

Diabetes Prevention Through Lifestyle Change Programs

2018 ACTION PLAN



California Prevent Diabetes STAT:
Screen, Test, Act—Today™



2018 Action Plan

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Letter From Director

JANUARY 2018

The California Department of Public Health and our many partners inside and outside of government have a strong commitment to reducing the burden and prevalence of diabetes in our California communities. I am very pleased to share this action plan, which was developed in collaboration with our partners throughout California and nationally.

This action plan is the result of several years of collective work to identify the most efficient and effective steps for combating diabetes and enabling Californians to live healthier lives. It is focused on applying the highest quality science and is grounded in a commitment to achieving equity in health and wellbeing for all Californians. Together this plan, *Let's Get Healthy California*, the *California Wellness Plan*, *Portrait of Promise: The California Statewide Plan to Promote Health and Mental Health Equity*, and *Public Health 2035* frame a vision of health and wellness in California that we believe we can accomplish through collective action.

The plan lays out four focus areas, or “pillars,” through which we plan to bring to scale the evidence-based diabetes prevention programs that are necessary to achieve our goals. They are:

- Availability
- Community Engagement: Awareness
- Coverage
- Provider Engagement: Screen, Test and Refer

We are very grateful to our national partners for their support of this work, and to our California partners whose commitment and unflagging energy were essential to crafting this plan and will be vital in achieving our shared goals.



Karen L. Smith, MD, MPH
Director and State Public Health Officer
California Department of Public Health

Executive Summary

The Centers for Disease Control and Prevention (CDC) was authorized by Congress in 2010 to establish and lead the National Diabetes Prevention Program (National DPP). National DPP is a public-private initiative to offer evidence-based, cost-effective interventions in communities across the United States to prevent type 2 diabetes. This initiative is creating partnerships between community-based organizations, private insurers, health care providers, employers, academia and government agencies and is encouraging these entities to work together to reduce the incidence of prediabetes and type 2 diabetes nationwide.

A key component of the National DPP is evidence-based diabetes prevention programs (DPPs) – which teach participants to make lasting lifestyle changes, like eating healthier, adding physical activity into their daily routines, and improving coping skills to prevent or delay the onset of type 2 diabetes. To ensure high quality, CDC only recognizes DPPs that meet specific standards and are proven to achieve results. These standards include following an approved curriculum, facilitation by a trained lifestyle coach, and submitting data each year to show that the program is having an impact.

California is one of the five states in the United States to receive additional Prevention First grant funding and technical assistance from CDC from 2013–2018. The Prevention First and CDC Communities in Action: Lifetime of Wellness (from 2014–2018) funds make it possible for states to establish DPPs in community settings to help educate individuals at high risk for developing type 2 diabetes about ways to prevent or delay the onset of the disease and scale the National DPP. The California Department of Public Health (CDPH) uses a majority of these grants to fund National DPP promotion and engagement activities of ten local health departments (LHDs) throughout California.

In September 2015, CDPH, the CDC, the American Medical Association (AMA), and the National Association of Chronic Disease Directors (NACDD) hosted the California Prevent Diabetes STAT™ (CA PDSTAT) meeting in Los Angeles, California to assist CDPH with developing the Diabetes Prevention Through Lifestyle Change Programs, 2018 Action Plan (action plan) to scale and sustain the National DPP. The objectives of the meeting were to determine strategic actions needed to prevent type 2 diabetes and increase enrollment in DPPs in California.

Attendees from state and national organizations interested in diabetes prevention participated in action planning sessions during the meeting. During these sessions, the participants established four strategies or pillars to lead the development of the action plan. The four pillars are:

- Availability
- Community Engagement: Awareness
- Coverage
- Provider Engagement: Screen, Test and Refer

CDPH continues to receive technical assistance and guidance from CDC, AMA, and NACDD for the development and implementation of the action plan. Additionally, a CA PDSTAT Executive Committee was formed to lead the strategic planning and guide the development of in-person meeting goals and agendas as well as pillar strategies.

Two additional meetings, sponsored by CDPH, convened the CA PDSTAT network in June and September 2016 in Sacramento, California. The objectives of the meetings included:

- Reach consensus on the goals, objectives and strategies of each pillar;
- Build the action plan framework (including activities, action steps, resources, and timelines);
- Celebrate the work of the CA PDSTAT network to scale and sustain the National DPP;

- Strengthen partnerships;
- Promote health equity in California; and
- Implement CA PDSTAT network priorities.

Workgroups for each of the four pillars, led by CDPH staff, continue to meet via teleconferences and webinars to collaborate on opportunities, share best practices and participate in the implementation of the action plan. The action plan consists of the goals, objectives, activities, and actions each pillar established as key elements for success.

California has made great strides in engaging statewide and national partners to implement

many of the activities and strategies included in the action plan. CDPH, together with CA PDSTAT partners, increased the number of Californians who have access to DPPs by securing DPP coverage from large statewide health plans and the California Public Employees Retirement System (CalPERS). Additionally, on July 10, 2017, California's Governor signed legislation requiring the Department of Health Care Services' (DHCS) Medi-Cal program to pay for DPP coverage of qualified Medi-Cal beneficiaries.

As the momentum for National DPP continues to grow, CDPH is excited to lead the effort and make it possible for all Californians to live healthier lives.

Background

Cases of diabetes have increased dramatically in California over the past decade. As of 2014, 2.5 million California adults (9 percent of the adult population) have been diagnosed with diabetes—a 35 percent increase since 2003.¹ Diabetes and its complications, which include blindness, kidney failure, amputations, heart disease and stroke, result in an estimated annual cost of \$13 billion in California, representing nearly 6 percent of total health care expenditures in the state.² The most common form of diabetes is type 2, which accounts for approximately 90 to 95 percent of all cases of diabetes.³

Prediabetes in California

Prediabetes is a condition in which blood glucose levels are higher than normal, but not high enough to be diagnosed as diabetes. Prediabetes is also referred to as impaired fasting glucose or impaired glucose tolerance.⁴ Nearly 13 million California adults—46 percent of the population—are estimated to have prediabetes or undiagnosed diabetes.⁵ Nine out of ten adults who have prediabetes are unaware of the condition.⁶



Without intervention, 15–30 percent of people with prediabetes will develop diabetes within five years.⁶ In California, this means that two to four million of the adults with prediabetes in the state are likely to develop diabetes in only a few years, increasing the burden of disease, its complications, and its associated costs for years to come—and that the vast majority of these adults are unaware they are at risk.

The Unequal Burden of Diabetes and Prediabetes

Across the state, the burden of diabetes and prediabetes falls heaviest on low-income people and African Americans, Native Americans, Latinos, and some Asian/Pacific Islander groups. California Health Interview Survey data from 2014 shows that the burden of diabetes among the lowest-income Californians (below 199 percent of Federal Poverty Level) is more than 80 percent greater than the prevalence found among those with incomes at 300 percent of the Federal Poverty Level or greater.¹ African Americans in California, have the highest burden of diabetes at 12.4 percent, nearly double the prevalence in the lowest group, non-Hispanic whites (6.3 percent). The prevalence rates among Latinos and among Asians (10.0 percent and 9.4 percent, respectively) are also greater than the overall state rate. Similarly, the burden of prediabetes among these groups is also greater. Currently at least 50 percent of African Americans, 51 percent of Native Americans, and 55 percent of Pacific Islanders in the state are estimated to have prediabetes or undiagnosed diabetes.⁵

Social and environmental conditions that contribute to diabetes risk include barriers to physical activity, poor access to healthy food, low paying jobs, poor education, and stress from violence and poverty. The greatest impact from efforts to prevent diabetes will be felt in communities where populations at greatest risk reside, and where social and environmental conditions are the most adverse.

Diabetes Prevention through Structured Lifestyle Change Programs: the National DPP

The National DPP, led by CDC, is a public-private initiative to offer evidence-based, cost-effective interventions in communities across the United States to prevent the onset of diabetes in high-risk adults. Studies have shown that people with prediabetes who participate in a CDC-recognized DPP and lose 5–7 percent of their body weight can cut their risk of developing diabetes by 58 percent.⁷ Structured DPP teaches participants to make lasting changes, which includes eating healthier, adding physical activity into their daily routine, and improving their coping skills. In order to assure quality and effectiveness of DPPs in reducing diabetes risk, CDC has initiated the Diabetes Prevention Recognition Program (DPRP) which recognizes DPPs that meet standards for performance and outcomes established by the National DPP.⁸

NATIONAL DPP in California

CDPH is funded by CDC under two initiatives to support programs and activities to prevent or delay the onset of diabetes and improve health outcomes for people diagnosed with diabetes. These initiatives are part of two multi-program cooperative agreements that address diabetes, heart disease and stroke, nutrition, physical activity, obesity, and school health, referenced overall in California as Prevention First (CDC grant number 1305) and Lifetime of Wellness: Communities in Action (CDC grant number 1422). Both include activities to address the increasing prevalence of diabetes and prediabetes by encouraging expansion of the National DPP which meet the quality standards established by the CDC. Currently, CDPH is funding ten LHDs under these two initiatives to address cardiovascular disease and diabetes, including expansion of DPPs for diabetes prevention in their communities.

Support for National DPP in California is growing. According to the DPRP, between 2015 and 2017, the number of CDC-recognized or pending DPPs in California has increased and continues to grow as additional lifestyle change coaches are trained. In 2016, CalPERS, the second largest purchaser of medical insurance in California, approved



coverage of DPPs for its 1.4 million members in CalPERS' health program and their families.⁹ Anthem Blue Cross, the largest private insurance carrier in California, announced they would add coverage of DPPs for their 8.3 million commercial members.¹⁰ Blue Shield of California also announced in 2016 that they will cover DPP for their more than 3.5 million members. Additionally, on July 10, 2017, California's Governor signed legislation requiring the DHCS's Medi-Cal program (Medicaid in other states) to pay for the CDC-recognized DPP for Medi-Cal beneficiaries who have prediabetes or a high risk of developing type 2 diabetes. DHCS is responsible for administering the Medi-Cal program and will lead the National DPP implementation. Per statute, the DPP shall be made available to Medi-Cal beneficiaries no sooner than July 1, 2018, after receiving federal approval. CDPH will continue to collaborate with DHCS on implementation.

The evidence base for National DPP has recently been reviewed in California by the Institute for Clinical and Economic Review ICER including an economist's review, which confirmed previous reports of a measurable return on investment within three years.¹¹ Also in May 2016, ChangeLab Solutions, in partnership with the Los Angeles County Department of Public Health, released a report titled *Expanding Health Insurance Coverage in California for the National Diabetes Prevention*

Program, summarizing the evidence base for National DPP and strategies for expansion of DPPs in California.¹²

Prevent Diabetes STAT: Screen, Test, Act—Today™: Expanding Lifestyle Change Programs in California

Despite the expansion of lifestyle change programs and coverage for DPPs by key health plans, significant barriers and limitations in accessing these programs remain for many of the most vulnerable, high-risk Californians who reside in areas with few available DPPs and who do not have coverage through private health plans. To address these gaps, in September 2015, CDPH partnered with the CDC, the AMA, and the NACDD to host the CA PDSTAT meeting in Los Angeles, California to assist CDPH with developing an action plan to scale and sustain the National DPP. CA PDSTAT includes payers, employers, health care and National DPP providers, volunteer organizations, community members, and others interested in diabetes prevention. Since then, CDPH has convened meetings with a wide-range of partners (see Appendix A and Appendix B) from private, public, and non-profit organizations to provide input to the action plan and to commit

to its implementation over the next two years. This group of committed partners is referred to as the CA PDSTAT network.

California Action Plan

The purpose of this action plan is to address the rising prevalence of diabetes in California through increased awareness, availability, and utilization of evidence-based DPPs by Californians with prediabetes or otherwise at high risk for developing diabetes. The action plan aligns with the objectives and guiding principles of the California Wellness Plan (CWP), the overarching goal of which is “Equity in Health and Wellness.” The action plan includes a focus on low-income and communities of color where the burden of diabetes is the greatest. The action plan is organized into four focused areas of action, or “pillars.” The four pillars are: Availability; Community Engagement: Awareness; Coverage; and Provider Engagement: Screen, Test and Refer.

This action plan focuses on interventions for individuals with prediabetes to prevent progression to diabetes. A truly comprehensive approach to diabetes prevention and control requires attention to all social and environmental determinants of health that impact diabetes as well as a wide array of other chronic diseases. This approach has been outlined under two initiatives in California: Let’s Get Healthy California and the CWP.

The action plan leverages upstream initiatives to stop the growing burden of diabetes and to keep people healthy. Using the evidence-based approaches that reflect the best available science ensures that we are acting as effectively, efficiently, and responsibly as possible to meet this health goal. In collaboration with the many partners who have contributed to developing this plan and committed to the many action steps outlined herein, the CA PDSTAT network strives to make a meaningful decrease in diabetes prevalence and improve health by scaling up and sustaining National DPP in California.



Overview of Pillars—Availability

Goal: Increase availability and support of DPPs in California, with an emphasis on the communities with the greatest needs.

PRIORITIES:

- Provide training and technical assistance for implementing DPPs.
- Encourage organizations with existing evidence-based chronic disease prevention and self-management programs to add DPPs.

OBJECTIVES:

1. By June 2018, CA PDSTAT network will provide training and technical assistance to a minimum of 25 organizations statewide that are planning to implement DPPs.
2. By June 2018, CA PDSTAT network will encourage ten organizations with existing evidence-based chronic disease prevention and self-management programs to add DPPs.

KEY ACTIVITIES INCLUDE:

- Assess the current availability and local needs for DPPs in California.

- Recruit new coaches and community organizations to deliver and host new DPPs.
- Encourage and support community health workers to train as lifestyle change coaches.
- Align with diabetes and other chronic disease self-management education programs to support/add DPP.
- Support existing lifestyle change coaches and programs with resources, tools, and sharing opportunities.
- Promote online DPPs as an option for communities and individuals who would otherwise not be able to participate.

OUTCOMES:

- Increased number of recognized DPP delivery sites.
- Increased number of recognized DPP delivery sites that maintain their CDC recognition.



Community Engagement: Awareness

Goal: Increase awareness of prediabetes among Californians, especially those at risk for type 2 diabetes, to increase the identification of prediabetes among individuals who are not aware they have the condition so that they may take action to reduce their risk, and to encourage participation in DPPs in California.

PRIORITIES:

- Coordinate with state and local partners to leverage the national Prediabetes Awareness Campaign to educate the public on the risk of prediabetes and the importance of DPPs.
- Engage people in low-income and communities of color most at risk for type 2 diabetes in planning, promotion and outreach.

OBJECTIVES:

1. By June 2018, CA PDSTAT network will promote and disseminate the national Prediabetes Awareness
2. Campaign advertisements and marketing materials to Californians.
3. By June 2018, CA PDSTAT network will increase awareness of DPPs among individuals with prediabetes in California.

KEY ACTIVITIES INCLUDE:

- Coordination and sharing of marketing activities, resources, and media placement among state and local partners.
- Development of an online resource center for sharing materials and best practices.
- Expand communication networks and partnerships to include LHDs, corporations, chronic disease self-management programs, podiatrists, and other organizations.
- Outreach to worksite programs that include English and Spanish-language materials.
- Identify populations at greatest risk for diabetes and prediabetes and target messages to these communities.

OUTCOMES:

- Increased awareness of prediabetes among California adults with the condition.
- Increased participation in DPPs among California adults with prediabetes or otherwise at high risk for developing type 2 diabetes.



Coverage

Goal: Encourage employers and insurers to offer DPPs as a covered benefit, therefore enabling individuals with prediabetes or otherwise at high risk for developing diabetes to access the program.

PRIORITY:

- Promote coverage and provider reimbursements for DPPs by private and public health plans.

OBJECTIVE:

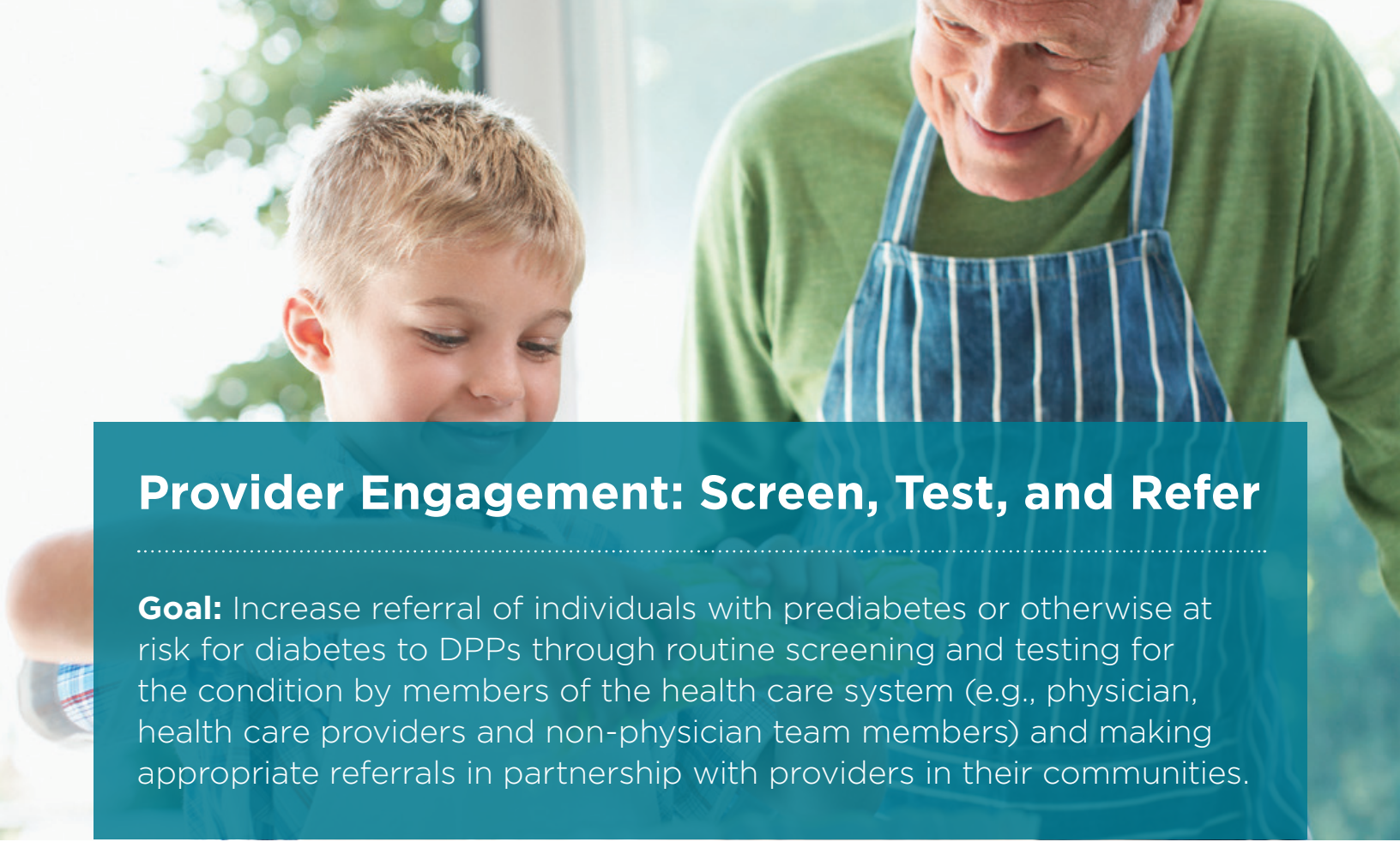
- By June 2018, CA PDSTAT network will obtain coverage for DPPs from at least two large California private and/or public health plans.

KEY ACTIVITIES INCLUDE:

1. Identify and adapt a business case model to communicate the impact of DPPs on health care costs and outcomes for prediabetes and diabetes.
2. Present business case model to private and/or public health plans to support coverage of and reimbursement for DPPs.
3. Secure DPP coverage for Medi-Cal beneficiaries.

OUTCOMES:

- Increased number of California's health plans/insurers that receive business case model information to consider.
- Increased number of health plans that cover DPPs.
- Increased number of Californians who have access to DPPs as a covered benefit.



Provider Engagement: Screen, Test, and Refer

Goal: Increase referral of individuals with prediabetes or otherwise at risk for diabetes to DPPs through routine screening and testing for the condition by members of the health care system (e.g., physician, health care providers and non-physician team members) and making appropriate referrals in partnership with providers in their communities.

PRIORITIES:

Provide education and training to members of the health care system (including physicians, health care providers and non-physician team members) on prediabetes algorithms to increase routine screening and glucose testing.

Work with health systems, medical groups and providers (including chief information officers and quality improvement teams) to implement changes to electronic health records to increase prediabetes screening, testing, and referrals.

OBJECTIVES:

1. By June 2018, increase the proportion of participants in DPPs who were referred by a health care provider by 10 percent over the July 2016 baseline.
2. By June 2018, make at least 30,000 referrals to DPPs.
3. By June 2018, the CA PDSTAT network will provide education and training to health care systems (medical groups and providers -

including chief information officers and quality improvement teams) regarding health system changes to increase routine screening, testing, and referrals.

KEY ACTIVITIES INCLUDE:

- Increase awareness of prediabetes and DPPs among health care providers, in coordination with the comprehensive national Prediabetes Awareness Campaign.
- Provide tools and resources to health care systems, medical groups, and health care providers to support increased identification of individuals with prediabetes.
- Promote awareness of community-based DPPs for individuals with prediabetes among health care systems, medical groups, health care providers, and non-physician team members and encourage referrals to these programs.

OUTCOMES:

- Increased provider referrals to DPPs.

Activity, Action Steps, and Timeline

The following tables identify the activities, action steps, and timeline strategies of the action plans for each of the four pillars: Availability, Community Engagement: Awareness; Coverage, and Provider Engagement: Screen, Test, and Refer.

The CA PDSTAT network, with support from CDPH, will complete the action steps in the following tables:

Availability Pillar Action Plan

| ACTIVITY | ACTION STEPS | TIMELINE |
|--|--|--|
| <p>1. Identify existing DPPs in California.</p> | <ul style="list-style-type: none"> Obtain permission to use AMA map format from September 2015 CA PDSTAT conference. CDPH staff to create map utilizing CDC website for DPPs. Receive CDPH approval to distribute map and post online. Identify reach of each DPP. | <p>Quarterly updates through June 2018</p> |
| <p>2. Assess and address local community environments for diabetes risks; promote DPPs; and engage community representatives in planning, promotion, and outreach.</p> | <ul style="list-style-type: none"> Engage community representatives in planning, promotion and outreach. Assess community environments for diabetes risks. Address adverse community environments (in collaboration with community members). June 2018 | <p>June 2018</p> |
| <p>3. Create a “Session 0” informational session for people to learn about DPPs before they commit, recognizing and understanding the culture and the language that has value to participants.</p> | <ul style="list-style-type: none"> Identify and gather “Session 0” presentations; compare and combine information into template. Talk to organizations to decide what would be relevant to new DPPs. Work with partners to create a universal template. | <p>June 2018</p> |
| <p>4. Build CHW capacity as lifestyle change coaches to bridge cultural or communication barriers.</p> | <ul style="list-style-type: none"> Recruit Community Health Workers (CHWs)/promotoras. Train CHWs/promotoras as lifestyle change coaches. Train CHWs/promotoras about DPPs and other chronic disease prevention resources. | <p>June 2018</p> |
| <p>5. Identify potential partnerships for the delivery of DPPs.</p> | <ul style="list-style-type: none"> Meet with community partners to gauge interest and identify potential lifestyle change coaches and partnerships in the delivery of DPPs. | <p>June 2018</p> |
| <p>6. Provide lifestyle change coach training and program consultation to prospective organizations and/or past graduates.</p> | <ul style="list-style-type: none"> Identify organizations with Master Trainers. Identify organizations that would like training. Provide CDC-approved training. Offer organization one year of consultation and guidance to ensure program success. | <p>June 2018</p> |

Availability Pillar Action Plan (Continued)

| ACTIVITY | ACTION STEPS | TIMELINE |
|---|---|-----------|
| 7. Recruit lifestyle change coaches for organizations that want to host DPPs at their location. | <ul style="list-style-type: none"> Identify organizations that want to be DPP host sites, including sites that target priority populations. | June 2018 |
| 8. Identify organizations that want to be DPP host sites, including sites that target priority populations. | <ul style="list-style-type: none"> Contact clinics/hospitals. | June 2018 |
| 9. Add sites to the American Association of Diabetes Educators (AADE) DPP network. | <ul style="list-style-type: none"> Identify sites that fit the AADE DPP model, Diabetes Self Management Programs (DSME programs). Invite them to be part of the AADE DPP network. Train and provide information, education, and workshops on how to add a DPP to existing DSME programs. Continue to support and track these sites so they are successful and sustainable. | June 2018 |
| 10. Increase awareness of digital DPPs as an option for low-income populations. | <ul style="list-style-type: none"> Contact current, pending, and future LHDs and disseminate information regarding Omada's Program for Underserved Populations that is currently being offered in CA (and other states) and is proving to be an effective DPP delivery method for low-income, Medicaid, and uninsured populations. | June 2018 |
| 11. Provide ongoing support to lifestyle change coaches through group calls every other month. | <ul style="list-style-type: none"> Identify list of current lifestyle change coaches in CA. Schedule dates and topics. Reach out to all CA CDC-recognized DPPs to share opportunities. | June 2018 |
| 12. Offer access to lifestyle change coach extended learning platform. | <ul style="list-style-type: none"> Complete platform. Demo platform to share how it can: Help with data collection and reporting to the CDC. <ul style="list-style-type: none"> Assist DPPs in providing culturally relevant classes (e.g., Solera Health manual). Provide screening tools to assess readiness for change. Offer extended learning on core lifestyle change coach principles (e.g., problem based learning). | June 2018 |
| 13. Develop and/ or disseminate implementation materials to support new DPP sites. | <ul style="list-style-type: none"> Work with partners to compile materials and create list to add to information packet. Information packet will include: "Lessons Learned List;" financial information – costs of program implementation including the lifestyle change coach costs; transportation costs; and participant incentives. | June 2018 |
| 14. Disseminate complimentary resources for diabetes prevention efforts. | <ul style="list-style-type: none"> Request complimentary resources from CDPH programs, including Maternal, Child, and Adolescent Health Division and the Chronic Disease and Injury Control Division. Disseminate resources via 1422 LHDs, DPPs, and online sharing platforms. | June 2018 |

Community Engagement: Awareness Pillar Action Plan

| ACTIVITY | ACTION STEPS | TIMELINE |
|---|--|------------------|
| <p>1. Coordinate and share marketing activities, resources, and media placement among state and local partners.</p> | <ul style="list-style-type: none"> • Provide ongoing communications via email and other communications forums to provide updates and coordinate marketing activities. • Facilitate monthly meetings with CDC’s 1422-funded Los Angeles and San Diego County partners to coordinate promotions. • Provide presentations at state and local partner meetings, trainings, and webinars to further enhance delivery of marketing messages and promotions. • Utilize, adapt, and disseminate national Prediabetes Awareness Campaign marketing and social media resources to increase the number of people who take the prediabetes risk test. • Create opportunities to secure earned media for TV, radio, and outdoor, transit advertising, and public relations events. • Consider hosting listening sessions for communities most impacted by diabetes. | <p>June 2018</p> |
| <p>2. Develop online resource center to share marketing and educational materials and best practices.</p> | <ul style="list-style-type: none"> • Identify CA PDSTAT network partner to develop and maintain an online resource center for marketing and educational materials and resources. • Identify marketing and educational materials; listing of DPPs; link to prediabetes risk test; and success stories to make available in online resource center. • Promote mobile game apps, such as SidekickHealth, that are based on the National DPP curriculum to improve outcomes and enroll participants. • Provide additional resources and links to CDPH’s Chronic Disease Control Branch Chronic Disease Prevention Training and Technical Assistance webpage. | <p>June 2018</p> |
| <p>3. Expand communication networks and partnerships to include LHDs, corporations, chronic disease self-management programs, podiatrists, and other organizations.</p> | <ul style="list-style-type: none"> • Work with LHDs, and health care and DPP providers to provide materials to promote DPPs in CA. • Work with diabetes self-management programs to include registered nurses in lifestyle change coach trainings. • Provide presentations to local health care and DPP providers to increase awareness of national PDSTAT materials and resources. • Identify and partner with large CA corporations to fund marketing campaigns to increase awareness of diabetes prevention efforts and DPPs. • Add messaging to marketing and educational materials to encourage participants to stay in DPPs. • Educate podiatrists on DSME programs available and prediabetes. • Disseminate material that podiatrists can display/use to educate patients in their clinical setting. | <p>June 2018</p> |

Community Engagement: Awareness Pillar Action Plan (Continued)

| ACTIVITY | ACTION STEPS | TIMELINE |
|---|--|-------------------|
| <p>4. Outreach to worksite programs that include English and Spanish-language materials.</p> | <ul style="list-style-type: none"> • Select first locations (public/private employers) for pilots. • Coordinate with CA PDSTAT network partners to reach out to local employers (public/private) or communities. • Promote mobile game apps, such as SidekickHealth, that are based on the National DPP curriculum to improve outcomes and enroll participants. • Refer individuals who screen positive for prediabetes to DPPs. | <p>June 2018</p> |
| <p>5. Identify populations at greatest risk for diabetes and prediabetes and target message to these communities.</p> | <ul style="list-style-type: none"> • Use Community Commons (a tool to identify assets and disparities related to health and well being) to locate populations at highest risk for diabetes/prediabetes. • Implement prediabetes awareness intervention in local high risk communities, and assess impact of intervention by measuring for increased awareness. • Coordinate with the CDPH Nutrition Education and Obesity Prevention Branch's Champion Provider initiative and participants. • Coordinate with CA PDSTAT network organizations that partner with communities at risk for diabetes and prediabetes. | <p>April 2018</p> |

Coverage Pillar Action Plan

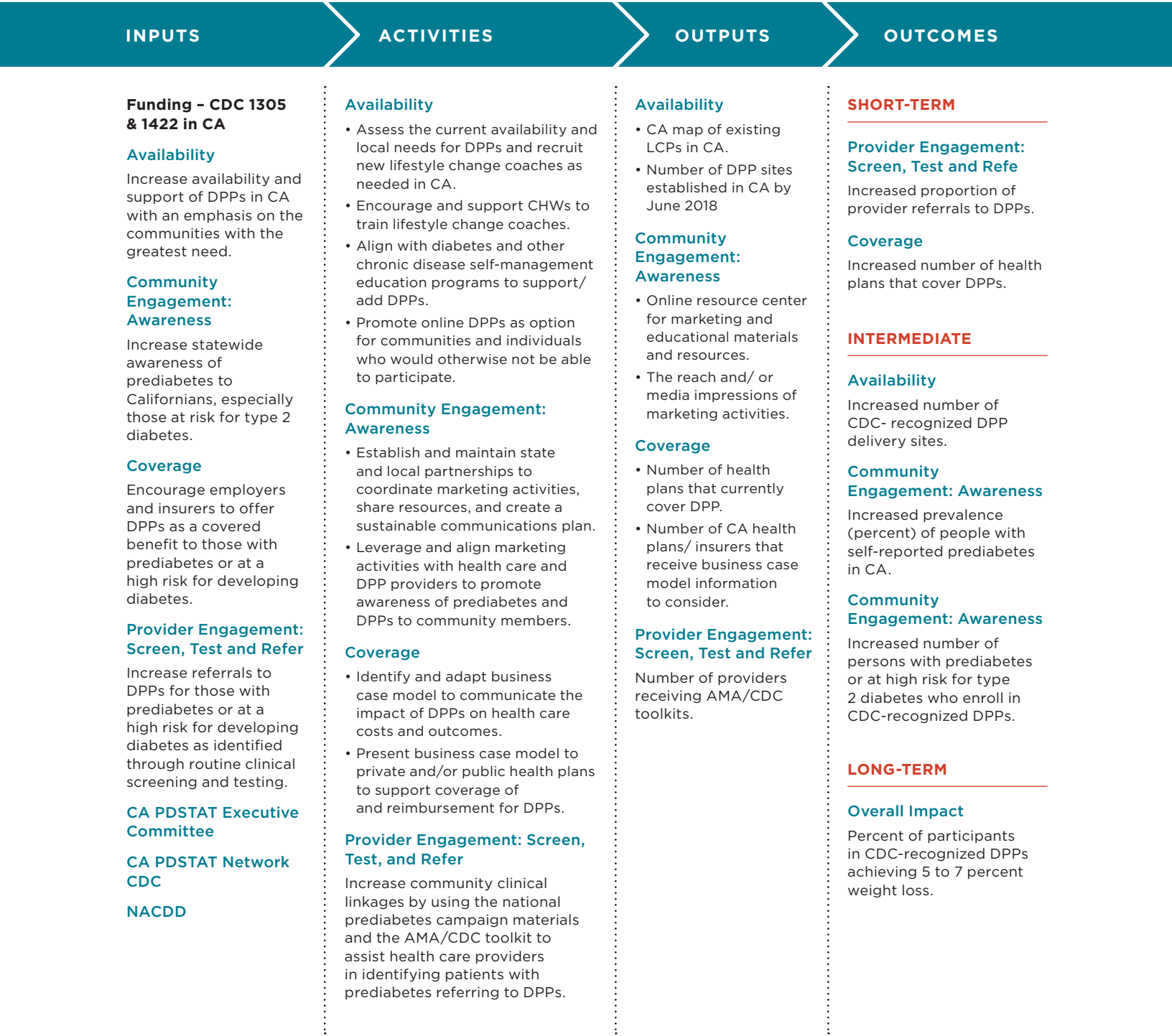
| ACTIVITY | ACTION STEPS | TIMELINE |
|--|--|------------------|
| <p>1. Identify and adapt a business case model to communicate the impact of DPPs on health care costs and outcomes for prediabetes and diabetes.</p> | <ul style="list-style-type: none"> • Search national websites to solicit business case models to justify coverage of DPPs. • Identify and contact states where Medicaid is covering DPPs to learn strategies to include in the business case model and promote best practices. (Identify barriers, solutions, lessons learned, and solicit their DPP coverage business case models.) • Use AMA’s return-on-investment calculator to develop data to quantify the value of providing DPP as a covered benefit and to include justification in the business case. • Identify barriers to coverage and determine solutions to overcome challenges. • Assess the provisions of National DPP in CA by private health plans. • Include strategies for implementation and administration. | <p>Completed</p> |
| <p>2. Present business case model to private and/or public health plans to support coverage of and reimbursement for DPPs.</p> | <ul style="list-style-type: none"> • Identify health care key decision makers and collaborate to promote business case model/return-on-investment. • Develop communication strategies to educate policy makers on the health and fiscal benefits of covering DPP and present business case. • Create a peer advisor network so that health plans considering adopting the National DPP can contact a peer for advice on implementation. • Encourage CA PDSTAT network, and external stakeholders to schedule and attend briefings/meetings with decision makers. | <p>June 2018</p> |
| <p>3. Secure DPP coverage for Medi-Cal beneficiaries.</p> | <ul style="list-style-type: none"> • Participate in DHCS’ Medi-Cal Managed Care Diabetes Collaborative to provide diabetes prevention resources and educate them on the benefits of DPPs. • Identify key contacts and present the business case model to promote DPPs. | <p>Completed</p> |

Provider Engagement: Screen, Test, and Refer Pillar Action Plan

| ACTIVITY | ACTION STEPS | TIMELINE |
|--|---|-----------|
| <p>1. Provide AMA/CDC toolkit to assist providers in creating EHR prompts.</p> | <ul style="list-style-type: none"> Adapt provider toolkit to include language and strategies for EHR prompts and patient communications. Request provider contact list from AMA and use list for toolkit distribution. | June 2018 |
| <p>2. Provide AMA/CDC toolkit to providers for assistance in identifying patients with prediabetes and to increase referrals of eligible patients to DPPs.</p> | <ul style="list-style-type: none"> Adapt provider toolkit to incorporate strategies including sample algorithms that can be used by medical groups and providers. Distribute toolkits using provider contact lists obtained through CA PDSTAT network collaboration. | Completed |
| <p>3. Increase clinical connections to community-based organizations.</p> | <ul style="list-style-type: none"> Distribute CDPH's Prediabetes Awareness Campaign materials to physicians, health care providers, CHWs, community leaders, LHDs and non-physician care team members to increase referrals to DPPs. Partner with local medical societies to educate physicians via webinars, "lunch and learn", newsletters, conferences, etc. Increase the number of multi-lingual DPPs. Increase the quantity of prediabetes patients referred to DPPs. | June 2018 |
| <p>4. Increase the proportion of participants in DPPs who were referred by a health care provider, by 10 percent over the July 2016 baseline.</p> | <ul style="list-style-type: none"> Identify July 2016 baseline (the number of DPP participants in CA) using existing CDPH data. Distribute toolkits and meet with providers and clinic staff to educate them on how to successfully promote DPPs to individuals identified with prediabetes. | Completed |
| <p>5. Deliver at least one clinic training to educate staff on the benefits of prediabetes testing.</p> | <ul style="list-style-type: none"> Present the benefits of providers screening, testing and referring patients to DPPs during staff meetings at clinics. Discuss National DPP and Provider Engagement: Screen, Test and Refer opportunities with clinic directors. | Completed |
| <p>6. Collaborate with statewide and national partners to promote National DPP and the importance of the Provider Engagement: Screen, Test and Refer pillar.</p> | <ul style="list-style-type: none"> Highlight National DPP and Provider Engagement: Screen, Test and Refer pillar activities and goals during DCC and partner meetings. Promote AMA webinars to physicians, health care providers and non-physician care providers. | June 2018 |

Evaluation Framework

The table below illustrates the evaluation framework that will be used to measure the CA PDSTAT action plan successes.





Appendices

Appendix A: Executive Committee

Appendix B: Acknowledgments

Appendix C: Marketing Plan

Appendix D: List of Acronyms

Appendix E: References and Citations

Appendix A: Executive Committee 2016

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Appendix B:

Acknowledgments

Thank you to the following partners:

- American Association of Diabetes Educators
- American Diabetes Association
- American Medical Association Anthem Inc.
- Be There San Diego
- Black Women for Wellness Blanca's Wellness
- Network Blue Shield of California
- California Chronic Care Coalition
- California Department of Health Care Services
- California Department of Public Health
- The California Endowment
- California Medical Association
- California Podiatric Medical Association
- California State Alliance of YMCAs
- California Public Employees' Retirement System
- Diabetes Coalition of California
- Dignity Health
- Fresno County Department of Public Health
- Gardner Family Health Network
- Gold Coast Health Plan
- Indian Health Center of Santa Clara Valley
- Los Angeles American Diabetes Association
- Lake County Tribal Health Consortium
- Los Angeles County Department of Public Health
- Merced County Department of Public Health
- Monterey County Health Department
- National Association of Chronic Disease Directors
- Public Health Advocates
- The Pump Handle Group
- Runyon Saltzman, Inc.
- San Joaquin County Public Health Services
- Santa Clara County Public Health Department
- Shasta County Public Health
- SidekickHealth
- Skinny Gene Project
- Solano County Department of Public Health
- Solera Health Network
- Office of Supervisor Ken Yeager
- Sutter Health
- Touro University California
- Tulare County Health and Human Services Agency
- Tulare County Public Health Department
- Turnaround Health
- University of California, Davis
- YMCA of the East Bay
- YMCA of the USA

Appendix C: Marketing Plan



In January 2016, the CDC Division of Diabetes Translation, the AMA, and the ADA in partnership with the Ad Council developed and launched the national Prediabetes Awareness Campaign.

CDPH is amplifying the national public service advertising campaign in California to support the goals and priorities established in the action plan. CDPH is coordinating with CDC funded Prevention First (1305) and Lifetime of Wellness (1422) grantees, 1422-funded Los Angeles and San Diego counties, the Diabetes Coalition of California, CA PDSTAT network, and members of the Healthy Hearts California alliance to enhance dissemination and frequency of marketing and educational messages.

Goal:

Coordinate with state and local partners to leverage the National Diabetes Awareness Campaign to educate consumers of prediabetes and the importance of DPPs.

Partners:

Prevention First (1305) and Lifetime of Wellness (1422) LHDs and 1422-funded Los Angeles and San Diego counties; the CA PDSTAT network (organizations participating in developing the action plan), CDC, AMA, NACDD, and ADA.

Objectives:

1. By June 2018, the CA PDSTAT network will increase the promotion and dissemination of the national Prediabetes Awareness Campaign advertisements and marketing materials to Californians.
2. By June 2018, the CA PDSTAT network will increase awareness of evidence-based DPP among individuals with prediabetes in California.

Audiences

Primary: California adults who are between 18-65 years of age, have a low socioeconomic status, and are at high risk for type 2 diabetes.

Secondary: Health Care and DPP providers.

STATE LEVEL:

- Partner with CA PDSTAT network, 1305 and 1422 LHDs, 1422-funded Los Angeles and San Diego counties, and other key partners to promote the website [https:// www.doihaveprediabetes.org/](https://www.doihaveprediabetes.org/). The website contains valuable health information, a prediabetes risk test, the advertising campaign, healthy lifestyle tips, listing of DPPs and more.
- Convene trainings for health care and DPP provider teams on how to use the CDC/AMA *Preventing Type 2 Diabetes* provider toolkit.
- Provide training for LHDs on how to draft a local level prediabetes awareness marketing plan.
- Provide technical support to LHDs.
- Produce and/or adapt DPP materials for distribution (downloadable).

LOCAL LEVEL:

- LHDs will develop and implement a local-level prediabetes awareness marketing plan that aligns with and supports the California Prediabetes Marketing Campaign activities to leverage the national Prediabetes Awareness Campaign.
- CDPH will coordinate promotions with local-level partners.

Messaging

1. Health Care and DPP providers – Increase awareness and use of AMA/CDC *Preventing Type 2 Diabetes* provider toolkit, and promote utilization of National DPP materials.
2. Consumers – Increase awareness of prediabetes with promotion of risk test to drive people to discuss prediabetes with their doctor and enroll in DPPs.

Marketing Mix

SOCIAL MEDIA CAMPAIGN

- Develop social media campaign to promote <https://www.doihaveprediabetes.org/> website including an action step to take the prediabetes risk test, talk with your doctor, and enroll in a DPP.



Use campaign elements:

- TV ads, images, and messages.
- Coordinate with 1305 and 1422 LHDs, and 1422 Los Angeles and San Diego Counties.
- Promote around Diabetes Alert Day, Diabetes Awareness Month, and other themed promotions.
- Coordinate with HealthierU (CDPH worksite wellness program) to promote to CDPH employees.

WORKSITE WELLNESS

- Coordinate with HealthierU to promote to CDPH employees (over 3,000 employees).
- Include taking prediabetes risk test with annual onsite Kaiser Health fair in fall 2016.
- Place transit-size poster in lobby of CDPH building, and post flyers at elevator lobby areas and breakrooms.
- Promote in conjunction with around Diabetes Alert Day, Diabetes Awareness Month, and other themed promotions.

STATEWIDE PROMOTIONS

- Plan and coordinate promotions to leverage San Diego and Los Angeles Counties' marketing activities.
- Partner with CDPH's Nutrition Education and Obesity Prevention Branch to secure earned media with TV, radio, and transit or billboard ads.
- Coordinate with Los Angeles and San Diego Counties, and 1422-funded LHDs for placement of ads to promote National DPP in areas that are currently providing DPPs.

PROFESSIONAL MEETINGS AND CONFERENCES

- Present national Prediabetes Awareness Campaign at professional meetings with health care and DPP providers, pharmacists, community health workers, and other health systems and team-based care attendees.

Appendix D:

List of Acronyms

| | |
|---------------------|---|
| ADA | American Diabetes Association |
| AMA | American Medical Association |
| CDPH | California Department of Public Health |
| CDC | Centers for Disease Control and Prevention |
| CHW | Community Health Worker |
| DCC | Diabetes Coalition of California |
| DPP | CDC-recognized Diabetes Prevention Program |
| EHR | Electronic Health Record |
| LGHC | Let's Get Healthy California |
| LCP | Lifestyle Change Program |
| LHD | Local Health Department |
| NACDD | National Association of Chronic Disease Directors |
| National DPP | National Diabetes Prevention Program |
| NEOPB | Nutrition Education and Obesity Prevention Branch |
| PDSTAT | Prevent Diabetes: Screen, Test, Act, Today TM |
| YMCA | Young Men's Christian Association |

Appendix E:

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