

**DIABETES PREVENTION**  
**SCALING AND SUSTAINING**  
**COMMUNITY BASED PROGRAMS**

*2015 Prediabetes and Oral Health Conference*  
June 26, 2015  
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National Association of Chronic Disease Directors



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**National Association of Chronic Disease Directors**

- National public health association
- Provides a national forum for chronic disease prevention and control efforts
- Founded in 1988
- Headquartered in Atlanta, GA
- 6,000+ members



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**Today's Agenda**

- The Problem
- Overview of the National DPP
  - National level efforts
  - State level efforts
- Establishing with Diabetes Prevention Programs
  - Screening/Testing/Referring
  - Incorporating prevention messages
- Discussion



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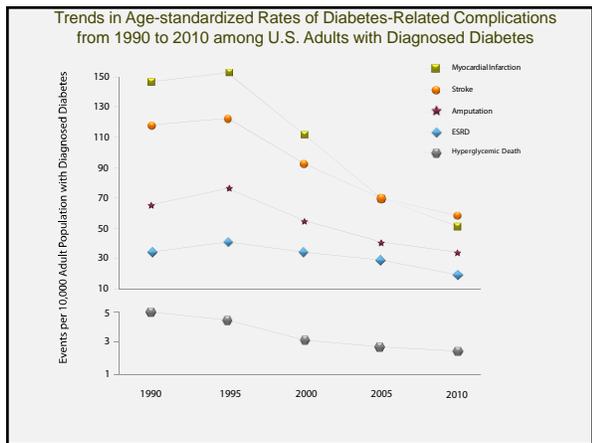
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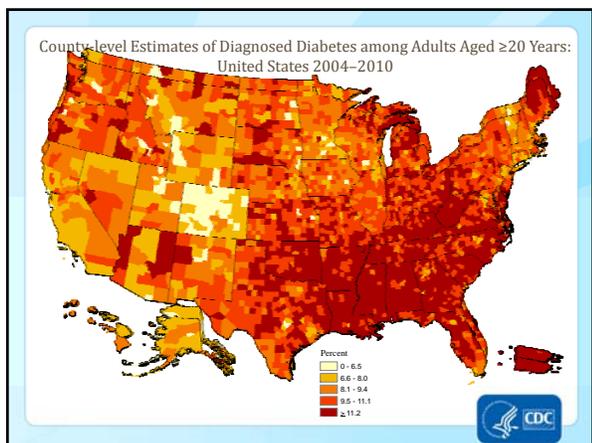
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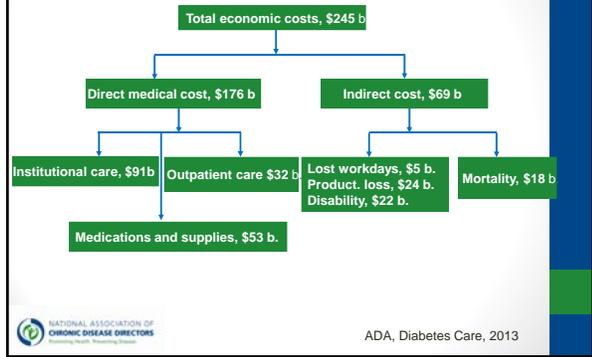
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### Economic Cost of Diabetes in US, 2012




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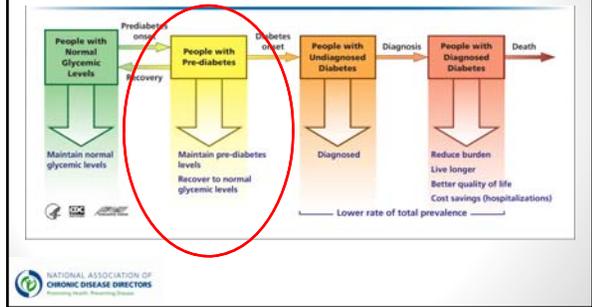
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### Diabetes Prevention Population of Focus




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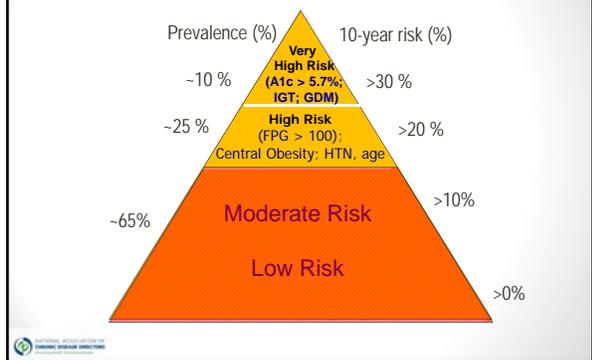
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### Risk Stratification Pyramid for Diabetes Prevention




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## At Risk and Prediabetes

- Obesity
  - About 2/3 of all populations are overweight or obese
- Prediabetes
  - About 37% of adults (86 million or 1 in 3)
  - Approximately 10% are aware



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## Overview National Diabetes Prevention Program



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## Evidence for the National DPP

DPP Research Study: Can type 2 diabetes be prevented/delayed through a lifestyle intervention or metformin in people with impaired glucose tolerance?

- Lifestyle goal 7% weight loss and 150 min PA/wk
- Lifestyle group **reduced risk of type 2 diabetes by 58%** (71% in those over age 60), true for all participating ethnic groups and for both men and women
- Metformin reduced diabetes risk by 31%
- 10-year f/u incidence of diabetes was reduced by 34% in lifestyle group and 18% in those taking metformin
- Translational studies demonstrate trained lay health workers are as effective in delivering the lifestyle change program as health professionals



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## Cost Effectiveness

- National DPP is 1/3 of the cost of DPP research study and demonstrates similar lifestyle change results
- Diabetes prevention lifestyle change programs have been shown to be cost effective and can be cost saving
- Influenced by target population, delivery format and personnel, time horizon
- Some modeled data from an insurer has shown a three year cumulative ROI of 3:1 when using a pay-for-performance approach




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## National effort to bring diabetes prevention lifestyle programs to communities

**REDUCING THE IMPACT OF DIABETES**

It brings together:

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

to achieve a greater combined impact on reducing type 2 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

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## Components of the National DPP

### National Diabetes Prevention Program COMPONENTS

<p><b>Training: Increase Workforce</b></p> <p>Train the workforce that can implement the program cost effectively.</p>	<p><b>Recognition Program: Assure Quality</b></p> <p>Implement a recognition program that will:</p> <ul style="list-style-type: none"> <li>• Assure quality.</li> <li>• Lead to reimbursement.</li> <li>• Allow CDC to develop a program registry.</li> </ul>	<p><b>Intervention Sites: Deliver Program</b></p> <p>Develop intervention sites that will build infrastructure and provide the program.</p>	<p><b>Health Marketing: Support Program Uptake</b></p> <p>Increase referrals to and use of the prevention program.</p>
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## Increase Workforce

- Trained lifestyle coaches attached to delivery organization
- Lay coaches and health professional coaches can both effectively deliver the program
- Use organizations that train to a CDC-approved curriculum
- > 6000 coaches trained

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## Quality Assurance: CDC Recognition

- Assure program quality and fidelity to scientific evidence
- Maintain a registry of recognized organizations
- Provide technical assistance to programs to assist staff in delivery and problem-solving to achieve and maintain recognition
- > 620 sites in recognition program

[www.cdc.gov/diabetes/prevention/recognition](http://www.cdc.gov/diabetes/prevention/recognition)



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## Delivering the Program

- Link health care and community sectors
- Effective business model for program scalability and sustainability
- Programs in 50 states and DC to date – need many more
- Programs being delivered in-person and through virtual technology
  - Recognition of organizations offering program via technology began with revised program standards in 2/15



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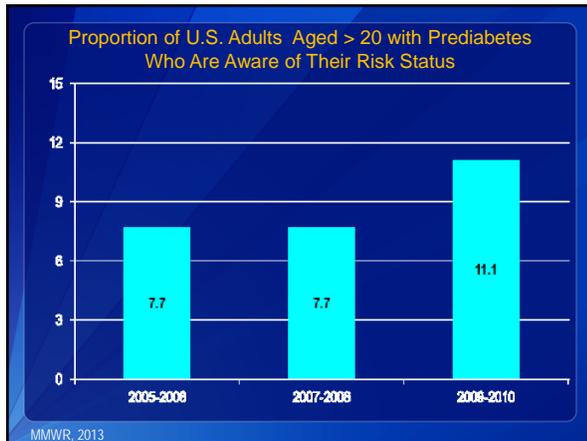
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## Support Program Uptake

- 89% with no diagnosis and no symptoms requires aggressive awareness and testing efforts
- Engage multiple channels: health care providers, employers, insurers and directly to consumers

NATIONAL ASSOCIATION OF CHRONIC DISEASE DIRECTORS  
Promoting Health, Preventing Disease

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# Prevent Diabetes STAT

Screen, Test, Act, Today™

- The AMA and CDC have launched a multi-year initiative as part of the National DPP to reach more Americans with prediabetes, utilizing their collective muscle to offer the tools, resources, and training needed to bridge the gap between the clinical setting and communities to achieve a healthier nation.
- The AMA and CDC are urging stakeholders to join them in this critical effort to *Prevent Diabetes STAT*.




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# Goals of Prevent Diabetes STAT

- Raise awareness about prediabetes
- Communicate a sense of urgency
- Increase screening, testing, and referrals to CDC-recognized diabetes prevention programs
- Rally front-line healthcare providers, community organizations, public health professionals, health systems, employers, insurers, the public, and others to ACT today




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# Prevent Diabetes STAT

Dedicated website for stakeholders

[www.preventdiabetesstat.org](http://www.preventdiabetesstat.org)




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## State Level Efforts

- Promote awareness about prediabetes (communications and marketing)
  - General public
  - Health Care Providers
  - Employers/Payers
- Increase referrals and use of CDC recognized lifestyle change programs
- Reimbursement of CDC recognized lifestyle change programs
  - Public Payers
  - Private Payers
- Ensure availability (infrastructure) of CDC recognized lifestyle change programs

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## Screening is the Entry Point to Prevention

- Approximately 86 million (37%) with prediabetes and 8.1 million (28%) with undiagnosed diabetes
- If we don't screen, you won't find them...
- If you don't find them, you can't:

Treat the undiagnosed

Intervene with those who have prediabetes



To prevent complications



To prevent diabetes



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## A Victory for Patients New USPSTF Screening Guideline

*Experts say: Screen for prediabetes and type 2 diabetes in adults who are at risk*

### 2008 USPSTF risk factors

High blood pressure

### 2014 USPSTF risk factors

45+

Overweight/obese

Family history

GDM or PCOS

Ethnic/racial minority



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## Benefits of New USPSTF Screening Guideline

- Millions more will get screened.
- Health plans must cover cost of screening test with no co-pay; Medicaid plans receive 1% FMAP increase if cover preventive services
- USPSTF guideline is now now more closely aligned with ADA and other guidelines, which means less confusion at the practice level.
- A1c is now recognized as a valid screening test: "Because hemoglobin A1c measurements do not require a fasting state, it is more convenient than using fasting plasma glucose or the oral glucose tolerance test."
- For the first time ever, USPSTF recommends screening for prediabetes.
- Lifestyle intervention is recognized as evidence-based resource and the "first line of therapy for the prevention of IFG, IGT, and diabetes"




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## Program Participant Eligibility



- Fasting plasma glucose of 100 to 125 mg/dl
- Plasma glucose measured 2 hours after a 75 gm glucose load of 140 to 199 mg/dl
- HbA1c of 5.7 to 6.4
- Clinically diagnosed GDM during a previous pregnancy (may be self-reported)




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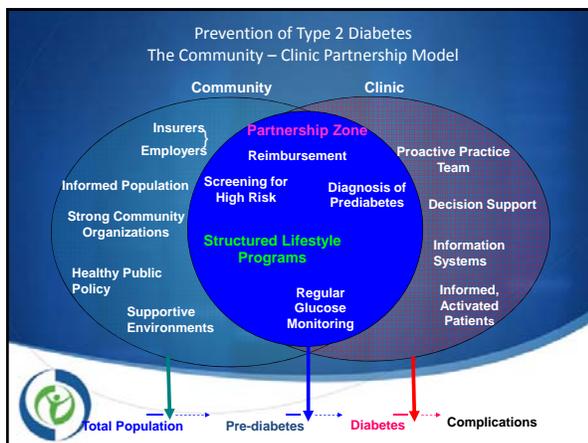
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## Benefits/Value of Relationships

- Partnership opportunities
- Share resources
- Potential for statewide data and program fidelity
- Build referral systems with health care providers
- Secure payers and engage employers
- Consistent messaging, communication and standardized materials
- Collective contribution to decreasing incidence and prevalence of type 2 diabetes



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## Thank You

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