More than 1 out of 3 Americans have prediabetes. Without lifestyle changes to improve their health, 15 percent to 30 percent of people with prediabetes will develop type 2 diabetes within five years.

Interventions such as the National Diabetes Prevention Program (National DPP) can prevent diabetes. Participant goals are to get at least 150 minutes of physical activity a week, lose at least 5 percent of one’s starting weight within six months, and maintain the weight loss.

AHIP and member health plan strategies around the National DPP address the needs of low socioeconomic and low literacy populations and the program is offered in workplace settings, health plan retail centers and in collaboration with physicians.
Introduction

Why AHIP Is Involved

By Carmella Bocchino
Executive Vice President, America’s Health Insurance Plans

For more than two decades, America’s Health Insurance Plans (AHIP) has focused extensively on wellness, prevention, and optimum management of chronic disease. The association has had a particular interest in diabetes, a condition of epidemic proportion that has devastating consequences for individuals, families, businesses, and our economy.

AHIP also has a long and proud tradition of highlighting information on health plan practices that have proved to be effective and disseminating this information so that successful programs can be widely replicated to benefit more patients around the country.

To further these goals, we are reporting on the experiences of four of our member companies – Denver Health, EmblemHealth, Florida Blue, and Molina Healthcare – that are among the early participants in the National Diabetes Prevention Program (National DPP). Through a grant from the CDC, we are providing technical assistance to these four health plans.

We've also provided information about the National DPP, and offered useful resources for our members and other stakeholders who may be interested in implementing the National DPP. It is our hope that the information in this publication will spur many more organizations to do so.

The Problem of Diabetes and the National DPP as a Solution

Diabetes is a chronic disease characterized by blood glucose levels above normal, which results in the body’s failure to produce or failure to use insulin properly. People with prediabetes are at risk for developing type 2 diabetes, the most common form of diabetes, which places them at risk for other serious health problems including heart disease, stroke, blindness, and amputation. Without lifestyle changes to improve their health, 15 percent to 30 percent of people with prediabetes will develop type 2 diabetes within five years. The financial impact of diabetes is also staggering – people with diagnosed diabetes incur average medical expenses of about $13,700 annually, which is approximately 2.3 times higher than expenditures absent diabetes.¹

In the United States, an estimated 1 out of 3 adults – or 86 million – have prediabetes, a condition that can easily lead to diabetes and other serious health issues. Although prediabetes is pervasive in the United States, the onset of diabetes can be prevented and delayed.

The National Diabetes Prevention Program (National DPP), one approach to diabetes prevention, uses evidence-based interventions over the course of one year to teach lifestyle change including healthy eating and increased physical activity. For one year, participants set goals to (1) increase physical activity to at least 150 minutes a week, (2) lose at least 5 percent of their starting weight within six months, and (3) maintain the weight loss for the duration of the intervention and beyond. It’s been demonstrated that for people who are at risk, 5 percent to 7 percent weight loss can prevent the onset of diabetes.
In implementing the National DPP, health plans use innovative strategies to reach at-risk populations. Strategies include using culturally and linguistically appropriate resources to engage people, addressing the particular needs of low socioeconomic and low literacy populations, and offering the program in workplace settings and other easily accessible locations in the community such as retail centers. Partnerships are critical to the success of the National DPP. For example, health plans have achieved success by working with community-based organizations to offer the program in convenient settings and collaborating with physicians to increase referrals to the National DPP.

America’s Health Insurance Plans (AHIP) is one of six national grantees that received funding from the Centers for Disease Control and Prevention (CDC) to implement and expand the National DPP. Working with four AHIP member health plans, the National DPP is being implemented across the country through a number of innovative strategies. During a webinar on Sept. 9, 2015, Denver Health, EmblemHealth, Florida Blue, and Molina Healthcare shared their strategies to reach the populations at risk for prediabetes. The CDC also provided information on state funding opportunities for compliment diabetes prevention efforts.

How the National Diabetes Prevention Program Works

In 2012, through a congressionally authorized program, the CDC established the National DPP – a public-private initiative that uses evidence-based interventions to prevent type 2 diabetes. The National DPP is a one-year program for patients with pre-diabetes consisting of two phases. The first six months include a minimum of 16 sessions, approximately one per week. Class topics include eating less fat and fewer calories, being active as a way of life, and healthy eating when dining out. During the next six months, there’s a minimum of six sessions, at least one a month, to reinforce the lessons learned during the weekly sessions. Topics reviewed in the monthly sessions include knowing the difference between saturated, unsaturated, and trans fat; stepping up to physical activity; improving heart health; and preventing relapse. The goal for participants is to lose at least 5 percent of their starting weight over the course of the first six months and maintain the weight loss for the duration of the program. During each class, participants weigh in and record their physical activity minutes since the previous class.

The Case for the National DPP

From the National Institutes of Health

The original Diabetes Prevention Program (DPP) was a major multicenter clinical research study aimed at discovering whether modest weight loss though dietary changes and increased physical activity or treatment with the oral diabetes drug metformin (Glucophage) could prevent or delay the onset of type 2 diabetes in study participants. At the beginning of the DPP, participants were all overweight and had blood glucose, also called blood sugar, levels higher than normal but not high enough for a diagnosis of diabetes - a condition called prediabetes.

The DPP found that participants who lost a modest amount of weight through dietary changes and increased physical activity sharply reduced their chances of developing diabetes.

Participants in the lifestyle intervention group – those receiving intensive individual counseling and motivational support on effective diet, exercise, and behavior modification – reduced their risk of developing diabetes by 58 percent. This finding was true across all participating ethnic groups and for both men and women. Lifestyle changes worked particularly well for participants aged 60 and older, reducing their risk by 71 percent. About 5 percent of the lifestyle intervention group developed diabetes each year during the study period, compared with 11 percent of these in the placebo group.

For more information click here.
Program sites aim to achieve recognition from the CDC, and the Diabetes Prevention Recognition Program (DPRP) provides technical assistance to support the achievement or maintenance of program recognition. Organizations that are CDC-recognized (pending or full) for effectively implementing the National DPP are listed [here](#).

**Strategies to Reach At-Risk Populations**

This issue brief covers the following strategies implemented through programs across the United States:

- Using culturally and linguistically appropriate resources to engage diverse populations;
- Addressing the needs of low socioeconomic and low literacy populations;
- Offering the National DPP in a workplace setting;
- Partnering with community-based organizations to implement the National DPP;
- Leveraging partnerships with physician practices to increase physician referrals; and
- Using health plan retail centers to increase access.

**Using Culturally and Linguistically Appropriate Resources to Engage Culturally Diverse Populations**

Denver Health Managed Care uses its closed system within Denver Health and well-established provider referral network to engage at-risk patients. It has identified over 10,000 patients in a risk registry based on clinical values, many of whom are then referred by their providers to the National DPP. In an effort to reduce health disparities, Denver Health Managed Care targets a diverse but predominately Latino population. Bilingual community health workers contact eligible individuals, explain the nature of prediabetes, and recommend the National DPP. Materials are available in English and Spanish to meet linguistic needs. Having people who are bilingual conduct outreach and teach National DPP classes engages and draws people into the program. This approach gets great results – 50 percent of those referred by a provider enroll in the National DPP compared to 10 percent enrollment of those who do not have a provider referral. Overall, 60 percent of its enrollees are Latino, half of whom are Spanish-speaking only. An additional 18 percent of enrollees are African-American.

Molina Healthcare recruits participants for its National DPP program through its local medical clinics and with provider referrals. Molina has found provider referrals to be the most effective way to attract patients to the National DPP. Molina educates providers about the National DPP, how to identify patients who would be good candidates for the program, and what the program entails.

Program literature and promotional materials are written at a fourth grade reading level and are available in English and Spanish in the physician practices and clinics. To ensure messages are culturally appropriate, Molina uses focus groups of Medicare and Medicaid recipients to test and refine materials. Molina is also exploring the use of a photo novella² to promote classes in a rural area of New Mexico with a high Latino population.

**Addressing the Needs of Low Socioeconomic and Low Literacy Populations**

Approximately 80 percent of the population served by Denver Health Managed Care is low income – adding to challenges in enrolling individuals and implementing the National DPP. Denver Health Managed Care seeks to “meet people where they are” to implement the program, both in location and readiness for change. It offers classes in six different
community clinics around the Denver metro area. This reduces the transportation needs for those who might wish to participate. Denver Health Managed Care also uses a very inclusive recruitment approach. It does not require a commitment upfront to the year-long program, which may otherwise deter participation among low socioeconomic populations who experience many systemic barriers to engagement (e.g., lack of childcare and transportation, lower perceived risk for the development of diabetes). It encourages individuals to attend at least one National DPP session to increase their awareness of diabetes risks and strategies to reduce them, with the hope that many will continue to attend throughout the program. It offers to re-contact individuals who are not ready to enroll when future National DPP classes begin. Denver Health Managed Care further offers print materials at a sixth grade reading level or below to ensure they are accessible to all literacy levels.

**Offering the National DPP in Workplace Settings**

Implementing the National DPP in the workplace has the potential to engage a captive audience and may build on the camaraderie among co-workers who are interested in preventing diabetes. Still, the workplace prediabetes intervention must be conducted in a private, confidential setting and customized to accommodate workplace schedules.

EmblemHealth has expanded its program into the workplace by raising awareness at employee health fairs followed by an email invitation to a National DPP information session. During the information session, a prediabetes risk test is administered and reviewed, the format of the National DPP is described, and readiness to change is discussed. Individuals who qualify are invited to self-enroll in a class and are assessed for their readiness to participate. The unexpected demands of work could potentially disrupt a participant’s schedule, which is why EmblemHealth offers make-up classes in person or over the phone before or after a participant’s scheduled class. Thus, if a person missed a regularly scheduled class, he or she can make it up that same week.

The working relationships among participants serve as a motivator. Co-workers encourage each other to track their food consumption and achieve their weight loss and physical activity goals. EmblemHealth looks to expand its National DPP to other workplace settings and to compare results to a class implemented in a community setting.

**Partnering with Community-Based Organizations to Implement the National DPP**

Health plans have strong relationships with community-based organizations and may partner with other groups to implement the National DPP. Molina Healthcare has established a partnership with its local health plan in New Mexico and the Cooperative Extension Service at New Mexico State University (NMSU), in which the NMSU organizes and teaches National DPP classes. To encourage providers to refer their patients to the program and to attract eligible individuals to enroll, Molina and NMSU jointly recruit and educate providers about the program and referral process. Extension staff reaches out via telephone, mailings, and printed marketing materials from Molina to encourage eligible individuals to participate. Classes are taught in clinics, the Extension office, and community centers for greater reach.

Florida Blue has also found value in partnering with community organizations to implement the National DPP. Working with the Y USA and the Diabetes Prevention and Control Alliance (DPCA), Florida Blue members have access to the National DPP in nine Y USA metropolitan areas throughout Florida. Branded under the Florida Blue program, “My Healthy Turnaround,” these partnerships have allowed Florida Blue to expand the National DPP to over 200 locations.
throughout the state. Additionally, Y USA facilitators can teach National DPP classes at the worksites of Florida Blue’s large employer groups. The convenience and relative ease of classes at worksites make it possible for people to benefit from the National DPP curriculum before work, during lunch, or right after work.

**Leveraging Partnerships with Physician Practices to Increase Participation**

For health plans with affiliated physician groups, physician referrals are a strong base for attracting potential participants to a National DPP. Molina Healthcare’s clinic model uses medical records to identify individuals with A1C levels within the prediabetes range. A list of potential participants is generated and shared with the physicians, who review and give permission for their patients to be contacted about the class by phone calls or through patient portal messages. Providers also directly educate and encourage patients to participate in the National DPP. Physicians are trusted by their patients, so one-on-one discussions about the program increases the likelihood an eligible person will participate. Some of the Molina classes are taught by medical staff at Molina Medical Clinics and partnering federally-qualified health centers.

Several health plans participating in the CDC-AHIP cooperative agreement cite referrals from physician practices as the strongest driver of individuals to the National DPP.

**Using Health Plan Retail Centers to Increase Access**

Some health plans have walk-in locations for members and the community to access services and information. Florida Blue’s Retail Centers and EmblemHealth’s Neighborhood Care are community-based locations where the National DPP is offered along with other health activities. These sites are familiar and conveniently accessible in the communities they serve, so conducting the National DPP classes at these locations is a natural fit. Staff at retail centers can aid individuals with nutritional counseling, wellness screenings, benefits determinations, blood pressure screenings, and social service supports. Whether a health plan utilizes its own staff or partners with a trained Life Style Coach, providing National DPP classes at retail centers alleviates potential barriers to service: location and availability of space. Conducting the National DPP at a health plan’s retail center also demonstrates the plan’s commitment to improving health in the community.

EmblemHealth’s Neighborhood Care locations use integration, collaboration, and innovation to serve the health needs of both members and non-members. The spaces serve as community resources for people to understand health benefits and access health education. In the Harlem community, it is estimated that 14.9 percent of people have diabetes. In the Cambria Heights community, 14.1 percent of residents have diabetes.

**Questions and Answers for orgs interested in becoming sites**

*How can health plans interested in implementing the National DPP work with existing sites?*

AHIP is a resource to connect health plans with other grantees that may have a program in your area. AHIP works with CDC and state health departments to assist health plan members in identifying organizations to help implement the program. Contact AHIP (prediabetes@ahip.org) for more information about multistate site opportunities.

AHIP also has featured sponsored webinars to educate health plans on companies implementing the National DPP.

*Culture has a strong influence on diet and physical activity. How can health plans reach immigrant and minority populations?*
Hiring coaches and program leaders who live in the communities they serve and have a connection to the community and its culture can help achieve program goals and outcomes, particularly for immigrant and minority populations.

**Seniors are at high risk of diabetes. Is there evidence this program works for seniors?**

The results of the original DPP clinical trial show the program is even more effective for seniors than working-age adults. The National DPP cut seniors’ risk of developing type 2 diabetes by 71 percent. Programs offering the National DPP should consider ways to engage seniors.

**Can electronic health records (EHR) be used to identify patients with prediabetes?**

EHRs can be very useful in identifying patients with prediabetes. Physician practices can use their EHRs to create a list of people who meet the prediabetes A1C blood values (5.7 - 6.5). The EHR may be able to generate a letter from the physician or health plan to the eligible member. Follow-up calls from a nurse or lay health worker, or a message through the patient portal, can encourage the member to participate in an information session about the National DPP. Our participating health plans have found that contact from a trusted source (such as a person’s physician) results in program participation.

**What resources are required to implement the program? For example, do you need to have a program manager oversee the program delivery?**

No two programs will be implemented in exactly the same manner. From the experience of health plans and the CDC, the National DPP is more likely to be successful when it is part of an integrated approach that uses a program manager, a health coach, and the involvement of colleagues from data and analytics, clinical affairs, marketing, wellness programming, product design, sales, technology, and procurement to address participant needs holistically and leverage outreach and engagement already in place in your organization.


On the CDC website, there is also a capacity assessment that will help you decide if you have enough staffing and capacity to offer the program.

**What does “readiness to change” mean in the context of the National DPP?**

Part of what leads to a participant’s success is attendance for the duration of the year-long program, which is a significant commitment. One aspect of determining a person’s readiness to change involves making sure it is understood that the National DPP involves a year-long commitment to attend classes (weekly for 16 sessions in months one through six, and monthly or bi-monthly in months seven through 12).

In addition to attendance, participants must be willing to learn about healthy eating, exercise, stress management, and most importantly, must be willing to make lifestyle changes to realize the benefits. This means tracking food intake, and tracking and increasing vigorous exercise minutes on a regular basis. This also means being committed to maintaining the lifestyle changes.

Participating health plans are putting more emphasis on explaining the National DPP and screening for readiness to change. They have found that when participants fully understand the program, they tend to be more engaged and willing to complete the National DPP.

Some individuals are not ready to commit. A work or family schedule may make regular class attendance impossible, the potential benefits of
the program may not resonate, or changing lifestyle and losing weight through another method may be more appealing. In these instances, health plans may keep a database of potential participants and may contact those individuals when future National DPP classes begin.

**Why is CDC recognition important?**

Going through the two-year process of collecting data and meeting Diabetes Prevention Recognition Program (DPRP) criteria for achieving the National DPP’s goals enables health plans to hone best practices. While CDC recognition is not mandatory it is important to demonstrating a program’s credibility and effectiveness at meeting CDC targets for diabetes prevention.

**How many organizations (or what percentage) have achieved full CDC recognition?**

In addition to start-up time needed to implement the CDC-approved curriculum, it takes an organization at least two years to achieve recognition from the CDC for meeting duration, intensity, and reporting requirements.

The CDC registry indicates which organizations in a state have achieved full recognition. Because this information is constantly changing, review the registry for the latest information.

**Where can I get a copy of the National DPP curriculum?**

The curriculum for the National DPP is posted on the CDC’s website.

**How is the success of the program measured?**

The CDC uses a number of measures to determine the success of programs and acknowledges organizations with full recognition for meeting the Diabetes Prevention Recognition Program (DPRP) criteria over months one through six and months seven through twelve. Criteria such as weight loss, documented physical activity minutes and weight, and class attendance are recorded for each class over the year-long intervention. For health plans, additional measures of program success may include member satisfaction, member retention, reduction in A1C levels, or other clinical outcomes.

**Did you know you can become part of the CDC-certified program?**

The CDC describes the criteria for pending and full recognition in the DPRP on its website. Participation in the DPRP is voluntary. It is strongly recommended that organizations considering participation in the National DPP under the DPRP review the CDC Standards and Operating Procedures before applying for recognition.

**Recommendations**

Health plans – in collaboration with other stakeholders including employers, providers, community organizations, and government – continue to demonstrate leadership in engaging consumers to promote wellness, prevent disease, and manage chronic conditions. To achieve this, they remain committed to using evidence-based solutions and interventions, such as implementing the National DPP. Health plans and other stakeholders should leverage available resources and best practices, partnerships, technologies, tailored outreach with consumers, and continuous learning and quality improvement as they work to improve results in their diabetes prevention efforts.

Policymakers, business, and the medical community should actively promote proven approaches in the area of diabetes and other diseases and conditions.
Denver Health is a comprehensive, integrated, high-quality health care system serving 150,000 individuals, or about 25 percent of Denver residents. Denver Health Managed Care is an entity of the larger Denver Health system that was established in 1997 to fill a need for affordable health care coverage among the Denver community. Denver Health Managed Care is a nonprofit that offers commercial, Medicaid, Medicare, and employee plans and regularly engages its population in wellness initiatives. Denver Health Managed Care utilizes specially trained, multilingual community health workers and an established provider-referral network to enroll high-risk patients into the National DPP and keep them engaged in their health. Denver Health Managed Care has enrolled over 2,000 individuals in their National DPP since March 2013, the majority of whom are Latino (60 percent), Spanish-speaking (25 percent) and low-income (81 percent). Denver Health Managed Care has offered the National DPP to all Denver Health patients, regardless of insurance status.

EmblemHealth is a New York based nonprofit health plan with more than 3.1 million members. EmblemHealth uses an integrated care delivery model with its Neighborhood Care locations in Harlem, Cambria Heights, and Chinatown, and its AdvantageCare Physicians (ACP) network to implement the National DPP close to where members live and work. Their connection to patients and community members has been instrumental to their successful enrollment of diverse individuals into the lifestyle change program.
Florida Blue

Headquartered in Jacksonville, Florida Blue launched its National DPP program in 2013 with its own employees and expanded in 2014 to its members across the state. Working with the Diabetes Prevention Control Alliance (DPCA) and the Y USA, the National DPP is offered to Florida Blue members in a variety of settings and markets: worksites, retail centers, and patient-centered medical homes in key metropolitan areas including Jacksonville, Orlando, Tampa, and southwest Florida. Florida has the fourth largest population in the United States, and over 9 percent of its residents have been diagnosed with diabetes.

Molina Healthcare

Molina Healthcare operates in 11 states and Puerto Rico, providing quality health care services to 3.4 million financially vulnerable families and individuals covered by government programs. Through its health plans and six medical clinics, and in partnership with Continuing Extension Services at New Mexico State University, Molina is implementing the National DPP in New Mexico, California, and Wisconsin. Using multilingual lifestyle coaches, Molina is conducting outreach and classes in both English and Spanish.
Related Topic

“Researchers credit healthier eating habits — less soda and fewer daily calories consumed — and increased physical activity as factors contributing to the drop in people newly diagnosed with diabetes.”

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2 A photo novella is a small pamphlet that uses photos to communicate a message.

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