant milestones and successes states have made in advancing diabetes prevention through the NACDD/CDC State Engagement Model (StEM). As states continue to build on this foundation, the work of other StEM states featured in this report may provide inspiration and best practices for scaling and sustaining the National Diabetes Prevention Program (National DPP).

State Health Departments (SHD) developed strong partnerships at the local, state, and national levels that led to increases in awareness and availability through media and education campaigns, developing program champions, and increasing the number of lifestyle change programs offerings and coaches. Innovations, such as bidirectional referral systems, offer enhanced prediabetes screening, testing, and referral (STR) opportunities that lead to increased enrollment. Some states achieved state employee coverage, employer coverage, or Medicaid coverage of the National DPP lifestyle change program. Other states looked toward long-term sustainability through value-based payment structures, incentives, extensive partnership networks, and the creation of umbrella organizations.

From Great Challenge Comes Great Opportunity

While the 2020 public health emergency creates many challenges, it also presents great opportunities to help people with prediabetes and diabetes. Diabetes is associated with increased severity of illness and mortality with COVID-19. Perhaps now more than ever, states can raise awareness of the importance of type 2 diabetes prevention and self-management. New opportunities for the use of telehealth and remote delivery of the National DPP lifestyle change program allow for increased access and availability to priority populations and underserved areas. States also can explore recent policy changes and waivers that allow expanded coverage of National DPP initiatives.

The pandemic also highlighted the disparate impact of COVID-19 and the associated risk factor of diabetes on people of racial and ethnic minority groups, many of whom have experienced prolonged and systemic health and social inequities. States have the opportunity to renew efforts to address social determinants of health when implementing diabetes action plan efforts, particularly across awareness and availability.

Our Work Continues

The NACDD/CDC StEM continues to provide states support through changing times and needs. StEM states may be able to participate in new offerings supported by NACDD. These include employer learning collaborative cohorts and tailored intensive support through the LEAP (Learn. Explore. Activate. Problem-solve.) series. LEAP provides interactive online workshops and state best-practice sharing on partnerships, umbrella organizations, employer learning and engagement, STR, and how to renew and refresh National DPP efforts.

NACDD will actively continue to support SHD efforts to scale and sustain the National DPP at the local, state, and national levels by facilitating states' progress on their action plans and goals, disseminating best practices, compiling state-level findings, and providing technical assistance to state leaders. NACDD also will support new states in applying the State Engagement Model. As the StEM evolves, NACDD will continue to assist states in engaging key partners and connecting to valuable resources.

CDC will remain a leading force across the United States in scaling and sustaining the National DPP. Through the development and dissemination of tools and resources, program standards and policies, and stakeholder solutions, CDC continues to provide an indispensable foundation and support for all National DPP efforts. CDC's priorities include: strengthening state partner engagement, increasing referrals toward enrollment, increasing coverage, supporting technology and innovation, enhancing state and partner infrastructure toward sustainability, and addressing social determinants of health that lead to diabetes.

By working together and identifying key opportunities for diabetes prevention during this unprecedented time, SHDs, NACDD, CDC, and state, local, and national partners will maximize collective impact and further expand the reach of the National Diabetes Prevention Program.

Acknowledgements

The National Association of Chronic Disease Directors (NACDD) acknowledges:

- **Our Members** serving in **State Health Departments** for their tireless efforts to prevent type 2 diabetes by promoting and expanding the National Diabetes Prevention Program (DPP). Since 2012, 43 states have worked with us to implement and refine the NACDD/Centers for Disease Control and Prevention (CDC) State Engagement Model (StEM). Thank you to our Members for their hard work toward maximizing our collective impact through new and strengthened partnership engagement. Our Members' continued passion, trust, and cooperation in our collaboration has allowed us to better support their great work in scaling and sustaining the National DPP.
- **Local, state, and national partners** who have championed and supported the National DPP through promotion, patient referral, coverage, and offering the program in their respective communities, health systems, and worksites. These partners also have joined forces through StEM and other opportunities to achieve a collective impact.
- **CDC's Division of Diabetes Translation** for its ongoing leadership, guidance, and support for collective action across the United States to prevent type 2 diabetes through a continued investment in expanding the National DPP. We are grateful for CDC's expertise and collaboration in the development and successful implementation of the NACDD/CDC StEM and their continued support for NACDD and its state Members.
- Our strategic national partners — the **Association of Diabetes Care & Education Specialists**, the **American Medical Association**, and **Leavitt Partners** — for their continued expertise, resources, and dedication to the successful implementation and growth of the NACDD/CDC StEM.
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